



Montgomery County Department of Health and Human Services

Director's Quarterly Leadership Meeting with Boards, Commissions and Committees (BCC)

Date: September 24, 2018 (FY19 First Quarter Report)

BCC: Alcohol and Other Drug Abuse Advisory Council (AODAAC)

BCC Representative: Sherry Beach, Co-Vice Chair

The Alcohol and Other Drug Abuse Advisory Council (AODAAC) Executive Committee met several times this summer to discuss its vision and goals for the year. The first AODAAC meeting was held on September 13, 2018. From these various discussions, AODAAC has three top priorities for Fiscal Year 2019.

1. Continue to Advocate for: a) Adequate Funding for Alcohol and Drug Prevention and Treatment Programs; and, b) Evidence-Based Laws Regulating Alcohol and Drugs in the County and the State

The consequences of alcohol and drug use and abuse are becoming increasingly lethal. In 2017, there were 2,282 drug- and alcohol-related intoxication deaths in Maryland.ⁱ This is the seventh year in a row that intoxication deaths have increased, and, represents a 9% increase over the number of deaths in 2016.

Of these deaths, 116 occurred in Montgomery County – almost double the number of deaths that occurred here in 2007. Together, prescription opioids and alcohol were responsible for almost half of all drug- and alcohol-related intoxication deaths in the County during 2017 (16 percent and 30 percent, respectively).

The County Access to Behavioral Health Services Program is the primary intake, screening, assessment, and referral program of outpatient and community-based behavioral health referrals in the County publicly-funded system of care. In fiscal year 2017, it answered 4,163 information and referral calls, conducted 1,354 mental health and substance abuse assessments, and referred 1,188 clients to treatment.

Each year, the County spends millions of dollars on alcohol and drug prevention programs and alcohol and drug treatment programs; sadly, this is not enough. This money covers a range of programs from the Adult and Child Outpatient Behavioral Health Services, to Avery Road Treatment Center, to Access to Behavioral Health Services, among many other programs.

Prevention of alcohol and drug abuse is extremely important; research shows that \$1 spent

on prevention can result in roughly \$10 in long-term savings.ⁱⁱ However, for many years, there has been only one person responsible for coordinating and executing drug and alcohol prevention programs for the entire county. Unfortunately, the person who had filled this position – lacking adequate funding and resources – left County employment in 2017 and the position was vacant for over a year. Although the position is now filled, one person is not nearly enough.

Substance use disorder treatment also saves money, with research showing \$7 saved for every \$1 spent.ⁱⁱⁱ Although the County has not cut spending for treatment programming to the same extent as other programs over the past decade, a failure to adequately fund these treatment programs can have serious consequences. These include numerous financial, physical, and emotional costs on individuals with substance use disorders, their families, and the County as a whole.

This year, AODAAC intends to continue to push for greater awareness of the inadequacy of the current level of funding for alcohol and drug treatment and prevention in the county, and thus also advocate for more funding for these programs.

Additionally, although the headlines in the news have focused on the dramatic increase of opioid-related overdose deaths, these are just one aspect of the underlying problem in our County. The County also suffers from injuries and deaths related to alcohol consumption, illicit drug use, and inappropriate use of many types of prescription drugs. Alcohol-related harms may not seem as urgent as opioid-related overdoses because they are so commonplace. But, alcohol plays a role in suicides, homicides, motor vehicle crashes, chronic diseases (e.g. liver cirrhosis), cancers, and other intentional or accidental injuries and deaths.

Although alcohol has an appropriate place in restaurants and entertainment venues, other aspects of alcohol sales, advertisements and promotions still need to be regulated. In the same manner, although doctors will still want and need to prescribe legal drugs, policies need to be put in place to prevent over-prescribing and to ensure the proper disposal of extra pills.

Therefore, this year AODAAC will also advocate for stronger and more comprehensive evidence-based laws regulating alcohol and drugs in the County and the State. To do this, it will be holding its first legislative retreat in January to review relevant state- and county-level bills and teach its members how to provide written and oral testimony.

2. Continue to Work with Montgomery County Public and Private Schools to Educate Students, Parents, and Teachers About Alcohol and Drugs Using an Evidence-Based Curricula

Childhood and early adolescence is a time when people are most likely to begin abusing drugs – including tobacco, alcohol, and illegal and prescription drugs. In Montgomery County, almost seven out of every ten students (68%) have consumed at least one drink of alcohol by the end of high school and about a third (34%) have done so by 9th grade.^{iv} Fifteen percent of

all Montgomery County high school students report consuming alcohol for the first time (other than a few sips) before the age of 13. In 2014, around 7% of Montgomery County 9th graders and 28% of the County's 12th graders reported using marijuana in the past month. Nationally, in 2016, around 6% of 8th graders, 10% of 10th graders and 14% of 12th graders reported using illicit drugs other than marijuana in the past year.

There has also been a sharp spike in vaping and the use of e-cigarettes in middle and high schools across the country.^v From 2011 to 2015, e-cigarette use by high school students increased by 900%. In 2016, 500,00 middle school students and 1.7 million high school students said they had used e-cigarettes in the previous 30 days.

Early alcohol and drug use has many consequences. In the short term, students may do poorly in school, have problems with family and other relationships, have impaired memory, increase the risk of contracting an infectious disease, suffer from mental health problems or even overdose. Moreover, drug use at an early age is an important predictor of development of a substance use disorder later in life. Over 15% of people who start drinking by age 14 eventually develop alcohol abuse or dependence (as compared to just 2% of those who wait until they are at least age 21), and 25% of those who begin abusing prescription drugs at age 13 or younger develop a substance use disorder at some time in their life.^{vi,vii}

Adolescents' alcohol and drug use differs from those of adults, and thus their treatment needs differ as well. For example, adolescents are often less likely to ask for or feel they need treatment. Only 10% of 12- to 17-year-olds who need substance abuse treatment actually receive any services⁴ and they usually only get treatment after they are referred by the juvenile justice system.

Montgomery County Public Schools (MCPS) enrolls 159,010 students – the largest school system in Maryland and the 17th largest in the United States. There are also 181 private schools in the County, serving another 34,021 students.

AODAAC recognizes that both MCPS and these private schools have policies to provide education to these students regarding alcohol and drugs and that instructional hours are finite. However, AODAAC also believes that these schools have an obligation to be more proactive in using evidence-based curricular to address alcohol and drug use and to educate not just the students, but also the parents and the teachers. This year, AODAAC will continue to work with both MCPS and private schools to provide data and resources to help them achieve this goal.

3. Strengthen AODAAC by: a) Increasing Awareness of the Council; b) Increasing Recruitment Efforts for New Members; and c) Creating stronger collaborations with other Montgomery County Boards, Coalitions, and Councils

Although alcohol and other drugs effect numerous individuals and their families throughout the County, non-effected people are not always aware of how widespread or harmful these

substances can be. Additionally, it appears that many people do not know of the existence of AODAAC and what it has been tasked to do.

Therefore, this year AODAAC will work to increase awareness of the council and increase recruitment efforts for new members. AODAAC members are currently editing and updating handouts and brochures, planning more events to give AODAAC visibility in the community, and planning to have more in-person meetings with both political officials and community members. AODAAC is also working to create stronger collaborations with other Montgomery County Boards, Coalitions, and Councils.

ⁱ Maryland Department of Health and Mental Hygiene (2018, June). Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland Annual Report, 2017.

ⁱⁱ Werthamer L & Chatterji P (1998). Preventive Intervention Cost-Effectiveness and Cost Benefit. Literature Review. Published online by NIDA

ⁱⁱⁱ Gerstein, D.R., Johnson, R.A., Harwood, H.J., Fountain, D., Suter, N., & Malloy, K. (1994). Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA); General Report.

^{iv} 2014 Youth Risk Behavior Survey Results. Maryland High School Survey, Montgomery County. Available at: <https://phpa.health.maryland.gov/ccdpc/Reports/Documents/2014%20YRBS%20Reports/2014MontgomeryHS%20Summary%20Tables.pdf>

^v U.S. Department of Health and Human Services. (2016). E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General. Available at:

https://e-cigarettes.surgeongeneral.gov/documents/2016_SGR_Exec_Summ_508.pdf

^{vi} Substance Abuse and Mental Health Services Administration. *Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings*. NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013;

^{vii} McCabe, S.E.; West, B.T.; Morales, M.; Cranford, J.A.; and Boyd, C.J. Does early onset of non-medical use of prescription drugs predict subsequent prescription drug abuse and dependence? Results from a national study. *Addiction* 102(12):1920–1930, 2007.