

## Shine a Light on Stigma Podcast

### Transcript - Episode 12: Live Podcast Event with Sam Quinones

*Note: The Shine a Light on Stigma Podcast is produced for the ear and designed to be heard. This transcript is intended to augment the recording.*

*This podcast is part of a series that explores ways to eliminate stigma and help people with substance use disorders access the medical care they need. Produced by Superior Health Quality Alliance and Telligen, Quality Innovation Network-Quality Improvement Organizations under contract with the Centers for Medicare and Medicaid Services, an agency of the U.S. Department of Health and Human Services.*

**Mia Croyle:** Welcome everybody to this special live stigma podcast event and in our podcast over the past year or so, we've been talking about ways that stigma impacts people living with substance use disorder. We've aimed to inspire and empower our listeners to shift away from the culture of stigma towards one that promotes healing and recovery in a supportive and respectful way. To just give you a little context for the day, this is the 12th episode of our broadcast and we are doing it a little bit differently. We're recording it instead of it being Brittany and myself in a room and Sam in a room and just quietly recording our podcast episode. We are coming to you live. We have a live audience, and we're offering this as a webinar across our states, and this will be our last podcast. So we're stopping at 12. We're hopeful that we'll be back at you at some point in the future in some form, but for now, this podcast has been a limited series and we're taking a pause after number 12. But just to remind you, if you're coming to us as this is your first exposure to the podcast, you can find links to the podcast on both the television website and the Superior Health Quality Alliance website, and I think you'll get links to those in the chat. And you can also find us on your favorite podcast streaming platform. So just a little bit about what we hope to accomplish today. We're going to talk about the current state of opioids in the U.S. and how social isolation is a factor, has been, and continues to be a factor in the opioid epidemic. We also want to talk about repairing communities or healing as we often frame it. And, of course, we're going to talk about approaches to addressing both substance use disorder and stigma. So I'm going to turn it back over to Brittany who's going to introduce you to our exciting guest.

**Brittany Rodriguez:** Yeah, thank you. I'm honored to be able to introduce you to our guest today, who is a renowned author and journalist Sam Quinones. Sam is out of Los Angeles. He is a Los Angeles-based freelance journalist with 37 years of reporting experience and is the author of four acclaimed books. He resided in Mexico for a decade and then spent another 10 years as a reporter for the L.A. Times. Sam has reported on a variety of topics including immigration, gangs, drug trafficking, and even the border. Sam's latest book is *The Least of Us, True Tales of America and Hope in the Time of Fentanyl and Meth*, where he actually chronicles the emergence of synthetic drugs that are cheaper and deadlier than ever before. These drugs are being marketed to those already suffering from addictions created by the nation's opioid epidemic. And Sam's previous landmark book, *Dreamland, the True Tale of America's opioid epidemic*, ignited awareness of the opioid epidemic that has cost the United States hundreds of thousands of lives. And not only that, but Sam has testified before the U.S. Senate's Health Committee for his expertise in work with *Dreamland* and continues to present at events across the country, which is how we are lucky to have him today. That was a long introduction for me to not hand it directly over to you, Sam, but I am a glutton. So I'm going to go one more time to ask the audience. So I wanted to see this is the time for us to use Menti together. So if you have that QR code pulled up, go ahead and swipe your phone back open and we would

like to hear from you. If you missed the QR code in the beginning, go to [menti.com](https://www.menti.com), and you can use the code that's at the top of the screen. But I would love to hear from you if you've listened to the Shine a Line on Stigma podcast. Was there an episode story or concept that stood out to you? If someone who is not yet listened, but hopefully eager to listen Yeah, first one.

**Mia:** So, we have a lot of future listeners.

**Brittany:** Yeah, we've been really excited. We hope that this new platform would be a really good opportunity to reach new people.

**Mia:** So, we have a shout-out to our most recent episode 11, with Rosanna and her work on nursing homes. And that individual also said that multiple other episodes had an emotional impact.

**Mia:** We've got one who's been with us from the start. Listen to the whole series.

**Brittany:** Awesome. The conversations with Shred the Stigma. Yeah, that was a good, he had good perspective.

**Mia:** Yeah, I think about some of the things Drew said often. So...

**Brittany:** Yeah, well, you guys can keep these coming in. We love to hear about it and to hear your feedback. But without any further ado, I want to let us hear from our featured guest, or Sam Quinones. So with that, we often start our podcasts in the same way. And so, for those of you who have been around and have heard that, you know that we often start with what is your why? What makes this topic of stigma related to substance use disorder meaningful to you?

**Sam Quinones:** Well, thank you, Brittany. Thanks to everyone for tuning in. I appreciate your interest in my work, I would say that the topic of stigma was not why I got into this at all. I'm a reporter, I'm a journalist. I was living in Mexico, and I returned from Mexico to the United States, got a job at the L.A. Times, as you said. And I began to realize that we were seeing this would've been 2000, mid-two thousands into 2010, right around in there began to see that we were seeing as a country an enormous increase in heroin use, which I could not explain. I did not understand why that was. And as time went on, I began to write about Mexican heroin traffickers. That was my initial interest and why they would be having, they would have such an increased market because I thought in the 1970s was the last time we really had a boom and heroin. And I thought, why would anyone go back to this drug? And largely this is because I had been living in Mexico during the explosion of the real big story behind all this, which was the revolution, the opioid revolution in America, in pain management in American medicine, and a very, very aggressive expansion of prescribing those pills for all manner of pain that they never had been used before. And also aggressive use of refills. And you began to see this enormous expansion of supply by doctors that either eagerly embraced this new reality or were very brought, kicking and screaming to it, but nevertheless had to do it and began to see doctors all across the country prescribing this. And this brand-new supply of opioids then led to a lot of underworld, black market pill sales, and then eventually to heroin, which is why the guys I was writing about saw such a big market. But along the way, as I was writing what became my book Dreamland right over here, I began to understand that there was very, very little people were not interested in talking about this. This was 2000 12, 13, 14 by then. And for those of you who've been in the business a while, you know that back then people didn't know how to pronounce the word naloxone. They didn't know what an opioid was. That's why I put in the subtitle of the book was that the True Tales of America's Opiate Epidemic, because I knew that if I put opioid, most people who weren't in medicine wouldn't understand what that was. You had literally three lawsuits against drug companies at the time, and those three were on

hold. And at the root of all that was that people, the families of addicted loved ones were devastated and ashamed and therefore did not want to speak about it. And so, it was very much, I thought, I'm 65, I looked through the early days of the AIDS epidemic when no one wanted HIV in their son's obituary, and I encounter the same thing. Then with regard to trying to tell the stories of people who had suffered through this, families had been just put through the wringer, lost, spent all their money, their savings or college tuition used up all the love and trust that they had for the person involved. And it seemed to affect the entire family, even the extended family in the neighborhood and a lot of that. But I encountered this silence. No one wanted to tell this story, and a lot of that was because people were ashamed there. There was this terrible stigma around talking about it, about simply just making people aware that people were not aware that they were not alone. And many people believe that there was nobody within a 10-mile radius of them. And so, what began to happen, so I wrote Dreamland with those families in mind. It was as if to say, this is the story of how your uncle died, or how your son or daughter died, or how your spouse, your wife is in now her third rehab or on the streets strung out. I wrote it for those families because I felt that the families were themselves victims of this real unwillingness, inability, shame to talk about the issue of addiction in general. It could have been all kinds of addiction, but in this case, it was so shameful because people associated opioid, particularly heroin addiction with just the most despicable kind of person and the kind of back-alley person, three teeth and all that. And so, as I got into it, I began to realize that that was part of the story I needed to tell. It wasn't the whole story, but it was certainly a big part of it. And then once Dreamland came out, the other part to the answer to that is as Dreamland came out, I began to see the book have this remarkable effect on that very topic. You began to see all these people who were living in shame and embarrassment in the darkness began to come out into the light and tell their stories. And this began to happen over and over and over all across the country. It was not a united thing. There was no organized thing. It was just simply people began to realize they were not alone. They heard the stories of others that were very much like theirs. It was the storytelling that was the thing seemed to me. And with that, you began then to see politicians pay attention. You began to see, as I said, when I turned my book in, there were three lawsuits against drug companies very quickly. There were hundreds and then thousands, and you began to see a new way of thinking, understanding a new way of understanding some of the revelations of neuroscience, which is we all have the brain chemistry to be that addict eating from the trash. And that to me was a very, very powerful realization. Lots of people came to it. And so, this is an answer your question. This is kind of the way in which stigma and the attempt to tell the story to reduce that stigma played a part in what I was doing.

**Mia:** Yeah, it sounds like your entry point was sort of that intellectual curiosity, that puzzle of why are we seeing this and then putting those puzzle pieces together. But through your reporting, you encountered sort of that wall of stigma, that ocean of stigma that people were drowning in. And then as we've talked about on our podcast, repeatedly hearing the stories of people is an antidote to stigma.

**Sam:** I think in fact, it's the only way human beings change their minds. I mean, we need to hear stories of others that those stories can come in many, many different ways. And today we have numerous technologies allow for those stories to be told. You were getting, for example, one of the things that really influenced me in Dreamland was the new storytelling on tv. TV had usually been very wooden, and the crime dramas were very kind of unbelievable. And then you began getting these amazing crime dramas like The Wire and Breaking Bad and some others that actually began to tell human stories. And really, my book, Dreamland of those of you have read it, will see, will understand that a lot of the storytelling, the chapters were very short, and I intended them as kind of like The Wire with these kind of short stories and that you pick up the threads throughout the book so it keeps people engaged. This was part of the book that trying to tell a story about heroin addiction back then it was heroin, was something that I thought was very difficult. And I knew this because I had numerous books about heroin, and one thing I noticed was that nobody read 'em. You could tell by the sales, nobody read these books. I had about 10 or 12 of these books and I checked them all and there was very, very, and so I didn't not want that. So the idea was an attempt to tell stories about

people, real people affected in one way or another, and there are many different ways. Could be also heroin traffickers, a lot of that was about them as well. From Mexico guys I interviewed mostly in prison and in the United States, but I wanted it to be kind of a humanizing attempt to tell these stories. Believing too, I don't think I really thought back then so much about stigma, but simply believing my approach was as a journalist, I saw a story that no one was telling comprehensively and I wanted to rectify that. And so the Dreamland book was an attempt to tell the entire story of how this massive push to use aggressively overuse, in my opinion, narcotic painkillers in the treatment of pain pushed by pharmaceutical companies, principally Purdue Pharma owned by the Sackler family, how that had ended up in now a widespread use of heroin and in a brand new market for heroin that the trafficking world in Mexico was not expecting. In fact, heroin was, if anything, heroin in Mexico, having lived there for 10 years is viewed as even more a scuzzier drug than it's viewed up here in the United States. No one wanted to really be involved with it. And back then the market for heroin was limited. And so, with our opioid epidemic though, we created a new market for them and they certainly supplied it.

**Brittany:** Yeah. I think one thing you mentioned just now, and it's really interesting because you're exactly right through storytelling that we often change, if it feels personal, there has to be some aspect that affects our personal life. Oftentimes when as adults we decide that, okay, something I thought my entire life, I'm ready to reevaluate. And so, through that storytelling, it really does get to that. But I think it's interesting because one of the things you mentioned was that most of these people thought they were the only one within the 10-mile radius, and I think that gets to the social isolation that is maybe even increased in the last few years. And so, I was going to see just what you thought about that. You've spoken about social isolation in the past, and how do you think that's impacted the use or issue of substance use disorder across the United States? Well,

**Sam:** I think it was an idea that it came to, in the middle of doing the reporting on Dreamland, I did not start the book thinking that I in fact viewed the book as a very tidy kind of story. One side would be about the twin tales of drug marketing, kind of as how I viewed it. So, you had the pharmaceutical industry, Purdue Pharma and other companies making these narcotic pain pills and pushing this idea on the medical industry and on major institutions like the V.A. and on primary care doctors, et cetera, all across the country. And then the other story was about this one town in Mexico that I wrote about, because they were the first Mexican traffickers to figure out the coming market for heroin, that wanton widespread prescribing of narcotic painkillers was going to promise. And they had a system of selling heroin, very much like pizza delivery. And so you have an operator standing by taking orders, we dispatch drivers to the Burger King parking lot where you are and you sell 'em five hits of heroin. Along the way in telling that story, I came to understand though that the story is much, much bigger. That was part of it, but that was not all of it. And one, and there are other aspects to the story that I thought were important, but addressing your question, one of the issues that I really thought that this highlighted was our own destruction of community in United States that we had in one way or another, been involved in for at least 40 years by that point, it seemed to me. And so, what you got was, and this was destruction of community, yes, in rust belt towns and Appalachia and urban neighborhoods, but also in well-to-do neighborhoods as well and suburban areas that had done economically at best in the previous 30 or 40 years. I thought at first it was a story about economic devastation until I began to realize that this problem was all over suburban America too. And so, the common denominator was not economic devastation. It was in fact this shredding of community, this isolation, people not knowing who to turn to, not even knowing who their neighbors are. I mean in neighborhoods maybe where you didn't really walk on the streets because just nobody did that in rust belt neighborhoods or towns where half the population had departed, and a lot of the housing was abandoned. It was the same story more or less. It seemed to me that you found this economic, it didn't matter so much. Economic devastation was not the key thing. It was more this utter isolation, and that meant a number of things. One, you did not have that community strength as a bulwark against these drugs and drug addiction. And then you also did not have, as you said, the knowledge of who else might be involved in this. And then

you combine that with this embarrassment, the shame and all that naturally accompanied this problem. And the isolation and the shame together allowed then along with, by the way I should say the unbelievable supply of pills, the supply is part of the story. This is not a demand driven thing in my opinion. Mostly it's a supply-driven thing. So you have all that and the demand and the supply from the drug companies prescribed by these doctors. You get the rise of pill mills in many areas, which are just kind of like charlatan-like pain clinics in which people are lining up to just get their very long prescriptions for all kinds of narcotics and then go fill 'em at a pharmacy. You have all of that. But the isolation seemed to me to be such a big part of what this story was, was at its root about.

**Brittany:** Yeah, and it's interesting because then take a pandemic and isolate people even more to their homes or to maybe their small communities. And does that decrease access? It's just one thing...

**Sam:** Yes. I mean, I would say there was, by the time covid hit two things that were happening, one was very positive, the other was not. By the time COVID hit, you began to see, I was stunned because I had lived through the earlier period in which no one wanted to talk about it. It was not a major priority for the political class. I remember after the Dreamland book came out, Hillary Clinton's health advisor for her campaign called me and we had a very long conversation, and she says, Hillary, those are preprimaries for 2016. Hillary's in Iowa, she's in New Hampshire, and is stunned at the ferocity of the people who are insisting this is a major issue. We kind of knew it was a big deal but didn't really realize it. So as that begins to change, you get people all of coming out of the shadows, then political class begins to pay attention. You begin to see attorneys general prosecute or investigating these things. And so, by the 2019, you had what probably should have been the case in 2012 or 13, but in terms of awareness, in terms of willingness to hear about this topic in terms of political response and all of that, you began to have that. At the same time though, you get the latest permutation in this story, which is the Mexican trafficking world. Far outstripping, the guys I wrote about in Dreamland. Now the entire Mexican trafficking world is getting involved, and they now have discovered fentanyl. They already knew the importance of synthetic drugs because of methamphetamine that had been making methamphetamine industrial quantities of methamphetamine for two decades or more, actually by that 0.3 decades really. And they knew that if you can make your own drugs, it's much better than growing them. You don't have any need for land or sun or irrigation or farmers or anything like that. You just need chemical ingredients. And they could get that from China. And so, they understood the importance of making your own drugs instead of growing them. And then in the middle of supplying heroin to our opioid epidemic, they discovered fentanyl. And that's what I write about in my latest book, the least of Us. And so along the way, what that means is they begin to make simply catastrophic quantities of these two synthetic drugs and those drugs essentially by 2019, late 19, early 2020, those drugs have simply gone nationwide. And that means that if you are in recovery from addiction and then during covid you relapse, you are not relapsing onto cocaine, most likely you're relapsing onto methamphetamine or fentanyl laced into cocaine or something, these two drugs become the drugs that you relapse onto. And this is what begins to really create some very serious problems. This and the idea that the entire country really, the world was so focused on the pandemic as it should have been. It was a worldwide pandemic, but what was left unattended was the idea that there are all these people recovering addicts out there who are just at a very vulnerable spot. Frequently during COVID, the jobs that vanished were shut down. Were low level jobs in restaurants, people in recovery were working those jobs. So, you get this, a lot of this stuff happening, and people get into recovery before that, but as the epidemic hits, they may relapse. As the pandemic hits, they may relapse. And then what what's available on the street is not the drugs of say, 10 years ago even. It's very, very deadly and everyday more prevalent, fentanyl and then methamphetamine. Both of these provide scandalously potency and immense quantities. And so, this is really what I think has really kind of created what we're seeing now is this vast supply that is really nationwide all throughout, of course the Midwest, but really from Maine to LA, you're seeing both of those supplies. And that is also part of the story of what we're seeing today. That is the story of what we're seeing today.

**Mia:** And I just want to, we've got a couple comments and questions in the chat, some love for Dreamland. Someone says they devoured it. It was an amazing book I've recommended and shared it with many people. And then we have a question. Could you kindly talk about the rural markets and any long-lasting impacts you may still see now? And maybe part of that may be a separate thought. Are there specific populations that you saw disproportionately impacted?

**Sam:** Well, what began to happen as this state of affairs, a synthetic era of drug illegal drugs was upon us pretty much nationwide, I think by 2019, certainly by early 2020. And then as intensified is that you began to see drugs in areas where they had not been, sold by people, they had not sold them before. And I'll get into each of these and also in potency and prevalence, that was simply beyond any comprehension. So you begin to see, for example, I wrote about three chapters in *The Least of Us* about the town of Clarksburg, West Virginia, a rural semi-rural rust belt town that had really no problems with homelessness until the methamphetamine from Mexico came in. They really had never seen methamphetamine to a real significant degree until then. And all of a sudden, the meth that's coming in is so potent, it's creating issues. I believe it's a major, major driver of the homeless problem and the mental problem of mental illness that we face in this country, because it's everywhere. It's beginning to hit these rural markets. When the Mexicans were making methamphetamine in the nineties, they were using ephedrine as a precursor chemical. The essential chemical was ephedrine. They made a lot of it and they industrialized it, but they could never get enough ephedrine to make so much methamphetamine that they covered. They really couldn't cover more than just parts of the Western United States and never went to the Midwest, never ever was in New England and places like Miami and places like that, the methamphetamine that was in those areas was almost always made by meth cooks who were making minuscule amounts, grams, maybe an ounce or something like that, but you just did not see the supply. And then all that change in Mexico in 2008, talk a lot about this in the book 2008, you have this change. So, they reduce, the government, reduces the amount of Fed, and they allow in to the country imported to its pharmaceutical industry. Mexican traffickers switch to a new way of making for them. It's a new way of making methamphetamine. It's using a chemical called P2P. And the benefit of P2P to the traffickers is that you can make P2P many, many, many different ways always with legal, toxic, very cheap chemicals, and so the government cannot crack down as it did on ephedrine. So now you just get all these chemicals that you can make P2P with and this way or that way. There's dozens of ways of making P2P apparently I'm told by DEA chemists. And what that means is that you can now make more methamphetamine than ever, and you don't have to cut it. You send it up, it as potent as it's ever been. And we're seeing methamphetamine come in with 90% potency. And so, this meth begins to arrive about 2000 11, 12, 13 on the west coast, and then it just marches across the country, and you begin to see it in the Midwest like 2017, 18 up into New England, which never had any meth of any kind. In about 2019, the effect is to a very pronounced way on rural areas. They are getting this methamphetamine that is just devastating and it's not being cut. And Clarksburg was one place where that happened, and I think that that's one of the, then of course you get fentanyl coming in as well, and then the two are mixed, which is something that's also never happened in the history of drug use in America. We have either seen stimulants or then depressants, and that's generally in cycles of 10 to 15 years. Now what you're seeing, the supplies are so vast that they are now being made by the same people, roughly, smuggled by the same people, roughly, and then sold locally by the same people more or less. And so, what you find is these two drugs, so potent fentanyl, so deadly methamphetamine, so mind mangling that it is affecting areas all across the country, but rural areas with their fewer resources and maybe just less prepared have been really hammered hard by it. I would say the fentanyl methamphetamine story has also changed something in terms of different markets. When I wrote *Dreamland*, it struck me that the opioid epidemic was almost entirely a white phenomenon. There was a very serious prominent native communities, but that was about it. It was really a white person's phenomenon, which is very strange, and the whole thing you can talk about for a long time, but with fentanyl, the supply is being so vast and then methamphetamine, all of a sudden you begin to see African-Americans being mightily affected by all this, and so you're seeing Blacks dying at a higher rate than whites for opioids. What it really is though is it's fentanyl that they're dying of, and that's

because the dealers in the African-American community figured out that if you put fentanyl into your cocaine, which is the drug of choice among many Black users in America, what you're then going to see is that person get, first of all, it boosts your cocaine to some degree, but also then eventually they figure out it's going to be this customer enhancement, meaning more and more people get addicted to fentanyl, and when that happens, they become fervent, fervent customers. And unlike with cocaine, maybe if weekend buyers or whatever now they're buying every day. You saw the same thing with methamphetamine, I can say as 37 years as basically a crime reporter. I have never until the last three years or for seen any African American who knew, used, bought, or sold methamphetamine. No, it's complete unknown fact. It was a white person's drug then it became, and LA for sure it became Hispanic. Latino gangs were big into it and still are, but I never saw blacks involved in methamphetamine, and now you see it everywhere. I've got a couple of chapters in the least of us about how that happened. And talk about one guy, the first African American man to die of a fentanyl overdose. Mikey Tanner Jr. in the city of Akron, and he had battled cocaine addiction for 10 years, but he didn't last three or four months when they began mixing fentanyl into the cocaine. And so all of this in rural areas has been devastating. And in the African American community too, I would say it's just absolutely a catastrophe in a way that I was not seeing when I wrote the Dreamland book.

**Brittany:** Yeah, it's interesting just the shifts that are happening, and it feels like it's ever-changing and changing quite quickly in the last few years as you just described. And I feel like you've really set up a really good picture of what it looks like right now in the United States. We've gotten to hear where it started and where you feel like this has been going for years, and then the current state. And with that being said, I know you've spoken with Senate and even earlier speaking with other leaders. I would just want to know if you could tell us a bit more about how you approach changing the culture of care that these people that are suffering now with substance use disorder looks like.

**Sam:** Well, I would say that, I mean, you're talking to a reporter, and so I am biased. I very much believe, as I said, in the enormous power of storytelling. And so that's what I've always, always tried to do, find people, especially people, no one's seen, no one knows people who've never met a reporter before in their lives, that kind of thing. To me, I have to say that that is people telling stories and more and more people telling stories and telling them over and over and over again. That's how we get to simply a different approach or a different ability to deal with the wide addiction epidemic that we have in this country. And you see it. It's happened in remarkable ways. It's unbelievable. I mean, we're talking about, remember I told you I was writing about this in 2012 and 13, nobody knew how to pronounce naloxone back then, right? Nobody. It was very difficult to get people, what is that word? Now? You are seeing a dramatic shift, have seen a dramatic shift in awareness, in willingness to think about new ideas, different ideas, just try things. Some of them have clearly not worked, others may have worked, but the willingness to try new things I think is very, very extraordinarily healthy. But I think a lot of this comes because people are seeing this. The problem is the problem that we have faced is that it kind of twofold, but they're connected. One is, as I said, we have widespread fentanyl and methamphetamine all across this country pretty much effectively nationwide. And these drugs change everything. They just simply change everything about, we thought about drug addiction, drug treatment, drug profits, manufacturers, smuggling. Everything has changed because of these two drugs, and we need to keep that in mind. And they are now nationwide. As I said. I would say that connected to that is the fact that so many places, even though they made enormous strides forward and simply not been able to keep up with just the changes that these two drugs have rigged nationwide. So it may seem like we are still in the dark ages. I don't believe that at all. I think this, we have come enormous distances in a very short time as a country. The problem is that these two drugs pose challenges that we never considered six years ago, eight, 10 years ago. But I do think I keep on with my faith that the only way to keep doing, to really get people to understand what's going on is to keep telling the story. The other problem though, with these two drugs as opposed to the opioid painkiller phase of this whole story is that the opioid painkiller phase created addicts of people who were well-known in their

community. Frequently people knew them when they weren't. I mean, they were football players and they were lacrosse players, they were cops. They were the daughter of the judge or what a pastor's son. And it usually had to do with some injury of some kind, some sporting injury, accident, something like that. On and on you began, you knew people, and then all of a sudden you see 'em, and they were dramatically changed. And it was like, what happened to this guy with fentanyl and methamphetamine in part because of the drugs? And in part because what we have allowed to have happen surrounding the drugs we are seeing, and you see this very graphically, I think in 10 encampments that are around the country, we are seeing a far less appealing sympathetic face of addiction. To me, that's a big part of what's going on now. People who are out of their minds on meth, screaming feces up and down their legs, pimped and beaten and living in these tents, and that is a much more difficult thing for common ordinary Americans to get their minds around than then the face of addiction. It is not just that it was almost all white people. It was middle class white folks back then. And now it may well be that the folks on the street now once were middle class, in fact, I think a lot of them were in fact. But after a few years of being on the street, a couple of years, I would say is the most you're going to last anyway. With fentanyl, it's a life expectancy is two or three years with fentanyl on the street. I'm pretty sure you are seeing a very different spooky, ominous version of addiction in a way that we didn't see as a country say 10 years ago or even maybe six years ago. And it's something for people. People don't have that same sympathy. They view it now, particularly in the idea that we've allowed these tent encampments to spread up. People are very upset all of a sudden, they're like, why are we allowing tent encampments on every off ramp or tent encampments in our parks or forest lands or that kind of thing? And there is less of the sympathy that you, I think we saw with the earlier stage of this epidemic.

**Mia:** So, it is almost as if, although visibility has raised quite a bit, the challenge has gotten a little harder around stigma because initially it was just all of this was sort of happening in the shadows, and now it's not in the shadows anymore. It's right in our face. And that suffering has become so visible, so tangible, so in our faces. And that's a challenge, and I think an opportunity because we have things like the White House Challenge that really centers repairing communities. And so I think as you said, it really, not to put too fine of a point on it, but it's a bit of a plug for our previous episodes because that's really what we aimed to do over this podcast series was tell those stories, whether it was the story of parents who've lost their child or a sister who lost her sister or other people. It's just we've aimed to really tell those stories, both of loss and of recovery. And so I would encourage folks to listen to that. It sounds a little bit like your charge to people if they want to do one thing to make a little dent in this is just to seek out and listen to those stories.

**Sam:** Well, also I think I wrote a story that recently that people might want to read. It's in the free press.com or the fp.com, and it's about the town of Hazard, Kentucky Hazard. Kentucky was the buckle on the opioid build of Eastern Kentucky, which is really a serious part of that. And the only thing that I knew about Hazard Kentucky was the devastation of coal man's leaving and the pills arriving at about more or less the same 10-year period, roughly, let's say. And of course, that left the town just devastated, just devastated, and the whole generation strung out and all that. Well, then I went to speak there last year and I was really expecting to see that. And then when I got there, what I found was a fascinating story of small-town rebirth, and I wrote about it, and people can look, you do a search on my name, hazard, Kentucky and the Free Press or something, it probably popped right

**Mia:** It's in the chat.

**Sam:** Great. Thank you. And that was a story of how at the smallest level, you're finding people coming together and rebuilding their town mostly through the formation of the smallest microscopic businesses,.



small town businesses, locally owned businesses, often owned by recovering addicts, often worked by those folks as well. And it comes from a new approach to municipal development for a lot of towns that have really taken it hard in the last 30, 40 years. And that is, we are not going to make our town appealing for Walmart or some big shopping center. We're going to make our town more appealing for the people who live here and let their energies, entrepreneurial, creative energies begin to ferment and bear fruit. And that was what happened in Hazard. So now you have something, I think it was 43 new businesses in downtown Hazard, 173 new, I think it was 173 new jobs. Okay, so you get business that are formed with two or three employees. That's it really. It's really small. And people will say, well, it's not solving anything. No, it's probably not. But what it is doing is it's solving this small problem at this local level. And from there you get real new ideas, new energies, because people can see that things are possible. Drugs have this horrible, horrible way of telling people, nothing is possible. Don't worry. It's all pointless. Leave it alone. And I think I have come to believe writing Dreamland, then writing the least of us, that this is the best approach, particularly for rural and small town America and Raleigh. I think in neighborhoods everywhere that you focus on the small stuff, not knowing that it's not going to save the world in some virtuous sense. It's going to be more like you're going to make these things happen. You're going to support these businesses, and that is what's happening. There's no big flow of money into Hazard Kentucky. There's no tourism and Hazard Kentucky. It's just local people supporting local businesses and together creating an energy and a solution, one, a solution, not the solution. Very important a solution to part of this problem. I have come to believe that. I come to believe that we focus on big, magic, sexy answers at our great peril. That was the whole opioid epidemic in a nutshell. We wanted to know how could we solve all human pain? The answer was one kind of pill for every single human being. Oh my God, they are not addicted anymore. Oh my God, this's a wonderful thing. Now, to me, these stories are the ones I want to keep telling actually. And the Hazard was the second, the first was in the last chapter in my book, the Least of Us, about the town of Portsmouth, Ohio, which is doing very similar stuff. To me, that is part of how we move forward, particularly areas where they think people think they don't have much and the way of resources and help and talent and all that, right? I don't believe that. I think that once we begin to focus locally and begin to in the smallest steps possible, move on, that is where we come to real energies and community energies and rebuilding community in ways that we have destroyed in the past.

**Brittany:** Well, I think you nailed the head for the last wrapping comments of today's live webinar. I mean, isn't that the picture is that we get a final charge, and I think that's it. Every word it is at our individual level. That's where we can make change. And like you said, it's maybe not the sexiest thing, right? To say, I'm doing this one thing in this one place, but that's the work that matters. And there's small changes that we can take even within ourselves, and it is really evaluating our own bias and so on. Even changing our language, how we talk about these people that are struggling. I mean, there's just so many little things that we can do. So thank you. Thank you for joining us today and for sharing your expertise in this field. It really means a lot. And thank you for everyone for joining this live last podcast episode. Hopefully we'll see you again in another season. Please join us or listen to the previous episodes. You can reach out and let us know at [stigmaodcast@telligen.com](mailto:stigmaodcast@telligen.com). And Sam put his email in the chat if you're welcome to reach out and engage with him as well, his books as well. We'll try to put links to everything, and you'll get this information email afterwards as well. So, thank you all for joining.

**Sam:** Thanks a lot.

**Brittany:** Have a good day.

**Sam:** Thank you. See you guys

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