



# Selected Papers of William L. White

[www.williamwhitepapers.com](http://www.williamwhitepapers.com)

Collected papers, interviews, video presentations, photos, and archival documents on the history of addiction treatment and recovery in America.

**Citation:** White, W. (2016). Reflections of a recovery advocate: An interview with Tom Coderre. Posted at [www.williamwhitepapers.com](http://www.williamwhitepapers.com)

## Reflections of a Recovery Advocate An Interview with Tom Coderre

### William L. White

Emeritus Senior Research Consultant  
Chestnut Health Systems  
[bwhite@chestnut.org](mailto:bwhite@chestnut.org)



### Introduction

In 2001, recovery advocates representing more than 30 states met in St. Paul, Minnesota to launch a new recovery advocacy movement in the United States. The years since have seen that movement flourish under the leadership of Faces & Voices of Recovery, NCADD, the Legal Action Center, Young People in Recovery, and legions of local grassroots recovery community organizations. One of the most effective leaders of this movement has been Tom Coderre. His career has spanned from serving as a Rhode Island State Senator, to working as the National Field Director for Faces & Voices of Recovery, and now, serving as a Senior Advisor providing liaison between the White House and the Substance Abuse and Mental Health Services Administration (SAMHSA). *[Since our August 2015 interview, Tom has taken the position of SAMHSA Chief of Staff.]* I had the opportunity to interview Tom about the evolution of his role as a recovery advocate and about the state of the new

recovery advocacy movement. Please join us in this conversation.

### Background

**Bill White:** Tom, how did the roles you held before entering recovery prepare you for some of the later work you would do as a recovery advocate?

**Tom Coderre:** There were two primary things that I was involved with before entering recovery – non-profit management and development and politics. I cut my teeth in the non-profit world through a civic organization called the “Jaycees” during the late ‘80s and early ‘90s. The Jaycees (aka Junior Chamber of Commerce and JCI) is an organization for young people who want to gain leadership skills and they do that through community service. I grew up attending Jaycee events because both my parents were active members. In my home town of Pawtucket, Rhode Island, our chapter ran a variety of projects that taught us the value of skills like public speaking, budgeting, project planning, managing people, and generating political support from the city and various governmental agencies

for our work. That experience helped me build leadership skills and learn the basics of community organizing.

I was the president of the local Jaycees chapter when I was very young and went on to leadership positions at the state and national levels. I was the youngest National Vice President ever elected to the U.S. Jaycees Board of Directors, overseeing activities in five states, allowing me to travel and work with statewide organizations and local chapters on everything from strategic planning to membership recruitment to motivating leaders and members. After that I went to work with United Cerebral Palsy and then the United Way. At United Way, I was on the Donor Services staff and was responsible for workplace campaigns encouraging payroll deduction support for charitable causes within some of the largest companies in the state. I served on a lot of teams when I was at United Way, which heightened my awareness of a broad range of social problems and what could be done in the community to solve them. I then went to work at Genesis Center, an adult education program for immigrants and refugees on the south side of Providence. At Genesis, we taught English as a second language, conducted citizenship classes, operated a childcare center, and ran job training programs. Those early experiences proved very fruitful to the eight years I served as a State Senator and then as a recovery advocate.

**Bill White:** How did that opportunity to run for political office arise for you?

**Tom Coderre:** When I was fourteen years old, my mom decided to run for the State House of Representatives. Some family friends had actually asked my father if he wanted to run, but he couldn't do it because of his job. He then said, "What about Elaine?" And that's how my mom's candidacy began. We'd always been a family that talked politics around the dinner table and we had family friends who had run for office, so we were always involved in political campaigns. When my mom ran, she

was also running a small business out of our home and raising my brother, my sister, and me. After she was elected, I spent a lot of time at the State House. Once you get bit by that political bug, it's hard to turn back. It was something that I really loved and enjoyed. I was always looking for an opportunity to get involved myself and I would joke with my State Senator that if he ever retired, I wanted to run for his seat. And then one day in 1994, out of the blue, he gave me a call and said, "Tommy, I'm not running; I'm retiring. You can run for the seat if you want it." And I was like, "Oh, my God!" Now, I had to actually decide if I wanted to do it or not. After talking with my mom, dad, other family members and friends, I decided to run. At age 25, I was elected and served for four terms. One of the reasons I decided to run for the State Senate was because of the work that I had been doing in the community. I noticed that you could do important work as a community organizer but often, you could only go so far, then you were really at the whim of what elected officials and the government were willing to do. I thought the opportunity to be on the other side of that would be really good and could take some of the things that I cared about and the initiatives that I was working on to the next level.

## **Personal Recovery**

**Bill White:** Take me now from serving as a State Senator to your transition from personal recovery to then recovery advocacy at a national level.

**Tom Coderre:** What's really important to know is that, in my addiction, I became a very badly broken human being. Addiction robbed me of my spirit and my life in a way that I really never thought it could. After losing everything and my term in the Senate ending, I hit my bottom when I was arrested. I was locked up and spent a week or so in our adult correctional institution, before being transferred to a psychiatric hospital for evaluation. I weighed 132 pounds and, if you'd looked into my eyes, you'd think I didn't have a soul. The end of my addiction

was a very traumatic experience; when I transferred out of the psych hospital to a treatment center, I really thought my life was over. I certainly didn't think I was going to do politics ever again, having been arrested and charged with possession of cocaine, I thought that life was over.

My early involvement in recovery advocacy began serendipitously. I got introduced to RICARES, (Rhode Island Communities for Addiction Recovery Efforts) our recovery community organization, back in 2003 because a friend of mine told me that they served pizza at their meetings. That's what got me to go to my first RICARES meeting. I didn't think that it was going to be life-changing, but that is exactly what it was. When I was at that meeting, they were talking about doing a Legislative Day. I thought, "I used to be in the legislature; maybe I could help with that." That was really an important moment for me because it opened up the possibility that I could actually do something to redeem myself. I was scared when I raised my hand and said, "I can help with Legislative Day" because I knew that meant that I had to go back to the State House where I'd once served and really face where my political career ended. I didn't leave the State Senate very gracefully. I ended up not running for re-election rather than being thrown out, but the point is that I had to now go back to an institution which I felt like I had done a disservice to because of the significant publicity around my arrest and incarceration. I had a lot of fear about how people would react to me, but those fears were unfounded. It turned out people were happy to see me, embraced me, and told me they were pleased that I was doing well. Those experiences made me think that maybe I could do recovery advocacy work. RICARES ended up becoming my recovery support and I began to envision creating that kind of support for people throughout the country.

At the beginning of my recovery, I was in a treatment center for five and one-half months and then was in a recovery residence for six months. After about a year in recovery, I was asked if I wanted to be an

Assistant House Manager, I saw that as a great opportunity and an important next step for me. I was trying to get my life back together. I had a lot of debt as a result of my addiction and other wreckage to clean up and I needed a job. But, I had the chance to go back to and finish my bachelors' degree. Well, I was nine credits short and the President of Rhode Island College reached out to me and said he would help me. And one of the men I had met in my Twelve-Step meetings happened to be a professor at the college and I ended up taking his course. He also worked at one of the ATTCs (Addiction Technology Transfer Centers) and told me about an opening for a part-time training coordinator. I interviewed with the ATTC Director, and she gave me a chance. The ATTC in New England is located at Brown University, and I remember going to get my badge which I still have that says I was on the faculty and staff of Brown University. (Laughs) I had a twenty-hour a week position setting up training events. I really enjoyed it, and it helped rebuild my confidence and increased my hope for the future. It was also my first experience using my story to show people that recovery was real.

**Bill White:** How did the transition to Faces & Voices occur?

**Tom Coderre:** Well, like many people in early recovery I was having difficulty finding stability in employment. I had to cobble together several part time jobs to make ends meet. While I was working at the ATTC, I was also working as a Residential Assistant at a recovery program for people with HIV and I served as Political Director in a friend's campaign for Governor. Right at the time the campaign was wrapping up, I received an email from Faces & Voices letting me know that they were looking for someone to manage a project they were doing with HBO – an addiction film series. They were looking for a Field Director who could help set up premieres in fifteen cities around the country. Given my work with the Jaycees and my work in politics, I felt like I had all the necessary skills, but I never thought I'd get

the job because I had only about three and one half years in recovery. But I ended up getting that job and working with Pat Taylor to design a program. We partnered with CADCA and Join Together on that project. It was really a way for Faces &Voices to use the relationships we had with local recovery community organizations to take this HBO Addiction Project and put a recovery face on it. A lot of people do talk about the addiction problem, but at Faces & Voices of Recovery we wanted to focus on the solution which is, of course, recovery. We wanted people to move beyond focusing on the devastating effects of addiction to see the recovery that is on the other side. We wanted to emphasize that there are a lot of people who got the help they needed, found recovery, and who are living productive lives again. In collaboration with CADCA, we used the HBO name and the documentary series as an opportunity to build recovery groups in 30 cities around the country. Those premieres created a lot of exposure for our recovery community organizations. That work evolved for me into a national field director position where we developed the 2008 campaign called "Recovery Voices Count." We did a Presidential Town Hall Meeting up in New Hampshire which we weren't able to get candidates to attend because of a big debate that was happening in Iowa at the same time but every single campaign sent a surrogate to represent them. We also chose ten battleground states and organized non-partisan civic engagement activities, like voter registration, education, and get out the vote. We also developed questions for candidates and trained recovery advocates on how to pose them to candidates who were coming into their state. We wanted to make addiction and recovery part of the dialogue of those campaigns, as it is in the 2016 Presidential campaign. After we finished the primary process, we organized Recovery Wellness Rooms at the Democratic and Republican National party conventions. These projects were incredible and it certainly was foundational. I attribute the presence of addiction and recovery in the present political campaigns to a lot of the

early work that Faces & Voices did in this area in the past.

After the election, one of my former colleagues in the Senate became Senate President and invited me to serve as her chief of staff. It was a hard decision to make because I really enjoyed the work that I was doing at Faces & Voices, but I could not pass up the opportunity to return to political life. There was a sense of redemption I experienced in that return. We go through so much in active addiction and our spirits really are broken; part of what we try to do in recovery is to repair the things that went wrong during our active addiction. I felt going back and doing that job and doing it well would be almost a sort of amends. Little did I know that I would gain so much more from the opportunity than I would actually give to it. It was an amazing opportunity, and I served through six legislative sessions.

**Bill White:** Which then led to the opportunity to come to SAMHSA. Could you share that story?

**Tom Coderre:** Sure. While I was Chief of Staff in Rhode Island, I stayed involved with Faces & Voices as a volunteer. One of the things I did was the video of Faces & Voices messaging training, *Our Stories Have Power* with Betty Currier. When I was National Field Director, I did a lot of face-to-face training with local recovery community organizations. We knew that when I left, there would be a void in providing such training. I talked with Pat Taylor and one of the things we wanted to do was film the *Our Stories Have Power* training so that any local recovery community organization could hold their own training without needing to have a trainer physically come to them. We got some funding from SAMHSA and put it on a DVD. I ended up meeting a young guy at that training and we spent a lot of time that weekend talking about the fact that the media wasn't covering our recovery stories but were obsessively focused on the drama of our past addiction stories. That young man was Greg Williams who would later create the film, *The Anonymous People*. I

stayed involved with Greg and ended up becoming part of *The Anonymous People* and working with him to produce it. We challenged each other to find the drama in recovery and, believe me, there's plenty of it. (Laughs)

When I was invited to be part of one of the screenings in Washington, DC, I called a friend who worked at the White House and invited him to see the film. He ended up coming and loved it. He has been involved in LGBT organizing for many years and afterwards told me how leading LGBT organizations submitted the resumes of qualified candidates for a wide range of key presidential appointments. He suggested that the recovery advocacy community do the same and, as part of that conversation, asked if I would ever come and work in the federal government for the Administration. About a year later, I got a call from the White House Office of Presidential Personnel. Someone had passed on my name and they wanted to interview me for a policy position at SAMHSA. I submitted other names of people from the recovery advocacy community, but they insisted on interviewing me for the position, and I ended up getting offered and accepting the position.

**Bill White:** That's an incredible story. What are the responsibilities you've taken on since coming to SAMHSA?

**Tom Coderre:** I work on a variety of issues for SAMHSA and the Administrator, including but not limited to prevention, treatment and recovery programs, and policy. I coordinate collaboration on these issues and represent SAMHSA with other HHS offices and operating divisions, and with the White House. I have really enjoyed getting to learn about all the different parts of SAMHSA that I hadn't been exposed to before. For instance, I knew SAMHSA was one of 11 operational divisions of the U.S. Department of Health and Human Services but I really didn't understand how much interaction it had with the department or the other divisions. Administrator Hyde asked me to assist her with something called the

BHCC, the Behavioral Health Coordinating Council. The SAMHSA Administrator and the Assistant Secretary of Health co-chair the BHCC to plan and integrate programs, as well as share the latest scientific data, within the federal department that has the largest budget in the federal government. The BHCC is made up of the principals from each division but much of the work is effectively managed through subcommittees. This means there is a lot of staff work that goes into producing policies that the department will then use to execute its mission.

The second role that I've taken on is assisting the Administrator in her role as chair of the Interagency Coordinating Committee for the Prevention of Underage Drinking (ICCPUD). The members of this group are from a wide range of federal agencies that deal with underage drinking. This includes the Departments of Defense, Justice, Education, Transportation, Treasury, the Federal Trade Commission, the White House Office of National Drug Control Policy, and HHS. Having a targeted effort has paid off. Between 2004 and 2013, the number of 12 to 20 year-olds using alcohol in the last month declined by 21 percent. Alcohol-related traffic deaths in youth aged 16-20 have declined 79 percent since 1982. A big part of SAMHSA's efforts is to prevent substance abuse and we've achieved much as a result of the coordinated strategies that ICCPUD has led.

My third role is to represent SAMHSA on Capitol Hill with members of Congress and their staffs. Because of my previous legislative experience, I wanted to have a role in making sure that members of Congress and their staffs knew what SAMHSA was doing. We've seen a lot more interest from members in Congress about the issues that we deal with, particularly as a result of violent acts and the opioid epidemic as well as drug poisoning deaths occurring around the country. SAMHSA is called upon regularly to brief Congress about these important topics and share with them how the programs they've authorized and appropriated are working.

I've also taken on a role since Dr. Westley Clark retired to advise the Acting Director at SAMHSA's Center for Substance Abuse Treatment. SAMHSA has six strategic initiatives and one of them is dedicated to Recovery Support. SAMHSA knows that people recovery and has dedicated resources for many years to build a recovery oriented system of care. I am working to find out what opportunities exist to see more wide scale adoption of recovery support, as this is just as important as the investments made in prevention and treatment. I also represent SAMHSA and CSAT around the country in a variety of speaking roles. I just returned from being the SAMHSA host of the Voice Awards event in Los Angeles and have supported many of the recovery rallies and opioid summits in communities around the country.

*(As is noted in the first paragraph... Since our August 2015 interview, Tom has taken the position of SAMHSA Chief of Staff.)*

## **The New Recovery Advocacy Movement**

**Bill White:** You've spent a lot of time in local communities working with local recovery community organizations. What are your most vivid memories of the local efforts you've seen in those travels?

**Tom Coderre:** I've only been observing this for the last decade; you've been doing it a lot longer than me and know a lot more about the history. But, like you, I've been most impressed with the growth of local recovery community organizations. I've been really amazed at how fast things have changed. One of the goals we had at Faces & Voices of Recovery was to have people speaking the same language, such as talking about themselves as people in recovery as opposed to using more pejorative language that contributed to social stigma. It's amazing to see that wherever you go now and throughout social media, you hear people referring to themselves as being in long-term recovery. As a result of the growth and influence of the recovery advocacy

movement, the language has shifted. And of course, the film *The Anonymous People* was really helpful in achieving that.

**Bill White:** I know you had the opportunity to work with Greg Williams on that film, which has already become such an iconic movie about recovery and a kind of catalyst for mobilizing recovery communities. What was it like to be part of that film and then see the response to it?

**Tom Coderre:** Well, I've had these moments in my recovery that I call "pinch me" moments where I have to pinch myself to make sure I'm not dreaming. One of those moments is seeing the impact that *The Anonymous People* has had. Greg went around the country collecting these amazing recovery stories and created this comprehensive film about the recovery movement, which ignited an important conversation in this country about anonymity. It's been pretty special to be part of this historic undertaking and gratifying that over a million people have seen it. The film has had a remarkable effect in spurring the development of and legitimizing local recovery community organizations. Greg was able to tell the story of recovery in words and pictures and through personal stories. When people I know have seen the film, they walk out and say to me, "I get this now, and I didn't get it before. I knew you were in recovery; I knew you used to use drugs and you don't use them anymore, but I didn't really understand what that meant or why I needed to care about it." What the film captured and what needs to happen going forward is to help everyone understand what it means to start and sustain long-term recovery. If there are discriminatory public policies that are preventing folks from doing that because they can't get an education, find a place to live, or get a job, then we need to do something about that. *The Anonymous People* has been a catalyst for coming together to address those issues. The UNITE to Face Addiction rally that's going to be happening on the National Mall on October 4<sup>th</sup> would not be taking place if it

weren't for the influence of *The Anonymous People*.

**Bill White:** One of the goals of the recovery advocacy movement has been to alter public perceptions and stigma attached to addiction recovery. How would you rate our progress to date on this goal?

**Tom Coderre:** We've made great, great progress, but we have a lot more work to do. *The Anonymous People* contributed to this progress, but to get even more people to understand that addiction is a public health issue and for us to talk about people with substance use disorders as people first and as the disorder second will require a renewed effort. I'm amazed and pleased with this Administration and their commitment to supporting a recovery agenda. They made sure that the Affordable Care Act covered mental health and substance abuse services as an essential health benefit. President Obama is doing something about criminal justice reform; he recently commuted the sentences of 46 people – 14 of them with life sentences—for a drug conviction. (The President has commuted more sentences and this number has increased since the interview took place.) I think that the work the federal government has done through SAMHSA and HHS has also been incredibly important. SAMHSA's Recovery Month activities, for example, have been a huge opportunity to educate people. Last year there were almost 1,000 Recovery Month events around the country and the world and more than 300,000 people attended them. We're seeing a lot of progress, but let's be realistic about this – we still have a long way to go. I think the UNITE to Face Addiction rally will be the next springboard for this work.

**Bill White:** You have closely observed this advocacy movement over the past decade. How would you describe the current state of the movement in terms of its potential and the challenges that lie ahead?

**Tom Coderre:** So, one way of thinking about this is to use the popular strategic planning tool known as SWOT analysis: strengths, weaknesses, opportunities, and threats. A major strength is that we have the science with us, confirming addiction is a disease of the brain that needs to be treated. A huge strength is that we now have an organized recovery community speaking out and becoming very active in advocating for the needs of people seeking and in recovery. Continued effective organizing will take these strengths to historically unprecedented levels. As we get more sophisticated, we will be refining strategies and tactics in our grassroots mobilization.

One of our weaknesses is that we don't have the capacity to represent our interests before policy makers and the media. At present, we have just a few people in Washington advocating full-time on our issues. If you look at other sectors, such as the pharmaceutical industry, they have hundreds of people and spend millions of dollars seeking to shape legislation and policy. If you look at health insurance companies, they also have hundreds of people here in DC. How is the addiction recovery community going to influence the big issues we've taken on if we don't expand our advocacy capacity and develop more sophisticated mobilization strategies?

An opportunity that we have is the 23 million Americans in recovery plus family members, friends, and allies. To take advantage of the opportunity, we must do a significant amount of work around the issue of unity. There's still a lot of splintering within the community, whether you're talking prevention, treatment, or recovery. We've all kind of gotten into our own camps, and we're often going after the same resources. And then within each of those camps they are divided. So until we realize that we're all in this together, we can't realize this opportunity. That's why I was happy that the first word in the title of the October rally is UNITE to Face Addiction and that there's such a broad constituency coming together to support it.

And finally, I think there are several things that threaten us. We must not let this moment in time slip through our fingers like has happened at other times in our history. We need to be on the same page in our strategy, messaging, and approach to policymakers in State Houses and Congress. We really have to figure out how to transcend our differences to speak with one voice to the larger culture and forge a collective response to the opioid epidemic. We are losing 120 people a day to drug poisoning, and the vast majority of those deaths are from prescription opioids and heroin. I think a lot of people feel that treatment is the answer to that, but I've frequently stated that we cannot treat our way out of this. Treatment's an important prong, and no one would argue we don't need more treatment. There's a huge treatment gap in this country. I'm all for addressing that gap, but that's only one part of the solution – we also have to go upstream to address this problem.

I like to share the old fable about a village with a river running through it. One day, the villagers see all of these babies floating down the river. Horrified, they jump in the river and pull the babies out one at a time but it seems futile, more and more babies keep coming. A wise old villager sees what is happening and says, "Shouldn't we go upstream and find out where the babies are coming from?" When they do, they find a huge ogre who is throwing the babies into the river. They kill the ogre and there are no more babies floating down the river. I look at the overdose death epidemic in a similar way. If we don't go upstream, if we don't do something about prescribing practices and the sheer volume of pharmaceuticals that are making it into our country and onto our streets, we won't end the needless deaths. And I don't mean to simplify the situation, I know it's complex. We have to attack this in a multi-dimensional, multi-faceted way.

**Bill White:** We've seen the emergence of the recovery community organizations you've talked about, particularly the RCOs, but also recovery community centers,

recovery residences, recovery schools, recovery industries, recovery ministries, and so forth, as well as new recovery support roles. How do you think those will impact addiction treatment and recovery support in the United States?

**Tom Coderre:** Bill, I think they'll impact them in a very positive way. Part of the treatment gap I referenced earlier is the limited capacity and quality of the current system of care. We frequently throw good money after bad. People cycle through detox and treatment over and over again because they aren't receiving a full range of peer and other recovery support services during and following treatment. These new recovery support institutions springing up around the country are important additions to the continuum of care. Now the question is, "Are we going to fund them, and if so, how?" If we truly embrace recovery-oriented systems of care with a full range of prevention, treatment, and recovery support services, then we have to provide support for all of these elements. Today, most peer and other recovery support services are not part of the funded addiction treatment system. Instead, they are supported by other funding and by volunteers. It's hard to assure quality and sustainability under those conditions. We need to build reimbursement and funding for these services into our health and social services programming. I think that the work that Faces & Voices is doing around CAPRSS (Council on Accreditation of Peer Recovery Support Services) and the move toward certification of recovery coaches are very important steps in assuring quality of recovery support services, opening up new opportunities for reimbursement.

## Personal Reflections

**Bill White:** At a personal level, what have been some of the biggest challenges you've faced as a recovery advocate?

**Tom Coderre:** Wow, that's a tough one. I think one the biggest challenges we all face as advocates is figuring out what to ask for.

We're really good at bringing armies of people in recovery, family members, friends, and allies together. We saw it in *The Anonymous People*, and you're going to see that in Washington on October 4<sup>th</sup>. At the local level, PRO-ACT brings more than 20,000 people together in Philadelphia for their annual recovery rally. But we have yet to clearly articulate our agenda, "Mobilization to achieve what?" I think my biggest challenge has been figuring out what we are fighting for. Are we fighting to close the treatment gap, for more detox beds or treatment services, for more funding for recovery support, to end discrimination? I think we need to forge a collective agenda that we can get ourselves focused on, and find ways to accomplish it together. We all have a stake in this. If you ask recovery advocates what we would ask for if Congress granted us three wishes, you'd probably get a list of 300 things. The challenge is to boil that list down to an agenda that we can work on and build on moving forward.

**Bill White:** When you look back over your advocacy work of this past decade, what do you feel best about?

**Tom Coderre:** (Laughs) I feel good about it all, Bill. I certainly don't have any regrets, and I have so many great memories and so many great feelings about the work that we've been doing. For me, being able to go all over this country and stand up and say, "My name is **Tom Coderre** and I'm a person in long-term recovery" with pride and honor and distinction would have to be at the top of the list. And it means a lot to me that I can do that today as an appointee of the President in the federal government. I don't ever miss a chance to let people know about my story. I think that one of our biggest challenges is that people in recovery still feel too ashamed to share their recovery status. While, it's been heartbreaking to see family members sharing their experiences in response to the overdose epidemic, I'm inspired by them because they are able to

bring an important dimension to our advocacy work. I want to empower people by letting them know I went through this transformative experience in my life. I went through the tragedy of addiction in my life and I was able to come out the other side and achieve a better life.

**Bill White:** Is there any advice you would offer those who are just getting involved in recovery advocacy?

**Tom Coderre:** It's to make sure you understand that recovery advocacy isn't a program of personal recovery support. We talked earlier about me being bit by the political bug. I was also bit by the recovery advocacy bug. I got bit by that bug and I was off and running in a good way. I think that people who are trying to sustain their recovery who've been struggling in years past may not have found something that they can get passionate about. Well, this is something that you can get very passionate about and go forward and really make a big difference as long as you are taking care of your own recovery in the process. Becoming a recovery advocate has changed everything for me, and I let people know that it can change everything for them as well.

**Bill White:** Tom, thank you so much for sharing what has become your life's work.

**Tom Coderre:** I've enjoyed it, Bill. Thank you for the opportunity.

**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 (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.