

RECOVERY

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



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LOOKING BACK ON 2021

By Founder and Chief Medical Officer Dr. Ernie Fletcher

The story told in Beth Macy’s outstanding book, “Dopesick: Dealers, Doctors and the Drug Company That Addicted America,” will soon be reaching a wider audience as a TV mini-series starring Michael Keaton as an Appalachian doctor. The series chronicles the personal tragedies of drug users, the strong-arm marketing tactics of OxyContin manufacturers, and the eventual investigations by the Justice Department and Drug Enforcement Administration.

Of course, if you're in our line of work, you already know the story personally. You know also how challenging the past year has been, besieged as we were not only by a pandemic but by an unthinkable new scourge. According to CDC data, there are now more overdose deaths from a single drug—the illegal synthetic opioid fentanyl—than there were overdose deaths from all drugs in 2016.

The statistics appearing in our “Year In Review” newsletter are staggering. And yet there is progress to celebrate as we at the Fletcher Group RCOE launch a number of new programs designed to promote Best Practices in supporting individuals in rural communities.

As always, we thank you for your support and for the amazing work you do that is needed now more than ever before.



THE YEAR IN REVIEW

Several grim records were set in 2021 that directly or indirectly affected recovery efforts in rural America: the most drug overdose deaths in a year (100,000 in the 12 months ending in April),* the most deaths from opioid overdoses, the most overdose deaths from stimulants like methamphetamine, and the most deaths from the deadly class of synthetic opioids known as fentanyl. Even before those record highs, annual drug overdose deaths had eclipsed the peak annual deaths from car crashes, gun violence, or the AIDS epidemic.†

COVID's Effect

The pandemic undoubtedly contributed to the surge in overdose deaths by increasing social isolation while disrupting outreach and treatment. But another key factor was the entrenchment of fentanyl within the nation’s drug supply as it began replacing heroin and finding its way into other drugs. Whereas a relapse a few years ago might not have been the end of the world, a single slip now, because of fentanyl, can lead to death.

No Region Spared

Deaths continued to rise in the northeast and midwest, but the biggest increases were in the south and west, regions that were previously less afflicted.

“We’ve seen a westward expansion of fentanyl,” says Christopher Jones, the Acting Director for the National Center for Injury Prevention and Control. “That just increases the pool of people who are susceptible to overdoses.”‡

No Ethnicity Spared, Either

“The vast majority of opioid overdose deaths are occurring in people suffering from opioid addiction,” says Dr. Andrew Kolodny, the Medical Director of Opioid Policy Research at Brandeis' Heller School For Social Policy and Management.§ “And among the populations of Americans who are opioid-addicted right now, we have two groups that have been relying primarily on the black market, on heroin. We have a younger group, disproportionately white people in their 20s, 30s, early 40s, that have been relying on heroin, actually switching to heroin after having first been addicted to prescription opioids. And we have an older, disproportionately black and Latino group. In these heroin-using groups of opioid-addicted Americans, the deaths have been skyrocketing because the heroin supply is now so much more dangerous because of fentanyl.”



Inadequate Treatment

“Most of these deaths are occurring in people who are addicted,” says Kolodny, “not in individuals who are saying, ‘Gee, using heroin or fentanyl would be a fun thing to do.’ These are people who are really suffering and who need help.” But help isn’t always there; while emergency room visits for opioid-related diagnoses grew by 12.3% per year from 2014 to 2017, access to treatment did not change.§

“Unfortunately,” says Kolodny, “it’s been much easier for individuals to access heroin or fentanyl than to access effective treatment. And it does appear that, as COVID hit, the ability to access effective treatment for opioid addiction became even more difficult. So if someone’s waking up in the morning and they’re already feeling sick and they know that if they use heroin or fentanyl they can start to feel better, that’s what they’re going to do, rather than seek treatment.”‡

*According to the CDC report, "Drug Overdose Deaths in the U.S. Top 100,000 Annually," November 17, 2021

† “It’s Huge, It’s Historic, It’s Unheard-of: Drug Overdose Deaths Spike” by Joshn Katz and Margot Sanger-Katz in the New York Times, July 2021

‡ Quoted in the November 18, 2021 PBS NewsHour report titled, “How the Pandemic Is Contributing to Alarming Rise in Opioid Overdose Deaths

§ The National Healthcare Quality and Disparities Report, a collaborative effort of SAMHSA and the U.S. Agency for Healthcare Research and Quality (AHRQ)

POLICY CHANGES AFFECTING RURAL RECOVERY EFFORTS

Numerous federal policy changes and initiatives were announced in 2021, including increased support for harm reduction strategies and funding for medically-assisted treatment.* For example, temporary changes have made it easier for people enrolled in methadone treatment to take doses home with them rather than visit a clinic each day, regulators have made it easier for people to seek medical care through telemedicine, and, for the first time, some federal funds† can now be used to buy needles and syringes for exchange programs and to purchase rapid fentanyl test strips to check whether drugs contain fentanyl.

Other big changes affecting rural recovery efforts include:

- The Biden Administration's "American Rescue Plan" has invested nearly \$4 billion so that SAMHSA and HRSA can expand access to vital mental health and substance use disorder services.
- A new "Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder" released by the Department of Health and Human Services removes a critical barrier to physicians prescribing buprenorphine.
- The Drug Enforcement Administration (DEA) has lifted a decade-long moratorium on opioid treatment programs that wish to include a mobile component. This will be particularly helpful to rural and other underserved communities as well as incarcerated individuals.
- The CDC launched four complementary education campaigns that provide information about the prevalence and dangers of fentanyl, the risks and consequences of mixing drugs, the life-saving power of Naloxone, and the importance of reducing stigma.
- The Office of National Drug Control Policy (ONDCP) is supporting the establishment of state-level model legislation that will help expand access to harm reduction services and equitable access to treatment and drug enforcement in underserved communities.
- ONDCP also announced a model law for state legislatures to help ensure that opioid litigation settlement funds are directed to addiction services with public accountability.
- The DEA launched a "One Pill Can Kill" public awareness campaign and a major enforcement operation to rid American communities of counterfeit pills laced with deadly fentanyl.



The Coming Year

President Biden's FY22 budget request calls for a \$41 billion investment for national drug program agencies, a \$669.9 million increase over the FY2021 enacted level. The largest increases in funding will be for critical public health interventions to expand research, prevention, treatment, harm reduction, and recovery support services, with targeted investments to meet the needs of populations at greatest risk for overdose and substance use disorder.

The Effect

Scholars say the new initiatives and funding will help, but Regina LaBelle, Acting Director of the Office of National Drug Control Policy, cautions that improvements may come slowly. "In a year, I hope some of the regulatory revisions have been extended," says LaBelle. "I think it's more five to ten years when we'll start seeing more of the fruit of our labors."‡

* The programs and dollar amounts described on this page are taken from a list of Biden Administration public policy changes that can be found at <https://www.whitehouse.gov/ondcp/briefing-room/2021/11/17/fact-sheet-actions-the-biden-harris-administration-has-taken-to-address-addiction-and-the-overdose-epidemic/>

† Specifically, a portion of the funds authorized by the Biden Administration's 2021 "American Rescue Plan," also called the COVID-19 Stimulus Package.

‡ Quoted in the New York Times, July 14, 2021

OUR IMPACT

The Fletcher Group's work as a Rural Center Of Excellence supported by HRSA can be divided into four main categories:

- 1. **Evidence-Based Best Practices** are disseminated to help rural public health entities, practitioners, and leaders address SUD and OUD challenges, including prevention, risk reduction, treatment, and recovery.
- 2. **Recovery Housing Technical Assistance** based on the evidence-based and peer-driven Recovery Kentucky model of housing established by Fletcher Group Founder Dr. Ernie Fletcher when governor of Kentucky.
- 3. **Treatment and Recovery Housing Options** to benefit low-income, high-risk individuals, including those who are homeless or involved with the criminal justice system.
- 4. **Original Research** to evaluate and disseminate findings in order to promote effective Recovery Housing.

Why Recovery Housing?

With drug overdose deaths jumping by more than 20,000 last year,* the need for safe, effective recovery support services, including Recovery Housing, is greater than ever. That’s especially true in rural communities where few resources are available to counter the higher rates of SUDs, morbidity, overdose, and mortality found there.

Two Examples

With community support, the "Recovery Ecosystem" model of recovery housing promoted by the Fletcher Group RCOE provides a complete Continuum of Care,

31 staff members in 3 different states

25% with self-disclosed lived experience

including training, meaningful employment, transportation, child care, and social connections.

One example is the Middlesboro Women’s Center in Kentucky, conceived in April of 2019 and scheduled to break ground this coming spring. It will provide 112 women with housing and all needed support services, including education, career planning, family reunification, Telehealth, and remote education.

Another example is Scoobies House in Polson, Montana, an SOS (Safe Off the Streets) House sponsored by NARSS (Never Alone Recovery Support Services) and the only recovery house in Polson, Montana.

“My kids motivate me,” says Nekota, a 32-year-old resident who credits his success to the peer support program. "I have one more on the way so I need to figure this out. It’s time to do something different.”

* According to the CDC
**Including trainings, webinars and course



COMING SOON IN 2022

The year ahead will be an exciting one at the Fletcher Group Rural Center Of Excellence as we inaugurate several promising new initiatives.

The RCOE Learning Center

In development since April of 2019 and scheduled to launch this coming spring, the RCOE Learning Center will feature four key components:

- 1. **Training in Rural Recovery Services and Operations**, including MOUD, justice-involved, co-occurring, care coordination, and medication-supported recovery.
- 2. **Training in Rural Recovery House Management**, including staff training, leadership skills, certifications, policies and procedures
- 3. **How To Establish Rural Recovery Housing**, including business planning, housing laws, how to handle NIMBYism, how to fight stigma, proforma and financial plans, and housing laws.
- 4. **Rural Recovery Housing Supportive Services**, including family services, employment, education, and administration of Naloxone.

Classes offered under four major Best-Practice categories and 20 sub-categories will include, for example, classes in Business Planning, Housing Laws, How to Handle NIMBYism, RH Certifications and Staff Credentialing, RH Policies and Procedures, Hiring and Staffing, Care Coordination, Co-Occurring Conditions, Drug Testing, MOUD, MAT/MAR, Justice and Correctional Initiatives, Financial Literacy, and Self-Care.

The **Housing Registry** will have a national reach and will include a profile for each registered residence, their website, phone number, hours, services, geographic area, bed availability, and accreditations. Over 1,100 recovery residences have already been identified for inclusion in the launch.


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Major BestA
Practice AreasA


20
Best PracticeA
Sub-CategoriesA


75+
Best PracticeA
Courses PlannedA

How It Works
Recovery residence operators will "claim" their home on the RH Landing Page where they'll complete their profile, determine the information they choose to publish, and authorize staff access.

