

A NETFLIX ORIGINAL DOCUMENTARY SHORT

# HEROIN(E)

## FIELD GUIDE

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# Film synopsis

Once a bustling industrial town, Huntington, West Virginia, has become the epicenter of America's modern opioid epidemic, with an overdose rate 10 times the national average. This flood of heroin now threatens this Appalachian city with a cycle of generational addiction, lawlessness and poverty. But within this distressed landscape, Peabody Award-winning filmmaker Elaine McMillion Sheldon ("Hollow") highlights three women working to change the town's narrative and break the devastating cycle of drug abuse, one person at a time. Fire Chief Jan Rader spends the majority of her days reviving those who have overdosed; Judge Patricia Keller presides over drug court, handing down empathy along with orders; and Necia Freeman of the Brown Bag Ministry feeds meals to women selling their bodies for drugs. These three women are part of a coordinated effort in Huntington to take a holistic and clear-eyed approach to dealing with the epidemic. As America's opioid crisis threatens to tear communities apart, the Netflix original short documentary "Heroin(e)," part of Glassbreaker Films from The Center for Investigative Reporting, shows how the chain of compassion holds one town together.



## **Jan Rader, Huntington Fire Chief**

Rader is the first female fire chief in the state of West Virginia.



## **Patricia Keller, Judge**

Keller leads an empathetic, evidence-based model for drug court.



## **Necia Freeman, Brown Bag Ministry**

Freeman came to her work with the Brown Bag Ministry through her faith community.

## Director's statement

As a native of West Virginia, I am making this film in an effort to find hope amid the destruction of what we now call the opioid epidemic. For Appalachians, the struggle with opioids has been a long one – starting in the 1990s – and my generation plays a central role. Each year, I learn of more of my former classmates who are battling addiction – some of them losing their lives to overdoses, others committing crimes that lead to prison sentences and the lucky ones seeking the help they need. Through conversations with experts, I've learned of rehab waiting lists reaching 400 people, resulting in the premature deaths of those wanting help; of 9 million pain pills flooding into a single pharmacy in a coal town of 392 people over the course of two years; of eight detox beds in a city where the overdose rate is 10 times the national average; of entire family structures upended, with grandparents raising two to three generations beneath them; of social services overwhelmed by babies born addicted to drugs or abandoned by their parents. Opening a newspaper and seeing a familiar face in a mug shot or obituary is no longer shocking – it's expected.

These are the reasons why I need hope. I make this work for those on whom society has given up and those who are still fighting. I make this work to increase awareness and empathy, because the stigma and shame surrounding who and what an “addict” is still remains present in society. I make these films not to victimize, pity or make excuses for individuals, but to uplift the stories of people who are actively trying to make change, no matter how big or small. “Heroin(e)” is an exploration of how three women can help turn the tide of generational addiction, one person at a time, in the face of a growing demand for heroin and a seemingly hopeless situation.

- Elaine McMillon Sheldon, Filmmaker



# Overview

This resource guide is for community leaders of all backgrounds who want to engage in dynamic and constructive dialogue about the opioid epidemic. Whether you are a first responder, public health official, volunteer with your faith community, person in long-term recovery or concerned citizen, this guide will help you use this 39-minute film to talk about the opioid crisis in your own community. With guidance for facilitating conversations, suggested questions for discussion, strategies for audience engagement and resources for further learning, this screening guide will invite viewers to:

- **Understand the scope of the epidemic** in West Virginia and across the nation.
- Examine solutions that are **making an impact**.
- **Challenge the misconception** of drug addiction as a moral failure and address it as a chronic medical condition.
- **Discuss strategies** for prevention and treatment that have meaning for your community.

## Setting up a screening event

There is a unique energy that comes from watching a film with a group of individuals with whom you can have an emotional response, discuss points of interest and collectively explore follow-up actions. Whether you are setting up a large community event, living room watch party with friends or special presentation at your firehouse staff meeting, here are a few considerations:

- **CREATE A THOUGHTFUL INVITATION LIST.** Think broadly about the perspectives that will be helpful to represent, such as public health, harm reduction, criminal justice, faith groups, recovery professionals, people in recovery and others.
- **SHARE YOUR PASSION.** Be clear about why you are creating this screening event. Your personal perspective will energize others.
- **ESTABLISH A GOAL.** Walking into an event with a sense of how you want it to feel and what you hope to accomplish will help you facilitate it effectively.
- **MAKE PROPER LOGISTICAL ARRANGEMENTS.** To ensure a smooth event, consider aspects such as seating and audible sound. Test your plan for projecting the film and gather any materials you might need for your planned engagement strategies. When possible, refreshments are always appreciated.

**TEXT “HEROINE” TO 304.244.2392 TO GET UPDATES ABOUT THE FILM**

**SUPPORT THE FILM by going to [www.HeroineTheFilm.com](http://www.HeroineTheFilm.com) to share your event and post your discussion highlights and/or photos on Facebook or Twitter with the hashtag#HeroineNetflix.**

# Tips for a successful event

## BE PREPARED

Watch the film beforehand and read through the entire guide so you are familiar with the materials and can facilitate the conversation. It's OK if you don't know the answer to a question; the resources within this guide are meant to foster and support thoughtful dialogue and to promote deeper reflection about questions that might not have easy answers.

## KNOW YOURSELF

As a facilitator, recognize what emotions or responses might come up for you, given the content of the film. In doing so, you can anticipate questions or topics that might feel personally challenging and think through appropriate responses ahead of time.

## STAY OPEN TO DIFFERENT PERSPECTIVES

Not every viewer will have the same reaction to “Heroin(e).” Your role as a facilitator is to guide conversation and spark dialogue, rather than to promote a certain point of view. Stay open and encouraging of the dialogue and know that it is likely that people will leave the screening with different opinions.

## REFLECT ON THE LANGUAGE YOU USE TO TALK ABOUT ADDICTION AND THE EPIDEMIC

Words and tone matter. Stigma is a major force that directly affects resources and individuals who are affected by addiction. For some, the term “people with addiction” is preferred over “addicts,” because it makes explicit that addiction is a disease and that a person is more complex than his or her addiction. It's always helpful to ask people who are in recovery or others who work directly with them to help you with respectful terms.

## AFTER SCREENING THE FILM

Take a few moments after the film screening for everyone to gather their thoughts. In a large group, inviting people to write down their first thoughts and questions might make it easier to organize and contribute to the conversation. You can print the “Share Your Thoughts” worksheet at the end of the guide as a start.

# How to screen the film

## VIEW **HEROIN(E)** ON **NETFLIX**

You must have a Netflix Account to screen the film. No Netflix account? Learn how to get a [free 30-day trial here](#).

### OPTION 1: STREAM ON NETFLIX

Allow the film time to load before your audience arrives.

- [Troubleshooting Projects Issues](#)

### OPTION 2: DOWNLOAD ON NETFLIX APP

Download the film time to load before your audience arrives.

- [FAQ and instructions](#)
  - [iPhone/iPad App](#)
  - [Windows App](#)
  - [Android App](#)

### MARKETING YOUR EVENT

Feel free to use the poster and trailer as ways to promote your screening. However, please do not use official Netflix logos - beyond what is provided below- in promotion.

- [Official Trailer for “Heroin\(e\)”](#)
- Social Media: tag your posts #HeroineNetflix
- [Film’s website with resources](#)
- [Poster](#)

Film is an effective tool to bring people together, raise awareness and have conversations that lead to change. *Heroin(e)* is available for educational and nonprofit distribution in your community. Free public screenings can give your community an opportunity to gather and discuss solutions around the opioid crisis. Whether you’re a individual, or represent a recovery center, a church or a first responder unit, we make it easy by giving you everything you need to plan a screening and discussion. Please read the [GRANT OF PERMISSION here](#) and on page 2 to comply with Netflix Rules.

## PERMISSION FOR EDUCATIONAL SCREENINGS

Netflix is proud to present original documentaries that speak to our users in a meaningful way. We know that many of you are as excited about these films as we are; and because of their informational aspects, you'd like to show them in an educational setting -- e.g., in the classroom, at the next meeting of your community group, with your book club, etc. Consequently, we will permit one-time educational screenings of any of the documentaries noted with this information, on the following terms:

- The documentary may only be accessed via the Netflix service, by a Netflix account holder. We don't sell DVDs, nor can we provide other ways for you to exhibit the film.
- The screening must be non-profit and non-commercial. That means you can't charge admission, or solicit donations, or accept advertising or commercial sponsorships in connection with the screening.
- Please don't use Netflix's logos in any promotion for the screening, or do anything else that indicates that the screening is "official" or endorsed by Netflix.

We trust our users to respect these guidelines, which are intended to help you share and discuss our documentary content in your community.

To the extent your institution requires you to demonstrate that you have a license for your screening, please show them this page.

## General discussion questions

- What moments or images stood out for you in this film and why?
- What information did you learn that is new and/or surprising to you?
- Why do you believe the opioid epidemic is such a big problem at this moment?
- The women in the film approach opioid addiction as a public health problem, rather than a criminal justice problem. What is your understanding of the difference between the labels? Do you agree with their approach?

# Informing the discussion

## EPIDEMIC OVERVIEW & TIMELINE

- **EVERY DAY, 100+ AMERICANS DIE** from opioid overdoses, including heroin and opioid pain medicines.

In **WEST VIRGINIA**, the rate of overdose death is **TWICE THE NATIONAL AVERAGE**, and in Huntington, WV, the rate is ten times the national average.

- **DRUG OVERDOSES ARE NOW THE LEADING CAUSE OF ACCIDENTAL DEATH** in the United States for people under 50 – more than car crashes, gun violence or AIDS at the height of that epidemic in 1995. And nearly half of the drug deaths are due to opioid drugs and heroin..<sup>1</sup>

- 2016 saw a **19% INCREASE IN OVERDOSE DEATHS OVER THE PREVIOUS YEAR**, and all evidence points to that upward trend continuing in 2017..<sup>2</sup>

The epidemic **COSTS AN ESTIMATED \$78.4 BILLION EACH YEAR**, including the costs of health care and recovery, lost productivity and the criminal justice response..<sup>3</sup>

○

Opioids are drugs derived from opium that include heroin and prescription drugs such as morphine, Vicodin, Percocet, OxyContin, Tramadol, fentanyl, carfentanil and many others. These drugs activate the brain's pleasure center, causing euphoria and blocking pain receptors. Opioids are addictive: 21 to 29 percent of people who are prescribed pain pills misuse them, an estimated 10 percent of those develop an opioid use disorder, and roughly 5 percent of those transition to heroin. Nearly 80 percent of heroin users start out using prescription pain pills..<sup>4</sup>

The current explosion in rates of opioid addiction and overdose can be traced to many factors. In the 1990s,

OxyContin, Vicodin and several other pain relieving opioids were aggressively marketed to physicians and patients as safe to use for pain treatment. In areas where physically demanding work like manufacturing and mining are common, as in West Virginia and other parts of Appalachia, many prescriptions were given to chronic pain sufferers who were injured in their work. These areas were also experiencing high levels of unemployment, poverty and depression, all major risk factors for drug addiction.<sup>5</sup> Since that time, the number of people misusing pain pills and dying from opioid overdose across the country have steadily increased.

*“In sixth grade, kids were already smashing up Lortab, OxyContin. I became numb to kids snorting pain pills. It wasn’t something out of the norm for me. I grew up with it.”*

*- Joey Ferguson, Wayne, West Virginia, resident in recovery, clean for six years*

The Centers for Disease Control and Prevention reports that the people most at risk for opioid addiction are low-income white men, and that abuse rates are rising fastest among white women and adolescents.<sup>6</sup> Although more recent efforts by the medical community to reduce and better control the number of pain prescriptions have been successful, the number of deaths from opioid overdose continues to rise as people who are addicted turn to heroin or other more powerful opioids available on the black market, like fentanyl and carfentanil.<sup>7</sup>

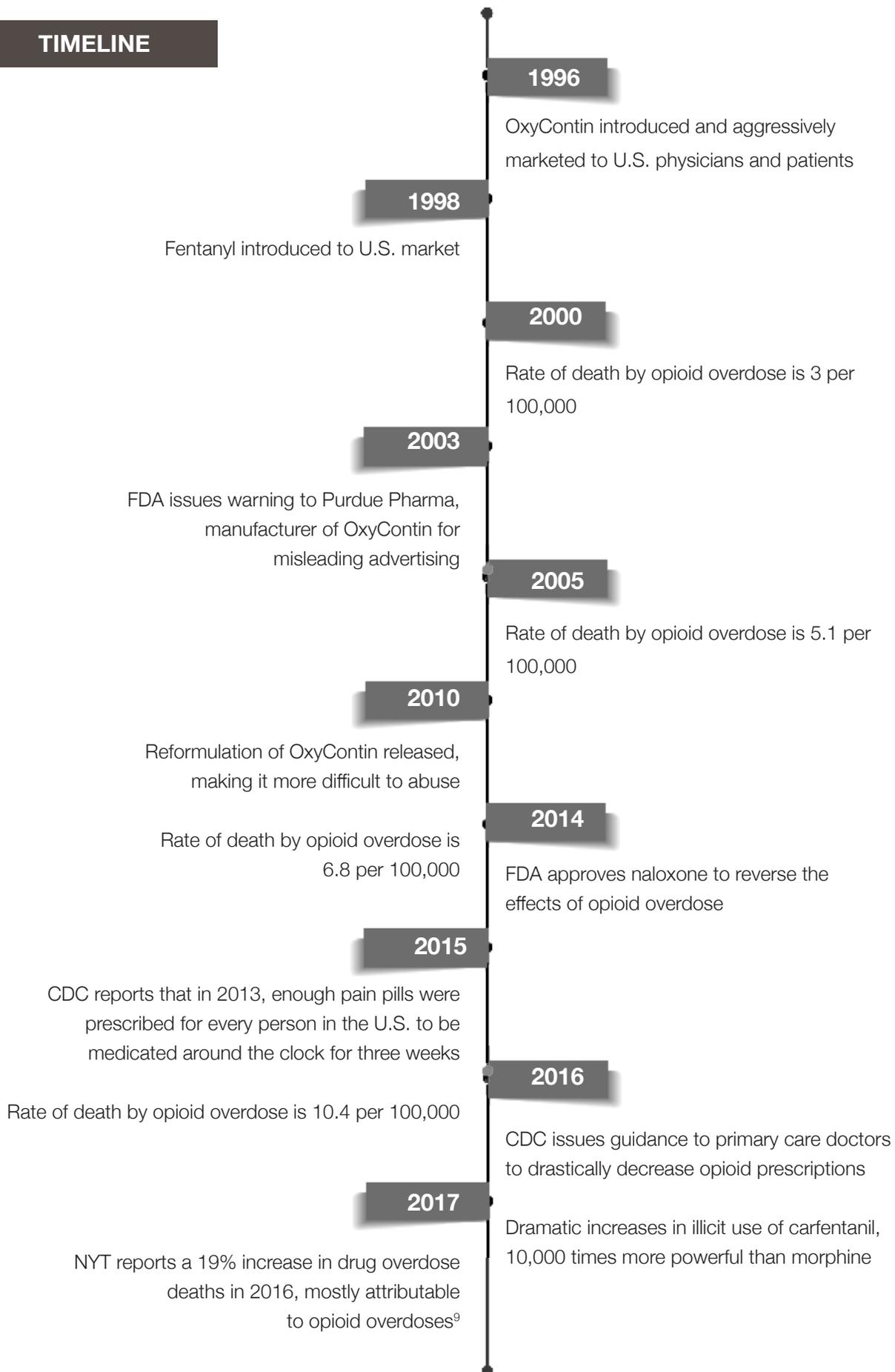
It is important to note that pain management with opioids is a critical and complex part of health care, especially for people with chronic and/or terminal illnesses. **Not everyone who uses opioids becomes addicted.** Yet medical schools offer little training for proper pain management, and there is a small but growing body of literature to study best practices for it. In 2016, the CDC issued safer pain management guidelines for primary care settings.<sup>8</sup>

**It is important to note that the strong public health response is new to the opioid crisis. Past “drug wars” have been distinguished by discriminatory criminal justice policies that effectively treated communities of color struggling with addiction as criminals while treating white communities with addiction as patients in need of treatment. Public health approaches to drug abuse and addiction are more effective in reducing negative health and social consequences of drug use than criminal justice approaches for everyone.<sup>10</sup>**

## DISCUSSION QUESTIONS

- What combination of factors has led to the current opioid crisis?
- What evidence is there in your community of increased opioid addiction and overdose?
- What social, medical, economic factors lead to addiction?
- How do you think race does or does not figure into the response to the opioid crisis?

## TIMELINE



## HARM REDUCTION

Harm Reduction is an approach to substance misuse and abuse designed to reduce the negative consequences of drug use.

Administering the drug naloxone, brand name Ezvio or Narcan, is an example of a harm reduction strategy. When a person overdoses, naloxone reverses the effects of the drug by knocking the opioids off the receptors where they attach, restoring breathing function. Naloxone does not treat addiction, it simply reduces fatalities associated with overdose. In recent years, advocates have pushed for naloxone distribution to people who are addicted and their friends and families because those are the people most likely to witness overdoses and be able to respond quickly.<sup>11</sup> At the same time, has become a critical tool for first responders like fire fighters, police, and emergency medical services.

Critics of naloxone fear that if people who are addicted are less afraid of dying from overdose, they will use more drugs. But research at naloxone distribution sites demonstrates a drastic decrease of fatal overdoses and no increase in the number of people using.<sup>12</sup> Another barrier to naloxone distribution is the expense. At about \$50 a dose, some counties severely affected by the epidemic cannot accommodate the cost of naloxone in their emergency response budgets.<sup>13</sup>

As we see in “Heroin(e),” one challenging aspect of naloxone distribution is the emotional toll it takes on first responders who repeatedly witness highly traumatic situations:

*“Twenty years ago when we were riding on fire trucks going to overdoses, they were few and far between and rarely were there children in the households while we were there. Nowadays that’s the norm. There are multiple children there, they act like it’s no big deal. And we have overdoses daily, sometimes five, six, seven overdoses daily...Last year I saw 40 dead bodies and it’s all due to the heroin epidemic.” — Jan Rader, Fire Chief, Huntington, West Virginia.*

## DISCUSSION QUESTIONS

- What is your response to the concept of harm reduction, including programs like naloxone distribution?
- What harm reduction strategies are being implemented in your community?
- What do you think is the best way to address the emotional exhaustion of first responders dealing with the trauma of repeated naloxone distribution?

Joey Ferguson, an outreach manager for a rehabilitation center in Aurora, West Virginia, believes the emotional toll on first responders can be ameliorated by building a stronger connection to the people who recover:

*“When I think about first responders, I really feel for them - all they get to see is the problem. I would encourage all these first responders to go into a recovery environment so they get to see the solution happen for somebody. They’ll get to hear the person who is clean now three, four years, wishing they knew the name of the cop or the firefighter who Narcan-ed them so they could thank them for giving them their life.”*

Needle exchange is another highly effective harm reduction strategy. It doesn’t treat addiction, but it is extremely effective in preventing HIV and Hepatitis C infection in people who inject drugs. After 20 years of practice and extensive study it is clear that needle exchange does not increase drug use.<sup>14</sup> In affected areas, the opioid crisis is driving increases in Hepatitis C and outbreaks of HIV, and needle exchanges will be a critical part of addressing the growing opioid crisis.<sup>15</sup>

**Harm reduction approaches are also controversial in terms of recovery. Many people believe that complete abstinence from chemicals is the only true way to recover from substance addiction. Peer-reviewed research shows that medication assisted therapy (MAT) like methadone or suboxone, paired with behavioral support groups or therapy, is the most effective method for recovery. There is not one clear road to recovery that works for everyone; every individual’s experience will be different.**

Drug court is an integrated public health and criminal justice approach to encouraging people who are convicted of nonviolent drug related offenses to get into recovery. There are over 3,000 drug courts throughout the United States.<sup>16</sup> Drug courts are generally managed by a team of judges, defense attorneys and prosecutors, social workers, treatment professionals, and correction officers. The team focuses on supervised recovery and rehabilitation. When drug courts work well, they are highly effective at preventing further criminal and drug and alcohol-related charges. Some courts have come under scrutiny for lack of fidelity to evidence-based practices, mandating enrollment into specific for-profit treatment facilities, and other problems.

Judge Patricia Keller volunteers in her position as the head of Cabell County's drug court. Hers is a successful court, integrating evidence-based therapies and including representatives from recovery, social work, child protective services and other agencies and services to guide people through the program. In the state of West Virginia, graduates from adult drug court programs have had a recidivism rate of 9.4 percent over the last two years, compared to 80 percent of people who were incarcerated for a drug offense. Recidivism is the likelihood a person will be arrested again for a serious offense. Fire Chief Jan Rader attributes the success of Huntington's drug court to Keller's empathetic approach and to top-down leadership from the mayor through the city council for tackling the opioid epidemic on many levels.

*"This is their last chance. They're either going to go to jail for a very long time, or they're going to go to drug court. It's not just about them peeing in a cup. (Judge Keller) wants them to be better, productive people. I've seen her want to keep people in the program that everyone else didn't want to just because she didn't want to give up on them."*

*- Fire Chief Jan Rader in "Heroin(e)"*

Keller's drug court is an example of a way drug court can help people struggling with addiction. Some critics, however, argue that any criminal justice approach to drug use and possession is incompatible with a therapeutic approach to patient-centered care.<sup>17</sup>

### DISCUSSION QUESTIONS

- Why do you think Judge Keller's court is effective?
- In what ways might a criminal justice approach to drug abuse conflict with a therapeutic approach? Why or why not?

*“We need to shift from treating addicts as bad people to treating them as sick people.”*

— Joey Ferguson, Outreach Manager, Jacob’s Ladder Recovery Center

A common misconception about addiction is that it is a result of weakness or moral failure. In fact, addiction is a chronic medical condition with recognizable biological and chemical markers in the body and brain akin to other chronic conditions with behavioral triggers like heart disease, adult-onset diabetes or asthma.<sup>18</sup>

The stigma about drug addiction is so powerful that it prevents people struggling with addiction from admitting they have a problem and from getting into treatment. Fear of punishment often stops witnesses from seeking medical help for overdoses, leading to further deaths. Rather than basing policy decisions on research findings about effective harm reduction interventions like naloxone and needle exchange, the belief in the “badness” of addicted people can make criminal justice approaches seem more attractive than therapeutic approaches, despite their demonstrated ineffectiveness in curbing drug abuse.<sup>19</sup>

**All these factors make fighting the stigma against addiction a critical component of fighting the opioid epidemic.** Misunderstanding about the nature of addiction makes it easier to dismiss people who overdose repeatedly as undeserving of care. Yet understanding the depth of the challenge of overcoming addiction and finding the humanity of every person that struggles is the best way to help.

Programs such as Necia Freeman’s Brown Bag Ministry, by the simple act of distributing food to sex workers who struggle with addiction, without judgment or requirements, can have a profound effect on individuals struggling with the shame of their situation. It takes action at all levels of a community to fight this epidemic.

### DISCUSSION QUESTIONS

- How do you see stigma against drug addiction influencing policy and program decisions?
- In what way has this film and discussion helped you learn anything new about people struggling with addiction?
- What are some ways you can fight stigma in your own community?

# Audience engagement strategies

- For any audience or event, use this Centers for Disease Control state-level data on opioid addiction to inform discussion in your local community: [www.cdc.gov/drugoverdose/data/statedeaths.html](http://www.cdc.gov/drugoverdose/data/statedeaths.html)
- These interactive maps from the CDC detail the geographic distribution of pain pill prescriptions and how that has changed over time: [www.cdc.gov/drugoverdose/maps/rxrate-maps.html](http://www.cdc.gov/drugoverdose/maps/rxrate-maps.html)
- County health departments and community based organizations working to fight the epidemic are also likely collect local data about drug use and overdoses.

## PANEL DISCUSSION

Convening local stakeholders for a panel discussion followed by a Q&A session is a reliable format to use for a community conversations. Professionals working in recovery, people in recovery and their families, public health officials, first responders, harm reduction advocates, pain doctors and others who work in the field can play an important role in helping to inform the community and offer a chance for multiple perspectives to be shared, respected and heard in an open and safe format.

## SUPPORT FOR EMOTIONAL TRAUMA

Ask the members of your group to reflect for a few minutes on the firefighters in “Heroin(e).”

*“I think you get callous about a lot of things. Besides the job, you get callous about life in general. It’s what you see, you see a lot of bad. Police have always had that - all they see is the bad. The fire department really didn’t have that. Now, fire departments around here have turned that trend, now we see the bad, it’s constant. Bad, bad, bad. You get a bad attitude. About life in general.”*  
- Huntington firefighter in “Heroin(e)”

What kinds of support do first responders need to manage their repeated exposure to trauma?

## FIGHT STIGMA

Give viewers a few moments to reflect on and write down their own experiences with or assumptions about addiction and people who are addicted. Together as a group, discuss common misconceptions about people who struggle with addiction. Compare the people in recovery in the film, especially Nadja and Mickey, to those misconceptions.

As a group, identify the source of stigmatizing messages about addiction. Discuss a situation where stigma might arise and how you would address it.

Read [this article](#) in National Geographic about the brain science of recovery. How does understanding the science of addiction changes or challenges those previously held misconceptions?

## COMMUNITY PLANNING

“Heroin(e)” demonstrates the power of committed individuals to make change. It also is a demonstration of how collaboration within a community can amplify individuals’ efforts.

If you are part of a group of people, agencies or organizations who are willing to commit to making an impact on the opioid crisis in your area, one method of doing so is through community planning. Community planning is an intentional approach to addressing complex issues with multiple stakeholders at a community level. Starting with identifying and gathering stakeholders, a community planning process identifies and builds on existing assets and challenges in a community. Once the problem and existing resources are clearly defined, a community planning group works together to identify gaps and needs, prioritize challenges, and creatively solve problems.

There are many federal programs that support community planning as well as local foundations, faith groups and other volunteer and service agencies who support community planning efforts.

# Share your thoughts

What is your reaction to the film?

What moments or images stood out for you and why?

What information did you learn that is new and/or surprising to you?

Why do you believe the opioid epidemic is such a big problem at this moment in time?

What do you think is the most important thing that needs to happen to address the opioid crisis in your community?

What further questions do you have?

# Further resources

## Here are a few resources for learning more:

[CommunityPlanningToolkit.org](http://CommunityPlanningToolkit.org)

[DrugAbuse.gov](http://DrugAbuse.gov)

[www.samhsa.gov/capt/tools-learning-resources/  
planning-sustainability](http://www.samhsa.gov/capt/tools-learning-resources/planning-sustainability)

## Further Resources

American Pain

[www.amazon.com/American-Pain-Unleashed-  
Americas-Deadliest/dp/1493026666](http://www.amazon.com/American-Pain-Unleashed-Americas-Deadliest/dp/1493026666)

## The Addicts Next Door

[www.newyorker.com/magazine/2017/06/05/the-  
addicts-next-door](http://www.newyorker.com/magazine/2017/06/05/the-addicts-next-door)

## Epidemic Data

Data from the CDC about the national opioid epidemic:  
[www.cdc.gov/drugoverdose/epidemic/index.html](http://www.cdc.gov/drugoverdose/epidemic/index.html)

## A New York Times article

State-by-state data to accurately predict 2017 numbers  
of overdoses:

[www.nytimes.com/interactive/2017/06/05/upshot/  
opioid-epidemic-drug-overdose-deaths-are-rising-faster-  
than-ever.html?\\_r=0](http://www.nytimes.com/interactive/2017/06/05/upshot/opioid-epidemic-drug-overdose-deaths-are-rising-faster-than-ever.html?_r=0)

## US National Commission

In March 2017, President established, by Executive Order,  
the National Commission on Combating Drug Addiction  
and the Opioid Epidemic

[www.whitehouse.gov/the-press-office/2017/03/30/  
presidential-executive-order-establishing-presidents-  
commission](http://www.whitehouse.gov/the-press-office/2017/03/30/presidential-executive-order-establishing-presidents-commission)

## On the Science of Addiction

[www.drugabuse.gov](http://www.drugabuse.gov)

[www.nationalgeographic.com/magazine/2017/09/the-  
addicted-brain/](http://www.nationalgeographic.com/magazine/2017/09/the-addicted-brain/)

## Resources for Recovery

A resource from the federal Substance Abuse and Mental  
Health Services Administration to find recovery centers  
across the U.S.

[findtreatment.samhsa.gov/](http://findtreatment.samhsa.gov/)

## Resources for Harm Reduction

[PrescribetoPrevent.org](http://PrescribetoPrevent.org)

Drug Policy Alliance

Harm Reduction Coalition



# HEROIN (E)

[www.HeroineTheFilm.com](http://www.HeroineTheFilm.com)

The filmmaker would like to thank Jan Rader, Patricia Keller, Necia Freeman, Najah Menapace, Mickey Watson, Joey Ferguson and all the individuals who participated in the making of this film for being willing to share their experiences for the common good. Their bravery and willingness to share their personal stories will no doubt have impact on America's conversation around addiction, stigma and recovery.

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