



Families Against Narcotics

Your *connection* for information, resources, and support.

Then vs now—a critical look backward (7/24/18)

We were unaware of the oncoming epidemic—we were naïve, and lost

FAN has provided hundreds of educational sessions—and has been the entity one is able to reach out to for information and support.

Upon arrest, we bailed our son out—we did not understand addiction or what we were in for. We had no idea of who to call—or even what questions to ask.

Once again, FAN has provided both print and video education and support throughout the community. We have “answered the call” both night and day, -- supporting, mentoring, and helping families to save their loved one.

The input detox was less than 3 days followed by an “intensive outpt” program—several days later—of which had a 97% recidivism rate.

Through many within the FAN organization, we now help to provide access for the insured, underinsured and uninsured to services—with a key eye on the medical model of care—looking ahead to safe and well thought out transitions all along the way—always looking to increase sobriety success.

You use you lose clause—with no follow-up substance abuse medical insurance coverage.

No longer the case—rules changed in 2011—not due to any efforts via FAN

Residential rehab—for heroin—10-12 days---no calls, follow-up, coordination.

We have coordinated with our families and providers often finding residential for anywhere from 3 weeks to several months. We have pressed and, in many ways,

provide the link for calls and communication—providing seamless transition from jail/rehab to residential and output services.

Meeting places dirty, ugly and unsafe.

Some of those remain—there are now many monitored, small group, educational based meetings to supplement the NA/12 step meetings. We often suggest/counsel that newly recovered individuals not attend community meetings alone—but go with a coach, sponsor, friend, etc. for several weeks.

Supportive structure for parents/spouses/family—(Al-anon)

Before FAN—family supported meetings were anonymous, no cross talking, and non-educational in nature. Our forums differ in that we look to tear down anonymity, family/friends and professionals are in the same room at the same time—looking to learn support and access each other—and they are educational in nature.

Arrested second time with 60 dollars of heroin—dealer walks—our son arrested under felony charges as he states to officers—not for me—for someone else. It was evident to everyone that our son was not a dealer-but a sick addict. Non the less, we were forced to hire an attorney (17 grand) and fight the system rather than continue to help our son.

In our area, we have every confidence that the police would arrest—i.e.= getting the kid off the street before hurting themselves and getting themselves in more trouble—but would not embellish and stress the criminal nature of the situation. Our police are wanting to be part of the solution and recognize addiction as a disease needing treatment. Jail can save a life by getting them off the street—but treatment is the real long-term solution. We have stressed that if law enforcement (and really everyone for that matter) treat these individuals and their families as their own sons and daughters—they will say and do the right thing.

According to magistrate—facing 40 years in prison—and law enforcement/prosecutors discuss with a 22-year-old drug sick addict the possibility of “going undercover” to access more lenient charges.

See question/answer just above. We have also worked with and educated prosecuting attorneys of the dangers when non-professional and SUD individuals go under cover—stressing putting the safety and wellbeing and treatment of the addict first.

We try to explain to the judge—that our son is not a dealer—he has track marks up his arm—and is a sick kid who needs help—not 40 years in prison. The judge says her hands are tied.

Again—as above—our prosecuting attorneys—lead by advisory member C. Siemon are continually learning and thinking outside of the box for ways to work with these SUD clients and their families. The courts and prosecuting attorneys and law enforcement and the recovery community are working together in ways only imagined a few years ago.

We ask for a sobriety judge to help with and navigate our son’s case. We are told that we can’t “judge shop” and that their sobriety court is not for those facing felony charges anyway.

No longer the case—the sobriety judges are accepting applicants to their courts for felony charges—and we now have a dedicated drug court in Ingham—specifically looking to address the issues that street drugs (heroin, meth, cocaine, etc.) engender in ongoing treatment and success.

Other than his therapist—and the attorney we feel compelled to hire at 17,000 dollars-(after all-who will hire a felon) we have no contact with those in the “system.” Calls are un-returned and even the discussions with therapist and attorney are very limited due to HIPPA.

I (phil) have worked with dozens of clients and their families –assuring that the courts, family, supportive services, etc. are communicating together—so that all interested parties are well informed and on the same page. I work with clients in removing HIPPA as a barrier to best care. FAN as an entity educates on the role of HIPPA as a barrier to be overcome.

We get head down the garden path of CPI and suboxone.

Our courts are no longer utilizing CPI and we continually educate clients and professionals that suboxone can be a wonderful adjunct to care providing it is fully understood by support team—is monitored, and a part of a bigger recovery plan. Clients who are not ready for sobriety can and will sell their suboxone on the streets—and take that money to buy what they really want (opiates)—and if unable to score on opiates—use suboxone to tone down withdrawal. (can be a tremendous enabling drug if not appropriate for where client is within their desire for recovery)

Many in the system look the other way—and provide a fertile soil for continued addiction—pawn shops, banks, lenders, etc.

This is still a problem—follow the money—if there is money to be made—many will continue to do the wrong and selfish thing.

Unable to find access to a safe sponsor—professionals unable or unwilling to help—advice—keep going to meetings—someone will surface—Oh yah—our son's first sponsor a scam—provided heroin which lead to his first overdose in our home.

There are now dozens and dozens of trained and trusted recovery coaches within our community. FAN board member and supporter J. Lowe has trained hundreds of recovery coaches throughout the state. Many supportive entities employ recovery coaches within their practices and they are an integral part of treatment. There are now trusted and trained mentors within our community—many recovered heroin addicts--willing to provide assistance to those struggling with heroin addiction

Police—first responders to our home when our son overdoses—do not have Narcan—have to wait for ambulance arrival.

Not only do all our police have Narcan within their vehicles—but many of our families have been provided the training and access to Narcan within their homes. FAN was instrumental in this endeavor—and ongoing kudos to Kathy Reddington and our local Project Voss.

First ED care wonderful (mom and dad there)—but not helpful to/for follow up support.

In-service and education was provided to our local ED's very early on via our local FAN representatives. Our 3 local ED's now provide a trained/paid recovery coach on a part time basis—with follow-up availability to those seen when the recovery coach is not on. Our local FAN contact number has fielded dozens of calls from the ED at all hours of the day and night.

Probation lied about post CPI and ED discharge. System of arrest wasteful and embarrassing.

I can only speak of the wonderful probation people that I routinely work with now (Jesse, Amy, Liz, etc.) and they are honest, helpful, dedicated, and a godsend to have within our community.

Post tether orientation and training inadequate.

We have created an informational sheet for family to be used by the courts and jails. I have not, however, followed up with the tether program staff. (I will do this)

Services in jail antiquated and often not provided (detox, medication, meetings, and therapists/case managers. (Kite?))

I, along with dozens of other recovery coaches, now have access to clients within the 3 local jails. FAN, along with the support and training of J. Lowe and Wellness INX, were the first and most instrumental in such a program. Success was recognized and there are now case managers staffing the local jail. A MAT program with in jail providing services (counseling, meetings, physician/therapist access, one on one and group, etc.) is now a reality in the Eaton Jail and is in the works within the Ingham jail.

Local services—difficult to know about let alone access—fragmented and transition planning lacking.

Local and regional Services are available on the Okemos FAN website and the local Project Voss has created a pamphlet with this necessary info. Between

services such as Wellness (Joe and Deb) and the staff of CMH (Ericanne) AND the help often provided via Katie Donovan, our community is not only providing services and treatment—but excellent transition and follow-up as well.

Inappropriate—and in many cases non existent MAT.

See question and answer from a couple of questions above.

Last ED fiasco. And the role that HIPPA plays in death.

As stated before, there are now recovery coaches staffing the ED with a plan in place for contact and follow-up for those admitted when there is not a coach on duty. In addition, I (Phil) provided in services to the ED staff highlighting the fact that family contact post overdose is not a HIPPA violation even if the client/pt. refuses to give permission. In that the reason for initiation of contact is to save a life and provide pt. safety ---No HIPPA violation will occur. HIPPA was never intended to allow an addict to continue to hide their disease—it was intended to assure that discrimination would not occur.

Attitudes/comments—Professional rules that are counterproductive and harmful.

Too many changes to highlight. We tirelessly work to change the stigma associated with addiction---and we STRESS—that if all entities simply treat these clients and their families as if they were their own sons and daughters, spouses, parents, siblings---they will intern treat them with dignity and respect—remove many of the antiquated barriers and then ultimately say and do the right thing.

