Mark Masselli (00:04)
Mary Bono is known for her service in the US House of Representatives. Now she's taking on an important mission to her and all of us.

Mary Bono (00:12)
This is very personal, and I have been affected by substance abuse disorders in my family, you know, my whole life. And that runs on, on, both sides and through marriages and all sorts of stuff. And the, the point thing here is it can happen to anybody. I was a sitting member of Congress when it happened in, in my family, which is pretty mind blowing when you think about it. That here, she's crusading on this. And then here it is happening in, in my own family.

Margaret Flinter (00:41)
We're going to learn how Mary Bono and her nonprofit organization are driving solutions to prevent drug abuse and overdose deaths, especially as a new presidential administration takes over in Washington, DC.

Mary (00:53)
I used to say, when I was in Congress, there are things that you are, and things that you do. And this one, for me was deeply personal and obviously preventable. So I did champion it and talk about it.

Margaret (01:06)
This is Conversations on Healthcare.

Mark (01:20)
Welcome, Congresswoman Mary Bono to Conversations on Healthcare.

Mary (01:23)
Thank you, mark. And please call me Mary.

Mark (01:25)
Well, Mary, we're honored to have you join us. And, and this indeed is a very critical effort. You're leading mothers for awareness of, and prevention of drug abuse. I'm wondering if you could tell our listeners about your focus on prevention through education and how, this is working now.

Mary (01:43)
Well, this organization, we call it MAPDA, was born in 2011 when the crisis, the drug abuse crisis was a little bit different. It was basically driven then buy prescription pills. And then over time, we, of course, we've all seen that shift and morph into the fentanyl crisis. So what we realized is that generally speaking, people think this is not gonna happen to them or to their family. It's always gonna happen to somebody else's family. So with fentanyl introduced into the illicit drug supply, everything changed because there's no longer time for ex experimentation. You know, one pill can kill as the DEA slogan, and it's true. So we've really focused on raising the awareness about the problem of illicit fentanyl sitting in every illicit pill. Now, what's scary is that oftentimes people don't know they're illicit. They take an Adderall that a friend had, or a Xanax that a friend had, and it's sort of a trusted source because it's a friend. And there's that fentanyl. And again, this might be somebody who's not a user or somebody with an addiction problem. It might be somebody who simply took one pill one time and didn't survive it. So the, the drug crisis has changed a lot over the decade. Again, we believe that the number one thing to do right now is sound, the al alarm bell, about the importance of knowing what's in the drug supply.

Margaret (03:06)
Those are, such important points. And, you know, we've, been looking back over some of your, testimony, and writing, over the years, and, and you're so right, what a, a radical impact Fentanyl has had. And yet, you've, you've cited, I think this was within the last few years, 108,000 preventable painkiller, prescription drug deaths every year. I don't think those are going down. Are we still seeing that, but not putting as much focus on that? Or do you think we've really, kind of turned a corner on the availability because of more careful prescribing, say for storage maybe in the home? Is there, is there any, dare I say, good news in what is happening on that particular, item around, unintended deaths due to overdose?

Mary (03:55)
Well, interestingly enough, the CDC has reported that our numbers have been driven down way down to, I think about 2017 or 18 levels, which is great news. And again, that's not just, prescription drugs, that's all overdose

deaths. So, you know, it's important that to recognize we don't always separate them out because they're all pretty much preventable. Mm-hmm. But the prescription drug supply, definitely things have improved. Things have changed, things have tightened up. I think people have realized, you know, when, when we started non crusading in about 2007 and eight, when I was realizing that constituents in my own congressional district were dying from these overdose deaths, it was, you know, it was basically teenagers and early kids in their early twenties. But back then, people were not ag admitting that there was a problem. Right. And it's hard to have a solution when you don't admit there's a problem. But over time, it became undeniable. And I think everybody did pitch in to feel, figure out what they could do to, to fix just the prescription drug portion of it. Now, the important thing in my view too, is there is of course, a time and a place for pain pills. There is a time and a place for opiates, absolutely. But the fact that these kids were getting their hands on prescription drugs, even though they're highly regulated, something was wrong and the government was asleep at the switch. So that was when we started questioning, what are we doing wrong? Why are we not seeing these deaths when we are seeing them in our congressional districts?

Mark (05:28)
You know, Mary, the country knows you best as a Republican member of Congress from Palm Springs, California area, but you also founded, co-founded the Congressional prescription, drug Abuse Prevention Caucus during your time in Washington. And President Trump, spoken out about prescription drugs moving illegally across the border. What's your hope to see out of the, this administration?

Mary (05:54)
Well, the same thing I've wanted to see out of every single administration since we recognize this was a problem. And number one was to focus on this. There are solutions. These are preventable overdose deaths to a large degree. So, you know, I was in Congress, I came in during President Clinton, I served with Clinton, Bush, Obama, and every single one, you know, I wanted them to focus on this to raise the awareness. And all of those three presidents kind of largely ignored this. President Trump was the first, in his first administration to begin to pay serious attention to it. You know, the thing that's good is the government failures are glaringly obvious. Mm-hmm. On, you know, we have over a dozen agencies in one way, shape, or form with their finger in the pie of, of prescription drugs. but, you know, the, the advocacy community has rallied ha we have come together. I think most of us are focused, again, on raising awareness more than anything else that can, again, you know, that can include prevention. So don't start using these things to begin with. But it also includes things like access to Naloxone, which is the overdose reversal medication. So we're seeing that a lot more readily deployed, more easily accessible. In my hometown. We helped distribute some to public places so that they would have it easily accessible, right there in places like our library or in our transit station and at city hall. So we hope they're never used, but they're there in ca in case they're needed.

Margaret (07:31)
Well, Mary, personal stories are so important, in this work. And you've spoken publicly about your personal connection to the issue. Can you share what you'd like us to know about why both the prescription and illegal drug abuse problem is so important to you?

Mary (07:48)
Well, and this is very personal, and I have been affected by substance abuse disorders in my family, you know, my whole life. And that runs on, on, both sides and through marriages and all sorts of stuff. And the, the point thing here is it can happen to anybody. I was a sitting member of Congress when it happened in, in my family, which is pretty mind blowing when you think about it. That here she's crusading on this. And then here it is happening in, in my own family. So I used to say, when I was in Congress, there are things that you are, and things that you do. And this one, for me, was deeply personal and obviously preventable. So I did champion it and talk about it. And, you know, my campaign chairman when I first ran for Congress and throughout my, my 15 years originally was President Ford. And then when he passed, Betty Ford became my campaign chair. Mm-hmm. And she was always a beacon of hope for me on these issues of removing stigma from people who have a substance use disorder. And, you know, getting treatment is okay. So I thought talking about it publicly was important for a couple of reasons. Number one, if this happened to my family, it can happen to yours. And then number two, to say there's, there's nothing wrong with a, with asking for help when you, when you're ready and when you need it. So it's, you know, again, great mentor leadership in, in Mrs. Ford. Absolutely. It's a great role model for me.

Mark (09:15)
Yeah, absolutely. First Lady Ford was a true role model, as you are as well. I'm wondering if, if there's any enemies here in terms of prescription drugs, is, is it the drug makers in their quest for profits, their, their trade

association? And I really wanna quote the, what they say is they're deeply committed to working collectively to prevent misuse and abuse and diversion of prescription medicines. We need a balanced approach that ensures appropriate treatment of pain, while also addressing this critical public health challenge. Wondering what your thoughts are about, their, their role in all of this.

Mary (09:53)
Those are wonderful 2025 talking points. Absolutely. But they were not their talking points in 2007 and eight up until about, at least 2014 when they began to come along. Now, the sad thing is that had they recognized and admitted because they did know, a number of the manufacturers knew, and the distributors knew that these were being abused in certain areas of the country, had they come on board and recognized it and addressed it at that time, we probably wouldn't have seen all of these lawsuits around the country that have crippled a number of those companies. So had they sort of recognized, oh, we better listen and pay attention and people are dying and let us change our business practices would've come a long way. But, you know, mark and Margaret, for me, what drives me, I is this, I had, I know dozens and dozens of parents who've lost a child to an accidental overdose, whether prescription pills or illicit, I know far too many. What drives me is that I don't want to know the next 50,000. I want that to stop. I wanna quit meeting people who recently lost somebody. And in about 2011, perhaps I remember a meeting with a government official who I, I will not name but asking, but if they would declare this an epidemic, because it, it was mm-hmm. And they, this official said, well, I need money to, and I simply asked, can you study the last 10,000 people who died instead of the next 10,000 people? And this is something that drives every single, single advocate, is that we don't want to meet more parents who lose a child. And so maybe that sounds a little, little trite, but it's true. It's a pretty good motivation. I, I shudder to think of how many parents I've, who've lost a child in the past year. Mm-hmm. We've been trying to focus on this. We should have been focusing on it in the late two thousands.

Margaret (12:00)
Well, Mary, I think, early on you referenced your, your engagement with this at a deep level, going back as far as 2006 or so, I think, and, sort remembering back over this arc of 25 or 30 years of the explosion of prescribing, opioids, in healthcare, and, the, the mantra that everybody had to, treat to zero on the pain scale in order to be a good and compassionate healthcare provider. All that ensued from that and the, the boomerangs that people live through, I'd like to think, that healthcare providers, I'll speak specifically about primary care here, have, really made huge progress in, education and prevention. Even around things like safe storage and a pediatric visit, talking with parents about whether there's medications like this in the household and, and safe storage. But sometimes I have an overly rosy and optimistic view of things. And I'm curious what your assessment is of the degree to which healthcare providers have really stepped up to treat especially acute, pain and chronic pain appropriately while maintaining safety, for the patient and for family members in the home, which, as you know, was a root cause probably of many of those losses that your friends experienced.

Mary (13:18)
Well, that's a great question. First of all, safe storage had never been heard of. And, it is an important part of this. These pills were being, you know, crazily diverted out of medicine chests. And whether it was children getting a hold of them in their parents' medicine chests or grandparents, the, the problem became so bad that people would go to open houses in the real estate market, go through the houses and rifle through medicine chests to see if there were any opiates in this, in the medicine chest. So it took a long time for people to really realize that this was an issue and something worth paying attention to. However, there's still this thing that it's not gonna happen to me that is just very real. Now, primary care physicians, I don't know to tell you the truth as a whole, if they've made the sea change, if they really have the conversation, same with pharmacists. You know, they're also busy, they're also stretched for time. Appointments are quick, they're overworked oftentimes. And this is sort of that thing that, you know, might just end up on the cutting room floor, that they're not gonna have that conversation with their patients. So the importance is, it's not only there, it's public messaging. You know, nonprofits like ours, we're, we're constantly on social media. We're constantly on, you know, video, YouTube, well, YouTube is social media, digital channels, YouTube, tv, things like that with these messages. So it's really gotta be sort of a constant messaging around all of us about the importance of locking up your meds or protecting them. But again, that's not the sole source. And you asked me a little bit earlier who basically, who's at fault? And you can go down, I, I would start with some manufacturers, not all, some distributors, not all, some pharmacies, not all, but in my mind, where the buck should have stopped was with the regulatory agencies that had oversight. Now, the FDA has something they call rems risk evaluation, mi mitigation strategies. So when a new usable drug comes to market, they're supposed to be a way that the public is protected from it. There's forethought put into this and a plan they were failing. And the same thing, you know, with DEA and I did have, if you went through past testimony, DEA come forward, and I felt some sympathy for the DEA because they were stretched so thin, and I felt like they, so some degree they were being pushed around by the

whim of, of the drug trade at the time. But I believe that their, their mission should be in the right place. And I think we've seen that it has, has adjusted there, but there's plenty of blame to go around. And I, I say to some friends who are college professors, you could teach a course, a college course, I dunno, a semester or how long simply on this problem and point out the absolute failure, both, either the failures of the system or people who learned how to manipulate the system for economic gain. And I think that would be a very fascinating lesson.

Mark (16:22)
Speaking of economic gain, there have been a lot of settlements that have happened because of, of this issue. Any sort of view on how these resources are now are being put to use, in terms of really supporting the type of message that you and your organization are putting out and also the primary prevention that needs to happen across the country?

Mary (16:47)
Great question. We are frustrated, and by we, I mean all of the advocates Yeah. That we are seeing some of these, these, these funds, whether it's, you know, the opioid response laws coming outta the federal government or the lawsuit settlement dollars, we are seeing some of that use to, metaphorically speaking to, to fill up pot potholes. That's something we've fought hard against to make sure that wouldn't happen. We've tried to put guardrails in place that all the funds went to prevention or treatment and recovery, but we are seeing, let's just call it very creative ideas coming out. The least recent one, I learned that somebody had built an ice skating rink with the opioid dollars, which obviously we've been fearful of when you just look back at the tobacco settlement dollars.

Mark (17:34)
I was just gonna say that we had a lesson that we didn't learn on the tobacco one. It looks like, have you talked to any of the attorney generals who have been leading these and trying to get them really to focus on a solution that doesn't do crazy things?

Mary (17:48)
I have not. And we have thought about standing up an organization, and I know that organizations like Shatterproof together with Johns Hopkins have a tracker. That there are some organizations trying to do that, but really have a solid watchdog organization to shine the light, at least on misspent funds. And I think that would go a long way, hopefully, towards putting these, these dollars where they need to go. But so far, things look like they might be getting a little worse.

Margaret (18:19)
Mary, I wanna go back, if you will, to the Narcan, issue for a moment. This is just, such an important issue in terms of preventing deaths. And I wonder, if you think about, the ability to get that public message out there, what more could we be doing to get Narcan into the hands of people in the way that we encourage people to have first aid equipment? Certainly don't expect everybody to carry defibrillator, but to be trained in CPR emergency response, this seems so critical that we don't hear so much about it now in the public messaging, it seems to me.

Mary (18:54)
Well, the good news is it you can now buy Narcan, Naloxone over the counter. I have seen it at my pharmacy's right there at the checkout, right at the cash register. I carry it in my car. I'd like to say I carry it in my purse, but you know how first go, it doesn't always make the change from one to the other. I'm embarrassed to say. But it is accessible and it's easy. You know, this isn't like the pulp fiction scene where somebody's grabbing huge hypodermic needle and shoving it into your heart. This is a nasal spray, right? It's basically like giving a dose of RIN. And, there's no harm if you use it on somebody who is not overdosing from opioids. But whether they're overdosing on some other drug or whether it's a different type of medical emergency, there can be no harm from administering Narcan. So I think raising that, recognizing it is over the counter. The stigma thing. I've still heard people say, Ooh, I don't wanna go buy it, because they're gonna think I'm a user and I've bought it. Nobody looks at me like I was radioactive. And you could buy it on Amazon. You know, what I like is, we've talked a lot about this on my podcast, which is called Sagely Speaking. And what I've heard, I've received feedback from parents and grandparents who have said, I have ordered this. I've had it delivered via Amazon to my grandkids, and I've heard that about, I've had my, my, my kids now carry it. We used to think that by saying, having our kids carry it, it was giving them a license to use. You know, and 'cause we do hear these stories about like, farm parties or, you know, encouraging kids to party. If they have Narcan on hand, that'll be the safety net. But what I'm hearing from parents and grandparents who have reached out to us is that's not what they see. They say, I

know that my child or grandchild is not using, but I know that they might be in a, in a place where somebody is. So I thought that was really encouraging, really encouraging.

Margaret (20:56)
Really, really great point. And also that you can't do harm, I think is a really important message for people. So thank you for that.

Mark (21:02)
Yeah. Let me just pull the thread on, on kids and grandkids, because we're, we're a healthcare provider. We're in hundreds of schools with school-based health centers. And you point out that only a very small percentage of school districts allow students to carry Narcan. And you believe that students should be equipped to respond in an emergency situation. 'cause they're often, as you've noted, closer to their peers than their teachers. But where's the opposition coming from and, and how do we overcome it? Because it seems to be, a right place, for young people to have those conversations and be engaged and be being part of the solution. 'cause I think they wanna be part of the solution.

Mary (21:43)
Well, we actually, in my hometown of Durango, Colorado worked together with some students and our superintendent of schools. We had a, a round table conversation in Washington dc We produced a white paper. And in Colorado we were able to make change in other districts. I believe LA County has done the same, but we made a change. The only the change was that students could carry Naloxone on them. Now the only o you know, the opposition, if you could call it that was typical legal constructs mm-hmm. That school districts had to, to deal with. This was no different than the EpiPen, you know, other medications that have to re stay with a school nurse. So it was really those legal questions and the liability questions that they had to wrestle with. I didn't hear a single educator or anybody at our round table say, well, wait a minute, this is morally wrong. They shouldn't carry. It was really to, to sum it up, gee, what are the lawyers gonna say? Yeah. And you know, those conversations, they are important as long as they don't obstruct progress. But we did get to a good place. And, and that's a great problem sense.

Mark (23:00)
Sounds like a great role model for other schools to look at.

Margaret (23:04)
Speaking of people taking action, what's your perspective on what the current Congress, controlled by Republicans can accomplish, on this front in terms of preventing avoidable deaths? Is it a priority for them, do you think?

Mary (23:19)
Which day of the week is it? That's right. Right now. Boy, that's a good question during these tumultuous times. Political times where it seems that so few people come together to bridge the bridge, the gap of, of partisan divides, but they are doing it. I know that they are coming together. And I, I will say this issue has had bipartisan and pretty solid support for a number of years. I'd say since about 2015, 2014 perhaps. Really, both sides were coming together and trying to put forward solutions. 'cause every single congressional district was being hit and hit hard by the problem. So we're, they're trying to reauthorize previous legislation and, we'll see how that goes. I don't think it should be a bumpy road for them. The, the difficulty, and we're learning that this in this day and age of DOGE is now we really need to see that things are effective. We really need to see, you know, that what we are spending money actually has results and that there's no waste, fraud and abuse in, in the system because we can't afford that, especially when lives are, lives are at stake. So I believe the Congress will do what the Congress does, they'll pass something and, they'll have hearings on it and then a markup, and then they'll believe that what happens out there in the rest of the world actually is making a difference. But I think right now we need to truly assess what we have done for the past 15 years and what is mattering. I do know that the CDC believes that the access to naloxone has made a huge difference. And what I'm seeing in on the ground is that is true. But what I would like to see, and data shows that few and fewer, fewer and fewer kids are choosing to use drugs. Mm-hmm. And this is hugely important because it's sort of flipping this to the positive. So instead of the, the, the messages like, just say no, which I actually believe work, but instead of just say, no, what are we doing when kids are saying, I'm not gonna use, I'm not gonna try any drug. What are we doing? Right? Let's double down on those efforts. Mm-hmm. Because there is a very positive story to tell too, when you look at the data that few fewer and fewer kids are using or starting to use, you know, what is it? The, the drag is the overdose data because of the illicit drugs, the, the fentanyl and the drug supply, it's sim it seems to sort of wash out the positive news because it's just so easy now to get some fentanyl and overdose. And so it, it

is to look at the good side, focus on the good side, double double down on the good side. And I'll say, this is hard in this environment now, messaging where, you know, marijuana is becoming legal everywhere. There are positive messages about marijuana. And I, I crack up with that because when cigarettes were, were big, you know, and all of the cigarette ads we used to see in the healthy, gorgeous looking Mar Marlboro man sitting on a horse encouraging us to smoke, we're in the same place now with marijuana. And we're, we're missing the boat. We're hearing this isn't healthy for you. It calms your mood. It does all these positive things, and kids are hearing those messages. Right. And that's unfortunate because it is a substance that, I would say is not good for the human brain. And I know there's scientists all over on, on that, but the, the, my point here is the messaging that it's okay, it's good, it's not gonna bother you. And now we're moving that way with some of the genics. So we have to keep up our guard and keeping our kids healthy.

Mark (27:01)
You know, Mary, we, we hear so much about divided America. I'm wondering if dealing with the prescription drug abuse is a place to find bipartisan agreement and, and maybe your thoughts on how we can, have that, happen, accomplish that?

Mary (27:18)
We are seeing bipartisan progress. And again, no, I don't hear anybody ignoring the problem. Now, when I started on these hearings, and you know, Hal Rogers and I, a congressman from, from, Kentucky, and I started on this path, we were lone, the two of us. It was a very lonely little party of two who are talking about this issue now, you know, and traditionally, as you can imagine, a member of Congress who might have a manufacturing plant in their district would defend the pharmaceutical company who's rep, you know, manufacturing their district. It's jobs and it matters. And oh, by the way, yes, they show up at the, those fundraisers, so they have a special interest sort of point of view. But unfortunately, the numbers now steamroll over all of that, and the families that are talking to their members of Congress about the loss, it it's hard any longer to justify jobs over lives. Now, I do believe, I'm very, very optimistic that we'll get this right. I'm a hundred percent optimistic that we will get this right, that we can do everything we can so that these drugs do end up, or medications do end up in the hands of people who truly need them, who truly benefit from them, and are not diverted to people who don't need them. I'm very optimistic about that. I'm also optimistic about future pain medications. You know, coming, coming online, a few weeks ago, there was a non-opioid pain, alternative medication approved by the company Vertex, which has some promise that some innovation in this space too is positive. So I am incredibly optimistic. I'm very optimistic. We can con continue to see the numbers decline if we continue to focus on this. So, you know, I'm the daughter of a, ear, nose and throat surgeon slash professor. And I try to keep balance in mind when we go after these policies. And I do believe it is completely possible that we find that perfect balance.

Margaret (29:18)
Well, Mary, we appreciate your work, your optimism, and your focus on addressing this from every level that we can, from the personal with conversations to the Congress, with strategies and regulations. It's a huge contribution to our listeners. And we wanna thank you for joining us and also thank you to our audience for being here. Just a reminder to be sure to subscribe to our videos on YouTube, find us on Facebook and X and also, of course, share your thoughts and your comments about this program, and other programs. Take care. Be well, Mary. Thank you again.

(29:55)