EXPLORING THE CONNECTION BETWEEN PREVENTION AND RECOVERY

Christin D'Ovidio:

Welcome to the Power of Prevention Podcast. In each podcast, we will go deeper into the topic of prevention in New Hampshire. We'll share our best interviews with you, of people who are working tirelessly for their professions, their families, and their communities to stop something unwanted from happening. In this case, substance misuse. This is a podcast for people who are looking for solutions and want to make New Hampshire a better place where we all have the opportunity to live, learn, and thrive. We are hoping to make your lives a little better with these inspirational stories about substance misuse prevention.

One crucial aspect of recovery is having access to resources When people can meet their basic needs for things like healthcare, housing, employment, they expand the protective factors in their lives, things that help them maintain recovery. We are excited to talk to Keith Howard. He's the executive director for Hope for New Hampshire Recovery, and he's an advocate for people facing substance use challenges. He's going to help us understand the connection between recovery and prevention and explore how supporting the recovery of caregivers is a two generational approach, giving young people the tools they need to avoid the harms of substance use. Keith, welcome to the show today, and thank you so much for joining us.

Keith Howard:

Well, thank you for inviting me, Christin.

Christin D'Ovidio:

When we met to prepare for this interview, you talked about the impact of ineffective prevention messages, and those were things that you might've been exposed to when you were younger. I know I was as well. So today, prevention science has come a long way. We understand a lot more about risk factors and how to reduce risk, but could you please talk to us about some of your takeaways based on your experience and the knowledge that you have with your life history and the work that you do, please?

Keith Howard:

I am an old man. I am 64, and so I was first introduced to the notion of prevention back in the 1970s when prevention consisted of having DEA officers and state police bring in drugs and lay them out on a table, and then have a person who had used drugs stand up and talk about how awful drugs had been for him and say, "Hey, kids don't follow my path." And what's interesting to me is that we got a chance to go up and look at the table of drugs, and there were some of my classmates who acted as though, "Oh, this is radioactive, we need to stay away." But my friends and I felt as though, "Oh, I can't wait to do that." "Oh, that looks really cool." "Oh, that's the thing that makes time get really weird." And so it had honestly, the opposite of a prevention message for me. There may have been people in that

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audience who had been kind of toying with the idea of drugs, but then were frightened away. The scared straight thing never worked for me.

Christin D'Ovidio:

We had similar experiences. I remember something along those lines. And I think back to the gentleman that had to attend my sixth-grade class and feel bad that he was in that position.

Keith Howard:

And even before then, I can remember being in third grade and reading a Jimmy Olsen comic book. So, Jimmy Olsen was Superman's pal, the redheaded sidekick. And in this comic book, somebody had slipped acid into Jimmy's coffee, and then it was three or four pages of "psychedelic" drawings of how awful it was for Jimmy. And even in third grade, I thought, "Oh, that looks great. I can't wait to have a chance to experience that same thing myself." So I don't know that that speaks about prevention. It does speak about me. And interestingly, almost everyone I've met in recovery, particularly those of us who used a lot of drugs, had had that same experience when we were in elementary or middle school of thinking, "Wow, I can't wait to be old enough to do that." And in fact, I know Kristin, I'm not letting you get a word in edgewise.

Christin D'Ovidio:

No, no, you're good.

Keith Howard:

But the first time that I ever purchased drugs, buddy and I, so I grew up in Durham College Town, a buddy and I went door to door in Williamson Hall, a residential dorm, knocking on doors, and we were 13 at the time saying, "Do you have any drugs you can sell us?" And then on the fourth or fifth door, we found somebody who sold us some hash. And then that began my real experience into drugs. So, there was no one who was encouraging me. I was completely self-motivated to find a way to get outside of myself.

Christin D'Ovidio:

I want to talk a little bit more. How can we make the connection here between what is good prevention messaging, what do we need to touch on in? Well, that's what we're trying to do, but I want to hear too from you, coming from the other side, coming through recovery where you're now helping people find recovery and support them and where's the connection here? Maybe talk more.

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Keith Howard:

Okay. So, one of the limitations I think in the prevention programs that I'm familiar with, is they don't acknowledge that drugs and alcohol are fun, that they make you feel better. Life becomes significantly better when you start to use drugs, for that very brief period that you're high, life is better. And then over time, things start to go to hell. And pretty quickly, the joy and freedom that you'd felt have become their own kind of bondage. But initially, using drugs makes life objectively feel a lot better. I mean, the first time that I shot heroin, I was 18, and in the army, stationed in Germany. And I knew at that moment that I never want to not feel this way again. That was heaven. And I think that prevention programs that don't point out that there's a limited run of heaven and pretty quickly you're in hell, miss the mark. Because the first time that most people try opiates or opioids, it does feel really, really good.

Christin D'Ovidio:

What are you doing to help people connect to services? How are people coming to you? How are people finding you?

Keith Howard:

As I mentioned, I grew up in Durham, which is an upper middle-class town, and almost all of my friends joined me in using drugs. None of us had any particular risk factors. I mean, we had access to all the resources we needed. We had two parent homes for the most part. I am adopted, which I guess can be seen as a risk factor, but it didn't appear to have any effect on me. And most of the people that I did drugs with in high school went on to college right away and did well, went to Harvard, went to Cornell, went to Oberlin. So, it's not like they were just scraping by. I was a National Merit Honor scholarship semi-finalist, blah, blah, blah, blah, for having really high PSAT scores. And so, it wasn't as though we were searching for some way out of poverty or out of lack or out of hunger. It just felt really good. So, I don't have the experience of turning to drugs or alcohol out of a sense of need or even, I didn't have much that I needed to escape. I still wanted to escape from myself. And that has been my experience with most folks who are in recovery is that whenever or whenever I took any substance of any kind, it was always as an escape vehicle from myself.

Christin D'Ovidio:

Well, I think you're speaking again then to honesty about some people have a risk of developing a substance use disorder and some people don't. Coping skills on how to deal with uncomfortability may be underlying.

Keith Howard:

And that is the real problem with early teenage drug use, I believe, that I found a way to feel

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comfortable in any situation that didn't involve me using any kind of strategies for how to overcome feelings of awkwardness, how to take risks socially. My non-drug and alcohol using peers were using strategies and facing problems head on and learning to overcome them. I learned to just increase my intake of drugs and alcohol.

Christin D'Ovidio:

Something we've talked about a couple of times with some other guests on the show is the impact of Covid, social media and the disconnection that young people have faced socially, that has had a huge impact. I don't know if you can speak to this or not? But it's tying in for me on what you're talking about right now, that there could be an increase in the impact of that for some young people on.

Keith Howard:

Yeah, I mean, there is a truism in recovery that the opposite of addiction is connection. And I know that Hope focuses on community. I happen to hate the idea of programs. Instead, we offer experiences that change over time as the needs of the community change instead of setting up a program. Well, with the onset of Covid, community became very shattered. And much as I'm enjoying talking with you on Zoom, having all of our human connection be in two dimensions, looking at a screen, led to a lot of relapses. Even people that appeared to have very solid recovery, there is an emptiness in what you and I are doing right now because I do believe that in recovery, being physically present with other people, being able to truly look into the eyes of someone else, is a great encouragement to continuing in recovery in a way that looking at a screen just can't match. Let me tell you that recovery is absolutely possible for anyone, whatever their childhood experiences may have been.

Christin D'Ovidio:

In talking with people who are in recovery, so often they're doing the work to help others find recovery too. And I wonder if you could talk a little bit about if there are people in recovery who are also working in prevention and trying to help that because it's hard to reach younger people in any way. So, if you could just speak to that.

Keith Howard:

Yeah. So, a woman who works with me named Missy Kimball spent five years working with family and everyone who works at Hope is in recovery ourselves. So, I'm not revealing anything about Missy, but woman in recovery who is very open about the family challenges with her own children that she faced in her active use and then in early recovery. And before she came to us, she'd spent five years working with mothers primarily, but parents whose children had been taken from them by the state and working on reuniting. And an awful lot of that has to do with strengthening the family and strengthening people's sense of what family means.

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When you bow down at the altar of, whether it's dope or meth or alcohol, once you bow down at that altar, you very easily can lose a sense of responsibility toward anything but that false God. And I don't mean to sound theological there, but I think that human beings are hardwired to care about their children and to want to protect their children. But it's possible to overtake that wiring through addiction so that your children become a secondary need, and the primary need is whatever drug it is that you are addicted to.

Christin D'Ovidio:

You have been working a lot in this field, and I think you've been working to address stigma a lot, which is kind of where you're leading my mind in this conversation. Can you talk about what changes you've seen there over time?

Keith Howard:

Okay. So, I am lucky enough that ever since I got into recovery 16 years ago, my life has been arranged so that I've been able to be very open about my recovery and about my experiences of life before recovery. I mean by the time I got into recovery, I was already 48 and living on the streets and stealing mouthwash from dollar stores to keep away the shakes from alcohol addiction. And so, my life, I had pretty much burned my life to the ground and then was urinating gasoline onto it to make sure that nothing would

remain. I was really lucky in a way to have done my reputation so much harm that when I got into recovery and once, I felt like it was going to take, that it was going to work, that I would be able to live without drugs or alcohol, I've been able to be open about that. Not everyone is so lucky. I mean, if I had been a bank vice president instead of a homeless vet, I might very well have had a hard time revealing to anyone outside of my family that I was in recovery. So I do think that things have gotten better, here in Manchester, we have a mayoral candidate, Jay Ruais, who is very public about being in recovery himself, and that is a part of his political biography is how recovery has transformed his life. It's hard for me to imagine that even 20 years ago, that a candidate for mayor in a medium-sized city would be able to use that as part of who he is.

Christin D'Ovidio:

How does your program work on connecting people or work sites or I don't know if you work in that area?

Keith Howard:

Yes. So, what we do though, is try to connect folks to community members who are going to be supportive of them. One of our biggest community partners is a place called Work Stuff, which is a staffing agency where the owner of the place is in recovery herself, very public about that and works, I don't want to say primarily, although it may be the case, works with a lot of folks

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who were in early recovery, helping them find temporary jobs. And helping them have the courage to be open and honest about where their lives had been, what happened, and where their lives are now. Her name is Andrea Laroche and I wrote a story for a local news media that referred to her as a saint of recovery, and I really do believe that because she could be making more money and perhaps be growing her business even faster than it's growing if she weren't so outreach oriented toward folks in recovery. So, she is one of the good guys, and so is Jay Ruais. Whether I agree with him politically or not, doesn't make any difference. He is a recovery saint simply because he is de-stigmatizing for folks the idea of being in recovery. And he did not have to do that at all. He could have been much more private about his recovery. There are other politicians throughout the state who are in recovery who, for whatever reason, don't choose to use that as part of their story from a stump.

Christin D'Ovidio:

Recognizing the early warning signs of substance use disorder is challenging. In his response, Keith reflects back on how his addiction progressed and how he finally realized that he needed to stop.

Keith Howard:

You had talked about how there are people who look at the end result of addiction and say, "But that's not me. I have not reached that point in my life yet." And so, the question I think you were asking is what could have been done at that point to help me see that the trajectory I was on was likely going to end up really bad? And I wish I had an answer for you, Kristen. I don't know. There were a few times in that period of 20 years where I recognized, okay, the hounds are on my trail. And so, I would go to an AA meeting or go and see a therapist, but I was just doing that to be able to reduce the heat, get people off my back, whether it was the spouses or bosses or whatever. But I never really believed that I was an alcoholic the way that I had known that I was an addict because I hadn't shot dope long enough so that I could look and say, "Oh, this can fit into a quiet, normal life."

Christin D'Ovidio:

And what about policy? Is there policy that should be in play here that can help somewhere in this continuum of?

Keith Howard:

Yeah, so funding is always an issue. So, Hope is a recovery center in Manchester that is fairly different from the other recovery centers in the state, although we all work together. But Hope is large enough and has a large enough facility that our focus can be on community. Like we have a thousand people a

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week coming to Hope. So that's enough to be able to develop a community. If there were stable and sustained funding, it would be a lot easier to be focused on helping people in early recovery. Unfortunately, funding comes in fits and starts. So there are times where, oh, this is great. And then there are other times where particularly the smaller recovery centers in this state have to be determining, are we going to be able to make payroll next week? We're lucky enough at Hope that we're big enough that that's not an issue. But when I think of a town like Claremont or a town like Berlin that has, Berlin's going to be having a new recovery center, they need to be able to have some trust that the recovery center is going to be there, not just next year, but three years from now. And up until now, there's never been that kind of trust.

Christin D'Ovidio:

The drug supply has changed over the years. Hear what Keith has to say about the current situation and his concerns about the lethality of fentanyl and other substances.

Keith Howard:

Opioids are a completely different issue than opiates. So, when I was shooting dope, it was opiates. It was, you could trace back the heroin or the morphine to a plant, maybe in Afghanistan, maybe elsewhere in the world, an opium plant. And that that was processed, and that's what I was putting into my arm. Today with fentanyl, nobody knows how strong what they're using is, and nobody knows that they're on the verge of death. And in the past year, my closest adult friend and then two other close friends, all of whom in recovery have died by overdose with fentanyl. And when I was using dope, people didn't always run the risk of overdosing and dying. Today, anyone who's using what is being called dope but is primarily fentanyl, and now with the addition of Xylazine, there being other complicating factors. But if I was playing Russian Roulette, and of course, you're familiar with Russian Roulette where you put a single bullet into a six-shooter and then spin the chambers, hold it up to your head, pull the trigger, today instead of a six-shooter, with fentanyl, it feels a lot more like you have two chambers. And it really is a flip of the coin, how things are going to turn out.

And so, for parents today, I've talked about my drug use during my teenage years, and all of my friends, none of us worried about instant death out of the blue the way that parents today need to. And that's why I am really pleased that this state of New Hampshire has been so supportive of Narcan distribution throughout the state. I know that tens, hundreds, thousands of lives are being saved because somebody who has overdosed is able to be revived with Narcan. And I think it's very progressive of the state to have dropped the judgmental piece that's so easy for politicians to take, and instead say, saving lives is the most important thing.

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Christin D'Ovidio:

We always like to close our interviews by asking our guests their definition of prevention. So I would like to hear your thoughts about that and your definition of prevention, please?

Keith Howard:

I think that helping people, particularly in this case, children, understand how goddamn cool the universe is and how many ways there are to explore the universe that don't include using drugs or alcohol. Earlier this summer, I spent three weeks in Morocco in the Sahara Desert. That was a childhood dream of mine. Other kids dreamed of going to sea. I dreamed of being in the middle of a desert. And that experience, both time in the desert and the time driving through the Atlas Mountains by myself in a rented car, in a place that my language could get me to a bathroom and that was about it, was just really beautiful and more empowering than any drug or alcohol I've ever taken. But if I hadn't stopped using drugs and alcohol, it never would have been possible. And so I think anything that can be done to excite wonder in the universe is my definition of prevention. Because when I was a kid, wonder came in pill form or powder form or plant form, and the universe is just so cool. And life is just so short that anything we can do to help kids want to explore that wonder, knowing that the human lifespan is so short that they will never, ever, ever exhaust all of the wonders that life holds.

Christin D'Ovidio:

Thank you so much for speaking with us today, for doing the work you're doing and for telling your stories because people can connect with that. But thank you for talking with us today.