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## “Takin’ it to the Streets”: Recovery Advocacy and Recovery Support Services in Detroit An Interview with Andre Johnson

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One of the most engaging figures in the New Recovery Advocacy Movement is Andre Johnson of the Detroit Recovery Project. Andre is noteworthy for his physical striking presence and his great passion for recovery advocacy. On June 28, 2007, Andre and I had an opportunity to talk at length about his work in Detroit. There are many aspects of this interview that I think recovery advocates will find interesting and informative, but I was particularly struck by the Detroit Recovery Project’s deep involvement in and service to the community.

Bill White  
Port Charlotte, Florida

**Bill White:** Andre, let me just start by asking what brought you to your work as a recovery advocate?

**Andre Johnson:** Being a member of the recovery community is one of the main reasons I am working in this field. While I was in treatment in a therapeutic community setting, I embraced recovery and developed a desire to help other people get into recovery. I did service work at 12-step meetings and volunteered at the therapeutic community and eventually was hired as an employee. I led groups, did presentations to churches, and found myself drawn to this field particularly out of my respect for what others were doing to encourage and support others in recovery.

**Bill:** Tell me a about the history of the Detroit Recovery Project (DRP).

**Andre:** About eight years ago, I started working for an organization called the Bureau of Substance Abuse/Partnership for a Drug Free Detroit. It’s a local coalition of prevention and treatment providers throughout the Metro Detroit area. Some of the most dedicated and involved members of this coalition were members of the recovery community. There was growing interest in

finding opportunities for some of these individuals to work full time in the field. Dr. Calvin Trent, who is the Chairperson of the Partnership along with Detroit city councilwoman Alberta Tinsley-Talabi, found out about the Center for Substance Abuse Treatment's Recovery Community Services Program (RCSP). Consequently, the Partnership applied but was unsuccessful for an RCSP grant in 2001, however, applied again and was awarded the RCSP grant in 2003. Between 2001 and 2003 the RCSP grant had changed its focus from advocacy to recovery support services. We assessed our community and found we had about 13,000 people entering the Detroit treatment system each year, but that there was a high (more than half) relapse and recidivism rate. It was Dr. Trent's vision to create a system to help these people maintain their recovery following treatment. As we developed these services, we created the Detroit Recovery Project as an independent non-for-profit organization. We've taken the work that we've done for CSAT and we've expanded our services through out Wayne county, we have been able to leverage funding from the state, county, and city.

**Bill:** Andre, I want to review some of these services. Could we begin with the outreach services that DRP provides?

**Andre:** We've had a number of outreach initiatives. We have an outreach initiative called "taking it to the streets" where 5 to 10 recovering people go out to spread a message of hope in high drug traffic communities. We meet people on the streets and help get people into treatment, get people HIV tested, and linked the individuals to other services they may need. We make a lot of referrals every time we go out. It's amazing because a lot of times people don't even know that treatment is available and even more amazing is the number of people we meet who had no idea that long-term recovery was possible. We show them that recovery is possible, that treatment is available for those who need it, and that the government pays for it if you do not have health insurance.

**Bill:** What are some of the other either outreach or other recovery support services you've been involved in?

**Andre:** We have a number of recovery support services that we provide in our recovery house which serves as a welcome center, drop in center, and safe haven for the recovery community. We have a number of support groups, such as a recovery support group for persons with co-occurring disorders, and we average 13 to 20 people per group on a weekly base. Those in the co-occurring group are taking their medication as prescribed and they are taking their recovery seriously. They are making recovery work for them under tough circumstances—dependent living situations, limited income and few natural supports. We also have a support group for secondary illness made up of people in recovery with other health challenges. 80-90% of the people who attend this meeting are long time people in recovery who have been drug free 15 or more years with problems ranging from cancer to HIV to Hepatitis C. Our members really, really look forward to that group. We have support groups for men and for women, and groups that focus on parenting—the latter include a prevention focus related to alcohol, tobacco and drug use of children of parents who are in recovery.

And we host a number of activities throughout the year to promote recovery. And we've launched our own campaigns to take on issues important to our community. For example, there was great concern about the number of alcohol billboards in the black community in Detroit. We worked with a city councilwoman to spearhead a campaign to eliminating the alcohol billboards in the black community. Our success in that campaign was recognized around the country. We've also worked in collaboration with the police department to address the illegal sale of tobacco to minors.

**Bill:** Let me ask you about the welcome center. If I walked into the welcome center what would I see going on?

**Andre:** The Welcome Center is a huge house in a historical area of Detroit. As you enter, you would be welcomed by a staff person. You would be given an option of fellowship or services ranging from our computer lab (four computer workstations) to our meditation room that has a great spiritual ambiance to it. You would see people playing cards, dominoes, and checkers. You would see other people watching TV—we have a lot of recovery-related videos. You would also see the GED room where people work in preparation of getting their GED. You would see people meeting in the groups I mentioned earlier and in various spiritual support groups. The Welcome Center typically operated 9 in the morning until 8 at night, 3 to 5 weekdays and on Saturdays. We also provide transportation for outside activities with a 15-passenger van with our CSAT grant. We have 4 full time employees and 2 part time employees at the house on a regular basis.

**Bill:** Let me ask you about some other specific programs. Could you describe the Recovery Warrior's award reception.

**Andre:** That reception is to honor a member of the community who has been a warrior, a soldier, for recovery within the community. We give out 5 or 6 awards at a sit down dinner with music and special entertainment (a recovery comedian this year). Most recently, we honored Judge Leona Lloyd who runs one of the best drug courts in the country. We generally host this reception in September as part of our Recovery Month celebrations.

**Bill:** I seem to remember that you also sponsor a number of athletic activities. Is this correct?

**Andre:** Yes, we have a recovery basketball league that practices every Wednesday and plays basketball every Saturday in a drug free tournament. This has been a really good opportunity to help people in the recovery community get in better physical shape.

**Bill:** You referenced earlier some of the things you're doing around parenting. Is that part of your effort to strengthen recovering families?

**Andre:** We actually started that our second year, and it's has gone very well. Another thing we do is focus on recovery-related activities on the major holidays which can be a tough time for individuals and families. Thanksgiving Day and Christmas Day we prepare food for 1,500-2,000 people. We're cooking turkey and holiday foods for about 5 or 6 days in preparation. We usually have live music and lots of recovery testimonies, We invite the recovery community, particularly those in early recovery, because Thanksgiving, Christmas and New Year's Eve can be tough for people who have lost their families or are just getting their families back together. These are opportunities for recovering people to be surrounded by love rather than being alone. These events are supported by donations and have continued to grow over the years from 500 people to its present size. At our first such occasion, we had a young lady come in who was addicted to heroin and who had prostituted herself for over 20 years. She's now clean and sober going on 5 years, has been working, has a healthy relationship with a man who is part of the recovery community, and she's reunited with her daughters. Seeing people like that coming back every year is what it's all about.

**Bill:** Andre, Could you describe your collaboration with the local faith community?

**Andre:** Sure. One of the things we discovered was that we had about 5,000 black churches in Detroit. Given the role of the church in the black community and how instrumental spirituality is recovery for African Americans, we reached out to the faith based community. We created a faith-based committee that links our work to large and small churches in our community. There are monthly meetings at which we discuss how we can educate the congregations about addiction and recovery and engage their support for people in recovery. A prayer

breakfast has emerged out of this collaboration. The prayer breakfast has been an important part of our recovery month activities. We have had Dr. H. Wesley Clark and national speakers at the breakfast as well as many local recovery testimonies and celebratory music.

**Bill:** Are there other recovery celebration events that we haven't talked about?

**Andre:** We have a potluck Karaoke night which usually attracts about 500 - 600 people to our recovery welcome center. We have a huge back yard and we usually put a couple hundred chairs out there where we have a DJ with music. We have barbecue and good soul food, and show off some of the talents of our people in recovery. It's a fun and exciting activity. And this year we will host our second annual recovery symposium. Last year, we had Roland Williams in from San Francisco as a speaker. We partnered with the Wayne County Community College and found it was of value to the whole college. In the process, we found out that about 10% of their students were in recovery. It's all about partnerships. One of our recent partnerships assists members who have children who are trying to buy their own home. Through this effort, they are able to rent a brand new home and just pay a small rent fee and after 5 years they have the option to buy the home at the same low monthly fee.

**Bill:** What do you think has been DRP's greatest accomplishment to date?

**Andre:** For me, it would be the Recovery House. It has given recovery a physical presence in the community. Sometimes I like to go there and just observe people coming in and getting into all the activities. There was a lot of resistance in the beginning from many quarters because people looked at us as some type of competition, and that's certainly not the case. We're just trying to be a support to people in recovery. I understand the value of a support system for people as they exit treatment, and I understand the importance

of many pathways to recovery. The welcoming center brings those ideas to life.

**Bill:** Andre, you've been very involved in national meetings and the larger recovery advocacy movement both with Faces and Voices and also with CSAT's RCSP. Has that national connection made a difference in your work in Detroit?

**Andre:** Absolutely. I would never thought of a recovery center had I not known that they had one in Buffalo, New York and in Atlanta, Georgia. We talked to David Whitters in Atlanta and Phil Valentine in Connecticut. These people inspired a lot of what we are doing here. What was going on nationally helped us figure out what to do with local needs. We did our own community assessment and were struck by the problems of illiteracy, unemployment, and the lack of training opportunities for people in recovery. So we created a life skills component where we teach everything from food preparation to money management. We have the health department come in and give hepatitis vaccinations, and we created a HIV testing component at the welcome center. Seeing what is going on in other places gives us ideas of what is possible here in Detroit

**Bill:** What do you see as the future of the Detroit Recovery Project?

**Andre:** What I would like for us to do is firmly establish our credibility in the community as a viable recovery support resource and then do some formal research to measure our effectiveness. I would like to know how we are affecting treatment recidivism and promoting stable recovery for those with whom we are involved.

**Bill:** Andre, what have you learned about the special needs of African-Americans in recovery?

**Andre:** We have studies showing that over 50% of our target population members are illiterate and cannot read above a second or third grade level. Right now we have the highest unemployment rate in the country.

We have the highest foreclosure rate in the country. We have problems related to the lack of vocational education. Too many members of our African American recovery community lack the education, vocational skills and training and those needs are critical to their recoveries. This makes personal recovery inseparable from cultural revitalization and economic development at the community level.

**Bill:** If you were going to give any words of advice or wisdom to new people starting recovery advocacy and support groups like the Detroit Recovery Project; what kind of advice or thoughts would you offer them?

**Andre:** I think that if you're interested in doing this kind of work, you have to map out your existing resources. You have to know who the players are in the community. You have to have a strategy to be effective. You have to be a voice and deal with the right people. You have to build relationships with large and small treatment providers and other community institutions. You have to deal with what the recovery community needs today and tomorrow. And you've got to get some formalized training on do's and don'ts so you don't cross certain lines.

**Bill:** Andre, let me ask you one final question. What kind of personal satisfaction have you drawn from this work over these past years?

**Andre:** Personally, it has been deeply satisfying. I can see myself doing this work for another 10- 15 years easily. My goal personally is to go back to school, acquire my PhD. and bring what I have learned from this field into my work at a college or university. By that time, I hope I will have inspired others to follow in my footsteps.

**Bill:** I think your words here will inspire many. Thanks so much for sharing the story of the Detroit Recovery Project.