



Partnership for a
Drug-Free New Jersey

in Cooperation with the Governor's Council on Alcoholism
and Drug Abuse and the NJ Dept. of Human Services



OPIOID
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OF AMERICA



NJCARES.gov
New Jersey Coordinator for Addiction Responses and Enforcement Strategies

The Road to Recovery

September 14, 2023



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Drug-Free New Jersey

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Other members of the care team will receive a certificate of participation.

Additional Information About Continuing Education

- **You must apply to receive continuing education credit. It will not be sent to you just for attending this webinar.**
- **The link to apply for credit will be provided on the last slide.**
- **The link will also be provided in the chat at the end of the program.**
- **The link will also be sent to you in a follow-up email tomorrow.**
- **The link will be active for 30 days after today's event.**

PA Planner Dean Barone discloses that he serves on the speakers bureau of Ethicon. All faculty and other planners have nothing to disclose.

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- **This webinar also has been approved by NJ OEMS for 1 EMT Elective CEU.**
- **Attendees seeking 1 EMT Elective CEU will be provided a different link to apply for credit at the end of the webinar and in the follow-up email tomorrow.**
- **Attendees seeking EMT credit must apply for credit within 30 days of today's webinar.**

Featured Presenters



Iris Jones, LPC, LCADC, NCC, CCS
Manager, Clinical Operations, Center for Healing
Therapist, Addiction Medicine
Organizational Development Consultant,
Cooper University Health Care

Iris Jones manages clinical operations for the Cooper Center for Healing and Buprenorphine Field Initiation of ReScue Treatment (Bupe FIRST EMS), as well as the Emergency Department Addiction Pathways (EDAP) programs. She also provides oversight for Empowering Mothers to Parent and Overcome with Resilience (EMPOWR). Iris is a public speaker focused on expanding humanism in medicine and trauma-informed care (TIC). She began working in Cooper's Division of Addiction Medicine in 2016 as a behavioral health therapist. Iris has worked to develop and implement the perinatal addiction clinic; individual, family, and group therapy; and hospital consults and protocols.



Keith Kloos, CPRS
Community Outreach Coordinator,
Hackensack Meridian Health
Carrier Clinic

Keith Kloos is a person in long-term recovery, who works as the community outreach coordinator at Hackensack Meridian Health (HMH) Carrier Clinic. He previously served as an addictions counselor at HMH Carrier Clinic for five years. Keith started his career as a recovery coach volunteering for City of Angels NJ and working for the Mercer County Opioid Overdose Recovery Program (OORP) conducting bedside interventions. He has more than 10 years of experience in addiction counseling, family counseling, group therapy, conducting interventions and client placement into treatment. Keith's passion is working one-on-one with clients and their families to help guide them through the treatment process. He has also worked on many program development projects to help structure programs to fit clients' needs.



Iris Jones, LPC, LCADC, NCC, CCS
Manager, Clinical Operations, Center for Healing
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The Road to Recovery: Whole Person Care

IRIS JONES, LPC, LCADC, NCC, CCS
COOPER CENTER FOR HEALING
COOPER UNIVERSITY HEALTHCARE

Iris Jones, LPC, LCADC, NCC

jones-iris@cooperhealth.edu



Iris earned her undergraduate degree in Psychology and Sociology from Albany State University and her graduate degree in Clinical Counseling from Eastern University. Her clinical internship was completed at Crozer-Chester Medical Center specializing in the treatment of addiction, trauma and co-occurring mental health disorders. She previously worked with complex populations in non-profit outpatient behavioral health as a co-occurring addictions counselor. Iris focused her energies on promoting the welfare of patients with substance use disorders involved with the New Jersey legal system, directing multiple outpatient sites to improve overall access and care for clinically complex patients.

In 2016 she began working in Cooper's Addiction Medicine department as a Behavioral Health Therapist, where she has worked to develop the perinatal addiction clinic, individual and group therapy, as well as hospital consults and protocols. Iris began teaching as adjunct faculty at Eastern University in 2016 and launched her own consulting firm, Wellness Clinical Innovations in 2018. Her credentials include Licensed Professional Counselor (LPC), a Licensed Clinical Alcohol and Drug Counselor (LCADC), National Board Certified Counselor (NCC), and Certified Clinical Supervisor.

Financial Disclosures

The following session leader has no relevant Financial relationships
with ineligible companies to disclose



Learning Objectives

- Participants will understand the guiding principals of recovery
- Participants will gain a strong understanding and how to support their patients through the recovery process.
- Participants will learn about patient autonomy in the recovery process and how it plays a vital role in treatment planning and patient outcomes



How do you
define recovery?

When is
someone
recovered?

Metrics – We love them

Drug test results

Sessions attended

Programs completed

Length of stay in treatment

Successfully enrolled in higher or lower level of care

Legal charges reduced/eliminated

Reunification with children or family

Is This
Recovery?

How many people think that patients in recovery on should remain on Medication for Addiction (MAT) treatment for:

1-year or less?

2 -years or less?

Indefinitely?

Why MAT? Is that Recovery?

Traditional Recovery



Public health crisis-Emergency



The Drug Overdose Epidemic: Behind the Numbers

- More than 1 million people have died since 1999 from a drug overdose.¹ More than 75% of drug overdose deaths in 2021 involved an [opioid](#).² Opioids are substances that work in the nervous system of the body or in specific receptors in the brain to reduce the intensity of pain.
- The number of overdose deaths involving opioids, including [prescription opioids](#), [heroin](#), and synthetic opioids (like [fentanyl](#)), in 2021 was 10 times the number in 1999.¹ Overdoses involving opioids killed more than 80,000 people in 2021, and nearly 88% of those deaths involved synthetic opioids.²
- Learn more about the [Data Sources](#) that CDC uses to track the drug overdose epidemic in the United States.

Traditionally how have we helped people enter recovery? What treatment have we offered?

Early Treatment

- Therapeutic communities
- Self-help recovery movement
- Group & Individual Counseling – by peers and later by professionals



Therapeutic communities (TCs) are a common form of long-term residential treatment for substance use disorders (SUDs).

Residential treatment for SUDs emerged in the late 1950s out of the self-help recovery movement, which included groups such as Alcoholics Anonymous.

Some such groups evolved into self-supporting and democratically run residences to support abstinence and recovery from drug use.

The first TC was the Synanon residential rehabilitation community, founded in 1958 in California.

During the 1960s, the first generation of TCs spread throughout areas of the United States, and today the TC approach has evolved to include other professional supports.

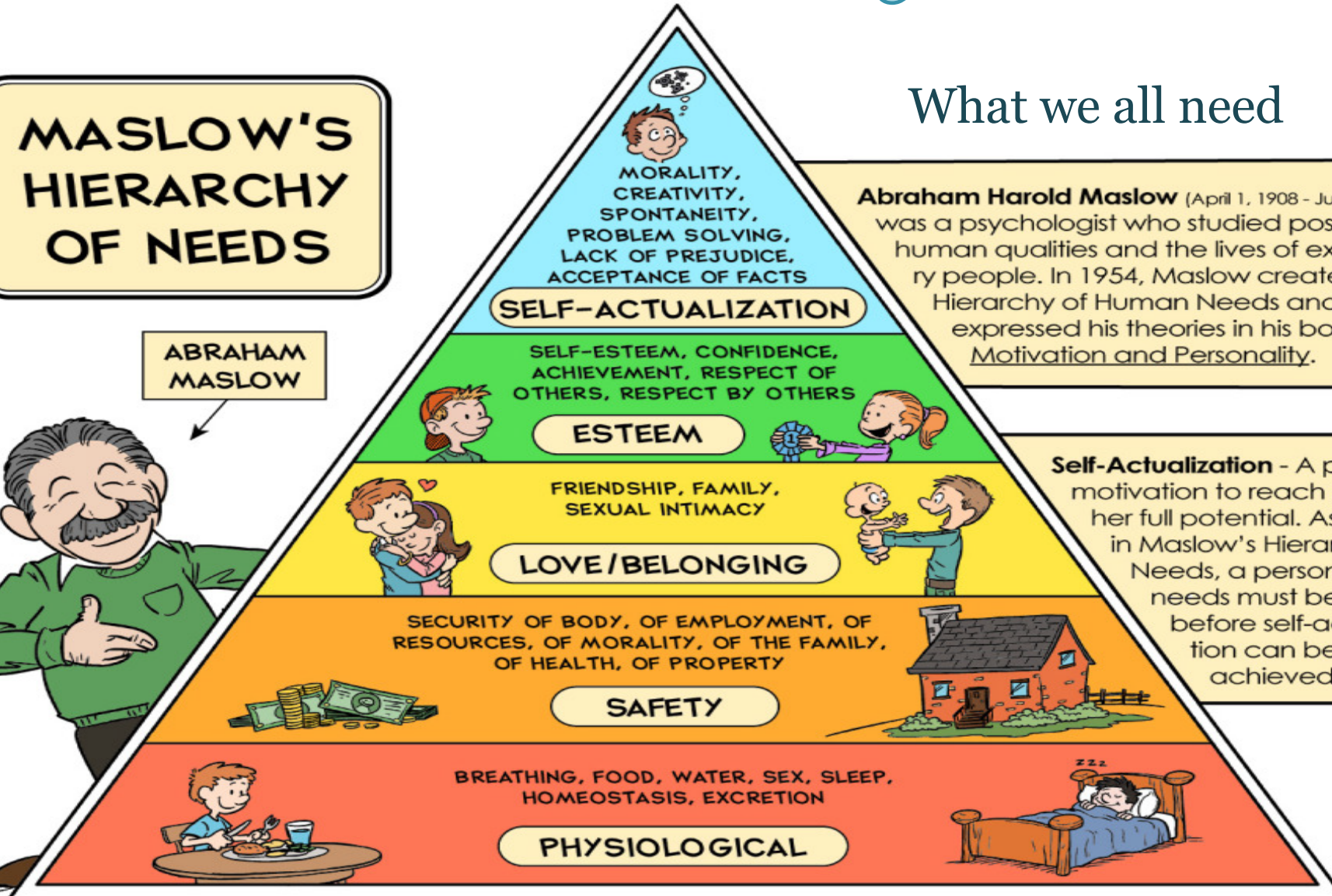
Evidence Based Care - Treatment

- Behavioral Therapy
- Cognitive-Behavioral Therapy (CBT)
- Contingency Management
- Rational Emotive Behavior Therapy (REBT)
- Motivational Interviewing
- Eye Movement Desensitization and Reprocessing Therapy (EMDR)
- Dialectical Behavior Therapy (DBT)
- Community Reinforcement and Family Training (CRAFT)
- Multidimensional Family Therapy
- Integrative Approach
- Person-Centered Therapy
- Matrix Model

Why TX Fails

MASLOW'S HIERARCHY OF NEEDS

ABRAHAM MASLOW



What we all need

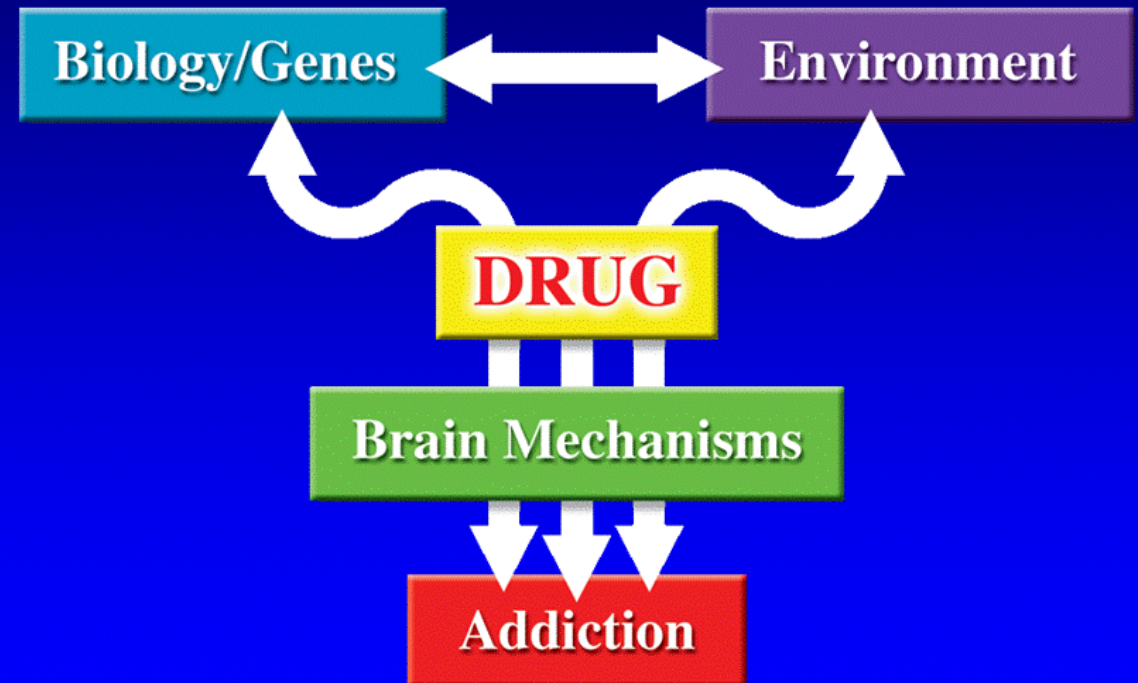
Abraham Harold Maslow (April 1, 1908 - June 8, 1970) was a psychologist who studied positive human qualities and the lives of exemplary people. In 1954, Maslow created the Hierarchy of Human Needs and expressed his theories in his book, Motivation and Personality.

Self-Actualization - A person's motivation to reach his or her full potential. As shown in Maslow's Hierarchy of Needs, a person's basic needs must be met before self-actualization can be achieved.

Chronic Just like the rest

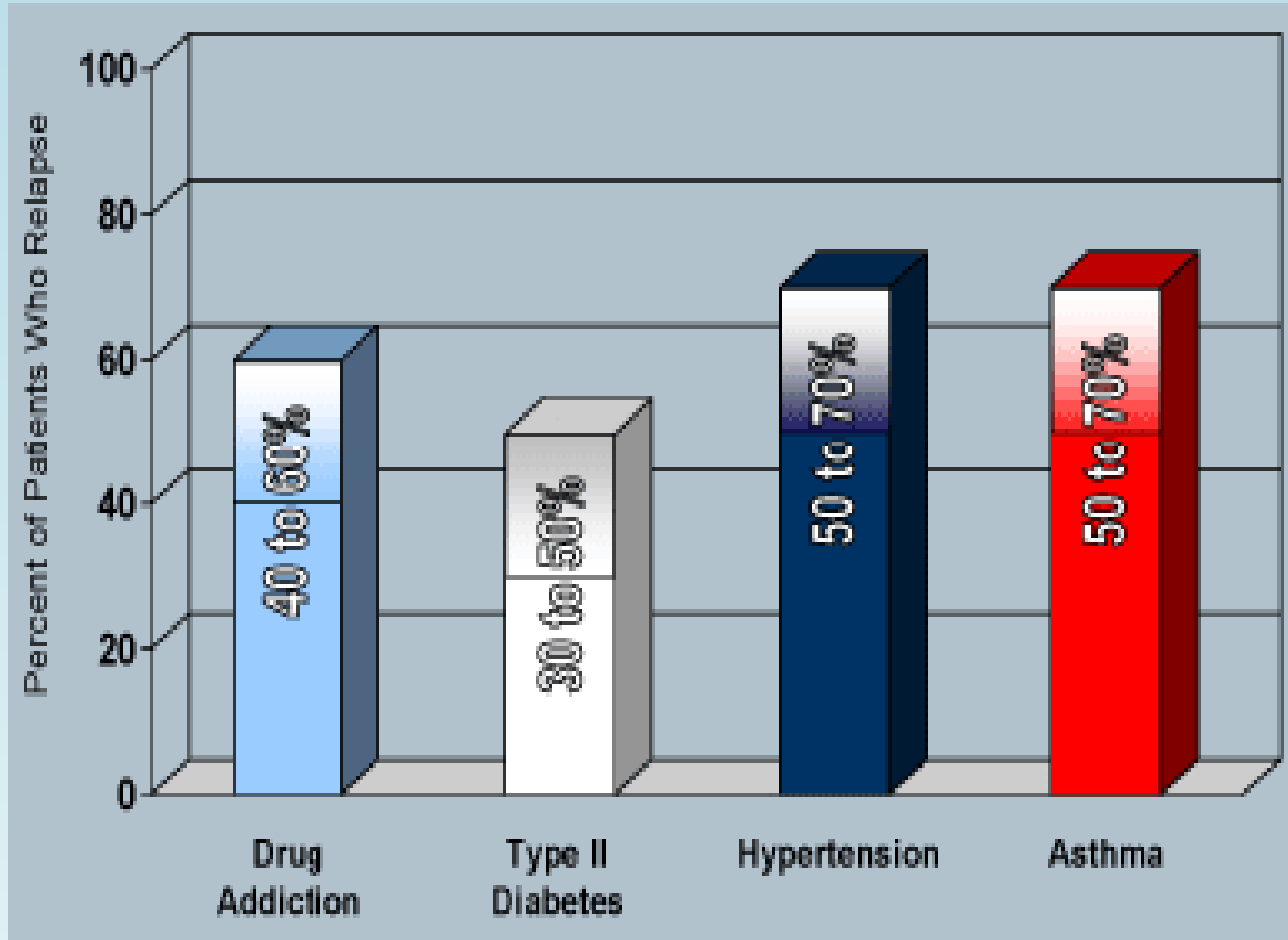
- Preventable
- Treatable
- Changes biology
- If left untreated
 - Lifetime consequences
 - death

Addiction Involves Multiple Factors



NIDA

Is Relapse Part of Recovery?

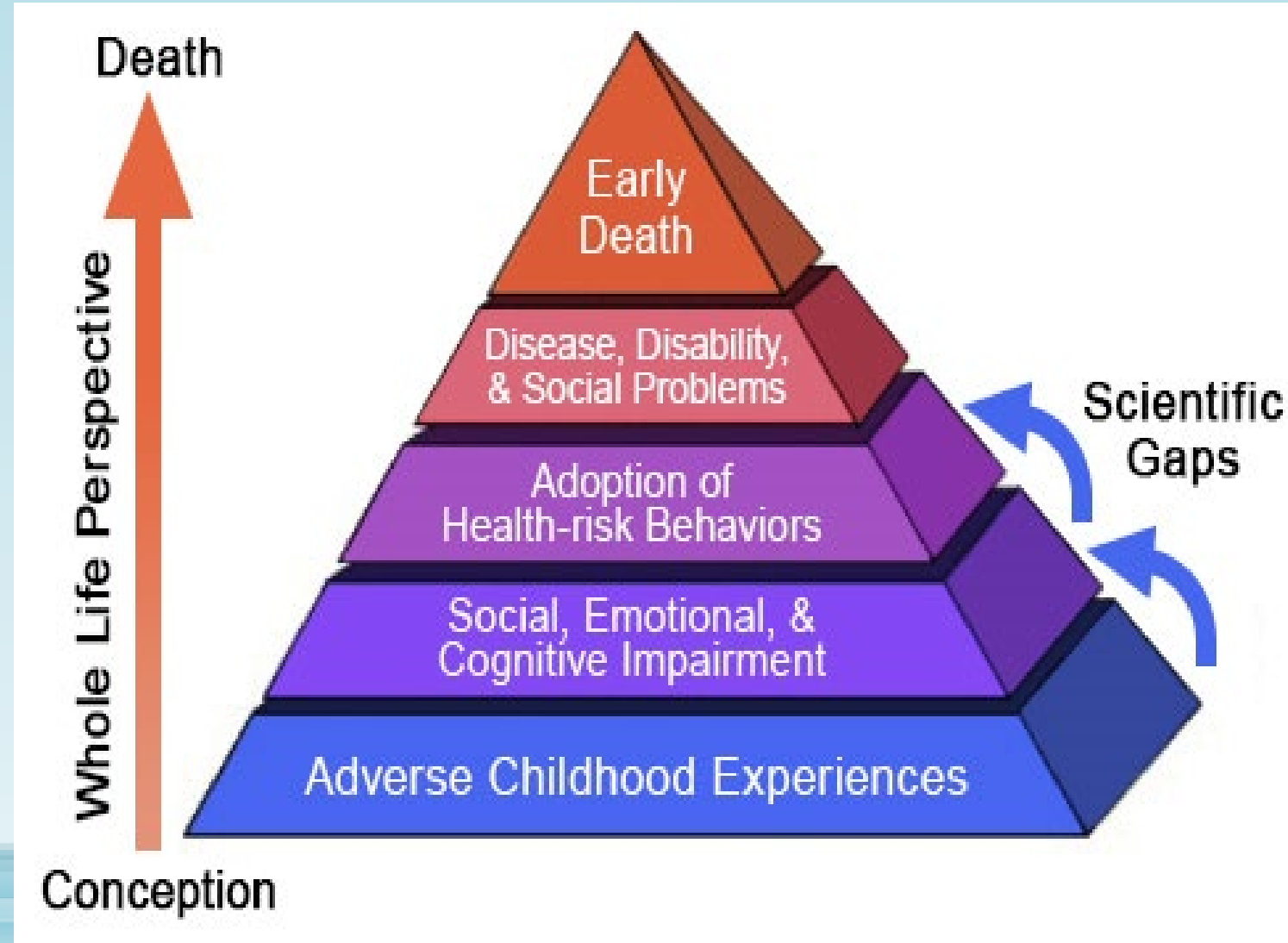


Chronic Disease

- People with diabetes continue to eat sugar and not exercise.
- People with asthma continue to smoke
- People with high blood pressure continue to eat salty foods.
- Nonpunitive

ACE- Adverse Childhood Experiences

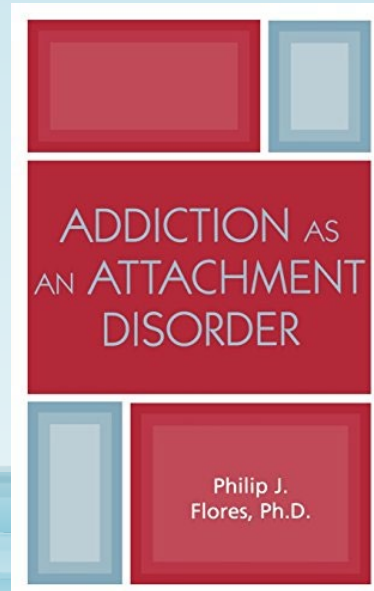
- Dr. Vincent Fellitti & Robert Anda
- Origin – 80's obesity program Kaiser Permanente's obesity clinic in San Diego, California
- 17,000+ middle class Americans
- stressful or traumatic events, including abuse and neglect
- 40% had **2** or more aces
- 12.5% **4** or more aces



Addiction as an Attachment Disorder

- Adults with SUD often have insecure attachment styles
- Attachment to substances impairs relationships and substitutes for them. (Solo use)
- "Addiction is a disorder in self-regulation. Individuals who become dependent on addictive substances cannot regulate their emotions, self-care, self-esteem, and relationships."

So, what does recovery look like if you frame addiction as an attachment disorder?



Trauma & Attachment

- **Attachment trauma** is a disruption in the important process of bonding between a baby or child and his or her primary caregiver. That **trauma** may be overt abuse or neglect, or it may be less obvious—lack of affection or response from the caregiver.
- Inconsistent or unavailable caregivers disrupt formation of secure attachments and promote reliance on ineffective emotion regulation strategies, leading to the formation of insecure attachment
- Attachment is highly predictive of future relationships

Addiction – Old ASAM Definition

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to **characteristic biological, psychological, social and spiritual manifestations**. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, **diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response**. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

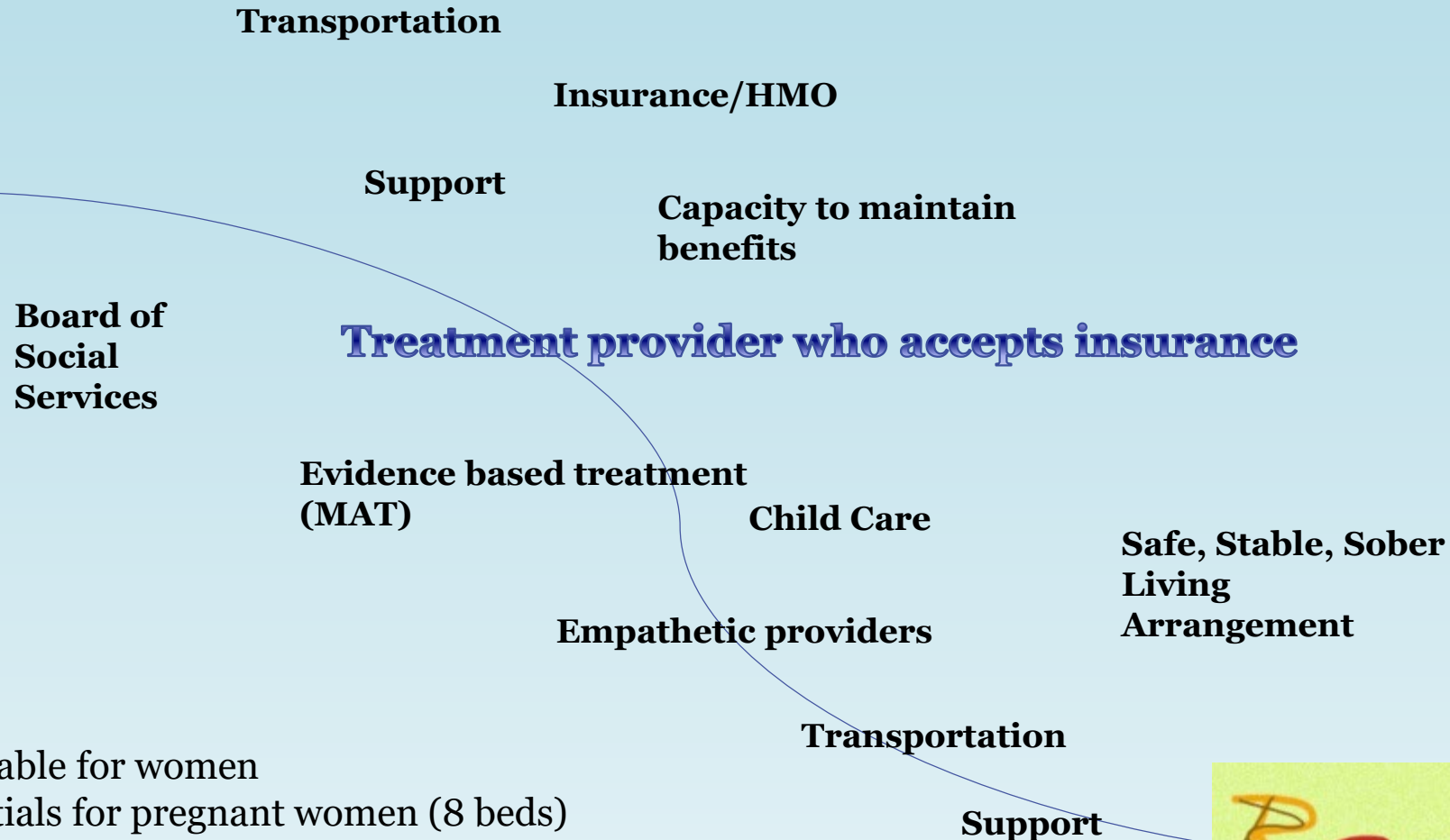
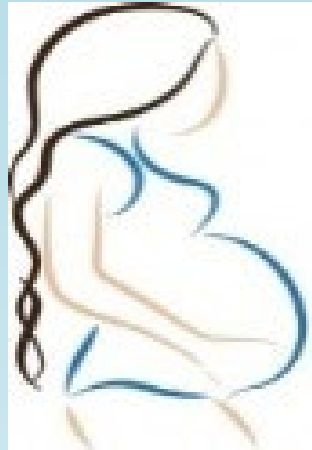
A Family Disease



In the United States, there are approximately **7.9 million** children living with grandparents or other relatives, with 2.65 million of those children (or 4% of all US children) living in “skipped generation” homes with no biological parents present (Annie E. Casey Foundation Kids Count Data Center [2020](#)).

While some of the approximately **2.5 million** grandparents raising grandchildren (US Census Bureau [2020a](#)) are doing so formally through the child welfare or foster care system, the majority of grandparents are raising their grandchildren informally (Generations United [2018](#)).

Access and Barriers - Getting to Recovery



1/3 or less beds available for women
Less than 10 residentials for pregnant women (8 beds)
Medicaid does not cover short term residential
Halfway housing does not traditionally accept patients on MAT
Estimated 1 in 10 receive treatment



RECOVERY

Destroyed relationships
Lack of support system

Municipal Court fines
Other fines

License suspension

Department of Children & Families

Stigma

Criminal Record

Lack/negative
Employment history

Poor credit history

Evictions

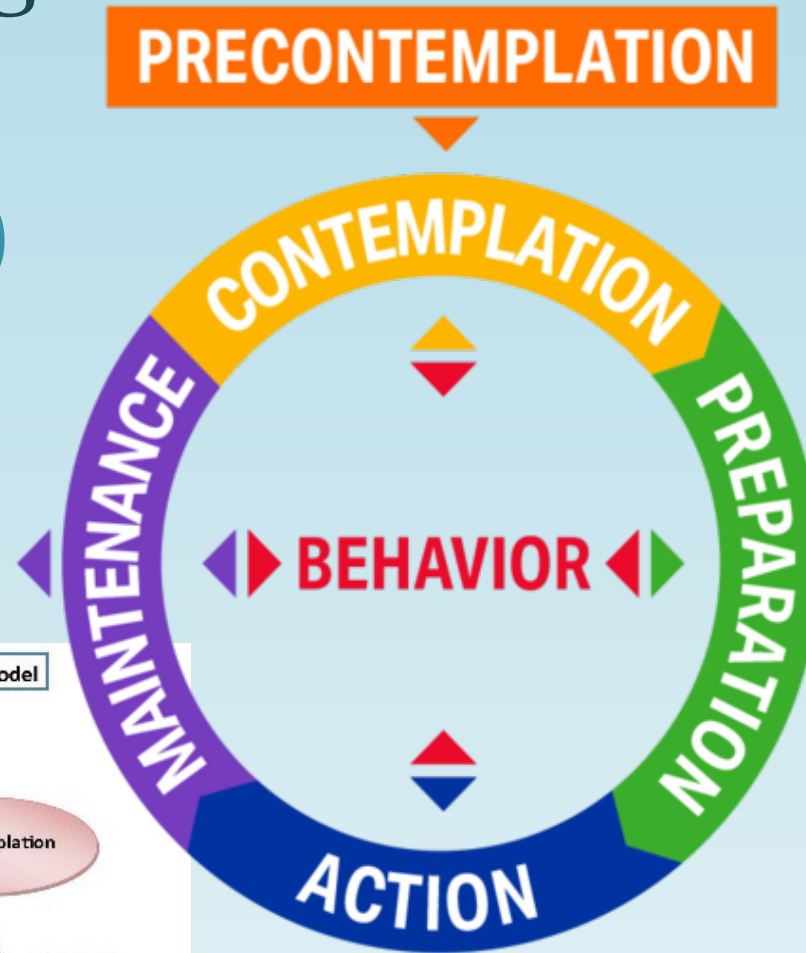


Barriers



Stages of Change

HARD



PRECONTEMPLATION

Build awareness for my need to change

CONTEMPLATION

Increase my pros for change
and decrease my cons

PREPARATION

Commit and plan

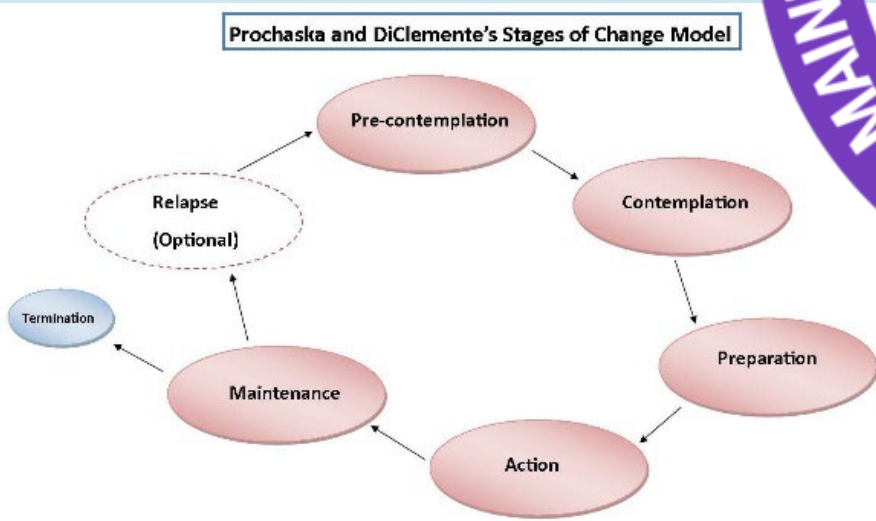
ACTION

Implement and revise my plan

MAINTENANCE

Integrate change into my lifestyle

Prochaska and DiClemente's Stages of Change Model



Shaffer, J.A. (2013). Stages-of-Change Model. In: Gellman, M.D., Turner, J.R. (eds) Encyclopedia of Behavioral Medicine. Springer, New York, NY.
https://doi.org/10.1007/978-1-4419-1005-9_1180

Severe

“When you can stop you don't want to,
and when you want to stop, you can't.”

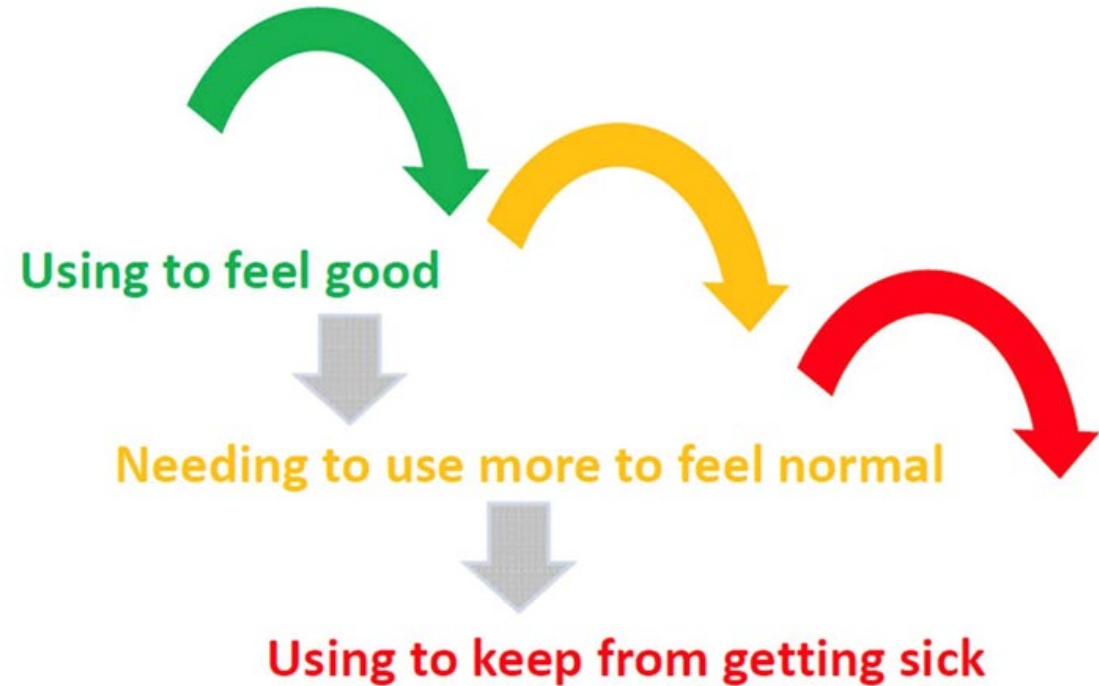
Luke Davies, *Candy*, 1998.

End-stage addiction
is mostly about
waiting for the
police, or someone,
to come and bury you
in your shame.

David Carr

meetville.com

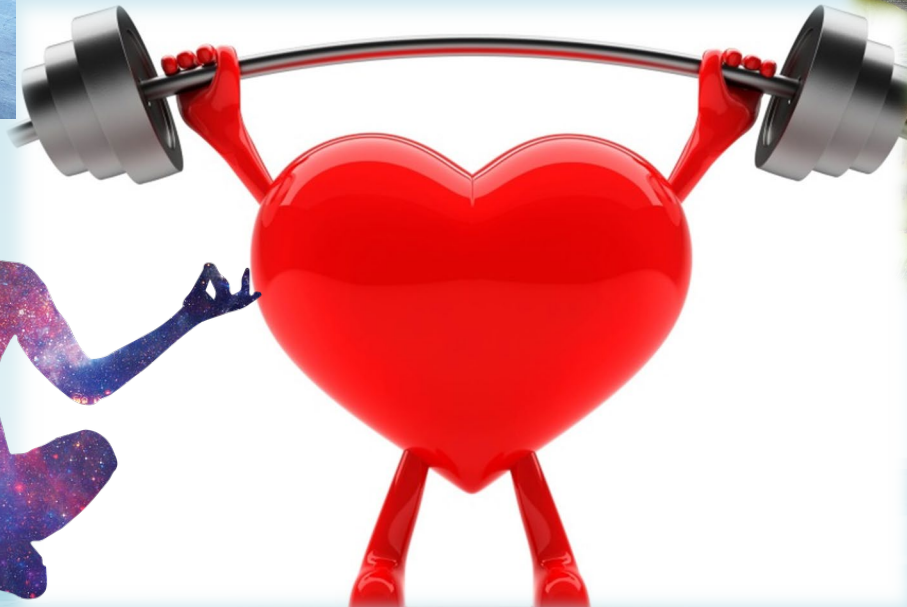
Natural History of Opioid Use Disorder



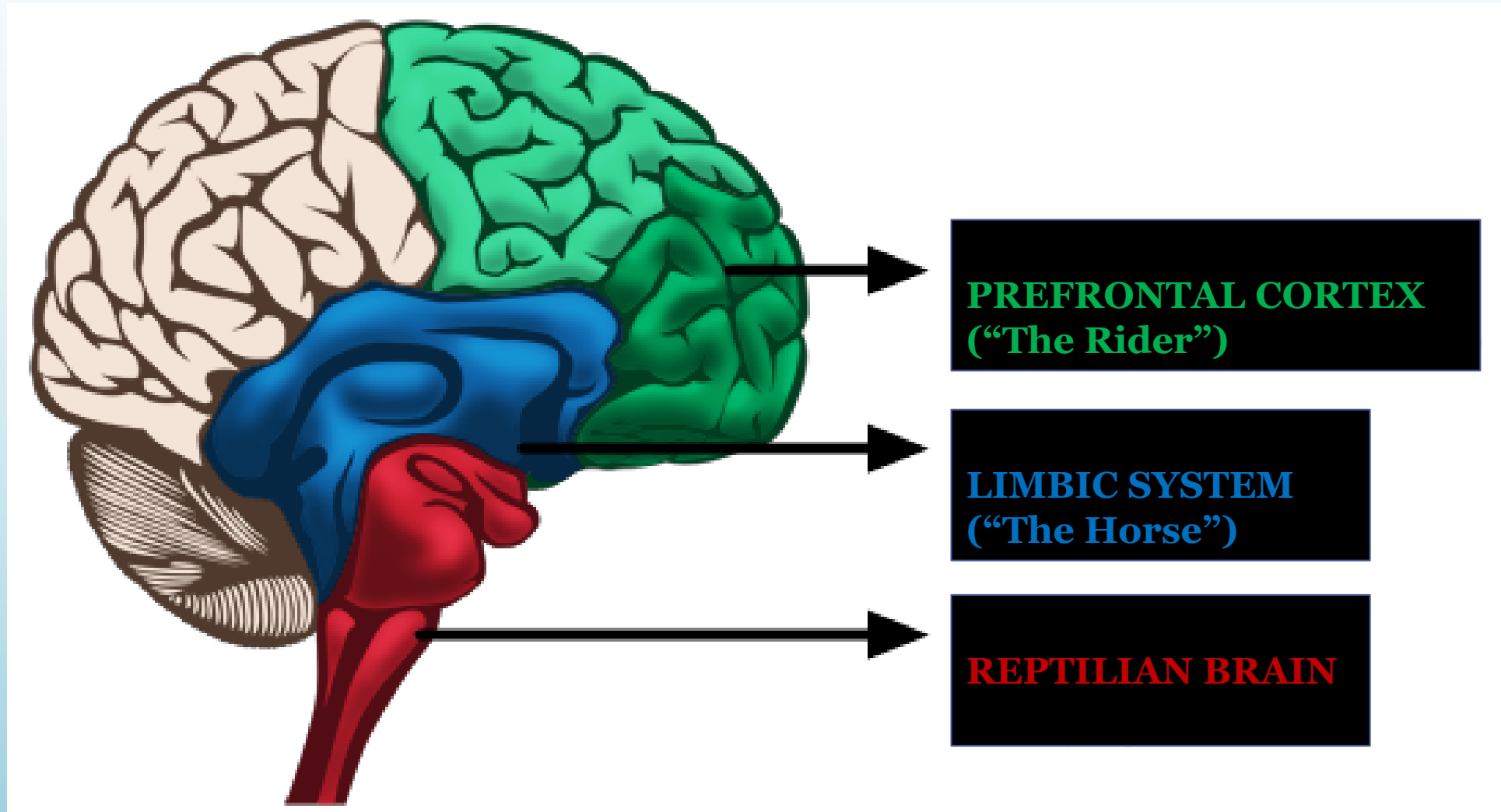
Chronic Addiction



Moral Compass Way



Trauma = lasting emotional response that results from living through a distressing event



Behavior Change

People change because they have the ability, resources and willingness.

What people need in order to make change

1. Interaction
2. Empathy
3. Self-efficacy – (belief they can change)
4. Change Talk

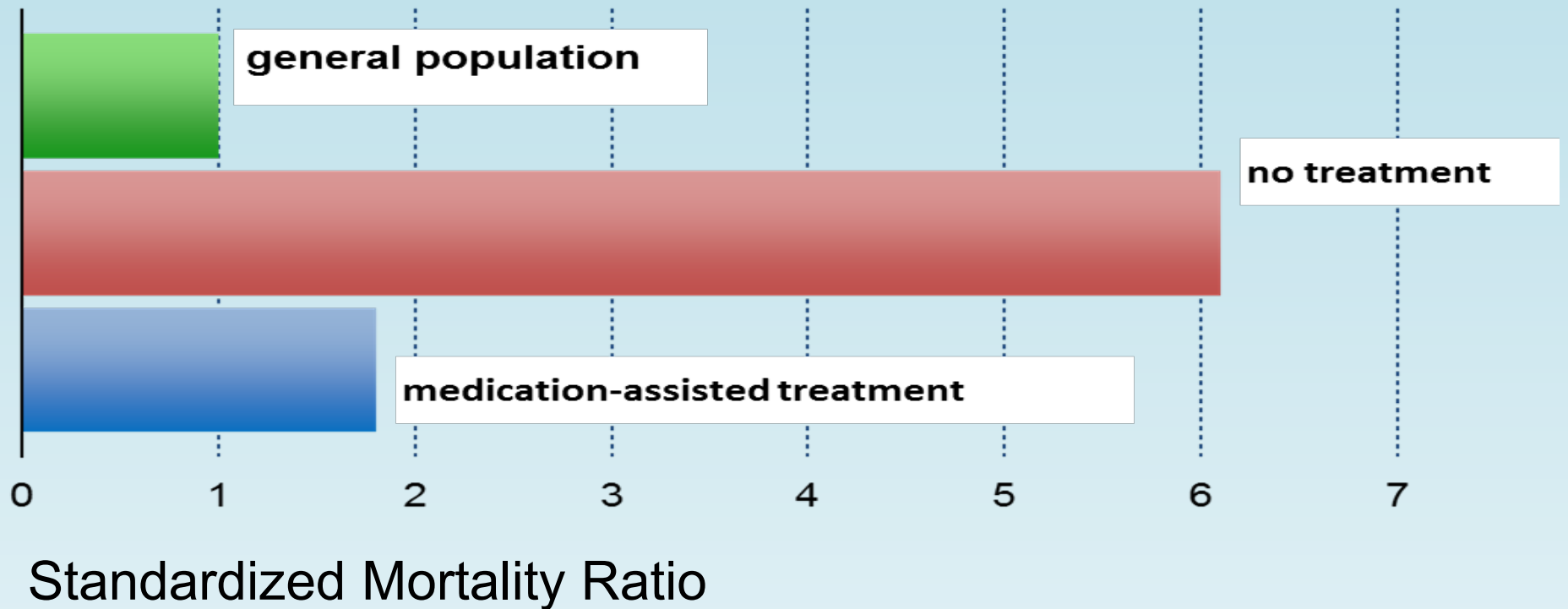
MI techniques help patients become ready, willing, and able by resolving their ambivalence towards change and increasing the perceived discrepancies between their current condition and a desired future condition.

Recovery– with MAT is still **RECOVERY**

- Medication Assisted Treatment (MAT) or Medication for Opioid Use Disorder (MOUD)
 - Methadone & Buprenorphine & naltrexone
 - MAT rather than controlled withdrawal because withdrawal has highest rates of relapse
 - Reduces harmful behaviors
- Comprehensive Holistic Care Including –
 - Evaluation and management of co-occurring psychiatric disorders, infectious diseases & social stressors.
 - Behavioral Health therapy
 - For pregnant women - Counseling regarding the importance of breastfeeding, contraception and neonatal abstinence syndrome.

Benefits of MAT: Decreased Mortality

Death rates:



Dupouy et al., 2017

Evans et al., 2015

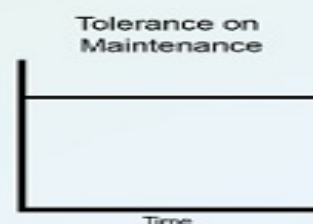
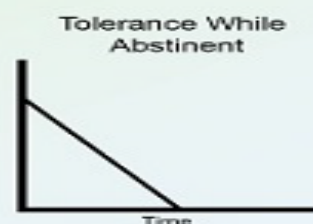
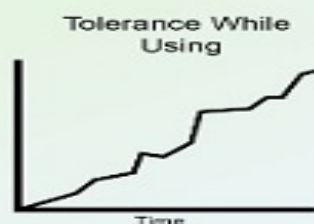
Sordo et al., 2017

Medication-Assisted Treatment (M.A.T.) for Opioid Use Disorder

When people have addiction, they will keep using
despite negative consequences.

Their brains are altered so that:

- rational thinking and decision-making are compromised
- cravings are intense
- reward systems are desensitized
- emotions are magnified



Tolerance happens when people's bodies adapt to a drug over time, and doses must keep increasing for people to continue to get high or to keep from getting sick.

Opioid Use Disorder Untreated (No M.A.T.)



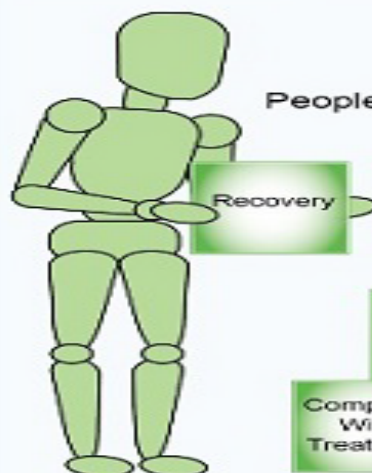
People are at higher risk for:

- Crime & Recidivism
- Unemployment or Low Productivity
- HIV, Hepatitis C, & other Diseases
- Overdose & Hospitalization
- Fatal Overdose

People not on M.A.T. will experience withdrawal and cravings, especially when under stress.

Their tolerances are low, so they are twice as likely to fatally overdose.

Opioid Use Disorder Treated (M.A.T.)



People will be more likely to succeed with:



People on M.A.T. when stabilized on the right dose, will not experience withdrawals, cravings, or a high.

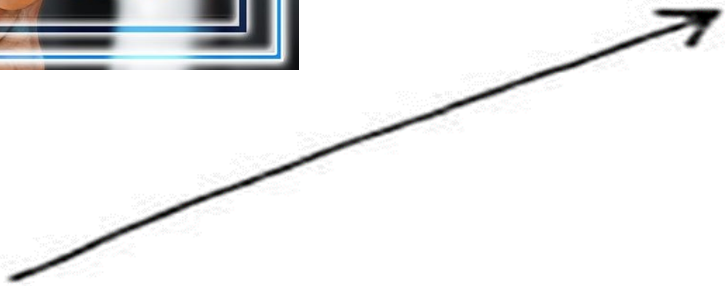
Their tolerances are stable, so they are 50-70% less likely to fatally overdose.

Motivational Interviewing

- Ambivalence is normal
- Change is non-linear
- Non-confrontation works best
- Resolving ambivalence is key to change



CHANGE



What people think
it looks like



What it really
looks like

Big Bad Bias

- Tendency, trend, inclination, feeling, or opinion
- How I feel about something
- My view, belief system & theoretical framework

Fixing the Issue

- ✓ Understanding and acknowledging my own history
- ✓ Understanding professional role & responsibilities
- ✓ Understanding the bias in the system in which I work



Righting Reflex

- Righting Reflex
 - Tendency of practitioners to attempt to fix problems in patient's lives
 - Reduces the likelihood of change
 - Pushing for change can lead to resistance or discord

Don't Do it

Key Traps:

1. Expert
2. Labeling
3. Blaming



The Choice

Autonomy –



- Fostering the right to control the direction of one's life
- Fundamental principle of professional ethical behavior
 - What my patient wants is what we do
- Harm Reduction – Safe Injection sites- treatment planning



AMERICAN COUNSELING ASSOCIATION (2014). ACA CODE OF ETHICS. ALEXANDRIA, VA:
AUTHOR.

Stigma Stops People from Seeking Care

- Individuals internalize the negative messages they hear.
- People feel ashamed and are afraid to ask for help
 - ✓ Lack of understanding/support by family, friends, colleagues, or others
 - ✓ Discrimination at work, housing, social activities
 - ✓ Bullying, physical violence, or harassment

Stigma In Practice

Stigma results in prejudice and discrimination, both subtle and overt.

Refusal to treat

Unkindness

Deprioritizing

Assumptions

Unwillingness to learn

Language & Perception

“In discussing substance use disorders, words can be powerful when used to **inform, clarify, encourage, support, enlighten, and unify**. On the other hand, stigmatizing words often **discourage, isolate, misinform, shame, and embarrass**. Recognizing the power of words, this guide is designed to raise awareness around language and offer alternatives to stigmatizing terminology associated with substance use disorders.”
(SAMHSA, 2004).



Why Non-Judgmental Language?

- Attention to language is a critical step toward the reduction of stigma
- Stigma remains one of the biggest barriers to addiction treatment faced by patients
- Changing language can prompt a transformation in people's underlying perceptions and attitudes, and in society's discriminatory policies

If you're **judging** you're not relationship building. They cannot happen at the same time in the same space.

Language and Safety

Development of a safe environment includes minimizing the use of stigmatizing language:

“frequent flier”, “addict”, “victim”, “non-compliant”, “difficult”, “entitled”, “drug-seeking”

To develop psychological safety in your encounters, change the narrative of the history taking from “What’s wrong with you?” to “what happened to you?”

These changes improve respect towards the patient and imply that the situation they are in is not an aspect of their character, but of the things they are experiencing or have overcome

Addiction Stigma & Language

Words to Avoid

Alternatives

Addict, abuser, junkie, addicted



Person with active addiction, substance use disorder, substance exposed (newborns/infants)

Abuse



Misuse, harmful use, hazardous use, active use

Clean & dirty



Negative, Positive, & Substance Free

Drug habit or habit



Alcohol /drug disease, misuse disorder

Replacement/substitution therapy



Medication assisted treatment or medication treatment

Trauma Informed Care

“Trauma-informed care is a **strengths-based** framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes **physical, psychological, and emotional safety** for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of **control and empowerment.**”

Hopper, Bassuk, & Olivet, 2010

The **WE** in Culture Change

Sense of
helplessness
of the medical
staff

Compassion
fatigue

Policy,
procedures &
practices

Stigma

Bias & beliefs

Lack of
tangible
knowledge
regarding
addiction
treatment



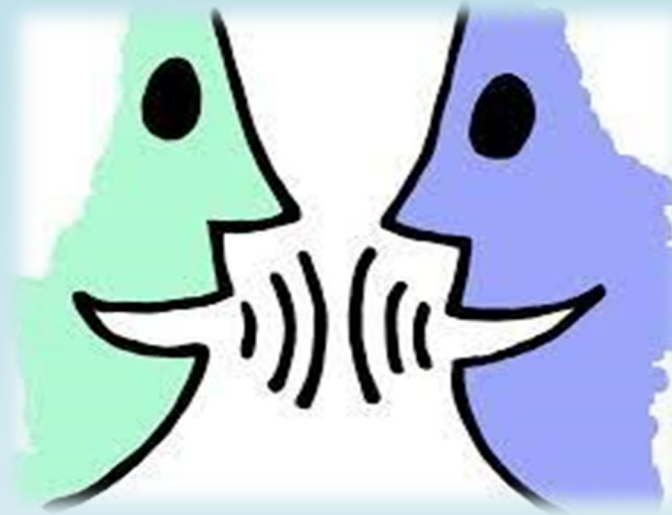
Common Ground & Mutual Purpose

Compromise lives in this space

- Move away from rigid of dichotomous thinking – rarely is there only ever one solution.
- Find common ground wherever possible.
- Help your patients understand that just because you haven't had their experiences does not mean you cannot empathize with them
- When patients share something – BELIEVE THEM – Their world view
- Understanding other's point of view

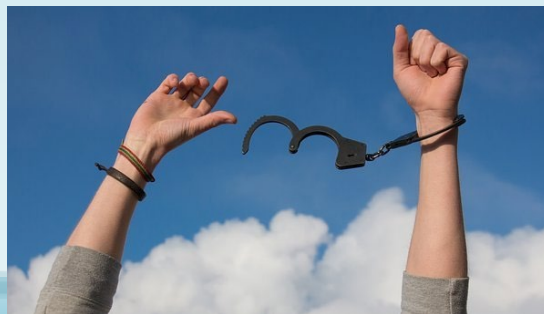
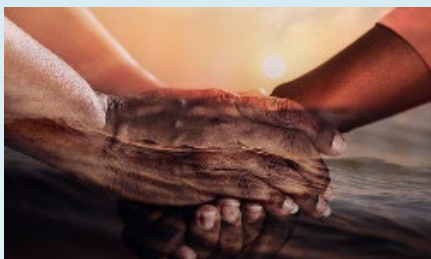
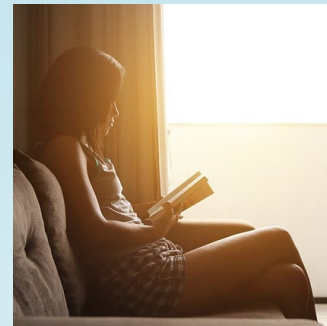
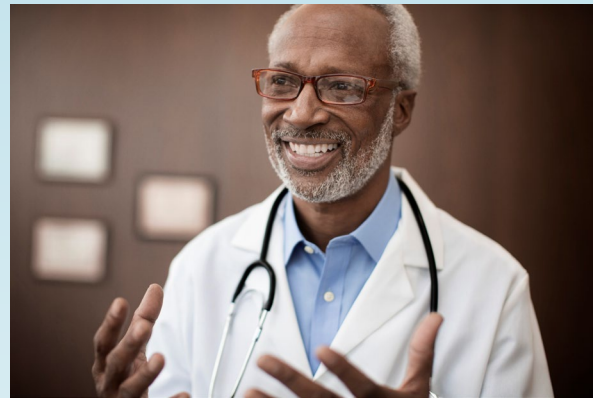
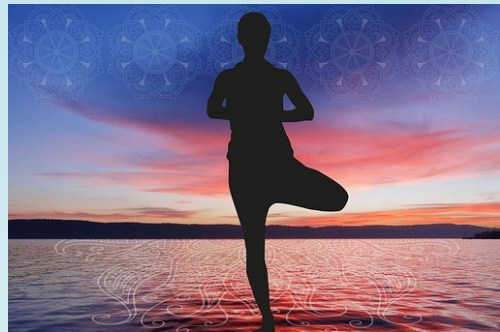
Hard Conversations about Recovery

- Come from a place of curiosity and respect
- Listen to **learn** not just to **respond**
- Normalize whenever possible
- Know your policies and protocols



- **Clear**
- Concise
- **Kind**
- Empathetic
- **Thoughtful**

Multi-Modality Treatment



SAMHSA Working Definition of Recovery

Four Major Dimensions:

1. Health
2. Home
3. Purpose
4. Community

Abstinence \neq Recovery

SAMHSA's WORKING DEFINITION OF RECOVERY



10 GUIDING PRINCIPLES OF RECOVERY

DEFINITION

Working definition of recovery from mental disorders and/or substance use disorders

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

Health

Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

Home

A stable and safe place to live

Purpose

Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society

Community

Relationships and social networks that provide support, friendship, love, and hope

Cooper Center for Healing Innovative Initiatives

**Low Barrier: Walk-In
Access, Expanded Hours,
Community Center
Philosophy**

**Integrated Behavioral
Health: Group therapy,
family therapy, trauma
therapy, EMDR**

Group Medical Visits

Nurse Care & Protocols

Medical Assistant Visits

Creative Wellness Initiative



EMPOWR: Perinatal SUD Program

The Cooper Center for Healing EMPOWR Program

Empowering Mothers to Parent and Overcome with Resilience



Wrap-Around Care for Mothers and Children

- ☐ Addiction Care
- ☐ Mother & Infant Medical Treatment
- ☐ Medication Coverage
- ☐ Emergency Housing
- ☐ Behavioral Health
- ☐ Collaborative Care
- ☐ Transportation
- ☐ Essential Baby Items
- ☐ Innovative Neonatal Withdrawal Treatment



End Game



"DO THE BEST YOU CAN UNTIL YOU
KNOW BETTER. THEN WHEN YOU KNOW
BETTER, DO BETTER."

Questions?

THANK YOU!!!!!!

References:

- Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings. *The Open Health Services and Policy Journal*, 2009, 2, 131-151.
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Keith Kloos, CPRS
Community Outreach Coordinator,
Hackensack Meridian Health
Carrier Clinic



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Community Outreach Coordinator

Keith Kloos, CADC CPRS



Hackensack
Meridian Health

What is Recovery?

- **My Recovery Experience**
- **Environmental/Social Difficulties**
- **People, Places and Things**

Entering Recovery

- **What is Treatment?**
- **When are you in Recovery?**
- **My Experience with Helping Others in Early Recovery.
The difference between doing it Professionally vs in the
Recovery community?**

Continuing Support of Recovery

- **How important is outside support in maintaining recovery?
What barriers exist and what services are lacking?**
- **What has been important to me in my recovery journey?**
- **How does stigma play a role and how important is avoiding stigmatizing language for those in recovery?**
- **Why is it necessary to celebrate recovery?**



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To register for continuing education for today's webinar, visit <https://knockoutday.drugfreenj.org/Road2Recovery>
For 1.0 EMT CEU, visit <https://KnockOutDay.DrugFreeNJ.org/EMT>

UPCOMING WEBINAR

Knock Out Opioid Abuse Day: An Update from NIDA

11 a.m. Friday, October 6, 2023

Register at KnockOutDay.DrugFreeNJ.org/events



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