**Podcast with Dr. Pilar Horner Transcript (2/2025)**

Angie Kennedy (AK): Hello, my name is Angie Kennedy and I'm the Associate Director for Research at the School of Social Work at Michigan State. Welcome to our Research Spotlight, where we profile some of the exciting work being done by School faculty members. Today, I'm joined by Dr. Pilar Horner, an Associate Professor at the School. Dr. Horner's work focuses on Latinos and health, including HIV/AIDS prevention and treatment, as well as substance use and addiction. Thank you so much for joining me today.

Pilar Horner (PH): Thank you, Dr. Kennedy.

AK: To start us off, from your perspective, why do you think it's important for social workers to be knowledgeable about substance use disorders?

PH: Yeah, that's a great question I think um I was talking about this with my students yesterday, actually, in my graduate class on policy. And I think that, you know, when most people think about social work they really are imagining helping people navigate tough life situations. So, a lot of my students are interested in mental health issues, family problems, housing disability, and so on, but the one thing that I believe social workers really need to know a lot about is substance use disorders [SUDs] and let me tell you a little bit about why.

So first of all, they're way more common, I think, than people think they are. So according to NIDA (which is the National Institute for Drug Abuse), about one in seven Americans are going to struggle with a substance use disorder at some point in their life. So one in seven, that's a lot. That's a lot of people. And social workers are often the ones who first come into contact with them. So whether it's a family crisis, or if there's someone in therapy, or even just folks coming through shelters or hospitals, usually where social workers are on the front lines.

But it's not just about recognizing addiction. I think SUDs affect pretty much every part of a person's life, so people who have substance use issues often deal with mental health challenges, like depression, anxiety, family conflicts, job loss, legal issues, that’s a big one. So having a deeper understanding of how addiction works I think it will help social workers see a full picture, so that they can connect with their clients and connect them with the right resources and offer support that does help with the addiction, but also go beyond just the treatment for addiction.

AK: Yeah.

PH: So, yeah. So I think one of the biggest things that we've dealt with when we're doing these modules over and over again came up with this issue of stigma, right, stigma around addiction. And in fact, I'm working on some, I'm-- I do some wild stuff. I'm working with a doctoral student in the College of Engineering. And a student here in social work, a PhD student, looking at how stigma affects policy in Portugal and the United States and how substance abuse policies sort of play out. And it's just, it's constantly an issue, right? It's huge, especially around addiction. So people who struggle with substance use disorders often feel this shame or judgment. But here's the thing, the addiction isn't just about willpower: It's complicated. It's a complex medical issue. And the research does show that substance use disorders are rooted in both genetic factors and environmental influences. So, things that come into play are stress, trauma, lack of access to resources. And I really believe that when social workers understand this complicated picture, that they're much better at approaching clients with empathy and offering them non-judgmental support, which I think is key in healing them.

AK: For sure.

PH: Yeah. Oh, one other thing. Oh, yeah, I did want to mention trauma. There's a lot of SUDs that go hand in hand with trauma and we have some great folks at Michigan State who’re doing things, like Cheryl [Williams-Hecksel] is always championing trauma-informed care. And a lot of people with addiction issues have experienced significant trauma in their past, childhood abuse, neglect, violence, or living in unstable homes and environments. So I definitely agree with my colleagues that when social workers have this trauma-informed lens, they can take this more sensitive approach, helping clients feel safe, supported when they're going through their addiction and their trauma.

AK: Right. Yeah, that makes sense. And to feel like they're not being judged.

PH: Yeah, it's a really big issue. And it's, you know, the judgment comes, we were talking yesterday or last week with my undergrads about the Elizabethan poor laws. And they're so savvy, these kids, you know, they were talking about-- the discussion was on the worthy versus unworthy poor, and we were having this discussion, what are our current worthy versus unworthy folks, and it seems to be that they were talking about addiction, you know, how how those who have addiction have this stigma that, you know “you've kind of brought this upon yourself” and so there's the external stigma, but there's also an internal stigma. So one of the modules we have, we address some of this stuff. One of them that's really comes out is in the veterans module. So, you know, the veterans who have this, you know, “we're strong, we're capable, we're defenders of democracy. And we can't control our addiction.” So it becomes an impediment to seeking care. But it's just part of addressing and understanding those mechanisms that can then help social workers be better advocates for their clients.

AK: Right. Right. You've already talked about quite a bit about the stigma that people face. Can you also talk about the unmet need for treatment experienced by people with substance use disorders?

PH: Yes. So that's a good question. There is massive, massive unmet need for treatment. About, you know, there's about 21 million Americans who are dealing with substance use disorder. But I think it's around 10% of them that actually get the treatment they need. So that's a pretty big gap. That's a big thing. We ask what's going on with that. And there's many things. One of them is a lack of access to treatment. So it's not only about availability, although in some areas finding these rehab centers or counselors is tough. It's always going to be tough. But it's also the cost of treatment. So even if someone does want help, sometimes these programs, addiction treatment programs, aren't covered by insurance or are too expensive to be affordable, if people don't have really good health care coverage. And even if you have really good health care coverage, there's caps on it. So this means that all those restrictions, there's a lot of people left without the support that they need, so they end up either going untreated or relying on emergency services when things get worse.

We were talking about this, this past…It's so interesting how like every week these issues come up in class, but we were talking about the origins of the Black Lives Matter movement. And, you know, the sister and one of the major founders of the Black Lives Matter movement was really upset with the deinstitutionalization of her brother's mental health issues. So he was having substance abuse issues coupled with mental health issues and then getting involved in, with the police, or having to have 24-hour care in emergency rooms, so, the structures were falling apart around his care, and she felt very frustrated about that so… and again stigma plays into that and it makes everything trickier because then you know you're, you're judged: Everything's “weak” or “lazy” or “out of control.” And so sometimes that prevents people from seeking seeking care.

And I think some of the other unmet need that you mentioned has to do with one of the strengths of social work, which is understanding the cultural factors: Race, socioeconomic status, those all play huge roles in how addiction is perceived and treated. So like, for example, Black and Latino communities are often disproportionately impacted by substance use disorders, and there can be even more barriers for them to get help, like fewer culturally competent services, or fear of law enforcement when it comes to seeking care.

One of the populations, which we don't have a module for yet, but we're working on is for immigrants or immigration. And I have been working with undocumented immigrants for a while and there is a lot of fear, right? In accessing. People don't want either don't have good medical care or fear repercussions if they're caught in the system, so they just don't seek out care.

AK: Right.

PH: Yeah. So there’s a lot.

AK: So shifting over to talk a little bit more about the educational and training program, Michigan (MI) CARES. So Dr. Cara Poland, an MSU faculty member and addiction medicine specialist, started MI CARES in 2018, I think, aiming to try to educate and train health professionals. What's the general focus of MI CARES?

PH: Can I just say before we go on, Dr. Cara Poland, I love her! Can we just say that? (laughter)

AK: For sure! (laughter)

PH: You know, when you come to a place like Michigan State University, which is a world-renowned institution, right? It's got a reputation. There's so many smart people there, it's hard sometimes to find your people. She's just amazing. She's an incredible physician, researcher, and as a human being, you know, she's just, she's the bee's knees, and she really attracts great people around her and I feel very fortunate that she brought me on. We can talk a little bit more about that later but MCARES, I wrote this down so I want to get this right. But it stands for Michigan Collaborative for Advancing Recovery and Education in Substance Use.

So as you said, that started in about 2018. She's an addiction medicine specialist and found that there wasn't really any training, you know, for the physicians, these young doctors who have been doctors and they didn't have a lot of great training on addiction. And so she was motivated by her personal story to go on this path and create these educational modules and really provide healthcare professionals with knowledge, skills that they need to better understand the substance use disorders with evidence-based treatment. I think that's the big thing.

People weren't really using some of the evidence-based treatment options And I think part of the reason it gets back to stigma actually again is because there is there is evidence that the role of medication assisted treatment does have an impact, so using medical, using prescriptions and things to help people wean themselves off of their addictions has been shown to be effective. So we have that in the modules and that sometimes raises people’s, you know, people's eyebrows, [that] harm reduction care. So what she wanted to do was integrate this addiction care into everyday medical practice. And just like who she is as a person: She was focused on compassionate, stigma- reducing approaches. And that's who she is, she's just this very compassionate person, and wanting to help people approach this issue with more strength-based perspective, so MI CARES--clinicians, mostly medical clinicians--with these these modules and their educational pathways. And then she's like, “Let's do more,” right? That's how she, always more, “What can we do more?” and looking around, and she thought of social work, and so I was approached, to do the social work side.

AK: That's actually my next question. It seems like around 2022, the program expanded to include social work education, and then you got involved. How did your collaboration with Dr. Poland begin?

PH: It was really weird, it's really weird. You never know how you're going to meet someone, it's random. This is just a random story that I um our Director at the time, of the School of Social Work, Dr. Hughes, had asked me to run for Faculty Senate of Michigan State University, Faculty Senate, which is a pretty big deal. And so, it's one of the largest representative bodies of faculty governance. I was like, sure, yeah, that sounds, I was interested at that time in maybe pursuing a career in administration and so this was where I was very interested. And I guess I… I didn't know this, but I was getting a bit of a reputation being a senator, with some of the things I said or maybe some of the questions I asked. And it turns out someone who was also a senator at the time, Jamie Alan, who was a colleague of Cara, you know, because they were looking for a social work collaborator, said “Hey,” you know, “there's this this professor in social work and she seems like she'd be good and she has this history in substance abuse, let's ask her.” Which was, and Dr., and Cara was like, “Yeah, let's do it.” So Cara called me and man, within within maybe like 15 minutes, I just knew, I knew I loved this woman. I don't know, sort of like this: We've been together before.

So it was a really, it was a really great conversation, a lot of laughter. We shared some experiences of the ways substance abuse has impacted our families and some of the trauma that we have gone through and our goals for what this could possibly be. And it was quite something. So you never know, you know? Part of saying yes to opportunities I think sometimes comes with things you could never have anticipated. I never would have anticipated that I would have met Cara, who's been an amazing Principal Investigator on this, and Jamie. And I've worked with some great people, Kristi Hinkle, who, she's the research assistant, but she's been sort of, she helped lead some of this work and, most of the work for the social work side. I can talk later, I don't know if you're going to ask me about the modules, we're talking about the modules themselves?

AK: Yeah, in a little bit, yeah.

PH: I ended up teaching a course on this, I can talk a little bit more about that too and how we work with Madison [Walsh] and then you know… So she wanted to get someone in social work from MSU, so that was me, and then we got someone in social work over at Wayne State to collaborate. That was Suzanne Brown. And so it was really, we're part of this big team where we created these modules and we worked with Robert Malinowski and Candace [Heeringa] and Madison [Walsh] and Mark Greenwald and so we all got together and produced these modules that took a couple of years to do it, from research to production to recording to uploading, because it wasn't working on it 24/7. We were within the constraints of our grant, but took us about two years for it to all sort of go live.

AK: It's amazing. Before I ask you about the modules and the curriculum, I just wanted to say how great, it's so fantastic when you, when you find collaborators that you click with like personally but also in terms of you know, professional interests and focus and research styles and just all that, it's just really…a wonderful thing.

PH: Yeah, you know, I would count her as a friend. She's a good friend, she's a wonderful person and I really do, I just feel so lucky. And I think sometimes Michigan State just, they get it right. You know, they hire the right people, good people, really good people. So I feel very fortunate. I'm very grateful. But she asked me to come on and help out with this.

AK: Great. So you've already kind of, you know, touched a little bit on this, but what sorts of topics in terms of the MCARES curriculum for social workers, what types of topics does the curriculum cover?

PH: Yes. So we've divided it into sort of four major sections. The first one is just two modules on introduction to the modules. And we start with stigma. And that was purposeful. We wanted to address one of the major barriers that's going to be really prevalent throughout all the modules. So we have stigma and then the underpinning factors of addiction. So those two modules are up there. And then we have one called substances where we go through all of the substances, the epidemiology, the prevalence, some policies involved with them. And the substances we currently have are alcohol, cannabis, opioids, nicotine, club drugs, inhalants, stimulants and sedatives. And then the next section is on population. So then we broke it down to how they impact certain populations. And we have families, older adults, veterans, Black populations, sexual and gender minorities, incarcerated persons. Those are the ones that are done, and we’re hoping to do more of those and then the last section or just something we call additional modules and those are stories of recovery, pain-based care, and substance use in the court system. So those are sort of just additional modules that exist to sort of round out the experience.

AK: That's covering a lot of ground.

PH: It's a lot, yeah.

AK: My understanding is that social workers and social work students can access the modules via a website and that's (I'll spell that out for everybody) MI, as in Michigan, and then CARES, C-A-R-E-S, and then E-D, as in education, dot org. How does that process work? For example, is the curriculum free, how long…?

PH: Right, I definitely wanted to let people know that this is free. This is one of the goals of the grant is to provide this to the also all social workers, so free of charge. So what you do is you go to that website. You can log, all you have to create, you can create your own log on, and register. And it will just ask you some questions. So I think one of them is like, are you a, which they'll ask you who you are. Are you a social worker, medical or nursing student? And then they'll just ask you some questions, demographic questions. And then there's a pretest for us too so we get a sense of who's using these. That's not required to use the modules, but it does help us in terms of improving our work and the modules that we're doing. And then that's it. Then you just have access. The way I used the modules last summer is I was able to offer this as a course, or as an elective program, although I think upper level, other grads could take it too. So I embedded them and [it] was really driven by the modules. And except for the additional modules, all of them have a quiz, just like a quick four question quiz. So if you want to use these in your classes, for example, you have the students take the quiz and if they get a 75% on the quiz then you'll get a certificate. So I just had them upload the certificate onto the D2L or whatever your your platform is, whatever it is, and that would count then for completing an assignment. So it was great because I got this up-to-date information on addiction and substance use disorders and then they would submit these certificates and that would count And they didn't have to then pay for a textbook, right? So this sort of helped alleviate some of that cost. Another thing I wanted to mention is we're also working with NASW, so we're going to provide these for free for CEUs.

AK: Oh, that's great.

PH: I know, I'm really excited. And then we're going to reach out. We've already reached out to the University of Michigan, Cara has, and they're going to start something there, using these modules as well. And I sent this out on the Spark Committee for CSWE a couple weeks ago, and, you know, just kind of getting the word out, but it's absolutely free. Students can use this and our students who've taken this, they can use it for the rest of their lives. They can have this, you know, they can have access to this. It's not restricted to just their time at Michigan State, so I feel really good about that.

AK: Looking forward, what are your goals related to MI CARES and substance use education more broadly?

PH: I think… the goals are really to expand this access for training. I think it’d be great if we could reach out to all the schools of social work in Michigan and offer this for all students that are becoming social workers, for healthcare professionals across the state who have become social workers, who can access the free CEUs. You know, the more that we can educate these physicians, nurses, our social workers, and other providers about these evidence-based practices and the importance, I think, of Cara's vision of offering compassionate, non-judgmental care, I think, the better equipped they'll be to support patients who are struggling with substance use disorders.

I think, of course, another goal would be to reduce stigma. That's a big one. That's a really hard one to address. It's one of the biggest barriers really to treatment and you know, stigma is something that patients are often facing when seeking help, even subtly. So the hope is that more professionals will complete these trainings and they'll develop just not only the technical skills, but also get a deeper sense of this empathy and understanding that will create safer and more environment-- welcoming environments for the clients. And I think maybe more broadly, I'd like to see substance abuse education become more integrated into all of our training. So across the social work curricula to create this culture in healthcare and the medical schools too, so that substance abuse isn't like an add-on, but it's more integrated to part of a holistic care process, I think, for patients, receiving clients. So it's not really like an afterthought, and it's really just something that's embedded.

And finally, what's interesting, I was thinking about this and then, this is so funny how this works, but just like right before we popped onto this, Nora Volkow, who's the head of um, the National Institute on Drug Abuse [NIDA], and just sent out her blog on community partnerships and how that's key. That's a real social value, I think, working with our communities and you know we've seen with MI CARES, and we're working together with other organizations and recovery programs and resources that provide more comprehensive wraparound care for people in recovery. And I think when clients don't—we’re the, I'm more of the researcher side--and Volkow was saying we’ve really got to start to erode some of this “I'm the researcher, you're the subject,” and really try to work more towards community partnerships in care, and the goal then is to strengthen collaborations. So that treatment isn't isn't something that just happens in the clinic or it happens in a session, but it's part of this broader community support system. I think the more that we do that, the more that can erode stigma, not just at an individual level, but as a community and [at a] cultural level. So I think expand knowledge, reduce stigma, and create this more supportive holistic system for individuals who are struggling with addiction.

AK: Perfect. Thank you so much for sharing your work with us today.

PH: Thank you. And thank you, dear listener.

AK: (laughter)