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Mark Masselli: This is Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, spring is around the corner, the time of the year when the cherry blossoms bloom in Washington and we make our annual trek there to the National Association of Community Health Centers.

Margaret Flinter: Our annual spring time sojourn and when we look forward very much to do some important work, improving the health and well-being of entire communities and really getting a chance to learn from best practices all around the country and share with other people in this important movement.

Mark Masselli: We are dealing with many complex issues underlying poor health. Community Health Centers across the country have increasingly become centers for community support for a variety of social determinants that directly impact health. And our care delivery model which embeds behavioral and dental care within the primary care setting is one that's being replicated outside of the Community Health Center world.

Margaret Flinter: Well as we all know Mark, when you facilitate both the provider care teams' ability and the patients' ability to meet all of their health needs in one setting, we see better outcomes and there is plenty of evidence for that, and part of that integration is about behavioral health and substance abuse and medicine altogether. Certainly one concerning aspect that we deal with now in health care is the rising tide of drug addiction and that is something that our guest today knows quite a bit about.

Mark Masselli: Michael Botticelli is the Director of the Office of National Drug Control Policy at the White House. He is overseeing the President's campaign to battle the opioid epidemic in this country, now the leading cause of accidental deaths in America.

Margaret Flinter: Very important, and looking forward to hearing what the nation's Drug Czar, though I understand he doesn't like that title Mark, but what the nation's Drug Czar has in the way of solutions which is very complicated issue.

Mark Masselli: You know, it's also interesting to note that the normally contentious United States Senate put aside their differences on this issue and passed by 94 to 1, Margaret, the President's Comprehensive Addiction and Recovery Act.

Margaret Flinter: Great to see this show, even if it's rare of bipartisanship. I think it does speak to just how important the issue is to everybody.

Mark Masselli: Lori Robertson also checks in, the Managing Editor of FactCheck.org. She is always on the hunt for misstatements spoken about health policy in the public domain.

Margaret Flinter: And no matter what the topic, you can hear all of our shows by going to www.chcradio.com.

Mark Masselli: And as always, if you have comments, please e-mail us at chcradio@chc1.com, or find us on Facebook or Twitter. We love hearing from you.

Margaret Flinter: We will get to our interview with Michael Botticelli in just a moment.

Mark Masselli: But first, here is our producer Marianne O'Hare with this week's Headline News.

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Marianne O'Hare: I am Marianne O'Hare with these Health Care Headlines. The senate has overwhelmingly passed their version of the President's opioid abuse bill. The bipartisan Comprehensive Addiction and Recovery Act earmarks hundreds of millions of dollars to combat the nation's opioid addiction crisis on a number of fronts. There were almost 50,000 deaths from opioid overdoses in 2014 alone. It's now the leading cause of accidental death in America.

Speaking of addiction, CVS is amping up its anti-smoking campaign. The national pharmacy chain suspended all sales of cigarettes in 2014 and has earmarked another \$50 million to promote smoking cessation partnerships via their thousands of pharmacies across the country. While the nation's smoking rate is down to about 15%, there is still an estimated 450,000 smoking-related deaths each year.

A young woman who had been the first American woman to receive a uterus transplant has suffered organ failure only a few weeks after the surgery. The surgery had been pronounced a success at the Cleveland Clinic where it took place. It's still very much in the experimental stage although one woman in Sweden gave birth after receiving a successful uterus transplant last year.

People taking Metformin, a common Type 2 diabetes medication for several years, may be at heightened risk for Vitamin B12 deficiency and anemia, that according to a new analysis from long-term data. Metformin helps control the amount of sugar or glucose in the blood by reducing how much glucose is

absorbed from food and produced by the liver, and by increasing the body's response to the hormone insulin. Vitamin B12 deficiency may lead to nerve damage which can be severe and irreversible.

And want to avoid heart disease and early death, well leave the office and embrace some me time. Recently released study shows those who worked 75 hours per week or more, doubled their risk for angina, stroke, hypertension and heart attack, and increasingly, in this connected world, it's more impossible to leave the office behind than ever before.

I am Marianne O'Hare with these Health Care Headlines.

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Mark Masselli: We are speaking today with Michael Botticelli, Director of the Office of National Drug Control Policy at the White House where he is coordinating the administration's effort to combat the rising opioid abuse crisis. He joined ONDCP as deputy director in 2012. Mr. Botticelli previously served as the Director of the Bureau of Substance Abuse Services at the Massachusetts Department of Public Health, as well as in leadership roles at the National Association of State Alcohol and Substance Abuse Directors. He earned his B.A. from Siena College and his Masters in Education from St. Lawrence University. Michael, welcome to Conversations on Health Care.

Michael Botticelli: Great. It's good to be here.

Mark Masselli: Hey, you have got some great news out of the Senate. The word bipartisan is surprising to come out of the senate. They just passed the Comprehensive Addiction and Recovery Act. Anything you can tell the public on what's exciting about this that got great bipartisan support in the senate?

Michael Botticelli: Well, the issue of opioid addiction has gotten a tremendous amount of attention in Congress as well as a tremendous amount of bipartisan support. We have worked very effectively with Congress as it relates to this and we are really happy to see they brought bipartisan support of CARA. The bill contains many of the components that we have been working on at the White House, but I will say that we also acknowledge the fact that we need funding and funding as soon as possible to deal with this epidemic. So the President has proposed \$1.1 billion in treatment funding in his FY17 budget and we look forward to working with Congress in terms of more action, but specifically how we can make sure that our states and locals are getting the resources they need to deal with this epidemic.

Margaret Flinter: Well Michael, opioid addiction has exploded across the demographic and economic and geographic wise. Hard to almost even say that drug overdose is now the leading cause of accidental death in this country,

47,000 overdoses reported in 2014, and I am pretty sure the number in 2015 will be higher. So the President appointed you as the nation's Drug Czar last year and really gave you charge to confront the crisis on multiple fronts. Maybe for our listeners, how in your eyes have we gotten to this point and what are the big barriers to moving forward?

Michael Botticelli: This has been such a personal issue for all communities and all people across United States. I am amazed when I talk to people how they have personally known someone who's overdosed, who has gotten addicted, who have gotten a prescription for these pain medications when they haven't wanted them. You ask me how did we get here, and we know that one of the main drivers is the over-prescribing a prescription pain medication in the United States. I think it was a well-intended effort to try to appropriately deal with pain in the United States but the pendulum has swung so far in the other direction that we are prescribing -- this was a 2012 study that showed that we are prescribing enough pain medication to give every adult American 75 pain pills, and these are often given by well-intended prescribers who have little to no training on addiction, little to no training on safe and effective opioid prescribing. And you can look back to the beginning of this and watch the direct correlation between the volume of opioid medications we're prescribing and the number of overdose death. These medications are often mismarketed by the pharmaceutical companies and portrayed as safe and effective and that got communicated to many patients and we are paying the prize for that. We have seen just a dramatic escalation of addiction and overdoses as well as things like neonatal abstinence syndrome, viral hepatitis that have been tracked to the opioid epidemic.

Mark Masselli: You know, we salute Former First Lady Nancy Reagan who kicked off a campaign of Just Say No, and it really did reflect the feeling of the country at that time that this is a matter of choice. And then it seemed to be followed by the stick approach, even small amounts of drug possession, enormous overflowing of our prison systems. Can you help us get an understanding of why Just Say No as well as the punitive criminal approach in the war on drugs has failed and where are we now?

Michael Botticelli: You know, I do think that Former First Lady deserves a tremendous amount of credit, calling attention to the fact that prevention and particularly prevention for youth was a priority. But we have now just a much larger toolbox in terms of knowing what is effective in evidence-based prevention and effective treatment. Our job at ONDCP is to make sure that we are implementing those kinds of programs through our federal grant processes and we have over-relied on those punitive approaches that I think we have learned that those approaches do relatively little in terms of reducing crime, reducing recidivism if we are not dealing with the root cause of why people became incarcerated and that was a result of their addiction. I think we also need to be open and candid that that kind of approach has had a disproportionate impact on

communities of color. So we understand that drug policy reform is also about reforming our criminal justice system, and I hear that echoed back to me by local law enforcement who clearly understand that we can't arrest and incarcerate our way out of this problem.

We have seen law enforcement step to the table in very dramatic ways in terms of reducing overdoses. Law enforcement has a key role to play in keeping our communities safe from drug trafficking organizations and from crime. Arrest and incarceration do little to reduce drug use and crime in our communities, and we have just seen tremendous progress, and again, tremendous consensus, no matter what your political stripe is that that should be our approach to drug policy. So it's I think really heartening to see that we can continue to focus on making sure that we are reserving our law enforcement and punitive responses for those people who do need to be in jail, but we are looking at opportunities to divert people away from the criminal justice system, get them the care and treatment that they need. When you look at the people who do get to treatment, very often it's as a result of their involvement with the criminal justice system. I think it's unfortunate that we have let people get to the point where it's an involvement with the criminal justice system that finally gets them into care or treatment.

Margaret Flinter: I want to try and go upstream couple of steps as I know everyone does around prevention, and you talked about the overprescribing of opioids for pain management. We had CDC Director Tom Frieden on this show not long ago who said providers play a very dangerous game with these highly addictive drugs because you don't know which of your patients will become addicted very quickly. But I wonder if you could talk to us about the approach that you are taking that help reduce the reliance in the medical community on opioid prescriptions for pain management, and also is there a corollary to approaches that you are taking with the pharmaceutical industry?

Michael Botticelli: You know, I think when you look at our drug policy, it stresses a number of different initiatives that we think are important. One, we talked about the importance of primary prevention. The good news is that actually the vast majority of kids in this country don't use drugs or alcohol or tobacco so we want to focus on primary prevention. But we also want to focus on things like screening and brief intervention in primary care settings. You know, I often use my own story as an example. I was a kid who came from a home like many homes that had addiction in it. I started drinking from a very young age and it became problematic over the course of my youth and young adulthood. You know, I don't recall ever being screened or having an early intervention by anyone in the medical community. So we have been calling for things like universal screening and early identification intervention before these problems become very acute. But to the opioid issue specifically, and I am sure Dr. Frieden talked about this that the CDC will soon be releasing what we think are very reasonable prescriber guidelines to really prevent the misuse of these medications to really diminish the over-prescribing of these drugs.

You know, the other piece that we have been focusing on is drug disposal programs. We know that about 70% of people who start misusing prescription pain medications are getting them free from friends and family and they are often diverted from people's medicine cabinets. So we have been working with the drug enforcement administration to support drug disposal programs, to allow people to empty their medicine cabinets of these highly addictive medications. And then the other area that we are focusing on is the use of prescription drug monitoring programs. You know, these are state-run databases that give prescribers information on someone's prescribing history to really minimize the chances that people are going from multiple doctors and multiple pharmacies to get their prescriptions. So we are really trying for a wide variety of efforts to do a better job at preventing drug use from happening in the first place but also really looking at preventing the misuse and addiction associated with these medications.

Mark Masselli: We are speaking today with Michael Botticelli, Director of the Office of National Drug Control Policy at the White House where he is coordinating the administration's effort to combat the rising opioid abuse crisis. You know, you oversee a \$26 billion agency and you have got a number of arrows in your quiver and law enforcement still plays an important role, and just an incredible flow of heroine coming into this country and maybe you could tell our listeners what's being done to interrupt the flow and how's law enforcement piece of the puzzle being directed?

Michael Botticelli: You know, one of the risk factors that go into why someone uses drugs is availability and price and we have seen tremendous amount of success in other areas, particularly tobacco use and alcohol use where we have looked at price and availability as two good public health strategies. One of the reasons why people have been transitioning from prescription drugs to heroine has been the availability and price and purity of heroine in many of our streets. So stopping the supply of drugs that are coming into the United States, working with domestic law enforcement and reducing the availability of these drugs is really important, but what we have also been calling is building partnerships between public health and public safety.

Even our public safety folks know that reducing the supply and availability is only one part of the problem. Our strategy is all about that balance between supply and demand, and with the President's FY17 budget it marks the first time in the history of our office where we actually have balanced funding between supply and demand. So one of the programs that our office funds is called the High Intensity Drug Trafficking Area, funds that are given out at the county level to reduce the flow of trafficking and criminal organizations that move in these drugs. But I am also happy to say that they work hand-in-hand with public health and they understand that we need this kind of comprehensive and 360 degree

approach to this if we are really going to make significant inroads into drug use in the United States.

Margaret Flinter: Well Michael, there is sort of always the big issue about treatment, right, and capacity and availability, but there are patients who really need that, they need an inpatient or residential treatment, and mostly we hear about cuts, reductions, over-demand. What's your take on that and what's being done to increase the capacity to provide the kind of intensive residential treatment for people who really need that in order to make progress in overcoming their addiction?

Michael Botticelli: We have largely treated addiction just kind of in the acute phases and very episodically and we haven't kind of implemented a paradigm of addiction treatment according to chronic disease. First and foremost is the Affordable Care Act. We know one of the main reasons why people don't get treatment is because they can't afford it or because of insurance, and the Affordable Care Act makes substance use disorder treatment one of the 10 essential health benefits. The other one is implementing the Affordable Care Act with parity with other health conditions. So we know that there have been historic inequities in insurance reimbursement in not treating addiction the same way we do with other medical conditions. So implementing parity becomes very important to make sure that insurers are offering these benefits. But even with all those advances we know that there are many, many people who still can't get treatment or can't get specific access to a whole continuum of care and that's why the President proposed over a billion dollars to support, enhance treatment efforts.

And the last area that I will talk about which is particularly important in an opioid epidemic is we have three highly effective medications for the treatment of opioid use disorders and we know when you combine those with other behavioral and recovery support that they do far better than treatment without these medications. So we have spent a lot of time and effort and money ensuring that people have access to those medications. Health and Human Services put out \$100 million to community health centers to support incorporation of addiction treatment and particularly medications into community health centers around the country because we know that sometimes people don't have access to a brick and mortar treatment program but also have access to community health center. We have been working to increase the number of physicians who have gotten training to administer these medications. So we are really moving on a number of fronts to ensure that people have access to a whole continuum of evidence-based care but particularly medication-assisted treatment.

Mark Masselli: We have been speaking today with Michael Botticelli, Director of the Office of Drug Control Policy at the White House. You can learn more about their work by going to www.whitehouse.gov/ondcp, or you can follow them on Twitter at Botticelli44, and if you are dealing with an immediate crisis and need

help please call 180066 for help. Michael, thank you so much for your leadership and your work in this important area and for joining us on Conversations on Health Care today.

Michael Botticelli: Great. It's good to be with you and thanks for the word. Thank you.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori, what have you got for us this week?

Lori Robertson: Well will look at two claims from a recent democratic presidential debate on gun deaths and childhood poverty. First, Hillary Clinton said that on average, 90 people a day are killed by gun violence in our country. It's a claim she has made before and it requires some context. Annual gun deaths do average about 90 people a day but only a third of those are homicides. Most gun deaths are suicides, a violent act but not a crime as some voters may think Clinton's claim is right. According to the most recent figures from the Centers for Disease Control and Prevention, 63% or 21,175 of the 33,636 firearm deaths in 2013 were suicides. Homicides totaled 11,208, and the rest were unintentional discharges, legal intervention or war, and undetermined.

Senator Bernie Sanders also repeated a claim that "We have the highest rate of childhood poverty of almost any major country on earth." His campaign previously told us the senator was referring to a report from the Organization for Economic Cooperation and Development. However, among the 38 countries listed, the US ranked 7th highest in relative childhood poverty. That's behind Turkey, Israel, Mexico, Greece, Romania and Bulgaria. And that's my fact check for this week. I'm Lori Robertson, managing editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, email us at www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. No parent wants to hear their young child's chronic health issues require complex and risky surgery,

but that was exactly the case for three-year-old Mia Gonzalez. Her doctors discovered the cause was a severe aortic abnormality that would eventually kill her without intervention. Dr. Redmond Burke, Head of the Pediatric Cardiovascular Surgery at Nicklaus Children's Hospital in Miami would once have deemed her condition inoperable. So we chose a new tactic, created a 3-D printed model of her actual heart to offer surgeons a chance to map out an approach to the complex surgery.

Dr. Redmond Burke: This was printed out because she was thought to be inoperable, and by having this type of model we were able to conceive of an operation that hadn't been done before, connecting the small veins from her lungs up to her heart.

Mark Masselli: Dr. Burke said he carried the heart around with him for weeks analyzing the problem from every conceivable angle.

Dr. Redmond Burke: Her operation was extremely successful and she is recovering very well in the hospital now and is just about ready to go home, and now her life instead of being measured in terms of days and weeks is going to be measured in terms of years and decades.

Mark Masselli: Dr. Burke said that prior to 3-D printing technology like this, they would have deemed her case too risky to chance. While scientists say creating stem cell generated 3-D printed organs for implementation is still years away, this method of deploying 3-D technology could help surgeons everywhere create workable solutions to complex surgical problems. A 3-D printed model of a patient's organ, offering surgeons a visual tool to help tackle complex surgical dilemmas, leading to better surgical outcomes, now that's a bright idea.

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Margaret Flinter: This is Conversations on Health Care. I am Margaret Flinter.

Mark Masselli: And I'm Mark Masselli, peace and health.

Conversations on Health Care, broadcast from the campus of WESU at Wesleyan University, streaming live at www.wesufm.org and brought to you by the Community Health Center.