Admiral James (Sandy) Winnefeld, Jr. and Mary Winnefeld
Stop the Addiction Fatality (S.A.F.E.) Project
MacLean, VA

Admiral Winnefeld served 37 years in the U.S. Navy and is currently a published author and a director or advisory board member for several companies, including Enterprise Holdings, operating in a broad spectrum of business sectors. Admiral Winnefeld and his wife, Mary, are Co-Chairs of S.A.F.E. Project US (Stop the Addiction Fatality Epidemic), a national nonprofit committed to contributing in a tangible way to overcoming the epidemic of opioid addiction in the United States.

(Begin Video)

Mary Winnefeld:

We are here tonight, my husband Sandy and myself, to talk about a club we became a member of. It’s a club of which none of you in here ever want to be a member of. The club is made up of family and friends of those who have lost loved ones to an overdose.

Our son, John, overdosed last September on heroin and fentanyl four short days into his college career. We joined this club here in Denver, Colorado. Unfortunately, membership in this club is growing rapidly every day, every hour. And Denver, your chapter is thriving.

Admiral James “Sandy” Winnefeld:

We want to tell you about our son, John, to kick off this fantastic conference that the Colorado consortium and emergency medical minute have put together. Jonathan grew up as a younger brother in a military family and moved around a lot as a kid. He was a bright kid, a clever kid.

But Jonathan also grew up suffering from anxiety and depression. Now, no one wants to grow up to become a victim of addiction, and we would never have predicted that this young man would have fallen prey to that scourge.

John was a very compassionate, loving, sensitive, and wonderful son. Our family was probably like millions of other families out there. I volunteered at the PTA. He (Sandy) helped coach football. I volunteered in school; we were very engaged parents.

John did move around a lot, and moving so much was very hard for him, especially for someone suffering from anxiety. As Sandy mentioned, from a very early age, I noticed there was something up with John. I didn’t know exactly if it was anxiety at the time, but starting at age four he started to show signs of just not being comfortable with himself.

A lot of his teachers in grade school though that this was attention-deficit. A lot of people mistook him not making eye contact and not engaging as much as being attention-deficit. Or being aloof as a child who really didn’t care. In our case, John cared probably a little bit too much. He felt things more powerfully than others do.

This continued into high school. There was one period where we moved five times in six years from grade school, middle school, and high school. He did have sports and played baseball year-round. He was part of the high school baseball team. But during his sophomore year of high school, we noted that he started using marijuana.

Mary Winnefeld:
Like other parents out there, we thought, “OK, we’re going to take away Xbox, we’re going to take away your phone.” We put restrictions on where you go. We’re going to monitor you as much as we can. Well, when they’re in high school and in sports, you can only monitor so much. He started getting high first thing he’d go to school in the morning and during lunch hour. Anytime that he probably wasn’t around us, he was using marijuana.

Then it spiraled into some other drugs. We confronted him about it. He said, “Mom, I just do not feel comfortable. I feel like there’s something wrong, but I can’t tell you what it is.” We took him into the head psychiatrist for adolescent psychiatry where we received our medical treatment care. She convinced us that indeed he did have attention-deficit disorder and that he would do very well on Adderall.

Hindsight is always 20/20; it was the worst thing in the world I could have done to that poor child. For someone who has anxiety or for those who may not be familiar with Adderall, it’s an amphetamine and highly addictive.

So, his junior year was great, and it focused him. He got great grades, did very well in his AP classes, and got accepted into several universities, but then things started to spiral in between his junior and his senior year.

We noticed some of the alcohol was missing from our liquor cabinet, and he was not a partier. It was to bring himself down at night. That’s when the red light finally hit me over the head, and I thought I’ve got to do something different about this current plan because it isn’t working.

We got a new psychiatrist and a new counselor. The counselor worked with him on marijuana addiction. Marijuana is a gateway drug, and it is addictive. We got him on a treatment plan on how to wean him off marijuana. But by then he was already into Xanax. We took him off the Adderall, and then they were looking for something to help with the depression and anxiety.

Unfortunately, when I realized how deep he was in we were trying to get into intensive outpatient therapy, and we were on a two-month waiting list. For John, during this period he could no longer handle more than two classes at school. His girlfriend—who had been his confidant for the last couple of years—left him.

She said, “I can’t handle it anymore,” and because he was only taking two classes at school, he was ineligible to play high school baseball. He was their pitcher.

So, this is his senior year. Everybody is excited about going off to college, and his world is falling apart. One night he been out running an errand, and I got a call from his ex-girlfriend, who said he had a plan to take his life that night. I get on the phone, he does answer, and I can tell he’s not in a right state of mind. Forty minutes of telling him how much we love him and that we will work through this. And he just wouldn’t hear it.

Thankfully, he wrapped his car around a tree, so he was not able to carry out his plans he had already set forth to take his own life. He ended up in a psych ward for five days that was 2-1/2 hours from our home because D.C. did not have room for an adolescent who was suicidal and had addiction. Then I feverishly looked for five days for treatment; it’s another area greatly lacking in this country.

Insurance would not cover it. Dual diagnosis comorbidities is not in their lexicon. The place they referred him to wouldn’t even take him because he was about to turn 18, and they only take kids up six months before their 18th birthday. Through friends and a lot of research, we found a great rehab place that would take people who were suffering from dual diagnosis.

We paid out of pocket. Thankfully, we had saved for college. In 16 months we spent the equivalent of four years of a private college tuition. I would do it again, but we got to start thinking differently on how we handle people. This needs to be more into primary care and not an adjunct over here.

**Admiral James “Sandy” Winnefeld:**

We put John in a treatment, as Mary mentioned. We watched over the course of 15 months two excellent treatment centers: one in Pennsylvania and one in Connecticut. We watched our son returning to us. The brain changes physically under opioid addiction. There are actual physical changes. The opioid molecule is attaching itself to the cells in your brain.
John was coming back. He was learning how to transition. He was learning about how to survive out there in the real world. Towards the end of his 15 months he got his emergency medical technician qualification in New Haven—as many of you professionals know is not necessarily an easy thing to do, especially for a 19-year-old kid.

He did that; he was really, really proud of that. So, eventually we knew we had to transition Jonathan out of his inpatient treatment and back into the real world. We gained confidence because he was beginning to speak to us like a normal son; he had done his EMT qual. We decided that since he had gotten into University of Denver and loves the mountains so much that he would enter as a freshman after a gap year, which he had taken during his treatment at Denver.

We decided to bring him down gradually from his treatment. We moved him across country from New Haven; we have a home in Breckenridge, and we spent a couple of weeks up there just letting him relax and readjust to the world. He would go to a few N.A. and A.A. meetings along the way. Then we brought him down to Denver because he wanted to practice as an EMT while he was going to college. He was so pumped being an EM, and he wanted to do that.

We decided let’s get him into night school at the wonderful Denver paramedic training center, which many of you have seen right across the street from Denver Health. And unfortunately, right next door to that is an evening open air heroin market along the Cherry Creek Trail.

Little did we know that Jonathan went down the path. We took him back up to Breckenridge for the weekend before he went to school. We noticed that he was a little edgy and a little sweaty. We attributed it to anxiety over entering as a freshman because he did have anxiety and depression—maybe a little too high dosage of medicine, that kind of thing. What we did not realize is that he had relapsed, and he was in withdrawal. The Monday morning that he moved into University of Denver he was bright-eyed and bushy-tailed. He looked good, and he was pumped up. We dropped him off, and three days later we lost him.

So how could this happen in our great country? The short story is an interwoven tale of big pharma acting like big tobacco and Mexican black tar heroin coming into United States and capitalizing on that. And now there’s fentanyl and carfentanil coming in from China through Mexico. Fentanyl is what killed our son.

We had a choice after we lost Jonathan, which is a living hell quite honestly. We can either crawl into a little ball, wish this away, and live in shame. But we decided that’s not what we were going to do. Why? Well, it turns out that the University of Denver asks you as an incoming freshman to write an essay. The question posed this past year was who has had the most profound impact on your life? John said in a powerful essay that the person who had the most impact was someone he had never met. He did not know his name or if he was still alive.

It turns out during his EMT qualification time, you take ambulance rides. On one of his ambulance rides he found himself performing CPR on a heroin overdose in a McDonald’s bathroom in New Haven, Connecticut. That moment John says is the moment that changed his life, and he wanted to help people who cannot help themselves and would dedicate his life to this. Knowing that that’s what John would want us to do, that’s what we have decided to do. We started a project we called SAFE, Stop the Addiction Fatality Epidemic. It’s been up and running since November 29th, and we are pushing out on all fronts.

We have six—in true military fashion—lines of operation. The first of those lines of operation is raising public awareness. Many of you already know about this epidemic, many of you don’t. Raising public awareness so we can get the resources dedicated to this that we need that dedicated, and so we can lower the stigma of addiction because there are so many people out there who are shying away from treatment because of that stigma.

Number two is prevention. Getting credible voices into schools and work places and a whole host of other tools that we can use to prevent new people from entering into this stream.

The third piece is prescription medicine and to try to get the prescription of opioids back into an appropriate box. We acknowledge that opioids are an effective pain reliever in certain circumstances—if used properly and carefully. That’s way out of control, and we’ve got to get that back where it needs to be.
The next is one law enforcement and medical response. We need to do more to help our law enforcement officials, including bringing some of the techniques that I used in the special operations world, into this because we know how to take down networks in the U.S. military. We will do it with compassion obviously; we’re not going to go do things that you might expect that we will do overseas, but we can help. And the Denver police have been fantastic in trying to help us apprehend Jonathan’s killer.

The medical response piece is that there’s a rich set of things that we can do there. For example, a lot of overdoses are reversed through treatment of naloxone, otherwise known as Narcan. If they end up in a hospital, there’s something we called “treat them and street them”, where they end up back on the street with their opioid receptor strips and are ready for another overdose. You can give them buprenorphine, which is a craving reducing drug during that time; there are a whole host of other things in the law enforcement and medical response piece. The next piece is treatment.

There’s not enough capability in this country to do dual diagnoses and comorbidity. There is not enough standardization of care within those treatment facilities. There is not enough capacity, and there’s not enough affordability and access. We’ve got to reverse that.

The last one is family outreach. We were a family to that fell prey to this epidemic. If I only knew then what I know now is the theme of that line of operation. So, we want to do whatever we can to put lessons learned out there for people who have kids in elementary school. We also want to make sure that people know there are support groups out there for you or for a loved one living with this problem; you can take that on.

Now, we have three cross cutting lines of operation. One is communications; another one is assessment, research, and technology. Technology is not the answer, but there’s a lot of technology out there that can help for finding treatment for wherever or wearables. Our last cross cutting line of operation and is national coordination because this is going to be solved at the community level.

You can do all kinds of things at the national level—ad campaigns and that sort of thing—but it really gets solved when communities come together. So, we are very interested in finding best practices and pushing them out through a network to communities who want to do this.

It’s time for us to transition to the next speaker. But we thank all of you for being here. We thank the Colorado consortium for turning us on to this wonderful event. And the emergency medical minute, thank you so much.

We would hope that none of you are experiencing this, but if you are our heart reaches out to you. We know how you feel. And if you aren’t, I hope you never get into it. But in any case, we do wish that you will all continue your lives safely.