Candidates in the Race for Washtenaw County Prosecutor

By: Aaron Suganuma, LLMSW and Matt Statman, LMSW

People with addiction have been marginalized by a punitive justice system that perpetuates stigma by approaching addiction as a moral issue rather than a chronic health condition. That marginalization often follows us into recovery, complicating our relationship with society and making good citizenship more difficult. Fortunately, here in Michigan we are able to make our voices heard at the ballot box. People in recovery, our friends and allies make up a diverse and significant constituency. Participation in the political process is one way for us to try to help those who are not yet in recovery.

The majority of court-involved people have substance use disorders making the criminal justice system the biggest referral source to treatment. While it is usually a police officer who has first contact with a person coming into the system, a prosecutor can set the tone as to how that case will be handled by the court. Often a “nudge from a judge” gets people started in treatment or more in-depth involvement in a specialty drug or sobriety court. Judges often rely on the recommendations of prosecutors. Progressive prosecutors understand the benefits of addiction treatment and other social services compared to the costs of incarceration.

There is an exciting race happening for the Washtenaw County prosecutor’s office. All of the candidates, Arianne Slay, Eli Savit and Hugo Mack have pledged to increase the scope of the county’s specialty courts and to implement other systems that will divert more people away from incarceration and into meaningful treatment. WRAP asked the candidates to outline briefly, why a person in recovery, an ally, or a family member should vote for them in the August 4, 2020 Democratic primary.
By: Arianne Slay

Greetings from Ypsilanti! I am Arianne Slay, and I am seeking your support in the August Primary for Washtenaw County Prosecutor. I started my career at Washtenaw County Community Corrections as a Program Manager linking clients who were involved in the criminal justice system with services for mental health, employment, and substance abuse. Since my days at Community Corrections and still today, I see too many people in jail who should be in treatment. As the next County Prosecutor, I will work with Sheriff Clayton to help facilitate the LEAD (Law Enforcement Assisted Diversion) Program, which provides the opportunity to divert non-violent offenders who present in crisis away from the criminal justice system. If individuals are ready to start or restart a treatment plan, the Prosecutor’s Office will hold their criminal case in abeyance while they receive treatment. Following a demonstrated commitment to working their treatment plan, the case will not be charged.

I have 12 years’ experience as a prosecutor, and 9 years handling cases that ranged from trespass to homicide. During the majority of those years, I was the Lead Domestic Violence Prosecutor. For the last two years, I have served as the City of Ann Arbor Prosecutor bringing true reforms to life with diversion, restorative practices and our first City Warrant Resolution Day. I am looking for your support to bring these and other Experienced-Based Reforms to the Criminal Justice System in Washtenaw County. For more information, please visit arianneslay.com or Arianne Slay for Washtenaw County Prosecutor on Facebook.

By: Hugo J. Mack

We are all the sum of our life experiences and experience is truly the greatest teacher and expositor of character and integrity. During my decades as a Public Defender and Criminal Defense Attorney, I have defended thousands of citizens with mental health/substance issues; I always fought for treatment versus incarceration.

I was incarcerated for ten years within the MDOC, paying a debt I did not owe. I know what it means to be stigmatized and marginalized for a life experience/condition. Within that time, I saw thousands of citizens in “Med Line”, human beings living in the reality of sedation, not treatment, counseling and recovery.

In 1992, the Engler administration closed vital recovery centers like Lafayette in Detroit, sending citizens on a course to jail, conviction and incarceration.

Law enforcement is not trained or equipped to provide these services. Attorney General Nessel agrees with me on this crucial failure of our “system” to address mental health/substance issues. Unlike District Court, there are no mental health/substance Circuit Courts, the creation of which my office will fully support.

My pledge to the community:

1. My office will monitor all cases involving mental health/substance issues and work within the confines of law and public safety to track those cases towards treatment and recovery versus incarceration.

2. My office, as with all cases, will not “over-charge” defendants in order to gain advantage in plea-bargaining.

3. Returning citizens will not be penalized in subsequent charges merely because they had/ have a mental health/substance issue.

4. My office will work with the Court and Probation Department in finding more effective/efficient programs and resources in addressing mental health/substance issues.

We are better together than apart. Mental health/substance issues can and do affect us on a personal level. The days of marginalizing those of us in need of communal support ends January 1, 2021 as your next County Prosecutor.
The Importance of a Hobby

By: Anonymous

For me, recovery without a hobby is like going to the beach without swim trunks. Sure, it’s possible, but what’s the fun in that?

Days of recovery can be chock full of meetings, service work, commitments, sponsorship and more meetings.

While all of that is great, to break up some of the tedious chatter, I gravitated towards activities that brought me joy before any type of addiction. Activities that brought pure happiness and peace of mind—shifting the perspective of recovery to something not so deeply based around a 12-step program.

For me, this was art. I’ve been doing photography and graphic design for 4 years. Being able to come home from a meeting, throw in some earbuds, pop on a music playlist and indulge in hours of creativity without interruption has been the saving grace to my recovery. I could have all the time and support that I want but until I can find happiness in doing something I enjoy by myself, I would never be happy with myself by myself.

Having a hobby that I participate in regularly has given me a sizeable distraction from chronic stress, provided a sense of freedom and most importantly it gives me something to look forward to.

Beyond the clear health benefits, a hobby gives me a sense of identity. An identity unlike anyone else. Even my best friends in recovery all have different hobbies they’re passionate about. Activities such as baseball, golf and aquascaping (the craft of arranging aquatic plants). Although we have many things we enjoy doing together, having different things we are passionate about makes each of our recovery paths unique and stronger.

Finding a hobby took a lot of trial and error but whatever genuinely makes you happy is time well spent. Something so important takes time and patience to find. Sometimes the most challenging things are the most rewarding. Finding a hobby that I enjoy has proven to be the most rewarding thing I have done.

In early recovery I did not think I could find genuine happiness that I felt years ago. Many years were spent around my addiction while my hobbies and passions were pushed to the side for temporary fulfillment. I had a lot of anxiety trying new things around a lot of new people. I wanted to hide and isolate a lot in early recovery. Isolating gave me plenty of time with myself and my thoughts, something that gave me even more anxiety. I felt stuck.

I looked into some old pictures I had taken well before my addiction. They were great and even better than what I was doing during my time using. It was almost like someone else was taking the pictures. I didn't understand how this could be me and what happened. I wanted to make even better work but didn't know how to start.

I started working slow and steady. Making art with the most basic tools and processes. I had to start all over again. This made me appreciate the work that I put in and actually learn the ins and outs of the artistic process.

Before I knew it, I was putting together art that I was actually proud of. I was amazed at how just in a few months of hard work I was able to push past the ceiling that I once thought was there. Shortly after what I considered to be my second chance at art, my artistic endeavors were recognized by a local gallery in downtown Ann Arbor. I was given the opportunity to showcase my work in their gallery at the beginning of the year. I was amazed. What shocked me even more was that my younger cousin who lives in San Francisco, CA, called me to ask me if he could do a school presentation on my work. Of course! His classmates all had famous artists and well known photographers but my cousin wanted to present my work! I was super happy and humbled.

My effort in recovery and the passion behind my hobby allowed me to reach a new height in my life. My perceptions of what I thought to be successful or the “ceiling” of life, were changed and strengthened by this process. I didn't get my life back. I was given a better one.
When I was

By Corey Ferreira

I'm done being the scandal of my family
I'm done facing a mirror I can't stand to see
I'm done with excuses that I'm rambling
I'm done having a problem I'm not handling
I'm done being addicted, mood and mind altered and shifted
Wasting gifts I've been gifted just to go and get lifted
Getting my shit together has drifted so far
From where I was at when all this got started
I'm done being a criminal, selfish, violent and rude
I'm done being a liar, to myself I'm untrue
I'm done with never feeling any gratitude
Looks like it's time for a change in me and my attitude
I'm done being the maker of my own hell
I'm done being on the run from my own self
I'm done hitting licks and wondering who'll tell
I'm done going in and out of the same jail
I'm done wasting stacks on crack sacks and blow packs
Running out of money
Looking stupid and still I go back
Naw, I could be living better and I know that
Looks like it's time for me to show that I'm done

By Jessica Suliman

If you are ever feeling low or like there is no hope
Please know that there are places that can help you learn to cope
I was living like the walking dead, I couldn't get up out of bed
I felt so sad all the time with crazy thoughts inside my head
But Home of New Vision showed me love and opened doors for me
And now I have a family and I'm living much more free
So if you decide you want some help, don't be afraid to ask
I know that change is scary and seems too big of a task
But let me tell you something and please know that this is true
If someone like me can do it I have faith that so can you

By Jessica Suliman

I'm so very grateful to receive a fresh start
There's AA, NA, Recovery Dharma, and SMART
It doesn't really matter which path you take
But changing was a choice that I chose to make
I went from addiction, sadness and feeling alone
To having a family in a transitional home
And when I feel lost and shadows block out the light
I have so much support that helps me fight the good fight
Once an addict always an addict is not true, I say
Cause I get to see people recover each day

By Jessica Suliman

I've been living in the darkness
With only pain and gloom
Looking for a lightswitch
To brighten up the room
Praying to my higher power
To make my path be straight
That I can have acceptance
For whatever's on my plate
I also ask for knowledge
That I can be more wise
And that I can fight temptation
When my cravings start to rise
I ask my god for patience
That I can wait it out
When I get uncomfortable
And begin to feel some doubt
Forgiveness love and kindness
I pray these daily too
And that I have the strength
To make it the whole day through
Where Did I Go?

By Nikki Moya

Where did I go when I got lost
Nowhere to be found
I should’ve called on angels
When the Devil came around

Where did I go when I got lost
To go just to the store
To think of all the things I did
Just to get one more

Where did I go when my phone rang
I never answered it all day
But the life that I’m living
Someday I will pay

But now I’m found
No longer I am lost
I won’t go back to being there
At any cost

Recovery Homes: The Good, The Bad and The Ugly

By Brian Lucas

Often called “three-quarter houses,” recovery homes (or sober living houses) can be – and often are – a critical component in the long-term success of those in recovery. Alcohol and drug-free, they can provide a safe, peer-supported transitional living environment for clients who are not ready to return to pre-treatment living situations that were toxic, unsupportive and/or enabling.

Unless they are affiliated with licensed rehab facilities, recovery homes typically are for-profit businesses, often owned and operated by those who themselves are in recovery. They are financially sustained through weekly or monthly program fees charged to the residents, though they are not landlord/tenant arrangements. There is typically no formal treatment component -- like individual or group counseling -- though some will host AA or NA meetings.

While some recovery homes belong to organizations or coalitions which monitor member homes for standards regarding health, safety, quality and adherence to organizational guidelines, the vast majority are stand-alone entities with no government oversight. There is no federal oversight of recovery homes, and very few states require licensing or certification by owners.

Consequently, there exists a wide gap between good recovery homes and bad ones. It can be very difficult to know whether one is getting a quality home or not, making the choice a crucial one. A wrong choice and the client could be entering a situation where there is little monitoring of activities of daily living, no accountability, and where the prospects of a successful outcome are poor. Indeed, some recovery home owners have far less interest in the successful long-term outcomes of clients than they have in filling beds and collecting program fees.

Conversely, choosing a good recovery home can greatly increase the chances of the client achieving sustained recovery and can help to set in place the foundation necessary for long-term success. Structured and rigid, they can help clients establish the daily disciplines in their lifestyles that are critical for, and applicable to, their recovery.

Those disciplines typically include requirements that clients: attend 12-step (or recovery-oriented) meetings on a daily or semi-daily basis; sign out when leaving the home and sign in when returning; keep common and personal living areas clean at all times; honor curfews; refrain from using or possessing drugs or alcohol; submit to regular and/or random breathalyzer or urine drug screens; respect other clients in the house; and obey all criminal laws. Relapse or failure to follow program rules typically has eviction from the house as a consequence.

Continued on p.6
Although there is a vast trove of research on the treatment of the disease of addiction, far less literature exists on the efficacy of recovery homes. But evidenced-based studies have shown that residents of recovery homes make significant improvements in a range of areas, including drug and alcohol use, employment, involvement with the criminal justice system and psychiatric health. They are also important to society at large, as those without access to good recovery homes can become burdens to health care systems, social welfare systems and the criminal justice system.

But as important as good recovery homes are in the recovery continuum, they still face a number of challenges. Namely:

- Most are located in densely populated residential neighborhoods, making access for rural clients difficult
- Incidents or negative experiences (a drug overdose, for example) can create or perpetuate a stigma among civic leaders or neighbors, that makes establishing or running a recovery home difficult
- The criminal justice system (particularly judges and probation officers) tend to ignore recovery homes as a sentencing option
- Lack of government oversight has allowed the proliferation of poorly-run recovery homes
- Poorly-run recovery homes, or unscrupulous owners, have given the industry a bad reputation in some circles, which can complicate the decision to choose a recovery home

For those considering a recovery home there are a few steps that can go a long way toward determining whether it’s a good recovery home or not:

- Do a site visit, if possible. Or have a friend or relative visit. Is it clean and orderly? Are the residents there relatively comfortable, alert and stress-free? Are rules, expectations and consequences clearly spelled out?
- Is the director or house manager available to be interviewed? Are they forthcoming, and do they answer questions thoroughly?
- Is the intake process thorough? Are there in-depth interviews with prospective clients?
- Most importantly, do patients in reputable rehab facilities regularly get referred to the home? Does the home have a good reputation in the recovery community?

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Brian Lucas is an MSW candidate at the Wayne State University School of Social Work, an intern at Home of New Vision and the founder and executive director of Grace Recovery Homes in Hazel park.

Exercise and Recovery

By: Andrew Breed

My name is Andrew Breed, and I’m someone who’s dealt with a Substance Use Disorder. I do a lot of things to maintain a lifestyle that facilitates not using any substances to cope with daily life. It took me a while to get here but it’s something that can definitely be done. One of the big things that I do is exercise, which is why I chose to write about this topic. I would like to share some information and the role that it plays in my life. There’s a ton of research on this subject, and the agreement is that it’s beneficial to everyone, especially those who are recovering from a Substance Use Disorder. When I mention exercise, it’s all about whatever you can do based on your abilities and motivation, so anything that gets you out and moving. Even just walking 20-30 minutes a few days a week shows benefits.

One of the reasons that exercise is so helpful for those of us in recovery is the way that it affects the brain. Personally, I deal with Opiate Use Disorder, which causes quite a bit of change in the brain, however this information can apply to anyone. Some of the changes affect the midbrain and change how the reward system works. What should trigger the release of dopamine (a feel good chemical that the brain releases when you eat good food, have sex, see someone you love, etc.), just doesn’t trigger the same amount in someone who’s recovering from an Opiate Use Disorder. It takes about two years for the brain to get back to its natural state of being, though there are things that can be done to help speed that up, exercise being one of them.

Heavy exercise by itself releases dopamine into the brain, so think of things like a runner’s high. It’s the brain’s way of self-regulating and rewarding behavior that’s beneficial. All of these things are beneficial and this is the brain’s way of encouraging a certain behavior. The unfortunate thing is that certain drugs cause a release of this chemical in the brain and since it’s artificially stimulated, there isn’t anything naturally that causes that much of it to be dumped, which is why drugs are so addictive. The problem with this is that the brain needs to be re-wired to produce its own chemicals again, so doing things that stimulate that production naturally help get things back in balance.

One of the things that I found in early recovery was that I had a lot of time on my hands. Exercise is a great thing to do to take up some of that time, whether it’s a yoga class, power lifting, walking, or just about anything that you can think of. Along with taking up some of that time, if you can schedule it regularly during a certain part of the day, it can help provide some structure. I know for me it helps me stay motivated to keep going with my recovery. I look forward to my time in the gym, and it helps me to remember that I won’t go if I’m using/drinking. Recovery is tough and it can get stressful at times, but one great way to cope with that stress is going out and literally burning that excess tension that builds up inside. I know that when I’m out walking, I can think through situations that come up that are stressful and work out better solutions to is-

Co-Occurring disorders are common for people in recovery, which are both substance use and mental health disorders. Exercise is not an alternative to medication prescribed by one’s doctor, but it can have a tremendous impact on some of the symptoms of mental health. Some of those symptoms it helps are to increase the amount of...
energy you have throughout the day. It helps people sleep better, which leads to increased energy and self-regulation. Studies have found a link between people having increased self-esteem with regular exercise.

It feels great to know that this is just one more thing that I decided to do and actually follow through with now. It’s a similar thing that happens to people who go to a lot of meetings and feel “off” when they don’t go and can tell the difference. It’s become a very integral part of my own recovery process and I can tell when it’s time to go or if I miss a day. It’s something I can do where I can see the progress over time, which is a big thing for me. Not only that but the fact that I can see a difference in myself and my body helps keep me motivated to keep going. It’s like recovery for me. I figure if I can make it this far, what else can I do?
### Washtenaw County

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<td>Noon</td>
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<td>Zion Lutheran Church</td>
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<td>1502 W. Liberty</td>
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<td>Get Real (NA)</td>
<td>7:00PM Westside Ann Arbor (Nar-Anon)</td>
<td>9:00AM Misery is Optional (NA)</td>
<td>7:30PM New Hope (NA)</td>
<td>7:30PM Spiritual Solutions (AA)</td>
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<td>7:30PM</td>
<td>Family Group Only (Al-Anon) St. Joe’s Mercy Chelsea</td>
<td>7:30PM Primary Purpose Group (AA)</td>
<td>7:30PM A Vision for You (AA)</td>
<td>7:30PM New Hope (NA)</td>
<td>7:30PM Spiritual Solutions (AA)</td>
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<tr>
<td>Noon</td>
<td>New Directions</td>
<td>6:00PM Primary Purpose Group (AA)</td>
<td>Navarre Fireside (AA)</td>
<td>Oak of Righteousness Church</td>
<td>6:00PM Youth Enjoying Sobriety (AA)</td>
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<td>3:00PM</td>
<td>201 W. Front Street</td>
<td>Trinity Lutheran Church</td>
<td>Touchstone Recovery House</td>
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<td>57 Navarre Street</td>
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<td>Get Off Drugs (NA) Church of the Nazarene</td>
<td>1:00PM Time To Change (NA)</td>
<td>Hiltz Room (1st Floor)</td>
<td>8:00PM We Choose Life (NA)</td>
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<td></td>
<td>3401 S. Custer Road</td>
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<td>57 Navarre Street</td>
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**Washtenaw AA Meeting Finder** - www.hvai.org/aa/meetingsearch.html
**Al-Anon Meeting Finder** - www.al-anon.info/MeetingSearch
**Washtenaw NA Meeting Finder** - www.michigan-na.org/washtenaw-area/meetings
**Nar-Anon Meeting Finder** - www.michigan-na.org/find-a-meeting

**Monroe AA Meeting Finder** - www.monroea.org/?q=node/16
**Monroe NA Meeting Finder** - www.michigan-na.org/monroe-area/meetings
**Al-Anon Meeting Finder** - www.al-anon.info/MeetingSearch
**Nar-Anon Meeting Finder** - www.michigan-na.org/find-a-meeting
**TWELVE-STEP MEETING RESOURCES**

Please visit the websites listed for a complete list of meetings in the area.

**Livingston County**

**Sunday**
10:30AM Backdoor (Al-Anon)
St. Joseph Mercy Livingston Hospital
620 Byron Rd.
Howell, MI 48843

5:30PM Go to Any Lengths (AA)
Livingston County Alano Club
5754 Whitmore Lake Rd.
Brighton, MI 48116

7:00PM I Can’t, We Can (NA)
First United Methodist Church
116 Brighton Lake Rd.
Brighton, MI 48116

**Monday**
12:00PM Primary Purpose (AA)
St. Patrick’s Catholic Church
711 Rickett
Brighton, MI 48116

7:30PM Howell Hardy (AA)
Howell First United Methodist Church
1230 Bower St.
Howell, MI 48843

7:30PM Forever Young (NA)
New Hudson United Methodist Church
56730 Grand River Ave.
New Hudson, MI 48165

7:30PM Helping Hearts (Al-Anon)
Grace Lutheran Church
312 Prospect St.
Howell, MI 48843

**Tuesday**
10:30PM Detach With Love (Al-Anon)
St. Patrick’s Catholic Church
711 Rickett
Brighton, MI 48116

12:00PM Mid-Day Group (AA)
Livingston County Alano Club
5754 Whitmore Lake Rd.
Brighton, MI 48116

7:00PM Wish You Were Here (NA)
Mission House
224 Church St.
Fowlerville, MI 48836

**Wednesday**
12:00PM Serenity at Noon (NA)
Livingston County Alano Club
5754 Whitmore Lake Rd.
Brighton, MI 48116

7:30PM Listen and Learn (Al-Anon)
St. John’s Episcopal Church
504 Prospect St.
Howell, MI 48843

8:00PM House of Miracles (AA)
Christ House of Prayer
9949 McGregor Rd.
Perrinville, MI 48169

**Thursday**
10:30 AM Cal’s Pals (Al-Anon)
Highland Township Library
44 Beach Farm Cir.
Highland, MI 48356

6:00PM 4 Corners 12 and 12 (AA)
Crossroads Church of God
3940 Pinckney Rd.
Howell, MI 48843

7:00PM Sunrise Recovery (NA)
Livingston County Alano Club
5754 Whitmore Lake Rd.
Brighton, MI 48116

**Friday**
12:00PM Fellowship Group (AA)
First United Methodist Church
116 Brighton Lake Rd.
Brighton, MI 48116

7:00PM Peace (Al-Anon)
St. Patrick’s Catholic Church
711 Rickett
Brighton, MI 48116

7:30PM Friday Night Brighton (NA)
Brighton Church of Christ
6026 Rickett Rd.
Brighton, MI 48116

**Saturday**
10:00AM You Are Not Alone (Al-Anon)
Community Unitarian Universalists in Brighton
3333 S. Old US 23
Brighton, MI 48114

7:00PM The Gregory Group (AA)
Southwest Church of the Nazarene
14555 Holmes
Gregory, MI 48137

7:30PM Bright Lights of Brighton (NA)
First United Methodist Church
116 Brighton Lake Rd.
Brighton, MI 48116

**Lenawee County**

**Sunday**
1:00PM Sunday Afternoon (Al-Anon)
Christ the Redeemer Lutheran Church
1232 W. Maumee Ave.
Adrian, MI 49221

6:00PM Sisters in Sobriety (AA)
Smith-Kimball Community Center
211 Tecumseh St.
Clinton, MI 49236

7:00PM Sunday Night Live (AA)
Serenity House
600 Gulf St.
Adrian, MI 49221

**Monday**
10:00AM The Sunshine Group (AA)
1245 Maple St.
Adrian, MI 49221

10:00AM New Way (Al-Anon)
Lenawee Conservation League
1404 Sutton Rd.
Adrian, MI 49221

7:30PM The Tecumseh Group (AA)
New Song Church
5211 Occidental Hwy.
Tecumseh, MI 49286

**Tuesday**
7:00AM The Basment Group (AA)
Courthouse Commons
227 N. Winter St.
Adrian, MI 49221

7:00PM Back to Basics Group (AA)
Serenity House
600 Gulf St.
Adrian, MI 49221

7:00PM Tuesday Night Twelve and Twelve (Al-Anon)
Christ the Redeemer Lutheran Church
1232 W. Maumee St.
Adrian, MI 49221

**Wednesday**
10:00AM New Way of Life (AA)
Lenawee Conservation League
1404 Sutton Rd.
Adrian, MI 49221

10:00AM Through the Back Door (AA)
Knights of Columus Hall
205 W. Main St.
Hudson, MI 49247

8:00PM Irish Hills (Al-Anon)
St. Mark’s Lutheran Church
11151 US Highway 12
Brooklyn, MI 49230

**Thursday**
12:00PM Serenity at Noon (AA)
Serenity House
600 Gulf St.
Adrian, MI 49221

7:00PM New Hope (Al-Anon)
All Saints Episcopal Church
151 N. Main St.
Brooklyn, MI 49230

**Friday**
5:30PM Peace of Mind (AA)
Serenity House
600 Gulf St.
Adrian, MI 49221

6:00PM Friday Night Live (AA)
First Presbyterian Church
211 W. Chicago Blvd.
Tecumseh, MI 49286

8:00PM TGIF (Al-Anon)
First United Methodist Church
1245 W. Maple Ave.
Adrian, MI 49221

**Saturday**
4:00PM Tools of Sobriety (AA)
Grace United Methodist Church
9250 E. Monroe Rd.
Britton, MI 49229

7:00PM Step Outta the Web (NA)
Hudson Faith Assembly of God
14791 Hudson Rd.
Hudson, MI 49247

8:00PM The Deerfield Group (AA)
Light of Christ Parish
222 Carey St.
Deerfield, MI 49238

**Monroe County**

**Sunday**
10:30AM Backdoor (Al-Anon)
St. Joseph Mercy Livingston Hospital
620 Byron Rd.
Howell, MI 48843

5:30PM Go to Any Lengths (AA)
Livingston County Alano Club
5754 Whitmore Lake Rd.
Brighton, MI 48116

7:00PM I Can’t, We Can (NA)
First United Methodist Church
116 Brighton Lake Rd.
Brighton, MI 48116

**Monday**
12:00PM Primary Purpose (AA)
St. Patrick’s Catholic Church
711 Rickett
Brighton, MI 48116

7:30PM Howell Hardy (AA)
Howell First United Methodist Church
1230 Bower St.
Howell, MI 48843

7:30PM Forever Young (NA)
New Hudson United Methodist Church
56730 Grand River Ave.
New Hudson, MI 48165

7:30PM Helping Hearts (Al-Anon)
Grace Lutheran Church
312 Prospect St.
Howell, MI 48843

**Tuesday**
10:30PM Detach With Love (Al-Anon)
St. Patrick’s Catholic Church
711 Rickett
Brighton, MI 48116

12:00PM Mid-Day Group (AA)
Livingston County Alano Club
5754 Whitmore Lake Rd.
Brighton, MI 48116

7:00PM Wish You Were Here (NA)
Mission House
224 Church St.
Fowlerville, MI 48836

**Wednesday**
12:00PM Serenity at Noon (NA)
Livingston County Alano Club
5754 Whitmore Lake Rd.
Brighton, MI 48116

7:30PM Listen and Learn (Al-Anon)
St. John’s Episcopal Church
504 Prospect St.
Howell, MI 48843

8:00PM House of Miracles (AA)
Christ House of Prayer
9949 McGregor Rd.
Perrinville, MI 48169

**Thursday**
10:30 AM Cal’s Pals (Al-Anon)
Highland Township Library
44 Beach Farm Cir.
Highland, MI 48356

6:00PM 4 Corners 12 and 12 (AA)
Crossroads Church of God
3940 Pinckney Rd.
Howell, MI 48843

7:00PM Sunrise Recovery (NA)
Livingston County Alano Club
5754 Whitmore Lake Rd.
Brighton, MI 48116

**Friday**
12:00PM Fellowship Group (AA)
First United Methodist Church
116 Brighton Lake Rd.
Brighton, MI 48116

7:00PM Peace (Al-Anon)
St. Patrick’s Catholic Church
711 Rickett
Brighton, MI 48116

7:30PM Friday Night Brighton (NA)
Brighton Church of Christ
6026 Rickett Rd.
Brighton, MI 48116

**Saturday**
10:00AM You Are Not Alone (Al-Anon)
Community Unitarian Universalists in Brighton
3333 S. Old US 23
Brighton, MI 48114

7:00PM The Gregory Group (AA)
Southwest Church of the Nazarene
14555 Holmes
Gregory, MI 48137

7:30PM Bright Lights of Brighton (NA)
First United Methodist Church
116 Brighton Lake Rd.
Brighton, MI 48116

**Monroe AA Meeting Finder** - www.area32d2.org/lenawee-county-meetings

**Monroe NA Meeting Finder** - www.michigan-na.org/meetings
Learning to Look for Silver Linings

By Anonymous

Being the only person I know of on both sides of my family who considers themselves in recovery from something can be lonely or frustrating at times, but it has helped me to look at the positives of many situations or turn negative feelings into positive actions, and has probably helped me to be a better social worker. Fortunately, I can have fairly open conversations with my mom and sister about the extent of substance use disorder in our family, but outside of that, it’s not something that really gets talked about. The family culture around this is more focused on secrets, looking in the other direction, and downplaying, which is probably not uncommon. I’m staying anonymous with this article because, while I’m fairly open about my own stuff, my family isn’t, so I want to honor their privacy. To stay in the spirit of loving the person and hating the disease, I’m going to add a few of the best things I know about the people I mention.

If I had to guess, I would say about a third of my mom’s family has substance use disorder (and there is plenty of depression, too). I do know that my grandpa (who was a veteran, teacher, walked the dog 4 miles a day until he was at least 75, and helped my grandma dry the dishes every day until 2 days before he passed away) quit drinking suddenly when he got a bleeding ulcer and was vomiting blood. It doesn’t sound like this was talked about, and no treatment or programs were involved. I know that several years ago, my aunt (who has probably read a few libraries’ worth of books, is an activist, proud grandma, and expert dog mom) stopped practicing law and stopped driving for reasons we aren’t sure of, but suspect involve alcohol. One of our cousins (who worked with children with special needs and rescued stray animals) passed away a few years ago from what had to have been an overdose. It was described in a flowery, medical way which I felt like was a huge lie (now I have a little more appreciation and compassion that her family can describe it however they want). Her brother spoke at the memorial and laughed about how much she liked partying when they were younger and how, 20 years earlier when she was in high school, she would bring a bucket into the basement at her parents’ house so that she could stay downstairs all weekend with everyone and not even have to go upstairs to use the bathroom. This was treated as totally normal and I chose to leave after the memorial service because I was too angry to go to lunch with everyone, and was glad that my parents mentioned later that they had been shocked by this story- at least there was some sort of limit to what they could pretend about.

Having gone to a few hundred Al-Anon meetings myself (haha), I knew on some level that I could only control my own response to what I viewed as a really big lie, so I talked to friends who would understand, and went to Washington, D.C. to advocate for policy changes as part of handling my anger about this. I can also use this type of situation as motivation to keep my own mental health under control and not start using alcohol again myself, since I’m not that different from the rest of the family and would be in the same type of situations without therapy, medication, quitting drinking, and Al-Anon.

Substance use disorder doesn’t seem as widespread in my dad’s family, but we did know that my uncle (who was really smart, had tons of common sense, was hilarious, and would do fun things with us like sing songs outside under the stars when the power went out) got into an accident because he fell asleep while driving home from the bar- the truck ended up in a lake and he ended up with a broken arm. We also knew that he had stopped driving through Canada to get to Michigan from New York in the last few years of his life. We didn’t know that somewhere along the line, he had somehow lost his driver’s license until after he had passed away.

Hardest for me has been accepting that my dad might not ever want to stop drinking- he has been drinking pretty much every day since I can remember, so more than 25 years. He has said before that he knows he should cut back, but also has told us more than once that he is never going to quit. Now I can accept this, even though it’s depressing to me at times. I remember that I can choose how to handle things- such as remembering if I decide to call him later at night, I don’t know whether or not he will remember the conversation, or that he’s not going anywhere after five on weekdays or noon on the weekends unless someone else is driving. I can also leave their house if things stop being fun and entertaining, and turn annoying. I can remind myself that my dad is a lot of other things too, like great at advice about careers, probably the funniest person I’ve ever met, excellent at his job (he won so many sales competitions that the top managers told him he wasn’t allowed to win anymore because everyone else stopped trying), there for us if we need him, a master organizer, fellow grunge fan, good chef, and lover of Christmas and giving gifts. I think accepting all this was necessary and now I can be hopeful that he still might get into recovery someday, while not having expectations that will lead to me feeling resentful of him and the situation.

From a social work standpoint, having lots of family who could be described as “pre-contemplative” (the first stage of change where someone is not recognizing there is a problem, or where the pros of the behavior outweigh the cons) probably helps me with optimism. Co-workers have told me that I’m good at seeing the positive in situations, and that they admire that I will try with a client as many times as it takes and not give up on the person. And at the same time, seeing clients recover who start off with less support and resources (like a job and place to live) than my dad has, make me hopeful for him. Getting to the point where I usually don’t take work home with me and am usually in a positive mindset about my family definitely involved getting my own help and can still be a challenge at times, but everything seems better using a glass-half-full approach, and I know recovery is possible for everyone.
Is It Enough?

By Matt Hill

On November 14th, Michigan governor Gretchen Whitmer announced the state's goal of cutting overdose deaths by 50% in the next 5 years. Anyone who cares about this national crisis would agree that this aggressive goal is exactly what we need. We should be excited that there will be more resources directed toward combating the toll addiction takes on Michiganders everywhere.

I know I was reading the first part of the governor's press release. After all, combating the state's opioid crisis was a part of her campaign platform and it was good to see her making strides to fulfill those promises.

However, as I read through the rest of her press release, my optimism for a robust plan of action dropped considerably. In the release, the Whitmer plan outlined 4 major steps toward accomplishing her goals to cut opioid overdose deaths in half. The strategies included:

- A million-dollar, stigma-reduction focused, ad campaign
- Removing Medicaid pre-authorization requirements for specific Medication Assisted Treatment (MAT) drugs
- Implementing MAT programs in Michigan Department of Corrections facilities
- Increased support for syringe exchange programs in the state

Don't get me wrong, any increase in spending for combating substance use disorder (SUD) is a good step forward, but I can't help to notice that these programs she outlined will not be enough to reach the overall goal she has set.

Reducing overdose deaths by half in 5 years will be a huge push. A push that our current treatment and recovery programs are not adequately funded enough to accomplish. Quite simply, the maximum impact potential of the strategies she outlined do not seem to align with the aggressiveness of her goal.

More specifically, a big focus of her plan revolves around increasing access and funding for MAT services. MAT can be a game changer when it comes to recovery. For some, it has been instrumental in finding and sustaining long-term recovery. However, MAT is not designed to be a standalone treatment. MAT relies on a full spectrum of wrap-around services to help a person really address their struggle with addiction. In our current climate, these SUD wrap-around services have historically, and are still currently, chronically underfunded. How can we expand MAT services when a key component to their success isn't also expanded? Without supporting expansion of full spectrum recovery services, this push only focusing on MAT seems to be half-measure. To me it falls under "we are doing something to say we did something".

Looking at the bigger picture, I also take issue with using overdose death rates as a measure of our success in combating an addiction epidemic. Don't get me wrong, every death is one too many. But when I look at this crisis, its more than just looking at overdose deaths. It's looking at all of the terrible effects SUD has on people and families across the country.

What happens when overdose death numbers start to decline? Does that automatically mean we are solving an addiction crisis? I get that trying to find a measure that more accurately describes our progress on tackling addiction is costly and time consuming, but falsely assuming things are getting better can un-do any progress made in reducing those numbers. The expansion in the number of people carrying naloxone along with other harm reduction practices can easily explain a decrease in overdose deaths. You cannot extrapolate those findings to say that people are no longer experiencing negative effects of SUD. Above all else, my biggest fear in using this statistic as a measure of overall success could very well mean that when overdose death rates start falling, funding for addiction services could be rolled back. In the long run, addiction resources will remain chronically underfunded and will leave our state vulnerable to whatever the next addiction crisis may be.

Despite the criticisms I have about this latest plan to address the opioid epidemic, there was a small mention of additional measures that remain to be seen. If there truly is more to come in terms of resources to help combat addiction, I hope they rise to the level of being able to tackle such a large issue. This is a perfect time for our Michigan recovery community to let our lawmakers know that these small steps are good, but nowhere near enough. We need to unite our voices and use our lived experience to let the governor know what an appropriate response to a crisis of this magnitude really looks like.

Governor Gretchen Whitmer. Photo used with permission.
From our CEO, Glynis Anderson

Thank you to Arianne Slay, Hugo Mack and Ely Savit, candidates for Washtenaw County Prosecutor, for their contributions to this edition of The Recovery Advocate. All of the candidates recognize that substance use disorder (SUD) is a chronic health condition, and all support treatment rather than incarceration for eligible individuals. These candidates pledge to send non-violent offenders away from an over-crowded system into treatment, with the goal of recovery and a clean record—a fresh start for those who are able to demonstrate commitment to long-term recovery.

The criminal justice system has historically utilized the traditional models of recovery, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), unintentionally perpetuating community and individual stigma. At Home of New Vision, we recognize that the traditional 12-step pathways are often not appropriate for some people. Treatment cannot be “cookie cutter” or it risks leaving a significant population behind. And it needs to be partnered with a pathway that is embraced by the individual, so that they can build their own recovery capital. Non-traditional pathways include medication assisted treatment (MAT), education, religion, running/exercise, photography, hobbies and other activities that are both engaging and satisfying. In addition, we would like to see the courts recognize multiple support group pathways, such as SMART, Recovery Dharma, and LifeRing as viable recovery options. We are excited to see that the candidates for Washtenaw County Prosecutor recognize the importance of supporting multiple pathways as a means to long-term recovery.

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