**Greg Anderson**

**Narrator**

**Amy Sullivan**

**Interviewer**

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**Duluth, Minnesota**

Greg Anderson -**GA**

Amy Sullivan -**AS**

**GA**: My name is Greg Anderson. I am the Social Service Supervisor for St. Louis County Public Health Human Services in the area of Chemical Dependency Services. I have been employed with St. Louis County for twenty-four plus years. I have a bachelor's degree in sociology from Minnesota State Mankato. I have a master's degree in social work from the University of Minnesota Duluth. I was born in extreme southeastern Minnesota. I grew up on a farm outside of Mable, Minnesota, which is forty miles south of Winona. Went to high school, graduated from there. I already described my college life. I was born in June of 1956.

**AS**: Do you give me permission to record this interview?

**GA**: Yeah.

**AS**: I just have to say that.

**GA**: Cover the bases. In case my attorney calls sometime.

**AS**: So you grew up on a farm outside of Mable, Minnesota and then went to Mankato.

**GA**: Two years in Winona first, then transferred to Mankato State.

**AS**: Oh, okay. So does your family have a history of college education?

**GA**: Neither my mother or father does. My sister had degrees in both sociology and nursing.

**AS**: Did your parents encourage you to go to college?

**GA**: Absolutely. Growing up in the sixties, early seventies in a small, rural town basically there wasn't a lot of industry. The primary business or industry was farming. I was not in a position to really take on the doo-doo. Allergies and other things. I wasn't in a position to carry on with the family farm, so it was real clear. My sister was eight years older than I. She had gone and went to nursing school at Mankato State University. That was that. Needed to move on, and I was more of a person-oriented person. If I could have handled calculus I would have been a meteorologist. Then I went to look at mass communication journalism, news broadcasting. Spent some time there. Realized I couldn't handle the egos that were present in that area of work, so I slipped into sociology. Got my BA degree and spent three summers as the summer rec program director for the Mable and Canton communities. Had this strong love—my first love outside of family is baseball. I spend a lot of time following that when I'm not working. That's kind of that.

That got me to the Twin Cities. From 1978 to 1987 when I got married and moved up here I worked in nursing homes. I was a short-time activity assistant, activity director, and then spent probably eight years as a social service director. Basically coordinated admissions, discharged planning, addressing psychosocial needs of nursing home residents while in the nursing home.

Did that, then met my wife and moved up here. Realized I didn't have a lot of job opportunities with just a sociology degree, so I was one of the first graduating class members of—the advanced generalist program—MSW program—at the University of Minnesota Duluth. UMD had basically discontinued their MSW program, and this was the start up of a new program going more into advanced generalist or generalist practice of doing standard basic social work with advanced education. It was a really enlightening experience for me, and it was really unique because in school for the two years in our class of about twenty something individuals I was basically the only one that had worked in gerontology. Everybody else was Children/Family Services. There were two or three individuals that were dealing with chemical dependency, substance use disorder type things. My interest at the time continued to be geriatric, elderly, assisting and supporting individuals going through the aging process. Being able to assist and support them and the families. The aging process is an evolving process of grieving because as we age we transition. When we transition we lose certain skills and/or certain access or stages of life, and we have to be able to deal with that and then go into the next phase of life. As one gets older, as I currently am, even having more realization and understanding what I witnessed and experienced in the early years.

Got through school at UMD. Had done an internship here at Children and Family Service, which at that time was St. Louis County Social Services. I was able to do an internship at the county nursing home. Finished that. Was later hired as a child protection worker. Commuted for over a year and a half to Hibbing, Minnesota. So it was a hundred and forty-four mile trip each day to work. After about eighteen months of doing that our first child was born and I had the opportunity to work for the state of Minnesota at the Minnesota Veteran's Home in Silver Bay that had just opened. I spent a year there working on admission coordination. It wasn't a lot in relationship to discharge [unclear]. Basically it was kind of a last phase of life for veterans and veterans' spouses, and in the meantime the program was also looking at adding an Alzheimer's or dementia unit to the program.

I was there for a year. We were starting to train staff as we looked at opening the additional forty beds in the unit for an Alzheimer's group, but then I was able to return to Duluth and get a job at Chris Jenson County Nursing Home as a discharge planner as Chris Jensen was adding a new role in a rehab unit. With my internship and experience I had established nice relationships in the nursing home, and so they were very happy to bring me on board. I spent two and a half years at the nursing home. Came to the realization—I loved the work—but Duluth and St. Louis County Social Services was going to be my employer probably for the rest of my professional career. I needed to come down to the government service center and get myself established here. I came down in 1995. Spent four plus years as a contract manager. Basically working on purchase of service contracts for various units and divisions anywhere from children family service group homes, home care agencies, board and lodge programs, assisted living programs, chemical dependency treatment programs, mental health centers. I had a very wide variety of experiences within those service areas. I did that until April of 2000.

In April of 2000 I decided I needed a change. I needed to have more experience, so I became an adult foster care licenser. I was an adult foster care licenser for over two and a half years, and then based on some encouragement I had received from one or two supervisors within the department we were going through a succession plan, we had an iconic adult service supervisor who had been managing both mental health and chemical dependency services for fifteen to twenty years—she was very iconic within the human services community here in Duluth and St. Louis County. She was looking at retirement. I filled a position that had been vacant for two years, so I took on chemical dependency adult protection common entry point, and represented pay services, and my responsibilities have kind of evolved and switched, and so since January of 2003 I have been supervising chemical dependency services.

For the first twelve years I was just supervising services in south St. Louis County, and we ended up doing some restructuring at that time. I took on supervision for all of St. Louis County—both north and south. Got Rule 25 assessors in three different offices. We also have a special project, which has been generated through the county board's commitment to support and try to find resolutions to the opioid epidemic. I have been directing and overseeing substance abuse prevention, intervention initiatives since probably April of 2014.

**AS**: How have you observed the opioid crisis? You've been dealing with substance abuse professionally since when did you say?

**GA**: 2003.

**AS**: You have a decade plus experience seeing what's happening in your community. What have you witnessed?

**GA**: Coming in in 2003 the primary substance of choice was alcohol. Alcohol is still seen as number one. There have been a few cycles and trends that have changed. We get into the later 2000s, maybe starting 2006, 2007 we had an incredible upswing in methamphetamine. We were basically dealing with that on two different fronts. Not only the effect it was having on the individuals and family through the use, but also the public health crisis we were dealing with through the manufacturing. A lot of money, a lot of resources were put into that. We actually worked through a collaboration through Children and Family Services unit and through our Financial Assistance unit we were working on setting up a shared family program where basically mothers and/or parents dealing with substance use would be placed into an adult foster home, or actually it would end up being a dually licensed foster home where a parent and child could be placed together to assist and support during the initial phases of the recovery process. A lot of barriers in place from a state perspective in regards to funding. Funding for adults, for residential services through what is called the Group State Residential Housing Program has significant effects on the Minnesota Family Investment Program, MFIP. So using 1) has impacts on others, and I can't get into great detail right now because my memory's kind of faded. We operated it for about two to three years, but there were continuing barriers in regards to getting the appropriate level of funding and getting families to accept what was needing to be done from a financial assistance standpoint.

**AS**: So you were trying to put parents in recovery with their children in order so that their children didn't have to be away from them, but they were being supervised by some other caregiver or adult.

**GA**: Yeah. Monitoring, mentoring, those types of—

**AS**: And you weren't able to coordinate the different funding streams in order to make it work the way you imagined it?

**GA**: It got to be very frustrating. We had actually before I had come into this position there had been ongoing discussions in the past regarding trying to do this for parents dealing with mental illness. This was a continuation. There were some barriers in regards to the funding streams. The state has worked very hard in trying to get things in place in relationship to the efforts to reduce homelessness and provide permanent support of housing services. I'm not sure if some of those things may have now changed. We haven't really taken a look at that. In recent times we've been looking at other projects in relationship to harm reduction for chronic inebriates who face long-term homelessness. We have a program called the San Marco, which was basically a project that has been modeled in several other communities not only within the state of Minnesota, but also throughout the country. Center for Alcohol and Drug Treatment and Center City Housing were key players in that. St. Louis County Public Health and Human Services provided a supportive role in the development. We worked with assistance in utilizing a group residential housing financial assistance benefit to provide funding for those individuals meeting those characteristics. As a matter of fact we're having a ten-year anniversary of it's opening on June 22nd. Alcohol consumption is not a—

**AS**: Do they call those a wet house? That might be extreme.

**GA**: That's a common term. We've kind of shifted from a wet house to a supportive housing for chronic inebriates. That's just another example of what the collaboration and commitment of a community can do to address it. I wish I still had a DVD—a DVD was made I think two years after the opening—and it's called "There Are No Losers," and it's a very telling story. They bring tears to some. I'll have to see if I can find it in my office. Law enforcement was real, I don't want to say cynical, but they had some real concerns about putting this together, and basically the end of the DVD is a very moving statement by our then police chief in regards to the program and what it has done not only for the individuals residing there, but for the positive impact on the city and community.

**AS**: That is a harm reduction model.

**GA**: It is. When you walk out of our office, our building, if you look one block over and up San Marco is there. It is 230 West 3rd Street. It actually has seventy units. Thirty is the board and watch component for the inebriates, and we have forty single room SRO units for individuals. Basically the SRO is geared—we have our Human Development Center which is a community mental health center—they provide supportive services for individuals in the SRO in the Center for Alcohol and Drug Treatment provides the services for the individuals in the board watch.

**AS**: To get back to meth—you saw that was a crisis, you tried to do a housing situation, then—

**GA**: There were a lot of resources being allocated for this. There were enhanced services for Children or Family Services to provide support, direction, and intervention for those families afflicted with the issue. Things kind of, well at least from our standpoint, things fell to the wayside for a period of time, and I think the biggest thing was from a law enforcement standpoint being able to focus and reduce, and not ever totally eliminate, but greatly reduce the labs in the community.

**AS**: Were they in houses in Duluth?

**GA**: Yeah. They were in Duluth, rural Duluth—

**AS**: I've heard of them in rural areas, but you actually had them here in the city?

**GA**: Yeah. I can think of at least three or four instances of those being in homes in Duluth. Basically it wasn't necessarily in lower income areas that this was occurring. It had no boundaries in relationship to income.

**AS**: Yeah, that myth is being busted right now.

**GA**: It's really coming back. Meth is also very, very prevalent. But, things really slowed down probably, and I'm guessing, 2010, 2011. We're just kind of going along. We were dealing with issues, but things were really coming to light, things were really becoming noticeable in 2011, 2012. In late 2012 the then commissioner of the Department of Human Services came up to Duluth with community leaders, I believe our police chief was a part of this panel and presentation, but I want to say it was Lucinda Jesson who was the Department of Human Services Commissioner at that time. Long story short she came in and she was discussing the state's direction to put together and implement a substance use state plan to address substance use.

**AS**: She came up from St. Paul?

**GA**: She came up from St. Paul. I believe there may have been—I think the Minnesota Department of Health and I think another state department was there along with our Chief of Police at the time Gordon Ramsey. We were excited that this was taking place. I attended the session along with our adult service division director Mark Nelson. At the time our north St. Louis County MCD supervisor Mike [unclear], and we also had in attendance a professor from the University of Duluth's school of pharmacy Mark Sneiderhan, and the CEO of the Center for Alcohol and Drug Treatment Gary Olson, Dr. Faris Keeling, and Dr. Beth Bilden from Essentia—at that point it was St. Mary's Duluth clinic. We had some other treatment providers there, but this group started talking after the session, and that discussion led to a series of meetings, which basically was the first step for the development of our Opioid Abuse Response Strategies work group. That's an overview.

**AS**: You had seen the impact in St. Louis County in 2012 was still there, right?

**GA**: Yeah. At that point in time the primary concern was focused on prescription opioids. As conversations came about reviews, discussions, as time went on basically there came to be greater monitoring and control of prescription medications. When those were no longer easily accessed, the entrepreneurship of others reflecting back on supply and demand basically said they can't have prescription medications, but we have something that will fit their need and we will be able to provide it at a price that will be good for us and affordable for them. That started to swing or shift into heroin.

The second page of this references an appearance of two OARS [Opioid Abuse Response Strategies] members, which was basically myself and our first Substance Abuse Prevention Intervention Initiative team member [Marsha Gertel]. We were interviewed on Almanac North. Almanac North is a spin-off of Almanac on Channel 2 in the Twin Cities. Basically those questions were posed to us and we kind of went through them. There had been a major heroin bust I think the day before—the date we were on Almanac North was Good Friday of 2014. There was a major heroin bust either Wednesday or Thursday of that week, and based on that Channel 8 had called Dana Kazel, the communication manager, and was wanting to get some response from St. Louis County in relationship to this. Through that our department was contacted. Our Adult Service Division director was unable to attend, so basically it went to myself and [Marsha Gertel] and we did the interview with two hosts of the program.

The OARS group basically ended up having discussions and leading up to a proposal put together through our then—I think it was late 2000s—our Public Health department and Social Service department merged into Public Health and Human Services. Our Public Health and Human Services department proposed to the county commissioner's developing our Substance Use Prevention Intervention Initiative. Through a unanimous vote in January 2014 they basically approved the allocation of four FTE's to provide prevention/intervention services throughout St. Louis County to address issues relating to substance abuse.

That's our latest draft of our pamphlet or brochure. As you can tell—yeah. [shows the pamphlet] So, that basically gives you the description of what we do in relationship to assisting and supporting individuals, families, and communities throughout St. Louis County. We will do things from public education, trainings, we'll do consultations within a department and family members or others that are calling and concerned and wanting direction or ideas.

**AS**: So people can reach OARS?

**GA**: We're basically an extension of OARS. It was through OARS that this program was founded. OARS came first.

**AS**: That's interesting because what I take from that is that opioid crisis led to thinking about substance abuse prevention and intervention more broadly. Is that true?

**GA**: I think that's very fair. That's basically what we are looking at.

**AS**: You didn't necessarily have coordinated services here, but you decided to expand this to include all substance use rather than just opioids.

**GA**: Yeah. We are doing a lot of our focus on the opioid piece. We do what is called expedited Rule 25 assessments for Children and Family Services. We have an incredibly high rate of out of home placement. Kids in foster care or other licensed facilities and programs related to parental substance use. We have a parent or parents that come in who are at risk of losing their children. They are in borderline crisis or in crisis. If they are willing and wanting we'll do the assessment, oftentimes right then if one of our workers is available, either [Matt Johnson] or [Marsha Gertel]. We also have a social worker in north St. Louis County. He's based in Hibbing, but we'll be able to go and if not exactly that day then the next day. It happens very quickly.

Let me see if I can find [rustling through papers]. Minnesota Department of Health has put together some annual—I can probably forward you through the Minnesota Department of Health—it's basically data, statistics on overdoses in Minnesota. It does a county breakdown. I have basically broken things down for St. Louis County through 2015. The 2016 statistics should be coming out at any point, but we are up to through 2015 right now. You can take a look at the overdoses related to opioids. This is based on admissions to licensed chemical dependency treatment programs. It's not necessarily dealing with individuals, but admissions.

**AS**: Because some people might go in three times in a year.

**GA**: Yeah, as you well know from personal experience.

**AS**: Can you talk to me about the climate of collaboration and cooperation that you think Duluth has, and is doing a good job? Why do you think that is? What are the factors?

**GA**: I don't know if it is something in the drinking water. I mean it's something that I witnessed when I first came to the community in 1987, and there is just something here that is just part of the culture and the value of being able to work together and support each other even though we may not agree on other various items or values in life. When we have a common purpose or see a problem that needs to be solved we can push our differences aside to work jointly and in a collaborative fashion. We submitted a grant proposal to the Department of Human Services for approximately 1.3 million dollars for the state targeted response to the opioid crisis. The state of Minnesota received 5.3 million dollars for 2017 and 2018 through legislation that was pushed and supported very hard by Senator [Amy] Klobuchar to address the opioid crisis for rural communities.

**AS**: Did you say the state got five million?

**GA**: Yeah. 5.3 million.

**AS**: That was for rural?

**GA**: Yeah. I'll see if I can send you a PowerPoint and some handouts that will give you even more information.

**AS**: So you just turned that in?

**GA**: We submitted that on April 28th [2017]. St. Louis County Public Health Human Service submitted a proposal as the lead partner in a consortium with Duluth Police Department, Lake Superior Drug and Violent Crime Task Force, Rural AIDS Action Network, Center for Alcohol and Drug Treatment, University of Minnesota Duluth School of Pharmacy, six judicial district drug courts, and Carleton County Public Health and Human Service.

**AS**: So it's for St. Louis and Carleton County?

**GA**: Carleton County will receive no financial benefit from the application, but the things that we're doing will allow Carleton County residents access to particular things in relationship to drug court and probably the star component in this proposal is the development of a medically monitored opioid withdrawal program through Duluth Detox. Basically it's a six-bed expansion of the Duluth Detox program, which is managed by the Center for Alcohol and Drug Treatment, who collaborated and helped facilitate the San Marco program. Basically this will be for individuals to go through medical withdrawal with nurses and doctors monitoring. There will be medication that they need. The Center for Alcohol and Drug Treatment also has the Clear Path program, which is a medication assisted treatment program, which utilizes both methadone and Suboxone.

We went through a significant borderline crisis situation back in I want to say 2013. We had a methadone program, and I don't want to get sued for what I'm about to say, but we had a methadone program called Lake Superior Treatment Center. Basically they were going through significant concerns and issues in relationship to meeting licensing. State Rule 31 licensing requirements. I want to say it was either in 2012 or 2013 their license was revoked, which put the state of Minnesota in a crisis situation because they were one of five or six programs under the same company based out of state. In the state of Minnesota when a license is revoked it is revoked for all programs under the parent company. If they would have closed Lake Superior Treatment Center they would have ended up closing I think three or four programs in the Twin Cities, one in St. Cloud, and one in Rochester.

[section omitted]

**AS**: But the other place was a licensing issue about the way they were monitoring the methadone?

**GA**: Yeah, there was a long list, but things are set up where if a provider appeals the revocation they can maintain operation through the appeal process. The appeal process went through about a two plus year time period. During the initial onset of this we were meeting with the Department of Human Services state contingency plans if something ended up playing out and the program was closed. As a result through collaboration with the OARS group St. Louis County put out an ROP for a community based treatment program. We received a number of proposals. We ended up doing personal or presentations by three finals in the area and we basically ended up reviewing and choosing the Center for Alcohol and Drug Treatment. Gary Olson, the CEO, had been talking about putting something together four or five years prior to this piece, so this raised the level of need. Gary and the Center are just so reflective of the collaboration and the efforts to do things.

**AS**: He's from here? He owns it?

**GA**: He's from here. It's a non-profit. He's the chief executive officer that's been working and dealing with this stuff for thirty plus years.

**AS**: You picked someone that also reflects the community itself.

**GA**: Yes. Focusing on community needs. Gary is very adamant about this being a public health issue because it has such an impact on individuals' families in the overall community. It's very reflective of what we are trying to do as the OARS group.

**AS**: Is he on OARS?

**GA**: Yeah.

**AS**: You keep all the people who've got their hands in this issue around the table?

**GA**: Yeah. We meet every two months. Our next meeting is June 15th. If your calendar allows you can certainly—I can send you an appointment. We meet on the second floor. It's a really exciting time. Based on what was sent out in relationship to the grant proposal we might be hearing tomorrow on whether or not—they were talking twenty-one days. It's such a tight timeline. The state submitted their plan in January, and basically these programs are supposed to be running by July 1st. Basically the awards have to be done and then the contract and negotiation piece between the awardees and DHS. They basically have the contract signed and get things in place on July 1st. It's been a real interesting process.

**AS**: You were saying one of the things it includes is six more beds, managed detox. What are some of the other parts that you think are special or particular?

**GA**: A rapid response for overdose victims. We're collaborating with Duluth police, the Lake Superior Drug and Violent Crime Task Force. Jeff Kazel can give you a lot more detail with that. What we are doing through this particular piece we are looking at an expansion of Narcan or naloxone access. Being able to provide naloxone or Narcan and training to use that substance. The target is all law enforcement agencies throughout St. Louis County. I think sometimes I get lost in the details—I'm not sure if that's also going to possibly include other emergency responders, but definitely all law enforcement agencies throughout St. Louis County.

We're going to be partnering through our substance use prevention intervention initiative our social workers to provide rapid response in regard to follow up support. We're going to try to get out and see the individual in one or two days. If it's a Friday evening we probably wouldn't be able to do anything until Monday. Being able to get out to the individual, provide them a Rule 25 assessment, which is the first step in access in treatment, and provide other alternatives or supports that may be applicable or necessary. Trying to establish that contact as early on as possible to get things in place to provide support.

**AS**: It's filling a gap where there haven't been enough resources or enough people to treat this quickly.

**GA**: We're hoping that this will be a nice fit in regards to the detox expansion. The thing is we all know the need is going to exceed the supply, but Duluth Detox will be able to bring individuals in and provide a place for them to stay so they can get in the program. Gary Olson and Duluth Detox is going to be working with north St. Louis County Range Detox in Virginia [Minnesota] being able to go into Range Detox and staying at Range Detox until they are going to be able to be brought out to the Duluth Detox program. We'll be working on other ways, too. If possible openings are available. There have been discussions about transportation to and from Ely and bringing people down.

The thing that gets lost with St. Louis County is geographically it is bigger than three states within the mainland. We've got a large geographical area. Another thing too, which we're reminded on a regular basis too, is that St. Louis County is so massive we're dealing with services and issues related to both urban and rural settings. We need to be able to understand and put things in place to address things for both areas. It helps me having grown up on a small farm to be able to better connect and understand some of those things. There are always discussions about, "This happens *here.* That happens *there*." “Shouldn't it be the same?” Well, you've got an apple and you've got an orange. We can't make orange juice with an apple. We can't make apple pie with an orange. Although we can have apple juice and orange juice. May not have been a great metaphor.

**AS**: In an ideal world, from where you stand today, how do you think this crisis can be solved? From your vantage point as being someone who is figuring out where the money is coming from and going. Do you see this being solved anytime soon?

**GA**: It needs to be a community effort, and that's why we've got who we've got in the OARS group. It's been so well documented throughout the past four or five years from law enforcement and judicial legal system we can't arrest ourselves out of this problem. We need to address this from both a prevention and intervention standpoint. We need to provide the support and services for those individuals dealing with the addiction, and we need to be able to outreach and provide education and support for the community so they have a better understanding of what addiction is, what the substances, the drugs, can do to an individual, and in the process also communicate the fact that individuals are not dealing with this by choice. They are dealing with this because they are afflicted with a disease.

One of the key points we are trying to work on on a constant basis is the stigma. We need to be able to remove the stigma associated with chemical dependency and addiction. There is a similar effort that needs to be done in regards to mental health. With the stigma it is very hard for an individual to come up and say, "I'm addicted to heroin. I need help," because there are so many signs and reactions from people like, "Oh, get out of here. You're not worth anything. You're doing this because you want to. You're making bad choices because you want to. Just get out of here. I don't have time to help you." That type of thing.

I think there has been some progress made. Just through discussions and experiences, and fortunately I don't have first-hand experience with this. I've been blessed so far with my own family. In listening to others they've seen what's going on with others, their spouse, their child, or their sibling, and they see and understand the fact that they're not doing this by choice. Through that—that just amplifies the importance of the support groups such as Nar-Anon that Verne Wagner is so involved with because it's through those mutual experiences that people share. It ends up being a snowball that we like to have because good things are going to grow through the passing of this information and communication. We need to address things both from prevention and intervention and prevention. We're not going to solve a lot just by addressing one thing. We are reactive instead of proactive and we have to be both.

**AS**: How did you come by your education around chemical dependency? Did you go to school for it? Have you learned on the job?

**GA**: I've basically learned on the job. Through life experience, too. In my younger days when I was down in the Twin Cities and the more social active lifestyle I was in relationships with individuals that started out great and then all of a sudden it was like A, B, C, and D. This isn't good. Ended up leaving a relationship and getting into another relationship and all of a sudden the same thing starts happening. And it's like, wow. The interesting piece—I established a good friendship with one particular individual in grad school who was a part of the CD [chemical dependency] group in a veteran's hospital. Listening to his stories on individuals and the dynamics that were tied in relationship to addiction. Hearing that kind of explained my earlier life experiences.

Basically through the work. It doesn't matter if you're doing child protection or working with the elderly: chemical dependency and addiction is going to be part of your work. One of the things we are working on from a department standpoint through our Substance Abuse Prevention Intervention Initiative is attempting to put substance use disorder training as a core training function for new social workers, new employees coming into the department. We're not there yet, but we're getting much closer. We have a wonderful training department within St. Louis County. We've done a lot of work with them basically getting quarterly trainings set up. Parental substance use disorder, the ABC's of addiction. We do SBIR [Screening, Brief Intervention, and Referral] training—which is brief intervention and referral to treatment—which is a screening piece that can be done by anybody. You don't need a Ph.D. or a master's. You don't need a college education to be able to do this. Basically it's being able to ask some open ended questions and allow an individual to share and be able to listen to their own situation and develop their own enlightenment to the risks that are involved. Where the individual is at it can be as easy as saying, well, you need to get someone to drive you home at night. Or, I have some phone numbers for you to call. I think it would be really good for you to get an assessment to see possibly if you might be eligible or if chemical dependency treatment might be a good direction for you to go.

**AS**: Do you see it as an education not just for professionals, but for everyone? We seem to be sorely lacking public education around substance use. It reminds me of sex education and how political it gets, and what a disservice we are doing to young, growing sexual beings.

**GA**: It's a tough and very uncomfortable conversation, which is conflicting with values that have been installed with us.

**AS**: It's as if we don't have any trust in people to make decisions for their own health.

**GA**: Absolutely. Part of our program, what I'll call the 'sappy program' is we're trying to get, and we still have to do some work on this, basically being able to—we've had some experiences with school districts throughout St. Louis County. We've worked on trying to provide some support, SBIR training, to employment agencies.

**AS**: SBIR?

**GA**: Screening, brief intervention, referral to treatment. Referral to treatment isn't necessarily going to chemical dependency treatment, but it's referring services. You can find a lot of information on SBIR. It was a best practice established in ERs, not necessarily for substance abuse. It can be a very useful tool. It's something we encourage. We've done SBIR training now for over two years now within St. Louis County for social workers, probation officers, public health nurses.

**AS**: People who have contact with other human beings and trying to help.

**GA**: Trying to expand a professional or personal toolbox.

**AS**: Thank you. This has been really good. I really appreciate the heart you seem to have for this. I don't think people in these buildings with state jobs or county jobs get a lot of credit for the heart that they do have. Even though you're writing grants and doing all this stuff you have your heart in it.

**GA**: It's contagious. Basically the energy and the commitment of the others that I work with have and display regarding this. You can take some credit for that too with this interview. I've been in situations where you're talking to someone but you're really not sure the purpose and intent, and you get a little guarded and concerned about how you are saying it. Matt Johnson, one of our social workers, and I did a fifteen minute radio piece with KDAL 610 last Wednesday. Tom Hanson, who was the radio person that we were working with, and he was bouncing in and out of weather and international news and local news and that type of thing, but he went out of his way just for conversation to establish a more personal type of atmosphere. Once things started—it doesn't often happen but Matt and I got done with that interview and we felt really good about what we're doing, what we said, what we communicated.

**AS**: It's really good work. I'm really happy to have the chance to come up here.

**GA**: It's important. Any time we get the chance to share what we're doing for others to experience or read it's an expansion or an extension to what we're doing. We've got an information card that we're going to start producing. Law enforcement will have it at RAAN [Rural AIDS Action Network] where basically for individuals it's kind of on two sides—it's resources: Range Treatment Center, Center for Alcohol and Drug Treatment, United Way 211 information and referral. That's a key piece. On the inside we're going to have risk reduction points: always use a clean needle, don't use with—harm reduction safety points. I'm blanking on some of the key points. I'll forward you some of the stuff. The Minnesota Department overdose reports.

**AS**: Thank you. This was really helpful.