OPEN NINTH:

CONVERSATIONS BEYOND THE COURTROOM

RE-RELEASE: OPIOD AWARENESS – PART I

FEATURING SHANNON ROBINSON FROM ASPIRE HEALTH PARTNERS

EPISODE 160

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(Music)

CHIEF JUDGE MUNYON: Hello, and welcome to Open Ninth. In honor of opioids and stimulants awareness month, we are re-releasing our two-part series covering our community's efforts to fight the opioid epidemic in Central Florida. In this first episode, former Chief Judge Fred Lauten sat down with Shannon Robinson to talk about her work with Aspire Health Partners, the largest behavioral health provider in the southeast. Together the two discussed the connection between mental health and substance abuse, as well as the benefits of treatment centers over incarceration for individuals suffering from opioids dependence. Thanks for listening in.

CHIEF JUDGE LAUTEN: I'm here with Shannon Robinson, vice president of Medical and Nursing Services at Aspire Health Partners, which is a 50 million dollar behavioral health Enterprise that does prevention, intervention, treatment of individuals for health issues, including substance abuse and mental health issues.

And, Shannon, I want to welcome you to "Open Ninth." Thanks for joining us.

MS. ROBINSON: Thanks so much for having me today.

CHIEF JUDGE LAUTEN: So tell us a little bit about your background, Shannon. What is your training and experience? And maybe you can tell us how you landed at Aspire, which is sort of the biggest provider of behavioral healthcare treatment here in our region.

MS. ROBINSON: That's correct. Aspire Health Partners is the largest behavioral health organization in the Southeast. And, interestingly enough, years ago, I started off in trauma ED, and then relocated to Florida in about 2001, and found my passion in high-risk OB.

And approximately eight years ago recognized that behavioral health was an area that

I had not ventured into. I worked a lot with the pregnant and post-partum women and wanted to bridge a gap. So I transitioned into that behavioral health realm, and eight years later, here I am.

CHIEF JUDGE LAUTEN: So when you moved over to Aspire, did you know what subspecialty within that organization you would focus on or did you learn that once you got there?

MS. ROBINSON: I knew would be focusing on substance abuse. I didn't recognize how much, um, overlap you have with substance abuse and mental health. Originally, I came over to bridge that gap for those pregnant and post-partum moms and quickly realized the scope of what we were dealing with was substance abuse and mental health. And this was right about the time of the prescription epidemic.

CHIEF JUDGE LAUTEN: So let's talk a little bit about the prescription epidemic, which has perhaps led to significant substance addiction in the opioid area. Maybe you can start us at the beginning of the crisis, which was really not so much street-level drugs, but doctors – you know, probably beneficently prescribing pain medications to their patients, wanting them not to suffer pain. And tell us a little bit about that, you know the development of this crisis.

MS. ROBINSON: So when we started as a medical field recognizing pain as a fifth vital sign, we started focusing on managing pain adequately and appropriately. What I think happened, in the essence of trying to manage pain, we begin to over-manage pain. Someone who would have been just given Tylenol may now get an opioid to manage that pain. They may get more opioids over an extended amount of time than what they would have prior to recognizing pain as a fifth vital sign. And I think what we did is we triggered the – the addiction component of over-prescript – prescribing opioids in individuals who might not otherwise be suffering from opioid dependence.

CHIEF JUDGE LAUTEN: So if we can use an example, let's say, well, I'm about to have knee surgery again in a month. Let's take my knee as an example or a different example. Let's say

someone injured in an automobile accident, and just to make it clean, they're not at fault, but they're injured. And they, let's say they're suffering from significant back pain. So, 10, 15 years ago, a doctor might prescribe hydrocodone or OxyContin or some opiate-based painkiller to let this person who's perfectly innocent, not a criminal in any stretch of the imagination, manage the pain that wasn't even their own fault.

MS. ROBINSON: Yes, and absolutely. Certainly, in acute cases, pain should be managed adequately. That definitely does impact the healing component. In those situations, individuals are generally prescribed a pain medication for a short amount of time, such as post-op pain management. They'll prescribe potentially an opioid with the idea that you take it as directed. And then after a week or so, you would start transitioning to maybe a Tylenol or an NSAID or a Motrin-type of pain relief medication over the counter.

What happens is, is over approximately, you know, a week, an individual taking pain medication, even as prescribed, will experience a certain degree of physical dependence. Physical dependence means that you've started to develop a tolerance to an opioid. And when you discontinue that opioid abruptly, you will experience some withdrawal syndromes. Opiates – physical dependence is different from addiction. The withdrawal components are similar, though.

CHIEF JUDGE LAUTEN: So 15 years ago, was it lack of knowledge that led doctors to prescribe beyond a week's worth of pain medication? Was it just we didn't know what was going on, or was it doctors trying to please their patients, or was there pressure from the patients, if you don't give it to me, I'll go to the doctor next door, or all of that?

MS. ROBINSON: I think it's a little bit of all of it. I think it was done in effort to effectively manage an individual's pain, people who had chronic pain syndromes, people who had terminal pain, people who had serious accidents or major surgical procedures. And what happened is the

pendulum swung from one extreme to the other. And I think what we've seen now is we're trying to move that pendulum more kind of in the middle. And what we've done is we've created kind of a rebound effect with heroin.

CHIEF JUDGE LAUTEN: So I don't know how many heroin addicts were -- reached that place because they were being treated for pain management and otherwise wouldn't kind of enter a black market in an illicit economy or just went straight to the streets and were sort of, you know, drug users. I'm not sure where the breakdown is. Are there studies that tell us sort of heroin users, how did they get there or not?

MS. ROBINSON: Yeah. So 85 percent of all of your individuals who are using heroin started off with a prescription opioid.

JUDGE CHIEF LAUTEN: And it sort of led them down that path?

MS. ROBINSON: Yes. Um, certainly some individuals who utilize opioids who don't have an addiction disorder can take their opioids as prescribed, discontinue them, and not experience any type of – of need to continue to use. Those who are genetically predisposed to addiction disorders may actually experience significant withdrawals, significant cravings, and the need to continue to use, despite harm or consequence.

CHIEF JUDGE LAUTEN: So 85 percent, did you say?

MS. ROBINSON: 85 percent of all heroin users started off using a prescription opioid.

CHIEF JUDGE LAUTEN: So one of the issues I've heard is that at some point in time the attorney general started closing pill mills down. And perhaps one of the untended consequences of that was that people might have gone to those pill mills as opposed to the streets, to the kind of criminal element in the streets, gone to these pill mills to get prescriptions to manage pain. If they're not available, and if they're prescribing physician says, that's it, I've got to stop you

because I'm turning you into an addict that leads people to the streets. Is that a fair description of one of the avenues to the current crisis?

MS. ROBINSON: Absolutely. Certainly, you have individuals who are utilizing heroin as a replacement that you would have never suspected. Remember, these, you know, addiction crosses over all socioeconomic backgrounds. It does not discriminate. And individuals who may have been seeking these opioid prescriptions legally through their physician or through their pill mill, with the crackdown, that made it more difficult for them to obtain because these prescriptions are being monitored. They're being monitored through the DEA, through the pharmacy, through the physician. And they're being dinged if it looks like an inappropriate prescribing. So what that does, is that brings those individuals who are seeking out some of those medications to a significant decrease or halt. And addiction, anybody who has suffered with opioid addiction, understands that it is definitely not a mind-over-matter option. The –

CHIEF JUDGE LAUTEN: So let's talk about that – that statement for just a moment. So I think a lot of listeners would think, well, you're an addict because you don't have this kind of self-discipline that I have. If I put my mind to it, if I were in your shoes, I could just end this addiction through sheer force of will. Are you saying that that's a myth, that that's not true?

MS. ROBINSON: That's absolutely a myth. And that is not true in any way, shape, or form. There are few who have the ability to just stop and never – never go back to it. For the most part, that is not the case. The way addiction works is it absolutely hijacks the rational component of the frontal lobe of the brain. And it hijacks the limbic system, which makes you operate off the capium part of your brain, meaning it tells you, you must use or die. And certainly, anybody who has suffered from opioid withdrawal feels like they're going to die. It's pretty much the most awful flu you could ever imagine having. And these individuals definitely do not have that option

of just, I can just stop any time. No one wakes up one day and says I'm going to be an addict. That's not the way it works. And it's definitely a lifestyle where it becomes they don't use to get high, but they use to be able to function and so that they don't get sick.

CHIEF JUDGE LAUTEN: So let's talk about people going to the streets to get drugs, particularly opioid-related substances. You have marijuana, cocaine, but in the opioid family. So 20 years ago, you go to the street, and you might get heroin, you might get methadone mixed with some other substance. But today I think it's different. What – what does the research and your experience tell you is happening out in the street with respect to –

MS. ROBINSON: Well, today, what we're getting is not anything of what we were getting even five years ago. In fact, what you used yesterday can kill you today because of what they are mixing the heroin in, and in some cases, it's not heroin at all, it's straight fentanyl. This is incredibly dangerous. It's cut with all kinds of different substances, and you don't know what's in it.

CHIEF JUDGE LAUTEN: So if you would, tell our listeners a little bit about fentanyl and carfentanil, which are the two sort of illicit street components that are either mixed or sold as heroin to opioid addicts, and I think our listeners would benefit if you can tell them what fentanyl and carfentanil is.

MS. ROBINSON: So fentanyl and carfentanil is a thousand times stronger than your heroin.

CHIEF JUDGE LAUTEN: So I heard that that fentanyl is 50 times stronger than morphine, and carfentanil is a thousand times stronger than fentanyl.

MS. ROBINSON: Yes.

CHIEF JUDGE LAUTEN: So carfentanil, that's just deadly.

MS. ROBINSON: Yes.

CHIEF JUDGE LAUTEN: You have – I also heard that as little as three grains of salt worth of carfentanil could kill you.

MS. ROBINSON: Yes. In fact, in some of the situations where you have police officers and the K-9s going into homes and houses, they have to be careful. In fact, a lot of the Narcan that's being used is actually being used on your K-9s because of – if it goes into the air and it's dispersed, it is – it's deadly.

CHIEF JUDGE LAUTEN: Shannon, I don't know if you know this but law enforcement and lawyers came to the court and said historically, cocaine prosecution, even heroin prosecution, we bring the drugs into the courthouse, admit them into evidence, pass them around to the jury. And they said today with opioids, if it contains fentanyl or carfentanil –

MS. ROBINSON: Right.

CHIEF JUDGE LAUTEN: -- anybody exposed to it could get very sick, if not lethally sick.

MS. ROBINSON: That's correct.

CHIEF JUDGE LAUTEN: So we entered an order that before you bring these drugs into the courthouse, now you have to notify the court. There's a pretrial hearing, and we talk about a sort of a substitute way to present the evidence to the jury. I know, I think it was Ohio, but I might have the state wrong, an officer got carfentanil on his uniform and got violently ill, was taken to the hospital, to the ER. But on the way there, he was given four shots of Narcan.

MS. ROBINSON: Narcan

CHIEF JUDGE LAUTEN: Now, I know what Narcan is, and you do, but maybe briefly you can tell our listeners what Narcan is.

MS. ROBINSON: So Narcan is the emergency antidote for an opioid overdose. And years ago we were able to Narcan an individual who had a suspected overdose, and generally, that would be with one dose. With the fentanyl and the carfentanil now, oftentimes we're actually administering multiple doses simply because of the way it attaches to the mu receptors and the opioid receptors. It's significantly more difficult to manage, and those individuals must get to the hospital after a Narcan's been administered.

CHIEF JUDGE LAUTEN: So I know from the heroin task force that most, not all, but most law enforcement officers in our region now carry Narcan with them. Originally, it was in sort of an EpiPen kind of injector but now I think it's mostly a nasal swab.

MS. ROBINSON: That's correct. Most of the emergency responders are able to use the nasal Narcan, which doesn't require the medical training that maybe the Epi or the injectable Narcan does, and it's easily accessible and easily used.

CHIEF JUDGE LAUTEN: And then the deputies in the courtroom here, they all carry Narcan. And I thought I heard recently that a citizen could go to a pharmacy and now basically order Narcan, or obtain Narcan if a family member, for example, if a family member had some sort of opioid addiction and put it in their medicine cabinet, so if, God forbid, if someone lost consciousness, then they could administer. Is that true? Can you get Narcan if you're –

MS. ROBINSON: That is true. That is true. The state authorized a state standing order for the pharmacy to be able to administer that under the standing order if an individual did indeed think that they needed to have a Narcan available to them. And they come in the kits of two. Certainly, that is a huge, huge benefit to individuals who may be dealing with a loved one who has an opioid addiction or even a perfect stranger.

CHIEF JUDGE LAUTEN: So Narcan or naloxone can save someone's life.

MS. ROBINSON: Yes, that is true.

CHIEF JUDGE LAUTEN: So let's talk a little bit about treatments for people who are not life threatened, but are addicted to opioids. So what is the sort of treatment protocol used in the medical field today if you're trying to – to address someone's addiction? What substances or what treatment – I mean, we're not – 20 years ago, I know that methadone was the, sort of the standard treatment for heroin addicts. I'm not sure today what the science holds.

MS. ROBINSON: So for opioid dependence, there's -- there's a couple different treatments. But the most important thing to remember about treatment is that it is a biopsychosocial disease, which means it is not just simply giving someone medication. It requires ongoing consistent intervention and treatment. It's that individual and counseling component. It is the medical component because oftentimes their medical conditions have been pushed away to the side. It is the medical – the medication-assisted treatment that's an option. So we have a variety of options, things like methadone, we do have. We have buprenorphine and we have Vivitrol, and those options allow an individual, based on their needs, based on their history, what medication option would best fit their need.

CHIEF JUDGE LAUTEN: So buprenorphine, is that Sub Oxone or is that something else?

MS. ROBINSON: That is. That is Sub Oxone.

CHIEF JUDGE LAUTEN: All right, tell me a little bit how that works.

MS. ROBINSON: So buprenorphine is a partial agonist, which means it occupies the receptor, and it prohibits any other opioids from hitting that receptor.

CHIEF JUDGE LAUTEN: From hitting that receptor.

MS. ROBINSON: Exactly.

CHIEF JUDGE LAUTEN: Is Vivitrol the same thing or different?

MS. ROBINSON: Vivitrol is different. It's an agonist, which that means it blocks that receptor so they can take opioids and they will not – it will not attach, and they will not obtain a euphoric.

CHIEF JUDGE LAUTEN: And what about methadone? What does that do?

MS. ROBINSON: Methadone is a full which means there is a component where the opioid – the methadone attaches to the mu receptor. It is an opioid, and there is the ability to have a euphoria effect. The goal is to keep them out of withdrawal.

CHIEF JUDGE LAUTEN: So you meet with someone suffering an addiction. And you assess them, I guess, and then decide what would be the best protocol for this individual, at least in medicated-assisted treatment, plus counseling, plus their medical history. But you would pick which one would be best for this person.

MS. ROBINSON: Absolutely. A comprehensive addiction assessment, as well as mental health assessment would be completed on an individual because it's important to identify those underlying causes. And based on that individual's need, history, the length of their addiction that they've been struggling with, they would identify the best medication-assisted treatment that would work for them.

CHIEF JUDGE LAUTEN: So I know Governor Scott declared an opioid addiction a medical emergency in the state and the President has declared the opioid crisis as an emergency. The Governor indicated recently that 50 million dollars was allocated statewide for treatment. There's a debate about whether that's large enough, and I suspect we need more but it's better than nothing, certainly. Maybe we can talk a little bit, just so our listeners have an idea, of just how – how large this crisis is.

So one of the statistics I've heard recently is that there are more opioid overdose deaths in the United States than there are deaths resulting from automobile accidents, which is astounding when you think about how many automobiles are on the road, our history of fatal automobile accidents. And now opioid overdose deaths succeed that. And this one I know will surprise our listeners a little bit. And that is that we, in Orange County, have more opioid overdose deaths this year and last year than homicides. So people are terrified that oh, I could be shot by a stranger, although the odds of that are really pretty slim. Most murders, the people know the aggressor. But today, we have more deaths resulting in our county from this crisis, this opioid addiction, than even from homicides and automobile accidents, which is pretty terrifying.

MS. ROBINSON: That's correct. It is terrifying. We are not talking about it, an opioid crisis. We're actually in the middle of an epidemic.

CHIEF JUDGE LAUTEN: And so in America last year, I think maybe, or 2015, maybe over 20 thousand deaths, just in that one year.

MS. ROBINSON: Yeah.

CHIEF JUDGE LAUTEN: I don't know if our listeners recently watched the PBS special on Vietnam, but I know because I was a teenage and subject to the draft in that area, that we had 58 thousand deaths of Americans in Vietnam. And all of that response in the millions, really billions of dollars, we spent on that war –

MS. ROBINSON: Right.

CHIEF JUDGE LAUTEN: In three years, we'll exceed the total number of deaths in Vietnam if we don't get our arms around this crisis and the deaths that are resulting from opiate addiction. What – what – you work directly in the field. Where do you see we need resources the most?

MS. ROBINSON: Well, with our – the dollars that came down for the opioid crisis that we addressed, those dollars are put into place in effort to make sure that medication-assisted treatment is available for those individuals. What we haven't actually looked at and addressed is that oftentimes with those dollars that supports this type of services, there's all kinds of services that go along with providing the treatment that an individual suffering from opioid or any type of substance use disorder needs.

It's not just a one-size-fits-all. You can't just, again, give someone medication and expect that that's going to take care of their issues. Some of these individuals need in-patient detoxification. Some of them need short-term residential, sober housing, long-term residential. It's very specific to the individual. And of course if that individual has children and they're in the child welfare component, that's also a factor. So ensuring that we're providing not only the initial services, but the wraparound services that's required for these individuals to reintegrate back into the community and be successful.

CHIEF JUDGE LAUTEN: So what percentage of substance abuse addiction, people who are experiencing substance abuse addition also have a mental health issue?

MS. ROBINSON: I would say 85 to 95 percent of those individuals are co-occurring. It's not just a primary substance-use disorder. Regardless of if it's a primary or secondary, they're still struggling equally, and both of those need to be managed equally.

CHIEF JUDGE LAUTEN: So we applaud the Governor allocating 50 million dollars, and I know people are grateful for that. The other sort of sobering statistic is we're 49th or 50th in the United States in per capita expenditure for mental health treatment. So in the co-occurring disorder area, okay, so we have 50 million dollars to address substance abuse, but we're really grossly underfunded for mental health treatment.

MS. ROBINSON: Yes.

CHIEF JUDGE LAUTEN: And somehow, we've got to balance those two in a state that has all kinds of needs, transportation needs, education needs, criminal justice needs, mental health funding, behavioral health, and health funding in general. So I know there's lots of demands, but it's dangerous to be the last state in the Nation funded for mental health treatment.

MS. ROBINSON: It absolutely is. And I think we are bearing the consequence of that. It goes along with pay now or pay later. These individuals, we will take care of one way or the other, as well as the children that are involved and the family members struggling with substance use disorder. We pay for it in our court systems.

CHIEF JUDGE LAUTEN: So, Shannon, there's a debate about whether we have enough resources that we're pouring into treatment of opioid addiction, and you talked about Vivitrol and you talked about Sub Oxone, and you talked about methadone. You talked about the mental health counseling aspects, not to mention just traditional, how are your – how is your body doing in terms of traditional health issues. Where are we lacking? If you had – if you had a magic wand and you could wave it, what resources do you know that you need that we just don't have yet?

MS. ROBINSON: I would say overall behavioral health resources. We are the last in the United States as far as funding for mental health and substance abuse. I think that that's what we are seeing. We are paying for the lack of resources and the lack of funding for individuals suffering from mental health and substance abuse. They're in our jails. They are in our court systems. Their children is in our child welfare system. We are seeing it. We're paying for it. I think we could utilize those dollars much more effectively by putting that money into services to pull those individuals out of the court systems, to put those kids back in the homes and actually provide the

services that they need to be successful in the community, to actually reach their maximum capacity and potential. And of course, that looks different for all different people.

CHIEF JUDGE LAUTEN: So the debate in our – in my system, the criminal justice system, and I know this is a struggle for judges who are fairly informed people and want to do the right thing, is at what point do you incarcerate people who are addicted, or at what point do you treat them? And certainly I think – I don't want to speak for all my colleagues, but I think they feel that if you're a drug dealer, if you're making your living off of selling drugs and avoiding taxes and not being a contributing member, maybe you should be punished. But people who are just addicted to drugs, and then you get into the whole debate about do people who sell some amount of drugs because their addiction need treatment. But that debate is ongoing. It's been going on for a couple of decades now. How do we adequately address – I presume that you're in the treatment end of that debate rather than the incarceration end.

MS. ROBINSON: Absolutely. Absolutely. Individuals suffering from addiction disorders and mental health do not belong in jail. Those individuals legitimately need the opportunity and the ability to seek treatment and to maintain treatment. And you know individuals of course who are making their living and preying on the individuals who are struggling with substance-use disorder, I think there is some judicial component to that. There is some factors to that. But individuals as a whole suffering from substance abuse and mental health do not belong in jail.

CHIEF JUDGE LAUTEN: So Shannon, are we in the midst of, or are we right in the middle of the opioid crisis? Are we experiencing it right at its height? And you know what kind of optimism or pessimism do you have for us getting out of this crisis?

MS. ROBINSON: I think we've surpassed the crisis and we're – we're reaching the epidemic component of that. And I think that is evident by the fact that we have more overdose –

individuals dying of overdoses than we have individuals dying in motor vehicle accidents. I think the statistics are scary, quite frankly, to consider what we are dealing with. I think we have made a couple steps in the right direction. I think we have a long way to go. I think we have to be more proactive about addressing, treating, providing services for substance abuse and mental health. Again, those two often go hand in hand. And you know per – making sure that these services are available, you know. Like I said, we pay now or we pay later. Because we have to be able to have these individuals have access to services.

CHIEF JUDGE LAUTEN: Well, Shannon, we could talk about this I think for a long time, but I want to thank you for taking time out of your busy schedule. And I want to thank you and Aspire Healthcare for working in the behavioral healthcare area and for working with individuals, many of whom through no fault of their own, they're not necessarily at fault, have slid into the area of addiction. And thank you for your work in the mental health area. So thanks for taking time out, and it's been a pleasure to talk to you, and I really appreciate all you do for us.

MS. ROBINSON: Thanks so much for having me.

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