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Citation: White, W. L. (2015). Recovery and harm reduction: An Interview with Howard Josepher. Posted at **www.williamwhitepapers.com**

Recovery and Harm Reduction: An Interview with Howard Josepher

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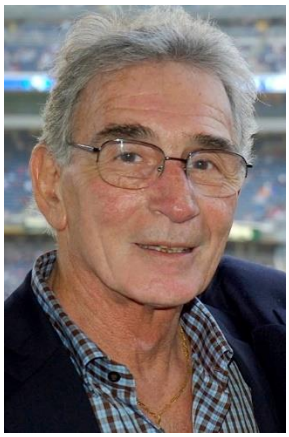

Introduction

In recent years, I have written a good deal about the need to transcend the increasingly stale debates between advocates of abstinence-based treatment (and recovery support) and advocates of harm reduction. My essential argument is that these approaches are best described not in "either/or" or "black/white" terms, but in terms of "both/and"—that both were "true" and valuable, but that even combined were limited and required other ingredients to form a whole. The frequent comments I received in response to these papers included, "Have you talked to Howard Josepher? He's been integrating these areas for years?" and "Have you visited Exponents in New York City? They are doing what you are talking about." I did know of this work, but I had not met Howard or visited Exponents. It was time I learned more. In December 2014, I had the opportunity to interview Howard Josepher about his life, his work, and his thoughts about the integration of harm reduction and recovery support. Please join us in this engaging conversation.

Personal Background

***Bill White*:** Howard, your work in this field begins with a very personal recovery story. Could you briefly recount how that story led to your early advocacy work?

***Howard Josepher*:** My drug-taking behavior started in my senior year in college. I was smoking pot and started to hang out with people who were doing this new drug called "LSD." LSD was a drug experience, but it also reflected a searching—looking for answers and insights into life. I was a very young guy and getting ready to leave college and the home that I grew up in and move into Manhattan. The drug-taking behavior started with the mind-altering, consciousness-raising drugs—mescaline, peyote, LSD—and then one day, I tried heroin.

I fell in love with it, and that became a seven-year love affair. I craved the drug

dearly, but it was a very destructive time in my life. I had great hopes and dreams to do things after graduating college, but my whole focus went into obtaining and using heroin. I tried to stop many, many times. I went into detoxification at least a dozen times over the seven years that I was addicted, but relapsed each and every time. I had the desire to change but never the ability to leave heroin behind. I supported my habit by working as a taxi and bus driver, a bartender, a waiter, a bouncer, and an insurance adjuster. I was also arrested at least seven or eight times for misdemeanors, placed on probation, and coerced into treatment.

Bill, as you know, there wasn't much treatment in New York City in the early and mid '60s, but places like Daytop and Odyssey House—the early therapeutic communities—TCs, as we called them, were just beginning. My probation officer told me I should get into Daytop. They had a process where you had to go to meetings outside the facility where they assessed whether you were sincere and motivated, but they never thought that I had the right kind of motivation, and they rejected me. They told the judge that I was unamenable to treatment, incorrigible, and that they weren't going to accept me into their treatment program. The way I dealt with that is that I absconded in 1966 and went to London. At that time, they had what they called the British System, where a physician could prescribe heroin, cocaine, and other drugs and you could pick them up in a pharmacy, along with your syringes and your sterile water. I had the junkie's dream, but I mishandled it. I would pick up a week's supply of drugs, use it up in two or three days, and go back to the doctor to manipulate, scam, and lie for another prescription. After a few months, the doctor said, "I can't do this" and cut me off. After repeated doctor shopping, I began forging prescriptions, and was arrested and sent to Brixton prison in London. After a few months there, they deported me back to the States.

That experience was very important to me because when I came back to the States, I turned myself in. I knew I would start using again and get into trouble, making the situation worse for myself. The probation officer gave me another opportunity since I had turned myself in. He said, "There's a new program called Odyssey House. Why don't you meet with these people and see if you can get into the program?" I was not highly motivated, but they took me into the program. In the back of my mind was the thought to hang around for a few weeks and then split and continue to manipulate the system as I had done for many years. But while in Odyssey House, I came to understand the TC philosophy and totally bought into it. In that therapeutic community, I was with people just like myself who were striving to attain a better life. We created a small sanctuary where we all played a role in keeping our little commune going, taking in new people and passing along to others what we were learning.

I think the most important part of that experience for me was the encounter groups, where you could say anything you wanted as long as you stayed in your seat and refrained from making threats. Everyone in the group was there on an equal footing. We called it 'hats off,' whereby one's authority within the TC was left outside the group room door. I had so much rage, so many feelings, the groups gave me the opportunity to let it out and let it go. It also gave other people the opportunity to let go of their feelings about me. It was a powerful give and take.

In terms of advocacy, I have been an advocate for drug treatment and recovery for almost 50 years. I think it is important to remember that drug treatment did not exist in this country until the TCs came along in the late 1960s. The commonly held belief at that time was 'once an addict, always an addict.' Those of us in the TCs were determined to change that misconception. We spoke up; we brought the message of successful treatment out to the public through speaking engagements and the media. We wanted people to know addiction could be overcome and we, the early participants in the TCs, were examples of that transcendence. Our advocacy efforts were incredibly successful as treatment centers began opening all over the world.

***Bill White*:** How did the experience at Odyssey lead to the opportunity to then work at Phoenix House?

***Howard Josepher*:** I was in Odyssey House for about six months when one morning, they woke me up with the news that Dr. Judianne Densen-Gerber, the psychiatrist who had co-founded Odyssey House along with Tony Andre, an ex-addict, had fired Tony. Tony was not only our leader, he was my role model. There were only eighteen people in Odyssey House at that point, and we all decided that if Tony was leaving, we were leaving. And so the whole house got up and split. As we were walking to the subway, a splitee who had left a week earlier was coming down the block to pick up some of his belongings, and Judianne collared him, made him a director, and started all over again. Our group stayed together. At first, we slept on one of the group's grandmother's living room floor. Then, a couple of Odyssey House board members who resigned in support of us found a church retreat in upstate New York for us to live. After a few months, we realized what we were doing was not sustainable, a negotiation ensued, and we all went into Phoenix House. At that time, there were less than thirty people in the program, so we practically doubled the population.

This was the original Phoenix House building at 205 West 85th Street. It was a five-story, single room occupancy (SRO) tenement, where Phoenix House occupied the top two floors and welfare recipients, active drug users, and dealers occupied the remainder of the building. Gradually more people came into Phoenix, and we took over the whole building.

Phoenix House had the same therapeutic community structure that I had become familiar with while at Odyssey House. After working my way up the ladder, I reached the re-entry stage of the program and was hired at an entry-level position. But I was restless and wanted to expand my horizons and found a job in the private sector. I also found an apartment and moved out. I took pride in the fact that I was the first Phoenix House participant to leave the program, with approval, having obtained employment and my own apartment. I did well living on my own, selling men's clothing, but after about a year and a half, I felt working in the square world wasn't enough for me. I had just come through this incredible experience of seven years of addiction and a year-and-a-half in the TC turning my life around, and I needed to give this experience meaning by going back to work in the treatment field. I went back to Phoenix House, and they re-hired me, and I've been in the treatment field to one degree or another ever since.

***Bill White*:** What positions did you hold at Phoenix House?

***Howard Josepher*:** After my return, I worked at Phoenix House for three years, eventually becoming a Regional Director in charge of three Phoenix residences and Phoenix Induction. No doubt I was ambitious, but there was nowhere to go as the management people above me were not going anywhere. I was offered a job by Dr. Dan Casriel, one of the founders of Daytop, at the Casriel Institute, which provided group and individual psychotherapy services to the general public. Dan hired me as his Clinic Director. While working there, I applied to the Hunter School of Social Work and obtained my Masters in Social Work (MSW) and became licensed as a professional. So, I had the therapeutic community experience, which was incredibly important to me, but I also obtained professional credentials. After becoming a credentialed social worker, I developed a private psychotherapy practice and began consulting with various drug treatment programs.

***Bill White*:** How would you describe your recovery during these early years?

***Howard Josepher*:** I was still searching, looking for peace of mind, meaning. I did not return to heavy drug use but would drink alcohol and occasionally smoke pot. It's important to remember that in the early days of the therapeutic community, we were granted drinking privileges in the final phase of treatment. I was fortunate to be one of those people who didn't develop a problem with alcohol. I never used heroin again, but I knew inside I was not at peace. I was not whole. My search continued, doing psychotherapy and all kinds of experiential workshops. At some point, I sensed what was missing was something spiritual. I turned to the religion I was born into but did not find what I was looking for. I turned to other religious practices and came up empty. It was at that point that I decided to go to India and study with one of those enlightened gurus. I made three trips to India in the 1970s, staying a few months each time. I would return to New York and start my private practice all over again, spend another year doing that and then off again I'd go to India.

In the early 1980s, it came to me that my search for meaning, for God, was over. It wasn't like I was born again, but I came to believe an unseen force existed, a force that gave meaning to the expression, "What goes around comes around." If that's true, and I believed it was, what made that happen? I saw life, nature, had cycles. The leaves on the trees died, and were recreated. God, nature, was a continuous creation and recreation and that being in synch with God meant being creative. I felt my role, my way in bringing me closer to God, was to do my part in making the world a better place. That was how I could express my creativity, how I could be close to God. At this point in my journey, I felt it was time for me to go home and put down roots. I was fortunate to meet a beautiful woman who had the same vision and desire as me. We wanted a family and wanted to build something that would sustain us financially and nourish us spiritually and intellectually. Our daughter was born in January of 1988—the same year that I turned fifty. I needed to make more money and found consulting work developing one of the first federally funded initiatives in the US, a NIDA-funded research and demonstration project, addressing HIV infection among injecting drug users in NYC. At this point in time, the gay community was doing an incredible job of informing one another about the virus and how to be safer about their sex and drug use. Except for a few clandestine syringe exchanges, there was very little going on addressing the epidemic among drug users.

The NIDA grant I worked on had been awarded to the National Development and Research Institutes of New York (NDRI). Our target population was recently released parolees who were known to be injecting drug users. I was hired to help design the program and develop a curriculum. Gradually, my responsibilities increased and became involved with recruitment and providing the services. Ultimately, I became one of the Principal Investigators on the project. Who we were targeting directly influenced the program we designed. Our design was influenced by the fact that our people were recently released from prison and the twin epidemics of AIDS and crack that were happening in the street. We utilized the best evidence-based practices available to us at that time. Our design became a brief intervention consisting of 24 classes provided over an eight-week period. We marketed it similar to a three or four credit college course. Our thinking was that parolees would be more willing to commit to a program where, upon entering, they could see the beginning, middle, and end of their involvement. This short-term intervention was implemented with a sense of urgency. The HIV epidemic was raging and tens of thousands of drug addicts were becoming infected and dying of AIDS. We responded to this urgency by making it easy for prospective participants to access our

services by not making any demands on them regarding their drug use. We had one simple rule; disruptive behavior would not be tolerated. By lowering the threshold for participation in our program, we began accepting both active and recovering drug addicts into ARRIVE. In my research, I had read about a process that was being utilized at Merseyside Hospital in Liverpool, England, called harm reduction. Rather than trying to reduce or eliminate drug use, the focus was on minimizing the harms from continued use. That made a lot of sense to me because our mission with the NDRI project was not to get people off of drugs, but to prevent the spread of HIV and to help people who were already living with the virus take better care of themselves. We saw harm reduction as a starting point for recovery. We were able to transcend the challenges of active and recovering addicts in the same group by focusing on our goal, our common purpose of stopping the AIDS epidemic and caring for people who were infected. We established, and gave meaning to, the expression of meeting people where they're at.

Early Integration of Recovery and Harm Reduction

***Bill White*:** So, this was one of the earliest efforts to really integrate harm reduction with a recovery orientation.

***Howard Josepher*:** Absolutely, and there was considerable resistance to such integration from ideologues on both ends of the continuum. The treatment community marginalized us, claiming we were enabling people in their drug use, and harm reductionists marginalized us because we weren't providing people with sterile syringes. Harm reductionists viewed our ARRIVE program as drug treatment. Those were rough days for me because I had long struggled with the feeling of being an outsider, someone who didn't belong. It became my reality. Ultimately, however, it was a very valuable lesson for me. I learned to stand-alone and be comfortable there.

But something had to be done to bridge these worlds. There was tremendous pain in the communities where our people came from. At that time, there were no treatments or medications for AIDS. And it wasn't just the AIDS epidemic. There was crack and all the violence that it brought and the incredibly harsh drug laws that were being enacted. We saw vulnerability and responded to that vulnerability by making it a point to always treat our participants respectfully, by being non-judgmental and focusing on strengths rather than pathologies. Our treatment was strength-based, client centered. Where did they want to go? What kind of recovery did they see for themselves?

Founding Exponents

***Bill White*:** Howard, how did that experience contribute to the founding of Exponents?

***Howard Josepher*:** By the end of 1989, almost 170 individuals had completed ARRIVE's eight- week program. Funding for the demonstration project was coming to an end, and we were told to shut the ARRIVE program down. Along with a couple of the people who I hired to work with me on the project, we decided not to shut the program down and in January of 1990, we incorporated Exponents as a 501(c)3, which enabled me to solicit contributions from friends and family members to keep ARRIVE alive. We worked for a year and a half without salary until we received our first funding from the NY State Office of Alcohol and Substance Abuse Services (OASAS).

***Bill White*:** How did you then select the name Exponents?

***Howard Josepher*:** I was telling a potential contributor how we started ARRIVE. I said, "We started with seven people just out of

prison and five graduated and then nine came and seven graduated. And the next time, sixteen came and twelve graduated," and this person said, "Well, that's exponential." I knew exponent was a mathematical term, and when I looked in the dictionary, it also said an exponent was an advocate, a spokesperson, and that seemed appropriate for us. We named ourselves Exponents and filed to become a 501(c)3 non-profit organization with the purpose of keeping ARRIVE alive. That's how we went from the NIDA study ARRIVE (AIDS Risk Reduction for IV drug users in re-Entry) to ARRIVE as a component of Exponents, a not-for-profit, community-based organization. Twenty-five years later, ARRIVE is still alive.

***Bill White*:** And how did you then fund and staff Exponents?

***Howard Josepher*:** Well, the staffing part was really easy because of my experience in the therapeutic community; the idea of community, of one addict helping another, was part of our DNA. The first person I hired was also someone who had graduated Phoenix House maybe twelve, thirteen years after I did. Also, many of our students asked to volunteer. They wanted to stay involved in a positive activity. They wanted to be a part of something that was meaningful and helped people. They wanted to give back what they had been given. Our idea was to utilize people with the lived experience of addiction and AIDS and build them into a supportive, helpful community.

In the early therapeutic communities, when we became staff, we called ourselves "paraprofessionals." I was a paraprofessional who became a professional. But at Exponents, we called people "peer educators." Our growth, the demand for the ARRIVE training, was incredible. It just kept growing as more and more people sought us out. I don't know if anybody ever even used that term "peer educator" prior to ARRIVE. I remember having to fight with the head of the New York State Department of Health AIDS Institute when I wanted to pay my peer educators a small stipend for what they were doing. This was considerably before all the studies on the effectiveness of peer educators.

At the same time we were building our peer culture, we applied and began receiving government contracts. We needed to be accountable in terms of files, record keeping, clinical notes in client folders and all else government contracts require. That was and remains the challenge in sustaining a peer-based organization. But peers could do things that many professionals cannot do. Peers are role models, examples, of someone who had turned their own life around, of someone living creatively, healthfully, even though they may be living with a compromised immune system. A recovering person can ignite hope in someone who is hopeless and out-of-control. Igniting hope is a very important component of our work, of bringing someone into recovery. It is a spiritual component of what we do.

Service Programs at Exponents

***Bill White*:** How would you describe the current major service components at Exponents?

***Howard Josepher*:** Well, the people we are reaching out to and engaging are basically the same people that we have been reaching out to since 1988. They are mostly poor, inner city people of color. Exponents has grown from the ARRIVE program to a total of fourteen service and support programs. We now have an outpatient, medically supervised drug treatment program and programs that help recently incarcerated individuals in their re-entry to society. Exponents currently has forty-five full-time staff and twenty-five part-time peers. Many of our full-time staff are graduates from our programs and are recovering individuals. At

the end of 2014, the ARRIVE program held its one hundred and thirty-second graduation, bringing our grand total of graduates to more than 10,300 people. Most of these individuals have criminal justice histories and are considered hard-to-reach. But everyone came to ARRIVE and participated voluntarily. This says a lot about drug users and belies many of the commonly held beliefs about the need for coercion and mandating people into treatment.

Recovery and Harm Reduction Integration

***Bill White*:** Howard, how do you see the integration of recovery-oriented abstinence programs and harm reduction as you've experienced it at Exponents?

***Howard Josepher*:** Well, first of all, harm reduction allows us to engage problematic drug users before they're either willing or ready to get off drugs. What we have found is that many people who have addiction issues are ambivalent about getting off drugs, but they're not at all ambivalent about wanting to stay alive and wanting to maintain good health. Harm reduction gives us the ability to engage a population that would not have access to nor be responsive to traditional treatment models. What we want to do is bring more people into services, engage them, and hopefully support them toward healthier lifestyles.

***Bill White*:** You described getting caught up in something when you were at Odyssey House—a process of "catching recovery" within the TC community. Are there people who come to Exponents for harm reduction and "catch" recovery in that environment?

***Howard Josepher*:** I believe so, Bill. I've always thought there is a great deal of ambivalence in us when we're strung out. You may feel hopeless, out of control, but deep down inside, you know the drug life can kill you. Maybe you think you don't want to stop. Maybe you think you can't stop, but I think the desire to change, to be normal, to have a better, more meaningful life, exists in the addicted person. Somewhere in there is the impetus to turn it around. But there are the challenges that can overwhelm that impetus. But yes, even though people may still be using substances, I think they're capable of learning, of gaining insight, of changing behavior. Maybe that change is not as immediate or total as some treatment providers would like them to change, but we need to accept incremental change and continue to provide people with a positive, supportive process.

***Bill White*:** A lot of people say that recovery really begins at the point that drug use stops, but you're suggesting that the recovery process actually begins earlier within the period of active use.

***Howard Josepher*:** Many in the harm reduction community believe any positive change is a step towards recovery. Using a clean needle is a positive step and needs to be recognized. As a treatment provider, we need to view this as an important step towards recovery. At times in supervision, my counselors tell me a participant is showing up to the program with alcohol on his breath. They are frustrated by this, but I tell them to focus on the fact that the person continues to show up, the positive, and not overly on the alcohol on their breath, the negative. I know my staff, many who are in recovery, sincerely want the individual to refrain from using, but we have to learn to bring people along at their pace, not the pace we, the provider, wants.

We need to open our minds to the reality that people overcome addiction in different ways. A 12 Step, completely abstinent recovery path may be what works for some, but it is not the only way. There are many like me whose path includes moderate use of substances. We contribute, we are responsible, and we can even create and work in drug programs that help addicted individuals into both abstinent and moderate

recoveries. Does the public know, do policy and law makers know, people like me exist? Has anyone ever done research on people like me who practice this form of recovery? Not in my experience. Sadly, much of the drug research in the US is meant to support government policy, not to find effective ways to treat and recover from addiction.

When I overcame my addiction 40 some odd years ago, we did not use the term recovery in the drug addiction field. We called ourselves ex-addicts. I was fine with that label, as it clearly stated what had happened in my life. At some point, the term recovery began to appear, but it was associated with abstinence. I was fine with that and did not identify myself as a person in recovery. I was an ex-addict. But when funding streams for recovery services, like the Recovery Oriented System of Care, was rolled out, I was both excited and dismayed. I was excited because ROSC services looked like what we were doing in our peer facilitated ARRIVE program. I thought ROSC had great potential but was concerned by it being another abstinence-only model. I believed ROSC's effectiveness would be limited if it was going to be another 12 Step spinoff of how we treat and overcome addiction. I challenged this as a member of the NYS OASAS Recovery Implementation Team and began to advocate for a broader definition of recovery. God bless those who overcome addiction through 12 Step programs and an abstinent recovery, but if the United States government is going to put millions of dollars into recovery centers driven by the same one-size-fits-all, abstinence only approach, it will fail. In my opinion, ROSC has not achieved its potential and sad to say, I was right.

Stigma and Advocacy

***Bill White*:** Could you describe your work with FACT and how you see the role of advocacy taking on the issue of addiction-related stigma?

***Howard Josepher*:** In the early days of the AIDS epidemic, we saw the gay community mobilize and transform itself from a group of hardy partiers to a real community and political force. Advocacy in the early 1980s drew attention to what AIDS was doing to people and got the government to acknowledge what was happening and provide resources for treatment and education. In 1989, because of our AIDS work with substance users and our ability to mobilize ARRIVE participants and graduates, we were asked by ACT UP and GMHC, the Gay Men's Health Crisis Center, to get involved in advocacy. GMHC had been very helpful to me in developing ARRIVE, as it was one of the few places where one could learn about HIV. AIDS advocacy gave the gay community a voice. Our community, drug users and people in recovery, were silent. Advocacy became a way to give voice to the needs, to the pain and suffering, happening in our poorer communities. At Exponents, we began viewing program participants, the population we were serving, as a constituency and wanted to give voice to their concerns. Advocacy created a platform from which they could speak. We advocated by making people aware of HIV and AIDS in the poor communities. We advocated for resources to address the epidemic. We advocated for clean needles to be distributed and available in our communities. We did legislative visits in Albany, New York, and Washington, DC, and over the years, our advocacy evolved, but it never lost its import. In the 1990s, we created FACT, Friends of the Addicted for Comprehensive Treatment, to formalize our advocacy efforts among drug using and recovering substance users. FACT provided trainings in organization, mobilization, and presentation skills in speaking to government and elected officials. We met with and supported the establishment of other advocacy groups like Senator Harold Hughes' SOAR and the NY Drug Users Union. FACT played a leading role in

preventing NYC Mayor Rudy Giuliani from closing down the city's methadone clinics. We, and our allies, were outraged that he wanted to eliminate this viable drug treatment option. FACT published monthly newsletters promoting our agenda of jobs for people in recovery, a representation of recovering people on the boards of treatment and recovery programs and a place at the table on government and criminal justice commissions that dealt with drug use. FACT was about giving our people a voice. While FACT is not in existence today, we've continued in our advocacy initiatives. We've advocated for, and have been successful in, changing NYS' draconian drug laws. More recently, we participated in demonstrations against NYPD's Stop and Frisk practices and for greater availability of Narcan overdose prevention kits.

For us, for our constituency or population, advocacy has multiple benefits. When our people made presentations to elected officials, they would come away feeling good about representing on the issues and needs of their community. And they also came away feeling good about themselves, having been heard, listened to, by elected officials and policymakers. Their voices were heard and that made them somebody. For our people, advocacy had a clinical value as well as a social value.

***Bill White*:** Howard, if I understand this correctly, one of the unique things that you've done different than others is mixing people in recovery and people who were actively continuing to use together in this advocacy effort.

***Howard Josepher*:** It is the issues, the things we fight for, that enable people to rise above their individual differences. Many who use drugs have a social consciousness. They're still humans who care. Just as there are many who are in recovery and abstain from using substances but won't lift a finger to help their fellow man, many drug users are concerned citizens will show up for issues dear to their hearts. It's also important to understand that not all drug use is problematic. I believe that many who have experienced problematic drug use want to personally change for the better and also want be a part of something that seeks to change society for the better.

Future of Exponents

***Bill White*:** How do you see the future of Exponents and the work that has been such an important part of your life?

***Howard Josepher*:** This is touching on something of great importance to me as I'm getting up there in years. At this point in time, I have no intention to retire. I'm still having a good time and feel passionate about what I do. I'm working with some wonderful people at Exponents and very happy with where we are. Sustaining an organization for more than 25 years has its challenges, but I feel blessed. Blessed to have a job and blessed to be doing something that I love. I love teaching those who will be carrying the message forward in the future. It is my calling in life to be doing what I am doing. It's also good that some of us old-timers are still around. We've got a long perspective on where our field has been, what's worked and what hasn't. I've been fighting for many years for some of the changes that are coming about now. Before I'm finished, I want to see our prison population cut in half. I want to see the decriminalization of possession of drugs for personal use and complete legalization of marijuana. I want to see treatment on demand and a universal understanding that there are different ways people overcome and recover from addiction.

Closing Reflections

***Bill White*:** There's a new generation of people following in our footsteps who want to blend the harm reduction and recovery

orientations. I'm wondering if there are any lessons learned or guidance you might offer people who are beginning this journey that you've been on for so long.

***Howard Josepher*:** Bill, I just recently attended two conferences within ten days. One was the New York State Association of Alcohol and Substance Abuse Providers with many friends and old-time treatment people; the other was the national Harm Reduction Conference in Baltimore. Both groups save lives, and both groups are called when a distraught parent needs guidance. They're both on the front lines, but these two groups seem to be at war with one another, and these are ideological wars. They're not wars of any real substance. People are stuck in a certain way of thinking about how we address addiction and how we address drug use in this country. The providers' conference had a lot of people like you and me, Bill—a lot of gray hair—but the harm reduction conference was filled with much younger people committed to helping drug users. They want programs that help people get a handle on their drug use, to help them to be safer and take better care of themselves. We all want the same thing, to help people whose drug taking is problematic to change, to help them to a better life. To do this, we need a full spectrum of programs that support people to lead healthier lifestyles. That spectrum includes safer drug use, less drug use, and no drug use. And the people affected need to have a say in these issues.

I think harm reduction and traditional treatment and recovery advocates need to come together in our mutual agenda of helping more people, of bringing more people into recovery. I think that we hurt ourselves by limiting the definition of recovery as abstinence plus. I think that any positive change means that a person is in the process of recovery. While that change may not be as what some would like it to be, change is happening, and it needs to be nourished and supported. There are ideologues on both sides who keep this division, this war of abstinence versus harm reduction going, and they need to be ignored. Our field is evolving, and we need to evolve with it.

***Bill White*:** Howard, that's a perfect place for us to end. Thank you for sharing details of some of this remarkable life you have led.

***Howard Josepher*:** Thank you, Bill.

Acknowledgement: Support for this interview series is provided by the Great Lakes Addiction Technology Transfer Center (ATTC) through a cooperative agreement from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT). The opinions expressed herein are the view of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA, or CSAT.