

MEMORANDUM

April 25, 2012

TO: Health and Human Services Committee
Public Safety Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Briefing and Discussion: Reports of Increasing Use of Heroin and Opiates**

Expected for this session:

Uma Ahluwalia, Director, Department of Health and Human Services
Dr. Raymond Crowel, Chief, DHHS Behavioral Health and Crisis Services
Commander Luther Reynolds, Montgomery County Police Department 5th District
Captain Mitch Cunningham, Director, MCPD Special Investigations Division

At the Council's operating budget public hearings, the Council received testimony and comments that there is a growing problem with the use of heroin, opiates, and prescription drugs in the county and that there have been several overdoses and deaths. The Damascus community was specifically mentioned as a place where this problem has grown. Written testimony regarding this issue is attached at © 1-5.

At its April 19th session the HHS Committees asked to meet jointly with the Public Safety Committee to learn more about the trends in the use of heroin and opiates and how the County is approaching this issue. The HHS Committee said they are interested in learning specifics about what may be occurring in Damascus (because of the testimony) but also want to understand more about the county-wide use. While the time at this worksession will be limited because of the Council's worksession schedule, the Committee wanted to have an initial discussion as soon as possible.

Commander Reynolds and Captain Cunningham have been involved in the ongoing work in Damascus to address drug sales and use, much of which has focused on one apartment complex. There have been enforcement efforts and the Department has received technical assistance regarding models for enforcement and intervention.

Director Ahluwalia and Dr. Crowel have been working to obtain data on overdoses and drug related deaths and can also discuss prevention and treatment resources that are available.

Montgomery County Council Members,

I am representing all the parents who are unaware that kids are being offered pain pills as party favors and being tricked into a life of opiate addiction, I am representing all the children who are now struggling with opiate addiction, I am representing all the dead children, children who have died because of the lack of awareness.

Prescription drug abuse is our nation's fastest growing health care concern. The nonmedical use of prescription pain relievers is now the second most prevalent form of illicit drug use in America "and it's tragic consequences are seen in substance abuse treatment centers and hospital emergency departments throughout our nation" (Goodale, 2010, p1). Nearly 1.2 million of emergency room visits were due to prescription drug use in 2009, an increase of 98.4% from 627,291 visits in 2004 to 1,244,679 in 2009. (DAWN, 2010). Between 1997 and 2006, sales of opioid analgesics increased by 347% and currently hydrocodone is the number one prescribed drug in the United States (Manchikanti & Singh, 2008). Coupled with this increase in prescription use of opiates, there has been a significant increase in nonmedical prescription opiate (NMPO) use, especially among adolescents and young adults (Johnston et al., 2008a, 2008b; Manchikanti & Singh, 2008). In fact, among college students and young adults in the United States, nonmedical prescription opiate use is the most common type of illicit drug use after marijuana use (McCabe, Teter, Boyd, Knight, & Wechsler, 2005).

"Nationally, the abuse of prescription pain relievers, as evidenced by treatment submissions, has gone up 430 percent in the last decade, according to a new report by the Substance Abuse and Mental Health Services Administration in Washington, D.C. The report says states with the highest rise in prescription painkiller abuse include Maine, Vermont, Delaware, Kentucky, Maryland, Arkansas, Rhode Island and West Virginia." *Alternet April 11, 2012*

Painkiller overdose 'epidemic' strikes US

By Kerry Sheridan (AFP) Local Washington, DC Reporter Nov 1, 2011

WASHINGTON — The United States is facing an epidemic of lethal overdoses from prescription painkillers, which have tripled in the past decade and now account for more deaths than heroin and cocaine combined.

The quantity of painkillers on the market is so high that it would be enough for every American to swallow a standard dose of Vicodin every four hours for one full month, according to the Centers for Disease Control and Prevention.

NEWSLETTER BY WAISMANN METHOD ADVANCED TREATMENT FOR OPIATE DEPENDANCE

- Almost daily, the media reports new statistics regarding prescription painkiller abuse in America. Many times this involves teens and young adults who falsely believe that these pills are "safe" because they are found in a medicine cabinet or prescribed by a medical professional.

- Florida Surgeon General Ana M. Viamonte Ros, M.D. stated, "Tragically, prescription-drug overdose deaths in Florida increased by 77 percent from 2003 to 2008.
- The most important factor in preventing the misuse of prescription painkillers is education. Communicating to teenagers and young adults the dangers associated with the abuse of these powerful opiates is an integral and necessary part of reducing their widespread misuse."

AWARENESS IS KEY

Within 14 months two young men have died that were very close to my family due to opiate addiction. Up until the recent death of Chris at the end of January, I was unaware of this epidemic of pain medication addiction that is plaguing our society. The elusiveness of this horror in our community is staggering. Every state in this country is immersed in OxyContin/opiate addictions and deaths to a magnitude of unprecedented proportion; this "opiate tsunami" is burying our kids. As of March 1, 2012 Canada has banned the manufacturing of OxyContin due to the addiction crisis in that country.

We must get the word out to as many parents as possible in Montgomery County that their kids are at risk and to end the stigma associated with this addiction. We need the parents of the 10-18 year olds to know that this is out there, literally killing our children, and how to prevent their child from falling into the lifelong cycle of addiction. We need to let the parents and kids know our community has compassion for them and end the stigma. I am asking for funding to support an awareness campaign to get the word out to the parents and children. I have 5 children, 3 still in the county school system, 2 graduates, I have been to many back to school nights and they are packed with parents. Playing a short and powerful documentary at all back to school nights in every school in Montgomery County (elementary, middle and high school) during home room, first stop, which explains the opiate epidemic we as a **COUNTRY** are facing and what it is doing to our kids would be a huge step in the right direction. Kids need to be educated as well with a strong message that would shift the paradigm that these drugs are not "COOL". Resources for this type of documentary and educational programs are listed here:

<http://www.drugfreeworld.org/real-life-stories/prescription-drug-use.htm>

<http://www.drugfree.org/community-education>

AWARENESS gives parents and kids the information they need so when the kids are offered to try the drug they have the knowledge and tools to walk away and the children who are already addicted need to feel accepted and treated with compassion.

WHERE ARE THEY GETTING THE PILLS?

According to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, among persons aged 12 or older in 2009-2010 who used pain relievers nonmedically, 55% got the pain relievers from a friend or relative for free. Another 11.4% bought them from a friend or relative (which was significantly higher than the 8.9% from 2007-2008), and 4.8% took them from a friend or relative without asking. 17.3% indicated that they got the drugs through a prescription from one doctor.

AWARENESS let parents know to get rid of or keep under lock and key if necessary the pain pills in their house.

I am not a professional doctor, I am not a professional psychologist, I am not a professional teacher, I am not a police officer, I am a parent, so at times I am all these in their entire and in order for me to help my children awareness is key.

We are at a crossroads. The tidal wave is coming; taking swift action now is a matter of life and death.

The bottom line is without the parents and kids being aware of this danger, there will be an ever increasing number of children becoming addicted to pain pills/heroine. The budget for rehab will increase exponentially and so will the number of kids dying. Recently I was told about 2 other boys in our community who hung themselves due to opiate addiction in the last 12 months. I am sure that if these kids and their parents knew before they ever took that first pill that this was the reality of their choice, they would be alive today.

***We must become the change we want to see in the world. —
Mahatma Gandhi***

Donna Evans

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*Presentation to the
Montgomery County Council
FY 2013 Operating Budget Hearings
By Eric E. Sterling
On behalf of the
Alcohol and Other Drug Abuse Advisory Council
April 11, 2012*

Overview

The Alcohol and Other Drug Abuse Advisory Council (AODAAC) consists of 16 community representatives charged with offering guidance to the County Executive and the County Council on alcohol and other drug policy and budget allocations. In 2005, the AODAAC was designated as Montgomery County's State Local Drug and Alcohol Advisory Council to collaborate with the Maryland State Drug & Alcohol Abuse Council regarding funding sources and the County's Strategic Plan on Alcohol and Drug Abuse.

We greatly appreciate your commitment to saving lives, fighting crime, and protecting families by minimizing the necessary funding reductions for the continuum substance treatment services over the last four years. Nevertheless, previous reductions have reduced services.

County funding for substance abuse treatment in the key accounts has gone from \$13,138,820 in FY08 to \$12,677,330 in FY12, a decline of \$461,490 or 2.5 percent.

However, in 2012 dollars, we would have needed \$13,831,573 to buy the 2008 level of services. Considering cuts plus the effect of inflation, we have lost \$1,154,243, a real cut of 8.78 percent.

In 2010 the State Alcohol and Drug Abuse Administration estimated that 16,988 persons—youth and adults—needed substance abuse treatment in Montgomery County. The number we were able to treat was 6,379. An estimated 10,609 people could not receive the substance abuse treatment they needed.

Our drug abuse problem is getting worse, and much more lethal. The county is experiencing the national phenomenon: death from drug poisonings and overdoses now kills more people than automobile accidents! In our county, in Damascus alone, 26 young people have died of drug overdoses in the past two years, according to some members of the Heroin Action Council!

In addition, we anticipate further reductions by the Maryland Alcohol and Drug Abuse Administration to the State Block Grants cutting our residential treatment programs.

Budget Priorities

To carry out your objective of "Safe Streets and Secure Neighborhoods:"

- **Maintain Detox and Residential Treatment Capacity at Current Levels**
We have waiting lists of up to two weeks for people trying to access detox services at the Avery Road Treatment Center. It is essential to maintain detox and residential treatment capacity at current levels (14 beds). The Advisory Council strongly recommends that the county increase funding to purchase *all* of the detox bed capacity that is available at the detox facility (20 beds). This is still minimal for a county of 1 million residents. For every \$1.00 that goes into treatment, the public then saves \$7.00 in later health care and criminal justice related costs.
- **Maintain Capacity for the Adult Drug Court Program**
The evidence-based Adult Drug Court program has been an exceptionally effective intervention model for high end criminal justice system offenders. All relevant criminal justice and treatment agencies collaborate in our NACo Award winning program. Studies show that treatment cuts drug abuse in half, drastically decreases criminal activity, and significantly reduces arrests.
- **We are likely to face further State cuts for Residential Treatment Services**
In 2012 and 2013 Montgomery County drug treatment services are likely to face reduced state ADAA Block Grant funding on top of previous major cuts.
 - o In April 2011, ADAA notified Montgomery County that \$240,000 was being cut from our Block Grant Treatment funding.
 - o Funding reductions proposed by DHMH to the General Assembly this year make late-year cuts the likely scenario again this year.
 - o The ADAA Block Grant is the primary source of funding for Montgomery County's
 - Detox and Intermediate Care Services at the Avery Road Treatment Center.
 - Long Term Residential Treatment Services – such as Second Genesis.
 - Treatment for Dually Diagnosed individuals with serious addiction and mental health problems such as the Avery Road Combined Care program.
 - And funding for Half Way House care like Lawrence Court and Avery House.
 - o ADAA repurposed funding for Recovery Oriented Support Services, Care Coordination, and Peer Recovery Support and Housing Services are important adjuncts to basic treatment services, but they are not primary treatment services.
- **The key goal is to get hard core, criminally involved addicts into recovery.**
Then we can support recovery with the necessary "wrap around," "care coordination," and related housing, transportation, employment, child care, etc. Patients need access to treatment first before they can benefit from recovery support services.

The bottom line is that alcoholics and addicts rarely just "achieve recovery" without getting adequate treatment. Most of them do not have insurance. If the county does not provide treatment, many are going to die. If the county does not provide adequate treatment, in many cases they will continue a criminal career very expensive to the county taxpayers and to the victims of their crimes.