

# Fathers turn pain into healing solutions

## Rotary members destigmatize opioid recovery

By **Arnold R. Grahl**

Photos by **Alyce Henson**

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A father's concern and fear propelled sleepless Ben Lowry, an attorney in Portland, Maine, out into the streets one evening searching for his eldest son.

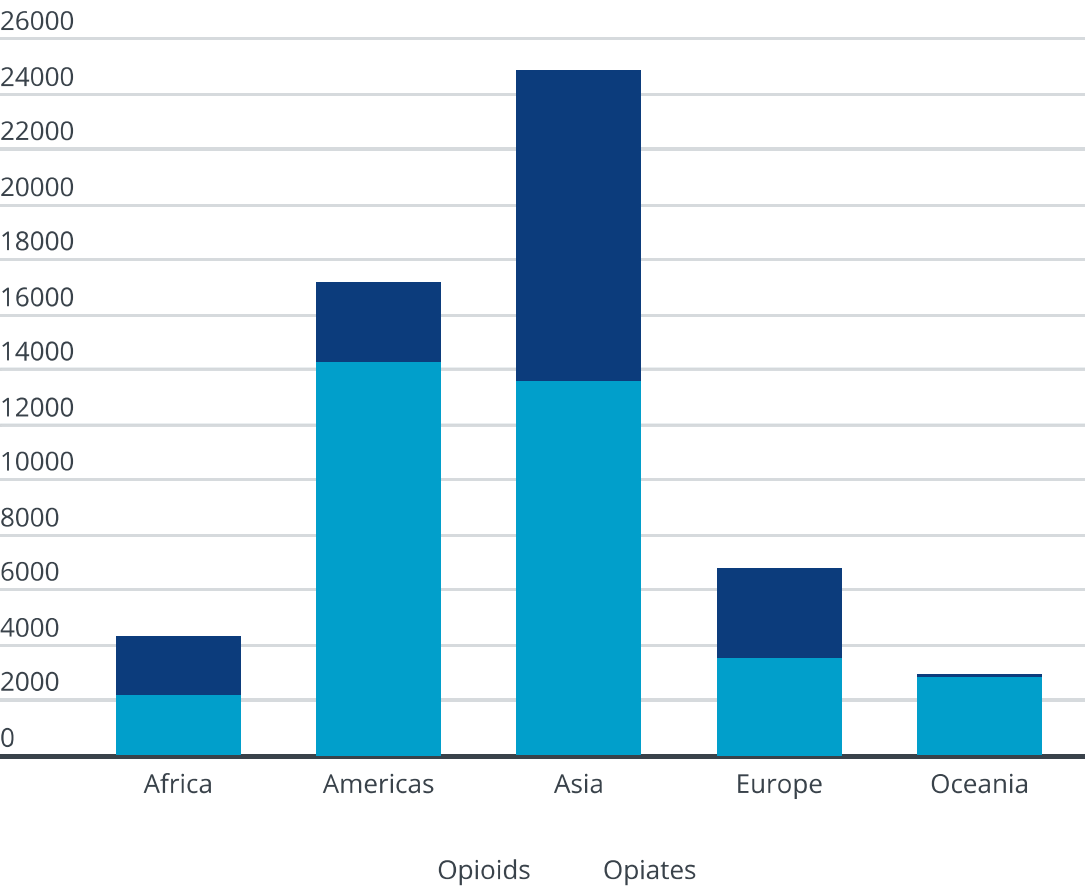
Just a year earlier, his son had been in college studying engineering when he began using drugs, including opioids. Lowry's family spent more than \$100,000 on treatment and recovery programs before Lowry gave his son an ultimatum: stop using or move out. His son moved out.

Now, hearing the wail of sirens on this cold fall night, Lowry feared the worst.

"Someone said there was an overdose nearby, and I hurried over, thinking it was my son," Lowry said, his voice cracking with emotion. "There was a young woman dead in the street, probably in her 20s. It's a very difficult thing to see, especially when your son is living out there."

# Global use of opioids

The prevalence of opioids, in the thousands, tracked by the United Nations Office on Drugs and Crime.



Opiates are made from poppy plants and opioids contain synthetic materials. Both are extremely addictive and perform the same in a human body.

Source: [https://dataunodc.un.org/drugs/prevalence\\_regional#opioids](https://dataunodc.un.org/drugs/prevalence_regional#opioids)

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According to the U.S. Centers for Disease Control and Prevention, Maine and New Hampshire recorded nearly 800 opioid overdose deaths in 2017 – a terrible toll, but a small fraction of the 47,600 opioid deaths across the United States that year.

As a member of the Rotary Club of Portland, Lowry decided to do more than just address his own situation. He joined a group of Rotary members in the New England area who have come together to prevent overdose deaths.

In partnership with public health agencies, the District 7780 Recovery Initiative Committee organizes seminars that educate the community on the dangers of opioids, supports education campaigns in public schools, and raises money to train recovery coaches who assist drug users who are trying to turn their lives around.

“I don’t know if I will be able to help my son,” Lowry says. “But if I can help others in a similar situation, I want to.”

## **Combatting stigma**

Robert MacKenzie, a member of the Rotary Club of Kennebunk, Maine, and the town’s police chief, has also been personally touched by the crisis. One of his daughters struggled with heroin dependency and is now in recovery. But that process, he says, is a long and uncertain one.

MacKenzie has been instrumental in organizing District 7780’s Overdose Recognition and Response seminars. His main goal is to reduce the stigma associated with opioid use, which, he says, can be a significant barrier to drug users getting help. He thinks Rotarians can spread the message that the opioid epidemic is not a criminal justice issue, but a public health issue.



Robert MacKenzie's goal in addressing audiences is to reduce the stigma associated with opioid use. At York County Senior College in Alfred, Maine, he explains the use of naloxone auto-injectors to counter an overdose.

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"A lot of people tend to shy away from the subject because they look at it as dirty or evil and want nothing to do with it," MacKenzie says. "They think it doesn't happen in their town. But guess what: It happens in every town."

At a November seminar at York County Community College in Wells, a town 30 miles southwest of Portland, about 70 Rotarians and community members turned out to learn how to recognize an opioid overdose and administer naloxone to counteract it. Dozens of the blue and purple kits, each about the size of a deck of cards, were laid out on a table in the college's auditorium alongside information pamphlets.

Zoe Brokos, a community health promotion specialist with Portland's Public Health Division, demonstrated how to use the kits. She acknowledged that the fear of public rebuke can keep people from giving or seeking help. Making the auto-injectors more available, Brokos explained, shifts the focus to administering assistance.

“There is still a lot of stigma associated with naloxone even in the recovery community,” she said. “We have to get past that and think about providing a compassionate community response. We can certainly help break down barriers by asking for a kit and encouraging others to do the same.”



John Bouchard's Rotary Club of Saco Bay organized one of the seminars in their community. The participants realized the issue touches everyone.

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John Bouchard, a member of the Rotary Club of Saco Bay, Maine, helped organize one of the seminars in his community, and he attests to their ability to alter widely held perceptions.

“About three-quarters of the way through the program, one of our better-known Rotarians asked the question, ‘Why do we want to help these people?’ ” Bouchard recalls. “There was a moment of silence and then someone at the next table shared how his neighbor’s son became dependent on prescription pain killers after a knee surgery and progressed to heroin. Then someone else shared a story, and it continued on like that. Pretty soon, we realized this touches everyone.”



In January 2019, in an overview of the opioid crisis, the **National Institute on Drug Abuse reported** that about 80 percent of people who use heroin first misused prescription opioids. The 2017 National Survey on Drug Use and Health reported that 2 million people in the United States had misused prescription opioids for the first time in the past year, for a total of 11.4 million people misusing prescription opioids nationwide.

## The role of language and culture

At many of the Rotary forums, people in recovery share their story to underscore that point. Andrew Kiezulas, a former graduate student at the University of Southern Maine who is now working as a chemist and production manager for a company in Carlisle, Massachusetts, has been in recovery since 2012. He became dependent on opioids after a back injury in 2007. He helped run an on-campus residential recovery community and has researched the impact of language on substance use.



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“When you lay out a rap sheet on the same person, with the same history, and change the term ‘substance abuse’ to ‘person with substance use disorder,’ it makes a big difference in how that person is treated,” Kiezulas says. “A person labeled as an abuser will more often be referred to punitive measures. But if they are labeled as having a disorder, they are more often referred to treatment, they have more time with doctors, they get access to more services, and their outcomes are significantly better.”

“This isn’t just, we don’t want to be called addicts, anymore,” he continued. “Stigma is a very real thing and plays out in doctor’s offices, cop cars, etc.”

Earl Freeman, a prevention specialist who works with the District 7780 committee, has had his own encounters with misplaced stigma attached to opioid use. He notes that some of his medical colleagues ask him why he wants to work with “those people.” That attitude, he says, holds communities back from addressing the issue compassionately, and it overlooks the complicated factors that can lead an individual into dependency on a drug.

“I had one patient come to me who said she was 16, she had messed up a leg, and they put her on oxycodone,” he recalls. “She said it was after that first pill that she knew something had changed.”

Another of his patients was in her 30s and a successful junior executive, who began using oxycodone after a dental procedure. Her dentist kept refilling the prescription for seven weeks before he stopped. But when she quit taking it, she suffered withdrawal symptoms that affected her ability to function. She found out that a friend had a supply left over, and when that ran out, began getting nonprescription pills on the street. Eventually, she realized where her actions were heading and came to see Freeman.

“Because she had so little drug culture embedded in her, once she got control of the symptoms, she could begin to withdraw herself with my help,” he said. “If someone has taken opioids every day for a month, they are going to have

withdrawal. But how they deal with that sociologically is going to depend on many things.”

The Maine program, and Rotary members' response to the opioid crisis, will be discussed at our international convention. [Learn more about our breakout sessions.](#)

The Rotarians in New England have reached out to a number of other organizations to support their efforts. The Rotary Club of Biddeford-Saco organized a Red Ribbon Committee that coordinates with nearby towns to sponsor events in schools to teach students about the dangers of prescription and nonprescription drugs. District 7780's committee has also been working to establish a local chapter of Learn to Cope, a nonprofit support network that offers education, resources, and peer support to parents and family members dealing with a loved one's addiction to opiates or other drugs.

Meanwhile, MacKenzie and the Kennebunk Police Department have partnered with a local nonprofit volunteer organization called Above Board to establish a Recovery Coach Training Academy. Led by certified trainers, the four-day course graduates peer mentors who are then paired with people in recovery. In January, MacKenzie organized a session for emergency first responders, followed by recovery coach training for 30 community members. The first responders will use the new coaches as a resource pool when they encounter people struggling with substance abuse disorder.

## Every father's nightmare



Lowry completed the course in November. (His trainer, Jesse Harvey, is a Portland Rotarian.) Lowry encourages others to take the training.

**“You don’t think it is going to happen to you until it does.”**



**Ben Lowry**

Portland, Maine, USA, Rotary member

“It opened my eyes to a lot of things,” he says. “I can certainly empathize with people based on my own experiences with my son.”

He says the past year of his son’s struggle with drugs has been a nightmare. “You don’t think it is going to happen to you until it does.”

His son has been robbed at knifepoint twice and overdosed three times. He recently landed a job and moved back in with his father – although according to the elder Lowry, he smokes marijuana with his friends.

“I don’t know if that’s recovery or not, at least he’s not doing harder stuff,” says Lowry, who still endures sleepless nights. “I hope his living with me and working is his first real step of recovery. But you don’t know. All I can do is keep trying.”

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