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Marianne O'Hare: Welcome to Conversations on Health Care. This week we welcome Tom Coderre, Deputy Assistant Secretary for Mental Health and Substance Use at SAMHSA on the rising mental health and substance use crisis in this country.

Tom Coderre: People talk about there being no options. That is not what we want to say to somebody who's suffering from mental illness. There are always options. There's always hope.

Marianne O'Hare: Lori Robertson joins us from FactCheck.org and we end with a bright idea improving health and well being in everyday lives. Now, here are your hosts Mark Masselli and Margaret Flinter.

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Mark Masselli: May is National Mental Health Month and this year it is particularly meaningful as new data emerges about the effect of the pandemic on our collective wellbeing.

Margaret Flinter: Tom Coderre is at the center of the U.S. efforts to recognize and to deal with these issues. He's the Acting Deputy Assistant Secretary for the Mental Health and Substance Use also known as SAMHSA, the Substance Abuse and Mental Health Services Administration of the United States.

Mark Masselli: Tom, welcome to Conversations on Health Care.

Tom Coderre: Thank you, Mark and thank you, Margaret. It's great to be with you.

Mark Masselli: Yeah, you know, we start with grim numbers. The National Center for Health Statistics recently reported that the U.S. had a record 100,000 drug overdoses in 2021 a 16% increase from previous year, and the excess of alcohol drinking increased by 21% during the pandemic. The Biden administration is implementing a national drug control strategy. And this is the first time the government is prioritizing harm reduction. If we can ask you to set the record straight on what harm reduction is all about?

Tom Coderre: Sure Mark, and thanks so much for the question. And first of all, let me begin by acknowledging how tragic those overdose deaths that you talked about are. Those are not just statistics, as we know, those are real people. Those are mothers and fathers and brothers and sisters, who have been taken from us way too soon. And the overdose crisis in America is doing that month after month. And it's not just a crisis of one substance. And it's really an addiction crisis in our country, as you pointed out. There are far too many people who turn to substances to change the way they feel, because they've lost hope or they are self medicating for some underlying condition that they

may have.

Let's just talk a little bit about harm reduction, because really, that approach is really all about saving lives. Harm reduction is proactive, and its evidence based. It's to reduce the negative personal and public health impacts of any behaviors that are associated with alcohol and other substance use. It works at both the individual level and the community level. And it's, as you pointed out a very important part of the Biden-Harris administration's comprehensive approach to addressing the crisis that we're in the middle of through bringing prevention, treatment, and recovery services to individuals, where they are, to help them work through their own goals, to help bring them across the stages of change. Harm reduction incorporates a whole spectrum of strategies, again, to meet people where they are on their own terms and it serves as a pathway to additional prevention, treatment, and recovery services through really something that I think is important. It's engagement, right?

That's the thing. That's one of the missing pieces, often to the puzzle is that you don't just set up treatment and everybody shows up in treatment and gets well. It's a process of engagement for new people across stages of change, and helping them try to find out what their goals are in life, addressing the broader health and social issues through improved policies, programs, and practices.

Margaret Flinter: Tom, thank you for that. And this is kind of a technical question, maybe, but I think it gets to the importance of the program SAMHSA funds. We'd like you to explain to our listeners, the government and Performance Results Act Tool - [Crosstalk-Overlap 00:04:08] - but good to understand. I know it's required of all programs at SAMHSA funds, we've read that it's used to assess addiction program performance, but it's got some critics that say it's overbearing and the questions it asks people, we always worry about things that might be, you know, disincentives to people to participate. What is this Act and the Tool and what's your thoughts on this?

Tom Coderre: Well, thanks for asking Margaret. It's, you know, it's a law that was enacted a long time ago back in 1993. And it's one of a series of laws that's really to improve governance, performance management. Of course, the taxpayers are investing lots of money into these government programs and they want to make sure that they're working. So GPRA requires agencies to engage in performance management tasks, such as setting goals, measuring results, and reporting progress, and to comply with GPRA, agencies produce strategic plans, performance plans, and conduct gap analysis. And as part of this Federal mandate, all of our SAMHSA grantees are required to collect and report performance data using approved measurement tools. And many of these tools as you pointed out and we heard this

from our stakeholders that they needed some relief from some of these tools. So how can we meet them where they are, because they're doing important work in the community, they're saving lives, they're offering effective prevention, treatment, and recovery services, we have the ability every few years to update those questions and that's exactly what we did.

So we have a new revised GPRA tool that's going into effect on October 1st, and the revised updated questions, people were able to make public comments and we heard from, you know, active additions, we heard from treatment professionals, harm reduction specialists, tribal communities, and lots of other stakeholders and the public comments review. And we have the new tool as a result of new questions as a result of that. So hopefully, that will reduce some of the burden that folks felt in the past.

Mark Masselli: Tom, what a great approach that you have at SAMHSA as part of the U.S. Department of Health and Human Services, which engages with community partnerships, connects people to innovative and evidence based practices. I'm wondering what you could share with us about the excitement that's going out in the field, some of the best practices that you're seeing around the country.

Tom Coderre: SAMHSA has, as you all know, an evidence based practice resource center. We have it on our website, it's available to all. And we have a way to share and lift up some of the most significant evidence based practices that are happening around the country. So we have things like tools for prescribing buprenorphine in primary care settings, we have information about prescription stimulant mixed use among youth and young adults, guide book on preventing marijuana, Telehealth, which has obviously been a big deal during the pandemic when everyone had to move to virtual platforms, even things like reducing vaping among and young adults. So we've seen lots of these evidence based practices being employed around the country, and we're happy to be able to lift those up.

We also have seen practices like you know, around buprenorphine training requirements, that at the start of the COVID pandemic, we had to relax the training requirements from practitioners who wanted to treat people who had an opioid use disorder, removing that barrier that existed. As a result, we've seen more eligible practitioners sign up to be able to prescribe buprenorphine which is an urgently needed medication to help people on their treatment pathway. Equally important are peer recovery aids, people who share their own journeys and strategies with others who are grappling with their own cycles of substance use and peer supports play a really important role in work of recovery. So we also just embark on a listening session. Our Center for Substance Abuse Prevention had a series of listening

sessions last year. And we learned that for some organizations, the pandemic was an opportunity to be innovative in their use of technology, to go beyond their existing practices.

One organization, for example, developed a mobile App through which individuals could connect with a confidential crisis phone line, chat with professionals in the crisis intervention unit. So that was an important tool. And we're transitioning our National Suicide Prevention Lifeline to a new three digit number 988. And so as we do that transition, we see that as the first step toward a transformed crisis system in America, where we're making $282 million investment to the transition to the lifeline. But the implementation is going to depend significantly on our partners and our stakeholders at the state level and local levels as we seek to help transform what historically has been an underfunded and fragmented system. So we value the support and contributions of our partners at the community level when we're making these innovations.

Margaret Flinter: Well, just want to emphasize how appreciated and valuable the changes to the training requirements were. And that at the community level, everyone's certainly focused on getting the information about the crisis number out to the public. So thank you so much for [Crosstalk-Overlap 00:09:39]

Tom Coderre: Thank you Margaret. Thank you for pointing that out.

Margaret Flinter: And I want to get back to data in the interest of the most critical issue which is preventing these fatal overdoses. We know that the best predictor, perhaps the best predictor of a fatal overdose is a prior non-fatal overdose that's why we so prioritize anyone seen In the ER brought in by the EMS folks, but there isn't a way to measure non-fatal overdoses overall. Do you have any initiatives in the work for that so that we can do a better job of preventing the fatal overdoses?

Tom Coderre: Yeah, this is a really difficult question. And of course, there are non-fatal overdoses that happen that we know about, because law enforcement responds or somebody ends up in emergency room. But then there are a lot of non-fatal overdoses that we don't know anything about because we have deployed so much Naloxone into communities that it's really hard to track when somebody has a non-fatal overdose so that data becomes really difficult to collect. We're lucky that we have things like ODMAP, which first responders use to enter the data in real time into a system so that law enforcement can help track across counties, states, where there are hotspots so that they know if something's happening, and then they can respond immediately.

SAMHSA has our system called DAWN, our Drug Abuse Warning Network because we agree that non-fatal overdose data holds value

in providing public health surveillance. So, our DAWN involves a network of hospitals providing us data about patients who present to their emergency departments with conditions related to substance use.

So because other surveillance tools that we have, like our flagship NSDUH, our National Survey on Drug Use and Health, that data lags behind by the time we get that data, it's not really helpful in real time to help us respond. You know, one of the things that I think we really have to do here is work with state and county level, folks, because a lot of these systems have to be employed there. We have state laws, and we have County Coroners and, and we even have municipal rules that are in place, that these partnerships have to be developed. And perhaps SAMHSA has a role in helping to provide resources to get these data systems up and running around the country so that we can get a better sense of when these non-fatal overdoses happen so we can respond more quickly.

Mark Masselli: Tom, we see the Biden administration stresses the word unity and highlights bipartisanship in this effort, but there are disagreements, Republicans in states such as West Virginia and Indiana have shut down needle exchange programs. Donald Trump's Surgeon General recently said Republicans are more likely to believe addiction is a moral failing than a treatable disease. How do you balance all these? And what do you say when you hear people express these views or take these actions?

Tom Coderre: I'm not a political appointee anymore, Mark. So you know, we are in a polarized moment in our history. So we have to be careful that that doesn't seep into this space and get in the way of us helping in behavioral health and save lives. But what I do know is that for mental illness and substance use disorder, it's probably the one issue on Capitol Hill and in State Houses where there's the most bipartisan support, mental illness and substance use disorders don't discriminate. They don't have party labels, and Congress is working together to provide resources that are so desperately needed. So there will always be disagreements on the margins. But on the big things, there's a lot of agreement, and there's a lot of people working together. Of course, SAMHSA’s priority is connecting people to effective treatments and supports, because we know that recovery is real and it’s possible for everyone.

Margaret Flinter: Well, Tom, I think it's safe to say that none of us believe you could really put a dollar figure on the total cost of the opioid crisis to the United States and think it's incalculable. But the experts say maybe a trillion dollars each year. And there's a recent financial settlement with the Sackler family, which controls Purdue Pharma, the maker of OxyContin. And now settlement, I believe, is $6 billion, which is

supposed to be devoted to addressing the epidemic. We all remember the tobacco settlement money and certainly some criticisms that there was too much lost opportunity to really curb smoking with those funds. How do we do our best to ensure that the money funds what we have evidence really works to reduce overdose from opiates?

Tom Coderre: That's a great question. And it's on the minds of so many Americans, especially people who were harmed by companies who had, you know, who had a moral obligation to be good stewards of these products, and so that will get decided in courts. And there are plenty of outside groups who are looking at this and they're making recommendations.

Georgetown University recently held a roundtable with people from all parts of the field about how these resources should be spent, and that the settlement monies go to things that really help mitigate the ongoing crisis. But what I can say about SAMHSA is that we have a budget request into Congress of more than $10 billion with this urgent need being faced throughout the country and throughout our communities, we need that money more than ever. Programs funded by SAMHSA, which prioritize connecting people to treatment for substance use disorders and mental health conditions have never been as crucial as they are now.

Especially given the toll that the COVID 19 pandemic has had an illness. But we've seen an exacerbation right of people who had mild anxiety and depression now it's moderate or severe. We've seen substance use continue to rise and so these resources really will help us connect people to the health that they need.

Mark Masselli: Well, both of them are very important for the settlement that that will be good news, and but there is hope. And you've testified before the Senate that there are at least 22 million Americans who've resolved their issues with addiction, but there are so many roots as well to that recovery. What does the research tell us about what works right now?

Tom Coderre: Well, there's a -- there's a lot of evidence about what works. And I was really proud to be involved back in the Obama administration on a 2016 Surgeon General's report on alcohol, drugs and health. And for those of you who are familiar with the Surgeon General's reports, they review the current evidence. And that report had several chapters, one on neurobiology, one on prevention, one on treatment, one on recovery support, and one on health systems that really walked through. And even though it's a couple of years old, it's pretty timely, there's no cookie cutter approaches treating substance use disorder, it's very individualized and SAMHSA's role is to make sure that there are multiple entry points to effective evidence based

treatments and recovery supports.

There are also, as you pointed out many pathways, a lot of times people conflate a 12-Step group with clinical treatment, and the two are very, very different. There's a big difference between the two. One really is about managing one's symptoms of their substance use disorder. And the other one is a peer support that extends beyond those acute symptoms, right? When we talk about addiction being a chronic condition that needs to be managed over someone's lifetime, that's really where a 12-Step groups and other peer support related activities, which I have been the beneficiary of myself, where they come in, and then they can help that person sustain their recovery for the long term. And I think that's really important.

Margaret Flinter: Well, Tom, many of us have read the sad story over recent days in the media about the suicide of country singer, Naomi Judd, and she spoke very publicly for years about her struggle with depression, and she referred to it as in her family. Did I believe is treatment resistant, depression? I wonder, are you worried that this leaves people thinking that that means there are no options if they have this diagnosis? And I'll add that Dr. Tom Insel just told us there are still options even if someone carries this label of treatment resistant depression, what's your thoughts on that? How does that land with the public?

Tom Coderre: First of all, about Naomi Judd, that's -- her story is heartbreaking to me, and many, many Americans, that one day before she was about to be inducted into the Hall of Fame, that she succumbed to her illness. And that was tragic. And at SAMHSA, it's really our role to promote options as broadly as we can and to seize every opportunity to make sure that people know where to look and to get connected to treatments and supports. We know recovery is possible. It's real. It's for everyone, and so my message would be not to lose hope. I think you know, when people talk about there being no options, that is not what you want to say to somebody who's suffering from mental illness, there are always options, there's always hope. There's always support, there's always something else to try, and so we cannot give up on any individual. And we can't be sending the message to any individual that we don't have the support that they need.

Mark Masselli: Tom, you talked a few minutes ago about your own journey. And you've been very open about sharing that and it's very inspiring to those of us who have heard it, but I'm wondering if you -- if we could ask you to share what you'd like, so others can learn and better understand the journey that people go through to get on the other side?

Tom Coderre: Oh, sure. I mean, thanks so much for asking that. You know, we're taping this on May 16th and yesterday, May 15th was my 19th recovery

anniversary, believe it or not, just yesterday. So, for me, this is personal. I'm passionate about it and say, recovery has saved my life and actually given me a life that beyond my wildest dreams that I could never have imagined. I went through a very public battle with addiction. I was a State Senator from Rhode Island. I served eight years in the State Senate. I developed a issue with alcohol and other drugs and it ended up costing me everything I ended up losing my position in the Senate, I lost my job, as a nonprofit executive, I, you know, my family and friends tried to help, I resisted their help. I pushed them away that caused me to lose them, and eventually, you know, I that hope I spoke about earlier, I lost that hope. But fortunately, I was able to get the help that I needed, and today, I'm a person in long term recovery, which for me means I haven't used alcohol or drugs since May 15, 2003, and I've been able to not just create a better life for myself, but I've been able to create a better life for my family, and ultimately, my entire community because that's what happens when people find it to sustain their recovery. I had access to a long term residential treatment program, psychiatric services, which I needed, and then what SAMHSA likes to call the four dimensions of recovery, health, home, purpose and community.

That's how we build the life and the community for everyone, by making sure that the social determinants of health are not ignored, that people have access, I was able to go back to school and finish a Bachelor's degree. I was able to get employment, eventually reemployed, get my family back in my life, that family, I said, I pushed away and resisted their help. They came back into my life. My mom, my dad, my brother, my sister, my nieces and nephews, got to have their family member back, and that was critically important for me as well. So I've been really fortunate to be able to get into this space, and match my love for politics and public policy with my passion for recovery, and being able to help other people find what I've found. So it's been a truly a blessing and something that I'm so excited about.

Margaret Flinter: Well, Tom, thank you for sharing your story. Thank you for your service to the country and for your leadership in this most critical area that our country faces. Lots to do, and we join you in your fight. Thank you also to our audience for joining us today and you can learn more about Conversations on Health Care, and sign up to our email updates at www.chcradio.com. Tom, thank you so much again for joining us today.

Tom Coderre: Thanks for having me.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award winning journalist and Managing

Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Paxlovid is an antiviral pill that is the preferred treatment for non-hospitalized high risk COVID-19 patients. While it was tough to find after being authorized by the Food and Drug Administration at the end of 2021, it's no longer in such short supply. Paxlovid is the brand name of Pfizer's oral antiviral treatment for COVID 19. It consists of two sets of pills that are taken together, the primary pill prevents replication of SARS-CoV-2 the virus that causes COVID 19. The second pill slows the breakdown of the primary drug and liver to boost levels of that drug in the blood. The standard course is to take a total of 30 pills over the course of five days. As an antiviral, Paxlovid should be taken as soon as possible after someone gets sick and it is not meant for people who are already hospitalized for COVID-19.

A Randomized Controlled Trial found the drug was about 88% effective in preventing hospitalization and death in unvaccinated high risk adults with COVID 19. The trial included about 2,200 non-hospitalized participants with symptomatic COVID-19 who were neither vaccinated nor previously infected. All were either 60 years old or older or had at least one chronic medical condition that put them at higher risk of developing severe COVID-19. There were no major safety concerns in the trial. Possible side effects include a temporary altered sense of taste, diarrhea and vomiting. The drug does pose risks to some people with liver or kidney disease. Multiple experts told us its likely Paxlovid has at least some benefits in vaccinated people.

The full results of the Pfizer trial likely to be released later this year, or from the University of Oxford Clinical Trial that is now studying Paxlovid and is open to participants regardless of vaccination status. That's my FatCheck for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

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Marianne O'Hare: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like check, email us at www.chc.radio.com. We'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. One in five

Americans will suffer a diagnosable mental health condition in a given year. For those with serious mental health conditions, the consequences can be devastating, loss of job or home or even early death. Seeing a rise in mobile apps aimed at behavioral health entering the marketplace, University of Washington Researcher, Dror Ben-Zeev thought a comparative effective analysis study would be a good idea.

Dror Ben-Zeev: My team and I conducted a three-year comparative effectiveness trial having a head to head comparison between a mobile health intervention for people with serious mental illness called Focus, and more traditional clinic based group intervention. So the study really gets at some of the core differences between mobile health and clinic based care. Is there something about the mobile health approach that would make it more accessible or less accessible over time?

Mark Masselli: More than 90% of the mobile App group engaged in the online program along with weekly call-ins with a behavioral health clinician.

Dror Ben-Zeev: The second thing we wanted to see was after people complete care, what are their subjective ratings of their experience in treatment? Are they satisfied with both intervention? And probably the most important piece of the study are the clinical outcomes. So we measure to see whether involvement in both interventions for 12 week period would that create some sort of difference in psychiatric symptom, severity and quality of life, and 90% of the individuals who were randomized into the mobile health arm actually went on to meet a mobile health specialist and use the intervention App that's assigned to them at least once. Whereas in the clinic based arm, we saw that only 58% of the participants assigned to that clinic based intervention ever made it in for a single session.

Mark Masselli: Both groups of patients saw roughly equal results from their completed treatment. But the mobile group was more likely to engage in therapy.

Dror Ben-Zeev: The group dynamic a sense of shared experience, and perhaps even normalization of some of the experience that on its own is quite potent for people, right, and so we know that the very existence of a group can be quite helpful. But for others, the interaction is anxiety provoking.

Mark Masselli: A targeted mobile App aimed at facilitating access to clinical care for those experiencing serious mental illness symptoms, proving equally effective in managing the condition improving access to intervention for behavioral health needs. Now that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark

Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

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Marianne O'Hare: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to podcasts. If you have comments, please email us at www.chcradio@chc1.com or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.

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