Pain in the Nation 2025: The Epidemics of Alcohol, Drug, and Suicide Deaths
Virtual Congressional Briefing & National Webinar

Trust for America's Health

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Live Captioning by Ai-Media

TIM HUGHES:
A good afternoon and welcome to our Congressional briefing, national webinar on the report 'Pain in the Nation 2025: The Epidemics of Alcohol, Drug, and Suicide Deaths' hosted by trust for America's health or TFAH for short.

My name is Tim Hughes, the external relations and outreach manager at TFAH. Would like to thank our speakers and audience for being with us today.

Real-time captioning is provided today by AI-Media.

Next slide, please. For closed captions, click on more at the bottom right of your screen with the three next dots, click on closed captions. Next slide.

ASL interpretation is also being provided today with Becky and Sage as our interpreters today. If you would like to use ASL interpretation, hover your cursor over the interpretation button on the bottom of your Zoom screen.

For today because we are having technical issues, please make sure you select the English to French translation and that will pull up your ASL interpreters.

We encourage all to share your thoughts and questions about today's presentation by typing them in the Q&A box. Will try to answer as many as we can as time permits. To open the Q&A box, click the Q&A icon at the bottom of your screen. From there, select enter when you are ready to submit your question.

Next slide.

And now, it is my pleasure to introduce the moderator of this event, Doctor Tekisha Dwan Everette. Doctor Everett is Executive Vice President. In this role, she works in partnership with TFAH's president and CEO to chart and implement the organizations strategic directions and priorities. Provides counsel on current and emerging policy issues and engages with key organizations, policymakers and other partners to advance policy priorities, to improve public health and promote equity. Doctor Everett, welcome.

TEKISHA DWAN EVERETTE:

Thank you so much, Tim and thank you for everyone for joining us today for this important discussion. I want to welcome you all to this conversation and as mentioned, I am Doctor Tekisha Dwan Everette, executive vice president for trust for America's health.

First, I'd like to thank everyone who has joined us today but also for our esteemed panelists who are taking time today to be part of this event. We are honored to have all of you here and it just as a reminder, you should be able to access the ASL interpretation following the instructions that my colleague Tim provided, as well as information that's going to be included in the chat.

Our agenda for today is on the slide that you are seeing right now and after representations, we will have time for discussions and questions from the audience. So, I hope that you will actively listen and be prepared with your questions.

Before we go into our panel, want to take a few minutes to give a brief recap of our 2025 painting the inanition report. A copy of the full report is available at www.tfah.org.

We hope for this briefing you will be able to leave with a better listing of conference policies and programs that help address the underlying causes of the crisis that are in the report that will also help it heal and help heal individuals, and build more resilient communities.

Next slide. In 2017, TFAH pecan the heat in the nation report there is to bring attention to the alcohol drug, suicide in the United States. To highly effective policies. The data shows the combined rate of alcohol, drugs and suicide death was down nationally in 2023 for the second straight year, after decades of increasing numbers of deaths.

In 2023, 47,000 Americans died of alcohol induced causes. The overall alcohol mortality rate decreased by 7% from 2022 to 2023, this decrease was a 6% reduction from the prior year and cause nearly all geographic groups. It's important to note that this unfortunately still impacts some groups was alcohol induced death rates in 2023 were highest among American 80 and an Alaska native people, adults between the ages of 55 and 64, as well as adults aged 35 to 54 and males.

The overall suicide mortality rate remain virtually identical from 2022 to 2023 and for roughly 40 deaths per hundred thousand people reflexively. In 2023, 200,000 Americans died of suicide. The rates in 2023 were highest among American Indians and Alaskan people and males, and adults aged 65 (?) and older is important to know that over 200,000 Americans die due to alcohol, drugs and suicide in 2023 which is the twice the rates of such deaths 20 years ago. Ultimately, we need to do better in ensuring that all communities have the resources needed to prevent these tragic deaths.

Our 2025 report includes the special feature of the progress related to drug overdose death. After precipitous increases in the rate of drug overdose deaths in 2020 and 2021, the 2022 overall overdose mortality rate was virtually unchanged and the 2023 mortality rate was down by 4%.

In May of this year, the CDC released provisional data for 2024 showing an unprecedented 27% decrease in drug overdose deaths, as compared to 2023. The predicted decrease translates to an average 81 lives saved daily.

Next slide. Recent reductions in drug overdose deaths are encouraging but not universal to all communities. White people experience a statistically significant decrease in drug overdose

deaths but other racial and ethnic population groups had not significant changes or increases. Drug overdose death rates in 2023 were highest among American Indian, Alaska native people, adults between the ages of 35 to 54, and black Americans and males.

Our next slide is going to show the progress that we've made in the prevention of drug overdose death that is due in part to investments in public health, including translating data, access to mental health support, crisis intervention services and overdose prevention policies.

I think we should be on our next slide. 80% of CDC's budget goes directly to states and other jurisdictions to support local prevention programs and this is a really important point. To maintain the progress we've seen as a relates to these crises, we need to ensure that all, that we reach all communities, that our programs and activities are able to reach and grow to all communities and we need to multiply these programs and not reduce them.

Proposed budget cuts across the Department of Health and Human Services also known as HHS will have a direct impact on prevention programs in local communities.

Next slide. The recently announced restructuring of HHS includes cuts to public health funding, in addition to layoffs of the federal public workforce – they all threaten our advancements that we see the data. The fiscal year 2026 urgent request for HHS proposed a significant budget cuts and programming restructuring in the land with the initiations restructuring of the agency. The restructuring would consolidate several HHS agencies, including some programs from them substance abuse and mental health services and ministration known as SAMHSA and the new nutrition for healthy America, AHA.

The reduced budget by 1 billion dollars in eliminating the CDC's National Center for injury, prevention and control known as the injury center, shifting some of the injuries in the program in them AHA and cutting funding for these programs by the roughly $200 million.

In a few minutes, you will hear from our speakers who will provide additional insights and details on these actions and their current and potential impact. But I want to ship for a second into policy recommendations and how we can take some next steps.

Next slide. The next step to ensure sustained progress by restoring and continuing the important strategies, policies and programs that have been built upon over decades and and that recent improvements we've seen and continuously look for areas of improvement is where we are going to shift the conversation to now.

The recommendations for policymakers within their report represents TFAH's research on the programs, and investments that is needed to improve the patient's behavioral outcomes. First, we must protect investments and preventions and conditions that promote health. This means protecting investments and injury and violence prevention and restoring and maintaining the workforce dedicated to these efforts must be a priority.

Additionally, support in policies and programs that reduce adverse childhood experiences and the impact of trauma and that promotes positive childhood experience is a very important. As well as expanding funding for suicide prevention efforts.

Second, we need to reduce overdose risk and access to lethal means of suicide. This means supporting overdose prevention programs such as at the CDC's overdosing data to action program. Additionally tracking emerging trends to inform local state strategies and has all the

continual for crisis intervention services, including the 988 service and crisis lifeline.

Lastly, we must transform the mental health prevention system. This translates to ensuring the prevention, treatment and recovery workforce is bolstered and increasing access to the behavioral health services that reauthorize the patient to communities and.

Overall, we need to focus on the underlying drive on use in early intervention and prevention policies. Current and proposed budget decisions and cuts to prevention programs will diminish current progress and ultimately, cost us many lives.

Now, we've shared this overview of the report and the data and trends, as well as initial policy recommendations. And relates that the transition us to our esteemed panel. I want to remind you that we will have questions at the end of this panel and we want to make sure that you space questions in the Q&A box. You can use that not the chat we will make sure we answer as many questions as we possibly can.

I'm so pleased to welcome our panel and provide these brief introductions. Regina LaBelle is a distinguished scholar and director of the Center on Addiction Policy at the O'Neill Institute for national and global health law at the Georgetown University Law Center. She is also a member of the faculty at Georgetown's arts and sciences where she directs the master of science in addiction policy and practice program, a program that she founded in 2021. She serves on the national advisory Council on drug abuse at the National Institutes of Health.

After we hear from Regina LaBelle, we will then hear from Christina Mullins who is they Deputy Cabinet Secretary for Mental Health and Substance Use Disorder at West Virginia Department of health and human resources. In her 25 year tenure in the government, she's worked to establish West Virginia's youth and anti-tobacco campaign collided with a multitude of partners to launch a system for neonatal accident syndrome, co-authored into - 2016 Congress for opioid epidemic in January 2023. West Virginia overdose fatality analysis and offered testimony,

we would they hear from Sharon Gilmartin who is the Executive Director essay stays alive, a nonprofit organization dedicated to strengthening the practice of injury and violence prevention. With over two decades of experience in leadership, advocacy and policy and coalition building, sharing guys to alliance is state efforts in preventing injury, violence and promoting community safety. I think you can all agree that we have a well knowledgeable, well accomplished and well esteemed panel to have this discussion today.

It is now my honor to welcome Regina LaBelle from Georgetown University.

REGINA LABELLE:
Things very much, Doctor Everette and thank you so much for having us here today to talk about all of these important issues. Next slide, please. Next slide.

I have no conflict of interest to disclose but I think it's important to note that I served in the Biden and Obama administrations. I was in the (indiscernible) in 2021 and in the Obama administration, I served at the office of drug control policy for the entirety of the ministration. So, I really come to this from that perspective, from the federal lens and what I want to talk about today is, I'm going to do a bit of a deeper dive into some of the data that Doctor Everette talked about and also go over the structural changes that have been proposed, some of the data challenges, as well as the budgetary and personnel issues.

This is a moving picture and so, even, you know, some of that is changing even though I did these slides last week. So, I will try to update it as I go along.

Next slide, please. As Doctor Everette said, it's interesting to note the overdose deaths. I mean, we are still not in the next slide, I will show we are at less than hundred thousand but I still remember being in the Obama administration in 2010 when we were at about 20,000 overdoses still, that is before fentanyl and it was still at that point – at that point it was mostly driven by prescription opioids and it was, we knew it was a nationally urgent issue but it's taken us a long time to get to the problem we are in now and it's going to take us a while to get out of it as well.

You can see that overdose and death rates have gone down west of Mississippi, that's really where manufactured fentanyl showed up first and a little bit slower of a slow down west of the Mississippi where fentanyl was leader. But also as was noted, American Indian and Alaska native populations have higher risk of overdose deaths and we've done a little bit of data collection to see that overdose deaths also among black Americans are not universally down. In many states, there up while white overdose deaths have gone down.

Next slide, please. We are at about 82,000 deaths as of, we have almost a year lag come about 10 month lag.

Next slide, please. I will go over the structural changes first and I will go over what is proposing what has happened. In the next slide you will see, this was the federal budget that was sent, the president's budget that was sent to Hill. For 2026.

Congress is considering this and now the end of the fiscal year as October 1. This is where the administration for healthy America comes in. So, basically all of these agencies will be combining the ideas to combine them all in the ministration for healthy America. Again, this is a proposed budget, we don't know at this time whether or not Congress will include this change in the budget.

Next slide, please. I think it's also very important to note the changes of the reorganization that is being proposed to the National Institutes of Health. And the ones that affect substance use the most is – are the three on the left, so there is the national Institute on alcohol abuse and alcoholism, national Institute on drug abuse and National Institute of Mental Health. The idea to be proposes to combine all three of them and I will go over the impact of that on the fiscal health of these agencies in a bit.

Next slide, please. The other thing that I think is really important is to note that the national Center of health statistics is in – right now is in the Centers for Disease Control and Prevention. Need to live the, they released the data on overdose deaths and mortality data etc. It is a, it has been separated from politics and that's kind of there, you know, the whole point of this is that the data that they collect, the data that they release our clean data that are devoid of politics.

My concern about this is that they are proposing to move the national Center for health statistics to HHS's office of strategy – which would come directly under the Secretary. So, there is some concern about that but again, that's been proposed and Congress has to decide.

Next slide, please. Now, will go over the budgetary and personnel changes. Next slide, please. So, about $1 billion has been clawed back, just a billion, it's 11 billion in total – clawed back from the states in litigation. We know the national Institute on drug abuse grants have slowed

and there have been a number of National Institutes of Health grants that have been terminated. Again, terminated or slowed, much of this again is in litigation.

Next slide, please. I was a fed and I also worked at the state level, been a public employee in my career for over 20 years and have a great deal of respect for the work of public employees and their and their dedication to the mission. Unfortunately, we lost about 20,000 HHS employees due to early retirement or reductions in force. 10% of SAMHSA have been terminated and 2400 have lost their jobs at the CDC but some of these are reinstated or the positions are opening up because it was done really quickly and there wasn't a lot of thought done on who was going to do the work.

One of the changes that that is significant for data is that the entire stuff that administers and oversees the national survey on drug use and health was terminated.

Next slide, please. I'm going to get into some of the proposed budget changes. Programs of regional and national significance which are a number of grants that are, other than the block grants have been proposed for elimination. The stop act is important because it's the only specific screen for underage alcohol use prevention and there are a number of other grants that have been around for a long time, for first responder training – Noloxone, those are all proposed rumination by the ministration.

I will go over the Medicaid stuff. I norm short on time but Medicaid cuts are really significant also. Because that are being proposed in the FY26 budget would affect as was said if you combine for three blog grants, state opioid response grant, the SUPTRS law grants and the mental health block grant is reduced by about $5 million. The importance of illicit substance use prevention, treatment and recovery Kent – if a person is treatment that pays for that is also the number one funder for prevention services for substance use disorder for the state.

So, any reduction, first of all, those grants have not kept pace with inflation which is important to note and secondly, any reduction in that company by the Medicaid grants will have a serious impact on state's ability to address overdose deaths and substance use in general.

So, again, the idea is to combine these grants and that takes their research grants. This would be about a 30.1% budget cut overall.

Next slide, please. Finally, will end with this, the reconciliation act, the one big beautiful bill included what you probably heard about, the community engagement requirement. So, I can be volunteer work or work requirement. It also includes a couple of exceptions for someone who is in treatment and this is how it's defined, have it on the slide. And also, there is an exception for people who are medically frail, that includes someone with a substance use disorder.

Now, states have to begin administrating this next, they are supposed to start next December. A rule is going to be introduced by HHS in June of next year telling states how to interpret these exceptions to the medical requirements, the worker requirements and no one is saying that people shouldn't work, people should work. It's just there are a lot of questions about how it will be implemented, how does it affect people in the reentry population who we know have higher rates of unemployment? And also, importantly, very high rates of overdose.

So, next slide, please. So, with that, I will turn it back and I look forward to hearing any questions you may have. Thanks.

TEKISHA DWAN EVERETTE:
Think you so much for that wonderful presentation.

Well, now we will next hear from Christina Mullins from West Virginia's Department of Health and Human Services. Welcome to the virtual podium and you can take the microphone.

CRISTINA MULLINS:
Thank you. Next slide, please. And let's going to the next one.

So, one of the things to know about West Virginia is that we have experience the highest rate of overdose deaths in the nation and our rate in 2021 was at 90.9 per hundred thousand people. In response to the epidemic about 10 years ago we started monitoring in number of other persons that West Virginia invested in and we wanted to monitor better state funds and how they impacted evidence-based practices.

So, I'm sorry, gotten turned around. The EMS responses to suspected overdoses steadily increase until 2021. The number of infants diagnosed with neonatal Epson syndrome continue to rise through 2020 and the number of children in foster care reached an all-time high in 2019.

Next slide, please. So, in response to the rising numbers, we laid out a plan to invest our federal dollars, our state dollars and our settlement dollars towards evidence-based practices and some of those efforts included establishing a cross agency data system to evaluate emerging trends. This was supported by our overdose to action grant. We increased access to medications for opioid use disorder through early adoption of the Medicaid 1115 waiver and we implemented a hub and spoke model and requirements for state-funded treatment providers to offer moud. We also expanded access to residential treatment services increasing our capacity from hundred 97 beds to over 1800.

There's probably some evidence to suggest that we have more beds than perhaps are needed at this time but we are continuing to monitor that and if you will, we will allow nature to take its course there.

Next slide, please. We also encourage integrated care and community mental health centers, free clinics and federally qualified health centers. We have investment towards it integrated treatment programs for mothers and infants. We also increased NALOXONE from 3879 kits.

Next slide, please. And we also expanded certified recovery has a, P recovery coaching, digital recovery supports and (indiscernible) community mural projects and education programs for clinicians and media professionals. We increase investments of community-based prevention initiatives. In 2023, Governor Morrissey, our former Attorney General established the West Virginia first foundation is a private, nonprofit organization to manage and distribute opioid settlement funds.

In case you didn't know, West Virginia did its own lawsuits. So, we have about, we are approaching about $1 billion or little cluster of mind that will be able to be invested and addressing substance use disorders into the future.

Next slide, please. Before I talk about these results, it's important to me that for distribution, I get asked this question a lot while we been able to experience such good results is because we put out 90,000 kits of naloxone in the last three years and it may be part of that. And yes, I may also be imparted a return to her baseline of where we were before the pandemic but I also believe

these results reflect maturity of the investments we made in evidence-based programming. Earlier, 10 years ago, when we were starting those investments.

So, what we are starting to see now, remember at the beginning of my presentation, I talked about the different sectors that were impacted by the substance use disorder epidemic. So, no, we are seeing overdose deaths fall below pre-pandemic levels with a recent decline of 41.6%. The number of children removed due to caregiver substance use disorder decreased by 38.7% from 2017 to 2024. The EMS responses to suspected overdoses has declined by 39.7% between 2021 and 2024. And if he is diagnosed with neonatal abstinence syndrome dropped by 44.2% from 2022 - 2023.

We are seeing responses across the different sectors which is important to acknowledge because you begin to see goes beyond the distribution and supports the fact that treatment does work when individuals engage in treatment.

Next slide, please. But West Virginia is not finished. We can't afford a victory lap. It is likely we lead the nation in a number of overdose deaths. So, we plan to continue our partnership with Governor Morrissey and the West Virginia first foundation to build on successful efforts. We want to strengthen and continue the care support treatment success, including absence from substance use, workforce participation in stable housing. We want to use the data to identify effective programs and eliminate those that are not delivering the results. We really have to be able to maximize the funds that we will have available to us and that means investing wisely in programs that work.

Next slide, please. Finally, want to in knowledge at the dedication in the really hard work of our partners. It's not just been the state government of West Virginia. It's been universities, colleges, community members, boots on the ground, first responders, so many different sectors have helped address this but I also want to address the families that have been deeply affected by this epidemic. The you are the reason we do this and it's really important work. So, thank you so much.

TEKISHA DWAN EVERETTE:
Thank you so much Christina for sharing how the prevention centers can really have a impact on the crisis that we are highlighting today of this webinar. Thank you so much.

Finally, we will hear from Sharon Gilmartin from the Safe States Alliance and as a reminder, we are going to pay 50 2Q and a and have questions for panels right after this. So, if you have questions elect as the panel, please place them in the Q&A feature, not the chats but the Q&A featuring we get as many of those as we can.

Sharon, take it away.

SHARON GILMARTIN:
Good afternoon, everyone. It's great to see so many of you here today. I am Sharon Gilmartin. I'm the Executive Director of the C states alliance and for those who are familiar with her work, safe states is a nonprofit association dedicated to... Prevention, so all within our focus.

If you are hearing anything from our fellow presenters and their presentations, I hope your hearing both hope and concern. The progress we've made in preventing overdoses is a very real. It's measurable, then encouraging but the reality is that it's also incredibly fragile with the systems that support this progress are under threat.

Fixed to public health efforts, we have saved an estimated 81 was a day from over docent that is truly extraordinary! But the fact remains that more than 80,000 people still die from overdoses last year, suicide claimed nearly 50,000 more lives and alcohol-related deaths are climbing. So, we are, we're facing a moment of both hope and concern we need to focus on is protecting the systems that are making progress possible so, I will focus on one element of the system today.

I want to be really clear and this was underscored by my fellow presenters that her progress is due to the sustained investments in coronations across multiple federal, state and local partners were all working tirelessly together to protect our communities.

So, one of the federal partners it isn't the CDC's National Center for injury prevention and control which we will call it the injury center because that is a mouthful. For over 30 years, it was solely dedicated to preventing injuries and violence in one of its most essential programs is OD2A which you've heard Christina sure about in West Virginia. As backdrop for that particular program, it supports 49 states, 40 local jurisdictions and Washington, D.C. with $280 million in funding to track and respond to overdose threats in real time. With these funds allow communities to do is to really help us with real-time collect, analyze and analyze data in real time and so that's mopping overdose hotspots, fatality reviews, practices, deploying peer recovery specialist that is really the idea that it enables coordinated, timely and local action.

But it is more than just a grants program. What I continue to reference it is in the data backbones of the entire national overdose response. So, we've heard a number of other federal agencies named here and those agencies alike SAHMSA DOJ all rely on data for resources identified in threats and effectiveness.

The data doesn't just tell us how many people are done, they say where it's at risk, where help is needed, where and how crises are merging and what can be done to intervene early. What we've learned from years of public health response is that saving lives at that scale requires position, speed and coordination, and I can only happen we have access to that real time and trusted data and the expertise to interpret it.

So, we really cannot have a effective overdose response without the injury center and without things like OD2A.

We been really proud to lead advocacy for ongoing federal supports for investments and supporters for the keep America safe coalition which we want in response to mounting threats to the CDC injury center funding beginning last year.

The coalition south brings diverse partners from mental health, advocates organizations because we all share that common understanding that cutting federal funding for overdose and other important outcomes is not just a policy decision, to public health decisions that affects lives really real way.

Unfortunately, today, our morning bells are brought are bringing just is not if not louder and there are two key issues that we are elevating.

So, the first is this year's current fiscal years dollars. The FY 25 funding is in limbo and what's going on is typically, when Congress passes a continuing resolution, agencies like CDC and SAHMSA receive operating budgets to fund programs. This year, the process is looking really different again go so far as to say that is broken.

This year, the office of management and (indiscernible) have not released the budget for FY 25. Some agencies are receiving funding in 30 day increments with other full application of that which means they cannot commit to full OD2A reports and quite friendly don't have the money in their accounts yet.

This has real consequences. This time they are slated to recei (indiscernible) funding. There's also concerned that the funds will be clawed back for the fiscal year which is a important efficacy ve opportunity because we are all needing to reach out to offices, and other elected officials to press (unknown term) for releasing of the 2025 funds.

So, issue number one is OD2A first CDC funding is not guaranteed for FY 25. Second, Doctor Everette references earlier that in the FY 26 budget, there was a lot of changes proposed which of the complete illumination of the CDC injuried center altogether -- elimination. They mentioned earlier for the administration for healthy America does not preserve OD2A or several programs in their current form. We know the health center has to work on their buildings, the Senate has a scheduled for Thursday and what happens next will determine whether this might survive.

If these cuts are enacted, the consequences will be pretty swift and severe. We're going to have pretty quick loss and access to real-time data. We're going to see overdose prevention staff laid off or reassigned and we are going to see that our state and local health department to been running these critical efforts will be forced to scale back or stop the important work that they built up over the last decade, and we will lose the ability to track whether our efforts are working at all for prevention.

I think we can go to the last slide here. When I was a is eliminating the center now when we are finally seeing these necessary impressive declines in overdose deaths would be shortsighted, dangerous, demoralizing to the public health workforce and I think we can just wrap up with this. We know what works. We know what communities need and we know that sustained and coordinated investments, not because it is the only path forward.

Just to remind people that it is important.

TEKISHA DWAN EVERETTE:
Thank you so much, Sharon and I wanted to say that this now concludes our panel presentation and we will moved opening up for questions and answers and as a reminder, you can submit your questions in the Q&A panel and you can type your questions and we can direct them to all of the panelist or to a specific panelist.

And to help ensure that we are following your questions that are in the Q&A panel, I am excited to be joined by my colleague Lauren battle, government relations manager at TFAH who will again help me in moderating this Q&A.

I will turn it now to, actually, moderator privilege, I will ask the first question just to give Lauren a bit of time to make sure we have questions in there for everybody.

I think I will start with Regina and ask Regina question about following on this last part about the FY 26 budget request and the fiscal year 2026 president's budget requires, proposes as we mentioned shifting SAHMSA several programs in the injury center and many things in AHA and we've heard you talk about this a little bit. We heard Sharon's mention a couple of these changes and the impact.

How do you anticipate this potential shift to AHA will impact the substance misuse and overdose prevention efforts led by these agencies and centers, and ultimately, the effect on interventions already that work within states like we've heard from Christina and other communities.

REGINA LABELLE:
Thanks for the question. I know that everybody agrees we all want a healthy America but the question is: what is the strategy? So, I am not sure at this time what the strategy is. Like, my big concern is undermining an already fragile addiction infrastructure and you heard from Christina how long it has taken to develop this and as I said, you know, I started… Before that, I was in Seattle and we had our own issues with substance use but when I went into the administration, I mean we hide, we had a new guy approach to addiction treatment. There was not a whole lot of evidence a lot of times. It was just based on, "I knew a guy who got better this way," and so the rigor and a lot of the size and the research didn't really translate into policy. And we are seeing that.

So, I'm less concerned about what the structure is very, very concerned about who we are losing, who we've lost and the funding losses that could really undermine this fragile addiction infrastructure we've been developing.

TEKISHA DWAN EVERETTE:
Think you so much for that, Regina, really great way of relief saying, "We already in a fragile state and we don't need to cause any more harm to what's already fragile," we really need to build up so we can maximize on these opportunities that have been successful and, you know, work.

Lauren, I will try to teach to see what audience questions we have now.

LAUREN BATTLE:
Thank you so much. I will start with the first question we received from the audience and I thing this the question that either Professor Labelle or any of our panelists could speak to but one of our attendees asked, "Does the drop in overdose deaths inversely correlated with the spread of Naloxone availability to community members?"

REGINA LABELLE:
Of happy to take this. Certainly the substance abuse and mental health demonstration had a big effort a few years ago to have estates develop Naloxone saturation strategies, so basically, how do you get it where you needed the most? And then, we started this along with a real issue, we worked really closely with law enforcement to get them to carry and now - carry Naloxone, anything that something less to do with it the reduction in overdose deaths but again, we can't stop it reduction overdose deaths, after people overdose we need to help them and get them services and I know that it is a clean metric but it's not the only metric.

So, the answer the question is yes, I think that Naloxone saturation to community members has a lot to do but it's not the only thing is the only tool.

SHARON GILMARTIN:
I would completely agree with that and I think I would add, you know, in addition to Naloxone, the systems that are supporting substance use disorders and overdose more broadly have also been maturing and evolving. So, you know, we talked about the data collection but this is a real-time granular surveillance system. There are now overdose alert systems, select forensic

psychology movements, which really enables at that detection of spikes, threats.

The CDC has a fabulous lab capacity that lets you identify when any drugs are coming into the drug supply because that has a completely type, once you know to test for a certain drug, if you have a fentanyl analog and you respond and test for it in your state and you can treat the that any differently than you would treat a heroin overdose. So, those systems have been helpful to help us respond.

There's also capacity building where the departments trend (indiscernible) and I think it's a great example in West Virginia boasting this across the country. We have Arizona redesigning dashboards, Illinois response teams, Kentucky has drug testing expansion and that leaves two targeted prevention support at harm reduction in overall improvements to overdose rates broadly. So, it's Naloxone in a broader context.

LAUREN BATTLE:
Thank you all so much for those responses. I will move onto another question from the audience. I will start with this one. "How much of the reduction in overdose death is due to a reduction in opioid fatalities?" I think this is something you can all definitely speak to, Deputy Secretary Mullins, I think it might be (indiscernible) in West Virginia specifically in regards to the impact of reduction in opioid fatalities.
CRISTINA MULLINS:
In West Virginia we are seeing a significant reduction in overdose fatalities. It is a polysubstance event typically when we have an overdose death. So, yes, opioids still represents a significant portion but it's definitely declining and calming down. As is proportionally all of the categories come I think that's also important to note for us there so much reduction but opioids is definitely falling at the highest rate.

LAUREN BATTLE:
thank you so much for that response. I will move onto another question that we received. To each of our panelists, whoever would like to speak to this first, based on your experience for federal funds, where should local communities commit the most of their settlement funds for the greatest impact? Prevention, treatment, harm reduction, recovery,… Everything in between. It would be great to hear your insight.

CRISTINA MULLINS:
I will go first on that one and I would advocate that when working with your state government agencies, to understand the gaps. Prevention I would say is one of the categories in West Virginia that I think is also probably of him across the nation is underfunded so, I'm a big advocate for prevention dollars but as we see shifts in availability or how federal funds are used, I think that working closely with the state agencies to understand potential gaps and being able to be nimble and filling those gaps is going to be really important as we move forward.

REGINA LABELLE:
The only thing I would like to add is issued be a lot of choice at the table the people who shows up at the meeting, has to be look at the gaps and all of these states will be different in that because every state is in a different aspect of the opioid overdose epidemic.

SHARON GILMARTIN:
It is hard to really focus on one specific thing because the reality is we need the full spectrum of services, we need the prevention all the way to treatment and recovery, to really address these issues. So, it sounds a little trite to say but we have to be able to allocate resources across that

entire spectrum.

TEKISHA DWAN EVERETTE:
I'm just going to pick up there on a question for you, Sharon, the point about being able to have programs and an approach that is across everything, could you just highlight – because sometimes is a bit of confusion about the distinct roles that the injury Center please versus SAHMSA.

So, could you speak a little bit about the difference between SAHMSA and the injury Center and how the efforts complement SAHMSA programs? I think it's good to eat deeper on.

SHARON GILMARTIN:
I'm so glad you asked that because this is something we've heard from congressional representatives that why do we need both? It is duplicative, why don't we just have one agency focused?

So, CDCs focus is on prevention, and stopping problems where they start. That's where that data piece comes in and then implement the strategies that have the highest likelihood of producing (indiscernible) in the first place.

On the other hand, SAHMSA is primarily focused on treatment and recovery. So, ensuring that once individuals are already struggling with substance abuse or mental health addictions, they have access to the services and supports they need to heal and rebuild their lives. So, SAHMSA programs and services and workforce development, it's all there for people who need it most. The reality is CDC and SAHMSA work hand-in-hand and that multiplies… We have prevention strategies, reducing the number of people entering crisis and then, SAHMSA's treatment and recovery programs providing a safe haven for those already infected and to the point really are, that's really that full continuum of care from prevention all the way to support and recovery.

TEKISHA DWAN EVERETTE:
Amazing the stop that you so much for that.

So, we are, as always, we have rich conversations and is so good but we are limited on time. We are almost at the top of the hour so I only have time for one more question in the kind of blend this in and I will ask to people to support two different questions in five or less minutes we have or actually, I will try to ask all of you one question and see… I'm sneaking two and we will see how it goes.

There's been a few questions in the Q&A asking saying they love the information that's for sure today, that each of you have lost that each of you have offered a amazing perspective but what do the folx listening to about it? Or what are the next steps there? For anyone of the three of you who have participated so far, we know there are policy recommendations in our TFAH elimination report for people to read and do something with those but would you say in your capacity – one or two things that people could do with this information you shared today.

SHARON GILMARTIN:
I am happy to kick us off. The number one thing you could do is reach out to your elected officials. Even if you serve in governmental public health, we know that people feel there are limitations on the ability to speak up, you are a citizen of this country and you have every right to share the impacts in your communities. You also have the right to share the work that you do

and concerns that you might have. I will put in the chat, we have a link on the keep America safe website that connects you with this state officials, there is also intimacy don't have to hunt and for what the email addresses are. People don't want to hear a talking head like me saying, "Here's the national impact" They want to hear about your community and personal experience. He doesn't have to be fancy and polished but the more that they hear from you, the more that they understand that it is a concern of their constituents.

CRISTINA MULLINS:
I would echo that and we need to share her stories. We need to share successes. We need to share the impact we are having in communities and I would argue, it goes beyond just sharing with our policymakers too. It's our community members so that they understand the work that we are trying to do and why it's important so that they become part of that larger group that understands what we are doing what we do and reducing the stigma around the work as well.

REGINA LABELLE:
Yeah, I think there's been some compassion fatigue over the years. We've been dealing with this issue for a while and I think some people are like, people will nothing makes a difference" But things do make a difference and we have come a long way. So, as was said, share this success stories but put a face on everything to stop how does this affect people? If you are an organization, you can collect stories. Talk to your elected officials and make sure they know how this affects your community at a basic level so that they understand that the decisions they make will have real-life impacts on people. Thanks.

TEKISHA DWAN EVERETTE:
While, I definitely can't speak another question so what I was seeking is my thanks. I want to thank Professor LaBelle, Christina Mullins and also everybody today. Also, huge thank you to our AI-Media captioning service and are behind the scenes staff that are completely at the front of everything we do as TFAH and each of you have participated today.

I just want to clearly say that this is an important issue that is so detrimental and instrumental to our nation's health that we have to pay attention to an address with our policymakers to reverse the crises that we've heard about today. A recording along with our slides and additional resources will be available on www.tfah.org in the coming days and we will do as best as we can to answer any unanswered questions that we had in the chat.

Thank you so much for joining us and I hope you have a wonderful rest of your week.

REGINA LABELLE:
Thank you.

(End of Webinar)

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