

MEMORANDUM

November 6, 2012

TO: Health and Human Services Committee
Public Safety Committee
Education Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Briefing and Discussion: Overview of Montgomery County Public Schools (MCPS) Drug Prevention, Education, and Intervention Programs**
(continuation of discussion regarding substance abuse and opiate addiction)

Expected for this session:

Mrs. Chrisandra A. Richardson, Associate Superintendent, Office of Special Education and Student Services
Dr. Ursula A. Hermann, Director, Department of Student Services
Ms. Elizabeth R. Brown, Director, Department of Curriculum and Instruction
Mrs. Cara D. Grant, Acting Supervisor, PreK-12 Health & Physical Education, Health Education
Ms. Melanie M. Humphries, Coordinator, Alternative Programs

At this session, the joint HHS, PS, and ED Committee will be provided with an overview briefing on MCPS drug prevention, education, and intervention programs. Information will also be provided on training to teachers and school staff on identifying children who may have a substance abuse problem and how they might be assisted. The joint HHS and PS Committee requested this session at its June 28th session that provided a presentation on the substance abuse treatment systems for adults and juveniles, both for publicly-funded treatment services, and private pay/private insurance treatment. The joint HHS and PS Committee asked that the ED Committee join them for this session. MCPS will provide briefing material at the session.

The following provides some background on the joint HHS and PS Committee sessions in April and June. The joint HHS and PS Committee has agreed to continue to schedule sessions on the topic of substance abuse and available treatment services in response to concerns brought forward by county residents about the number of young people who are addicted to legal and illegal drugs. The joint Committee said that it wants to be able to understand the level of the problem in the county, the shortages in treatment programs and/or treatment beds, and what resources might be needed to address the problem.

At the October 11th HHS Committee meeting with Department of Health and Human Services' the Alcohol and Other Drug Abuse Advisory Council (AODAAC) shared that one of their top two priorities is to "protect the current substance abuse prevention funding and expand collaboration efforts with the Montgomery County Public Schools." The AODAAC said that there should be broad-based collaboration that includes MCPS, Police, Health and Human Services, community groups, and parents.

April 27th Meeting – response and comments regarding public hearing testimony

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. The HHS and PS Committees agreed that they wanted to understand more about the issue, trends in the use of heroin and opiates, and how the County approaches enforcement and treatment.

On April 27th, the joint HHS and PS Committee met and received information from Commander Reynolds and Captain Cunningham of the Montgomery County Police Department about enforcement efforts that have been going on in the Damascus Gardens area. Commander Reynolds told the joint Committee that they made arrests, but have also been working closely with the community, parents, the faith community and the apartment management and there have been significant improvements. With regards to overall issues with illegal drugs and substance abuse of both legal and illegal drugs, they emphasized that this should be seen as a county-wide issue. The Police are seeing a growing problem with abuse and addiction to prescription drugs. This can sometimes lead to heroin use if the user no longer has access to the prescription opiate. Commander Reynolds also told the Committee that the District Community Action Teams approved in the FY13 budget will provide the Police Department with the type of resource that can impact these types of problems. The joint Committee also received comments from Ms. Lowe of the Heroin Action Committee of Montgomery County that included concerns about the shortage of residential drug treatment beds and the cost of treating addiction.

The joint Committee requested information at its next session about the addictions treatment system.

June 28th Meeting – Overview of the Addiction Treatment System

The Department of Health and Human Services provided the joint HHS and PS Committee with an overview briefing on the addiction treatment system. The powerpoint slides from the session are attached at © 1-13. The joint Committee discussed that there are different systems depending on whether the individual is a juvenile or an adult and whether they are able to access publicly funded services based on program eligibility or involvement in the juvenile or criminal justice system as opposed to being responsible for the cost of treatment, either with or without the assistance of health insurance. The joint Committee has requested additional information on opiate-related emergency department visits and the costs associated with different levels-of-care in the treatments system.

The following information on the prevalence of Opiate use was noted in the July packet.

- The State of Maryland Automated Record Tracking (SMART) System data for Fiscal Year 2011 shows that the rate of heroin-related treatment admissions per 100,000 population over age 14 was 38.54 for Montgomery County. This compares to 61.54 for Howard County, 18.98 for Prince George's County, and 127.18 for Frederick County.
- SMART System data for Fiscal Year 11 shows that the prescription opiate-related treatment admissions per 100,000 population over age 14 was 52.51 for Montgomery County. This compares to 57.5 for Howard County, 17.17 for Prince George's County, and 179.39 for Frederick County.
- The National Institute on Drug Abuse (NIDA) reports that in 2009 there were almost 4.6 million drug-related emergency room visits nationwide. Of these, about 2.1 million were related to drug abuse (as opposed to adverse reaction to drugs taken as prescribed). Of the 2.1 million visits, 27.1% involved non-medical use of a pharmaceutical, 21.2% involved illicit drugs, and 14.3% involved alcohol in combination with other drugs.
- NIDA also reports that the total number of drug-related emergency department visits increased 81% from 2004 to 2009. Emergency department visits that involved the non-medical use of pharmaceuticals increased 98.4% during this same period. The largest increases were for oxycodone products (242.2%), alprazolam (148.3%), and hydrocodone (124.5%).
- A 2011 data brief from the Centers for Disease Control and Prevention regarding Drug Poisoning Deaths in the United States, 1980-2008, reports that the number of drug poisoning death increase from about 6,100 in 1980 to 36,500 in 2008 and that opioid analgesics were involved in more than 40% of all drug poisoning deaths in 2008, an increase of 25% from 1999. (The report also notes that in about 25% of the drug poisoning deaths in 2008, the death certificate did not specify the type of drug(s) involved.)
- The CDC Morbidity and Mortality Weekly Report from November 1, 2011, shows that rate of drug overdose deaths for in 2008 per 100,000 population was 11.9, which was the

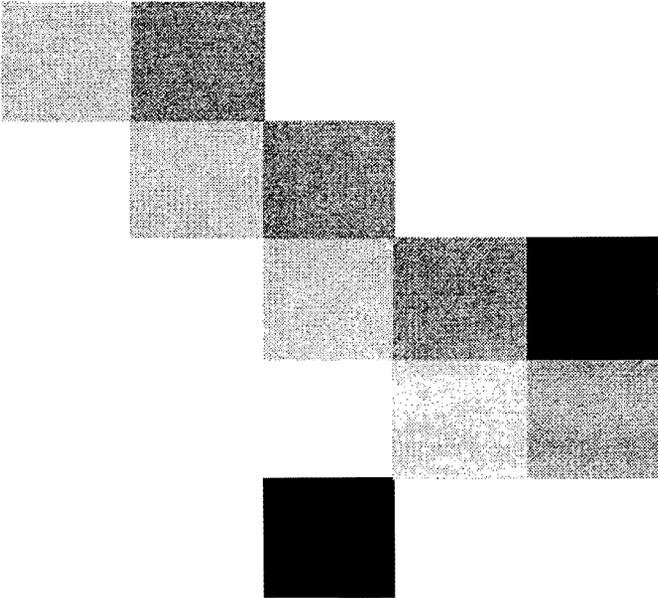
same as the national average. It also reports that in Maryland the rate of non-medical use of opioid pain relievers for people age 12 and older, was 3.8 per 100,000. However, nationally the data shows that overdose deaths from opioid pain relievers now exceed deaths involving heroin and cocaine combined. It states the following “Key Points”:

- Death from opioid pain relievers (OPR) is an epidemic in the United States.
- Sales from OPR quadrupled between 1999 and 2010. Enough OPR were prescribed last year to medicate every American adult with a standard pain treatment taken every 4 hours for a month.
- Abuse of OPR costs health insurers approximately \$72.5 billion annually in health-care costs.
- State-based prescription drug monitoring program records and insurance claims information can identify and address inappropriate prescribing and use by patients.

Youth Risk Behavior Survey

On July 30th, the HHS and ED Committees held a joint session to discuss the Youth Risk Behavior Survey including the findings from the 2011 Maryland YRBS and the changes that are proposed for the 2013 YRBS. Report results for alcohol use and other drug use are attached at © 14-15. The YRBS indicates that statewide:

- About 15% of respondents reported using a prescription drug without a doctor’s prescription one or more times.
- About 4.5% reported using Methamphetamines one or more times, and
- About 4.2% reported using heroin one or more times.



Substance Abuse and Addictions

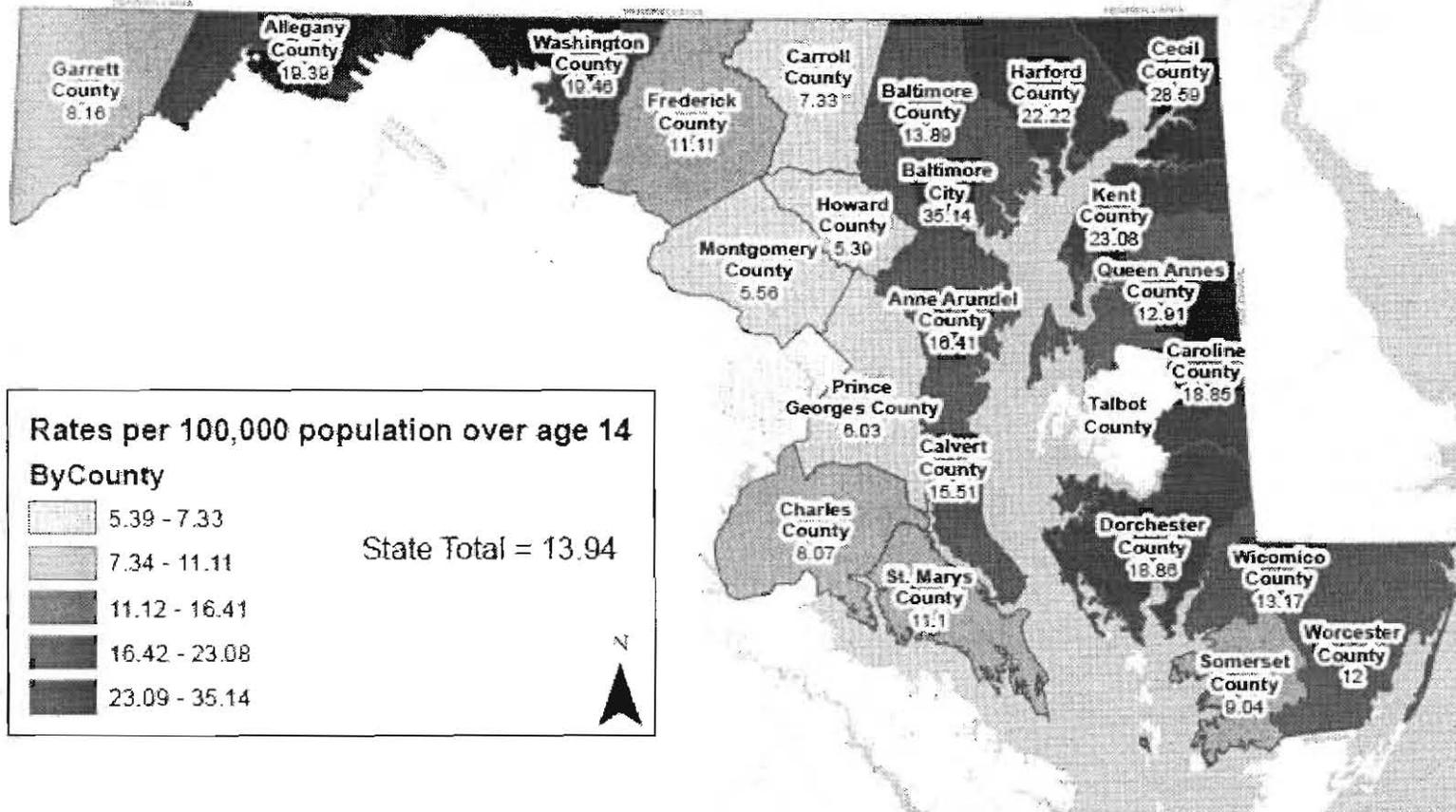
Overview of Treatment Systems

HHS and PS Committee Hearing

June 28, 2012

- 
- Substance Abuse in Montgomery County
 - Treatment in Montgomery County
 - ASAM Levels of Care
 - What treatment is available
 - For Juveniles
 - For Adults
 - Private Sector
 - Challenges to meeting the need

Intoxication Deaths Fiscal Year 2011



Map prepared for:
 DHMH/Alcohol and Drug Abuse Administration
 January 24, 2011

Classification Method: Jenks Natural Breaks using five (5) classes.

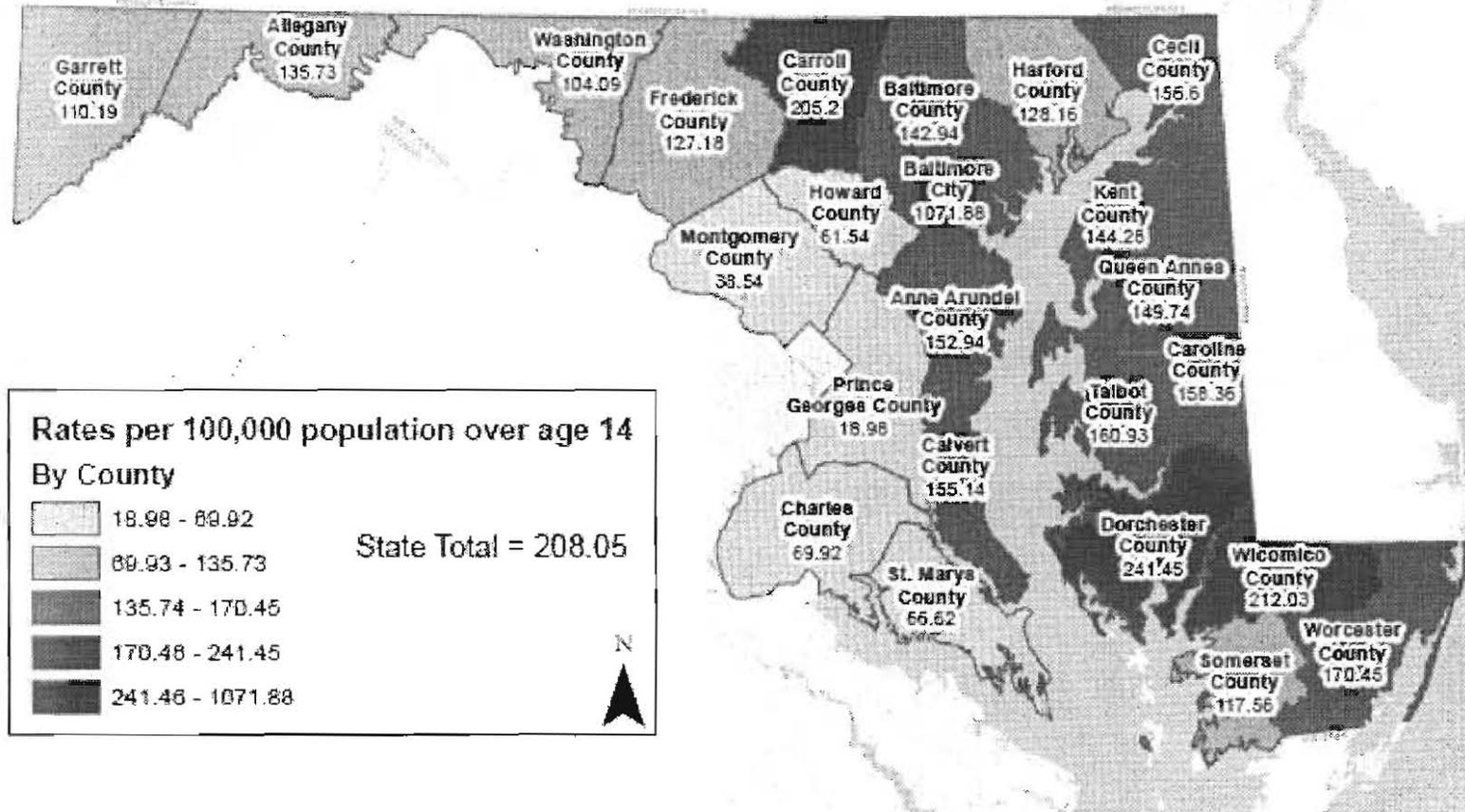
Data Sources:

Intoxication Deaths Fiscal Year 2011—Data provided by the Office of the Chief Medical Examiner (OCME) are extracted from a data system designed to track the progress of a death investigation rather than for surveillance or epidemiological purposes. While every effort is made to keep this information correct, the sources, coding and terminology are varied and there is no independent means to verify much of the information. Understanding how and why the data were collected is critical to any interpretation of queries to the system.

County boundaries—ESRI, 2006.
 Light grey basemap—ESRI, 2012.

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Heroin-Related Treatment Admissions Fiscal Year 2011



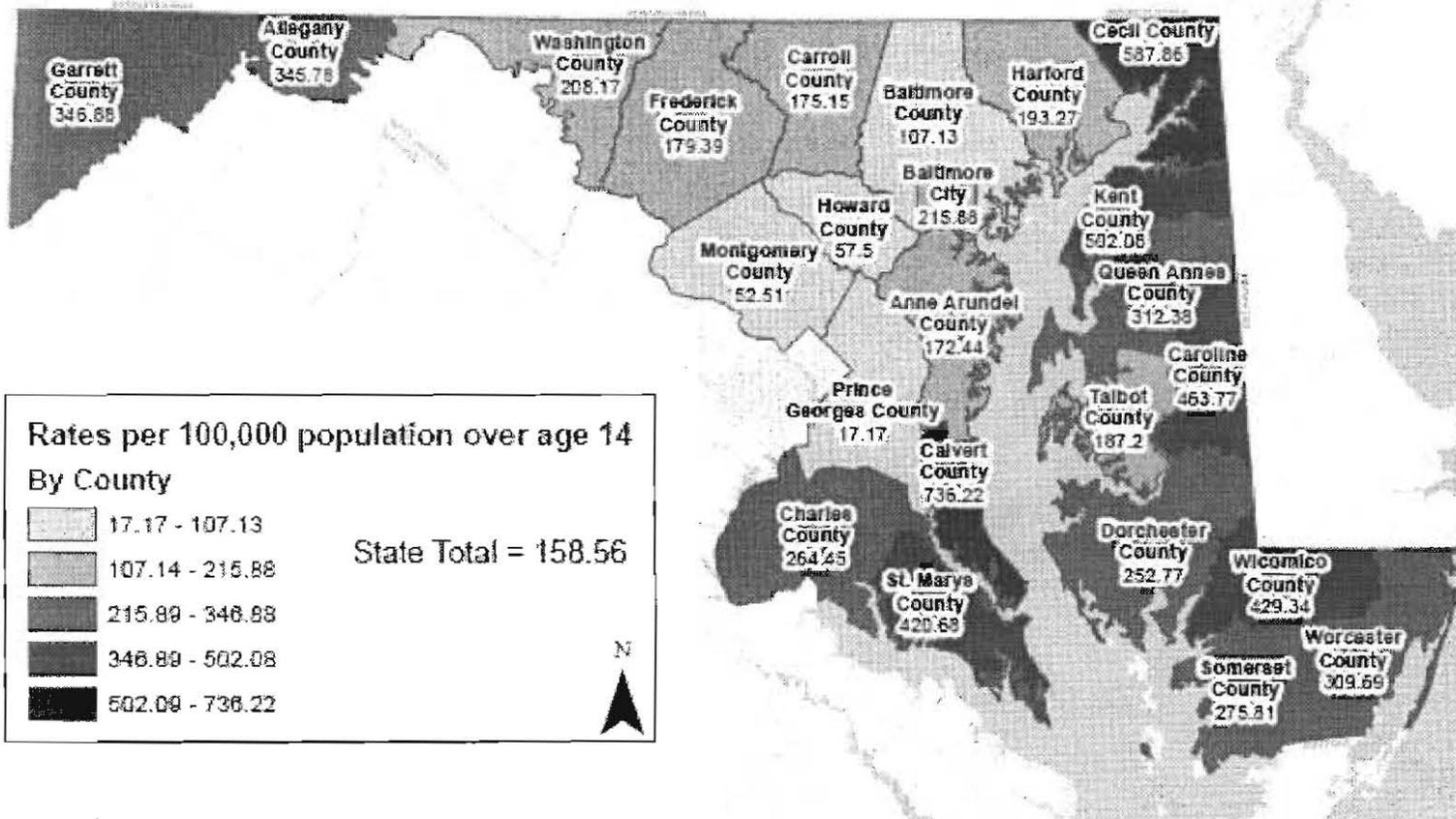
Map prepared for:
DHMH/Alcohol and Drug Abuse Administration
January 24, 2011

Classification Method: Jenks Natural Breaks using five (5) classes.

Data Sources:
Treatment data—State of Maryland Automated Record Tracking (SMART) system, Fiscal Year 2011.

County boundaries—ESRI, 2006.
Light grey basemap—ESRI, 2012.

Prescription Opiate-Related Treatment Admissions Fiscal Year 2011



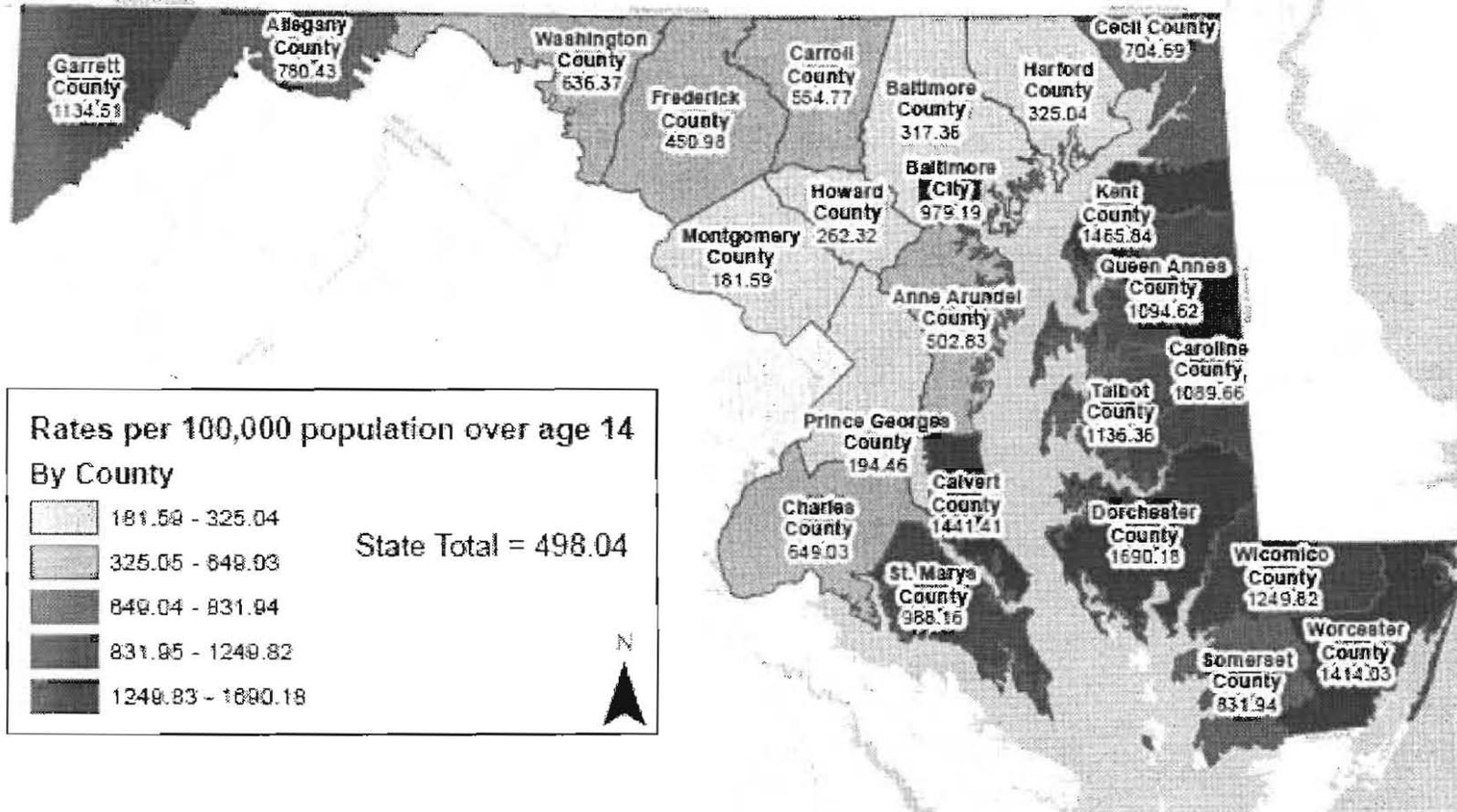
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County boundaries--ESRI, 2006.
Light grey basemap--ESRI, 2012.

Alcohol-Related Treatment Admissions Fiscal Year 2011



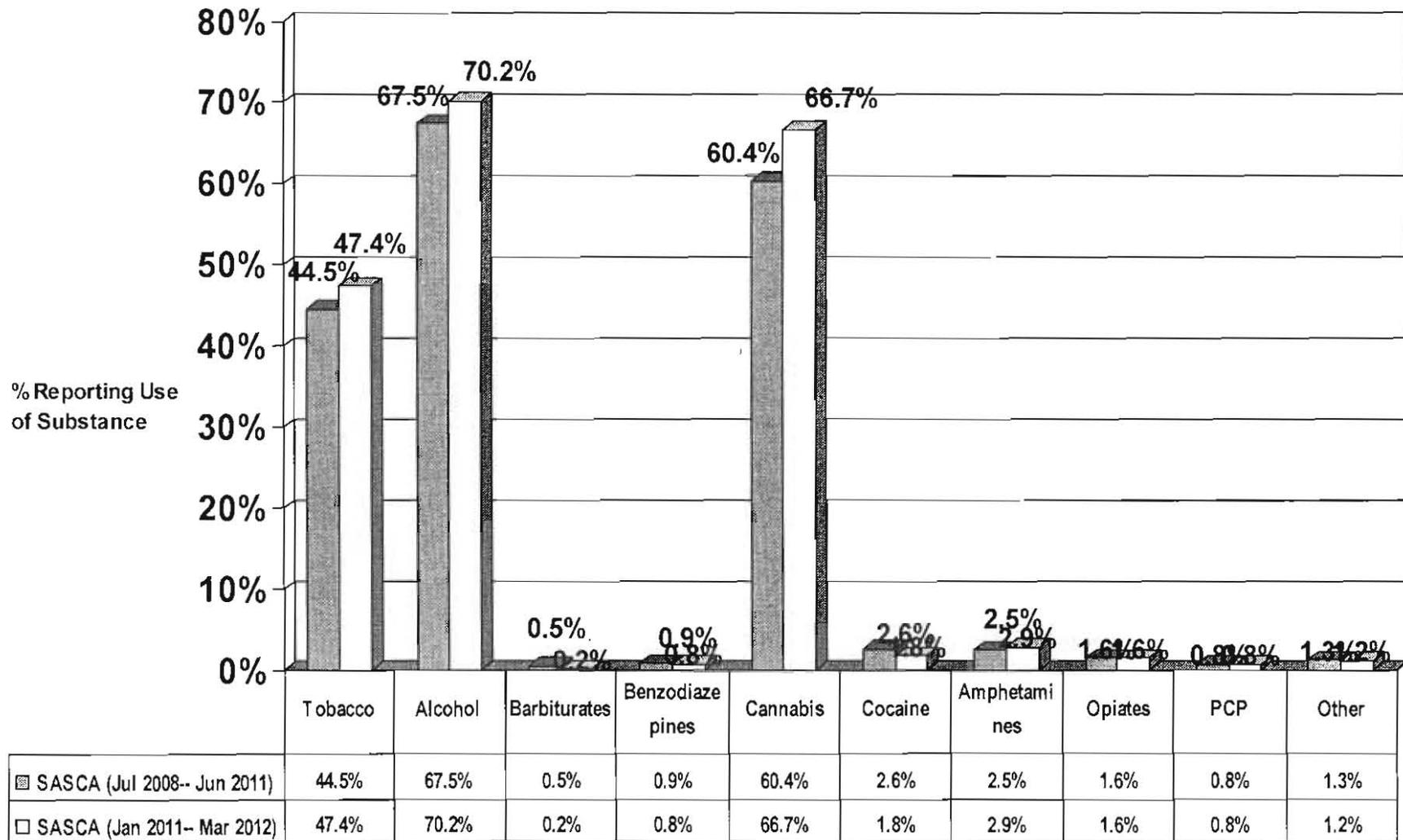
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Montgomery County DHHS SASCA Juvenile Clients Reported Use of Substance (Jul. 2008—Jun. 2011 vs. Jan.2011—Mar. 2012)

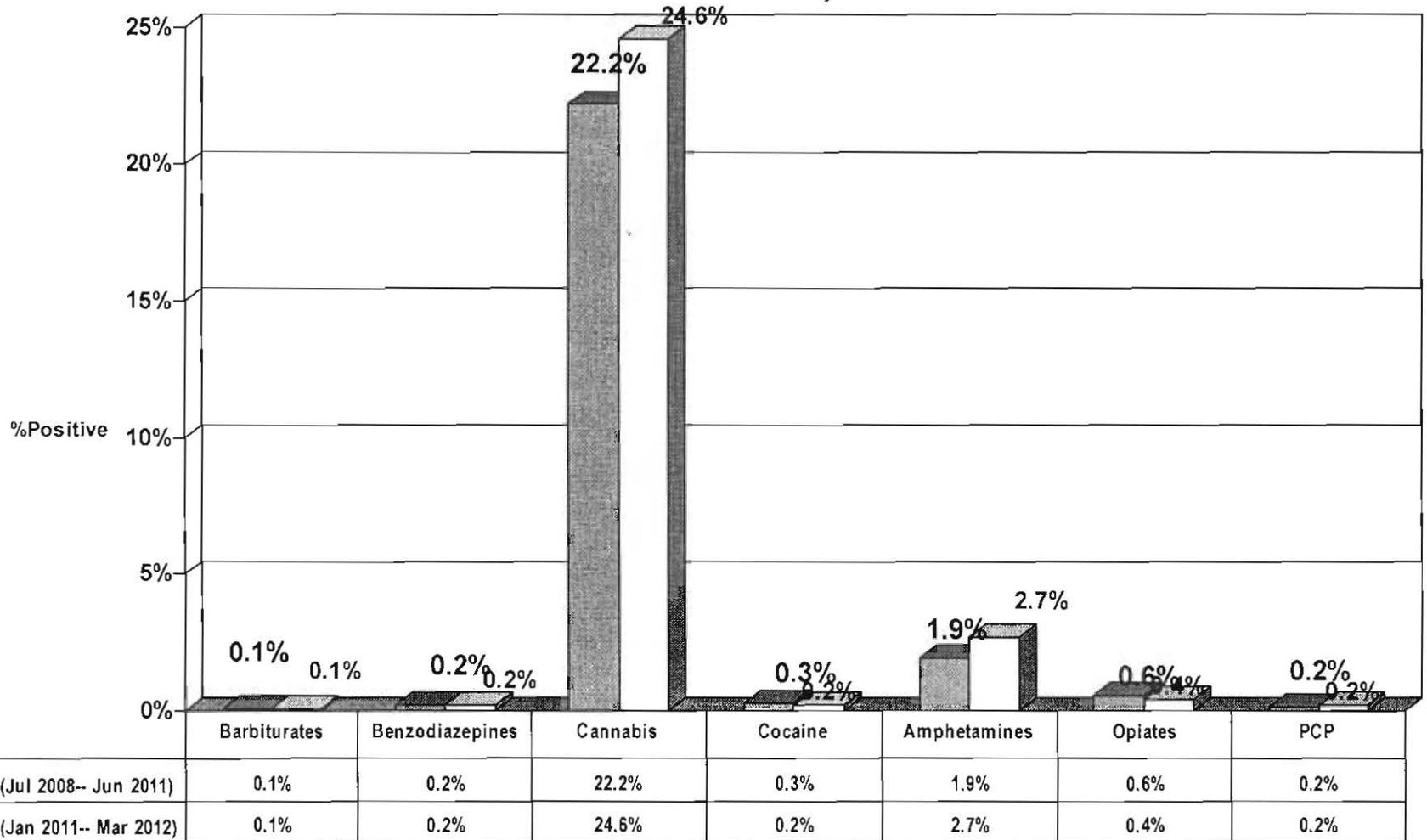


■ SASCA (Jul 2008-- Jun 2011) □ SASCA (Jan 2011-- Mar 2012)

Total count of tests (Jul. 2008—Jun. 2011): 4645 // Total # of tests (Jan. 2011 – Mar. 2012): 1857



Montgomery County DHHS SASCA Juvenile Clients Urine Testing Results (Jul. 2008—Jun. 2011 vs. Jan. 2011—Mar. 2012)



■ SASCA (Jul 2008-- Jun 2011) □ SASCA (Jan 2011-- Mar 2012)

Total count of tests (Jul. 2008—Jun. 2011): 4645 // Total # of tests (Jan. 2011 – Mar. 2012): 1857

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Montgomery County SASCA Program

FY2009–2011 Urine Screening Summary Report: countywide and at zip code level

total urine testings

4645

Montgomery County SASCA Program

Total Number of Youth Reporting Use or Abuse of Substance

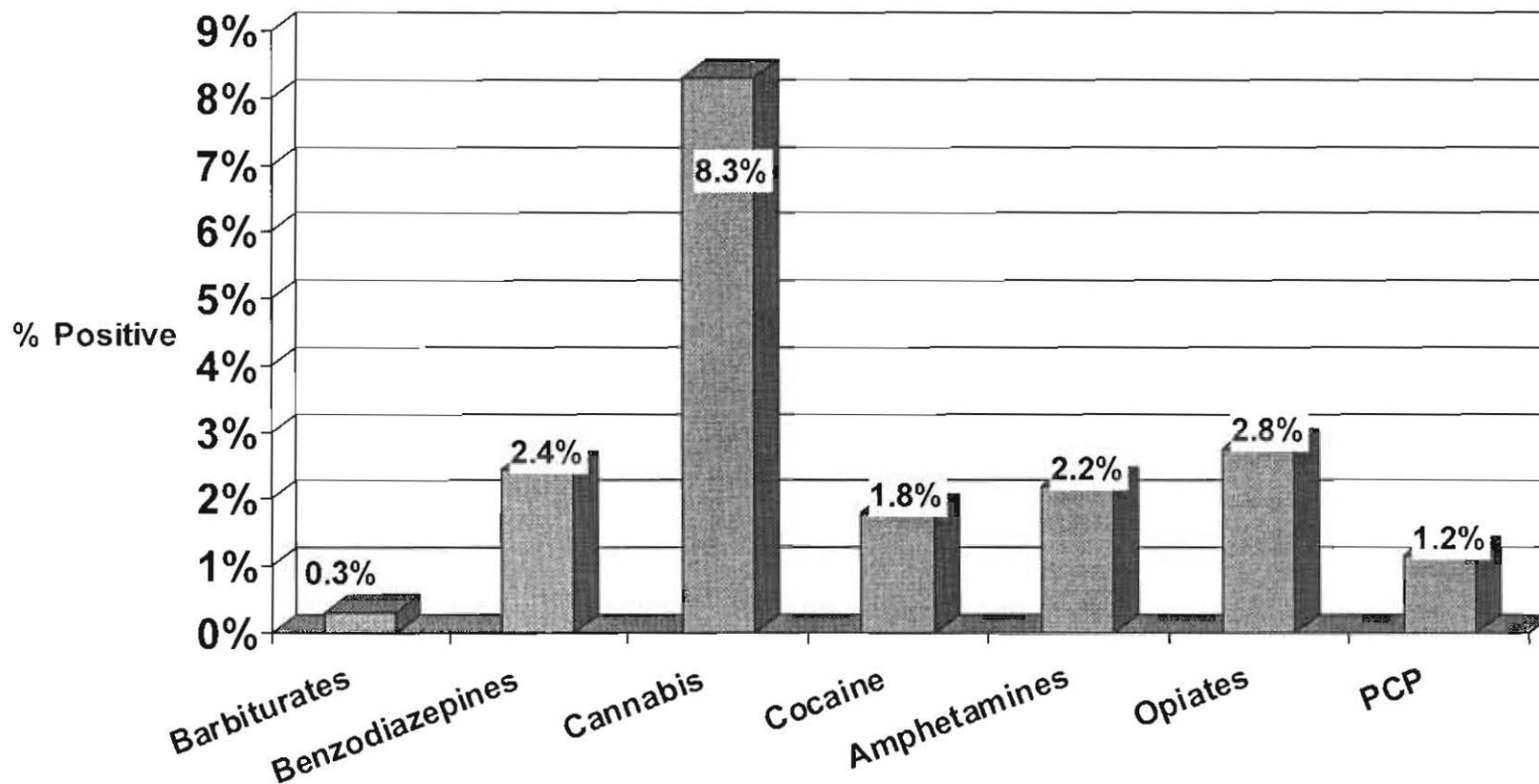
DESCRIPTION	COUNT	percent
Alcohol	3136	67.5%
Amphetamines	118	2.54%
Barbiturates	25	0.54%
Benzodiazepines	40	0.86%
Cocaine	121	2.60%
Marijuana	2807	60.4%
Mushrooms	62	1.33%
Opiates	72	1.55%
PCP	35	0.75%
Tobacco	2066	44.5%

Montgomery County SASCA Program

Total Number of Youth With Positive Urine Drug Screen

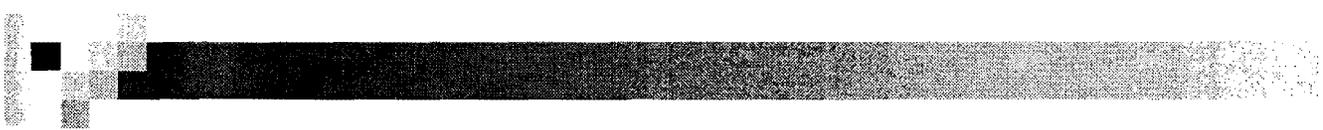
DESCRIPTION	COUNT	percent
Amphetamines	90	1.94%
Barbiturates	4	0.09%
Benzodiazepines	10	0.22%
Cocaine	12	0.26%
Marijuana	1031	22.2%
Opiates	26	0.56%
PCP	7	0.15%

Montgomery County DHHS Client Urine Testing Results (Jan. 2011—Mar. 2012)



Total # of tests: 101253





- American Society of Addiction Medicine

- Levels of Care

- Level 0.5

- Early Intervention Services
- Directed at patients not meeting criteria for a substance abuse disorder
- For assessment & education

- Level 1 – OUTPATIENT SERVICES

- ID: Ambulatory Detox without extended On-site monitoring
- I: Outpatient Treatment *

- Level II: Intensive Outpatient/Partial Hosp.

- IID: Ambulatory Detox with extensive On-site monitoring
- II.1: Intensive Outpatient*
- II.5: Partial Hospitalization

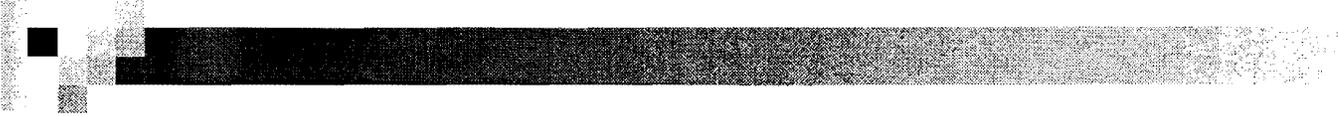
■ ASAM LEVELS OF CARE

■ Level 3: RESIDENTIAL / INPATIENT SERVICES

- III.1:* Clinically – Managed, Low intensity Residential Treatment (Half Way, Supportive living)
- III.2 D:* Clinically managed, medium intensity Residential Treatment (Social Detox)
- III.3: Clinically – Managed, medium intensity Residential Treatment (Extended Care)
- III.5:* Clinically – Managed, medium / High intensity Residential Treatment (Therapeutic Community)
- III.7 D:* Medically – Monitored Inpatient Detox Services
- III.7 : Medically – Monitored Intensive Inpatient Treatment

■ Level 4: –MEDICALLY – MANAGED INTENSIVE INPATIENT SERVICES

- IV D: Medically Managed Inpatient Detoxification Services
- IV: Medically Managed Inpatient Treatment



What's available in the County

- Screening and assessment
- Crisis services
- Level .5 Drug education services
- Level 1 and 2.1 Outpatient/Intensive outpatient treatment
- Level 3 - Residential addictions treatment
- Medication Assisted Treatment – e.g. Methadone, Suboxone, Vivitrol
- Prevention Svs.
- Rehabilitation services
- Level 4 - Inpatient detox
- Drug Courts

Alcohol Use

Youth who begin drinking in early adolescence are four times more likely to develop alcohol dependence than those who abstain until adulthood. Alcohol use among youth is associated with a variety of health and social problems, including injuries, accidental deaths, suicide, antisocial behavior, and violence.

Percentage of Maryland Youth Who:	2005	2007	2009	2011	Trend 2005–2011
Have ever had a drink of alcohol	73.1%	72.9%	67.2%	63.5%	▼
Males [^]	71.5%	70.7%	65.0%	59.8%	▼
Females [^]	74.7%	75.3%	69.3%	66.8%	●
Had a drink of alcohol before age 13	24.8%	23.5%	24.5%	23.2%	●
Are current drinkers	39.8%	42.9%	37.0%	34.8%	●
Males [^]	37.6%	40.3%	34.4%	32.3%	●
Females [^]	41.9%	45.3%	39.4%	36.8%	●
Are binge drinkers	20.8%	23.9%	19.4%	18.4%	●

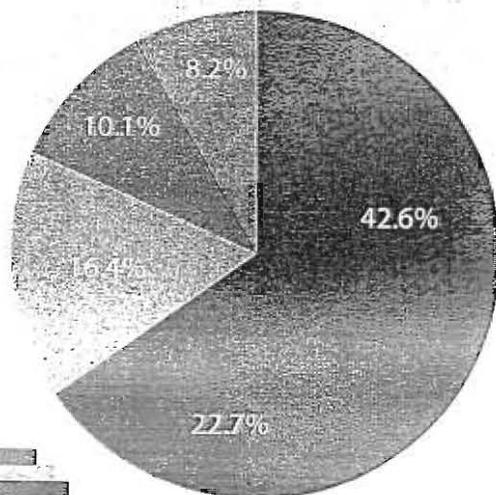
[^]Male/female percentages apply solely to that gender and should not be added together.

2011 SURVEY HIGHLIGHTS

Between 2005 and 2011, there was a significant decrease in the percentage of Maryland youth who had ever had a drink of alcohol, both overall and among males. Although not significant, a greater percentage of females (66.8%) than males (59.8%) reported ever having had a drink of alcohol. There was no significant change in other alcohol use behaviors; however, just over one-third (34.8%) of Maryland youth are current alcohol drinkers and nearly one-fifth (18.4%) of youth engage in binge drinking.

Among youth who are current drinkers (34.8%), significantly more females than males usually got alcohol from someone who gave it to them (49.2% vs 38.4%).

How Maryland youth acquired alcohol in 2011



- Given by someone else
- Purchased by someone else
- Acquired by other methods
- Purchased at a store, restaurant, or public event
- Taken from family member or retail store



Other Drug Use

The use of illegal drugs among youth has been associated with antisocial behavior, academic problems, violence, and unintentional injuries. Nationwide, 18% of drivers killed in motor vehicle accidents tested positive for illegal drugs.* In addition, illegal drug use contributes directly and indirectly to the HIV/AIDS epidemic.

*National Highway Traffic Safety Administration. (November 2010). *Traffic Safety Facts: Drug Involvement of Fatally Injured Drivers*. Retrieved on March 16, 2012 from <http://www.nrd.nhtsa.dot.gov/Pubs/811415.pdf>

Percentage of Maryland Youth Who:	2005	2007	2009	2011	Trend 2005-2011
Have ever tried marijuana	38.2%	36.5%	35.9%	37.0%	↔
Tried marijuana for the first time before age 13	8.9%	8.6%	8.1%	8.5%	↔
Are current marijuana users	18.5%	19.4%	21.9%	23.2%	↗
Males [^]	18.5%	23.0%	24.6%	25.9%	↗
Females [^]	18.4%	15.9%	19.2%	20.4%	↔
Are current cocaine users	2.4%	2.6%	3.2%	2.7%	↔
Used a needle to inject any illegal drug into their body	2.0%	2.1%	3.0%	4.1%	↗

[^]Male/female percentages apply solely to that gender and should not be added together.

2011 SURVEY HIGHLIGHTS

Overall, the percentages of youth who have ever tried marijuana, tried marijuana for the first time before age 13, and are current marijuana users have not changed significantly between 2005 and 2011; however, current marijuana use among males has increased significantly. Further, between 2005 and 2011, there was a significant increase in the percentage of youth who have ever used a needle to inject an illegal drug into their body.

Between 2005 and 2011, there was no significant change in inhalant, ecstasy, cocaine, and steroid use among youth overall; but there was a significant decrease in inhalant use among females from 13.6% to 8.2% (data not shown).

Finally, significantly more males than females have ever used heroin or steroids.

Percentage of Maryland youth who ever used the following drugs one or more times

