

In her own words, how Elissa Kent has made BIG changes on behalf of people suffering from addiction...

Several years ago, the hospital in the community in which I lived, was bought by a for profit company that cancelled some of the services that the hospital had previously provided to the community, one of which was the detox program for people withdrawing from opioids and alcohol. Access to supportive services to help people persist through withdrawal symptoms is an imperative step in attaining recovery from severe substance use disorders (SUDs). When this service stopped at the hospital, the only place that offered detoxification services was a treatment facility in Sault Ste. Marie or lower Michigan, disproportionately straining people in my rural and remote community who lived at or below the poverty level and lacked transportation. During this time, I worked as a clinician and case manager at Great Lakes Recovery Centers – Adult Residential Services, and saw first-hand the pain and difficulty that clients had in trying to attend treatment without having withdrawn from substances first. People would run out of therapy groups having to vomit, or be so feverish that they couldn't focus, all the while expected to attend and participate in therapy as their funding sources were paying for treatment, not for them to 'lay in bed'. Many people left treatment in the midst of withdrawal symptoms because they were unable to balance the expectations of their funding sources with the needs of their bodies. People with SUDs are incredibly marginalized and their symptoms are weaponized against them, making the treatment they need less of a priority than it should be. In 2015, I took the lead on developing a social detoxification program at the Marquette facility. I combed through research to find best practices, consulted with other treatment programs, and worked with the emergency department staff on aligning our aims and missions. We began our detoxification program, and had incredibly high rates of people not only successfully navigating through their withdrawal symptoms, but then subsequently attending residential treatment. This program alleviated not only physical suffering that would have been done alone or not at all, as well as the psychological suffering that people with SUDs experience when they actually want help and there was nowhere to turn.

While providing direct practice, it weighed heavily on my heart that many people would successfully complete treatment and develop new skills and habits, but upon discharge would go back to the same environment that supported their substance use. Often, people would return to residential treatment afterward, understanding that their social environment greatly impacted their ability to retain their recovery, but ultimately having no other choices. Many people would discharge to homeless shelters, and as we know from Maslow's hierarchy, if people don't know where they are going to sleep at night, how can we expect them to attain higher functions of living like living a life in recovery? It is an oppressive and demoralizing cycle for people having to continue to return to dysfunctional environments and try to stay in recovery. Because I reached out to my supervisor and other decision-makers in my agency with my concerns, when the agency was given the opportunity to take over a new building, I was given the authority to open a women's recovery house, the first of its kind in my region! I combed the literature, consulted with various recovery housing networks across the country, and created a proposal for local funding agencies. This proposal was accepted and in 2016, we opened a new residential facility named after that very supervisor who listened to and promoted my idea. It is now the first women's recovery house in the region, with the first few months of each lady's stay being funded by state block grant dollars. Since that time, I helped the agency open several new recovery houses in the region that are providing housing for many people today. These houses give people an

opportunity to find stable footing after residential treatment and learn how to integrate themselves fully into their communities and new lives in recovery. Without those experiences, many people would be stuck in the cycles of relapse and treatment or possibly even dead. Providing a stable and healthy social environment for all people is critical for their functioning and internal sense of worth and value.