Interview #14 Cathy Nugent – Reflections on the Historic 2001 Recovery Summit in St. Paul, Minnesota, and the Start of the New Recovery Advocacy Movement

Forward: As I was doing interviews for this series, a number of people I spoke with referenced how integral Cathy Nugent was to the process. Not only for her being involved in the historic summit, but also for her role as the first grant officer for the Recovery Community Service Program (RCSP), funded through SAMHSA. It was very clear that she played an instrumental role in supporting what was occurring. She oversaw the initial RCSP grantees and made sure that the investments through these federal grants were not only being utilized most effectively, but in ways that also helped these organizations support each other. The byproduct of the connections between these early leaders most likely contributed significantly to the efforts to create a national recovery community organization.

The Recovery Community Support Program as it was first known brought together a group of people who emerged as leaders in what we now know was the New Recovery Advocacy Movement (NRAM). These advocates worked very hard to build the capacity of the recovery community and strengthen recovery advocacy efforts across the nation. People like Tom Hill, Phil Valentine, Dona Dmitrovic, Ben Bass, Joe Powell, Don Coyhis, Andre Johnson and many others began to gather and connect with each other. The fabric created though these modest federal grants in tandem with the summit provided much needed nutrients to grow the early recovery movement across the nation. To complete the analogy, Cathy Nugent was one of our early gardeners, helping ensure that those tiny sprouts were able to take root in the soil and grow into sturdy plants that would bear fruit for the next generation. We can see the results of their efforts all around us.

I played phone tag with her for about a week or so before we managed to do the interview. Her genuine nature came through the phone clear as a bell. She is a recovery ally in ways we do not run across often enough. Wise enough to listen and offer constructive guidance at the appropriate times. It is pretty clear that she is a person who values lived experience and recognizes that people in recovery are the experts on recovery. Her background and ways of conducting herself in her role as grant officer at SAMHSA was exactly what was needed to nurture these early leaders, and to support their work across the country. She came to the project equipped with the tools needed for the job at hand. Cathy spoke to me about her love of group facilitation and that group process is about supporting the energy of the group and helping its collective members to help each other. This is what Cathy Nugent accomplished by overseeing and supporting these leaders and these fledgling recovery community organizations at that moment in history.

1. **Who are you and what role did you play in supporting the Saint Paul Summit?**

My name is Cathy Nugent, and I served as the first grant officer for the RCSP grants awarded through SAMHSA/CSAT in the late 90s. Earlier in my career, I had worked at SAMHSAs Center for Substance Abuse Prevention (CSAP). Through my work in prevention, I learned about the importance of community organizing and mobilization. Later in my 20-year tenure at SAMHSA, I took a position in the Center for Substance Abuse Treatment (CSAT), where I was fortunate to become involved in conceptualizing and implementing a new initiative focused on recovery, the RCSP. Creating this program was forward-thinking on the part of CSAT and SAMHSA's leadership. They realized the importance of enabling people in recovery to speak for themselves, rather than be spoken for or about. The RCSP project enjoyed tremendous support and enthusiasm within SAMHSA, especially by -CSAT Director, Dr H. Westley Clark. Dr. Clark was onboard for the program from day one.

I approached the work with a deep sense of humility. I knew I was not an expert in recovery or the recovery community, although I had lived experience as a family member of more than one person in recovery. I am a licensed clinical professional counselor and Board-certified psychodramatist. Before coming to SAMHSA, I had been involved in State-wide efforts to bring together survivor communities around the issue of sexual exploitation by psychotherapists and clergy. It was through this effort that I first met Bill White, who later become a significant thought leader and supporter of RSCP.

At CSAP, I had helped train and organize community leaders in the world of prevention. I was also a Project Officer with the CSAP/CSAT National Women's Resource Center, where we successfully organized and trained community leaders to address the intersection of substance abuse, domestic violence and mental health issues. Now it was time to apply my knowledge and skills as a facilitator, community organizer and change agent in the new setting of recovery support and recovery services. I applied my skills to help the early RCSP grantees identify and nurture their individual and collective strengths and resources, to build connections and community—within their individual grant projects and across projects. Group work has always been my passion, having trained in sociometry and group psychotherapy. I believe as major contribution I made to the evolving RSCP was to create and hold a space for recovery community members to emerge as the experts and leaders in this new enterprise. Those early days were especially exciting and rewarding. I feel grateful for the opportunity to be a part of so significant a movement.

The RCSP was pivotal in promoting a paradigm shift—away from a deficit-focused approach to addictive disorders toward a strength-based, recovery-oriented approach. Through the wisdom of the RCSP grantees, we began to realize we could accomplish a whole lot more by focusing on the healing energy of recovery instead of the destructive facets of addiction. This way of thinking led to an emphasis on a recovery-oriented system of care and recovery management orientation.

Cultural diversity and geographic diversity were also important themes as we prepared for the 2001 St. Paul Summit. We paid close attention to ensuring as many voices as possible would be heard. Representatives from different routes to recovery, including medication-assisted recovery, were supported to attend. CSAT's aim was to ensure diversity, while, at the same time, working to develop common ground. Summit sessions facilitated the process of working through perceived differences to highlight that shared vision and common interests were the ground on which to build a larger sense of community. I think the results of these early efforts are clearly evident. Twenty years later, these investments in the recovery community are bearing fruit beyond what we dared to even imagine back then.

2. Is there a particular moment or memory that stands out about that time?

I was excited to be at what I perceived even then as an historic moment. I remember one powerful leader who gave an electrifying speech. His name was Reverend Kenneth Robinson, MD, a minister and also a Board-certified addiction medicine physician. Reverend Dr. Robinson spoke passionately about the need to heal communities and spread recovery across America. I also remember Bill White's speech. As always, Bill spoke eloquently. He had recently published Slaying the Dragon, his comprehensive history of addiction and recovery

movements in the United States. He called for a recovery movement to rise up in America as a phoenix rises from its ashes. Like recovery itself, an amazing transformation of pain and anguish to altruism and collective care.

I also distinctly recall the ending of dramatic closing of the Summit. Participants were given lighted spinners that threw sparkles of color around the room. We gathered together in a circle, enacting the metaphor of each person shining their own light, and all being part of a larger constellation of light that illuminated the space. Our lights became a beautiful constellation of healing energy that travelled around the circle. It was a powerful and beautiful moment.

3. How did the Summit Influence the RCSP grant project?

There was a palpable level of excitement as the RCSP grantees left the Summit. Returning to their states and communities, they experienced renewed energy to strengthen recovery efforts. As part of the grant program, grantees came together often, meeting regularly on phone calls and through face-to-face meetings supported by CSAT. They started to build out peer recovery services, which we see now all across America. The RCSP grantees accomplished that: Extending the continuum of services to include peer-to-peer recovery supports. Grantees established peer training and credentialing, now standards in many States and communities. They built a national recovery community organization that served as a platform to meet the needs of people in recovery on their own terms.

4. From your perspective, what did the 2001 Recovery Summit Accomplish?

It is important to remember that in 2001 acknowledging one's recovery openly was risky. Notions of moral failure and the stigma and shame associated with substance use disorders were commonplace. Speaking openly was revolutionary—and courageous. Breaking the silence and proclaiming the gifts of recovery was at first highly controversial. The influence of the Summit and the recovery movement continues to be felt today. Recovery narratives have largely replaced addiction horror stories. Or, at least, stories of recovery are heard widely. The Summit certainly influenced SAMHSA for years after. In CSAT, I eventually worked with others to incorporate the recovery orientation in other influential grant programs. For example, as Project Officer with the Addiction Technology Transfer Centers, I supported the ATTCs in training addiction professionals in the recovery paradigm. The ATTCs were highly influential in promoting the concept of a recovery-oriented system of care across the country. Later, while still in CSAT, I saw the proliferation of other recovery-focused grants, such as the Access to Recovery Program. During my tenure with the Center for Mental Health Services, beginning in 2011, I played a pivotal role in the SAMHSA-wide Recovery Support Strategic Initiative. I would say the Recovery Summit began a process that helped flip that deficit focus on its head, as the strength-based orientation of recovery began to influence all of SAMHSA's program. We all spoke of and believed in the power of hope.

The amount of money invested in these grants was quite modest, making the grantees accomplishments even more successful—because the projects were cost effective. These recovery organizations were providing much needed peer recovery support services by harnessing the power of recovering people to bring healing to their own communities. We can look out on the landscape today and see the evidence of how beneficial these investments in the recovery community were and continue to be. The effort paid dividends. Recovering people no longer had to hide in shame. I imagine thousands of people's lives were changed for the better because they had greater access to help and were more willing to seek it out. Being involved in this process remains one of the treasured highlights of my career as a public servant.

5. Have you followed what happened to the grantees / do you have a sense of what kind of return on investment in respect to recovery capitol that the grants yielded?

The RCSP and the Saint Paul Recovery Summit provided the momentum for people in recovery to move out of the darkness and shame that characterized the prevailing addiction narrative. Their efforts supported the true vision of addictive disorders as a public health problem, a disease, not a moral failing. The movement has lifted up and shone a clear light on the dignity and worth of people in recovery. The valiant and dedicated pioneers of the recovery movement showed that people can and do recover. I can't help but believe this has helped many individuals, families and communities find their own recovery. By emphasizing the many pathways to recovery, Summit participants also exposed people to the promise of medication-assisted pathways of recovery. This helped change minds and hearts, legitimizing these pathways for the first time.

As one of many examples I could cite, I think about Don Coyhis with the White Bison Project. Don brought recovery to Native American communities in a culturally appropriate way. CSAT funded his early work integrating the wisdom of the medicine wheel with the 12-steps. Building on the base of his RCSP grant, Don subsequently created the Wellbriety Movement. I am still in awe of the Forgiveness Journey, where people walked across America, bringing a message of hope and healing to Native American and other communities across our country.

I don't think it is hyperbolic to say these efforts have helped transform the behavioral health delivery system in America. Much remains to be done; however, there are important lessons about what is accomplished when shame is transformed to hope, deficit to strength, when traditionally marginalized people are supported in having their voices heard and heeded. Honoring the experiential expertise of people in recovery from addiction has leveraged a massive amount of positive change, and it is still going strong. The lessons learned from organizing such a diverse community could potentially be applied to today's problems of extreme polarization in our current social and political systems.

Yet for all that has been accomplished, much more work needs to be done. We need to continue funding and refining recovery-oriented systems of care. We need to move our systems orientation into a long-term recovery framework. That focus – on long-term recovery and on supporting the resources people and communities can leverage to support recovery—has still not been embraced as fully as it could be. It is also essential to focus financial resources to ensure those long-term frameworks are created--not only for the addiction recovery community, but also the mental health recovery community. This is an area of focus that could yield huge dividends for our whole society. The time to focus on this is right now, especially considering the global Covid pandemic and the associated behavioral health challenges and the burdens on systems of care.

6. What would you say to future generations of recovery advocates about what we did and what to be cautious of / your wishes for them moving forward?

I would encourage future leaders to focus on building long-term recovery frameworks in our public and privately funded systems of care across America. At the same time, peer recovery services and recovery-oriented systems of care must stay true to the values espoused early on by the RCSP grantees. Two of these remain as important today as they did in 1998: ***authenticity of voice****, by which we mean the recovery community speaks for itself; and* ***diversity and inclusion****, meaning the recovery community is a big tent where all are welcome. It is also important to avoid "professionalization" or being co-opted by professional service providers or systems. Advocating for funding will remain essential. The early leaders in the recovery movement planted the seeds that future generations need to cultivate and nurture. Emerging leaders can learn from this rich history and take recovery to the next level. This is the legacy I hope young leaders will draw on and carry into the future. I wish them great success.*

Article link - HERE