

Fletcher Group RCOE April Webinar Transcript Mike Marshall – Oregon Recovers April 7, 2022

[00:00:00] **Michelle Day:** [00:01:00] Good afternoon, everyone. And welcome to The Fletcher Group Rural Center of Excellence's webinar series. Today's session is scheduled to run from 2:00 PM to 3:00 PM Eastern Standard Time. My name is Michelle Day. I'm your moderator for the session, along with Jennifer White and Erica Walker. A couple of brief housekeeping items, and then we'll begin.

You entered today's session on mute and your video was off and will remain so for the entirety of the webinar. Your chat feature is located at the bottom right of your screen. You use the drop down feature to communicate with either the panelist only, or panelists and attendees. Please direct all questions regarding the webinar content to the Q and A section.

Be advised that this meeting is being recorded and will be available to you [00:02:00] on our website once it has been transcribed. You can access our website at www.FletcherGroup.org. Also at the conclusion of today's session, there will be a short survey regarding the webinar content. Today's presenter is Mike Marshall, Co-Founder and Executive Director of Oregon Recovers, a statewide advocacy campaign designed to end Oregon's addiction crisis.

A graduate of the University of California, San Diego, Mike spent the early years of his career learning grassroots organizing within the ranks of the Democratic Party. He worked at the presidential, congressional, and city council levels to elect progressive policy makers by marrying modern technology with grassroots organizing. In subsequent years, he led critical campaigns that fought to end the HIV/AIDS epidemic, promote urban greening,

and demand environmental restoration. Upon moving to Oregon in [00:03:00] 2013, Mike served as campaign manager for Oregon United for Marriage, and then successfully stewarded Governor John Kitzhaber's 2014 re-election campaign. Prior to the launch of Oregon Recovers in 2017, Mike served as Executive Director of the City Club of Portland.

Today, Mike lives in Northwest Portland with his husband, Rob and their hounds, Ava and Russ. He is profoundly grateful for more than 14 years of continuous recovery from the disease of addiction. Mike, the floor is yours.

[00:03:35] **Mike Marshall:** Wonderful. And, um, thank you, uh, to everyone at The Fletcher Group for inviting me here today to talk about something,

uh, both advocacy and, uh, how advocacy impacts my own personal recovery and, um, uh, sort of, uh, share how I think advocacy is in fact, a form of recovery. Um, I'm gonna run through a bunch of slides, but I also hope that we can have, uh, a robust Q and A at the end of [00:04:00] this. I know that advocacy for some has a mystery behind it.

Some people think it's politics. Um, and in fact, it's, uh, it's something that is in my life and in the lives of the people I work with, it's an incredibly vibrant component, both of our lives, but also of our recovery. So, um, let's go to the first slide please. So I was hoping today to talk a little bit about my recovery journey.

What is recovery advocacy. Um, and what about anonymity knowing, recognizing that a lot of us, uh, uh, get into recovery via 12 step programs. Let's talk about that a little bit. Talk a little bit about Oregon Recovers and what we built over the last five years relative to building a statewide advocacy movement to end Oregon's addiction crisis.

And then I'll, I'll talk a little bit about how, uh, personally, advocacy impacts my recovery, now, how I think it can impact yours, if you're in recovery or your clients. And then talk a little bit about ideas on how you can be engaged in advocacy at the local level, you don't need [00:05:00] an Oregon Recovers. You don't need a Faces and Voices of Recovery.

Um, you can do things on your own that really elevates your community and strengthens your own recovery. Next slide. So, um, as, uh, my bio said, I, uh, live in Portland with my husband, um, but I've been in recovery 14 years. Um, and thankfully there's been no relapses in that period of time. Uh, my husband is in recovery as well.

Um, I got sober at the age of 46, which is always important to point out because, um, uh, I just have such incredible empathy today for folks that are in their early twenties. And are working hard to be in recovery, um, uh, because society doesn't support that. Let's be really clear about that. And so it's extraordinary.

Everyone who takes that, um, uh, makes that effort and, and is successful at it. Um, I'm familiar with the process. I went through 28 day treatment center in San Francisco, and then, um, on my own, really enrolled in one year of, of [00:06:00] significant outpatient, both, um, at a, uh, a culturally specific, um, behavioral health center, but also at the Zen Center in San Francisco.

I did one night, um, uh, of, uh, meditation and recovery there. Um, and I, I also think that's important to point out is sort of my credentials in all of this. The treatment center I went to was pretty miserable, pretty bad. And yet here I am 14 years later, so that resentment, I just need to work away at some point.

Um, uh, but I'm really, I had to borrow \$15,000 to, to attend. And, um, that's really at the core of why I do the advocacy that I do because I'm a privileged guy and, and could borrow \$15,000. And, um, uh, we just need to, um, acknowledge that there should be no barrier. There should be no bar that you have to get above in order to access, um, a solution to, um, the disease of addiction.

I'm also at a 12 step adherent. I got sober in the 12 step programs like so many other people [00:07:00] do. It was really, aside from the Zen Center, the only, uh, other, it was the only form of recovery, um, uh, available to me. And then lastly, I, and I bolded this I'm a privileged gay white man living in Portland. And when we talk about being in recovery and engaging in advocacy, we need to be

uh, I need to be really clear all the time. I need to remind myself that, um, as a man, it's probably easier for me to talk about my recovery than it is for a woman, because the consequences are different. Certainly as a white man, if I were African-American, there'd be way more consequences within the workplace, within families, within, uh, you know, with the neighbors relative to the perceptions.

Stigma is alive and well relative to all of this. And there is absolutely, um, stigma applied unevenly to different sets of folks. Um, being 46 or, or now I'm 60 uh, and talking about being in recovery compared to being a 25 year old, building [00:08:00] their career for the first time at Nike, um, uh, is also a level of privilege for me.

I, and so I don't use that as an excuse for other people, but I leverage it instead to, um, understand that when we invite people to be part of the recovery movement, that recovery advocacy movement, we have to recognize that for some it's not safe. For some, there are adverse consequences and nobody should, um, uh, uh, be, uh, everyone should be cognizant of that and, and, um, should be considerate of that. Next slide.

So what is recovery advocacy? Well, Um, I'm sure most of you are familiar with William White and he's written great books on this. The, the, um, Recovery

Institute at Harvard, um, who I saw, you're having some folks at The Fletcher Group summit soon from there. Uh, their, uh, I would urge you to go to their website because they have some great stuff on recovery as, uh, advocacy as a form of recovery. [00:09:00] But really it's, you know, we, people in recovery do not need others to speak for us.

We can share our own stories without the needs for professional translation. For generations, others seeking to help or control us spoke on our behalf while we remain closeted from public view. Politicians spoke for us, physicians, psychiatrists, psychologists, and social workers spoke for us, addiction treatment specialists spoke for us, police, lawyers, and judges.

The media spoke for us. Politicians absolutely spoke for us. What they shared were their perceptions and their stories, not ours. We do not need interpreters. And I think this is at the core of why um, it's so important that we find our voices. Uh, no matter who we are aware, we are find our voices in the context of what is safe and what is important, but we can't expect policymakers to design policy

if they don't know the consequences of that policy, or they don't know where the gaps in the policy are. Um, and, uh, we are in, uh, as, as people in recovery, whether [00:10:00] one day, one year, 14 years, 30 years, each of us in those milestones have a different experience that that needs to be part being incorporated into and part of the design of the system of care that we're all advocating for.

Um, next slide.

So what about anonymity? Again, there's there's folks that are, can talk about this much better than I, if you have not seen the film, The Anonymous People, I would urge you to, to sort of Google it right now and, and, um, save the link. Um, it's a terrific film. There's two versions. I'd go with the shorter one.

Um, but it really talks about how, um, it gives the history of advocacy within the recovery community and how prior to the War on Drugs there were an awful lot of people, including the founders of AA, Bill Wilson and Dr. Bob, who would go to Congress and would go to the state legislature and advocate for resources.

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[00:11:00] There was not a, um, uh, uh, being anonymous about your own recovery and about the, uh, the 12 step program you're involved in or, or some other program is not the same thing as having an opinion about the, um, uh, Uh, what is needed from a public policy perspective in order to build a system of care.

And, um, like I said, I, I'd urge folks to sort of dive into this issue. Um, if you're starting to get into this space, if you're starting to try and motivate other people into this space, um, it takes a little time for discussion. I still have some friends in recovery who don't understand why I do Oregon Recovers because they feel it's just a violation of the 12 step program that we're both in.

And it absolutely is not. I do not talk about, um, uh, my recovery in the context of the meetings I attend or my conversations with, with my sponsor, or sponsees or [00:12:00] whatever. But in fact, when I, um, go in front of the legislature, it is what provides me, um, with my, uh, authority on this issue. Um, my recovery is private, but my opinion about it is not.

And again, I am privileged to not to have to remain anonymous and I just continually want to stress that. Uh, and, uh, uh, yeah, I mean, I've said a lot about that. What I would also add is, um, I tend to sort of stay away from the language that we use in my recovery program. And I talk about being in longterm recovery, which for me means I haven't had a drink or drug in 14 years and I don't use the word I'm sober or, um, uh, that I'm an alcoholic.

Not because I think those words are wrong, but because those are part of my personal recovery. Um, Next slide.

So, uh, and what I should sort of say, before I get into the mission, the reason we launched Oregon Recovers is [00:13:00] for those of you that aren't in Oregon, uh, and most of you are not. We're in the midst of a terrible addiction crisis that had been growing for 20 years. Um, and SAMHSA just came out with their most recent statistics and, um. Uh, we have the second highest addiction rate in the country.

The second highest substance use disorder rate in the country. We're second behind Montana. Um, and we rank 50th in access to treatment. 50th. And so we, um, and that has, we've been consistently just to, uh, on either side of those numbers for the last five years. And so, um, that's why we brought Oregon Recovers together and, um. Uh, it's not just people in recovery.

In fact, our definition of recovery from the outset and our, our concept of, of how do we build power, in order to change the system, in order to enable everyone to get the recovery resources they need, was [00:14:00] to link arms, not just for people in recovery like me, but as I like to say, the people who love us and the people who take care of us. And

so friends and family who are very much in recovery themselves, whether they're their friends and family members still out there in active addiction, or in fact, they're, their friend or family members now in recovery. Um, the experience, as we all know, a family members of people who suffer from addiction is, uh, has its own level of trauma.

And so they are equally in recovery with us. And then the folks that work in the, in the, um, the workforce, whether it's a RCO or it's a treatment center or it's an emergency room, um, or ideally even our primary care folks who are engaged in our, um, recovery. They're part of this too. Few of them are getting overpaid.

Few of them are doing it because it's an easy job. They're all doing it because they're committed to my recovery and the recovery of people who suffer from addiction like me. And so we wanted to bring those three [00:15:00] communities together. Um, and, uh, and, and begin to identify as a larger community. A constituency and begin to build power around that, um, shared experience, um, to go against Big Pharma, to go against the alcohol industry.

To go against the drug cartels. Um, uh, and instead of individual treatment centers, which often have lived outside of the healthcare system, um, at least until the Affordable Care Act came along, that we are collectively advocating for more resources for everyone. And that we're not pitting treatment against recovery versus prevention. That we, we have a clear, concise idea that we need a whole integrated system of care.

So we wrote this crazy mission statement. Um, I'm a little embarrassed by it, but same time, uh, it's overly, it's incredibly ambitious, which is "*To mobilize the recovery community to transform the existing fractured and complete, um, uh, recovery system into recovery, [00:16:00] recovery based continuum of care. Which recognizes addiction as a chronic disease requiring a lifetime of attention.*"

And so for the last five years, we have, um, uh, built an organization designed to try to achieve those things. Recognizing that our, our power is in the human

experiences, in the, in people, in recovery. And as I said, the, the experience of people who love us and the people take care of us. Next slide.

So, um, this is a visual of everything we do, uh, in many respects. And, um, one of the first things we did was we started launching annual Walks for Recovery. Um, and the goal there, like we started in Portland in 2018, we expanded to Bend, Medford, and Eugene in 20, uh, 19. And then we expanded to Klamath Falls just last year in 2020.

Because of COVID 2019, 20, 20 and [00:17:00] 2021, we're sort of abbreviated events. But the fact is we've had thousands of people take to the streets in those communities and, um, uh, advocate for systems change, but also get out of the church basements where their recovery meetings are and put on a t-shirt and walk through the streets and be proud about what they're doing.

And, um, I'll get choked up here, but it's sort of conveys the power of what we're doing. These are fundraisers by the way, they were designed. If you participate, you fundraise, you get grandma or Aunt Joanie to sponsor you. And uh, it raises money for Oregon Recovers annual work. Um, but the real power is, is the community building and the, the stigma combating.

And that first year in Portland, um, I had a woman come up, um, uh, and introduced herself and said, I wanted to just say hello and say, thank you. I flew out here from West Virginia to be with my, uh, to walk with my son. And I was perplexed. Like it was our first year. And I said, [00:18:00] Tell me why? And she said, well, he got sober six months ago here in Portland.

And there was nothing I could do. I was 3000 miles away. I couldn't help him. But when he told me he was doing this, I could walk with him. I apologize. I've told that story literally a thousand times and I get choked up every time because it just demonstrates that we, that the work we do in sort of the advocacy space is about healing; healing families, healing individuals, healing souls, healing our society.

Um, from that we've also launched the Recovery Community Summit. That's coming up in June. Our fourth one, I believe, here in Portland again. Um, and, uh, we'll send the, what give you the website to that. If you're on the West Coast, please come, uh, it'll be sort of Oregon centric, but it's our idea of bringing people together around the state, around policy issues, around different forms of recovery.

About we have panels on dating and recovery, post-incarceration [00:19:00] recovery, uh, trauma informed recovery care, um, uh, you know, combating sexism in 12 step programs, uh, all kinds of stuff where we just facilitate conversation and we try and break down the barriers between the different forms of recovery. Um, we do an annual Advocacy Day where we bring folks to talk to their legislator and tell their story.

Uh, we, uh, Uh, when COVID launched, we created the Oregon Recovery Network.Org. And that's an online source where you can find, you know, where you could find an online meeting as everything just shut down, can find recovery housing, can find treatment beds, um, hints for supporting someone in recovery.

And then we added on a component, um, uh, with, uh, we worked with seven peer-led organizations around the state now. And, um, you can go on there and get a free referral to a peer for 10 hours of peer support, which is hugely important. There is no other service like it. Um, we've also [00:20:00] found through our advocacy work that, that we need to build out more voices. That we stand alone.

We in 2021, we try to raise the price of alcohol in order to fund better services. And, um, uh, the alcohol industry just stomped on us in many ways. So we're creating the Oregon Alcohol Policy Alliance. We're creating Oregon Moms for Addiction Recovery. We're creating more voices that can be focused and stand shoulder to shoulder with us as we advocate on behalf of the recovery community.

We're, um, uh, we, while they all will always, our opponents will always have more money. And as a result, they'll have lots of political capital. We too can have political capital. And the thing is we will always have an abundance of moral capital, that they will never have. And so Oregon Moms for Addiction Recovery is just like Mothers Against Drunk Driving, or

there's a Moms Demand Action here in Oregon, relative to gun control issues. There's a moral force in there, and it's a place for families both to come together and [00:21:00] support each other as they, they lose someone or they're struggling to find someone who's out on the streets, um, or how to take that emotion and put it into advocacy in order to make sure another parent doesn't go through the same thing.

Uh, we set up the addiction recovery assistance fund when COVID hit, because we recognized that a lot of recovery housing was, uh, accruing a lot of back rent and none of these housing organizations had deep pockets. And, um, the last thing we needed was to lose more recovery housing. And so we, uh, worked with a local foundation to set that fund up.

Um, and also we recognize that, um, uh, uh, talking to elected leaders is really, really important. And, um, before they get into office. And so we have a governor's race this year. We're teaming up with the treatment providers and the addiction doctors. And for the first time we're doing a series of briefings for all the candidates, uh, Republicans, Democrats, Independents, um, we're doing a [00:22:00] questionnaire and we're going to publicize the questionnaire.

It's totally legal. Uh, we're not, uh, we're not taking a position. We're not recommending anyone. We're simply asking them pointed questions about what they'll do to end Oregon's addiction crisis, and then we're publicizing those results so that people can consider that when deciding who to vote for. And we can then hold whoever wins feet to the fire, um, relative to what they've committed to doing.

So we have a broad set of assets, as I call them relative to the work we do. Everybody who participates in these events, it's primarily volunteer driven. Although we have two terrific staff folks that sort of manage these. Just yesterday, the Recovery Community Summit Program Committee was together and it was tremendous to hear people's sort of brainstorming ideas.

Um, they're all in recovery. And talking about sort of what do they want to know intellectually or what do they want to experience emotionally, um, outside of what they traditionally have access to. And so it's going to be a really vibrant opportunity for folks. [00:23:00] Um, uh, and again, it strengthens our ability to be a single voice.

We'll invite lots of elected officials they'll show up and they'll see that the recovery community is in fact, a community, that we have numbers and, um, politicians respond to constituencies. There's no doubt.

[00:23:15] **Janice Fulkerson:** Mike, we have a couple of questions in the Q and A, um, one of them is what advice do you have for individuals who want to raise their hand in a small rural community?

For example, you talked about starting in an urban area in Portland and moving to Klamath Falls, a very rural community. So what advice do you have for people who are trying to raise their hand, but they haven't done it yet.

[00:23:40] **Mike Marshall:** First of all, what I would say is talk with your family or your support system.

Um, you know, our, our family we've, we've put them through a lot and they may be really proud of our recovery, but you want to make sure that before you go public with it and you start talking to folks about it, that they're okay with that, that, that they're, um, that they're not going to feel [00:24:00] stigmatized by that.

And that's not a reason not to do it. If they do, it's a reason to engage them in that conversation and give them a heads up. And then I would say, you know, Uh, walk before you run. Um, uh, it could be that, um, you go to a city council meeting and they have public comment and you don't have to identify as a person in recovery.

You just identify as a recovery advocate and say, And may, and not that you even have a vision for what else is needed. All you can say is, look, I have a bunch of friends in recovery and they can't find housing right now. And they keep relapsing, which costs county, X, city, Y town, um, uh, uh, X this much money or cost money.

And so find ways in which, um, you don't necessarily have start off by telling your story. Although I would urge you to get to that place because it's, it's a powerful credential, uh, to say you're in recovery, but, um, uh. Or a letter to the editor [00:25:00] and, you know, uh, sign it, Mike M uh, that talks about it. You know, the, the most important thing is to build your own comfort level and the comfort level of the people around you, so that you don't have to be navigating those emotions, the farther you get into it.

Um, Did that answer the question? Do you think? I

[00:25:19] **Janice Fulkerson:** I think it did. Yes. We've got more, but keep going and we'll add more Q and A at the end.

[00:25:25] **Mike Marshall:** Um, for those of you that are organizers, what I just went through, all those different events is an amazing way to build a coalition. Coalition building is something that every movement needs to do.

And oftentimes it's around actual policies. The beauty we have is we focused on events, so walks for recovery, and the annual summit, and round table policy discussions, and advocacy day. Organizations, um, uh, it's easier for a lot of organizations to get their toe in the water of advocacy by sponsoring an event where it's a, [00:26:00] there's nothing but affirming aspects to it.

And, um, uh, and to have their name associated with it, which then allows us to go back when, Hey, we're trying to get the Oregon Health Authority to do this. Will you sign this letter? Um, that is not about. You know, it's not a letter to a legislator, simply changes regulation, move up this timeline or whatever the case may be.

And as you can see, this is just a bare minimum of, of, we have probably at this point 75 organizations around Oregon that engage in our work consistently and trust us as a voice, sort of the tip of the spear sometimes. That Providence, because they get so much money from the state, can't say X, but Oregon Recovers can say X.

And so, um, uh, Uh, I, I can't stress enough how events are a very effective tool to build a coalition, um, uh, of, of support for the recovery community. Next slide. [00:27:00] Uh, so how does advocacy impact my personal recovery? Um, you know, Uh, and this is all sort of just my personal observations in my recovery program,

it's really important for me at this point to still get to a meeting once a week and raise my hand and identify I'm Mike, I'm an alcoholic because to me in my mind, it's like, I'm diagnosing the problem all over again. And that means I have to have to focus on the treatment. I get to do that throughout the day.

Doing Oregon Recovers work whether you know, when I go to the legislature and it's a room full of lobbyists behind me, and it may just be a briefing on addiction. It's not necessarily about some legislation and, you know, legislators are all talking to each other and because they're just used to lobbyists coming up and talking, talking, talking.

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And when I sit down and I say, I'm Mike, I'm the Executive Director of Oregon Recovers. There's still a buzz. And then I say, and, but more importantly, I'm a person in long-term recovery, which for me means I haven't had a drink or drug in 14 years. The room goes [00:28:00] silent. Some legislators clap because they've seen 12 step programs portrayed on television and that's what you do.

But the lobbyists shut up, the legislators shut up and the next five minutes I'm listened to. And so that's not true for most people that are paid to be there. And, um, but I go home that day and I have incredible um, my, my recovery is renewed. And the other thing I'll tell a story real quick story. About the, um, first Advocacy Day, we did Fourth Dimension Recovery Center brought a bunch of young people down to advocate and we're doing a debrief afterwards.

And I said, so what was the best part of the day? And, you know, the governor had come out and a bunch of people taking their pictures. And so everybody was thrilled about that. And then a young woman in the back who hadn't really said anything raised her hand and she said, You know, Mike, I've lost three of my closest friends to drug overdoses the last four months.

But today, when I was talking to my legislator, I felt like their voices were being heard. And you know, that she was much stronger in her [00:29:00] recovery as a consequence of being able to be of service that way. And that's really what this is about. Every day I get to be of service to the recovery community by advocating for more services, more resources,

more opportunities, but I'm also continually not continuing, but often approached by legislators who say, can you talk to my brother? He's having a problem. I recently took a judge to her first AA meeting, um, uh, who was a former legislator. Um, I've had the Governor's Chief Policy Advisor on Addiction call me to ask for where they should go.

Um, so, uh, I get to be of service both professionally and personally every day that I get I, that I do my job. My recovery is no longer siloed. I came up through the 12 step program, which was terrific, but things can get stales thing, you know, did, uh, uh, uh, things change. I, I go to a Wellbriety meeting occasionally, uh, um, sorry, uh, a Dharma, [00:30:00] um, uh, Recovery Meeting.

Um, there's Wellbriety. Uh, I get to talk to people in all different forms of recovery. Um, I've learned a lot about harm reduction and that recovery is not necessarily abstinence, but it's about doing better for yourself by, by making

changes relative to your substance use. And that's, I wish I had known that 20 years ago.

That's hugely important to understand that it doesn't have to be binary. And, um, uh, and it makes me a better person in recovery and a better advocate. Um, and you know, as we say in, on many of the bumper stickers, you can't keep what you're you, you won't give away. And so every day I get to give away my recovery by sharing about it, whether to a reporter or to someone who calls in need of help, because they

saw me interviewed or something like that. So it's, um, uh, my recovery is stronger today than it was when we launched Oregon Recovers five years ago. Not because I'm doing, working my program really hard, but because of the work I get to do on a regular [00:31:00] basis, next slide.

So. What can you or your clients do to, to sort of become, to bring advocacy into their recovery or to, to take care of issues. And, and the question that was asked earlier, you know, um, organize recovery community event. It can be 10 people, but you know, that's not the fellowship of your specific recovery, but is, um, uh, you know, recovery bowling night or, um, uh, especially when they're, you don't have recovery community organization, which most parts of rural.

Um, certainly rural Oregon don't have, um, there's not a lot of recovery housing, right? There's just, um, there's not a place for someone to go on a regular basis to meet other people in recovery, aside from maybe that one or two meetings a week that that is available. So do an event, and the beauty of events

you can invite policymakers. So your local city council person, or your local local county commissioner, and they can see people [00:32:00] in being successful in recovery because too often, they're being asked to deal with the downside of the addiction crisis and what they need to see is the, the upside of the addiction crisis, people in recovery.

Um, and it's a, it's a way to, um, To build community. And from that community, you build strength. Um, and then, you know, it doesn't have to be, we need a statewide organization to address all of their recovery communities needs, it may be in your town you need a recovery house and you need the city to help make that happen.

Um, and it doesn't take much to figure that out. So recruit a friend or two in recovery, and then is it, you know, call one city council member, um, or go online and make an appointment with them, which can be a little daunting, but honestly, they're there to talk to you. And they want to talk to you. Um, and you just go in and tell your story and say, and here's how my story would have ended better or, or, uh, been better if I'd had

a house to live in for six months in transition from treatment, 28 day treatment to, um, [00:33:00] being out on my own. Um, um, and or then take that, that process and, um, uh, uh, write a letter to the editor. Um, Uh, or even call the editor of a newspaper and ask them to do an editorial about it. Um, and you don't have to be professional.

You don't have to have all the answers. You, you don't even have to have the, to know how funding happens. You just need to take the moral capital you have as a person in recovery, or a friend and family of a person in recovery or someone who's working in the field and say, Hey, we need these resources.

Can you help us make that happen? Or you don't even necessarily need to identify a need other than to talk about all the needs. So every, every public policy bodies, so city council, county commission, state, legislature, they have public comment at the end of meetings. Um, and they're a little crazy sometimes, but sign up, do two minutes. Say, Hey, [00:34:00] I'm an active member of the recovery community, or I'm in recovery 14 years

and you need to know that the addiction crisis is getting worse here. Or you need to know that this county over here has three recovery houses. We don't have any, hence, um, we're having a much harder time, uh, addressing the crisis here. Um, just, uh, or do a letter to the editor again. Uh, find whatever opportunity there is to tell your need.

You don't need to be in a big city. You don't need to have a statewide organization backing you up or a national organization backing you up. You just need to know that you are powerful, that your story of recovery or your story of addiction even, but your story of recovery is powerful. It gives you credentials and therefore it gives you the permission you need in your own head to go and say, this community needs to do better.

Um, I am putting you on notice that it needs to do better and here are my suggestions for how we can do better. Figure it out. It's not your job to figure out how to pay for things. It's [00:35:00] your job though, to raise your voice

and let your policymakers know where they're lacking. Next slide. Oh, so this is just, um, we're doing the, uh, the, uh, Recovery Community Summit, June 3rd through 5th

here in Portland, Oregon.

Um, because of COVID, we're doing it in Portland. Normally we do it in Eugene or Medford, but, um, it just makes more sense this year as we're coming out of COVID. And if you're in surrounding states, I urge you to come. It's a fun weekend. You can then think about going back and replicating it in your own state or your you're going to learn a whole hell of a lot, and you're going to meet some really cool people.

Um, and it's, uh, the reviews we get on it are terrific or better yet. Just go ahead and organize your own. Um, and with that, I think, um, uh, I'm, I'm done with my pontificating, but I'd love to take some more questions and engage folks in some conversation,

[00:35:57] **Janice Fulkerson:** Mike, we do have a couple of questions. Um, the first [00:36:00] one is in Oregon.

How has measure one 10 impacted the recovery community?

[00:36:06] **Mike Marshall:** Uh, it's a great question. So measure one 10, for those who don't know is the decriminalization measure that was passed in 2020, uh, November, 2020. And what it did was it decriminalized possession of small amounts of drugs to, um, uh, below misdemeanor.

So, uh, some benign form of violation. Um, and then, uh, you got a hundred dollar ticket if, uh, and you. Uh, the way it was designed was you would then call a number or go someplace and they would give you a health assessment and, um, uh, refer you to treatment if necessary, uh, or you can pay a hundred dollars.

Um, uh, and then it also then took cannabis tax revenue because we legalized cannabis in 2014, um, and shifted it into recovery support services, harm reduction services, housing, and things like that to the tune about [00:37:00] \$300 million per biennium. So \$150 million dollars a year, huge infusion. Um, unfortunately it was poorly written, not written by people in recovery.

I want to point out written by the Drug Policy Alliance in New York and their political consultants here. Um, uh, and so it's, uh, it, it's kind of problematic in that it decriminalized right away, but the investment still have not been made on in the alternative. Under the old, uh, uh, system, you got a misdemeanor, you went to a judge, the judge had resources to send you to treatment.

Um, and then you could go back to court and get that misdemeanor wiped away, but it still meant you had to engage in the criminal justice system, which for young people and people of color is really a terrible thing because it follows you through the rest of your life. Um, but unfortunately where we're at right now is the decriminalization measure is in place during COVID.

Um, and we have yet to distribute any meaningful, uh, money and, um, uh they're they were suppose to distribute [00:38:00] \$270 million to 408 organizations around the state, uh, last month, uh, then it was supposed to be, uh, in a couple of weeks. And now we learned yesterday that it's not going to be until the end of the year, which is tragic.

Um, and so where Oregon Recovers is in a position as a statewide advocacy organization. I was on the phone until eight o'clock last night with legislators, trying to figure out how to get the Oregon Health Authority to do the right thing, uh, because people are dying. If this is not a matter of MOU's and contracts,

it's a matter of getting life saving resources to people while we're in the midst of the worst addiction crisis, I would argue probably if anywhere in the state.

[00:38:41] **Janice Fulkerson:** Thank you, Mike. Um, the, um, there are, there's a question about how nonprofit organizations can manage and look at advocacy and lobbying differently. Um, do you have some thoughts about that?

[00:38:59] **Mike Marshall:** I [00:39:00] do. And I think. Most states have a non-profit association. I'd urge you to go to the website to look at that because they will, they will deal with it more eloquently than I will.

Um, first off as a 501 C3 nonprofit, you can engage in 20% direct lobbying so you can spend 20% of your budget um, on, um, direct lobbying. But most advocacy is not lobbying. Most advocacy is education. So, uh, uh, when I go in front of the legislature, unless I say, please support SB 20 22. Um, if I'm simply

there presenting information about, um, the addiction crisis and what we believe the solution should be, then

uh, that's, that's just education work and that, um, that does not put you anywhere near violate violating your, your tax status. So I know that there is often concerns. There's concern with funders relative to lobbying and advocacy. Um, [00:40:00] but I think if you're not talking about a specific piece of legislation, it's never lobbying.

It's truly just advocacy work. And as the recovery community, that's telling our story and telling, uh, policymakers about how the decisions they're making are impacting our story and the stories of other people, either suffering in active addiction or from recovery. So, um, uh, but I will, and then another trick here is you can always create a 5 0 1 C4 , which is a political action committee that allows you to do direct lobbying.

Um, for most of Oregon Recovers existence, we actually were a fiscally sponsored project by, um, actually two different organizations we switched halfway through and they had much larger budgets. So. Even if we'd spent a hundred percent of our time on direct lobbying, which of course we don't do. Um, we never had to really track our lobbying because we, we were under their 5 0 1 C3 designation.

And so [00:41:00] they might be a \$2 million organization. We're a \$400,000 organization and we're spending less than uh, 20% of our time on direct lobbying. So we were never even close to violating the, um, the C3 cap. So, um, uh, the short answer is recognize that most of what you do is education within an advocacy movement.

And if it's direct lobbying, you do have the ability to do upwards of 20%. The, the caveat to that is you may have some funders who say absolutely not under any circumstances.

[00:41:32] **Janice Fulkerson:** Thank you, Mike, for that there are grants and some funders who want to provide subject matter expertise and, um, you know, funding to support services, but the grant may disallow direct lobbying.

Um, so making sure people understand what their limitations are. Um, next question in the chat, what barriers or challenges have you encountered outreaching to rural areas to create recovery coalitions compared to urban areas?

And the [00:42:00] followup to that is how have you navigated those challenges?

[00:42:04] **Mike Marshall:** Sure. So it's a great question.

I don't have a good, a good solution. Part of the challenge for us is the absence of actual organizations. Um, that's that we generally are a coalition of organizations and then individuals participate in our, um, events. Um, uh, but w, prior to COVID, we often would go on the road to different communities and just call sort of town hall meetings and, um, uh, you know, go to Pendleton or, uh, we'd go out to the coast of Oregon.

Um, and we'd have a meeting with five people. We, you know, send emails to 30 people, do some phone calls, and it would really just be about talking about what we do. So. Um, they can be in our database. We can activate them relative to, uh, contacting their legislator or signing a letter or, uh, recognizing there's these resources available.

Um, but [00:43:00] it is without a doubt, a challenge, because then the other issue is the reason there are limited resources is there's limited populations that those, uh, those organizations serve. Um, We did partner with, uh, the Greater Oregon Behavioral Health, um, Inc. GOBI. Uh, and we did some focus groups a year ago, year and a half ago, I guess, which really sort of informed our view of what we need to do post COVID in our rural organizing.

I'm an old fashioned community organizer. Um, zoom is great. Think about how it's just been able to allow us all to participate in stuff we couldn't previously do, but there's nothing more important than showing up for people. And, um, it's our goal over the summer is to reignite, reignite our sort of road road shows and include more of, um, uh, rural Oregon in that talking about what we want to do, what we have coming up in the 2023 and 2024 years relative to policy changes and just, um, [00:44:00] showing the recovery flag in communities that may not have seen it before.

[00:44:06] **Janice Fulkerson:** Thank you, Mike. Um, there is an observation, uh, uh, in the Q and A that, um, oftentimes it takes uh, a little bit of action and then to start a movement, you know, uh, the, uh, small group then becomes a larger group, becomes a larger group. Um, and in rural communities, we know how, um, powerful, uh, communicating and showing up can be.

Um, question. Um, do you have, uh, an observation of what has been your most successful efforts, um, in community organizing and providing education?

[00:44:43] **Mike Marshall:** Oh, you're going to make me pick and choose among all this, uh, the Walks for Recovery. Like I said, I still get choked up, uh, and cry about it. But when you're there, the energy is amazing.

You see people in t-shirts that sort of met at meetings and they got grandma with them and kids. And you know, the [00:45:00] last time we did it in person, the attorney general of Oregon showed up with two of her staff who came out to her about being in recovery the week before. And so she said, we're going to the Oregon Recovers Walk for Recovery together.

I mean, that's just powerful, amazing stuff. But I will say that also when we do Advocacy Day and you know, everyone's in t-shirts and we, we actually brought in the last Advocacy Day, uh, before the pandemic, when we could be in the State Capitol, um, we have 30 Senate districts and we had people in recovery or recovery community members from 29 of those.

And, uh, and so we're over 300 people walking through the halls with t-shirts on and I get the Speaker of the House, texted me and said, you guys are, are just killing it today. Congratulations. That's that's community that, but that's power. When the speaker takes a time out of their day to acknowledge the, the OUR community.

That just you can't, you know, [00:46:00] the alcohol industry doesn't have that kind of response that, uh, uh, plenty of other communities don't either. And so, um, uh, I would say that those two things are, um, uh, really the way we've been able to get people to, uh, be of service to the community by advocating and telling their stories sometimes in a scary way to a legislator, um, is really powerful.

But then doing the Walks for Recovery is just really awesome as well.

[00:46:32] **Janice Fulkerson:** Thank you, Mike. Um, final question that I have in the chat right now is what questions should we be asking that we haven't asked?

[00:46:44] **Mike Marshall:** Uh, that's a great question. I feel like I pontificated an awful lot. Uh, you know, understanding civics is kind of important here, like,

um, uh, understanding where decisions are made. Uh, you know, [00:47:00] sometimes people will call their federal Congressman or woman about a state issue or call their state legislator about a county issue and

there is nothing worse than getting three people to go talk to someone about something they have no control over. Right. Um, so you want to make sure that you, you understand the decision where the power, where the decision-making power lies and, and target your ask there. Um, so, you know, uh, all of us should understand civics a lot better than we do.

And so I would suggest, uh, a bit of a civics lesson, uh, for yourself. And then, um,

yeah, I don't, I, I should have a better answer to that question. Um, I think also coming back to where I started, which is when you start this work, if you want to sort of begin to advocate, or even if you don't [00:48:00] want to, but you just recognize it has to happen, make sure that you, your support system is right behind you because

uh, there's nothing worse than getting too far ahead. And then, um, you know, we're all navigating our own recovery while being advocates and leaders. And so you don't want those two things to collide in a meaningful way. So thinking about, um, that, um, I don't want to even suggest that's an obstacle, it's just, um, a good thing to, to manage in advance.

Um, and then, uh, I guess the other thing we didn't really talk about is, uh, who else is doing this kind of work and how do you sort of tap into that? Um, and some of the larger treatment providers might have a policy person, um, and, uh, or some of the economic justice or racial justice folks recognize how addiction is really, um, uh, without addressing addiction,

they can't, um, address the issues [00:49:00] that they have, um, uh, identified as their concerns. Um, and then there's, you know, the other, the thing that I've had the hardest time with, I suppose, is the healthcare and medical profession and how to engage them in a meaningful way where they're not dominating the conversation.

And they're, they're, they're viewing this all through the lens of recovery because addiction doctors and emergency room nurses and first responders.

They have a, they also have moral capital and we need to do a better job of bringing them into it.

[00:49:36] **Janice Fulkerson:** Thank you, Mike, a very powerful content and opportunities for everyone who has participated today to, uh, join, um, advocacy and start a movement in their community. Thank you.

[00:49:52] **Mike Marshall:** Thank you

[00:49:53] **Janice Fulkerson:** Um, a couple of final reminders, um, this, uh, PowerPoint, uh, will, and the slides will be [00:50:00] available next week on our website at FletcherGroup.org.

Um, Mike has an, uh, Oregon Recovers has an upcoming summit. We put that information in the chat. Um, also Fletcher Group has a summit coming up as well. Building Rural Recovery Ecosystem Summit also in June in Memphis. Um, and this, uh, the webinar next month, will feature University of Rochester. Um, The Fletcher Group is one of three Rural Centers of Excellence.

That's focused on substance use disorder and, um, the recovery ecosystem. And we'll be hearing from, uh, one of our fellow RCOEs, uh, in May. Um, so thank you, Mike. And thanks everyone for participating today.

[00:50:45] **Mike Marshall:** Thank you.

[00:50:51] **Michelle Day:** This concludes our webinar session. Thank you so much for joining us today. Also, please tune in on the first Thursday of each month from 2:00 PM to [00:51:00] 3:00 PM Eastern Standard Time, when we will be hosting subject matter experts from across the nation to bring you valuable tools and resources for rural recovery house operators and SUD professionals.

If you would like information on technical assistance, you can go to our website. Again, www.fletchergroup.org, which I have also copied in the chat, and submit a technical assistance request. Lastly, please take a moment to respond to the survey questions once they become available on your screen. Your feedback is very important and greatly appreciated.

Thank you and have a blessed day.