



Virginia Rural Health Plan

Behavioral Health, Substance Use Disorder, Recovery



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Behavioral Health, Substance Use Disorder, Recovery

Overview

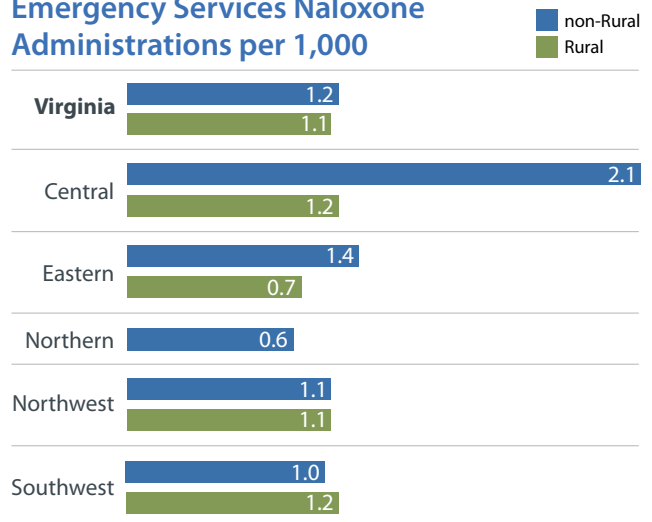
Substance use disorder (SUD) is defined by the World Health Organization as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs (1). When substance use disorder is severe, it is considered addiction, a brain disease that is manifested by compulsive substance use despite harmful consequences, and can take over a person's life (2). Substance use disorders continue to disproportionately affect rural communities, challenging the previous stereotype that portrayed substance use disorder as an urban problem. However, addiction often presents differently in rural communities than in urban counterparts. Addiction is a life-long disease that impacts people of all ages and walks of life. In rural Virginia, addiction has proven to reshape family dynamics, hinder economic prosperity, contribute to the spread of infectious disease, increase crime, cause health issues for expecting mothers and their babies, and carry a harmful stigma.

Limited resources and the stigma surrounding substance use disorder makes accessing treatment and support during recovery difficult, especially in rural communities. People with substance use disorder may avoid or delay seeking treatment due to a lack of anonymity or fear of judgement. When someone with a substance use disorder does seek treatment, it can be challenging to overcome barriers such as inability to pay, limited services covered by insurance, lack of healthcare professionals and treatment centers, long waiting lists, potential of legal consequences, and many misconceptions about addiction. In order to address these challenges, rural Virginia communities demonstrate their resilience by providing education and treatment-based resources to people with a substance use disorder.

Overdoses occur at a higher rate in rural areas compared to non-rural areas.

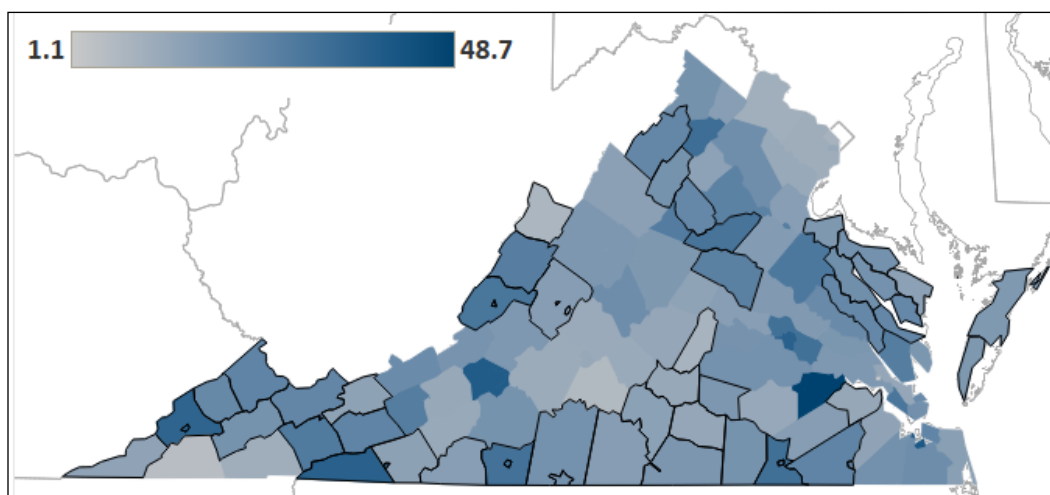
In 2019, the typical rural county experienced, on average, 17.1 Emergency Department (ED) visits for overdose per 100,000 residents and 9.8 per 100,000 residents for opioid overdoses. By comparison, the typical nonrural county experienced 14.5 overdose visits per 100,000 residents, including 7.5 opioid overdose visits per 100,000 residents. Despite this, Virginia's Emergency Medical Services report slightly higher Naloxone administration rates in non-rural areas. This disparity affects all regions of the state, but stands out in the Central and Eastern Health Planning Regions.

Emergency Services Naloxone Administrations per 1,000



Source: Virginia Department of Health, Office of Emergency Medical Services, 2019

Monthly Emergency Department Overdose Visits per 100k Residents



Source: Virginia Department of Health Syndromic Surveillance, 2020

Leading Practices and Approaches

Whenever possible, examples of leading practices and approaches were taken from rural Virginia communities. Otherwise, examples were gathered from localities with comparable demographic characteristics.

Appalachian Substance Abuse Coalition for Prevention, Treatment, and Recovery

Need addressed: Southwest Virginia has experienced a higher rate of substance abuse compared to the rest of the Commonwealth in recent years. The reasons for this can be attributed to lack of access to health care, healthcare providers who lack substance abuse training, and stigma in small, tight-knit communities (3).

Approach: The Appalachian Substance Abuse Coalition (ASAC) for Prevention was created to prepare communities in Southwest Virginia to address the substance abuse epidemic. ASAC achieves this goal through strategic planning and follows the Substance Abuse and Mental Health Services Administration (SAMHSA) model for Strategic Prevention Framework (SPF). This framework is simply a planning process aimed at the prevention of substance abuse, which is highly effective when a community's needs, formed from the basis of statistical data, are well-understood (4).

The strategic planning used by ASAC includes a coalition of stakeholders representing civic organizations, faith communities, youth groups, law enforcement, schools, tribal governments, religious organizations, and many other entities that participate in reducing substance abuse (5).

ASAC reports it has helped many people through strategic planning and dispersal of federal grants. After years of serving the Central Appalachian area, ASAC determined that drug courts provide the highest rate of success for those who complete the entire program (5). Likewise, ASAC notes that not every medical treatment program will fit every person with substance abuse disorder, and faith-based recovery programs can be helpful to reach sobriety.

Outcome(s): ASAC is composed of over two hundred members whose strategic planning efforts and organized training events have made the difference in countless lives in the Appalachian region of Virginia. ASAC also serves as the consortium of ten substance abuse coalitions throughout the southwest region (5). The organization has allotted millions of dollars in federal grant money to various substance abuse programs, health care provider education sessions, drug drop-box programs, and REVIVE! training for families (5).

Council of Community Services: Comprehensive Harm Reduction (CHR) Program

Need addressed: When an individual with substance abuse disorder uses needles to self-administer drugs like opioids, the risk of transmitting disease increases drastically. A 2018 study that evaluated the available literature relating to needle and syringe programs (NSP) found that NSP services have an important role to play in improving human immunodeficiency virus and hepatitis C virus prevention efforts across the world (6).

Approach: The Council of Community Services has created a Comprehensive Harm Reduction (CHR) Program to address substance use in the Appalachian, Danville, and Roanoke regions. Individuals with substance abuse disorder are able to enter a Drop-In Center office and exchange needles and syringes, as well as receive HIV and Hepatitis C testing, wound care kits, and assistance with accessing care. The Drop-In Center also offers contraceptives and informational brochures (7).

Outcome(s): CHR programs have protected rural Virginia communities from experiencing more severe outbreaks of dangerous, viral diseases. The Drop-In Centers effectively collect and dispose of hazardous medical waste, and also offer patients a five session program named CLEAR (Choose Life! Empowerment, Action, Results!). This program helps patients set goals, adhere to a daily routine, and create a pathway out of substance use (7).

The Virginia Lock and Talk Program

Need addressed: Rural areas experience disproportionately high rates of opioid abuse compared with urban areas. This may be attributed to reported higher levels of pain, higher unemployment rates, lower education, and overall poorer health (8). Rural individuals who use opioids other than prescribed often receive the drugs via prescriptions, revealing opportunities for improvement in how physicians identify signs of opioid misuse and how pharmacists dispense the drugs.

Approach: The Virginia Lock and Talk program focuses on reducing suicide and substance by supplying individuals with free lock boxes to secure drugs and guns. The program provides education on how to secure lethal means and encourages participants to take a regular inventory of their drugs. Lock and Talk also trains Crisis Intervention Team (CIT) officers who have helped install medication drop boxes across the Commonwealth of Virginia in order, to limit access to drugs for overdose and abuse (9).

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Outcome(s): The Virginia Lock and Talk Program focuses on preventing suicide and drug overdose by ensuring that firearms and prescription drugs are harder to access for those with mental health concerns and substance abuse disorder. In 2019, the program distributed 6,500 locking medication boxes and handed out 77,000 tip cards containing poison control information to pharmacy customers (9).

East Tennessee State University Addiction Science Center

Need addressed: The Appalachian region of the United States, spanning rural areas from New York and Pennsylvania to Georgia and Alabama, reports that its residents are over 60% more likely to die from drug overdose than other U.S. residents (10).

Approach: The East Tennessee State University (ETSU) Addiction Science Center recently partnered with West Virginia University (WVU) and Virginia Tech as the Opioids Research Consortium for Central Appalachia (ORCCA) to address the opioid crisis in the Central Appalachia region. The three universities submitted a proposal called Reinvestment from an Expanded System to Treat Opioid Use Disorder: Reclaiming the Epicenter (RESTORE), which details a plan to bring together a network of opioid-treatment clinics. The network will reinvest the profits into additional services stationed in the communities that need them the most (11).

Outcome(s): The RESTORE Project was named a Top 100 project idea and is included in a public database for donors called the Bold Solutions Network (11). ORCCA hopes to use precision data science, geographic risk assessment, and readiness algorithms to identify which communities are in highest need of additional services and how to implement them (11).

One Care of Southwest Virginia, Inc.

Need addressed: Southwest Virginia has a history of drug misuse, lack of available care for substance abuse disorder, and stigma towards those who use drugs. A study published in September, 2019, focused on Dickenson County in Southwest Virginia. The Center for Disease Control (CDC) has ranked Dickenson County as the nation's 29th most vulnerable county to experience rapid dissemination of HIV and HCV infections among injection drug users. The CDC has also identified the county as the second most at-risk county in Virginia to spread infectious diseases via injection drug use (12).

The study surveyed residents of Dickenson County to determine the perception of people who inject drugs. The survey revealed high levels of stigma toward people who inject drugs combined with very little knowledge of harm reduction programs (12).

Approach: One Care of Southwest Virginia Inc. is a nonprofit organization created to address the issues of drug misuse, stigma, and lack of care in Virginia's westernmost tip. One Care states that its mission is to decrease substance misuse, and related social, economic, and health factors through planning, policy, data, and advocacy. Spanning from Bristol to Floyd County, One Care has implemented carefully constructed plans centered on a strategy for reducing harm created by substance use disorder and the surrounding stigma. The organization has identified several challenges in the region, including an insufficient number of behavioral health professionals licensed to treat substance use disorder and low licensee participation (12).

One Care also reports that Community Services Boards (CSBs), points of entry in counties and cities to treat opioid use disorder, often provide inadequate service. For example, some CSBs do not provide medication-assisted treatment considered an option in the whole-patient approach. As a result, some full-service CSBs in Southwest Virginia are overloaded with many of their medication medication-assisted treatment patients coming from surrounding counties. One Care has adopted a top-down approach, attempting to influence the legislature and to secure grants to support programs that provide relief to individuals with substance use disorder (12).

Outcome(s): One Care plans to increase the number of evidence-based prevention efforts in Southwest Virginia in order to prevent the harmful effects of substance abuse before they arise. One Care has detailed plans to reduce high levels of stigma toward individuals who use injection drugs and to increase access to long-term recovery resources (12).

Far Southwest Virginia Drug Court Initiative

Need addressed: The Far Southwest Virginia Drug Court Initiative represents adult drug treatment courts in Buchanan, Dickenson, Lee, Russell, Smyth, Tazewell, Washington, and Wise Counties and the City of Bristol and the 30th District Juvenile Drug Treatment Court which has dockets in Lee, Scott, and Wise Counties. The initiative aims to ensure drug court participants and their families, significant others, and support persons continue to have access to services addressing significant public health issues in their communities. Local health districts partner with the initiative and have clinics that focus on communicable diseases, comprehensive harm reduction, overdose prevention, and family planning services as well as health education and prevention services. Drug courts are also present in the Northwest, Central, Northern, and Eastern regions of Virginia.

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Approach: Drug Treatment Courts combine intense treatment and legal supervision services designed to break the cycle of substance misuse and criminal behavior. Drug Courts offer localities a cost-effective way to increase the percentage of individuals living in sustained recovery, thereby, improving public safety and reducing costs associated with re-arrest and additional incarceration. According to the National Association of Drug Court Professionals, evidence-based Drug Courts save lives because they graduate individuals with the necessary skills to rebuild their lives and because they adhere to evidence-based standards.

Outcome(s): Drug Court participants and guests receive testing and referral for communicable diseases such as hepatitis B virus (HBV), and hepatitis C virus (HCV), sexually transmitted disease (STIs), and human immunodeficiency virus (HIV) as well as bacterial infections associated with injection drug use. CPHD and LHD have trained staff to provide education about the comprehensive harm reduction philosophy and practices. CPHD and LHD agree to continue to use the HIV Harm Reduction Navigator curriculum.

Opportunities for Growth

1. Maintain and provide long-term funding for the Virginia Behavioral Health loan repayment program

- The Community Service Boards (CSBs) continue to experience a workforce shortage and high staff turnover. A student loan repayment program specific to behavioral health safety net providers will make the CSBs a more desirable choice for employment.
- A current effective model is the National Health Service Corps (NHSC) Rural Community Loan Repayment Program (LRP), which offers an opportunity for students of behavioral health care professions such as substance abuse disorder counselors, pharmacists, and registered nurses, to receive loan repayment awards.

2. Provide support in schools to respond to trauma

- Help schools to implement trauma-informed practices by increasing the support personnel resources in schools. Continue to build on efforts to reduce the counselor to student ratio and fund schools at the necessary level to provide more staff positions to provide counseling, mental health support, and to recognize and address trauma in students. In addition, take steps towards increasing access to school-based health centers.

- The Eastern Shore Community Services Board (ESCSB) has employed Adverse Childhood Experiences (ACEs) Interface Training, which examines a prolific study. The class educates individuals about toxic stress, the impact of trauma on the brain, how ACEs contribute to chronic disease and lower life expectancy, and the importance of healthy relationships. The ESCSB also provides sixteen publicly accessible resources containing information about the effects of ACEs on children (14).

3. Empower Communities to provide resources and funding for those with substance use disorder

- Provide adequate funding and reduce barriers so that rural communities can more easily employ Community-Collaborative Wide Effort consisting of healthcare, law enforcement, faith-based organizations, behavioral health institutions, and social services.



Hazel Mountain Overlook • Samantha Brooke

