

City Drug Scene Rated a Shocker by U.S. Aides

By JAMES RYAN

The three top State Department officials who deal with the drug-producing areas of the world got their first look at American junkies here yesterday and admitted that they were "shocked."

The three assistant secretaries of state, and members of the House subcommittee on Europe and the New York City congressional delegation toured the South Bronx, Harlem and the lower East Side. They saw addicts "nodding," and buys apparently being made. They also visited treatment centers and talked to youths attempting to escape the drug nightmare.

Was Shocked

Martin Hillenbrand, assistant secretary for Europe, said the tour "certainly shocked me. I've been in the most disadvantaged parts of Europe and Africa but never before have I seen the kind of community breakdown that I saw today."

The other assistant secretaries were Marshall Green for East Asia and the Pacific, and Roger P. Davies for the Near East and South Asia.

The tour, arranged by Rep. Benjamin Rosenthal (D-Queens), subcommittee chairman, grew out of a recent appearance by the State Department officials at hearings in Washington.

At that time, according to reports, the State Department people admitted that although they were responsible for top decisions affecting our relations with drug-producing countries, they had never seen firsthand the impact of drugs on United States communities.

The group arrived here from Washington at 9 a.m. yesterday. Their visit was capped by a lunch-

son meeting with Mayor Lindsay and Police Commissioner Patrick V. Murphy in City Hall.

While the group was on its morning bus trip, Lindsay appeared before another House subcommittee and called for the creation of a single federal agency to combat narcotics with a budget of \$1 billion a year within three years.

Testifying before the subcommittee on Public Health and the Environment, Lindsay lauded President Nixon's bill to coordinate all federal agencies involved in drug abuse.

'Welcome Step'

He called the bill "a welcome step to achieve this same objective."

During his testimony, Lindsay said that from all sources, the city now is spending \$80 million to combat narcotics abuse.

Observers recalled that during the Albany-New York budget battle last April 23, Lindsay said that proposed state cutbacks would slash the city's anti-drug expenditures to \$20 million.

Questioned on this point later, mayoral aide Jay Kriegel said that almost all the cuts were restored in the final days of the legislative session following a "massive lobbying effort" by the city.

Also testifying before the subcommittee, headed by Rep. Paul Rogers (D-Fla.), was Howard A. Jones, chairman of Gov. Rockefeller's Narcotic Addiction Con-



Julie Ojeda, 18, with baby, Racquel, tells how she gave up drugs at Odysseus House.

troller's Narcotic Addiction Control Commission.

Jones placed 17 recommendations before the subcommittee, including adoption of the President's proposal. He added, however, that he considered the proposed \$150 million increase in

federal anti-drug spending "to be insufficient."

In other testimony, Whitney North Seymour Jr., U.S. attorney for the Southern District of New York, said that "the single most important step to stop the spread

of narcotic addiction is preventive education."

"It is absolutely essential," he said, "to persuade the huge body of potential addicts that addiction is drug-avoidance and curable."

My
Story

ROSC

Recovery Oriented System of Care
and
The Power of Lived Experience

A better system is possible.



Facilitator: Julia Ojeda,
Founder & Transformation Servant Leader
RIO – Recovery Inspired Opportunities
Tuesday, July 22nd, 2025



Uncertainty in the World

- Fundamental values under threat
- Budgetary cuts
- Staff layoffs
- Organizations confronting real threats
- Uncertain future prospects
- Adverse impacts on individuals and communities



At Times Like These...

...We need to work TOGETHER
not ALONE!

...*we need our LEADERS!*

...need to be strategic.

...need to stay true to our values
and to our vision.

We have solutions WITHIN us.

ROSC

The History of the Recovery Movement

CCAR
TRAINING



SAMHSA/CSAT Recovery Summit

- Washington, DC, September 28-29, 2005
- Invited participants from diverse stakeholder groups
- **Goals centered on developing a *Recovery-Oriented Systems of Care (ROSC)* framework**
- The Alliance Project invited 100+ recovery advocates, including one representative from the US
- Speakers included US Senator Paul Wellstone, Representative Jim Ramstad, and William White
- **Formation of national advocacy organization *Faces & Voices of Recovery***
- [Launch of New Recovery Advocacy Movement](#)

Recovery Advocacy is



Driving Transformative Change

ROSC Originators, Creators and Champions

- Dr. Arthur Evans
- Dr. Ijeoma Achara
- Dr. Wesley Clark
- Tom Kirk
- Lynette Albright
- Bill White



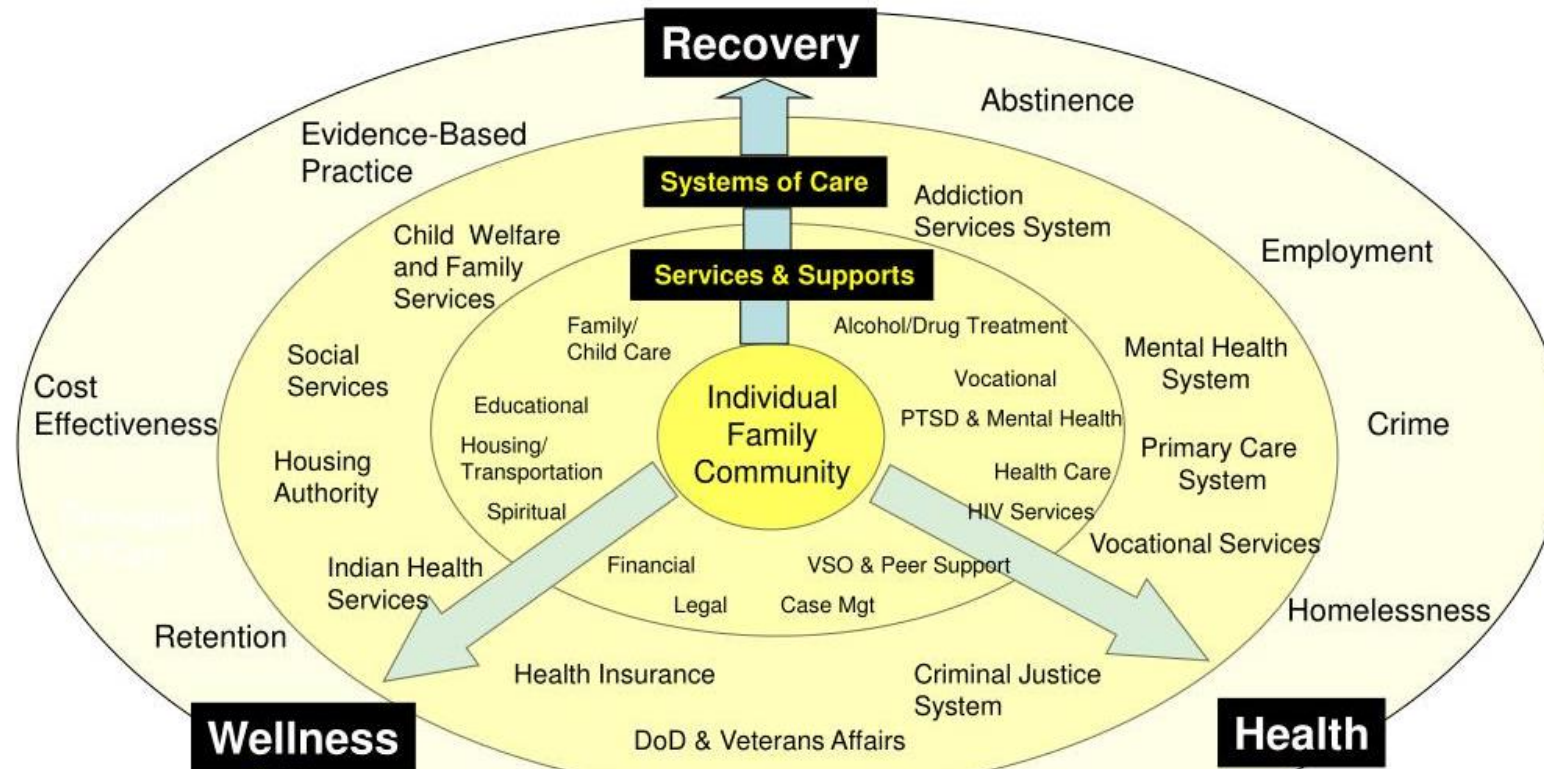
What Does Recovery Mean To YOU???

More than reduction or elimination
of substance use

Living a full, meaningful life in
one's community.



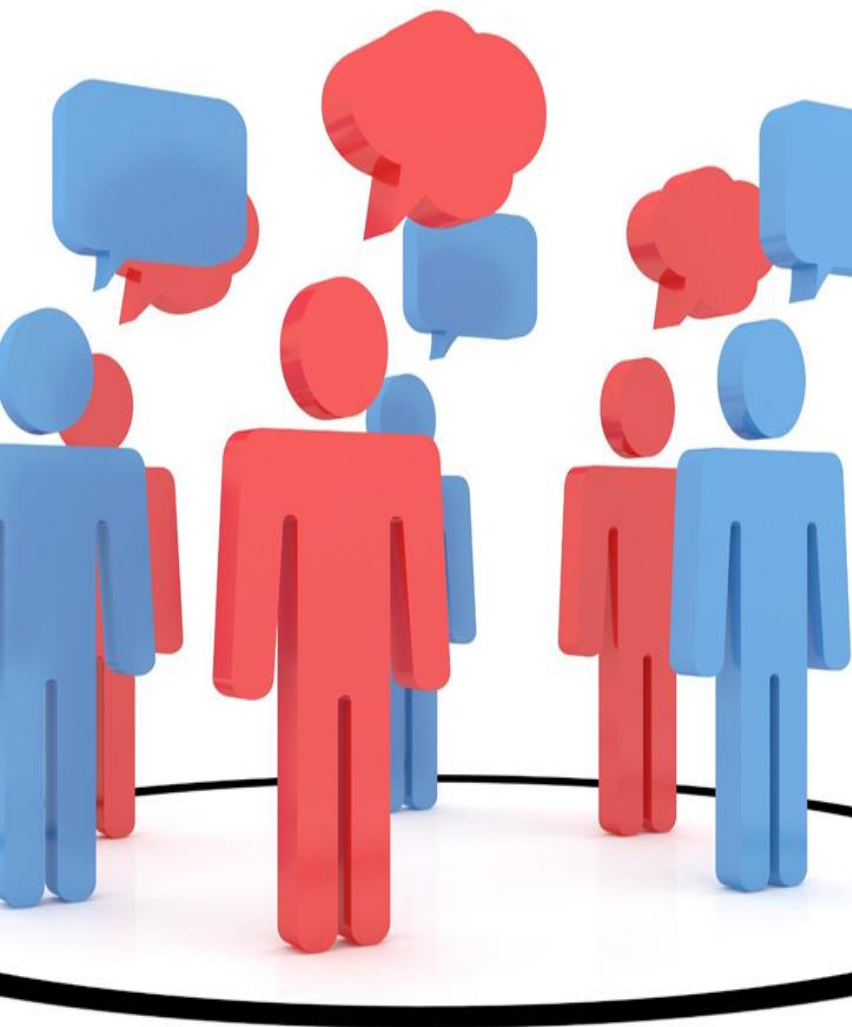
Systems of Care (ROSC) Model



The Greatest
Challenge of
Implementation of
ROSC is...

Lack of Conceptual Clarity



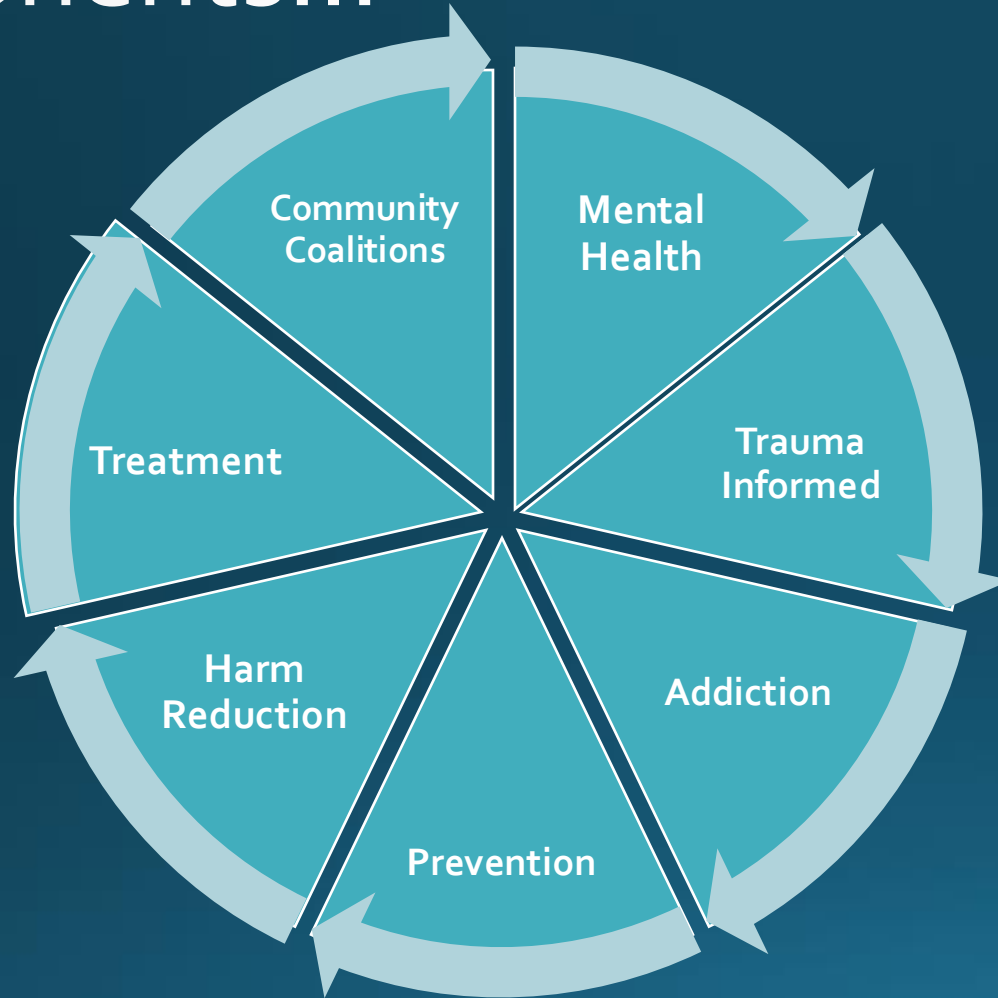


“The confusion is that people jump to practice change and trying to change practices before they put in the work of creating shared understanding and shared vision for the future of their system community.”

Dr. Ijeoma Achara, Achara Consulting

Dr Achara has devoted her career to ROSC, beginning with the Philadelphia ROSC initiative alongside Dr Evans.

ROSC is a SYSTEM with many components... IT IS...



- Community
- **Peers**
- Family
- Elders
- Children
- Community agencies
- **Recovery Community Organizations (RCO's)**

ROSC initially encompassed both Mental Health and Addiction. However, changes in circumstances led to it being associated primarily with addictions, which sparked ongoing misunderstandings. Various definitions were circulated as a result.

ROSC

Main Principles

Comprehensive Care
Approach

Person Centered & Self
Directed

Peer Integrated

Multiple Pathways

Community Engagement
& Empowerment

Focus on Long Term
Recovery

Values are
RESPECT

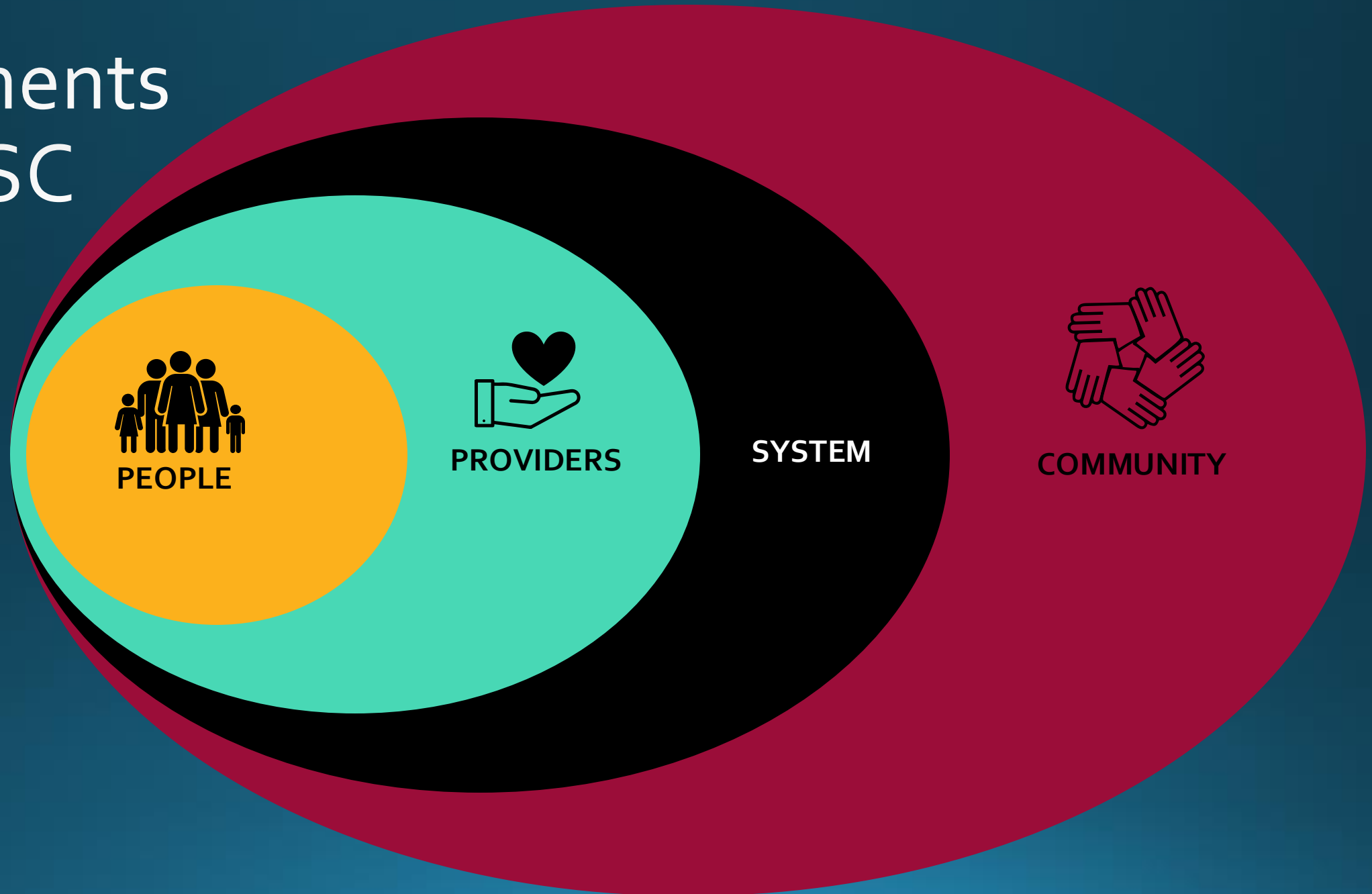
OWNERSHIP

SERVICE

COLLABORATION



The Components of a ROSC



A ROSC IS NOT

A model

Primarily focused on the integration of peer and other recovery support services

A new initiative

A closed network of services and supports


- A group of providers or community stakeholders that increase their collaboration to improve coordination
- An infusion of evidence-based practices
- An organizational entity

What is a ROSC?

It is a values-driven, equity-focused approach to structuring a behavioral health system.



A recovery-oriented system provides and promotes the range of services, supports, opportunities and communities that

- 
- (1) ALL people need to protect and sustain their wellness, and*
 - (2) those with behavioral health conditions need to initiate their recovery to live meaningful, fulfilling, connected lives.*

A ROSC is a network of clinical and nonclinical services and supports developed and mobilized to sustain long-term, community-based recovery.

Developing a successful network entails aligning many aspects of a service system and community with a recovery-oriented approach, including treatment, peer and other recovery support services, system monitoring, performance improvement and evaluation strategies, prevention and early intervention, cross-system collaborations, and the fiscal, policy, and regulatory environments.

All of these elements must become aligned with a recovery-oriented approach in order to create a strong, sustainable ROSC.

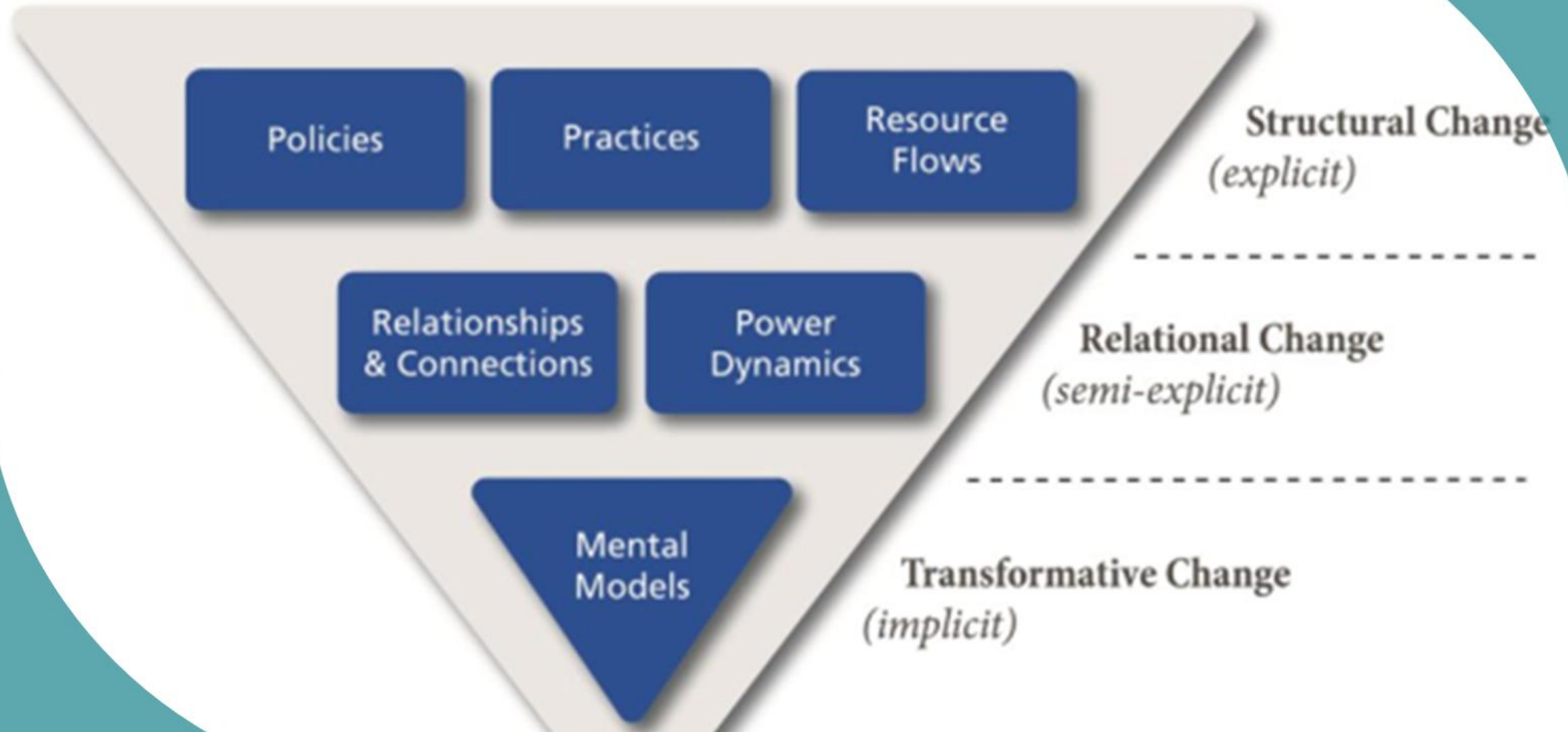
Because ROSCs are local and organic, a ROSC can't be implemented in one place and then picked up and copied elsewhere.

These systems are as unique as the communities that form them.

An organization can't "have" a ROSC or "be" a ROSC; it can only participate in a ROSC.

Dr. Ijeoma Achara

Six Conditions of Systems Change





Current State of ROSC in parts of Global Network

Some data on ROSC Aligned Policies and Training across several countries

Country	Financial Strategies	HR Strategies	Org Wide Leadership training
United States	State Opioid Response (SOR) grants support ROC frameworks, Medicaid reimburses peer services,	Trauma informed Care mandated in federally funded programs, Peer Recovery Coaches Specialists certified (IC&RC), CCAR Recovery Coach Academy includes self-care training for peer staff	CCAR Recovery Coach Academy includes self-care/peer staff, SAMHSA's ROSC training modules, Recovery language standardized in federal guidelines (<i>person first</i> language)
United Kingdom	NHS funds community-based recovery services/local authority budgets for integrated care	Recovery Colleges employ peer educators, peer roles in NHS teams, "Change Grow Live" Wellness Care for Supervisors/Peers	ROSC for leadership, NHS England's "Recovery Oriented Practice" for managers, Recovery language embedded in national mental health frameworks,
South Africa	NGO funding via National Drug Master Plan/corporate partnerships for workplace programs	ROSC workshops for health workers, Peer counselors hired (SANCA), Wellness care for peer staff	ROSC workshops/health workers and leadership, partnerships w/NGOs like SA Federation for Mental Health, Recovery language promoted in stigma reduction campaigns
Spain	Regional budgets for harm reduction and peer networks, EU grants for recovery projects	Peer mentors in org like Projecte Home, Wellness Care: Peers access to counseling via NGOs	University led ROSC training for staff/leadership, Catalonia's Mental Health Plan ROSC training for managers, Recovery language emphasized in public campaigns "Seamos Humanos" We are Human
Southeast Asia	Global Fund grants for harm reduction, Thailand funds village-level programs,	Peer outreach workers training, Cross-sector ROSC training Wellness Care limited but growing (Philippines Peer Support)	ROSC training for leadership; pilot programs in Thailand and Malaysia, Recovery language increasingly adopted in NGO led initiatives
Ireland	"Reducing Harm, Supporting Recovery" funds peer networks, Sláintecare supports integrated care	Peer educators in Recovery Colleges, Wellness care: Peer staff wellbeing programs in Recovery Colleges	Mandated trauma informed training, Reducing Harm/Supporting Recovery, HSE's National Office for Suicide Prevention trains managers, Recovery Language standardized in HSE's addiction services

Compiled by Julia Ojeda, RIO Recovery Inspired Opportunities 7.14.25

Recovery Support System Development

Embed

- recovery language and supports throughout

Foster

- local recovery focused initiatives

Maintain

- relationships with coalitions and task forces

Coordinate

- with other Peer RCOs organizations

Support

- organizations providing recovery services

Promote

- adoption of Peer services and support provider readiness

Contribute

- to setting standards and share best practices for peer workforce



The Power of Peer Recovery Support Services

Ongoing monitoring and recovery management to support continued remission

Promotes long-term recovery - engaging individuals

Rebuilds lives - new networks, and new hope

Prevents the revolving door



Here are some of the MA Peer Recovery Facilitators with Lived Experience



We trained 7000
people in 10 years
Over 2000 are
working as Peer
Recovery Coaches
and hundreds are
Certified.

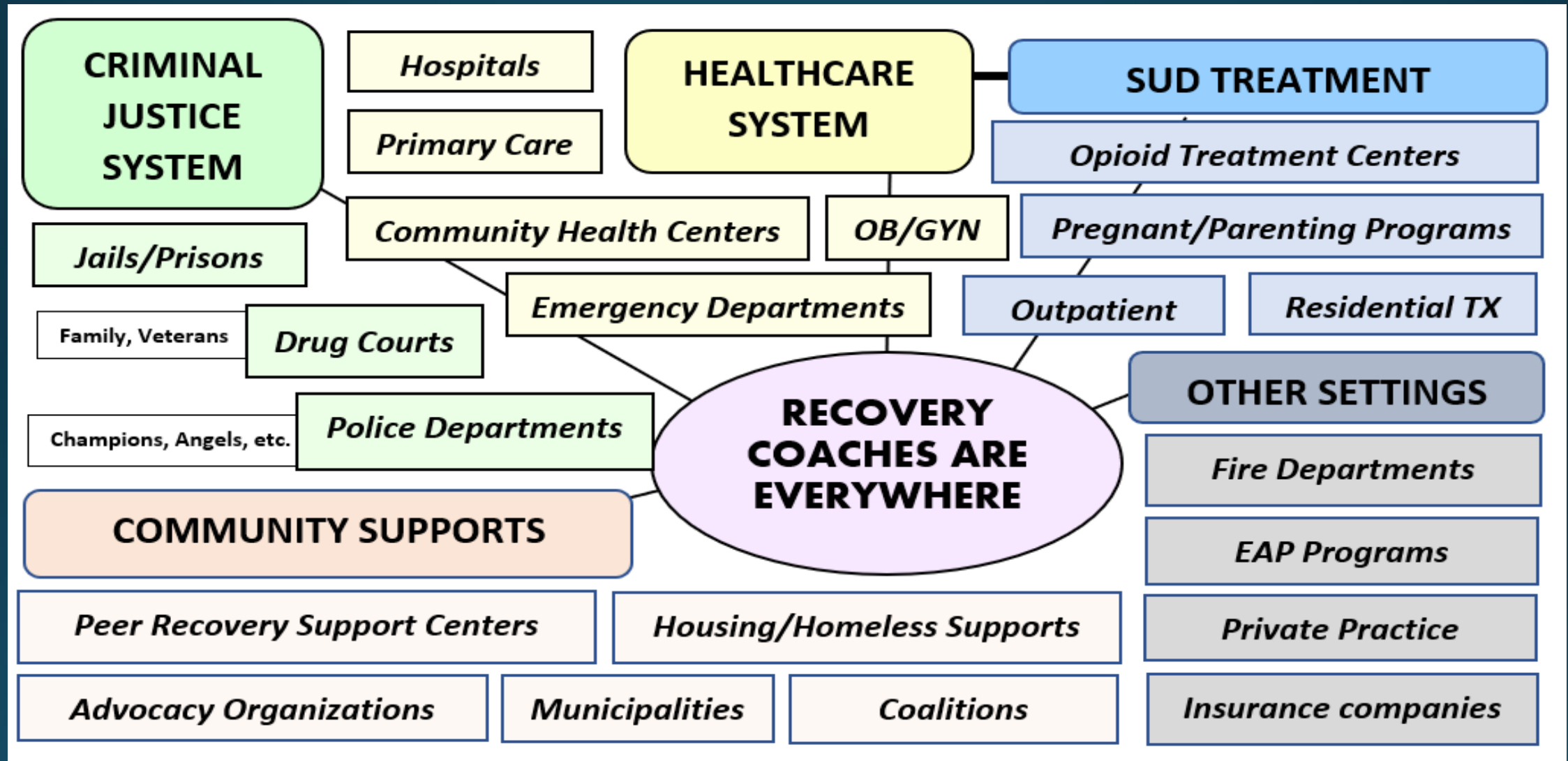
Nothing About Us Without Us

Ways to get
Peers involved

Coordinating events,
community meetings,
maintaining recovery
center, cochairing
committees,
facilitation,
outreach/recruitment,
workgroups, advisory
bodies, peer
trainings

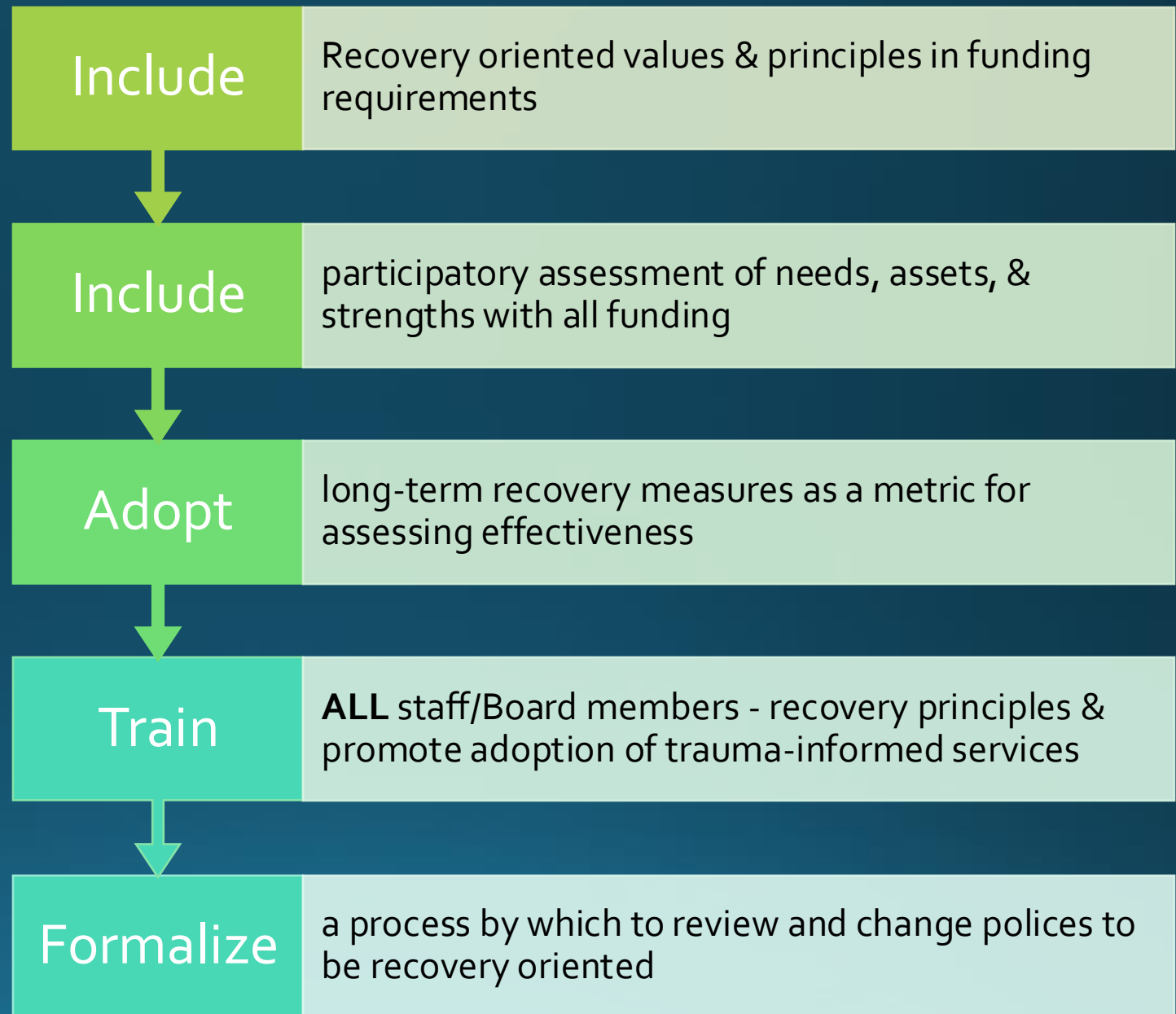
The community member is a valuable resource. Listen to them, treat them with respect and compensate them for their time.

Peers With Lived Experience working EVERYWHERE



Moving Toward a Recovery-Oriented System of Care

Leadership Commitment



Call to Action

Wherever we sit in the system, we have responsibility and leverage.



What will you add or change when you return to your community or organization?

Language, Policies, Recovery Trainings, hire peers, adopt long term recovery measures, Keep fidelity to the peer model, etc.



I designed and created a curriculum called *All Things Recovery*, and people said, “Oh this is for peers”, and I said “no, it's for the world.”

Julia Ojeda, RIO

*Thank you to Faces and Voices of Recovery
and ISSUP for this wonderful opportunity.*

Julia

Wishing you all well.



RESOURCES #1 - ROSC Recovery Oriented System of Care

- William L. White williamwhitepapers.com and YouTube Channel: https://www.youtube.com/channel/UCi6p8_KWZd2xWCYHg9cdGTw
- 2013 Anonymous People Movie <https://www.imdb.com/title/tt2571226/> Recovery is OUT - to change the addiction conversation from problems to SOLUTIONS
- SPARK SAMHSA Programs to Advance Recovery Knowledge –designed to advance recovery across the nation. <https://www.samhsa.gov/technical-assistance/spark>
- Recovery Research Institute <https://www.recoveryanswers.org/>
<https://www.recoveryanswers.org/addiction-ary/>
- Dr. Ijeoma Achara <https://acharaconsulting.com>
- Legal Action Center <https://www.lac.org/work/what-we-do/policy-advocacy>
- Youth Recovery <https://www.samhsa.gov/substance-use/recovery/recoverme>

(compiled by Julia Ojeda, RIO Recovery Inspired Opportunities)

RESOURCES #2 - ROSC Recovery Oriented System of Care

- Substance Abuse and Mental Health Services Administration (2010). Recovery-Oriented Systems of Care (ROSC) Resource Guide. Rockville, MD: SAMHSA.
https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf
- Recovery Language <https://www.recoveryanswers.org/addiction-ary/>
- Recovery Coach Programs, Resources, Trainings <https://ccar.us/>
- The Consortium on Recovery Addiction Science
<https://www.recoveryanswers.org/coars-2/>
- Florida ROSC Toolkit www.myflfamilies.com
- Florida Community Initiative Toolkit www.peersupportfl.org
- Philadelphia Peer Toolkit **[Peer Support Toolkit](#)**

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Resource

A ROSC is a network of clinical and nonclinical services and supports developed and mobilized to sustain long-term, community-based recovery. Developing a successful network entails aligning many aspects of a service system and community with a recovery-oriented approach, including treatment, peer and other recovery support services, system monitoring, performance improvement and evaluation strategies, prevention and early intervention, cross-system collaborations, and the fiscal, policy, and regulatory environments. All of these elements must become aligned with a recovery-oriented approach in order to create a strong, sustainable ROSC.

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