

S.A.F.E. Project US  
Six Lines of Operation Approach

My name is Mary Winnefeld and my husband and I lost our 19 yr old son, Jonathan, just over 7 months ago in his college dorm room to an accidental overdose of fentanyl-laced heroin. He was in his 4<sup>th</sup> day of college.

I never imagine, that at this stage of my life, after supporting my spouse in his 37 years of military service and retiring as the 9<sup>th</sup> Vice Chairman of the Joint Chiefs of Staff, that I would be on the Hill talking about losing my son to an overdose.

I quickly want to cover the reasons **why** we lost our son and then provide some thoughts on **how** to tackle this national emergency.

First, we have a shortage of quality mental health care in our country. Our son was misdiagnosed, which led to a prescription for Adderall, an amphetamine, which led to him to self medicate to alleviate the effects of the drug.

Second, Treatment. We were lucky to find, and pay for, treatment for our son – not an easy task. Many others are not as fortunate. Unfortunately, because our military health care system could not comprehend our son’s dual diagnosis, we spent over \$300,000 out of pocket on his residential treatment for 15 months. I believe our situation is not uncommon. However, out of pocket payment is completely unrealistic for most American families.

Third, we were simply unaware of the incredible importance of transition out of treatment. Contrary to what some leaders in our country are saying, and, unfortunately specifically referring to our loss, treatment works – we saw our son return to us after several months of sobriety, but the transition is extremely important. It is a very fragile time for anyone leaving treatment. We need to have support programs and mechanism in place to support those in recovery – outside of a structured residential program.

Fourth, Jonathan relapsed due to exposure to an open air heroin market. It is unfathomable to us that such a situation could exist in our country today. We need to incarcerate the real criminals, stop the networks, in this epidemic – not the users.

Fifth, frankly, if Jonathan had been surrounded by a *real* program for those in recovery that could have potentially prevented Jonathan's demise. Many universities and colleges don't get it. This is an exceptionally vulnerable population.

The opioid epidemic is an extremely complex problem. Without a comprehensive approach that confronts every aspect of this problem, we will fail to reverse it. As such, we feel there are six deeply inter-related things our nation must do if we are to prevail:

First, we must raise **public awareness** of the epidemic in order to garner the political and financial support required to reverse it. We must also lower the stigma associated with addiction by inculcating into our population the fact that this is a disease, not a moral failing.

Second, we need to undertake a **full-spectrum prevention** effort. Previous "Just Say No" campaigns were simply not effective. Some of our political leaders are using the phrase, "Just don't Start" which implies there is choice involved. "Choice" is a very abstract concept for someone who is over-prescribed opioids for a physical injury or medical procedure.

Third, we need to get **prescription medicine** under control. Pharmaceutical companies need to throttle back on their marketing efforts. The medical community AND insurance companies need to fully embrace a shift from opioids to more holistic treatment of pain.

Fourth, support to **Law enforcement and First Responders**. We simply have to do a better job of interdicting illegal drugs coming into the country. Focusing on actual criminal networks while better leveraging drug courts *that provide treatment rather than jail to addicts*, as well as community treatment programs, will open the door to more progress. And our medical responders need to be better equipped to handle and be protected from those undergoing overdoses.

Fifth, our nation needs to have more, better, and affordable **access to treatment**. Locating treatment is nothing less than daunting – with much of the industry

unregulated, over-priced, and unethical. Treatment works when conducted properly and the transition back to society is properly managed. However, only 20% of the people in our country who need treatment are actually receiving it. This includes the access to and use of medically assisted treatment (MAT). Treatment needs needs to start in the ER. We need to leave “treat’em and street’em” method behind and move to a long term plan (we need to have treatment in jails and prisons as well or we will continue to see a revolving door). Just as we have various treatments for those afflicted with cancer, we need a similar approach to mental and behavioral health and addiction. Until we recognize and elevate the importance of this field and reimburse providers accordingly, we will continue to have a vast shortage of services.

Finally, we need to do more to **support families and educational systems**. It starts all the way in elementary school, where much can be done to identify and educate vulnerable kids. Parents who understand the basic best practices for preventing their loved ones from falling into addiction, and who know how to support them when they do, are a vital component of the solution. The drugs such as marijuana, Xanax, etc, are flowing freely in our middle schools and high schools and colleges. Again, this is about raising awareness.

If we only address one of these aspects, we will lose the fight. Our nation has solved difficult, complex problems before by applying resources and enlightened leadership. The opioid epidemic is no exception. For the sake of our nation and our children, let’s see this scourge for the national emergency it is, and win this battle. We are losing a generation to this horrible epidemic.

Again, thank you for inviting me here today. I stand ready to support!