



# MOAR NEWS

MASSACHUSETTS ORGANIZATION FOR ADDICTION RECOVERY

SEPTEMBER 2003, EDITION 5

QUARTERLY NEWSLETTER



## MOAR PRESIDENT

### AMOS MARSHALL *Wants You to Know*

#### SEPTEMBER IS NATIONAL ALCOHOL & DRUG ADDICTION RECOVERY MONTH.

The Massachusetts Organization for Addiction Recovery (MOAR) and friends spearheads the effort to celebrate the benefits of addiction treatment and the value of recovery, as a healing process, which benefits everyone.

This year's theme, "Join the Voices for Recovery: Celebrating Health," urges communities to become involved in promoting treatment for the millions of Americans who are suffering from alcohol and other drug addiction.

*Makes no mistake about it: treatment is effective and recovery is possible.* However, detox services must be available for people who need medical attention to prevent life threatening withdrawal from alcohol and other drugs. Since June 30, 2003, six public detox facilities in the Boston area (CASPAR-Somerville, Boston-Jamaica Plain, Spectrum-Westboro,

Beacon-Greenfield, Faxon-Quincy, SMOC-Framingham) have closed. These closures come as deaths from heroin and related drugs rose 156 percent from 1990 to 1998. Sixty percent of all people entering detox programs in 2002 had used heroin over the past 12 months—the same percentage of people who said they entered detox for alcohol abuse. The state almost lost methadone services. Detox is the first step for people in need. People need a "healthy" continuum from prevention, intervention, treatment, to community services.

Studies show that many physicians miss or misdiagnose substance use for a variety of reasons, ranging from lack of adequate training in medical school, to skepticism about treatment effectiveness, to discomfort about discussing substance use with patients. Physicians are not the only ones. Alcohol and other drug addictions prevail in related HIV/AIDS, Hepatitis C, mental health symptoms, other physical diseases. It is important to connect with health-care, criminal justice, school, social services,

workplace, to demonstrate the need for prevention activities, screening, and treatment.

In fact, MOAR through its affiliation with NEAAR, a SAMHSA, Center for Substance Abuse Treatment, Recovery Community Services Program, which calls for peer driven support activities, has developed a curriculum to educate ourselves about how to remove personal and system barriers towards receiving help for both individuals and families. The July CSAT national technical assistance helped us to focus on ethics, safety, and strategic planning. This summer our Worcester pilot project focused on building awareness of services for HIV/AIDS and Mental Health. Our family members from The Western Massachusetts Parent Support Group facilitate a curriculum to help other families set up support systems, and from their own experience share ways to cope. People helping people, as SAMHSA says: build a "A Life in The Community for Everyone: Building Resilience and Facilitating Recovery." That's healthy.

On September 30 at the Boston Common and State House, MOAR is sponsoring a Celebration Day. We hope you can join us. Resilient people in recovery, families and friends will share the value of recovery. Please help share the message: Addiction treatment and recovery are a community investment. Please help us honor the Theme: *Join the Voices for Recovery: Celebrating Health!* in September and every following day.

#### IN MASSACHUSETTS

### DETOX SERVICES SLASHED BY 50 PLUS PERCENT HEROIN USE DOUBLES

As of June 30, 2003, six public detox service facilities (CASPAR-Somerville, Boston-Jamaica Plain, Spectrum-Westboro, Beacon-Greenfield, Faxon-Quincy, SMOC-Framingham) have closed. The Irony? These closures come as deaths from heroin and related drugs rose 156 percent from 1990 to 1998.

According to Massachusetts Department of Public Health (DPH):

**Heroin use more than doubled in the past ten years in Massachusetts.**

**69.9 percent (86,919) of DPH clients reported using alcohol within the 12 months prior to admission.**

**41.7 percent (51,857) reported past year heroin use.**

*Continued on page 2*

#### IN THIS ISSUE

Amos Marshall Wants you to Know	1
Detox Services Slashed	1
Welcome to Michael Botticelli	3
Detox Resource List	3
NEAAR Leadership Institute-Mark Palo	4
AIDS Project Worcester	4
WELL Recovery	4
Recovery Month Celebration	5
Facts, Stats & Resources	6
Mass Health Essential	7
Recovery Services	7

# MOAR INFO

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### EXECUTIVE DIRECTOR

Maryanne Frangules

## GOOD NEWS!

MOAR is pleased to announce receiving a Boston Foundation Grant to Further Support our Efforts.

MOAR is an affiliate of NEAAR, The New England Alliance for Addiction Recovery, a CSAT/SAMHSA Recovery Community Services Project and MA BSAS/DPH through AdCare Educational Institute.

The Newsletter is paid for through our grant resources.

MOAR Inc. is funded by membership dues and activities. MOAR Inc. is responsible for the newsletter contents. All newsletter contributions are reviewed by our authorization process.

MOAR web site:

<http://www.neaar.org/moar>

For information please call:

Maryanne Frangules

617.423.6627

*Continued from page 1*

In FY2002, there were **124,539 admissions** to DPH funded substance abuse treatment programs.

We know that statistically 76% of people in need of treatment do not receive it. The FY04 budget makes for a 25 percent cut over the past four years. The loss of this funding in addition to the loss of about \$26 million in Medicaid dollars for substance abuse treatment has resulted in the closure of programs and a substantial loss of access to these cost effective services. Most remarkable is the loss in the number of detoxification services.

Just last year, the state-funded detox programs had 997 statewide available beds, but today there are only about 420 beds and in some areas of the state there is no access to detox services at all. Detox providers report that, due to the lack of public funding, they are turning away many poor and uninsured individuals who are seeking treatment, and about 59 percent are heroin addicts. One of the biggest threats to the treatment system for the opiate addicted has been the potential loss of funding for methadone treatment. The legislature moved to retain this service and the MassHealth Basic benefit is coming back in the form of a new benefit called MassHealth Essential.

## NOW FOR THE DETOXES THAT PASSED AWAY

**CASPAR Detox, Now a Friendly Ghost of a Memory**  
CASPAR, Cambridge and Somerville Program for Alcoholism and Drug Abuse Rehabilitation, Detox program began operating detox beds at The Cambridge Hospital in 1971. Three years later, CASPAR Intervention Center (IC) moved to 245 Beacon Street, a former elementary school. It became known as "Beacon and Kent." The IC served as a critical safety valve for the communities of Cambridge and Somerville.

Then CASPAR Detox officially closed April 1, 2003 due to the elimination of MassHealth Basic and funding for the emergency detox program, which was Medicaid reimbursement for uninsured indigent people. CASPAR once was able to serve about 2000 needy people per year. That is the painful part—people in need lost access to a life sustaining service.

In its 29-year history, CASPAR detox served over 16,500 different people. For those clients entering CASPAR detox for the first time or the hundred and first time, the same attitude of respect, acceptance, affirmation, compassion, and hopefulness greeted them. Detox graduates dropped by constantly to express their appreciation. Many returned to put on weekly commitments.

## What has happened since April 2003?

Unsheltered homeless individuals in need of detox services have been transported to the medical and psychiatric emergency departments of The Cambridge Hospital and Somerville hospitals by CASPAR's street outreach program. Professional Ambulance calls for service have increased 200% with almost 15% of all emergency room visits being made by individuals with a mental health and substance abuse diagnosis.

## Boston Detox is Gone

Boston Detox, opened in Kenmore Square 1971 with the help of Mayor Kevin White and Ronald Geddes. The Detox served the Boston community well with attention to Mattapan and Roxbury residents.

Program emphasis was directed to multicultural sensitivity and competency. In 1984, Boston Detox set up a post detox service for people to begin learning recovery life skills. Instead of just "holding" for recovery home placement, the service helped people build a foundation for recovery. It set the pace for the current TSS, Transitional Support Service. As a matter of fact, the TSS is still open at the Lemuel Shattuck Jamaica Plain location, where it moved to in 1993.

Not only was Boston Detox the first to open the now transitional support service, it was the first public detox to implement a "no smoking policy" in recognition of smoking as a health hazard. Now with having seen 3,000 people open the doors to recovery every year, it was forced to close its doors June 15th. Now there is a potential health hazard of people going to emergency rooms in "crisis" or dying from withdrawal. According to Frieda Walker, Boston Detox Director, "It is devastating to the community." We would agree with her.

## Spectrum Leominster Detox

Spectrum Leominster was another detox that died at age 30, camouflaged as a house in a cozy neighborhood. Before it was Spectrum, it was a part of CHAPS - Community Health and Prevention Services. This program was in a significant location with Lowell and Greenfield having the closest services. According to Chuck Faris, CEO, Spectrum just received CARF accreditation for methadone detox services. Speaking of neighborhood losses, pending their needs, clients would be driven back and forth in the Spectrum neighborhood between Westborough and Leominster. Then the relationship ended in February when Spectrum was forced to close access to the 24 beds in Leominster.

This translates into having the annual capacity to help only 2,200 people per year, as opposed to the familiar 9,500.

## Beacon Recovery Center

Beacon Recovery Center, a Greenfield-based detox program, opened its doors in 1980 and closed its doors on May 9th of this year. Franklin County had 14 detox beds, and now there is no public detox facility. When Spectrum closed its Leominster location, it left the north-central part of the state with no local detox services. According to Linda Hoer, former Beacon Detox Administrator (1985-2003), Beacon Recovery Center was very community centered. It networked in a continuum that served a rural area, and interacted with health, court, and shelter services.

It was a center that promoted recovery. A real loss is the departure of Linda Hoer, who ran a very recovery centered model of care. She is an example of the commitment to care that gave Beacon Recovery Center its positive reputation.

## Framingham Detox

SMOC's, (South Middlesex Opportunity Council) Framingham Detox, located on Howard Street, died at the age of thirty, with 15 beds to bury. Prior to its death, 90 percent of the clients served there were uninsured. Before the MassHealth Basic cuts, about 40 percent of clients were uninsured. Last year, there were 1,300 admissions at the detox and 45 percent of clients went on for further treatment. A number of people addicted to alcohol or drugs also have mental illness. Treatment referrals were challenging, and now finding a medical detox is a challenge.

*Continued on page 8*

## MOAR WELCOMES MICHAEL BOTTICELLI NEW MA BUREAU OF SUBSTANCE ABUSE SERVICES DIRECTOR

*Michael Botticelli* is a man in recovery; he is the new MA Bureau of Substance Services Director. He is open, friendly, engaging with a clear zest to promote the value of recovery. He clearly sees the need for the visibility of recovery. His concern is that silence about



being in recovery has kept the value of recovery secret to the public. The public sees the devastation, and not the positive contributions of the recovery community.

Michael is putting into to practice two slogans: “I am responsible” and “Let it Begin with Me.” If he is going to support the visibility of recovery, then he is going to live by it. Michael knows this is his choice, and does not have to be yours. He believes everyone must make the choice that is helpful to them.

He will tell you that he was introduced to recovery, by an intervention that led him to Boston ASAP many years ago. That put a spark in him to enter the field. As a matter of fact, he earned a masters degree in counseling to build a profession that would support his new found life in recovery. He worked professionally in treatment, and then spent the last nine years working in The Bureau of Substance Abuse Services, AIDS Bureau and most recently in The Department of Public Health Commissioner’s Office.

He is eager to address the challenging issues within the Bureau of Substance Abuse Service’s Continuum of Care. He cares what you think. Let him know! Please welcome Michael Botticelli.

## MA DEPARTMENT OF PUBLIC HEALTH COMMISSIONER BECOMES HEALTH SERVICES ASSISTANT SECRETARY

MA Department of Public Health Commissioner *Christine Ferguson* will now have the title of Executive Office of Health and Human Services Assistant Secretary. She will be leading the coordinating of services between and among EOHHS agencies under the Office of Health Services—DPH, Health Care finance and Policy, the Department of Mental health, the Division of Medical Assistance Acute Care services. The creation of the office and the reorganization of EOHHS was based on more collaborative and effective programmatic and administrative functioning across EOHHS agencies to ensure that those served receive the best care that can be collectively provided.

### MOAR THANKS DEBORAH KLEIN WALKER

*Deborah Klein Walker* was appointed interim Bureau of Substance Abuse Services Director two years ago. Simultaneously, she maintained her actual role of Associate Commissioner of Programs and Prevention. Dr. Walker took on this task during challenging times. MOAR thanks her for being “visible, vocal, and valuable.”

# DETOX RESOURCE LIST

*Licensed and Funded by The Massachusetts Department of Public Health*

### BOSTON REGION

Andrew House Detox  
1 Long Island Road  
Quincy MA, 02169

**617.479.9320**

Bridge to Recovery  
Long Island Road  
Quincy, MA, 02169

**617.471.9600**

CAB Boston  
784 Massachusetts Ave.  
Boston, MA, 02115

**617.247.1001**

Dimock Community  
Health Center  
55 Dimock St.  
Roxbury, MA 02115

**617.442.8800**

### WESTERN REGION

Carlson Recovery Center  
471 Chestnut Street  
Springfield, MA 01199

**413.794.5555**

McGee Unit—  
Berkshire Medical Center  
725 North Street  
Pittsfield, MA 01201

**413.447.2000**

Providence Hospital  
1233 Main Street  
Holyoke, MA

**413.536.5111**

### CENTRAL REGION

Spectrum Westboro  
234 Grove Street  
Westboro, MA 01605

**508.792.5400**

Thayer Detox/CHL  
12 Queen Street  
Worcester, MA

**508.860.1200**

### NORTHEAST REGION

CAB Health and Recovery  
111 Middleton Road  
Danvers, MA 01923

**978.750.3620**

Lowell Community  
Health Center  
Tewksbury Hospital  
365 East Street  
Tewksbury, MA 01876

### SOUTHEAST REGION

Catholic Charities  
686 Main Street  
Brockton, MA 02301

**508.587.0815**

Gosnold on Cape Cod  
200 Ter Hen Drive  
Falmouth, MA 02540

**508.540.6550**

**800.444.1554**

Highpoint  
Treatment Center  
1233 State Road  
Plymouth, MA 02360

**508.830.1234**

*If you want information about substance abuse, prevention or treatment services, for family, friend, or yourself, please call.*

**MASSACHUSETTS SUBSTANCE ABUSE INFORMATION AND EDUCATION HELPLINE  
1.800.327.5050**

# RECOVERY STORY

## NEAR RECOVERY LEADERSHIP INSTITUTE

### A MOAR Valuable Recovery Experience

By Mark Palo

*Roger Williams College—June 16-20, 2003*

With a 90-pound gym bag and laptop slung over my shoulder, I began my journey to Roger Williams College to attend the NEAAR, New England Alliance for Addiction Recovery Leadership Academy at the June 2003 New England School of Addiction Studies. Four trains, one taxi, and one bus later, I arrived at the Bristol, RI, campus for the weeklong training, made possible by a scholarship from MOAR. The campus is beautifully situated along the Rhode Island shore near Newport and the accommodations very comfortable. Finding the comforts of the campus was rewarding in itself.

Monday morning I started my week of studies under the leadership of Denise Devlin, NEAAR Project Director and Health System Research Consultant Tom Hill. MOAR is an affiliate of NEAAR, which is a CSAT, Center for Substance Abuse Treatment, Recovery

Community Service Project. The goal of the projects is to provide peer to peer recovery support to strengthen recovery resources for individuals and families. For NEAAR, this requires a leadership commitment to reduce the stigma and discrimination associated with addiction. The New England single state agencies are clearly supporting the latter. It is important to present a positive message of recovery and support to those seeking treatment or support for recovery. Many who joined me as classmates in this seminar were from NEAAR affiliates who had a wealth of information to share. I found that I learned from not only Denise and Tom, but from the many experiences of my peers in the group. This proved to be a wonderful chance to feel the value of being an empowered recovery community member. My recovery was enhanced, as was my want to help others.

The course was very comprehensive, covering many topics, from how to organize from scratch, how to engage volunteers to developing a media campaign with a specific message targeting a specific group. We also covered how

to identify assets and deficits within the community, to identify target groups and stakeholders. We discussed what leadership is and the many contributing factors that make up leadership. Many times, we broke into groups for interactive exercises to plan strategies and practice skills that we could use in our communities. I ended the week with many new friends and a better understanding of how to organize, plan, design and implement skills to better serve MOAR, MA Bureau of Substance Abuse Services Consumer Advisory Board, and Lowell House Consumer Advisory Board.

You may want to know The Lowell Consumer Advisory Board was formed in January of 2003 with the strong support of Ken Powers, CEO of Lowell House, and Pierre Descoteaux. I would like to thank Maryanne Frangules, MOAR Project Coordinator, and all for their support to attend the NEAAR Recovery Leadership Academy. I am truly energized! You can feel MOAR energized, too.

**Please get involved in MOAR and NEAAR!**

## AIDS PROJECT WORCESTER

Pricilla Rodriguez of AIDS Project Worcester joined MOAR at Community HealthLink to share information about the agency, which services people with HIV/AIDS in the Worcester area, as well as Southbridge and Fitchburg areas, through a satellite program located there.

Priscilla engaged in dialogue with Worcester members:

**How does AIDS Project Worcester help people, who are, also, trying to cope with mental health and substance abuse?** Many people come to AIDS Project Worcester in need of mental health and substance abuse services and are involved with entitlement programs, such as SSI, SSDI, and other public assistance programs, as well as shelters. From these clients, they draw the human resources to run a Peer Program, which is a vital component of their services, providing role models for people living with HIV/AIDS, able to share experience, provide peer support and show longevity in living with AIDS. Services available include:

- **Individual Counseling**
- **Group Counseling**
- **Support Groups**
- **Family/Couple Therapy**
- **Substance Abuse Counseling**

AIDS Project Worcester works within the community to educate people about HIV/AIDS. They hold public forums; go to schools, hospitals, hospices, homes or anywhere they can to educate people and address the stigma attached to HIV/AIDS.

Pricilla Rodriguez generously offers her help at any time. She shared her passion to support others because of a loved one's diagnosis. Others are HIV/AIDS advocates and case managers because of their own history.

### CONTACT INFORMATION

AIDS Project Worcester, 85 Green St.  
Telephone: 508.755.3773 X-16

## WELL RECOVERY PRESENTATION TO MOAR PEER LED SELF HELP FOR WOMEN WITH TRAUMA

### PURPOSE

MOAR Worcester members agreed that July should focus on mental health and recovery. People were very interested in peer led trauma groups. MOAR is pleased Christine LaClair, Institute for Health and Recovery, Consumer Coordinator, and MOAR Board member agreed to review her experience as a WELL Recovery Group Facilitator. She came with a woman who found her recovery with the group.

### HISTORY

WELL (Women Embracing Life and Living) Recovery is a self-help group developed by two women who are dealing with the issues of substance abuse, mental health and trauma as well as through input from many other consumers as well as clinicians. We use the term "CSR" to describe women who are Consumers of mental health services, Survivors of trauma, and Recovering from substance abuse. WELL Recovery grew out of the WELL Project, which is a five year grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) that is ending by October 1, 2003.

WELL Recovery empowers women to have a voice in their own healing, without having to censor their story. WELL Recovery is not run by healthcare providers—it is run by CSRs. In this way, each person in the group is equal. We all have something to offer, no matter what we are dealing with at the time.

### WANT TO START A MEETING?

Currently there are WELL Recovery meetings being held in Fall River, Falmouth and Lynn, Massachusetts. Christine is a CSR who works as a consumer advocate for the Institute for Health and Recovery. If you are a CSR and are interested in starting a WELL Recovery group in your area, contact Christine at the Institute for Health and Recovery at 617.661.3991 or [well2@healthrecovery.org](mailto:well2@healthrecovery.org). She can talk to you about starting the meeting and send you a WELL Recovery Manual (there is a small charge for the manual).

## NATIONAL SPONSORSHIP FROM

The Center for Substance Abuse Treatment  
High Point Communications, Inc.

## SPONSORED BY AND IN COOPERATION WITH

Massachusetts Department of Public Health

Bureau of Substance Abuse Services

Boston Public Health Commission

New England Alliance for Addiction Recovery

AdCare Educational Institute, Inc. and friends from  
The Governor's Advisory Council on Substance Abuse

Massachusetts Substance Abuse Information and  
Educational Helpline

Massachusetts Association of Alcoholism and Drug  
Abuse Counselors

MA Board of Substance Abuse Counselor Certification

Mental Health and Substance Abuse Corporations of MA  
Way of Life

Institute for Health and Recovery

Massachusetts Black Alcoholism & Addiction Council

Dorrington and Saunders

People to People

Community Agencies Serving Alcoholics

MA/RI Chapter of Employee Assistance Professionals

Massachusetts Council on Compulsive Gambling

Recovery Homes Collaborative

Labor Assistance Professionals

Join Together

## AND THANK YOU TO

AdCare Hospital for sponsoring refreshments

# RECOVERY MONTH CELEBRATION

## National Alcohol and Drug Addiction Recovery Month Kick Off

September 5th, 2003

*MOAR participated in National Alcohol and Drug  
Addiction Recovery Month in Washington DC.*

### HIGHLIGHTS OF THE CELEBRATION

2002 National Survey on Drug Use and Health  
(NSDUH) Presentation (Replaces the former  
National Household Survey on Drug Abuse)

*Charles Curie, Substance Abuse and Mental Health  
Services Administration, reviewed the report*

### HIGHLIGHTS

**22 million people in The United States  
Suffer from Alcohol or other Drug Use**

**19.5 million Americans use "illegal" drugs**

**362,000 people recognized they needed  
treatment for drug abuse**

**88,000 of the above group tried to get  
services for drug use, and were unable**

**266,000 of the above group tried to get  
services for alcohol use, and were unable**

The report demonstrates the need to support  
alcohol and other drug treatment.

### ACCESS TO RECOVERY

President's Bush Access to Recovery proposal calls for \$200 million to improve access to recovery resources. It is to be implemented by SAMHSA. Access to Recovery uses vouchers to purchase substance abuse treatment and support services. It is to empower individuals to choose the provider who best meets their needs, rewards provider performance by rewarding treatment successes and increases treatment capacity by expanding access to treatment. The initial \$200 million investment is expected to result in treatment availability for 100,000 people per year. It has to be passed by the United States Congress.

The National Association of Children of Alcoholics hosted the luncheon. Many dignitaries spoke. Congressman Jim Ramstad, exemplified the meaning of Recovery Month, as he shared about his own recovery as a gift. His gratitude compels him to support an open door to alcohol and other drug continuum of care services. His gratitude symbolizes the significance of recovery, as a positive contribution to society.

## MASSACHUSETTS RECOVERY MONTH COMMUNITY EVENTS 2003

Communities across Massachusetts celebrated National Alcohol and Drug Addiction Recovery Month. SOURCE, Saving others Utilizing Resources Collectively for Empowerment, held a Springfield event keyed by Illinois Congressman Danny Davis and another specific to children prevention activities. Western Massachusetts communities gathered in Springfield for a "Recovery in Tower Square Celebration", and met again in a Cooley Dickinson sponsored "Recovery in Pulaski Park Event." Steppingstone, a women's recovery home, held a picnic for women and their families. New Bedford celebrated with a Prayer Service and Softball Game. The American Indian Center sponsored a Pow Wow with sobriety ceremonies. Dimock Community Health Center held a "Health Fair" Jackson House, a Vinfen project, held a ceremony saluting the challenges and courage of recovery.

The Worcester recovery community sponsored a walk, all to "Join the Voices for Recovery: Celebrating Health"

### MOAR Annual Statewide meeting

MOAR held its Third Annual Statewide meeting on September 9th, at Community Healthlink, Worcester. President Amos Marshall opened the meeting, honoring the Recovery Theme: "Join The Voices for Recovery: Celebrating Health" before 150 attendees. Keynote speakers were MA Bureau of Substance Abuse Services Director, Michael Botticelli and Representative Martin Walsh (Dorchester). The dialogue centered on coping with lost services. Both offered an open door policy to their offices, and validated the voices. Members shared gratitude for both officials' presence, and listening to their concerns.

### "JOIN THE VOICES OF RECOVERY: CELEBRATING HEALTH"

We Want Your Voice!  
The State House, Beacon Hill, Boston, MA  
Tuesday, September 30, 2003

#### HIGHLIGHTS OF THE DAY INCLUDE

##### Teen Challenge Recovery Choir

**Thomas Menino**  
Mayor of Boston (Invited)

**H. Westley Clark**  
MD, CSAT Director

**Stacia Murphy**  
NCADD, Director

**Christine Ferguson**  
Commissioner, MA Dept. of Public Health

**Deborah Klein Walker**  
Ed.D, DPH Associate Commissioner of  
Programs and Prevention

**Michael Botticelli**  
BSAS Director

**Ivette Torres**  
Associate Director for Consumer Affairs, CSAT

**David Rosenbloom**  
Ph.D., executive Director, Join Together

##### The Improbable Players will star again!

**Faces and Voices of Recovery**  
Policy Makers and Providers

##### Recovery Recognition Ceremony

**Policymaker Education**  
Visit Your Elected Legislators and MOAR!

# FACTS, STATS & RESOURCES

## FOR ADDICTION RECOVERY

### WHAT IS AIDS?

AIDS (acquired immune deficiency syndrome) is a condition caused by a virus called HIV. This virus attacks the immune system, the body's "security force" that fights off infections. When the immune system breaks down, you lose this protection and can develop many serious, often deadly infections and cancers.

### WHAT IS HIV?

HIV is a virus, like the flu or cold. A virus is a germ, which infects cells (parts) of our bodies. HIV infects T-cells, also known as CD4+ cells, or T-helper cells. These cells are white blood cells that turn the immune system on to fight disease. Once inside the cell, HIV starts producing little viruses, which eventually kill the cell and then go out to infect other cells. All of the drugs marketed to treat HIV work by interfering with this process. There, that wasn't so hard, was it?

### WHAT IS THE RELATIONSHIP OF DRUG USE TO HIV/AIDS?

- The spread of HIV disease in the United States is fueled in part by the use of illicit drugs. In addition to direct transmission through the sharing of needles, indirect transmission occurs through sexual contact with HIV-positive injection drug users. Moreover, the use of noninjected drugs increases risk for HIV because of its effect on decision making and sexual risk taking.
- According to one report, nearly 40% of all AIDS cases in Massachusetts are related to drug use. In 2002, there were 35,725 BSAS admissions reporting intravenous drug use. Heroin use has doubled in the past 10 years.
- HIV/AIDS Prevention needs to be available for substance abuse treatment and substance abuse treatment for an injection drug user inflicted with HIV/AIDS. Both services have been seriously cut in Massachusetts.

*To find support for co-existing HIV/AIDS and Substance Abuse in Massachusetts*

Massachusetts HIV Counseling and Testing Hotline

**1-800-235-2331**

*Information on HIV and AIDS, Referrals for confidential and anonymous HIV counseling and testing*

Massachusetts Substance Abuse Information and Education Helpline

**1-800-327-5050**

**TTY: 617-536-5872**

*Information and referrals for substance abuse treatment and self-help groups*

### BUPRENORPHINE:

#### ANOTHER OPTION FOR OPIATE TREATMENT

It is estimated that only 1 in 5 heroin users get the treatment they need. This is at a time when the nation has an estimated 1 million heroin users and many more addicted to prescription pain killers. Heroin is surging because it is both purer and cheaper today, with heroin selling for less than a six-pack of beer.

A study issued in December by the Massachusetts Department of Public Health found that heroin is second to alcohol in reported drug use. That means 42 percent of patients who received substance abuse treatment in 2002 reported heroin use. That compares with just 19 percent a decade earlier.

Buprenorphine can now be added to the list of treatment options, methadone and traditional, for opiate addiction.

#### What is Buprenorphine? How is it Different?

The new drug, used in Europe for a decade, comes in a tablet form. It attaches to the brain receptors, where heroin burrows. Buprenorphine caps the receptors so that heroin can't get in. It is slower acting than methadone, meaning withdrawal is less dramatic.

Some sources view Buprenorphine safer than methadone. The belief is that is less likely to result in a patient substituting one addiction for another. Based on that theory, federal authorities have decided to allow family physicians to prescribe it. Doctors must become certified to prescribe Buprenorphine. There are 59 Massachusetts doctors exempted by waivers to prescribe it.

#### How it Works?

Buprenorphine treatment begins with one or two weeks under the direct medical supervision. The next step is to begin taking a hybrid form of buprenorphine made with a second drug, naloxone. This is called Subutex® and Suboxone®. That second medicine has no effect when taken orally but is present to hinder injection use. If injected, naloxone causes extreme withdrawal, an effect designed to stop further injection.

Primary care physicians, unless waived, will have to become certified to prescribe. It might help doctors better understand alcohol and other drug use. In order to prescribe, physicians must be able to screen their patients for addiction. It, also, gives dignity to the treatment process, by having the medical profession as part of the continuum of care.

#### Payment for Buprenorphine

Currently payment for the drug and for doctor office visits is still being negotiated by private and public health plans. MassHealth, the state's health care program for the poor, began paying for buprenorphine at the beginning of August.

#### What's The Best Treatment For Opiate Use?

Whatever works for the person in need of treatment is the best choice. The issue is having options and availability for the person who needs it.

*The Center for Substance Abuse Treatment has been doing education forums entitled, Pathways for to Recovery around the country. Boston was chosen in August. Senator Mark Montigny asked for a September forum due to the heroin rise in the New Bedford area.*



## The Western MA Parent Support Group Goes to Connecticut

By Diane Kurtz

On August 4th, Tanyss Martula, Diane Teta, and I had the pleasure of doing a Parent Support Group training at the office of CCAR in Weathersfield, Ct. This training was attended by 10 people who showed a lot of interest and excitement in starting up a support group similar to ours in Connecticut.

During the training we presented each of the trainees with a folder containing all the material we distribute to new incoming parents in our group. We also explained the other types of materials that are available to the parents who attend the weekly group (booklets, tapes, resources guide, etc.). They

were also given the key points that need to be accomplished to start up a group. Some of those things would be to pick a time and day, how often. Find a space, preferably for free, to hold the meetings. Have a person who will cover for you when you are not available and a commitment to keep it going.

It is wonderful to see people who are so dedicated to wanting to help families work through the pain and get a better understanding of the disease of addiction. This is the kind of support everyone needs to find strength and hope in the recovery process. As we all know this disease affects everyone, and everyone needs to be supported.

## The Franklin County Recovery Community

The Franklin County Recovery Community Project will build a peer-driven, peer-led recovery community in the Greater Franklin County, one of the most poor, most rural, and least populated counties in Massachusetts with a high rate of alcohol and drug use disorders. The project's approach is to develop Franklin County as a "recovery-informed environment," in which individuals with current or past alcohol and drug use disorders can assume meaningful roles in their towns and neighborhoods. The project's vision for a recovery-informed environment is one that will maximize opportunities for a lifetime of recovery and wellness for individuals, families, and the community.

The project will create new services designed and delivered by and for peers, such as a warm-line, gender-specific support groups, and Community Initiative Grants to fund local community-based initiatives that support recovery. Additionally, the project will offer outreach to people in or seeking recovery; transportation, linkages, and informal counseling; educational programs on recovery; family/significant other support groups; and informal resources as an adjunct to three women's drop-in centers. Opportunities will be provided to enable peers to assume valued social roles as recovery leaders within the formal and informal support system.

## MASS HEALTH ESSENTIAL WILL BE AVAILABLE ON OCTOBER 1, 2003

*The particulars are as follows:*

### NAME

The benefit is called Mass Health Essential.

### DATE

The effective date is October 1, 2003.

### THE PLAN

Enrollment in the plan is restricted to the PCC Plan that includes the mental health and substance abuse carve out (MBHP).

### PROVIDERS

There are no limits on providers within the above context. The current provider network will remain in place for this benefit.

### THE BENEFIT

All benefits are the same as they were for Mass Health Basic, including behavioral health benefits, but in the context of the PCC Plan (managed).

### ENROLLMENT

In the event that former Mass Health Basic members may be eligible for the new benefit, DMA is reaching out to those persons who lost Mass Health Basic coverage with a special application short form that is orange. If prior MHB members are still earning under 100 percent of federal poverty, they will be reinstated.

*Please help to find former Mass Health Basic members, who may not have access to this information.*

Thus, you may wish to initiate notice and/or outreach in your programs.

After October 1, Mass Health Essential enrollment criteria will be applied to any new applicant for Mass Health Care.

### TERMS OF BENEFIT

Recall that this replacement benefit was created in the context of FY 04 Legislative decisions for the Uncompensated Care Pool (Free Care Pool). Therefore the benefit is funded for one year.

We are indebted to the Massachusetts Legislature for funding this benefit and to Secretary Preston at EOHHS and his staff who shaped this benefit in the context of incredible fiscal restraint.

### QUESTIONS

Please call MassHealth at **1.800.841.2900**

Please let MOAR know how this application process is working for you—  
Call MOAR at **617.423.6627**

*We thank Betty Funk, MHSACM, for this notice.*

# MOARNOTES

## THE BOSTON FOUNDATION HELPS MOAR DO MOAR!

This is MOAR's second time to have been a Boston Foundation recipient. Due to this grant, we have improved outreach to the Boston neighborhoods. We have formed an alliance with The South Boston Family Resource Center, who held a Red Ribbon Celebration honoring the work of the Drug Courts as a resource for recovery, and a West Broadway "Stand Out" for Recovery and Resources. MOAR helped to sponsor The South Boston Family Resource Center's Dance for Recovery, a public awareness event. This group currently is mostly family members, who want to help other families, and see that people access appropriate and immediate care. This relationship networked to The South Boston Association of Non Profits, to build a collaborative relationship with the people and the neighborhoods for this purpose.

We have started a *MOAR On The Harbor Group* in East Boston with outreach to Chelsea and Revere. MOAR helped to sponsor a Meridian House Sober Cruise. Meridian House and Connexions, North Suffolk Mental Health Association, have helped MOAR to spread the value of recovery through speaking engagements, Recovery Day, and membership outreach.

## OUR MISSION

To organize recovering individuals, families and friends into a collective voice to educate the public about the value of recovery from alcohol and other addictions.

## OUR VISION

A society where addiction is treated as a significant public health issue and recovery is recognized as valuable to our communities

## MOAR MEETS IN THE FOLLOWING LOCATIONS

Boston	Worcester
New Bedford	Springfield
Brockton	Lowell
Cape Cod	

Members in Revere, Chelsea, East Boston have started a MOAR on The Harbor Group

Continued from page 2

According to Gerry Desilets, a SMOG administrator, significant numbers of people in need of detox are increasing in the SMOG shelter overflow program area.

## The Faxon House Story

In February of 1972, based on the belief that alcoholism was the nation's number one killer, Quincy Mayor Hannon initiated the need for a detox program. After much research, a plan was developed. What was then The Massachusetts Division of Alcoholism, gave \$224,000 for services and additional funding came from the city. Thus, Faxon Detox opened in a former nurse's dormitory on the grounds of Quincy Medical Center in August of 1972. By that November, 224 people were referred to the program.

The Faxon Detox program provided a 30-day inpatient stay with comprehensive professional treatment, including counseling and referrals. Referrals came from emergency rooms of cooperating hospitals, the recovery community, physicians and self-referrals. The facility served nine south shore towns.

According to the most current director, Carol Hoban, "Back in the 70's, we provided services - \$30 a day for 30 days, and people could walk out having been detoxed with a treatment plan for recovery. We closed on June 30th, with having spent \$40 a day, with a 4-day average length of stay for alcohol detox, and 6-days for heroin. We saw about 3,000 people a year. Our staff was dedicated to the end."

Without access to treatment, the people who are seeking help return to the streets and shelters in our neighborhoods, show up in our local emergency rooms or in our police stations, courts and jails, at a much greater cost to the Commonwealth. Please help by spreading the message! Treatment is an investment and recovery is valuable.



South Boston Family Resource Center "Dance for Recovery Committee." The August 22nd fundraising dance celebrated their new office to help families raise awareness about the need for addiction recovery resources.



## MOAR PROJECT

c/o Boston ASAP  
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Boston, Massachusetts 02108

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