

## Behind the Scenes of 'Finding Fixes – The Search for Solutions to the Opioid Epidemic'



Transcript of Facebook livestream Nov. 8, 2018

<https://www.facebook.com/SnoIsleLibraries/videos/346630129427813/>

Recorded at the Sno-Isle Libraries Service Center in Marysville, Washington

Finding Fixes is a podcast produced and hosted by Anna Boiko-Weyrauch and Kyle Norris, both with a KUOW Public Radio in Seattle. The first season looks at how communities and agencies across Snohomish County are coming together to respond to the opioid epidemic. At this event, Boiko-Weyrauch and Norris talk about what inspired them to do a podcast and why they chose to start in Snohomish County.

This event is facilitated by Shari Ireton, director of communications with the Snohomish County Sheriff's Office. Ireton has worked closely with Sheriff Ty Trenary and other county leaders on the opioid epidemic for several years, including presenting a paper on the topic at the Federal Emergency Management Agency's (FEMA) Emergency Management Institute in 2017.

- |             |          |  |
|-------------|----------|--|
| Ken Harvey: | 00:01:39 | Good evening everyone. My name is Ken Harvey, and I'm the communications director for Sno-Isle Libraries. I'd like to welcome you to the Sno-Isle Library's Service Center. This is our Administrative and Distribution Center for our library district. It's a chilly night. I think summer's now officially behind us.   |
| Ken Harvey: | 00:02:02 | We really appreciate those of you who've taken the time to join us. This is a very serious subject that we're here to discuss, and I think that one of the reasons why we're here is that even with the seriousness of it, we're here to discuss the search for solutions, and the hope that we have that those solutions are available to us.                           |
| Ken Harvey: | 00:02:28 | I wanted to just take a minute to recognize the different organizations that are part of this effort. We've got posters here on both sides of the front that have the logos representing, and the names of these organizations that are all part of working towards these solutions, and to help those who are affected by the epidemic to find their way going forward. |
| Ken Harvey: | 00:02:55 | I also wanted to recognize the different levels of government that are here, and the different social service organizations, and those who care because they've been affected by this, and just want to thank you all for taking the time to come out tonight.   |

(Continued)

Just so that everyone is aware that we've got exit doors on both sides of the room.

Ken Harvey: 00:03:24 We also have doors into this room, which probably most of you came through this door back on my left, on your right, but also this door on my right, and there's also an exit out of the building from this side as well. I just want you all to be aware of those ways in and out of this facility.

Ken Harvey: 00:03:46 If you go back out to the left here, and back down through our main entry doors past there, there are rest rooms available if you need them. I'm going to turn the program over to our facilitator tonight, and I want to thank her for working with us to be part of this wondrous event, so Shari.

Shari Ireton: 00:04:13 Thank you, Ken. Thank you to everybody who made the journey out here tonight. I wanted to let you know that this even is being live streamed on Facebook. We have media in the room as well. It is being recorded for a future podcast that Sno-Isle Libraries is going to put out, so yes we are having a conversation about a podcast, which is being recorded for a future podcast.

Shari Ireton: 00:04:38 Before I introduce our two main speakers here tonight, I just wanted to give you a brief overview of how this event is going to go. First Anna and Kyle are going to talk about making the podcast. I know I'm especially interested in what they learned about Snohomish County. As someone who lives here, I'm pretty close to it, but I'd like an outsider's perspective.

Shari Ireton: 00:05:01 We have special guests here in the front row. Most of them are featured in the podcast. We'll be directing some questions to them through the evening about topics and subject matter that comes up in the episodes they put together. We will spend a portion of the evening talking about resources. One of the things I hear all the time from community members is it's a very complex and confusing process to go through treatment and recovery assessment. What does it all mean?

Shari Ireton: 00:05:30 The good news is we have, again, subject matter experts up here in the front who can answer those questions. Then we're going to open it up to questions for you. We know this is a sensitive topic for a lot of folks, so we're going to do the old write the question on the note card. If something comes up through the evening, and you have a question you want asked, I'll go ahead and facilitate those.

Shari Ireton: 00:05:52 Write down your question, hold up your note card, and again, going back to the topic of this being very sensitive, I would just ask the audience to keep an open mind, and remember there's a lot of folks in this room who have gone through recovery, or are in treatment, and just be respectful of the journey they're on.

Shari Ireton: 00:06:09 With that, let me introduce Anna and Kyle. Thank you so much for bringing me into this crazy journey. Oh, and I forgot one other thing really quick. I want to thank Sno-Isle Libraries, by the way, for putting this on because frankly I told them it would be me with an iPhone, and probably a yellow reflector vest, so it's very nice to have the pros put something together. Thank you very much.

Shari Ireton: 00:06:34 Anna Boiko-Weyrauch, I'm very happy I can say your name now, and Kyle Norris are the hosts and co-producers of Finding Fixes, which is an independent media project of Investigate West. Anna grew up in Seattle. Born in Spokane, correct?

Anna Boiko-Weyrauch: 00:06:50 Born in Spokane.

Shari Ireton: 00:06:51 And is a reporter at Seattle NPR affiliate station KUOW. In 2010, she was a producer in residence at KEXP, and launched a series of stories called Why Music Matters, a nationally syndicated NPR's All Things Considered, and Finding Fixes is her passion project.

Shari Ireton: 00:07:11 Kyle is from Michigan, and spent 10 years as a host and reporter with Michigan Radio. His stories are driven by deep insights into his characters motivations and personal struggles, and Norris is known for his conversational expressive tone. He can really suck you in when you're on the phone, and talk you into doing a podcast.

Shari Ireton: 00:07:34 I want to introduce some of the special guests we have here tonight. I'll just ask you to stand while I embarrass you, and read your introduction. I'm going to start with my boss, Sheriff Ty Trenary. He has been the sheriff of Snohomish County since 2013. His career in law enforcement spans almost three decades. Since becoming the CEO of the largest law enforcement agency and jail in the county, he has shifted the Sheriff's Office focus on addressing homelessness, the opioid crisis, untreated addiction, and mental illness and more.

Shari Ireton: 00:08:05 In 2017, he received the county's Human Rights Award, and just this past month, the National Sheriff's Association and National

Commission on Correctional Healthcare highlighted the Snohomish County Jail's Medication Assisted Treatment, or MAT Program, which we'll talk about later tonight, which is quite an accomplishment for a cop.

Shari Ireton: 00:08:24 Jeff Godfrey is a nurse practitioner with Ideal Options. Any of those who've listened to the podcast will recognize his wonderful sultry voice. He has Master of Science in Nursing, and many accents by the way, and has almost two decades of experience. He works with doctors and physicians across the state and the country to help provide treatment to those in Snohomish County.

Shari Ireton: 00:08:49 Heather Thomas is the Public and Government Affairs Manager at the Snohomish Health District. She's responsible for communications on government relations. Earlier this year, she became the president-elect of Washington State Public Health Association. Her work is diverse and dynamic. On any given day, you may find her talking about bat bites, measles, or salmonella, and opioid overdose. I'm proud to call Heather my heroin mentor, and partner in our fight against the opioid epidemic. She's a good friend as well.

Shari Ireton: 00:09:23 Alta Langdon is the Health Services Administrator for the Snohomish County Jail. She received her Master of Science in Nursing from Gonzaga, and it is under her leadership that medical and mental health services at the jail have gone through a major overhaul, and partnerships have been established with folks like Ideal Options, Western State Hospital. We now do medical screening and mental health screening of all inmates on booking, and she'll talk about more of that tonight.

Shari Ireton: 00:09:54 Deputy Bud McCurry and Lauren Rainbow. They're our Office of Neighborhoods Deputy and social worker. The office was created in 2015 and partners law enforcement with social workers to provide services to our most vulnerable residents in the county, especially the homeless. Almost all of their clients are dealing with addiction, untreated mental illness, or both.

Shari Ireton: 00:10:23 Last but not least, Anji Jorstad is representing human services tonight. She's the Behavioral Health Supervisor. She coordinates behavioral health services across the entire county, and manages many, many grant programs. She is also enthusiastic, innovative, and amazing, and a great partner to have. With that, I am going to start with the very first clip, if you're okay, and let the two of you talk about it?

Anna Boiko-Weyrauch: 00:10:50 Sure.

Shari Ireton: 00:10:56 All right. Do we have our first clip? The audio clip?

Anna Boiko-Weyrauch: 00:11:12 Behind every addiction, there's pain. That statement became real when we were at a clinic in Everett, Washington, that treats addiction. It became real when we met one patient named Amy. She had relapsed on heroin, and on this day, she is thinking of quitting again.

Amy: 00:11:31 [inaudible 00:11:31].

Anna Boiko-Weyrauch: 00:11:33 But Amy says she's scared. Are you scared? Amy speaks in a low voice, and even though we're all cramped into a tiny exam room, craning forward to hear her, sometimes she's a little hard to understand.

Amy: 00:11:49 [inaudible 00:11:49].

Anna Boiko-Weyrauch: 00:11:48 You used to ...

Amy: 00:11:51 I used to not feel.

Anna Boiko-Weyrauch: 00:11:52 Not feel?

Amy: 00:11:53 Mm-hmm (affirmative).

Anna Boiko-Weyrauch: 00:11:53 She used to not feel.

Amy: 00:11:55 [inaudible 00:11:55].

Anna Boiko-Weyrauch: 00:11:57 A lot of wreckage in her past to have to deal with.

Amy: 00:12:02 I've been using drugs since I was 12.

Anna Boiko-Weyrauch: 00:12:03 How old are you now?

Amy: 00:12:04 32. Mostly meth until I was like 28, then heroin.

Anna Boiko-Weyrauch: 00:12:15 A long time.

Amy: 00:12:16 Yeah, off and on. It is a long time, you know? Like I said, my teeth are horrible. I thank God that they are falling out from the back forward to the front still look okay, but this side's getting pretty close.

- Anna Boiko-Weyrauch: 00:12:26 Meth is making her teeth fall out. That's a common side effect, but she laughs because at least the ones in the back are going first. That's some dark humor. Amy really taught me something that day. People who aren't addicted to drugs, like myself, don't usually understand something very key to addiction.
- Anna Boiko-Weyrauch: 00:12:49 Amy is saying once she stops using drugs, that's when life is going to get hard. She's going to have to feel. The drugs are not the problem. It's the pain of living that's the problem. Pain is driving this opioid epidemic.
- Shari Ireton: 00:13:19 I would like to just start with why Snohomish County, and why opioids?
- Anna Boiko-Weyrauch: 00:13:27 Why Snohomish County and why opioids? Let's see. Well, first I want to just comment on what we heard a little bit. That is the first part of the first episode, and I put that at the very, very beginning because I think that's a key takeaway in all of this is that the way that we've understood addiction or that we often understand addiction is wrong, that it's a moral failure when really it's a medical condition.
- Anna Boiko-Weyrauch: 00:13:58 We focus on the drugs when really we need to understand what is it that is driving people to use the drugs in the first place. We can circle back on that. Why Snohomish County, and why opioids? As a reporter, I often find that a lot of ... I'm sorry, I'm particular about my mic placement. I always find that in so many stories that I've done, opioids, drugs, addiction have come up, even though the story seemingly has nothing to do with it.
- Anna Boiko-Weyrauch: 00:14:30 The foster care system, or the criminal justice system, addiction just plays such a role in so many social issues that we see, and in so many stories that, as a journalist, you might cover. I kept seeing it over, and over, and over again. I kept seeing it on the streets of Seattle where I live. There is a house two doors down from me now that's boarded up, and every day I walk by it, in fact, and I look in the yard, and there's a tourniquet, and there's a syringe.
- Anna Boiko-Weyrauch: 00:15:03 I see people using drugs in doorways. I wanted to know why. I wanted to know what's going on. The more that I looked at doing a project about it, I wanted to find something different, something new, something hopeful too because there's no way that I could have done all of this reporting and spent a long time, a lot of Sundays, putting this together if it wasn't hopeful.

- Anna Boiko-Weyrauch: 00:15:35 I also think that, at this point, there's a lot out there that you can read about why we have an opioid epidemic, why we're in the place that we're in, but we don't know what's working, and how we can get out of the situation that we're in, and why Snohomish County.
- Anna Boiko-Weyrauch: 00:15:51 I live in Seattle so it's close. A lot of times when we think about opioid epidemic, people think Ohio, West Virginia, and in the national news, this isn't really this setting from which the opioid epidemic is told. I thought that what you all are doing in Snohomish County is interesting, and that here's a county that, from a very high level, is trying to tackle this in a different way, and that there are solutions that could be relevant to the rest of the country that are happening here.
- Shari Ireton: 00:16:25 I remember, Kyle, you called me and said, "What are you doing in Snohomish County?" I think I probably talked non-stop for about 48 minutes, and I think you said, "Mm-hmm (affirmative), that's really interesting." I know I was very excited to see government try to come together and try to break through some of the barriers too. Obviously, something was interesting to you. I'd love to hear your perspective as well.
- Kyle Norris: 00:16:51 Yeah, I'm more of a story teller, so I'm just looking for characters who are surprising, bodies of government that are doing something for a reason, or people doing something for a reason. I'm more of the story teller, and so everything we kept kind of learning about seemed really interesting, different, and unique. I don't know much about this topic at all. I come to this as a journalist, pretty open-minded and curious about it.
- Kyle Norris: 00:17:15 I just always wanted to tell good stories, and we kept getting the green light like, you are onboard, and you filtered us to people who were onboard. As a reporter, I call it the green light, where you reach out to someone, and they'll say, "Yeah, I'll talk with you." That's what you want.
- Kyle Norris: 00:17:28 We just kept getting green lights, and I was like, "Let's just keep going and see what happens." It just kept being a green light. I don't know, there was something here. I'm from a county in Michigan that's very much like this county. This was very familiar to me even though I've never been here in my life, so it just kind of felt right to keep moving forward, and see what we stumbled upon in our story telling.
- Shari Ireton: 00:17:49 Yeah, and you did a great job. One of our goals in the county is to, we know there's a lot of obstacles in the way, so, so many obstacles, but one of them is to humanize people who are

struggling with substance use disorders. What I loved about the podcast when I heard it, when I was brave enough to finally listen to it, was those stories came through. I mean it was humans telling their struggles, or their successes, or how they were being involved.

Kyle Norris: 00:18:18 You know, I teach journalism and radio story telling to people. I just taught a class last week, and they always say this line that if you can tell a good story, you touch people's hearts, and then it opens their ears, and they'll listen to what you're saying. That's always what I'm trying to do too, is tell a compelling, human story that is just meaningful, surprising, and human, and then people will listen to like the facts and the information, but you've got to like hook them first and reel them in. That's what I'm thinking of doing whenever I tell stories.

Shari Ireton: 00:18:46 It's funny because I used to live in Seattle, and commuted down there for years, and I remember when I told people we were moving to Snohomish County, their reaction, Seattleites reaction, was it was like basically we were moving to the moon. That's why I'm very curious about your perspective after spending a lot of time up here in Snohomish County, what you learned about the county and our communities, and kind of how we work together. Is it different? Was it what you expected?

Anna Boiko-Weyrauch: 00:19:15 I mean I don't know if I really expected anything, or had any sort of image of what Snohomish County is. It's sort of like, I don't know, living in Seattle, it's kind of fly-over country to get to good hikes, and outdoor activities. Sorry. No, I love Snohomish County now, and after this. It has occurred to me a couple of times like, "Wait a second, in Everett you can park downtown for free, right?"

Anna Boiko-Weyrauch: 00:19:43 I was like, "You can't park anywhere for free in Seattle. Why don't I move to Everett?" It has occurred to me. I don't know, I found everybody to be really welcoming, and warm, and open. I like it. I also feel like even though we've spent all of this time here, I don't know that I know the soul of Snohomish County yet. It might take me a little bit longer to.

Shari Ireton: 00:20:17 After 20 years I'm still looking as well, so don't worry. I'm curious, going out with the Office of Neighborhoods, which we're going to talk about a little later, did that change your perspective at all about cops, and the role they play, or social workers, or was that ... Again, did you just come into it with, "Let's see what they bring us?"

Kyle Norris: 00:20:38 I mean, I'm always just trying to open, and not know what I'm going to come across, and that's the best way for me to be a reporter, so that's how I was entering it. This is a different kind of reporting. We got to really spend some time with the people we were following, and see them again, and again over months and months. Normally, as a reporter, we go in for a day, and spend an hour, and then come back, and bang out a story, right? It's on the radio sometimes that day, and sometimes in a week.

Kyle Norris: 00:21:02 That was a luxury to get to know people and hang out because then both sides get to know each other, but you get to see them acting in their natural environment. I think we're going to play a clip where we're in the back of the car, and it's a conversation. That just happened, and it's always what you want as a reporter is just like life to happen, and you just happen to have a microphone recording it. These scenes happen, and I think that was nice to have happen because we could really spend some time, and get to know people.

Shari Ireton: 00:21:28 In that time you spent, you've developed some relationships too with folks, appropriate, friendly relationships with the folks in some of the features. That's probably a new thing as well. Reporters tend to not do that.

Kyle Norris: 00:21:40 Yeah, I'm really rooting for a lot of the people in our stories, and hoping they do well. It's awesome, a couple of people are here tonight. We text with people. We talk to lots of people that aren't in the podcast. That's another thing is like we had all kinds of cool stuff, and cool scenes, and cool people. We call them characters, but like all kinds of stuff that didn't make it in there that we stay in touch with people, and are like, "How are you doing?" It's been meaningful.

Shari Ireton: 00:22:07 Before I jump into our subject matter, experts up here, what is the one main takeaway you would want your listening audience to leave with? If there was just one thing you could ask them to keep in their mind?

Anna Boiko-Weyrauch: 00:22:24 There is hope. There are solutions. Addiction is complicated, and it's not a choice, but people recover, and they recover all the time, and it's possible. It's a medical condition, but it's a treatable medical condition. It's not a death sentence.

Kyle Norris: 00:22:49 I guess it would be something about keeping an open mind, or opening your mind a little bit because that's what I think is working. We're trying to be like, "What up with Snohomish County? Why are they kind of doing cool stuff, and getting it?" I

think it's because a lot of the top players, they're a little more open in general, and all of that, when you put it together, something shifts, and it starts, actually, with perception, and maybe shame, and judgment, and all those things. A little openness goes a long way. Then, especially when many people have that, it shifts big picture stuff.

Shari Ireton: 00:23:21 I think that's one of the things that's been really interesting is sitting in for the Multi-Agency Coordination Group, MAC Group, is to see so many decision makers from such a diverse range of ... You've got fire, and EMS, and the Sheriff of the county, and the head of Public Works in the same room, all kind of driving in the same direction, and it's very powerful, and it is kind of the secret sauce, I think, in Snohomish County that makes us good at what we do.

Anna Boiko-Weyrauch: 00:23:46 I wonder if everybody knows what you're talking about when you say, "Multi-Agency Coordination Group," so maybe could you just define that, and tell people what that is a little bit?

Shari Ireton: 00:23:54 Sure. Back about a year ago, the executive, the health district, and council and Sheriff all agreed to basically call the opioid epidemic in Snohomish County what it is. A very slowly unfolding, natural, well not natural, but disaster in our back yard, and directed the Department of Emergency Management ... I'm going to try not to use too many acronyms for the non-DEM folks.

Shari Ireton: 00:24:22 DEM folks, please don't throw anything at me if I dumb it down too much. The Department of Emergency Management, that's our county's agency that when we have a flood, or a wild fire, or a horrific landslide, steps in and coordinates all of us, cops, fire fighters, public health. They came in and set up a structure for us. It's called a Multi-Agency Coordination Group. It's one of the pages from FEMA's play books, to use your phrase, that keeps policy makers and decision makers in the room, but in our own lanes so we're not walking over the top of each other.

Shari Ireton: 00:25:03 We meet twice a month. We use a list of smart objectives, so objectives that are attainable, are on a timeline. We're all sort of marched in the same direction, and we're reaching our one-year anniversary. We've achieved over 70 objectives. We have oh so many more to go. One of the functions is to have a person who coordinates with media and communications, and so that's my role.

Shari Ireton: 00:25:35 That was why I was so excited when Kyle asked me, what did you just say, "What up Snohomish County?" I have so many

things to tell you. A lot of us worked together in 2014 after the landslide, so we were familiar faces who had worked at that time, so approaching this from that perspective, it was a little weird, but there are times when I remind myself, and Heather and I will have these conversations a lot, "Okay, how do we approach this problem? What would we do if it was a flood?"

Shari Ireton: 00:26:05 Well, we would use this mechanism. It helps us kind of, again, stay in our own lane, but keep moving forward. I think some of the challenges are agencies across the country have run into is being either too big, or the problem's too big, and it's hard to move forward.

Anna Boiko-Weyrauch: 00:26:24 Something that's interesting to note about this is that Snohomish County is one of the only counties in the country that is using this approach, and now other counties are calling Shari, counties are calling Shari and saying, "How do you do this? Is this a thing that might work for us too?"

Shari Ireton: 00:26:44 Yeah, so part of the podcast was featured on NPR, and my boss was lucky enough to not be in the office on Monday, but he and I both received multiple emails and phone calls from across the country, Missouri, Massachusetts, Iowa, France, asking us, again, what is that secret sauce and how are we doing it?

Shari Ireton: 00:27:06 I can't say it's perfect, but it certainly, again, we're moving together, and we've broken through some small barriers, and we have other things to do. Getting back to the podcast, Episode 1 deals with Suboxone, and so I wanted to turn it over, for just a second, to Jeff Godfrey, who could probably entertain us with a lot of other things besides talking about Suboxone, but you clearly have a lot of passion for what you do. I kind of wanted to talk to you about that, and why this work is interesting to you, and what motivates you.

Jeff Godfrey: 00:27:43 Well, I've been in medicine for quite a while, and I've seen things that work and things that don't work. Working through the emergency department many years, recognizing that I've started getting an old, kind of hairy, old, nasty back saying as just another user. Let's get him out of the ER, right?

Jeff Godfrey: 00:28:13 One day I saw a middle-aged woman who I had seen at another emergency department three days before, coming to a different emergency department with a broken arm. I realized that she kept that arm broken for over a year. She never healed it. All of a sudden, I realized what are we treating?

Jeff Godfrey: 00:28:42 My passion turned to pain control and figuring out we're doing something wrong. Working in pain management for a couple of years, and then all of a sudden addiction medicine. It's a disease we can heal. We can watch patients get better. That filled me full of just so much passion, and when I die, I'd like on my tombstone, somebody to write ... Alta, do me a favor, "He tried to break a little stigma."

Alta Langdon: 00:29:13 That's my line.

Jeff Godfrey: 00:29:15 I know, but I'm stealing it. Anyway, that's what we do now. I tell my patients, "I've got a lousy bedside manner. I'm going to tell it like it is." Doggone it, they keep coming back, so you can't beat success. Does that answer the question for you?

Shari Ireton: 00:29:34 Yes.

Jeff Godfrey: 00:29:34 All right.

Shari Ireton: 00:29:36 One of the things I wanted to address is there is such a stigma within the recovery community about Suboxone, so I'm going to put you on the spot here to tackle kind of a controversial topic.

Jeff Godfrey: 00:29:48 Cool.

Shari Ireton: 00:29:49 I know you're a believer, so tell us why Suboxone?

Jeff Godfrey: 00:29:53 Why Suboxone? Suboxone essentially is a partial opiate agonist. What it does is it occupies the mu receptor, and I have tons of pictures and drawings. I talk to my patients about this, and I bore them to tears, but if the opiates that we have been giving, and heroin that we've been using is a full opiate agonist, this one just partially opens it, and allows your amygdala and hippocampus, the two little brats up there that say, "Hm, I want some candy. If you don't give me my candy, I'm going to make you feel like crap."

Jeff Godfrey: 00:30:30 That's what drives that opiate need constantly to try to stay away from getting sick because the sick of opiates, of what I've watched, is awful, is more than awful. It is more than awful. It is akin to the sickness that people get with chemo. Just the degradation it does to the human being. All right, so Suboxone, partial opiate agonist, working well in Europe, but what do we say? It's just another substitute. We're just substituting one for another.

- Jeff Godfrey: 00:31:14 Do we look at our diabetics that are on insulin and Metformin, and they keep eating sugar, and we know that's bad for them, and they have a trouble stopping it, so they keep using the Metformin, and the insulin, and the Glyburide, and the Glipizide, and all the different things. Do we treat them with that same stigma? No.
- Jeff Godfrey: 00:31:35 If this drug, then, can help people stop the craving, stop the withdrawal, and say, "Oh my God, I have a life. I can do this," and gives them a wonderful sense of all of a sudden, "Hey, wait a minute, wait a minute. You know what? I don't have to shoot up. I don't have to snort. I don't have to stick it in my butt." Whatever, however they're getting their med.
- Jeff Godfrey: 00:32:00 If it stops them for a moment, and lets them think again, and then we can have that dialogue, and say, "Wait a minute, what else are you missing? Do we have to talk about how to get a job, and do we talk about what were the triggers?" When I'm working with my patients, and they're on the Suboxone, and they're writing in their journal, and boy do I get them about the journal. If they are not journaling, you're not stepping up to the plate with me, pal.
- Jeff Godfrey: 00:32:27 I am passionate about that medication. It's not a be all, end all. Do people come off of it? Yes. Some people say, "Okay, I've been on it for a year. I've been on it for two years. I've been on it for six months. I want to try without it. Great, let's wean you off so you don't go through withdrawals again from that drug.
- Jeff Godfrey: 00:32:51 It's so fun to see people come back to me after they've been clean, and they've weaned it down. Maybe they're on 1 milligram a day. Maybe they're on 16 milligrams. It doesn't matter, but they've got their life back. They are working within themselves to get better, and they've broken their own stigma. That is just empowering for me. I've got a whole new life in my medicine. I'll probably do this until I pop off.
- Shari Ireton: 00:33:25 Thank you for being so candid. One of the challenges here, and you guys touched on this in the podcast, is that finding providers is a challenge. We were talking a little earlier with Jeff and Alta, and you said Ideal Options has three providers onsite and 800 patients, and the provider is only allowed to prescribe up to 30 patients, so the math doesn't ...
- Jeff Godfrey: 00:33:51 For the first year.
- Shari Ireton: 00:33:52 For the first year, okay. Either way the math doesn't ...

Anna Boiko-Weyrauch: 00:33:56 Add up.

Shari Ireton: 00:33:56 ... add up. I wanted to have Heather talk a little bit about one of the projects, the MAC Group has been working on under the leadership of the [inaudible 00:34:04] to try to bring those numbers up, or at least recognize that there's a problem.

Heather Thomas: 00:34:09 I'm not sure where I'm supposed to stand. This is complex. There's a couple things at play. When a provider that's eligible does a class, and they become waived in being able to prescribe Suboxone, they have the option of selecting whether they want their information publicly listed. If they choose private, we can't go in and find out who those providers are.

Heather Thomas: 00:34:35 We're working on that. We're working on calling different provider groups to find out how many are waived. Then there's the other piece of how many slots do they have, so in the first year they have 30 slots, are they seeing 30 patients, or are they only seeing one or two? If they're not seeing their full capacity, why? Is it trying to connect them with patients in the community? Are they having problems with that? We can help, or are they just trying it out to make sure they get the right balance, and how to work with Suboxone, and work with the clients, or were they just doing it for one or two patients that they were already seeing?

Heather Thomas: 00:35:10 We're working on some of those pieces. I think Snohomish County has been fortunate in that we have a very responsive medical group in our community. A lot of the providers actually stopped prescribing opioids or reduced it for very severe cases. That started happening several years ago. We also have some big provider groups that have made some big commitments. Community Health Centers of Snohomish County made a commitment that all eligible providers would be waived in Suboxone by June 30th of this year.

Heather Thomas: 00:35:39 That was a huge move. [inaudible 00:35:41] made a similar ask of their providers, so we're starting to see big groups step up. It's available in emergency rooms, so it's out in the community, but there is still a stigma, even within the medical group about is it a substitution and trying to make it so that we can prescribe more Suboxone and methadone in the community that's outpacing the amount of opioids. Does that answer your question?

Shari Ireton: 00:36:03 Yeah. Another quick stat about Suboxone, or Buprenorphine, it holds true for Methadone too, is that these drugs prevent people from dying. It cuts overdose death by half if you're on

these drugs, and you are 30% less likely to relapse if you're on a medication like this. There's a lot of evidence to back up the use of these medications.

Shari Ireton: 00:36:34 Are you ready to move to another drug, so to speak. Episode 2 focuses on ... I remember you said the star of this episode is not a person, it's a nasal spray. Some people have called it the Lazarus Drug, but Narcan, naloxone, had you ever heard of Narcan before this project? You had?

Kyle Norris: 00:36:52 A little bit, but I didn't know what it was, so yeah, we went to a, like a training where they taught us what it was. Yeah, we're just trying to think of like how a listener would think about it. You've heard the word, but you don't know what it is, you shoot it in your arm. How do you use it on ... Yeah, so we've tried to really explain that in a basic, simple way.

Shari Ireton: 00:37:10 Yeah, and you actually went from learning about it, to now, you said you carry it?

Anna Boiko-Weyrauch: 00:37:14 I carry it, yeah. I have it everywhere with me. I actually had heard about it because I had been reporting in Colorado before, and they were just starting to equip all of their emergency, or their law enforcement agents with Narcan. We went to the training, and we learned how to use it, and they gave us boxes, and I have one vial with me at all times. I mean I don't have it on me right now because my purse is in the other room, but it's in my purse.

Anna Boiko-Weyrauch: 00:37:45 I took it camping with me and my friends laughed. They're like, "What, what you think a bear is going to overdose?" I'm like, "You know what? Guys, you never know then you can save a life. Now, I heard recently that YMCAs and public libraries are now going to be able to get free doses of Narcan from the makers of Narcan as well.

Shari Ireton: 00:38:09 Yeah. It's amazing, I've read so many of our own incident reports when a deputy has literally taken someone who is not conscious, barely breathing to someone 60 seconds later who's up and ready to fight the person that's standing between them and the doorway. I wanted to turn to Anji, who's here on behalf of Amy Austin, who is the person that did that Narcan training, and talk a little bit about how easy it is to get Narcan, and how to administer it.

Anji Jorstad: 00:38:40 Yeah thank you. Naloxone or Narcan is available at most pharmacies, Walgreens, Rite Aid, you can walk in and talk to

your pharmacist about it. It's also covered by most insurances. You're not always required to have a prescription. The idea is that the more people that are carrying Narcan and naloxone, the more lives that are saved. I think that you don't know when you're going to park in the parking lot, and get out of your car, and see that someone is potentially suffering from an overdose.

Anji Jorstad: 00:39:13 Narcan, it reverses the overdose immediately. It brings people back to life. It's an opportunity for someone who is struggling with the impact of their addiction to have a second chance. We have some great programs in this county. We have some great treatment options. You can't get treatment if you're dead. You never know if that person that you're able to save is ... You know who that's going to be. It's someone's sister. It's someone's son. It's someone's son.

Anji Jorstad: 00:39:43 The idea is that, we worked really hard in the beginning to make sure law enforcement had Narcan. EMS has Narcan, but the folks that are most likely to come across someone who's suffering from an overdose, is a partner or a child, or a mother, and so the more households, the more purses that we can make sure that have Narcan, and the more effective that we can be in our community.

Shari Ireton: 00:40:04 I was just speaking to a group of seniors earlier today, and we're now, one of the results of the MAC Group is we now get almost live overdose incidents reported to us using the dispatch system. We have had, this week already, a 78-year-old woman who was found by her adult daughter because she had messed up with her medication, and a 28-year-old young man who was found by his grandmother, who had overdosed on heroin, and both were revived with Narcan. It's a pretty amazing drug. You want to talk a little bit about the trainings you've been doing, and how many were trained this year?

Anji Jorstad: 00:40:49 Yeah, you bet. We work to offer a minimum of quarterly trainings throughout the year, so we've had four trainings for the public in 2018. We've trained over 200 members of the public in how to use and administer Narcan, which is just a nasal spray, stick it up your nose, and you push it, and then you're done. Nothing too major. It's pretty easy to use.

Anji Jorstad: 00:41:10 We're also able to provide some additional trainings to larger groups that request if we have the capacity. Amy is just one person, so we keep her pretty busy. She travels along with our Nuisance Properties Team to help intervene when there are folks there who might be interested in treatment. She goes along with the Embedded Social Workers at times.

- Anji Jorstad: 00:41:32 She's called by EMS and law enforcement when they do have someone that they are able to save to administer Narcan. She's able to intervene within 24 hours with that person, sit down with them, buy them a cup of coffee, talk to them about maybe considering a different path. In her spare time she does trainings throughout our counties, and we work to get as many people educated about Narcan, and get Narcan in as many hands as we can.
- Shari Ireton: 00:42:02 That's a great segue into one of the things you mentioned in your podcast, which actually coincided with a conversation we were having in the MAC Group, which is not all overdoses are taking place out in the woods, in the homeless encampment. It's something we recognized just working with our partners in EMS. Obviously, those of us in law enforcement do see more of the homeless encampments. What was the number you found that were in-home versus ... Was it over 50%?
- Anna Boiko-Weyrauch: 00:42:27 There's a study that was done in Boston. It was something like 60% of drug overdoses happen at home.
- Shari Ireton: 00:42:36 Again, we have been seeing that same statistic as well, and one of the things we realized is okay we're really good, well, we're getting better, at reaching the vulnerable folks in the homeless encampments. What are we doing for the grandmother who finds her grandson overdosed? Sure, he goes to the ER, and now he's got to try to figure out a myriad of very confusing, which we're going to talk later, resources and processes. Do you want to talk a little about the MAC Group's work, Heather, to try to address that overdoses in the home, and providing support for folks?
- Anji Jorstad: 00:43:12 It's early stages. I'd say one of the benefits of these MAC Group efforts is we've been able to kind of take care of some of the low-hanging fruit, and then identify some projects that if we had additional resources, we'd be able to tackle next. One of those opportunities came. There was a CDC grant, there's been a lot of money funneling from the federal government, and because of our efforts here at the county, we were the second highest county funded through the state for this grant.
- Anji Jorstad: 00:43:40 It's a one time called a Surge Grant. One of those projects we'll be working to try to better understand the treatment and recovery pathways, so for that grandmother whose grandson overdosed and is now in the hospital, you see these maps in a hospital, or in a school, or a shopping mall, you are here. Where do you need to go next? We're trying to help identify take a right, and then go down the hall, and go to the left.

Anji Jorstad: 00:44:09 That's different for each person. As you said, what works for one doesn't work for each person. Trying to make it as easy as possible. Work with all of our treatment providers, work with law enforcement, and EMS, the hospitals to say if you have somebody, what are your normal steps for referring them? What are your obstacles? Where are those gaps or pinch points? Where is government best positioned? Where could we put a pilot in place, either geographically or time-bound?

Anji Jorstad: 00:44:37 Is it an evening? Is it a weekend? Is it a certain spot in the county? How can we help the families, and those individuals that have overdosed to prevent a second overdose? That's what we're in the process of doing right now. We're excited to see where this goes, and then also work with our partners to figure out how Providence can play a role.

Anji Jorstad: 00:44:57 How the treatment and recovery providers play a role. Government is not going to solve this. Public health is not going to solve this. It's really all of us coming together to do our pieces, to get those Naloxone kits into the hands of people. Ultimately, the goal is to prevent it from even happening in the first place.

Shari Ireton: 00:45:15 This project reminds me when we talked I said it's a lot like eating an elephant, and there are some parts of the elephant that are harder to eat than others. This is going to be one of those because it's such a challenge to put all those pieces together. I want to transition into Episode 3, which focuses on the MAC Group. I want to start off by putting the Sheriff on the spot. You talked about being shocked when you became the Chief of Police of Stanwood, not because you were the Chief of Police, but because a mother came into your office ... I mean we were shocked, but ...

Ty Trenary: 00:45:50 It's like winning the lottery.

Shari Ireton: 00:45:54 About that there was heroin in your community. How has all of this changed your perspective on law enforcement as CEO of this large law enforcement agency in the jail?

Ty Trenary: 00:46:04 The worst thing you can do is give a politician a microphone, so I'm going to apologize the fact that I have one now.

Shari Ireton: 00:46:09 We'll be here for a while.

Ty Trenary: 00:46:13 Growing up here, I actually grew up in Tacoma, but growing up in law enforcement here in Snohomish County, you know there

was obviously always a lot of trends that you see that are close tied to the Puget Sound region. When I had the opportunity as a lieutenant with the Sheriff's Office to go up to Stanwood and serve as their Chief, it was really very selfish because my two daughters were in school up there. My wife at the time worked in the school system, and so it was just kind of a perfect way to go to Mayberry, and slow down a little bit.

Ty Trenary: 00:46:38 I'll never forget the lady, the mom, that came into see me. It was very clear that there was a problem, but I couldn't comprehend it because it was Stanwood. I mean it was just a little tiny town where we'd walk down and get the paper, and I'd read it three times throughout the day, and drink a cup of coffee. It was a really slow town. The other part I'll share is I learned a lot of lessons because we decided, "Hey, we've got to get out in front of this." We're going to get the community involved. We're going to get the school involved.

Ty Trenary: 00:47:08 I don't know if any of you remember, but I'm pretty sure it was President Obama had come to Boeing to do kind of an interview, and we had advertised we were going to have a big parent night community gathering about heroin in our community, so all of the media drove from Boeing to Stanwood to participate in this community meeting, which instantly turned in, "Don't move your children to Stanwood. They're the heroin capital of the world."

Ty Trenary: 00:47:34 It was kind of just like, "Oops, that was probably not the way to go." I'll just end with saying that heroin is not an inner city problem. That's what I believed growing up at my age, that heroin was a homeless inner city issue, that Seattle, LA, and New York had that we didn't have. Clearly I was way wrong.

Shari Ireton: 00:47:58 The reason we're all kind of here tonight is actually because I'll take you back to 2016 when I was accepted into a program for FEMA, and I was asked to do a capstone project, and I had to get approval from my supervisor. I said, "I have this great project I'm going to do on child abduction." Do you remember what you said to me?

Ty Trenary: 00:48:18 I don't remember the exact words, but I think it was, "No, that won't work."

Shari Ireton: 00:48:24 It was something like, "Okay, that's fine, but I really wish you could do something about this heroin problem." It was that paper that kind of got us to the MAC Group in a way. I would love to hear your take on the MAC Group. Where do you think we are? Is it working?

- Ty Trenary: 00:48:43 I think so. I mean listen, I obviously don't know everybody in the room. I will just say here is the challenge for me. I'm a cop. This is my 33rd year in this business. I grew up in the mindset that a pair of handcuffs and a trip to jail solved just about anything that I'm responsible for. I've got some colleagues in the room, so I won't oversell myself, but I thought I was pretty good at that.
- Ty Trenary: 00:49:09 I look back, I happened to be with the FBI director, and some national leaders, and local leaders earlier today. It was fascinating to listen to everybody kind of say the same thing. Why is it taking us so long to figure out this pair of handcuffs and a trip to jail doesn't work for this addiction issue, because it doesn't? The challenge is this isn't hug a thug. This is what we're being hired to do.
- Ty Trenary: 00:49:34 Our responsibility is to make the community safe, and to create long-term solutions. We're way outside our swim lane. We're way outside on partnering with human services and social workers, and talking about treatment, and repurposing facilities. That is not what they taught at the police academy. What MAC did was it gave us an opportunity to take something that we know. Post 9-11, President Bush implemented the Incident Management System, which was to basically teach federal and local governments how to work together after a major event.
- Ty Trenary: 00:50:05 MAC is a piece of that. That's the 21st Century version of what ICS is. I will say that sitting down and taking time to figure out how in the world are we here, and what's it going to take to fix it has really been amazing. Now, we've got a long ways to go, but in terms of finally being able to go, "Oh, well that's how we got here," and this is what it's going to take. It's going to be slow. There's going to be future sheriffs after me that are still going to be working on this, but at least we're going in the right direction, and we're seeing people get healthy, and they're not coming back to our jail.
- Ty Trenary: 00:50:41 Shari, I don't know whether you have this later or not, so I don't want to steal this, but I'll leave with this. Two major statistics for me that are important. People that are arrested, 12 months later, there's a 50% chance, especially with addiction, that are going to get rearrested. Constantly. We did a study and we looked at ... We asked our database, give us the names of the people that have been arrested more than 30 times in the last five years.

Ty Trenary: 00:51:10 There were 53. I would have never guessed 53 people had been arrested more than 30 times over five years. 85% of those people, addicts. Why am I giving you those statistics? Because traditional policing, and booking, and arrests, and incarceration does nothing to attack the issue. MAC gave me help.

Shari Ireton: 00:51:31 Thank you.

Ty Trenary: 00:51:31 You want me to give the microphone away now?

Shari Ireton: 00:51:32 Yes, please. Somebody take that from him. It was a great tee up for the next excerpt promo I'd like to have you play. It's Episode 4, it's the phone call because it tees up our Office of Neighborhoods, our Hug a Thug, Marshmallows and Kevlar.

Kyle Norris: 00:51:53 Lauren Rainbow talks tough, swears often, and wears a bullet proof vest. Not your average social worker.

Lauren Rainbow: 00:51:59 [inaudible 00:51:59].

Kyle Norris: 00:51:59 She's on her phone a lot.

Lauren Rainbow: 00:52:03 [inaudible 00:52:03].

Kyle Norris: 00:52:05 Lauren works for Snohomish County in Washington.

Lauren Rainbow: 00:52:09 [inaudible 00:52:09]. I know, I heard. [inaudible 00:52:15]. I know. You're not walking into a lecture. [inaudible 00:52:24].

Kyle Norris: 00:52:23 [inaudible 00:52:23] on the phone calling to let Lauren know he's relapsed after not doing drugs for a whole year.

Lauren Rainbow: 00:52:32 [inaudible 00:52:32] and it sounds like you are wanting to get back into treatment, and [inaudible 00:52:38] stumbled [inaudible 00:52:39].

Kyle Norris: 00:52:41 Lauren is answering this call from the passenger's seat of a police car. Her co-worker [inaudible 00:52:46].

Lauren Rainbow: 00:52:49 Hold on. Hold on. [inaudible 00:52:50].

Bud McCurry: 00:52:54 Ma'am, ma'am. What are you doing? What are you doing, ma'am? I heard. Are you okay? Yeah, yeah, all right. Are we going to fix it? Well, then let's fix it.

- Kyle Norris: 00:53:15 All day long the social worker and cop drive around the county helping people struggling with addiction and homelessness figure things out.
- Shari Ireton: 00:53:28 The stars of this episode are Bud aka Marshmallow and Kevlar. I'm going to say that all night long, and Lauren, I would love for you guys to ... I know I've talked to you at length about the strange roles you find yourself in. Bud used to be one of our hard charging deputies, kicking down doors, and taking down felons, and now he's a social worker. Lauren used to be a social worker, and now somehow she's become a cop. I'm kidding. I'd love to hear you guys talk about your perspective and the work you do.
- Bud McCurry: 00:53:59 Legally I can't be called a social worker, just to clear that up. Yes, I used to be in a unit here in the county called directed patrol. Our direction was to go out and find the most harmful criminals in the county that were causing the most damage to our citizens of the county, arrest them, and book them into jail. Back in those days, it was a meth epidemic. We did see some success by arresting our most harmful criminals that were addicted to meth, and putting them in jail.
- Bud McCurry: 00:54:34 We were able to affect the crime rate. Heroin is a completely different story. I like to call myself a good Marine. I get my marching orders. Back then it was to go arrest people and put them in jail. Now, with this heroin epidemic, it's not methamphetamine. We've heard this over, and over again that when our heroin addicts are detoxing, they become sick, and they will do anything they can to feel better. I hear it's like the worst flu that you've ever had in your life times 100.
- Bud McCurry: 00:55:09 The chemotherapy, same type of thing. This reverse in roles 180 to bring help out into the homeless encampments was completely foreign, but like a good Marine, we took those orders and ran with it, and we started to see successes. It was one by one, and I've said this before, our job, number one, is to go out and make our community safe, but on a human level, on a humanitarian level, one by one, I know for a fact, that we're saving lives out here, and that's on a very humanitarian level.
- Bud McCurry: 00:55:51 Me, as a hard charging cop, former Marine, to actually step into this role of going into a camp, and earning the trust of a homeless addict, or a mentally ill homeless person was a complete role reversal. I can tell you that in my 20 years of doing this, this is the best, most rewarding position I've ever had, to walk into somebody's camp muddy, I won't even tell you what we find in some of these camps.

Bud McCurry: 00:56:25 Find them wet, sick, hungry, tired, and to be able to get them out of that tent, earn their trust, give them coffee, give them some food, get them started with detox treatment and housing, and eventually ... That was our biggest problem. What's our end game?

Bud McCurry: 00:56:46 Do we high five them because we got them clean and put them in a house? Well, that's traditionally when most people relapse is when they lose that support that's been given to them for the past 30, 40 days. Our goals was to put people in houses, and continue to help them. Am I talking too much?

Speaker 16: 00:57:04 Not at all.

Bud McCurry: 00:57:05 ... continue to help them with medical issues, dental issues, legal issues. Believe it or not most of our clients, and I do call them clients, have some sort of legal issues that we continue to help them with. We'll go to court with them. We'll work with the defense attorneys, the prosecutors, and the judges to try and request leniency, so now that we've got our client back on their feet, that they're not knocked back down by our court system, and put back in jail, heavy fines, heavy probations.

Bud McCurry: 00:57:38 I can tell you it's completely non-traditional policing, but I can tell you it's working. We've got hundreds of people out of the tents, off the street corners, off the sidewalks, out of the store fronts. Hundreds of people through detox, treatment, and housing. Now, I'll tell you this, relapse is very real, but the best part about our program and the relationships that we've build with our clients, when they relapse, we're usually their first phone call to say, "I screwed up."

Bud McCurry: 00:58:05 You heard Sam call us. We don't beat them down. We don't make them feel like crap. Just like your own children, that's the worst thing you can do is knock them down into the mud and the dirt when they're already there. What we do is we build them back up.

Shari Ireton: 00:58:23 Do you have anything to add?

Lauren Rainbow: 00:58:25 I think Bud covered everything.

Shari Ireton: 00:58:29 You guys have some guests here tonight.

Lauren Rainbow: 00:58:33 We do.

Shari Ireton: 00:58:33 I'm going to let Lauren do this, Bud. It's okay.

Lauren Rainbow: 00:58:36 Thank you. My name is Lauren Rainbow, I'm one of the social workers on this team, and we do ... There were two clients, they were on my case load actually. They were heavily featured on the podcast, and I think they did a great job of highlighting a lot of the process that we take people through from beginning to end. I'm happy that Dillon and Brittany could join us today. I don't know if there's any specific questions for them, but they are two individuals that I think we all highly respect for all the work that they've put in.

Lauren Rainbow: 00:59:11 I always tell my clients, people will say, "You saved my life," and it's like, "No, I didn't." We open doors, you guys walk through them. We give you opportunities and you choose whether this is something you want to pursue, and if you don't, that's okay. There's no judgment. There's no pressure. This is your life. We want to find out what your goals are, and figure out how we can help in that process, if possible. That's exactly what these two decided to do.

Shari Ireton: 00:59:40 Any milestones you'd like to share? Number of days?

Dillon: 00:59:44 Coming up on this one year on the 24th.

Shari Ireton: 00:59:46 Awesome.

Brittany: 00:59:46 Three months and nine days.

Shari Ireton: 00:59:51 Awesome. That's great. Don't be embarrassed, but we're going to jump to the next clip, which features both of you. That would be Mac and Cheese please.

Lauren Rainbow: 01:00:11 Let's just go down all the aisles. You need juice, you have breakfast juice [inaudible 01:00:16].

Brittany: 01:00:19 I don't know what I like. This is new. It's something new to me.

Kyle Norris: 01:00:25 She needs a lot of help just deciding what to buy.

Lauren Rainbow: 01:00:28 You like tuna fish or not? All right, what about mac and cheese?

Brittany: 01:00:32 Of course.

Lauren Rainbow: 01:00:32 Everybody likes mac and cheese. Grab some of that. [inaudible 01:00:37] this section, the personal items.

Brittany: 01:00:39 [inaudible 01:00:39] mac and cheese?

- Lauren Rainbow: 01:00:49 Grab you a couple more. Can you imagine, you know, coming from homelessness to ... Let's go down this aisle and get some deodorant and all that stuff. Living on the streets for a few years. You go to treatment where you're thrown into a rigorous schedule. Wake up at 6:30, eat breakfast, communal chores, going to first rate counseling. Very different life that ... Wait body wash, you need body wash. There you go. [inaudible 01:01:10].
- Lauren Rainbow: 01:01:13 Then after that we dropped them in a house. Now you have a house, and you have this schedule. You have all your appointments that you need to be ... They don't have any bed sheets. They don't have any food. They don't have anything to take a shower with, no shampoo. No, no that's not part of reentry into the life that really has been the goal for so long.
- Shari Ireton: 01:01:39 Thank you for being here tonight, and for the progress you made. That's amazing. For the two of you, I know I remember the very first time I went out with these guys in 2015. It was October I remember because one of the homeless encampments, they had a lovely set of jack-o-lanterns outside their tents. Walking into a homeless encampment for the first time is definitely a life-changing experience, and it's kind of why I'm passionate about the work that we're doing. Do you want to share your experiences with walking through with the Office of Neighborhoods and what you learned and saw?
- Anna Boiko-Weyrauch: 01:02:16 It wasn't my first time in a homeless encampment. I'm a reporter in Seattle, so it's sort of a place that we report the news a lot. I think that what I want to sort of tease out of what the sheriff said, and what Bud and Lauren said is that if you ... It goes back to what is addiction, and how do we understand what addiction is, and how do we understand and make sense of why do people continue to use drugs?
- Anna Boiko-Weyrauch: 01:02:44 If you think that people use drugs because they're bad, or they're weak, or there's something wrong with them, then of course, it makes sense, let's just arrest them, throw them in jail. Obviously, that's going to solve the problem. That's not why people use drugs. Drug addiction, and alcohol addiction, and other forms of addiction, it's a medical condition.
- Anna Boiko-Weyrauch: 01:03:08 If somebody is doing behaviors because of a medical condition, putting them in jail, or sending them to the courts, putting them in jail, and then releasing them to the streets, that's not going to make anything better, and so this understanding, this program is based on understanding of you're not going to solve the problem by treating it like a moral failure. You're going to help

people by getting them the services they need, and by treating it as the medical condition that it is.

Anna Boiko-Weyrauch: 01:03:41

This is why, but how we've always treated it is like she sheriff said, "Pair of handcuffs, trip to jail." Lock them up, and there we go. We've solved it. As a society, we're already very equipped to send cops into a situation, so this is really like flipping the script and turning it around.

Kyle Norris: 01:04:02

You know, I would say yeah it was intense to walk into the homeless encampment, but I found more richness in just hanging out with you guys, and following them around day-to-day because also the dichotomy of a police officer and a social worker, that's like so funny and out of the box. It's a great story already. It draws you in. People are like, "What?"

Kyle Norris: 01:04:25

I already have so much to work with, and then just seeing them, we were in the grocery store in that clip. Just being in the grocery store, right? Meeting people at the coffee shop, or being in the cop car driving around answering the phone. Those really regular day-to-day things were so revealing to me, and that's where I felt the story telling got rich.

Shari Ireton: 01:04:44

The more I look at both this and mental health, addiction and mental health, one of the key words that keeps coming up over and over again is relationships. What works for the Office of Neighborhoods is the relationships they build with their clients. In a way, that's kind of what we've done here in Snohomish County as well is it's our relationships with each other, across agency, across jurisdiction, being able to have that conversation, we have to kind of go where people are at.

Shari Ireton: 01:05:10

Sometimes it's up here, and sometimes it's not. I think that's what's been driving all of us to keep moving forward. I'm going to switch over. I want to be cognizant of time, and switch over to our last episode, which focuses on the jail. Do you mind, Ken, playing the last clip?

Anna Boiko-Weyrauch: 01:05:35

That's the sound of a jail door closing behind me. I'm in the Snohomish County Jail in Everett, Washington. Folks from the county are leading me on a tour. I'm seeing how they handle so many inmates addicted to heroin. In the medical ward, we run across a young man with big, black, wavy hair. His face looks unnaturally ashen. He sits slouching forward on a bench. He's wearing a green and white striped uniform. He's an inmate, and he's really sick. A nurse, Julie Farris, leans over. She asks him how much heroin he usually does.

Julie Harris: 01:06:17 A couple of grams a day? Have you gone through detox [inaudible 01:06:22]?

Anna Boiko-Weyrauch: 01:06:21 He tried a program that uses medicine to replace heroin, Suboxone. [inaudible 01:06:26] ...

Inmate: 01:06:28 I stopped doing it two weeks ago.

Anna Boiko-Weyrauch: 01:06:30 ... but he stopped.

Julie Harris: 01:06:31 How come?

Anna Boiko-Weyrauch: 01:06:32 He looks up and sort of shrugs. Heroin, a one word answer that explains everything. Nurse Harris takes the stethoscope from around her neck.

Julie Harris: 01:06:47 You have 130/90, so [inaudible 01:06:54]. That makes sense?

Inmate: 01:06:55 [inaudible 01:06:55].

Julie Harris: 01:06:58 I know. I know. [inaudible 01:06:59]. All right. What you're saying is you're getting a little dehydrated?

Inmate: 01:07:03 Yeah.

Julie Harris: 01:07:03 We'll get you some fluids and you'll start cooling down. [inaudible 01:07:07] thrown up, we need to put it in your bottom.

Inmate: 01:07:09 I'm so thirsty.

Julie Harris: 01:07:11 I know. I know, I get that. I get that. Another 30 minutes after that, then we'll try some sips. We'll give you some chicken broth to help your stomach, and then get your gut a little bit of a rest. Does that make sense?

Anna Boiko-Weyrauch: 01:07:26 He starts crying, and slowly droops forward. The young man is puking everything up, so they have to give him a suppository with medicine to stop him from vomiting.

Julie Harris: 01:07:38 I know. Hang in there.

Anna Boiko-Weyrauch: 01:07:38 Nurse Farris helps him stand up and grabs a fist full of his uniform on his back to keep him standing up.

Julie Harris: 01:07:44 This way.

- Anna Boiko-Weyrauch: 01:07:46 They walk into a cell, and out of view. Withdrawing from heroin is like the worst flu you've ever had. You feel bad out of both ends. The Snohomish County Jail has been flooded with people in just this situation. People addicted to opioids are getting arrested, booked into jail, and then withdrawing. Some inmates were even dying. They weren't getting the medical care they needed.
- Anna Boiko-Weyrauch: 01:08:14 From 2010 to 2014, over a dozen inmates died, 2 from drugs, many from medical complications, and some from suicide. The families of these inmates sued, and the county has paid millions in settlements. The jail has turned things around. Inmate deaths are rare now. Recently, the jail is handling inmates with addiction differently than they used to. We're going to tell you how.
- Shari Ireton: 01:08:46 We're going to actually have ... Alta is going to tell us how. I have to tell this quick story. I recently went to a Public Health Conference with Heather here, which is odd because I work in law enforcement, and I have a background in communications, so why I'm at a Public Health Conference. There were times I thought, "Oh, what am I doing here?" I wore my [inaudible 01:09:10] with the shirt on, and with the patch.
- Shari Ireton: 01:09:12 The funny thing was is that I could not find five minutes to myself between sessions because people would chase me around this room of 800 people. "You're from Snohomish County. You have embedded social workers. You have medication assisted treatment in the jails. How did you do it?" How did we do it, Alta?
- Alta Langdon: 01:09:31 Before I start, I just want to say I heard somebody mumble, "I didn't get chicken broth." I just want to say I'm sorry you didn't get chicken broth. Next time, ask for chicken broth. It's tough. It's tough to get chicken broth. It's a tough position to be in. Medication assisted treatment, I'll start with the detox part of things.
- Alta Langdon: 01:09:59 We're using Suboxone to help alleviate some of the symptoms that are associated with withdrawal. It's the worst flu. It's the worst flu ever, and I can't say that Suboxone is the miracle pill, but what I can say is you would be wanting a cheeseburger and not chicken broth the minute after you take it. Not the minute, but about four hours later you'd be feeling a whole lot better.
- Alta Langdon: 01:10:26 Basically, when people come through, we do a medical screening, we do a mental health screening. Anybody who is withdrawing from heroin goes into our medical unit where we

monitor their vitals. When their COWS score, which looks at withdrawal, reaches a certain level, then we can start Suboxone, and we do a five day taper.

Alta Langdon: 01:10:47 They're usually better within about four to six hours after taking the first tablet of Suboxone. They're not suffering. The hardest thing for me, as a practitioner, is seeing someone suffer, and seeing someone sick and being powerless. For me, Suboxone is a miracle pill in that sense. That's only one part of the problem, or one part of the solution I should say.

Alta Langdon: 01:11:14 The other part is connecting people when they're released. If I'm only taking them off of this for a certain period of time, how am I connecting them to Jeff as they leave? The thing about withdrawal is, and using Suboxone, is it gives them an opportunity to know what it's like to take a medication that can actually help them for longer term. What we started doing was working with Ideal Balance, and having screens done so that they can be connected with Ideal Option and receive the treatment they need as they leave.

Shari Ireton: 01:11:49 You're seeing success?

Alta Langdon: 01:11:50 We are. It's baby steps. It's not perfect. Much like that addict, we stumble, and we learn from our mistakes, and we move forward. It's not perfect, and some people don't get chicken soup. I think that we're getting better. I've had two people call me because I give out my business card, and two people call me and tell me that they're doing well. That's two people. Two people that are doing well. Now, that's four people that are doing well, so yeah, I think we're doing okay.

Shari Ireton: 01:12:31 Thank you. I want to be, I want to be respectful of people's time, and I want to make sure we have a little bit of time to talk about resources. As you walk out of the room, you'll notice a lot of material out there, particularly there's a huge list of reading material put together. We are in a library, and it is a great place for having librarians do research. Anna and Kyle also put together some resources as well.

Shari Ireton: 01:13:00 There's also a publication called 10 Things to Know About Opioids that was produced by Heather [inaudible 01:13:07] as part of some of the work we've been doing. The MAC Group, that's a great resource for people who haven't gone through the process, who don't understand what addiction looks like. It's for parents, and clergy, and grandparents. There's a lot of great information in there.

Shari Ireton: 01:13:23 I'm going to do two things. I'm going to turn it over to Anna and Kyle for a minute to talk about the resources you found the most useful, and also ask you if you do have any questions, this is the time to write it on your card, and raise it up, and we'll gather those and make sure we have a chance to get those answered. Resources?

Anna Boiko-Weyrauch: 01:13:43 I love reading books about addiction. Generally my strategy is I have one book about addiction, one book that has nothing to do with addiction, just to balance it out. The front page there, are books that, not the whole thing, but just the front page are books that I've personally read, and I recommend. There are a number of books by people who have addiction, who have then gone on to study addiction or have some sort of expertise.

Anna Boiko-Weyrauch: 01:14:11 They really bring a very interesting perspective of this is what it was like for me, and here's what the research says. The one I'm reading right now is at the very bottom. It's called Unbroken Brain. It's fantastic. There's also another one in the genre is Realm of Hungry Ghosts, also by a man who has addiction, but is a doctor, and treats many people with addiction as well.

Anna Boiko-Weyrauch: 01:14:38 Clean is a book that's by the author of Beautiful Boy, the movie that's now coming out, and it talks about ... It was one of the first books that I read, and it had a lot of inspiration in there for me because he talks about solutions, about solutions to addiction.

Shari Ireton: 01:14:56 I have to interject. The producers of that movie actually contacted me after your NPR piece came out.

Anna Boiko-Weyrauch: 01:15:03 What did they want to know, by the way?

Shari Ireton: 01:15:07 That the movie was coming out. Probably that we should buy tickets and go see it. I don't know. I was skimming the email, and I saw, I think it's Brad Pitt that's involved in the production company, and then I stopped, and I read it again. I thought maybe he was coming here.

Anna Boiko-Weyrauch: 01:15:21 I'll see a movie with Brad Pitt.

Shari Ireton: 01:15:22 Yeah.

Anna Boiko-Weyrauch: 01:15:22 With Brad Pitt, go together.

Shari Ireton: 01:15:24 Sorry, anyways. Other resources that are good.

Kyle Norris: 01:15:26 You know, I watch a lot of documentaries, so PBS has some great documentaries, even on Netflix, just Googling the topic of addiction, but that was my go-to for learning about stuff.

Shari Ireton: 01:15:40 Any go-to resources, Heather or Anji, Jeff, Alta? No?

Jeff Godfrey: 01:15:47 I kind of use the NIH a lot, but I think it's a little bit [inaudible 01:15:51]. I read.

Shari Ireton: 01:15:52 Yeah.

Anna Boiko-Weyrauch: 01:15:54 Talk more about it. What's the NIH? Talk about ...

Jeff Godfrey: 01:15:59 National Institute of Health. I'm sorry. National Institutes of Health, have the National Institutes of Drug Addiction, and then there's also SAMHSA, and ASAM. ASAM is the American Society of Addiction Medicine of which I'm a part of. They are daily putting in new bits of research. We need everybody out there to start reading and figuring out what's going on. I like the Dry read once in a while. It helps me sleep better. Then, Alta, you had a couple of things that you read, told me about.

Anna Boiko-Weyrauch: 01:16:41 The National Institute for Drug Addiction, NIDA, right?

Jeff Godfrey: 01:16:44 NIDA, right.

Anna Boiko-Weyrauch: 01:16:45 Actually, I found a lot of their stuff to be very easy to understand for the public about the neuroscience of addiction, what happens in your brain, useful treatment ...

Jeff Godfrey: 01:16:56 They have great pamphlets that you can ... If you get on NIDA, I think it's N-I-D-A.gov.org, I think.

Shari Ireton: 01:17:07 [inaudible 01:17:07] dots.

Jeff Godfrey: 01:17:08 A lot of the dots.

Alta Langdon: 01:17:08 SAMHSA has a lot of resources.

Jeff Godfrey: 01:17:12 Right, substance abuse, mental health.

Shari Ireton: 01:17:14 SAMHSA is S-A-M-H-S-A, yes. I use them a lot as well for research.

Jeff Godfrey: 01:17:20 They're quite good. To get pamphlets if you have a group, church group, school group, community group, parent group,

whatever you want, they have wonderful one-page briefings that you can utilize.

- Shari Ireton: 01:17:38 While you have the microphone, I'm going to pass one of these questions off to you, Jeff, or maybe Alta can answer this as well. This is from the audience. Why can't you be treated at a regular medical facility for Suboxone if addiction is a disease like diabetes, why isn't this, the medical profession, handling ... Why isn't the medical profession handling this? What do we need to do to make this happen with 72,000 people a year dying?
- Alta Langdon: 01:18:03 Go for it.
- Jeff Godfrey: 01:18:05 That's a great question. It kind of pierces my heart, right? Why aren't we, all the docs around here, getting the data waiver? Well, because the drug is controlled drug, it's new. When I first started prescribing, I could prescribe as much opiate as I wanted to basically. That got us into the trouble. When the drug Suboxone comes around, now everybody's, "Oh crud, it's another controlled opiate substance, so we're going to really control this one."
- Jeff Godfrey: 01:18:45 Right now, you have to go through, if you're a mid-level, a PA or a nurse practitioner, it's 24 hours of study before you can get your DATA waiver. It's called a DATA waiver. Drug Abuse and Treatment ... What's the last A stand for? I can't remember. It's a certification that you get.
- Jeff Godfrey: 01:19:11 Your first year, you can only see 30 patients, and then your next year after that, after you've done successfully with 30 patients, you can go up to 100. If you're a doctor, you start with 30, move to 100, and then go to 275, but because there still is that stigma, and it's scary, and you know, many family practice guys, "Yeah, I'd rather send them to a specialist. I don't feel well-versed."
- Jeff Godfrey: 01:19:41 That's such a great question. Why don't we all treat? I would love to see every single doc graduating from med school now sitting for their DATA waiver, so we can all do it. Yes ma'am.
- Shari Ireton: 01:19:53 Some docs do.
- Speaker 21: 01:19:54 I asked that question. So what can we do? How can we demand that this happens?
- Jeff Godfrey: 01:20:01 Well, that's a personal choice. Demanding ... I don't know.

Speaker 21: 01:20:05 They're treating diabetes, we talked about ...

Alta Langdon: 01:20:08 Jeff, I need a [inaudible 01:20:08].

Speaker 21: 01:20:09 ... chemotherapy. Why is this different?

Alta Langdon: 01:20:13 My background is in primary care. Part of what drove me to apply at where I'm at now, and very thankful to be, is I have a patient that came to me four years ago, and said, "I'm a heroin addict, can you get me some help?" I got him into treatment. He was doing really well. He came back to me four months later and said, "You know, I'm really struggling. I having really bad cravings. I'm really afraid I'm going use. What do you think about Suboxone?" I said, "Don't do it. Don't, whatever you do, don't do it. It's just replacing something for something else."

Alta Langdon: 01:20:46 I look at that now, and I think about what I know about withdrawal, and what I know about overdose, and how sick people can be, and it breaks my heart that I gave that recommendation as a provider working in family practice. If I could go back four years, whatever it was, five years, and change the answer that I gave him, I absolutely would.

Alta Langdon: 01:21:16 To answer your question about why is it not being used in primary care, I think a lot of it has to do with the workload in primary care. If you think about the pressure on the providers in primary care, and the number of patients that they have to see in a day, and the push to see more, and do more, and answer more, that would one more, honestly, that would be one more piece because you have to really closely track how many people you have, and you have to see them every so often.

Alta Langdon: 01:21:45 It's another pressure, and I could see that being a big barrier from a primary care perspective. There was one other component to your ... Oh, they are using it in specialty care. OB, a lot of OB providers are waived, and they're using Subutex for pregnant women. Some orthopedics will use it.

Shari Ireton: 01:22:05 I think it comes back to what we've been talking about is education.

Alta Langdon: 01:22:10 It's education.

Shari Ireton: 01:22:11 The community to ask for it, and the medical community to do it, but there's also the counseling piece, which is a heavy lift for a practice that's very busy all day.

Jeff Godfrey: 01:22:21 Explain the logistics of if you're providing a drug, you also need to provide the mental support and the [inaudible 01:22:30] support. That just takes time.

Alta Langdon: 01:22:31 It takes time and it also takes ... It's not as simple as just seeing somebody one time, giving them a medication. It's teaching them all those components of overdose, and the resources, and the tools, but also really making a connection with your patient because you have to establish some rapport with them, and for me, the hardest part of my job right now is I have up to 1,025 people is our max. Up to 1,025 people at one time.

Alta Langdon: 01:23:04 How do you connect with each and every one of them on a level to give them that individual care and education that they need? It's a challenge and it's the same challenge that we face in primary care as providers as well.

Shari Ireton: 01:23:18 Yeah.

Heather Thomas: 01:23:21 I think one other piece [inaudible 01:23:23] is the next generation of doctors. I know locally Sea Mar has residents that come through their program, and we've worked with them to add some modules so when residents come through, they spend a day at the Health District to get to know the data, and from the Public Health standpoint. They also spend a day at the Syringe Exchange observing what happens there.

Heather Thomas: 01:23:45 They, I think, go to Ideal Options, don't the Sea Mar residents go to Ideal Options, so we're starting to get more of a well-rounded rotation for the new doctors coming up. As far as requiring them to sit for that, I mean that would be, I would say, start with the Washington Medical Association, and Family Physician. Start with the Associations, and talk with them to see what they can try to move from their recommendation policy level.

Shari Ireton: 01:24:14 Yes, go ahead. I can never say no to Alta.

Alta Langdon: 01:24:18 One other area that I'm seeing Suboxone being used is in long-term care. The interesting thing with that is that for every patient that they have on opioids right now, they're giving a prescription for Narcan. That's huge.

Shari Ireton: 01:24:33 Thank you. I'm going to end with these. There's two questions. It's a magic trick. I'll make them appear again in a second. What was the hardest part of telling the story?

- Anna Boiko-Weyrauch: 01:24:52      The way that we went about creating this podcast, there are a number of different ways to make a podcast. One is you and your buddies get together and talk like this, and you make a podcast. Another way is to do, the hardest way, which is what we did, is you follow people around for months, and you go to where they are, and you talk to ... We tried to count it up. It was like over 50 people who we talked to in the course of creating this podcast.
- Anna Boiko-Weyrauch: 01:25:21      You know, most of the those people informed us very much, but their voices didn't make it in the podcast. Then, we collected something like over 30 hours of recordings, and so you like to go through that amount, and it's not if people aren't talking about fluffy bunnies, they're talking about addiction, and overdose, and all of these very intense topics. It was hard. It's just a lot of stuff to go through.
- Shari Ireton:                              01:25:55      When will Season 2 come out?
- Anna Boiko-Weyrauch: 01:25:58      I don't know yet. We're working on that. For Season 2, something that we didn't get to that is really, really important is talking about prevention, the prevention side of it. For all of the topics that we did address in the first season, there were so many more topics that we didn't get to, so I'd really like to get into what works to prevent addiction, especially among adolescents.
- Anna Boiko-Weyrauch: 01:26:24      What's the best way to treat chronic pain? Right now there's a big debate because doctors are now prescribing fewer opioids, but there are people who rely on opioids, so what do you do? What's the best way to treat pain? Then, another big issue is trauma. When people have traumatic childhood experiences, for example, it leads, often times, to addiction. How do you, what's a better way than illegal drugs to deal with the pain of trauma? Do you want to repeat the questions for ...
- Shari Ireton:                              01:27:01      Oh, sorry. The question was, two questions. What was the hardest part of telling the story?
- Kyle Norris:                                01:27:06      It was intense. It was heavy. We would finish our day, and like eat and drink. We had to go eat and drink right away. It was like do something else and like not think. It was very heavy reporting. We wondered if anyone would listen. We're like, "What are we ... Who wants to listen to this? It's really heavy, and sometimes bad and not hopeful." We worried about that. Do we need to make jokes to be ... Where can we find like a lightness to it too? That was the hardest part.

Anna Boiko-Weyrauch: 01:27:33      That's a good point is that I want people to listen to this, and to feel hopeful, and not feel depressed, but we're also talking about heavy subjects, so it's a very fine line to walk there.

Shari Ireton:                      01:27:44      I know those of us who are in the MAC Group, we meet every Monday, and some of us have meetings before those meetings. I've told my colleague, Courtney, "Well, it heroin Monday." Boy, at the end of those long days, there's such a daunting list of things to get through. I want to, especially again, thank everybody in the front row here for the work you're doing for being a leader, for going out into the field, for partnering, for finding new ways to connect with people in the county, finding solutions.

Shari Ireton:                      01:28:17      I also want to thank the two of you for, again, bringing Snohomish County into the spotlight in a positive way with hope. Thank you so much for everything you did.

Anna Boiko-Weyrauch: 01:28:27      Yeah, well thank you to Shari, and thank you to all of the people in this room who have spent so much time talking with us, and sharing your stories, and your experiences. Thank you so much for that.

Shari Ireton:                      01:28:37      Thank you.