



24/7 Newsletter

The number of hours we spend making Houston better

JANUARY 2025

2025 Chevron Houston Marathon

Once again, the Running Team from the Houston Recovery Center joined the thousands of dedicated runners who braved the cold to participate in the Houston 5K and full 26-mile Marathons. HRC also had its Hoopla team present to cheer the runners on.



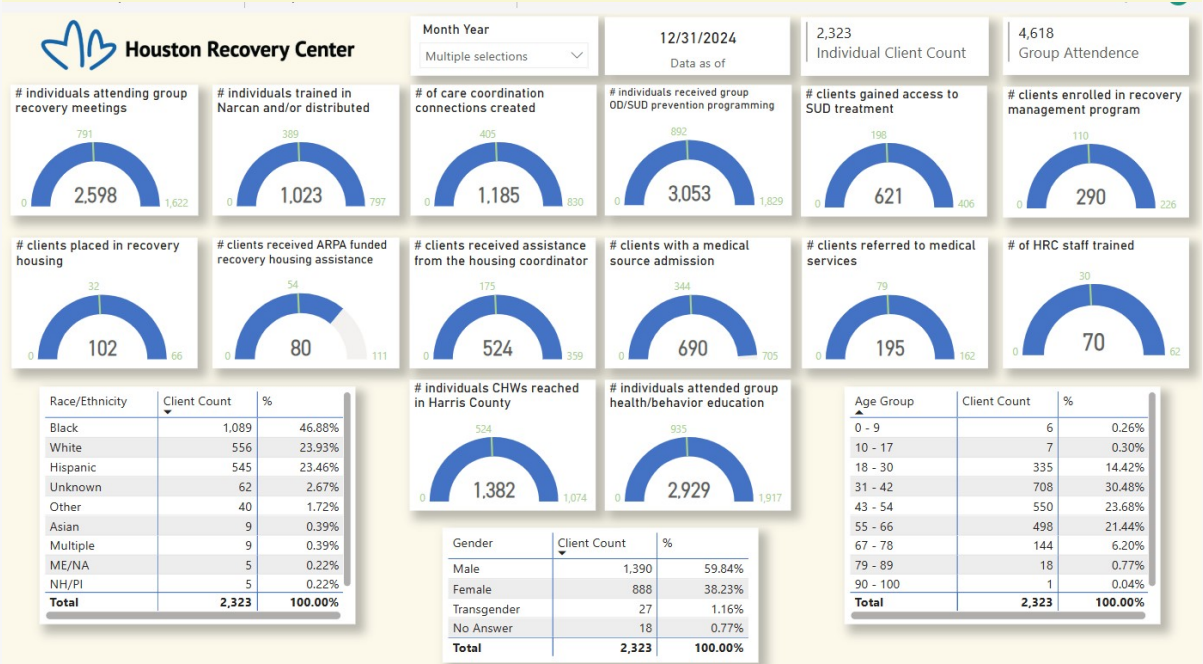


ARPA Grant Impact and Outcomes 2022-2024

Houston Recovery Center's Commitment to Equity and Excellence

Houston Recovery Center just completed a \$2 million America Rescue Plan Act grant with impressive outcomes! We are grateful for the opportunity to work with Harris County and receiving these funds to integrate Community Healthcare Workers into our service model placing them in Harris County's four precincts to conduct outreach. This program provided 3,053 overdose and substance use disorder prevention program sessions and continued to strengthen Harris County Hospital connections receiving 690 hospital referrals for our recovery management program and delivering 524 housing assessments in the Way Home Coordinated Access System for clients reporting homelessness. The CHWs reached 1,382 people in the community with 2,598 people attending recovery meetings. This grant provided services in 91% of the 34 priority zip codes where residents lack access to services.

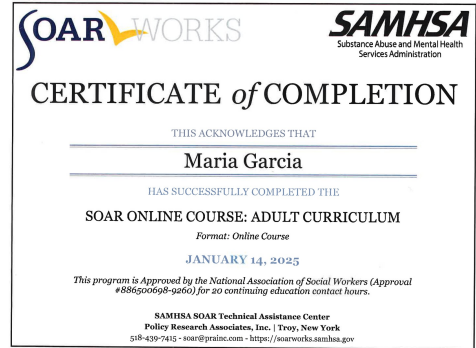
Congratulations to the whole ARPA teams for their dedication and success of this program!



CONGRATULATIONS

Congratulations to Maria Garcia for successfully completing the SOAR Adult Curriculum. The program, approved by the National Association of Social Workers and facilitated through SAMHSA SOAR Technical Assistance Center.

This SOAR's course trains case workers to assist adults (age 18+) who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder to apply for the Social Security Administration's (SSA) disability programs, Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).



The Houston Recovery Center Attends HBJ's 2025 Economic Forecast



The Houston Recovery Center joined more than one hundred attendees on January 30, for the 2025 Economic Forecast, a research-backed event designed to provide business leaders with the insights they need to grow their businesses during 2025 and beyond. The event featured a market overview from national and local experts, followed by a moderated panel discussion. The panel discussion provided an opportunity for attendees to gain valuable insights into key economic trends, strategies, and forecasts for Houston and the country in 2025.



Speakers included: Gus Faucher, Chief Economist, The PNC Financial Group; Mohammad Ahmadizadeh, Principal Economist/Data Scientist, Workforce Solutions; Robert W. (Bill) Gilmer, Director, UH Institute for Regional Forecasting; and Joanne Salih, Partner, Oliver Wyman

Read the complete coverage in the Jan.1-Feb. 6, issue of the Houston Business Journal

Recovery Story

Transforming Trauma into Triumph, A survivor's story

By Lovinah Igbani-Perkins, MSW, LCDC, CHW Instructor, RSPS, MHPS

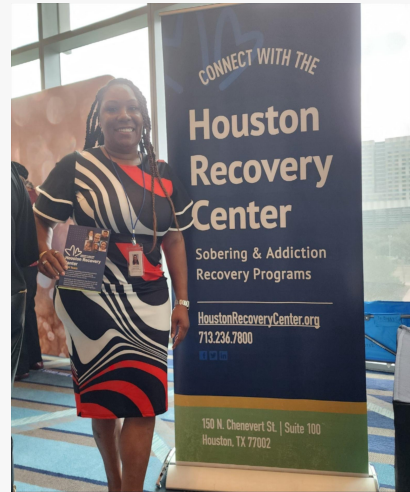
As someone who endured a childhood filled with trauma—abandonment by my mother, molestation by my father, and later, raped — my journey into adulthood was marred by poor decisions rooted in pain and shame. As a teenager, I quickly turned to selling and using illegal substances. By 19, I was a pregnant high school dropout, hiding my pregnancy out of embarrassment due to my strict upbringing. I never had a single prenatal appointment or even knew when my baby was due.

My plan to have an abortion shifted to adoption, when I gave birth to my daughter at the Harris Health Lyndon B. Johnson Hospital in Houston, I couldn't go through with it.

A hospital social worker gave me the support I desperately needed—blankets, diapers, a car seat, and guidance on WIC services. That changed everything. My struggles didn't end there, but they shaped me into who I am today. Despite experiencing homelessness, incarceration (I went to prison twice), and addiction, I've managed to build a life I never thought possible.

I now hold three degrees, including my master's degree in social work, and I work tirelessly to help others overcome their challenges. I have been honored to serve as the Program Manager at Houston Recovery Center, and I am now transitioning into a new role as Manager of Clinical Services. Social work for me is not just a profession—it's a calling and a purpose that I take deeply to heart.

I firmly believe anyone can prevail over even the most dire circumstances with the proper support. I did, and now the work I do is incredibly important and dear to my heart.



January Client Services

Delivered Services	Client Contacts	Clients Served	Sobering Center Admissions	Clients Held Over for Services	Referrals Made	Substance Use Referral Services
1,181	398	642	382	104	79	52

NEWS

The 'naughty little secret' of today's drug-friendly parents

By Kelli Maria Korducki, a journalist based in New York City.



Getty Images; Jenny Chang-Rodriguez/BI

When Daphne Gordon first tried MDMA, everything changed. She had grown up steeped in the "just say no" messaging of the '90s, which taught that any amount of illegal drug use was a gamble with your life. But she was also a big raver. When she and her husband became parents in 2009, their drug use didn't stop.

Sixteen years later, the couple, who are in their early 50s and live in Toronto, remain embedded in what Gordon describes as "a drug-positive social culture." Their friend group, many of whom continue to attend parties and DJ events and use drugs on a fairly regular basis. But navigating drug use while raising kids isn't always easy. Gordon said, "People are developing their lives around the drug-positive culture, but then it's like we have to cover our kids' ears when we go back home. It's kind of weird."

A 2022 Department of Health and Human Services report said that between 2015 and 2019, more than 21 million US children lived with a parent who used illicit substances, which the report distinguished

from parents who had a substance use disorder. As drug use has become more common in recent years, more adults are regularly partaking of both licit and illicit substances. The Global Drug Survey, a nonscientific survey that has grown into the world's largest annual survey of recreational drug use trends, found that self-reported use of drugs such as cannabis, LSD, and "magic" mushrooms was growing in the US. In 2022, the last year with available data, one-third of 30- to 39-year-olds and nearly one-quarter of 40- to 49-year-olds said they'd taken cocaine in the past 12 months. The same shares reported using MDMA in the past year. In a 2023 study of 226 American parents, 13% said they had used marijuana in the past six months.

For a growing number of white-collar parents, getting high has become a critical avenue for staying sane amid the demands of parenthood. And they're hoping to send their kids a better message than "just say no."

Read the entire article at: [The naughty little secret](#)

Fewer than half of U.S. jails provide life-saving medications for opioid use disorder



NIH findings highlight critical gaps in treatment access in correctional facilities, where almost two-thirds of people have a substance use disorder.

A new look into addiction treatment availability in the U.S. criminal justice system reveals that fewer than half (43.8%) of 1,028 jails surveyed across the nation offered any form of medication for opioid use disorder, and only 12.8% made these available to anyone with the disorder. With two-thirds of people who are incarcerated in U.S. jails experiencing a substance use disorder – in many cases, an opioid use disorder – the failure to make these medications widely available in criminal justice settings represents a significant missed opportunity to provide life-saving treatments in an environment where people in need of care can be easily reached.

The study, published in JAMA Network Open and supported by NIH's National Institute on Drug Abuse (NIDA), also found that most jails did offer some type of substance use disorder treatment or recovery support (70.1%). The most common reason jails cited for not offering medications for opioid use disorder was lack of adequate licensed staff (indicated by 49.8% of jails). In general, larger jails, those in counties with lower "social vulnerability" (lower levels of poverty and unemployment, and greater education, housing, and transportation access), and those with greater proximity to community-based providers of medications for opioid use disorder were more likely to offer these treatments.

"Offering substance use disorder treatment in justice settings helps to break the debilitating – and often fatal – cycle of addiction and incarceration," said NIDA Director Nora D. Volkow, M.D. "Though someone may be in jail for only a short time, connecting them to addiction treatment while they are there is critical to reduce risk of relapse and overdose, and to help them achieve long-term recovery."

The criminal justice system is a crucial point of intervention in the overdose crisis. Overdose is the leading cause of death among people returning to their communities after incarceration. A recent county-level study found that 21% of individuals who died of a fatal overdose had been in jail, a facility for short-term stays, where most people are awaiting trial, sentencing, or serving a short sentence.

Research shows that medications for opioid use disorder – buprenorphine, methadone, and naltrexone – reduce opioid use, prevent overdose deaths, and support long-term recovery. Among people who were formerly incarcerated, access to these medications during incarceration or at release has been shown to reduce overdose deaths, increase use of community-based treatment, and decrease rates of reincarceration. However, access to medications for opioid use disorder in jails remains limited due to various barriers, including cost, staffing, and regulatory challenges.

“Data on health care gaps for people who are incarcerated provides a necessary knowledge base to help policymakers, public health officials, researchers, and communities assess where to allocate resources to improve care for opioid use disorder for this population,” said Elizabeth Flanagan Balawajder, senior research associate at NORC at the University of Chicago.

Under the Biden-Harris Administration, the Department of Health and Human Services has taken several steps that expand access to medications for opioid use disorder and addiction care to people who are incarcerated.

Read the entire article at: [Fewer than half US jails provide medications for opioid use disorder](#)

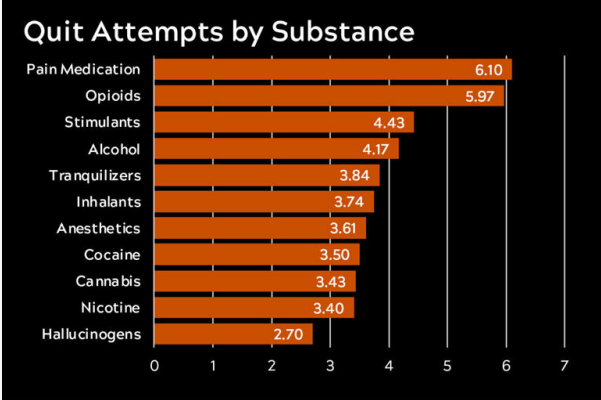
Analysis tackles the question of how many attempts it takes to quit different substances

The number of quit attempts represent adjusted, estimated marginal means for each substance, averaged across levels of substance use disorder severity.

Credit: *Fralin Biomedical Research Institute Addiction Recovery Research Center*

Relapse is common when someone is trying to quit, regardless of whether they're giving up opioids or alcohol or cigarettes. To better inform treatment, researchers with the Fralin Biomedical Research Institute at VTC's Addiction Recovery Research Center wanted to better understand how the experience of quitting differed across substances.

"When we talk about intervention for addiction, we know that we are far from the ideal model of treatment," said Rafaela Fontes, a research scientist at the Fralin Biomedical Research Institute and first author on the study, titled "Beyond the first try: How many quit attempts are necessary to achieve substance use cessation?"



The work found that:

- Substance use disorder is a chronically relapsing condition that often requires multiple quit attempts before successful abstinence.
- The number of quit attempts varies by substance, with opioids and pain medication requiring significantly more attempts than all other substances.
- Hallucinogens are less challenging to quit, requiring fewer attempts.
- People who meet the criteria of having a more severe or longer history of substance use disorder might need more attempts before achieving abstinence.
- "We treat addiction as an acute disorder, even though we know that it is a chronically relapsing condition," Fontes said. "When we're talking about addiction, we need to understand that it's not one size fits all. There are some substances that are harder to quit than others, and it's not equally easy or equally hard for everyone. We cannot use the same strategy for everything, because it might not work."

"What makes this research stand out is that not only did we consider the substance, but we asked additional questions to look at the individual experience in context." The researchers hope their work informs treatment, with a goal of avoiding high rates of relapse and readmission.

Why it matters

The research corroborates the chronic nature of substance use disorder and expands on previous research by showing that the number of quit attempts varies depending on the substance. "If people in recovery knew the average number of attempts it might take to quit a particular drug, rather than see relapse as a failure, they might view it as a step on the journey," Tegge said. "Understanding that relapse is part of recovery can help people stay engaged."

The challenges of substances' physiological effects combined with individual circumstances allows treatment providers to create personalized plans. Knowing different factors that affect relapse can help inform interventions. "Maybe they can see that failure is part of the process," she said, "and think: 'I just need to keep trying, and eventually I'm going to get there.'"

Read the entire story at : [Analysis tackles the question, how many attempts it takes to quit](#)

The mission of Houston Recovery Center is to provide compassionate care to underserved individuals affected by substance use through early intervention and community care coordination to help them achieve lifelong recovery.

Copyright © 2022 Houston Recovery Center LGC, All rights reserved.

Writer/Editor: Bob Lytle

Our mailing address is:

150 N. Chenevert St., Houston, TX 77002

Want to change how you receive these emails?

6You can update your preferences or [Unsubscribe](#) from this list.

[View it in your browser](#)