



**WORKING RECOVERY**

*A Symposium*

# PROCEEDINGS

## ***WORKING RECOVERY:*** **Why Employment is Pivotal to** **Sustained Addiction Recovery**

This virtual symposium, WORKING RECOVERY was sponsored by Massachusetts Access to Recovery (MA-ATR), a project managed by Advocates for Human Potential, Inc. (AHP) and funded by the Massachusetts Department of Public Health's Bureau of Substance Addiction Services (BSAS).

# CONTENTS

<b>INTRODUCTION.....</b>	<b>1</b>
Presenters and Participants.....	2
<b>ORGANIZERS .....</b>	<b>3</b>
Welcome to the Symposium .....	4
Opening Keynote.....	4
<b>SESSIONS .....</b>	<b>4</b>
ATR: Sharing Our Successes .....	5
Answering the Why: Employment as a Critical Component of the Recovery Process .....	6
Banding Together: Cross Systems Collaboration is Key .....	11
Rally Employers: Now Is the Time to Advance “Recovery Ready” Workplaces.....	19
What We Do and How We Do It—A Groundbreaking Approach: The MA-ATR Model for Customized Employment Supports for People with Substance Use Disorders .....	24
Call to Action: Next Steps to Carry Us Forward.....	31
<b>APPENDIX A: BIOGRAPHIES .....</b>	<b>33</b>
<b>APPENDIX B: RESOURCE SHARING .....</b>	<b>39</b>
<b>APPENDIX C: ACRONYMS GLOSSARY .....</b>	<b>40</b>



# Introduction

***WORKING RECOVERY: Why Employment is Pivotal to Sustained Addiction Recovery*** was a virtual symposium held on September 14, 2021, that introduced a national audience to the critical role that employment serves in sustaining long-term recovery.

Addiction is more prevalent among individuals who are unemployed, and substance misuse increases the likelihood of unemployment and decreases the chance of finding and holding a job. Structural and attitudinal barriers complicate an already untenable situation by blocking access for working-age adults with substance use disorders (SUDs) to steady employment and economic security.

This day-long symposium inspired and informed attendees about the importance of employment to recovery and showcased how a proven program in Massachusetts has successfully addressed this head-on and can be replicated by other states.

## Presenters and Participants

Experts in SUDs, social determinants of health, and workforce development; individuals in recovery; and international, national, and regional leaders came together in a series of panel discussions designed to highlight a range of voices and experiences from all areas of the employment and recovery continuum. They offered insight into best practices for making positive changes, as well as concrete ideas, resources, and examples to help participants begin the work of using employment as a recovery tool and building a high-quality, recovery-oriented workforce development program.

Nearly 1,700 people registered for the symposium. Attendees—experts, scholars, practitioners working on the ground, and individuals in recovery themselves—hailed from the substance use system of care, government entities, the workforce development field, and more (figure 1).

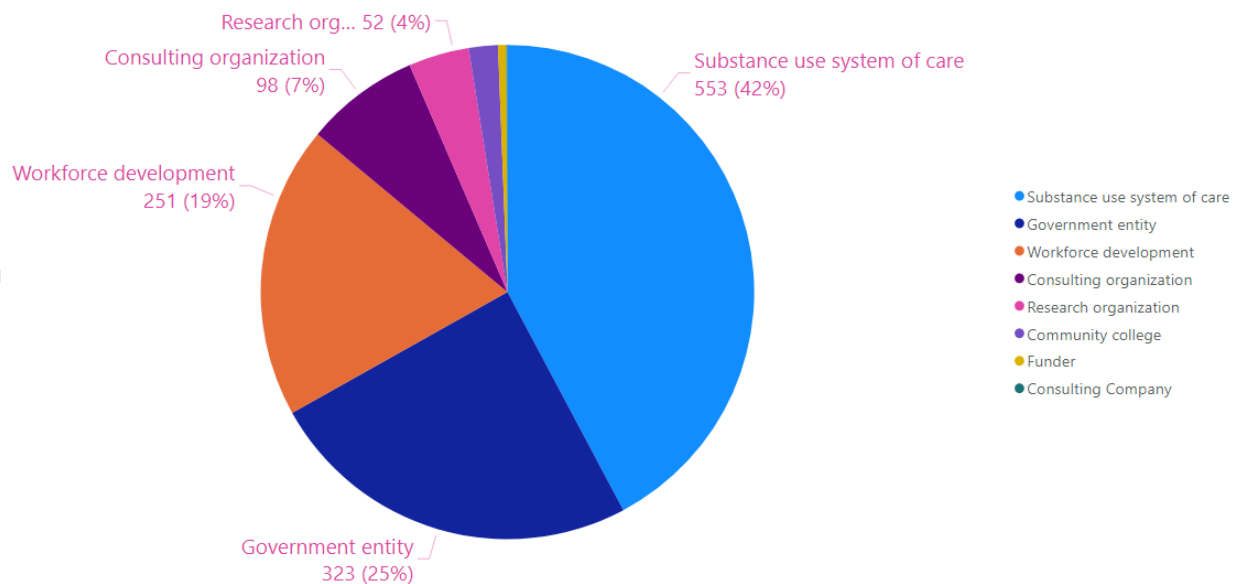


Figure 1: Types of organizations represented at the symposium



## ORGANIZERS

**WORKING RECOVERY** was sponsored by Massachusetts Access to Recovery (MA-ATR), a project managed by Advocates for Human Potential, Inc. (AHP), and funded by the Massachusetts Department of Public Health's Bureau of Substance Addiction Services (BSAS).



### [Massachusetts Access to Recovery \(ATR\)](#)

MA-ATR is a 6-month program for individuals who have an SUD and are seeking to change their lives and remain in recovery. It provides many options for recovery support services and works to build recovery systems of care.



### [Advocates for Human Potential, Inc. \(AHP\)](#)

For more than 35 years, AHP has worked passionately to improve health systems and business operations through research and evaluation, training and technical assistance, and professional consulting to help organizations and individuals reach their full potential.



### [Massachusetts Department of Public Health \(DPH\)/Bureau of Substance Addiction Services \(BSAS\)](#)

BSAS oversees the statewide system of prevention, intervention, treatment, and recovery support services for individuals, families, and communities affected by gambling and substance addiction.



## SESSIONS

### Welcome to the Symposium



**Rebecca Starr, M.B.A., M.S.W., LICSW, Project Director of MA-ATR, AHP**

Rebecca Starr welcomed participants to the virtual symposium, noting its timeliness as the nation grapples with a pandemic and its economic fallout, which have been uniquely devastating for vulnerable populations such as people with SUDs. The unprecedented shift to virtual services and remote working situations over the past 18 months has required access to technology—and expertise using that technology—to participate.

The gaping digital divide between the “haves” and the “have-nots” can be bridged by helping people get the skills, education, and technological expertise they need to secure jobs—good-quality jobs that lead to *real* careers. This calls for effective partnerships with organizations that work in multiple systems, such as substance use treatment, workforce development, and community colleges. Governmental policymakers working along with funders and partners in these various systems can model and encourage a new way of thinking.

Employers must recognize the benefits of hiring people in recovery from substance use issues, as they make loyal, motivated, and conscientious employees when given the tools and opportunities to do so. Putting people in recovery from SUDs to work is a cornerstone of helping them reenter the community and maintain their recovery. Research indicates that employment is a predictor of recovery success and moving forward into productive, meaningful lives.

### Opening Keynote



**Martin J. Walsh, U.S. Secretary of Labor**

Secretary Walsh thanked participants for the work they do before sharing how important the labor community and recovery community were in helping him in his recovery experience and entry into the workforce and public service. As a state representative from Dorchester, Mayor of Boston, and now as U.S. Secretary of Labor, he has leveraged the collaborative opportunities available to him to increase services, reduce stigma around SUD, and improve accessibility to assistance.

Secretary Walsh encouraged participants to come together to help those who are struggling. The COVID-19 pandemic disrupted services and dismantled the routines and relationships that individuals with SUD use to keep themselves anchored. Daily bouts of fear,

loneliness, and uncertainty have led to relapses, overdoses, and mental health crises that affect families, communities, and whole towns. Now is the time to act on the following priorities:

- Provide access to the tools people need to get back into the workforce and sustain their recovery in the long term: affordable housing, education, and good jobs.
- Create job training programs, prepare people for careers of the future, and establish recovery ready workplaces.
- Break the cycle of unemployment associated with criminal records and long gaps in work history.
- Jumpstart more collaboration between employers, community colleges, and nonprofits to build on-ramps for employment.
- Continue the work of diverting people into treatment instead of jail.
- Strengthen enforcement of the [federal parity law](#) regarding behavioral health benefits.
- Focus on social determinants of health so people can find supportive environments for their recovery upon return to their communities.
- Keep fighting the stigma around getting help for SUD.

Getting people who are most vulnerable back to work is essential to local and national recovery efforts. MA-ATR is pioneering bold ways to prepare people in recovery for today's labor market. Together, we are building a stronger nation where everyone can achieve their dreams no matter where they come from or what they have been through.

## ATR: Sharing Our Successes

A [brief video](#) demonstrated to participants the firsthand effects of ATR on the participants it serves. The video is available on the [MA-ATR website](#).



“Supporting people with SUD is not only the right thing to do; it is essential to our country’s long-term recovery from COVID.”

—Secretary of Labor Martin J. Walsh

## Answering the Why: Employment as a Critical Component of the Recovery Process

Employment is a critical building block in the addiction recovery process and may help people stay engaged in treatment while buffering relapse risk. Moreover, employment represents a link to other forms of recovery capital that are key to ensuring sustained addiction remission. International scholars discussed why employment is so vital to the addiction recovery process, and why it should be not only encouraged but championed by everyone who works with people in SUD recovery.



**David Eddie, Ph.D.**, Research Scientist, Recovery Research Institute; Clinical Psychologist, Massachusetts General Hospital; Assistant Professor, Harvard Medical School

Accumulating recovery capital is key to sustaining addiction recovery. Recovery capital is the sum total of resources available to an individual to help initiate and sustain addiction recovery. This includes housing stability; social support; and access to healthcare, mutual help in the community, and leisure activities.

Employment is the axle of recovery capital (figure 2). Someone with a job is more likely to have

- Income,
- Housing stability,
- Health insurance or money to pay for healthcare out of pocket,
- Resources to pursue interests, and
- Peer connections and social networks.

Employment is associated with better addiction recovery outcomes. Several studies indicate that people who are employed have higher rates of abstinence and lower rates of relapse during the early phases of addiction recovery.<sup>i</sup> Employment is also associated with less criminal activity and improved ability to transition from residential to community treatment.<sup>ii</sup>

Systemic and legal barriers, as well as discrimination and stigma, make returning to the workforce difficult for people in addiction remission. For example, a drug conviction can bar access to federal aid for education, which is a critical stepping-stone to employment for many individuals.

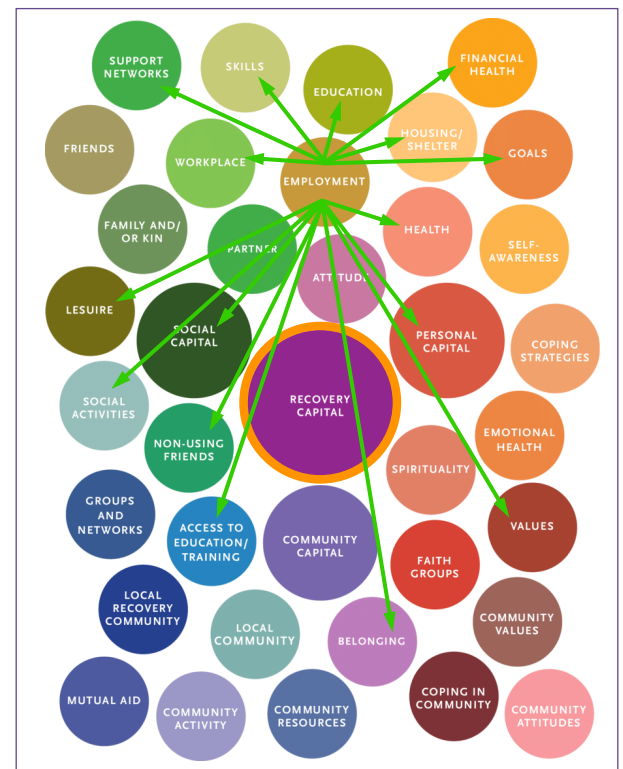


Figure 2: Sources of recovery capital

Image courtesy of Nurture Development



The article “From working on recovery to working in recovery: Employment status among a nationally representative U.S. sample of individuals who have resolved a significant alcohol or other drug problem” was recently published in the *Journal of Substance Abuse Treatment*. In this study funded by the Massachusetts General Hospital Recovery Research Institute, researchers asked adults in the United States, “Did you used to have a problem with drugs or alcohol, but no longer do?”

## 22.35 million Americans have resolved a substance use problem.

The study revealed that 9.1 percent (22.35 million) Americans have resolved a substance use problem. Compared to the U.S. population, individuals who have resolved a substance use problem are less likely to be employed or retired and more likely to be unemployed and disabled (figure 3). Researchers theorize that these disparities are a function of the barriers to employment that exist in broader society and that individuals are staying in the workforce longer to offset financial losses as a result of active addiction.

Other key findings of the study include the following:

- Individuals in the sample identifying as Black or Hispanic were 50 percent **less** likely to be employed.
- Individuals with two or more arrests compared to those with no previous arrests were 43 percent **less** likely to be employed. This finding was not unexpected, because employers often disqualify applicants due to criminal records.
- Those for whom less time had passed since resolving a problem with alcohol and/or other drugs were more likely to be unemployed. On average, it takes far longer than originally thought—5 or more years—to become employed after embarking on recovery.
- Individuals with greater education were significantly more likely to be employed. Many people enter addiction recovery with disruptions in their education or with minimal education, but this disparity can be overcome by connecting them with education resources.
- Employment is associated with greater quality of life, self-esteem, and happiness.

For more on Dr. Eddie’s research, go to [www.davideddiephd.com/research](http://www.davideddiephd.com/research).

	National Recovery Study (% of sample)	United States (% of population)
Working - as a paid employee	47.7	56.9
Working-self-employed	7.0	6.3
Not working-on temporary layoff from a job <sup>^</sup>	1.5	0.4
Not working-looking for work <sup>^</sup>	7.7	2.8
Not working-retired <sup>#</sup>	12.0	15.4
Not working-disabled	15.6	5.6
Not working-other <sup>†</sup>	8.6	—

Figure 3: Individuals who have resolved a substance use problem are less likely to be employed than those in the general population.



**David Best, Ph.D.,** Professor of Criminology and Honorary Professor of Regulation and Global Governance, University of Derby, England

Approximately three in five people in the United States who have a lifetime SUD will eventually achieve stable recovery. That means that 60 percent of people with SUDs will recover. The relapse rate gradually reduces from well over 50 percent in the first year of remission to 14 percent in year 5, at which point it generally plateaus. The recovery journey moves from acute clinical intervention (managing deficits) to a community-oriented recovery focus where jobs, friends, and

homes become more important than symptoms and symptom management (building strengths and resources). Meaningful activities, including but not restricted to employment, are central to this journey.

Reasons for stopping substance use and reasons for staying sober differ. A traumatic event (e.g., arrest, being thrown out of home) capping an accumulated intolerance of the addiction lifestyle typically signals an end to a chronic addiction. Staying sober often involves other people: moving away from those involved in using substances and toward those who actively support recovery.

Learny et al.'s work<sup>iv</sup> in the mental health recovery movement, summarized by the CHIME acronym (figure 4), offers insight into supporting recovery. Connectedness to positive, prosocial individuals and groups generates hope and belief that change is possible. Hope is the fuel in the engine that creates the energy to engage in meaningful activity, which allows people to develop a positive sense of identity and a sense of empowerment.

**Connectedness**  
**Hope**  
**Identity**  
**Meaning**  
**Empowerment**

Figure 4: Elements of CHIME

Multiple studies support the importance of meaningful activities: “The more you do, the better you do.”

- A United Kingdom survey of recovery well-being revealed two significant predictors: time spent with other people in recovery and use of that time.  
Engaging in childcare, community groups, volunteering, education or training, and employment enhanced well-being.
- A study assessed changes in meaningful activities in three English Drug Action Team areas over the course of 1 year. <sup>vi</sup> Researchers found clear directional relationships:
  - When people started meaningful activity, their physical well-being, psychological well-being, and quality of life went up. When meaningful activity stopped, those qualities decreased.
  - The quality of life, physical well-being, and psychological well-being of people who were continuously involved in employment, education, or training were significantly higher than people not similarly engaged.
- A more recent [study of Florida recovery residences](#) indicated that individuals who stay in recovery experience a reduction in barriers to recovery and in unmet needs, but those who also engage in meaningful prosocial activities experience a strengths-based pathway to well-being.

The above studies show CHIME in action. Engaging people with positive prosocial groups or individuals creates the conditions (the role model and social learning) that allow people to engage in the meaningful activities that then provide a sense of empowerment and reborn identity.

As previously defined, recovery capital is the sum total of resources available to access and support the ongoing recovery journey. Personal recovery capital involves self-esteem, self-efficacy, communication skills, resiliency, and coping skills. These are the skills that take time—perhaps as long as 5 years—to nurture and develop. Social recovery capital and collective recovery capital growth facilitate this growth (figure 5).

Recovery capital not only flips the model from deficit reduction to strengths-based but also provides a potent basis for the *science*—measuring and identifying supporting mechanisms—of recovery. The [Office of National Drug Control Policy](#) acknowledged recovery capital in its drug policy priorities for year one of the Biden-Harris administration.



Figure 5: Forms of recovery capital

Recovery capital informs recovery planning. The [Recovery Capital \(REC-CAP\)](#) evidence-based assessment and recovery planning instrument measures seven domains of recovery capital at 90-day intervals, reporting longitudinal growth over time. REC-CAP results suggest a recovery plan that focuses on resolving barriers and unmet service needs, as well as building recovery strengths. Navigators mentor, monitor, and measure clients' engagement in their recovery plan.

The “Ice Cream Cone Model of Recovery” (figure 6) suggests that recovery is an intrinsically social process and one that needs not only personal commitment and determination but also the support and engagement of the social network and support system. Unlike financial capital, the more social recovery capital used, the more there is to be had.

The individual at the bottom of the cone is the ultimate beneficiary. Growth of personal capital, built upon by social and collective capital, has the benefit of giving back to the community. People in long-term recovery are much more likely to actively contribute to the well-being of their communities, far beyond just paying taxes. For example, 75 percent of people in long-term recovery in the United Kingdom have been in long-term employment and are twice as likely to volunteer in their own communities than people who have never been in addiction. **The more people who achieve long-term recovery, the better for their families, neighborhoods, and communities** (the sprinkles at the top of the cone).

A police force in northwest England striving to sustain recovery among individuals released from prison launched the [Jobs, Friends, and Houses](#) (JFH) program, which provides apprenticeships in the building trades (e.g., plumbing, joinery) to individuals in the prerelease period. Participants either build new or renovate existing housing for recovery housing. Half of the houses are sold to sustain the business; the other half

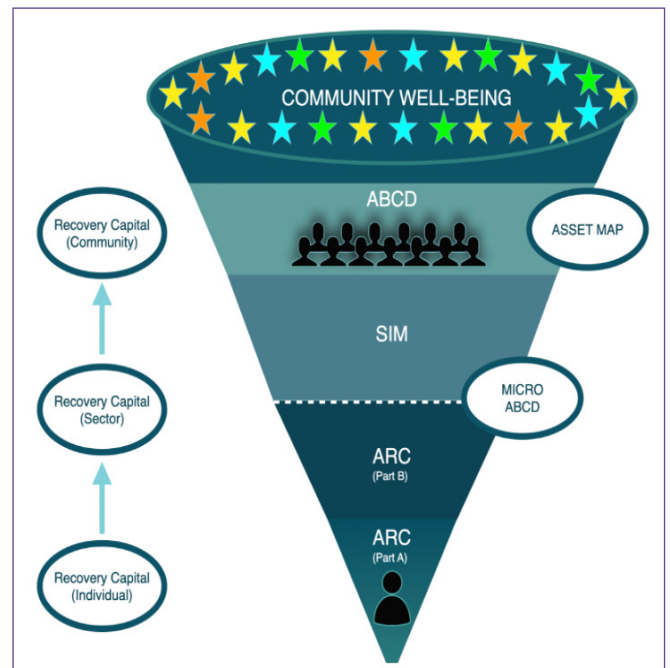


Figure 6: What life looks like with more and more recovery capital

are retained and rented to the builders as recovery housing. Since the launch of the program, recorded crime in the area has dropped 94 percent. Only seven drug tests returned positive in the first year. The program generated significant savings in reductions in imprisonment, health and social care, benefit claims, and re-offenses.

A paper published in **Social Science and Medicine** on findings extracted from JFH's Facebook page indicated that retention in the program was determined by

- The number of comment “likes” received,
- Position in the social network (the closer to the center of the network, the higher likelihood of retention), and
- Linguistic content around group identity and achievement (the less “I” language and more “we” language used, the higher likelihood of retention).

Positive online interactions between members of recovery communities support the recovery process by helping participants develop recovery capital, which in turn binds them to groups supportive of positive change.

At the start, JFH was an employment and housing project. However, its social component was absolutely central—essentially serving as an enactment of the CHIME principle. Positive social connection, combined with hope, allows people to engage in meaningful activities and create a new sense of identity. The program was intentionally made highly visible (e.g., logos on T-shirts and builders’ hats) to actively challenge stigma and exclusion.

For more on Dr. Best’s research, go to <https://www.derby.ac.uk/staff/david-best/#>.

## Banding Together: Cross Systems Collaboration is Key



**Moderator: Casey Tiefenwerth, M.S.W., LCSW, ATR Program Manager for the Career Building Initiative (CBI), AHP**

Leaders from higher education and workforce development discussed how working with people in recovery has encouraged them to adapt or completely change their organizations and to operate across systems to create customization of their programs for this population.



**Ramona Reno, M.S., GCDF, Executive Director of Re-Entry & Recovery Services, AHP Consultant, MassHire Holyoke (American Jobs Center)**

MassHire Hampden County Workforce Board, MassHire Holyoke, and MassHire Springfield, in collaboration with the Hampden County Sheriff's Department, have created a successful re-entry recovery model for individuals released from incarceration. The program has served more than 28,000 people since its inception 17 years ago. Among participants who followed up at the career center, 77 percent obtained employment

and had a retention rate of 76 percent after 3 months.

The program is effective due to strong collaboration with many partners. Given that 80 percent of individuals returning to communities have an SUD, partnering with community agencies that offer wraparound services in the four domains of home, health, purpose, and community has been vital to success. The Hampden County Sheriff's Office's all-inclusive support, combined with MA-ATR's forward-thinking, multilevel array of services, offer a holistic approach.

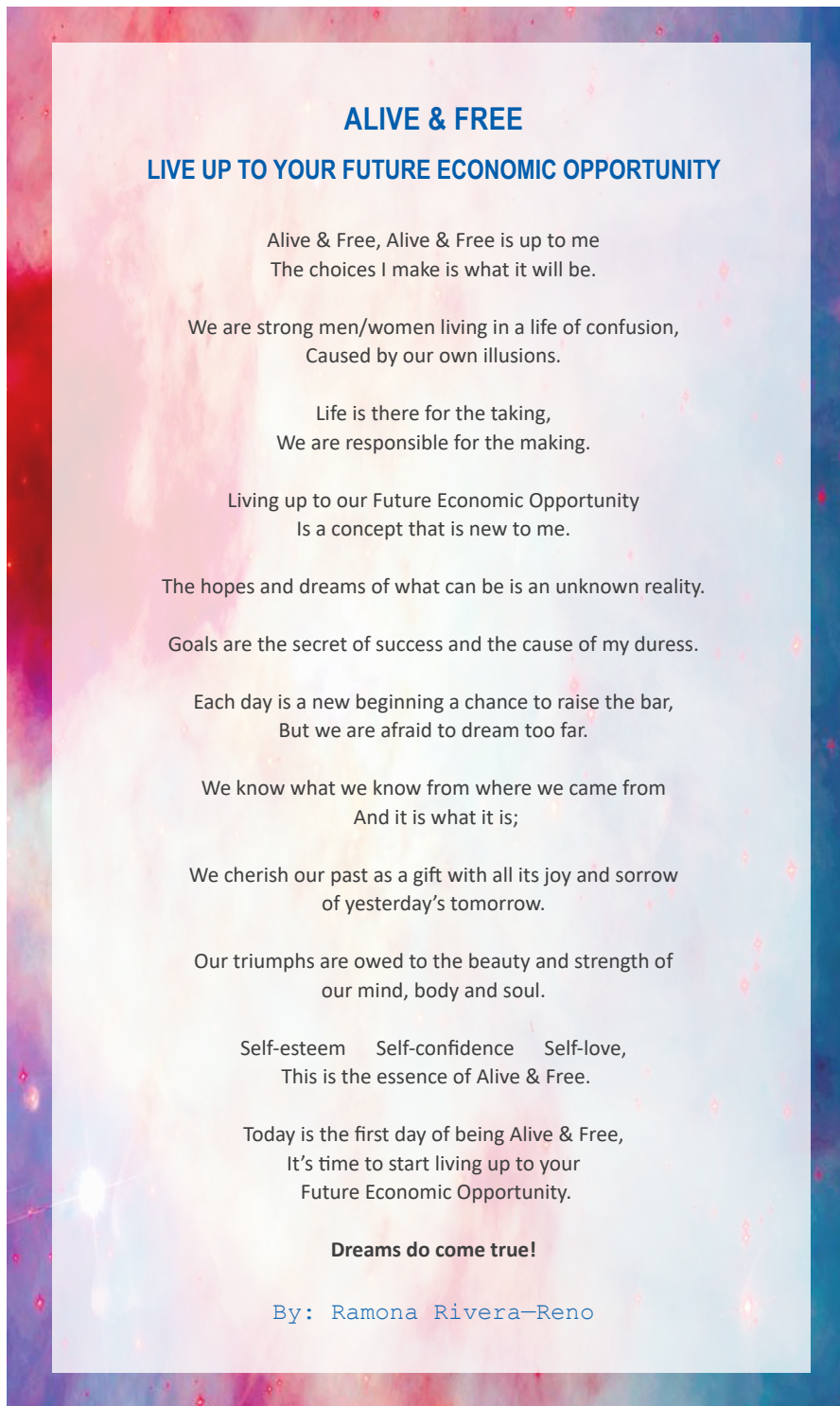
In January 2011, the first referrals to MA-ATR started in Springfield and Boston. Early employment services included referral to American Job Centers (MassHire) and one-on-one career support. The Paths to Empowerment (P2E) program evolved from a need to address employment in a group format. This multiweek program teaches social and behavioral skills necessary for fully participating in education and training courses, securing employment, building personal relationships, and making informed decisions (figure 7).



Figure 7: P2E topic areas



The first week of P2E aims to build self-confidence, which is integral to a holistic approach. “Alive & Free: Live Up to Your Future Economic Opportunity” (figure 8), shared with participants on the first day, sets the framework of economic opportunity as being far more than financial well-being.



*Contents © 2021 Ramona Rivera-Reno. All Rights Reserved. Shared with Permission.*

Figure 8: Poem written as a foundation to the P2E program

As students progress through P2E (figure 9), they gain a greater awareness of their present situation, their thinking, and how their values affect their lives. Students indicate that this first week is one of their favorite parts of the program.

Monday, Day One	Tuesday	Wednesday	Thursday
<b>Introduction to ATR/CBI/ P2E &amp; Alive &amp; Free —</b> Overview of P2E Program, participation agreements, personal assessments, get to know yourself and others, and daily reflections	<b>Awareness / Trust Building—</b> Overcoming fears, addressing reluctance to change, the value of diversity in groups, and fostering personal growth	<b>Understanding / Mind Opening —</b> Problem-solving, decision-making, communication, and goal-setting/ achieving	<b>Acceptance / Change / Rebuilding —</b> Self-acceptance, accepting change, understanding and addressing feelings, and building confidence

Figure 9: First-week topic areas of the P2E program

Currently, the program has 19 trained facilitators, 5 of whom are bilingual. Facilitators share ideas and concerns during biweekly meetings. The 8 cohorts offered per month average 96 participants, with a cohort for Spanish speakers offered every other month. Since its launch, program growth has included

- Expanding MA-ATR from two cities to five;
- Standardizing curriculum across all sites;
- Training facilitators on curriculum delivery and working with people in recovery;
- Adapting the in-person curriculum to online learning; and
- Addressing the digital divide through educational videos and other resources on using remote platforms, as well as access to [Mass Internet Connect](#) (subsidized internet access).



**Doreen Treacy, M.Div., Vice President,**  
MassHire Downtown Boston (American  
Jobs Center)



Employment consistently emerges as a goal among people in recovery and is one of the best predictors of a positive treatment outcome. In addition to its legitimate income-producing potential, work provides structure and socialization with people

not using substances who can function as role models. Embedding MA-ATR into Career Centers leverages the expertise of SUD systems and workforce systems alike, producing quantifiable outcomes for individuals in recovery.

The U.S. Department of Labor coordinates the 2,400 [American Job Centers](#) established under the Workforce Investment Act and reauthorized in the [Workforce Innovation and Opportunity Act](#). The Massachusetts Executive Office of Labor and Workforce Development/Department of Career Services coordinates communication among Massachusetts's 29 [MassHire Career Centers](#) and ensures the system is operating in compliance with federal funding requirements. Three years ago, the Massachusetts system rebranded under the name MassHire to show the interconnectedness of the state workforce system. All centers are now named MassHire with a geolocator in their name, such as MassHire Downtown Boston, to make it easy for customers to find their local center.



American Job Centers provide a full range of assistance to jobseekers and employers under one roof. MassHire Career Centers collectively [serve 100,000 jobseekers](#) every year through employment and training services such as workshops and webinars, resume reviews, mock interviews, training vouchers, and job matching. The statewide system also [serves more than 13,000 employers](#) annually by posting jobs, hosting recruitment events, providing candidate referrals, and providing labor market information.

MA-ATR provides an opportunity to work intensely with individuals who are the most in need of career services. Since 2011, MassHire Downtown Boston has assisted more than 1,500 individuals through the P2E program. Before partnering with MA-ATR, MassHire Downtown Boston was not specifically focusing on people with SUD. Staff were eager to increase their knowledge of SUD and serve this population with higher-touch programming. As an added benefit, P2E became an extra source of income (more flexible than federal funding) for MassHire Downtown Boston. MA-ATR pays the full tuition for each participant, with a cushion for the center to enhance services and increase overall capacity.

The COVID-19 pandemic forced changes in the delivery model. The “technology divide” proved to be the primary barrier to delivering P2E remotely. MA-ATR mitigated this by purchasing computers and hotspots for program participants. Upskilling participants to use the technology was also necessary, so a second facilitator was hired for each class to focus exclusively on technology troubleshooting. More-tech-savvy staff were paired with their less-tech-savvy peers to facilitate mastery of the virtual platform, thereby ensuring an engaging student experience through polls and other interactive tools. Offering a remote cohort in tandem with a classroom-based cohort expands the pool of individuals who can be served.

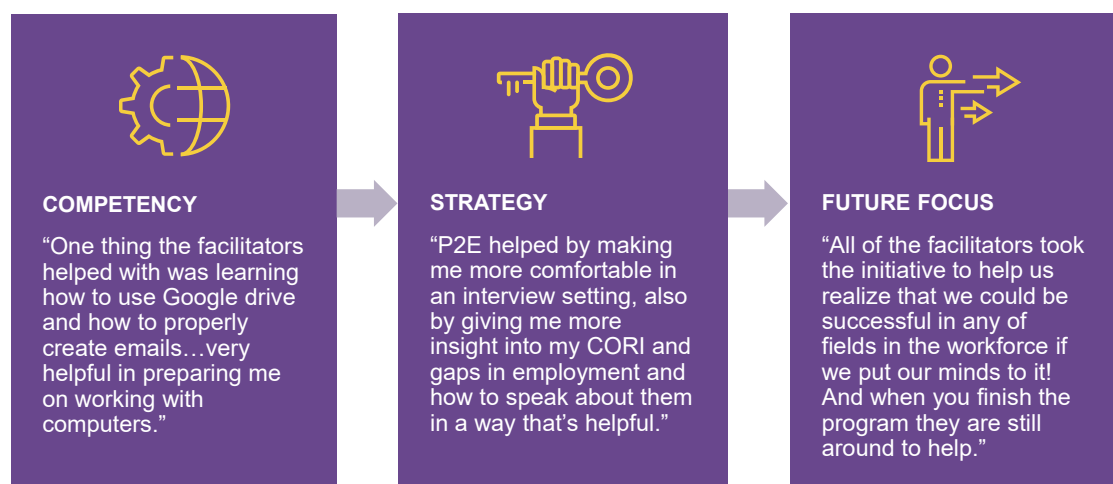


Working with MA-ATR's P2E program was the first time MassHire Downtown Boston delivered targeted programming to people in recovery, and it proved to be a valuable learning experience. The program reinforces best adult education practices through the nuanced lens of the recovery community. Lessons learned include the following:

- Keep the ratio of staff to participants lower than a typical classroom and hire diverse staff to reflect the student demographics.
- Allow time for banter, humor, and sharing of unique life experiences. The curriculum is the backbone of the course, but participants drive the classroom experience.
- Hold individual participants accountable both for their own commitment and for the group as a whole.
- Ensure each cohort feels a sense of accomplishment and pride upon completing P2E and acknowledge participants' intended next steps, whether that be further training or employment.

On a macro level, MassHire Downtown Boston gained a greater appreciation of lost opportunities in the labor market when talent, such as that offered by people with SUDs, remains on the sidelines. The agency also gained an awareness of its need to advocate for reforms and resources to support individuals in recovery. The measurable evolution of participants from class one to graduation must be brought to the attention of legislators and others in decision-making positions.

Individuals in recovery often face barriers to obtaining and sustaining gainful employment, such as a prior criminal record, a short or incomplete educational history, lack of digital skills or access to digital tools, gaps in employment history, financial complications, and stigmatization of people with a history of addiction. Student testimonials (figure 10) attest to the power of P2E to mitigate these factors.



“I would definitely recommend P2E to anyone and everyone I feel it could help.”

Figure 10: P2E testimonials on the real return on investment



**Josephine (Joey) Cuzzi, Executive Director, New England Culinary Arts Training**

Since opening its doors in 2013, New England Culinary Arts Training (NECAT) has helped adults transition from unemployment to living-wage careers that provide a pathway to financial independence and a more stable life. Culinary arts was chosen because of Boston's high demand for trained workers at every level in the hospitality industry, which has traditionally been one of opportunity for adults marginalized by language barriers, previous incarceration, and SUD.

The majority of NECAT students are residents of Boston neighborhoods that are 90 percent people of color and with disproportionately high rates of substance use, incarceration, and housing insecurity. At the outset of the program, students were primarily unemployed adults who met financial guidelines for low-income classification. Their primary barrier to successful employment was an inability to pay for vocational skills training. Since then, student composition has changed dramatically. Now, nearly one-third of students are either in recovery from SUD, involved with courts, experiencing homelessness, or all three. NECAT graduation rates and the number of graduates who obtained employment also declined. A correction to NECAT's program—originally modeled after exacting, fast-paced professional kitchen standards—was much needed.

NECAT sought advice from MA-ATR and other recovery partners to better understand the unique needs of its students. The Lionheart Foundation trained NECAT staff on impacts of trauma, which prompted the agency to integrate a trauma-informed approach into its policies, procedures, and practices. Staff members learned how to use Motivational Interviewing to uncover why students were not performing as expected. Instead of immediately dismissing them from the program, NECAT now develops individualized contracts to help students succeed. The massive culture shift that took place



at NECAT is also exemplified by its response to the many students who “fell apart” as they neared program completion. MA-ATR's Navigation Transitions program helped staff realize that any transition is likely to stress sobriety, which enabled them to address this student uneasiness throughout the program. Staff also looked inward, identifying student behaviors that triggered less respectful exchanges with students, and were encouraged to engage in self-care as they started to take on burdens of their students.

NECAT secured a grant to pilot a case management model, in which students are assigned a case manager to listen, counsel, and connect them to outside resources. A case manager with training in cognitive-behavioral therapy conducts workshops onsite and one-on-one counseling sessions to address emotional regulation, listening skills, anger management, and mindfulness. Another case manager, who is deeply connected to neighborhood resources, helps students address basic needs, such as securing new driver's licenses, identification, housing, and health care.

Another important alignment of NECAT's training model involved the establishment of an employer council to advance the idea of a recovery-friendly workplace. Kitchens once notorious for staff convening for after-hours drinking and unwinding are far less common today. Many kitchens are run by chefs in recovery, who value a sober workforce. NECAT prioritizes employers who can offer predictable schedules, a slower pace, earlier closings, and flexibility on start and end times. The career services team pays particular attention to students in recovery, helping them select the best environment to suit their personal skills, temperament, living arrangements, and transportation capabilities. For example, students in recovery tend to perform best in slower-paced settings, such as hospitals, nursing homes, long-term facilities, and the like.

The COVID-19 pandemic forced NECAT to reduce its program duration from 16 to 12 weeks and decrease its class size, which has been well suited to individuals in recovery, who benefit from more individualized attention from instructors and case managers. Remaining open during the pandemic helped NECAT recognize that its "magic sauce" is personal connection with students, which is greatly appreciated by students in recovery, many of whom have frayed relationships with their families

NECAT's holistic approach to job training, influenced by its partnership with MA-ATR, has netted a 65–70 percent completion rate, 77 percent employment rate, and 80 percent job retention rate. By examining students' life experience and understanding that more than technical culinary skills are needed to establish a stable and independent life, NECAT empowers students to not only secure employment but also strengthen all aspects of their lives.



**Vinnie Rege, M.S., Dean, Business and Experiential Education,  
Bristol Community College**

[Bristol Community College](#) (BCC) has offered a [certificate program in office support](#) to MA-ATR students since January 2020. The college's interest in working with MA-ATR stemmed from a desire to make a difference in the lives of people with SUDs by providing an opportunity to earn credentials and college credits. BCC recruits students through MA-ATR's P2E job readiness program.

The program is offered in collaboration with [Business Solutions and Partnerships](#), which is a noncredit arm of the college, to accommodate students who do not have a high school diploma or GED. The noncredit program is equivalent to approximately 23 credits. Lessons learned from last year's pilot of the program were incorporated to enhance it going forward. Due to the popularity of the program, two cohorts will be offered: one in January and one in October.



To align its educational offering with MA-ATR goals, BCC created a 5-month product that includes courses in office administration and accounting, as well as a 45-hour internship. As part of the internship, students attend weekly sessions, share their learning experiences, and create portfolios. A dedicated instructor meets with students regularly, offering guidance and advice. The internship provides an opportunity for students to apply the knowledge, skills, and competencies they gather in the classroom to real work, bridging the gap between theory and practice. Furthermore, it allows students to network with potential employers.

BCC is committed to the success of all of its students, who returned to the New Bedford campus after a COVID-19-generated pause in live instruction to a hybrid instructional model in the summer of 2020. Those in the MA-ATR program are often disadvantaged by the digital divide and unreliable transportation, so ATR pays for wraparound services such as laptops, headsets, hotspots, and bus passes. A supplemental instructor conducts individualized tutoring sessions.

Upon completion of the MA-ATR program, students may look for a job or continue with their education. They can transfer into an [associate degree program or certificate program in office administration](#) through BCC's [Credit for Prior Learning](#) (CPL). CPL allows students to demonstrate knowledge gained through a variety of experiences (e.g., military training, corporate training, work or volunteer experiences, industry certifications, MA-ATR, and other noncredit credentials) prior to enrolling at BCC. BCC is also hoping to introduce a program in sustainable agriculture as an option for MA-ATR students.

## Rally Employers: Now Is the Time to Advance “Recovery Ready” Workplaces

What does it look like to be a recovery ready workplace? In addition to hiring people in recovery, it means establishing policies and practices that support current employees in recovery.



**Amy Harding, M.A., Program Manager and Senior Writer, AHP**

[AHP](#) is a consulting company based in Massachusetts, with offices in Chicago and California and projects nationwide. For 35 years, AHP has provided training, technical assistance, and business consulting to private businesses, local and state governments, and the federal government on health and human services systems of care and business operations. AHP manages MA-ATR through funding from BSAS.

Several years ago, AHP helped one of the nation’s largest construction associations address the profound impact that the opioid epidemic was having on its workforce by creating communication and outreach strategies to engage leaders in that field. More recently, AHP shared this expertise with MassHire Holyoke. Using funds from a National Health Emergency Dislocated Worker Grant from the U.S. Department of Labor’s Employment and Training Administration, [MassHire Holyoke](#) hired AHP to create a variety of resources encouraging employers to become more accepting of people in recovery. These resources included employer/employee handbooks, fact sheets, toolkits, a presentation, and—perhaps most importantly—a brochure making the business case for becoming recovery ready.

The [National Institute for Occupational Safety and Health](#) defines “recovery ready” as a workplace that prevents exposure to workplace factors that could cause or perpetuate an SUD, while also lowering barriers to seeking care and maintaining recovery while employed. Advancing recovery ready workplaces is specifically listed in the [Biden-Harris Administration’s Statement of Drug Policy Priorities for Year One](#).



**Philip Rainer, M.S.W., LCSW-R, SAP, Senior Program Associate, AHP**

Statistics (figure 11) hint at the scope of addiction in this country, but they do not fully account for the impact of addiction on family members, colleagues, and coworkers.

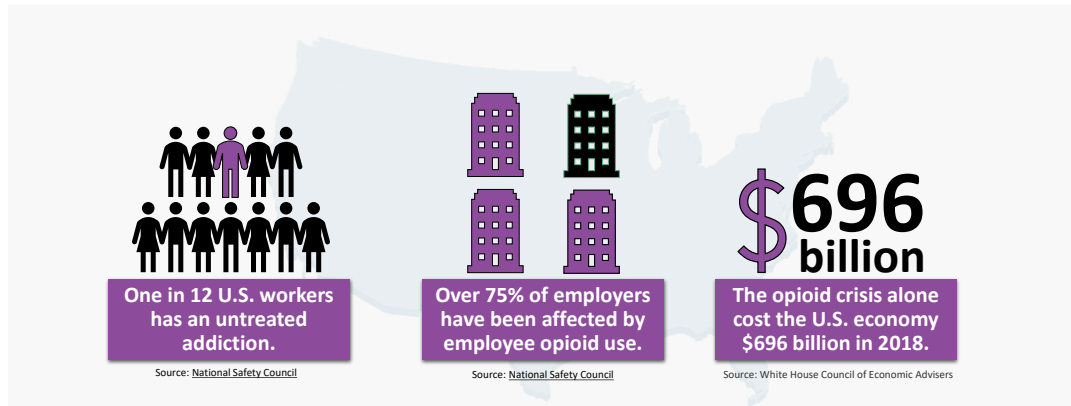


Figure 11: Effects of SUD on the workforce and general economy

Safety and productivity are two facets of the workplace to consider in terms of addiction impact (figure 12). Certain industries where people have higher rates of injury, such as the construction trade, often see higher rates of addiction. Since 2011, unintentional overdoses at work have steadily climbed. Regarding high turnover due to addiction, employers are very aware of the high costs of replacing employees, particularly now when hiring is so challenging.

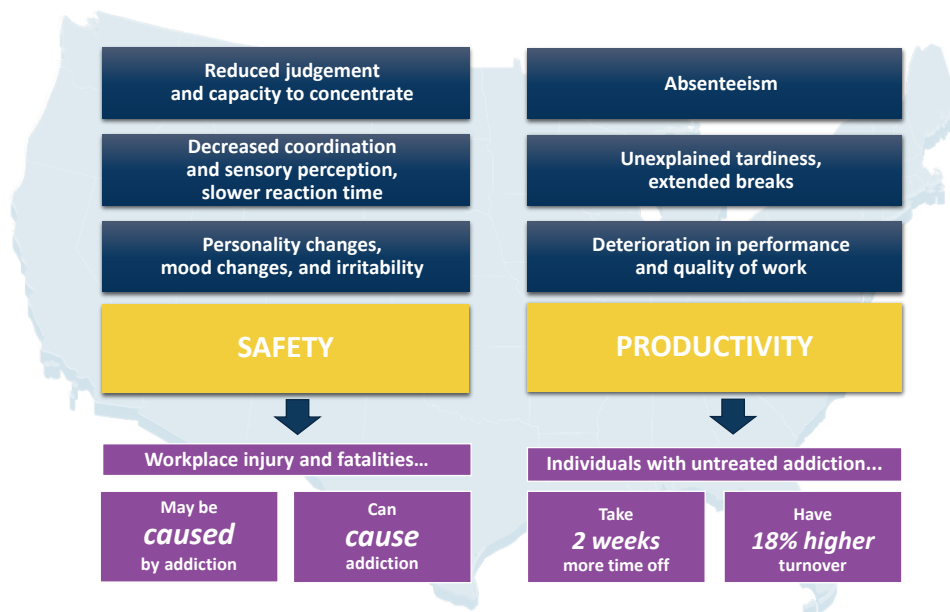


Figure 12: The real cost of substance use to employers

Source: <https://www.shatterproof.org/real-cost-substance-use-employers>



Being recovery ready is good for business. Employers can avoid more than \$4,000 per employee in turnover and replacement costs alone. **Workers in recovery miss approximately 14 fewer days of work per year than workers with an SUD.** Each employee who recovers from an SUD saves a company more than \$8,500, on average. The National Safety Council created the [Substance Use Employer Calculator](#) to help employers determine the cost of substance use in their workplace based on size of employee base, industry, and state.

Establishing policies and procedures to support recovery in the workplace can decrease stigma, making it acceptable for people to deal with SUD challenges; create a safer work environment; and improve productivity through less absenteeism—all of which gets people to work and keeps them at work. The benefits of a recovery ready workplace are dramatic, as shown in figure 13.

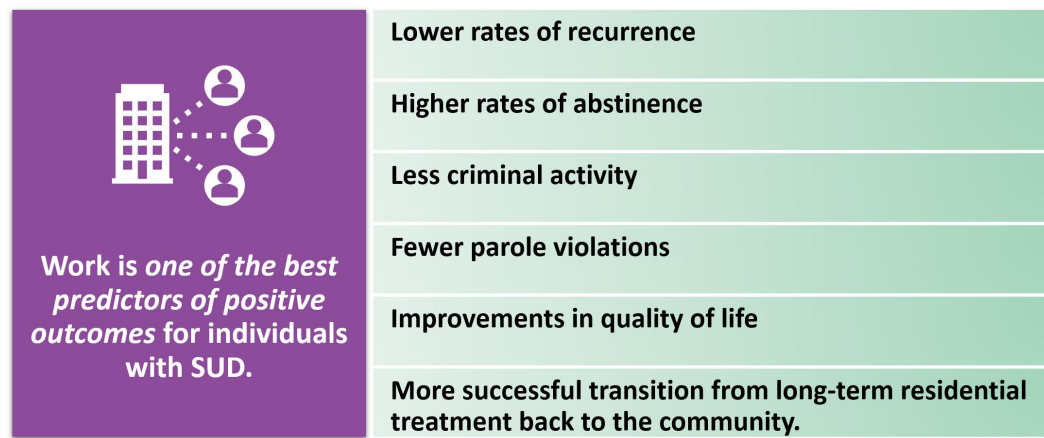


Figure 13: Effects of being employed for people with SUDs

## Recovery Ready Workplace: A Success Story

Dana Lariviere, a New Hampshire business owner, successfully implemented a recovery ready workplace program in 2016. In early 2021, he shared his experiences with a group of business leaders from Massachusetts. [Click here to view his presentation.](#)



## Tina Willson, B.A., Instructional Designer, AHP

A recovery ready workplace is a win-win initiative but requires change at several levels (figure 14).

### Level One

The individual level is perhaps the most easily recognized: an employee struggling with addiction, a person in recovery seeking work, or an employee who is directly impacted by a family member's addiction.

### Level Two

Coworkers comprise the next level. Managers may not know how to address a great employee whose work suddenly suffers. On the flip side, employees may be unsure how to handle situations that involve supervisors or colleagues with addiction issues.

### Level Three

At the employer level, people in different roles face different challenges. Business owners may notice that poor performance is impacting the bottom line. Recruiters may be scrambling for workers. Human resource professionals may be trying to manage risks and the liability issues associated with addiction. Policy and practices must be in place to facilitate communication, education, and accountability. An overview of implementation strategies for employers seeking to implement a recovery ready workplace is presented in figure 15, followed by key elements of organizational change.



Figure 14: Change must happen at several levels.

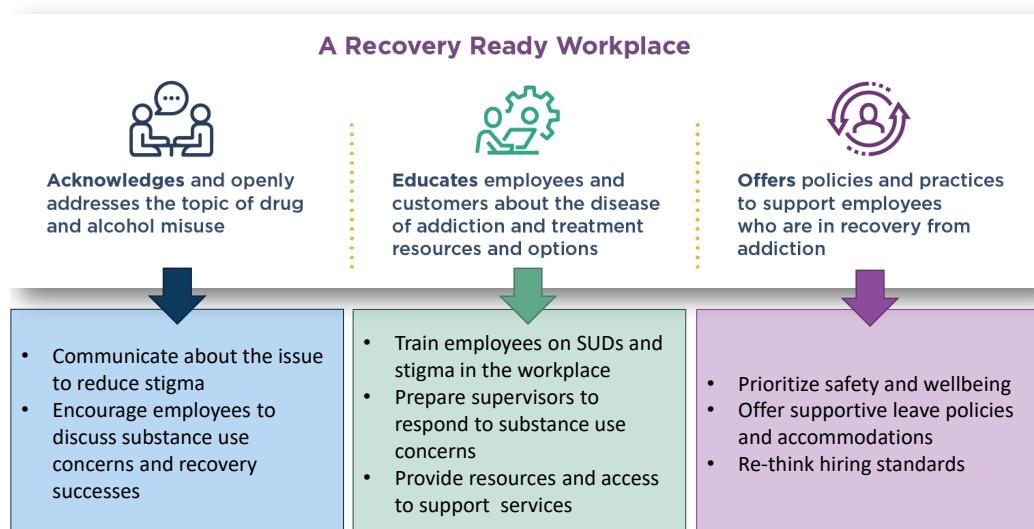


Figure 15: Strategies for implementing a recovery ready workplace



### Key Element: Policy and Practice

- **Open door policies** allow people to share that they are having challenges associated with addiction.
- **Employee assistance programs** facilitate short-term therapy or needs assessment.
- **Health insurance and health-related benefits** support connection to recovery organizations. Employees must know who to talk to, how to get help, and what coverage is available.
- Clearly stated **day-to-day policies** describe the availability of support in the form of leave of absence and part-time or light-duty schedules.
- **Return-to-work policies** might include stipulations for individuals to return during their journey to recovery, provided that safety is not an issue. The positive role employment plays in recovery makes this policy particularly important.
- **Stigma-free hiring standards** allow employers to model an accepting attitude toward hiring people who are living recovery.
- Embedding **substance-free employee activities** into the workplace culture avoids situations that are difficult for employees in recovery, such as holiday parties that provide alcohol.

### Key Element: Communication

One of the best ways to address stigma around addictions is to talk about its impact. Share information about treatment and recovery options. Offer information on legal protection for individuals with addiction and their family members, such as that provided by the [Family and Medical Leave Act](#). Encourage discussion of recovery successes. Nearly everyone is impacted in some way by substance use; removing it from the “shame space” can strengthen an organization’s ability to operate and grow.

### Key Element: Education

Education must entail far more than telling employees what words to use to be addiction sensitive. They must know the company’s specific policies and practices around addiction, how to access benefits, and what to do in a crisis involving themselves, a coworker, or a supervisor.

### Key Element: Accountability

Implementing a new practice calls for a plan that assesses current efforts, establishes goals, and—perhaps most important—monitors effectiveness. Commit to a recovery ready workplace by training and assigning a recovery support person who will track performance and improve the program per the needs of your workforce.

## Level Four

The “trickle-up” effect of the community level translates to partnerships among community members and leaders; education and reentry service providers; social justice and criminal justice agencies; and prevention, treatment, and recovery organizations. These partnerships evolve over time but should all work toward lasting change in organizational culture.

## Conclusion

The country is primed to move forward in implementing and encouraging recovery ready workplace programs. Several states have already started. New Hampshire, for example, has set the gold standard with its [Recovery Friendly Workplace Initiative](#). Policymakers and state agencies are working together in Connecticut, Pennsylvania, Nevada, Tennessee, and other states to help businesses and employers become recovery ready and to help residents who are in recovery find and maintain employment. Large organizations, such as the [National Safety Council](#), are becoming more involved and vocal about supporting recovery ready workplaces.

# What We Do and How We Do It—A Groundbreaking Approach: The MA-ATR Model for Customized Employment Supports for People with Substance Use Disorders



Moderator: **Casey Tiefenwerth**, M.S.W., LCSW, MA-ATR Program Manager for CBI, AHP

People in recovery must have a chance to compete for quality jobs in the current economy, yet they typically must overcome multiple barriers to secure meaningful employment. MA-ATR's unique model is revolutionizing on-ramps to employment and enhancing recovery progress.



**Rebecca Starr**, M.B.A., M.S.W., LICSW, Project Director, MA-ATR, AHP

ATR started as a grant program through the federal government's Substance Abuse and Mental Health Services Administration (SAMHSA). At one point, 30 states had ATR programs. Each state customized the program for its local needs, but several elements were common to all states:

- ATR is client-driven. Participants decide what services they want to access and how and when to access them.
- Participants receive a menu of nontraditional recovery support services (i.e., wraparound services that help people with recovery) from which they can choose.
  - Funds for transportation; clothing, shoes, mattresses, etc.; cell phones; gym memberships; IDs; and other basic needs
  - Recovery coaching provided by someone with the lived experience of SUD
  - Housing assistance via rent for sober homes, employment services, and other critical support

Nearly 30,000 people have enrolled in MA-ATR since its start in 2010. Typically, MA-ATR enrollees are male (70 percent) and White (81 percent), with an average age of 40. Half have children. Sixty percent of enrollees graduated high school. Nearly all (91 percent) are unemployed at intake, and 46 percent receive public assistance. Most enrollees (70 percent) have criminal backgrounds. Of those who have been incarcerated, 53 percent were released within the year before their intake into MA-ATR.

## Focus on Employment

Unique in its focus on employment, Massachusetts is the only state to continue ATR as a complete program package after SAMHSA discontinued the grant in 2017. MA-ATR chose this focus on employment for several reasons:

- Employment builds recovery capital and is one of the best predictors of successful SUD treatment and recovery.
- Employment is the way to financial stability.
- People with SUDs face serious impediments and obstacles in their job search.

- SUD treatment programs may include employment services, but workforce development and career counseling are often outside their scope of practice.
- Good-quality jobs are more beneficial than “get-well” jobs (any type of employment that sustains someone during recovery).

Planning for MA-ATR included research on several existing employment models, such as the federal work-study model, Department of Veterans Affairs’ G.I. Bill, the U.S. Department of Labor’s on-the-job training and apprenticeship programs, SAMHSA’s supported employment for individuals with mental health issues, and Individual Placement and Support (IPS).

IPS is an evidence-based practice that helps people with schizophrenia, bipolar disorder, serious depression, and other serious mental illness work at regular jobs of their choosing. IPS has been less well studied for meeting the needs of people with SUD. Recognizing that the IPS model was not the ideal model for its participants, MA-ATR decided to design a never-before-tried model. MA-ATR’s employment program recognizes and actively addresses the multidimensional complexities that people with SUDs bring to the table. The program has several goals:

- Focus on job training through P2E and occupation-specific job training in several fields (figure 16).
- Provide wraparound support, including basic needs assistance, recovery coaching, and rent for sober homes.
- Adapt to current (COVID) realities, such as pivoting to virtual service delivery and paying for equipment to support at-home intakes, online shopping, and online learning/homework.

MA-ATR provides eligible participants a fully paid “sponsorship” for job training, which costs approximately \$4,700 per person. This includes locally based job training programs (in each of the MA-ATR cities), paid-in-full tuition, technology equipment for use during training, books and supplies, income while in training, and an opportunity to pay for stable housing in a sober home. All MA-ATR participants can also take advantage of personal recovery coaching and an individualized basic needs fund, which they can spend as they deem necessary for items such as transportation to and from training, state identification, cell phones, and the like.



“I do not believe we can repair the basic fabric of society until people who are willing to work have work.

Work organizes life. It gives structure and discipline to life.”

—Former President Bill Clinton

- HVAC and refrigeration
- Culinary
- Commercial cleaning
- Hospitality
- Customer service
- Construction – carpentry
- Personal fitness training
- Office support
- Truck driving — Class A Commercial Driver’s License
- IT

Figure 16: MA-ATR occupation-specific job training

## A Time for Change

Sweeping change in the way employment services are delivered to people with SUDs is needed. The variables below must be considered when designing job training for this population.

- Accommodate need for coordinated care, meeting basic needs, and training for a career (versus a job).
- Increase access to job training for individuals who are difficult to serve.
- Customize job training classes for participants in recovery.
- Prioritize job sectors most likely to hire MA-ATR participants with SUDs and criminal backgrounds.
- Include short-term programming that results in an industry-recognized credential or certificate.
- Provide training in occupations with good career potential.
- Provide training income for participants so that they can focus their energy on the training itself.
- Focus on pre-employment skills development and occupational training.
- Provide wraparound support and stable housing during training.
- Develop customized and well-integrated strategies for obtaining and maintaining jobs to avoid participants cycling in and out of employment.
- Address Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) complications.
- Recognize that public assistance alone, without also being employed with a living wage, can have negative effects on a person with an SUD, foster dependence, and reduce incentives to return to work.
- Address gaps in collaboration and service integration among providers of different systems, such as employment systems, the SUD treatment system, and recovery housing (sober homes).

Collaboration among systems must drive systems changes. Figure 17 presents key tasks for each system.

SUD Treatment System	Workforce System	Community Colleges	Employers
<ul style="list-style-type: none"> <li>• Recognize the importance of employment to recovery and how treatment must be flexible to accommodate this priority.</li> <li>• Dismantle perceived need to achieve complete sobriety before thinking about employment.</li> </ul>	<ul style="list-style-type: none"> <li>• Educate staff about SUDs so they can effectively work with people in recovery from substance use.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with the noncredit side of colleges to redesign and customize semester-based classes.</li> </ul>	<ul style="list-style-type: none"> <li>• Create recovery ready workplaces.</li> <li>• Recognize that people in recovery are an untapped resource to fill open positions.</li> </ul>

Figure 17: Key tasks for systems change

## MA-ATR Results

Participants in MA-ATR have an 87 percent completion rate with their job training programs, and those who complete the program have a 95 percent attendance rate. Ninety-six (96) percent meet their objectives and show positive engagement throughout the course.

From the time participants started MA-ATR to the time of completion, those who engaged in the CBI experience saw an employment increase of 725 percent and an earned income increase of 867 percent.



“I am so excited to be learning a new trade that will turn into a lifetime career. I can’t say it enough how blessed I feel to have another chance at bettering myself. This time I am building my foundation for the future. Thanks again for all your help and support.”

—MA-ATR Participant Note to MA-ATR Coordinator, 2021

## Conversations with Graduates of the MA-ATR Program



**Israel Rosa**, 2020 MA-ATR graduate now working as a Harm Reduction Counselor, [New North Citizens' Council, Inc.](#)

“My family is from Springfield, Massachusetts. I am the youngest of four brothers and have one younger sister. Due to financial hardships, we frequently moved between Springfield and Hartford, Connecticut. My biological [father] was never around. After my parents split, I went to my dad’s house every weekend, which was always about parties and where I was introduced to and witnessed people using substances (cocaine, drinking, smoking). I was about 10 years old when I had my first drink

and my first smoke of marijuana. By the time I hit puberty, I was drinking 40 ounces of St. Ives and mimicking rappers on TV. I thought I wanted that lifestyle.

“Before I knew it, I was 18 years old and had graduated to cocaine, PCP, illegal activities, gang affiliation, and violence. Two months after my 18th birthday, I was arrested and sentenced to 2.5 years of probation for a number of drug distribution charges. Four months after my 18th birthday, I was arrested and charged as one of two alleged men who committed an armed home invasion, burglary, and assault, which violated my terms of probation. I was sentenced to 6 months for violation of probation while I awaited trial for the more serious charges. Three months into my stay at the correctional center, I learned that the second suspect in my case was killed while committing another home invasion. It all goes back to that old saying: If you live that life, you either die or go to prison. My co-defendant died 3 months after I was incarcerated for the same charges. I received a sentence of 15 years in state prison for the armed burglary, a concurrent 12 to 15 years for the home invasion, and 5 years of probation for assault. I entered jail when I was 18 and left when I was 32½.

“I came up in violence; the more violent you are, the more respect you get and the more people leave you alone. When I was incarcerated, I was lost, hopeless, and young. During that time, I accumulated about 38 months of isolation time, which had a major impact on me. When I was released, I felt like I was lost all over again. For example, technology was completely different from what it was in 2004. I was given a cell phone and did not know how to manage it.

“Learning about MA-ATR was God-sent. When I got out of prison, I had a welding job through my participation in the work-release program. I liked my job, and I was getting paychecks. I was taking care of myself and going to fitness [programs]. A random guy [at the gym] asked if my tattoos were from prison. When I said yes, he introduced himself as Luis and asked if I’d heard of MA-ATR. I had but never paid it any mind because I was working. He told me about MA-ATR services and how to contact MA-ATR. The next day, I called the number, showed up, and met someone who turned out to be Luis’s girlfriend. She told me about the 3-week job readiness program [P2E], which I did through MassHire Holyoke.



“It was the first time in my life  
that I had options for where I  
want to work.”

—Israel Rosa, ATR graduate



“Having been incarcerated from age 18 to 32, I lost out on so much. Technology was very different, and MA-ATR helped me with that. I learned what most people find simple, like attaching something to an email. After completing the program, I was told to apply everywhere. While I was applying, I got stuck and called [P2E instructor] Melinda Fitzsimmons. Just like people share Zoom screens, she helped me through the process. I could never thank her more.

“I was able to take advantage of the financial aspect of the program, too. I was working a couple of jobs when I got a speeding ticket. I couldn’t pay it. MA-ATR helped me with the finances so I could move forward.

“Staying on the straight path can be a hard journey, but I am doing it. I’m motivation for anyone living in prison. I want to help people who are released from prison stay released, like I am. I want to work with youth to prevent them from taking the steps that I did. I do outreach on overdose prevention and Narcan distribution. I talk to people on the streets every day who are struggling, addicted to drugs, homeless. Sometimes a person can’t get into detox for lack of an I.D. MA-ATR will help pay for an I.D.

“Now, I work at [New North Citizens’ Council, Inc.](#), again through the grace of God. Through conversation with the security guard at my building, I got in touch with a man named Gerald who works with youth and the Citizens’ Council. I applied there, with Melinda helping me with my resume.

“Whether incarcerated or released in population, I have always been forthcoming with who I am. This is the best message I can give somebody: If you go to the doctor and don’t honestly share your symptoms, you can’t recover or be prescribed medication. You have to tell them what you need. It’s the same with MA-ATR.”



**Tim Muise**, 2018 MA-ATR graduate now working as the Commercial Cleaning Program Coordinator (one of MA-ATR’s job training programs) at Community Works Services

“I grew up in Gloucester, Massachusetts, and started smoking marijuana at age 12 and using hallucinogens at 13 or 14. I was deemed a behavioral problem in school. Drugs helped me cope. Eventually, my addiction led me to heroin. I got involved in low-level crimes and then medium-level crimes. Tragically, my actions caused the loss of another human being’s life. I was arrested for murder, pled guilty to manslaughter, and was

sentenced to 18-20 years at state prison. I have 53 adult arraignments and 5 incarcerations, but it’s been 30 years since I was last arrested. My background is extremely important to describe how my present life can impact others.

“I found out about MA-ATR by the most important promotion tool there is: word-of-mouth. I left prison with a gigantic booklet of programs, but no one could help me. MA-ATR said, “We can help.” They immediately gave me a T-pass that allowed me one month to take the subway and bus to figure out how to stay out of prison after more than 19 years. MA-ATR also helped me purchase presentable clothing, which helped my self-esteem.

“MA-ATR referred me to a number of programs around Boston, including [a job training program at] Community Works Services (CWS), where I currently work. I am honored to be on the [MA-ATR] video, and I’m here for the folks who can benefit from MA-ATR. It played a huge part in saving my life. I am no longer the guy strung out, looking for money, and I never have to go back. MA-ATR allowed me to come to CWS looking like someone who was prepared and respectfully ask for help. And CWS did help me.

“MA-ATR gave a man who did not feel very confident about his future a hand-up, not a handout. MA-ATR assisted me in doing what I felt would prevent me from becoming a recidivism statistic or a crime statistic. Many years ago when I first started my recovery journey, I would go to AA meetings and hear men and women say they have a life second to none. I did not believe them. But, today, I know exactly what they are talking about. When I was released from prison, I had nowhere to live. Today, I am joining this call from the home that I own with my beautiful fiancée. I have a wonderful job at CWS that I love.

“Now, I work with dozens of MA-ATR participants per quarter, and they light up when they talk about what MA-ATR is doing for them. I think the most important thing MA-ATR is doing now is paying [rental assistance] for folks to [live] in recovery houses. I could barely stay in mine; the stress [of the expense] was enormous. Worrying about how I was going to come up with my weekly pay was almost unmanageable for me. MA-ATR took some of the bricks off of the cart I was dragging around. Today, I push the cart around with other people on it.

“I get to help folks. For many years, my substance use disorder had me lost. I did not know who I was. I was battling between two worlds: family man versus street person. I am a guy whose whole family once told me, ‘If you come to town, we’re calling the police.’ Today, I am found. The foundation that MA-ATR put down for me has allowed me to climb pretty impressive mountains. I stand today as the third-highest-ranking executive at my company.

“Working with people who were in a similar situation as when I was released keeps it fresh for me. Where I came from and where I ended up is really important. I don’t have sympathy for the folks coming through our door; I empathize with their situation. I see questioning eyes. They have a lot they want to talk about. What we do and what I have learned through my path of recovery is to make people comfortable by letting them know that I get it, I’ve been there.

“The way that MA-ATR staff treated me built me up. From day one, they never questioned my professionalism or the type of human being I am, even though they knew my background. You have no idea how far that goes for me. MA-ATR is in the respect and empathy game.

“MA-ATR propels transformations. My heart is bigger than ever, and it holds a large spot for what MA-ATR has done for me.”



“I am no longer a square peg in the round hole. MA-ATR helped this human being find his purpose.”

—Tim Muise, MA-ATR graduate



## Call to Action: Next Steps to Carry Us Forward



**Erin Allain, M.S., MA-ATR Senior Program Associate, AHP**

Today's symposium featured experts in a variety of fields sharing their insights on and experiences with the connection between employment and addiction recovery. Speakers included the following:

- Keynote speaker: U.S. Secretary of Labor Walsh discussed how essential it is to support people with SUDs for our country's long-term recovery. The bottom line: Employment is a critical ingredient of the recovery recipe.
- MA-ATR Director Rebecca Starr underscored the importance of good-quality jobs that lead to sustainable careers for people in recovery and the essential need to band together to create partnerships that work across multiple systems.
- Dr. David Eddie highlighted that people in recovery face multiple systemic barriers to employment.
- Dr. David Best noted that the strongest predictors of recovery include positive social networks and engagement in activities that provide meaning, identity, and self-esteem.
- Ramona Reno of MassHire Holyoke and Doreen Treacy of MassHire Downtown Boston talked about how working with MA-ATR motivated them to build partnerships in their communities to support jobseekers in recovery.
- Joey Cuzzi of NECAT and Vinnie Rege of BCC shared how the culture of both of their organizations had to change to meet students where they were in their recovery journey.
- The Rally Employers session drove home the argument that now is the time for recovery ready workplaces. AHP presenters shared statistics about the scope of addiction and pointed out how organizational change and focused employment strategies that acknowledge, educate, and offer policies and practices help people in recovery stay employed.
- Rebecca Starr discussed MA-ATR's laser focus on employment as a prelude to MA-ATR graduates Israel Rosa and Tim Muise sharing their stories on becoming involved with MA-ATR, how it changed their lives, and where they are now.
- As the concluding activity, participants reflected on the symposium, noting a fact they learned during the day, a question they still had, an "aha" moment, and actions they will take as a result of these discoveries.

## Staying Engaged: Resources

- [Massachusetts Access to Recovery](#)
- [Addiction Technology Transfer Center Network](#)
- [Advocates for Human Potential, Inc.](#)
- [CareerOneStop—American Job Centers](#)
- [Faces & Voices of Recovery](#)
- [Health Resources in Action](#)
- [National Harm Reduction Coalition](#)
- [Pathways to Work Evidence Clearinghouse](#)
- [Recovery Capital: A Primer for Addictions Professionals](#)
- [Recovery Research Institute](#)
- [SAMHSA](#)
- [Substance Use Disorders Recovery with a Focus on Employment and Education](#)
- [University of Massachusetts Amherst's Center for Employment Equity](#)

# Appendix A: Biographies



**Erin Allain, M.S., MA-ATR Senior Program Associate, AHP**

Ms. Allain is a senior program associate at AHP, where she works on the MA-ATR project to provide ongoing quality assurance and improvement to the P2E curriculum and facilitation, as well as support for MA-ATR coordinators. Before joining AHP, Ms. Allain worked as a policy specialist for the Crime and Justice Institute, Community Resources for Justice, where she led qualitative research projects on reentry, policing, and responses to COVID-19 and provided technical assistance to jails, prisons, and residential reentry centers on solutions-focused, evidence-based practices, including the Transition from Jail to Community initiative funded by the National Institute of Corrections. She also developed and led trainings for community supervision staff (adult and juvenile systems) on evidence-based practices. Ms. Allain holds an M.S. in crime and justice studies from Suffolk University, with a Ph.D. in sociology from the University of Massachusetts Boston expected later in 2021.



**David Best, Ph.D., Professor, University of Derby, England**

Dr. Best has an undergraduate degree in psychology and philosophy, a master's degree in criminology, and a Ph.D. in the psychology of addictions. He has authored three books on addiction recovery and has written more than 170 peer-reviewed publications and around 70 book chapters and technical reports. Previous employers include the Institute of Psychiatry (King's College London), the University of Strathclyde, the University of Birmingham, the National Treatment Agency, and the Prime Minister's Delivery Unit. His current research activities are around recovery pathways, recovery capital and its measurement, social identity theory and its implications for recovery, recovery and desistance, addiction treatment effectiveness (particularly in prison settings), and mentoring. Dr. Best currently leads a multisite collaboration on recovery pathways from Therapeutic Communities in Australia and is the principal investigator on a European project about recovery models and philosophies in the United Kingdom, Belgium, and the Netherlands. He lives in Sheffield, England, and has an 8-year-old son named Billy. Dr. Best is the author of [\*Pathways to Recovery and Desistance: The Role of the Social Contagion of Hope\*](#), published in 2019 by Policy Press. With a foreword by William L. White, Dr. Best's latest work provides guidance on community-based rehabilitation practices with a focus on challenging stigma, promoting social inclusion, and new ways of thinking about social policies around addiction and incarceration.



**Josephine (Joey) Cuzzi, Executive Director, New England Culinary Arts Training**

Ms. Cuzzi has been the executive director of NECAT for the past 6 years. Her priority has been to transform NECAT from a singularly focused culinary skills training program into a trauma-informed workforce development model—one that truly supports the high needs of its participants. This has meant integrating social-emotional learning into NECAT’s curriculum and connecting students to a dependable support network to help ensure their long-term success. Ms. Cuzzi’s background includes 20 years in nonprofit management and 25 years in communications in the public sector.



**David Eddie, Ph.D., Research Scientist, Recovery Research Institute; Clinical Psychologist, Massachusetts General Hospital; Assistant Professor, Harvard Medical School**

Dr. Eddie is a research scientist at Massachusetts General Hospital’s Center for Addiction Medicine and Recovery Research Institute, a clinical psychologist in the hospital’s Department of Psychiatry, and an assistant professor at Harvard Medical School. His current National Institute on Alcohol Abuse and Alcoholism–supported research is seeking to better understand affective and psychophysiological factors that heighten addiction relapse risk, with the aim of developing cutting-edge mobile health (mHealth) interventions driven by wearable biosensors. He is also interested in addiction treatment and recovery processes, as well as drug and treatment policy, and is finance chair for the American Psychological Association’s Society of Addiction Psychology. A licensed clinical psychologist, Dr. Eddie received his B.A. from Columbia University with honors in psychology and his Ph.D. from Rutgers University, where he conducted research at the Center of Alcohol Studies. He undertook his clinical residency at Massachusetts General Hospital before completing his postdoctoral training as a Harvard Medical School Livingston Fellow at the Recovery Research Institute.



**Amy Harding, M.A., Program Manager and Senior Writer, AHP**

Ms. Harding, program manager and senior writer at AHP, has spent nearly 20 years creating and refining online and print publications, reports, roadmaps, resource guides, manuals, books, and other educational materials that are user-friendly, action-oriented, and inclusive of those providing, designing, and receiving health, behavioral health, and social services. Ms. Harding has extensive experience in plain language writing about SUDs, physical and behavioral health disorders, healthcare systems change, integrated care, Medicaid reform, social determinants of health, and population health. She is skilled at communicating complex clinical and administrative information for diverse audiences ranging from prescribers to consumers. Ms. Harding received an M.A. in journalism from Northeastern University.



**Philip Rainer, M.S.W., LCSW-R, Senior Program Associate II, AHP**

Mr. Rainer is a senior program associate at AHP. He is a highly skilled mental health professional with more than 35 years of experience focused on clinical social work and demonstrated success in staff development; corporate training; program development and management; community education; public relations; and individual, group, and marital therapy. Throughout his career, he has held leadership positions at several mental and community health institutions across the Albany, New York, area, where he was able to engage systems and diverse populations in identifying and creatively leveraging strengths to build success.

Mr. Rainer has been a task manager, subject matter expert, and trainer on federal- and state-funded grant contracts with AHP. He has worked extensively with the Health Resources and Services Administration's (HRSA) Center of Excellence (COE) program providing training and technical assistance on evidence-based interventions and promising practices that support the integration of behavioral health in HRSA-funded safety net provider organizations and HRSA-funded training/education programs. The COE addresses mental health and SUDs, with an emphasis on the current opioid epidemic.

Mr. Rainer has facilitated behavioral workforce training and support under federal and state contracts focused on provider wellness and effective service delivery during the COVID-19 pandemic. He has expertise in the MassHealth Delivery System Reform Incentive Payment (DSRIP) program, providing guidance for community partner organizations in designing effective workflows, collaborating effectively with community service providers to meet consumer needs, and understanding the clinical issues behavioral health members experience. He is currently working with the State of California initiative to expand the peer support specialist workforce and help peer-operated programs strengthen operations to qualify for reimbursement through Medi-Cal. Mr. Rainer holds an M.S.W. from the State University of New York at Albany.



**Vinnie Rege, M.S., Dean, Business and Experiential Education, Bristol Community College**

Mr. Rege currently serves as BCC's Dean of Business and Experiential Education. He is an accomplished postsecondary educator and administrator with more than 15 years of extensive pedagogical experience. Mr. Rege joined Bristol after working as director of the Center for Hospitality and Culinary Studies at Howard Community College in Columbia, Maryland, and teaching appointments at Temple University and Drexel University in Philadelphia. Mr. Rege earned his bachelor of commerce degree in accounting at the University of Mumbai (formerly known as the University of Bombay) in Mumbai, India; his B.S. in hotel, restaurant, and catering management from the Baltimore International College in Baltimore, Maryland; and his M.S. in service management, with a concentration in information technology, from the Rochester Institute of Technology, in Rochester, New York.

Mr. Rege brings vast experience in accreditation policies, having served as a chair of the Accreditation Commission for Programs in Hospitality Administration. He is recognized as a Certified Hotel Administrator, Certified Hospitality Educator, and Scaled Scrum Master. He has also received awards from several industry organizations such as the Restaurant Association of Maryland and the Council on Hotel, Restaurant, and Institutional Education. He was a recipient of the Outstanding Alumnus award from the Rochester Institute of Technology.



**Ramona Rivera-Reno, M.S., GCDF, Executive Director of Re-Entry & Recovery Services, MassHire Holyoke, and AHP Consultant**

Ms. Rivera-Reno is executive director of the Re-Entry & Recovery Program of MassHire Holyoke (American Jobs Center) and regional director for the Hampden County Re-Entry Partnership, a collaborative effort between the Hampden County Workforce Board, the Hampden County Sheriff's Department, and two MassHire Career Centers in Holyoke and Springfield, Massachusetts. A community leader with expertise in building partnerships, developing programs, and strategic planning, Ms. Rivera-Reno has designed, implemented, and presented effective employment readiness programs for ex-offenders for more than 20 years.

In recent years, Ms. Rivera-Reno has broadened the scope of her work to include customized programming in support of individuals with SUDs. These efforts include working with the MA-ATR program to co-create the curriculum for the P2E program, which is designed to support people in early recovery in building confidence and obtaining work readiness skills to reenter the workforce. She has been a partner and consultant to the MA-ATR program since 2010, training facilitators of P2E and collaborating on program deliverables. In 2020, she adapted P2E to an online platform; this adaptation is currently provided in five service areas across Massachusetts, reaching thousands of people with histories of SUD. She is certified in facilitating and training Roadmaps to Recovery, an evidence-based program designed to help people with SUDs gain the knowledge, skills, and support they need to cope with—and eventually prevent—relapses during recovery. Since 2019, she has been responsible for managing the deliverables of the Opioid National Health Emergency grant, an effort initiated in response to the opioid crisis to help individuals with a history of SUDs obtain gainful employment.

Ms. Rivera-Reno has been one of the region's front-runners in addressing workforce development issues for adult ex-offenders using a holistic approach. Her program has received state recognition and served as a model for re-entry programs under the Massachusetts Executive Office of Labor and Workforce Development. By working closely with government, businesses, labor, educational institutions, and training providers, she has leveraged funds for on-the-job training opportunities that have been extremely successful for ex-offenders. In addition, for over a decade, she has fostered strong relationships with hundreds of employers to expand workforce opportunities by informing potential employers of the financial benefits available through various hiring incentives such as Work Opportunity Tax Credits, hiring incentives, on-the-job training programs, and federal bonding.



**Rebecca Starr, M.B.A., M.S.W., LICSW, Project Director of MA-ATR, AHP**

Ms. Starr is a senior program director at AHP. Her career has spanned work in behavioral and medical health care, elder care, nonprofit management, and higher education. The common link among them is her passion to support people and organizations in their desire to improve and reach their highest potential. For 11 years, Ms. Starr has directed the MA-ATR program, which is designed to give people with SUDs wider access to support services to assist them on their path to recovery. Outcomes for the more than 30,000 individuals enrolled so far have received national attention.

As part of the MA-ATR program, Ms. Starr created the nationally recognized CBI program, an array of job training options enrolling as many as 600 participants per year that have been customized to respond to the unique challenges facing people with SUDs. In addition, she recently oversaw MA-ATR's expansion into housing. The two parallel goals of this housing program are to (1) stably



house individuals facing housing insecurity in sober homes, and (2) prepare them with the resources they need to become self-sufficient and pay for their housing needs in the future by making sure they “skill up” to be marketable when competing for jobs.

Previously, Ms. Starr was deputy director of a national program office, the goal of which was to create work-based learning opportunities and career pathways for frontline workers in our healthcare system who had been in dead-end jobs that paid low wages. She also managed and expanded a hospital-based faculty development office to advance careers of women physicians and scientists. Ms. Starr has special skills in leading and developing teams, building partnerships, building organizational capacity, developing and managing innovative programs, marketing, operations improvement, management, and strategy. She holds an M.B.A. from Northeastern University and an M.S.W. from the University of Southern California.



**Casey Tiefenwerth, M.S.W., LCSW, MA- ATR Program Manager for CBI, AHP**

Ms. Tiefenwerth is the program manager of CBI with MA-ATR at AHP. She oversees continuous quality improvement for current career-building initiatives, while also working to expand job training options for MA-ATR participants across the state. Drawing on her experience in the nonprofit sector and state government, Ms. Tiefenwerth specializes in workforce development program design for individuals with SUDs and co-occurring disorders. She also has experience in public benefits counseling and has been certified by SAMHSA's SSI/SSDI Outreach, Access, and Recovery (SOAR) program. Her subject matter expertise includes supported employment, homelessness, peer support, and recovery. Ms. Tiefenwerth received her M.S.W. from the University of Maryland with a concentration in management and community organizing and a specialization in health.



**Doreen Treacy, M.Div., Vice President, JVS MassHire Downtown Boston**

Ms. Treacy has served as vice president of JVS's Career Services since 2014 and is a member of JVS's senior management team. JVS runs one of Massachusetts' American Job Centers. Ms. Treacy oversees JVS's Financial Opportunity Center and MassHire Downtown Boston, the Career Center at JVS. She is a nationally recognized social innovator and thought leader who continues her 25-year commitment to creating economic pathways for Massachusetts residents through her work at JVS. Formerly, she directed an institute where she built a portfolio of asset-building, education, and training programs to address social determinants of health, including Fiscal Health Vital Signs®, a tool to assess and diagnose the financial health of patients, which won both local and national recognition as a social innovation. She also developed and taught a college-level course called “The EITC [Earned Income Tax Credit] as Social Policy” and published the working paper *Advancing the Fiscal Health of Low-Income Families: A Public and Community Health Approach*.

Ms. Treacy was appointed to represent former Massachusetts Governor Deval Patrick on a legislative commission to study the feasibility of a bank owned by the Commonwealth. She is a founding member of the Boston Tax Help Coalition and currently serves in a leadership role with the Massachusetts Workforce Association. Ms. Treacy holds a B.A. from the University of Massachusetts-Amherst and a Master of Divinity from Boston University.



### **Martin J. Walsh, U.S. Secretary of Labor**

Martin J. Walsh was sworn in as the 29th Secretary of Labor on March 23, 2021. A lifelong champion of equity and fairness, and a proud product of the City of Boston, Secretary Walsh leads the U.S. Department of Labor with a strong connection to working people and a commitment to creating an economy that works for all. In 1997, Secretary Walsh was elected to serve as a state representative for one of the most diverse districts in Massachusetts.

There, he focused on creating good jobs, protecting workers' rights, expanding mental health treatment, and investing in public transit.

Following his time as a state representative, Secretary Walsh spent the last 7 years as the Mayor of the City of Boston. While mayor, he led the creation of close to 140,000 jobs and helped secure a statewide \$15/hour minimum wage, paid sick leave, and paid parental leave. He established universal, high-quality pre-kindergarten for all children and free community college for low-income students.

Secretary Walsh was a national leader in the response to COVID-19, getting personal protective equipment to first responders and nursing homes, funding emergency childcare for healthcare and frontline workers, halting evictions and providing rental relief, and setting up multiple funds to help small businesses survive. His work early in the pandemic to pause construction and establish safety requirements has been lauded as a model by both unions and employers alike.

As Mayor of Boston, Secretary Walsh also made his mark as a labor leader. After following his father into Laborers Local 223 in Boston, he rose to head the Building and Construction Trades Council from 2011 to 2013. He worked with business and community leaders to promote high-quality development, and he created a program called Building Pathways that has become a model for increasing diversity in the workplace and providing good career opportunities for women and people of color.

Born and raised in the neighborhood of Dorchester by immigrant parents, Secretary Walsh is driven to ensure our nation's economy works for everyone. He is a survivor of Burkitt lymphoma and is a proud member of the recovery community who has worked to expand addiction treatment throughout his career. While working full-time as a legislator, he returned to school to earn a degree in political science at Boston College.



### **Tina Willson, B.A., Senior Writer and Instructional Designer, AHP**

Ms. Willson is a senior writer and instructional designer at AHP. She has more than 20 years of experience in multimodal adult education and workforce training, including curriculum assessment and development, scenario- and outcomes-based learning, and workforce and organizational development. She has designed, produced, and evaluated instructor-led, web-based, and blended curricula on a wide range of process- and skills-based topics. She

uses adult-learning principles, systems-change theory, and technology to develop efficient, engaging, and effective experiences for learners. Examples of prior training topics include integrated health care, behavioral health disorders, homelessness, peer support, trauma, supporting individuals with disabilities, organizational processes and change, and software usage. Most recently, she worked on the design of a tool kit for recovery ready workplaces. Ms. Willson holds a B.A. in English from the University of Illinois at Urbana-Champaign.



## Appendix B: Resource Sharing

The following resources offered by symposium participants were extracted from the symposium chat feature:

### Americans with Disabilities Act

Knowing one's civil rights under the [Americans with Disabilities Act](#) can help combat discrimination that is often misidentified as stigma.

### Employee Assistance Program

Speak with state and regional [Employee Assistance Program](#) associations on recommended recovery ready and drug-free workplace policies and practices, as well as assistance for struggling employees.

### Individual Placement and Support

Harrison, J., Krieger, M. J., & Johnson, H. A. (2020). Review of Individual Placement and Support employment intervention for persons with substance use disorder. *Substance Use and Misuse*, 55(4), 636–643. <https://doi.org/10.1080/10826084.2019.1692035>.

### Recovery Ready Workplace Initiatives

Colorado is developing a recovery ready workplace initiative based on [Connecticut's Recovery Friendly Workplace Toolkit](#).

Kentucky: [Addiction crisis: Law aims to help Kentucky communities be 'recovery ready'](#)

Massachusetts: [Recovery Ready Workplace Program](#)

Missouri: [The Recovery Friendly Initiative](#)

Tennessee: [Caring Workplaces](#)

Vermont: [Recovery Friendly Workplaces and Their Profound Impact—Improving the Lives of Individuals through Employment](#)

## Appendix C: Acronyms Glossary

AHP	Advocates for Human Potential, Inc.
BCC	Bristol Community College
BSAS	Bureau of Substance Addiction Services
CBI	Career Building Initiative
CPL	Credit for Prior Learning
IPS	Individual Placement and Support
JFH	Jobs, Friends, and Houses
MA-ATR	Massachusetts Access to Recovery
NECAT	New England Culinary Arts Training
P2E	Paths to Empowerment
SAMHSA	Substance Abuse and Mental Health Services Administration
SOAR	SSI/SSDI Outreach, Access, and Recovery
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SUD	Substance Use Disorder
REC-CAP	Recovery Capital (evidence-based assessment and recovery planning instrument)

- <sup>i</sup> Aklin, W., Wong, C., Hampton, J., Svikis, D., Stitzer, M., Bigelow, G., & Silverman, K. (2014). A therapeutic workplace for the long-term treatment of drug addiction and unemployment: Eight-year outcomes of a social business intervention. *Journal of Substance Abuse Treatment*, 47(5), 329–338. <https://doi.org/10.1016/j.jsat.2014.06.013>; Duffy, P., & Baldwin, H. (2013). Recovery post treatment: Plans, barriers and motivators. *Substance Abuse Treatment, Prevention, and Policy*, 8(6). <https://doi.org/10.1186/1747-597X-8-6>; Griep, Y., Kinnunen, U., Nätti, J., De Cuyper, N., Mauno, S., Mäkikangas, A., & De Witte, H. (2016). The effects of unemployment and perceived job insecurity: A comparison of their association with psychological and somatic complaints, self-rated health and life satisfaction. *International Archives of Occupational and Environmental Health*, 89, 147–162. <https://doi.org/10.1007/s00420-015-1059-5>; Sahker, E., Ali, S. & Arndt, S. (2019). Employment recovery capital in the treatment of substance use disorders: Six-month follow-up observations. *Drug and Alcohol Dependence*, 205, 107624. <https://doi.org/10.1016/j.drugalcdep.2019.107624>.
- <sup>ii</sup> Dong, K., Must, A., Tang, A., Beckwith, C., & Stopka, T. (2018). Competing priorities that rival health in adults on probation in Rhode Island: Substance use recovery, employment, housing, and food intake. *BMC Public Health*, 18, 289. <https://doi.org/10.1186/s12889-018-5201-7>; Laudet, A. (2012). Rate and predictors of employment among formerly polysubstance dependent urban individuals in recovery. *Journal of Addictive Diseases*, 31(3), 288–302. <https://doi.org/10.1080/10550887.2012.694604>; Laudet, A., Magura, S., Vogel, H., & Knight, E. L. (2002). Interest in and obstacles to pursuing work among unemployed dually diagnosed individuals. *Substance Use & Misuse*, 37(2), 145–170. <https://doi.org/10.1081/ja-120001975>; Laudet, A., & White, W. (2010). What are your priorities right now? Identifying service needs across recovery stages to inform service development. *Journal of Substance Abuse Treatment*, 38(1), 51–59. <https://doi.org/10.1016/j.jsat.2009.06.003>; Petry, N., Andrade, L., Rash, C., & Cherniack, M. (2014). Engaging in job-related activities is associated with reductions in employment problems and improvements in quality of life in substance abusing patients. *Psychology of Addictive Behaviors: Journal of the Society of Psychologists in Addictive Behaviors*, 28(1), 268–275. <https://doi.org/10.1037/a0032264>; Wang, X., Mears, D., & Bales, W. (2010). Race-specific employment contexts and recidivism. *Criminology*, 48, 1171–1211. <https://doi.org/10.1111/j.1745-9125.2010.00215.x>; White, M., Saunders, J., Fisher, C., & Mellow, J. (2012). Exploring inmate reentry in a local jail setting: Implications for outreach, service use, and recidivism. *Crime & Delinquency*, 58(1), 124–146. <https://doi.org/10.1177/0011128708327033>.
- <sup>iii</sup> Eddie, D., Vilsaint, C. L., Hoffman, L. A., Bergman, B. G., Kelly, J. F., & Hoepfner, B. B. (2020). From working on recovery to working in recovery: Employment status among a nationally representative U.S. sample of individuals who have resolved a significant alcohol or other drug problem. *Journal of Substance Abuse Treatment*, 113, Article 108000. <https://doi.org/10.1016/j.jsat.2020.108000>
- <sup>iv</sup> Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2011). Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis. *The British Journal of Psychiatry*, 199(6), 445–452. <https://doi.org/10.1192/bjp.bp.110.083733>.
- <sup>v</sup> Best, D., Gow, J., Taylor, A., Knox, A., & White, W. (2011). Recovery from heroin or alcohol dependence: A qualitative account of the recovery experience in Glasgow. *The Journal of Drug Issues*, 41(3), 359–378. <https://doi.org/10.1177/002204261104100303>; Best, D., Gow, J., Knox, T., Taylor, A., Groshkova, T., & White, W. (2012). Mapping the recovery stories of drinkers and drug users in Glasgow: Quality of life and its associations with measures of recovery capital. *Drug and Alcohol Review*, 31(3), 334–341. <https://doi.org/10.1111/j.1465-3362.2011.00321.x>.
- <sup>vi</sup> Best et al. (2013). The role of abstinence and activity in promoting wellbeing among drug users engaged in treatment. *Journal of Substance Abuse Treatment*, 30(4), 397–406.