



**WOODS:** All right, I think with a topic like this, I'd like to start, if you don't feel uncomfortable telling it, with your own personal story that brought you here.

**DREISBACH:** Absolutely. So I became addicted to heroin when I was about 17, 18 years old, and I got my first felony burglary when I was 18. That started me on this path in the criminal justice system that spanned three different jail terms, several hundred days in jail, several trips to treatment, pretty ineffective treatment, unfortunately. And really, at any given point during that time, if there was somebody who understood the brain science of addiction and what a true substance use disorder was, they could have probably gotten me into the appropriate level of treatment, skipped that several hundred days in jail, skipped that \$17,000 in court costs and fines, and really, possibly even prevented me from having a record for the rest of my life that I still carry with me today. So that's kind of what my personal motivation in this program is.

**WOODS:** I've heard it said when it comes to recovery programs, that if you just look at them all together and you don't differentiate them, this program versus that one, but just recovery in general, the statistics seem to be pretty dreary in terms of people who make permanent changes and are permanently able to free themselves from whatever had enslaved them. Am I basically right about that? And if so, is there something that works as opposed to something that just doesn't work? Or is it different for every person?

**DREISBACH:** So every case is extremely individualized, but what medical science and what the current data suggests is that somebody who follows a continuum of care and treatment, which starts at detox and could end up to two years later with a general outpatient, the success rates are in the 70% to 90% for somebody who follows an entire continuum of care. Now, what the media and society in general think of as rehab is that 28-day vacation and then you come back and everything's okay. That's where you have these abysmal 3% to 5% success rate ratios.

**WOODS:** Okay. Yeah, okay, because I know I've heard numbers like that.

**DREISBACH:** Yeah, yeah, it's true, but only a half truth.

**WOODS:** Okay, okay. Well, can you tell us something about your own success? Were you in some kind of a program or treatment, and what was it like, and what were your ups and downs?

**DREISBACH:** Yeah, so the last treatment that I went into was after my last jail term. I had a very progressive judge in 2007, and he wanted to send me to treatment again for the third time. And finally, the roulette wheel of the county system finally spun me into a treatment center that actually provided me with some therapy to retrain my brain. I don't know if you know anything about the brain science of addiction. I hear you're a Harvard guy, so you might know a little bit. But basically, what happens in addiction on a super base level is that over the course of time, drugs of abuse will act directly on your limbic system, and the limbic system, which is the animal brain or lizard brain, becomes operative and dominant over the cerebral cortex, which is the reality section of your brain. So essentially, when you're in the throes of addiction, your cerebral cortex is no longer the operative main functioning part of your brain. And what happened was, I landed in a treatment center that began some therapy

for me to allow my cerebral cortex to become the operative thing again, so that I could see the world for what it was, and it allowed me to move forward rationally, logically, and intelligently.

**WOODS:** Wow. Now, after that time — now, how old were you when this was all completed?

**DREISBACH:** So when I got sober, I was actually 20 years old. I think I might have just turned 21 in treatment.

**WOODS:** Is this the kind of thing where, if you were, let's say, to be moving with the wrong crowd, would you find yourself tempted to go back? Is it at least conceivable that you could be tempted?

**DREISBACH:** No, no, not at this point. I mean, life has such great purpose for me, and it's so much better than what drugs offered me back in the day. There's not even a remote possibility that I would even entertain the idea of going back. Thankfully, once you follow that continuum of care, you enter into a state of reasonableness almost, where you can see things for what they are and it doesn't have to be that societal thought that you're like fighting and struggling every day for the rest of your life. If you follow the course of treatment the right way and you do the things that are required of you, you don't have to struggle for the rest of your life. And thankfully, I don't have to struggle, so I can focus on helping others now.

**WOODS:** Yeah, so you're, let's say, just about 21 or 21 when you're more or less through the ordeal. Did you know at that time instantly that this was now the purpose of your life?

**DREISBACH:** No. No, it took a little while. I started out waiting tables at a diner. I worked overnight waiting tables. And you know, I was pretty active in recovery programs like Alcoholics Anonymous and so on and so forth. And I knew I loved helping people, but really, I was a waiter by trade, and eventually I got an opportunity to take a huge pay cut and go back and work at that treatment center. And that started this whole train of circumstances in motion, where I was able to actually end up starting the pioneer Sober Living community in Lancaster County, Pennsylvania in 2010. At that point, I was able to help hundreds of people at a time not be homeless, which was probably the coolest thing ever. I developed a love for real estate, a love for business, and a whole lot of the things. So over the course of a couple of years, I really found a purpose.

**WOODS:** Now, tell me about Blueprints for Addiction Recovery. First of all, what your role is, and secondly, what makes this particular program, if not unique, then let's say effective.

**DREISBACH:** Sure. So Blueprints for Addiction Recovery is actually a continuing care provider in Pennsylvania, so we offer levels of care from residential treatment, which is that 28-day model, all the way down to the traditional outpatient that could last for up to two years. The program in specific that I think we want to talk about is the Second Chance program where we partner up with law enforcement and allow people to get into treatment immediately instead of fall into the criminal justice system. So two distinct entities, but definitely a whole lot of experience from the Blueprints side of things falls into our work in Second Chance and helping the police realize that addiction is in fact not a crime.

**WOODS:** Yeah, okay, so this is really what I'd like to focus in on, because you're in Pennsylvania.

**DREISBACH:** Yes.

**WOODS:** And right now, tell me if I'm wrong about this, but my understanding is that Pennsylvania has not been able to pass legislation even involving the legalization or decriminalization of marijuana. Am I right about that?

**DREISBACH:** You are correct. Yes, it is still illegal.

**WOODS:** Okay, so even that, even something as, frankly, trivial as marijuana. And yet in that environment, my understanding of what you've been able to do is basically to de facto, even

if not de jure, de facto ratchet down the drug war on a small scale. Is that a good way of looking at it?

**DREISBACH:** Yeah, yeah, in one way. I mean, it's a multi-faceted program, so many of the police officers that we work with so far are real forward-thinking guys that really understand that by locking people who have substance use disorder up, it doesn't help them, it doesn't stop them from recidivism, it doesn't really do anything except for hamper and burden them. And it's really contrary to the way that the media and the world portrays police, but all the guys that I work with down here are really on board with helping their communities, and they really just love being able to see somebody succeed. So essentially, really their love of helping people, my love of helping people ends the drug war in this area, essentially.

**WOODS:** All right, so I'd like to get, if you wouldn't mind – obviously, we'll keep this anonymous, but can you describe for us maybe a few examples, real-life examples of people, what their circumstances were and how their good fortune of having had this befall them in the area where you are, allowed them to have a good outcome?

**DREISBACH:** Yeah, I have some awesome stories. So the first thing that we do when we onboard a new police department is we give them a one-hour free training about the brain science of addiction, so they understand what the problem is. And then we talk about the continuum of care and how to get somebody from addicted to better. And then we talk a little bit about procedures and policies and all the fun stuff.

So the first day we did our first training with a department name called Northwest Regional Police Department in Lancaster County, a Sergeant over there, Sergeant George, great guy, he encountered a domestic that night. It was probably 11 o'clock, midnight. And during the domestic, the wife was drunk and she ran away, and she passed out behind a dumpster in little Elizabethtown, Pennsylvania, another great police department we work with.

So what happened was this lady woke up, and I think she was a little upset and she maybe threw a punch at Sergeant George, something like that. And Sergeant George just received the training, and he had the forethought to say, *Oh, man, this lady needs help. Let's call.* So he called my cell phone directly, because we didn't even have a program line set up yet, we were so new. And that lady got into treatment that night, because we sent a certified recovery specialist out on scene to make sure that the person is assessed and can get into the right level of care. That lady turned out to be a nurse. So if Sergeant George did the traditional thing and filed those charges, that lady would have lost her nursing license. She would have had no job. Her family life would have probably been more of a nightmare. Right now, that lady is approaching one year sober and doing extremely well.

**WOODS:** Excellent, excellent. Okay, give us some more. Give us more, because a lot of times – I hate to say, on my program, because I'm reporting on what's really going on in the world, it's a lot of doom and gloom, and I don't want it to be that way.

**DREISBACH:** Yeah, so another one, the Lancaster County DUI Task Force actually also invites us to attend all the DUI checkpoints, which is kind of a crazy thing. And during one of the checkpoints – I actually attend them all personally. During one of the checkpoints, there was a passenger of a DUI that got pulled out of the checkpoint, and he had some meth in his pocket, and he was kind of well-known to the local officers. And the one canine officer said, "Hey, we have this guy here. It's your real lucky day. I don't have to charge you for this stuff. Do you want to get into treatment?" He agreed to go to treatment. He went right in, and that guy is approaching eight months sober, and he's got a good job working at a local warehouse. I ran into him last month, and he is just overwhelmingly grateful to not have that charge on his record. And he's so thankful for the opportunity that the police gave him to not have to deal with all that stuff. And I have stories for days if you want to keep going.

**WOODS:** Well, it's interesting to hear you talk this way, because frankly, I think the way a lot of us look at the police and the drug war is not as favorable as they appear in the stories

you're telling me. So yeah, sure, I'd love to hear more. I'd love to get more nuanced on how the world works, frankly.

**DREISBACH:** Yeah, as a felon myself, I long suffered delusion that the police were my enemy, and this program and the time I've spent with officers riding along, just getting to know them, getting involved, I can tell you that it's not real. A lot of police, I'd say a vast majority of them got into it to help people, and that's just been my experience.

But another case, a young lady, she had gotten some warrants for retail theft, and the Elizabethtown borough police department here in Pennsylvania, the chief of which is the co-founder of this program with me, they had to pull her in and go through with the warrants because they can't throw warrants away. People have to answer for crimes against others. This girl went into jail until the judge released her. She disappeared for about two days after the judge released her, instead of crawling back into the program and getting things started. We ran into her a couple days later. She agreed to go into treatment because her life was an absolute nightmare. And that girl too is now approaching six or seven months sober, and she is overwhelmingly grateful. She's done media interviews, local news, everything like that. She's just so over the moon. Her family is so over the moon they don't have to worry about her anymore. They don't have to worry about where she is, if she's alive or dead. The impacts on a local level are so far-reaching when police stand as a stakeholder in community health instead of the vicious overlord.

**WOODS:** Yeah, no doubt. Okay, can you describe — I know you say that it's the Second Chance program, you have a lot of things going on. But can you describe for me what it would be like, what my day would look like if I went in for, let's say, the 28-day program at Blueprints? What's my life like on a daily basis? What's happening to me? What am I doing?

**DREISBACH:** So when you get picked up by the Second Chance program, you don't necessarily end up at Blueprints. The reality is it's a referral and assessment service that we offer to the community for free. So in reality, the people who get picked up on Second Chance most likely aren't going to end up at Blueprints. But I can give you an idea of what a traditional day in a rehab is like.

**WOODS:** I would like to know that, actually, yes.

**DREISBACH:** And they're all very, very different, because there are so many different nuances and programs available to people. But I'd say traditionally, somebody would wake up in the morning, eat some breakfast, go attend the first group of the day. And usually in the residential level of care, you're going to be receiving six hours of acute therapy to work on retraining the brain, like we talked about. So for the next six hours, you essentially are in therapy, either individual or group. And then you eat some lunch in between there. And then you'll go home.

Now at Blueprints, when you go back, we have a real integrated kind of program, where we like to get people used to living on their own. So we have apartment-style living, where people can still have that 24/7 monitoring and therapeutic support with six hours of therapy a day, but when they get out of therapy, they'll go back to their apartments, they'll have the opportunity to go to the gym, have an opportunity to do their laundry, fill out job applications for when they leave, really get ready to begin living life. And that's kind of my favorite part about the Blueprints program. But again, every place is very, very different.

**WOODS:** I bet — well, first of all, I don't want to assume anything, but I have a feeling, and I don't know if you want to even say this publicly about your political views, but I think you might be a libertarian. I don't know if you want to say that or not, if that compromises you in some way.

**DREISBACH:** I don't know that it compromises me horrendously. Strangely enough, I've been registered as all three political parties, Democrat, Republican, and Libertarian. I personally prefer to lean with people instead of party —

**WOODS:** Yeah, sure.

**DREISBACH:** — because I see some fantastic Republicans, some unbelievable Democrats, and I know some of the best people in the universe are Libertarians. So I definitely have libertarian leanings.

**WOODS:** Would you say that your opinions on drugs tend to resonate, or the views of the libertarians, resonate with you on the drug issue?

**DREISBACH:** Very much so, but I can tell you that none of these police officers are libertarian and they agree 100%.

**WOODS:** I do want to press this a bit, though, because it seems counterintuitive to most people. They would think, here's a former heroin addict, now recovered, and you would think he above all would say: we need to clamp down even harder on drugs so that I might not have fallen to them in the first place. Why is that the wrong way to think?

**DREISBACH:** Well, the logic of that situation is that drugs were in fact illegal when I was using them.

**WOODS:** [laughing] Yeah, okay.

**DREISBACH:** The legality of substances has very little to do with people's ability to obtain them, very little to do with people's desire to use them. And I'm pretty sure the government has done essentially nothing effective in the entire war on drugs. So that's where the logic comes from. Just because I'm a felon, I'm not allowed to have a gun. If I needed to go find a gun, I bet you I could. I'm not going to, because I'm a felon and I'm a law-abiding citizen now. But in reality, murder is illegal, but I could go stab the person in the office next to me. Laws are really for good people to follow, and criminals will literally always find a way to break the law if they want to, if that sums that up for you.

**WOODS:** Yeah, sure. I think that makes sense.

**DREISBACH:** Yeah.

**WOODS:** Now, my understanding is that the way people have come to understand addiction has changed over the years, and that people just used to look at the physical substance, the heroin or whatever it is. And that instead, there's more of an emphasis now on what kind of hole in the person, what kind of trauma, what kind of depression or whatever it is might have led the person down this road in the first place. You have to attack that, because if you're just going to physically withhold physical things, you're not really getting to the heart of what's putting them in this dark place in the first place. At the same time, though, it seems like there must be some drugs, where just the physiology of it is such that it's harder to get people off them than other drugs. Can you make sense of all this?

**DREISBACH:** Yeah, I mean, so benzodiazepines and alcohol, those are the two drugs known to science right now that can actually kill you during a detox. So obviously, those things need to be treated in the detox level of care first, make sure that a person doesn't die. Realistically, all the drugs kind of have their own different physiological ways to affect people, but the reality of most treatment components and situations is that there's an underlying cause somewhere and really the brain just needs to be retrained. So on an individualized level with quality counselors, that can be figured out. Substance use disorder is an actual disorder, which means that it's something that can be treated, which I am super thankful for because otherwise I would have been dead 13 years ago.

**WOODS:** What do you think of the claim that, even if we concede that marijuana is not super harmful to you, at the same time, it's a gateway drug to harder drugs and so we need to start with kind of a no-tolerance policy right at the very beginning, even if it may seem disproportionate to the immediate harm because it can lead to worse harms?

**DREISBACH:** I'm not entirely convinced that marijuana is a gateway drug. I think that might have been a Nancy Reagan thing from the '80s that just got created. I started personally with alcohol because it was the most readily available. I would probably venture to say, and it might be bold of me, but alcohol is probably more of a gateway drug than marijuana. But you know, politically my opinion is still the same, that making things illegal just doesn't do anything.

**WOODS:** On the other hand — again, I want to play devil's advocate here — if something's illegal, there are people who on the margin will be less likely to pursue it because they don't want to get in trouble and who, if they aren't going to get in trouble, well, they might be curious and they might try it out, so you will have more people trying it than would otherwise have tried, and therefore a greater risk of more people becoming addicted. I think that's the way people some people look at this, and what's wrong about that?

**DREISBACH:** I can fully respect that opinion, 1,000%. Realistically, I'm pretty sure if we called my mom right now, my wonderful, awesome mom, and marijuana became legal in Pennsylvania tomorrow, I'm pretty sure she's not going to start smoking weed. But again, everybody's so different. I can't claim to have the answer for every single thing and every single person. So, you know, I'm just here to help, Tom [laughing].

**WOODS:** Yeah, no, I know. You know, I deal with all different kinds of people, and I spend, so much time, so much time in circles, where it's just obvious to us what you're saying, about just criminalizing things is not going to — because as you say, people can just do the opposite if they want to [laughing]. If that's the thing that we need to help people with — and I'm around them so often, that the things that seem so obvious to us, then when I'm around what I sometimes call "normies" and I say something like this, they have this horrified look like I advocated burning down a school or something when I say this to them. So when I talk to somebody like you, I do want to think through what the right arguments are.

Now with you, you really have the best arguments of all, because you can talk about real human beings and real people's lives that were changed not by locking them in a cage and the abuse that can take place there.

**DREISBACH:** Yeah.

**WOODS:** I mean, the way I've sometimes put it to right-wingers who are just horrified at the idea of legalizing drugs, is I say, *Do you really think that* — and I don't want to quite use the words that I would use with them on the air here. But let's just say: *Imagine the kind of thing that we know goes on in a lot of prisons. Do you think that is the most humane way to deal with somebody who's struggling with addiction? That? That's the most humane solution you can come up with? Honestly, you've thought of everything?* And you know what, sometimes that does make them stop and think. *Well, there has to be a more humane solution than that.* Precisely. And that's what you're doing.

**DREISBACH:** 1,000,000%. I mean, when I was 18 and I went to jail for the first time, I was mortified because I only knew what the media and TV and movies showed me about jail. Now, thankfully, none of that stuff happened to me, but being locked in a cage 23 hours a day for six months, eight months at a time is not very humane. I still have probably undiagnosed slight PTSD, where I'll wake up at night from a nightmare of being back in jail. The reality is that occurred 13 years ago. And it's not very humane. Somebody who's struggling with substance use disorder, addiction in general, needs to be treated like a person with a health issue, not a person with an ill constitution, essentially, somebody with weak willpower or any of those things. Because I have some pretty strong willpower. I can do a whole lot of things. But when it comes to drugs of abuse, I am completely different than a lot of other people and I'm unable to handle it, hence the substance use disorder.

**WOODS:** I cannot imagine what it would be like to be incarcerated for any length of time, and then that day comes when I can step out into the sunlight. Do you remember that day?

**DREISBACH:** I remember all three of them. And they're all terrifying because nothing changes while you're in jail. When you're in jail, nothing happens mentally other than depression, sadness.

**WOODS:** Oh, that's a good point. You don't look at it as, *Well, here's my fresh start.*

**DREISBACH:** Well, I felt real food because I was no longer in a cage. I was wearing smelly, six-month-old clothing that had sat in storage.

**WOODS:** Yeah.

**DREISBACH:** But I almost immediately relapsed the first two times, because there was nothing provided for me while I was in jail, and whatever treatment they had was pretty bootleg. Forgive my slang. But yeah, it was more terrifying than anything, because I knew I was going to fail. I was pretty much set up for it and destined, and while I was excited to get out and smoke a cigarette and drink a Pepsi after I'd been drinking saltpeter water for six months, it was more terrifying than it was jubilant.

**WOODS:** Is there something that people who are listening right now that can help what you do, or at the very least spread the word about it? Is there a link you'd like them to visit, anything like that?

**DREISBACH:** Yeah, our website is pretty much unfinished at this point. It's very rudimentary, but you can follow along on Facebook, Second Chance PA. You can follow us at [SecondChancePA.com](http://SecondChancePA.com). We're in the process of getting 501(c)(3) status, so I no longer have to pay for it all out of my pocket. But the government, of course, is taking their sweet time allowing us to do such things. So eventually we'll be able to accept donations for people who want to help provide certified recovery specialists to go out on scene with law enforcement. We're really open to take this statewide over the next five to ten years. It's a very slow-moving process. But really, just continuing the conversation that addiction is not a crime, and people who are addicted to substances and have substance use disorder are people too. We really need to help them.

**WOODS:** Look, I'll just come right out and say it: I am super thrilled about what you do. And I'm really impressed by people who could just sit around and gripe about things, but who actually have gone out and done something that has had palpable effects on the lives of actual people. I mean, that's what you're doing, and that's a great example to a lot of us out here. So I'm really grateful.

I hope people will check it out. I'll link to those two places that you just mentioned on our show notes page, and today that's [TomWoods.com/1532](http://TomWoods.com/1532). [TomWoods.com/1532](http://TomWoods.com/1532) is where I'll have all that stuff up. Well, Chris, thanks so much for your time and continued good luck. I hope this continues to spread and you have more and more success stories.

**DREISBACH:** Yeah, thank you so much for having me on, Tom. It was great.