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OPEN NINTH:
CONVERSATIONS BEYOND THE COURTROOM
FIGHTING THE OPIOID EPIDEMIC -- PART 1
EPISODE 33
OCTOBER 23, 2017
HOSTED BY: FREDERICK J. LAUTEN

1 (Music.)

2 >> Welcome to another episode of "Open Ninth:
3 Conversations Beyond the Courtroom" in the Ninth Judicial
4 Circuit Court of Florida.

5 Now here's your host, Chief Judge Fred Lauten.

6 >> **CHIEF JUDGE LAUTEN:** I'm here with Shannon Robinson,
7 vice president of Medical and Nursing Services at Aspire
8 Health Partners, which is a \$50 million behavioral health
9 enterprise that does prevention, intervention, treatment of
10 individuals for health issues, including substance abuse and
11 mental health issues.

12 And, Shannon, I want to welcome you to "Open Ninth."
13 Thanks for joining us.

14 >> **SHANNON ROBINSON:** Thanks so much for having me
15 today.

16 >> **CHIEF JUDGE LAUTEN:** So tell us a little bit about
17 your background, Shannon. What is your training and
18 experience, and maybe you can tell us how you landed at
19 Aspire, which is sort of the biggest provider of behavioral
20 healthcare treatment here in our region?

21 >> **SHANNON ROBINSON:** That's correct. Aspire Health
22 Partners is the largest behavioral health organization in the
23 Southeast. And, interestingly enough, years ago, I started
24 off in trauma ED, and then relocated to Florida in about
25 2001, and found my passion in high-risk OB.

1 And approximately eight years ago recognized that
2 behavioral health was an area that I had not ventured into.
3 I worked a lot with that with the pregnant and post-partum
4 women and wanted to bridge a gap. So I transitioned into
5 that behavioral health realm, and eight years later, here I
6 am.

7 **>> CHIEF JUDGE LAUTEN:** So when you moved over to
8 Aspire, did you know what subspecialty within that
9 organization you would focus on or did you learn that once
10 you got there?

11 **>> SHANNON ROBINSON:** Um, I knew I would be focusing on
12 substance abuse. I didn't recognize how much, um, overlap
13 you have with substance and mental health. Originally, I
14 came over to bridge that gap for those pregnant and
15 post-partum moms and quickly realized the scope of what we
16 were dealing with was substance abuse and mental health. And
17 this was right about the time of the, um, prescription
18 epidemic.

19 **>> CHIEF JUDGE LAUTEN:** So let's talk a little bit about
20 the prescription epidemic, which has perhaps lead to
21 significant substance addiction in the opioid area.

22 Maybe you can start us at the beginning of the crisis,
23 which was really not so much street-level drugs, but
24 doctors -- you know, probably beneficently prescribing pain
25 medications to their patients, wanting them not to suffer

1 pain.

2 And tell us a little bit about that, you know, the
3 development of this crisis.

4 >> **SHANNON ROBINSON:** So when we started as a medical
5 field recognizing pain as a fifth vital sign, we started
6 focusing on managing pain adequately and appropriately.

7 What I think happened, in the essence of trying to
8 manage pain, um, we begin to overmanage pain. Someone who
9 would have just been given Tylenol may now get an opioid to
10 manage that pain. They may get more opioids over an extended
11 amount of time than what they would have prior to recognizing
12 pain as a fifth vital sign.

13 And I think what we did is we triggered the -- the
14 addiction component of overprescription -- overprescribing
15 opioids in individuals who might not be otherwise suffering
16 from opioid dependence.

17 >> **CHIEF JUDGE LAUTEN:** So if we can use an example,
18 let's say -- I'm about to have knee surgery again in a month.
19 Let's take my knee as an example or a different example.
20 Let's say someone injured in an automobile accident. And
21 just to make it clean, they're not at fault, but they're
22 injured. And let's say they're suffering from significant
23 back pain. So 10, 15 years ago, a doctor might prescribe
24 hydrocodone or OxyContin or some opiate-based painkiller to
25 let this person who's perfectly innocent, not a criminal in

1 any stretch of the imagination, manage the pain that wasn't
2 even their own fault.

3 >> **SHANNON ROBINSON:** Yes. And absolutely. Certainly
4 in acute cases, pain should be managed adequately. That
5 definitely does impact the healing component.

6 In those situations, individuals are generally
7 prescribed a pain medication for a short amount of time, such
8 as post-op pain management. They'll prescribe potentially an
9 opioid with the idea that you take it as directed. And then
10 after a week or so, you would start transitioning to maybe a
11 Tylenol or an NSAID or a Motrin-type of pain relief
12 medication over the counter.

13 What happens is over approximate -- you know, a week, an
14 individual taking pain medication, even as prescribed, will
15 experience a certain degree of physical dependence. Physical
16 dependence means that you've started to develop a tolerance
17 to an opioid. And when you discontinue that opioid abruptly,
18 you will experience some withdrawal syndromes. Opiates --
19 physical dependence is from addiction. The withdraw
20 components are similar, though.

21 >> **CHIEF JUDGE LAUTEN:** So 15 years ago, was it lack of
22 knowledge that led doctors to prescribe beyond a week's worth
23 of pain medication? Was it just we didn't know what was
24 going on or was it doctors trying to please their patients or
25 was there pressure from the patients, if you don't give it to

1 me, I'll go to the doctor next door? Or all of that?

2 >> **SHANNON ROBINSON:** I think it's a little bit of all
3 of it. I think it was done in effort to effectively manage
4 an individual's pain, people who had chronic pain syndromes,
5 people who had terminal pain, people who had serious
6 accidents or major surgical procedures. And what happened is
7 the pendulum swung from one extreme to the other.

8 And I think what we've seen now is we're trying to move
9 that pendulum more kind of in the middle. And what we've
10 done is we've created kind of a rebound effect with heroin.

11 >> **CHIEF JUDGE LAUTEN:** So I don't know how many heroin
12 addicts were -- reached that place because they were being
13 treated for pain management and otherwise wouldn't, kind of,
14 enter a black market in an illicit economy or just went
15 straight to the streets and were, sort of, you know, drug
16 users. I'm not sure where the breakdown is.

17 Are there studies that tell us, sort of, heroin users,
18 how did they get there or not?

19 >> **SHANNON ROBINSON:** Yeah. So 85 percent of all of
20 your individuals who are using heroin started off with a
21 prescription opioid.

22 >> **CHIEF JUDGE LAUTEN:** And it sort of led them down
23 that path?

24 >> **SHANNON ROBINSON:** Yes. Um, certainly some
25 individuals who utilize opioids who don't have an addiction

1 disorder can take their opioids as prescribed, discontinue
2 them, and not experience any type of -- of -- of need to
3 continue to use.

4 Those who are genetically predisposed to addiction
5 disorders may actually experience significant withdraws,
6 significant cravings, and the need to continue to use,
7 despite harm or consequence.

8 >> **CHIEF JUDGE LAUTEN:** So 85 percent, did you say?

9 >> **SHANNON ROBINSON:** 85 percent of all heroin users
10 started off using a prescription opioid.

11 >> **CHIEF JUDGE LAUTEN:** So one of the issues -- issues
12 I've heard is that at some point in time, the attorney
13 general started closing pill mills down, and perhaps one of
14 the unintended consequences of that was that people might
15 have gone to those pill mills as opposed to the streets -- to
16 the kind of criminal element in the streets -- gone to these
17 pill mills to get prescriptions to manage pain.

18 If they're not available and their prescribing physician
19 says that's it, I've got to stop you, because I'm turning you
20 into an addict, that leads people to the streets. Is that a
21 fair description of one of the avenues to the current crisis?

22 >> **SHANNON ROBINSON:** Absolutely. Certainly you have
23 individuals who are utilizing heroin as a replacement that
24 you would have never suspected. Remember, these -- you know,
25 addiction crosses over all socioeconomic backgrounds. It

1 does not discriminate.

2 And individuals who may have been seeking these opioid
3 prescriptions legally through their physician or through
4 their pill mill, with the crackdown, that made it more
5 difficult for them to obtain because these prescriptions are
6 being monitored. They're being monitored through the DEA,
7 through the pharmacy, through the physician. And they're
8 being dinged if it looks like inappropriate prescribing.

9 So what that does is that brings those individuals who
10 are seeking out some of those medications to a significant
11 decrease or halt. And addiction -- anybody who has suffered
12 with opioid addiction understands that it is definitely not a
13 mind-over-matter option. The --

14 >> **CHIEF JUDGE LAUTEN:** So let's talk about that -- that
15 statement for just a moment.

16 So I think a lot of listeners would think, well, you're
17 an addict because you don't have this kind of self-discipline
18 that I had -- have. If I put my mind to it, if I was in your
19 shoes, I could end this addiction through sheer force of
20 will. Are you saying that that's a myth, that that's not
21 true?

22 >> **SHANNON ROBINSON:** That's absolutely a myth. And
23 that is not true in any way, shape, or form.

24 There are few who have the ability to just stop and
25 never -- never, um, go back to it. For the most part, that

1 is not the case. The way addiction works is it absolutely
2 hijacks the rational component of the frontal lobe of the
3 brain. And it hijacks the limbic system, which makes you
4 operate off the capium [ph] part of your brain. Meaning it
5 tells you you must use or die.

6 And certainly anybody who has suffered from opioid
7 withdraw feels like they're going to die. It's pretty much
8 the most awful flu you can ever imagine having. And these
9 individuals definitely do not have that option of just, I can
10 just stop any time.

11 No one wakes up one day and says I'm going to be an
12 addict. That's not the way it works. And it's -- it's
13 definitely a lifestyle where it becomes they don't use to get
14 high, but they use to be able to function and so that they
15 don't get sick.

16 >> **CHIEF JUDGE LAUTEN:** So let's talk about people going
17 into the streets to get drugs, particularly opioid-related
18 substances. You have marijuana, cocaine. But in the opioid
19 family -- so 20 years ago, you go to the street, and you
20 might get heroin. You might get methadone mixed with some
21 other substance.

22 But today, I think, it's different. What -- what does
23 the research and your experience tell you is happening out in
24 the street with respect to --

25 >> **SHANNON ROBINSON:** Well, today what we're getting is

1 not anything of what we were getting even five years ago. In
2 fact, what you used yesterday can kill you today because of
3 what they are mixing the heroin in. And in some cases, it's
4 not heroin at all, it's straight fentanyl. This is
5 incredibly dangerous. It's cut with all kinds of different
6 substances, and you don't know what's in it.

7 >> **CHIEF JUDGE LAUTEN:** So if you would, tell our
8 listeners a little bit about fentanyl and carfentanil, which
9 are the two sort of illicit street components that are either
10 mixed or sold as heroin to opioid addicts, and I think our
11 listeners would benefit if you can tell them what fentanyl
12 and carfentanil is.

13 >> **SHANNON ROBINSON:** So fentanyl and carfentanil is a
14 thousand times stronger than your heroin.

15 >> **CHIEF JUDGE LAUTEN:** And I heard that fentanyl is 50
16 times stronger than morphine, and carfentanil is a thousand
17 times stronger than fentanyl.

18 >> **SHANNON ROBINSON:** Yes.

19 >> **CHIEF JUDGE LAUTEN:** So carfentanil, that's just
20 deadly?

21 >> **SHANNON ROBINSON:** Yes.

22 >> **CHIEF JUDGE LAUTEN:** I also heard that -- as little
23 as three grains of salt worth of carfentanil could kill you?

24 >> **SHANNON ROBINSON:** Yes. In fact, in some of the
25 situations where you have police officers and the K-9s going

1 into homes and houses, they have to be careful. In fact, a
2 lot of the Narcan that's being used is actually being used on
3 your K-9s because of -- if it goes into the air and it's
4 dispersed, it is -- it's deadly.

5 >> **CHIEF JUDGE LAUTEN:** Shannon, I don't know if you
6 know this, but law enforcement and lawyers came to the court
7 and said historically, cocaine prosecution, even heroin
8 prosecution, we bring the drugs into the courthouse, admit
9 them into evidence, pass them around to the jury. And they
10 said today with opioids, if it contains fentanyl or
11 carfentanil --

12 >> **SHANNON ROBINSON:** Right.

13 >> **CHIEF JUDGE LAUTEN:** -- anybody exposed to it could
14 get very sick, if not lethally sick.

15 >> **SHANNON ROBINSON:** That's correct.

16 >> **CHIEF JUDGE LAUTEN:** So we entered an order that
17 before you bring these drugs into the courthouse, now you
18 have to notify the Court. There's a pretrial hearing, and we
19 talk about a substitute way to present the evidence.

20 To the jury, I know -- I think it was Ohio, but I might
21 have the state wrong -- an officer got carfentanil on his
22 uniform and -- and got violently ill, was taken to the
23 hospital to the ER. But on the way there, he was given four
24 shots of Narcan.

25 >> **SHANNON ROBINSON:** Narcan.

1 **>> CHIEF JUDGE LAUTEN:** I know what Narcan is, and you
2 do, but maybe briefly you can tell our listeners what Narcan
3 is.

4 **>> SHANNON ROBINSON:** So Narcan is the emergency
5 antidote for an opioid overdose. And years ago we were able
6 to Narcan an individual who had a suspected overdose. And
7 generally that would be with one dose.

8 With the fentanyl and the carfentanil now, oftentimes
9 we're actually administering multiple doses simply because of
10 the way it attaches to the mu receptors and the opioid
11 receptors. It's significantly more difficult to manage, and
12 those individuals must get to the hospital after a Narcan's
13 been administered.

14 **>> CHIEF JUDGE LAUTEN:** So I know from the heroin task
15 force that most -- not all, but most law enforcement officers
16 in our region now carry Narcan with them. Originally it was
17 in sort of an EpiPen injector. But now I think it's mostly a
18 nasal swab.

19 **>> SHANNON ROBINSON:** That's correct. Most of the
20 emergency responders are able to, um, use the nasal Narcan,
21 which doesn't require the medical training that maybe the Epi
22 or the injectable Narcan does, and it's easily accessible and
23 easily used.

24 **>> CHIEF JUDGE LAUTEN:** And then the deputies in the
25 courtroom here, they all carry Narcan. And I thought I heard

1 recently that, um, a citizen could go to a pharmacy and now
2 basically order Narcan or obtain Narcan if a family member,
3 for example -- if a family member had some sort of opioid
4 addiction and put it in their medicine cabinet, so if, God
5 forbid, if someone lost consciousness, then they could
6 administer.

7 Is that true? Can you get Narcan if you're --

8 >> **SHANNON ROBINSON:** That is true. That is true. The
9 State authorized a state standing order for the pharmacy to
10 be able to administer that under the standing order if an
11 individual did, indeed, think that they needed to have, um, a
12 Narcan available to them. And they come in the kits of two.

13 Certainly that is a huge, huge benefit to individuals
14 who may be dealing with a loved one who has an opioid
15 addiction or even a perfect stranger.

16 >> **CHIEF JUDGE LAUTEN:** So Narcan or naloxone can save
17 someone's life?

18 >> **SHANNON ROBINSON:** Yes, that is true.

19 >> **CHIEF JUDGE LAUTEN:** So let's talk a little bit about
20 treatments for people who are not life threatened, but are
21 addicted to opioids. So what is the sort of treatment
22 protocol used in the medical field today if you're trying
23 to -- to address someone's addiction? What substances or
24 what treatment -- I mean, we're not -- 20 years ago, I know
25 that methadone was the -- sort of the standard treatment for

1 heroin addicts. I'm not sure today what the science holds.

2 >> **SHANNON ROBINSON:** So for opioid dependence,
3 there's -- there's a couple of different treatments. But the
4 most important thing to remember about treatment is that it
5 is a biopsychosocial disease, which means it is not just
6 simply giving someone medication. It requires ongoing,
7 consistent intervention and treatment. It's that individual
8 in counseling component. It is the medical component because
9 oftentimes their medical conditions have been pushed away to
10 the side. It is the medical -- the medication-assisted
11 treatment that's an option.

12 So we have a variety of options; things like methadone,
13 we do have. We have buprenorphine, and we have Vivitrol.
14 And those options allow an individual, based on their needs,
15 based on their history, um, what medication option would best
16 fit their need.

17 >> **CHIEF JUDGE LAUTEN:** So buprenorphine, is that
18 Suboxone?

19 >> **SHANNON ROBINSON:** That is. That is Suboxone.

20 >> **CHIEF JUDGE LAUTEN:** Okay. Tell me a little bit how
21 that works.

22 >> **SHANNON ROBINSON:** So buprenorphine is a partial
23 agonist, which means it occupies the receptor, and it
24 prohibits any other opioids from hitting that receptor.

25 >> **CHIEF JUDGE LAUTEN:** -- from hitting that receptor.

1 >> SHANNON ROBINSON: Exactly.

2 >> CHIEF JUDGE LAUTEN: Is Vivitrol the same thing or
3 different?

4 >> SHANNON ROBINSON: Vivitrol is different. It's an
5 agonist, which means it blocks that receptor. So they can
6 take opioids and they will not -- it will not attach, and
7 they will not obtain a euphoric --

8 >> CHIEF JUDGE LAUTEN: And what about methadone? What
9 does that do?

10 >> SHANNON ROBINSON: Methadone is a full which means
11 there is a component where the opioid -- the methadone
12 attaches to the mu receptor. It is an opioid. And there is
13 the ability to have euphoria effect. The goal is to keep
14 them out of withdraw.

15 >> CHIEF JUDGE LAUTEN: So you meet with someone
16 suffering from an addiction. And you -- you assess them, I
17 guess, and then decide what would be the best protocol for
18 this individual, at least in medicated-assisted treatment,
19 plus counseling plus their medical history.

20 But you would pick which one would be best for this
21 person?

22 >> SHANNON ROBINSON: Absolutely. A comprehensive
23 addiction assessment, as well as mental health assessment
24 would be completed on an individual. Because it's important
25 to identify those underlying causes. And based on that

1 individual's need, history, the length of their addiction
2 that they've been struggling with, they would identify the
3 best medication-assisted treatment that would work for them.

4 >> **CHIEF JUDGE LAUTEN:** So I know Governor Scott
5 declared an opioid addiction a medical emergency in the
6 state, and the president has declared the opioid crisis as an
7 emergency.

8 The governor indicated recently that \$50 million was
9 allocated statewide for treatment. There's a debate about
10 whether that's large enough, and I suspect we need more. But
11 it's better than nothing, certainly.

12 Maybe we can talk a little bit, just so our listeners
13 have an idea, of just how -- how large this crisis is.

14 So one of the statistics I've heard recently is that
15 there are more opioid overdose deaths in the United States
16 than there are deaths resulting from automobile accidents,
17 which is astounding if you think about how many automobiles
18 are on the road, our history of fatal automobile accidents.
19 And now opioid overdose deaths exceed that.

20 And this one I know will surprise our listeners a little
21 bit. And that is that we in Orange County have more opioid
22 overdose deaths this year and last year than homicides. So
23 people are terrified, oh, I could be shot by a stranger.
24 Although the odds of that are really pretty slim. Most
25 murders are -- the people know the aggressor.

1 But today, you -- we have more deaths resulting in our
2 county from this crisis, this opioid addiction, than even
3 from homicides and automobile accidents, which is pretty
4 terrifying.

5 **>> SHANNON ROBINSON:** That's correct. It is terrifying.
6 We are not talking about it -- an opioid crisis. We're
7 actually in the middle of an epidemic.

8 **>> CHIEF JUDGE LAUTEN:** So in America last year, I think
9 maybe -- or 2015, maybe over 20,000 deaths, just in that one
10 year.

11 **>> SHANNON ROBINSON:** Yeah.

12 **>> CHIEF JUDGE LAUTEN:** I don't know if our listeners
13 recently watched the PBS special on Vietnam. But I know,
14 because I was a teenager and subject to the draft in that
15 era, that we had 58,000 deaths of Americans in Vietnam. And
16 all of that response in the millions, really billions of
17 dollars, we spent on that war --

18 **>> SHANNON ROBINSON:** Right.

19 **>> CHIEF JUDGE LAUTEN:** -- in three years, we'll exceed
20 the total number of deaths in Vietnam if we don't get our
21 arms around this crisis and the deaths that are resulting
22 from opiate addiction.

23 What -- what -- you work directly in the field. Where
24 do you see we need resources the most?

25 **>> SHANNON ROBINSON:** Well, with our -- the dollars that

1 came down for the opioid crisis that we addressed, um, those
2 dollars are put into place in effort to make sure that
3 medication-assisted treatment is available for those
4 individuals.

5 What we haven't actually looked at and addressed is that
6 oftentimes with those dollars that supports this type of
7 services, there's all kinds of services that go along with
8 providing the treatment that an individual suffering from
9 opioid or any type of substance-use disorder needs.

10 It's not just a one-size-fits-all. You can't just,
11 again, give someone medication and expect that that's going
12 to take care of their issues. Some of these individuals need
13 in-patient detoxification. Some of them need short-term
14 residential, sober housing, long-term residential.

15 It's very specific to the individual. And of course if
16 that individual has children and they're in the child welfare
17 component, that's also a factor. So ensuring that we're
18 providing not only the initial services, but the wraparound
19 services that's required for these individuals to reintegrate
20 back into the community and be successful.

21 **>> CHIEF JUDGE LAUTEN:** So what percentage of substance
22 abuse addiction -- people who are experiencing substance
23 abuse addiction also have a mental health issue?

24 **>> SHANNON ROBINSON:** I would say 85 to 95 percent of
25 those individuals are co-occurring. It's not just a primary

1 substance-use disorder. Regardless of if it's a primary or
2 secondary, they're still struggling equally, and both of
3 those need to be managed equally.

4 >> **CHIEF JUDGE LAUTEN:** So we applaud the governor
5 allocating \$50 million, and I know people are grateful for
6 that. The other sort of sobering statistic, we're 49th or
7 50th in the United States in per capita expenditure for
8 mental health treatment.

9 So in the co-occurring disorder area, okay, so we have
10 \$50 million to address substance abuse, but we're really
11 grossly underfunded for mental health treatment.

12 >> **SHANNON ROBINSON:** Yes.

13 >> **CHIEF JUDGE LAUTEN:** And somehow we've got to balance
14 those two in a state that has all kinds of needs --
15 transportation needs, education needs, criminal justice
16 needs, mental health funding, behavioral health, and health
17 funding in general.

18 So I know there's lots of demands, but it's dangerous to
19 be the last state in the nation funded for mental health
20 treatment.

21 >> **SHANNON ROBINSON:** It absolutely is. And I think we
22 are bearing the consequence of that. It goes along with pay
23 now or pay later. These individuals, we will take care of
24 one way or the other, as well as the children that are
25 involved and the family members struggling with substance-use

1 disorder. We pay for it in our court systems.

2 >> **CHIEF JUDGE LAUTEN:** So, Shannon, there's a debate
3 about whether we have enough resources that we're pouring
4 into treatment of opioid addiction, and you talked about
5 Vivitrol and you talked about Suboxone and you talked about
6 methadone. You talked about the mental health and counseling
7 aspects, not to mention just traditional how are you -- how
8 is your body doing in terms of traditional health issues.

9 Where are we lacking? If you had -- if you had a magic
10 wand and you could wave it, what resources do you know that
11 you need that we just don't have yet?

12 >> **SHANNON ROBINSON:** I would say overall behavioral
13 health resources. We are the last in the United States, as
14 far as funding for mental health and substance abuse. I
15 think that that's what we are seeing. We are paying for the
16 lack of resources and the lack of funding for individuals
17 suffering from mental health and substance abuse.

18 They are in our jails. They are in our court systems.
19 Their children are in our child welfare system. We are
20 seeing it. We're paying for it.

21 I think we could utilize those dollars much more
22 effectively by putting that money into services to pull those
23 individuals out of the court systems, to put those kids back
24 in the homes and actually provide the services that they need
25 to be successful in the community, to actually reach their

1 maximum capacity and potential.

2 And of course that looks different for all different
3 people.

4 >> **CHIEF JUDGE LAUTEN:** So the debate in our system --
5 my system, the criminal justice system -- and I know this is
6 a struggle for judges who are fairly informed people and want
7 to do the right thing -- is at what point do you incarcerate
8 people who are addicted? At what point do you treat them?

9 And certainly I think -- I don't want to speak for all
10 my colleagues, but I think they feel that if you're a drug
11 dealer, if you're making your living off of selling drugs and
12 avoiding taxes and not being a contributing member, maybe you
13 should be punished.

14 But people who are just addicted to drugs -- and then
15 you get into the whole debate do some people sell some amount
16 of drugs because of their addiction -- need treatment?

17 But that debate is ongoing. It's been going on for a
18 couple decades now. How do we adequately address -- I
19 presume that you're in the treatment end of that debate,
20 and -- rather than the incarceration end?

21 >> **SHANNON ROBINSON:** Absolutely. Absolutely.
22 Individuals suffering from addiction disorders and mental
23 health do not belong in jail. Um, those individuals
24 legitimately need the opportunity and the ability to seek
25 treatment and to maintain treatment.

1 And, you know, individuals, of course, who are making
2 their living and preying on the individuals who are
3 struggling with substance-use disorder, I think there is some
4 judicial component to that. There is some factors to that.

5 But individuals, as a whole, suffering from substance
6 abuse and mental health do not belong in jail.

7 **>> CHIEF JUDGE LAUTEN:** So, Shannon, are we in the midst
8 of -- are we right in the middle of the opioid crisis? Are
9 we experiencing it right at its height? And -- you know,
10 what kind of optimism or pessimism do you have for us getting
11 out of this crisis?

12 **>> SHANNON ROBINSON:** I think we've surpassed the
13 crisis, and we're -- we're reaching the epidemic component of
14 that. And I think that is evident by the fact that we have
15 more overdose -- individuals dying of overdoses than we have
16 individuals dying in motor vehicle accidents.

17 I think the statistics are scary, quite frankly, to
18 consider what we are dealing with. I think we have made a
19 couple steps in the right direction. I think we have a long
20 way to go. I think we have to be more proactive about
21 addressing, treating, providing services for substance abuse
22 and mental health. Again, those two often go hand in hand.

23 And, you know, per -- making sure that these services
24 are available, you know. Like I said, we pay now or we pay
25 later. Because we have to be able to have these individuals

1 have access to services.

2 >> **CHIEF JUDGE LAUTEN:** Well, Shannon, we've talked
3 about this, I think, for a long time. But I want to thank
4 you for taking time out of your busy schedule. And I want to
5 thank you and Aspire Healthcare for working in the behavioral
6 healthcare area and for working with individuals -- many of
7 whom through no fault of their own, they're not necessarily
8 at fault -- have slid into the area of addiction. And thank
9 you for your work in the mental health area.

10 So thanks for taking time out, and it's been a pleasure
11 to talk to you, and I really appreciate all you do for us.

12 >> **SHANNON ROBINSON:** Thanks so much for having me.

13 >> Thank you for listening to "Open Ninth." Stay up to
14 date with everything that is happening in the Ninth Circuit
15 by following us on Facebook, Twitter, and Instagram. Or
16 watch video materials on our Vimeo or YouTube channels. To
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20 (Music.)

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