

Ruth Adewuya, MD (host:

Hello, you're listening to Stanford Medcast, Stanford CME podcast where we bring you insights from the world's leading physicians and scientists. This podcast is available on Apple Podcast, Amazon Music, Spotify, Google Podcast, and Stitcher. I am your host, Dr. Ruth Adewuya. Welcome to season four of Stanford Medcast. This episode is part of our opioid crisis miniseries, and today I will be chatting with Dr. Noel Vest. Noel Vest is an assistant professor at the Boston University School of Public Health.

As a formerly incarcerated scholar, Dr. Vest advocates for social justice issues and public policy concerning substance use disorder recovery and prison reentry. He received his master's and PhD in experimental psychology from Washington State University. He recently finished a postdoc in the Department of Anesthesia at Stanford Medicine. His research interests include mental health, substance use disorders, poverty, social justice, addiction recovery, and pain.

He was also awarded a K01 Early Investigator Award through the National Institute of Drug Abuse to study collegiate recovery programs through an implementation science lens. Thank you so much for chatting with me today.

Noel Vest, PhD (guest speaker):

Thank you for having me.

Ruth Adewuya, MD (host:

You have a powerful personal journey from incarceration to becoming an assistant professor at Boston University School of Public Health. Can you share a little bit about your story and also how did this experience shape your passion for advocating social justice issues concerning substance use disorder recovery and prison reentry?

Noel Vest, PhD (guest speaker):

Thanks for the question. To add a little bit of context just by explaining a little bit about my journey from prison to higher education, this really all started back in my early 20s. I developed a fairly severe methamphetamine addiction, which led to me really just feeding that addiction through crime, quite honestly. I definitely was one of those people that was never really offered any kind of treatment resources. I ended up in prison for seven years in the Nevada Department of Corrections and found recovery in prison.

It's really helped to shape my perspective in really a different way. I would say even though I wouldn't have called it that at the time, my early research was probably some qualitative interviews on the prison yard just asking people what has been their experience, how did they end up here, what was going on. The overarching thing that I heard was that a lot of times it had to do with untreated mental health problems and then untreated substance use disorder. I heard this over and over again.

It really got me thinking, through my own recovery, how can I potentially use this information later on in life? Another really incredible thing happened early on in my prison sentence was that I had a college in prison program come in through the College of Southern Nevada and that really changed my life. It offered me this hope that I had not had before, and it also offered me this idea that maybe I could continue my education.

As soon as I got out after seven years, I enrolled in the local community college thinking that I wanted to become a drug and alcohol professional, and then becoming a drug and alcohol counselor and realizing very quickly that it was not what I thought it was going to be. Just as quickly as I went into that

profession, I got out of that profession. Luckily, I was in school and someone took me under their wings with mentorship, Dr. Sarah Tragesser at Washington State University and really just changed my life.

It brought to me this idea that through hard work I could definitely continue my education, and so went to graduate school and then just finished a postdoc at Stanford, which was an absolutely incredible experience. But through that experience, I also realized that there were not a lot of people with lived experience that were advocating in ways that I felt would be helpful. In 2018, I went to a National Conference on Higher Education in Prison where I was surrounded by other formerly incarcerated scholars.

I listened to the work that they were doing, and it really just motivated me to really put in some work. Since then, I've always looked for ways that I can improve conditions for people currently incarcerated and then also improve conditions for people on their own reentry path, whatever that might look like. And then always keeping in mind that overarching effect of substance use and mental health.

Ruth Adewuya, MD (host:

It's very powerful. I heard a couple of things. I heard availability of that resource is important, that there was such a program. The second was when you were out, you talked about having a mentor. You talked about being able to be surrounded by other previously incarcerated scholars and all of those components that were really part of your journey to get you to where you are.

I think that's amazing and really speaks to the need for society as a whole to walk alongside people who have really serious issues that they can't probably solve for by themselves. You also mentioned stigma. People who have experienced incarceration face the society stigma and face barriers in academia and professional settings. How did you navigate these challenges and what would you tell others who are in similar situations and hoping to follow a similar journey?

Noel Vest, PhD (guest speaker):

I would say first and foremost that really I got lucky in a lot of ways. I served my prison time in the State of Nevada, but was able to transfer my parole up to the State of Washington. Washington definitely had, I would say, a lot more criminal justice advocacy work that had been done in that state prior to arriving there that really allowed for me to be successful. I never saw a criminal history box in Washington State University and then at the community college level, which is definitely not the case in other states.

I would just say in general, the barriers that I faced in Washington State were minimal compared to other states, especially in the South. This kind of journey, it's much, much more difficult in states in the South, and I think it's probably gotten worse over the last few years. But similar to what you said, I found and surrounded myself every step of the way with champions and honestly incredible mentors. A lot of them were within the recovery community. I would share my story.

I would talk with a teacher or a professor in school and we would have that bond. We would both be in recovery and they would want to walk that journey with me. It's not all just people in recovery, but you find people that really want to champion around criminal justice, substance use disorder, and mental health issues. And like I say, the mentorship that I have gotten has really truly been incredible. Keith Humphreys at Stanford. It's not just taking you through the academic journey, it's really holding your hand in these situations.

I consider Keith more of a friend today than I do a mentor. That has just been really incredibly helpful, but not everyone has that same ability to do that.

Ruth Adewuya, MD (host:

I think that's a really great point to highlight. I don't know if it's luck. I'm sure you did a lot of hard work to navigate the situation. As you are in this space, do you find that certain demographics are not afforded similar opportunities?

Noel Vest, PhD (guest speaker):

100%. Obviously all of our perspectives are really shaped through our experience. Being a white male in the society affords me some benefits, some just societal benefits that I don't think are shared by... And I will even say just understanding the historical context of prison, the disadvantage that are placed upon Black and brown people. There are huge disparate sentencing guidelines and sentencing that have really had a large effect on those communities.

There's so many policies around redlining and things that make my experience different than other people's experience. First of all, acknowledging that and just being able to put that out front and realizing that when I go and I talk and I do these podcasts like this, I realize I can't speak for all people coming out of prison. I really try and respect that. That's why I try and surround myself with so many people that can offer so much advice to me.

I have people that I go to often, Stan Andrisse at Howard, so many people that have been through Underground Scholars that really are able to provide that guidance for me around these issues and how I can best use my advocacy in some of these spaces that I'm now invited into as a result of being in higher education and academia. How can I always look for ways to advocate for students that have some of these issues?

Ruth Adewuya, MD (host):

What are some of the most pressing social justice issues concerning substance abuse disorder recovery and prison reentry today?

Noel Vest, PhD (guest speaker):

One of the main things that, especially for prison reentry is criminal history boxes, and it's criminal history boxes at every stage of the career ladder. It is criminal history boxes on pretty much every kind of occupational license that you can get in this country, on housing applications, on employment applications, and on college applications as well. Every single one of those steps that I have taken, I have had to deal with criminal history boxes. The research out there is it does not support using criminal history boxes to make our campuses any safer, to make our workplaces any safer.

This is one area that the research definitely hasn't caught up with the theater of security that we often see. A lot of these policies are low-hanging fruit, especially at the college level. They're low-hanging fruit because something bad has happened on a campus, and rather than really look into systemic changes that a place could make or a community can make, they just take low-hanging fruit, which is this idea that our communities or campuses will be safer if we have these criminal history boxes.

But again, the research just doesn't back that up. I think another thing that is really important for people coming out of prison, and this speaks to mental health and substance use disorder both, is making sure that individuals coming out of prison have health insurance. My mentor, Keith Humphreys, has done a lot of work in this area at the state level in California recently, but just that small change will really pay huge dividends for people coming out of prison. The other thing is providing IDs to individuals coming out of prison.

And then lastly, I would say that Pell Grants are returning to colleges basically that offer college classes in prison, which is a huge change that for the last 20 years hasn't been possible. Really guiding and

making sure that policies are in place to protect students, scholars, those things can really work to provide a safety net and then allow people to have access to some of the programs.

Ruth Adewuya, MD (host:

I don't know what I expected you to say were the pressing issues. Your response is actually very eye-opening to me. What I heard you say is health insurance seems to be a basic thing that everybody should have. I was very surprised by that one. You always see those boxes and I just glance over it and move on to the next section, but not really thinking about the implication of that section for someone who's trying to make change into their lives and things like that. Is there work happening to make those changes right now?

Noel Vest, PhD (guest speaker):

Yeah. The main work that I have done in this area is criminal history boxes on applications to colleges. I've been involved in work in two states now, in Washington and California, which have placed laws that prohibit or strongly limit the reasons that someone can have a criminal history box on a college application. It's, for lack of a better term, Ban the Box initiatives at the college level. As far as I know, seven states have passed Ban the Box in higher education, which is a move in the right direction.

There's always work to be done. You bring up a really good point in that a lot of times we just glance over those things and obviously we check our things. But for someone that has an incarceration history, that box is trauma every single time because that person then has to maybe write a story about what led to their incarceration, or they have to defend themselves. They relive that every single time. Again, I've been really lucky.

Because my crimes were really related to an addiction, I think that mine is more forgivable in society's eyes where people with murder convictions or arson convictions, they are not afforded that same kind of leeway.

Ruth Adewuya, MD (host:

One of the things you just said is around reliving trauma that has already happened. We know that trauma is often a factor in addiction. How can trauma-informed care be integrated into addiction treatment and recovery programs to improve outcomes and also reduce the stigma?

Noel Vest, PhD (guest speaker):

Let's be honest here, trauma underlies all health problems, right? It is such a huge issue in all health problems. It's not just substance use disorder. I would say maybe it's elevated in substance use disorder and mental health issues just because trauma can be a huge factor in it, but really it's underlying a lot of the health problems that we see in this country. I truly believe that having clinicians with lived experience, having a workforce with lived experience and really champion those individual training and hiring people that can be credible messengers.

Making sure that we are training people with lived experience that are truly credible messengers of the community is a really important thing. It's just a fact that the war on drugs has taken a huge toll and trauma really is just a side effect of that toll. Clinicians and a workforce that really truly understand that and can be credible messengers, I think, is really important.

Ruth Adewuya, MD (host:

You mentioned this war on drugs and there's a lot of initiatives to try and upscale clinicians, the DEA MATE Act, trying to make sure that clinicians are trained on how to manage substance abuse disorders and things like that and requiring them to take a certain number of hours on training. What are your thoughts on some of the other drug policies that are currently in place in the United States?

Noel Vest, PhD (guest speaker):

There are so many policies at so many levels. I think the hard part for me is that, again, it really relates back to that first thing that I was talking about, those initial conversations that I was having on the prison yard, which is that mental health and substance use disorders seem to be driving mass incarceration in this country. I think that there are policies in place that criminalize those two conditions, mental health and substance use disorder. I think trainings are great. I do also think that there's training fatigue too in this world where we're always training.

Again, it is very important. I see people and I see them rolled, oh my god, a training on top of all these other training. I think that people sometimes get burnt out on trainings, but I do think that there are policies at a higher level that would allow us to potentially look at ways. Whenever I'm presented a question especially if it deals with policy around the war on drugs is I always try and think through a lens of, okay, so what if this wasn't illegal? How would we deal with this as a true public health problem without taking any contextual thing into effect?

The goal is always to save lives. At that very base level, how do we treat this person or how do we look for policies that are going to help this person? And then work up from there. But it's difficult. It's difficult because our minds are so influenced through this lifetime understanding of drug and drug use through the war on drugs, and that's hard to break away from.

Ruth Adewuya, MD (host):

Let's talk about collegiate recovery programs because I know that's a space that is near and dear to you and a lot of your work is there. They've gained attention as an effective approach to supporting students who are in recovery. First, can you start by explaining what the concept of a collegiate recovery program is?

Noel Vest, PhD (guest speaker):

At the very basic level, these are programs or resources that provide some kind of aid or some kind of resource to students in recovery. They are completely different from school to school. The benefit that they obviously offer to students is they really just have a community where this can be vital to a student's sustained recovery. I'm going to talk a little bit about Stanford's Collegiate Recovery Program because that's the one that I probably have the most experience with.

Before I got to Stanford in 2019, Keith Humphreys and some other people called Breast in the Law School had written a policy brief, which went to Provost Drell at the time, which was later accepted that college for started the Collegiate Recovery Program and creating a substance-free housing unit. They are an incredible resource for students in recovery. For the last two years that I was at Stanford, I was actually tapped to be the resident fellow for the substance-free housing unit, the Well House, which is substance-free and wellness themed house.

For someone like me in recovery, it was a dream position. It was really just an incredible way to offer support to look at students doing incredible things. We also held our weekly recovery meetings. A lot of the work happened before I got there. I was just able to take the reins while I was there and really just

help shape and mold, but it is really just an incredible program. And then apart from that, I have a grant to study collegial recovery programs for the next five years.

As part of that grant, I've really hit the ground running, writing some review articles and creating a socioecological model to guide future research in this area. One thing that we found out with that paper that higher education is a very unique context to do collegiate recovery program because there are so many complex stakeholders. You have college administrators who may be answering to the Department of Education or to parents of students. You have health departments in schools, which may answer to [inaudible 00:18:47] or some other regulatory body.

But then you also have a unique student group that are really in a transitory phase that are usually four years of education. It's sometimes very hard to sustain momentum. But to truly understand a collegiate recovery program, you have to understand what's happening at each of those levels. The work that hopefully I'll do over the next five years will really answer your initial question is, what are collegiate recovery programs or the concept of collegiate recovery programs?

I think, like I say, we'll understand a little bit more here soon, but they are an incredible resource for students in recovery.

Ruth Adewuya, MD (host):

What has been your experience around students participating in Collegiate Recovery Programs? We've talked about stigma and we've mentioned that word many times, but how does that come into play in a college campus in recovery programs and the stigma that students might face participating in these types of programs?

Noel Vest, PhD (guest speaker):

That's a really good question. I mean, this is very state specific and a lot of times campus specific as well. There is definitely stigma at the administrator level. Something that I have definitely heard is that if we create this program, then we're admitting that a problem exists on our campus. I always try and turn that around and ask these college administrators, walk out your front door, what's the biggest issue facing your community right now? A lot of times it is substance use disorder, overdosing, and things like that.

When you make them realize that this is a community, we're really trying to train the next generation of people to go out and answer problems in your community, that conversation usually gets a little bit better. Obviously, collegiate recovery programs and especially at a school like Stanford provides hope for a career for people like me, individuals in maybe active addiction or maybe even early recovery that want to see some kind of path out of the madness, some kind of path to a career where I can support my family.

At the school level, it helps to normalize being in recovery to all the students on campus. One of the things that we did, Dr. McNerney and Dr. Oh had an addictions course at Stanford, and they would have the students that are in recovery or some students from the Well House come in and talk about their experience with mental health issues, with substance use disorder, with eating disorders, and what it meant to live on a campus where sometimes those identities can definitely be stigmatized on campus and creating that safe space for students to talk about that.

And then the other thing too is that for better or for worse, Stanford trains tomorrow's leaders. A lot of people from Stanford go on to become lawmakers. They go on to become decision makers in hospitals and other places. When you surround them with individuals in their classes that are able to talk freely

about their struggles with addiction, it makes it real. Because for a lot of people when they go to college, addiction is something that happens outside of college.

But when you're surrounded with your peers that are struggling with it or have struggled with that condition and see a real true face to addiction, and it's your friend and it's your peer group, that's a different experience than believing that addiction happens outside of the campus walls. That can be very helpful for the people that do go on become lawmakers because they've been surrounded by people with addiction throughout their educational journey.

Ruth Adewuya, MD (host:

That's really important. It's very similar to what we just need to do generally, where we need to surround ourselves by a diverse group of people so that the world continues to be welcoming and accepting to all. We need to do this here as well and make sure that everybody's voice and story is heard in a safe place. That's a really important note. I'm also aware of recovery support groups, Narcotics Anonymous. They have also been very valuable resources for many in their journey to sobriety. What role do these groups play in recovery and how accessible are these support groups?

Noel Vest, PhD (guest speaker):

For people that aren't familiar, there are many different support groups out there. Obviously, AA and NA are probably the most recognizable because they've been around for the longest time. I would say AA definitely has the most research. But for people that aren't aware, these are basically groups that create community for individuals in recovery. Especially in early recovery, they're very important because you learn about how to handle your addiction within a safe space.

Everyone there volunteers to go there. There's no dues or memberships or anything like that. Progress in your own recovery can be freely given away based on what you've learned. It becomes this perpetual cycle of self-help. Giving away your experiences is just as important as the person trying to learn about that. There are many different kinds of support groups out there, so AA, NA, but there's also Refuge Recovery. There's also Dharma Recovery, Celebrate Recovery.

At Stanford, our most popular groups were what were termed as All Recovery Groups, which is basically any kind of recovery. Maybe even just a bad mental health day, we would have some students that would come down that was struggling with something mental health wise, and they just wanted to bounce things off of people or just vent. All recovery groups have become very popular, especially in the collegiate recovery spaces. There's many different kinds of recovery, and what I generally tell people is it is a game of getting out there and finding one that you identify best with.

There's so many online options these days too that are very accessible. I always tell people, try out in-person and virtual one. The more rural you get, the harder these places to find. The more urban areas that you live in, the easier they are to find. I would say that AA is probably... You can find an AA group pretty much anywhere in this country for sure and many places internationally. AA is very accessible. Other groups are not quite as accessible, but you can find them.

Ruth Adewuya, MD (host:

My last question for you is, as we strive to combat this opioid crisis and improve treatment and access, substance use disorders, what changes do you hope to see in healthcare policy and public awareness efforts?

Noel Vest, PhD (guest speaker):

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First of all, I would urge people to realize that addiction and recovery is happening around you every day. A lot of times people have this idea that true addiction is only happening in places like the Tenderloin or here in Boston on Mass and Cass, but that's not what addiction is. There are people in recovery living and working around you every single day. It truly is my belief too, and I think heavily influenced by the war on drugs, that the treatment industry in the US has a lot of times been co-opted by the criminal justice system.

I think there are good things about that, but there are bad things about that as well. When you have something that shares a lot of traits with the criminal justice system, it's really hard to create a true therapeutic alliance in those situations. I think public awareness about that and efforts to really, again, think of substance use disorder truly as a public health issue, and hopefully we learn from the mistakes of the war on drugs.

Ruth Adewuya, MD (host:

This was very helpful and very insightful. Thank you so much for chatting with me today. Thanks for tuning in. This episode was brought to you by Stanford CME. To claim CME for listening to this episode, click on the claim CME link below or visit medcast.stanford.edu. Check back for new episode by subscribing to Stanford Medcast wherever you listen to podcasts.