



MOAR NEWS

MASSACHUSETTS ORGANIZATION FOR ADDICTION RECOVERY

JUNE 2003, EDITION 4

QUARTERLY NEWSLETTER



MOAR PRESIDENT

AMOS MARSHALL *Perspectives 2003*

TREATMENT IS AN INVESTMENT, AND RECOVERY IS VALUABLE... NO MATTER WHAT!

For a historical perspective, U.S. Senator Harold Everett Hughes (1922-1996) was very visible with his own recovery. He understood that people who suffered from alcoholism can and should be helped, and that there needed to be an organized voice from the recovery community. He was the force behind the passage of landmark legislation, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, Rehabilitation Act of 1970 (Public Law 91-616), which established the NIAAA, The National Institute of Alcoholism and Alcohol Abuse. Did you know that a part of this law required admission of alcohol abusers and alcoholics to any public or private general hospital receiving "Federal funds for alcoholism treatment programs on the basis of medical need" and prohibited discrimination against this population "solely because of their alcoholism"? For the first time, formula grants were made available to the states for the development of community-based programs.

That law was passed in 1970. The issue centered around decriminalizing alcoholism, and honoring alcoholism as treatable. NIDA, the National Institute for Drug Abuse, was established in 1974, to establish that science forms the foundation for all of our nation's drug abuse reduction efforts.

According to a Report in *The Principles of Drug Addiction Treatment: Research Based Guide Publication 2000*, for every \$1 spent annually for Addiction Services \$7 is saved in reduced crime and criminal justice costs. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.

It is 2003. In Massachusetts, we have services, yet they are being threatened by a waning economy and discriminatory practices. Heroin use has doubled in the last 10 years, and adolescent drug use is the worst in the nation. Individuals who need services, and the services which could help them, are challenged. The continuum from detoxification to methadone services needs to be strengthened not cut in our communities. We know that studies say that long-term treatment offers the better hope for recovery. Ensuring that those in need have access to treatment and healthcare, as well as ensuring the right for people with private insurance to access "treatment benefits," serves to improve quality of life, public safety, and the economy.

I know from a personal perspective that my alcohol addiction altered my ability to think through consequences and to manage my impulses. Detoxification followed by structured treatment, and connection to a recovery community support group helped me build strong recovery skills.

So the Message is *Treatment Is an Investment, and Recovery Is Valuable ... No Matter What!*

HOW CAN MOAR HELP?

Our New England Alliance for Addiction Recovery, NEAAR, CSAT grant project calls for recovery community service. CSAT is The Center for Substance Abuse Treatment, the federal government agency whose mandate is to expand the availability of effective treatment and recovery services for alcohol and other drug problems. The MOAR Mission is to organize recovering individuals, families and friends into a collective voice to educate the public about the value of recovery from alcohol and other addictions.

By Providing Recovery Support Education, which follows the CSAT Changing the Conversation: The National Treatment Plan to Improve Treatment. It calls for improving treatment access, reducing discrimination, changing policies, and building genuine partnerships.

By Treatment Coverage and Access Information. Before Mass Health Basic insurance for the needy was stopped April 1 (maybe temporarily), MOAR sought the services of Health Care for All, Massachusetts Law Reform Institute, Healthcare Financial Incorporated. Representatives came to our meetings and helped people become aware of healthcare options, such as finding out if they qualified for Mass Health Standard. Neil Cronin of Mass Law Reform Institute offered his services to people who did not receive timely communication about the changes, and lost coverage. You can call Neil at 617.357.0700.

By cosponsoring "How to Get Help When Your Insurance Denies You Treatment," a March 27th presentation with the Western MA National Alliance of The Mentally Ill and other associations, at Mercy Medical Center, Springfield, Massachusetts. The Massachusetts DPH Office of Patient Protection's Karen Granoff and Stephanie Carter, Massachusetts Behavioral Health Partnership's (MBHP) Diana Maloney, and Providence Behavioral Health Systems' Lisa Golembiewski walked us through the appeals process. People with private insur-

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MOAR INFO

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GOOD NEWS!

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

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

The Newsletter is paid for through our grant resources.

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

MOAR web site:
<http://www.neaar.org/moar>

For information please call:
Maryanne Frangules
617.423.6627

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ance should know that MOAR has referred people to the Office of Patient Protection, and they have been rewarded. Please call the Office of Patient Protection, at 1.800.436.7757.

By Building A Strong Recovery Support Service such as *Partnering for Addiction Recovery = Pathways for Addiction Prevention* MOAR members Diane Kurtz, Diane Teta, and Peter Crumb presented the pathways for developing recovery connections that led to the development of The Phoenix Academy, a youth residential treatment center. This presentation used the passion of a parent, who connected to a school counselor, connected to a community, who moved other organizations to make the residential treatment center a reality. If it were not for the strength of their own "family" recovery...there might not have been the passion. Diane and Diane demonstrated the "How to Do a Parent Support Group" to help spread family recovery, which might be a pathway for addiction prevention. This presentation has been done at the DPH "Ounce of Prevention" Conference and The MBHP "Partnering for Recovery and Rehabilitation Conference." The Western MA Parent Support Group will do other presentations. Interested? Call MOAR, 1.877.423.6627.

By Our Worcester MOAR Group, facilitated by Dana Moulton, piloting monthly series of recovery life skills, requested by the membership. The experience provides the opportunity to build one's recovery and leadership skills. This is part of the process to spread the recovery message across our com-

munities. The past months focused on "Guidelines for Our Project," which parallels learning to respect the dialogue that builds consensus. "Recovery Groups and Choices" led to the discussion about recovery group choices and the issue of anonymity. The next was "Telling the Story of Recovery." With the help of The Improbable Players, people practiced sharing their recovery in a minute —MOAR or Less! Members are learning the risks and benefits of telling their story, as a way to help themselves, as they help others understand the value of recovery. Western Massachusetts and Boston have demonstrated interest in using the pilot!

By Lowell MOAR setting up exciting peer driven educational seminars addressing "PTSD, Substance Abuse, and Recovery" with Dr. Martha Schmidt, "ADD/Prevention and Treatment" with Dr. Scott Fuller, and "Substance Abuse Treatment and Recovery" with Ken Powers, MS. This was done in partnership with Lowell House, CHNA 10, and Middlesex Community College. New Bedford focused on "Educational Opportunities for People in Recovery." Cape Cod may feature a national speaker on recovery. We plan to do projects centering on "Family Recovery, Rights, Responsibilities and Department of Social Services," Consumer Advisory Board Roles, and Financial Planning. This puts a positive light on the 2003 Perspective. We are building the capacity to fulfill the MOAR Vision: *A society where addiction is treated as a significant public health issue and recovery is recognized as valuable to our communities.*

MOAR AND FRIENDS CONTINUE TO RAISE PUBLIC AWARENESS

Dana Moulton, MOAR Project Assistant, facilitated a "Methadone Client Treatment Perspective Panel" at the Massachusetts National Association of Social Worker's March 18th Opiate Treatment Conference. All talked about methadone-assisted treatment as a way that helped them cope with the craving, focus on recovery coping skills, and how they managed the stigma. They validated professionals, who respected their choice of methadone as the path to help them to learn to live in recovery. Replication of this panel is a way to address public perception.

MOAR joined close to a 1,000 people celebrating The Boston Consortium of Families in Recovery sponsored "Annual Celebrating Mothers in Recovery: Honoring Women in Recovery." February 12th event. It was a spiritual experience to support us with the challenges of the times!

MOAR congratulates the South Boston Family Resource Center, formerly, The South Boston D.R.U.G. (Drug Resource Unity Group) Neighborhood Association, for doing a "Stand Out" on West Broadway, April 26th. They held a vigil for people who died from drug overdoses, and held signs supporting resources for recovery. The group now has an office. MOAR good things to come.

MOAR observed National Alcohol Screening Day, April 10th, with AdCare Hospital's Lisa Clark, at The Boston Athletic Center. It truly was a way to the honor the meaning of the day, "to exercise the mind about alcohol use."

MOAR attended the MBAC, Massachusetts Black Alcoholism and Addiction Council, Cultural Competency Forum, April 25th. The dialogue centered on respect for cultural diversity, and ways to mend cultural discrepancies. It really was a call for recovery communities to work together on health-care issues pertinent to recovery.

MOAR WELCOMES MASSACHUSETTS' NEW DEPARTMENT OF PUBLIC HEALTH COMMISSIONER, CHRISTINE C. FERGUSON

Christine C. Ferguson, a nationally recognized leader in health policy and human services, was appointed commissioner of the Massachusetts Department of Public Health by Governor Mitt Romney on January 17, 2003.

Prior to her appointment in Massachusetts, Commissioner Ferguson served as director of the Rhode Island Department of Human Services for seven years (1995 to 2001) where she oversaw nearly one-third of Rhode Island's annual budget, and funded critical services for veterans, senior citizens, low-income families, children and the disabled.

During her tenure in Rhode Island, she restructured the state's Medicaid managed care system, and brought vital health insurance coverage to more than 100,000 residents of the state who were offered the opportunity to purchase insurance from private carriers through a statewide purchasing group.

In 1996, following the implementation of federal welfare reform, Commissioner Ferguson crafted a welfare implementation



package that closed the gap between welfare benefits and supportive services for working families. In addition, she initiated the groundbreaking Starting Right program that increased access to affordable, high quality day care and early education for children.

For thirteen years prior to serving in Governor Almond's cabinet, Commissioner Ferguson held posts as counsel and deputy chief of staff to the late U.S. Senator John H. Chafee for whom she managed a legislative agenda that ranged from defense budget priorities to health care. In 1994, she served as the principle architect of the Mainstream Coalition's bipartisan alternative to the Clinton Health Care Reform bill.

Commissioner Ferguson holds a Juris Doctor degree from American University (1986) and a Bachelor of Arts degree from the University of Michigan. She is married to Fred Glomb, and they are the parents of ten-year-old Gregory.

CONTINUUM OF CARE

Internet Access and Telephone Information

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

**MASSACHUSETTS
SUBSTANCE ABUSE
INFORMATION
AND EDUCATION
HELPLINE**

▶ **1.800.327.5050**

www.state.ma.us/dph

A Project of the Medical Foundation, Funded by the Massachusetts Department of Public Health

**MASSACHUSETTS
BUREAU OF
SUBSTANCE ABUSE
SERVICES CONSUMER
ADVISORY BOARD**

▶ **617.624.5134**

Contact Paul Carey

If you are a consumer or have been a consumer of addiction treatment and would like a role in advising the state about continuum of care policies, contact Paul Carey

**THE OFFICE OF
PATIENT PROTECTION,
MASSACHUSETTS
DEPARTMENT OF
PUBLIC HEALTH**

▶ **1.800.436.7757**

www.state.ma.us/dph

Massachusetts and other subscribers of health coverage from a MA carrier, insurer or HMO are entitled to protection!

If your Massachusetts carrier has denied you treatment access, please contact!

**MASSACHUSETTS
BUREAU OF MANAGED
CARE WITHIN THE
DIVISION OF
INSURANCE**

▶ **617.521.7372**

www.state.ma.us/doi

If you have a complaint about a managed care plan.

**MASSACHUSETTS
ORGANIZATION
FOR ADDICTION
RECOVERY**

▶ **617.423.6627
1.877.423.6627**

(Toll Free)

MOARfran@aol.com

If you want to support and join others who are in addiction recovery, inclusive of families and friends, to educate the public about the value of recovery, join MOAR

RECOVERY STORY



DANA MOULTON

I look back at the fourteen-year-old kid I was when I walked down Warren Road to Framingham South High, smoking a joint and thinking I was king of the world. Like most, drug use started out for me as a very enjoyable thing. I smiled my way thru school, with barely passing grades, stoned every day. By the time I finished school, the smile was only a grin as I went from pothead to heroin addict.

Most kids get out of high school and go on to college or work. I went on to an ever-deepening addiction to heroin that led to a cycle of incarcerations and alienation from my family. I went on to belong to a subculture of addiction in which I lived for nearly thirty years. Some were very good years and some were very desperate years. It was the desperate years, the years that I came to view myself as dead inside, that started me on the road to recovery.

The “Road to Recovery” was an empty cliché when I took my first steps. I faltered many times and would not have known recovery if it were not for the drug treatment services that were available to me. I went

thru virtually every treatment modality there was, always gaining insights and achieving growth, even reconciling with my father after eighteen years of separation. None of it was enough to stop my craving for heroin.

With suicidal desperation, I tried the one option I swore I would never try. Methadone maintenance treatment was a dead end, or so I thought at the time. In reality, it was a safe harbor for me. I had found the treatment that would allow me to stop the craving for opiates long enough to put all the lessons learned, to take the love that was given, and build a foundation for a new life. It took a while, eight years, for me to build a new life.

After two years away from a clinic environment, I have a job I love, a family that loves me, and hope for the future. I would never have had the joy of recovery were it not for substance abuse services provided in the state of Massachusetts. My heartfelt prayer is that those services will be there for others to have, so that they too may know the happiness of a new life with hope and a future that is bright with recovery.

MOAR Attends **AATOD** Conference in DC

BY DANA MOULTON, MOAR Project Assistant

I attended the American Association for the Treatment of Opioid Dependence, Inc. (AATOD) Conference in Washington, DC during mid-April. The conference, “Integrating Evidence-Based Practices within Opioid Treatment,” had three stated goals:

To identify and discuss new information of critical concern to the field.

To discuss and analyze the implications of this information for clinical and administrative practices.

To demonstrate techniques for improving clinical and program administration.

From my perspective, these goals were well achieved, as I left Washington with a wealth of new information. I also was fortunate to see how opioid treatment in Massachusetts sits within a national context as a participant of a conference focused exclusively on Opioid Dependence Treatment.

This was the first time AATOD, representing 80% of Opiate Treatment Providers nationally, along with their co-sponsors, The American Association of Addiction Medicine, included a Certified Methadone Advocate (CMA) Training Course, facilitated by the National Alliance of Methadone Advocates (NAMA) within the conference curriculum. I feel quite honored to have been present at this milestone event. It is NAMA’s view that anyone

who believes in methadone treatment, patient and non-patient, is a potential methadone advocate. I must say I agree. Together, we can make a difference.

Volumes of data, numerous scientific studies and countless personal victories over opiate addiction attest to the safety and efficacy of opiate treatment. I realize there is much stigma and discrimination facing methadone treatment. Many of us have witnessed in our lives the ability of diverse people to join together to defeat stigma and discrimination. Now is the time to step forward, together, to shatter the stigma and discrimination that surround methadone treatment. Lives of families and loved ones are on the line.

METHADONE AND RECOVERY

Methadone maintenance treatment has been available since the mid-1960s to patients who suffer with chronic relapsing opioid dependence. Thirty-five years of vigorous research has repeatedly validated that opiate dependence is a brain disorder. For many patients who have been unable to remain opiate-free, methadone treatment has been lifesaving.

“What science has taught us is that addiction is an interaction between an individual’s biological vulnerability plus his or her experience plus environmental factors plus, and of course, drugs.” (Dr. Alan Leshner, NIDA Notes, 1998)

For patients with relapsing opioid dependence, methadone is the pharmacological corrective to disrupted brain chemistry. Methadone provides the pharmacological stability for patients to be able to engage in the business of recovery.

“The safety and efficacy of methadone maintenance treatment is effective in reducing and eliminating illicit opiate drug use, in reducing crime, in enhancing social productivity, and in reducing the spread of viral diseases such as AIDS and hepatitis” (NIH Consensus Statement, Nov. 1997). Viewing drug addiction as exclusively biological or behavioral is misleading because both factors are inextricably woven together.

Patients on methadone maintenance are in recovery. They do not get high on methadone. Methadone is not a substitution; it is a corrective agent for disrupted brain chemistry. When a patient is on an adequate, effective dose, methadone is a healing agent. It eliminates the signs and symptoms of withdrawal, does not produce a “high state,” decreases craving and blocks the intoxicating effects of short-acting opiates.

Methadone treatment is scientifically substantiated, medically effective, and lifesaving for many who are on the road to recovery. Recovery is about supporting each other to deal with the throes of addiction. All people struggling to stay clean and sober need the support of peers in recovery, family, and professionals. Methadone is offered without imposing judgments on the individuals who seek to attain a drug and alcohol-free lifestyle. Many recovery support groups embrace and support patients who take the appropriate medications for the treatment of depression and anxiety. With methadone, we offer the same opportunity, acceptance, and support for the treatment of opiate addiction. Recovery is about lifestyle change. This includes learning specific tools to cope with the business of living in a way that is safe and free of illicit drugs. For some patients, medications assist in achieving this goal.

JANICE F. KAUFFMAN, RN, MPH, CAS

*Director, Substance Abuse Treatment Services
North Charles Foundation, Inc.
Assistant Professor of Psychiatry
Harvard Medical School Mental Health &
Substance Abuse Corporations of Massachusetts*

RECOVERY AND SUPPORT “VIEWS AND CHOICES”

The purpose of this training is to explore the variety of self-help organizations that are available within the community to assist people in attaining and maintaining their recovery. Although many groups have twelve-step foundations, there are differences that make each unique. Many wrestle with the twelve-step core value of anonymity versus the value of advocacy in educating their communities and others not in the fellowship. Preserving anonymity is really about honoring the confidentiality of who else is attending the meetings, and that everybody is no better nor worse than anybody else.

Anonymity means you honor not to disclose membership, or “Anonymous” endorsement of any cause before the press or public. You have the choice to weigh and measure the risks of going public about your personal recovery.

The twelve steps are 12 suggestions to help one integrate recovery. All Twelve Step programs share the same mission. They follow the original format of Alcoholics Anonymous, AA, which is “a fellowship of men and women who share their experience, strength and hope

with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; it is self-supporting through personal contributions. AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. The primary purpose is to stay sober and help other alcoholics to achieve sobriety.” Narcotics Anonymous is for the person with the desire to stop “drug” use. Alanon is for the person who needs help to detach with love from somebody else’s drinking. Gamblers Anonymous is for people who have the desire to stop gambling. There is focus on developing a sense of spirituality, which comes from coming to believe in a “power greater than yourself.” SMART Recovery is not a twelve-step group. It is based on a cognitive behavioral learning format. There is no theme of spirituality. All focus on helping the individual focus in on him or herself to cope, and build a manageable life ... in recovery.

ALCOHOLICS ANONYMOUS

Eastern MA 617.426.9444
Cape Cod 508.775.7060
Western MA 413.532.2111
Central MA 508.752.9000

NARCOTICS ANONYMOUS

Toll Free 1.866.624.3578

SMART RECOVERY

781.891.7574

ALANON

508.366.4663

GAMBLERS ANONYMOUS

Eastern MA 617.338.6028
Western MA 1.888.519.5059

WELL RECOVERY

Christine LaClair 617.661.3991

FACTS, STATS & RESOURCES FOR ADDICTION RECOVERY

WHAT IS HEPATITIS C?

Hepatitis C is a blood-borne virus that can lead to cirrhosis, liver failure, liver cancer and death. Many of those infected do not experience any symptoms and are unaware that they have the virus. Risk factors for Hepatitis C are use of street drugs or shared needles contaminated by blood—even once. Another risk factor is having had a blood transfusion or organ transplant prior to 1992. There is hope! Get tested. *Recovery from Hepatitis C can be Possible.* Hepatitis C can be treated with medication, such as interferon and ribavirin.

Supportive Resource for Hepatitis C

Rachel Wilson
Education Coordinator, Hep C Coalition
MA Public Health Association
434 Jamaicaaway
Jamaica Plain, MA 02130
617.524.6696

We would like to thank Rachel Wilson, Kathleen Gilmore, Sandi Carlson, and Kelly Ruiz for their assistance.

WHAT IS A CORI? IS THERE HELP?

C-O-R-I stands for Criminal Offender Record Information. A criminal record (CORI) is created for a person from the minute he or she is arrested by the police, to the time he or she is arraigned and processed through various criminal justice agencies including jail, or probation. The CORI poses housing, education, and employment challenges for people who are in recovery. You do not have to be alone with this issue. You might be eligible for sealing if there are not guilty findings, dismissals or lack of probable cause entries on your criminal record. You may also be eligible to have very old convictions sealed.

Free of charge Resource to You by Way of The Massachusetts Law Reform Institute.

Call Tony Winsor, Fran Fajana, or Pat Baker **617.357.0700**

Thank you to MA Law Reform Institute!

INTERESTED IN SOBER HOUSING? WHAT IS SHARE LOAN?

SHARE stands for Sober Housing For Addiction Recovery Environments. The SHARE Loan Fund provides interest free loans to groups of four or more people who are in recovery from alcohol and/or drug addiction and who want to live in an alcohol and drug free environment. Recipients can apply for loans to help cover some of the initial costs associated with renting property. Interested?

Call SHARE LOAN. You can reach Kathy Dwyer, SHARELoan Director, Institute for Health and Recovery Project at **617.661.3991**

Thank you, Kathy!

FREE BROCHURE ON HEALTHY AGING—GIVES TIPS ON SAFER MEDICATION AND ALCOHOL USE

Healthy Aging, a free brochure on the safer use of alcohol and medications by older adults, is now available from The Medical Foundation's Massachusetts Health Promotion Clearinghouse, a statewide resource funded by the Massachusetts Department of Public Health. Adults over 60, their families, friends, and caregivers can request a copy of this valuable new publication by calling the Clearinghouse toll-free at 1.800.952.6637 or by visiting the Clearinghouse online at www.mclearinghouse.com.

Massachusetts Council on Compulsive Gambling

The mission of the Massachusetts Council on Compulsive Gambling is to provide leadership in reducing the social, financial, and emotional costs of problem gambling and to promote a continuum of prevention, and intervention strategies including information, education, advocacy, and referral services for problem gamblers, their loved ones, and the greater community.

Telephone 617.426.4554

Helpline 1.800.426.1234 (MA only)



MOAR Congratulates MA Sober Housing Corporation

The Massachusetts Sober Housing Corporation, Inc. was awarded \$525,000 for the purchase of two houses, in FY '04, in Chelsea and Plymouth. These houses will complement the three existing MSHC sober "Oxford Model" houses in Boston, New Bedford, and Springfield.

On December 17, 2002, Housing and Urban Development Secretary Mel Martinez announced the largest amount of homeless assistance in the nation's history—more than \$1.1 billion to fund thousands of local housing and service programs around the country. Massachusetts Sober Housing is well deserving of this grant to help people in need of recovery supportive housing.

MOAR Info:

<http://www.soberhousing.com/>

HOW TO TELL YOUR STORY IN 60 SECONDS [MOAR OR LESS]

Celebrating Alcohol Awareness Month with **THE IMPROBABLE PLAYERS** April 8th, 2003



DID YOU KNOW that in the United States, 23 million people suffer from substance abuse and more than half of all adults have a family history of alcoholism or problem drinking, according to the National Council on Alcoholism and Drug Dependence (National Sponsors of Alcohol Awareness Month)?

Well, MOAR celebrated recovery from alcoholism and other drugs on April 8th with The Improbable Players. The Improbable Players are an acting troupe, all in recovery, and they helped us develop a "Tool Kit for Telling The Story of Recovery." The purpose is to support our membership in their ability to tell their story, to demonstrate that recovery is possible, and what has helped them. This is to provide hope for individuals and families who need help. It is to educate ourselves to educate the public about the value of recovery.

We, also, relearned that sharing our recovery is a personal choice which needs to be honored, not coerced.

MOAR is now being asked to speak in a variety of settings. We are forming guidelines to support and define the roles and responsibilities of speakers, participants, and hosts.

Interested; Call MOAR at 617.423.6627

The event was fun. We learned that we can simply:

- 1 Say when the alcohol and/or other drug use began.**
- 2 Say when we knew we needed help, what was "the turning point."**
- 3 Say "what helped" and "what makes us grateful" for recovery.**

MOAR thanks the Improbable Players, who have been a great support to MOAR.

You can reach the Improbable Players at:

TOLL FREE 800.437.4303
WITHIN MASS 617.926.8124

MOARNOTES

COMING NEXT ISSUE:

Learn about:

*The NEAAR Recovery Community
Leadership Academy*

New England Institute of Addiction Studies
Roger Williams University,
Bristol, Rhode Island

Mentoring Leaders for Recovery
Straight from Our MOAR Members

MOAR MEETS IN THE FOLLOWING LOCATIONS

Boston	Worcester
New Bedford	Springfield
Brockton	Lowell
Cape Cod	

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

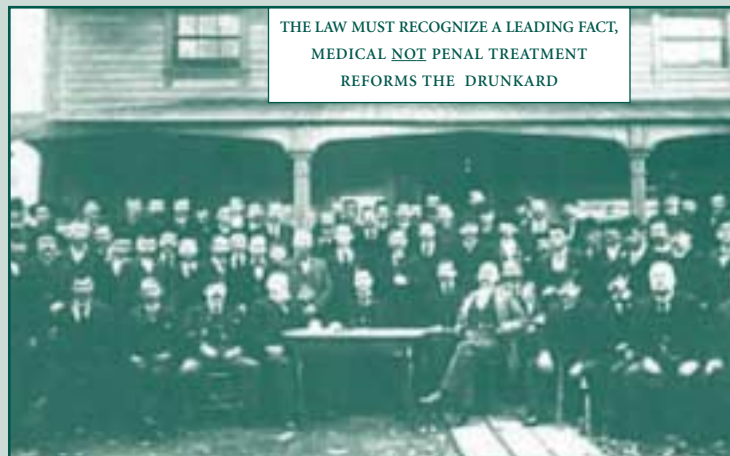
NATIONAL ALCOHOL AND DRUG ADDICTION RECOVERY MONTH CELEBRATION

Theme — Join The Voices of Recovery: Celebrating Health

September 30, 2003, is our Recovery Month Celebration date for our State House ceremony. We want you MOAR involved! MOAR has met with groups across the state to support each other during these challenging times, and will thereafter...MOAR meets with The CSAT sponsored National Alcohol and Drug Addiction Recovery Month Planning Partners, which really makes for collaborative efforts.

Let's make the Recovery Month 2003, a Celebration of Health, that demonstrates recovery—as “Visible, Vocal, Valuable” on a statewide and regional level. We will be marching forward with plans. Please come to our statewide planning meeting, Tuesday, June 17, 6:15 PM, Thayer Auditorium, Community Healthlink, Worcester.

For other meetings times, please call Maryanne Frangules, 617.423.6627.



Keeley League #1,
Dwight Illinois 1891.
The Keeley Leagues were
the mutual aid societies
organized within various
branches of the Keeley
Institutes. *Slaying the
Dragon*, by William White.
Courtesy of Illinois Addiction
Studies Archives



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