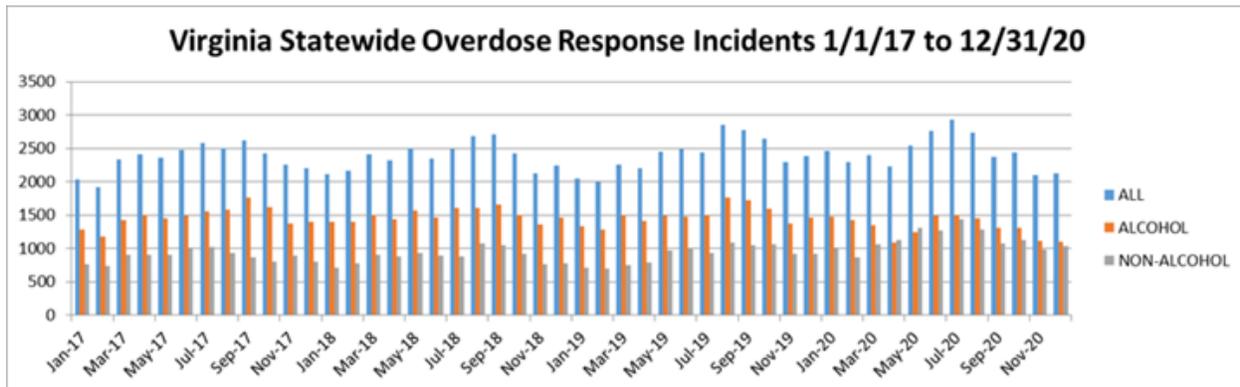


“If you do not change direction, you may end up where you are heading.”

~ Lao Tzo

Jointly authored and respectfully published by John Shinholser, Michael McDermott and David Rook.



Americas drug war must come to an end; 50 years and all the United States has accomplished is the world’s largest criminal justice system and prison-industrial complex. More Americans have died during this 50-year period of raging Substance Use Disorders (SUD) than Americans in all wars America has fought since our Revolutionary War. The US has spent trillions of dollars, destroyed entire communities and wiped-out multiple generations and communities of color and underserved populations. This national stain on our history will rival slavery, women’s suppression, and Native American extermination as a shameful embarrassment to future generations.

We see an obvious bright spot to this deliberate carnage - the authentic recovery community and the peer recovery work force. If we as a nation scale this segment up to a reasonable level to include full funding and policy influence, then our SUD crisis will be reduced by 50% in a few short years. We are not alone in our perspective but have been overlooked, and thus publicly unfunded, far too long.

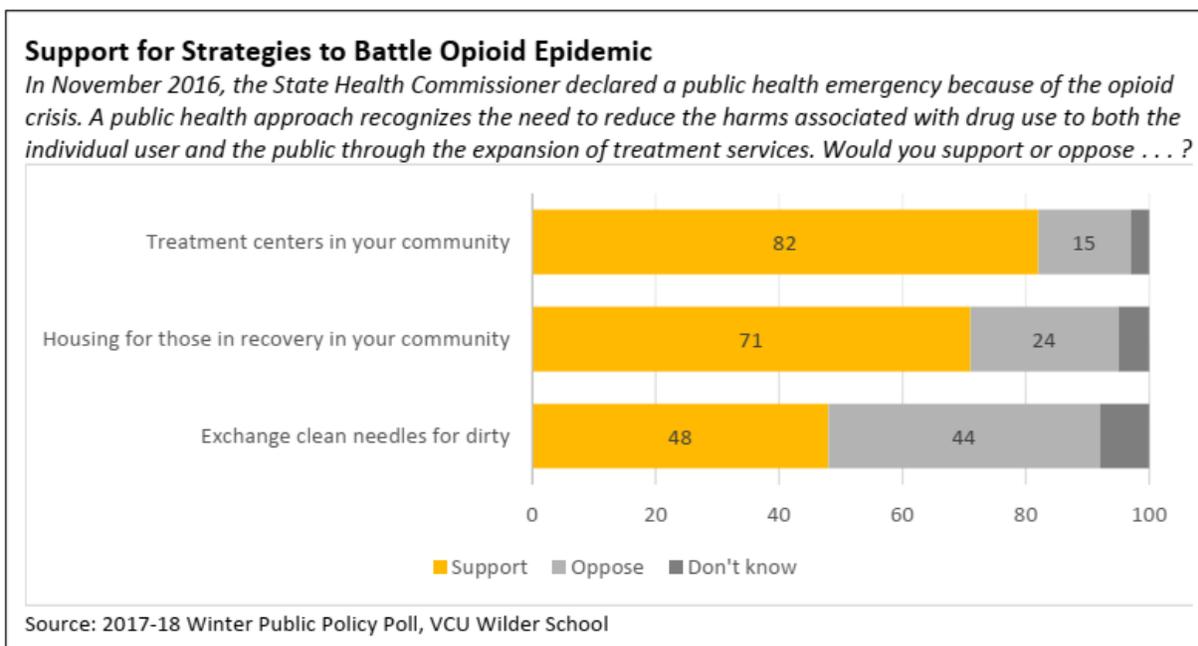
Echoing us, Dr. Robert DuPont, in a visit to Richmond, Virginia, as director of the National Institute on Drug Abuse stated, “There’s a lot of discouragement in our field (and) a lot of frustration, but there’s one thing that’s still growing, and that’s the recovery movement,” he said. “That is our answer — 25 million strong and growing. We can look to that community for what to do and how they’re doing it.” This answer lies within people with the lived-experience of addiction, said DuPont, who worked with 17 White House drug czars and 14 heads of the U.S. DEA.

Recommendations of the Governor's Task Force on
Prescription Drug and Heroin Abuse
Implementation Plan

June 30, 2015



- In 2015, Recommendations of Virginia’s Governor’s Task Force on Prescription Drug and Heroin Abuse to then Governor McAuliffe, co-chaired by then and current Secretary of Public Safety and Homeland Security, Brian Moran, stated, [“Studies indicate that every \\$1 invested in treatment yields up to \\$7 in reduced costs associated with crime, and this return increases to \\$12 if health care costs are included.”](#)
- In 2017, the Cook County Health & Hospitals System, which includes flagship Stroger Hospital on Chicago's Near West Side, treated 4,000 to 5,000 patients whose chief complaint was related to opioids, up from about 1,000 people in 2006. In 2017, opioid-related cases cost about \$25 million. Each case on average cost just over \$6,000, including overdose revivals in the ER and hospitalizations.
- In 2018, the Substance Abuse and Mental Health Services Administration (SAMHSA), a branch of The U.S. Department of Health and Human Services (HHS), published [“Recovery Housing: Best Practices and Suggested Guidelines,”](#) and stated, "In July 2017 the city of Delray Beach Florida required certification for all recovery residences housing 4 or more unrelated individuals. A year later after this rule was implemented the city of Delray Beach witnessed a significant 60% decline in overdoses from 635 to 245. The city of Delray Beach also saw another 48% decrease in overdoses for the most recent year since this ordinance became law."



- Also in 2018, a Virginia Commonwealth University Wilder School study found that 82% of Virginians supported recovery centers and 71% favored recovery housing in their local communities.

There is much more contemporary data mirroring the previous bullet points to compellingly support the simple narrative for measurably improved recovery outcomes – immediate access, at the “point-of-desperation,” to peer-driven, evidence-based and lived-experience delivered certified recovery services, coupled with longer funded lengths of engagement.

Yale University’s Dr. Kim Sue asks, “Why must U.S. drug policy be led by people who continue doing the same thing, putting a square peg in a round hole and expecting improvement?”

Dr. Sue sums up the long history of failed US drug policy in one sentence. We as a country, as states, and as local governments, must demand that the people and communities that put them into power get the representation they need. Now is the time to pivot from the bureaucratic agencies' status-quo. For far too long we have stood idle and watched dollars and efforts get sent to those groups with already failed procedures. As we stated earlier, we must equally spend our resources to scale up the authentic recovery community. Engagement and support from Non-Government Organizations run by those with lived-experience, offering real life linkage to housing, recovery support services, job readiness, and connection to other healthy humans is the heuristics to our addiction epidemic. Addiction is a community issue that cannot be fixed by bloated government agencies. It must be fixed by those of us in the community. We have the round peg for the puzzle, lets fund it today and curb these deaths.

Less than one year ago, in a visit to Richmond, Jim Carroll, policy director for the White House Office of National Drug Control Policy, added more support to our proposed public funding pivot, saying, "And the only way to ensure that we're spending money wisely and investing in the programs that have results, is being out in the community and talking to the folks and hearing what's working and what's not."

Now is the time for real and meaningful action - let's start living in the solution and stop with the insanity. Listen, follow and support successful recovery leaders - the families and loved ones we save may be your own!

Think Globally...Act Locally...SAVE LIVES!!!

Jointly authored and respectfully published by John Shinholser, Michael McDermott and David Rook.

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