Jessie O'Brien, NAADAC: All right. Well, hello, everyone, and welcome to today's webinar anti-racist addiction. Treatment, requires decriminalization and harm reduction presented by Dr. Sandy Gibson.

Jessie O'Brien, NAADAC: I'm so excited that you guys are all here. I can see we're getting from all over the country and world here, so welcome, and I hope you're in for

Jessie O'Brien, NAADAC: a really great Webinar. Today it's great. You can join us. My name is Jessie O'Brien, and I'm. The Director of Training and Professional Development. Here at Nedak, the Association for Addiction Professionals.

Jessie O'Brien, NAADAC: I will be the facilitator for this training experience, and with me, behind the scenes is our training and customer care Specialist Alison White, who will be addressing any issues or questions you may have that are not specifically for our presenter. So, in other words, you have a lot of support here. Just a reminder that the permanent homepage for needac webinars is

Jessie O'Brien, NAADAC: Need that org forward slash Webinars, make sure to bookmark this web page so you can stay up to date on all the latest and addiction education.

Jessie O'Brien, NAADAC: So every needac Webinar has its own web page that contains everything you need to know about that particular Webinar.

Jessie O'Brien, NAADAC: but you may have noticed that something pretty significant has changed at beginning in 2,023 the process for getting your Ce. Certificates has become a bit more streamlined.

Jessie O'Brien, NAADAC: The new home for Natex Educational content is called the Nadak Education Center, so all of our educational content will eventually live there, including all our live and on demand webinars. So this includes all the Ce quizzes and certificates that you are now, and going forward.

Jessie O'Brien, NAADAC: we encourage you to take some time to explore it. Don't, worry. Your old certificates are not going anywhere. You can still find them in your account.

Jessie O'Brien, NAADAC: So each Webinar will continue to have its own web page on our website, like you see here that Hasn't changed. You'll just notice that when you go to register for a live event or take an on demand training.

Jessie O'Brien, NAADAC: you will find yourself redirected to a course we call them within the Education Center, where you can register for the live event or access, the on demand recording, and then complete the C Quiz Survey evaluation and get your certificate all within the same place.

Jessie O'Brien, NAADAC: You can kind of see the structure of the course here, with each step in this E process built out in the order they should be completed, and once you complete the first item, the second item will become accessible, and so on down the line.

Jessie O'Brien, NAADAC: After this live event you can navigate to the C quiz by staying in the live event. Here
Jessie O'Brien, NAADAC: you will see a thank you message kind of show up like this on my slide, and there's gonna be a place where you can click here to access the Ce quiz. There will also be an email that goes out 1 min after this Webinar ends. That will also have the link to the sequence, so you can check for that as well.

Jessie O'Brien, NAADAC: And then, once you click on the sequence, Nodec members will get the seeds for free and non members will need to pay a nominal fee depending on the length of the Webinar, and then the system will walk you through completing the C Quiz. Answering the Survey evaluation, and then accessing your Ce certificate.

Jessie O'Brien, NAADAC: In addition to accessing your our content from the native website, you can also explore within the Education Center itself. Think about it as like a little library. You'll find a library of our content by clicking on education in the upper left corner over here.

Jessie O'Brien, NAADAC: and then in the events the other oval there, that's where all of our upcoming live events are located, so you can actually just go in there, and you can just register right there for all of the upcoming webinars that you'd like to attend anyhow. Explore it.

Jessie O'Brien, NAADAC: Let's get to our presenter, Dr. Sandy Gibson, as a professor at the College of New Jersey. She worked as an addiction counselor for 6 years, while completing her doctoral degree, then became a study director at a research institute at Temple University. For 7 years.

Jessie O'Brien, NAADAC: While there she developed an evaluated addiction, prevention and treatment programming

Jessie O'Brien, NAADAC: in 2,010. Dr. Gibson became a faculty at the College of New Jersey, in the Department of Counselor Education, where she teaches

Jessie O'Brien, NAADAC: addiction, counseling her research focuses on addiction treatment, and she has received grants to create new curriculum for di education as well as cannabis. Psycho education for youth convicted of drug session. Dr. Gibson is now actively working to promote harm, reduction and a shift from a criminal justice to a more public health based approach to drug use.

Jessie O'Brien, NAADAC: Her public health based approach includes the full decriminalization of all drugs.

Jessie O'Brien, NAADAC: So, Dr. Gibson, Sandy, i'm going to hand this over to you, and I will turn myself off.

Sandy Gibson: Excellent. Thank you.

Sandy Gibson: so lovely to be here. Thank you for having me. I also do continue to be a practitioner. I've had a private practice my whole career. So I've also done that for about 30 years. I always like to

Sandy Gibson: stay practicing, and that focuses on harm reduction work in my private practice.
Sandy Gibson: and I'm see

Sandy Gibson: It's not sure. Make sure I get the right screen.

Right.

Sandy Gibson: Is that working? Everyone can see that? Okay.

Sandy Gibson: Okay, fantastic. Thank you.

Sandy Gibson: Okay. So i'm gonna start with a very brief history of our joint policy. And and the reason I want you to understand the history is, it really serves the foundation as to why we are in the position that we are today, and why we have so much stigma, and and why certain segments of our population, black and brown communities are are

Sandy Gibson: overly targeted with our criminal justice approach to drug use, and it was all very intentional, and it was designed specifically

Sandy Gibson: to do what it's doing. So when people say the War on Drugs is an epic failure. Yes, it is in terms of serving our society as a whole, but in terms of effectively doing what it was designed to do. It's been enormous success, because it was designed to disrupt black and brown communities, and and that's what it continues

Sandy Gibson: to do to this day. So, understanding where that design came from, it's a really important part of understanding how we got to where we are today so historically

Sandy Gibson: opiates were completely illegal. Anybody could buy them, and there was only some stigma associated with their use. When we had a large Chinese immigrant, immigrant population over in the West Coast, helping build the railroads, and they chose to smoke opium rather than take the liquid morphine and heroin that the the white people who are in this country we're taking, and so they decided to demonize only the smoking of opium, not the taking of the liquid here.

Sandy Gibson: but the smoking of the opium, and they blamed it on Chinese folks, and it was all in the name of saving white women. They were claiming that by having Chinese immigrants smoke opm. They were victimizing and getting white women involved in the opium use. And so these policies had to create

Sandy Gibson: be created to save these poor white women. So if you look at this publication from San Francisco, you can see in the bottom bunk this this white man is coming in to save this poor white woman who is a victim on that bottom bunk. We did the same thing with cocaine.

Sandy Gibson: We were giving it to children. It was in their tooth drops. That's me is little white kids can have their cocaine. That's perfectly fine. But at the same time period that that product was being marketed. You were also seeing articles like this. The negro cocaine fees, or a new Southern menace

Sandy Gibson: can't see all the text in this newspaper article, but it is all about. We need to stop
Sandy Gibson: basically black people in the South from using cocaine, because poor white women could be victims of behaviors. As a result of this cocaine use. So again it was all in the name of saving white women. Here's another picture of a of someone of Chinese descent who is standing over yet another poor victimized white woman. And so all of these acts were then enacted by Congress

Sandy Gibson: solely in the name of protecting, and I think, if you look at the language in the notes, the transcript from all of these hearings, that they had to pass these acts, they were all done in the name of protecting and saving white women, so they felt like they could be the heroes, the protectors.

Sandy Gibson: Then we had the refurbished. I don't know if you've ever seen this movie, the only reason to ever see it is to be educated about history. But it was created for the sole purpose of creating stigma around cannabis use.

Sandy Gibson: And if you think about cannabis, I think about marijuana, we try to use the word cannabis instead of marijuana marijuana is used to describe cannabis because it's the Spanish word for it, and we want to associate cannabis with people of Mexican descent

Sandy Gibson: intentionally designed to be that way. It's the only drug we refer to by its Spanish name. We don't call it cocaine. I had a we now we just call it marijuana, so we're trying to connect it with people who are Mexican. And the movie we for madness is all about anti Mexican sentiments.

Sandy Gibson: So, and you could see this this article here with the Us. Court, and there, you know, wet that cases which is a derogatory reference reference to people with Mexican descent, and we continue to this day to associate with people on Mexican descent.

Sandy Gibson: So all of this was happening and building, and it culminated in this one guy here, who is really truly the father of the War on Drugs. A lot of people think it was Richard Nixon, but it was not. He just kind of carried the torch that Harry Andsling are lit.

Sandy Gibson: He, this man desperately wanted to be the director of the FBI Harry chairman, said, Absolutely not. We're gonna give you the narcotics bureau, and this guy said, No, that's a do nothing organization. We don't really do anything at the Narcotics Bureau. We just let people kind of do what they want as long as they're white. I don't want to be a part of that.

Sandy Gibson: And they said, Sorry, this is all you're gonna get. You will not run the FBI, and so he decided he was gonna turn the Narcotics Bureau into and do something. Organization from a do nothing organization. So if you ever saw the Billy holiday documentary that was up on Netflix.

Sandy Gibson: There was a guy who basically dedicated his life to destroying this woman's life and successfully did so. And this is the guy from that documentary. He was going into

Sandy Gibson: any kind of jazz clubs across the country, and literally shutting them down, arresting everyone that he could find. If you look at this quote from this man: they he called these Jazz Club Satanic music jazz and swing. It results in marijuana usage. The marijuana causes white women to seek sexual relations with negroes, entertainers, and others, and that was the justification for trying to go into black and brown communities and disrupt them, arrest them, leaving anyone who was white.
Sandy Gibson: completely untouched, but targeted

Sandy Gibson: the the black and brown communities, and and we used to kind of think he shut down like 80% of jazz clubs in this country specifically, and so he spent his entire career, and he was in office for decades and spent his entire career dedicated to harming these communities.

Sandy Gibson: And then we, of course, have the war on Drugs that we all know that came from Nixon, and so Nixon portrayed it and said out loud, trying to protect people trying to cause, you know, diminish harms caused by people who use drugs.

But in reality. John Ehrlichman, Later in life, after he was out of office.

Sandy Gibson: acknowledged that it was an intentional way to disempower and disenfranchise black and brown communities and the hippies. So by getting the public to associate the hippies with marijuana and the blacks with heroin and criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings and vilify them night after night on the Evening News. Did we know we were lying about the drugs. Of course we did

Sandy Gibson: so. This is what everyone knows of and recalls as being the War on Drugs, and so they see it in such an interesting way that makes people

Sandy Gibson: get on board with them makes people think. Oh, this is a good thing. They're going to help us. The whole intent of this policy, the whole intent of shifting Where we didn't really have a public health policy, we pretty much had no policy to having a criminal justice policy for the sole purpose of disrupting communities.

Sandy Gibson: And that's exactly what they did. The implementation of our drug policy is got significant racial disparities in terms of how it plays out in our society, and that really different state to state, too. So in in New Jersey, for example, 8 out of 10 people arrested for a drug related crime, just a very small amount incarceration. You are 2 and a half times more likely

Sandy Gibson: to be arrested in New Jersey for a drug crime. If you're black, then if you're white. But that is not at all their representation in our general community we actually have. I'm going to show you another slide that shows this very different, like an accounting to county basis.

Sandy Gibson: So a lot of this has to do with the stigma that's created about drug use. There's so much stigma, and the stigma is actually driving our overdose crisis. It's driving continued criminalization policies. So when we have politicians say tough on crime, war on drugs.

Sandy Gibson: What we really mean is harming our communities more and more because there's there is no public health that comes from a criminal justice approach. But as a society we keep taking this position that if we punish people who use, if we make them suffer somehow, this is going to be a deterrent

Sandy Gibson: for using drugs, even though that is never played out to be the case. We have no evidence of efficacy in that in this country, in any State in this country or in any country. We continue to put that
forward as if it's a legitimately a legitimate policy response to people who use drugs. So

Sandy Gibson: now we have this massive.

Sandy Gibson: opioid crisis over this crisis in our society, which is a manifestation of our failed drug policy from the beginning of our original policy and canceling our all the way through today, and stigma is a big piece that is driving that. So we have our our criminal justice system, and the criminalization of people who use drugs

Sandy Gibson: is one of the driving forces. The second one is stigma, and there's there's all kinds of stigma that wraps around people who use drugs. And the problem One of the many problems associated with that is, we have.

Sandy Gibson: We have tried over and over again so many different approaches to try to address the stigma associated with people who use drugs, we have yet to find an empirically validated method of reducing stigma that works. So people are still trying.

Sandy Gibson: But it's it's once the stigma is there, it is really hard to overcome, and i'm going to explain to you why that is, with the different kinds of stigma that exist, and how they build on each other. We have public stigma, and this is driven by stereotypes about people who use drugs. They're being dangerous, perceived as moral failings. And this all translates into having negative attitudes towards people who use drugs. And this began with Harry Anslinger, and we've continued to build on it in the political Forum today.

Sandy Gibson: This, then, leads to something called enacted stigma, which describes basically the behavioral manifestations of the public stigma that exists. So the discrimination that we have towards people who use drugs, social distancing, the Nimb. Of I don't want to have a program that serves people who use drugs in my community.

Sandy Gibson: So we have public and enacted stigma that in turn lead to the delivery of sub optimal care for people. It undermines people's access to treatment. It undermines our willingness to provide harm, reduction services to keep people alive.

Sandy Gibson: that, for example, we only had 6 harm reduction centers at all in our State, and oasis is the biggest one in Atlantic City, and the Atlantic City City Council tried to shut it down because people didn't like seeing people who use drugs in the community. It was harming

Sandy Gibson: in their minds on the casino's minds, people's access to the casinos. So there was a huge public stigma fight over whether or not we could keep this here.

Sandy Gibson: So then we have public stigma and enacted stigma that together become a structural stigma. And this is really, when it becomes encoded in our cultural norms and our laws and our institutional policies. And then, collectively, these forms of stigma.

Sandy Gibson: create public support for public health, oriented policies that that address the opioid crisis. So they they get in the way from us to be able to leave criminal justice and move to public health. So then
we have people who use drugs, and they internalize

Sandy Gibson: the stigma or or they anticipate that it's going to happen to them. So either I now have the stigma about myself or I anticipate. I'm going to face this public stigma, and they attach that to their drug use right? So either I feel bad about myself, and I believe these things that I've learned, or i'm afraid i'm going to face the stigma. If I go get care, so I don't go get care! I don't go to the hospital. I don't seek harm reduction services because i'm. I don't tell

Sandy Gibson: my counselor that I've returned to use because i'm afraid of the stigma that i'll face if i'm honest about what's happening with me. This leaves to much poor health outcomes for people. So every one of these dimensions of stigma, the structural, the public that enacted the internalize the anticipated all of them. They shore up our criminalization policy.

Sandy Gibson: They make our criminalization of drugs policy make sense, and they serve to reinforce each other. And all of this

Sandy Gibson: drives our overdose crisis because we don't have a system of care that can serve and meet the needs of people, because we literally turn them away, driven by our policies, driven by the stigma that we have in our society.

Sandy Gibson: Now we are willing to spend big money to shore up this policy to shore up the stigma in our society we spend 47 million dollars a year, making sure people perpetuate this stigma that we enforce this criminal justice policy. It's very expensive.

Sandy Gibson: The amount of overdose. This

Sandy Gibson: is astronomical 60 now due to Fentanyl, and when people are afraid to come, get care when they are afraid to seek health services because of our criminal justice policy. People die

Sandy Gibson: like if you look at the data of access

Sandy Gibson: to access to treatment, access to a drug arrest, how many people are getting arrested for drugs. When you look here at a person's general representation in the Us. If you're looking at the census data compared to the number of drug arrests. You'll see the vast majority of people who use drugs are white.

Sandy Gibson: although they do not make the same percentage representation of all arrests. If you look at people who are black, 13 and a half percent

Sandy Gibson: of the Us. Population, but 34% of the people that we're arresting so the this racial, the all of these problems, all of the stigma, all of these people who aren't getting care who are being taken away from their families. They're overly representing in our black and brown communities.

Sandy Gibson: So like I, I'll give you an example in New Jersey. Our our average is about 3, so this is like one of our counties 3, you're 3% more likely to be arrested.
Sandy Gibson: The these are cannabis statistics. But this is right. Before we legalize cannabis we just legalize cannabis a little more than a year ago. So one county was 3 years 3 times more likely to be arrested for possession of cannabis. If you were black. Then, if you were white.

Sandy Gibson: But if you just go north a little bit, you're actually almost 14 times more likely to be arrested if you're black than if you're white, so we can't look at these numbers on a national basis. We need to look at these numbers on a local basis. We need to look at your community where you work, and what is that racial disparity where you live and how it's being arrest approached

Sandy Gibson: a number I like to throw out there. We did just legalize cannabis and right so we legalize cannabis on the ballot in November, and between when that number came out with overwhelming statewide support for legalization, recreational legalization, overwhelming support. It was definitely happening. It was a matter of the governor signing the bill. So between the time when the people voted on in November, and when the Governor signed it in March.

Sandy Gibson: 66,000 people in New Jersey were arrested for possession of Cannabis.

Sandy Gibson: wasting those resources the arrest the court hearings, the incarcerations for people who were all about to have all of that expunged still arrested 66,000 people for possession in those periods of time.

Sandy Gibson: And these arrests, this fear of getting help, this lack of access to treatment, lack of access to health services because of our criminal justice policy is one of the main driving forces for our opioid epidemic and the opioid epidemic and overdose rates are going up significantly more for black men. It's more than tripled. It was 213, while the rate among white men only rose about 69% in this timeframe in this 5 year timeframe.

Sandy Gibson: also for black women. It rose much faster than for white women. So this overdose rate is driving in those communities, because those communities are the ones who know that they are the highest risk for facing incarceration, greater fear for seeking health services. So it's designed to make sure they're not kidding the services that they need.

Sandy Gibson: So

Sandy Gibson: this is all a big driving force of our mass incarceration, which is a whole nother presentation. So i'm not going to get into that too much, but I do want to stress

Sandy Gibson: that the number one arrested offense in the United States is possession of a drug individual amount, possession of a drug. There is one arrest for drug possession every 23 s in this country.

Sandy Gibson: So we are taking our resources, Our time our finances to putting people who use drugs in a cage.

Sandy Gibson: And when I, when I have conversations like this with with people who are involved politically, I ask them if they know somebody who uses drugs, and everyone does, and I ask them if they think that person that they know and care about belongs in a cage, and they never do.
Sandy Gibson: And yet they support legislation that says people who use drugs should be put in cages, that that in their mind is an appropriate response

Sandy Gibson: to someone using drugs so, and and the fact that the and again, the racial disproportionality of how we roll out that policy of of putting people in cages is just

Sandy Gibson: an entirely different social justice situation. This is a quick video. I'm going to show you that Jay-z did with the drug policy alliance. It is about 5 years old. So it, you know. You might say, Wait. That law has changed, but the the overall

Sandy Gibson: implication of this is something that I want you to see, because he kind of takes you through really quickly. The drug law history

Sandy Gibson: in 1,986. When I was coming of age. Ronald Reagan doubled down on the war on drugs that have been started by Richard Nixon in 1,971

Sandy Gibson: drugs were bad

Sandy Gibson: right your brain

Sandy Gibson: and drug dealers with monsters. So reason, neighborhoods, and major cities with failing.

Sandy Gibson: no one want to talk about reaganomics in the ending of social safety nets that the funding of schools and the loss of jobs in cities across America.

Sandy Gibson: young men like me, who hustle became the sole villain, and drug addicts like more fortitude.

Sandy Gibson: and in 19 nineties incarceration rates in the Us. Blew up. Today we imprison more people in any other country in the world. China, Russia, Iran, Cuba.

Sandy Gibson: All countries we consider autocratic and repressive.

Sandy Gibson: Yeah, more than them

Sandy Gibson: Judges hands were tied by tough on crime laws, and they were forced to hand out mandatory licenses for simple possession and low-level drug sales.

Sandy Gibson: My home State of New York started this with rockefeller laws.

Sandy Gibson: Then the Feds made distinctions between people who sold powder, cocaine, and crack cocaine, even though they were the same drug. Only difference is how you take it; and even though white people use the sole crack more than black people somehow with black people who went to prison.

Sandy Gibson: The media is not actual data to this day that is still talked about as a black problem. The Nypd rated out Brooklyn neighborhoods while Manhattan Bank is openly used. Cope with impunity.
Sandy Gibson: The war on drugs exploded the US. Prison population disproportionately locking away Black and Latinos. Our prison population grew more than 900. When the war on drugs began in 1971, our prison population was 200,000. Today it is over 2 million.

Sandy Gibson: Long after the crack ever ended. We continued our war on drugs to a more than 1.5 million drug arrest in 2,014 more than 80% were for possession. Only almost half were for marijuana.

Sandy Gibson: People are finally talking about treating addiction to harder drugs as a health crisis.

Sandy Gibson: But there's no compassionate language about drug dealers, unless, of course, we're talking about places like Colorado whose State economy, got a huge boost by the above ground. Marijuana industry. A few State South and Louisiana is still handing out mandatory sentences for people who sell. We.

Sandy Gibson: despite a boom in it, celebrated 50 billion legal marijuana industry

Sandy Gibson: most. They still disproportionately hand out mandatory sentences to black and Latinos with drug cases.

Sandy Gibson: If you're entrepreneurial and live in one of the many states that are passing legalized laws. You may still face barriers participating in the above ground. Economy Venture Capitalists migrate to these States to open multi 1 billion dollar operations. The form of failings can't open a dispensary

Sandy Gibson: lots of times. Those felonies with drug charges corp up poor people who sold drugs for a living, but are now prohibited from participating in one of the fastest growing economies.

Sandy Gibson: Got it.

Sandy Gibson: and states like New York, we're holding. Marijuana is no longer grounds for arrests. Police issue possession citations in black and Latino neighborhoods at a far higher rate than other neighborhoods Kids and Crown heights are constantly stopped and ticketed for trees.

Sandy Gibson: Kids at Dumps, in Columbia, where rates of marijuana use are equal to a worse than those in the Hood and never targeted, but ticketed rates of job use as high as they were when Nixon declared the so called war in 1,971

Sandy Gibson: 45 years later. It's time to rethink our policies and laws.

Sandy Gibson: The one drugs is epic. Fail.

Sandy Gibson: So

Sandy Gibson: 50 of us.

Sandy Gibson: maybe more than that here. But 50 of Americans have breached the drug laws, so we can't arrest half of the population.
Sandy Gibson: 19% people who deal drugs are black, but they represent 64% of all arrests for dealing drugs.

Sandy Gibson: We incarcerate 5,000 black men per 100,000 people.

Sandy Gibson: but less than 1,000 white men per 100,000 people, and people who are white use more drugs than people who are black, but we grossly underrepresented in the arrest rates for it.

Sandy Gibson: and then our policy is designed to have social determinants that are a consequence of a drug arrest that affect your life forever.

Sandy Gibson: It's designed so that you can't recover from that arrest. It makes it hard for you to return home and be successful. You erected from public housing, and you can't return. So if your family is there. You can't go home to your family.

Sandy Gibson: disqualified from all kinds of occupations. You can be fired if you're an at will. Employee.

Sandy Gibson: Unbelievable fines associated with incarceration like in Florida recently, they not recently, but a few years ago, people actually voted to allow people who had a felony conviction to be able to vote.

Sandy Gibson: and the Legislature there didn't like that idea at all. So they said you had to actually pay your fines before you could vote again. So they modified what the public elect, you know, voted on and said, No, you have to pay your fines for. So they thought that would shut it down, so they couldn't vote. Then Shaquille O'neal donated millions of dollars to basically make everyone with a felony conviction in Florida and be eligible to vote. This is the last Presidential election. So they came up with another law that said no one else is allowed to pay your fees. You have to pay your own.

Sandy Gibson: I mean. There is still today continued

Sandy Gibson: efforts to strategically disempower black and brown communities to remove their voice, so that lack of loss of right to vote. It. It varies on a State to State basis, but there could be Federal legislation that says it can. But there isn't, so it depends on where you live and what you can do but a denial of public assistance.

Sandy Gibson: All of these consequences overwhelmingly disproportionately affect non-white people.

Sandy Gibson: And here's the thing that a lot of people. Don't understand

Sandy Gibson: the research shows, and this comes from the UN. Office on Drug Control and the World Health Organization. So this data comes from those 2 sources.

Sandy Gibson: 90% of people who use drugs

Sandy Gibson: use drugs recreationally, not problematically. They don't meet the criteria for a substance use disorder. 10% of people do.
Sandy Gibson: Many people that we see in treatment programs are either the 10%

Sandy Gibson: or people who are mandated to be in treatment under direct. They don't actually want to be there, and most often don't need to be there. In fact, that's what drove me to get my doctorate. I was an addictions counselor in DC.

Sandy Gibson: And working for the city.

and 99 to 100% of my clients were referred to the substance abuse treatment program for information and parole.

Sandy Gibson: And what I realized as I was doing Assessments and working with people is that the vast majority of people I was working with had a criminal justice system problem. They did not have a drug problem.

Sandy Gibson: All of the consequences of the criminal justice system on their lives was what they were struggling with it. Wasn't their drug use. That's not to say P. There are people who there aren't people who use drugs who have tricky problems absolutely. They are 10% of people do but 90% Don't.

Sandy Gibson: So this is where I'm asking everyone here to pause and think about that.

Sandy Gibson: because that's really a difficult statistic to take in, especially if you're involved in compulsory treatment.

Sandy Gibson: There is an intersectional nature of our drug policy.

Sandy Gibson: and there are so many social consequences of this and these social consequences continue to repet, repress non-majority populations. They target our most vulnerable communities.

Sandy Gibson: and if we are a part of compulsory treatment forcing people to be absent, forcing people to be in treatment who don't want to be there, reporting whether or not they use drugs back to their probation officers, and having people locked up again. Then we're part of the problem. We're perpetuating this problem, and we're a cog in this racial injustice associated with the criminal justice, policy.

Sandy Gibson: so and that's a hard conversation to have with yourself. It's a hard

Sandy Gibson: look in the mirror that we have to do.

Sandy Gibson: but there's a great amount of racial injustice in our treatment system. When we do compulsory treatment.

Sandy Gibson: I want to talk to you about the racial injustice associated with our policy in general, including our treatment system we are. There's about 10 different states right now in this country with pending or existing drug decriminalization, legislation, and these are some of the ones that we're working with here. So if you live in one of these States, it's coming your way.
Sandy Gibson: We collectively got together and hired a company to do focus groups.

Sandy Gibson: and people in the focus. Groups had a dial in their hands, and they could turn the dial to the right when they agreed with something to the left when they disagreed with something. And so i’m gonna let you see how this focus group went for this racial, just racial injustice statement.

Sandy Gibson: The laws, practices, and assumptions that govern how we treat. People who use drugs have always been different for people of different races

Sandy Gibson: for decades. These policies have been used to target and incarcerate people of color, especially black Americans.

Sandy Gibson: Only now, as more communities experience, opioid addiction and overdose, and the face of the crisis is white. Are we starting to see drug use for what it is? A health issue that should focus on treatment and recovery?

Sandy Gibson: Our shifting responses to drugs have always been color coded.

Sandy Gibson: We need to end the criminalization of drugs and people who use them prioritize proven treatments and harm reduction and remove barriers for people to get and stay well.

Sandy Gibson: So there is overwhelming

Sandy Gibson: support for this. Now.

Sandy Gibson: if we we we didn't say the word decriminalization. Oftentimes people will confuse decriminalization with with legalization, and they're 2 very different things. We're not talking about being able to go by an April at Walgreens. We're talking about people who have

Sandy Gibson: have a personal use, quantity of drugs on their person not needing to be put in a cage, and having their lives and their entire family's lives harmed by an arrest and an incarceration, and creating an intergenerational trauma that in our mind is not the right response to personal drug use.

Sandy Gibson: So.

Sandy Gibson: unfortunately, we have mandatory sentencing laws, and pretty much every State in this country.

Sandy Gibson: And again, the sentencing is also not distributed equitably. 2 thirds of women who catch a drug charge and put on probation if they're white. But if they're black, 2 thirds of them go to prison.

Sandy Gibson: and the present industry has grown because of the mandatory sentencing for drug related crimes. It is a for profit industry in many states publicly owned companies. We're literally buying and selling human lives on the open Stock exchange.

Sandy Gibson: In these contracts we have with private prisons. We have a certain percentage of
guaranteed bed village. So we create laws that bring us into compliance with these private prison contracts that we have to make sure we have enough bodies in those beds to meet our contract, because we have to pay. If we Don't, and maybe I won't get reelected if i’m paying for empty beds. It looks better to be. Quote, unquote, tough on crime, and put more bodies in those beds in the State of Arizona. Their contract has 100% guaranteed Bed village.

Sandy Gibson: 56% of inmates in Federal prison are serving a drug related sentence. 70% of women who go to prison for personal use drug quantity are the primary caregivers of their children

Sandy Gibson: when they are sentenced to prison, and as a society. We have decided to put those children in foster care and that woman in a cage, and we think that is effective drug policy.

Sandy Gibson: So

Sandy Gibson: There's a lot of privilege associated with using drugs. When you're white

Sandy Gibson: you're not worried about facing

Sandy Gibson: to the degree or to the risk of of the outcomes or being arrested for your drug use, and it's a real challenge. So I've got a video here. I'm a guy who just finished his Phd. In social work at Nyu.

Sandy Gibson: and he's gonna tell you about. He developed an addiction to methamphetamine. While he was in the Phd program he met some people weightlifting. They were all using methamphetamine he got involved, and the people that he was using with were getting arrested around him. But nobody ever bothered him.

Sandy Gibson: I also realized that that i'm very privileged as a white male.

Sandy Gibson: and I know that lots of folks who I used with especially men of color.

Sandy Gibson: got involved in the criminal justice system and their their recovery treatment system was the criminal justice system.

Sandy Gibson: and I was able to not get involved and thankfully stay safe and not have any legal issues.

Sandy Gibson: and I think a large part of that is because of my privilege as a as a white now and like I said, I know other folks I used to use with

Sandy Gibson: who are not so lucky, and so I think that's something interesting for the likely for folks to think about and talk about today. But you know the the teams are the conferences. We as much privilege, especially regarding race, affect the criminalization of drugs and drug users.

Sandy Gibson: And then this is a another friend of mine, Ke, on.

Sandy Gibson: who was arrested one time in his life when he was 18 years old.
Sandy Gibson: and I want you to look at what our drug policy decided should be his future.

Sandy Gibson: I found out applications because I wanted to seek employment. I passed all my tests into the man called me with the one drugs look like to me to the man called me and said, Ke on we can't use you.

Sandy Gibson: And I said, what happened?

Sandy Gibson: He said, Why, you didn't tell me about your pad, I said. What are you talking about? He said, because

Sandy Gibson: his Cds charge, he said, come back in 3 years. Actually. So what I did after that

Sandy Gibson: not so mad. I joined again

Sandy Gibson: when they chose me.

Sandy Gibson: I wanted that job so bad. I just be imagining like. If they would have hired me.

Sandy Gibson: I could have been like

Sandy Gibson: oh, big time

Sandy Gibson: supervised, and second now.

Sandy Gibson: But they kept bringing up what I did and already paid for what I said.

Sandy Gibson: I already did my I already did my probation.

Sandy Gibson: I already paid my fines. Why am I still paying for this 23 years later.

Sandy Gibson: and they eat at me because nobody want me.

Sandy Gibson: I went to agencies all my life and did the best I can keep talking about them 18 times I got caught with when I was

Sandy Gibson: 18 years old, and i’m 41 now with 2 daughters.

Sandy Gibson: my oldest daughter, 22 years old, and i’m a grandfather. I got a call with 18 bags.

Sandy Gibson: We met alone.

Sandy Gibson: Oops.

Sandy Gibson: that's what I said.
Sandy Gibson: That's what our drug policy was designed to do.

Sandy Gibson: and that's why we're advocating for decriminalization

Sandy Gibson: so huge investment. This is this is

Sandy Gibson: a New Jersey budget. Every budget is different, but every budget is similar.

Sandy Gibson: One thing Charles Boyer, who

Sandy Gibson: is a a Methodist

Sandy Gibson: preacher, says often in one of our meetings he's part of a coalition with me. He says, don't Tell me your values. Show me your budget.

Sandy Gibson: If you show me your budget, i'll tell you your values

Sandy Gibson: so we can look at this budget, and we can tell our legislators what their values are.

Sandy Gibson: And so the values are incarcerating people over treating people. I mean, it's very clear when you see this, the 738 times greater than budget allocation for the office of minority and multicultural health. Right? So we put that much more money in the Drug War than we do on actually protecting people's health.

Sandy Gibson: But if we shifted and took a public health approach

Sandy Gibson: to drug use rather than a criminal justice approach which is advocated for by the global health initiative by the World Health Organization.

Sandy Gibson: If we took these financial incentives that we put into destroying people and families and communities, and instead went into restoration of people, families, and communities, which is exactly what Oregon is doing. And we're going to talk about that in a few minutes.

Sandy Gibson: So take a minute and look at your own state, and see what their values are, and look at their budget, and see what the values of your start, your state are, and where your advocacy can go.

Sandy Gibson: So this is the part that gets a little sensitive for some people talking about the compulsory cruise treatment.

Sandy Gibson: So as a academic. I'm. Also involved in in doing a lot of research, and I read pretty much every study that comes out, and all of the reputable drug treatment journals.

Sandy Gibson: and there is no evidence.

Sandy Gibson: none
Sandy Gibson: for the value of compulsory coerced treatment. But there is enormous evidence that it's harmful.

Sandy Gibson: We continue to do this.

Sandy Gibson: and it is our society's way of

Sandy Gibson: quote, unquote helping people.

Sandy Gibson: But I want you to think about this for a minute. If you think about your very first intro to social work, course into the counseling course. Whatever whatever profession you're in. The first course you took that introduced you to your profession that has to do with the care of others.

Sandy Gibson: The first thing we learn is meet the client where they're at

Sandy Gibson: and

Sandy Gibson: establish goals with your client, whoever you're working with, whoever you're supporting.

Sandy Gibson: have them, be a part of collaborative partner, and establishing what your goals are going to be when you work together.

Sandy Gibson: But for some reason, when it comes to helping people who use drugs, we forget that we just throw it out the window, and we say, I have a goal for you. You have to meet my goal. If you don't meet my goal, i'm going to threaten our therapeutic relationship and kick you out of our program.

Sandy Gibson: We don't do that with any other area of mental health, but for some reason we feel entitled to do this with people you use drugs.

Sandy Gibson: They have inferior outcomes compared to people who are voluntarily seeking treatment. Any benefits that you see in any of the research literature about mandated treatment do not sustain after legal leverage is lifted. So yes.

Sandy Gibson: I decided that I would be abstinent and stop using drugs as long as i'm on probation because I don't want to be in a cage, but as soon as i'm no longer on probation piece out, i'm going to do what I want.

Sandy Gibson: so it's only a matter of you, and the services you provide are better than a cage. So someone is, is compliant and doing well with you now that doesn't mean nobody ever gets helped with compulsory treatment, but overwhelmingly when we look at it statistically when we do the research.

Sandy Gibson: there's no evidence that this is a significant difference of people who are forced into treatment under duress. So the use of legal referrals is also associated with having a much poorer quality therapeutic relationship which makes a whole lot of sense.

Sandy Gibson: If I can tell your probation officer, you use drugs and have you thrown in a cage? I think
we're gonna have a strained therapeutic relationship. There's a greater level of non compliance in terms of engaging showing up, and there's low rates of client confidence in treatment

Sandy Gibson: when there was a big challenge when I was working in DC. And really struggling with this, that they would come into my office and say, I want to sign a blanket, release the information form, so you can tell my Po anything and everything. They told me I had to do that they're not in a position of power to do anything about that. They're going to do exactly what they were told. They don't want to go back to jail.

Sandy Gibson: I wouldn't sign that

Sandy Gibson: I can't effectively work with people if they can't tell me the truth about what's going on in their life without me turning around and telling their Po. So I would sign a limited release. That, said I would say, if they were engaged or not, end of story. Probation officers weren't happy. With that we would call the probation officer together. Put them on speaker phone, and I would say they're here, and they want to sign exactly what you're asking for. It's not them. It's me I won't do it. We ended up having to have our director and go over and meet with the director of provision.

Sandy Gibson: This was like a 3 month long negotiation before we could get them to understand. We're not going to give you a blanket release of information, Forum, you are not my client, and that you might be able to force them to be in treatment. But

Sandy Gibson: you're not my client, and i'm not going to do harmful things to my client in order to meet your needs or what it is that you're looking for

Sandy Gibson: in in the county where I work. Now we just had a treatment program have to shut down because their board was changing the level of care of mandated clients from outpatient to Iop to make more money, because they knew they were forced to be there, and had to.

Sandy Gibson: So it wasn't the treatment providers doing it. But people on the board looking at the budget when you're forced to be there. There's also research showing that there they people who are a mandatory treatment are often inappropriate levels of care.

Sandy Gibson: Most of my clients, when they were forced to be there, didn't need to be there. I would do an assessment and say they don't need to be here. They don't have a drug problem, and probation would call back and say, they have to be there. We're forcing them into it. That's when I left, and I had to. I went to go get my Phd. And I said, this is this is too much. We're forcing people into treatment. They Don't even qualify for a level of care that's inappropriate, because the probation of pro offices are mandating it.

Sandy Gibson: There's an increased risk of overdose with people who are in forced, coerced treatment again. We're not giving them harm reduction interventions, telling them If you continue to use, make sure you're in Ainar can make sure you're not using alone. Did you know that you're not alone hotline number that you can call? So if you are alone and using someone will stay on the phone with you. We're not having those conversations, because if they use, we end up reporting them to whoever mandated them and they go back. So they're not talking to us about their continued drug use, and we're not providing the harm reduction.
Sandy Gibson: And very few States have any laws that specify that evidence based. Treatments must be provided to people who are there with mandatory care. So they're going to programs that Don't have evidence based practices happening in their care

Sandy Gibson: over a of people in treatment are referred to the criminal justice system. It is the number one referral source to substance, abuse, treatment in this country

Sandy Gibson: which makes sense if you think about one person being arrested every 23 s for personal drug use.

Sandy Gibson: So this is my friend of Dual he lives in Trenton, and he and I have done a whole lot of programs together, but he had. I think he was either 15 or 18. You'll hear in a second different treatment experiences.

Sandy Gibson: So if you think about that, it's obviously not working. If you do it 15 times, it's not what you're doing is not working. So he had. He had a lot of different treatment experiences, and only 2 of them ever resulted in any kind of recovery as he defines it.

Sandy Gibson: and i'll let him. Tell you about that here

Sandy Gibson: when you're forced to do something, or when you're forced to do it. You're you're really not engaged in the process.

Sandy Gibson: So You're going with you guys attitude, and you're close to

Sandy Gibson: the information that they're trying to present to you. So you go. You go in with a close mind to all this, and you're angry

Sandy Gibson: because it's not something that you chose to do. It was supposed to brand

Sandy Gibson: no no because the whole time I was re-valued.

Sandy Gibson: and they would they would have. They would have concepts. But thank you to you, make it, and things like that. But it just never worked for me because I I You know I

Sandy Gibson: I I was totally against the process because

Sandy Gibson: I was forced into it, and I didn't feel like I needed it at the time.

so you were

Sandy Gibson: roughly, I can say about maybe 15 times.

Sandy Gibson: Yes.

Sandy Gibson: and it never worked when it was forced upon you.
Sandy Gibson: Well, let me. Let me give you the experience of mine. I was on to role right.

Sandy Gibson: and I had to report like 3 days a week.

Sandy Gibson: and I relapsed. If someone said, Just go into your option, be honest with them stuff, and they'll give you another chance.

Sandy Gibson: The city to an outpatient program, and I went in, and I was honest, and they locked me up immediately.

Sandy Gibson: and it really discouraged me about them, and thinking that i'm going to.

Sandy Gibson: But I don't think that

Sandy Gibson: because we don't gain anything from being

Sandy Gibson: Oh, no, no, that's that's the charge you you have to do. Incarcerate the one for composition distribution. Yeah.

Okay.

Sandy Gibson: So let's talk about the definition of recovery. It's changing, and it's it's. And if I asked everyone who's in this room now to define recovery, I would get 256 different definitions we've transitioned, and having multiple pathways to recovery, which is great.

Sandy Gibson: But we still need to have like an understanding of what recovery itself means, and too often

Sandy Gibson: people define it as abstinence. And, in fact, the literature does that if you look at substance, abuse, treatment literature, you will almost always see treatment. Success defined as abstinence like that's the end goal.

Sandy Gibson: But there is no commonly accepted definition, and what we're finding is level of functioning and abstinence are not the same thing.

Sandy Gibson: and that abstinence in no way guarantees level of functioning.

Sandy Gibson: and that there are people who can have a much higher level of functioning

Sandy Gibson: and not be accident.

Sandy Gibson: So the literature shows this high functioning treatment failures, and we call them treatment failures. That's what the research calls people who go to treatment, but continue to use drugs. They call them treatment failures. It's in the literature

Sandy Gibson: all over the place. So we have high functioning treatment failures who actually perform
better across measures of psychosocial functioning, their level of functioning, and follow up after treatment than people who were deemed to be treatment successes because they continue to abstain.

Sandy Gibson: So the people who abstained actually weren't doing as well

Sandy Gibson: as the people who returned to their use.

Sandy Gibson: And Samsa last year came out with their own recovery definition, and it says, a process of change through which individuals improve their health and wellness live self directed lives and strive to reach their full potential.

Sandy Gibson: which sounds a whole lot like psychosocial

Sandy Gibson: functioning which we just talked about in the previous slide. What you don't see in this definition is the word abstinence.

Sandy Gibson: It's not in here. It's not a part of Sam's definition anymore.

Sandy Gibson: Level of wellness. Level of functioning

Sandy Gibson: is becoming. The price is is the priority definition. And so like, when people are doing research and writing grants for Samsung moving forward, that is the outcome that they're going to be looking for.

Sandy Gibson: In fact, by mandating abstinence in our program we actually increase overdose, risk.

Sandy Gibson: Recovery. Identity itself is really a socially produced construct it's it's. Everyone has their own and different groups that you may go to have their own definition of what that should be, but ultimately it places responsibility for modifying drug use on the person

Sandy Gibson: and says you have this problem. You have to change your behavior. What it doesn't do is, look at all of the contributing social contexts

Sandy Gibson: that contribute to someone's using systemic racism. The fact that that your community has been so harmed by the we're on drugs and multiple generations of high rates of incarceration and industries leaving. And so there's not living wage jobs, and your educational system has been left behind. All of that

Sandy Gibson: is left out when we just measure it by abstinence, user don't use and forget all of these other contributing factor, these intersectional factors that contribute to whether or not. Someone uses drugs begin with problematically.

Sandy Gibson: So it ignores all of that by saying your recovery identity equals abstinence, and because it ignores all of that, and because people face a stigma within the recovery community, if they return to use

Sandy Gibson: it, increases overdose risk.
Sandy Gibson: We, you know I I may have had 10 years right, and I come in, and I have to start on day one again what? My 10 years didn't count.

Sandy Gibson: This is required for public housing it's required. If you're on probation and parole treatment programs required, it will kick you out. You may not be welcome in your meeting anymore, or or you. They consider you losing all your time, and you don't feel safe going back to that space. All of these things increase overdose risk.

Sandy Gibson: So are we looking for free from any substance use. Are we looking for free from any problem substance use? Can we make that transition in our mind?

Sandy Gibson: The research shows us that the vast majority of people

Sandy Gibson: who have a substance use problem actually transition back to to recreational use that's non problematic, without any kind of treatment at all.

Sandy Gibson: But we don't see them in our treatment program. So we don't see them in the literature because they aren't collecting in a space where we can survey them or collect information on them. So they did this huge national study. It's the Nes Arc. It's a longitudinal data set that they did over 30 years, and they measured people's relationship to substances over the course of time, and learned the vast majority of people develop problems and go back to non problematic use without any intervention at all.

Sandy Gibson: and it's not something that we talk about in the treatment space nearly enough.

Sandy Gibson: Instead, in the treatment space we talk about people who return to use as having a relapse.

Sandy Gibson: But what if they return to you is non problematic and doesn't meet the criteria for a use? Disorder? Why is that a relapse?

Sandy Gibson: Why why do we define it? And then we have stigma associated with relapse. So people who transition from problematic and non problematic without treatment, without going to Aa. They just go unnoticed. We don't know they're there, but they are by far. The majority of people who recover from a substance use disorder.

Sandy Gibson: but the people who show up in our space who do it.

Sandy Gibson: We put a stigma on them. We say they relapsed. We call them a treatment failure.

Sandy Gibson: But are we looking at what their use looks like, and whether or not it's problematic at all?

Sandy Gibson: The fact that we do this is the number one reason why people don't seek treatment who need it.

Sandy Gibson: 90% of people who have a substance use disorder to not receive any treatment in the last year, and the number one reason they didn't seek treatment. It's the yellow part of the circle is they didn't want to quit.
Sandy Gibson: so they wanted they They had a problem. I was willing to get some help on it, reduce my use, get it under control, but I don't want to give it up, and if I go to treatment, they're going to tell me I have to give it up.

Sandy Gibson: And because

Sandy Gibson: so many, the vast majority of treatment programs continue to do this.

Sandy Gibson: People who could benefit from treatment don't get it, and it does progress to a more severe use disorder or use disorders on a spectrum, so it. It increases to a more serious disorder, because we deny them appropriate services at earlier stages in their use disorder because we're going to mandate something they're unwilling to do, even if they're a voluntary client.

Sandy Gibson: So i'm not accusing everyone on this call doing that. But most treatment programs operate under that model

Sandy Gibson: treatment needs to be low, barrier, low threshold, which means we have to use harm reduction. Approach with people, meet them where they are, and stay there with them until they're ready to change.

Sandy Gibson: And the research shows people who enter harm reduction services. 80% of them actually move on to engage in treatment services. So it is a huge pathway to people seeking treatment if we can engage them where they are.

Sandy Gibson: So i'm gonna show you now a video of a dear friend of mine. She did this video with me one month before her son died of an overdose, so she talks about him and present tense. But her son did pass away from an overdose about a month after she did this video, but she's gonna talk about

Sandy Gibson: Her son was arrested when he was 18 years old. One arrest he was put in Drug Court

Sandy Gibson: what she thought would be good for him and drug course

Sandy Gibson: basically destroyed this young man's life.

Sandy Gibson: My son was arrested for the first time at 18, for his first possession charge, and that was the first of of

Sandy Gibson: but for possession charges

Sandy Gibson: throughout the last 10 years. He's, now 29,

Sandy Gibson: still in the criminal justice system.

still unable to leave the state

Sandy Gibson: he has
Sandy Gibson: after the possession, charge, he was put on probation, and he was given treatment he had to go to, and

Sandy Gibson: he actually has not a treatment about 20 times to the criminal justice system

Sandy Gibson: trying to get him to comply, trying to get him in recovery. Accidents

Sandy Gibson: was what they were looking for.

Sandy Gibson: Once he got into the criminal justice system, it changed everything. It changed how he felt about himself. It changed. How he got along with the family. We've never had anybody who was involved in criminal justice before in any of our family

Sandy Gibson: after being in the criminal justice system for so long. We started seeing a real change, and there was a lot of depression

Sandy Gibson: through that depression. You know. He had to overdose a lot

Sandy Gibson: One particular time that he had Over this we called 9 1 one, and he was taken to the hospital. He was in a court program

Sandy Gibson: for 10 years, so he never really got out of them in the court program, and he overdose it called 9 1 one. He went to the hospital, and I followed them to the hospital.

Sandy Gibson: When he regained consciousness I walked into the room, and he

Sandy Gibson: and he looked at me. He opened his eyes, and he said to me, why you should let me go.

Sandy Gibson: and you know someone will tell me that he didn't feel that way, you know. That was just a drug speaking, but it's not the first time he's told me that he's so hopeless, and

Sandy Gibson: I. 20 min later the sheriff's department came in

Sandy Gibson: and said it was a violation that he overdosed, and he was arrested

Sandy Gibson: and spent the next 6 weeks in jail, where I fought for him to go back to treatment instead of sitting in jail

Sandy Gibson: ever. He's a commercial fisherman. He can't do his job.

Sandy Gibson: You know. That's a risky business for them, even though there are votes that he could get on to. They won't. Let him go because he's in the program.

Sandy Gibson: so he just feels like everything that he's ever wanted, Everything that he ever dreamed of.

Sandy Gibson: He's held back.
Sandy Gibson: you know, never to be able to leave the State 11 years, and not leaving the State.

Sandy Gibson: not being able to go to vacations, missing his grandmother's funeral. There were so many things that happened, and I and

Sandy Gibson: every day I see him sinking deeper into this.

Sandy Gibson: which I just don't think.

Sandy Gibson: I think, that we have. He hadn't been involved in criminal justice, and we got him a great lawyer. He got out of the system before, even not in.

Sandy Gibson: I think we would have had a a different life for him

Sandy Gibson: in the sentence that he had was less than 10 years

Sandy Gibson: from Drug Court. He was way way longer, drug course.

Sandy Gibson: So let's talk about a harm reduction really quickly, because it it is fortunately in our State. It's growing, and the the Department of Health is fully embraced it, and the Department of Addiction services is fully embraced it. And so it's rolling out across the State. In fact, we have new harm. Reduction legislation that says

Sandy Gibson: townships and municipalities can no longer stand in the way of harmony action centers opening. So we don't have to go through them and get approval, which is pretty amazing.

Sandy Gibson: What it basically does is it accepts for better or for worse. That drug use is a part of our world, and we have to minimize any harmful effects rather than ignoring them or condemning them, and just like leaving people without care.

Sandy Gibson: It's complex. There's multifaceted, and there's all kinds of behaviors associated from severe abuse to total abstinence, and we have to acknowledge that some ways of using drugs are just safer than others. And why Don't, we teach people to use as safely as possible to minimize the risk

Sandy Gibson: of overdose. It's non-judgmental. It's non coercive, and it provides services to people who use drugs. We want them to reduce or avoid any kind of a harm to themselves.

Sandy Gibson: and it ensures that people who are using or have a a history of drug use have a real voice in the creation of programs. So we don't just like, for example, a harm reduction center open. They ordered needles for a syringe exchange, and they didn't talk to people who use drugs about them, and they ordered syringes that people who use drugs don't use. It was the wrong kind of a syringe

Sandy Gibson: that they prefer to use, and and it it would create. It was just way too damaging to them physically for the frequency with which that they injected. So they did. If they don't have a voice, and we create programs without their voice. If we create policies and laws without their voice
Sandy Gibson: when they're supposed to be things that serve them, we have real problems. So harm me. Actually make sure that that's not an issue. And we affirm that people who use drugs

Sandy Gibson: are the primary agents reducing the harm to their drug use. We empower them to serve each other. There are harm reduction peers out there, so their peer to peer networks in the harm reduction world, but it recognizes that it's not just this choice of boom. I'm going to stop using it recognizes

Sandy Gibson: the roles of poverty and class and racism. Trauma discrimination, all the social inequities

Sandy Gibson: that makes people vulnerable to drug related juice and drug related harm, and it centers all of that rather than just telling you. It's your problem, and you have to stop. And this is what you have to do. It recognizes all of this. Other things are factors.

Sandy Gibson: and it's not just a service that we do for people who are using drugs. It's actually a prevention strategy as well, a resource that I want to point out to everyone. If you go to drug policy Alliances website, they have a curriculum called Safety first.

Sandy Gibson: and it's completely free. The New York City public schools all use this. Lots of our New Jersey schools use it. You can download the Powerpoints, the handouts, the curriculum. Everything is free. It was evaluated by Johns Hopkins. It's really strong prevention program. It does not encourage drug use in any way, shape or form, but it does also not stick their head in the sand and say, just say no. Let's have a cop, you know. Threaten you, and tell you bad stories

Sandy Gibson: we do know. Dare doesn't work, but for some reason we continue to offer it over and over again. But we do know, do know that this works and it recognizes. Okay. We don't want you to use drugs. It does encourage kids not to use, but it also says, if you do, we don't want you to die. And so this is how you don't die if you do get engaged, and it's important information.

Sandy Gibson: So mandatory accidents is a real problem in so many treatment programs. I'm going to take you back to my friend from Nyu, who talks about how he kept getting kicked out of programs when he was trying to work a recovery program, because he couldn't be honest with his providers about his return to it.

Sandy Gibson: I also occasionally, with leave the center for lots of reasons, and seek out therapy services from other individuals. I'm thinking that maybe if I

Sandy Gibson: an access therapy from other folks that might be more successful in maintaining sort of sobriety.

Sandy Gibson: and I was very disappointed with what I found regarding majority of services that I encountered in New York City.

Sandy Gibson: So I went to to try to services, and a couple of different practice groups.

Sandy Gibson: and also with a couple of independent practitioners.
Sandy Gibson: and what I found was all of them had absence based approaches.

Sandy Gibson: and what would happen is when I would when I would have a slip when I was. You know I wanted to make that part of my therapy, and I wanted to be honest in my therapy in order to benefit from as much service and help as possible, and so I would just close my drug use.

Sandy Gibson: and providers very often would discharge me from services.

Sandy Gibson: saying things like I wasn't committed to my recovery, or I wasn't committed to my therapy.

Sandy Gibson: and therefore in this, you know. I I made a quick change. They were interested in seeing me again, so unfortunately I was booted out of several different service options as a result of my drug use.

Sandy Gibson: and I thought that was so fascinating. Because if we think about the mental Health service sector, for example, if someone is experiencing

Sandy Gibson: symptoms of mental health issues.

Sandy Gibson: Often we kind of provide more wrap around services and brace hooks, and said, like, now is the time to possibly explore or help.

Sandy Gibson: and when I found in the addiction mainstream addiction service in New York City was just the office that when there was a slip when there were problems

Sandy Gibson: I was discharged from services as being as not being compliant or seen as being resistance.

Sandy Gibson: and not committed to my recovery, when nothing could be further from the true, and that I really wanted to help. But I was doing all I could to stay over, and I really wanted to be able to succeed in treatment and succeed in therapy.

Sandy Gibson: So this this leads us to a paradigm shift, and the paradigm shift is moving away from a disease model where it's something that happens to you.

Sandy Gibson: and and permeates your life and transitions it to thinking of it more as a complex interaction of personal suffering and social context. The disease model ignores all of the complexities of what it means to have a problem with your drug. Use.

Sandy Gibson: It ignores the fact that you've experienced systemic racism that you were abused as a child, that you grew up in poverty, that both of your parents were incarcerated in the Drug War, and so you were in foster care, and shuffling around from family to family disease, model neatly wraps up in a little bow and says, oh, look, you have a disease, and it ignores

Sandy Gibson: the social context and suffering that have made up a person's life

Sandy Gibson: that's completely ignored by referring it to as a disease and cancer is a disease, and we can
never say, okay, I'm just not going to have cancer anymore. But a lot of people make changes in their life and say, i'm not going to misuse this drug anymore. They make that choice. Not everyone can.

Sandy Gibson: 10% can't. 90% can. So to college a disease is really disempowering and not authentic.

Sandy Gibson: and ignores the complexity of of why someone is using. To begin with.

Sandy Gibson: the criminalization of drugs and participating in mandatory treatment also is a violation of our values and our ethics. Whether you're a social worker or a counselor.

Sandy Gibson: I listen to you like self determination, to respect and promote the right for self-determination and identifying and clarifying their goals. Well, they don't want to be in treatment with you but you're telling them they have to be there, and if they don't show up. You're going to tell their probation officer, and they're going to go back to jail. That's not really self determination.

Sandy Gibson: but it is a social injustice which is one of our values, is to challenge that

Sandy Gibson: with counseling again, promoting social justice and the primary responsibility is to respect the dignity and promote the welfare of clients and to avoid harm. Right so. But there's great home. The research shows that there is great harm associated with mandatory treatment.

Sandy Gibson: So I'm. Going to give you a couple of examples of how this can work.

Sandy Gibson: Portugal did this, and they transitioned their money into services and introduction, and away from incarceration and prosecution. Everyone was terrified that this was gonna result in an increase in substance use, and you can see from this chart that didn't happen. Substance use went down. But what did happen is they saw a 60% increase in people seeking treatment

Sandy Gibson: because there was a diminished stigma over using drugs. There was no longer a risk of involvement in the criminal justice system, and therefore people felt safe to go to treatment. They embraced a harm reduction model. It was no longer mandatory abstinence to go to treatment, and so 60. So when I talk to providers who are afraid of decriminalization, they say you know people will get the help that they need if we decriminalize.

Sandy Gibson: Look, look what happened in Portugal. Imagine if your number of people seeking services from your program increased by 60, and 100% of them wanted to be there.

Sandy Gibson: That's what decriminalization looks like in Portugal, and can look like here. They also in Portugal. You essentially get a ticket If you have possession of a personal use, drug

Sandy Gibson: quantity, and you go get a help assessment and you get it the next day, because research also shows the point of time from an intervention to services received the shorter, it is the more likely you were to show up and engage. So next day, if you get a ticket, 8 am. The next day you're at the Dissuasion Commission. You get a health assessment, so everyone goes. They do this health assessment. 90% of people are deemed not to have a substance use problem and told to have a nice day. The 10% who have a problem, they offer them treatment. If they don't want it, they don't have to go, and if you ask them why.
Sandy Gibson: they say, because we're not interested in throwing away our money. There's no evidence that compulsory treatment works. Why would we ever put our money there?

Sandy Gibson: You can see here this is a a drug induced desk.

Sandy Gibson: United States versus Portugal. Huge differences. This is 2,017. So this is Post decrim. So this is apples to apples because it's per 1 million. We're 1 85. They're at 6,

Sandy Gibson: and before they decriminalized 1% of their population was addicted to opiates. 1%. Of their population that's huge

Sandy Gibson: by far greatly exceeded the addiction rate we had here in the United States at that time. Look at the difference in our overdose rates. When they have decrim. You can see their drop here from 3 69 per 1 million down to 30

Sandy Gibson: huge drop. Look at their drop at HIV and the drop in the number of people incarcerated.

Sandy Gibson: and then, when they they had an outside evaluator, come in in 2,014, so 14 years of of policy, implementation of Decram, and they surveyed everyone who was involved like a subsection of people who were involved, basically got a ticket for possession.

Sandy Gibson: And they said, what's the point of having to go to the Persuasion Commission.

Sandy Gibson: and the responses are to help to inform, to help, to inform, to refer all the way down

Sandy Gibson: only 9 people to punish.

Sandy Gibson: Look at all of the helping and informing that's happening there. The services that they're receiving.

Sandy Gibson: So the pathway here can be things like lead that's happening all across the country. Now, where law enforcement is actually taking people to services instead of to jail. And in fact, we now see that 80% of people who are picked up by police in a lead program and taken to services instead of jail never get re-rested that is not the same statistic for people who are taken to jail.

Sandy Gibson: We have declined to prosecute 9, 1, one good Samaritan laws, legalizing cannabis in a lot of States, but ultimately measure 1 10 in Oregon measure. 1 10 in Oregon was voted on by the State of Oregon in one of their elections, where people overwhelmingly

Sandy Gibson: decided that they wanted to decriminalize all drugs in their State. They already had legalized recreational cannabis, so they were starting to see the revenue associated with the taxes on that. And so people would get basically a civil fine, or the equivalent of a speeding ticket if they had low, level drug possession offenses.

Sandy Gibson: and then they could avoid actually paying the fine if they couldn't afford it by completing a health assessment. So in Portugal the help assessments are mandatory in Oregon. They're optional, but
you can by doing one you don't have to pay your fine. So this is the language that they had on their measure, and these are the outcomes of the vote. So there was overwhelming support across the State.

Sandy Gibson: and they were using the marijuana taxes and a lot of law enforcement cost savings in order to start rolling this out, and they created something called the Drug Treatment and Recovery Services Fund.

Sandy Gibson: and they were using this

Sandy Gibson: to fund addiction recovery services and increasing community access to care. So this is this is what that community access to care looks like in Oregon, and the thing so harm reduction is a big piece of it also housing. So if you think about like mass flows hierarchy meeting people's most basic needs before we can ask them to engage in services or any kind of therapeutic intervention. Let's make sure you have a place to live. You have food, and it's not just temporary and transitional recovery housing. They're permanent housing built into this.

Sandy Gibson: and this is the budget like before decriminal after

Sandy Gibson: substantial increases in resources and revenue. And the good news is, this is not like a top down approach. This is the team that's putting together Decram in Oregon.

Sandy Gibson: These are all the agencies community based established agencies across the State. They didn't come in and create this new State level organization. They went in and said, Who does? Who do people in the community already know and trust.

Sandy Gibson: and how can we expand what they offer to meet the needs of our community? So people weren't afraid of of L, that nobody's program, you know, went under or lost clients. It's it's. It's really amazing how they've come together as a community and provided this, so they're called the Health Justice Recovery Alliance, and it's been enormously successful. In fact, they just in July came out with their statistics of their first full year, rolling out of Decrim and in Oregon they saw an 85% decrease in the racial disparity of who was arrested for drug possession

Sandy Gibson: and or or brought it for drug possession, because you can still get arrested. If you have more than a personal use, quantity because distribution is not legal, just recreational, small quantity use, but the racial disparities in their drug arrest were reduced 85%

Sandy Gibson: through decriminalization.

Sandy Gibson: The World Health Organization fully supports decrim they also support Banning compulsory treatment mandatory treatment. So does the Global Commission on drug policy supports Decram and says: we need to stop imposing compulsory treatment on people who just have a drug charge.

Sandy Gibson: But in the wrong way.
Sandy Gibson: Imagine a world where we have what we need to overcome our challenges where we can get and stay. Well.

Sandy Gibson: the truth is, life is hard.

Sandy Gibson: We all struggle with something, and for many this includes addiction.

Sandy Gibson: Imagine a world where we treat each other with care, a world where people aren't locked away for our mistakes, but offered a way to heal

Sandy Gibson: where we have, and treatment are widely available, helping people overcome these challenges.

Sandy Gibson: When we join together we can make this a place where we have the support that we need to recover from addiction and shape our lives into what we imagine they can be.

Sandy Gibson: Okay, I will love to entertain some questions.

Jessie O'Brien, NAADAC: Well, we have a lot, so I will get started hopefully. I made some votes. You can still vote as I go through. I'm going to start with the most uploads.

Jessie O'Brien, NAADAC: The first is from Natasha. What does it budget working towards the Drug War look like budget set aside for police and ascent Only treatment. What kind of things are funded, I think, is the question.

Sandy Gibson: because it really needs to be community driven. Every every community has different needs.

Sandy Gibson: Every State has different resources. So there is, I I can't imagine this is going to happen on a national Federal level anytime soon. What is going to happen is this is going to go State by State, and ultimately it is going to go Federal. But I think it's going to be a while, and then that kind of budget is going to be very different. But I can't predict what any one state is going to be. It is not a defunding of police situation. I you saw on the budget in Oregon. There was a a significant increase

Sandy Gibson: in the police budget. It's just a reallocation of what they're used for, instead of arresting people and taking them to jail, they're finding people who need services and taking them to services and making those social connections. So it's actually changing the relationship the police has with the community because they're no longer perceived as a threat.

Sandy Gibson: Instead, they're perceived as someone who's there to support and engage. So they're actually seeing a much better community police relationship as a result of that. But yeah, the budgets will be very different. But the amount of money we spend incarcerating people is enormous, and it is the number. One source of incarceration. Is personal use drugs right? Every 23 s we arrest somebody in this country for it. So all of those people we don't have the cost of going to court, of jail, of prison, of prosecutors. Like all of that, those expenses go away.
Jessie O'Brien, NAADAC: Thank you. A lot of money for treatment. Okay, so this is a 2 part question. I can see the information is more on decriminalization because of the disparities created by discrimination and stigma. But on a smaller level, where does accountability come into play?

Sandy Gibson: Well, you know that's the accountability needs to come in. That's why I started with the history piece.

Sandy Gibson: The accountability comes into play by having a system designed to oppress certain segments of our population, and that oppression has created intergenerational harms of those communities, and those harms are traumatic, and trauma is a contributing factor to drug use.

Sandy Gibson: So for us to go and say it's on you. You figure it out with that acknowledging that all of these systemic factors that we've created with our drug policy created this environment where you're using drugs to cope with it.

Sandy Gibson: And so we need to take the responsibility to change the environment.

Sandy Gibson: while we're also supporting someone and giving them the opportunity. If we can change the environment. That's a pressing them and they're using in response to it.

Sandy Gibson: And then we give them the support they need to make the change.

Sandy Gibson: It's the perfect formula

Jessie O'Brien, NAADAC: awesome. And then the next part is, Can you explain

Sandy Gibson: decriminalization versus legalization?

Sandy Gibson: You're using drugs, and and it's not legal. So we are going to identify you, and we are going to connect you with services. So what social determinants are happening in your life that cause you to use. Well, maybe none. I was just like at a bachelorette party, and we were smoking some weed, but like life is pretty sweet.

Sandy Gibson: So okay, go forth and live your sweet life.

Sandy Gibson: But if it's like, you know, i'm really struggling, and there's all kinds of problems in my life. We now have resources because we're not spending all of our money prisons and prosecutors and jails and court systems and probation officers. Instead, we now have housing options for you, so you don't have to worry about being evicted because we have housing resources for you and your family, and you can stay intact.

Sandy Gibson: So let's let's see what your needs are that's leading them. How can we meet these needs? How can we can provide you with support? And maybe that leads to the behavior change.

Sandy Gibson: Again. Remember, most people in in in this country the vast majority of people who have a substance use disorder.
Sandy Gibson: Go back to not having a substance, use disorder and never get treatment at all.

Sandy Gibson: We're forgetting that that's what most people do. It's just not who we see, because obviously they already fall into the people who seek treatment realm. But just because they came to see us doesn't mean they can't be like most people.

Jessie O'Brien, NAADAC: Okay, so this is from Victoria. Do you have a resource for providers for proper documentation, for harm reduction services? I have experienced a lot of agencies, slash providers who fear liability, thus causing discharge of clients who are using.

Sandy Gibson: You know what I don't. I'm gonna create it? Based on that question. Can you put your email in the chat.

Sandy Gibson: That's a horrible thing to hear. And I'm: so glad i'm hearing it.

Sandy Gibson: Let's see. Is that popping up in the chat? Not yet. Okay, yeah, I want that email, Victoria Victoria. If you're there, I know Victoria. Oh, there it is.

Jessie O'Brien, NAADAC: Okay.

Jessie O'Brien, NAADAC: Oh, someone else wants it to. Now you've opened up a can of worms. They're gonna to you, and you can post it with the that's a great idea. Yes, we will post it. And the resources with this with this stuff, like when you get your CEO, you can get that.

Jessie O'Brien, NAADAC: Everyone wants that. Okay. So we will post it for the resources. Thank you. That's a better idea.

Jessie O'Brien, NAADAC: Okay. So next question, how is harm? Reduction different from enabling?

Oh, yeah, that's very simple. I'm trying to keep you alive.

Sandy Gibson: I recognize first of all, your right to agency and self determination as a human being.

Sandy Gibson: I recognize that just because I want you to stop doesn't mean you're going to. I recognize that things have happened in your life. If you're using problematically, you probably have some kind of trauma history, and you're using a response to that. And so, if i'm unwilling to recognize the social determinants in your life that led to your use, whether it's your trauma, your your living in an unsafe community being displaced. Whatever your history is leading to that, i'm not going to ignore that

Sandy Gibson: i'm not going to ignore all of those roles that that plays in your life that leads to your use. I'm going to sit with you. I'm going to be with you. I'm going to care about you. I'm going to help you stay safe and not die.

Sandy Gibson: I'm going to connect you with services, but i'm not going to threaten your ability to receive those services. If you don't do what I want.
Sandy Gibson: because I recognize right now, you can't when it. When I teach this in my classroom, I talk about it like teaching someone to swim.

Sandy Gibson: If somebody doesn't know how to swim, and they're out in the ocean and they're drowning. You know we throw them a life preserver. We let them hold on to it right. So so someone who's using drugs has social determinants in their lives that are leading them to use drugs.

Sandy Gibson: and they're holding on to their drug, which is their life preserver to keep themselves from going under that's what's keeping them? And if we throw them into an absence based space. We're essentially ganking away their life preserver, saying, okay, let's teach you to swim, but they're drowning.

Sandy Gibson: They're drowning, and they can't hear you to learn to swim, but can we let them hold on to the like preserver and teach them to kick?

Sandy Gibson: Look at you. You can kick. This is awesome.

Sandy Gibson: So if we trauma informed, care, meet their most basic needs. Think again, Maslow's hierarchy, talk to them about what's going on. Learn about what these social determinants are in their lives, provide them with resources and support, and then maybe they'll also just hold on with one hand, or maybe they'll let go, and they're doing really well, but they get tired and they grab back on and in our society. What we do is say, oh, you grab back on you're out. You failed, and we kick them out.

Sandy Gibson: but they grab back on because something's going on that they couldn't handle, and I needed to hold on to that life preserver again. They needed a break.

Sandy Gibson: And so that's what it is. It was, you know. So let's talk about what was leading. You know. Why. Why did we have to grab back onto that? What was going on? We have a whole in our in our safety plan, you know. Let's figure out what that was, because, you know, we we want. We have to work with what their goal is.

Sandy Gibson: We have to stop thinking. We have a right to tell people what their goal is like. You know I I know none of us, probably like people jumping in our lives and forcing us to do something we don't want to do, but for some reason we feel entirely entitled to go to that to other people.

Jessie O'Brien, NAADAC: Definitely. Thank you. Such a great answer.

Jessie O'Brien, NAADAC: I'm getting lots of applause in the chat box. Okay, so please tell me

Sandy Gibson: how we can do harm. Reduction with someone on crack cocaine or heroin. Both are highly addictive substances absolutely, and we want them to stay alive. And there is fetin all of it.

Sandy Gibson: So there's so many different types of harm, reduction strategies or safe smoking kits.

Sandy Gibson: because a lot of people will smoke glass pipes that are cracked

Sandy Gibson: cut their lips have blood on the crack pipe, pass it to someone else. Have blood on their
clock pipe and their crack lips, and they're spreading diseases through that, so we can have safe smoking kit, so that doesn't happen. We can have testing your drug kits to make sure there's not fetin all in it. If there's spent all in it, you always make sure you're using in groups time. You're using everybody doesn't use at the same time take turns using 10 min apart. So someone overdoses someone else is is able to give them Narcan, and call 911 if we all use together, and there's spent and all in it. We're all

Sandy Gibson: all going down together. There's no one to give the Narcan. There's a phone number that you can call on 800 number. So if you are using a loan which we?

Sandy Gibson: It's like Don't. Use alone. But if you do harmony, action is a whole lot of. But if you do right, even if someone's trying to be absent. It's we can work on that absence of space plan, but there always has to be. But if because I still don't want you to die, because dead people do not recover

Sandy Gibson: so; but if you do, then so if you use it, we don't want you to use a L. But if you do. Then make sure you're using this number. There's also apps you can do. I'm about to use, and they say on the phone with you, and if you're unable to respond to them. They think you overdose, and they call an ambulance and send them to your location.

Sandy Gibson: So there are different ways to cut into the space to keep people safe.

Jessie O'Brien, NAADAC: awesome. So any good time for one more. This might have to be a quick answer. But basically someone's asking

Jessie O'Brien, NAADAC: Arizona has a new bill that would charge drug dealers that cause overdoses with class one felonies with the mandatory minimum sense of 35 years. There was another question about those people being charged with homicide. How can we effectively lobby against this change?

Sandy Gibson: It's Arizona, my greatest sympathy.

Sandy Gibson: They They have some of the harshest, most punitive.

Sandy Gibson: harmful drug laws in Arizona so many people have died.

Sandy Gibson: and incarceration in their care. A woman was left out in the hot sun in a cage. They literally have individual cages and put them in the sun. So they bake during the day, and she died of heat exhaustion. They have chain gangs where they chain them up and make them walk in the heat, and pick up garbage on the highways, wearing t-shirt saying, i'm a drug addict. It is the the harmful drug policy that comes out of there is just

Sandy Gibson: the

Sandy Gibson: I didn't have words for it, and it honestly, it's a matter of working through your legislators. If you have a a local Arizona State working with them and their advocacy folks.

Sandy Gibson: any policy advocacy organization it needs. I don't know what you're putting items on the ballot is. But if you could do a ballot initiative, I mean organ did a ballot initiative for decrim in New
Jersey, we can't do that. Our legislator has to give us permission to do a ballot initiative.

Sandy Gibson: so we always have to go through them. I don't know what your laws are in Arizona, but it's definitely something that's going to require policy advocacy, and you're going to need an organization bigger than yourself to really get in there, but you can bring, like your your State Aca. Your State, N. SW. Your state, whatever your professional association is, you can bring them in and and bring people together like start a movement to do exactly that.

Jessie O'Brien, NAADAC: So, guys, this is a and I have to thank you. We have to end now, but this is actually great, Segue. We we have a lot of great material on advocacy. We have act like videos on demand advocacy, 101. We also have our Advocacy Conference coming up in

Jessie O'Brien, NAADAC: April, March. And now i'm like forgetting there's so many things. But having seen action, and you can learn how to advocate. There's a a. Part of it can be done virtually. This one is going to be in person on the hill, but there's so much great information out there that we offer on advocacy. So yes, if you need any help finding it.

Jessie O'Brien, NAADAC: there is a sales. Let us know. You can always email us@seeatnode.org. Thank you, Dr. Gibson. This was so great we're getting so much great.

Sandy Gibson: Arizona secretary from me back is on there. Did you see that she's N. I. K. I. F 6 1 0 at Gmail. So whoever was asking that hit that up yeah get involved, get involved to get involved.

Jessie O'Brien, NAADAC: So just a reminder. We have 3 min left. So after this event ends, listen up. Are you ready? Okay. So this will end.

Jessie O'Brien, NAADAC: And then, in that live event, where you came in here, where you entered through the door, it will change. There' be a thank you message that will look like this. And actually it'll be highlighted in yellow. This click here link that will take you to the quiz.

Jessie O'Brien, NAADAC: If for some reason you can't find that that's okay. You will also get an email that will go 1 min after this ends to your email. Okay. That also has a link to the C quiz.

If you still can't find it.

Jessie O'Brien, NAADAC: don't worry. You can email us@catnedak.org it's in the same place. It's in the education center in this course, so if you can find your way back there, you can also get to it that way. So once you click on the quiz, you can answer the questions, and then it's like submit answers. Go to next item, complete the survey, submit answers, Go to next item, and pop up. There will be your certificate.

Jessie O'Brien, NAADAC: and you can download it. It'll also be in your profile there. So don't worry

Jessie O'Brien, NAADAC: also. So we're really excited to announce the launch of the Rtr certificate program that was created in collaboration with Dr. T. On Dayton. Some of you may have attended the Webinar last week.
Jessie O'Brien, NAADAC: I believe it was last week on the 20th, with her on socio metrics. It was a great sort of introductory to socio metrics. Their user-friendly and incredibly effective way to engage in bond groups.

Jessie O'Brien, NAADAC: It's such a great trauma intervention, and in a field where we really don't have a ton of effective trauma treatments, there's a ton of that you can get. You can pay to learn. I know you can put a lot of money on. There's so much out there, but they're expensive, and this is affordable. It's super effective. It's super easy to implement. I definitely recommend you to check it out. Watch some of the videos.

Jessie O'Brien, NAADAC: and see if you're interested in it. We have a couple of live trains coming up as well. So please check it out. And again you can email with any questions that you have.

Jessie O'Brien, NAADAC: We continue our 2023 Webinar series, with some amazing webinars on February 8 we have substance use to sort of suicide and recovery beyond shame and stigma.

Jessie O'Brien, NAADAC: February seventeenth. We will continue with our co-occurring disorders specialty series part 2 will be understanding, eating disorders and recovery from addiction and harm reduction, so feel free to join us. For that we also will continue within our Free Webinar series. We have a Peer Recovery Support Series.

Jessie O'Brien, NAADAC: and that meets on Thursdays once a month, and beyond 12 steps, the neuroscience of recovery coaching.

Jessie O'Brien, NAADAC: feel free to check it out. Sign up for any that you might be interested in. If you are not a member of yet I highly recommend you join, and here is why.

Jessie O'Brien, NAADAC: I don't know what it costs for your state specifically, but it's probably about, I think, in New Jersey or New York. It's like a 100 and something, and the cost of cease if you are a credentialed professional is usually.

Jessie O'Brien, NAADAC: I think we're one of the cheapest, but it could be like 1520 25 per Ce. If you join, you can get them for free and all of our free series, and then you could take so many. And then you've paid for it. You just have to take 2 or 3 to cover the cost of your membership. Anyway.

Jessie O'Brien, NAADAC: Consider it if you have not joined. That is all I have to say. Thank you so much, Sandy. We loved having you here.

Jessie O'Brien, NAADAC: They're getting requests to have you back, and this will be available on Demand everyone. So if you want to watch it again. If you want to encourage anyone to watch it, please do so. We want everyone to see our content. So stay connected with us. Have a wonderful rest of your week. Happy February. We made it through the what feels like the longest month of the year, I think.

Jessie O'Brien, NAADAC: Anyway, take care, Bye, everybody.