

RECOVERY

*The official newsletter of the
Fletcher Group Rural Center Of Excellence*



Building Rural Recovery Ecosystems

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PROTECTING OUR MOST VULNERABLE



by Founder and Chief Medical Officer Dr. Ernie Fletcher

The shrill cries and pain suffered by babies born with an opiate addiction is heartbreaking. While we’ve progressed in managing and understanding the short-term effects of Neonatal Abstinence Syndrome, much more research is needed regarding the effect of NAS on the development of perceptual, social and cognitive skills. One thing we know for sure: early intervention can make a life-long difference for both mother and child.

I remember when philanthropist Don Ball built a novel women’s shelter in Lexington, Kentucky that became a model for the Recovery Kentucky program I later launched as governor. The experience confirmed my belief that no society can thrive without first protecting the health and safety of women and children.

This issue of our newsletter focuses on the scourge of Neonatal Abstinence Syndrome in America, particularly in the rural areas we serve. If you share our concern, please support our efforts by letting us know of others working in this field with whom we may partner to protect our most vulnerable—and most valuable—resource.



UNDERSTANDING NAS

Neonatal Abstinence Syndrome occurs when babies exposed to drugs in utero suffer withdrawal after birth. NAS has tripled over the last 15 years with a disproportionately high 600% increase in rural America.

NAS is most often caused by the intake of opioid medicines such as codeine and oxycodone. But other drugs can cause NAS, too, including heroin, amphetamines, cocaine, anti-depressants, nicotine, barbiturates, marijuana, and alcohol. Symptoms include trembling, excessive crying, problems sleeping, tight muscle tone, overactive reflexes, seizures, yawning, stuffy nose, sneezing, poor feeding, vomiting, diarrhea, sweating, and fever or unstable temperature.

So Much We Don't Know

Though 75 percent of infants exposed to opioids in utero require medical assistance, there's no uniform protocol for predicting, diagnosing, or treating NAS. Some doctors prescribe morphine, methadone, and buprenorphine to help overcome withdrawal while others insist that swaddling and skin-to-skin contact is sufficient. As for the ultimate effects, a long-term, multi-site study launched in 2014 by the National Institutes of Health is still underway.

Stigma and Punishment

Many Americans think of addiction as a treatable mental disorder, but pregnant women in the grip of addiction are often thought of as perpetrators rather than victims and can be subject to harsh punishment, depending on the region, county, and local politics.

“Pregnant women are perceived as their own special class of persons, entitled to fewer constitutional and human rights,” says Lynn Paltrow, Executive Director of National Advocates for Pregnant Women.

“There's a certain amount of prejudice against women who use drugs,” says Barry Lester, the principal investigator of a 16-year landmark study of babies exposed to cocaine in utero.

“
An opioid-addicted baby is born every 15 minutes in America.”

Shaming and punishment have the unfortunate consequence of discouraging mothers from seeking treatment at what may actually be the most opportune moment.

“Sometimes a pregnancy is when women see past their own traumas to have that clarity to move forward,” says Dr. Lauren Jansson, Director of Pediatrics at the Johns Hopkins Center for Addiction and Pregnancy. “Treatment works, especially for this population. They have a lot to gain.”



NEW SUPPORTIVE HOUSING CENTER TO ADDRESS NAS

By Grant Meyer, Fletcher Group Director of Project Management and Tim Cesario, Director of Substance Abuse Services, Cumberland River Behavioral Health

As part of our efforts to address Neonatal Abstinence Syndrome, the Fletcher Group is facilitating the construction of a new 100-bed Recovery Housing center for women in Middlesboro, Kentucky where intensive outpatient, group, and individual counseling will be offered as part of the evidence-based Continuum of Care.

Twelve Transitional Housing Units will also be constructed for women who have completed a treatment program and need a safe environment in which to live with infants, including those born with NAS.

Construction, start-up, and day-to-day operating costs will be financed by applying the innovative “Braided Funding” model pioneered by Fletcher Group Founder Ernie Fletcher when he launched the successful Recovery Kentucky program during his tenure as Kentucky's 60th governor.

A Community In Need

Middlesboro was chosen because of its high overdose rate, high CDC vulnerability rating, and the lack of any similar facility. But equally important was the presence of a well-known and highly respected mental health center. Founded in 1966, Cumberland River Behavioral Health is known for the outstanding mental health care and substance use services it provides across an eight-county area. It also shares with the Fletcher Group a belief in serving everyone in need with a holistic approach that treats "the whole person."

A Joint Effort

Two different Fletcher Group entities will be involved. Project development will be driven by RHOAR (“Recovery, Hope, Opportunity, and Resilience”), a unique program funded by a POWER Grant from the Appalachian Regional Commission which promotes economic development, health, and employment across portions of 13 states, from New York to Mississippi.

Once the facility is up and running, operations will be assisted by the Fletcher Group Rural Center of Excellence which is funded by a three-year grant from the Health Resources and Services Administration. HRSA is the primary federal agency assigned to improve access to health care for people who are uninsured, isolated, or medically vulnerable.

Safe and Sound

Built upon the Recovery Kentucky model, the new center will provide treatment, education, employment training, and social support within a self-contained, self-sustaining, peer-supported environment. The holistic, person-centric “Recovery Ecosystem” provided by the center will enable female residents to access all the services and support they need while living safely with their children.



NEXT STEPS TO SUPPORT PREGNANT WOMEN WITH SUDS

By Director of Health Initiatives Jennifer White

Pregnancy can be an exciting and magical time. But for mothers with an untreated Substance Use Disorder, fear and hopelessness can be compounded by a lack of recovery services. That's because 66 percent of women say that being pregnant is actually a barrier to obtaining help.

Discrimination

According to a recent study by the CDC, pregnant women with SUDs face discrimination not only from the general public and the media but from the medical and behavioral health providers assigned to screen and treat them. Although discrimination is pervasive, only four states have enacted laws to prohibit it.

Few Services, Especially In Rural Areas

Extensive, long-term help is needed to treat mothers and their infants diagnosed with Neonatal Abstinence Syndrome—the condition that occurs when a baby goes through withdrawal after birth. But only 19 states provide any kind of recovery program for pregnant women and scarcely any offer short- or long-term Recovery Housing. Such services are even harder to find in rural areas.

Deprived of the support and services they need, many women end up in local, state, or federal correctional facilities. A recent study shows that 54 percent of such women have never received prenatal care.

What We're Doing

To reduce NAS and support pregnant and parenting women, the Fletcher Group RCOE is currently developing two national surveys that will identify the service capabilities and needs of both rural public health departments and rural correctional systems.

The survey data will help us pinpoint three or four culturally and geographically diverse rural communities where existing services and resources can be coordinated and potentially complemented with Recovery Housing. The goal is to provide the full Continuum of Care needed to treat and reduce NAS. Successful models developed there can then be applied to other rural communities nationwide.

“
NAS and prenatal care are especially hard to find in rural areas.”

The Fletcher Group is also engaged with a wide range of national organizations, including the Association of State and Territorial Health Officials (ASTHO), the National Association of County Health Officials (NACCHO), and the Substance Abuse and Mental Health Services Administration (SAMHSA). Alignment and coordination with their good work, as well as with regional grant recipients and stakeholders, will help us foster the partnerships needed to reduce NAS while supporting the long-term recovery of pregnant and parenting women with SUDs. Newsletter readers will be regularly updated as our work progresses.