

From Stigma to System Change

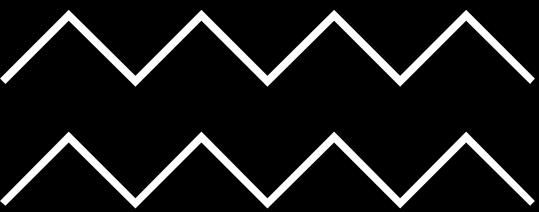
Understanding the Power of the Recovery Movement

Presented by Community Healing Centers featuring Dr. Andre Johnson exploring how recovery advocacy transforms lives and systems

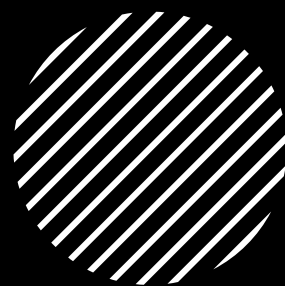
National Perspective: The Rise of a Unified Voice

Over the past 25+ years, the national Recovery Movement has transformed from a quiet, stigmatized conversation into a powerful force for **policy change, public awareness, and systems transformation.**

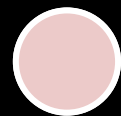




Key National Milestones:



- . The formation of **Faces and Voices of Recovery**, which gave the movement a visible and organized national platform.
- . The declaration of **September as National Recovery Month**—celebrating recovery and breaking the silence around addiction.
- . Federal leadership through **SAMHSA's Recovery-Oriented Systems of Care (ROSC)** framework and **Certified Peer Recovery Specialist** roles.





Key National Milestones:

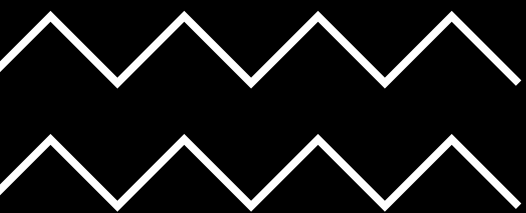
- Growing support for **harm reduction integration** alongside abstinence-based models, signaling a more inclusive, evidence-based continuum of recovery.
- National investment in the **recovery workforce**, including Recovery Community Organizations (RCOs), peer certification, and Medicaid reimbursement
- The creation of **Center for African American Recovery Development (CAARD)**.

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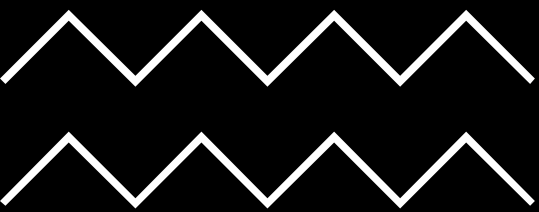




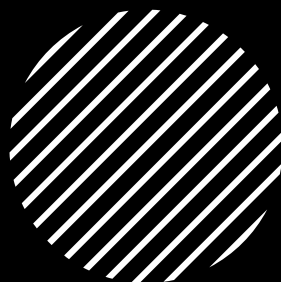
Local Perspective: Detroit and the Recovery Movement

- Recovery Movement is not an abstract idea—it's a lived reality.
- Organizations like the **Detroit Recovery Project** have been at the forefront of building a **recovery ecosystem**—a network of services and supports that center recovery in the community, not in isolation. Over the past two decades, the movement in Detroit has been shaped by:
 - **Grassroots leadership** by people in recovery and their families
 - Expansion of **recovery housing**, peer coaching, and trauma-informed care
 - Strategic partnerships with **law enforcement, healthcare systems, and the courts**
 - Community engagement through events like **Recovery Walks, town halls, and harm reduction summits**
 - A commitment to racial equity and addressing the **structural drivers** of addiction: poverty, trauma, housing instability, and systemic racism
- Detroit's Recovery Movement has become a **national model** for how local communities can mobilize to break stigma, save lives, and build sustainable pathways to wellness.



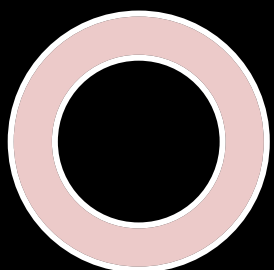


Why the Recovery Movement Matters

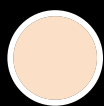


The Recovery Movement is more than a service model—it is a **civil rights movement** for people with substance use disorders. It challenges:

- **Stigma** that says people in recovery are broken or dangerous
- **Systems** that criminalize addiction instead of treating it
- **Policies** that exclude people in recovery from housing, employment, or civic life
- And it uplifts:
 - **Narratives of hope** and possibility
 - **Peer leadership** and lived experience as sources of wisdom
 - **Integrated, person-centered care** as a right, not a privilege
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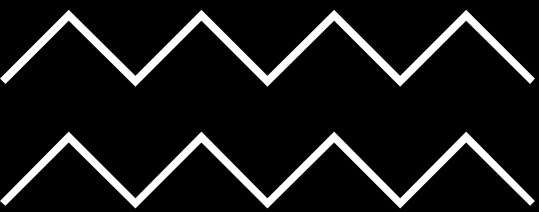


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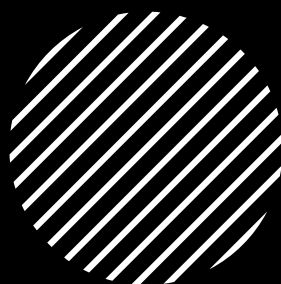


- Stigma is defined as “a mark of disgrace associated with a particular circumstance, quality, or person.”
- All too often, there tends to be stigma around behaviors and actions that are viewed as different and outside the acceptable norm.
- Poverty Rate 33.8% approximately 2.5 times higher than Michigan’s overall poverty rate of 13.4%
- Trauma (Detroit)
- Violent homicides leading cause of death for residents aged 15-34
- Trauma recidivism rates 44%
- Mortality Rates 20%





Why the Recovery Movement Matters



Substance Use Disorders

- Detroit Wayne County 630,000 individuals aged 12 or older used illicit drugs in the past year representing 16.6% of the population which is higher than the national rate of 14.7%
- Past-year marijuana use 12 % and nonmedical use of prescription pain reliever 5.5% were similar to Michigan rates but exceeded national averages
- In Michigan 25.6% of adults engaged in monthly binge drinking in 2022 higher than the national average
- Detroit's past year cocaine 5.5% was nearly double the national average

Our Foundation and Mission

Our Story

Founded in 2004 from the City of Detroit Health Department/Bureau of Substance Abuse Prevention, Treatment, Recovery at Herman-Keifer Hospital. We are recovery-based and capital-focused, prioritizing people with lived experience and meeting individuals where they are. As a Certified Community Behavioral Health Clinic (CCBHC), we meet the gold standard for integrated behavioral health care delivery.

1

Community Focused

We go directly to the people, providing services in the community rather than waiting for people to come to us.

2

Lived Experience

Our approach centers on individuals with personal experience in recovery, ensuring authentic and effective support systems.



Certified Community Behavioral Health Clinic

CCBHC Gold Standard

DRP is a Certified Community Behavioral Health Clinic, representing the gold standard in delivering integrated, accessible, person-centered care.

- **Serves anyone regardless of ability to pay**
- **24/7/365 crisis response services available**
- **Evidence-based practices and quality reporting standards**

Nine Core Services

CCBHCs must provide comprehensive services that integrate mental health, substance use, and physical health care.

- **Crisis mental health services and mobile crisis teams**
- **Screening, assessment, treatment planning, and case management**
- **Outpatient services, peer support, and veteran-focused care**

Detroit's Challenge

33.8%

Poverty Rate

16.6%

Illicit Drug Use

44%

Trauma Recidivism

5.5%

Cocaine Use

Understanding Stigma

Stigma is a mark of disgrace associated with behaviors viewed as outside acceptable norms

- ✔ Creates barriers to accessing needed services
- ✔ Perpetuates cycles of shame
- ✔ Prevents people from seeking help

Trauma Impact

Detroit faces significant trauma challenges affecting community health and recovery outcomes

- ✔ Violent homicides leading cause death ages 15-34
- ✔ High trauma recidivism rates
- ✔ 20% mortality rates from trauma

Substance Use Reality

Detroit Wayne County substance use rates significantly exceed state and national averages

- ✔ 630,000 individuals used illicit drugs past year
- ✔ Cocaine use nearly double national average
- ✔ Higher than national rates across substances

Detroit Health Inequities

Stark Health Disparities

Detroit residents face significant health inequities compared to state and national averages. African Americans experience disproportionately higher rates of chronic diseases, lower life expectancy, and reduced access to quality healthcare. These disparities reflect systemic inequalities and social determinants of health that require comprehensive, culturally responsive interventions.



27.9%

Fair/Poor Health

6.1

Infant Mortality Rate

Health Disparities Data

42.4%

Black Men Hypertension

21.8%

Black Diabetes Rate

72.3

Black Men Life Expectancy

3-4x

Kidney Failure Risk

Life Expectancy Gaps

Significant disparities exist in life expectancy between racial groups in Detroit and Michigan

- ✓ White women: 81.4 years average lifespan
- ✓ Black women: 78.4 years average
- ✓ Black men: 72.3 years average

Chronic Disease Burden

African Americans face disproportionately higher rates of preventable chronic conditions

- ✓ Hypertension rates 10-12% higher than whites
- ✓ Diabetes nearly double the rate
- ✓ 37% of diabetics are undiagnosed

Cardiovascular Impact

Heart disease and stroke mortality rates significantly higher among African Americans

- ✓ Heart disease mortality 30% higher
- ✓ Stroke mortality 45% higher
- ✓ CVD causes 32-43% of life expectancy gap

Criminal Justice and Addiction

1.16M

Annual Drug Arrests

80%

Inmates with Addiction

70%

Recidivism Rate

\$1T

War on Drugs Cost

Criminalization Costs

The United States has spent over a trillion dollars on the war on drugs since 1971

- ✓ 26% of all arrests are drug-related offenses
- ✓ Annual imprisonment cost: \$42,672 per person
- ✓ 360,000+ people incarcerated for drug offenses

Treatment vs Punishment

Evidence shows treatment approaches achieve better outcomes than criminalization alone

- ✓ Educational programming reduces recidivism to 26.1%
- ✓ Rehabilitative programs reduce recidivism to 21.1%
- ✓ Standard recidivism rate remains around 70%

Racial Disparities

The criminal justice approach to addiction disproportionately impacts communities of color

- ✓ One in five Black men likely imprisoned
- ✓ People of color: 70% of prison population
- ✓ Systemic inequalities drive disproportionate enforcement

Comprehensive Services Today

Detroit Recovery Project Service Areas

Holistic Care

Integrated treatment addressing substance use, mental health, and physical health needs

Community Centered

Services delivered where people are, removing barriers to access and care

Treatment Services



Outpatient substance use disorder treatment and outpatient mental health treatment with psychiatric services

Health Services



Primary care health services, infectious disease prevention, and comprehensive medical support for recovery

Support Services



Peer support services, recovery advocacy, and Recovery Training Institute programs

Understanding Harm Reduction

Public Health

Alternative to moral/criminal and disease models

Removes Barriers

Eliminates stigma and access barriers to services

Social Justice

Respects rights of people who use drugs

1



2



3



4



5



Bottom-Up Approach

Based on advocacy rather than top-down mandates

Practical Strategies

Reduces negative consequences associated with drug use

Core Harm Reduction Principles

Meeting People Where They Are

Drugs are part of our communities, and we work to alleviate potential harm without judgment or requirements.

- **No judgment and no requirements to access services**
- **Multiple pathways and improving quality of life**
- **Meeting people where they are in their journey**

Empowerment and Participation

We value and utilize the opinions of individuals who use or have used drugs, empowering them to help others.

- **Empower those actively using to oversee harm reduction**
- **Educate users to help others in networks**
- **Acknowledge social determinants of health and trauma experiences**

“You can’t save dead
people”

A person awaiting to
receive Harm Reduction
services



Harm Reduction Impact Areas

- HIV Counseling and Testing (HCT) is composed of two types of testing:
 - VCT – Voluntary Counseling and Testing
 - PIHCT – Provider Initiated HIV Counseling and Testing

Comprehensive HIV prevention strategies that have proven effective in reducing transmission and improving health outcomes

HIV Prevention

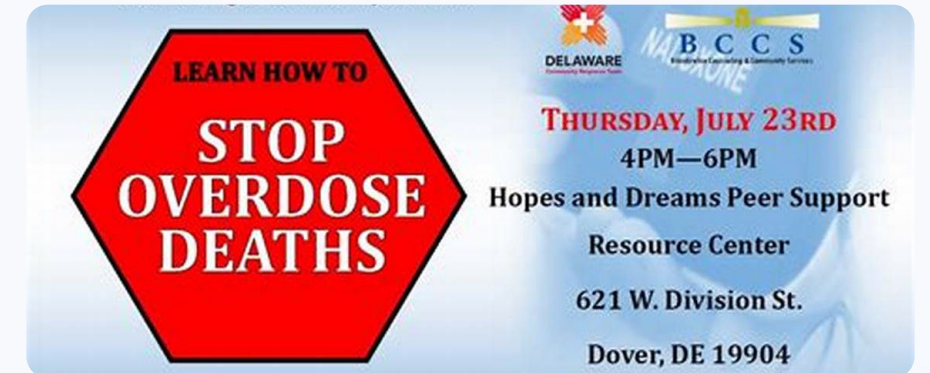
- Prevents new injectors and decreases high-risk behavior patterns
- Increased access to condoms, lube, PrEP and PEP
- Earlier HIV detection leading to better treatment outcomes



Targeted hepatitis prevention services that reduce transmission and improve treatment adherence for participants

Hepatitis Prevention

- Can reduce HCV transmission up to 76 percent
- Increased HCV treatment adherence and completion
- Access to HBV and HAV vaccinations



Critical overdose prevention and reversal services that save lives in our communities

Overdose Prevention

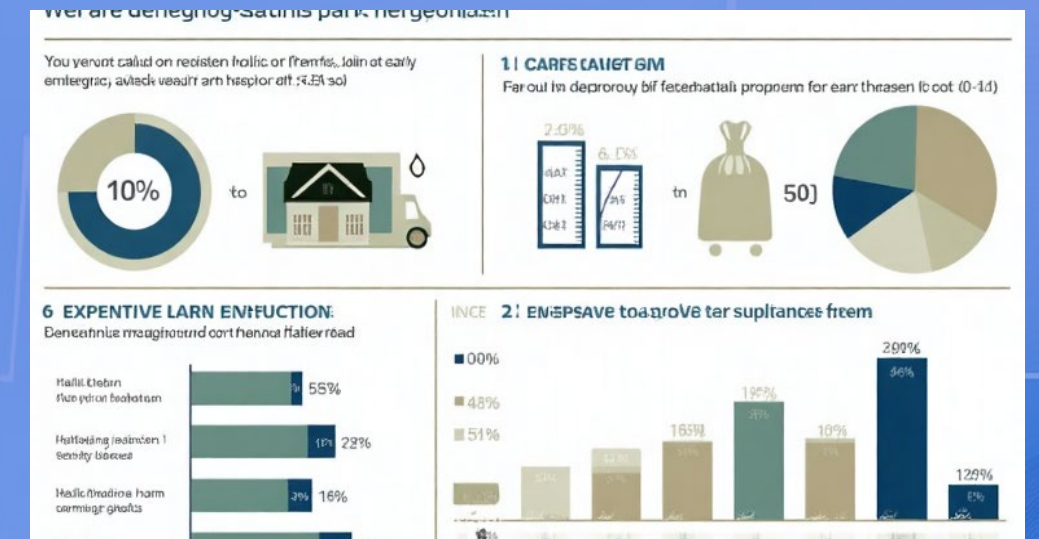
- Distributed 3,928 Narcan kits this fiscal year
- 1,230 overdose reversals reported back to DRP
- Training networks of users for peer response

Key Service Outcomes



Injury Prevention

Street-level wound care costs only \$5 compared to thousands for serious infections requiring hospitalization



Treatment Access

Participants are five times more likely to enter treatment and three times more likely to decrease injection frequency



Financial Impact

Harm reduction services save \$700 million annually
in hospital visits and emergency medical care costs

Overdose Prevention Education



Understanding Overdose Types

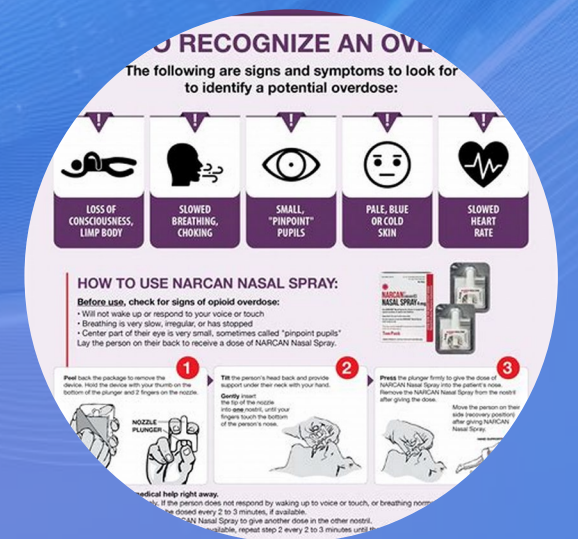
Stimulants (uppers) increase central nervous system activity and can lead to heart attack, stroke, and seizure complications.

Depressants (downers) depress the respiratory system causing slow, shallow breathing that can lead to brain damage and death. Examples include cocaine, methamphetamines, benzodiazepines, alcohol, and opioids.

Critical Safety Information

There is no medication like naloxone available for stimulant overdoses - immediately call 911 for emergency medical services.

Fentanyl is now present throughout the drug supply, putting all users at risk regardless of their preferred substance. Anyone using any street drugs should have access to naloxone and know how to use it properly.



HIV/Hep C Testing on the Mobile Outreach



Photo by Andy G.

Faith-Based Community Recommendations

Engaging Religious Communities

Faith-based organizations play a crucial role in supporting harm reduction and recovery efforts through non-judgmental outreach and community education.

Education Initiatives

- Bring speakers into church congregations for awareness
- Identify congregation members in SUD/MH fields
- Hold regular faith-based health wellness forums

Spiritual Approach

- Prayers and sermons about non-judgmental care
- Relate compassionate service to religious scriptures
- Launch community ministries for health support



Resource Identification

Connect with local harm reduction services



Community Forums

Regular health and wellness information sharing



Outreach Programs

Faith-based substance use disorder support



Detroit neighborhood receiving Mobile Outreach services





• **DRP's Scooby Doo Van**



Peers working on Mobile Outreach



**RECOVERY
STARTS
HERE...**



GOD

LOVE

HOPE

PEACE

HONESTY

HUMILITY

SERENITY

PATIENCE

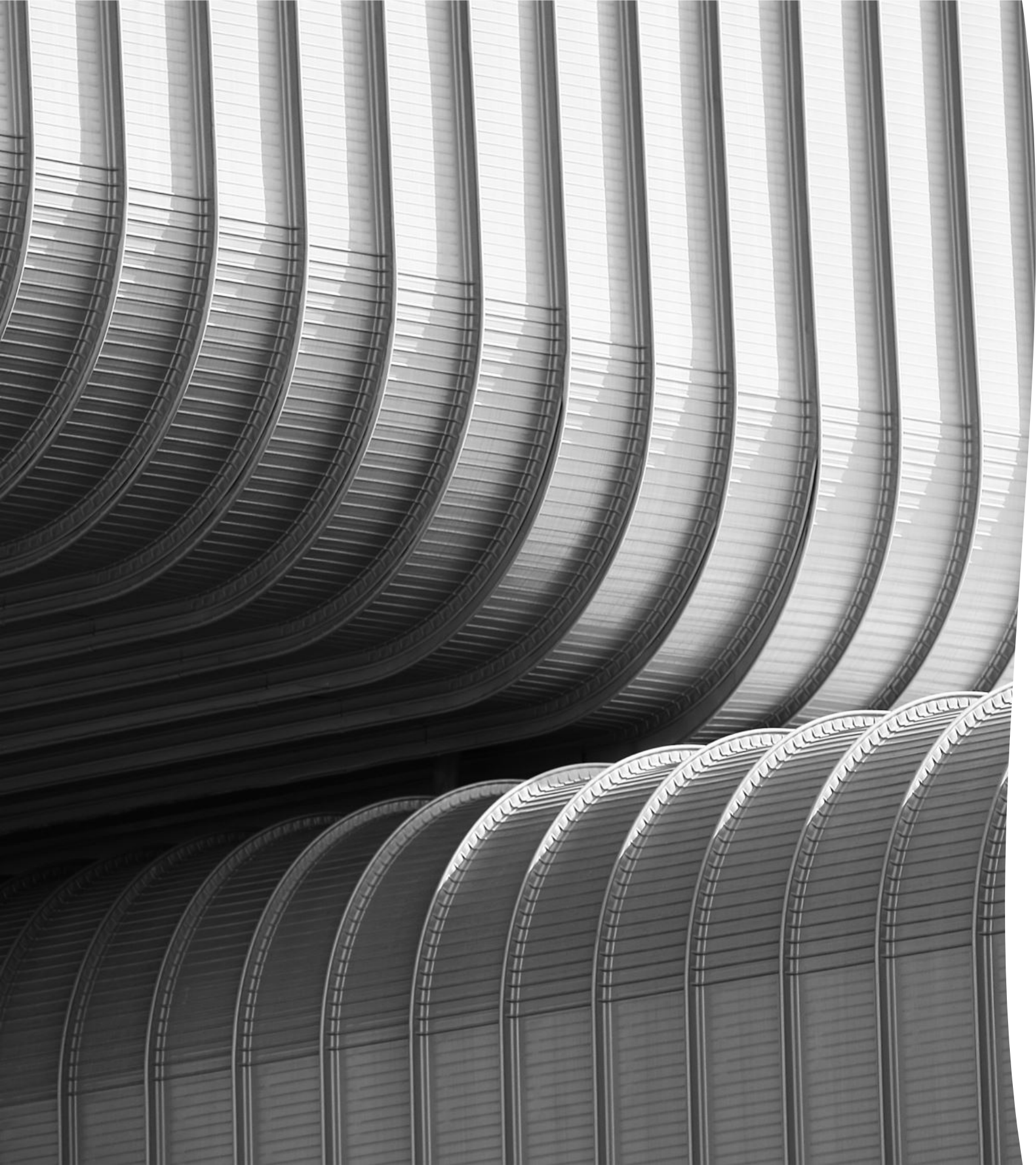
DETROIT RECOVERY PROJECT

BRHM

Charlie C.



DRP Team works with Department of Ministry Our visit to Zanzibar & Dar es Salaam East Africa



Looking Forward: What's Next

Locally and nationally, the Recovery Movement is entering a new era. An era that calls for:

- **Sustained funding** for RCOs, peer services, and wraparound supports
- **Policy reform** to end criminalization and expand access to care
- **Workforce development** to ensure lived experience is valued professionally
- **Data and research** that reflect recovery as a long-term, non-linear process
- **Stronger partnerships** between recovery communities and public health, behavioral health, and harm reduction sectors

Closing Thought

The Recovery Movement reminds us that **recovery is not just possible—it's happening every day**, in every zip code, in every community. But it requires more than treatment. It requires **Recovery Ecosystem** access, **connection, opportunity, and community power**. Whether in Detroit or across the country, we must continue to lift the voices of people in recovery, invest in systems that support them, and never stop believing that change is possible.

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Contact Detroit Recovery Project

Together we can make a difference

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www.recovery4detroit.com | 1121 E. McNichols, Detroit, MI 48203 -
Compassionate, evidence-based recovery services