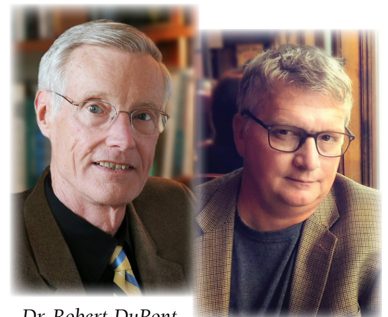
PRO•A

QUARTERLY report

Volume 21, No. 1 | 2019

A conversation with Dr. Robert DuPont a must read Q&A!



Dr. Robert DuPont

William Stauffer PRO•A Executive Director

Over the course of the last two years, PRO•A has adopted a vision of a five-year standard of care for persons with substance use conditions. This vision was heavily influenced by the work of Robert DuPont, MD. Recently, our Executive Director had the opportunity to have a dialogue with Dr. Dupont, this article came out of that conversation.

In his role as President of the non-profit Institute for Behavior and Health, Dr. DuPont served as a primary investigator of the first national study of the physician health programs (PHPs) which produced impressive long-term outcomes for individuals with serious substance use disorders (SUDs).1 The PHP system of care management is part of what Dr. DuPont has termed the "New Paradigm" for long-term recovery2 that sets the new goal of five-year recovery for all SUD treatments. 3 4 Dr. DuPont seeks to bridge the fratricidal divide between treatments that use medications and those that do not with a clear shared goal of long-term recovery. 5 6 He suggests that all treatments including those that do and do not use medication, as well as all harm-reduction efforts, be judged on their ability to produce sustained recovery.

In December 2018, Mr. Stauffer contacted Dr. DuPont and they had the following exchange about Mr. Stauffer's experiences, work at PRO•A and the drug epidemic. The following is an edited version of that conversation.

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Clean Slate Law

By Noni West, The Council of South East PA/PRO-ACT Public Policy Specialist

Clean Slate Law: Expands Guidelines for Sealing Criminal Records

Pennsylvania took a major step forward in Criminal Justice Reform on June 28, 2018 when Governor Wolf signed House Bill 1419, "Clean Slate", into law. He was joined by Representatives Delozier and Harris who co-sponsored the bill and Senator Williams who sponsored the Senate version.

"I am proud to sign this legislation, which will make it easier for those who have interacted with the justice system to reduce the stigma they face when looking for employment and housing," the Governor said.

Criminal records create barriers for individuals in recovery and reentry when they take steps to normalize their lives. According to the Pennsylvania ACLU, research shows that ***"Background checks have become an increasingly common way to screen people: 87 percent of employers conduct background checks on some or all job candidates, 80 percent of landlords and two-thirds of colleges run background checks, and criminal court involvement can disqualify an applicant from accessing public benefits. Even a minor criminal record can present a major obstacle to success following a conviction."***

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WORKING TOGETHER TO MAKE "RECOVERY VOICES COUNT" IN PENNSYLVANIA

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PRO.A is now on FACEBOOK – "like" us at www.facebook.com/PaRecoveryOrganizationAlliance

IN MEMORIAM OF JOHN DUFFY

By Deb Beck

This month, the recovering family and field lost a great friend. John J. Duffy, Jr., prominent criminal defense lawyer, civil rights advocate, founder with his sponsor John C. of Lawyers Concerned for Lawyers (the national model lawyers' assistance program), sponsor to many, supporter of PRO•A, died at the age of 85.

On February 7th, head and heart full of Duffy stories, I circled Saint Agnes Church in West Chester repeatedly, struggling to find parking for John's funeral service. Finally, I found a space and parked below the sign ILLEGAL PARKING. WE WILL TOW YOU! I put John's obituary on my dashboard and went into the church.

John was a complex, mesmerizing storyteller of tales with sudden, unexpected turns – with 44 years of sobriety. Imagine that… 44 years of sobriety, 44 years of service.

On a personal note, John Duffy was a friend who had the odd habit of showing up in my life when I needed him but didn't know it yet. I suspect many others had this experience.

I write these words with great sadness and with even greater gratitude.

Please see John Duffy's obituary at https://www.dellafh.com/notices/JohnJ-DuffyJr

We recognize and honor February as Black History Month. In celebration of this month and recovery, please visit the Online Museum of African American Addictions, Treatment and Recovery at http://www.museumofafricanamericanaddictionsrecovery.org/

FBI Records Expungement Instructions

1. For each applicable state, contact a State Police unit to request a full state-wide criminal history report and their applicable instructions. In Pennsylvania, the state police may be reached at 717-783-9144 or the website https://epatch.state.pa.us/, and may refer to Form SP4170.
2. Contact the Clerk of Courts where the charges are, to obtain the applicable forms.
   a. Complete the applicable expungement packet using the RAP sheet and the statewide criminal history report.
   b. File that packet with the Clerk of Courts.
3. The Clerk of courts will file the info at the court house; then the request will proceed through a judicial review where a judge decides if the expunction order will be signed/ executed. The resulting order can then be sent out from the courts to the applicable State Police unit(s).
4. After the order is received at the State Police unit, the state record will be expunged; then the order can be forwarded from the State Police unit to the FBI for updating the nationwide criminal history record.
5. The FBI requires the individual to be re-fingerprinted in order for an updated (expunged) RAP sheet to be processed. A "NO RECORD EXISTS" result cannot be issued unless the new RAP sheet supports that conclusion.

717-783-9144 PA State Police **717-783-5499** PA State Police Expungement Unit **304-625-5590** FBI Customer Service

THIS IS NOT TO BE CONSTRUED AS LEGAL ADVICE. AN ATTORNEY SHOULD BE CONSULTED FOR LEGAL ADVICE.

Clean Slate Law

continued from page 1

Clean Slate (Act 56) expands the sealing of criminal justice records to include more types of offenses which can now be done by filing petitions. Record sealing is the practice of sealing or, in some cases, destroying court records that would otherwise be publicly accessible as public records. This phase of Act 56 commenced on December 26, 2018.

Act 56 also creates an automated process to seal arrests that did not result in convictions within 60 days, summary convictions after 10 years and some second and third-degree misdemeanor convictions if there are no subsequent misdemeanor or felony convictions for a period of 10 years after the conviction. The automatic sealing process will go into effect between June 28, 2019 and June 27, 2020.

To help navigate Act 56, Community Legal Services, in partnership with the Pennsylvania Bar Association, has created "My Clean Slate" to provide free legal consultation to Pennsylvanians in determining if they are eligible for the provisions of Clean Slate legislation that went into effect December 26, 2018. The website has a form to submit a request and determine whether one is eligible to have a record sealed.

To qualify for Clean Slate all court fines and costs associated with a criminal justice record must be paid.

Thank you to Community Legal Services (CLS) for their work on Clean Slate and dedication to helping individuals remove stigmatizing criminal justice backgrounds from their history. The following Clean Slate basics have been compiled by CLS.

NOTABLE CHANGES FROM THE EXISTING LAW (ACT 5)

- Many M1s can now be sealed, especially for theft, DUI and drugs
- A single M1 no longer disqualifies an M2 or M3 from being sealed; two or more M1s are disqualifying only for 15 years
- All M2 & M3s are now eligible for sealing by petition
- M2 simple assault can now be sealed and no longer disqualifies one for sealing other offenses
- M3s no longer disqualify petition filers
- Act 56 clarifies that when a case is expunged or sealed, the former defendant cannot be asked about the case by employers or others and gives the right for the individual to respond as if the case did not occur
- Sealed cases will no longer be used for decisions on occupational licenses
- Note: Summary convictions continue to be eligible for expungement by petition after 5 years; non-convictions can be automatically expunged

NOTABLE ELEMENTS OF AUTOMATED SEALING

- No automated partial sealing of cases with both convictions and non-convictions; petitions for partial expungement of non-convictions can continue to be filed
- M1s and simple assault will not be sealed by automation, but may be sealed by petition
- Disqualifications for automation are broader than for petitions but do not necessarily prevent sealing by petition

RESOURCES

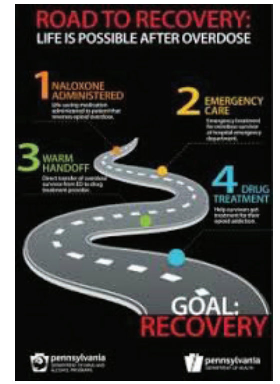
- My Clean Slate https://clsphila.org/mycleanslatepa
- Cleaning Up Your Criminal Record https://clsphila.org/learn-about-issues/cleaning-your-criminal-record
- Clean Slate Summary: https://clsphila.org/sites/default/files/issues/2%20page%20summary%20-%20charts%20-%208-7-2018.pdf

FOR HELP WITH EXPUNGEMENT OR RECORD SEALING

- Community Legal Services, Ph: 215.981.3700, www.clsphila.org
- Philadelphia Lawyers for Social Equity, Ph: 215.995.1230, www.plsephilly.org
- The Defender Association of Philadelphia, 215.568.3190, www.philadefender.org/

FOR HELP WITH PARDONS

- The Pardon Me Clinic, Ph: 215-668-8477, www.x-offenders.org
- Community Legal Services, Ph: 215.981.3700, www.clsphila.org



REGIONAL WARM HAND-OFF SUMMITS FOR OPIOID OVERDOSE SURVIVORS

Registration is now open for the regional summits to address Warm Hand-offs for Opioid Overdose Survivors.

DDAP/DOH will hold eight regional half-day summits for the purpose of bringing together stakeholders from the public and private sector across a range of disciplines to learn from experts and one another. Practical examples of successful warm hand-off tools and pathways will build on the success of last year's summits.

Details on registration, dates, venues, targeted audience, credentialing and more can be accessed at: https://www.ddap.pa.gov/Pages/2019-Warm-Hand-Off-Summits.aspx.

Questions regarding these summits may be emailed to ra-DHWarmHandoff@pa.gov.

As an effort to combat the opioid epidemic, the Allegheny County Department of Human Services (DHS), Office of Behavioral Health (OBH), Bureau of Drug and Alcohol Services is implementing coordinated responses that serve the people most in need, in the most effective way. The goal of these initiatives is to eliminate barriers to accessing treatment for people with substance use disorders by developing a coordinated entryway to information; support and treatment; and creating safe places, that are available 24/7, for people to receive support; overdose prevention; and assessment while waiting for treatment to be available. The PA GET HELP NOW Hotline has been chosen as a preferred pathway for individuals who need help with accessing treatment. Additionally, Allegheny County is hosting a series of Certified Recovery Specialist (CRS) trainings. The peers who complete the CRS training program and successfully pass the Pennsylvania Certification Board CRS exam will serve as a support to the warm-handoff protocol.

Allegheny County Grows Peer Network

By Denija DuCasse, MS, Drug and Alcohol Community Outreach Coordinator, Allegheny County DHS, OBH

For fiscal year 2017-2018, we collaborated with the Pennsylvania Recovery Organizations Alliance (PRO•A) to help train 26 individuals to become Certified Recovery Specialists. Initially, the training program was organized to help address the opioid epidemic that has continued to grow here in Allegheny County. Since the first training series, we have decided to further develop the Certified Recovery Specialist training program. In addition to becoming a Certified Recovery Specialist, the participants in the training would also be given the opportunity to attend a career fair hosted by Allegheny County Department of Human Services (DHS), Office of Behavioral Health (OBH), Bureau of Drug and Alcohol Service with hopes to gain employment as a Certified Recovery Specialist. This shows our commitment to supporting individuals who are continuing their journey of recovery, while supporting others in early recovery.

In the current fiscal year, we have organized two Certified Recovery Specialist trainings in collaboration with PRO•A to train up to 30 individuals each training series. The goal is to have at least 75 individuals trained by the end of the fiscal year. Once the individuals are trained as CRS's, they are encouraged to participate in a Narcan training to increase their knowledge on resources to aid in working with opioid use disorders.

Allegheny County DHS, OBH, Bureau of Drug and Alcohol Services has and will continue to join forces with the Allegheny County Health Department, Community Care Behavioral Health (CCBH), law enforcement agencies, universities, community stakeholder groups, and members of the community to address the issues that are prevalent about addiction and this epidemic that Allegheny County has been experiencing.

Youth and Family TREE Project

By Patricia De Leo, Project Director, BHARP Youth and Family TREE Project

According to the September 2018 Joint Intelligence Report between the DEA Philadelphia Division and the University of Pittsburgh titled "The Opioid Threat in Pennsylvania", there was a reported 5,456 drug-related overdose deaths in 2017 in Pennsylvania. This number represents a rate of 43 deaths per 100,000 which far exceeded the national average of 22 deaths per 100,000.

(https://www.dea.gov/sites/default/files/2018-10/PA%20Opioid%20 Report%20Final%20FINAL.pdf).

One of the initiatives the Pennsylvania Department of Drug and Alcohol Programs (DDAP) implemented to combat this opioid crisis was the requirement for Single County Authorities (SCA's) to develop "warm hand-off" protocols to improve substance abuse disorder treatment access by individuals who require emergency medical care due to the use of drugs or alcohol. The protocols include screening, assessing, direct referral from the emergency department to treatment, treatment, the tracking of individuals who received emergency care for an overdose, and providing resources to individuals who decline treatment.

In collaboration with DDAP, the Pennsylvania Department of Health (DOH) developed a flowchart designed to help health care providers in emergency departments implement "warm hand-offs". According to this flowchart, if an individual presented to the emergency department with signs and symptoms of substance abuse disorder, a screening, physical exam, laboratory testing, and a medical history would be conducted. If the hospital personnel considered the individual safe for discharge but determined the individual had a substance abuse disorder, the physician, registered nurse, or advance care practitioner would order and document a "warm hand-off" in the electronic medical record. Then, per the SCA's protocol, hospital personnel would contact a "drug and alcohol assessor," to meet with the individual confidentially. If the individual agreed to enroll in drug and alcohol treatment, then a referral to an addiction treatment provider would be facilitated. If the individual declined treatment, then the individual would be discharged from the emergency department with a naloxone prescription and information on local treatment and resources (https://warmhandoff.org/state-activity/#pennsylvania).

Through federal block grant funds from the Substance Abuse and Mental Health Services Administration (SAMHSA), the ***BHARP Youth and Family TREE Project*** was established to provide "warm hand-off" services to the counties of Columbia, Montour, Snyder, Union, and Northumberland.

The objective of this project is to create a bridge between local emergency departments and drug and alcohol treatment centers for young adults (18-25 years of age) who present to the emergency room with a substance use disorder requesting treatment.

An individual is referred to the ***BHARP Youth and Family TREE Project*** by hospital personnel using TAPLine, the Local Crisis Contact Number. A Certified Recovery Specialist (CRS) will meet with the individual face-to-face to complete a screening and care assessment for substance use disorder and make referrals to the appropriate level of care.

In addition, the CRS will provide peer-based recovery support services throughout the continuum of care to both the individual and his/her family members.

The ***BHARP Youth and Family TREE Project*** aims to enhance engagement and retention of young adults by involving family members in the treatment process. Retention in drug and alcohol treatment is an important step in improving treatment outcomes by reducing drug use, reducing morbidity and mortality associated with misuse, reducing crime, and improving personal health and social functioning.

The ***BHARP Youth and Family TREE Project*** intends to hire enough CRS's and Certified Family Recovery Specialists (CFRS's) to serve 450 individuals within the next five years, provide evidence-based tobacco use cessation and counseling tailored to the population of focus, and utilize social marketing techniques to create messaging to promote healthy choices.

Job Title: Certified Recovery Specialist & Certified Family Recovery Specialist

CONTACT INFORMATION:
Patricia De Leo, Project Director
BHARP Youth and Family TREE Project
Email: pdeleo@cmsu.org, Telephone: (570) 988-1901 ext. 5105

Employment Information:
Gaudenzia – Sunbury (home office)
51 South Fourth Street, Sunbury, PA 17801

REQUIREMENTS:
- A High School Diploma or its equivalent
- Certified as a CRS and/or CFRS through the Pennsylvania Certification Board
- Valid Driver's License and vehicle

A BRIEF SUMMARY OF THE POSITION:
- The CRS / CFRS will partner with hospital personnel to engage clients with substance abuse disorders who present to the emergency departments located in the counties of Colombia, Montour, Snyder, Union, and Northumberland. The CRS / CFRS will complete a substance use screening, provide brief intervention, and refer the individual to the appropriate level of care and other community resources.
- The CRS / CFRS will meet with individuals to develop a recovery plan that identifies and incorporates their supports, strengths, and goals while offering encouragement through shared experiences.
- The CRS / CFRS will promote and contribute to the individual's recovery by assisting the individual to connect to resources, link to supports and self-help groups, participate in pro-social activities, and engage in volunteer/employment opportunities.
- The CRS / CFRS will complete documentation in an electronic data base detailing the individual's progress, struggles, and utilization of skills and support on a weekly and/or monthly basis.
- The CRS / CFRS will participate in workgroups, monthly meetings, and on-going trainings.

42 CFR Part 2 Still a Target for 2019

Reprinted with permission from Alcohol & Drug Abuse Weekly from January 18, 2019, By Alison Knopf

Perhaps the best example of what can happen to loss of confidentiality is the story of the Boston Medical Center nurse, who, doing exactly what the Surgeon General of the United States recommended, got a prescription for naloxone in case she needed to rescue anyone from an opioid overdose. She was denied life insurance, because the insurance company thought she herself was at risk of overdosing (https://www.npr.org/sections/health-shots/2018/12/13/674586548/nurse-denied-life-insurance-because-she-carries-naloxone).

In fact, life insurance is one thing that is not protected under the Americans with Disabilities Act—you can be denied it if you have a history of addiction, just as you can be denied (or charged higher rates) if you have a dangerous occupation or hobby. But there was only one thing operating here: stigma.

Stigma

"In this case, it was the stigma that was driving the discrimination," said H. Westley Clark, MD, JD, in an interview with AT Forum. "She did not have a substance use disorder problem."

"All you have to do is map out the logic," said Dr. Clark, who is Dean's Executive Professor at Santa Clara University, and former director of the Center for Substance Abuse Treatment at the Substance Abuse and Mental Health Services Administration (SAMHSA). Information about prescriptions is in medical records, easy to get, and everyone, from banks to employers to credit card companies, wants to get it.

"We know that when we open that door, as the message starts to disseminate, people will become reluctant to engage in treatment," said Dr. Clark. "We no longer have the 'what ifs.'"

Bill Stauffer, CADC, CCS, LSW, executive director of the Pennsylvania Recovery Organizations—Alliance, and a co-Chair of the public policy committee of Faces & Voices of Recovery, agreed.

One of the strangest parts of the story is the people and organizations who want to get rid of the regulation: the American Society of Addiction Medicine, the National Association for Behavioral Health (which counts many large OTPs as members), and the National Association of Addiction Treatment Providers, to name a few. These are the groups that treat people with substance use disorders (SUDs)—one would think they would want their patients to be able to trust them. "I don't think they fully understand the impact" taking away confidentiality would have on their business, said Mr. Stauffer.

"Someone goes to Hazelden Betty Ford, and gets their rights violated, the patient will end up on the treatment facility doorstep to figure out who violated their rights," he said.

In fact, it's that fear—of being sued when a job is lost or custody of a child is lost due to SUD treatment records—that made NAADAC, the Association for Addiction Professionals (NAADAC)—drop out of the coalition to amend 42 CFR Part 2.

"It won't take long before people start realizing these are adversarial relationships," said Dr. Clark, referring to patients and treatment providers. One reason providers won't do Screening and Brief Intervention and Referral to Treatment (SBIRT) is that they are worried about liability, said Dr. Clark—and this is primary care providers, who aren't even subject to 42 CFR Part 2 (it applies only to treatment providers who put themselves forward as treating SUDs and who accept federal funding, including Medicaid or Medicare).

There is only one small piece left, really, of 42 CFR Part 2—it's the piece that requires the patient to give consent about who gets his or her patient information. All the patient is saying is, "Let me participate in that decision," said Dr. Clark.

Data Mining

But electronic health records (EHRs) have become currency. Because of 42 CFR Part 2, they don't include treatment for SUDs. This annoys the entire system of hospitals and insurance companies. "Think of the value that would have for an employer who didn't want to hire people who were at high risk for having a SUD," said Mr. Stauffer, who is in recovery and frequently cites the first question he asked his doctor upon seeking help: "Will this be confidential?"

When SAMHSA changed the regulation a year ago to allow release of information for the purpose of the vaguely phrased "health care operations," a chink in the door was opened. "This information is lucrative," said Mr. Stauffer. "How would we ever know what the healthcare operations vendors do with the information? What keeps them from selling information that can eventually be re-associated with the patient?"

There is also the personal concern about getting pain medication—difficult enough for people without an addiction history these days. "Medical discrimination against people with SUDs is common," he added. "My doctor knows I'm in recovery. I had a dental problem one time, I needed antibiotics and a painkiller at 2:00 in the morning. I got the medication I needed, so that I could stabilize it and see a dentist, I was able to make that judgment. But if my record has addict written on the front of it, they're going to say, 'No you're drug seeking,' and I'm going to be in agony."

Congress

What's happening in Congress? Well, the House Energy and Commerce Committee, which held many hearings focused on getting rid of 42 CFR Part 2 under Republican leadership, is now headed by Rep. Frank Pallone (D-New Jersey), whose questions in past hearings clearly showed he is on the side of protecting the regulation. "In the previous Congress, he was a champion for patient confidentiality rights as Minority Leader of the Energy and Commerce Committee," noted Deborah A. Reid, senior health policy attorney with the Legal Action Center. "This supported the advocacy efforts of other key stakeholders, such as Faces & Voices of Recovery and the AMA," she told AT Forum, adding that "the Legal Action Center remains committed to working closely with advocates to educate the new Congress about the importance of maintaining strong confidentiality protections for SUD patients."

However, Mr. Stauffer, who watches these things closely (he told us around Christmas that he would not rest until 11:59 December 31 when the lame-duck Congress would have to give up its plot to get rid of 42 CFR Part 2) said that the starting point for this new session will likely be where the last session left off. "They were looking to create a huge new loophole which would allow the release of information for all kinds of reasons—civil, administrative—that to me is the same as losing consent."

"We have to have a larger discussion about privacy in America," said Mr. Stauffer.

The nail in the coffin of last year's attempt to gut the regulation was the American Medical Association (AMA), which, in a dramatic last-minute letter to Congressional leadership, warned that such an action would deter patients from seeking treatment. The AMA told us that they had someone at the table during the last weeks of December as efforts were made to get rid of 42 CFR Part 2, and they're continuing to watch the situation.

Perhaps the bigger target now is the Affordable Care Act (ACA), because, certainly in the Senate, this is still under fire. "We need to hold the fort, because the ACA is very fragile," said Dr. Clark. The decision last year from a Texas judge—which has been challenged by most state attorneys general, and will head to the Supreme Court—that the ACA is not constitutional, has caused great concerns among the treatment field.

AATOD

Meanwhile, the stalwart defender of 42 CFR Part 2 is the American Association for the Treatment of Opioid Dependence (AATOD). President Mark Parrino, MPA, told AT Forum that ultimately, he and Mark Covall, who heads the National Association for Behavioral Health, "had to agree to disagree."

However, Mr. Parrino did also talk with the CEOs of the large OTP systems, some of whom belong to Mr. Covall's group, as well as with AATOD, and they do not support converting 42 CFR Part 2 to a much weaker regulation, HIPAA. "In effect, they are members of AATOD and NABH, but do not necessarily agree with a HIPAA conversion," Mr. Parrino told AT Forum. "They may stay silent on the topic, but I have not read of a public disagreement with AATOD's position."

And AATOD's position has been consistent. "I understand the financial and record-keeping reasons why groups support the conversion to HIPAA," said Mr. Parrino, ever the diplomat. "In my judgment, they are not aware of the impact that this will have on patients," he said. "This also explains why Faces and Voices of Recovery and NAMA Recovery are so worried."

Some policy-making groups are of the judgment that 42 CFR Part 2 is burdensome and an impediment to service integration and more rapid claims processing—something that insurance companies and EHRs may believe. But it's not easy to understand that from a clinical viewpoint when helping patients with SUDs.

"The AMA's support has been critically important in this policy debate, but I do not think this matter is resolved," said Mr. Parrino. "I am acutely aware of how patients feel about preserving their right to confidential treatment, having spent 18 years of my professional life working in an OTP in New York."

During the process of being admitted to treatment, patients are not focused on the value of confidentiality, because they are in a time of crisis, said Mr. Parrino. But the confidentiality protections took on greater importance for them when they became stabilized, got jobs, and had children. "At that point, preserving confidentiality was critical," said Mr. Parrino. "There were a number of patients who could not get health insurance, disability insurance, or life insurance, once it became known that they were in treatment. I do not think that has changed."

Finally, patients are also attuned to "how others would engage them in and out of health care once they revealed that they were in a methadone treatment program," said Mr. Parrino. "It is of great interest to me that these views seem to be in the minority at the present time against the backdrop of the opioid epidemic."

Source: http://atforum.com/2019/01/42-cfr-part-2-target-2019/

For more articles, see:

http://atforum.com/2018/11/42-cfr-part-2-its-still-under-threat-misunderstood-but-otp-patients-need-it/

http://atforum.com/2018/09/42-cfr-part-2-faces-tough-going-congress/

http://atforum.com/2017/02/final-rule-42-cfr-part-2-retains-core-confidentiality-protections/

http://atforum.com/2016/06/longtime-confidentiality-rule-sud-consent-provisions-up-for-change/

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How do you explain what living a sober lifestyle feels like? You don't, you demonstrate it. That's what Rally in the Valley is all about. A music festival to celebrate recovery as a community concept, we join together to offer hope and demonstrate vibrancy in our community's revitalization through great music, dynamic speakers, good food, fun family activities and many resources and support.

In 2014 Rally in the Valley was inspired by the Unite to Face Addiction Rally in Washington DC. Our founders, Chris Jacob and Tamra McGee filled four buses with people interested in sharing their heart for people affected by substance use disorder and made their way to Washington DC. It was a life changing experience and the start of an incredible passion to bring our recovery community together.

After a couple years of planning, an amazing group of individuals and funding from County Service Agencies and Treatment Providers, the first Rally in the Valley was held at Cedar Crest College on May 20, 2017. With advertising support on radio and billboards and tremendous outreach by the committee we opened a dialogue of recovery and worked to remove the stigma surrounding substance use disorder. Approximately 600 people came to demonstrate hope, strength and miracles.

Demonstrating Strength in Recovery

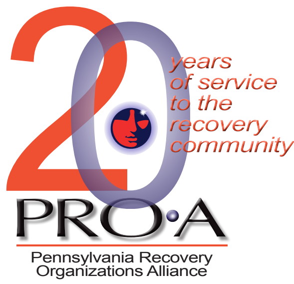
By Laura Waits, Founder of Sync Recovery Community

On May 19, 2018 the committee and our sponsors pulled off another amazing day. Lehigh Valley Health Network was a tremendous support. They hosted a CareTalk Event with McShin Foundation that highlighted solution-based practices and lifesaving Narcan Trainings. A grant from Sisters of Saint Joseph allowed us to demonstrate caring across communities. We were able to transport people from seven surrounding counties. In turn, our neighbors were able to share how they too are part of the solution in helping to fight against substance use disorder. The cold and rainy day may have discouraged some, but it didn't stop 1500 individuals from coming together and getting connected.

Rally in the Valley will be held at ArtsQuest/SteelStacks in Bethlehem PA on Sunday, May 19, 2019. SteelStacks is a ten-acre campus dedicated to arts, culture, family events, community celebrations, education and fun. Once the home plant of Bethlehem Steel, the second largest steel manufacturer in the nation, the site has been reborn through music and art, offering more than 1,000 concerts and eight different festivals annually. We will provide transportation, music in an amazing setting, and a family friendly festival atmosphere.

Please come if you are new to the recovery scene or a long timer. If you are curious how to help or work in the treatment industry this is the place to be. We welcome friends, family and anyone affected by substance use disorder. If you have not been affected but want to listen to great music and enjoy a cool vibe come on out to this free festival. Stay tuned to our social media or visit https://syncrecovery.org/rally-in-the-valley/ for more information.

If you are interested at helping to *demonstrate strength in recovery* by volunteering for this amazing event, please contact the Rally in the Valley Coordinators at rallyinthevalleypa@gmail.com.



This past year, we celebrated the 20th Anniversary of the Pennsylvania Recovery Organizations Alliance, a milestone that could not have been reached had it not been for the many individuals who supported, advocated and labored tirelessly for the Recovery Movement in Pennsylvania. As the first of PRO•A's celebrations honoring community members and their countless efforts in advocating for individuals and families impacted by substance use disorders, our 20th Anniversary Celebration was a tremendous success.

The Pennsylvania Recovery Organizations Alliance is proud to announce that it will be hosting the Annual Leadership in Recovery Dinner this Fall. This Leadership Dinner is focused on a reflection on our history, while maintaining our focus on the future, and moving forward with continued work in the recovery movement. Save the date! The Dinner will be held on **November 6, 2019 from 5 PM to 9 PM, at the Country Club of Harrisburg, 401 Fishing Creek Valley Road in Harrisburg, PA.**

Over the years, we have helped support our growing statewide network to do exciting things as organizations, as well as through the collaborative process regionally through our increasing network of recovery community organizations, and our allies. Moving forward in our

Together, we are all working to spread recovery and improve opportunities for individuals and families seeking help with substance use conditions through such mutual collaborations.

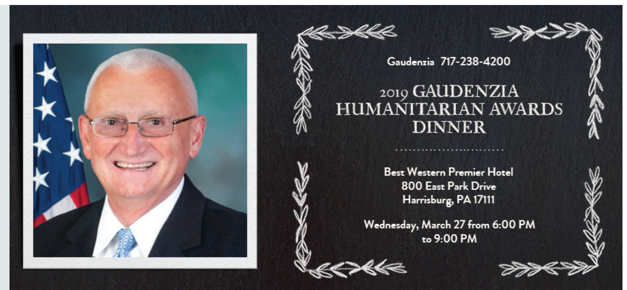
We are indeed, as a whole, greater than the sum of our parts!

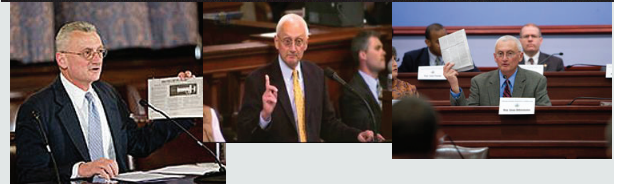
mission, we continue to bring together members of our communities, many of whom have served in a leadership role, as well as friends and colleagues from Pennsylvania's current service system and recovery community to continue recognizing the fundamental role that individuals play in the recovery movement.

The Leadership in Recovery Dinner Celebration will include dinner, fellowship, speakers, and our inaugural Champions of Recovery awards presentation. In keeping with the leadership theme, we will also honor leaders in our community who have positively impacted our recovery communities, and share in recognizing leadership in recovery, while we deliberate on reflections of the past and focus on the future. Please consider sponsoring this inspiring event! Guest information will be available shortly on our website (www.pro-a.org).

Please join us in our continued vision of hope!

Honoring PA State Rep. Gene DiGirolamo





You are cordially invited to attend Gaudenzia's Humanitarian Award Dinner honoring Pennsylvania State Representative Gene DiGirolamo. His staunch support of drug and alcohol rehabilitation and funding make him a deserving Honoree. The Humanitarian Award is the highest honor bestowed by Gaudenzia. Since its founding in 1968, Gaudenzia has given this award only seven times previously.

Proceeds from this event will provide life-saving addiction treatment and recovery services to individuals and families in need. Over the last 50 years, Gaudenzia has treated more than 250,000 Individuals suffering from addiction, mental illness and related conditions.

Sponsorship opportunities are available. If you need further information, please contact Jim Ingolio at jingolio@gaudenzia.org or 717-238-4200 X1117.

Tickets can be purchased at: https://www.eventbrite.com/e/gaudenzia-2019-humanitarian-award-dinner-honoring-pa-rep-gene-digirolamo-tickets-54938255802?aff=ebdssbdestsearch. Click on Tickets and scroll down to the $55 Ticket field.

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A conversation with Dr. Robert DuPont

Continued from page 1

William Stauffer - An overall comment on the questions

I am going to do my best to answer these questions. As an aside, I find talking about this stuff similar to politics; often people get mired in ideological camps and make assumptions based on one or two things you say and make assumptions about how another may see the same things. These are deeply complex issues riddled with nuance!

Written communication is a particularly challenging medium for such communication as context, nuance and tone often get lost. On both of these topics, treatment and recovery (like politics which I seem to gravitate to), I don't have 100% ideological opinions on nearly anything. The problem is, often when these kinds of issues come up, people put you in a "camp" based on one or two statements and then cease listening to each other. At that point, search for commonality ends and people talk over each other without listening.

A recovery lesson I learned in my life is that I can strongly believe something and be entirely wrong. In early life, I felt very strongly that using drugs and alcohol was a good thing. A good example of a strong, false belief system!

Q Dr. Robert DuPont
In your story were opioids part of the Picture?

A William Stauffer

I am not in recovery from opioids. During the period of my use, late 1970s to 1986, opioids were very rare in my community. What was pervasive was cocaine and methamphetamine, which were both substances I became addicted to and used heavily with everything that comes with that. I have, however, worked with many persons with opioid use disorder (OUD) over my career. I know many people in recovery from OUD, which the data is showing us are most often used in combination with other substances. Most people in long-term recovery that I know were on medication-assisted treatment (MAT) at some point in their care and subsequently went MAT-free. I actively seek out those on MAT to find persons in long-term recovery, and frankly, I have not found very many. It may be that they are afraid of being judged, and rightly so, which is a sad biproduct of our ideological divide as mentioned above. We need to make it easier for persons who choose Medication Assisted Recovery to be able to be more open about this path and not be judged negatively by persons who have strong ideological beliefs about abstinence-based recovery.

My stance on MAT is if you can get your life back and get out of addiction and that care plan involves MAT as part of your long-term care plan, I am entirely supportive of it. I am not ideological here. Unfortunately, I just don't see much of it. The data shows us that most people on MAT drop out of it after a while. I think this is often in part a result of drug cravings, which continue even when opioid highs are blocked. Substance use disorders are brain conditions, and what I find is that the benefit of abstinence recovery over time is that all this quiets down in the brain when the brain is given time to heal. MAT can be a vital tool on the path to long-term recovery. I think we should work to more completely understand how people use MAT as part of their pathway to long-term recovery, as well as people who use this route long term. We need to understand how people get their lives back so we can improve care and expand recovery for persons with opioid use disorders.

Q Dr. Robert DuPont
How about the role of treatment?

A William Stauffer

I ran an outpatient facility for 10 years, and what we now would call a long-term residential treatment facility for 14 years (90 to 180 days, average length of stay 120). Treatment can do a lot of things, although unfortunately due to funding and insurance limitations we have come to see treatment as a short-term process. Historically, I have had clients for up to 18 months in outpatient. Treatment can stabilize a person, educate them on the dynamics of addiction, self-care, recovery, establish hope, work to develop life goals, coping skills, connect persons to a support system and work on underlying issues like trauma depending on the individual case and treatment setting. The programs I ran were mostly what was typically considered "drug free" which is to some degree a misnomer as medications were commonly used. I worked with people using street drugs in outpatient and patients on prescribed controlled substances in both outpatient and residential. Both settings had "good" co-occurring disorder care. Both were mostly for public funded clients. Had I more resources for the persons I served, I would have done more than I was able to do. We now have recovery support services which can augment treatment, expand opportunities and provide additional support for a person in their journey into long term recovery. We just need to redesign our care systems along this new paradigm of a five-year recovery model.

Q Dr. Robert DuPont
What was the role of the 12-step fellowships?

A William Stauffer

They are wonderful – I was helped significantly by attending 12-step fellowships. I "found" stable recovery in the rooms and they gave me hope, a great deal of support and a blueprint to reevaluate what I was doing with my life. I have worked with many people along many pathways. Some people do well with education about SUDs and do not have much of a support system, others use family, church, peer support services or a social or volunteer activity to which they are committed.

Q Dr. Robert DuPont
What are your thoughts about MAT?

A William Stauffer

I have referred people to Methadone and Buprenorphine; I am not at all ideologically opposed to methadone or buprenorphine. I am, however, deeply concerned about having low expectations for our community. Simply placing someone on a medication as the sole intervention is not conducive to recovery. There is a whole lot more to healing than simply taking an agonist medication. Also, the use of drugs like benzodiazepines in treatment for persons on these medications is really risky as the combination can be deadly and benzodiazepines are pretty common in some programs. We need to look more deeply here.

There is a lot of nuance here that the written medium makes it difficult to convey. In Pennsylvania, I was on something called the Methadone Death and Incident Review (MDAIR) panel that was authorized by law to look deeply into cases where people died, including all medical, treatment, autopsy and police records. I think we learned a lot of things of value in looking at all of the records on all of those cases, and we could do more to improve care by providing more therapy, connecting patients to recovery support services and working with these patients to get off of the other drugs they're using that get in the way of living. We're also seeing some evidence of high rates of methamphetamine use by persons on MAT, which just highlights the fact that we must treat the whole person and not focus on a medication as a panacea.

Q Dr. Robert DuPont
What do you think about Harm Reduction strategies?

A William Stauffer

We need to use needle exchanges and other harm reduction strategies to keep people alive, to engage them to form a therapeutic alliance and get them into treatment. The value of harm reduction is keeping people alive, helping them in an empathetic manner, getting them to see that there is more to life and to help them get to places that they can rebuild their lives. We also have to watch out for the soft bigotry of low expectations. I worry that between the impact of negative public perception about SUDs and low expectations for people we may adopt harm reduction strategies and then cut off treatment and recovery

options. This is a particular concern for low income African American and Latino clients. Well-to-do people will always have access to long-term care. Care should be available to everyone, anything less is simply unacceptable. Given that we spend vast treasures shoveling up the devastation of addiction, of course we have the resources to help people heal if we had the will to allocate them.

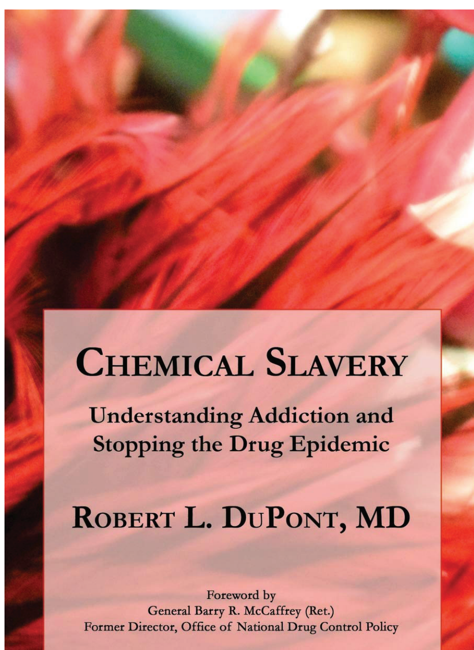
The risk is that we create harm reduction strategies and put them in "bad" neighborhoods for marginalized groups so that they are out of sight. For a lack of a better term, this becomes almost like a form of palliative care. I have seen it in my life. I support engagement and care with empathy, I am opposed to the impact of stigma on our expectations on people and the risk that harm reduction becomes a way to keep "those people" off the streets and out of our view while they use opioids and other drugs and die slowly. I have lost two immediate family members to chronic SUD's, and I want better for everyone else's family. MAT and harm reduction can and should be part of that path to recovery. I have read your documents and I was particularly impressed with the "The opioid epidemic is an historic opportunity to improve both prevention and treatment" article. I see a lot of what I suspect may be commonality.

Q Dr. Robert DuPont
What did you think of my book, ***Chemical Slavery: Understanding Addiction and Stopping the Drug Epidemic?***

A William Stauffer
I was able to read your book and I thought it was on target in many, many ways, including the risks of cannabis; tobacco and alcohol to young people; the need to focus prevention and treatment efforts on our young people and the importance of adopting a five-year recovery standard of care among many others! Thank you for this important contribution to our field!

For more information about the PRO•A "A Recovery Community Vision for a Five-Year Focused Substance Use Disorder Treatment and Recovery Care System" on pages 16 and 17 of this Quarterly Report. You can also view this by visiting our web site at: http://pro-a.org/retooling-care-to-meet-our-needs-2/

To learn more about the Institute for Behavior and Health, visit www.IBHinc.org. For more about Dr. DuPont's book, *Chemical Slavery: Understanding Addiction and Stopping the Drug Epidemic,* follow this link: https://www.ibhinc.org/s/Chemical_Slavery_Press_Release.pdf



[1] See e.g., DuPont, R. L., McLellan, A. T., White, W. L., Merlo, L., & Gold, M. S. (2009). Setting the standard for recovery: Physicians Health Programs evaluation review. *Journal for Substance Abuse Treatment,* 36(2), 159-171; McLellan, A. T., Skipper, G. E., Campbell, M. G. & DuPont, R. L. (2008). Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. *British Medical Journal, 337*: a2038.

[2] Institute for Behavior and Health, Inc. (2014). *The New Paradigm for Recovery: Making Recovery – and Not Relapse – the Expected Outcome of Addiction Treatment*. Rockville, MD: Author. Available: https://www.ibhinc.org/s/IBH_New-Paradigm-for-RecoveryReport_March-2014.pdf

[3] Institute for Behavior and Health, Inc. (2014). *Creating a New Standard for Addiction Treatment Outcomes*. Rockville, MD: Author. Available: https://www.ibhinc.org/s/IBH_Report_Creating_a_New_Standard_for_Addiction_Treatment_Outcomes.pdf

[4] DuPont, R. L., Compton, W. M. & McLellan, A. T. (2015). Five-year recovery: A new standard for assessing effectiveness of substance use disorder treatment. *Journal of Substance Abuse Treatment, 58*, 1-5.

[5] DuPont, R. L. (2017). The opioid epidemic is an historic opportunity to improve both prevention and treatment. *Brain Research Bulletin, S0361-9230*(17), 30292-30297.

[6] Parloff, R. (2018, May 8). Drug policy expert Robert DuPont: The opioid crisis is now about synthetics and polydrug use. *Opioid Watch*. Available: https://opioidinstitute.org/2018/05/08/drug-policy-expert-robert-dupont-the-opioid-crisis-is-now-about-synthetics-andpolydrug-use

MARA International

MARA International offers Medication Assisted Recovery Anonymous meetings. In addition to the traditional abstinence based 12-step programs, which many of us are familiar with, MARA international now offers recovery anonymous meeting for individuals who choose a medication assisted pathway to recovery. A few of these meetings can now be accessed at PA RCO's. Please see the list below for the currently known meetings occurring in PA. For more information, please visit http://mara-international.org/.

- MARA Meeting, Tuesdays 1:00pm-2:00pm @ ONALA Recovery Center, 1625 West Carson Street, Pittsburgh PA 15219, telephone 412-566-9220.
- MARA Meeting, Tuesdays 1:00pm-2:00pm @ Hope Community Church, 1520 11th St. (use 16th Ave. Entrance), Altoona PA 16601, telephone 814-660-2806.
- MARA Meeting, Tuesdays 12:30pm-1:30pm @ SpiritLife Recovery Community Center, 574 Philadelphia St., 2nd Floor, Indiana PA 15701, telephone 724-717-6492.
- MARA Meeting, Wednesdays 1:00pm-2:00pm @ Lost Dreams Awakening RCO, 408 8th St., Rear, New Kensington PA 15068, telephone 724-212-7899.

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A conversation with Dr. Robert

Readers Respond to the Q&A between William Stauffer, Executive Director of the Pennsylvania Recovery Organizations Alliance (PRO•A) with Dr. Robert DuPont, First Director of the National Institute on Drug Abuse, President of the Institute for Behavior and Health and author of Chemical Slavery: Understanding Addiction and Stopping the Drug Epidemic

February 2019

We circulated the article to get a better sense of how these perspectives aligned with those of the recovery community. We received an overwhelmingly positive response. There was encouraging evidence that to move more persons into long-term, sustained recovery, we are going to need to talk about issues that have been long controversial in our community and look beyond old assumptions and ideologies. We have an obligation to our community to develop a better sense of how treatment and recovery occurs across multiple pathways. It often involves complex dynamics that have long eluded simple solutions. Recovery is probable given the right elements, which are highly individualized. There are multiple pathways to recovery and not all involve treatment.

We adamantly believe that we need to take a deep look at our care system without falling into historic ideologically driven differences. Long-term recovery is the common objective on which we must focus. We have lost far too many persons to substance use conditions. Future generations are relying on us to do better.

Some of the responses we received...

"Great way to compare this conversation to politics, opposing views, and how we all have the ability to be wrong. I really like how you bring them in by asking no one to turn away if they don't agree with one or two statements. Powerful!!!"

"It was refreshing to read the dialogue between you and Dr. DuPont. The article gave me hope for a future if we are able to listen and incorporate many of the ideas discussed. These ideas and practices have been fundamental in many of the individuals who are in sustained recovery today. However, somewhere amid this devastating opioid crisis, the idea of "sustained recovery" had been pushed aside."

"I think that the article is on point. Especially with looking at Harm Reduction"

"Five-year long support systems make perfect sense. When we look at how doctors and nurses treat themselves, five-years is the gold standard for impaired professional support. No brain surgeon has ever faced 'the soft bigotry of low expectations' or had their intelligence insulted with platitudes such as 'you're in recovery when you say you are.' Why we treat different populations with different interventions comes down to who we, as a society, consider worth providing actual help to and who we consider disposable. The fact that we don't consider every sick and suffering human being in our country worth fighting for is nothing short of the shame of our nation."

"I am a person in long term recovery who has been in a MAT program for over 4 years. But it is not a quick fix or a cure. I had previously been unsuccessful with MAT. What made a difference for me was the structure of the program as well as my overall attitude and willingness to make necessary life changes. It is not an "easy" way out of active addiction. My life on MAT looks similar to the life I had envisioned for myself long before my disease took over. I am currently a single mother who works full-time. I am also finishing school to become a Registered Nurse."

DuPont

"I absolutely support harm reduction efforts. Where there is life, there is hope, regardless of the path taken or the time it takes to get there. We must do everything we can to keep people alive long enough to achieve recovery. It's never too late, unless life is lost.

"To me, prevention and treatment are important, but recovery should be the focus, and there are many ways to get there. MAT is recovery; if a person has a better quality of life because of medication, then we should embrace the fact that they can be a mother, wife, employee, etc. because of that medication, and if it is lifelong, so be it."

"It is refreshing to see someone thinking deeply about this high-profile issue. The term MAT has been widely used lately, but often there is a lack of precision about when to use it, how to use it, and with whom. Further there is a rapid expansion of medication prescribing, but not a corresponding expansion of treatment availability, which creates a serious risk for misuse, and diversion without the delivery of comprehensive care."

"Remember also that on day one, often individuals do not yet have the hope and vision of a 5-year goal, so shorter term steps may be important, so long as the larger vision is maintained. It is critical to remember that recovery is a marathon not a sprint, so helping to articulate what this period of time looks like may help to bring clarity and hope to those along the path."

"Thank you for sharing this with me. I am as always grateful for your courage to have difficult conversations."

"Reading this interview, I am reminded again of the deep emotions and personal losses that have been felt by individuals, families, and communities around our nation."

"I am grateful to see William Stauffer bring attention to the gaps in our treatment system. Our society has differentiated the body so far from the mind that we now so readily accept a prescription for a lifesaving medication without asking our Doctor "what's next", how do we make use of the life that has been saved?"

"I also think addressing the change in the longevity of care was needed. Addressing the lack of resources and the implementation of support s ervices is great. I like how you incorporated other supports when asked about the 12-steps. I personally love the 12-steps, but others do recover without them."

"When addressing harm reduction, I could not agree more with watching out for soft bigotry of low expectations. This has also been my concern, just let them kill themselves mentality. But not everyone thinks like us......"

"Old school" persons in recovery, those who preach a strict abstinence only program, need to be educated about the success and necessity of MAT. Shaming people that are looking for help is of no use. Effectively combatting the Opioid epidemic, with heroin and also the resurgence of Meth, is going to rely on MAT in conjunction with continued involvement in AA, NA or other long-term recovery programs."

"The things that stand out to me is the phrase - "low expectations" "soft bigotry of low expectation." These answers painted a clear picture of what harm reduction may become if we do not zoom out and see the big picture. It also presented a perspective on the need to better improve how we use MAT programs to help people."

"I support MAT, as long as it's not isolated as the only course of treatment and there are other supports in place. It's not a fix all, it's a support that can be beneficial. There needs to be routine drug testing. I support Harm Reduction to keep people alive, and the goal is to engage and to transition into treatment. It's to get people well and give them another opportunity, not to enable them to continue to use. 12-step fellowships obviously work. However, it's not the only pathway to Recovery. While it's a path that has worked for millions - to say that if not followed people are destined to fail is simply not true."

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Retooling care
to meet our needs–

A Recovery Community Vision for a five-year focused substance use disorder treatment and recovery care system

If we know that 5 years of sustained substance use recovery is the benchmark for 85% of people with a substance use condition to remain in recovery for life, why are we not designing our care systems around this reality?

With the multitude of social, physical, emotional, housing, financial, and other co-occurring conditions/ issues, there is growing recognition that the benchmark for a substance use disorder recovery is five years of continuous progress. We must retool our service system to support this truth.

We envision:

1. **A Substance Use Disorder (SUD) Service System that supports long-term recovery:** Episodic, short-term treatment is expensive and short sighted. Although there may be relapses, we must limit relapses and support long-term recovery. We can do this by establishing and funding SUD and long-term recovery support services that address the many complications and co-occurring conditions/ issues. It is clinically appropriate and cost effective to support and augment more formal SUD treatment efforts. These services must be made available statewide for a person with a SUD and for families/significant others and communities, before, during and after formal SUD treatment - generally with decreasing intensity - over a minimum of five years. SUD education, professional referral, and ongoing peer support services for families/significant others provide relief to the families/significant others and are supportive of recovery.

2. **A Service System that meets the needs of our young people:** Due to the under developed brain and maturity of a young person, a SUD greatly impacts our young people the most and we must expand SUD treatment and recovery efforts for the young person and the family / significant others. We must provide age appropriate SUD services to youth and recovery support services. This includes the development of Recovery High Schools / Collegiate Recovery Programs, and Alternative Peer Groups (APGs). In addition, we must provide local family education, professional referral, and support programs to assist each young person with a SUD to obtain, sustain and support recovery for a minimum of 5 years.

3. **Build the 21st Century workforce to serve the next generation:** Historically and moving forward, people with lived recovery experience have been the backbone of a strong SUD service system workforce. We must expand and strengthen the statewide workforce so they can provide SUD treatment and recovery support services based on this five-year vision of recovery. This effort includes the development of stable funding streams, reasonable compensation, administrative protocols, and peer recruitment and retention efforts.

4. **Although there are many social, employment, legal, educational and other important issues with the person with an SUD, there are a couple of exceptionally important areas.**

   Employment, Education and self-sufficiency are fundamental to healthy recovery and functional communities. We must reduce and eliminate barriers to employment for persons in recovery and recognize that persons with lived recovery experience are assets in our communities. We envision a network of employers that provide employment opportunities for members of our community and opportunities for peer employment and self-sufficiency are fundamental to healthy recovery and functional communities. We must expand college and trade educational opportunities while reducing and eliminating barriers to employment for persons in recovery. There must be simple processes for persons to clear their records from past criminal charges as they reach stable, recovery.

5. **Recovery Housing Opportunities:** People in recovery need stable, supportive and affordable transitional and long-term housing. We must develop a statewide system of quality recovery houses. The system needs to include adolescent and special population housing, infrastructure development, and training for house operators to support recovery from an SUD. The housing system needs to work collaboratively to support long-term treatment and recovery as part of a system of care with a five-year recovery goal.

Hope Dealer

A Student's Journey from Homelessness and Addiction to College and Advocacy

By Michelle Tooker

Dumpster diving, panhandling and drinking were once everyday activities for Frederick Shegog. In his early twenties, he entered a spiral of addiction that pulled him away from his childhood dreams. Despite a decade of alcohol abuse and time spent homeless, Shegog was able to transform himself into an honors student at Delaware County Community College in just two years. Now, as a motivational speaker, he is on a mission to help others combat substance use disorder and to change the way colleges serve students in recovery.

Shegog, an affable Communication Arts major who goes by Freddy, is a well-known face around the Marple Campus. Spend time with him, and you will soon witness a stream of students, faculty and staff stopping him for a hug or to share a laugh. He says he learned the art of conversation while homeless, when relying on strangers was vital to survival. As quick as he is to tell a joke, Shegog is also open and honest about his struggles.

Growing up, Shegog was exposed to the realities of substance use disorder because addiction affects both sides of his family. When he was ten, his mother attained sobriety and later started a career in the recovery field. Through her, Shegog acquired a wealth of information about recovery resources, including Alcoholics Anonymous. This helped him know where to turn when his own substance use disorder took him to his lowest point: begging in Philadelphia outside the Ritz-Carlton and eating doughnuts from a discarded box he had found in a dumpster. Shegog understands, however, that others are not as equipped to find help, which is where collegiate recovery programs (CRPs) come in.

Institutionally sanctioned and supported, CRPs provide a variety of resources to students in recovery or those dealing with substance use disorder. The Association of Recovery in Higher Education estimates that approximately one in five young adults between the ages of 18 to 21 meet the criteria for substance use disorders, putting colleges at the forefront of an issue that claims nearly 200 lives per day (according to an August 2018 report from the National Institute on Drug Abuse).

"As a 36-year-old student in recovery, I see a need for CRPs at all schools," Shegog says, "but especially at the community college level, where there are many students like me, who are getting back on track after experiencing addiction." He adds that CRPs are essential because they provide resources to students and shift the stigma surrounding addiction.

While limited resources can hinder institutions from implementing a CRP, being mindful of the unique needs of individuals in recovery is an important first step. At the College, students like Shegog have access to personal counseling and assistance finding additional resources. "The Career and Counseling Center maintains a comprehensive referral file which can assist the student in finding an inpatient or outpatient treatment program, a therapist or an Alcoholics or Narcotics Anonymous program," says Christine Doyle, Assistant Professor and Counselor. "Creating a network of support for the student is essential to his or her success and the Career and Counseling Center helps to build the foundation necessary for growth and healing."

At the College and beyond, Shegog is doing his part to address substance use disorder through his motivational-speaking organization The Message. "When I first got clean, I had to ask myself: Is it good enough to be sober or do I want to make a difference in the world?" Through his company, he inspires, educates and helps create healthy lifestyles for all. "I sell hope for a living," he adds, smiling when he describes a recent gift from his daughter: a bracelet inscribed with the words "hope dealer".

His unwavering dedication to spreading hope has already taken him places he could not have imagined while homeless and in-and-out of treatment programs. In October, he was the only student speaker to present at the Pennsylvania Black Conference on Higher Education's annual Student Leadership Development Institute, and in February, he is slated to speak at Clarion University. An assignment he wrote for English class, titled "Resources for Students in Recovery Should Be as Common as the Bookstore," was published in *The Philadelphia Inquirer* in August. And recently, Gary Tennis, President and Chief Executive Officer of the National Alliance for Model State Drug Laws, personally tapped Shegog to assist with the Model State Collegiate Recovery Act.

While all of these achievements could make one lose sight of his roots, Shegog remains humble and gracious. "My success in recovery is only possible because of the support that was available to me through the help of many people, some of whom I met at Delaware County Community College."

Shegog enrolled at Delaware County Community College in the fall of 2017 because he knew community colleges offer a variety of educational support services. Through Act 101 and the Keystone Education Yields Success programs, he found his footing and was introduced to a few of the people he credits most with his success: counselor Rose Kurtz; Dr. Kendrick Mickens, Director of First Year Experiences; and Erica Reeves, Retention Specialist. "The personal connections I've made with faculty and staff have changed my life personally and academically," he says.

As a college student, Shegog has flourished. He maintains a 3.5 GPA, has earned several scholarships and was recently inducted into the Phi Theta Kappa honor society. In November, he received a scholarship from The Ammon Foundation and membership in their Recovery Scholars Program. The award letter commended his "extraordinary example of leadership, hope and recovery."

After finishing at the College, Shegog will transfer to Cheyney University on a full scholarship thanks to the Keystone Honors Academy Scholarship program. As a recipient of this highly selective scholarship, Shegog will receive full tuition, room and board and other special services geared toward student success.

When asked about his future, Shegog describes even bigger plans. He wants to earn a doctorate in communication studies so he can expand his business and affect policy changes for students in recovery. "I hope that one day soon, students will not have to fight for addiction and recovery services," he says, "but that they will be as common as finding the bookstore."

Reprinted with permission from Frederick Shegog

Gaudenzia 26th Annual Women & Children's Conference

BUILDING A BRIGHTER TOMORROW

Elizabeth Smart

Candy Finnigan

Mark Your Calendar For This Must Attend Event!

GENERATION TO GENERATION

Impacting Addiction, Pregnancy and the Family

MARCH 28-29, 2019

Best Western Premier The Central Hotel & Conference Center Union Deposit, Harrisburg, Pennsylvania

FEATURED SPEAKERS: Elizabeth Smart, Survivor, Advocate and Author of *"My Story and Where There's Hope: Healing, Moving Forward and Never Giving Up."* Candy Finnigan, *Interventionist on the A&E Show Intervention.*

The 26th Annual Conference will enable participants to promote better outcomes for women and children exposed to High Risk Pregnancy, HIV/AIDS, Substance Abuse, Adolescent and Adult Trauma, Human Trafficking, Opioid and Other Emerging Drug Trends and other healthcare related issues.

Rev. Joel Jakubowski,MA, CRS, CIP, CADC, Executive Director of ROFM; A Panel of Experts Addressing Human Trafficking moderated by Shea M. Rhodes, Esq., Director and Co-Founder of Villanova Law Institute; Katrina Thoma, CRNP, RN, MSN, Director of Medical Services at Sadler Health, Elizabeth Sinclair, Director of Research, Office of Research and Public Affairs, Treatment Advocacy Center.

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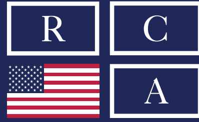
Find Drug and Alcohol Treatment Services

Congratulations to all who have worked tirelessly and dedicated their time and talents to make the Recovery Movement a Reality. We look forward to working together to achieve many more milestones!



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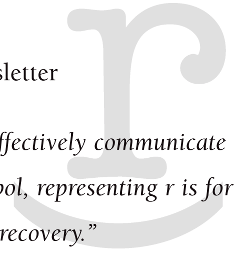
National Recovery Month Celebrates 30 Years

In anticipation of this milestone, we are asking you to dig through your polaroid's and other old photos, newspaper clippings, and files to find your most memorable experiences. You can scan old photos by using photo scanning apps found on the google play store.

We ask that you begin to share these memories with our agency by emailing mhorowitz@pro-a.org so that we can begin to prepare for our fall Quarterly Repost Newsletter



"In recognition of the 30th anniversary, the Recovery Month logo was revamped with a modern look to more effectively communicate the meaning and values of the Recovery Month observance. The new Recovery Month logo features an "r" symbol, representing r is for Recovery and the need to support the millions of individuals who are proudly living their lives in recovery."

JOIN THE VOICES FOR RECOVERY:

TOGETHER WE ARE STRONGER

recoverymonth.gov

NATIONAL
RECOVERY MONTH 2019
30th Anniversary

Save The Date!

Join us in celebrating our leaders.

PRO•A

Pennsylvania Recovery Organizations Alliance

Reflections of the Past & Focus on the Future

Leadership in Recovery Dinner

November 6, 2019

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For more information contact
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Join us in celebrating our leaders.

November 6, 2019

details on page 23

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