

# Journey

making recovery from addiction visible

April/May 2023 • Issue 26

## Maine Association of Recovery Residences

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Recovering Purpose & Self:  
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# Journey

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April/May 2023 • Issue 26

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*Journey* is a woman-owned, independent media brand launched in 2019.

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

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## Cover

*Madison Weymouth, Ron Springel,*

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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 help us keep the magazine free, and everyone plays a part in amplifying hope!

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## From the Publisher



I once heard that when you change a single part of a system, you change the whole system by default. I think that's true because for me, changing part of my system by stepping onto a recovery path fundamentally changed my life's course.

As part of my 12-step recovery programs, there's a framework, a sponsor, a community. As I immerse myself in those programs and do the work, I continue to change.

Somewhere along the way early in my recovery, I noticed that my life wasn't getting worse, and that was good enough. A little further on, I noticed that I was feeling content, and I started feeling grateful.

I had moved from just surviving my addiction to thriving, with a connection to a higher power and my environment.

Since *Journey* started – motivated by a mission to make recovery from addiction visible – I've had to stretch my spiritual wings to further change my "systems." My reliance on a spiritual connection enables me to continue growing into my potential, and *Journey's*

mission requires me to seek wise counsel in order to effectively lead the company.

Early on, I reached out for help from people in the media industry, and also connected with mentors from SCORE and Coastal Enterprises, Inc.'s (CEI) Women's Business Center, who continue to provide guidance in areas that are new for me.

Thanks to their help and dozens of other people who have been involved during various seasons with *Journey*, I'm enormously honored to share that I've been awarded the 2023 SBA Award for Small Business Person of the Year for Maine.

This award will help us amplify our message that we can and do recover. And for that, I'm incredibly grateful.

I hope you enjoy this chock-full issue of *Journey*. Among personal recovery stories, we provide informative articles on personal health and wellness; shine a light on organizations that provide a safe harbor for people in all stages of their recovery journeys; offer new ideas to explore, including *Botanically Curious*; and share insights from Gordon Smith, Maine's Director of Opioid Response, about the many beneficial actions underway by the governor's office.

With gratitude and deep appreciation for change that propels all of us forward,

*Carolyn*



# visible recover

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# ry saves lives



# Flex Your Mental Health Muscles

by Sarah Kelly Reid

It's just as important to keep in shape mentally as it is physically. When people hear the term mental health, it's natural to think of illness or disorders such as depression, anxiety or bipolarism. However, mental health is much more than illness. Mental health is your overall psychological wellbeing—it's how you think, feel and behave.

The mind and body are connected. The quality of a person's mental health can impact their overall health. Mental health impacts the immune system, heart health and chronic pain. Past studies focused on the negative impact of mental illness on the body, but now data shows that positive thoughts and mental wellness can have a large impact, too.

Research published from the Harvard School of Public Health

showed that positive psychological wellbeing may actually reduce the risk of heart disease.

Mental health is also directly tied to resilience, which is the ability to overcome adversity. In recovery, we've all overcome and bounced back from a level of despair that seemed hopeless. Your recovery story can be the foundation to apply resilience in other aspects of your life. You already know what it's like to try something different and work toward a solution. You can apply the tools you are learning in recovery to improving your mental health.

## Positive thinking

It's a common misconception that positive thinking means that you are happy all of the time. Positive thinking is about learning how to build awareness, overcome and bounce back. It does not mean that you never have negative thoughts or feelings, nor does it mean you

should ignore those negative thoughts or feelings.

Positive thinking is about giving space to feel the emotion, accept it for what it is, and take action to move forward. It is trusting that there is a solution and working toward it.

Your first thought or feeling cannot be controlled; it is a natural human reaction. You can have control of what comes next. It's important to take a moment to pause.

As humans, we are actually hardwired to detect threat and negative circumstances for survival. It's instinct. The power of pause is so powerful because it gives us that moment to override instinct and have a choice.

You can feed the storyline negatively to create more pain, or you can stop the storyline and go straight to the solution. Learning to

pause negative self-talk is the first step toward positive thinking.

### Take care of your body

There is a growing amount of evidence that adequate sleep, a nutritious diet and moving your body will all help improve your mental health. Sleep is vital to good physical and mental health. It's the time where we process our day and restore our brains and our bodies.

Inadequate sleep can lead to riskier decisions and poor outcomes. Adults should get seven to nine hours of sleep per night.

The food you eat is your body's fuel. While there is no specific one size-fits-all diet plan, aim towards a diet with a large variety of vegetables, protein, grains and fruit. It's important to notice how your food is affecting your mood. Start being mindful of how you feel in the moment and over the next 24 hours.

There's an old saying in recovery, "move a muscle, change a thought." Physical exercise is key to good mental health. In addition to the positive hormones that it releases, it directly impacts the brain's ability to process information and remain flexible. Exercise also decreases the symptoms of depression and anxiety.

You can also keep your brain flexible with mental exercises. Keep your brain active by reading, doing puzzles, or getting involved in an activity you love. Stimulating your brain helps your overall wellness.

### Reach out for help

If you are struggling with mental illness, it's important to seek help. For many people in recovery, it is necessary to connect with additional resources outside of recovery programs to work through mental health concerns. Make sure to let other people know what is going on and connect to someone who can



help you, like a counselor, therapist, psychiatrist or coach.

It's also important to remember that focusing on positive thinking and mental wellbeing doesn't come always easily. Just like when you start anything new, it takes practice and time to get better at flexing your mental health muscles.



Sarah Kelly Reid, co-founder of the Art of Self Worth, is a National Board Certified Health & Wellness Coach (NBC-HWC) and Connecticut Community for Addiction Recovery (CCAR) Certified Recovery Coach. Sarah is an active member of the recovery community.

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## Cultivating Positive Thinking

**Practice Affirmations:** Say positive, self-empowering statements daily to yourself holding your hands to your heart, like in prayer, as a sign of radical self-acceptance. (Example: I am worthy of love.)

**Gratitude:** Write down three to five things daily that you are grateful for in your life.

**Be of service:** Sign-up for volunteer work, give back to your community and/or practice random acts of kindness.

Reprinted from the April/May 2019 issue of Journey Magazine.



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# Nourishing the Self

## Recovery from Food Addiction



by **Jacqueline Tourville**

Everyone needs food to survive, but for an **estimated 1 in 20 adults**, food is an addictive substance linked to overuse, misuse and related compulsive behaviors.

Food addiction refers to an uncontrollable craving for certain types of foods, despite negative consequences this may have on one's health, relationships or daily life. People with food addiction often experience feelings of shame and anxiety around food. In addition to uncontrolled or binge eating, behaviors related to food addiction include binging/purging (bulimia), undereating or restricting (anorexia) and compulsive dieting.

Elizabeth\*, a recovering food addict, describes food addiction as a disease that, over time, can take different forms. She traces the roots of her own compulsive and addictive relationship with food back to her adolescence. "I was a kid who turned to food to cope with trauma. I started restricting and became anorexic and bulimic. Food addiction is progressive. For me it turned into the inability to stop eating."

Although not all food addicts trace the roots of their addiction to trauma, many have grown up in families where some form of addiction was present. In Elizabeth's case, there was alcohol abuse in her family.

Like any substance use issue, food addiction at its core is "looking for a substance that fixes that immediate need," Elizabeth said. Using food to blunt difficult emotions like fear, doubt and insecurity is a common trigger for turning to food. However, food addiction can also have physiological roots.

Arlene\*, another food addict in recovery, describes some of the physical manifestations of food addiction. "I was really irritable when something came between me and food. My behavior around food was totally incongruent to what was normal," she recalled.

After entering recovery, Arlene came to understand the root of her food addiction. "In my case, I realized that I have an allergy to flour and sugar that produces an inability to stop eating," she describes.

Both Elizabeth and Arlene entered recovery for their food addiction through Food Addicts in Recovery Anonymous, a 12-step program that helps individuals who are addicted to food break free from their destructive patterns of eating and achieve long-term recovery. The program offers in-person and online recovery groups here in Maine. Meetings are free and welcoming to anyone interested in food addiction recovery.

"When you walk into a meeting, even your first one, you immediately feel enveloped," Elizabeth said. "People talk about things [about food addiction] that you didn't know about, but suddenly make sense. People share their stories ... their struggles and successes. You start to make connections and come away knowing there are solutions."

What won't you find at a Food Addicts in Recovery Anonymous meeting? A scale. "There are no weigh-ins at meetings. There is also no expectation to speak at meetings, especially for your first three months of abstinence," Elizabeth said. "Abstinence is obtained by weighing, measuring and committing our food to an FA sponsor and abstaining completely from flour and sugar."

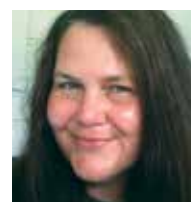
Beyond attending meetings, members work with a sponsor to develop healthy coping mechanisms for daily life and receive a food plan.

Recovery from food addiction leads to powerful inner transformations as relationships with food are healed. For many members, recovery is visible on the outside, too.

According to Arlene, recovery from food addiction was the key to finally changing her relationship with food. "If you've tried white-knuckling your way through diet after diet, Food Addicts in Recovery Anonymous gives you tools so you don't have to do this. There is so much hope. Food is now something that nourishes me."

Do you or someone you know question whether you have a food addiction? Visit Food Addicts in Recovery Anonymous ([www.foodaddicts.org](http://www.foodaddicts.org)) for signs and symptoms and scheduled local meetings to connect to others and get help. Maine in-person meetings take place in Augusta and Westbrook. Online meetings originating in Maine and other online meetings from all over the world also are available. Call 207.775.2132 for more information.

\* Names were changed.



Jacqueline Tourville 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.



# Fighting Stigma to Save Lives

## WHAT IS STIGMA?

Stigma causes negative attitudes, stereotypes, shame, and fear toward people who use substances. People who use substances often internalize these feelings. Stigma is expressed in big and small ways through words and behavior. It can create an environment where people feel devalued, dehumanized and isolated because they struggle with substance use.

**STIGMA**

HOW IS **STIGMA** HURTING PEOPLE IN MAINE?

- makes it hard to ask for help
- prevents people from offering support
- stops people from getting medication for treatment
- reinforces strong negative feelings of worthlessness and shame
- leads to isolation
- blocks people from recognizing there is a problem
- blames people for their substance use disorder
- keeps people from carrying naloxone
- causes discrimination
- robs people of empathy and compassion

**STIGMA**



Substance use disorder is a chronic condition that changes the way a person's brain works, making it difficult to stop. It can happen to anyone, and it often starts with a prescription.

Help to fight stigma in Maine by following the OPTIONS campaign on social media and sharing stories of support and resilience (@knowyouoptionsme on Facebook and Instagram).

Visit [KnowYourOptions.ME](http://KnowYourOptions.ME) to find your county's OPTIONS program Liaison and learn more.

**We can all be a part of the solution.**

**OPTIONS**  
**SAVE LIVES**

# Maine Association of Recovery Residences

## *Executive Director speaks from personal experience*

by **Beth D'Ovidio**

**R**on Springel was an emergency room doctor until his path took an unexpected detour – substance use disorder found him.

He made his way to recovery through treatment at the Betty Ford Clinic in 1984. “I was there between Elizabeth Taylor and Tony Curtis,” he said jokingly.

Former First Lady Betty Ford recommended that Ron continue his recovery in Yakima, Washington, to experience sober living, but the idea of living with “those people” terrified him. He said to Mrs. Ford, “But Betty, those places are filled with convicts and drug addicts.”

“Yes,” she replied, you’ll fit in perfectly!”

His tenure at the James Oldham Recovery House lasted more than the original planned 60-day stay. Before long, he was a manager and transferred to a small apartment over the social model “detox.” There he learned how compassion and support could make a real difference in people’s lives. “Without these experiences,” he said, “I would never have found the North Star that guides me today.”

Today, Ron serves as executive director of the Maine Association of Recovery Residences (MARR). He, along with Brittany Reichmann, Program Manager and Madison Weymouth, Assistant Program Manager, MARR manages ethical and safety standards for recovery residences in Maine and certifies residences based on the standards



*From left, Madison Weymouth, assistant program manager at the Maine Association of Recovery Residences, with Executive Director Ron Springel and Program Manager Brittany Reichmann | Photo by Brian Delaney.*

created by the National Alliance for Recovery Residences (NARR).

MARR manages ethical and safety standards for recovery residences in Maine and certifies residences based on the standards created by the National Alliance for Recovery Residences (NARR).

“The very first question you should ask when looking for a recovery home is, ‘Is it MARR-certified?’” Ron said, explaining that the certification means a residence meets criteria for offering people in recovery a structurally sound and safe home. MARR conducts safety inspections for risks like fire and carbon monoxide but also assures compliance with the NARR code of ethics, which makes sure the property’s operator and staff are placing each resident’s recovery in the forefront.

The code of ethics has 20 principles, including providing a safe, homelike environment that meets NARR standards, maintaining an alcohol- and illicit drug-free environment,

and addressing each resident fairly in all situations. (See complete list on page 12.)

The state does not require recovery homes to be certified. However, only MARR-certified residences can apply for funding through the Maine State Housing Authority or federal funds, including HUD grants; and only MARR Certified Recovery Residences are eligible for General Assistance housing support.

MARR makes sure everyone is on equal ground when a resident raises a grievance with an operator, providing grievance facilitators who act as mediators. The grievance facilitator helps resolve disputes through a neutral, independent point of view. “For the most part, it is very successful to have a facilitator intervene,” said Ron.

Staff members typically inspect 70 to 80 houses each year. Once a residence receives certification, MARR inspects annually to ensure MARR/NARR standards are being maintained.

“In each inspection, we ask residents questions related to Narcan. Maine state law requires every recovery residence to have Narcan on hand. MARR requires Narcan training, as well. The question we ask is, ‘What would you do if you found someone on the bathroom floor?’ The answer is to look for Narcan and call 911, and administer it.” said Ron. “Virtually everyone knows now through the required training. There are overdoses, but we average about one reverse overdose a month; and one fatality a year. Non-certified residences have dozens.”

Ron is enthusiastic about a new program at MARR — the Bed Scholarship Fund. This fund helps people in early recovery who cannot afford to pay the first month’s rental fees for admission to a certified recovery residence. “We self-funded the BSF and quickly blew through the funding,” said Ron. “So, we know the need is great. We decided to host a fundraiser specifically funding BSF.”

The fundraiser is a three-day film festival, the New England REEL Recovery Film Festival, that will happen June 23-25 at Hannaford Hall at the University of Southern Maine in Portland. The weekend will include recovery-related films, networking, and raising funds towards the organization’s \$25,000 goal.

MARR believes that all people seeking recovery-based housing should have access to both a safe and accommodating residence where they can live a healthy and rewarding life.

For more information, visit [marr.com](http://marr.com).

*This article was made possible with the support of the OPTIONS program and the Maine Office of Behavioral Health.*



*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.*

## First-in-Nation Program Encourages Residents to Look Out for Each Other

Mainers have access to several harm reduction and overdose prevention programs, and the Maine Association of Recovery Residences (MARR) has added another to the list. MARR’s Safety and Wellness Program draws on years of experience in the harm reduction community and public health research to create an innovative peer-based overdose prevention program in MARR-certified residences.

“We know that peer support is critical for people in early recovery, and we coupled that with peer education about overdose risks, naloxone distribution, and community resources for people when they first arrive in a house,” said Zoe Brokos, a harm reduction specialist who was instrumental in getting the program up and running. Brokos worked with MARR Board members, addiction medicine specialists, recovery researchers and harm reductionists to develop this innovative program – **the first in the nation**. The program is funded by grants from the Pew Trust and Maine Health Access Foundation.

Peter Rosasco, the program’s coordinator, explained that “the program creates a community response to overdose prevention, using peers living in the house to help a new resident assess their own overdose risk, provide naloxone training, and offer peer support on day one. The resident knows immediately that there’s a caring community ready to support them through difficult times.”

New residents in recovery houses may be at risk for opioid overdose, especially if they’ve recently left incarceration or treatment. Life stressors like finding a job or coping with breaks in family ties or loss of a loved one can also create a risk for recurrence of use. This is why new residents need to know about their own risks for overdose, the availability of naloxone and community resources, and the support and connection they will find among the house residents. It’s also why everyone in the house needs to know how to respond to overdose.

“A recurrence of use also impacts the community of residents, and fatal and nonfatal overdoses can be extremely distressing,” explained Dr. Ronald Springel, MARR’s executive director. That’s why the S&W Program also provides grief support and follow-up if an overdose does happen, as well as monthly training on topics like resilience and up-to-date data on county and state overdoses.

“In this situation, knowledge is power, and we want house residents to know as much as they possibly can to prevent an overdose.”

Developing the S&W Program also included revamping MARR’s website to include a recovery residence locator tool. Anyone can go to the site and search for a MARR-certified residence by facility name, location, and whether it is for men or women, offers a faith-based path of recovery or accepts individuals on medications for addiction.



## – NARR Code of Ethics –

Operators and staff of residences certified as meeting NARR standards shall value and respect each resident and put each individual's recovery strengths and needs at the forefront of all decision making.

To meet this obligation, operators and staff adhere to the following principles:

1. Assess each potential resident's strengths and needs, and determine whether the level of support available within the residence is appropriate. Provide assistance to the residents with appropriate referrals.
2. Value diversity and non-discrimination.
3. Provide a safe, homelike environment that meets NARR Standards.
4. Maintain an alcohol- and illicit-drug-free environment.
5. Honor individuals' rights to choose their recovery paths within the parameters defined by the residence organization.
6. Protect the privacy, confidentiality and personal rights of each resident.
7. Provide consistent and uniformly applied rules.
8. Provide for the health, safety and welfare of each resident.
9. Address each resident fairly in all situations.
10. Encourage residents to sustain relationships with professionals, recovery support service providers and allies.
11. Take appropriate action to stop intimidation, bullying, sexual harassment and/or otherwise threatening behavior of residents, staff and visitors within the residence.
12. Take appropriate action to stop retribution, intimidation, or any negative consequences that could occur as the result of a grievance or complaint.
13. Provide consistent, fair practices for drug testing that promote the residents' recovery and the health and safety of the recovery environment.
14. Provide an environment in which each resident's recovery needs are the primary factors in all decision making.
15. Promote the residence with marketing or advertising that is supported by accurate, open and honest claims.
16. Decline taking a primary role in the recovery plans of relatives, close friends, and/or business acquaintances.
17. Sustain transparency in operational and financial decisions.
18. Maintain clear personal and professional boundaries.
19. Operate within the residence's scope of service and within professional training and credentials.
20. Maintain an environment that promotes the peace and safety of the surrounding neighborhood and the community at large.

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A core value for Journey is inclusivity. We respect and value humans ...  
...period.

**Journey**  
MAGAZINE

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# An Unintentional Director of Opioid Response

by Beth D'Ovidio

**G**ordon Smith, J.D., who became the state's Director of Opioid Response when Gov. Janet Mills took office in 2019, knows he has a somewhat unusual background for the position.

"I am not in recovery, not in clinical work, and don't come out of law enforcement," he said. "What I do bring to the position is a sound knowledge of health care and health care law, and I know my way around Maine and the State House. But most importantly, I care deeply about my home state and the people who live here."

Gordon had been involved in organized medicine for almost 40 years when the governor asked him to serve as director. His prior experience in the field involved serving as general counsel for the Maine Medical Association and then Executive Vice President of MMA for 30 years.

In 2018, along with three physicians, Gordon drafted a 10-point plan for candidate Mills to address the opioid crisis. "In many ways, it is still the basis for the current plan," he said. The 10th point was a commitment to appoint an individual to direct opioid response activities from the governor's office.

Gordon was getting ready to retire from the MMA when Mills asked him to draft executive orders to allow her to put his 10 action points immediately into place.

"Then, when she asked me to attend the annual PAARI (Police Assisted Addiction & Recovery Initiative) conference in Boston on her behalf, I began to think that perhaps the

position would be something I might be interested in. So when I was asked to consider the position, I was ready and have never regretted that decision. I am very grateful for the opportunity Gov. Mills has given me to help my state and the people in it.

"In putting the strategic plan together in the early months of 2019, I looked at plans from many other states," he said. "Our plan is 12 pages, with 10 priorities, and 33 strategies all built on five pillars:"



## 1 Leadership

Provide strong state-level leadership and coordination among prevention, harm reduction, treatment and recovery strategies, such as the annual Opioid Response Summits that have attracted 1,000-1,500 participants each year.

## 2 Prevention

The number of people lost to substance use in 2022 in Maine is sobering, and the solution starts with reaching youth. The older the age of first use profoundly reduces the risk that person will develop a severe substance use disorder. Young people often take drugs to escape lives that include trauma, poverty, homelessness, being removed from their family, loss of a family member and divorce. "If we don't wrap

ourselves around these kids, it will be very difficult to markedly improve the current situation."

## 3 Treatment

Treatment of all kinds. "We don't support one treatment over others; we believe everyone has their own unique journey that works best for them."

## 4 Harm reduction

"We've purchased over 300,000 doses of naloxone for distribution in communities, and we've been able to expand our syringe service providers (SSPs), particularly in the more rural areas. The SSPs also help with naloxone distribution. We've also supported media campaigns to raise public awareness of the importance of harm reduction activities.

## 5 Recovery support

“We have over 1,200 recovery coaches, 70 certified recovery residences and 18 Recovery Community Centers in the state. We have initiatives that support recovery friendly and recovery ready communities and campuses. In the early stages of recovery, people need quite a bit of support, so these activities are important to recovery success. We believe local, immediate, affordable, and best-fit recovery is the gold standard.

“In 2022, over 9,000 people survived an overdose,” Gordon said. “We don’t just focus on the people we lost, but also on people who survived. This is why the OPTIONS behavioral health liaisons are in place in each county – if anyone has survived a substance use related medical emergency, the liaison reaches out to the affected person and connects them with either harm reduction or a path to recovery, depending upon their willingness.”

Gordon said he has been most affected emotionally in this work by how incredibly resilient people are. “Millions of people have overcome the worst possible circumstances; many are recovering and recovering out loud. This keeps us going.”

He said the issues he’s dealing with are not quick-fix problems.

“We may not see positive results of our prevention activities for at least 10 years, but that’s OK. That is why we must go upstream and look at the reason people start using drugs. We need to look at protective measures, such as Universal Pre-Kindergarten; work on stigma among medical providers; work with our children, adolescents, and our families. Gov. Mills recently announced some initiatives that address these issues and committed resources to strengthen families.”

Gordon noted that Mills has committed to having evidence-based prevention programs in every school

in the state and every community through organizations such as Boys/Girls Clubs, scouting and YMCAs.

In her recent State of the State address, Mills noted new strategies for addressing the opioid crisis, including increasing the amount of naloxone distribution by 25%; doubling the OPTIONS team; expanding substance use treatment beds; developing a Child Safety and Family Wellness plan to make sure children have healthy food, safe housing and quality childcare; and supporting parents with job training and education and mental health and substance use services.

Other new initiatives include supporting DHHS caseworkers by adding a substance use specialist to every child welfare office in Maine; creating a Recovery Coach Pilot Program to support parents; expanding family courts; and creating a path to ending chronic homelessness in Maine by expanding a Housing First model statewide.

“I am optimistic,” Gordon said. “My optimism comes from what I have seen in the recovery area. There are these amazing people who are in recovery – I can show you many people who are now living lives of joy, every day. While we acknowledge and grieve every loss, it is also fulfilling to know we are saving lives. There are now many people who will eventually be able to get into recovery; it won’t happen by just hoping – we all have to act, which increasingly means supporting our children and families.”

*This article was made possible with the support of the OPTIONS program and the Maine Office of Behavioral Health.*



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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# Supporting Employees Through Addiction and Mental Illness

*Simply the right thing to do*

by **Bridget Kelly**

**T**he impact of substance use and mental health problems on the workforce is undeniable. Here are some facts that may surprise you:

- About 39 million Americans struggle with substance use disorder (SUD).
- 75% of people battling addiction are in the workforce.
- More than 3 in 4 American employees have at least one symptom of a mental health condition.

Substance use and mental health issues are very much present in the workplace, and employees are looking for support.

## Impacts on the workforce

The National Safety Council reports that workers with SUD miss more work, are more likely to leave an employer, and have higher healthcare costs. Results are similar when an employee struggles with mental health: lower productivity and morale and higher absenteeism, healthcare costs, and turnover.

And it's not just the individual with SUD or mental illness who feels the impact of the disease. Family members also are affected, and this, too, can result in lower productivity and presenteeism and higher stress and healthcare costs.

## What employers can do

Supporting employees with stress, mental illness, and substance use is simply the right thing to do. The good news: Recovery works.



Once in recovery, employees report higher life satisfaction and quality of life, and they save employers via lower absenteeism, lower hospitalization rates, and fewer doctor visits. Further, employers see a \$4:\$1 Return on Investment – with some reports showing as high as a \$7:\$1 ROI – when investing in employee mental health.

Here are some tips to get started:

- **Get buy-in** from company executives to support mental health programs from the top down.
- **Train managers** to identify and address stress, mental health, and substance use issues before they become a problem.
- **Reduce stigma** by making mental health and substance use a part of the corporate wellness strategy.
- **Provide comprehensive support** via digital tools, education, peer coaching, and care management. Make sure resources are easy to find and access, and communicate

regularly about them to employees.

Though the impact of SUD and mental health on the workplace is undeniable, so is the power that employers have to make a difference in their employees' lives. In future articles, we'll go more in depth about what an employee support program can entail, how to recognize a workplace substance use disorder or family situation, and how to approach these topics with employees.



*Bridget Kelly is Vice President of Growth and Strategic Partnerships at Youturn Health where she expands and manages Youturn Health's strategic relationships to help change the face of behavioral healthcare.*

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- 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.

#### Maine's Good Samaritan Law protects a person 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 for all drug crimes;
- Arrest on outstanding warrants for most non-violent crimes, including for all drug crimes.

The law does NOT protect a person who commits violent crimes, including, but not limited to:

#### Violent crimes

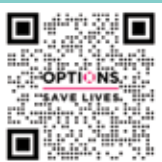
Murder/Manslaughter  
Violation of a protection order  
Domestic violence

#### Sex crimes

Gross sexual assault  
Unlawful sexual contact  
Sexual abuse of minors

#### Crimes against children

Abandonment of a child  
Endangering the welfare of a child  
Etc.



Learn more about Maine's Good Samaritan Law at [KnowYourOptions.ME](https://www.knowyouroptions.me).

**OPTIONS**  
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# Personal Recovery *story*

## Recovered, with April Tomah

by the Journey Team

**I**'m not recovering," said April Tomah of Milford. "I'm recovered."

She once struggled with heroin addiction, experiencing all the painful "anything and everything" that comes with active drug use, but she is now an enthusiastic, healthy mother of three and member of Maine's Passamaquoddy Tribe.

April's addiction started after the painful loss of her infant son and exposure to immediate family members' addiction. But after her 10-year addiction and at least eight overdoses, April quit cold turkey and started meaningfully living her life.

April's Native American culture helped pull her out of addiction. Three years before she quit using drugs, a good friend who saw her struggling offered her an eagle feather.

"This is a sacred item to Native Americans," April explained. "It's a gift that says when you're ready, I will help you. That told me that he cared and wanted to help but was allowing me to make that decision for myself in my own time."

In February 2012, April called on that friend, and her Native community rushed to help her. Before then, she had tried Western methods of recovery, including rehab facilities, detoxes, methadone and suboxone.

But it was traditional Native medicine that saved her. With the love and care only a community can provide, April endured withdrawals through sunrise

ceremonies, sweat lodges, smudging and spirit healing.

It was within her Native community that April was able to fully realize who she was without her drug dependency: a strong, resilient person with a lot of love and lessons for whoever needs them. In sobriety, she stepped into an advocacy role for her family and others around her, confidently sharing that "you can have what I have."

And those family members are now sober.

When April became a mother herself, she focused on breaking cycles of abuse she had endured in her own familial relationships. She strengthened her relationship with her children, the Wabanaki people and her work, and fell in love with a supportive partner. Aspects of her identity and self-expression that were hidden for much of her life have been able to fully bloom in her recovery.

Since becoming sober, April, now 45, has come out as a lesbian and as a drag king under the name RezBone, and is learning all the aspects of being a Two Spirit Elder, a designation within the Native



Photo by Thom Willey.

community that is important and respected. It was April's cousin who realized April was a Two Spirit Elder.

"This is a little hard to explain outside of the Native community – there's a legend associated with this," April said. "But basically, you have a male spirit and a female spirit within you, co-existing. A Two Spirit person is a bridge between male, female and our creator."

Two Spirit Elders serve as advocates for the LGBTQ+ community within the tribe and beyond it. April chairs the Wabanaki Two Spirit Alliance,

providing support for LGBTQ+ people and helping build a greater foundation of support for them in the world. She also works for Wabanaki Public Health and Wellness.

April's voice is heard by those struggling with addiction as well as sexual identity and society's stigmas.

"I do a lot of advocating for rights. I'm there for anyone who needs to talk, walk through issues, vent, just have someone there to listen."

Sober and exuberant, April is working hard for her community, getting certified as a foster parent, and dancing whenever possible.

"I feel more connected to the creator when I'm dancing or in ceremony and even in the morning when I light my smudge, I feel a strong connection with our creator and my ancestors."

When doubts creep in, April said her partner, children or coworkers are more than willing to pull her into a hug and remind her of her strength and resilience. And from there, she's able to remind anyone else who needs to hear that they can always get back up.

"You are stronger than you know," she said. "The strength within you is greater than you'll ever know. You can do this."

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If you, a loved one or a patient needs a referral, call 207-872-4151 or 207-621-3759.



# What Makes SaVida Health Different?

## by the Journey Team

**B**rian Garrity, lead Peer Recovery Coach for SaVida Health, has been in recovery for nine years and abstaining from all mood-altering substances – including nicotine and medication for an opioid use disorder – for 2½ years.

His journey has been long and full of twists and turns, including medication, willpower, faith and years of healing, both of himself and others.

What he received on this journey, and more specifically what he did not receive – a consistent comprehensive network of support – is what drew him to his career with SaVida Health Maine.

Maine is unique. Maine is progressive. More importantly, Maine has intentionally decided that those struggling with an opioid use disorder deserve the best of what we know and what we have access to. While Medicaid coverage for Medication Assisted Treatment (MAT) varies by state, with patients in some parts of the country getting little more than the medication itself, Maine – and specifically SaVida Health Maine – have decided that this is just not enough.

“We bring all of the services that support people with substance use disorder under one roof,” Brian said. “When you visit our Opioid Health Home, you will be given access to a Licensed Clinical Social Worker to explore, and possibly receive treatment for, both substance use and co-occurring mental health, if that’s part of your story. You will be given access to a peer (another individual in recovery from opioid use) and a medical provider and offered case management services.”

Having a whole team in one location is ideal, especially for members with transportation struggles. But the

whole team approach goes deeper. Brian reflected upon one member’s experience, which is actually a common one:

“He missed an appointment, became anxious about rescheduling, and after a couple of days, had convinced himself he lost the opportunity to attend,” Brian said. “Over the course of those days, he found himself surprised to get messages from various members of his recovery team, concerned about his well-being and wanting to plug him back into the program. He didn’t know whether to be annoyed or impressed!”

At SaVida Health Maine, treatment plans target not just sobriety but wellness, or what the SaVida team refers to as Recovery Health.

“Addiction causes physical disease, emotional disease, spiritual disease, relational disease, legal disease, financial disease – it affects every area of life,” Brian explained. “As individuals seeking recovery, we need to address and find healing for all those areas to achieve real recovery and health. And we’re there to help hold you accountable to the path of recovery that you identified you needed and are working toward.”

“Compassionate accountability” is the term Director of Behavioral Health Abbie Rohde coined to describe the structures through which SaVida Health Maine helps members stay on the path of recovery they chose for themselves. Frequent check-ins and randomly scheduled urine screenings are part of the process, as are honest conversations about any setbacks. Treatment goals, and all of the smaller, daily steps that both the member and team committed to, drive treatment.

Abbie’s background is almost entirely in mental health, and as an affected loved one, she frequently reflects on her own family’s struggle to



support her family members to find overall wellness. Building a program that individualized care for the member, in a system that often relies on group treatment and access to multidisciplinary professionals, was SaVida Health’s first mission.

“We intended to do this, to build this treatment program like no one else here in Maine,” Abbie said. “This started with the education, training and experience of our providers.” For Abbie, this meant providers who are licensed to treat both mental illness and substance use.

This commitment to Maine individuals and communities has not gone unnoticed, nor has SaVida Health’s ability to think outside the box and mobilize when needed. As a result, SaVida Health was approached by the Maine Office of Behavioral Health and Substance Use and awarded a grant to engage in bridge services for various small communities in central and northern Maine.

“We are committed to bring recovery coaching, access to providers and medication, referrals to harm reduction services and/or higher levels of care, into these tiny towns,” Brian said. “We want them to seek out SaVida Health. However, we are more committed to connecting them to any program or resources that will help them recapture their lives.”

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# Personal Recovery *story*

## Sobriety is a Gift That Keeps on Giving

by **Natasha Osborne-Howe**

One of the greatest gifts sobriety has taught me is the concept of choice.

Sobriety has been my chosen lifestyle since June 14, 2001, and it has made all the difference. It is freedom from a self-sabotaging way of life.

Alcohol's presence was predominant in my family growing up – sophisticated, except for an aunt. My mother was my first drinking buddy in my mid-teens, and I felt so privileged. My parents had the good stuff, from wine to brandy and everything in between. The attitude in my home was “eat, drink and be merry.”

It wasn't until that first double gin & tonic at 21 that I truly crossed over into what would become a downward spiral lasting 17 years. I thought I had found the magic elixir, and wanted more.

In my mind, I wasn't anything enough, pretty, smart or cool, and I naively believed alcohol gave me those qualities. All my decisions in life centered around alcohol and prevented potential productive decisions. My addiction hampered the quality of my life in every department.

I thought what I was doing was normal, until I learned that it wasn't.

Alcohol was my identity, my best friend, my comfort and my go-to. I believed its lies and fell victim to the illusions. Oh, there were questions in the back of my mind at times, once stopping for three weeks, then

deciding I didn't have a problem. I hadn't really lost anything. I still worked and did what I needed to do in everyday life. Alcoholic rationalization. I was a daily drinker and it was basically a 24/7 occupation; thinking, planning, drinking and hangovers.

Alcoholism chose my first two marriages, with my first husband as my second-best drinking buddy for 14 years. As long as I had liquid spirits and romantic satisfaction, I was all set. What else could there be? I had no idea how much I was really missing out on.

When I started questioning if I wanted to continue in that marriage, I sought a therapist. I walked out the door rather perplexed, without an answer and headed to a 12-step program. The therapist had me pegged after hearing my relationship with alcohol.

I ultimately left that husband after six months of sobriety. Everything looked different through sober eyes, and knew if I stayed I would drink again. Shortly thereafter, met my second husband, who was 19 years sober. It looked good, felt good, so it must be good. We divorced after five years because he wasn't able to honor marital commitments. I hadn't heeded the advice of my sponsor to stay out of a relationship before a year's sobriety. I had a lot of growing up to do.

Through the years with the program and therapy, the process of peeling back the layers unfolded. I grew healthier and learned to make better decisions. I still made some twisted choices, but it takes time. We all have our respective journeys.



I learned that the concept of choices applies to all areas of life.

The 12-step program gave me a good foundation and friendships still active in my life. It may not be for everyone, but there are many resources out there.

I now have a healthy marriage to a man who doesn't care for the taste of alcohol nor the feeling – foreign concepts to me. The desire to drink left me early on, by the grace of God (my higher power). I don't like being around anyone under the influence. I keep my distance as much as possible from these situations. The smell nauseates me, and it's not my world anymore.

I am grateful for another chance at life and the freedom sobriety gives me. I won't minimize: Sobriety requires commitment, and it takes a lot of effort. It is not for the faint-hearted. It isn't always easy looking within and acknowledging the unpleasant parts. To progress though, it is necessary. We are ever evolving. The trade-off compared to my old life is invaluable and so precious.

Each day I awaken, I realize there is a world of possibilities out there. I thank God for the blessings in my life. I know addiction/recovery is a matter of life and death. I've seen many people struggle, some ultimately losing their lives to addiction. I could have been one of those statistics.

Sobriety is the gift that keeps on giving.

## Being Yourself, Together



by Elaine Shamos and Glenn J. Simpson

In the recovery community, we hear the word “codependent” a lot when describing people in relationships. Another way to look at this word is to understand how it relates to our ability to differentiate between our true “self” and others.

In this work, we disengage from dysfunctional behaviors and invite our partners to do the same. In relationships, there are often common patterns that turn out to be detrimental to the growth of each partner and, ultimately, the couple.

Psychologist Murray Bowen used the words “differentiation of self” to describe healthy dependency as “the ability to maintain one’s feelings and thoughts in the presence and pressure of close, intimate relationships.”

Through ups and downs of recovery, our thoughts and actions can be dramatically influenced by emotions like anger, jealousy, fear and sadness. The trick is to acknowledge and process our feelings and not have them overwhelm us or our partner. We also do not want to feel like we must remain silent to “keep the peace.”

A healthy level of interdependence looks like two solid individuals with their own thoughts, beliefs and feelings, respecting and appreciating those of their partner.

Changing dysfunctional patterns we learn in childhood takes work. Becoming aware of how we fuse our emotions and reactions to those of others, or how we cut off and disengage, takes conscious effort.

However, we’re never too old to learn new skills and respectful communication. The goal is to maintain our individuality within the relationship. This is an ongoing self-growth process and may require the intervention of a professional.

Here are some questions to ask yourself to better understand your own level of differentiation. Do you:

- Hide how you really feel about things?
- Let feelings build up until you feel like exploding?
- Feel a need to match your partner’s feelings when they are sad, angry or in crisis?
- Say what you think others want to hear?
- Avoid conflict?

- Look for ways to fix or control others?
- Have affairs?
- Agree to do things you are not interested in?
- Demand praise and compliments?
- Disregard your own needs for the needs of others?
- Always see your partner as the problem?

If you answered “yes” to many of these questions, you may want to work on gaining more confidence and a sense of who you are and what you want. As you do this, you’ll be more prepared to work with your partner on a new dance of intimacy. It only takes one person to change things up!

Look in the next issue for how you can learn to communicate together with more authenticity, resulting in a deeper, more joyful commitment!



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, CADC, has a private practice specializing in substance use disorder, and couples therapy. They are working together on a book for couples in recovery.

# EXPERTS IN THE FIELD – from Maine CDC

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# Want to Enhance a Happy Nature Walk?

## Identify herbs and forage!

by Paula Kersch

In nature, it isn't hard to be happy. Maybe that's why I've always been drawn to it. There is a tranquil beauty to the slow pace of nature. The inevitable changing of the seasons, reminding us that there is a cycle to everything, and the fragrant blooms of spring only happen after the quiet sleep of winter.

As we come into spring, it's once again time to bloom! Getting outside and moving our bodies. If you enjoy walking your local nature trails and want a little new perspective this spring, try herb identification and foraging!

Herbal medicine is all around us when you know where and what to look for. Here are some things to keep in mind when you start your foraging journey:

**1** Start with a field guide or journal and only take note of the medicinal herbs you may have identified while out walking. **Do not harvest yet!** In order to forage safely and sustainably, you need a bit more information. So log the place,

time of year, type of plant and any notes you may want. Maybe snap a photo. I tell newcomers to use the "PictureThis" plant ID app first, which will log the time and place for you, then do some more research to ensure this is a medicinal plant and not a lookalike.

**2** Once you know that the herbs you have found on your walks are indeed the real thing, make sure there aren't laws against foraging in that area. Ask permission, and look for signs.

**3** Never overharvest. Taking 10-15 percent of the entire plant is enough. This is wild, potent medicine, and you will be surprised how little you need to help improve your health!

If you'd like to learn more about foraging in the field, book a foraging walk with Botanically Curious at [www.botanicallycurious.com/services](http://www.botanicallycurious.com/services) Gather with a group of friends, or book a private walk!

.....  
*Paula Kersch, owner and head herbalist at Botanically Curious is dedicated to connecting with the local community through collaboration and community service.*  
 .....

### Medicine herbs popping up this spring with lots of nutritional content



#### Yarrow – Alleviates digestive issues

Yarrow leaves are little delicate fern-like leaves with a peppery, bitter taste, and the summer flowers bring an aromatic flavor to salads. The leaves can be used in almost any dish as a vegetable, added to soups and sauces, or simply boiled and simmered in butter as a side dish. Yarrow flowers also can help stop bleeding on small cuts when out in the wild!



#### Yellow Dock – Supports liver health

Yellow Dock leaves can be added to salads, cooked as a potherb or added to soups and stews. Stems can be consumed raw or cooked, but they're best peeled and the inner portion consumed. Seeds can be eaten raw or cooked once they are brown.



#### Violet – Soothes skin

Violet flower petals are edible, but their leaves are easily confused with other non-edible plants. So if you aren't sure, stick with a sure bet. They're found blooming in most front yards in early spring alongside dandelions. Violet flowers can be used to garnish salads or flavor vinegar, teas and syrups.

### Curious Creations

#### Foraged Salad - Serves 1

##### Ingredients

½ cup foraged dandelion greens

¼ cup red clover blossoms

¼ cup freshly foraged chickweed

Add violets, rose petals and other locally grown produce for a highly nutritious salad for better liver health!

Add lemon balm, rosemary or other aromatic herbs to a little vinegar and oil for an herbal salad dressing!

##### Ingredients

¼ cup extra virgin olive oil

3 tbsp vinegar of choice

1 tsp garlic paste/minced garlic

Salt and black pepper

2 tablespoons or 10-12 fresh lemon balm leaves

##### Directions

Combine all ingredients in a small blender until emulsified.

You can whisk if you don't have a blender.

Store in the fridge.

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



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**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.

County	OPTIONS Liaison	Email	Phone
Androscoggin	Dave Bilodeau	dbilodea@tcmhs.org	(207) 344-1828
Aroostook	Vanessa Charette	vcharette@amhc.org	(207) 762-4851
Aroostook	Sarah Baker-Corbett	scorbett@amhc.org	(207) 762-4851
Cumberland	Tom MacElhaney	tjmacelhaney@sweetser.org	(207) 468-2848
Franklin	Katlynn Johnson	katlynnj@wmbh-me.com	(207) 500-1752
Hancock	Nick St. Louis	nstlouis@amhc.org	(207) 762-4851
Kennebec	Dawn Kearns	dkearns@sweetser.org	(207)-446-3304
Knox	Will Bucklin	wbucklin@sweetser.org	(207)-298-4672
Lincoln	Nicholas Loscocco	nloscocco@sweetser.org	(207)-468-3483
Oxford	Glenn Gordon	glenn.gordon@ocmhs.org	(207) 357-1751
Penobscot	Ashley Roberts, CADC	aroberts@chcs-me.org	(207) 991-1162
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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](mailto:robert.porter@maine.gov).

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# Washington County Centers are a Bright Light

by Beth D'Ovidio

Though often thought to be a big city problem, substance use disorder can't read a map. It can be especially hard to combat in rural communities because of limited resources for prevention, treatment and recovery.

This is the case in Washington County, with two notable exceptions – the Downeast Recovery Support Centers in Calais and Machias. The centers are part of Aroostook Mental Health Services, Inc., more commonly known as AMHC.

Amy Day has been the manager at the DRSC Washington County locations since they opened in fall 2018. As a person in long-term recovery, she always longed to work with individuals living with substance use disorder. "I had always been very vocal about being in recovery," she said. Being candid and open about her experience brought her desire to work in the recovery community to reality.

"When AMHC secured the funding to open the centers, the program manager called asking me to help build them from the ground up." He knew Amy's work ethic and that she had firsthand recovery knowledge.

Every detail of these places shows the care and vision of someone who knew the recovery process. "I like the interactions with people who are just like me. I enjoy being able to help and support someone along their journey."

Any day at the DRSC, you may see the regulars who come in to hang out a while, people looking for naloxone for themselves or a loved



Amy Day, manager of the Downeast Recovery Support Centers in Calais and Machias.

one, someone attending a 12-step meeting, another looking for housing and food, or someone just looking for support and a smile.

"What makes our centers special is there's nothing else like it available in our area," said Amy. "Before DRSC, you had to drive almost two hours to get to the closest Recovery Center. Most towns have one blinking light or none at all," she joked.

Because the centers are so spread out in a sparsely populated area, it is essential to collaborate with other organizations to keep everything running smoothly. For instance, the naloxone they distribute is supplied by Bangor Public Health. Other support comes through a relationship with Healthy Acadia, an organization in Ellsworth working

to build healthy communities in Washington and Hancock counties. And they frequently work with one of the county OPTIONS Liaisons. "We work together in order to meet all the needs," Amy said.

The centers are open from 9 a.m. to 5 p.m. weekdays, with meetings/events happening on the weekends. Telephone recovery support is always open.

"In such a small town, everyone knows how to reach you on your personal phone or through a Facebook message," said Amy.

Being in a small, tight-knit community does have disadvantages. "There is a lot of stigma about substance use," she said. "Our Calais center is on Main Street – some

people won't park in front for fear someone will see their car here and think they need the services."

Some center activities and events are open to the general public.

"You might be sitting in a Snack and Paint class and someone who has never used a substance is sitting across from someone who is actively using. And maybe someone in recovery is sitting next to them," said Amy. "Everyone is having a good time and chatting about current events, TV shows, anything. Substance use never comes up."

The hope is that through these joint interactions, the stigma may lessen. "We've worked hard on that through making the sites as much a community center as a recovery center."

Amy recounted some memories of the centers' impact. People have told her the naloxone they got at the center saved someone they know. Another said, "I have eight months sober now, because you girls talked me off the edge."

"I really wish there had been a place like this when I was trying to find recovery because there was nothing around here," said Amy. "I didn't even know where or when there was a meeting or what recovery even looked like. Having a space for others just like me, to be able to come and work on themselves while not feeling judged is such a blessing for our tiny community."

For more information, call the center at (207) 259-6238.

*This article was made possible with the support of the OPTIONS program and the Maine Office of Behavioral Health. KnowYourOptions.ME*



*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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# Three Health Benefits of Medication-Assisted Treatment

by **Dave Kostos**

While there's no one-size-fits-all solution, researchers and leaders in addiction treatment (like Groups) find the most effective way to overcome substance use disorders is through medication-assisted treatment (MAT) combined with group therapy and community support.

Here are three health benefits highlighted by the National Institute on Drug Abuse that show why many people consider MAT the gold standard for people looking to recover from substance use disorders:

## 1 MAT lowers drug use and reduces heroin overdose deaths.

Bringing medication like Suboxone into recovery treatment helps to reduce withdrawal symptoms, heroin overdose fatalities, criminal activity, and disease transmission. In one study, overdose deaths

dropped by 37% after Suboxone became available.

## 2 MAT helps people stay in treatment longer so they can get well.

With withdrawal symptoms controlled by Suboxone and other medications, people in recovery are more likely to remain in therapy longer. That provides more time to develop a network of peers and get the support needed to improve their health and living conditions.

## 3 MAT improves outcomes for pregnant people in recovery.

Recovering while pregnant is incredibly stressful, adding increased stigma and health threats to the hard work of recovery. Groups now offer sessions specifically for pregnant members in many states, providing MAT to reduce the symptoms of neonatal abstinence syndrome and connecting members

with others who understand their unique challenges and fears.

Recovering from a substance use disorder is always hard. Groups work to make it a bit easier with medication-assisted treatment, community building, and Recovery Support Specialists combining to deliver real, lasting recovery. Want to learn more? Visit [joingroups.com](http://joingroups.com) today.



*Dave Kostos is a writer, editor, storyteller, and Senior Manager of Content at Groups Recover Together. In this role, he helps people around the country find lasting recovery from substance use disorders. Learn how Groups is helping thousands get their lives back from drugs at [joingroups.com](http://joingroups.com).*

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# Stories Restoring Hope

## Jim Mello

### Recovering Purpose and Self

by Jamie Lovley

Jim Mello is a man of many passions and pursuits. On Sundays, he's a Methodist minister in Dover Foxcroft, Milo and Atkinson, but you may also recognize his voice from Colby College's "The Cosmic Mello(w) Mix Tape," which used to feature rock, folk, indie and classical music. Or you may have known him when he taught substance use counseling at the University of Maine-Farmington.

His name also graces the cover of three different poetry books. And perhaps most importantly, Mello has been a substance use counselor and Certified Clinical Supervisor in the Bangor and Waterville area, and through telehealth online since the COVID-19 pandemic.

The opioid epidemic is something that weighs heavily on Jim Mello, who became an addictions counselor and clinical supervisor after his own period of addiction in his young adult life. He describes those years of grappling with substance abuse as his "dark night of the soul" and wrote this poem about it:

Jim has been in recovery since July 30, 1975. In his blog, "Recovery Ink," he wrote: "I believe in recovery, even more now, in this current time of distress, and in this



phase of my life. We should never stop learning and growing. As Bob Dylan said many years ago, 'He who is not busy being born is busy dying.' Wise words then. Wise words now."

Born in Rhode Island in 1950, Jim spent his youth dreaming of being a singer-songwriter, drawing inspiration from artists like Dylan and Paul Simon. He played bass guitar in a small band but confesses to being neither talented at singing or playing bass. He claims to have "heard the lyrics before the music."

Jim first dabbled in the written word while studying speech theater at Rhode Island College. He penned his first poem, "Winter Solstice," in 1990 while serving as the minister of a Seventh-Day Adventist Church in Washington County. Writing poetry became a redemptive way of expressing the lyrics of his youth.

Jim occasionally reads poetry publically and has a public Facebook page, but rarely puts his work on the Internet. Most of his 1,000-plus poems are handwritten, existing only in his notebooks and books.

When Jim earned his master's degree from Bangor Theological Seminary in 2013, his graduate project was about spirituality and recovery: He explored the use of spiritual mindfulness in addiction therapy in

*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 Maine, and record stories of how long-term recovery does work. All names are used with permission.*

*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.*

a methadone clinic, a church setting, and within the Bangor Area Recovery Network. For Jim, spirituality in recovery is greatly tied to self-care, sense of purpose, self-value, and emotional wellness.

The winding path of Jim's experiences have brought him to a place of self-awareness, expression, and compassion. Although his career as a poet started late, his recent success proves that it is never too late when it comes to art.

He has used his passion for the written word, theology, and spiritual discovery as tools to help guide others through addiction to recovery of their purpose and self.



*Jamie Lovley, a social worker in the Midcoast, works at a residential treatment facility and is the Substance Use Prevention Specialist at Knox County Community Health Coalition. She is passionate about writing recovery stories that fight stigma and inspire hope.*



# Understanding Moral Suffering and Cultivating Moral Resilience

by **Lori Whittemore**

**M**oral suffering is considered distress or anguish experienced when we act in conflict with our morals and values.

We suffer morally because we have integrity and a conscience; it hurts when integrity and conscience are violated by others or ourselves. If it hurts or we feel bad, it's because we have morals and values, and they're being challenged.

## **Moral suffering**

Moral suffering is experienced on a spectrum, from moral distress to moral apathy.

Moral distress is when we're aware of a moral problem and can determine a remedy, but are unable to act on it because of internal or external constraints. This is usually short-lived and easily resolved.

Moral injury can occur when someone engages in, fails to prevent, or witnesses acts that conflict with their values or beliefs.

Moral outrage is associated with strong feelings of shame and guilt. It often takes a long time to heal and is a response of anger in relation to a perceived moral violation. It is characterized by energy-draining

frustration, anger, disgust and a sense of powerlessness.

Finally, moral apathy occurs when "our denial, lack of caring, or willful ignorance make it possible for us to ignore or wall ourselves off from the suffering of others."

Author James Baldwin called moral apathy "the death of the heart."

Everyone experiences moral distress. From letting someone down to breaking a promise to watching someone make self-harming choices to shutting down completely from cycles of trauma, these are just some examples of what moral distress looks like. Moral distress significantly impacts sense of worth, decision-making and overall well-being.

## **Moral resilience**

Moral resilience is the capacity of an individual to sustain or restore their integrity in response to moral complexity, confusion, distress or setbacks. Moral resilience is categorized by integrity, ability to bounce back, make healthy decisions and take good care of ourselves. Everyone can develop and nurture moral resilience.

Strategies for boosting moral resilience include:

- Reflecting on own core values
- Developing a meditation practice
- Seeking peer support
- Fostering healthy relationships and connections
- Practicing taking a pause
- Cultivating an open mindset
- Engaging in self-care

Moral resilience can always be cultivated, and the source of the suffering must also be addressed. It's important to process the unresolved trauma, whatever that looks like in our lives, too.

Everyone has a sense of what matters most. Creating simple practices to remember and reconnect to ourselves gives us the ability to develop and sustain wellness.

*Spiritual Care Services of Maine provides professional, confidential, compassionate spiritual care to individuals, groups and organizations with today's religious and spiritual landscape in mind. We offer remote support via a 7 day per week chaplain referral system. We are here when you need us.*



*Lori Whittemore is a chaplain and the director of Spiritual Care Services of Maine, the minister of the Unitarian Universalist Church of Saco-Biddeford and a chaplain trainer. Lori lives in Saco with her family.*

# Looking for a safe place to live in recovery in Maine?

The single most important question to ask is, “Is this house MARR certified, and if not, why not?”

Maine Association of Recovery Residences [MARR] manages the ethical and safety standards for recovery residences and provides certification as an affiliate of:



## NARR's four levels of service



<https://www.mainerecoveryresidences.com/>



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# Chief Sees Impact of Treating Every Single Person with Respect

by Beth D'Ovidio

**K**enneth Charles, chief of the Farmington Police Department, avoided getting into the family business for as long as he could but eventually joined his father and two brothers in becoming a police officer.

"I thought I certainly must have a different path," he said. "I went into the service, came home and decided to go to college in Farmington. Originally from Waterville, Kenneth was so taken with the Farmington area that he stayed. At 32, he left his work in the public health care field and became a detective at Franklin County's Sheriff's Department, happy to have the opportunity to work where he lives. He was promoted to chief two years ago.

Chief Charles is committed to developing a mindset within his force that is less recriminatory and more rehabilitative in nature, particularly in matters involving substance use.

"We provide education and training to look at the problem in a different way than it has been," he said. "I want to hire and employ officers who are going to seek out and earn people's trust."

Even when the force is short-handed, the chief passes on candidates he doesn't believe fit the culture the department is building – treating everyone with respect every time an officer interacts with an individual. Also, each officer carries naloxone at all times and is trained to use it.

Recently, his department encountered a situation in which a person in a bathtub experienced a substance-use-related cardiac arrest. "I was at the scene, and watched as one of the responding officers

initiated CPR, got the individual out of the bathtub, and it was a successful revival," said the chief. "This happened within a week of a first aid training we had. The officer had never experienced this in person before, and he was prepared. I was so proud of him. He had what he needed and was just making it happen."

The chief also described a man he pulled over for driving while intoxicated several years ago. The man had been drinking a fifth of vodka every day for 20 years. "He came up to me a couple of months ago and said, 'You have no idea what happened as a result of what you did that night.' I prepared myself for him to say I ruined his life, but he said he connected with AA and has been sober ever since. You never know the impact you've had just by treating everyone with respect."

The Farmington Police Department connects frequently with partner agencies and organizations. "Officers are pulled in so many directions, we can't be the expert in everything. We cannot fix things by ourselves, but we can direct the people to resources," he said. His department is the host agency for Franklin County OPTIONS Liaison Kat Beaumont.

"I can't say enough about her. She came in like a great tornado. She is just the right person at the right time," Kenneth said. "It's been a pleasure watching her grow and develop the program."

Even though the department is approaching things much differently now, Chief Charles also does not want to lose sight of primary prevention, breaking the cycles that often influence people to begin using drugs. "We won't stop all the dealers, but we can do things to promote



healthy families ... opportunities for education and employment," he said.

His advice to people who are using substances: "Don't be afraid to communicate. Don't be afraid to challenge your current thinking. Everyone's individual experience is unique. Keep trying. Not many people go through this and find success and sobriety on the first try. Patience and vigilance can keep us closer to the end goal."

*This article was made possible with the support of the OPTIONS program and the Maine Office of Behavioral Health. KnowYourOptions.ME*



*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.*

# The Weiss Method

## *How energy works in the body*

by the Journey Team

Understanding how things work energetically in your body can support you in winning your life back from unwanted habits. The Weiss Method sees our bodies as complex and highly trainable with five energetic systems: the Thinking Center, the Moving Center, the Instinctual Center, the Emotional Center and the Sexual Center.

Briefly:

- 1 Thinking Center** – Generally linked with our brain
- 2 Moving Center** – Energetically based in our stomach
- 3 Instinctual Center** – Keeps us safe
- 4 Emotional Center** – Connections with others and ones compassionate wisdom
- 5 Sexual Center** – Connected with creativity on an energetic level

All five centers play a big part in our life and serve higher functions.

### Focusing on the Moving Center ...

This is where we train different habits. Anything we do repeatedly, like riding a bicycle, actually gets lodged or remembered in the Moving Center. As such, it is **one** of the “ringleaders” of unwanted habits and addictive cycles. The Weiss Method practitioners believe that when you become conscious of what is behind your actions – the energies and systems at play – you then have more tools to keep

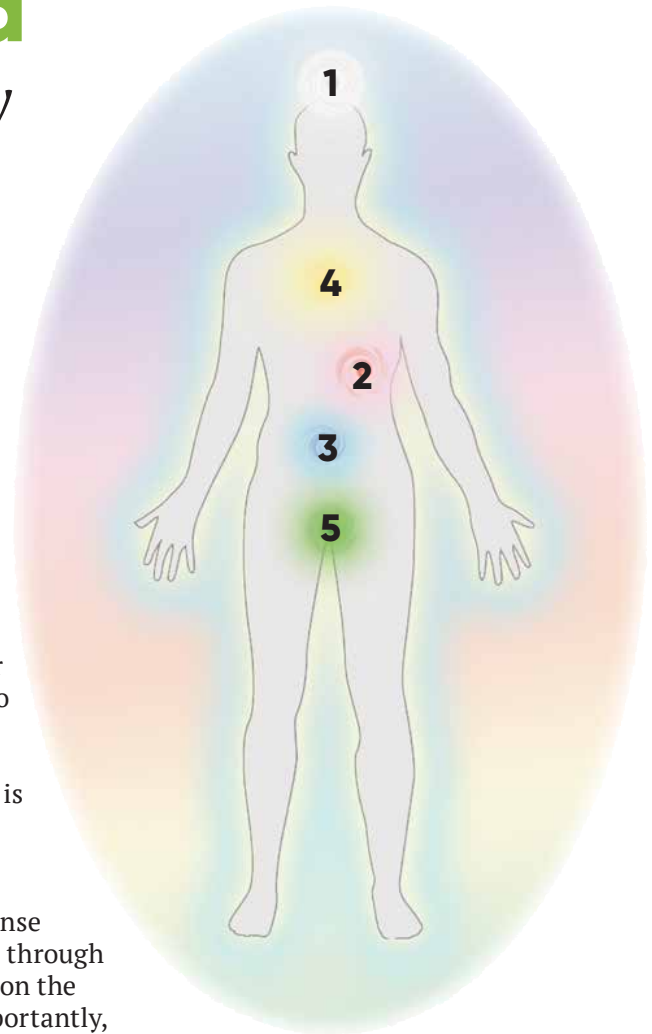
your life on track and headed in a healthy direction, away from substance dependency.

The method considers how all our experiences in life are lodged in unseen parts of our bioenergetic field, or aura. Everything that has a metabolic process gives off energy, and the energy of unwanted habits can create clutter in our aura that needs to be cleared. By cleaning and rebalancing one’s energetic centers, there is an opportunity to make better choices.

A few ways you can cleanse yourself energetically is through exercise and showering on the physical level. More importantly, on an energetic level, knowing what you want in life also plays a huge part in keeping one’s life on course.

The Weiss Method can interrupt the cycle of an unwanted habit by energetic cleansing and rebalancing. Energetic healing works on the principle that the root cause of all illnesses is disturbances in the bioenergetic field and also the electromagnetic processes inside the body, including the organs.

By cleaning and rebalancing the bioenergetic field, along with using a light touch, practitioners are able to access the inner systems of the body via meridian lines—the energetic highways mapped in traditional Chinese medicine—to cleanse and rebalance you at the root cause.



Treatments can take place in-person or remotely and you don’t need to understand how energy works in the body for it to work.

While there is a responsibility after a treatment to allow things to settle, the real key to a successful Weiss Method treatment is the desire to let go of an unwanted habit and take full advantage of a fresh start.

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# Recovery Discovery within Rejection

by Karen St. Clair

*'Life is 10% what happens to us and 90% how we react to it.'*

Rejection often is thought of as an adult reaction to situations like being turned down for your next promotion or not getting into your top college. But it actually starts on the day you are born.

As infants and toddlers, we take emotional cues from our parents and caregivers that may feel like unintended rejection. Without any way to express ourselves coherently in our earliest years, those feelings can get trapped in our nervous systems and may lead to limiting beliefs, including "I'm not good enough" or "I can't do anything right."

Each time we feel the emotion of rejection, our limiting beliefs can grow stronger, and we may begin to show normal human signs of fear of rejection such as:

- Being a people-pleaser
- Taking on too many responsibilities
- Having trouble saying no
- Working too hard
- Hiding your true thoughts/feelings from others
- Staying in unhealthy relationships
- Fear of failure
- Perfectionism
- Codependency
- Putting up with poor treatment from others

Why do we fall into this?



Simply put, human beings are herd animals. Individually, we are designed to pick up social cues to coordinate and align our behaviors with those around us. I work with many of these traits within my EFT Tapping practice.

*"Often people attempt to live their lives backwards: they try to have more things, or more money, in order to do what they want so that they will be happier. The way it actually works is the reverse. You must first be who you really are, then do what you really need to do, in order to have what you want."*

– Margaret Young

What if rejection had a shiny flipside and could be considered a positive outcome?

By creating healthy responses to rejection and cultivating positive language, we can increase our resiliency and the resiliency in those around us. By changing a problem into a challenge, we can open pathways to growth and transform stress into potential.

Surprising positive benefits include realizing that rejection can:

- Promote motivation
- Provide perspective
- Teach patience
- Lead to growth
- Open the door for another chance
- Provide protection from the wrong decision
- Redirect efforts toward collaboration

Rejection has many meanings depending on our perspective, but in many cases, there is a silver lining.

Rejection feels monumental at the moment, but there may have been times that you've looked back and thought, "I'm so glad I didn't go forward with that decision" or "my new job is 10 times better than the job I didn't get."

Where do you stand on rejection? Let me know ([Karen@KarenStClairEFT.com](mailto:Karen@KarenStClairEFT.com)). Your perspective matters.



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

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# The 'F' Word Everyone Is Talking About

by Janet Dosseva, MPH, PS-C

A few years ago, our coalition was doing outreach and educating folks to keep their prescription medications up and away to reduce the risk of medications, particularly opioids, from being diverted into the community. However, nowadays, raising awareness to prevent opioid misuse has shifted. The US Drug Enforcement Agency (DEA) warns of the increased availability of fake pills in communities all over the nation.

Law enforcement has been working to seize these fake pills and take them off the markets. Oftentimes, these are produced to look like legitimate pills like OxyContin® or Xanax®. However, they actually contain fentanyl. DEA Laboratory testing recently revealed that every **6 out of 10** of these fake pills contain lethal amounts of fentanyl. Fentanyl is a synthetic opioid largely driving the uptick in overdose fatalities.

We can work together to raise awareness, reverse overdoses, and reduce overdose fatalities in our communities! **Let's not have 2023 be another record-breaking year.**

## What We Can Do

Have conversations with youth about not taking any pills unless given to them by a medical professional or trusted adult

Learn the warning signs of an opioid overdose

Learn how to respond to an overdose and carry naloxone

Do your part as an individual to raise awareness about fake pills – talk to people in your social circle about this issue

Familiarize yourself with Maine's Good Samaritan Law that protects people who seeks medical assistance for a person experiencing a drug-related overdose

### For More Information:

[DEA.gov/OnePill](https://www.dea.gov/OnePill)

[WestbrookPartnersforPrevention.org/news-and-events/](https://www.westbrookpartnersforprevention.org/news-and-events/)



**716 people in Maine died from overdose deaths in 2022.**

**Approximately 80% of these overdoses were as a result of non-pharmaceutical fentanyl.**



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



### About Westbrook Partners for Prevention (WPPF)

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.

# Personal Recovery *story*

## Building Better, Building Together

### *Matthew Jones' Story*

by **Gabrielle Gilbert**

**A** good day at work looks different for everyone. If you're lucky, your job keeps you busy; makes you feel safe, appreciated and supported; and pays you well at the end of the day.

At the beginning of his recovery, Matthew Jones of Portland found that a good day at work is a good day sober. Since Thanksgiving 2019, he's been sober and creating opportunities for his community to follow his lead.

Matthew was a hyperactive kid – athletic and eager to please. Growing up in Old Town, he had difficulty following the rules. He was expelled from school and finished high school in California. Grades were never an issue – he graduated with high honors and was accepted into Wentworth Institute of Technology in Boston.

Matthew had experimented with opiates in high school, but after tearing his anterior cruciate ligament (ACL) while snowboarding at college, he had a hard time staying away from drugs. Consequently, he was arrested for armed robbery in 2011 and spent two years in prison and four years on probation. He first got clean in prison while spending time with himself, getting to know the boy under all the expectations and missteps.

But after about a year in prison, Matthew took a step backward when he got into a fight. He suffered skull fractures and a shattered orbital bone

that took four months to heal from. With just nine months until his release, he started drawing and writing, as well as healing and finding himself.

Once out of prison in December 2013, Matthew moved to Portland, got a roofing job and enrolled at the University of Southern Maine to finish his degree in environmental science. Things seemed to be turning around. He made good friends, played on USM's soccer team as a scholar athlete, was vice president of an environmental science group, and was liked by professors.

He was heavily drinking but never considered it a problem. "I thought only opiates were a problem for me," he said.

Matthew seemed to make friends wherever he went, creative friends with ideas as wild as his. Soon, he quit working for the roofing company and started working for himself with some buddies, starting Forest Street Carpentry in 2016, while also building a creative community in Portland.

It felt like the best time of his life. But by 2017, the best time grew dark. Matthew had graduated and become



Photo by Brian Delaney.

a father, though his daughter lived up north. He watched his friends move away one by one, onto bigger and better things. He was keeping opiates at a distance, but drinking more than he ever had. And, on top of that, he tore his other ACL while skateboarding. This time, he didn't refuse the opiates. His family eventually cut him off, his relationships fell apart, and funds were low.

Around that same time, Matthew read an article about a buddy of his – Jon Cross – who was in recovery.

They had been on the USM soccer team together. Without thinking, Matthew called him.

“I can get you right now,” Jon said, talking up treatment facilities that could help. Matthew refused initially, but when he crashed his car within the hour, he called Jon back.

“I didn’t know what I didn’t know that I would get from recovery,” Matthew said. He couldn’t know that on the other side of addiction would be financial freedom, community, forgiveness, and even a new purpose. He decided to give himself an “honest and thorough shot” at sobriety and happiness.

A few months into his stay at a recovery house, Matthew endured yet another injury, tearing his meniscus 2020. He refused pain medication and stayed on track. He allowed himself to fully dive into carpentry. He showed up on time, gave full attention to his work and found friendship among coworkers who were also in recovery. Matthew was finding that the secret to living a good life was structure and community, though the money didn’t hurt.

“There’s a lot of guys that just need structure and they need a place to either volunteer or to make a little bit of money when they’re early in recovery. They don’t really care what their job is gonna be. I started reaching back out to the guys who ran the sober houses that I was in. I said, ‘If you have any guys that need volunteer hours or they wanna stay busy and do some work, send them to me.’ ”

And that’s what they did. Matthew offered opportunities to people who needed jobs and taught them along the way – they even enjoyed themselves. “And at the end of the day I told them that they did a great job and they could come back if they wanted.” Many did and many moved on to use the skills they learned elsewhere, maintaining their work ethic and their sobriety.

“I think a lot of guys come back into the world newly sober and they find these jobs and there’s no support where they’re working ... that’s a lot of time spent in places where there’s no support, there’s no one right around you who’s going through what you’re going through and can understand.”

Matthew, now 33, met his workers where they were, and they worked as a team, completing bigger and bigger projects together. And Matthew needed them, too. Not just to complete a job, but to keep him motivated to get up in the morning, continue on his own recovery journey, and to continue helping those around him.

Among his success stories is building a spec house in South Portland from the ground up – a dream Matthew had had since youth.

His are bigger now, and his confidence in himself and his team is growing. He purchased a house in Bangor that had been seized by the federal government after operating as a place where drugs were sold. Matthew fully renovated it with hopes of flipping it but came to realize that it, too, had a larger purpose.

He decided to help his sister transition out of healthcare and into a small garden and flower business there. And now, he has assembled a small team to help create a women’s recovery residence there, where women in recovery can get to know themselves again and, if they like, work with their hands in the garden and find a community through work and mutual respect, as Matthew has. The house is expected to open by May.



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



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](mailto:virtual@thefamilyrestored.org)  
for meeting links

Visit our website for information on other meetings  
[www.thefamilyrestored.org](http://www.thefamilyrestored.org)

**FOR MORE INFORMATION:**  
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501(c)(3) nonprofit

# Oliver Bradeen

## *Born to be ... a Responder!*

by **Beth D'Ovidio**

**O**liver Bradeen seems to have been destined to help others. He's spent more than a decade in human services work, primarily with people living with substance use disorder.

As a graduate student, Bradeen interned with the Portland Police Department as a co-responder. He'd ride along with police to behavioral health calls when a mobile crisis worker would be helpful. In most cases, those situations involved drugs and alcohol.

He served as a bridge between law enforcement, mental health departments and substance use support. He'd connect people in crisis with community services, ranging from harm reduction to treatment and recovery services. He went on to become an employee of the police department and spent his time in an unmarked car responding to substance use incidents.

This co-response approach in the Portland Police Department served as the model for Maine's OPTIONS program.

Bradeen now works full-time for the Portland Fire Department but still finds time to provide technical assistance to Maine's OPTIONS Liaisons.

"I arrange coaching calls. I meet individually with Liaisons. We go over the logistics of being a Liaison and how to bridge law enforcement and mental health/substance use issues," Oliver said. "I share my own experiences hoping they can learn

from my successes and even more from my mistakes."

He also emphasizes the need for Liaisons to take good care of themselves. "Sometimes you see people losing life right in front of you. You have to realize it's OK to not be OK."

Oliver has four core principles for being a successful Liaison:

- 1.) Be accepting and open to all people's recovery, recognizing that everyone is different.
- 2.) Offer harm reduction services if a person is not ready to stop using drugs.
- 3.) Be aware of what makes the person in crisis uncomfortable.
- 4.) Set boundaries early on.

"It's not about just showing up," he explained. "It's about building trust – it's relationship-focused. Sometimes you are the only one who hears the person. It's a time for compassionate support, not a legal system. The uniform makes people really nervous."

This is part of the reason the co-response approach is successful. "I would make use of chance encounters with officers or hospital staff and have conversations about the nature of substance use and



that people who use drugs are good people who have a disease. Everyone deserves to be treated respectfully. And, I encourage the OPTIONS Liaisons to have those same conversations and build a more supportive community from health care to law enforcement to businesses, from within. You find moments of wonderful humanity in supporting people who use drugs."

*This article was made possible with the support of the OPTIONS program and the Maine Office of Behavioral Health. KnowYourOptions.ME*



*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.*

# OPTIONS Liaison Meets People Where They Are

## *Offering non-judgmental support*

by **Beth D'Ovidio**

**T**om MacElhaney, an employee with Sweetser, began serving as Cumberland County's OPTIONS Liaison just as the global pandemic had us housebound and isolated alone or in our pod.

He believes the timing was serendipitous because it was such a difficult period for people who use drugs or are in recovery. He understands this because he is in long-term recovery himself. "Then the OPTIONS opportunity became available and it became clear to me there was going to be an even greater need and that's what I should do."

"As a Liaison, I think of my role as being a resource specialist. I am the person who can stay familiar with the resources that are available for people and to link them to what they need – like a compass or guide."

Tom can't identify a typical day as a Liaison because he's never had one – "I haven't had the same day twice since I started the job."

To remain informed about new and changing resources, he has standing appointments with other organizations that serve people who use drugs or are in treatment and recovery. Sometimes he will spend days or weeks working with a client. "I always make someone who is ready for treatment and recovery my priority."

When asked what help he can offer clients, Tom said that he can least give some non-judgmental support.

"I guide them to detox, safer-use supplies and other harm reduction

items. I meet them wherever they are in the process." Tom also spends a fair amount of time helping the families of his clients. Both the person who is using drugs and their family members need support from people who have been or are in a similar position. "The worst thing is being alone or perceiving you are alone. It's like quitting cigarettes," Tom said. "There are setbacks. I offer people what I feel is a healthy solution and what's made my life better."

He sometimes gets connected with people who need his assistance through working with law enforcement. "I often come in contact after a medical emergency. I will receive a text, email or call if I am not on the scene. I then follow up. Sometimes it's hard to make the initial contact with the person, so I begin working with their family members."

Tom believes in the "gold standard" of treatment and recovery. This includes detox, recovery residence, inpatient therapy, and outpatient therapy.

"This is a deadly fatal disease you need treatment for. People need to first make a commitment and then do the therapy. You might have to put some other things on the back burner for some time. Many people aren't willing to do that, especially the first time they try," he said. "Whatever they are willing to do I will support them with that. Getting to the gold standard is tough due to limited resources."

Tom is concerned that 911 is not called more frequently in the case of a medical substance use emergency. He shares this concern with law enforcement and emergency medical service workers. The Good Samaritan Law protects individuals rendering



Photo by  
Brian Delaney.

aid to an overdose from being prosecuted for SUD-related crimes when calling for help. He strongly encourages people to call EMS.

He would like to see the OPTIONS program expanded. "We could use a bunch of 'me's.' There is so much need. My territory includes both urban and rural areas. Sometimes I transport someone who needs to get to detox, I look at that as a priority. Virtual and telehealth appointments are also really important in the more rural communities. My purpose is to make sure everyone knows that recovery is available to them, should they want it."

To find a Liaison near you, see page 25.

*This article was made possible with the support of the OPTIONS program and the Maine Office of Behavioral Health. To learn more about the OPTIONS program and Maine's Good Samaritan Law, visit [KnowYourOptions.ME](http://KnowYourOptions.ME).*



*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.*

# Safe Harbor

## *A place for women to grow and build connection*

by Beth D'Ovidio

**Q:** What happens when you have four guiding forces working together on a common goal?

**A:** A successful collaboration known as Safe Harbor – a recovery home in Machias that welcomes women with and without children.

Aroostook Mental Health Services, Inc. (AMHC), Downeast Community Partners (DCP), Healthy Acadia, and the Community Caring Collaboration (CCC) worked together to bring Safe Harbor's concept, philosophy and vision to life.

Since the beginning, the four organizations have met weekly to maintain the house's excellence. Every decision impacting Safe Harbor is made collaboratively.

"Collaboration that supports the house is the real deal – not just a buzzword – it is what true collaboration really should look like," said Penny Guisinger, Recovery Programs director at Healthy Acadia.

Safe Harbor is the only recovery residence in Washington County certified by the Maine Association of Recovery Residences and one of just a few recovery homes where women can live with their children.

"Whether or not to provide housing for children along with their moms was never a question," Penny said. "We were committed to that from the beginning because we know that having to leave their children behind keeps some women from seeking treatment or help."

Safe Harbor provides independent supported living. Residents are

### Safe Harbor's Mission and Vision

Our mission is to provide a safe, supportive, affordable living environment for women in recovery. Our vision is of a recovery-ready community in which all people seeking recovery and in recovery, along with their families and loved ones, are able to access the support and resources they need in order to thrive.

required to attend four "pro-socials" per week that can be anything from 12-step meetings to structured health activities. Katie Sell, Safe Harbor's Recovery House manager, is at the helm to make sure everything runs like clockwork and makes certain all the residents' needs are met.

"Katie Sell has gone above and beyond time after time," said Abby Frutchey, Substance Use Response coordinator for CCC. "She's a real rock star."

Lauren Sachs, a former intern at the center, is now the Recovery Response coordinator for Healthy Acadia working in the community. She's in long-term recovery herself and formerly lived in homeless shelters in San Francisco. She brings that lived experience with her when supporting others in their recovery journeys.

A challenge for most recovery house residents can be transportation, but Safe Harbor organizers have created solutions, including transporting residents with a van



From left, Katie Sell and Lauren Sachs.



donated by DCP. Also, Modivcare transportation, through MaineCare, provides residents with rides to medical visits. And DCP recently began providing non-medical transportation from the recovery residence to downtown Machias. This service is affordable, and, in fact, one resident uses the service to get to and from her job.

DCP also provides a food pantry that the residents can access, and there is always plenty of food stocked in the home's three refrigerators. Looking out for each other routinely, the residents make sure their "house" community is always fed.

A key intent for Safe Harbor from the beginning was to have the recovery home be incorporated and accepted into the broader Machias community, and this is happening. It's common for community members to make donations of all kinds to the house or residents. For instance, a local hairdresser donated gift certificates so the women could come in and receive services at her salon. Another, Katherine's Closet, has an arrangement with Safe Harbor to help residents with clothing needs.

"Many of the residents have never set foot in Washington County before – so these acts of kindness help generate hope within them. It inspires them to be part of the community," said Abby. "Feeling connected is important to recovery."

"We've had residents who have reunified with their children and bought a home," said Abby. "We've even had a resident who came to us when she was about to deliver her baby. She went to the hospital, had the baby, and returned to Safe Harbor with the newborn infant. The community wrapped their arms around them, showering them with everything they needed."

While transitioning into mainstream living is a goal, residents do not have limits on how long they can live at Safe Harbor.

"The time spent at the house differs from week to week," Lauren said. "We are there for as long as it takes to make sure all the residents' needs are met."

Safe Harbor is a place that offers support to help women in their unique journeys to recovery success. For more information, visit: [www.healthyacadia.org](http://www.healthyacadia.org)  
To apply to Safe Harbor, click on "Need Help?"

*This article was made possible with the support of the OPTIONS program and the Maine Office of Behavioral Health. KnowYourOptions.ME*



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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.

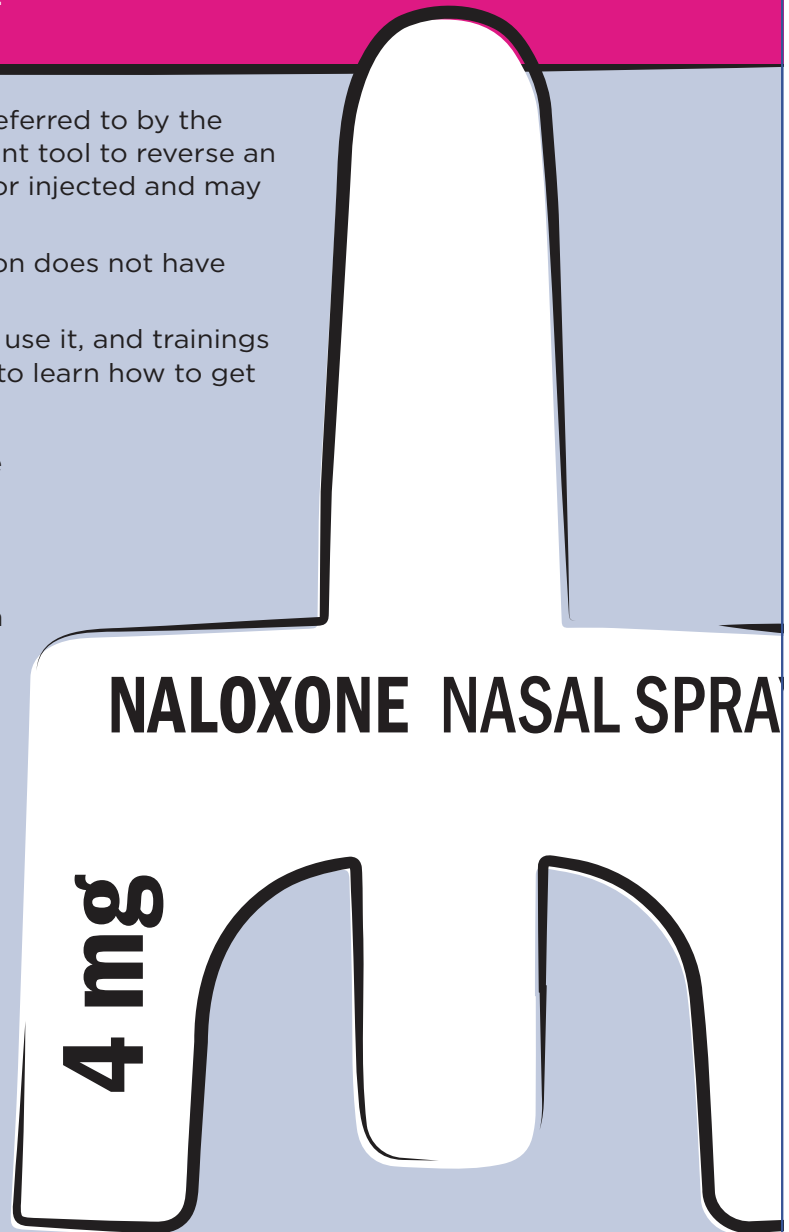
**Where can I get naloxone in Maine?** There are a variety of ways to get naloxone for yourself, a loved one or your organization.

**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.



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**  

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To explore marketing opportunities  
contact Carolyn Delaney ([carolyn@journey-magazine.com](mailto:carolyn@journey-magazine.com))



# Brain Injury & Substance Use

*What to know & where to find help*

by Sarah K. Gaffney

**E**very 9 seconds, someone in the United States sustains a brain injury.

The Maine Centers for Disease Control estimates that about 5,000 Mainers experience a traumatic brain injury every year. But this does not include non-traumatic injuries like those caused by overdoses, strokes and infections, so the actual impact of brain injury in Maine is much greater.

An acquired brain injury is one that happens after birth and is not neurodegenerative in nature (like dementia or Alzheimer's are). There are two types of acquired brain injuries:

- Traumatic injuries (often referred to as TBIs), caused by external factors
- Non-traumatic injuries, which are the result of internal causes

Another cause of non-traumatic brain injury is hypoxia or anoxia, which happens when the brain is deprived of oxygen. This type of injury can occur during a drug

overdose, cardiac event, near drowning, choking or strangulation. Because many symptoms of these injuries are “invisible,” and there is a lack of awareness, especially around overdose and brain injury, sometimes people don't receive a timely brain injury diagnosis.

In 90 percent of identified overdose cases in Maine, the person survives. But many survivors are never medically screened for aftereffects, including possible brain injury.

Several screening tools are free and available online, including the Ohio State University TBI Identification Method (OSU TBI-ID). Such tools do not give a final diagnosis but can indicate if someone should have follow-up testing or services.

Brain injuries can affect every aspect of a person's being: physical, psychological, emotional, social – and everything in between. A person's cognitive function, or how they think and process information, is often impacted by a brain injury.

Sometimes a person will have trouble remembering things,

keeping track of their daily tasks, and planning, which are all part of our “executive functioning” skills. Impact to executive functioning can result in failed attempts at substance or mental health treatment and ongoing participation in high-risk activities. Once an individual sustains one brain injury, they are also at increased risk for additional injuries.

Other common symptoms of brain injury include: headaches, dizziness and balance issues, vision changes, vomiting, confusion, and inappropriate emotional responses. Some brain injury symptoms develop immediately, but others may take weeks or months to surface. Many brain injury survivors experience changes in their mood, personality, or behavior.

Ultimately, every brain injury is unique, and the symptoms one person has may look very different from someone else's.

If you think you may have experienced a brain injury, it's important to seek medical attention as soon as possible.

If you're struggling with brain injury symptoms, you're not alone. Maine has a robust network of brain injury support groups across the state: 20 groups are currently meeting virtually, in-person, and in hybrid formats. These groups are free to attend and an excellent way to connect with other brain injury survivors who understand what it is like.

Brain injury survivors are also at higher risk for mental health challenges, especially depression, anxiety and panic/phobic disorders. And severe TBI is associated with significantly increased rates of these disorders, as well conditions like obsessive compulsive disorder, PTSD, substance misuse, bipolar disorder, and schizophrenia.

If you're experiencing mental health challenges, NAMI-Maine – 800-464-5767 – is an excellent resource for local services and support.

If you or someone you know needs help navigating life after brain injury, please call BIAA-ME at 800-444-6443. We're here to help.



*The Brain Injury Association of America's Maine Chapter (BIAA-ME) is here to help with navigating life after brain injury. BIAA-ME can help connect Maine brain injury survivors and their families to resources, services and support. BIAA-ME also offers longer-term, one-on-one support through NeuroResource Facilitation, and these services are FREE.*



*Sarah Kilch Gaffney, CBIS, is a writer and brain injury advocate living in central Maine. She is the Program Coordinator for the Brain Injury Association of America – Maine Chapter.*

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# It's All About Freedom

## *BUTTKICKERS: Twenty Ways to Leave Tobacco*

by Alison Jones Webb

If you want to stop using tobacco, this book might be the ticket for you. *BUTTKICKERS* urges readers to dig deeper than traditional tobacco cessation strategies – like setting quit dates, avoiding triggers and using nicotine patches – and seeking the freedom of living fully that being nicotine-free offers.

Tobacco and nicotine offer pleasure and comfort, sure but, as Joanna Free points out, they do so at a tremendous cost. “Tobacco takes over our attention, hijacks our creativity, numbs us up, and dumbs us down,” she says, “until we’re just getting through each day, not really living. Tobacco robs us of an awareness of the amazing, creative miracle that we are.”

“Enough,” Joanna says. The tobacco industry has spent billions perfecting a product that feels safe and smooth and plays on brain chemicals to make us feel rewarded, comforted and nurtured. Tobacco users can do better for themselves and the people who love them. They can solve the true problem that tobacco users face, which isn’t nicotine dependence at all. It’s a disconnection from ourselves and others, our purpose, and hope.

Joanna’s journey to a tobacco-free life meant finding connection and meaning, addressing emotional and psychological issues she’d been running away from for years, dealing with frustration and anger, and seeking support from others in her “tribe.” It was a start-and-stop process. That sounds like recovery from addiction to other drugs and alcohol, with similar strategies for seeking transformation, meaning and connection through mutual

support communities. Some of the twenty ways to leave tobacco will be familiar to people in recovery from other substances.

Some specific pointers:

- **Bundle.** Use as many supports as possible to kick butts and stay free.
- **Get creative.** Find a new way to deal with stress. Put something else in your mouth besides a cigarette.
- **Watch your words.** Stop talking about *craving* and think instead about the *discomfort* that arises when you want to smoke. Then find a way to deal with that discomfort.
- **Get in the herd.** Find some fellow Butt-kickers for support, relaxation, and fun.
- **Breathe!** When things get stressful and you want to light up, take a moment to breathe, deeply, maybe even go outside for a walk.
- **Get and give some love.** While Joanna supports any path to freedom from nicotine, she encourages readers to find and give the support and love with other seekers.

This book has heart. It’s written in plain language that speaks directly to the reader. If you want to learn more or if you want to connect around your own butt-kicking, Joanna Free wants to hear from you!

Check out *BUTTKICKERS* at your local library – for free! – or buy it wherever fine books are sold. What a great gift for the butt (or vape) kicker in your life.



Alison Jones Webb, a public health specialist and recovery advocate, is the author of *Recovery Allies: How to Support Addiction Recovery and Build Recovery-Friendly Communities*. She is a professional speaker and a certified prevention specialist and recovery coach.

### For Nicotine Anonymous:

[nicotine-anonymous.uk](http://nicotine-anonymous.uk)

### For the MaineQuitLink:

call 1-800-784-8669 or visit

[mainequitlink.com](http://mainequitlink.com)

### Additional resource info:

[cdc.gov/tobacco/campaign/tips/quit-smoking/](https://cdc.gov/tobacco/campaign/tips/quit-smoking/)

### Connect with Joanna:

#### LinkedIn

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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](http://www.aa.org)

## **Al-Anon / Alateen**

207-284-1844 / 800-498-1844  
[www.maineafg.org](http://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](http://www.adultchildren.org)

## **Cocaine Anonymous (CA)**

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

## **Codependents Anonymous**

602-277-7991 / 888-444-2359  
[www.coda.org](http://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](http://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](http://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](http://www.foodaddicts.org)

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

718-352-1671 / 888-830-2271  
[www.newenglandga.com](http://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](http://www.heroinanonymous.org)

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

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727-420-2964 (Liz)  
[www.hopehealing.org](http://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](http://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](http://www.namaine.org)

## **Nar-Anon**

A 12-step program for families and friends of addicts.  
[www.Nar-Anon.org](http://www.Nar-Anon.org)  
800-477-6291

## **Nicotine Anonymous**

[www.nicotine-anonymous.org](http://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](http://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](http://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](http://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](http://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

### Roads to Recovery Community Center

1 Water Street, Caribou  
207-493-1278

### 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

# **Ready to Quit?**

**Not starting or ending  
tobacco use greatly  
increases your ability to  
maintain recovery  
efforts.**

**Learn more at  
[healthyandroskoggin.org/tobacco](http://healthyandroskoggin.org/tobacco)  
or call  
**1-800-QUIT-NOW****



**MAINE  
PREVENTION  
SERVICES**

Maine Center for Disease Control & Prevention  
Department of Health and Human Services



## Check out our stigma-free job board!

**Employers** – post here to raise your hand as a friendly employer  
**Job seekers** – these employers are ready to have a conversation

### We lower the barrier, not the bar!

[jobs.journey-magazine.com](http://jobs.journey-magazine.com)

## FRIENDLY EMPLOYERS

### Second Street Associates

