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## **'Everything works... But not everything works for everybody'**

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### **Farm Bureau roundtable explores solutions to drug abuse problem**

by Mark Craddock

WALSENBURG — A collection of experts shared their personal stories from the trenches of the “war on drugs” with an audience of about 50 community members Saturday at the Huerfano County Farm Bureau’s roundtable. The consensus view was that the paths to addiction are many and varied, and so, too, must be the solutions.

“Everything works,” Dr. Michael Nerenberg said. “But not everything works for everybody.”

Nerenberg is president and co-founder of Southern Colorado Harm Reduction Association, a Pueblo-based volunteer group which provides a wide range of services to its addicted clientele, including syringe access, Narcan distribution and training, free HIV/hepatitis testing, free snacks, clothing and hygiene supplies and, most importantly, “compassion and support for all who walk through our doors.

### **Canaries start to cry**

Nerenberg said he worked for many years as an emergency room physician at Parkview Hospital.

“I watched the pill problem blossom during that period, he said. “We were concerned about it. We talked about it. We tried to do something about it and we quickly figured out that it was above our pay grade and no one was thanking us for even talking about it. So after that, we just went back to business. We probably contributed, reluctantly, to this problem because we were expected to prescribe opiates to people.”

During his last couple years of practice, a Drug Enforcement Administration crackdown on two of three pain clinics in Pueblo drastically reduced the availability of prescription opiates.

“After that, we started to see heroin overdoses in the ER,” he said, “That had been extraordinarily rare up till then.”

He characterized that as the first canary in the coalmine.

After retirement, Neremberg said he was appointed to the Pueblo County Board of Health and the first issue he tackled was a rise in neonatal abstinence syndrome, a condition caused by newborn infants withdrawing from drugs they were exposed to in the womb.

That, he said, was the second canary in the coalmine.

“That told me it’s here. And we’re in trouble,” he said.

And that, Nerenberg said, prompted him to seek new solutions.

“I think anybody who really watches this and looks at this and thinks about it has to understand that the same old stuff that we’ve always done has led us to here,” he said, “so I think we need to start looking around.”

### **How to help yourself and others**

Among the topics the farm bureau listed for discussion were strategies for helping the abuser and coping with someone else’s addiction. All agreed there is a fine line between nurturing the addict and enabling the addiction. But the key, said Jessica Eaddy, a member of the Colorado Consortium for

Prescription Drug Abuse prevention, is to encourage – not to stigmatize or shame – and to keep trying.

Judy Solano, executive director of Southern Colorado Harm Reduction, spoke from experience to both those questions. Solano, a masters-level registered nurse, has an extensive background in in the addiction medicine field. And she is a mother.

“I basically began to see how we were failing people, the families and individuals struggling with addiction,” she said. “I’ve been on the inside. And I just saw a revolving door of people coming in and out. Sometimes dying. Sometimes going to prison. And I’d had enough.”

“My own son, knowing what he knew about my world, became addicted to treat a mental-health disorder,” she said.

“As a family member there are several things I would encourage anyone in this room needing to know what they can do... First and foremost, you have to take care of yourself,” she said. “I can testify to this fact. As a health care professional in this field, I had a lot of shame and silence in my life. I was getting sick...

“I kept it to myself because I thought ‘what did I do wrong? Did I drop my child on his head? Did I do something in pregnancy? What did I do to cause this?’ Because that’s what we do to ourselves.

“But it’s not us. It is a chronic illness. It’s taken me years to get to that because I was trained in the traditional medical model. It is more about decision making than it is about illness.

“If I had a dollar for every time someone was sitting in front of me absolutely self loathing because of the decisions they’re making and they know they’re going to die. But they can’t control themselves. “That’s an illness. I can’t imagine living in that kind of hell. But that’s what we deal with every day.”

### **Various treatment options**

Nerenberg said the traditional addiction-treatment model, the “Minnesota model,” describes an abstinence based, 12-step program. He said it generally costs \$30,000 to \$60,000 a

month and shows a success rate of 8 to 12 percent. For some people, this works. But these programs alone will not cure the addiction problem.

He said medically assisted treatment, including the use of drugs such as Suboxone, has demonstrated a higher success rate – up to 50 percent.

“Harm reduction” is a blanket term for providing services such as needle exchanges and safe-shooting sites to addicts to reduce their risks until they are ready to recover. Such programs have been controversial in some communities, with critics charging the programs just enable addicts. But Nerenberg, whose group is heavily involved in harm reduction programs, said they have proven to be cost effective and socially effective.

Solano said “there is no silver bullet.” Each person must be assessed as an individual.

“That’s what’s time consuming about addiction treatment. But that’s what we have to do.”

Ginger Whatley, a counselor with Health Solutions in Trinidad, said she is 18 years in recovery and she wholeheartedly espouses a “holistic” approach that “includes everything.”

“Treatment is one component. Harm reduction is one component. Maybe AA or church is a component. But you need all of these different pieces to support a person because addiction essentially impacts their entire life, and you really just need a lot of social support.

“You can’t just send someone to treatment for 30 days, have them come out walk back into the exact same situation that they left and expect them to magically just be better. We need to change as a community as to how we’re supporting them. It needs to be a completely holistic approach that includes employment and housing and everything. Not just treatment or harm reduction or any single one of these.”

“Any reason somebody starts the journey is a good reason,” Solano said. “It may not take immediately and often it doesn’t. We’ve been socialized to believe that when someone fails in treatment and recovery that it’s a moral failing, that they are

weak that they have something negative and they are not worthy of having access to the resources that they need to stay in recovery.

“That mindset permeates in our society to this day. We see it all the time. The clients that come and see us are so grateful for being treated with dignity and respect by health care professionals. God forbid. They’re not used to that.” Huerfano County Farm Bureau President John Stroh told citizens gathered at the Washington Elementary auditorium that the group will schedule a second roundtable in the future to keep the momentum going.

“People need to understand this is the start. This is not the end,” Nerenberg said. “We’re not going to solve the problem today. But this is where you’ve got to start. You have to take the first step. And that’s what I think this meeting is.”

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