



# Library podcast

## Addressing the Opioid Epidemic: Community Approaches & Resources

[00:00:05] Welcome to The Seattle Public Library's podcasts of author readings and library events. Library podcasts are brought to you by The Seattle Public Library and Foundation. To learn more about our programs and podcasts, visit our web site at [www.spl.org](http://www.spl.org). To learn how you can help the library foundation support The Seattle Public Library go to [foundation.spl.org](http://foundation.spl.org). We were excited to celebrate the release of *Everyday People: The Color of Life* with the book's editor Jennifer Baker and contributor Dennis Norris II.

[00:00:36] So without further ado. I would like to introduce the first first of our presenters Renee Young who is the acting regional health administrator for Region 10. Office of the assistant secretary of Health U.S. Department of Health and Human Services so Renee she's the acting regional health administrator for Region 10. She provides strategic direction and operational oversight to the regional office covering the states of Alaska Idaho Oregon and Washington. Ms. BEAUBIEN and her team work with a broad range of public health and community stakeholders to address HHS and regional priorities through partnership and collaboration. Ms. BEAUBIEN joined the regional office in 2002 as a public health advisor and holds a Masters in Public Health from the University of Washington. Please give a warm applause to re-enable weaving

[00:01:37] Thank you thank you especially to the Seattle Public Library for organizing tonight's event and inviting me to participate. The opioid epidemic is such an important issue and it's one that we can only really address by working together. And I think events like tonight are a good place to start conversation.

[00:02:00] So first let me start by telling you just a little bit about the Department of Health and Human Services. The mission of the department is to enhance and protect the health and well-being of all Americans. We fulfill that mission by providing for effective health and human services and fostering advances in medicine public health and social services. As was mentioned I'm the acting. Regional health administrator for the office of the Assistant Secretary for Health for Region 10 and our office works to optimize the nation's investment in health and science to advance health equity and improve the health of all people. And we work. To do that through partnerships and collaboration with a broad range of regional state and local partners including community based organizations academic institutions and health systems. I'm going to spend the time that I have with you this evening to talk a little bit about some current national data related to opioids and then discuss some resources that HHS has developed to help individuals and communities address opioids wherever you get your news. It's really hard to ignore or escape the headlines about the opioid crisis in the United States.

[00:03:13] The growing number of overdoses and deaths due to opioids led to the declaration of a national public health emergency. On October 26 2017. Since then the Department of Health and Human Services has been working on many fronts to assist addressing this in addressing issues related to opioids and I'm going to talk about some of those activities in a few minutes. But first let's take a look at some data related to opioids in the United States. The latest data from the National Survey on Drug Use and Health. Using that data we can get an idea of the scope of the opioid problem. The latest data is showing that over 11 million people misused opioids in the past year just over 2 million had an opioid use disorder. And to put that in some perspective for you that's about half the population of the Seattle metropolitan area. Over half of people who misused an opioid pain relievers got that drug from a friend or relative which highlights the need for safe medication storage and proper disposal of medications when they are no longer needed.

[00:04:25] And while the overall situation as you can see from these numbers are very serious. There has been some progress on a few fronts since January 2015.

[00:04:36] Prescriptions for opioids have been declining and specifically since January 2017 the total number of opioid prescriptions dispensed Monthly has declined by 17 percent indicating that prescribing practices are beginning to change. And we've seen that prescriptions for medications that assist in the treatment of opioid use disorder specifically buprenorphine and naltrexone are going up since January 2017. The number of unique patients receiving buprenorphine has increased by 16 percent. Prescriptions for naloxone the drug that can reverse opioid overdoses is also going up since January 2017. The number of naloxone prescriptions dispensed monthly has increased by 264 percent meaning that more people are able to assist in the event of an overdose. But even with those advances there are still a lot of work to be done here we can see with provisional data from the Centers for Disease Control and Prevention that opioid deaths due to drug overdoses have continued to increase. Between February 2017 and February 2018. And you can see that almost 50000 of those deaths were related to opioids. HHS is continuing to work to reduce the number of opioid deaths from opioid overdoses and provide resources to state and local communities for treatment and recovery.

[00:06:01] We use a five point strategy to guide our work related to the opioid crisis. And I'm going to tell you just a little bit about each of those strategies related to the first strategy in 2017 HHS issued over 800 million dollars in grants to support treatment prevention and recovery and made it easier for states to receive waivers to cover treatment through their Medicaid programs for better data. HHS is improving our understanding of the crisis by supporting more timely public health data and reporting including accelerating CDC's reporting of drug overdose data with regards to pain management. We're trying to ensure that everything that we do including payments and prescribing guidelines promote healthy evidence based methods of pain management HHS is also working to better target the availability of lifesaving overdosed reversing drugs. Finally we're supporting cutting edge research and on pain and addiction. Just last month the department awarded over a billion dollars in grants to states tribes and communities to build on the progress that's already been made. And last week as you might know Congress passed legislation that would further bolster the national efforts on a number of fronts. I want to shift gears a little bit here now and talk about some tools and resources available on Department of Health and Human Services Web sites and all of the Web sites that I'm

going to talk about are listed on a resource sheet that can be found on the table over here see them grab on on your way out if you need to.

[00:07:38] If you're looking for a central place to look for information on resources on opioids. HHS is main opioids web page at HHS dot gov slash opioids is a really great place to start. The information available includes everything from what opioids are to how to respond to an opioid overdose. You can also review resources related to treatment prevention and recovery. And on the Web site the phone number for the national helpline is highlighted as well as an online tool to find treatment near you links throughout this Web site. Go to more in-depth resources on a number of HHS Web pages and I'm going to talk a little bit more about what's available.

[00:08:23] For instance the Substance Abuse and Mental Health Services Administration has in-depth information on medication assisted treatment for opioid use disorder and the opioid overdose reversing drug Naloxone. The Samsco website highlights the national helpline and also has online tools for finding both behavioral health treatment and medication assisted treatment by zip code and by state. You can also find information and resources on recovery including personal stories of people's recovery journeys and links to recovery support services including peer to peer organizations and mutual support groups.

[00:09:02] Another Web site that might be helpful is the National Institute on Drug Abuse and they have a great section for patients and families with information about treatment and recovery as well as prevention. They have a website that specifically for teens that has games and videos to help adolescents understand how drug use affects them and includes resources for parents and educators on how to talk to kids about drug use. For more community level resources the Partnership Center is a great place to go. It leads the department's efforts to build and support partnerships with faith based and community organizations in order to better serve individuals families and communities in need. This website highlights an opiate opioid epidemic practical tool kit that helps communities host recovery meetings and support groups and provides resources on how to conduct trainings that build a community's capacity to respond to overdoses. They also have newsletters for community and faith based organizations and leaders and highlight webinars on what communities are doing. Finally I'm going to highlight just a couple of things that have been released by the Office of the Surgeon General in April of this year as a part of ongoing efforts to respond to the sharp increase of opioid overdose deaths.

[00:10:27] The U.S. Surgeon General Jerome Adams released an advisory on naloxone and opioid overdose encouraging Americans to be prepared get naloxone and save a life naloxone in case you aren't aware is an FDA approved medication that can be lit. Livered via nasal mist or injection it temporarily suspends the effects of an overdose and tell emergency responders can arrive. The advisory recommends that more individuals including family friends and those who are personally at risk of an overdose keep naloxone on hand and the web page for the advisory provides information on the lock zone and outlines criteria to help people determine if they or a family member or friend are at risk of an overdose. And just last month the surgeon general released a spotlight on opioids which highlights update highlights and updates information originally contained in the surgeon general's

report on drug drugs alcohol and health which was released in 2016. The spotlight contains information for the general public especially family and friends of people with an elevated risk of opioid misuse overdose or opioid use disorder. Supplementary materials are available on the Web site including fact sheets for family friends and communities and what they can do to reduce substance misuse and substance abuse disorder.

[00:11:54] And I'm going to leave you tonight with a key part of the spotlight on opioids which outlines things that all of us can do to play a role in preventing opioid misuse. First we need to be talking about it and talking about the potential risk of opioids and way to ways to purge and overdose. We need to be safe with our opioid medications. By taking them as prescribed storing them in a secure place and disposing of them properly when we don't need them any longer we need to be talking about. Or excuse me understanding pain and talking with our healthcare providers about other treatments to manage pain that may have less risk for harm. We need to know addiction and understand that it's a chronic disease and that with treatment and support people do recover. And finally we need to be prepared. If you are a family member or friend is at risk of an opioid overdose having the locks sewn on hand could save a life. Well I hope that some of those resources that I highlighted will be of use to you in your community or in your family or with your friends and thank you all for being here.

[00:13:11] Thank you so much Rene. We're going to have Q and A with all the presenters at the end as well but we'll have a little bit of Q and A in between.

[00:13:22] So you can ask specific questions to specific presenters to All right.

[00:13:30] So our second presenter is Caleb Banten green Ph.D. He's the principal research scientist and interim director of alcohol and drug Institute at the University of Washington. Caleb has worked with and on behalf of people with opioid use disorder and addiction for two decades. He researches effective interventions for opioid use disorder and overdose. He also works with community and professional groups across Washington state to support their implementation of research proven interventions that meet their communities needs.

[00:14:07] Please join me in welcoming Kayla Vantaa green.

[00:14:16] Good evening. Very happy to be here. Thank you for hosting this event and for all of you were putting it together. So we're going to talk about sort of why do we have an opioid crisis which is interesting but a little more interesting is what do we do about it. We'll talk about that also. So I'm going to talk about what is opioid use disorder what are effective treatments. What are the trends. What does King County's opioid response plan and what can you do about it. I'm going to give you the answer now the answer that I want you to walk out of here with us to understand it Opie's disorder opiate addiction is a treatable medical condition.

[00:14:54] The most effective treatments are medications that counselling and social support can be of value for a lot of people and that you can be on medications and you can be in recovery and cut your chance of dying in half. That could leave right now but then be Oring.

[00:15:10] But that's what I want you to listen out for something to give you lots of data and slides and figures and within all of that all I'm really trying to do with all these slides is find some visual way or some words that sort of make that click and connect for you that it makes sense to you.

[00:15:25] That's that's my goal. And we'll come back to that at the end of this as well.

[00:15:30] So what are opioids and why in the world do we like them so much so opioids are just by definition a molecule or a drug that binds to opioid receptors in our brain. And that's the endorphin receptors. What I actually think is really cool because I like words and we're in a library is the word endorphin is a really cool word. The orphaned part of it means morphine an end or endo part means internal part that it's the naturally made morphine molecule. So we're primed to like and respond to opioids. Duchess all of us are. And opioids are really great medications are really great drugs. If I was living in Southeast Asia thousands of years ago and I had pain or cough or diarrhea I'd just go make myself some poppy tea and I would take care of it.

[00:16:18] But the challenge is now is that we've processed and purified it and we're injecting it and smoking it. And when you speed up how a drug is taken it's much more likely to be addictive and that's really to how we've run into the problem that we have. So that's just a little bit to understand. There's a reason that we respond to opioids. Our bodies are primed to respond to them and we respond to them differently. And I'll talk a little bit about that.

[00:16:41] So this is important. If you're going to fall asleep don't falsely be at. Opioid Dependence. The physical part of opioid dependence is really important. That's a physical change where the body adapts to taking opioids. Over time you develop tolerance.

[00:16:59] That means the more you take the more you have to keep taking it get the effect. So you have to keep taking more and more and more to get the same effect you're seeking. And when that happens and you're physically dependent on the drug which can happen as little as a couple of weeks you stop using and you go into withdrawal. And it's important to understand that withdrawal feels horrible. And I'm thankful not to have been through it. But I'm also not thankful to have had the rotavirus and the noroviruses my life and to have enjoyed sleeping on a nice cold bathroom floor and that feeling of relief food that feeling that you feel like you're going to die that is what people are trying to avoid. That's why people do the things that they do to keep using opioids because they don't want to feel terrible. It's not a subtle little Oh that's a minor inconvenience. It really is a feeling of of a near death experience. And to be clear every person in this room if we all took opioids on a regular basis for the next month this is what happened to all of us. This is just a normal thing that happens to human beings. We all get physical dependence on opioids. What's different is some people like opioids and some people don't that from an addiction perspective you want to fall into the camp of not liking them. You would prefer to be a person that feels nauseated and sleepy and off. But some

people take opioids and they say I feel normal or feel really good. And that's reinforcing and that's why people keep using it because normal are really good is a great thing to go after and here's something you can take that can make you feel like that so openly just order is different.

[00:18:29] One part's the same. That's the physical dependence part. That's the biological part. But opiate dependence is three parts the physical dependence. But then there also is the psychological part that you are thinking about opiates all the time that you crave them that it becomes the most important thing in your life. And that's what I think folks don't understand is that opiates become more important than water or food or sex or love. And that's not a choice that anybody made. Nobody ever said I really want to go down this pathway and make love or friendship the least important thing in my life. That's not what people choose. They go into this because it feels good. Opioids feel good so there's a psychological piece and then there's the social piece as well and the social pieces that guess what if you're physically dependent.

[00:19:18] You have to use force six times a day and you think about it all the time and you are starting to be more interested in heroin than you are and taking care of your kid that's going to cause serious social dysfunction. That's what's going to happen. That's a normal thing as well. That's going to happen to anybody in that state. So opiate use disorder is the chaos it's all three of these things together.

[00:19:44] And what it looks like is you keep using even though even though you know it's hurting you I know it's I know it's bad for me. I know I'm hurting myself. I know I'm getting abscesses I know I'm having overdoses and I can't stop.

[00:19:55] And I've tried to stop many times and I can't and I'm spending almost all my time using or recovering from using an amusing and dangerous situations using alone and using in places where I'm vulnerable to violence. It's a really dangerous situation for folks.

[00:20:15] So this disorder happens to about 1 in 4 people who try heroin. And what does that mean. That's kind of weird right. So. All days it used to be hard to use opioids. You were really using opioids were prescribed very widely and if you're using heroin you were in a setting where people are using to get high.

[00:20:31] That's what that's what that looks like. There's every reason to think that a person smoking OxyContin in the same context of using to get high with friends or trying to party is just as predisposed to addiction. So it's not that everybody who uses no one in four become addicted. It's people who are using with the intent to get high in a social setting where other people are using to get high. That's where that starts priming and that about one in four people are like Yeah that's right this is it. This feels right. And reason about half of that is genetics. Some people are just predisposed to like these substances and respond to them. A personality type is certainly a piece of this. People have different types of personalities. A huge thing is trauma. Right. So if you literally feel terrible emotionally or physically or both. And here's a substance that makes you feel good. Heroin is called heroin because when it was made in a laboratory made people feel like heroes. It made them feel

good. So if you feel terrible and you have been a victim of trauma during your life having a substance that makes you feel good and like a hero is a really exciting thing. And then also the set and setting really matters as I mentioned if my kid buses arm and I give them Percocet three times a day in the kitchen that's really boring. That's not going to be priming for addiction. But if he takes that bottle of Percocet to a cagier and smokes it with a bunch of his buddies that is priming of addiction that is much more likely that addiction that's going to happen and that's that. So that mindset what how you're thinking how you're feeling and where you're using and who you're with is really important for priming for addiction. That is addiction is more likely to happen.

[00:22:09] So what do we do about all that. So in thinking about what treatment looks like and I want to use this is almost I want to use that word treatment with a little tea treatment really trying to get a person into recovery and stability out of the opiate use disorder. The overall goal of treatment is really like any other health condition. We're trying to give people that understanding and the tools that they can manage their health and be healthier.

[00:22:31] That's the goal and a lot of those tools we're looking at are behavioral change changing how you're acting how you're physically acting sometimes you also have some good approaches to help people change some of their thinking and their thought processes environmental change is huge. It's also one of the biggest things to change. When I was fortunate to be working with folks with dopiest disorder when there was still the kingdom. And I was a young young person I was 23 years old. I was thinking about all the things you were trying to ask people change where you live change who you hang out with. Change how you think. I say I don't think I could do that and I kind of got my stuff together and I don't have anything against me. So I asked people to do that who are in crisis is a lot and really unreasonable. So that environmental change is important but very very difficult to do on your own. And we really have to think about how to support people and create environments that are supportive of people and then I'm not a medical doctor. I'm a public health doctor but my medical doctor friends they're very clear. Every one of them who has an addiction medicine expert says the majority of people with Opie's disorder are going to do best on treatment medications for many years. Not all. Not forever. Not for a week. There's variability but on average most people are going to do best on those medications and they need to least fully understand them and consider them and make an informed choice whether or not to be on medications.

[00:23:53] And we need to set up a long term plan for folks use disorder as a lifelong condition. People are going to be struggling with this for years. We just worked with folks coming out of prison. People hadn't used opioids in 10 years and they said I craved every single day I was in prison. I didn't use in 10 years but I still craved every single day. So and now they're out in an environment where they can use. We need to really think about how we set people up for success across their whole lifetime. And then really importantly what works for me today may well not work for me in a month and probably isn't the same thing is going to work for me in a year. It's definitely different than what's going to work for me in ten years. So really making sure we don't have a one size fits all for everybody and also that we allow people to change and adapt and grow in their life and that we really meet their needs as they change. So one way to look at this with a picture about what is opiate use disorder on the left side here the obvious you have to use opioids.

[00:24:47] That's the first part you would have to become physically dependent on opioids. And then what we were talking about those two those two other pieces the psychological part and the social piece all come together. So opioid use disorder is those three things coming together as I said it's the physical dependence. It's the psychology it's the thinking behaviors it's the thinking and those behaviors and it's the social impact it's sort of the chaos and destruction that happens in people's lives that altogether is opiate use disorder. It's all three of those. And the reason that matters is that there are at least three paths out of opiate use disorder and I'm not going to go into every single word up that. I'm just going to describe what these different paths are. So one path is sort of doing it on your own maybe getting counselling and social support. And that is a pathway out and that works for some people that works for a small minority of people. And we can't predict who that is but that is a pathway out that some people want to and need to try. The great thing about that is you don't have to go on medications. You don't have to go to a doctor. There may be some places where you're better able to get care. Unfortunately we still have some housing providers that inappropriately don't allow people on medications into their housing and that is inappropriate.

[00:26:02] It's a violation of the American Disabilities Act but it still happens. So it's important to know that in that situation that may be all that a person can do. The cons are and this is a big Condes your relapse rate is incredibly high over three quarters of people are going to relapse within three months. So relapse is incredibly high and when you haven't used for a while and then to use again that's the biggest risk for overdose. So this is an option for some folks but they need to go into it with full knowledge of the potential risks and the benefits of going down that pathway. So another pathways to use one of the three medications that is out there there's a medication that's an opiate blocker. It's usually given as an injection. It basically binds on an opiate receptors and just sticks and other opiates just bounce right off of it. They don't have any impact that medication is called naltrexone. It's a long acting opioid blocker again it may be more acceptable in some settings there are some housing providers that don't allow people to be on certain medications. There may be some families that are very opposed to certain medications. So it might be more acceptable and some people report that their cravings actually go away when they're on that medication. What we know is to our best of our knowledge is the reason those cravings go away is that people know they can't use and that knowledge that they can't use breaks that reinforcing cycle.

[00:27:20] I want to use I think I'm going to use I'm going to use I can use and I'm going to use and I'm going to hide and eventually people realize I can't use anymore. Therefore that goes away. That again appears to be a minority of people but for some people that cycle works and that medication works well for them. A challenges is that most of the people that I work with him talk to who have Opie's disorder. They describe that when they're on opioids they feel normal normal is a pretty good thing to feel. And so if you're on an opiate blocker that doesn't allow opiates to be floating around and binding those receptors and you feel normal opiates that medication you may not feel right on. So it's important to understand that it's an option for some folks but it's not going to be the right thing for everybody. A third pathway is using one of two medications either methadone or buprenorphine. The most common brand name for buprenorphine and Suboxone. Those are both opioid compounds so as I mentioned if I imagine a keyhole and you put on heroin binds to that keyhole and turns it on that

Trex and goes on that keyhole and just blocks it. These medications turn that receptor on either partway or all the way they work a little bit differently.

[00:28:30] But they're both taken by mouth. They both last about 24 hours. And when they're given at the right dose a person feels normal. They don't feel high and they don't go into withdrawal and those medications can be very effective by themselves. It's important to understand. And some people will also benefit from social support and counseling but not everybody to the point that we really do not encourage programs to mandate counseling or social supports anymore. We think it's really important to offer good high quality counseling and social supports. But the mandate is something we really don't think is appropriate. If I have diabetes and I'm doing really well on my insulin and I'm stable my nurse practitioner isn't going to stop giving me my insulin because they don't go to my weight loss support group. That's not what that is going to do. So we need to make sure that the services we're offering to folks are really added value for them not things that we're doing because well that's the way we've always done it or that's how our program is set up but we're really trying to meet the needs of the folks sitting right in front of us and giving them added value. The advantage of these medications as they've really really strong overdose prevention effects somewhere between 40 and 80 percent mortality reduction when people on these medications.

[00:29:39] You saw those data I'm going to show you more data. We are awash in dead bodies we have over 300 people a year dying in our county's 700 statewide just from opiates. So we need to be solving mortality and these medications are actually the most effective long term way to address mortality. They also help people feel normal. And they directly address cravings and then it's important understanding that they are opioids and that they have side effects and they need to be dosed appropriately. And some people don't feel good or right on them and that's important understand that these are not the right thing for everybody. These are data for Washington state and these are drug overdose deaths from 2000 through 2017. That top line is any drug cost that you can see those numbers going up to 1163 last year the big blue line are all opioids that's combining opioid prescription type opiates like Percocet and Buycott in an Oxycontin. It's heroin and it's illicit fentanyl. They're all combined together. And what's striking to me about that line having worked in this area for a long time all of this time for sure is that that line is flat over the last decade. Which you'll see under it is you start picking apart the story. That green line or pharmaceutical type opiates and you see that that peaked in 2011.

[00:31:03] That's also when prescribing peaked. So those things totally go together. So pharmaceutical opiate involved deaths have declined and they became much harder to get off the street. At least if the harm became hard to get real prescription opiates off the street you see that line going up there. The red line is stimulants. I want to comment on that that's almost all methamphetamine and you may or may not be aware but the number of methamphetamine deaths have skyrocketed. You can see here in Washington state and even just in King County they've gone from 20 a year to 120 in just a handful of years. So methamphetamine is another real major issue we need to be thinking about as well. You can see here the heroin line which I think is that actually green line trying to get my color vision going. And you can see those heroin deaths increasing and that completely mirrored what happened. Pharmaceuticals as the pharmaceuticals came down. Heroin

went up and that's really it's a simple story why that happened in Washington State really worked very hard to rein in opiate prescribing but we weren't ready and we didn't prepare and we didn't say guess what. People have opiates to sort of use opioids. And if we take away the supply diverted opioids they're going to use the next opioid that's available. We weren't ready. We're about 10 years late making sure that we're providing an adequate supply of opiate treatment medications and then we have the new beast in town and that's fentanyl illicit fentanyl.

[00:32:28] This is a synthetic opiate that's made overseas and shipped in and is sold probably primarily as fake pharmaceuticals and pills sometimes and mixed in with other drugs. And you can see the increase there are not a lowest line and fentanyl involved overdose deaths. The 2018 data for King County show an even higher rate of fentanyl involved deaths. It's just an instance of. There's a lot of demand out there right now that demand is being met more by illicit drugs than it is by our capacity to get treatment medications out there. You know a way to think about this is that you know if we're really going to address this we have to undermine the illicit opiate market. And the only way are going to do that is make it easier to get lifesaving medications than it is to get drugs. And we have a system set up right now that makes it easier which is not an easy path to get the money to to buy drugs buy those drugs use those drugs recover and repeat 4 6 times a day. That right now is easier than fixing our healthcare system to a line so you can go to any pharmacy any day and pick up your medication. We have the infrastructure. We just haven't chosen to sort of unlock how we set up our systems.

[00:33:38] Let me explain this one.

[00:33:42] This is about people who've never been in drug treatment before they come in for the first time and they say their main drug is heroin. That's an unusual situation you would think you would think would be marijuana or alcohol. It's not for these folks it's heroin and it's looking back in 2002. There are about 700 people who came into treatment. This is public treatment. This is mostly Medicaid. These are lower income folks which is just a piece of this. So about 700 people came into treatment for the first time. About a quarter of them were 18 to 29. So you see that group in Orange. Those are the 18 to 29 year old. Those are the young adults. So they were just a small proportion and you can see by 2015 it was 2300 people who had come in to treatment for Opie's disorder. And the vast majority of that orange group are those who are 18 to 29 and this matters because if these people haven't died and some of them have these are people we need to figure out how to give them the services and supports and take care of them for the rest of their life. We need to figure out how to take care of people how to change our attitudes and society chains or access to care so that these young adults can get another 50 or 60 years and have the opportunity to become older adults. So folks may have heard about two and a half years ago King County convened a heroin Task Force a heroin and opiate Task Force.

[00:34:57] We actually had one in 2000 as well. And we had eight eight things that we recommended. There were three things on the prevention front. And I just want to go over them briefly. The amazing web page so if you're interested as you put King County Heroin Task Force you can find not just these flyers but also really good resources and information there. So one is we just want to increase

the awareness of the adverse effects of opioids overdose and opiate use disorder. You can see this flyer here in the upper right. There are some over there. I don't know if there are some over Nasdaq. Hopefully there are some over in a stack there were out at the table earlier and this is just the idea that we want to let folks know particularly folks who have teenagers because that's the peak time when people first mis use opiates is around 14 or 15 that you really want to be thoughtful about whether to take any opioids into your home. And that they're not very effective for minor aches and pains that actually ibuprofen and acetaminophen Tylenol and Advil work just as well. Of course is a place for opioids. Absolutely for really serious pain. There's going to be a place for opioids but for most things that are happening in adolescents like a sprained ankle or upper respiratory infection that does not warrant opioids and for too long we've been prescribing a lot of that.

[00:36:07] So we're really encouraging families and adolescents as well to understand the risks and make a decision about potentially not taking them at all or taking just a few taken enough to get through that maybe that first day and no more than not really being careful about that. If you do take these medications when to make sure people store them in a really safe way that's just incredibly important. Almost nobody throws away their opiates. We have great resources now. You can look at take back your meds dot org and find places to dispose of your medications all over the county. I'm looking at Erin but I think we have over 100 pharmacies where you can just take and dispose of your medications and they do as you get with those medications. The day you stop using them not when you remember don't hang onto them in case you need them later like just get rid of them that's just not worth having them around. And then really importantly as well for those who are struggling with substance use disorder or are heading down that path really trying to identify that as early as possible trying to partner with schools and do good screening and brief interventions with folks as early as possible in part of that is to not just avoid the addiction but to avoid the trauma of substance use disorder itself. And there there's a couple of resources to see that flyer even better than a flier cartoons.

[00:37:18] Some cartoons that are out there trying to convey some really basic messages while about particular around making sure medications are stored safely just a couple more things here I want to mention one is around treatment expansion. I mentioned that medication buprenorphine that's the easiest medication that we can sort of really ramp up our supply of. If we choose to. So we're working to make it easier to get a lot more places. We're trying to make treatment on demand available everywhere as best we can and we're making progress on that. We're not there all the way but there's good progress being made. And then we're also trying to make it easier to open treatment programs. There's a lot of stigma around opening these treatment programs as well. It can be hard to find a place that wants them. There's a lot of NIMBYism people don't want this in their community. What I find when I go talk to community groups and community councils and so on is that they'll tell me the problems already there. And the idea is if the problems are already there and you have people living in your community with copious disorder they're going to use opioids every day. That's what a person or therapy used disorder does. So we have a choice to we want to have them continue using. Who knows what and injecting it or smoking it or do we actually want to set it up so they can access lifesaving medications in that same community.

[00:38:25] They're already there. They're already using. We have to figure out what we want to be use. We want them to be using and set up supports for them. And then lastly talk about those who are actively using what are we going to do for them. There's a lot of naloxone getting distributed out there and I've worked around naloxone efforts for over eight years. There's a lot of naloxone getting out there. It's a great thing and to get out there it absolutely saves lives. It ends up saving a small proportion of lives. We are not done when we distribute naloxone. It's a great first start. It's something we should continue to do. It saves lives but it is an inadequate response by itself another option you've probably heard about that the King County is exploring is the idea of opening spaces where people can actually use in a safe consumption site that can actively use their substances that they bring in under medical supervision. There's over 100 of these sites around the world and there are several of them up in Vancouver British Columbia that have been really well researched. I think what's important I get a good Juliann questions about these sites is that they fill in need what we know is about 80 percent of people who are actively using say they want to stop their use. But about 1 in 5 is not ready to stop the use or doesn't want to stop to use.

[00:39:40] And I like those people too. And I want to make sure that they're able to stay alive and we need to think about the services that we're going to give them. Too often people come in a syringe exchange we treat them really well we give them good counseling we help take care of their wounds. We give them supplies and then we turn them loose and say you need to go find a place to use. And when you talk to people they don't want to use in public. They don't want to use in front of kids. That's not what they want. So society doesn't want them using in public and the human beings who use opioids don't want to be using in public. And so this represents sort of that winwin opportunity to try to find a safe place for people to use and ideally keep them alive in the short term and get them connected up to services and other safe people when they're ready for that. So just to wrap up I think what's been really amazing to me is this whole idea of stigma and what's really amazing is I'm finding there's as much stigma about the people who have opiate this disorder as there is about the medications and so what I want you to understand is that for buprenorphine and methadone too often we hear that just keeping a person addicted you're just swapping one drug for another and that's not the case.

[00:40:48] You saw what addiction is addiction is biological psychological and social it's all of those things. It's not just physical dependence. I'm fine with physical dependence on a life saving medication. I have no problem with that. I'm fine with physical dependence on an antidepressant or insulin. I have no problem with that. But I hope people will be able to get to is abstinence from danger in their life. I don't care that they're absent from a medication that's not of interest to me. I want them to be apse abstinent from danger and chaos. So I'm going to repeat what I started with which is that I want folks to know walking out of here and maybe something in here made it click maybe not that Opie's disorder is a treatable medical condition that medications are the standard of care. Most people will do best on medications. Many will also do well and benefit from social support and counseling. That this treatment medications support recovery that you can be on treatment medications and be in recovery. And that matters. I had a great conversation with the gentleman at recovery cafe several years ago. And I said that I think for the first time and he came up to me and he

said I've never heard that I've been on and off Suboxone 12 times in my life because every time I'm doing great I want to stop being addicted that drug and get off.

[00:42:03] And every time I relapse within two weeks I've never heard or thought of or conceived or the idea that I could be on medications and be in recovery. I have another friend who's been on Suboxone for probably 12 years now and in the interim has had an amazing career and now a 6 year old or an 8 year old. She has no plans to get off the medication. She's doing great. Her life is under control. She's not having side effects. There's different paths for different people. But I think we need to be open to really making sure that our health and how we're doing are functioning is what's driving what we're doing not somebody else's preconceived notion not the calendar not something else but really are we getting more benefit from harm from whatever care we're getting and letting that continue to drive us and then really importantly you know when I look at what's happening in our society the overdose deaths I look at France and when France made the medication buprenorphine far easier to get removed all the requirements from prescribers. There were no special requirements anymore. The overdose death rate in France declined 79 percent sounds pretty good. I would I would like some of that here. So I think that's something that we should consider looking at. So just to wrap up we have some resources here on our Web page. The Alcohol and Drug Abuse Institute which you can always just look up and you'll find it.

[00:43:18] We have a lot of local data. We have all sorts of resources and information for folks. We also have to stop overdose dot org web page that we run that has all sorts of information everything to everyone about naloxone an overdose and more including a naloxone locator about where you can find it and then really importantly the recovery helpline. They're doing a lot of work with the recovery helpline making sure their staff and volunteers really understand what opiate disorder is and how to have those conversations with people about what's the right treatment for them. And then we've been building a resource database that we can actually refer people to care the first time that action matches their needs and their interests. And there are lifestyle gaps we have drop in services for homeless people who use heroin and methamphetamine. That's a lot of people and there's too many treatment programs that don't allow people like that. And I don't want to waste my time with a bad referral that's bad for everybody. So we're really trying to make sure we're hooking up people with the right services the first time around. So I encourage you to take a look at those resources. I know it probably went a little long. I'm happy to take a question or two and then we can I would love to hand it over to the chief and we'll have a broader discussion. Anybody have any questions or comments.

[00:44:28] I waited so long to come and hear this talk. Ten years ago my boyfriend commits suicide. He was addicted to meth and I couldn't get any help and every day I live and relive and relive it because I know I felt a and I don't know. Like right now I live in senior housing and job. I'm going for help about depression but we have a meth problem. And there's no cure for it. And some of the things that my father gave me are gone because you sold the it was too gory sight. And the catch wouldn't let me buy his body. But I wonder like the police department and the fire department who helped me through. And the police department were wonderful to me and anybody that knocks to please those that know wouldn't or talk about cars said they are for you. So let's have education about meth. Because he was clean and sober for five years. And I don't know what

[00:45:53] Thank you for died. Well I don't wish we had the resources years ago but it was not. I couldn't get up and the day before he died he said honey I'm an addict.

[00:46:09] I want to die I want to die I don't deserve to live.

[00:46:12] What do you say to you want to go to the board. But I couldn't because I did the thought that he should die. I would need more places for these people. Course are not animals or human beings would put up a nickel to help the beasts or and that's when I wonder tell to all the Republicans in Congress that vetoed it.

[00:46:43] They don't know what Uncle Bill.

[00:46:47] All I can say is I'm really sorry for the trauma in your life and I hear you. And thank you for sharing your story with us and that we are working really hard and we will keep working hard to address both what's going on with opioids and also methamphetamine because it is devastating for people and I hear you and I know that I'm sorry for your trauma like grabbing everybody and I just want to say congratulations.

[00:47:13] The recovery headline because you really cared about teenagers. Students idylls and Alder's and it's a very good thing. I being a participant here and I would like to. Help the type of people some day and to have all their brochures that I need. And I really really appreciate that I was lucky to be here right now in this moment. Thank you

[00:47:53] Thank you for that Kayla so we're going to have our last presentation and then we will open it up again for Q and A. So our last presenters Deputy Chief Mark Garth Greene from the Seattle Police Department Mark Garth Greene has 22 years of law enforcement experience 19 with the Seattle Police Department. Garth Greene in his role as supervisor of the robbery gang. Fugitive units as been the department's lead on implementing various community based initiatives aimed at enhancing public safety including the project safe neighborhoods program and the comprehensive gang model Link Youth Leadership intervention and change program.

[00:48:41] This work also includes coordinating the departments federal task forces FBI ATF U.S. Marshal Service focused this focused on preventing and interceding on violent crime particularly gang and gun involved crimes. Garth Green served in the United States Marine Corps for four years and holds an associate's degree from Pasco Hernando Community College. Please welcome.

[00:49:10] Deputy Chief Garth gry thank you very much for having me here this evening.

[00:49:20] Appreciate it greatly. I'm going to show some slides that captured a bit of information.

[00:49:27] While the information is germane to kind of what we're talking about realistically part of the process be showing you that is just to show that we are trying to capture as much data as we can to

look at the global scope of the problem within Seattle and then we partner with our regional partners to look at a much higher level as well and how we intercede and interdict in that.

[00:49:50] So the first one is just basically a slide showing our reports of the arrests for narcotics. We can see 2017. Year to date and then 2018. And this is focused just on heroin and opium. You can see the decline in the number of reports. Now this is a lie. It deals with the fact that again looking at this in a holistic value of not criminalizing the addiction and the use of this but rather looking at other ways to intervene and to work with it. We do a lot of hotspot mapping too so that we can capture that data and see where it's affecting ourselves. Now these are what we call dashboards here or on our website so if you go to city Seattle websites Yelp police department you can go to see stat dashboards and these will come up you'll see that there is a view across the top there are roll boxes talking about time frame precincts neighborhoods crime groups you can actually go in there and drill down to your basically your neighborhood to capture that type of data. We update these monthly for external facing for fundraising for me I see them updated daily. We don't do that externally because sometimes the changes don't make a lot of sense to folks is looking at it but more contextually on a month basis you take a look at the numbers. So all of these are available on our website so you're always feel free to go in there and take a look at what's important to you and in your neighborhood or the city as a whole. So again just looking at a different way of capturing some of the data.

[00:51:29] These are narcotics calls with complaints and overdoses. So for 2017 you can see a marked increase. And as we go back to the years and again looking at heroin and opium we actually see more overdoses is cable talking about methamphetamines. A lot of times within the city then we actually see with heroin and opium. But however heroin opium is a huge issue for us. Fent no which is much more of an issue North of us not so much in the cities yet in the King County region it's increasing and growing but especially up in Vancouver most of their heroin opium overdose type thing is actually Fenno it's no longer heroin in a lot of that is the illicit drug trade. Most of their market is controlled by offshore Chinese so that's more of a fentanyl thing where more of our heroin and opium based is basically South American which is more black tar heroin that we see we don't see as much. Now that's growing because of the Internet and different things words the ease of people actually purchasing through the dark web and other things that now are so there that's becoming easier and easier to get a hold of brought in here so we'll see a rise in that too at some point but the market is not controlled on that.

[00:52:56] And yet realistically this is probably the best one to be looking at and this is our overdose calls and you can see the steady increase and the jump in the last several years of how many times the Seattle Police Department are going out on overdose calls. These are the only ones. These are the ones we get. Normally when there's an overdose call comes in and 911 will dispatch fire units and will dispatch police units as well because we need to capture the data.

[00:53:24] We also need to get the illicit narcotics and work from that and as well. And you can see just the increase that we continually see in this the opioid epidemic.

[00:53:40] I'm going to go off the slide show from just kind of happened there when we're looking at it from a department at the police department's view. We look at it kind of with three different pillars of how we're trying to work with it. One is prevention intervention. How do we prevent folks from ever getting introduced to this. Senator Cantwell I've met with her several times and worked with them on some different legislation to deal with doctors prescription abuse of opioids and work with some tougher laws on there for manufacturers pharmacies working with that working with the schools by reaching out to the kids in a lot of things when we looked at those slides earlier 18 and above. But realistically we need to be touching kids in and intervening with them at the age of 12. All right. And a lot of times we talk about it in the circles of gang violence I'm going to step away from opioids. And everybody says oh you know 16 years of age 18 that's too old. We have to go after middle school 12 year old children in that area where we really need to get involved in their lives and have some interdiction. So it's kind of breaking that stereotype of oh it's only the older kids because it's not true. Right. And we need to get younger and younger each time to be working with it. And so working with the school districts to get that information out and then intervening in folks lives with how we do it next from would be treatment.

[00:55:10] And this is the biggest one is what Caleb talks about. This is a medical condition. Right. And a lot of people there's that stigma out there and I was sitting on a panel the other day talking about this and a statement caught me. And I've used it ever since. We need to flip the script if you will. All right. This isn't a choice for folks to do this this isn't their lifestyle. This is an addiction and it's a medical condition a disease Akin same thing as cancer or anything else that's out there and we need to have people understand that and take the stigma away from it because we need people open to treatment. And that's where we need to go with it. There is a pillar of enforcement. There's always going to be a pillar of enforcement and it's not enforcement in the thought of the person who's using it. It's not the person who's shooting up that I'm interested in enforcing any type of criminality against. I'm not interested in enforcing subsistence dealers. Folks are feeding their own habit by selling selling small portions of it to actually feed themselves. Those are not what I'm interested in working with at all or I am interested enforcement is groups and organizations that are bringing these narcotic into our area either from offshore or from South America people who are large dealers who are bringing this stuff into prey on our folks.

[00:56:38] It kinda just the same people who go out there and shoot people same people go out and rob people. This is nothing less than robbing people of their lives and killing them as well. And those are the people that I do need to enforcement actions on in disrupting those criminal organizations. So there is a pillar of that when we look at enforcement with in kind of more on the lower level types of things we looked at a lot of diversion. We work well with the program of Law Enforcement Assisted Diversion. So looking at people who are addicted may be small low level criminal offenses to help feed addiction or low level possession offenses to divert them from the criminal justice system criminal justice system is not going to help them. We understand that it helps society in different ways but it's not going to help this issue. All right and so we need to address that issue. So how can we divert people into a supportive culture where there are services for folks.

[00:57:39] Law enforcement assisted diversion moving them from the criminal justice system into that system is a much better way to go and looking at that for folks that don't qualify and maybe have a little bit more than the lower level things we're looking more to move people to drug court again not the main lines criminal justice system but get them into sometimes it's mandatory treatment and other options that are available to them and working with the prosecutor's office to get people in through that route then obviously a higher level possession cases and dealing with it. We're dealing with our regular criminal justice system.

[00:58:13] Again there is a component of that that we have to truly address within it. But we take it back for a moment. What about the officers on the street. This is where we're truly trying to figure out how we best deal with the problem because a lot of times we are the first response out there as to what it is. So how do my officers work. What do they have available. To them arrest is always an option. It's generally the very last option. We want to exercise with this because we know it's not going to solve the problem. At some points it may be the only option that we have to save that life at that moment in time. And we're going to exercise that we're not going to apologize for that. If we think it's going to save somebody's life I will have my officers do that every single time because for that moment in time we can save them and then we can try to divert and do different things with them on the back and we can send people to the hospital people who are willing the officers if they're on scene can conduct it and have the fire department respond and medical response and we can move people to the hospital. So those are kind of the two big options. After that we become into the issue of what else can they do.

[00:59:28] Right. And this is this is the big question.

[00:59:31] That's the million dollar question we're always trying to answer is when it doesn't involve those two issues what do we do. What services can we provide our folks out there. What intervention can we provide them. And right now there's not a lot of it. There's not a lot available to the police department and we're trying to figure out and partner with other agencies and folks of how do we when it's not a criminal matter when it's not a life safety matter that the fire department needs to be out there how do we intervene into these folks lives and what resources can we give them in trying to figure that out of having that not only just a word or a pamphlet that I can give them but actually having somebody able to respond to talk to them somebody who's more knowledgeable. All right. Police officers. While we are knowledgeable in some areas that's not our forte. So have somebody who's there works in that field in that program to be able to turn them over to right where I always call a warm handoff. Right. We shouldn't leave somebody on the park bench or something with a note and saying hey call this person next week because next week's too late. All right. We need to be able to call somebody and have them respond and basically take that person and say here's what we can offer you. Now they may not accept it and that's OK. At some point they probably will.

[01:00:56] But we need to have that warm handoff to some type of resource some type of outlet to them and working with our partners to figure that out. A lot of it says staffing and money issue. I mean in all honesty there's not enough resources out there to go around with it. There's not enough treatment beds. There's not enough medication available treatment on demand. And so we need to

evaluate that and put some money into those types of areas that will have that effect on this problem. And working with as I said our partners who we partner with you know just we look on the criminal justice side it's pretty easy it's pretty small group but realistically beyond that we partner with the Department of Health we work with them a lot. Trying to figure out our best ways of avenues of how do we attack this problem. What are they seeing. What is their data telling them and then comparing it to my dad as well and looking at it. You know one of the things that happened is just several weeks ago we had multiple overdose fatalities in the city settled more than we'd seen in a single 24 hour period in a very long time.

[01:02:03] Now we were able to contact Department of Health immediately talk to them. We were able to deal with the Washington State Patrol toxicology labs and get tox screenings very quickly. We worked with the medical examiner at Harborview hospital. We were able to find out very very quickly in a matter of hours that this wasn't a kind of a bad batch of narcotics or high overdose effect. In fact some of them ended up being methamphetamine overdoses somewhere heroin and some were others. And so it wasn't something that we could suddenly just put our finger on. Such was the case back east where it was in a single park where they had multiple overdose fatalities and reversals where it was just by one dealer. But we're looking at those types of things as how did we get an immediate intercession on life safety issue from the police department. But then beyond that how do we turn that over to our external resources. Our bicycle officers carry naloxone. It's a great thing for us. We've had over 25 reversals to get folks help and bring them back because we don't want people out there dying. And so we're constantly looking to try to evaluate that.

[01:03:09] But this is you know we use the word epidemic and it truly is and it needs a multidisciplinary approach. Law enforcement has its place at the table but we're not the lead we're the most visible where we see it. But the interesting thing that you would find if you look at the overdose deaths in the city of Seattle. More of them happened in the home than they ever do on the street. It's a misnomer that most people think oh it's the young man or young lady that's homeless who's out there shooting up and that's the one who's dying while they are. That is not the majority of our folks. Majority of our overdose fatalities are happening in people's homes. And again maybe that relates back to the stigma and different things along those lines. But how do we intercede most for the most part the police. We never know those people were ever addicted. They've never come across our radar. The only time we found out about it is when we suddenly respond to their house for that. So again a problem that is far outside our scope to deal with and needs to be far more work from the different areas in. One of the largest ones is society. All right society as a whole needs to flip that script needs to address the issue and start working with that with resource providers. And a lot of this is brought in with folks with mental distress mental health issues people who are in crisis are homeless population that are out there which are a large majority of our homeless population drug addicted and mental health issues. Right. And how do we get those folks to services. How do we impact them and their lives. All right. Get them to treatment get them into housing get them into counseling job programs whatever they need. Restoring them to health and restoring them back into society and working through that. While we play a small role in that we're always kind of working towards that ultimate goal of getting people back in there again.

[01:05:15] The big thing for me and more than what we want to share is we're looking at this from every angle and we need help because we know we're not the answer to this problem. We one portion of it a very small portion. In fact in reality but we play our our definite role where we can help out a lot of it is that immediate intervention that immediate thing because we see it right away but then we need that warm handoff and that's where we need to start putting some money. That's where we need to start putting some more of our energies into working with that working with the public messaging on this because realistically I think if we took a ray of hands there's probably no one in here that is not somehow touched by this whether it be themselves personally a family member or friend and anecdotally I tell you don't hold me to it because I'd never get numbers right.

[01:06:15] I subscribe to the Wasil math not the regular way of doing math or you know probably over 90 percent of our police department when I talk to my folks out there. They are touched by this in some way.

[01:06:27] Family and friends personally me my cousin was addicted and lived in Toronto and ended up in Vancouver on the streets when she was 16.

[01:06:39] Fortunately she was saved and she went through treatment and proud mother three beautiful babies and doing very extremely well.

[01:06:47] I have a cousin in Portland Oregon who's living on the streets and been in and out of prison and we've tried to intervene in his life several times and get him treatment taking I don't think as I said there's a person out there that doesn't personally have some impact with this. And again we need everybody's help to work through this problem.

[01:07:10] I think I've probably run on long enough and I think we need some questions. So I'm happy to answer anybody's questions and then we'll bring the panel all up together for anything as well.

[01:07:23] I go to a middle school in 13 and I've seen in my own middle school people selling everything from nicotine to opium. And I know that statistics don't really work for 12 and 13 year olds so what do you suggest telling someone like I know classmates that are already addicted to things. So how would I start a discussion with them of trying to educate them without statistics.

[01:07:47] Great question. Yeah. And you know 75 percent of all statistics are made up. Right. I just made that number myself. And you're exactly right statistics don't work. I'm pretty old school I'm a push pinning colored yarn guy I like to make little diagrams out of him that helps me look. The biggest thing honestly in starting a conversation. The first words for me would be that I care right because that sets the playing field that I'm not there to be mad I'm not there to be mean I care. And there is an issue. Right. Personal testimonies I think are always great. If there's somebody that you know or somebody that a lot of times the school has folks that can come to assemblies and different things and talk about personally what's happened to them because again with the Kindu a lot of narcotics and different things people see the fun of it right. I mean that's realistically why young kids get involved in it it's not because they walk downtown and saw somebody living in a tent and laying half

naked in the street with no food and said yeah that's me. That's what I want to do. I'm going to go do it right now. That's not the narrative that's out there. And so having people who have personally gone through it and can talk and explain about what truly happens to people is huge because that's what people understand.

[01:09:08] The problem a lot of times with this specially youth is well that happened to them that wouldn't happen to me. Right. And again going over and over that. Yes it will. You know the. And again statistically speaking which you hate to use this but more people that will happen is kid was talking about you know that addiction. It is a disease. And that's kind of what's fueling and feeling that I honestly the conversation of starting with I care and they just talk about hey this is what I've heard and this is what I've seen. And guess what. This is a place you can go and find more information about it. Turn them onto a resource is awesome with that and then partnering with the schools because your middle school. Absolutely. Huge explosion of it there.

[01:09:58] Absolutely. Great question.

[01:10:02] This went on again. I think all of those things are certainly on point. I mean I think the main thing is most importantly has shown that you care about that person for sure.

[01:10:12] Maybe saying you're worried about them being healthy and safe. The people just don't know what's out there. And I think whatever you do really making sure you're giving them actual factual information because as soon as people get a whiff of B.S. They're done in it out. Right. So the facts is that a lot of those see a lot of people out there who have used and have been OK. And it's like the issue now with drugs that are out there you literally don't know what you're using and you don't know how strong it is and you don't know what impact it's going to have on you. And that's always true. That's always true. And I think just sort of conveying that and I think sort of that concern for them and I think the other thing is just really just to hopefully reach out that person and engaging with them so they feel a connection to other people and so they don't feel alone. Easy to sort of drift off and feel isolated.

[01:11:05] So my question is for you specifically but I definitely welcome the other panelists to weigh in on this. You mentioned that you're not interested in enforcing low level drug offenses. And what I'm wondering is do you feel that decriminalizing personal drug possession would be more effective at helping people suffering from addiction than merely trying to circumvent current policies that demand legal penalties for these crimes.

[01:11:32] Do you think it would be effective. No. For the person who's personally addicted to it right now. Yes. In a way but I'm also looking holistically at the next generation and beyond that in prevention and consequences play a role in prevention and intervention.

[01:11:56] So there is there is a need for deterrence for that. I went to Vancouver and I spoke to a lot of the folks up there for the safe injection sites and looked at a lot of their programs.

[01:12:10] And the question really came back to and what I asked them as I said this is an epidemic but a fight gave free heroin state sponsored good stuff that's not going to cause abscesses everything. If I said everybody right now who's addicted I will give free heroin to you know not a problem. Will that stop the epidemic.

[01:12:30] No that was their answer to me. No wouldn't.

[01:12:32] So decriminalizing it just on the basis of you know we want to try to affect these people doesn't necessarily always work for that prevention. On the other side there must be a consequence there has to be things to for people not to try it. And I'm not talking about the folks who you know broke their leg and were given morphine and different things along that and became addicted to pills because people have addictive personalities sometimes they're overprescribed there's a lot of issues with that. I'm not talking about those folks. Right. What I am talking about is the illicit sale of it and use of it out there on the streets. There has to be something to. There has to be a catalyst. A lot of times in people's lives. My opinion is just my opinion to make them get to the point to where they truly say no more for me. Now sometimes that's intervention with the police officer sometimes that's jail sometimes that's an overdose sometimes that's a friend overdosing sometimes that's a society impact somebody saying they care. And coming out to them with that.

[01:13:38] So there's a there's generally a catalyst in every person's lives where they say whatever addictive behavior it is it doesn't matter it could be drinking it could be gambling or whatever there's something at some point that drives you to say no more.

[01:13:54] Well you know sometimes it is police intervention. And if that's the only way again for me to save some money then that's what I'm going to do because at the end of the day my goal is to make somebody healthy and alive. People out there I allow it and they die didn't do any good. So I don't believe decriminalizing it is the answer to it. I think enforcement has an application. I would much rather see diversion and treatment options available low level ends. But the different side of that is if people are not willing you do that do you. At what point do we say your behavior is not tolerable. Right. Until you know you want to stop because we can't have a society of folks who are drug addicted and just constantly doing it and do nothing about it and say it's OK because it's not right. So there has to be something there on that end. So decriminalizing it. You know what I think is for the folks who want help. Gail was talking about the folks who need the help locking them up and criminalizing their actions doesn't do any good. Asset there is some good that comes from

[01:15:22] Oh yes. And so as a hospital employee I'd like to thank the first responders really appreciate your work on the front lines. So thank you. But I just wanted to ask for the panel up here. What current efforts are going on in the communities to do education around what drug abuse looks like drug dependence looks like and having these conversations about how do we talk to people that we might think or fear might have an issue. And how do we approach those conversations. And just in settings like schools maybe churches community centers basically out on the ground in places like the public library like this where where are these conversations happening elsewhere.

[01:16:05] What I'm curious about is gives you an excerpt from your end.

[01:16:11] I think the short answer is there's not enough of them happening for sure. There are a lot of conversations happening. Some of them just happened as part of the task force that can get the library system hosting meetings and all of the regional libraries. I mean there are a lot of conversations happening that are happening in schools that are happening in communities.

[01:16:30] It's a hard thing to make an entire society have one conversation about something they don't want to talk about though.

[01:16:38] I'll try. I will I will succeed.

[01:16:42] So I mean it's happening it's not happening enough. And I think that's you know it really is up to every person here sort of initiating those conversations and having the right information to our fact based conversation. The challenge as I often say and I try to say it nicely is everybody's an expert on addiction but most people are incorrect. We've all been impacted by it. We all take the story about what did or didn't work for ourselves or our aunt or uncle and generalize that to everybody else. And that's that's not how things work. We actually have facts and science and medicine and so we're going to make sure that people actually have good information. And I think that these web pages up here some of them are dense. We're going to have to take some time to absorb them. But I think there is some really good nuggets of information in there. I think really trying to get people who have different types of recovery stories coming and talk with folks about what their life is like how they came to their situation and how they came back out of it. There's a good Jilian different paths. And I think it's important for people who are struggling with substance use disorder to see people who have come out the other side. There's a lot of things that need to happen. I think the scale of what you're talking about is tough.

[01:17:56] There is work right now to do a statewide television campaign based on what I just said about opiate disorder and conveying those messages and making sure people know they can get information online and call the recovery helpline and sort of a go to source. So I'm hoping that some of that literal literal television advertising works. Others share with you it's kind of stunning that in the amount of time it's taken us to figure out that advertising campaign the for profit folks have come in with their really weird television ads that you've probably seen. So now you have to come in and not just come and do advertising in a neutral space where there's nothing that you have to say. Actually we're not trying to sell you anything.

[01:18:35] Unlike these guys over here who are making money as brokers and refer so it's sort of a weird time because there is so much need. Really trying to make good effective services available to folks so there's a lot of things we can do we have the information pieces and parts that in so it's really like folks in this audience each going out and having a couple conversations and encouraging people to go get fact this information you realize that historians use that in one or or like like.

[01:19:10] Like many things certain things used by.

[01:19:15] Yeah. So yeah I'm not extortion or I'm like you.

[01:19:23] What's with the word you were looking for. OK.

[01:19:28] I was on the story or like using Messman for me. There are a lot that I found that a lot. You know when I work space I experience it that way he was using me to get things got to be you know you were like you are you understand that you see that.

[01:19:50] I think what we're talking about is people who are addicted monopoly or utilizing them to do other illicit activity in different things along those lines. Yeah absolutely. And we do look at that. And again those are a lot of the people that I really want to go and get the people who are taking advantage of our folks who were exploiting their disease and their weakness for that. And you know unfortunately when you look at it just in the city of Seattle right we can say that we have a tremendous amount of resources down in the Pioneer Square area. But I have a large open air drug market down there as well. And that's folks coming into the area to exploit people's weaknesses their habits their addictions. And you know so I focus a lot of my work on taking those people out of the equation so that people who are actually coming in to get help can actually get that without having that other byproduct of all that stuff. So absolutely we do look at it we know what is happening out there and trying to address. You know those things as well with it. Just I wanted to go back earlier to a moment where you asked me about decriminalizing it and I wanted to share a story that was very impactful many years ago to me when I was working some narcotics things and I ended up arresting this young man for selling pills.

[01:21:15] And what ended up happening with it is going. He was a heroin addicted young man. He was valedictorian. He was a captain of a sports team. He'd been injured and started pain pills and got addicted to that couldn't afford to pain pills and started heroin because heroin shooting heroin is cheaper than OxyContin pills are and continue down this road. His parents divorced. He was living with his father. His father was with a new young lady and had a different house. And so this young man and his two younger sisters were living in this house alone and dad would come by every couple of weeks and give them money for pizza and other things. With that had we not gone in and arrested that young man and rescued him which is really what we did out of that situation. He probably would be dead in my opinion. Because we intervened and we did some things with that young man. We were able to because his parents did have money so there was some fortunate stuff there. They were able to get him into treatment. He went on to college graduated college and has done extremely well in life moved on from there. But had we not gone in and arrested him and done that at that time there was no intervention there. There was nobody taking notice of what that young man was doing. And so that's why sometimes we can't just turn our eye blind eye to that because it's so necessary on so many different fronts. We do know though as I said that the criminal justice system does not work to solve this issue at all. It's a component and a very small component of it. But it's a necessary one. And folks I know you've got a question right there.

[01:22:57] Hi. Thanks very much for being here. I really appreciate all the information and I'll keep it short because I know we're running out of time but I just wanted to ask.

[01:23:05] You mentioned that they're being honest and necessary warm off and being sort of a different sort of intervention in the community. And I'm wondering kind of to piggyback off analyzation question what the law enforcement embracement is of safe consumption spaces and maybe seen not as that warm hand off. I don't know if that's exactly the right term but sort of that warm space for this current crisis that we're in.

[01:23:38] So with safe injection sites I think the jury's still out if you will to use a law enforcement type term. They're on it. When they did travel to Vancouver I looked at their site and insight which was their first safe legal safe injection site up there had now become a high what they would call a high barrier facility that people weren't using because they had certain rules in place such as you couldn't share narcotics we couldn't share heroin with somebody else. You couldn't have somebody else help you shoot it up. You had to do it yourself and you had to bring in your own self. And there was a nurse there and suddenly that became you know we shouldn't do that. So they started opening up other sites that were not sanctioned where it was peer led where you could just go in and peer would be there and you could share and you could do different things. But the intervention portion wasn't there with it. Where I see the safe injection sites in my personal opinion is speaking to the folks up there and to law enforcement up there as well.

[01:24:41] And looking at it is when they're coupled with treatment on demand that's when they become effective unfortunately that takes a lot of money.

[01:24:52] And most cities and areas are not willing to put that money into that. So just having a legal space to do it. If you looked at it solely from a public health. Take the law out of it. Take everything else out of it for a moment and you just said look from a public health standpoint of saving people's lives are they worth it.

[01:25:13] The answer's yes. OK.

[01:25:16] That's the simple answer because if somebody overdoses there's immediate medical intervention there. All right. Now insight will tell you they've never had an overdose death in their facility. When I was up there talking to them they had four or five overdoses just outside in the alley. So you have a sanctioned site and yet people are still using in the alley next to it. So it's not the answer. It might be one component of the answer that we need to actually explore and use but it's not going to be the answer when you go up there and you walk around the neighborhood where it is. And the other sites you see a tremendous amount of street use outside as well. So I'm not sure it's the panacea that we all a lot of times we think it might be. I think there needs to be some more diligent look into it. But to me it must be coupled with treatment.

[01:26:05] If it's not coupled with treatment on demand and box all different things like that I don't know really where we would be with it other than a purely holistic. I just want to save somebody's life and not be concerned about the rest.

[01:26:21] So I hope that answers something or at least keep you so active.

[01:26:24] I want to make sure the other presenters get to weigh in on this last question and it will be the last question because we have to wrap up unfortunately.

[01:26:33] I mean I think I'll just wrap up and say that folks know we do have multiple medication on demand programs set up. We have some of the methadone clinics that are now able to get people started on the same day not a week or two later. We have I believe for low barrier buprenorphine Suboxone programs at least and it's in Seattle right now and we're working very hard to open more of them. I think that you know I would really love to have sort of the the door 1 2 and 3 set up where you have a syringe exchange you have medications on demand and you have a place for people to use in a safe manner. I think there's value in all three of those doors. And I think that you know most people we know because we've asked them that they don't want to be using they don't want to be seen. There are a lot of reasons that reinforced the using which we haven't talked about which is another 40 hour conversation. Right. I mean homelessness and mental health and racism and sexism and trauma and a few other things in our society that perpetuate us. So you know it's not a panacea by itself. It's important to understand that because it doesn't fix poverty and doesn't fix racism and it doesn't fix the fact that drugs are illegal and doesn't fix all those things. I do think it is absolutely part of the continuum. There is a small gap that we have in terms of people who are actively using and having a safe place to use.

[01:27:55] We have some bigger gaps that we also need to fill as well.

[01:27:59] So I mean when you think you know you had some other questions when we're done here I'm just going to be out on the street here. So I'll say the because I know it's closed. I'm happy to keep answering questions. If you'd like.

[01:28:13] Yeah.

[01:28:13] We will have a little bit more time for survey evaluation and you can come up and talk to any of us as well please remember to fill out our survey please. Big applause for all three of our presenters so. Generous with their time

[01:28:35] This podcast was presented by The Seattle Public Library and Foundation and made possible by your contributions to The Seattle Public Library Foundation. Thanks for listening.