



FGI September Webinar Transcript
Recovery Allies – Alison Webb
September 7, 2023

Michelle Day: [00:00:00] [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 p. m. to 3 p. m. Eastern Standard Time. My name is Michelle Day, and I am your moderator for the session, along with Janice Fulkerson 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. Use the dropdown feature to communicate with either the panelists 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 on our website once it has been transcribed, you can access our website at www.fletchergroup.org. [00:02:00] Also, at the conclusion of today's session, there will be a short survey regarding the webinar content. Your participation in that survey is greatly appreciated and will only take a few moments to complete.

Today's presenter is Alison Webb with the Uhuru Foundation. Alison Webb is a Recovery Ally, Advocate, and Public Health Specialist. Alison worked in Maine for over 20 years in community outreach, grassroots organizing, overdose prevention, and community-based recovery supports alongside health care and treatment providers, municipal leaders, law enforcement officers, legislators, and community members.

She holds a Master's in public health and is a trained recovery coach and recovery ambassador. She was a founding member of Maine's first chapter of Young People in Recovery and served on the steering committee to develop the University of Southern Maine's Collegiate Recovery Program. She is the past president of the Maine Association of Recovery Residences.

and is currently working with the Uhuru Foundation to open a men's [00:03:00] recovery re entry residence in Charlottesville, Virginia. She is also a member of the Virginia Advocacy Project. Alison is the author of *Recovery Allies: How to Support Addiction Recovery and Build Recovery Friendly Communities*, which combines stories of recovery, current research, examples, and concrete steps of how professionals and lay people can support recovery in their communities. Alison, the floor is yours.

Alison Webb: Well, thank you so much. It's my pleasure to be here, uh, doing a webinar for the Fletcher Group. Um, the Fletcher Group, uh, is a, a resource that I use frequently, especially in my work with recovery residences. And so I'm thrilled to be a part of, uh, part of the webinar series. Um, many of you on the call know a lot about recovery already. Uh, and so some of the, uh, information that I'm going to go over will be a review for you. Um, but the point for you is, uh, to use this information to engage allies. And so what I'm going to be [00:04:00] talking about is what maybe you already know, but what allies definitely need to know so that they can, uh, they can amplify the work that we're doing in the recovery community.

And I'll also be talking, um, about recovery allies in the community. Not so much about our usual suspects of, uh, people in the treatment world, even healthcare providers, uh, people in social work, but really beyond that, um, in the broader community and, um. After the webinar, or even during the webinar, I would love to hear your comments. I'd love to engage with you. My email is going to be in the chat. So please feel free to reach out to me. Next slide. So, recovery is probable with proper supports. Just ask the 23 million plus people in recovery in the U. S. many of, you know, this, you You've probably seen this, uh, Recovery is Probable with Proper Support statement.

You've probably seen the 23 plus million people. But the thing is that our allies in the [00:05:00] community don't know that. And so the key, um, the key pieces in this particular statement, if you ever use it to convey, is first of all, most people with a substance use disorder get better. Most people. And with proper supports. A lot of, uh, allies don't completely understand that there's actually a lot of evidence around what people need to get better, and that's what we'll talk about today, those proper supports. And then the 23 plus million people and their families, um, is just a huge amount of pe, huge number of people in the community.

And that really tells allies that this isn't just a, a niche problem. It's, it's an issue for all of us. Uh, and it also tells them, "Wow, there's probably people in recovery around me that I don't even know about." Next slide. So, I'm going to go over very briefly who is a recovery ally, talk a little bit about the recovery ecosystem, why allies are important [00:06:00] there. And then I'll spend a fair amount of time talking about recovery capital. Again, something that you may already know, but this is really how we're going to talk to allies about what they can do to support the recovery community. And then I'll have some specific examples about engaging recovery allies.

Next slide. So, there is no real definition of ally in the literature, uh, in research, and, um, if there are researchers on the line, I would just put in a plug. This is an area that's ripe for, uh, for research. What is an ally? What do they do? When are they most effective? Uh, that would be a great research topic.

So, Tom Bannard is a coordinator at Rams in Recovery at Virginia Commonwealth University. He is a person in recovery himself, and he works a lot with allies in that university setting. And he says "being an ally is about being continually willing to grow and to learn about people's experiences. Allyship is really [00:07:00] personalized and individualized." Now, this doesn't really tell you much about what an ally is going to do, but it tells you about the qualities of an individual who could be an ally. They're interested, they're curious, they're, uh, able to engage in self reflection, they're able to listen, uh, they're part of the community, uh, in their own way.

And so, uh, when you think about who might be a good ally, this is a good way to, to think about it. Next slide. And Tom does a recovery ally training, which I can highly recommend. It's a little bit long. I think it's an hour and a half, but if you, now in 15 minutes anyway, if you have an opportunity to engage allies, Particularly people who don't know a whole lot about substance use, this is a great way to get them started. It's very friendly. It's targeted



mostly to people who are allies in the university, but it hits all the points of educating [00:08:00] allies, talking about introspection, talking about recovery, talking about how people get better. And so I can highly recommend that. Next slide. So here's the definition of ally that I use because this is really more focused on what people do in the community.

So Tom's talking about the qualities of an individual and I'm talking about what they do in the community. So "a recovery ally is someone who uses their resources and connections to support people in recovery. And the recovery community." And oftentimes when I say this, somebody will shout out. Yep. And allies very often have connections to power. So we are as allies. We are people who have skills. We have talents. We have connections. We have resources and we use them to support the recovery community. Next slide. So, um, unlike with recovery allies, there are a lot of definitions of the recovery ecosystem. And, um, I would [00:09:00] encourage you, if you're really curious, I've got some, uh, sources at the end of the, the, um, the presentation on a slide that's got, uh, citations.

This, um, particular, uh, recovery ecosystem, uh, map. Uh, and index was developed by the Fletcher Group, and it is a place where you can go to find out what is in your counties by county, um, about, uh, about recovery, um, supports in your community. And so, in that context, the recovery ecosystem, this is what's mapped on here. The recovery ecosystem is peers and social support, education opportunities, training, employment, transportation, recreation, child care, housing, access to health care, including mental health services. Those are all the things that people in recovery need to get better. And this is 1 place where you can go to get some information about what's going on in your county.

Next slide. So, for me, I think about the recovery [00:10:00] ecosystem a little bit differently. So, like all definitions of recovery ecosystem, the person in recovery is at the center. And for me, instead of then looking at the services that need to be in place in a community to really foster a solid recovery environment. I focus on the relationships that a person has. The closest and then kind of going on out to those that are perhaps a little bit further away from the person in recovery. And so directly connected to the person in recovery, obviously family members. So parents, children, siblings, spouses, partners, and close friends. And those are the people that have perhaps the most ability to make interpersonal connections as a person, as allies, as a person is on their journey to recovery. And then the next concentric circle out would be grandparents, extended family, friends and social [00:11:00] network, coworkers, neighbors, faith community.

And of course, there are other people in this, this next concentric circle, but I think you get the idea. Further out are people that definitely have an impact on a person's life in recovery, but they may not have as close a personal relationship. So that's a landlord, an employer, a banker, counselors, health care providers, social service providers, teachers, professors, librarians, law enforcement, faith leaders, and harm reduction. So we're getting further out into the community where people live. Uh, and these folks uh, have such an important role to play as allies if they knew. And then further out, business owners, local decision makers, researchers, colleges, universities, recovery high schools, public housing, uh, and family courts.

And again, there are more things that you could add here, but you get the idea that these are services that a person may access, uh, but they're [00:12:00] kind of, for farther out from their direct personal experience. And furthest out from the individual, but perhaps, uh, having the greatest impact, uh, either on the individual on the, or on the recovery community are state and federal decision makers, public funders, and private foundations. So that's where policy change happens, which affects a larger number of people, but it's going to be farther away typically than the person in recovery. So if you think about this as that's the ecosystem around the person in recovery and, um. People who are, people who are allies can, you know, they may be parents, but they also may be a health care provider.

They may be part of the social network, but they may also be a policymaker. So, so they may occupy more than 1 place in the recovery ecosystem. Next slide. So. Why do we need to know this? We need to know this because when allies understand where they are in the ecosystem, when they [00:13:00] understand where their sphere of influence is, then they can engage other people in that ecosystem. They can engage people within their own concentric circle, parents engaging uh, children. But they can engage at the next, uh, concentric circle out. Parents engaging, uh, extended family members, which can be a really important, um, extension of support for a person in recovery. Healthcare providers engaging policy makers.

Healthcare providers have a lot of access, often, to, uh, decision makers at the policy level. That's a really important way to kind of amplify the work that we do, uh, to support recovery. Next slide. So, if you put it all together, this, it's, it's, this is sort of like the larger ecosystem. And if you really think about this, all of these people are interacting with each other and they're in your community. So, this is where people are, this is where they're acting. What we need to do is give them the tools to do what is known by [00:14:00] research to support people in recovery. Okay, next slide. So, once we know where we are in the ecosystem as allies. Then we need to know what to do to support people. What is the research tells us? And in my experience, the best way to do this is to talk about recovery capital. It's a concept that, um, people can understand, uh, and if they, if they don't know it right off the bat, uh, it's pretty easy to explain. Next slide. So, we're going to talk about recovery capital. And again, for those of you who already know about this, this will be a refresher course.

Um, but it's also if you think about it as a way to engage allies. Think about it from that point of view. So, recovery capital, the sum total of one's resources that can be brought to bear on the initiation and maintenance of substance misuse cessation. That's a big, a lot of words, but 1 of the things for me, that's really important here is so it's everything [00:15:00] about the person internal and external that they bring to their recovery.

And it's not just about initiating recovery. It's not just about living in a recovery residence for a month or two, and then they're off and gone. It's about maintaining their recovery. And so we know we need to provide supports in places in place for people up to 5 years into their recovery process. And so this is an important thing for allies to understand. It's not just a one and done. It's an ongoing process in the community. So there are three types of recovery capital; personal recovery capital, social recovery capital, and community recovery, recovery capital, which we'll talk about. Next slide.

So personal recovery capital are the things that are part of the individual. So basic needs that that person has, does that have, does that person have the clothing that they need either to stay warm or to stay safe, or to go to work? Do they have food? Do they have healthy food? Do they have safe housing?

Safe housing meaning [00:16:00] a place where they're not at risk for starting use again, as well as some other safety factors. And do they have transportation? Can they get around to do the things that they need to advance their recovery? Physical health care, mental health care, that has to do with not only access, like physical access, like getting to the doctor's office, but it has to do with the quality of health care that's provided. Do, are you going to a health care provider that understands recovery? Or not? Um, employment, clearly employment and education are 2 of the really important aspects of a personal recovery capital. And these are places where allies can just be so helpful. And then those, um, soft skills, maybe a little bit more soft skills, problem solving skills, financial management, interpersonal skills.

These are things that, um, again, allies just may not really think about as skills. And may not really think about as being able to contribute to a person's recovery if they're a part of that, helping them solve problems and figure things out. [00:17:00] Self esteem is something that one builds over time and as allies engage people in recovery and really support them, that's part of the process of a person gaining self esteem. And then wherever, wherever a person in recovery finds himself, whatever their belief system is, whatever their cultural identity is, wherever they go for meaning, how they find themselves in the universe, also a part of their personal recovery capital. Next slide. Social recovery capital is all about relationships.

So, relationship, and think about those concentric circles again. So, relationships with family and friends, peers in recovery, support from partners and spouses. And I will say that the evidence is really very clear that for an individual in recovery, support from a partner or a spouse is crucial. They play such an important role. And so, um, um, you know, I know a lot of treatment agencies will provide support to the family or to partners, but if a [00:18:00] person doesn't go to treatment, if they get better in a different way, their path doesn't include treatment, the spouse is still really important and still needs education and still needs support to understand what their role can be.

Um, social recovery capital also includes recovery related social events. So, you know, where people go to maybe rallies, but maybe softball games, whatever it is that we do that we interact with each other that's related to recovery. And then even bigger than that social recovery capital includes the broader community. And so, if you are part of a sober house, and you're part of a recovery community center. That's located in a community, but you don't really feel like you're part of the community. Uh, you know, you're missing something there. And that's where allies can really incorporate, uh, and build a sense of community that includes people in recovery.

Next slide. So, community recovery capital really is more about those services that we talked about earlier. So treatment, of course. [00:19:00] Recovery support services, housing, peer recovery centers, harm reduction, diversion programs, uh, working together with law



enforcement, um, any kind of organization that serves the community and in a way that improves life and gives meaning, uh, including faith organizations.

Attitudes that support recovery are part of recovery community capital. That means positive attitudes about people in recovery. It means using non stigmatizing language. It means being aware of the multiple pathways of recovery. And so, again, that's something we kind of miss sometimes is, uh, that is part of community recovery capital. Just trust. Trust in the community, people trusting each other. Um, people having something that they're working on together where they trust each other. Uh, and then advocacy. And, um, for me personally, advocacy is incredibly important. It isn't for everybody and that's fine, but it is a part of the broader community of, like, [00:20:00] when we support the recovery community, when we provide community recovery capital, we advocate on behalf of, uh, the community, the recovery community.

Next slide. And then something that's often missed when we talk about recovery capital. So those things that I talked about, we're all talking about building them, building them at the individual level, building them around the individual, building them amongst ourselves with all those community connections. But recovery capital also depreciates. And so that happens when, uh, so high risk times for recovery capital depreciation are also high risk times for return to use. And they're also high risk times for overdose. And so it's important, um, maybe not to beat it over the head with your allies as you're training them, but it's like, there are some particularly important times when we engage.

And one is when people leave incarceration. One is when people leave treatment. These are times when people have been [00:21:00] through a period of not using, uh, and so, uh, and they've been in a, you know, sort of a cloistered environment and now they're out in the community. Pretty high risk times. Similar stressful, stressful situations. You can think of losing a job or not being able to get a job. And then relationship problems. Problems with a part a, a spouse or partner. Uh, and just a general lack of social support. When people feel alone and isolated, their recovery capital tends to kind of evaporate. Next slide. So we talk about recovery capital.

Every community has an abundance of recovery capital. It just has to be harnessed. And I know there are people on this, on the call who are thinking, oh, she hasn't been to my community yet. We have nothing in my community. Because a lot of rural areas really are. Um, they may think of themselves as being recovery deserts. But I really want to push against that notion because every community has [00:22:00] connection in some sense, some kind of connection. Every community has the ability to work on something together.

Every community has the ability to change the way they think about recovery or think about addiction and recovery. You may not have treatment resources, and they may not have, um, the level of health care that they want, but they've got so many other things that they could surround a person in recovery with.

Next slide. So, this is probably my favorite slide of the day. How do people get better? They change their social networks and they engage in meaningful activities. So this is Dr. David

Best. Uh, if you don't know about him, and you really want to dig into research, he is one of the, um, leading researchers in recovery these days and, um, he's done a lot of work, both on people in recovery from substance use disorder and also people who are reentering after a period of incarceration. And he, so what he's captured in this statement is, [00:23:00] is based on years of research, mounds of papers and articles and so forth, and he's distilled this into something that we can really use to, to communicate with allies.

How do people get better? How do they enter and sustain recovery? They, they change their social networks. And they engage in meaningful activities. That's pretty straightforward. And so if you go back to what I was saying before, every, uh, every community has an ability to engage people socially, and they have an ability to create and engage people in meaningful activities.

Next slide. So, let's get down to actions for allies. So, allies, you know, our job, our job, uh, as part of the recovery community is, as we're reaching out, we want more allies. You're probably saying, yeah, we really need allies. Like, we're doing all the work and we're like, we feel like we're overloaded right now with things that we need to do.

We need [00:24:00] help. These are the things that we need to do to engage allies, to bring them in and to lighten our loads. They need to understand their place in the recovery ecosystem, so we talked about, and where their own sphere of influence is. Now, everybody's different. Everybody's going to have a different set of friends or values or job, um, or political connections. But I think if we all think about it, we all kind of know, okay, I think I know what my sphere of influence is on this particular topic. They learn about addiction and recovery. Uh, we need to be careful. We need to be, um, aware of the importance of educating and re-educating and re-educating, uh, because the field is changing and, uh, people don't know.

People outside of the recovery community don't know. They don't read about it. All they see in the newspapers are really negative headlines. And so it's our job to, uh, to educate both about addiction and about recovery. [00:25:00] Allies then fight discrimination, prejudice, and stigma, and I'll talk more about that in a second. And they know about the resources in their area, and they know about online resources. So more and more, I'm sure you're aware, there are so many online resources, and sometimes it's easy to go astray by getting the wrong, getting onto the wrong website. And so we can help direct them in that way. Next slide.

That's how, you know, what do allies need to do? How we engage them is we learn and understand what their sphere of influence is so that we can reach out to them and we can ask. We can ask. So I've served on a couple of, um, boards of recovery, support, uh, services, agencies, and I, it was because I was asked. If I hadn't been asked. I wouldn't have done it. So we really do need to understand who's out there, where is their sphere of influence, and then ask. At the same time, we [00:26:00] educate them about addiction and recovery. That's our job. And so I can't tell you how much I have learned from individuals in recovery who tell their story.

Or who just, you know, in offhanded conversations may mention something to me that just sticks about what their own addiction was like or what their own recovery is like. Uh, you know, you can make articles available, send them a website, send them a link, but it's our job to educate. And then, as we're thinking about fighting discrimination, prejudice and stigma, we walk with them side by side. It's our job, and it's their job to understand our own attitudes and go together to change attitudes in the community. And then, as I said earlier, we educate them about community and online resources. Next slide. So, let's talk about the sphere of influence and what, um, what folks can do within those different spheres of influence.

So, I'm thinking about the 1st little concentric [00:27:00] circle there, which is family and friends. Family and friends are the bedrock of positive regard, and we need to encourage and engage them and let them know how important they are in the healing of the person that they love. So things that they can do and we can do with them.

Okay, change the conversation in your family, and beyond, in your family, in your extended family, at the neighborhood barbecue, change the conversation. And one way that people in recovery have definitely helped me in that regard is just get just like, tell me, like, what was it like? You know, what did your mom do that was especially helpful? Uh, what did who who else in your family was helpful? What happened with friends? Like some friends just vanish, you know, when you decide you're entering recovery. But what did other friends do that were supportive? And you can share that because in that way, you're, um, you're giving them ideas for things that they can do as well.

Using the word hope is like so [00:28:00] important. Uh, you know, it can be really discouraging to be a family member. And so, uh, sharing messages of hope and just like creating that space for like, yeah. There is hope, and family members are really a part of that, um, hope. Family members can be really, really good at increasing networks.

Remember, we go back to David Best, uh, networks of people not using substances. And so, it depends on the family, of course, uh, and it depends on the friend group, of course. And, you know, things will need to change when an individual enters recovery. But if they're, if they're up to the task, or if it's appropriate to them, they can really change who an individual in recovery hangs out with. They can help find resources, including online. I, you know, of course, many people, uh, whose mother, uh, found them an apartment, or whose father or brother or sister. Helped figure out how to find a job. Helped figure [00:29:00] out how to get some job training. Helped, uh, helped with finding, you know, clothing when they needed clothing.

And so family members are pretty important in this regard. The research, I think I mentioned earlier, the research is so clear on the importance of spouses and partners, and as allies, you know, they're so close to the issue, uh, and there are so many challenges. We can support them, as I said, not just in the initiation of recovery, but in the maintenance of it. The research is also pretty clear about, um, parents living with their children again, if it's safe. But parents in recovery living with their children. Children are such a motivation and. You know, in situations where, you know, if you work for Child Protective Services, you've got a job in



front of you to make sure the people who are in recovery get their kids back. And, and that you are an advocate for that.

And we can be an advocate for that in, um, Child Protective Services [00:30:00] situations, or maybe not in the situation where children have been removed from the family, but where they're not a part of the individual in recovery just yet, we can help with that. And then family members can also look at that whole ecosystem and figure out where there might be some meaningful opportunities for an individual in recovery. That includes, uh, testifying in front of the legislature. So that, you know, you're hopping from the, the, uh, concentric circle of family members all the way out to policymakers. But that's an, that's a place where. Uh, you have an opportunity to make and have influence, um, and that's something that family members can encourage and support.

Next slide. So, I often get asked, um, you know, how can we help families? And I will put this up here. Of course, there are many resources for families, but for families in particular who don't go through the treatment system, uh, this is a really good resource. Uh, SAMHSA promotes it. It's evidence based, um, and I'm not going to say anything more [00:31:00] about it, but. But as something where families say, help, this is something, uh, among many other things to, to provide to them. Next slide. So now, you know, when you're engaging allies, uh, we talked about, you know, so remember Tom's definition of a person who's willing to change and grow and learn. Well, it's really important for allies to kind of look at their own strengths. What do they do? What do they do well? Uh, where their, where their professional, um, where their professional strengths, what do they get paid to do? What do they care about? And to just kind of think about their own situation in the recovery ecosystem, and you can, you can noodle around that with them as well.

So if you're, if you might, you maybe need a fundraiser. Everybody needs a fundraiser in their organization. And maybe [00:32:00] you don't get to the fundraiser when you're looking for them and allies, but you might find somebody who's got some other strengths and abilities and interests that you wouldn't know about if you didn't ask. And I want to just say the other thing that we all need to ask ourselves and allies as well is, where is the evidence? So, um, I really don't want to do anything that isn't going to work. Obviously, things can go wrong, but I don't want to do anything where there's not evidence that this is something that has been shown to be effective.

And so the best place I know for just about anything that has to do with recovery has Is the Recovery Research Institute. The website is right there and, um, I can't encourage you enough. It's a super, it's a comprehensive website, but it's super easy to search, put in your search term and it will have, why is this important to families? Why is this important to policymakers? Why is this important to clinicians? And so whoever you are, uh, as a family member or what have [00:33:00] you, it's a great place to go. Okay, next, next slide. So now I'm going to talk about some specific experiences that I've had and other people that I know have had as allies.

And so I think I mentioned earlier, you know, I served on a board, I served on the Maine Association of Recovery Residences board. I was president for a year and a half and I would

not have done that if I hadn't been asked. And the reason that that was a good fit for me is because I had a lot of background in nonprofit management and in grassroots organizing. Not so much on the recovery side, but that, that skill of nonprofit management was right there. And, um, what I didn't have, uh, was personnel management or HR management. We recruited an individual who, um, now identifies as an ally. Somebody we knew, we talked to her, we reached out. She is an HR manager for a large firm, a large healthcare [00:34:00] provider, and she knew exactly what it was we needed to do as we were, we were growing the organization and we had more and more staff and there were issues coming up and we needed to address them.

And we reached out to her. So we identified, Oh, our need is HR. Who can do that? And it wasn't someone who was in recovery. It wasn't someone in the recovery community, but it was someone that we knew that we identified, that we talked to, uh, to reach out to. Same thing would happen with fundraising. Um, so our organization did a um, it's done a number of fundraising campaigns like we all do, um, and we did a, um, a Reel Recovery Film Festival and the fundraising involved, of course, reaching out to treatment agencies and health care providers that were part of that circle of usual suspects, but then beyond and again, you know, forming relationships.

Going out and having conversations, having coffee with people, telling our stories, [00:35:00] uh, taking that, taking time, taking time to build relationships, uh, so that we were successful in, in, um, a large community fundraiser. And communication. So, you know, I think because we're all on the Internet all the time, and we're always doing email, and we're always formulating messages, we think we know about communications, but in fact, it's a specialized area. It's a specialized skill. And, um, being able to work with a person who knows about communications is such a game changer, uh, in my experience. And again, this is all about building relationships. Um, this is about not stopping building those relationships just because you have somebody who's willing to do your newsletter doesn't mean that you've got the whole package yet.

And just kind of continuing to go back, talking about recovery, telling good stories. Um, and bringing them in, bring them to your meetings, uh, is very important. Next [00:36:00] slide. So another thing that we can do, uh, is to, um, identify allies who could be recovery champions. And so recovery champion means a whole lot of different things, but it means a person who's willing to use their voice in the community to be a promoter of recovery to be a cheerleader for recovery. And so, um, a lot of times, uh, you know, we can get recovery champions. They'll show up at a recovery event. They know people they're starting to network. They get to know the recovery community. They'll write a letter to the editor on our issue.

They're willing to put their name out there that people know them. Um, and those champions can reach out to others, you know, because often they're, they're, they may be prominent individuals in the community, but they're certainly recognized individuals in the community. And so, uh, they can reach out more easily, perhaps sometimes than we can to, to, um, recruit [00:37:00] other allies. So they could be athletic coaches. Uh, you know, who doesn't know the basketball coach at their local high school. Uh, restaurant owners. There's one restaurant

owner that I'm thinking of in particular, who, um, it's got a small, uh, small restaurant in a small town. He cares a lot about his employees. He cares a lot about his employees.

And that's sort of how things started for him in terms of being a champion because he, he cared about him. He didn't realize recovery was a thing. He didn't realize they were in recovery when he started to understand their need for more time off or their need, uh, you know, for, um, connection with fellow employees, uh, when he just started listening to what they had to say, he became a recovery champion.

Um, law enforcement, you know, not always the place where people in recovery want to go to seek allies. However, um, because law enforcement has been involved for such a long time on the drug issue, the [00:38:00] illegal drug issue, um, they know a lot, they often need to learn a lot, but they also have seen a lot, and they, um, they really are interested, many of them, in making a difference in their communities, uh, and they can be a very helpful in developing diversion programs, very helpful in, uh, setting up, um, you know, programs for people so that they, in addition to diversion, there's a safe place for them to go instead of being arrested. If they're having a mental health crisis, they can be engaged in, um. And having, you know, mental health providers do in the car in the evenings for ride arounds, but they can also educate the community. People look up to law enforcement. And so they can be good spokespeople in the community. And the same for pastors and faith leaders.

So, um. You know, everyone has a different, uh, different understanding of their place in the universe. Um, and [00:39:00] oftentimes pastors and faith leaders are looked up to as, um, as people who can help us navigate and understand that better. And when they speak up about recovery, there are a lot of people who listen. And so, um, there are lots of different ways that that can play out in the church, which is, um, I'm going to say church, but really broader more broadly faith community. Um, so, uh, the pastor can, uh, learn about people in the community, in the congregation who may people may be in recovery and not want to talk about it.

That's okay. Talking generally about recovery, talking generally about wellness, talking generally about the role that faith plays in all of our lives, including the lives of people in recovery, may create a safe space for people in recovery to share their own stories. Um, faith leaders can also, you know, in faith communities are often committees, uh, committee for homelessness, committee for [00:40:00] outreach, committee for, uh, community or, um

education on those, on those committees, I've definitely seen committees take on the task of doing community engagement and community education around addiction. Uh, and I've also seen, um, you know, faith communities get involved in with a, with a particular organization. Maybe it's a recovery community center, maybe it's a recovery residence, but get involved to find out what that organization needs. Do they need transportation? Do they need connection? Do they need, uh, food? What do they need? Um, so those are some ways that people in those roles, in those places can be recovery champions in their role in the community.

Next slide. Uh, I think I mentioned, I'm like a really happy, really, I'm a real keen advocate. I love advocacy. Uh, and so. Allies can become recovery advocates because they have different

connections in the community often than people [00:41:00] in recovery. They can connect across those concentric circles in the recovery ecosystem to where decisions are being made. And so I'm going to just mention a couple of them. Allies have definitely been engaged in changing naloxone laws. Those laws were changed state by state. Uh, little incremental changes in the law by little incremental changes in the law over the last 10 or 12 years. And all of that change involved educating legislators about their role in making and keeping people safe.

And so all of those, not all many, most of those legislators are allies. There are people who needed to learn who gained some knowledge who gained a passion about it, many of them did, and helped create change. Local zoning and code enforcement. If you're in a recovery residence, if you're doing work around recovery in a residence, you know that local zoning can be [00:42:00] challenging, code enforcement can be challenging, planning committees can be challenging, just that whole local government can be challenging.

And so Finding an advocate who can help you navigate the zoning board, for example. And oftentimes, you know, there may be a lawyer. I was just told recently about a lawyer who created a, um, a decision or a position paper, really about the recovery residences. What, what are, how are they designated? How does that fit into local zoning? And what is the role of zoning and code enforcement officers in recovery residences? And then. That, um, that position gets taken to the people who are in decision making positions and. They're probably allies, and so, you know, educating them, sticking with them, helping them out, helping them make some change.

Changing drug sentencing laws, which is another way of talking about, um, the [00:43:00] drug war. And I know this is a big topic. It's a huge topic. It's a difficult topic. It's a very difficult topic for people outside of the recovery community. Um, and to be an advocate for changing drug sentencing laws is a big ask. Um, but if that's what you're, if that's where your passion is, um, you know, a lot of the allies in that space are, um, people who are interested in civil rights, uh, and healthcare providers. So, um, again, looking, looking in, looking at that ecosystem to find where your allies are. And then the last thing I'll mention here, which is pretty important, um, is the opioid litigation funding.

So the opioid settlement money is distributed differently, but different amounts and distributed differently in every state. And so you should know what your state is doing. You should know who's making the decisions and you should be reaching out to allies to help you figure out, how is this is going to go on. We got 18 years of [00:44:00] this, maybe 17 now. This is going to go on for a while. You should be reaching out. You should be learning about it. You should be both educating yourself about the opioid litigation funding, but then also educating your allies so that when they have an opportunity to weigh in about how it should be spent, they're educated about it. Next slide.

Um, creating a welcoming environment in your church, which, of course, we all think we do, but sometimes that isn't the case. And if you listen to people in recovery, sometimes there are spaces where they do not feel welcome. Um, and I'm not picking on churches. There are spaces everywhere where people in recovery don't feel welcome. It's our job to educate allies,

to help them. Most people are pretty well intentioned, to help them, um, make safe spaces. So going beyond making a safe space for meetings, um, to educating your faith community. This is something the faith community can do so much with for how we care for each other in the community.

How we talk about each other, how we support each [00:45:00] other that isn't just about recovery. It's about us as a community. And then, um, you know, recovery friendly churches. So I, I'm under, I understand that in Tennessee, there's a designation of recovery friendly church. I haven't dug into that issue yet, but I love that. Uh, you don't have to wait. You don't have to wait for the federal government to come down with some, you know, employer friendly program or, um, recovery friendly community designation. Do it yourself. Create that in your own community and in the communities that surround your community. Next slide. And here's another one, don't wait for that recovery friendly employer designation in your state.

A lot of states are working on it. A lot of good work being done. Also, everything is online so you can borrow from those states that are working on it. But you can do so many things in your, in your workplace already. So, I know a woman who's an ally who started a recovery resource group. And that was a place where anyone could go and get information. It was mostly [00:46:00] treatment information, information about meetings, um, educational opportunities, but it was a place in the workplace, uh, where there were other resource groups, and this was one of them that she added. You can do Lunch and Learns on any topic imaginable. Um, you can do supervisor trainings.

These are really important, um, from a recovery point of view. So supervisors who gain an understanding of the importance of empathy in a person's recovery may approach an employee differently or a family member differently if they understand, oh, so this is a better way for me to talk about this. This is a better way for me to approach a workplace situation. And resource fairs that are focused on recovery.

I've been involved in a lot of those. It's an opportunity for employers to share information partly with treatment agencies and other, um, uh, social service providers and individuals in recovery to come and find out what's available. [00:47:00] Next slide. Learn about addiction and recovery. I'm not going to spend too much time on this because it's kind of obvious, but I, the things that I do want to say, are for us in the recovery community and for allies, don't stop learning.

So there are so many more different pathways of recovery now than there were 20 years ago, maybe 30 years ago. There are so many different definitions of recovery. Ask a person in recovery what their definition is. That's great. You ask another person. It's a different, different definition. And so keeping that conversation going about the, uh, the vitality of recovery and the changing nature of pathways that are opening up. Um, and then understanding, okay, for allies to really understand different pathways, it really takes uh, individuals in recovery sharing one on one. It doesn't have to be that formal telling your story. It can just be, you know, [00:48:00] the best thing that happened to me was X, Y, Z,

and that was the part of my pathway that was the most important. Next slide. And here it is again, stay up to date the Recovery Research Institute, same website.

Um, so there is research now on recovery in a way that there was not. 10 or 15 years ago. And I think this is something that the recovery community sometimes, uh, isn't up to date on. You knew what happened 10 years ago when you got, uh, when you entered recovery and you kind of, your life got busy and you had your life and then you moved on. And the research continues and what we know is changing. And so communicating that to allies is pretty important. Next slide. So thinking about discrimination, prejudice, uh, and stigma. This is something where it probably doesn't seem, it may seem counterintuitive to like start with yourself, [00:49:00] but as individuals, Either in recovery or not, we need to think about our own attitudes about drug use, our own attitudes about alcohol use, our own experiences, our personal experiences, our family experiences.

Uh, we all bring that to our, our work, and we all bring that to the language that we use. And so we all bring that to the way we, we think the attitudes that we have about people who are either inebriated, or in recovery, or talking about their recovery, we bring those attitudes with us. And so thinking about that, acknowledging it to ourselves, doesn't have to be public. And then understanding what it is that we need to do to be more empathetic and accepting.

And for me, this is an ongoing process. I, I continue to learn new things. I continue to be challenged by people in recovery who will tell me something and I'll say, "Oh, I got to think about that one." And speak up, so we know that the language that we use is really important to the [00:50:00] way that people think the people around us think about individuals in recovery and people who are currently using drugs and alcohol. And it's our job to speak up. And so one suggestion that I had from someone recently was, give specific examples of what people can say. Prepare handouts, not the, not the language piece. There are a number of those things online, uh, you know, use person first language and so forth, but really more if you hear somebody using really stigmatizing language about recovery, uh, you know, that person is just a crackhead. Maybe say, and they'll never get better.

Right? Maybe say, you know, when you say that you make it really discouraging for people who are trying to get better. Is that what you meant? And could we talk about that? Just some very specific things that people can say, because I know for me, a lot of times I get caught off guard when I hear language and then I'm like, oh, I need to say something about that. But I'm not quite sure what to say. Next slide. [00:51:00] I'm going to go through these things really quickly because I want to make sure we have time for questions. Um, but when we think about resources in our area and online, go back to recovery capital. Those are the resources that people need in their recovery.

So they need clothing, food, housing, transportation, health care, mental health care, jobs, education, financial literacy, faith community, cultural events, and so forth. Those are resources. Usually with resources, we think about treatment. Okay, where's the nearest treatment facility, but that is not what it's about. It's about all of these other things. So there's personal recovery capital resources. Next slide. And then social recovery capital resources again, activities, networks, social engagement, any activity that fosters a sense of community.



That's a resource in your community. Next slide. And then community recovery capital resources. These are what we usually think [00:52:00] about when we think about knowing your resources.

Treatment, peer recovery centers, harm reduction services, diversion programs, and then, as we talked about earlier, attitudes and advocacy. Next slide. And then there are some online resources that I've found. I, you know, you know, better than I do what's available online, but I think making sure that allies know that there's a range of resources online so that the range of resources matches both recovery capital needs. It matches pathways of recovery needs. It matches who you are in that recovery, uh, ecosystem. If you're a family member, or if you're a health care provider to kind of think about those categories of who you are before you go looking for resources online. Next slide. Okay, so let's get to work.

I'm very happy to hear some questions. I hope that I have given you some things to think about and, um, found some ways to [00:53:00] engage allies. Because those allies, you know, they have the ability to amplify what goes on in the recovery community in such a way. And we need them. We need them. And if you hop, to go to the last slide, please. Those are some references. Here's my contact information. And so I'm sincere when I say I would love to be in touch with, with you about your successes, your challenges, what's happening. I'd love to hear from you and I'd love to have some questions if there are questions.

Janice Fulkerson: Alison, there are definitely questions. First, I'll just let everybody know because we usually have a couple of standard questions. This recording and many of the resources that you referenced today can be found at the FletcherGroup.org website within the next week. Along with all of our past webinars and other resources that we have been putting in the chat, including your great webinar [00:54:00] today.

So, one of the questions that came up was, you know, developing those recovery champions in the community often, um the question comes in the form of an event. Something happens in the community, you know, somebody, a high profile dies of an overdose, or, you know, there's something that happens in the community that creates a lot of um, people coming out to support. And sometimes it's temporary. Do you have advice on how to keep that energy going without it feeling exploitive of the event?

Alison Webb: So, that is a really good question, and I have some ideas. Um, one idea that comes immediately to mind is this really goes back to education. Our ongoing efforts to educate because, uh, not all, not all people with a substance use disorder use, uh, drugs [00:55:00] where they overdose and die.

So, overdosing and dying is a very s, very small, uh, part of the, uh, drug using and recovery community. And when we focus on just that and we gain energy, I mean, I, I totally get it. There's so much energy around that issue now. All of the other people in the recovery community and those who are using different substances where they don't overdose, they're sort of left out. And so just doing education broadly all the time about substance use disorder, as opposed to opioid use disorder, I think is really important. And I think when you do that,



you touch more hearts and minds because, uh, really alcohol is the most widely used substance. We know that. And that we're not talking about that.

So that's one thought that I have. Um, another thought that I have is that, you know, we just, um. We have to proceed with such delicacy with family members and friends who've lost [00:56:00] someone. And so continuing to engage them about what they want, um, and then if we're able to honor it, that's great. But if we're not able to, just being really clear, like, this is where our community is coming from. These are the things that we're able to do. These are things we're not able to do. And I'm thinking, for example, about memorials that are established for individuals who die from a drug overdose. Some communities will do that. Others won't. And so just being, you know, having conversations amongst ourselves beforehand.

What do we do if this happens? That's something and then, you know, if you do have champions and they're arising from the overdose. Again, it's like, it's so important to have education and if, and if they're champions, we want them to then say, Oh, and this isn't just a problem here, or this isn't, it isn't just my family, you know, to make it a bigger issue so that we can continue to work on it again as that energy fades.[00:57:00] I hope that's helpful.

Janice Fulkerson: I think you answered the question very well. Um, and then also to their, you know, some organizations, I think that maybe haven't been mentioned here. Like, most states have an Office of Drug Control Policy or, um, office is a similar office. They oftentimes have a lot of resources where allies can gather, um, as well, and maybe focus on prevention and, you know, other things that education.

Um, great. Okay, so, um, you went through, um, the levels. This is from another question, another person. You went through the levels of, um, recovery capital, you know, that individual up through to the community. This person wants to know, is there a right place to start, or do you just dive in and start anywhere?

Alison Webb: Oh, I think you just dive in. I mean, you know, so these things are all happening simultaneously, right? And so, uh, and you're going to have more energy, uh, on [00:58:00] employment, you know, some years and, um, more energy in other years on really focusing on the family. So, you know, go where your energy is and then you'll see where your gaps are. Um, but I think it's a messy, it's a messy job. Uh, I wish it were really orderly, but I, in my experience, it's not. Um, so figure out where the energy is, also where the research is, um, and, and dive in, really.

Janice Fulkerson: That's great. Um, this last question is a bit ambiguous, so we'll give it a go, Alison, and then we'll, um, see how much time we have left. Um, the difference between an ally and a peer.

Alison Webb: Awesome question. I actually did a presentation with a peer earlier in the year, uh, at the Recovery Leadership Summit in DC, it was a recover, An Ally and a Peer Have a Conversation and I think there are significant differences um, and [00:59:00] there are places where we have to talk about where our lives and our experiences overlap.

And so, one of the things that we talked about in that presentation is that allies can learn from peers. Of course, that's where we learn so much about the world of recovery. But peers can also learn from allies. And so, you know, peers who have one pathway that worked for them. Peers can learn from allies about, well, wait a second. I know this other guy who has this other path. How does that work? I don't quite understand, you know, and so have a conversation. Another place where we talked about overlap is in the worksite. So, um, we're in the worksite where you have peers. And you have allies, their roles are very different, are typically very different.

And so a peer is relying on their personal experience. An ally may be using other professional skills and finding ways to, um, to use those hand in hand to support individuals in recovery. But I [01:00:00] think that, um these days, unlike, you know, 15 years ago, these days with a heavy reliance on lived experience, which I think is just called life experience in my book, but life experience of, in this case, an individual who's in recovery. Um, there is, uh, the role for allies I think is, is we need to talk about it. We need to make sure there is a role for allies so that lived experience doesn't, um, crowd out the fact that allies have a lot to offer as well.

Janice Fulkerson: Alison, that is a great presentation today. Thank you. You're ending with one of my favorite phrases, which is a Yes, And.

Alison Webb: Great. That's great. Yeah, let's remember that. Yeah.

Janice Fulkerson: Yes. That's really important. And. There's more. So, um, thank you. We are out of time today and we really appreciate all the information that you've shared today. Your [01:01:00] email address and your website have been posted in the chat multiple times along with many of the other resources. All of our attendees will have access and everyone else to this webinar on our website next week. Along with some of the additional resources. Thank you all for attending today, and we'll close with a survey.

Alison Webb: Thank you so much.

Michelle Day: This concludes our webinar session. Thank you so much for joining us today. Also, please tune in on the 1st Thursday of each month from 2 PM to 3 PM, Eastern Standard Time, where 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 [01:02:00] 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.