



Life saver: Narcan, a nasal spray form of naloxone, can be used for the emergency treatment of a known or suspected opioid overdose. / Photo - M. Wade/NRVCS

Life-saving medication helps prevent opioid overdose deaths

BLACKSBURG - While it may not be a cure for addiction, the prescription medication known as naloxone does have the potential to slow down the rapidly growing number of deaths caused by opioid overdose.

The key is getting more people trained to administer it.

Naloxone has been available for decades but up until now it has been used primarily by emergency medical professionals. Still, the medication is credited with saving more than 26,000 lives in the U.S. since 1990.

Last November, in response to Virginia's opioid crisis, State Health Commissioner, Dr. Marissa J. Levine, issued a standing order that now allows anyone in Virginia to obtain a prescription for naloxone.

With this in mind, a number of NRVCS staff have been trained to not only administer naloxone but to also train others on how to use the medication. Pat Walker, a

See NALOXONE on Page 2

New Life Recovery Center taking new approach to treating addiction

FAIRLAWN - Since first opening its doors in February 2000, the New Life Recovery Center has treated hundreds of local residents living with substance use disorders.

Seventeen years later, the program is evolving to better meet the needs of local residents who are battling addiction.

"We've made some significant changes," notes NRVCS Clinical Program Manager Glenn Mathews. "The '30-day residential' concept is gone. A person's length of stay at the facility is now based on clear admission criteria, their ability to make progress within the program, and if they meet identified criteria for a successful discharge."

Mathews adds that New Life's philosophy is client-centered - providing treatment that meets clients where they are in their journey of recovery.

New Life will utilize an increased level of peer support, relying on the skills and insight of individuals who are in recovery.



New Life Recovery Center / File photo

Mathews says clients of the program will also be exposed to a wider variety of community-based supports and that the program will offer more evidence-based clinical services that address issues like trauma and mindfulness.

Space for a detox bed is also being constructed at New Life and Mathews hopes that service will be ready by the end of

See NEW LIFE on Page 2



Reasons to quit: Kim Curtis, a Case Manager and Peer Support Specialist at NRVCS, reviews the dangers of smoking with a group of expectant mothers as part of the SCRIPT (Smoking Cessation and Reduction In Pregnancy Treatment) program, which is made possible through a grant partnership with the Virginia Department of Health's New River Health District. See Page 3 to learn about other ways NRVCS is helping local mothers who are living with addiction. / Photo - M. Wade/NRVCS

Drug Court program continues to expand in New River Valley

PULASKI - It hasn't been that long ago that there were once no Drug Courts in the New River Valley. When Montgomery County launches a pilot of its Adult Drug Court Treatment Program later this month, it will become the area's fourth in a period of less than three years.

Montgomery County's Drug Court will join Pulaski County - the jurisdiction that first got the program started locally - along with Giles and Floyd counties. According to NRVCS Drug Court Program Coordinator Lori Trail, the existing programs currently have a combined enrollment of nearly 20 non-violent drug offenders.

"It's going really well overall," says Trail. "The community connections the clients have been able to establish through this program have helped them not only get a second chance at hopefully a better life, but an opportunity to experience some really remarkable changes in themselves."

The Pulaski County program has already had two graduates, both of whom are not only clean and healthy, but also productive and employed tax-paying citizens. Trail adds that several of the 13 participants currently enrolled in Pulaski County are also nearing completion of the program.

In fact, Pulaski County officials have been so pleased with the program that they recently allocated a small amount of funds to help participants access housing - often a huge barrier for individuals in recovery.

"That funding has helped us tap into

See DRUG COURT on Page 4



Recovery Dojo: Joe Klein, an outpatient clinician with NRVCS, poses in the room at New Life that is home to the "Recovery Dojo" day treatment program. / File photo

New Life

from Page 1

the summer.

"The detox bed completes our full continuum of services - from prevention to detox," explains Mathews. "Historically, we have outsourced detox but this promotes a pattern where the individual may leave detox and fail to follow up with the next step in care and, as a result, can relapse again - setting in place a dangerous cycle."

Another change at New Life is the addition of a day treatment program designed to serve individuals who may not need the controlled environment of a 24-hour/residential program but may need more structure than what is provided through NRVCS' intensive outpatient program.

Known as "Recovery Dojo," the program can serve up to ten individuals, providing them with intensive group therapy and recovery skills training for six hours per day (12 noon - 6 p.m.), every Monday through Friday.

NRVCS outpatient clinician Joe Klein, who is credited with creating the "Recovery Dojo" program, says it challenges participants to practice new daily habits of things like eating, exercising, resting, working, thinking and creating, as well as how to relate to others. Two core components of the program are training in evidence-based mindfulness skills and health coaching in exercise and nutrition choices that aid in recovery from addiction.

While the changes at New Life will no

“...we are trying to fight a forest fire with a garden hose...”

doubt enhance the quality of services provided, Mathews acknowledges that agencies like NRVCS are facing an uphill battle in light of the current opioid crisis.

"We've spent the last two years building one of the best continuums of care in the state," Mathews declares. "Yet, we are trying to fight a forest fire with a garden hose."

"So many people are dying as the potency and availability of opiates increases," concludes Mathews.

Naloxone

from Page 1

Registered Nurse with NRVCS' Psychiatry Services team, is one of those trainers.

"We're trying to tell everyone about it," Walker says. "Internally, we've been working on training staff in different programs and areas of service, as well as clients in some of our outpatient groups."

Walker points out that kits of Narcan are now maintained at the front desk of each NRVCS clinic and that program staff who do home visits are often carrying kits with them.

"It's very simple to use - basically like any other nasal spray - and Medicaid will now cover the cost," adds Walker. "So, we're going to begin working one-on-one with our high-risk clients and their families to make sure they not only know how to use it, but that they have it readily available in their homes."

If your organization is interested in being trained in administering Narcan, please contact Mike Wade at mwade@nrvc.org for more information.

Helping new, expectant mothers overcome challenges

By Mike Wade / NRVCS
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Even in 2017, stigma is still a very real issue for many who live with substance use disorders. For women who happen to be addicted and also pregnant, that judgement and lack of empathy can be devastating.

“Most of the time, women in this situation feel a real sense of shame and guilt,” explains Cora Taylor, a Clinical Program Supervisor with NRVCS’ Special Deliveries Program. “Unfortunately, they are also often reluctant to seek help for their substance use disorders because they’re afraid of losing custody of their children. While that isn’t true in most cases, it does prevent plenty of women from seeking treatment.”

Special Deliveries is a weekly case management program based on a home visitation model of service for prenatal women and families with young children. The program specifically works with women and families who have needs regarding substance use disorders, mental illness, and parenting.

Women who are expecting or those who have delivered within the past ten days that are also addicted are considered a priority population for NRVCS - meaning they



Providing support: Cora Taylor, Clinical Program Supervisor with NRVCS’ Special Deliveries Program, says the majority of women served by the program are faced with a myriad of issues - including stigma. / Photo - M. Wade/NRVCS

are enrolled in services within 48 hours of making contact with the agency.

Taylor explains that women in the program are often faced with a myriad of issues in addition to their addiction. Many times, those problems can be generational.

“Most of them have experienced trauma of some type,” Taylor notes. “They are usually at a high risk of relapse, have very little support and quite often struggle with things like stable housing and abusive rela-

tionships.”

Taylor indicates that there are currently 185 women enrolled in the program across the five jurisdictions served by NRVCS. While not every one of them has a primary diagnosis of a substance use disorder, she says it is prevalent among those receiving help. In fact, the New River Valley has one of the highest rates of neonatal abstinence syndrome (NAS) in Virginia. NAS is a group of problems that occur in a newborn who was exposed to addictive opiate drugs while in the mother’s womb.

To help address these issues, NRVCS staff has been working closely with Carilion Clinic’s OB/GYN teams, including Dr. Kimberly Simcox.

“We’re trying to meet our clients where they are,” says Taylor. “We want to help get them to where they can hopefully break that cycle.”

“We give them the tools in their toolbox to do that,” she adds. “Eventually, we hope they go from feeling like they *have* to be clean to *wanting* to be clean.”

Grant program looks at community need, increasing awareness

The Strategic Prevention Framework-Partnerships for Success (SPF-PFS) is well into the second year of a five-year grant designed to target prescription drug misuse and heroin overdose in the New River Valley. Pulaski Community Partners Coalition (PCPC) is the lead coalition for implementation of the local effort.

The focus thus far has been on defining specific communities that are struggling with this issue. To help find some of those answers, the team recently completed a Young Adult Survey targeting 18- to 25-year-olds living, working, and/or attending school within the New River Valley. The survey asked a series of questions surrounding the perception of use and risk associated with alcohol, prescription drugs and heroin.

PCPC members and other community stakeholders met on March 29 to begin establishing an action plan that will enhance efforts to address opioid/heroin issue within the region. They will hold a follow-up meeting in Pulaski on May 16.

Suboxone proving to be effective in treatment of opioid addiction

BLACKSBURG - Medication Assisted Treatment (MAT) may have its skeptics - even outright critics - but at least one local medical professional says the approach is having a positive impact on the lives of some New River Valley residents.

Dr. Circe Cooke, a psychiatrist with NRVCS, says the agency currently has approximately 50 clients who have been prescribed suboxone, a controlled medication that treats opiate addiction. Some object to the use of the suboxone because it consists of a form of opioid.

“The difference is that suboxone is a medication that effectively treats individuals with opioid addiction,” explains Dr. Cooke.

She adds that clients on suboxone must be routinely screened for other

substances and that they are also involved with other forms of treatment, including intensive outpatient therapy.

Dr. Cooke notes that suboxone helps lower the risk of overdose as well as the criminal activity that individuals typically become involved with in order to satisfy their addiction.

“There are studies which show that opioid dependence doesn’t ever truly go away,” notes Dr. Cooke. “So, it’s possible that some clients might take suboxone indefinitely.”

“But once people no longer need to spend their lives trying to obtain a drug, they can begin spending more time getting other aspects of their life together that were once less important than their addiction,” she says. “As a provider, it’s very rewarding to see those changes.”

Pritchett named Executive Director

The NRVCS Board of Directors has named James Pritchett, LCSW, as the organization's new Executive Director, effective March 1. Pritchett succeeds Interim Executive Director Rosemary Sullivan, who has retired after more than 30 years at NRVCS.

Pritchett has been employed by NRVCS since 2006, most recently serving as Director of the agency's Crisis & Family Services Unit. He earned his undergraduate degree from Wingate University and a Masters of Social Work degree from Radford University. A resident of the New River Valley since 1999, Pritchett has vast professional experience in both direct service and program management in the public and private sector.

Aside from being a Licensed Clinical Social Worker, Pritchett is also a Certified Prevention Professional and holds a certification in Critical Incident Stress Management.

"I look forward to both the opportunities and challenges that will no doubt be asso-

ciated with this position," noted Pritchett. "I'm fortunate to have had the experience of being connected to our organization at various levels over the years, working directly in several different areas of our continuum of care. I think having that insight will ultimately help me make informed decisions that are in the best interest of our agency, our staff and the individuals we serve."

"James brings a wealth of knowledge to the position and will be able to hit the ground running," said Joe Young, NRVCS Board Chair. "Mr. Pritchett has also proven to be a leader that is connected to the community stakeholders and he is committed to our organization staying relevant and cutting-edge in an ever-changing profession."



Pritchett

Drug Court

from Page 1

community resources that give our participants a safe place to stay and in environments that support recovery," adds Trail.

Based on sentencing guidelines, the total projected cost savings for the Pulaski County Drug Court stands at \$224,176 to date. That figure does not include participants who have terminated from the program, or the three newest participants that have yet to receive sentencing guidelines.

Pulaski County Drug Court participants have also completed 3,702.25 hours of community service since the program began. Based on minimum wage (\$7.25 per hour), that equates to \$26,841 in free labor being given back to the community.

Trail also notes that NRVCS and officials with both Giles and Floyd counties have recently applied for a pair of federal grants that would help expand the Drug Court programs in those communities. Announcements about those grants are expected later this year.