Transcript
"Confronting America's Opioid and Heroin Addiction Crisis"
Vermont Governor Peter Shumlin
Moderator: Pew Charitable Trusts Senior Director for Health Programs Allan Coukell
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Allan Coukell: Well, good morning, folks. Welcome. I'm Allan Coukell, I direct health programs here at the Pew Charitable Trusts. We are a nonprofit, nonpartisan research and policy organization. And on behalf of Rebecca Rimel, our president, and all of my colleagues, I would like to welcome you. It is my honor to introduce our distinguished speaker today and to say maybe just a few words about his topic.

Governor Peter Shumlin of Vermont has been a leader on many issues: improving election administration, evaluating tax incentives, targeting funds to evidence-based programs. But his main topic today is combatting drug abuse. It's been a priority for his him and for his administration. And it's a critical public health issue across this country. Maybe especially in rural states. It's an epidemic – or a crisis, and I think crisis is not too strong a word – of addiction to prescription opioid medications, and more and more to heroin.

So let me share a little bit of national data with you. 19,000 – nearly 19,000 – people died from overdoses of prescription painkillers in 2014. That's the most recent data we have. 10,000 more from heroin. So that's 80 people a day. And of course, those numbers, as awful as they are, don't tell the whole story because substance abuse takes a toll on people's lives and families and their jobs and on the fabric of our communities. And that's why it's so important that Governor Shumlin has focused on the problem and led a statewide response in Vermont.

There are other policymakers in this country – in Congress and the White House and in other states – who focus on this. And it's a focus for us at Pew, both in terms of federal policy and we hope very soon to expand our work in helping states adopt reforms. But the governor's leadership has been really remarkable. And I'll let him tell that story.

Let me just mention one thing. In 2014, he devoted his entire State of the State speech to this issue. And it was a big part of his speech again this year. And let me quote one thing he said. He said, "Addiction is at its core a chronic disease. We must do for that disease what we do for cancer, diabetes, heart disease, and other chronic illnesses. First aim for prevention, and then eradicate it with aggressive treatment."

And by saying that, I think he was helping to change the way we talk about substance abuse and addiction and the way we think about it – helping to remove the stigma, making it something we can talk about, something we tackle with public health tools, something we maybe stop thinking about as a moral failing or a problem to be solved by law enforcement alone. By doing that, Governor Shumlin has helped to shape our national dialogue. So we're very honored to have him here with us today with us to shed more light on his work and on Vermont's work in this area.

Please join me in welcoming Vermont Governor Peter Shumlin.

Vermont Governor Peter Shumlin: Thank you. Thank you so much, Allan. Thank you, Pew for all the extraordinary work you're doing not only in Vermont but in all 50 states to help us build a better country and take on the big challenges we are all facing. I'm delighted to be here, I'm honored to be here. And I wanted to say a few words about the challenge we have been facing in Vermont and then have an opportunity for a dialogue. You are probably not [inaudible] the fact that as Heidi – I see a fellow Vermonter here – knows, but I'm dyslexic. I had a terrible time learning to read and therefore I don't write speeches. So you will have to have listen to me ramble and I apologize in advance.

Let me just say this. I never thought that I'd be standing before you or anyone else talking about our challenge with opioid addiction. Because I don't know much about it. And one of the beauties of being the governor of a small state – the best state in America, by the way, if you all are wondering – is that you spend more time out talking to your constituents than governors of bigger states. And I got into this particular challenge by just going out and talking to Vermonters, which I do every single day and so does every governor before me, more so than most.

And, you know, I'd go to Chamber of Commerce meetings. I would go to the accountants' annual meeting as governors do, I'd go to the car dealers' meetings – whatever it was. I'm not talking about the organic tofu growers of Vermont – but everybody, all walks of life, all backgrounds – and I'd find more often than not that I'd get one or two or three folks coming up afterwards, looking down in shame, whispering, saying, "Oh, you know, I just want you to know, you know, I have lost my daughter to addiction. I've lost my son."

Grandparents saying, "I have custody of my grandkids now."

The stories were horrifying. I'd have small business people, when I'd stop and pick up a coffee in a convenience store, saying, "You know, we don't have much crime in Vermont but we've been rubbed off three times this year."

I'd have friends say, "I had my car ripped off. Someone broke my window and stole my iPad."

This is in a state where, you know a lot of us leave our key in the car. So, you know, I said, "Hey. As governor, what's going on here? Why are so many people telling me that they've got friends and family members addicted to opiates?"

So I started going out and doing what probably, you know, a lot of politicians don't. I went into the prisons. I went into the women's prison in Vermont. I went into prisons where we hold lots of men.

Let's remember we governors probably all universally – I don't know, maybe Vermont is different – but I spend more on prison incarceration than I do on sending low-income kids to college. Biggest, you know, along with health care [inaudible]. And I started talking to folks in treatment, to law enforcement folks and our partners there, to judges, to family members. And it was a pretty frightening story I was getting. And it's simple. You understand the challenge because we're all talking about it now. But then we weren't. And what they were saying was,

“Here's the problem. Folks are getting addicted to opiates not because of those drug dealers down in South America. Because we have always had them and they’ve always been a problem. But because they start out with FDA-approved painkillers.”

I talked to one young man who got offered an OxyContin during an exam in tenth grade. Took it. Became an addict, hard and fast. Spent five years fighting addiction. His family – came from a farm family. Mom and dad, worked on a farm, big farm. He literally found ways to sell off $20,000 worth of farm equipment he robbed from his own family to feed his habit.

Finally, when he bottomed out, his mom called one of my folks, providers. Supposed to treat people. Said, “Hey, my son's addicted to OxyContin. To opiate pills. Can you treat him? We want to get him into treatment. He's ready to go into treatment.”

He’d bottomed out. And my folks said back, “Is he suicidal?”

And she said, “No. He's not suicidal. He's addicted.”

And my folks said, “Well sorry, but we’ve got long waiting lists for that. Unless he's suicidal, we can't help him.”

That's been happening all across America, not just in Vermont. And so, you know, she was a resourceful farm mom. She loved her son. He is a great kid. She called back and said, “Hey, my son's suicidal and he's addicted. Can he get help?”

He got help. Moved to the front of the line. Today he's married, has a baby, he’s back working on the farm, has a productive life. Great story. But he still says, “Every single day I look out in the driveway and I fight the urge to go back.”

So, I started looking at what we were doing – what we were doing well and what we weren't doing well. And what I found was that we were doing almost everything wrong. Almost everything wrong. So, I got that from the folks that were addicted. And this is what we were doing wrong.

First, the best hope that we all have to get folks into treatment when you're addicted to opiates – and you know that denial. I have alcoholism in my family. I bet a lot of us do. If you think that you have challenges getting the folks in your family who are drinking too much to deal with it, try opioid addiction because it is denial on steroids. Right? So, the best opportunity they all said to actually get me to admit I have a problem and go into treatment is when the blue lights are flashing and the handcuffs are on. So, law enforcement is absolutely critical in this battle. We’d just been saying to law enforcement for years, “This is your problem. Deal with it.” That's critical.

So what I found was, in Vermont when you get busted – and this is probably true in a lot of states on the old system – the blue lights are on, cuffs are on, bottomed out, not getting home to your kids, or whatever your life was, because you're heading to the clinker. And then we'd wait

four or five months to wind your way through a court system before justice was served. And by then you're back using, you're back abusing. And you're back in denial.

So we changed the system in Vermont. We did criminal justice reform. First thing we did is we said, "We, the state, hired a third-party assessor for every prosecutor, every state's attorney in Vermont." When you're busted now in Vermont, that third-party assessor sits down with you – because you need some expert opinion on this – and we'll make the determination, is this someone I should be scared of, that's going to hurt people, other people? In which case they go through the old process.

But with the vast majority, I'm talking 95 percent, 96 percent, 97 percent, these folks aren't going to hurt anyone except themselves, and they're going to do that very, very soon in most cases. And we say to them now, "If you'll go into treatment, if you'll go with our wrap-around service" – we have a hub and spoke system, so that we're driving them into treatment with lots of support, housing, job training, all the things that some might need – "You will never see a court of law. You will never see a judge. And most importantly, you'll never see a criminal record." So that once you get into recovery and get back on your feet, you can actually get a job and get back into the workforce and have a productive life. That has been extraordinarily successful in Vermont. So when we talk about criminal justice reform, this is a key piece.

Second, we had huge waiting lines – like the young man I just talked about – to getting treatment in the first place. So we have been building out treatment like mad and other states are joining us in that.

There are some challenges there. What are they? First of all, because of the stigma of this disease, no one really wants treatment in their backyard. So what we are doing in Vermont is we would avert our eyes to the addicts on Main Street and then we'd all fight and fear the treatment centers on our back streets. So we have changed that. We have entered into a community conversation across Vermont about how this is no different than any other disease, and we built out treatment centers like mad. And it's working.

Now, our challenge is the funnel in to addiction is bigger than the lines that we're creating – in other words, are longer than our ability to treat. One of the challenges there is that in small, rural states like Vermont, it is hard to find primary care providers to serve Medicaid and others already. And when you throw in, "We want you also to take on this new challenge of opiate addiction," they're like, "Well, I mean, I'm barely keeping up with what I got already."

So, one thing that Pew and others can help us with is, as the federal government and the Congress start to focus on this challenge that we are all facing, here is a no-brainer. Right now, we allow physician assistants and nurse practitioners to prescribe painkillers so they can pass out the cause to the disease. OxyContin, whatever it is. They can get their prescription. They are not allowed under federal law to pass out the treatment to the pills that lead you into this mess. So we're urging Congress on a bipartisan basis, governors, to change that rule, so that nurse practitioners and physician assistants can help us fight this battle as we build out treatment centers to have enough providers at the other end to actually do the work.

Third, we were letting folks from this disease die of this disease in the streets when we didn't have to. It's just that simple. Why? Because let's be honest about this. There's a huge stigma against opiate addiction. The reason that the moms and dads, the grandparents, were whispering to me after the meeting – not raising their hand during the meeting – is because there's so much shame. There's so much pain. It's so excruciatingly awful to lose a family member to this disease.

So, we have succeeded in Vermont in changing the attitudes about addiction. And we have got to do that together. That is a bipartisan problem. Listen. Vermont was one of the first states – you know, I know that Al Gore said he helped to or he did, you know – the internet and all that. Right? I won't repeat it because I don't know how true it is. But I can tell you in Vermont we invented civil unions. We did. And it was very controversial at the time. And then you can see what happened. Now we have marriage equality in all 50 states. It was a terrible fight. I mean, the stigma against this particular piece of legislation was extraordinarily difficult to work through. But what got us there in the end was that so many people had a son or a daughter who wanted to have equal rights.

What we have going for us in this battle, unfortunately, is that opiate addiction knows no political party. It knows no discrimination against race. Doesn't profile. It will take everybody. It knows no discrimination against income barrier. That's one of the biggest stigmas we have to break. Okay? No, it is not in Vermont's most impoverished inner cities that this challenge is coming from. Yes, it's there, too. But I have got just as many addicts in my wealthy communities as I have in my poorest communities. So it knows no boundaries, this disease.

So, we've had a really good conversation with – you know, Vermont-style, getting everybody involved. All the providers. All the folks working together to change criminal justice, to change attitudes. To provide the treatment. And to work very, very hard to cooperate with regional states on – and Pew has been hugely helpful on this – but on data that helps us slow down the pill shopping that's going across borders.

So that's some of the things we have done. I'd love to answer questions about the challenge, but I want to close by saying this. I have a lot of reason – we have a lot of reason to be optimistic. I was mentioning to some of the folks at Pew earlier, you know, I don't know what's going on down here in Congress with all the partisan fighting that goes on, all that stuff. I can tell you that Democratic and Republican governors are equally passionate about this challenge, and we see the same root cause and we see the same solutions needed. I can serve on a panel with governors that probably don't agree with me on almost anything – Governor Bentley from Alabama, a doctor, Governor Fallin, Governor Sandoval from Nevada, Governor Hickenlooper from Colorado – Democrats and Republicans – and we agree on everything that I just said, pretty much universally. So this knows no partisan boundaries among governors because we actually have to get things done. We actually have to get results. When people die at the other end of the needle, it's our loss.

So my point is simple. There's a lot of reason for hope. Congress is actually now talking about giving states the resources they need to fight this battle. There's real progress on changing attitudes about the disease among all parties.

So this is what I want to close with and what I think we all need to talk about. How did we get into this mess? Why are we sitting in this room right now, here in 2016, talking about an epidemic of opiate addiction in America?

And, you know, I was down in Congress testifying before the Appropriations Committee and a couple of the senators were going on about these drug dealers in South America. And how we gotta build a big – "If we had bigger borders," one said, "You know, these people wouldn't be coming up, from Mexico and selling all this heroin to America."

And I said something that folks don't want to hear down in the city. I said, "Listen. As long as I've been on this earth, we have had drug dealers from South America. We have had drug dealers from all kinds of countries trying to sell us awful drugs, heroin included. But what's changed? Have they become suddenly more effective at selling their most poisonous drugs to us? No."

You know, my frustration with the lack of progress on this issue I have trouble expressing in words when I see folks lining up faster than we can serve them in Vermont and across the country. But I can explain our challenge not in words, but with three letters. F-D-A. No one wants to talk about it. And Big Pharma. What do I mean?

It isn't the drug dealers in South America that are our biggest challenge. It's our federally approved drugs that we're passing out like candy. Let's talk about it. I know in this town it's a tough place to talk about it. Why? A few years ago Big Pharma gave enough money to lobby for their causes so that it works out, if you divide it by their budgets, to $435,000 per congressperson to lobby for what they believe. But what's going on here? Why an epidemic?

Listen. When Purdue came out with OxyContin, they told docs and physicians, nurses across America that are serving us to keep us healthy, "We've got a non-addictive painkiller and you can give out as much as you want and no one will suffer." That's what they said. So what happened? Some folks started doubting it in the medical profession when they saw what was happening to their patients. So they took on Purdue and actually they went after them. They said, "This is not true."

Well, turns out Purdue knew that. So Purdue got convicted. Three of their top executives got convicted for not telling the truth about the addictive nature of the drug that they knew about but hid from the medical community. What happened? They got fined $70 million that year. Three execs pleaded guilty. 70 million bucks. That was the same year that they sold $11 billion worth of this stuff in America. So, you know, no one went to jail. 70 million bucks. Out of 11 billion. You know. Some people forget, there's 1,000 million in a billion. You know, it's not so bad.

So here's my point. In 2010, we prescribed enough OxyContin in America to keep every single adult high for a month. Those are just facts. In 2012, we prescribed enough OxyContin and painkillers in America – 250 million prescriptions. How many people do we have in America? We have 250 million. There was a prescription for every living American.

You know, the FDA has an advisory panel. Thirteen docs that advise them on things they should and shouldn't do. A couple of years ago they prescribed and they approved a new one, it's called

Zohydro. Zohydro is OxyContin on steroids. You can crush it. You can snort it. It's not tamper-resistant. So the FDA's 13-member panel of docs voted 11-3, “Do not approve Zohydro.” The FDA approved it anyway. Last year – just this year – the FDA approved OxyContin for kids. I mean, raise your hand if you think we ought to be prescribing OxyContin for kids.

So, here's my point. Until and unless we are willing as a nation to have the conversation about the way we are prescribing painkillers in America, you will see future governors stand before you as I am today, talking about a tragedy that is killing 131 Americans a day. Think about that. Imagine if we had 131 Americans a day dying of terrorism. I mean, team, let's talk about it. We have got to change the way we're prescribing painkillers in America. Full stop.

Now when I say that, the medical community goes, “Oh, chronic pain, oh that governor, doesn't care about chronic pain.” Of course I care about chronic pain. But you tell me that we got 250 million Americans in chronic pain? I don't think we do. So, you know, when I saw a young woman last week, she just had four molars pulled out. I said, “How many did you get?”

She said, “Oh, I got 60.”

Oh. Hmm. “How many did you take?”

She said, “I took half of one.”

So, $11 billion a year coming out of Americans’ pockets. To sign folks up for a poison that you will spend the rest of your life battling against if you get to live. If you live.

So, yeah. We'll keep passing out Naloxone. It’s in the rescue kit, if people are overdosing. We’ve got it in everyone's hands that we can give it to in Vermont. State police, firefighters, local sheriffs. We’ll keep building out treatment centers. We’ll keep reforming criminal justice so that we can get to the root of the cause of the problem faster. We pledge to treat it as a disease as it is, not the crime that it is. We'll continue to think of better and innovative ways to treat this stuff. We’re experimenting with a new drug right now in our prisons that seems to be effective for some, that takes – literally changes the receptors in the brain to take away the desire for the disease. We’re trying it now – I think we’re the first state to try it.

We will do everything that we can but I ask us all – regardless of party, regardless of politics, regardless of how you make a living – it’s time. When you turn on the Super Bowl as I did, and halfway through is an ad from a pharma company that says to America – you know, the ads are five million bucks a half a minute, right? So this isn't cheap. And you got a pharmaceutical company on there advertising pills to relieve the symptoms of FDA-approved pills. Come on, Houston. We got a problem. Literally. We now are prescribing – selling – pills that relieve the symptoms of government-approved opiate addiction. On the Super Bowl night.

So does a challenge get more imminent than this one? No. I don't think it does. Because people are dying. Good people are dying. And those that aren't dying are living in a life of extraordinary misery. Unimaginable misery. So, as a nation, let's get it to together. Let's talk about how we got into this mess. Let's be willing to change the way we're dealing with pain prescription in this

country. Let's get tough on ourselves by stop living in denial and letting the folks who are profiting from our misery drive the train while we all talk about how we treat the symptoms. It is time to go at the root cause. Simple math. You can pick up a bag of heroin in cities south of me, but only three hours away, two hours away, an hour and a half away, on an interstate highway, for five bucks a bag. You can sell it in a small rural state for $25 a bag. You know. If any of you have a business model like that, that gets you that rich that fast, raise your hand.

So we're not going to choke it off in the old-fashioned ways. We gotta think much bigger. And the question is, "What's leading us into this crisis?" The answer unequivocally is – and the governors – Republican and Democrat – agree on this. It's all about pain medication in America.

So I'm delighted to be here. Those are a few of my thoughts. I would love to answer questions. Yes?

Audience Member: [inaudible] Thank you, governor, for your remarks. As a lifelong summer resident of Newfane –

Shumlin: Oh, wow!

Audience Member: It's a real pleasure to see a Putney resident be such a leader on this issue. I also have had the distinct pleasure of having to have been in the hospital a few times over the last year and all three occasions were very minor procedures, what did I get before I checked out? It was a free prescription for OxyContin.

And so I appreciate all of what you've been doing but I'm wondering, is there an element of your platform to try and engage a dialogue with those who are financially supporting that – the insurance companies or Medicare or, you know, those who are actually enabling these providers to say, "Oh gosh, let's give this guy a prescription for OxyContin when he actually doesn't need it?"

Shumlin: You know, I'm more optimistic that the states will actually lead that conversation than D.C. Because I really – you know, I mean, I know we're not supposed to talk about this, but there is an extraordinary influence of money in this town and pharma gives out a lot of it, right? So we have a challenge here.

But I think that governors and health care folks – docs, nurses, communities – are losing patience with the way that we're dealing with folks like you, who are healthy. Come out of -- you know, you're not – nothing that a couple of Advil wouldn't have taken care of, right? And, you know, I said in my State of the State, "Let's limit the number of pills that you can prescribe and painkillers in Vermont to 10 for minor procedures like what you're talking about. You can get 10 if you absolutely need it and then if you need more, you have to call up your doctor or nurse or whoever and get more and we can talk about that.

And, you know, all the docs, or some of the docs I should say, got on the radio, "Oh Governor, what does he know about health care? He is not a doctor. He's telling us how many pills to pass out. What's coming in Vermont? You know, my reaction was, "Wow, you have done such a

great job of it." I mean, you know? You're a great example. You should have walked out of there with zero pills. Right?

So, I'm not a doc. I plead guilty. I don't know what I'm talking about. I plead guilty. But I say that my prescription – I never went to medical school – of ten versus 60 or whatever you got given is a better prescription than what we're doing now. So, you know, I really said it to elevate the debate of how do we at the state level – because I don't think Washington will take this one on – start to change, make it impossible for folks to sign up addicts when it's unnecessary? And we have just got to have that conversation. So I'm going to try legislative. Now you know, that's going to be a battle but I'm going to try. Yes?

Audience Member: Governor, first off, thank you for coming. As someone that's lost a friend to opioid addiction, I really appreciate the work that you're doing. Just going off what you just said, so at the end of 2015, the CDC proposed some possible guidelines – nonbinding guidelines – that would prescribe painkillers only as a last choice for chronic pain after non-opioids, pain relievers, physical therapy, and other options. Also, they want doctors to prescribe the smallest supply of the drugs possible – usually three days or less for acute pain – and doctors would only continue prescribing the drugs if patients showed significant improvement.

Obviously, they had a lot of fight back from pain management lobbyists and whatnot – specifically the U.S. Pain Foundation and the American Academy of Pain Management. And I'm just wondering if there's any work that governors have been doing to try to push these guidelines. I know Senator Ron Wyden just recently sent a letter to the CDC saying "Why?" They had an inter-agency meeting and on the panel, there were a lot of panelists that had financial conflicts of interest with pharma companies. And I'm just wondering if there's work that the governors are doing to push the guidelines because I think that would be a great idea.

Shumlin: Thank you, Chris, for your question. Let me first say, your comments about the friend you lost – it's really difficult to find anyone in America anymore who doesn't have a friend, a neighbor, an acquaintance, someone who has either lost their life to battle or has lost their hope in this battle because it is just the most miserable addiction to get. People don't get how awful this is. It's a lifetime fight once you're in. It's not something that, oh wow, you know…

And somehow we have to get out there, particularly to young people across America. People are using this stuff recreationally. High school kids. I mean, that is a sentence for a miserable life. I'm proud the CDC came out with those guidelines. Governors on a bipartisan basis have endorsed them. We will continue to push. But I really do think that – you know, what I say to Pew and anyone that will listen is, "If you want to make a difference on this issue, give it to the states. Help the states."

Because this is gonna be one where – I want to make the comparison again – much like marriage equality, it's gonna come from the ground up. It's going to be very tough to change the institutions down here. They will when they have to. And governors on a bipartisan basis get this one. And that's our hope. Governors on a bipart – if you sit next to and talk to Governor Bentley from Alabama and you listen to me, he might say it differently but he's saying the same things I'm saying. That's our hope. We should all be giving CDC kudos for that. But, you know, the

states have to be – I say that action will come from the states and then Washington will come along. Yes?

Audience Member: Governor, I'm Liz Whyte with the Center for Public Integrity. There are a number of patient advocacy groups that operate in the states that get significant funding from drug companies, that argue that for many years chronic pain in the United States was undertreated, and that therefore, though they acknowledge the opioid crisis, they say there needs to be balance so that true chronic pain patients can still get access to the drugs they need without being stigmatized. What are you saying to those people? Can talk more about what you make of their argument?

Shumlin: I think that we should look carefully at the link between those who argue chronic pain as the reason not to follow the logic that I've just given you and the relationship between them and the folks who are making a lot of money off this disease. I just think we should look at that. I can tell you when I came out with my 10-pill suggestion, some grassroots group quote/unquote came out for chronic pain, came out saying how terrible I was going to be to everyone with chronic pain in Vermont and so on and so forth, and you know, I went and looked at their sponsors, I went to their web page, and it was all pharma companies who supported that grassroots organization. So my point is simple. Ask the tough questions.

Listen. I don't think anyone should be in chronic pain. I think if you're in chronic pain, you need painkillers. I'm not a doctor. Some of the information I have read suggests that even with chronic pain patients, we sometimes prescribe pills that don't help your pain, and that's worth looking at. But it is not the chronic pain fight that's leading us into this mess. It's the gentleman who's smart enough – that comes from Newfane, here – that comes out of the doctor's office and gets a handful of this stuff for something that has nothing to do with chronic pain. So I say to the chronic pain argument, I'm not a doc, I'm not gonna engage in that one because I don't know the answers. I want chronic pain treated in a smart way and I'm not – I'm not the governor for pain. But I am the governor who will say that our approach to pain in America is very, very painful.

Audience Member: Governor, I appreciate your comments, and I think you've been very clear and specific. In your opening, you referenced grandparents having to raise their grand kids because of these addictions. Could you talk about what Vermont's doing to cope with all the child welfare issues and the family issues that have come up? Because we've focused mostly just on the addicts so far today.

Shumlin: Huge challenge and I have no silver bullet. I can tell you that in every case where we have lost babies at the hands of parents who are supposed to love them – tragic, tragic stories – whether they're in my custody, the custody of DCF, or whether they're not – every single one of them, with the exception of one that I know of since I've been governor, can be led back to this challenge: Parents on opiates who did horrid, horrid things to their kids because they were on opiates.

So, you know, what we forget about this disease is the biggest victims, and I know this is controversial when I say it but I stand by it, is not the addicts. It's the kids. The biggest victims of opiate addiction are the children of the addicts. Make no mistake about that. And we cannot find

enough foster families fast enough. We cannot find enough caring people. Because we have a lot of caring people but this is tough stuff. To help us with – we have more kids – our numbers of kids in custody have gone up exponentially in Vermont as a result of this crisis. And I bet it's true in every state across America.

We're doing the best we can but we are integrating services. We have a hub and spoke system that gives me hope that literally has law enforcement with our state agencies, with treatment centers, with prevention centers all working together in a seamless and very good system. We have our primary care docs now engaged in looking for addiction before it becomes a crisis, and feeding into that hub and spoke system, and reporting in and helping us out when we have got folks who are starting to exhibit dangerous behavior, pre-crisis. We're doing all those things right. But we, you know, we're still losing the battle. And I still say, until we have the root cause about the conversation – the way we're passing out painkillers – we won't find enough foster families to take these beautiful kids that are the biggest victims of the addiction.

Yeah?

Audience Member: Thank you. Governor, I'm Bill Hazel. I'm the Secretary of Health and Human Resources in Virginia and I appreciate your work on this, and the collaboration that our teams have been able to have. It's important. And I did re-tweet your opiate-induced constipation rant the other day. I'm a recovering orthopedic surgeon. I have been in recovery now for just over six years. Now I'm a secretary. I know mom doesn't like it, being a secretary when I was a doctor but –

Shumlin: It's good for you.

Audience Member: But I did just want a couple of comments. Number one is they came to my office in the early 1990s and they said, "Doctor, your patients will not get addicted. This is not a pleasurable experience. They won't get addicted." And what did we do? We started writing for opiates, which works very well when you're doing hip and knee replacements and rotator cuffs and ACLs, but then you find out the problems that came with it that a lot of us figured out early.

But this was an iatrogenic – or at least, I agree with your theory. There are a couple of things I think we have to address. One is this whole issue – who's been to the emergency room and had a nurse put a smiley face in front of them and say, "Tell us how bad your pain is?" Has that happened to anybody? When we do that to you, what is the expectation? We're going to do something for that pain.

And the joint commission has a role in this. I was with the leadership of them a couple of months ago and they said, "But that doesn't mean you have to give opiates." Well what other choices? What are you pushing? And that movement was pharma-sponsored, I would say, and it's something that's awfully important.

The other thing we have to think about, too, as a former prescriber, is that the Press-Ganey scores and our whole thing about having consumer-approved health care. You go to the hospital, you go in, patient satisfaction becomes an important thing, and what drives – what drives the

administrators? An unhappy patient. And what makes a patient unhappy? They didn't get their pain medicine. And so those are cultural things that I think we have to address.

I will tell you we are – we have legislation in that will pass and we'll sign that will require continuing medical education for doctors. I have had to fight to get that. I'm against my own people. Because they know better, we know better because we're doctors. We are going to require use of the prescription monitoring program and I'm embarrassed to say the guild didn't want us to require it to be checklist prescription for more than 30 days. And two thirds of the prescriptions are less than 30 days. This is the battle we're up against in the profession.

I have been after the AMA. I was a former board member of the AMA. I've been after them to get involved in this, as well. The lady who asks about families, I think Casey family programs says the leading cause of foster care in the United States is substance abuse now. The challenges we have are trying to work with the interstate compacts, particularly in border areas. You've got a lot of border. How do you have a family in Massachusetts and get kinship care quickly to take care of it? The issues related to the – I think the babies who are potentially opiate-addicted are a real challenge for us. We have a drug court in Virginia. I would encourage you to think about that. Judge Chip Hurley down in Haswell, Virginia has had 12 babies born drug-free from his drug court. So these are examples of some of the things that we are working at. So thank you for your efforts.

Shumlin: Keep up the great work, Bill. I've gotta say – what gives me hope is that you're standing up from Virginia and saying, "You know, we're doing good stuff and we got to do – and we're getting fought. We have plenty of dragons to slay," but you're making progress. The change in this – in the conversation in America in the –

I'll be honest. When I gave my State of the State address, I came in and I told my staff – this is how it works in the governor's office. I came in one day – and State of the State, it's kind of a big deal for governors, or the inaugural address, or whatever you're giving. It really is. It's the one time where you can really lay out your agenda. So the staff all work on a lot of it. They had been working on the speech, all the things we're going to talk about and all the things we're doing great. We are doing a lot of great things in Vermont, too, by the way, that have nothing to do with this issue.

Anyway, I came in one day about four weeks before the speech. I said "I'm not doing any of the stuff you've given me; I'm giving a speech on addiction."

They're like, "No you can't do that."

I was like, "No. I'm going to do that."

They were like, "Well, that's just a really bad idea."

And, you know, they were right. It was a bad idea. You know, I didn't have ticker tape parades two and a half years ago. We got a lot of rough stuff, you know. *Rolling Stone* took their cover I think it was and, you know, I made the cover of *Rolling Stone* but it wasn't the way I wanted to.

It was – they had one of our a maple syrup cans, you know where the guy's shoot – you know the traditional Vermont – everyone knows the traditional Vermont maple syrup can right? Yeah. Because it's the best in the world. Anyway, they had someone with a needle and he's sitting outside the sugar hut – you know, they took our iconic – my point is, that's our iconic symbol… That's our symbol.

My point is we got a lot of heat. I had all the tourists and restaurant folks saying, what are you doing? This is terrible. Everyone thinks Vermont's, you know – "Come up here and you're going to get this disease." I mean, it was tough. And how far we have come, how fast, should give us all hope in this room. It really should. But I would ask us all to turn the heat up.

You know, I tell the story and I probably shouldn't, but my dad died of cancer – died of cancer of the esophagus. And for anyone that's been through cancer as a family member, you know, it's an awful thing to go through. But one of the things they do now is they say "Is this is inherited or – is this behavioral or this is genetic?" Because everyone else is – we're like, you know, you start to swell – "Will I get this? Will I go like this?" And it's pretty – you know, gives you a little hope when they tell you at least it's based on behavior. Right?

They said to my dad, he was a World War II vet. Started smoking in the Navy and he kept doing it. Anyhow, he didn't – anyway. It was a result of his smoking. And, you know, I was trying to think when he was going through this – and it was just tragic – and you do the things you can, treatment and everything you can. It was behavioral. Right? His cancer was a result of his behavior. If you smoke a lot, you're going to very likely die of something that you wouldn't have died of, and earlier than you otherwise would have died.

We didn't say to my dad, "Hey dad, you know, you made a choice. It was a really dumb one. And get in line. Because people who make choices like you, we don't actually treat you like the rest of the health care industry in America. You have to stand in line, and if you got really big problems like you're suicidal, you get to the front of the line but you're not suicidal dad, so you're at the back of the line and it might be a year. Might be a year and a half before we can, you know, try to extend your life."

So the conversation we're all having together and the work that Bill's doing in Virginia and that we're all doing together, it should give us hope that we're changing the attitude. We're saying okay, you know, "Wait a minute. This is no different than any other disease. Kidney, cancer, all the other stuff that we're all dealing with. Okay, number one. Number two, it's preventable. It's entirely preventable. This is entirely preventable." In fact it's a lot easier to prevent than cancer. This is easier to prevent than kidney disease. We just have to do what Bill's doing. Stand up.

Yeah? I'll be right over there next. Or I'll try to be shorter in my answers.

Audience Member: Well, maybe then he can have the microphone. Thank you, Governor. Andrew Kessler. I represent a variety of treatment provider organizations and treatment professionals and my question is, I have heard you mention primary care in your discussion. You mentioned doctors, nurses, physician assistants, and all play a critical role. You've also mentioned opening more treatment centers, but what we face is a workforce shortage amongst

the specialists who fill the treatment centers. There's a lot of burnout in the profession because it's incredibly intense and not a very well paid position. Partially due to the stigma that you've discussed. For decades, people weren't paid well because they dealt with a profession that was not well understood or well respected. So what can we do to expand treatment services and fill those treatment centers you want to build with professionals, maybe outside the primary care system, who are trained to handle substance abuse issues and prevention issues and recovery issues along the entire continuum?

Shumlin: I'm going to give you a quick answer that doesn't deserve a quick answer. Get rid of fee-for-service medicine. You've got to do it. We're trying to do it in Vermont. We are working with CMS right now and with a team down here to move the entire state from where we – you get reimbursed for keeping somebody healthy, not for the number of things that you do to them. And I say, until we do that, we don't solve the problem you're outlining. It's a huge problem.

But we've gotta get – the notion that we can continue to afford fee-for-service in America, first of all, is nutty stuff. We can't. We're spending money on health care at a level that's rising much faster than our incomes. That's why there's so much frustration out there in America about why our incomes aren't going up when we're coming out of recession. One of the main drivers. Killing business. It's really hurting us. But I say that until we change the way we pay for healthcare so that you don't get rewarded for quantity of care but instead get rewarded for the quality of care, you won't change the dynamic that underpays the people that are doing some of the most important work. That simple.

I'm going to go there because – yeah. Sorry. Second time.

Audience Member: I'm Max Barnes and I'm with CLAAD, the Center for Lawful Access and Abuse Deterrence, and we're an organization that does work with the drug makers, and we believe that they have an obligation to make their products safer. And at this point only two percent of the long-acting opioids are abuse deterrent, and the rest of the entire market – not just for opioids, but all controlled prescription medications – could have safer products. But as I talk about additional medications, we know that benzodiazepines are the most commonly found substances in overdose decedents when you look at the autopsies of individuals in states like Georgia, for example.

Kids are bullied for their stimulant medications, and we have the so-called Ambien defense where people who take sedative controlled prescription medications are driving and committing murders and lots of bad stuff is happening across the array. Our legal system is set up so that the risk is categorized at both the state level and the federal level by the schedule of a controlled prescription medication. So as we're dealing with these policy measures, doesn't it make better sense to include the efforts to reduce diversion, misuse and abuse by the classification of a medication by schedule rather than its drug class – opioid or otherwise?

Shumlin: We should do both. I mean, so – I'm always a little nervous about talking about what I don't know a lot about. So you probably have a better grasp on this one than I do. But here's my point. I'm always – it always makes me nervous when we try to divert this conversation to some other problem. This is not rocket science. You know? This is directly and – you know, take me

down if you wish – but this is directly related to what Bill just talked about. He was a doc, he was practicing. Everyone said we have a – from the corporation – we have a painkiller that's not addictive. What a dream. Wouldn't it be great? Seriously.

And –

Audience Member: [inaudible]

Shumlin: No I agree, but I think we should look at that – Listen. Here's my big picture. When we look down on this earth and our history – I'll never forget as a kid in Vermont, you know, Vermont kids work during the summer to make money and I worked in apple orchards. We grow a lot of great apples in Vermont. And in those years we were spraying all kinds of stuff that you don't spray anymore. And we used to spray it by airplane because it was a lot more effective. So I'd be out there working and the spray plane would come in once a week. It was fun to watch. You ever see an aerial spray plane? So we're out there working and we get to watch this thing, and we'd come out white. You know? At the end of the day because we'd get sprayed, too, right? You wouldn't do that today. Okay? You wouldn't go out and get sprayed with pesticides today. You wouldn't. I mean, raise your hand if you want to.

And my point is, I think we will look back on this era in medicine in America, including what we're doing to kids with pharmaceutical products and all that, you know. Geez. I'm dyslexic. I would have been on every drug they could come up with, you know, as a student, because I was a pain in the neck. You know, kids that don't learn traditionally are a pain in the neck. You know? And I was one of them. And, you know, I'm just so thankful I missed this era where everything gets treated with a drug.

And yeah, we got a problem. A bigger problem. And we'll be seeing – this era will be seen as when we drugged Americans. You know? Just like my era was seen as when we used to spray pesticides all over people and we didn't really worry about it.

But my point is, we aren't going to solve all of the ills of society with this issue. But we can solve this problem easily. We can. Make it really, really hard to prescribe the drugs that we weren't prescribing before OxyContin was invented. So have hope. Cheer up. We're going to be okay.

Thank you so much.

Audience: [applause]

Coukell: I can tell that Governor Shumlin could keep going here. I know the microphones are still moving around and there's a lot more to be said. But his staff, the same staff he didn't listen to on the State of the State – and I'm glad about that – has given us strict instructions to get him to his 12:00 interview on time. So I think – we have heard today about a terrible problem. We have a long way to go but we've also got a reason for hope. So I'd like to thank the governor for being here and for his leadership. And thank you all.

Audience: [applause]