What is Lifeline?

- Project Lifeline is grant funded through the Tennessee Department of Mental Health and Substance Abuse Services.

- Lifeline was established to reduce stigma related to the disease of addiction and increase community support for policies that provide for treatment and recovery services.

- Project approaches include: establishment of Evidence-Based Addiction & Recovery Programs, as well as educational presentations for civic groups, faith based organizations, and community leaders to increase understanding of the disease of addiction and support for recovery strategies.
Director: Andrew Watson
Cell: 865-696-8817
Email: awatson@metrodrug.org
Counties Served: Scott, Campbell, Claiborne, Morgan, Anderson, Union, Grainger, Hamblen, Jefferson, Knox, Roane, Loudon, Monroe, Blount, Sevier, Cocke
• **Metro Drug Coalition (MDC)** is a non-profit organization established by a joint resolution of City of Knoxville and Knox County to unite policy makers and leaders to address community substance abuse issues.

• MDC serves as the fiscal agent to the TDMHSAS Lifeline Project for Region II. MDC has been the agent behind the Youth Peer Recovery Initiative. Together, MDC and Lifeline will design and implement a framework for adolescent peer recovery programs in East Tennessee.
• In 2015, more than 52,000 Americans died of drug overdoses, according to the Center for Disease Control (CDC).

• Approximately 33,000 were from opiates: prescription medication and heroin.

• The community is starting to pay attention. The media is covering the opiate epidemic daily in the paper, on the evening news and through social media.
America’s Opioid Crisis

The stunning spread of the opioid painkiller and heroin epidemic in two maps over 10 years.

A challenge for cities, counties and states

The rise in prescription opioid and heroin addiction is causing an increase in overdoses as well as more cases of HIV/AIDS and hepatitis C.

Deaths from opioids

78 Americans die every day from an opioid overdose.

Rural 25,234
Urban 15,091

National overdose deaths

All prescription drugs

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Sources: Centers for Disease Control and Prevention, National Institutes of Health
Tennessee is in the grip of a tidal wave of overdoses and drug-related deaths.
Prescription for Disaster

- Prescription opioid addiction is leading to heroin use.

- Nation-wide crack down on “pill-mill” operations and prescribing practices has abruptly decreased the availability of opioid narcotics.

- The street value of prescription opioids has quadrupled
  - One 40 mg Oxymorphone (Opana) has a street value of $140

- Heroin is inexpensive and easy to get
  - One point (1/10th of a gram) of heroin has a street value of $30
Deadly Drugs in High Demand

- High potency heroin is flooding rural areas to supply the demand for opiates in the wake of stricter regulations on prescription opioids.

- Drug traffickers are cutting their products with clandestine fentanyl to increase profits. This potency is lethal especially since the user has no idea that it is cut with something that will make them stop breathing.

- Many dealers are using pill-presses to duplicate prescription medications containing cheap fentanyl. A buyer thinks they are getting a Xanax for anxiety but they are really getting a lethal dose of fentanyl.
How Much Can Really Be Out There?

- 3 milligrams of fentanyl is a lethal dose to an average-sized adult male.
- Early February 2017, law enforcement seized 6 pounds of pure fentanyl in Ohio.
  - 6 pounds of fentanyl is enough to kill 907,184 adult males

That is enough victims to fill Neyland Stadium almost 9 times over
Where Does Addiction Start for Most?

- For **nine out of ten** people, addiction begins in adolescence.

- 45% of adolescents in America have used alcohol
- 35% have used illicit drugs.
Adolescent Substance Abuse

• **2.7%** of adolescents ages 12-17 were dependent on alcohol in the last year.

• **3.5%** of adolescents age 12-17 were dependent on illicit drugs in the last year.

"Heavy" use of marijuana among teens is up 40 percent since 2008.

*PATNS 2013*
Our Youth Are Underserved

• Only 10% of adolescents ages 12-17 with illicit drug dependence received treatment in the last year.

• Only 11% of young adults ages 18-25 with illicit drug dependence received treatment in the last year.

10 million young people (12 to 29 year olds) in America are in current need of treatment for addiction.

*NSDUH 2012
Current State Spending Proposals

• In 2016, the 21st Century Cures Act passed the US Senate.

• $1 Billion in funds were promised to fight the opiate epidemic

• The State of Tennessee submitted a grant proposal to receive $24 million to fight the opiate epidemic
  – 17% will go to prevention initiatives
  – 83% will go to expanding access to residential treatment
  – No spending was earmarked for adolescent treatment or recovery
Intervention & Treatment: Bridging the Gap

• Currently, Tennessee sees that gaps exist in the continuum of care for adolescents struggling with addiction and destructive behaviors.
  – The state is working with the TN Youth Advisory Council to develop a curriculum for Certified Youth Peer Recovery Specialists.
  – *Project Lifeline* is working to develop a scalable Youth Peer Recovery Support Model that fits the need of the community.
  – More community coalitions and faith-based organizations are developing outreach programs and education initiatives to provide support for families.
  – The state is working to bring *Adverse Childhood Experiences* (ACEs) training to educators, medical professionals, law enforcement, and criminal justice professionals. This gives a unique perspective on the recovery support necessary for these young people.
Cookie-Cutter Response

- When teens present symptoms of mental illness, emotional dysfunction, physical/psychological abuse, anger, and substance use; we as a society respond by criminalizing, classifying, medicating, and institutionalizing them.

- We need to stop asking: “What’s wrong with you?” and start asking “What happened to you?”

- Alternative Peer Groups provide a therapeutic environment where we can begin to address these core issues.
How can we change our approach?

• We need a treatment model and therapeutic approach to teens in recovery from mental illness, abuse, and addiction that draws them in and makes sobriety and personal/spiritual growth attractive. APGs are a proven solution.

They aren’t monsters. They are miracles. They are our future.
The Youth Peer Recovery Initiative was inspired by the documentary *Generation Found*. *Generation Found* was produced by the makers of the film *The Anonymous People*.

*Generation Found* takes an unprecedented and intimate look at how a system of treatment centers, sober high schools, alternative peer groups, and collegiate recovery programs can exist in concert to intervene early and provide a real and tested long-term alternative to the “War on Drugs.”

**Trailer:**

https://www.youtube.com/watch?v=iHNztoBkEv8
Why Alternative Peer Groups?

Creating a community of support for families is the primary objective of the Alternative Peer Group (APG) model. Like traditional twelve-step programs, the shared experience and spiritual focus is what creates the healing.

THEY HEAL EACH OTHER LIKE NO ONE ELSE CAN.
What are Alternative Peer Groups?

• An APG is a community-based, family-centered, professionally staffed, positive peer support program that offers prosocial activities, individual/family counseling, after school activities and case-management for people who struggle with substance use or self-destructive behaviors.
  – How are APGs Community-Based?
    • APGs are members from the community who understand cultural dynamics
  – How are APGs Family-Centered?
    • APGs conduct Parent Peer Groups and Sibling Peer Groups
  – How are APGs Professionally Staffed?
    • Certified Peer Recovery Specialists (CPRS)
    • Licensed Alcohol & Drug Abuse Counselors (LADAC)
    • Licensed Professional Counselors (LPC-MHSP)
Alternative Peer Group Strategies

- 18-36 month commitment relevant to age/treatment plan.
- Talent-based hiring strategies
- Enthusiastic recovery model
- Modified twelve-step program
- Peer-driven recovery tools that work
- Parent-driven recovery tools that work
Clinical Services offered by APGs

- Life Skills Group
- Individual and Family Counseling
- Psychotherapy
- Assessment & Referral
- Multi-Family
- Psychiatric Testing
- Parent Psychotherapy Groups
- Marriage Counseling
APG After School Program

- Recreation Center
- Weekend Social Events
- Tutoring
- College Coaching
- Age Appropriate Meetings
- FUN!!!!!!!!!! (A.K.A. ENTHUSIASTIC RECOVERY)
What makes APGs successful?

- Accountability & consequences
  - Consistency and Positive Peer Pressure
- Fun – a variety of group activities
  - Engagement
- Kids get to be kids (with boundaries)
  - Social Skills
- Parents “strongly encouraged” to attend & support recovery
  - Parent Peer Support Group
- Parents achieve personal growth
  - Recovery is a Family Affair
Adolescent Recovery Oriented Systems of Care

• How do we integrate education, prevention, assessment, intervention, counseling, treatment, recovery support, sober life styles, and academics to create a continuum of care that supports adolescents throughout their development?

<table>
<thead>
<tr>
<th>Education &amp; Support</th>
<th>Treatment Centers</th>
<th>Alternative Peer Groups</th>
<th>Recovery High Schools</th>
<th>Sober Living</th>
<th>Collegiate Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Assessment</td>
<td>• Residential</td>
<td>• Long-term Peer</td>
<td>• Long-term Peer</td>
<td>• Long-term</td>
<td></td>
</tr>
<tr>
<td>• Individual/Family</td>
<td>Partial Hospitalization</td>
<td>Recovery Social,</td>
<td>Recovery Independent</td>
<td>Peer Recovery</td>
<td></td>
</tr>
<tr>
<td>Therapy</td>
<td>Intensive</td>
<td>Behavioral, Mental</td>
<td>Living Support</td>
<td>Collegiate</td>
<td></td>
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<tr>
<td>• Youth Meetings</td>
<td>Outpatient</td>
<td>Health Support</td>
<td>Living Support</td>
<td>Support</td>
<td></td>
</tr>
<tr>
<td>• Churches</td>
<td>Programs</td>
<td>• Treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• School-based</td>
<td>• Wilderness</td>
<td>• Aftercare</td>
<td></td>
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</tr>
<tr>
<td>• Outpatient</td>
<td>Programs</td>
<td>Support</td>
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<tr>
<td>Program</td>
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</tbody>
</table>

Department of Mental Health & Substance Abuse Services
School & Adolescent Recovery

• **98%** of adolescents returning from residential treatment to their old school reported being offered drugs on their first day back (*Spear & Skala* 1995)

• **87%** of students in their first 60 days of sobriety report school as being one of the most influential factors in the success OR failure of their recovery (*Moberg & Finch* 2007)
Students with a history of substance abuse have:
- Greater resistance to school / authority
- Lower grades
- More absences
- Higher drop out rates
- Poor reputations with teachers / administration
- More mental health symptoms presenting at school

(SAMSHA 2014)
Recovery High Schools

• Recovery high schools (RHS) are secondary schools designed specifically for students in recovery from substance use disorder or dependency. Positive peer-pressure and accountability keep the schools a healthy learning environment free from drugs and destructive behaviors.

• What’s the difference between a recovery high school and a traditional high school?
  – Much like traditional high schools, recovery high schools include administrative staff, teachers, and counselors that each play a critical role in supporting their students. Additionally, recovery schools support students in working a strong program of recovery from substance use disorders or co-occurring issues and offer support for families learning to how to live with, and provide support for, their teens entering into the recovery lifestyle. Recovery high schools may employ substance abuse counselors or mental health professionals that play a critical role in supporting recovering youth.
How Effective is the APG/RHS Model?

- Educational Outcomes for APG Students enrolled in a Recovery High School: Archway Academy 2014
  (109 Student Sample)
  - 87% of students maintained sobriety the entire year
    - National Average in Traditional Intervention is 20%
  - 89% of students maintained attendance the entire year
  - 96% of seniors graduated
  - 92% of those who graduated attended college
    - National Average in Traditional High Schools is 66%
      - For these studies contact:
        » Scott Basinger, PhD  Baylor College of Medicine
        » scottb@bcm.edu  713-798-4100
How Effective is the APG/RHS Model?

Baylor College of Medicine Survey on Parent Satisfaction with APGs

The program has improved my relationships with others in my family.

The program has improved my relationship with my child.
How Effective is the APG/RHS Model?

Parent Satisfaction Survey Continued

The program has helped to set effective boundaries.

The program has helped me to support my child's recovery.
# How do APG/RHS students measure-up

**Global Assessment of Functioning (GAF)**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-91</td>
<td>Superior functioning in a wide range of activities.</td>
</tr>
<tr>
<td>90-81</td>
<td>Good functioning in all areas, occupationally and socially effective.</td>
</tr>
<tr>
<td>80-71</td>
<td>No more than a slight impairment in social, occupational or school functioning (e.g., infrequent interpersonal conflict, temporarily falling behind in schoolwork.)</td>
</tr>
<tr>
<td>70-61</td>
<td>Some difficulty in social, occupational or school functioning but generally functioning well and has some meaningful, interpersonal relationships.</td>
</tr>
<tr>
<td>60-51</td>
<td>Moderate difficulty in social, occupational or school functioning (e.g., few friends, conflicts with peers or co-workers.)</td>
</tr>
<tr>
<td>50-41</td>
<td>Serious impairment in social, occupational or school functioning (e.g., no friends, unable to keep a job.)</td>
</tr>
<tr>
<td>40-31</td>
<td>Major impairment in several areas such as work or school, family relations (e.g., depressed man avoids friends, neglects family and is unable to work; child frequently beats up younger children, is defiant at home and failing at school.)</td>
</tr>
<tr>
<td>30-21</td>
<td>Inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends.) Occasionally fails to maintain minimal personal hygiene; unable to function independently.</td>
</tr>
<tr>
<td>10-1</td>
<td>Persistent inability to maintain minimal personal hygiene. Unable to function without harming self or others or without considerable external support (e.g., nursing care and supervision.)</td>
</tr>
<tr>
<td>0</td>
<td>Inadequate information.</td>
</tr>
</tbody>
</table>
After Six Months in an APG students are 15 points above average on the Global Assessment of Functioning (GAF), a reflection of the evaluating clinician's judgment of a patient's ability to function in daily life.
Project Plan

- Engage the community
- Engage stakeholders
- Connect “Change-Makers”
- Develop a steering committee
- Design a sustainable business plan
- Grant writing and sustainable fund-sourcing
- Develop a framework for programming
- Integrate programming and staff
- Referral sourcing
Project Mission

- We want to greatly reduce adolescent substance abuse in the State of Tennessee by 2025.
- We want to give the children of Tennessee the best possible mental health care regardless of socioeconomic background, geographic restriction, or access to transportation.
- We want to develop a scalable framework for APGs that can be implemented anywhere in the State of Tennessee. This framework will include a toolkit for the assessment, design, implementation, and sustainability of APGs in urban or rural areas.
- We want the Tennessee Youth Peer Recovery Initiative to be a model for the rest of the country.
Do you want to get involved?

Come to a community screening of Generation Found on March 21st at 7:30 PM at Downtown West Regal Cinema.

Host a screening and presentation at your facility to mobilize support within your organization.

Join our regional steering committee currently forming.
Andrew Watson
Project Lifeline Director: Region II

(865) 696-8817
awatson@metrodrug.org
Resources

Our APG Partners

• www.teenandfamilyservices.org
• www.beyondyourbestcounseling.com
• www.upwithrecovery.org
• www.pdaphouston.org
• www.lifewaycares.com

Our Recovery High School Partners

• www.archwayacademy.net
• www.cateacademy.com
• www.recovery.org/learn/sober-high