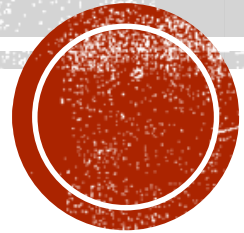
HISTORY OF ADDICTION POLICY AND THE ROLE OF ADVOCACY

Presented by: Ohio Citizen Advocates for Addiction Recovery



WHO ARE WE?

- Ohio Citizen Advocates for Addiction Recovery (OCAAR)
- Sarah Thompson, Executive Director
- 501 (c)(3) Nonprofit Organization
- *Our mission is to advocate for individuals in and seeking recovery, to ensure political, social, educational, and economic equality.*

HISTORY OF ADDICTION POLICY

1750-1800's Sobriety Circles are formed in Native American Cultures

1810 – Dr. Benjamin Rush calls for the creation of a "Sober House"

1849 - The Swedish physician Magnus Huss describes a disease resulting from chronic alcohol consumption and christens it Alcoholismus chronicus. This marks the introduction of the term alcoholism.

1864 - The New York State Inebriate Asylum, the first in the country, is opened in Binghamton, NY.

1880's – Cocaine is recommended for the treatment of alcoholism and morphine addiction

1891-1892 "The Law Must Recognize a Leading Fact: Medical Not Penal Treatment Reforms the Drunkard."

1907 – 1913 First of two waves of state laws is passed calling for the mandatory sterilization of "defectives": the mentally ill, the developmentally disabled, and alcoholics and addicts.

1914 – Harrison Act

1920's - Most inebriate homes, inebriate asylums and private addiction cure institutes collapse between 1910 and 1925.

1935 – Alcoholics Anonymous

1940 – 1945 Recovered alcoholics in AA are recruited at Remington Arms, DuPont, Kaiser Page 5 of 18 Shipyards, and North American Aviation to work in the first modern industrial alcoholism programs -- forerunners of today's employee assistance programs (EAPS).

HISTORY OF ADDICTION POLICY

1944 Marty Mann founds the National Committee for Education on Alcoholism (today the National Council on Alcoholism and Drug Dependence)

1948 – 1950 - The "Minnesota Model" of chemical dependency treatment emerges in the synergy between three institutions: Pioneer House, Hazelden, and Willmar State Hospital.

1950's - The halfway house movement culminates in the founding (1958) of the Association of Halfway House Alcoholism Programs of North America.

1952 - American Medical Association first defines alcoholism.

HISTORY OF ADDICTION POLICY

1954 - Ruth Fox, MD establishes the New York City Medical Society on Alcoholism, today known as the American Society of Addiction Medicine (ASAM).

1964 - Dr. Vincent Dole, an endocrinologist, and Dr. Marie Nyswander, a psychiatrist specializing in addiction, introduce methadone blockade therapy in the treatment of narcotic addiction

1966 -Two federal Appeals Court decisions support the disease concept of alcoholism. President Johnson appoints first National Advisory Committee on Alcoholism and becomes the first President to address the country about alcoholism.

1970 - Congress passes the "Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act," known as the Hughes. The legislation establishes the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

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HISTORY OF ADDICTION POLICY

1970's – A LOT CHANGED

1976 - NCA conducts Operation Understanding, a news conference in Washington, DC where 52 prominent individuals publicly acknowledge their recovery from alcoholism.

1978 - First Lady Betty Ford speaks to the nation about entering recovery from addiction to alcohol and other drugs

1981 - The U.S. Postal Service issues a first-class stamp imprinted with "Alcoholism. You can beat it!" Nancy Reagan's "Just Say No" anti-drug campaign is launched within a broader "zero tolerance" campaign that will reduce federal support for treatment and mark the beginning of the dramatic rise in the number of drug users incarcerated.

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HISTORY OF ADDICTION POLICY

1982 - The federal Block Grant Program transfers responsibility for the delivery of treatment and prevention services to the states.

1985 - Time magazine heralds the "new temperance" movement.

1986 - Anti-Drug Abuse Act authorizes $4 billion to fight drugs, primarily through law enforcement.

1987 - President Reagan formally announces a renewed "War on Drugs"; the shift away from treatment toward punishment and incarceration intensifies. American Medical Association calls all drug dependencies diseases whose treatment is a legitimate part of medical practice.

1992 - The Center for Substance Abuse Treatment created to expand the availability and quality of addiction treatment.

1995 -U.S. Food and Drug Administration approves prescription use of naltrexone in treatment for alcoholism. Naltrexone marks the emergence of a new generation of pharmacological adjuncts in the treatment of alcoholism and other addictions

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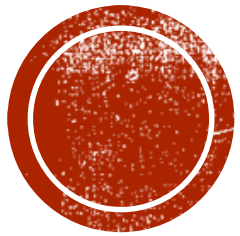
HISTORY OF ADDICTION POLICY

- 2000 - New and renewed grassroots recovery advocacy organizations are christened the "New Recovery Advocacy Movement”



ADVOCACY VS LOBBYING

ADVOCACY 101

Definition: Advocacy is any attempt to influence public opinion and attitudes that directly affect people's lives.

Advocacy is a much broader range of activities which may or may not include lobbying.

Lobbying usually attempts to influence legislation at the federal and state level

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YOU CAN LOBBY!

Want to know more? OCAAR hosts online webinars about what nonprofits can do!

WAYS TO PROVIDE ADVOCACY

- Sustained Dialogue
- Site visit to agency
- Personal visit to legislator's office
- Legible handwritten letter – mail or fax
- Typed personal letter – mail or fax
- Phone call
- Email
- Form letter
- Mass postcards
- Sponsor a candidate night
- Help form and join advocacy groups
- Invite legislators and local policy makers to your agency
- Sponsor events (National Recovery Month)
- Send legislators latest research findings

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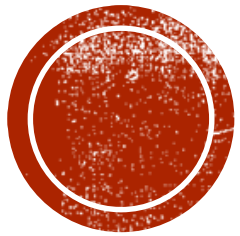


RECOVERY ADVOCACY

MISSION DRIFT

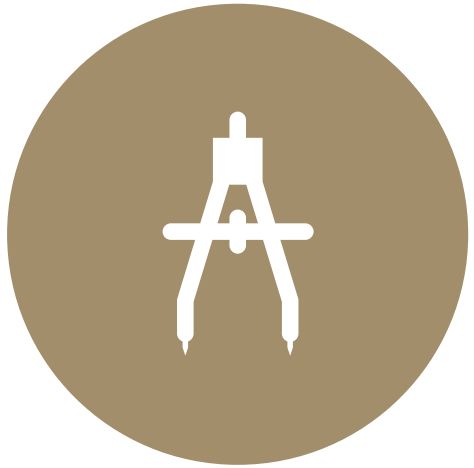
"Mission drift is the term given when a nonprofit (or other type of entity) either finds that it has moved away from the organization's mission; or the organization consciously moves into a new direction from its mission statement"

Common occurrence in non-profits but dangerous.

More money isn't always the answer

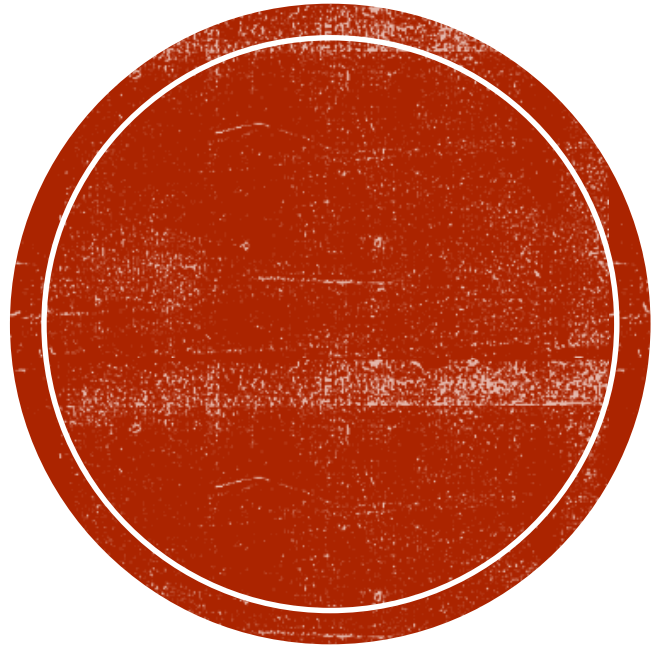
MISSION DRIFT IN ADVOCACY

SO MANY PROBLEMS
SO LITTLE TIME



PRIORITIZE, PRIORITIZE,
PRIORITIZE

RECOVERY ADVOCACY STRATEGY DEVELOPMENT



Like minded individuals

Focus your efforts

HOW TO IDENTIFY KEY STAKEHOLDERS

- Case Study

STRATEGY DEVELOPMENT

- **Planning is the key to success** — Have the tough conversations and have them often (but from the lens of strategy)
- What resources do you have?
- What are your goals?
- What are your targets?
- Who are your likely allies and partners?

STRATEGY DEVELOPMENT

- Think outside the box
- Be different and be better
- Be visible and delegate
- Get honest about your skill set and what skills you need
- **take an improve class

TIPS TO RELATIONSHIP DEVELOPMENT

1. What can you offer to your elected official?

2. When meeting with a legislative aide, you ARE meeting with your elected official.

3. Invite them to your recovery house!

4. Provide positive feedback WHEN YOU CAN!

5. ALWAYS, ALWAYS, ALWAYS thank them for their time, and send a follow up thank you note!


DON'T TRY TO DO
THIS ALONE!

- Tough Conversations
- Find common ground
- Become a constituency of consequence
- Proactive vs Reactive

MY "HELPFUL" TIPS

- Question with authority and compassion
- Authentically build relationships
- Listen intently and listen often
- Find your way into as many rooms as possible
- It can't always be just about activism anymore
- Don't act out of emotion but don't leave your emotion at the door
- Trust your gut
- ***Do your own recovery work!***

25/10 CROWD SOURCING

WHAT CAN YOU DO?

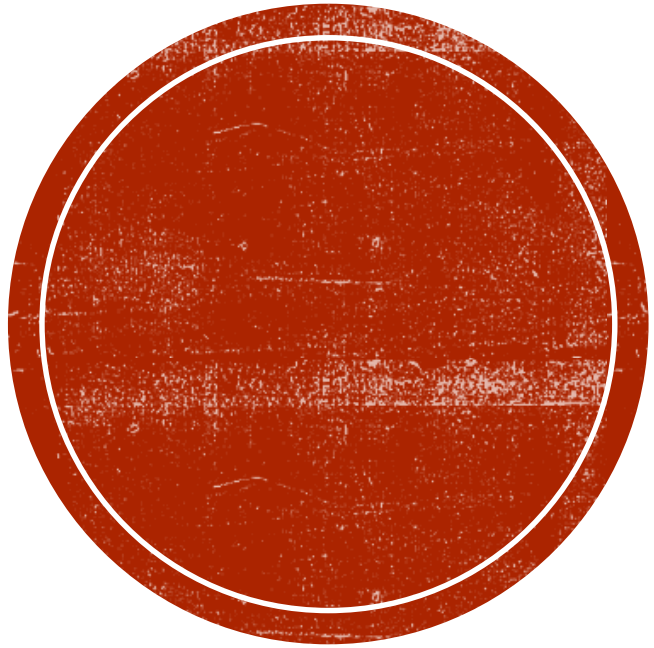
15% SOLUTIONS

- Show that there is no reason to wait around, feel powerless or fearful. They get individuals and the group to focus on what is within their discretion instead of what they cannot change.

- Shifting a few grains of sand may trigger a landslide and change the whole landscape

- Activity

WHAT DID WE DO IN OHIO?



RECOVERY Bill of Rights

Ohioans in or seeking recovery from a substance use disorder must be guaranteed these basic rights. They should be informed of such rights when inquiring about or accessing services. Public policy and funding should not only follow, but also help bolster these rights. When public policy and funding opportunities are made available to communities, the recovery voice must be present to provide a unique perspective and solution, We must ensure that substance use disorders are treated in the same way that other chronic, healthcare conditions are treated and that the same basic rights be afforded to us.

01

We have the right to have our health insurance cover addiction treatment as it does other medical treatment.

Congress recognized this right in 2008, but little has been done in Ohio to make sure that our rights supported. Substance use disorders should be treated the same way that other biological illnesses are treated. We have the right to use our insurance to pay for services and not have to pay cash.

02

We have the right to recover close to home.

As addiction continues to ravage our country, more and more treatment options are being made available. We have the right to access affordable, quality, evidence-based care in our own communities.

03

We have the right to an ethical referral.

As the number of providers in the treatment and recovery industry grows, so does the pressure to fill beds. We have the right to know if someone that offered to help us is paid by a treatment center. We have the right to be referred to a facility that is appropriate for our treatment and not because there is a financial incentive for the referral source.

04

We have the right to individualized care and informed consent.

Just like any other disease, we have the right to be presented with all options available to us. We will be presented with a range of options, including the associated risks and benefits, in order to provide our informed consent for the option that is in our best interest, not our provider's. Our treatment shall be determined by our individual case and needs.

05

We have the right to quality, comprehensive, evidence-based treatment.

Addiction is a bio-psycho-social and spiritual disease. While medication is immensely helpful, it should not be the only tool used to treat our multifaceted disease.

06

We have the right to have our health information protected.

Health records from addiction treatment are immensely private and must be kept confidential. We have the right to privacy and to have our health information protected by HIPAA and 42 CFR when applicable.

07

We have the right to ongoing recovery support services.

Ongoing recovery support services are crucial to maintaining long-term recovery. We should be informed of and connected to recovery support services during and after treatment, in the healthcare system and in the criminal justice system, including incarceration.

08

We have the right to safe, standardized and affordable housing.

We have the right to recovery housing that is certified by a reputable organization that specializes in recovery housing such as Ohio Recovery Housing or Oxford Housing. Our recovery home must adhere to best practices and quality standards as defined by the aforementioned organizations. We have the right to move out of recovery housing and find safe and afforable housing options in the local community.

09

We have the right to pursue secondary education alongside recovery supports.

Due to criminal backgrounds and poor academic performance during active addiction, people in recovery often face numerous barriers when beginning or returning to post-secondary education. Recovery supports on campus are crucial to supporting our continued recovery and should be provided to us in the same way that other specialized student populations receive individualized support services.

10

We have the right to meaningful employment.

Access to meaningful employment that provides a livable wage is crucial to our recovery. This does not mean lowering the standard or expecations of what people in recovery can accomplish.

OHIO CITIZEN ADVOCATES FOR ADDICTION RECOVERY

RECOVERY BILL OF RIGHTS

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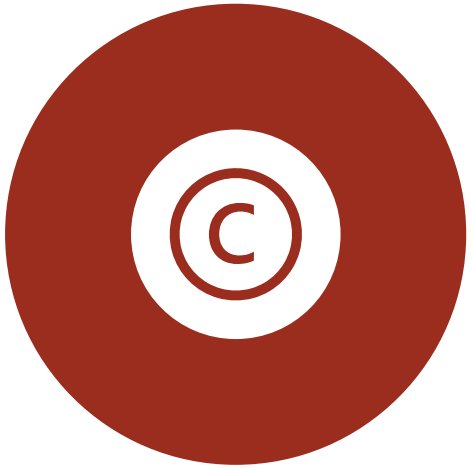
WHAT ARE WE DOING NOW?

Recovery Bill of Rights Tour

Developing legislative outreach strategy

Bringing like-minded individuals together

THE ROLE OF ADVOCACY

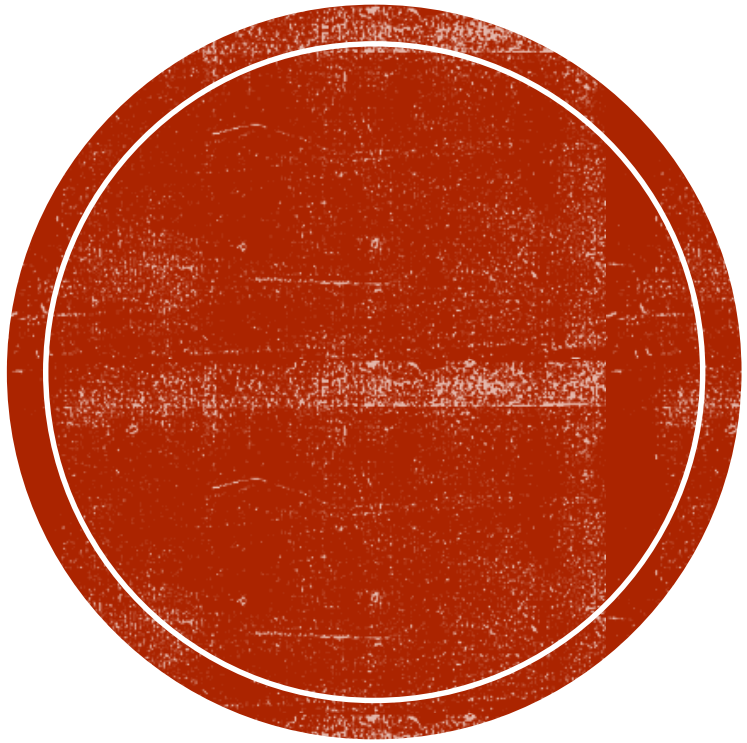


"NOTHING ABOUT US WITHOUT US"

"IF YOU AREN'T AT THE TABLE, YOU'RE ON THE TABLE"

Never doubt that a small group of thoughtful, concerned citizens can change the world. Indeed, it is the only thing that ever has.

-Margaret Mead



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