

[Upbeat Music]

**Matt Clune:**

Welcome. I am Matt Clune, your host today. A SAMHSA Public Health Advisor and a person in long-term recovery.

During this program, we will discuss the current opioid epidemic in America. We'll look at the federal, state, and local programs that are effectively addressing this issue. Our panel of experts today will speak about creative strategies being utilized around the country that are helping to tackle this widespread problem and what critical next steps communities can take.

Joining in our panel today is Spencer Clark, a Public Health Advisor, Division of Pharmacological Therapies, Center for Substance Abuse Treatment at SAMHSA, Mayor Steve Williams, the mayor of Huntington, West Virginia, who some consider to be the ground zero for the opioid epidemic.

Evan Figueroa-Vargas is the program manager for the Mental Health Partnerships, PeerNet, Homeless Specialty in Philadelphia, Pennsylvania, and lastly, we are joined by Dr. Charmaine Yoest, Director of External Affairs at the White House Office of National Drug Control Policy.

Dr. Yoest, I'd like to turn to you about this. What exactly are opioids for the public's knowledge and why are they typically prescribed and what are the risk factors?

**Charmaine Yoest:**

Matt, I'm really glad that you started with that question because one of the biggest problems that we're facing right now in the opioid crisis is what we're calling an information under load. People don't really fully understand what it is we're confronting with the crisis.

Opioids are pain medication that are derived from the poppy plant and they've been around for millennia, but we've seen an explosion in prescriptions of opioids over the last couple decades when we had a trend that changed in America towards seeing pain as the fifth vital sign. So, doctors started prescribing it more and more and Americans didn't necessarily realize that this was a trend and that it was something that they needed to be paying close attention to.

You know, we think about opioids probably most people know that something like morphine is an opioid, but when you go to the dentist and you have a tooth taken out and they give you Percocet, that's an opioid and so, we're seeing situations like where a doctor will give someone after a dental procedure 30 Percocet. Well, you might not necessarily need quite that many Percocet given the fact that it does have addictive qualities and what we're seeing now in terms of the epidemic and the fact that why the president has declared this a public health emergency is we're seeing over 115 people a day. 115 people a day in America dying from this. So, imagine if we had a small airplane crash every single day in America what our reaction would be.

**Matt Clune:**

Thank you so much for that.

Spencer, I'm wondering if you can talk a little bit about opioid misuse and how that sometimes trends into opioid use disorder.

**Spencer Clark:**

The type of patient that Dr. Yoest just spoke of, they may be beginning to use it on the base of a prescription from a physician to treat a pain condition and find over a period of time that their use has become a dependent use where they are using more than was prescribed by the physician or for a longer period of time and they're beginning to have other effects. There are withdrawal effects when they are not using, it begins to interfere with other parts of their lives. There are cravings, other conditions interfering with life responsibilities and that's, in a short order, addiction is when a condition is interfering with life functions that we all are responsible for, home, school, family, relationships, all those things and addiction interferes with all of those.

**Matt Clune:**

I'd like to direct our next question to Mayor Williams of Huntington, West Virginia. We all know, lay person, professionals alike, that the opioid epidemic has become a public health emergency and we know that you're feeling it in your town and I wonder if you could talk a little bit about that.

**Mayor Steve Williams:**

Frankly, this has become such an issue in Huntington. Three years ago, I started having individuals writing me, sending me emails, stopping me on the street saying, somebody needs to do something, please. We're losing our neighborhood.

Frankly, I always thought it was a law enforcement problem. The long and short of it is, is that we stepped out very aggressively from a law enforcement standpoint and over a 90 day period arrested over 200 people and frankly, we thought, I was thinking, those guys know not to come into my town now, but they just kept coming and I started to realize and understood firsthand that you can't arrest your way out of this is that we had a serious problem of addiction in our community that we needed to address and that we needed to start focusing on saving lives, harm reduction, getting people towards treatment, creating those opportunities where we got the entire community, the entire community, involved because frankly, what I keep saying to folks in our community is that every one of us has to take ownership of this, everyone. It's an ancient maxim is that if you name it, you can own it.

**Matt Clune:**

I like that.

**Mayor Steve Williams:**

So, we named it and said what the problem was and there were some folks that still don't like the fact that we came out so aggressively and said what the problem was, but you introduce me earlier that we are the epicenter of the opiate epidemic. We have a little different take on that now in Huntington. We see ourselves as the epicenter of the solution.

**Matt Clune:**

Perfect.

**Mayor Steve Williams:**

Because this is a very, very complex problem. It takes all aspects of the community, all aspects of the state, all aspects of the nation. If when everybody comes to understand what their assignment is and it's gonna be as unique as every person's personality that when everybody takes ownership of this, then we find ourselves on the other side of the solution and I believe that Huntington is so far down the road in fighting this that when we start to whip this, Huntington's gonna be right in the frontline in the first steps of that.

**Matt Clune:**

Thank you.

And I can feel that energy and we'd like to dig in a little deeper on some of the solution focused issues in the next segment.

Dr. Yoest, if I might, are you familiar with some of the statistics, I'm guessing, around how this is impacting the nation on an annual basis in terms of rising numbers of opioid use disorder, rising number of deaths. Last year, the CDC just came out with numbers.

**Charmaine Yoest:**

Well, this last year was the first time that deaths from opioid misuse exceeded deaths from breast cancer, exceeded death from traffic fatalities, so this is really, really coming home. I'm a breast cancer survivor. When I heard that statistic I thought that's just amazingly dramatic and I think that people, you know, Steve makes a really important point that everyone has to become involved because at the end of the day, there is a personal decision that has to be made about this in terms of parents interacting with their children and educating their children about the fact that you can't take medications from someone you don't know.

Some of the drug traffickers are now making, creating, putting fentanyl, which is a very highly potent opioid into other things like cocaine and making these very, very deadly products that sometimes people don't know that they're taking and so, Steve's point about putting together a multifaceted campaign that includes prevention, treatment, and interdiction, decreasing the supply, all of these pieces have to

be put in play and that's why, frankly, the president has put together a strategy that includes all three elements of that plan.

**Matt Clune:**

We know that some folks are more vulnerable to addiction than others and from my knowledge, I've seen a greater prevalence of opioid use disorder among those with mental health illnesses or disorders or those inclined to addictive disorders. I wonder if you can talk a little bit about that.

**Evan Figueroa-Vargas:**

Yeah, absolutely. I think some of the challenges is barriers to accessing mental health services and as a result, I believe that at times individuals end up self-medicating themselves as a result of, you know, having some challenges.

What I see specifically in the Latino community, there's a language gap or language barrier there, so again, with those challenges of accessing behavioral health services in the city of Philadelphia, individuals end up using narcotics and kind of self-medicate, but I also wanted to touch on Steve's point about arresting our way out of this opioid epidemic.

So, when we look back to the 80s, 90s, and 2000s, so my brother was addicted to crack cocaine. He was sent off to jail on numerous occasions, so he was sent to jail, he was on house arrest, he was on probation. None of those interventions worked. In fact, in early 2000 after doing his last stint in jail, he picked up an opiate heroin addiction while inside the prison system. Four days later after he was released from jail on New Year's Day of 2002, he actually overdosed as a result of opiate overdose. So, to anyone who tells me that arresting our way out of the opiate epidemic, you know, I think that is like false. I think that we all need to be at the table. So, that's faith based, public leaders, community members, other stakeholders, and one missing ingredient that I believe that needs to be at the table is the person with live experience and the active user. Their voice needs to be heard as well. I believe the active user needs to be there.

**Matt Clune:**

Yeah. Thank you.

When we return, we will discuss the widespread issue of opioid addition and how all members of our communities are affected.

[Upbeat Music]

**Andy Albrecht:**

We are a substance abuse and mental health treatment agency that's located in Southern Ohio. Currently now, we operate in three counties, which is Adams, Lawrence, and Scioto counties. Within those counties, we have a wide variety of programming, both inpatient and outpatient. Stepping Stones is a small part of the counseling center, but it's also a very, very important part of The Counseling

Center. Stepping Stones Program focuses on women with children, also emphasizes on pregnant women as they go through their addiction related disorders.

**Theresa Ruby:**

Stepping Stones is a residential housing organization for mothers who are expecting and have an opportunity to bring another child. They're allowed to have two children live in the residential home with them while being pregnant and then there's an outpatient service that they offer to the mothers who are not ready for residential services, but can receive some counseling on the outside on a regular basis.

**Andy Albrecht:**

One of the things that makes Stepping Stones very special and unique is our daycare programming. We allow children to enter the program that are 12 years and under. We also have newborn babies here on site, newly born infants that we're very proud of that are also drug free.

**Theresa Ruby:**

We offer a education opportunity for those moms similar to childbirth education. It talks about what they can expect when they come in to deliver. It talks about what care them and their baby will be receiving and it kinda alleviates some of their fears.

**Trudy King:**

I've been in the Stepping Stones for about 60 days. When I came here, I've made some of the best friends that I probably will ever have. They don't want anything from you except for you to get better.

**Cathy Newman:**

The most important thing that I gained by participating in the Stepping Stones Program was an ability to live a different life and I gained sober sisters. I gained new people in my life that were healthy instead of the unhealthy relationships that I had.

**Trudy King:**

We have counselors that are on site. We do individual counseling, mental health peer support. They offer a lot of different types of recovery paths.

**Cathy Newman:**

Stepping Stones uses a rapid taper program with their medically assisted treatment.

**Megan Whisman:**

Well, through the medication assisted treatment, initially it helps patients with withdrawal symptoms, so it helps alleviate some of those discomforts that they're having in the beginning.

**Cathy Newman:**

It's a tool that we use to keep a client engaged in treatment and so their withdrawal symptoms have subsided.

**Meghan Whisman:**

In the beginning, the medication is the biggest piece to keep them here. It alleviates the withdrawal symptoms enough for them to be able to go to group, to focus and learn the things that they need to learn to live a sober life.

**Andy Albrecht:**

The ability to have children on site along with the mom during treatment, we feel like that that is an opportunity to reduce distraction during the treatment stay. We found out years ago when women came to treatment and they were not allowed to bring their child to treatment that that was a very distracting process. It also put a lot of burden onto the family.

**Amy Gregory:**

Stepping Stones offer clients housing to couple with their treatments. That takes them out of the environment where they used, that takes them away from old friends that they used with, to give them a clean and sober environment to support their recovery efforts.

**Andy Albrecht:**

The opioid epidemic over the last decade has really had a huge impact on the counseling center and also a huge impact on our local community. What The Counseling Center has done to try to respond to that horrific problem within our community is to try to develop access points for people that need drug and alcohol treatment.

**Theresa Ruby:**

The services that Stepping Stones provide to our mothers and to their unborn child in regards to the opioid disease is tremendous. It really gives them a beginning foundation that maybe they didn't have before of coping, being able to cope with stressors that are around us every day and begin to put into place some of those mechanisms that make them feel like a whole person again.

**Cathy Newman:**

I would recommend Stepping Stones Program to any woman that wants to change her life, any woman that wants to become a mother to their child, anyone that has addiction that doesn't know how to live life without drugs or alcohol.

**Amy Gregory:**

I came into Stepping Stones as a mother of three children in active addiction. I stayed clean, I stayed around the counseling center, around the sober friends and relationships I had developed in treatment and I have now earned a master's degree in social work.

**Trudy King:**

One of the reasons I've stayed here is because this is one of the best things to ever happen in my life. This is an amazing program for mothers and children.

**Female VO:**

You might not know everyone in your community, but if you did, you'd see that people in recovery from mental and substance use disorders are all around. Reach out for support and begin your recovery journey. Join the Voices for Recovery. Strengthen families and communities.

**Male VO:**

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**Matt Clune:**

Hello and welcome back to "The Road to Recovery". How does opioid use disorder impact families, communities and society? I'd like to start out immediately with Dr. Yoest of ONDCP and talk a little bit about illicit fentanyl and what role that has to play in the opioid epidemic and opioid overdoses specifically.

**Charmaine Yoest:**

Yeah Matt, I'm so glad you bring that up because I think it's really important for us to get the information about fentanyl out there, particularly to young people because they don't necessarily know how potent fentanyl is and how the fact that drug traffickers are using Fentanyl to illicitly lace things that people don't necessarily know that they're getting it. For example, you'll see Xanax, you know, counterfeit Xanax pills that are laced with fentanyl. As a result, fentanyl is driving the increase that we're seeing in opioid deaths.

With the most recent data, we had 42,000 deaths due to opioid in 2016. Fully half of those, 20,000 deaths, were attributable to fentanyl. So, it's really important for people to be aware of this and frankly, if you don't mind me picking up on something Steve was saying earlier, I completely agree with you that we can't arrest our way out of this problem, but we do have to be very, very serious about the drug traffickers who are flooding our country with fentanyl and that's one of the reason why the president has been so focused on border issues and prosecution issues. Attorney General Sessions recently announced a new program that's looking very comprehensively at our law enforcement approach to drug trafficking because we need to be so serious about the potency of this drug.

**Matt Clune:**

A number of states and cities around the country have been especially effective in their efforts to combat this public health crisis and I wonder if you might talk a little bit about your own experience in Huntington.

**Mayor Steve Williams:**

Huntington's just shy of 50,000 people. We live in a metro area about 360,000 people that if I'm talking to the mayors of Chicago and New York, they're dealing with it exactly the same way that we're dealing with it.

Now Dr. Yoest who pointed out is that when we do have fentanyl coming in and heroin coming in from overseas, not just a public health problem and a public safety problem, but it's national security problem now. A clear national security problem, but what we have to be able to do where in our communities, we're dealing with it on the ground.

When we're saving people's lives, Narcan and naloxone is being used to try to save people's lives and there's some jurisdictions that say, no, we're not going to use that, but frankly, we have to have it just because our public, first responders are at risk, but when we save somebody's life, we have to have the opportunity immediately to be able to get them into treatment. So, quick response teams are being created around the country and in our community, we have mental health specialists, law enforcement officers in plain clothes going within 72 hours after somebody has been, has overdosed, that we go to them and start offering to help them get into treatment. If we truly cherish life as we do, we couldn't dare say, just let them die. We don't have, we don't have that right, but we also need to save people's lives, but we also need to save people's lives by coming back to them and giving them an opportunity to be able to get their life back on track.

**Charmaine Yoest:**

Let me pick up on something that Steve and Evan have both mentioned, which is that the importance of the personal and connecting with someone where they live and one of things that's been most interesting to me and interacting with the amazing scientists that we have working on this issue. For example, some of them up at the National Institutes of Health, as they're looking at what works in helping people, one of the most striking and influential protective factors in dealing with people who struggle with addiction is their level of connection to community.

Isn't that striking to you? And so this is one of the reasons that we emphasize building up community. For example, at ONDCP we have a program called Drug Free Communities, DFC, and it's a grant program. So, we give grants to communities as they're building a network at the grass roots level in a community looking to see how can we put a multifaceted, multi-prong approach together at the ground level and interacting with people.

You know, for example, Evan, I'm so sorry for the loss of your brother. I was stunned to read the statistics on what a problem we have with losing prison inmates after they leave prison and so, one of the components of the president's plan in attacking the opioid crisis is focusing on prison inmates first as

they're coming into the prison system, looking to see better screening to find out what their level of addiction is, working with them while they're in prison, but also focusing on them as they're leaving and going back into the community, making sure that they have connections as they leave. So, really focusing on that on the ground level of how do you interact with people at an individual level to get them treatment and into recovery.

**Mayor Steve Wallace:**

You did mention in the prisons, I was on the joint opiate task force of city and county officials and we went to the jail in Kenton County, Kentucky and they had a separate medically assisted treatment program. The recidivism rate of individuals that came out of that prison was less than 10%. Less than 10%. The judge executive that I was talking to at the time indicated, what do you need in a treatment program? You need a building, you need beds, you need staff.

Guess what? We already have those. It's called prisons and those individuals are in there for a specified period of time. You can't make them go into it, but once they go in voluntarily into the medically assisted treatment and receive the medical assistance, but also the counseling that goes, they start to develop their own life skills, this is where within that community and then out in the community.

What we try to say, take my hand a second. Now, try to let go. Try to let go. What we try to say to anybody who is in recovery is that we are never gonna let go. We're always gonna hold on. They can depend upon us in the community to stand around them and that's why that works when it's community based.

**Matt Clune:**

So, how do we facilitate reentry and how do we make sure that folks exiting prison have all the tools that they need? Spencer, I'm wondering, I know that SAMHSA has a number of different programs and grantees that are specifically community based are coming up with some of the best innovations come out of our communities and I wonder if you might just pluck one or two that are addressing these.

**Spencer Clark:**

The two that we've already referenced, I think, one that's the most exciting is working with patients in the emergency room. Patients that are experiencing overdoses that are being intervened with by medical professionals, having trained counselors or peers that connect with that individual and their family at that crisis opportunity, it is a crisis, but it's also an opportunity, and getting them into treatment and treatment means immediately. That day or the next morning. Not two weeks, not three weeks away and ensuring that that person has ability to negotiate into the treatment system, they get that assessment, they usually get MAT, medication assisted treatment, right away and they are on the road to recovery immediately. That has been very promising. In states like Rhode Island, we've actually seen a reduction in mortality rate in the past, in the CDC reports which is very encouraging when we see that some of the activities that we're doing are actually bending the curve of that mortality rate.

The other area that we've already referred to is working with persons that are coming out of prison. Actively beginning treatment before they leave prison, ensuring that they have a treatment slot available in the community. They probably already have a relationship with a counselor and that they get the wrap around services they need for those immediately following weeks and months that are extremely stressful when they're readjusting to community life, family, employment, things like that that they have a treatment team that is going to help them negotiate that and there's that part of their life can be stable and that they are not at risk for overdose.

**Matt Clune:**

Thank you, Spencer.

When we return, we'll discuss how behavioral health institutions and the recovery community specifically are involved in the solution.

[Upbeat Music]

**Evan Figueroa-Vargas:**

Back in 2011, I found myself incarcerated at a jail in Philadelphia, Pennsylvania. I had been in and out of jail for the last several years as a direct result of my addiction to opiates, specifically prescription pain medication, but in 2011, I found myself once again sitting in a jail cell, withdrawn from opiate withdrawal, and right then and there I knew I had to make a decision. I needed to make some changes in my life and I didn't like the way I was feeling, I didn't like the person who I had become. I called out to my higher power and I said, I need to be free from this addiction. I need to do something different with my life. Starting on that day, I just started to make a plan on what I wanted to do when I got back out to society. While I was at intensive outpatient program, I started to make a plan for myself and one of the challenges that I had at the time was that I didn't have any formal education. So, I said to myself, you know, step one should be not only to start to overcome my opiate addiction, but to do something around my education and I said to myself, you know, I would also like to be a social worker at some point and so I am currently enrolled, working on obtaining my master's in social work at Widener University. So, I currently work at Mental Health Partnerships on a CABHI grant funded by SAMHSA through the state. The program that I work on is to benefit chronically homeless individuals in the city of Philadelphia. Some of whom are challenged with substance abuse, psychological distress, and mental health challenges.

It's amazing work and rewarding work. I've been able to learn a lot about the homeless population in the city of Philadelphia. I'm excited about my work. I feel good about my work. I feel like I'm making a difference in the city of Philadelphia in the life of others.

**Male VO:**

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**Matt Clune:**

Thanks for joining us again. During this segment of the panel, we'd like to focus on what are some evidence-based treatments that are out there and available for opioid use disorder and specifically, I'd like to kick off by focusing on what's known as medication assisted treatment and I wonder, Spencer, if you might take a moment and enlighten us on what MAT is all about.

**Spencer Clark:**

Medication-Assisted Treatment is using one of three FDA approved medications, those being methadone, buprenorphine and naltrexone to assist a patient in their recovery. Medication assisted treatment includes psychosocial treatments and recovery support. So, it's really a three-pronged effort. Medication allows a person to begin to experience recovery when they're not experiencing cravings and withdrawal effects and really able to begin to focus on other life skills. The psychosocial supports help them do that and the recovery supports can be a lifelong challenge for that individual to have supports to continue a life of sobriety.

**Matt Clune:**

Evan, I understand there's some misconceptions out there in the community, particularly the recovery community around MAT and is it really sobriety and I wonder if you might dig into that question a little bit.

**Evan Figueroa-Vargas:**

Absolutely. So, I do believe there's some stigma associated with the use of medication assisted treatment. As a pathway to recovery, some individuals do not believe that people are fully in recovery as a result of being on medication assisted treatment. However, I would say that I've witnessed many of my peers succeed and thrive in recovery as a result and the data shows it. Right? The research shows that medication assisted treatment works. So, yeah. So, there's a lot of stigma. We need to inform. Everything's an education. We need to educate individuals of how effective medication assisted treatment truly is.

**Matt Clune:**

Absolutely. Now that we're more informed and insightful about how we address these problems, how do we instill this knowledge among our treatment providers out there and what are some ways that behavioral health treatment providers can provide a multifaceted or comprehensive approach to help all who come in their doors with opioid use disorders?

**Mayor Steve Williams:**

I have a university in mind in my city, Marshall University. We have medical school, pharmacy school, nursing programs, physical therapy school. Frankly, it starts there. What we've been able to do is involve them in all aspects. First, with the SAMHSA grant. Just being able to train every healthcare professional and student on the early indication signs of addiction. If a medical professional is able to identify the markers right up front, then they might be able to, in their treatment on other maladies, be able to make sure that they're avoiding going down another path that could lead to addiction. So, that would be step one. Then beyond that, then you start working your way into the medical community.

**Charmaine Yoest:**

Even though the opioid crisis is new and at a scale that we haven't seen with some other public health crises, the challenge with addiction and substance abuse problems is not new and there's a lot that we do know that we can apply to this crisis and one of the things that's important in terms of building public private partnerships and building community-based approaches is the role of the faith based communities. There's some long history and tremendous work through churches and other faith-based organizations. Again, close to the ground, close to people and so, these are some of the things that we're looking at as well in terms of building those partnerships and outreach to individuals who are struggling.

**Matt Clune:**

We've heard that a wide distribution of naloxone, more detox beds, those are the kinds of things that can help us address folks who are falling through the cracks and not making it to the front door of the treatment program.

**Evan Figueroa-Vargas:**

So, one thing to be aware of is that not everybody is ready nor willing to accept substance use treatment at this time. However, that doesn't necessarily mean that they need to die. Right? We need to keep them alive long enough. So, I did serve on the mayor's task force to address the opiate epidemic in Philadelphia, a city that has seen 1,200 preventable deaths in the year of 2017.

The city has done a good job at distributing 20,000 sets of Naloxone, which is one of many name brands. In fact, two weeks after I was trained on the use of naloxone back in November, two weeks after that I was on my way home commuting from work and I saw an individual motionless out on the street. My training kicked in, I dialed 9-1-1, I administered a dose of naloxone. Sure enough, by the time the EMT got there, this individual's back on his feet and you know, he gets to fight another day and you know, to that I say, you know, the first step to entering recovery is staying alive. Right? So, if you're not alive, you can't enter recovery.

**Matt Clune:**

Thanks so much for sharing that. This is not just a theoretical conversation. This hits home with all of us. It's happening with you right on the street and if you don't mind my asking you a follow up question.

You've shared that you're an individual with lived experience. Spencer has shared and others on the panel that folks with lived experience, peers as we call them, are having tremendous success in intervening with individuals who are kind of, not quite there yet. Can you tell me a little bit more about your experience with that?

**Evan Figueroa-Vargas:**

Absolutely. So, as a certified peer specialist, we truly meet individuals where they're at in their recovery or in their addiction. Right? So, sometimes that means meeting them boots on the ground right in the middle of that epicenter where the opiate epidemic is at. Not only are we meeting individuals where they're at in their addiction or their recovery, we're also being included and not only being included, but leading the conversations on the way we're gonna shape policy as far as substance use treatment.

In fact, another one of those recommendations that I mentioned earlier on is comprehensive user engagement sites, also known as safe injection sites. So in Philadelphia, the city government is actually exploring a safe injection site and from my perspective, for me it's, I don't just wanna be there as a person with lived experience, I also wanna bring the voice of the person who is in active addiction and help amplify their voice because as we know, you know, sometimes they don't have the resources to make it downtown to sit through a meeting going through opiate withdrawal. So, I gotta get crafty, use social media, etc. Have them write a letter out and take it to city government and other individuals who are actually creating policies that are gonna impact these individuals later on, but again, the first step to recovery is an individual staying alive. If you're dead, you can't recover.

**Matt Clune:**

We didn't home in too much on detox beds and what happens in a detox for the general public's knowledge. How does MAT get introduced in a detox? That kind of thing. I wonder if you might share.

**Spencer Clark:**

Well, I think we start out by saying detox alone is not treatment. Detox is an invitation to treatment. It's an invitation for a person to get into MAT or other evidence-based care. It is the place where many people start, but detox alone is not gonna be a sufficient recovery program for them. So, we really believe that MAT is an extremely effective method, that as I mentioned before, there are three different drugs that can be used and people can experience very quick responses to where they are on the path to recovery almost immediately, which is a really, really powerful change in their lives.

**Charmaine Yoest:**

To tie in what you're saying with this emphasis that we've had on community and treatment is I was fascinated to discover that, you know, I think we kind of have this image of MAT as being quick fix and going to your point about the stigma associated with it, that's where this emphasis on community comes in is that a person has to be committed to being embedded in that treatment for a longer period of time. There's no quick fix to this solution either for the individual or for us as communities or even for us as a nation. We have to be all in and we have to have a comprehensive approach to it.

**Matt Clune:**

Next, we're gonna talk about strategies and resources and really hone in on what that whole framework looks like. That includes prevention upfront, in treatment, and recovery supports. Do a little bit of a deeper dive. Okay?

Thank you.

[Upbeat Music]

**Fred Wells Brason II:**

Thankfully, I can share with you today about Project Lazarus and how it developed from a grass roots perspective to address the opioid situation from 14 years ago. In 2007, Wilkes County was the third worst county in the United States for overdoses from prescription medications and it took a comprehensive community response engaging all the community sectors and that's what our mission has been, engage all population groups, every single age, and to reach the individual, we determined we needed to change the village and that has been our plan and our mission ongoing not only in Wilkes, North Carolina, multiple states, even in the military and tribal groups.

**Jane Casarez:**

I serve as the co-chair of the Project Lazarus Wilkes youth coalition and that coalition is made up of different agencies and organizations in the community that work directly and indirectly with youth and so we really try to target strategies and implement those in the community to reduce youth substance use. We do education with the middle and high schools. We go into their health classes or to assemblies and talk about prescription medication misuse and the dangers associated with that.

**Fred Wells Brason II:**

And what it's enabled us to do is reach the younger population in all of the schools, the extracurricular activities, and families within Wilkes County.

**Donna Hill:**

We have prevention teams in the middle schools and high schools. We include not just drinking and driving and smart decision making, but drug education around all substances.

**Jeannie Stinson:**

We focus on providing prevention activities around the use and misuse of drugs, alcohol, and opiates. We work really closely with the other four middle school counselors and with Project Lazarus to provide the most up to date information to our students to help them.

**Cindi Blackburn:**

We work with students to develop life skills. Those life skills include peer selection, positive decision making, and marketing and advertising geared towards youth. Our youth need to be able to make independent decisions without having a parent or an adult around them. So, they need to be able to make positive decisions when they're with their peers.

**Jane Casarez:**

Youth leadership is a huge component in opioid misuse prevention by really giving those youth the leadership skills that they need, that they can go out and make much more difference in their youth communities than we can as adults because youth really listen to fellow youth more than they listen to us, so if you can give them the leadership skills and help them kind of channel their passion for prevention, they can make a monumental difference in their school community.

**Cindi Blackburn:**

Many of our students are very aware of the problem. They've seen the impact personally and we address the issues in the community. We work one-on-one with some students with the Department of Juvenile Justice.

**Donna Hill:**

Intervention education is a little bit of intervention for some kids who may have already been caught using substances, but it's also a prevention to keep them from re-engaging in any of that behavior.

**Jane Casarez:**

You teach the students about the strategic prevention framework and you teach them about the best strategies.

**Lana Ferguson:**

I've been on the prevention team since the beginning of this school year. Participating on the prevention team, we've made a video and we meet once a month to discuss prevention. Being on the prevention team does make me feel like I'm making a positive influence on my school.

**Fred Wells Brason II:**

As we look at the lessons learned with Project Lazarus, it was evident that the entire community has to be engaged. This isn't just one group or one organization, it's the entire community and if they have the tools and the resources to do that, then change can happen and we can turn and are turning the tide of the opioid epidemic.

**Female VO:**

My story is yours. I am a mother.

**Male VO:**

I'm a father, a son.

**Female VO:**

A daughter. I am in recovery from a mental illness.

**Male VO:**

A substance use disorder.

**Female VO:**

With support from family and community.

**Male and Female VO:**

We are victorious.

**Female VO:**

Join the Voices for Recovery. Our families, our stories, our recovery.

**Male VO:**

For confidential information on mental and substance use disorders, including prevention and treatment referral for you or someone you know, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

[Upbeat Music]

**Christopher M. Jones:**

The opioid crisis continues to worsen in the United States. In 2016, more than 11 million Americans misused prescription opioids. Nearly 1 million used heroin and 2.1 million people had an opioid use disorder. At the U.S. Department of Health and Human Services, we've developed a five point strategy to combat the opioid epidemic. The strategy aims to strengthen public health data reporting and collection, improve access to prevention treatment and recovery support services, target the availability and distribution of overdose reversing drugs like Naloxone, support cutting edge research on pain and addiction, and advance the practice of pain management. SAMHSA is playing a lead role in implementing this strategy. We're using data from our national survey on drug use and health to track key national and state level indicators of opioid misuse and addiction. We're overseeing the largest opioid grant program within HHS called the Safe Targeted Response to the Opioid Crisis Grants which have so far provided nearly 500 million dollars to support state efforts to improve opioid prevention, expand access to medication assisted treatment, and build recovery support services in communities. In our new policy lab, we'll be working closely with states, our partner agencies, and stakeholders to identify what is

working to reduce opioid misuse, addiction, and overdose and quickly translate this research into practice in communities across the country. Here at SAMHSA, we work closely with other agencies within the Department of Health and Human Services as well as with the White House and other departments to advance efforts to combat the opioid crisis. In addition, SAMHSA plays a critical role in coordinating the response with the states through funding and technical assistance. In fact, we recently announced a 12 million dollar technical assistance award for our state targeted response grants, specifically focused on helping states implement high impact evidence based interventions. Giving people access to information on treatment options is a key first step to entering treatment and recovery.

Last year, SAMHSA launched a new online tool, Decisions in Recovery, treatment for opioid use disorder which helps people with opioid use disorder learn about using medication assisted treatment options to strengthen their recovery. SAMHSA's other new resource, a mobile app for providers, provides practitioners with effective evidence-based care for opioid use disorders. The app provides information on treatment approaches and approved medications, a Buprenorphine prescribing guide, and other clinical support tools such as recommendations for working with special populations. SAMHSA is also looking for ways to support the use of technology and telemedicine to expand their reach to underserved areas.

SAMHSA's MAT-PDOA grant program helps states to improve access to opioid addiction treatment. Some states are using this funding to establish telehealthcare in rural communities. There is great interest in exploring the potential of technology assisted monitoring and treatment for high risk patients and patients with a substance use disorder. SAMHSA is committed to working with our partners and patients in order to meet the needs of individuals with a substance use disorder and those living in long-term recovery.

**Female VO:**

For more information on national recovery month, to find out how to get involved, or to locate an event near you, visit the recovery month website at [recoverymonth.gov](http://recoverymonth.gov).

**Male VO:**

My family and friends are always with me no matter where I may be. Sharing stories from home helps me sustain my recovery from my mental and substance use disorder.

**Young Female VO:**

Hey, Dad.

**Female VO:**

Hi, Sweetheart.

**Male VO:**

Join the Voices for Recovery, our families, our stories, our recovery.

**Female VO:**

For confidential information on mental and substance use disorders, including prevention and treatment referral for you or someone you know, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

**Matt Clune:**

Welcome back. What are some programs and resources on opioid use disorder available from SAMHSA and other federal agencies for behavioral health practitioners, providers, and consumers? And so Mayor Williams, I'd like to start with you. You had talked earlier a little bit about some of the strategies you're employing in terms of rapid response in your community. If we might home in a little bit on is there a use to pair emergency responders with people who know a little bit about this or what are you doing with emergency responders?

**Mayor Steve Williams:**

Well, our quick response team actually does pair first responders with behavioral health professionals.

**Matt Clune:**

Can you tell me more about that? How does that work?

**Mayor Steve Williams:**

Well, very specifically, somebody has an overdose, within 72 hours we make sure that we go to that, we identify where that person is and we go to them and indicate to them, we helped you, you're doing okay, we're here to be able to help you beyond this. We can help you with treatment. We're having, of those who we can find, about 35% of them are going into treatment. That's powerful and what usually happens, and this happened on several different occasions, that person usually has someone else there who is a user as well and often times we had somebody else say, can I go, too? Which really starts to let us begin to feel that all of this work that we've been doing, we're finally starting to turn the curve where we're actually going around the curve and actually getting on the right side of this.

**Matt Clune:**

Spencer, I'd like to turn to you on some of the things that are happening at SAMHSA and that you're aware of federally around the use of pain management regulations that can help docs who've been given a license to prescribe regulate their distribution a little bit more safely.

**Spencer Clark:**

The CDC came out with guidelines recently that have been promulgated across the country and as Mayor Williams has mentioned, the training of professionals in all aspects of this, but as you mentioned, most physicians are able to prescribe, but they may not have received excellent training in their med

school or post residency practice in prescribing for pain. So, there's a lot of effort going on across the country in training professionals and bringing guidelines to bear such that they are engaging in safer practices, they're more compassionate looking at individuals that do cross over into the addiction area and getting those individuals into treatment. This is really, really important. There is individuals who legitimately experience both pain and addiction and they need both kinds of care.

**Matt Clune:**

Because we've kind of rolled out a number of different strategies that have been working, I'm gonna give you the hard task here, Dr. Yoest, in terms of we've hit on some prevention strategies, we've hit on some treatment strategies, and some recovery support service strategies. Within that broad rubric, are there some things that you'd like to highlight that you think we're missing? That we would be remiss if we didn't mention.

**Charmaine Yoest:**

Well, what if I mention some resources that the federal government has that people can access so that they can kind of check out some things on their own. SAMSHA is part of the federal Department of Health and Human Services and HHS as it's called and HHS has a website that is devoted to the opioid crisis and there's a place on that website where you can type in your zip code and find resources that are near you and then the White House also has a website called [opioids.gov](http://opioids.gov) which is meant to give a overarching view of the three different legs of the stool, the prevention, the decreasing supply, and the recovery and treatment. So, those are some resources where if people, going back to how we started that there's an information under load, I would just challenge people to really become educated on this crisis, particularly parents as to there will be resources available from SAMHSA and HHS and other places in the government of how parents can talk to their children and reach out in the community and get involved and I liked what Steve said, everybody's going to have a role and people are going to have different parts of this crisis that they'll plug into.

**Spencer Clark:**

There's a treatment locator guide that allows a person to seek behavioral health treatment by zip code just like you mentioned, there are also enormous publications that are free publications that are downloadable electronically or hard copies from SAMHSA. Everything from guides to parents to treatment professionals to patients themselves. There's a whole host of things that are available at the tip of your fingers.

**Matt Clune:**

Evan, what are some, in your experience, what are some other ways that we might be able to get folks with lived experience engaged in the solution here?

**Evan Figueroa-Vargas:**

So, I believe that when we're shaping policies or when we're starting non-profit organizations or treatment centers, I believe that people with lived experience and even people in addiction need to be

part of the conversation, right in the development stage in addition to having individuals with lived experience serving on the board of directors. Right? Bringing that lived experience is kind of being that, helping amplify the voice of the person whose still out there struggling with substance use disorders. So, absolutely just kinda like what we're doing here today. Right? Inviting someone with lived experience to be part of the conversation and help, you know, be also be part of the solution.

**Matt Clune:**

Absolutely. We've talked a bit about how helpful recovery coaches, or peers as we call them, folks with lived experience generally with opioid use disorder can be helpful in intervening in the emergency department, in other areas of the system and I wonder if you might talk about, you know, I feel like we're just touching the tip of the iceberg. How do we get folks like that more involved?

**Evan Figueroa-Vargas:**

Absolutely. I believe that certified recovery specialists or other folks with lived experience with substance abuse and mental health challenges should be part of the discussion. They should be at the table, they should be leadership in non-profit and like myself, they should also be on the board of directors. So, I serve on the board of directors on Pathways to Housing PA and it's a wonderful learning experience for myself and coming to events like this, you know, being part of panel discussions with experts and just having to, making sure that the person with the lived experience, his voice is also at the table and we're understanding that perspective as well from the person with the lived experience.

**Matt Clune:**

What is some information that we can share with our loved ones because as Evan pointed out, we're all touched by this within our own families. Just about everyone knows someone who's got a problem or who's in recovery. What are the kinds of things you think we ought to be saying in our families, in our extended families, communities, faith-based institutions, etc.?

**Evan Figueroa-Vargas:**

For the individual sitting at home watching this. Right? For the mother, the parent, the person whose ready to give up on their child, getting ready to give up on their spouse, I will say, don't give up on them, man. Hang in there. My mother hung in there for me, my girlfriend at the time who is today my wife, she hung in there for me and that absolutely made the difference. That made a difference in my recovery that somebody was hopeful, you know, and somebody believed in me even when I didn't believe in myself. You understand what I'm saying? So, just being hopeful and just hanging in there with somebody. I know it gets challenging, I know it gets tough, and the other piece that I would add if you know somebody struggling with substance disorder, specifically on opiates, you know, I would encourage you and plead with you to please go out and get trained on the use of Naloxone, one of many brands out there. You know, that could literally mean the difference between life and death in the palm of your hands if somebody in your family, in your immediate family or maybe even a neighbor, coworker, is experiencing an opiate overdose.

**Matt Clune:**

Any other final thoughts among our panelists?

**Charmaine Yoest:**

I just think, Evan, thank you so much for being willing to share your story because I think this is the most powerful part of our entire time here together is hearing your story and giving people hope and as policy people, we want to talk about the data, we wanna look at the facts and the figures, but what really is going to make a difference is focusing on the stories of people like yourself who have persisted and who've found a way out of addiction and into a more abundant life and so, I think that as we share those stories and encourage people who are struggling to come out from behind the shame, the stigma and to reach out and to get the help and by you giving them hope and a way forward in knowing that there is an optimism out there, I think that's the most important thing.

**Mayor Steve Williams:**

If there's anything that we can hold onto, is knowing that everything that we're encountering and how we're learning in our communities to deal with this, there's a formula that I've worked in my mind that just, if we follow this, then we find ourselves on the successful side. If you're collaborating, talking with one another, you start to create partnerships. Collaboration and partnerships create trust. Collaboration and partnerships with trust establish hope. All of this becomes worth it because on the other side, we're a stronger community. That's what recovery is and that makes our nation better.

**Matt Clune:**

Mayor Williams, thanks so much for that message of hope and Spencer, I'd like to turn to you as our SAMHSA official here today and just a final thought from you.

**Spencer Clark:**

Well, one of the words that SAMHSA talks about is treatment works and we know that when people get access to high quality, effective treatment, that their lives can be changed and one of our goals is to ensure that people get that access to treatment and that they can get on the road to recovery as soon as possible.

**Matt Clune:**

This concludes today's episode of "The Road to Recovery" focusing on the opioid crisis. I want to thank our panelist and all of our viewers and listeners for joining us. We've had a marvelous panel today and I want to remind you to celebrate recovery month each September throughout the year. For more information, please visit recovery month website and thank you for joining us today.

[Upbeat Music]