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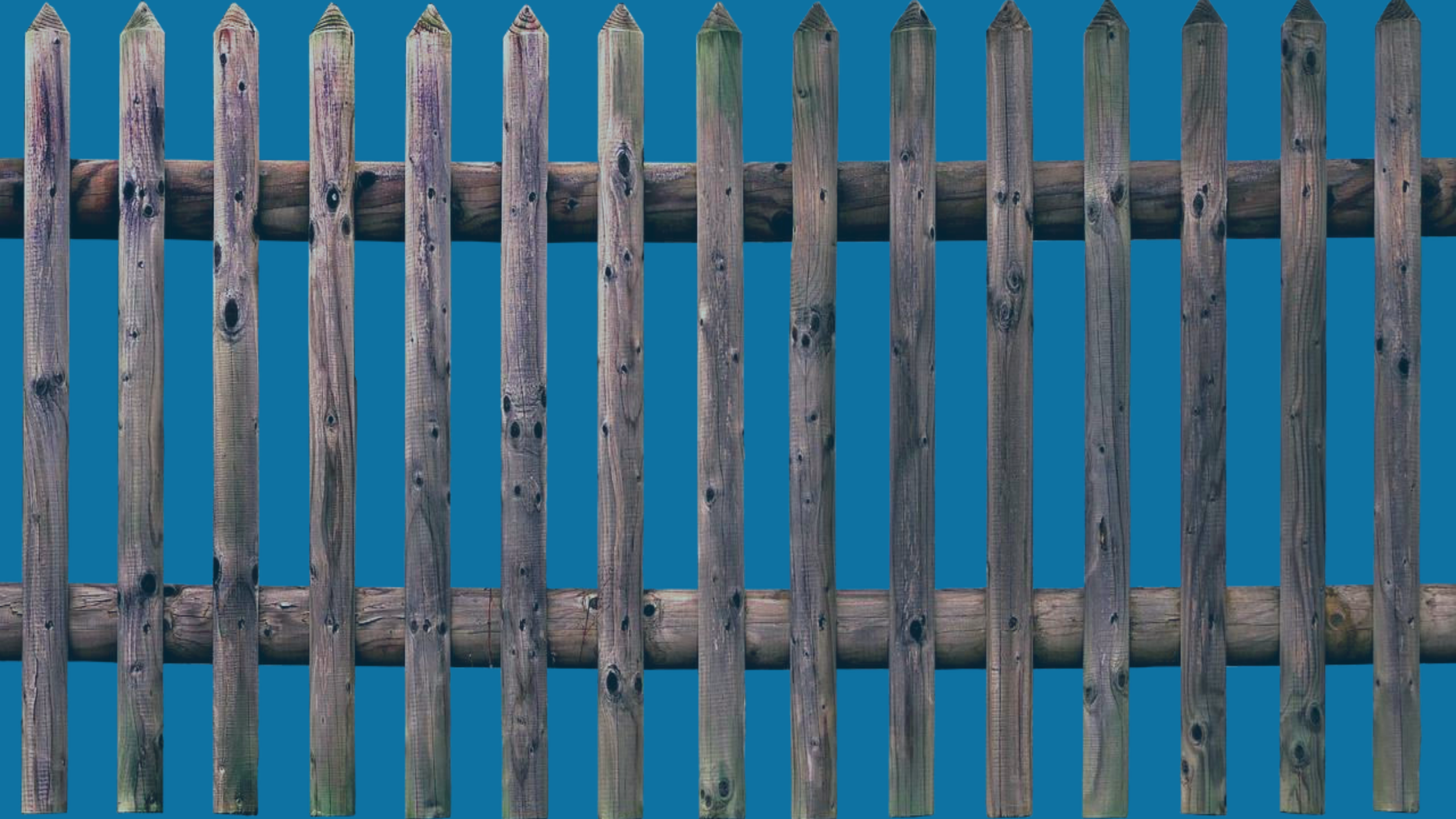
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NIMBY: “Not In My Back Yard”

Challenges in expanding Recovery Housing in Rural Communities

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What or Who is not wanted in the back yard?

- Crime
- Drug Dealing
- Lowering of property values

What drives Drug Dealing and Crime?

- Addiction
- Alcoholism
- Drugs of misuse
- Substance Use Disorders

Substance Use Disorders

In some human beings' substances of misuse create such a powerful experience that the individual's mind can become obsessed with remaining in the altered state caused by that substance. (The wet or dry substance)

Substance Use Disorders - Alcoholism

“Alcohol use disorder (AUD) confers a prodigious burden of disease, disability, premature mortality, and high economic costs from lost productivity, accidents, violence, incarceration, and increased healthcare utilization.”

Kelly_JF, Humphreys_K, Ferri_M.
Alcoholics Anonymous and other 12-step programs for alcohol use disorder.
Cochrane Database of Systematic Reviews 2020, Issue 3. Art. No.: CD012880.

SUD History - Alcohol

"By 1830, the average American over 15 years old consumed nearly seven gallons of pure alcohol a year – three times as much as we drink today – and alcohol abuse (primarily by men) was wreaking havoc on the lives of many, particularly in an age when women had few legal rights and were utterly dependent on their husbands for sustenance and support."

PROHIBITION –

A Film by Ken Burns & Lynn Novick

A little SUD History - Criminalization

“Wreaking havoc on the lives of many...”

The **HAVOC** is a symptom of a substance use disorder:

- The media sensationalizes and stigmatizes a symptom
- Politicians have used the symptom as a political cudgel to present themselves as “tough on crime”
- Laws have been created to treat a symptom
- With the creation of Law’s, the symptoms of addiction have been criminalized
- With criminalization, the human being with a SUD is marginalized as a criminal
- Jails, Prisons and other institutions have been “misused” and expanded to treat a symptom of a condition they were never equipped to handle

NIMBY - Not In My Back Yard

Not In My Back Yard is an attempt to keep the symptoms of substance use disorders out of the community.

The fear that this residence, organization, and the people seeking recovery and recovery services will negatively affect the quality of the neighborhood, its homes, and families.

People with a substance use disorder are already in the community and are reluctant to seek assistance based on:

“Drug-related impairment is persistently stigmatized, delaying and preventing treatment engagement.”

“Substance use disorders (SUD) – and opioid use disorders (OUD), in particular – are among the most stigmatized conditions in psychiatry and, indeed, throughout societies more generally [1-4]. Such stigma leads to fears of discrimination and negative repercussions that prevent or delay sufferers from seeking treatment leading to greater morbidity and mortality risk.”

A US national randomized study to guide how best to reduce stigma when describing drug-related impairment in practice and policy

John F. Kelly^{1,2}, M. Claire Greene³ & Alexandra Abry¹

What or Who are we trying to keep out?

No section of our society has been able to isolate itself from the devastating effects and consequences of addiction and alcoholism. No amount of money, power, or societal prestige can insulate a community from it.

What or Who are we trying to keep out?

Recovery-Oriented

*“Words are important.
If you want to care for something,
you call it a flower;
if you want to kill something,
you call it a weed.”*

- Don Coyhis
- President and Founder
- Of White Bison, Inc.



What is Recovery Housing?

Recovery is a process that doesn't happen overnight; all quality processes require time.

Many people have completed short-term treatment or have received SUD services as a justice-involved individual due to a SUD-related issue.

In many instances, these persons do not have the personal resources to afford a safe, reliable place to reside while seeking long-term recovery.

What is Recovery Housing?

Providing humans with a structured, consistent, “Recovery First” living environment while the resident seeks recovery services and participates in a mutual aid fellowship tailored to lead residents to long-term recovery redirects from the “**Havoc**” created from an active SUD to a life free of substances.

What is Recovery Housing?

Creating and maintaining an open, safe & inclusive setting reflecting warmth, promoting connection, and belonging are essential elements of peer-led, peer-driven, social model recovery homes. Recovery is a reality and enhanced in the right environment. Recovery housing is that environment.

Recovery is enhanced in an environment that is:

- Alcohol and drug-free
- Free of violence, threats of violence & bullying
- Free of slurs or innuendo
- Free of sexual conduct
- Free of stealing
- Free of gambling

Recovery is enhanced in an environment where:

- Recovery is viewed positively
- People are welcomed instead of indoctrinated, where there is a sense of belonging, hope, connectedness, purpose
- Residents are taught to practice recovery principles in every life/living situation that arises in the home
- “Ask vs. Tell / Requests vs. Demands”
- Owners, Operators, and Peer Staff Manage the environment, not the people

Principles - successful social model residences:

1. Physical environment – A Non-Institutional or Clinical setting
2. Staff Role – Interact as Peer's to encourage and empower residents
3. Authority Base – Peer-Staff's' credibility and trustworthiness comes from their Recovery/Experiential knowledge

Principles - successful social model residences:

4. View of dealing with SUD – SUD's are viewed as being centered in the shared relationship between the individual and their recovery society
5. Governance – Empower resident ownership through the governance of house guidelines
6. Community-Oriented – Residents are encouraged to seek out recovery-focused relationships and resources in the surrounding community

Principles - successful social model residences:

“The social model approach to alcohol and drug problems shifts the focus to the household and community environment as a way to foster a culture of recovery. Residents are invited to draw on the strengths of the household and utilize peer support to shed their addictive lifestyle and reconstruct their self-identity as a person in recovery. Because recovery is a reality that is exemplified by recovering peers and their staff, recovery grows out of hope and results in a process of self-redefinition and the rebuilding of life in the community.”

Principles - successful social model residences:

“Central to a social model perspective is maintain a focus that emphasizes the quality of the household as a recovery environment rather than focus primarily on individual residents. Although there are some differences related to understanding and addressing issues between NARR levels, much of what promotes social model is relevant to all four levels.”

Maximizing Social Model Principles in Residential Recovery Settings

Douglas Polcin, Ed.D.^a; Amy Mericle, Ph. D.^b; Jason Howell, M.B.A., P.R.S.^c; Dave Sheridan & Jeff Christensen, B.S.^d

(NARR) – National Alliance for Recovery Residences

- The National Alliance for Recovery Residences has developed national standards to provide guidance and consistency to monitor the health, safety, operation, and guide recovery house operators and peer-staff to facilitate social model recovery homes.
- NARR offers four levels of support

(TN-ARR) – Different standards for different levels of support / service



A. Prepare Early

- Because familiarity is associated with improved outcomes, recovery house owners, operators, and their allies are to organize formal interaction with community members, neighbors, local and state officials, and the recovery service providers in the area. The outcome depends on what you do before NIMBYism kicks in as it does after.

NIMBY – Best Practices

B. Address legitimate concerns

- Respond earnestly to all concerns. The opposition that persists can then be characterized as inappropriate, arbitrary, or capricious.
- Strategies commentary on structure. (NARR Standards / Social Model & Peer-Accountability)
- “The recovery home facilitators, structure and guidelines are in place to minimize any resident inappropriate behavior but, if a resident is inappropriate, please tell us!”

NIMBY – Best Practices

C. Recruit Allies

- Local knowledge is the key to success, so honor and defer to local stakeholders (Recovery Advocates). They are your only way of thoroughly understanding the community's unique culture, history and people.
- Include members of the local recovery community who would be willing to share their lived experience in recovery. (Persons in recovery, their family members and loved ones.)

NIMBY – Best Practices

D. Start Now

- Begin as soon as possible to identify and bring together the community leaders who can mobilize support onboard. While your at it, identify potential opponents. Everyone likes to being recognized and understood, and knowing their values, beliefs, and goals can pay off in unexpected ways.

E. Engage local leadership

- Well-known and well-trusted leaders must be the official “face” of your development to prevent allegations that outsiders are manipulating and profiting from locals.

NIMBY – Best Practices

F. Organize

- Enlist your allies to form an official NIMBY Committee. They are best equipped to keep the lines of communication open and anticipate local concerns; ask the committee to:
 1. Build a case as to how the community can support the project.
 2. Develop and manage a community engagement strategy that involves locals in the planning process.
 3. Identify and enlist community partners to address all concerns raised by residents.
 4. Create and maintain a favorable profile in the community.

NIMBY – Best Practices

G. Anticipate

- It's easy to be an armchair quarterback; much harder to anticipate barriers and prepare to meet them. It's clear that the more prepared you are, the fewer surprises you'll run into later.

H. Showcase successes

- Document positive outcomes with facts and data, but remember that video and personal testimonials from residents and local-officials – police officers, mayors, judges, and health officials – are even more powerful.
- Strategies for in-person testimonials.

NIMBY – Best Practices

I. Stress Public Safety

- Proactively explain how you'll be a responsible owner and good neighbor because of the structure provided within the residence and the accountability required for the residents to remain in the home. Counter accusations of drug dealing, violence and crime by showing how the social model and resident accountability will make the facility the least likely place in town to find those things.

NIMBY – Best Practices

J. Communication and Media Relations

- Identify your key messages, repeat them often, and use a wide range of media to get your message out. Request and help local journalists to write a series of in-depth articles based on interviews with people in recovery. When your project is announced later, readers will be far more likely to endorse it, and the reporter will be less likely to misinform or polarize.

NIMBY – Best Practices

K. Public meetings

- It's easier for moderators to maintain an environment of mutual respect on Zoom. Public meetings are another story, especially if someone is there to hijack the mic and intimidate participants. Publish clear rules in advance and take steps to ensure they will be adhered to.

L. Take the High Road

- Like recovery itself, the creation of Recovery Housing is a “process” Though detractors may strike you as irrational, treat them with respect. It can help to know their position as well as they do, even if you disagree.

NIMBY – Best Practices

M.Remain Hopeful!

- Being immersed in a NIMBY controversy can be confusing, frustrating, infuriating, and depressing. But it's still an opportunity to build awareness, understanding, and support. Living to fight another day is not the worst outcome, especially if you learn from it.

NIMBY – Best Practices

1. “I suspect, Mr./Mrs. _____ that you believe strongly in discipline, responsibility, and accountability. But there’s none of that when you live on the streets or couch-surf with others who use drugs. Wouldn’t it be better if they were in a structured environment where they have to answer to peers who can’t be fooled? Wouldn’t that kind of accountability be better than the current permissiveness that expends taxpayer dollars on endless emergency room visits and jail stays?”

NIMBY – Final Points

2. Last but not least, let it go. Remember that a respectful draw can be a victory. Even if you didn't get what you came for, participants saw that you were professional, principled, polite, and level-headed—someone they know they can work with when the bell sounds for the next round.

NIMBY – Final Points

- A. NIMBYism exists everywhere, but in a rural setting, it can be more concentrated and intense due to the intimate nature of these communities. Following best practice guidelines can help your project avoid/minimize or successfully cope with NIMBY issues.
- B. Planning for possible NIMBY issues when starting your path down the development of rural recovery housing. Utilizing the tools, you learned during this session will help your project navigate these issues effectively.

NIMBY – Conclusion

- A. The US Department of Justice, Civil Rights Division has “The Americans with Disabilities Act and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery. This act prohibits discrimination against people in recovery from OUD and are not engaging in illegal drug use. The protection extends to those who are taking legally prescribed medication to treat their OUD.
- B. This Act can be referenced when planning for NIMBY and residents will be allowed to use OUD meds while living in the residence.

ADA Considerations



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