



After the Fact | [Rebroadcast: Surgeon General Jerome M. Adams on the Opioid Epidemic](#)

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TRANSCRIPT

["After the Fact" intro music]

Dan LeDuc, host: Welcome to "After the Fact." I'm Dan LeDuc. Opioid use disorder is a public health crisis responsible for approximately 130 overdose deaths a day in America. And that's the data point for this episode as we share a talk from the 20th surgeon general of the United States, Jerome M. Adams. He addressed the crisis, including ways to prevent and treat opioid misuse, at an event at The Pew Charitable Trusts' offices in Washington this past summer. Here's Sue Urahn, executive vice president and chief program officer at Pew, with his introduction.

Sue Urahn, executive vice president and chief program officer at The Pew Charitable Trusts: I'm Sue Urahn. I'm the executive vice president and chief program officer here at The Pew Charitable Trusts. And I am delighted to join you in welcoming our very special guest, Vice Admiral Jerome M. Adams, the 20th surgeon general of the United States. Now, no other public health leader speaks with the knowledge and expertise and moral authority that comes with being surgeon general, and that's why when Dr. Adams speaks, Americans listen, behavior changes, and lives are saved.

And in the very best tradition of previous surgeon generals, who educated the American people, rallied the health care community, and changed the culture surrounding tobacco, HIV, nutrition, and other public health challenges, Dr. Adams is now leading the fight against the epidemic of opioid misuse.

Opioid overdoses were responsible for nearly 48,000 deaths in 2017, and 2 million people in the United States suffer from opioid use disorder, which we know is a chronic, debilitating brain condition. Pew is also working to make progress on the opioid crisis. Our substance use prevention and treatment initiative encourages states to expand access to medication-assisted treatment, which has proven to be the most effective therapy for opioid use disorder.

To achieve this goal, we're providing technical assistance to states and localities. But we also serve as a convener for experts to share their research, separate fact from fiction,



and explore ways to make treatment more widely available. That's why Dr. Adams is with us today. He's made combating the opioid crisis a major priority, including expanding access to treatment, educating the public that addiction is not a personal failing, and ending the stigma that too often keeps people from seeking treatment.

In 2015, Dr. Adams used his credibility as Indiana's health commissioner to successfully advise then-Governor Mike Pence to sign legislation allowing counties to establish needle exchange programs to reduce the spread of infectious diseases, and he's been willing to share his own family's personal story with addiction. In doing so, Dr. Adams is changing the conversation around opioids, bringing this condition out of the shadows and into the mainstream of how we prevent and treat chronic illness and helping to promote healthy communities.

Dr. Adams is also using his role as surgeon general to expand the importance—the importance of expanding access to oral health, including highlighting what oral health providers can do to combat the opioid epidemic. And we're especially pleased that a Pew staffer was invited to write on workforce issues for the upcoming surgeon general's report on oral health. Now it is my very great pleasure to introduce Vice Adm. Jerome M. Adams, surgeon general of the United States.

[Audience applause]

Jerome Adams, surgeon general of the United States: Well, good afternoon, everyone.

Audience: Good afternoon.

Jerome Adams: It is wonderful to be here, Sue. Thank you so much for that kind introduction, and I really appreciate the opportunity to speak to Pew and the folks here today about what is a critically important topic. And, you know, I get introduced in any number of different ways. Folks talk about my M.D. or my M.P.H. But to steal an analogy from the vice president, or saying from the vice president, those aren't the most important letters to me.

The most important letters to me, and my background, are D-A-D. I'm a father of my 15-, a 13-, and a 9-year-old. And it's funny, Sue—you said when the surgeon general talks, people listen. I only wish that was the case at home.

[Laughter from the audience]

But, jokes aside, it is critically important that we think about our children and our future. For the third year in a row, life expectancy in the U.S. is going down. I stand before you



as the first generation of parents in the last half-century who, as of right now, can't look their kids in the eye and say you're going to live a longer life than I'm going to live.

And that is not a future I want to leave for my children. I hope it's a future that you all agree we shouldn't be leaving for the children of the United States, and of the planet. And in many cases, it's due to these deaths of despair—suicides, folks misusing alcohol, and the opioid epidemic.

So, again, really glad to be here today. I want to level set with you, because many folks don't know what the surgeon general is or does. So first of all, I'm not the attorney general. I know there are lots of reporters here. I don't want the questions that you all are going to be giving to that guy. Surgeon general, not attorney general.

And I'm also neither a surgeon nor a general. I'm actually an anesthesiologist, and I still practice part time. I was at Walter Reed just last week. I think it's critically important that we try as much as we can to continue to be hands on, to get to those grass-roots levels. And I was in a thoracotomy. They cut open a man's chest and we were providing anesthesia for that thoracotomy.

This is a case that folks would never believe could be done without opioids. And we did an opioid-sparing anesthetic on this gentleman, and he woke up, was wide awake, was smiling, said, 'Are we done?' And it's just amazing, because it's one thing to stand up here and to say we should be doing opioid-sparing techniques and to say that there are alternatives that are better than opioids in many cases for pain.

But it's another thing to actually say, I just did it on Thursday; I know it's true. I know it can be done.

I also mentioned I'm not a general. I'm a vice admiral in the United States Public Health Service Commissioned Corps. It's why we wear this uniform. Very, very proud to wear this uniform. Interestingly enough, we're one of the seven uniformed services, and we're actually older than the Air Force. The Public Health Service started through an act passed by President John Adams, the second president of the United States—no relation that I know of. But passed by—

[Laughter from the audience]

—President John Adams. But you know what's interesting is, we wear Navy uniforms because we inspected ships as they came into port, and we were there to make sure diseases like measles didn't get into our country. And I never thought that as the 20th surgeon general, I'd still be dealing with the same diseases that the first surgeon general



of the United States had to deal with over 150 years ago. But I think it reflects, in many cases, a failure on our part to engage with folks.

And I know we're here to talk about opioids, but I think it's important to dig into measles a little bit, because this is a case where everyone out there, whether you agree or disagree with them, really just wants to do what they feel is best for their kids, for their family, for their own personal health. And I think it illustrates the fact that we need to do a better job of showing people that we care so they care what we know.

People have lost faith in our governmental systems and our health care systems and our scientific expertise. And it's because we like to stand within hospitals and within clinics, and we don't get out into the communities, and we don't show people that we're there to listen and to lift you up, versus standing in front of them and waving our papers from prestigious journals and saying that we know better than you, and that you're an idiot. If you don't listen to me.

And so going back to the opioid epidemic, I think we have to do that same thing in regards to the opioid epidemic. We know the science and we need to lead with the science, and as the nation's doctor, I've pledged to promote health, prevent disease, and lead with the science. But we've also got to remember that people need to know that you care before they care what you know, and the key to solving the opioid epidemic is going to be showing people that we care about them. Then that opens the door to talk about all the other things that we know are important.

But I want to back into how I prioritize the opioid epidemic and let you know what I'm working on. One of the challenges of being surgeon general is that every day, there's five, 10 people who want to meet with me and want me to make their top priority my top priority. And they're all worthy causes, but there's just one of me, and there are literally hundreds of different priorities out there that folks want me to lift up.

So one of the things I've done as surgeon general is try to pick cross-cutting priorities that allow us to lift up multiple areas. And one of the things I'm working on is a report on community health and economic prosperity, making the case that communities that invest in health see dividends not just from a health point of view, but from an economic prosperity point of view—job growth, wage growth, they see decreased absenteeism, they see lower health care costs. The No. 2 cost for most Fortune 500 companies right now in this country is health care.

Quite frankly, the out-of-control health care costs in our country are hurting our ability to be economically competitive. But we know that companies that go to healthy cities actually do better. Just down the street from us, there's a small little startup—you all



may have heard of it—called Amazon. Well, Amazon put their second headquarters in Crystal City, Virginia.

What's interesting and what people don't talk about is that Crystal City, Virginia, is surrounded by four of *U.S. News and World Report's* healthiest cities in the entire United States. Why is that? Because companies move where they can find a healthy, a productive, and educated workforce. And young people, educated people, want to move to cities with complete streets, with clean air laws, with many of those social determinants of health that we know about intact so that they can raise healthy and productive families.

And so I want folks to understand that when we invest in health, it's not just about making an individual healthier. It's about making a community healthier. And when you make a community healthier, you see benefits across the board. Because the No. 1 issue people vote on—black or white, Democrat or Republican, rural or urban—consistently is jobs in the economy.

Folks don't vote on health. I wish they did, but they don't. And some of you may call me out and say, well, health care is one of the top reasons that folks vote. Well, that is true, but even in the last election, health care wasn't the No. 1. It was still jobs and the economy, and even health care, I'd argue, isn't the same as voting on health.

Folks are voting for health care because \$1 in every \$5 our economy generates is going to pay for health care expenses, and so it is still an economic reason they're largely voting for health care. They can't pay their mortgage. They can't make the car payment. They can't put money into their 401(k) or their kids' college accounts because so much of it is going to pay for health care.

So if we want people to lift up health, we've got to frame what we're talking about in a way that relates to them. And that's why I've traveled across the country with Secretary Acosta from the Department of Labor. What we see is a health crisis in regards to the opioid epidemic, he sees as a workforce crisis.

We now have over a million unfilled jobs in this country. More people who are more unfilled jobs than there are people who are looking for work, because so many folks have checked out of the workforce due to our nation's poor health. So it's why it's critical that we all lean into this and that we bring all partners into the equation, especially, especially the business community and our employers.

The second issue that I'm working on is a health and national security, raising the awareness of the link between our nation's health and its national security. Because over the years, the No. 2 issue people vote on is usually safety and security. Shocking



stat for you, 7 out of 10 of our 18-to-24-year-olds in this country are ineligible for military service right now. Seven out of 10 of our young people can't serve, are unfit to serve in our military because they can't pass the physical, can't meet the educational requirements, or have a criminal background record, and that number is probably inching closer to 8 out of 10 because of the opioid epidemic, because we're losing so many folks in regards to the opioid epidemic.

So our nation's poor health, our community's poor health isn't just a matter of chronic disease 20 or 30 years down the road. We are literally a less safe country right now because we're an unhealthy country. And so we have to help everyone understand that when we invest in healthy communities, we're also investing in our national security.

Why? Because we go to Congress with our health hat out and we beg for nickels and dimes. DOD says we need a new tank or we need a new airplane. They get a blank check. We need to help folks understand that investing in healthy communities is just as important as investing in a new tank or a new airplane or new guns, because that's going to collectively lift up our nation's security just as significantly.

So those were the two things I was planning on dealing with as surgeon general, but in the words of the great philosopher Mike Tyson, everyone has a plan until they get punched in the mouth.

[Laughter from the audience]

And the punch in the mouth that I've received over the last several years is the opioid epidemic. But I also think that it's a tremendous opportunity, and that may sound odd to folks out there.

But you know, I told you, folks don't vote on health. Well, sometimes they do. Ebola, you see a blip. Measles, you see a blip. Well, right now, I can go to any community in America and I can get the head of the local college, the superintendent of schools, the sheriff, the CEO of the largest business, the local faith-based leader. I can get a room full of folks to talk about the opioid epidemic.

But if we look at this simply as a fire to be put out, then this too shall pass, but we'll just keep playing whack-a-mole. I was in Seattle a little over a week ago, and now they're worried about a meth problem. You know, we need to take advantage of this opioid epidemic to really bring people together and to help folks understand the upstream causes of addiction, of substance misuse across the board, and if we do that, then we'll solve not only the opioid epidemic, but we'll prevent the next crisis from occurring, and we'll solve many of the other problems that exist out there.



The same adverse childhood experiences—trauma, untreated mental health issues that cause substance misuse that cause opioid use disorder—they also increase your chance for incarceration. They also increase your chance to go out and commit a violent act. They also increase your chance for cardiovascular disease. They increase your chance for diabetes.

So again, if we use the opioid epidemic in the fact that folks are now talking about it as an opportunity to say, what can we do to prevent really prevent this from happening in the future, then we'll see our health improve across the country. But to do that, we have to really, really walk the talk in terms of partnerships. We've got to break down these traditional silos. We've got to really reach out to folks who haven't been at the table before, and it's why my motto as surgeon general is better health through better partnerships, because I've learned throughout my career that we need to look to businesses, to academia, to the military, to faith leaders, and to so many others if we're going to solve some of these very difficult, some of these very complex problems.

Now, some of you have heard my story. I can tell you stats about the opioid epidemic all day every day: 2.1 million people suffering from an opioid use disorder in our country and growing. But the opioid epidemic for me isn't just pressing; it's personal. My baby brother, Phillip, in prison right now due to crimes he committed to support his addiction.

Phillip suffered from unrecognized, untreated mental illness, anxiety, and depression and turned to substances to self-medicate. First it was tobacco, then it was alcohol, then it was marijuana. And then one day at a party, someone gave him a pill. A pill that maybe one of you all in the audience actually prescribed, because we know 80 percent of people who use heroin say they got started with a prescription opioid. We know this started with prescribing of opiates, but then that rapidly led to heroin use, and he stole \$200 from a vacated property to support his addiction and got a 10-year prison sentence. A 10-year prison sentence.

And I tell his story with his permission for a couple of reasons. No. 1, I get asked all the time as surgeon general, what's the biggest killer out there? Is it tobacco? Is it sugary drinks and obesity? I think one of the biggest killers out there, if not the biggest killer, is stigma. Stigma keeps people in the shadows. Stigma keeps people from asking for help. Stigma keeps people from, like my brother, from even recognizing that they have a problem.

“I don't have anxiety. I don't have depression. I just need to be tougher.” We don't even admit that we have a problem. Stigma keeps families from coming forward and asking for help. And the more that we share our stories and where we break down stigma, because stigma is when we separate ourselves into us and them.



We need to show people there is no us and them when it comes to the opioid epidemic and when it comes to health. We're all in this together. We think of people with substance use disorder coming from a bad background, a bad family. Well, my family managed to raise a surgeon general of the United States. I think they did OK. There's families across the country that want to talk to my mom and dad and say, how can I do what you did, because I want my kid to be a surgeon general one day when they grow up.

But those same parents, that same household, produced my brother, who is now in jail with, untreated still, substance use disorder. So if it can happen to our family, it can happen to any family, to any family. And I want to show you another face of what the opioid epidemic looks like.

Audrey, can you come up here with me for a second? I want to give Audrey a shoutout. Audrey is a friend of mine, and her mom is a really good friend of mine. Audrey lost her brother to an opioid overdose. And, sad as it was, she and her mother and their family were determined not to let her brother Aaron's loss be in vain. And so they started up Overdose Lifeline, and can you tell folks about Overdose Lifeline?

Audrey: Yes, so Overdose Lifeline is based out of Indiana, and it started out as my mom learned about naloxone, and she wanted other moms to be able to have access to naloxone. So she, as our state legislator says, harassed him on the street. She yelled at him, and she said—

Jerome Adams: Her mom can be very persistent. Let's put it that way.

Audrey: And she said, why isn't there a law? Why can't laypersons like you and me, why can't we carry naloxone? Why didn't I know about this? So it started out as getting a bill passed in Indiana called Aaron's Law that allows people to go to a pharmacy without a prescription and getting naloxone. Now it's transitioned into an education program that's throughout Indiana, but all over the state that, A: helps identify kids that are going to be high risk, whether that's mental illness or what they experience at home. So they're aware that, hey, I might be more susceptible to an addiction than the kid sitting next to me in class. That's just who I am. That's my personality. And it also helps raise awareness about opiates, because a lot of—previously a lot of education programs were just about mostly alcohol, marijuana, but my mom helped develop a program that's specific to opiates, evidence-based, and that is now used in sixth through 10th grade, more or less.

But that's essentially what Overdose Lifeline does, and it's grown all across the nation. And it's been really cool to see the amazing things my mom has done, and obviously she met Dr. Adams, and that's pretty cool too.



Jerome Adams: Well, thank you so much, and I wanted Audrey to come up here—yes, please give her a big round of applause. Because again, you know, you look at Audrey, Audrey went to a Culver Academy in Indiana, one of the top private schools in the entire world. There are people who come from outside the United States to go to Culver Academy.

I stand before you as the surgeon general of the United States. You look at us, we don't look like the families that you think of when you think of addiction. But we are the faces of addiction right here before you. And we are also what recovery looks like, and so it's important that folks understand that. And so, Audrey, thank you so much for coming up and sharing what you and your family have done.

[Audience applause]

And going back to Indiana, I've also been on the other side of the opioid epidemic. Many of you all know about this. As state health commissioner in Indiana—I ran the state Department of Health—I oversaw the response to the largest ever outbreak of HIV related to injection drug use. And I often get asked, how did we stem the tide of HIV in that community? Who did you partner with? Was it the CDC? Was it the School of Medicine? Who was it?

And yes, those health entities were all critically important, but what I tell folks is the people who we most needed to get that syringe service program approved were the local pastor, the local business leaders, the local sheriff. We had to get into those communities and get the buy-in of the people who the community most trust, and by going down there—not sitting in Indianapolis and saying, I know better than you, but by driving two hours down to Scott County, Indiana, and sitting down with the sheriff and asking him what his concerns were, and showing him how we could work together to achieve his goals, and not just my goals.

We were able to get a syringe service program approved. We were able to get the town to accept it, and we were able to stem the tide of HIV. And I'll tell you again, I say lead with the science. There are many folks out there who like to criticize me, who like to criticize the vice president. They like to say that we moved too slow. Well, you know what would have happened if I'd done exactly what those people who write those journal articles say we should have done?

What would have happened, if I'd gone down there and used my authority of state health commissioner to force needles on that community? The local law enforcement officers would have set up a perimeter around our syringe service program. They would have arrested everyone as they were coming out of the syringe service program or going



in. And we never would have had any success. No one would have ever come, and HIV would still be spread throughout that community.

There's a saying, nothing about us without us. We have to understand that we've got to get into these communities. We've got to earn their trust, and, quite frankly, sometimes we've got to be willing to compromise a little bit or go a little slow so that we can then inject the science into the equation. And again, I'm proud not only of what Scott County did, but after we got the syringe service program started in Scott County—and that was critical because it was a conservative, all-white town in middle America—Kentucky went from zero counties to 50 counties with a syringe service program. All over the Midwest and then all over the country, syringe service programs opened up. Federal rules changed in regards to funding for syringe service programs, but that happened because we went in and we listened to the community, and we worked with the community, and we earned their trust.

It didn't come in because we came in and tried to beat them over the head with *The New England Journal of Medicine* or the *Journal of the American Medical Association*. And so I think it's important that we remember that—I think we also need to look at what's going on in terms of success in this country. And so I put out the first surgeon general's advisory in over 13 years last year, really motivated by the work that Justin, Justin Phillips and Overdose Lifeline did in Indiana raising awareness about naloxone, an opioid overdose reversal agent that saves lives.

And there's a person dying of an opioid overdose every 11 minutes in this country. Over half of them dying in a home environment. They're not dying in alleys. They're dying in bathrooms and bedrooms and garages. And until we can invent an ambulance that can get to your house in four to six minutes—which is the amount of time it takes for anoxic brain injury to occur—we're not going to turn around the opioid overdose epidemic unless more people are willing to carry naloxone.

Now, we're here to talk about opioids. Raise your hand if you know CPR in this room. So I'd say about 60 percent of the room. Now, raise your hand if you carry naloxone everywhere with you everywhere you go. One, two, three—three hands, compared to 20 to 30 hands raised for CPR. Where we're sitting right here in Washington, DC, it is more likely that someone's going to come in this building and say there's an overdose happening on the street than it is that someone's going to come in and say, we need you to administer CPR out on the street.

So even here, where I'm preaching to the choir, we still aren't where we are. We need to walk the talk. But there is good news. After my advisory came out, and thanks to the efforts of many people in this room, we've seen naloxone prescribing go up over 450 percent in that time. So thousands, tens of thousands of lives are being saved thanks to



your work. The communities that have been able to turn around the opioid overdose epidemic have done it by making naloxone more available as a first step.

It's not the only step, but it's a critically important first step to getting people into care. Over 2.7 million two-dose medications of naloxone have been distributed to states and local communities since that advisory has come out.

Now I want to tell you a little bit more about what we're doing in my office to help stem the tide of the opioid epidemic. We're working with health care professionals to improve the prescribing practices and minimize diversion by encouraging people to use resources like the CDC guidelines for prescribing opioids for chronic pain.

Now, I want you to understand it's important that we decrease opioid prescribing, because we still prescribe 90 percent of the world's opioids to less than 5 percent of the world's population. That's still the case right now, even though we've decreased opioid prescribing by 22 percent. But we also have to remember that this started as a crisis of untreated and untreated pain, physical and emotional. Sixty-two percent of people who misuse opioids say they misused them to treat pain.

So we can't just pat ourselves on the back for decreasing opioid prescribing if we aren't also measuring what we're substituting back in to treat that physical and emotional pain. Otherwise, we're just going to keep playing whack-a-mole. So critically important that we remember that. And it's also important that we remember our history. So the surgeon general's been fighting tobacco use for a long time. I collect medical journals. I've got journals where there are doctors smoking cigarettes and saying, 9 out of 10 doctors prefer Camels, and they recommended Camel to women for all sorts of ailments.

All sorts of ailments—for PMS, and for anxiety, and for depression, smoke a cigarette. Smoke a cigarette, right? So once upon a time, we were told that cigarettes were safe. They were natural. They were good for whatever ails you. And then we spent the last 50 years trying to clean up that mess. And then about 20, 30 years ago, when I was in medical school, we were told opioids are safe. They're effective. They're good for whatever ails you. And if a doctor prescribes it, they're not going to hurt you, and we're cleaning up that mess.

Well, I'm a little bit concerned right now that we're hearing the same rhetoric in regards to marijuana. It's natural. It's safe. It's effective. It's good for what ails you, and it's not going to hurt you if a doctor recommends it. I think it's important that we understand that this is a fundamentally different product than what folks think of when they think of the marijuana of Woodstock.



Marijuana 10 years ago was single-digits THC—in many cases, about 5 percent. Now you've got professionally grown strains that are 20 percent, 25 percent THC. And then people are concentrating them in the oils and to waxes, and they're vaping them, they're dabbing them. And they're getting 80 percent, 90 percent, 95 percent THC delivery. It's like the difference between drinking a glass of wine and a bottle of grain alcohol. It's a fundamentally different product.

And I'm worried in particular about the impacts on the developing brain. Communities in California—I was just in Sacramento yesterday—where 1 out of 5 pregnant women are reporting using marijuana during pregnancy, exposing the developing fetus to these high concentrations of THC. And then we've seen that, in communities that have legalized marijuana, even just for medicinal purposes, that youth attitudes about the dangers of marijuana have gone down.

And youth are obtaining marijuana. I was in Arizona, and they said the No. 1 way youth are getting marijuana is through people who have a medical card. So again, I'm worried about the impacts on youth in our communities. From a purely public health point of view, I am concerned that we're repeating history all over again. And I think it's important that we look not just again at the opioid epidemic, but the wider umbrella of substance misuse and the potential negative effects that we continue to see over and over and over again, when we blanket accept something as safe before the science has weighed in fully. And then we normalize it in society, and then we spend the next 20 to 30 years cleaning up our messes.

But back to the opioid epidemic: We're trying to help people understand the benefits of alternatives to pain—as I mentioned with my thoracotomy example—and how to properly and safely store and dispose of prescription medications. Why is that important? We think of drug dealers as these bad people. You know who the first drug dealers are? They're your grandmother. They're your aunt. They're your uncle. They're every single one of you all who has unused medications in your cabinets right now waiting to be diverted.

Don't be someone's first drug dealer. We really need to help people understand the dangers of keeping unused medications around your house, because there's just someone waiting to divert them. We also talked about stigma. Very important that we all work to a lower stigma. And again, make naloxone more available. But I want to lean into naloxone a little bit more.

Anyone from law enforcement in the room? No hands raised. That's the problem, people. That's the problem. Again, we end up speaking to the choir all the time. We sit in our silos. You know who the No. 1 mental health provider in our country is? It's our



jails and prison systems. They didn't go to medical school, but they're our No. 1 mental health providers. They're also our No. 1 substance use providers.

We're not going to solve this problem if we don't get in touch with those folks, and if we don't bring them into the conversation and go to sit at their table. I was in Florida and then Colorado and then California over the weekend, and I heard a lot about compassion fatigue amongst our public safety officers—folks getting frustrated because they're resuscitating people over and over—7, 8, 9, 10 times.

And are saying, Surgeon General, what are you doing to get that compassion back? Well, I'm working with them to try to help them understand that naloxone is the first step to getting someone into the pathway of recovery. You can't get someone into recovery if they're dead. But we got to step up. We got to step up. They're getting frustrated because—I've talked to drug dealers. I've talked to them.

You know the two best places for drug dealers to hang out? The ER parking lot and the jail parking lot. Why? Because we bring people in, we put them into acute withdrawal, and then we send them right back out onto the street without a warm handoff. We've got to do a better job for our public safety officers and for the people with substance use disorder of creating warm handoffs with peer recovery coaches, of making sure more people are willing to write for medication-assisted treatment, and write for it immediately so that folks can get on these medications before they go out into the parking lot and run into the drug dealer who's waiting there with open arms.

We've got to do our part before we start to say that these other folks out there, who are frustrated by seeing the same thing over and over and over again, are bad people. They're not bad people. They're just frustrated, and we've got to help them understand that there's a different way. There's a better way. It's naloxone, then it's a warm handoff, then it's medication-assisted treatment. Then it is long-term recovery, including housing, including good-paying jobs, including those social determinants of health.

That's what real recovery looks like. It's not just one thing. It's the whole gamut of services that we need to provide. I want to close, because we want to save time for questions, but I do want to mention another article of information that I put out. Any of you all remember this guy called C. Everett Koop?

So 30 years ago—and it's interesting, because tomorrow is a national HIV testing day—30 years ago, my predecessor C. Everett Koop was dealing with a crisis—a crisis of stigma, a crisis of fear, a crisis where everyone was pointing fingers and saying it's their fault. No, it's their fault. No, it's their fault.



And he wanted everyone to understand the role they could play in responding to what was then an HIV and AIDS epidemic. So he sent out a pamphlet to everyone across America called "Understanding AIDS." I felt that the opioid crisis called for that same approach, but my kids said, 'Dad, no one reads regular mail anymore.' So we put out a digital postcard, and my digital postcard lists the five steps that every American should be thinking about and can take to respond to the opioid overdose epidemic.

But it's a digital postcard, not a traditional snail mail postcard, so this only works if every single one of you all—raise your hand if you got a social media account. All right, so every single one of you all who raised your hand should be taking a picture that are going to [surgeongeneral.gov](https://www.surgeongeneral.gov) and sharing it right now through your social media channels, because that's how a digital postcard works.

And if you don't have a social media account, you can go to [surgeongeneral.gov](https://www.surgeongeneral.gov), you can print this out, and then you can post it in your offices, in your homes, in your schools, because again, we all have a role to play to respond to the opioid epidemic. Again, one of the problems is that we tell all the bad stories out there, but we don't do enough of a good job of telling the good stories—the stories of hope.

It is important that overdose deaths have now fallen 4.4 percent compared to the same period last year. It's very important for us to share the fact that naloxone prescribing is up and that there are more medication-assisted treatment providers, and 1.1 million people receiving MAT for opioid use disorder right now. We have a long way to go. We've got miles to go before we sleep, but we have made progress, and we need you all to share those stories of hope so that people don't get compassion fatigue, so that they understand that they're not doing the same thing but not receiving any positive results from it—that there are people out there who are recovering and then going on to become peer recovery coaches themselves.

So I want to close by challenging you to make a new friend today. Again, my motto is better health through better partnerships. I already pointed out that there are no law enforcement folks in this room, no public safety folks in this room. Are there any people from the faith-based community in the room? Are there any people from the business community in the room? We've got to do a better job of reaching out—of reaching out, inviting people to our table, going to their table. But today, make a new friend. Make a new partner, because that's the only way we're going to really turn this thing round.

No. 2, walk the talk, particularly in regards to naloxone. I expect every single one of you all to try to go out there and get naloxone. It's a great way to potentially save a life, but it's also a great way to start a conversation with folks. And the communities that have turned around their overdose rates around this country—the ones that have turned things around are the ones that first saturated the communities with naloxone.



Because you can't get someone into recovery if they're dead. You can't talk about MAT if someone's dead. You can't talk about recovery and social determinants if someone is dead. The first step is keeping them alive and then connecting them to care, and we need you all to walk the talk. Put an end to stigma. You can go to crisisnextdoor.gov, where I shared my family story, where the president shared his family story, where many folks have shared their stories, because that's how we turn around this horrible crisis that we're in.

I also encourage you, since we're here at Pew, don't just think about programs for individuals, but think about policy change and sustainability. I would love to go out and personally hand naloxone to every single individual out there. I can't do that, but what I could do with put out an advisory that helped the whole country understand the importance of naloxone. Think about ways that you can make naloxone more available and more affordable to people within your communities. Think about programs you can put in place, such as Project ECHO, that extend medication-assisted treatment to rural areas. Think about policy changes that you can put in place that really will help us turn the tide.

And then share your best practices. I love going around the country and hearing all the great things that are going on. I get frustrated when I go around the country and hear people trying to re-create the wheel over and over and over again because they don't know that someone one state over, or one city over, or one town over already did this. So please lift up best practices. Consider public health reports. The journal of the surgeon general, it's a great place to publish your results, the things that are going on in your community.

Even if it's not working, it's helpful for folks to know that we tried this and it didn't work, and here's why, so that they don't repeat your same mistakes. But I also want to challenge you to continue to be the innovators, the educators, the communicators, and, where necessary, the agitators that will push us toward a healthier tomorrow for all Americans. So thank you for the opportunity to join you today, and thank you for letting me serve as your 20th United States surgeon general.

[Audience applause]

Dan LeDuc: Thanks to the surgeon general for taking the time to discuss this important issue, and thanks to you for listening. To learn more about what you heard, visit pewtrusts.org/afterthefact.

[Closing "After the Fact" music]



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