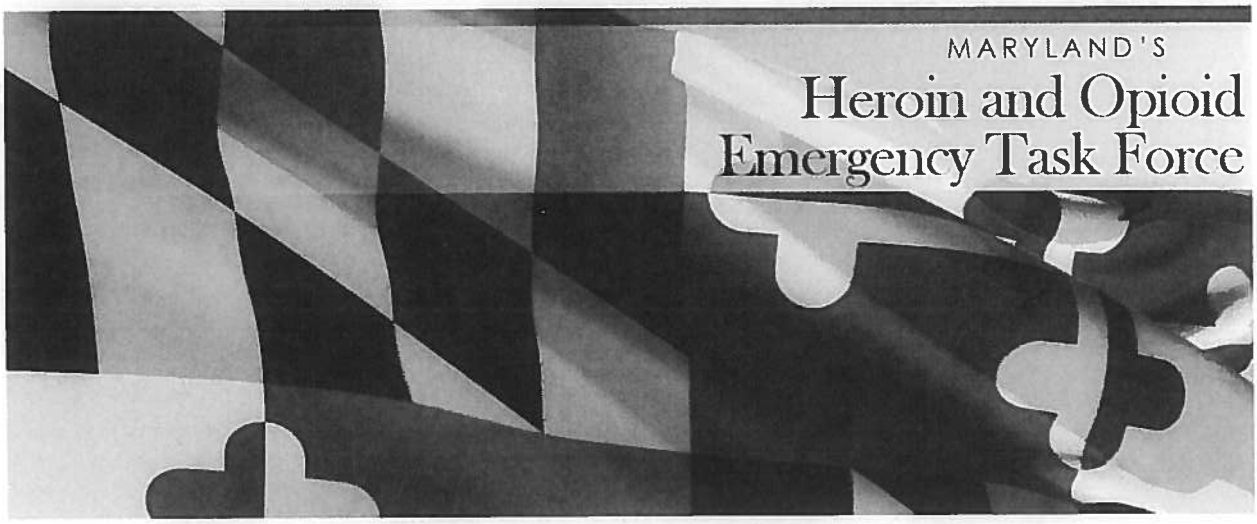
APPENDIX H



Heroin & Opioid Emergency Task Force
DC Suburbs Regional Summit
Thursday, July 2, 2015, 9:00am – 1:00pm
Montgomery College - Cultural Arts Center, Silver Spring, Maryland

Summit Agenda

9:00am – 9:05am	Introduction by Lt. Governor Boyd K. Rutherford
9:05am – 9:35am	County Executives and Health Officers *County Executive Ike Leggett, County Executive Rushern Baker (Invited), Uma Ahluwalia, Pamela Creekmur (Invited)*
9:35am – 10:25am	Law Enforcement *Judge Nelson Rupp, State's Attorney John McCarthy, Captain Dinesh Patil, State's Attorney Angela D. Alsobrooks (Invited), Chief Mark Magaw (Invited)*
10:25am – 10:40am	15-Minute Break
10:40am – 12:00pm	Addiction Treatment Professionals
12:00pm – 1:00pm	Public Comment
1:00pm	Adjournment

Heroin and Opioid Emergency Task Force
DC Suburbs Regional Summit
Thursday, July 2, 2015, 9:00am-1:00pm
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Task Force Members in Attendance
Lt. Governor Boyd Rutherford
Dr. Michael Finegan
Linda Williams
Nancy Dudley
Judge Julie Solt
Senator Katherine Klausmeier
Tracy Myers-Preston

Introduction by Lt. Governor Boyd Rutherford
The Task Force appreciates the fact that there are people in attendance here today. We will now welcome Montgomery County Executive Isiah Leggett to make opening remarks.

Welcoming Remarks by Montgomery County Executive Isiah Leggett
I am here with a mixed reaction. I would prefer the Lt. Governor was here cutting a ribbon but we are here for another reason. First off, I hope that the Governor has a speedy recovery. Currently, I serve as the president of MACo and there is a challenge presented all over the state from deaths and near deaths caused by heroin overdoses. We take this problem very seriously in Montgomery County. We have an enormous amount of challenges despite good relationships with law enforcement. You will hear from some of the law enforcement officers today. We have an excellent court system and our health and human services are working hard. I say these things because we are doing a great deal to combat the issues but we haven't found an answer to reduce this problem. The largest growing demographic that uses heroin are between the ages of 20-29. Heroin has become cheaper at an alarming rate and we have become lax. I am urging steps to be taken and efforts be doubled to stop it. The Task Force has recognized one solution will not fit the entire state of Maryland and there are different communities. Yet we all face a common challenge. We welcome you to Montgomery County today.

Lt. Governor Rutherford
Thank you County Executive for your input. You are right that we have a major problem and there are nuances in different parts of the state. What we have learned is that 70% to 80% of heroin users are coming off prescriptions drugs. The heroin problem is growing but we might no be able to see it because of the prescription drugs. We cannot just focus on overdose prevention without recognizing the new users, treatment support, and recovery efforts. Law enforcement can play a vital role by preventing heroin from coming in the state and stopping traffickers. We have said before there is no silver bullet one size fits all model to fix this problem. One treatment that might work for one person will not work for another.

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Health Officers

Pamela Creekmur Prince George's Health Officer

In PG County, we are seeing an increase that is consistent with what's going on in the State. One significant issue is that a large number of heroin related deaths come from non-residents.

- Overdose prevention plan
  - Brings together all community stakeholders.
  - The work group we have assembled is very collaborative with representatives from health, law enforcement, community members, parents, and treatment facilities. The deaths in the community are a concern.
- Overdose response program
  - Run by the PG County Health Department and can be taken by any citizen
  - Those who take the course are trained at the police department. In the last year, 200 people have been trained. There is a success story of a person using treatment on a family member.
- Fatality review teams
  - Created for more pressing issues
  - Members include representatives from schools, the heath department and problem courts.
  - The county has two or three methadone maintenance programs and is collaborating with a fourth.
- Give Drugs a Bad Rap Campaign
  - Allowed teens to enter a video contest to promote the dangers of using drugs. Social media programs help reach out to new users in school who are becoming younger and younger. In PG County, most non-residents who have died used opioids first. It is a huge regional problem and we are appreciative of the efforts being made.

Lt. Governor: When you said a number of the deaths are non-residents are you finding they are coming to the county to purchase or just coming to use?

Pamela Creekmur: We don't know for sure but it could be all of the above. They could be coming to use or purchase. There are pockets where people come to use drugs in certain areas.

Dr. Finegan: In terms of collecting data from physicians do you have any data?

Pamela Creekmur: We don't but having any good data is important. We were trying to find deaths recorded from emergency rooms but there are five in the county. We will work on an agreement with all hospitals to collect data. We have good relationships with the AMS Department and the numbers were low. People are switching from pills to heroin so it might take awhile for it to go up.

Dr. Finegan: In terms of collaboration, what have you been doing to gather recommendations for the task force from the public and private sector?

Pamela Creekmur: We haven't thought about it yet. This is a new Task Force and our group meets quarterly. I will take it back to them and come up with solutions next meeting.

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Lt. Governor: There are challenges of getting new data because there are privacy problems. In overdose cases in every one death nine people survive. We have a problem of figuring out ways to reach those people.

Uma Ahluwalia Montgomery County Health Officer- When I started my career in the 1980s it was at the end of the crack epidemic. People think it affects only a small number in the community but in reality it crosses all socioeconomic backgrounds. The wealthier communities represent a strong voice to speak out against the issue.

- 2015 youth risk behavioral survey
  - 5% of middle school students and 14% of high school students use opioids
  - 3% of middle school students and 4% of high school students use heroin
  - 129 children in Montgomery County are in foster care for substance abuse
- Partnerships
  - Halfway houses
  - Substance abuse centers
  - Health and human services department
  - Schools at back to school nights
  - Corrections to expand the use of Vivitrol to a pilot group of detainees
- Collaborative data sharing program
- Naloxone
  - 2014: 100 people were trained to administer naloxone
  - Three stories of people who saved lives

Suggestions

1. 2015: we are implementing a committee of community members, law enforcement, health professionals to come up with ways to combat the drug problem
2. Opioid Addiction Prevention Program
   a. Educate people on the dangers of drugs
3. Drug drop off Program
   b. People can drop off their drugs 2 to 3 times a year
4. Announcements on the TV and radio
5. Public opinion survey on opioids

Dr. Finegan: How much does it cost for your departments to gain accreditation for behavioral health and addictions?
Pamala Creekmur: Around $4,000 to $5,000
Dr. Finegan: The Task Force would be interested in improving care while also looking at the costs.
Pamala Creekmur: I believe it improves care so I'm an advocate of getting accreditation.
Uma Ahluwalia: It adds to the quality of care and value but the issue is manpower

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Nancy Dudley: How do you measure outcomes of care?
Pamala Creekmur: We have no residential treatment programs in PG County. There are gaps in treatment so we send them to Anne Arundel and Baltimore Counties. There are two facilities that are planning to come in the county and we will assist them.

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Uma Ahluwalia: There is a huge waitlist in Montgomery County and only one facility to go to. We need to increase the capacity of youth treatment for moms with children. We need to treat the family together. There has been a center in the county for decades but we are looking to improve it. There needs to be a shift to recovery systems with care versus pure treatment. Many addicts are criminals who need to find meaningful employment when they come out of jail. There are not enough step down beds for addicts who are recovering. We would like to see more capacity built to house them. Lastly inpatient and out patient treatment compromise the ability to measure overtime. The data from the state is robust and generally contracts are performance based with incentives
Nancy Dudley: Has there been follow up measuring status of users?
Uma Ahluwalia: If the user moves from provider to provider it complicates the process.

Dr. Finegan: As we have gone across the state looking at all the counties we are looking for the nuances. You are from the second wealthiest county. What are the special challenges you face with the special aspects of the county?
Uma Ahluwalia: Our poverty in Montgomery County is growing. Over 30% of public school students around 48,000 residents are free meal eligible. There is a duality when you Google Montgomery County providers of treatment. There are 60 providers but not many take Medicaid. We have found heroin is cutting across all socioeconomic groups. There have been an increasing number of wealthy young residents who have overdosed. The issue is getting visibility but there are only a few public resources for treatment. There is as much county money invested in treatment as state money. The capacity is limited. No one talks about the parity between private health insurance and Medicaid. Parents struggle to put their kids in foster care so they are eligible to get Medicaid for treatment. The wealthy will exhaust their resources in private insurance and will eventually need to get Medicaid.
Pamala Creekmur: We receive state funds to send people out for treatment. Not many providers accept Medicaid. Even if you have good insurance they won't take 3rd party money. Access to healthcare is the #1 concern.

<u>Law Enforcement</u>
Judge Nelson Rupp (Montgomery County Drug Court)

- Judge for 22 years
- Started drug court in Montgomery County in 2004
  - Works with the non-violent addicted offender
  - Requirements
    - Go to night court weekly basis
    - Counseling two to three times a week
    - Spend two years in the program
    - Spend a minimum 30 days in a pre-release center
    - Have a case counselor
    - Acquire a job before moving into a sober house
    - Live in a sober house
    - Get AA slips signed by a sponsor and human services partner
  - We focus primarily on the addicts who have offended the most and need the most help
  - Fear is the motivation for the addicts to get clean

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- Addicts know if they violate the requirements they will go to the department of corrections for a long time
- To be successful in the program the people, places, and things in an addicts life have to be changed
- Oxford house agreement (sober housing) partnership
- There are periodical home checks where a probation agent goes and visits the addict
- The program used to be 10 months now its 2 years. If you do everything perfect you graduate in 20 months
- Some participants have resisted Vivitrol because they still want to get high
- Drug treatment 28-day programs don't work. There needs to be monitoring and long-term treatment
- Addicts will get better physically and mentally in treatment programs but they need to be motivated to stop using
- Since its inception there have been 163 graduates from the Drug Court Program

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Judge Rupp: Out of the 163 graduates of the program less than 20% has not been successful. This is due in large part to the required 2 years of treatment

Judge Rupp: Our program has a reputation of being tough. Addicts are identified but not all are willing to join the program. Addicts think they will get a better result by going to jail doing the time and getting out. We have worked with some for addicts for six years.

John McCarthy State's Attorney, Montgomery County

- I want to thank Governor Hogan for adding addiction to his inaugural address.
- In 2014 McCarthy projected the death toll from opioids in Maryland would be about 700. In reality the death toll in Maryland from opioids reached almost 900.
- The overdose death toll in Montgomery County the past two years was 61 people.
- 5 years ago the issue was isolated in Montgomery County
- Bell Creek in Montgomery County is a hub for drug dealing.
  - The drugs are coming from New York to Maryland
- Asked the police in Montgomery County to investigate heroin opioid deaths as homicides.
  - There has been a better than 50% success rate of finding the source of where they got it from.
  - The distributers should be held responsible and we need to prosecute them.
  - Talks have taken place about heading up a task force in Montgomery County
- 28 day programs
  - 6% of participants come out no long addicted while 94% still have an addiction
  - We need to treat heroin addiction like those who are treated from cancer.
    - A 28-day program for a drug addict is the equivalent of giving a cancer patient only 2 chemotherapy treatments when 10 treatments are needed to beat cancer.

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- We know what the gateway is and can only control it if the medical community gets on the same page.

Suggestions

1. Need for computer prescriptions where you cannot overfill
2. Expand immunity to person in situation where they save someone who overdosed. The solution is not about locking people up but saving lives.
3. Make sure not to solely target drug users. It begins with treatment but there is a law enforcement aspect for people who are distributing heroin and know that they are harming the community.
4. Every jurisdiction should have a task force.
5. There should be requirements for heath care professionals
6. Other drugs gateway drugs need to get ratcheted down.

Captain Dinesh Patil, Montgomery County Police Department

- I want to start off by saying I believe the state is headed in the right direction with combating the heroin and opioid epidemic
- Age issue
  - Heroin and opioid use is starting to affect younger people.
  - By the time high school comes around it is too late and it is hard to change a persons habits if they are already addicted.
- Partnering with State's Attorney Office to monitor repeat offenders
- Changes that have been made
  - In the past the law enforcement officers only documented basic facts on the scene of an overdose. There is no proactive attempt to find the source.
  - Now homicide detectives and the narcotics director go out in the field to piece together where the supply is coming from
  - They have found that most often people are going to Baltimore to re-supply and come back.
  - We are working with the Baltimore to monitor drug trafficking in the area to get more data to fill in the gaps
  - The DEA is also working with Baltimore
- Pharmaceutical Investigation Unit
  - Only has a two person team; the resources are light
- Narcan program
  - Police and the fire department are trained to use Narcan
    - It is saving lives but it creates a safety net.
    - Some addicts have been saved multiple times on Narcan
    - It allows addicts to believe they can continue to test the limits
- People still think drug use is a Baltimore problem but we have to remove the labels.

Suggestions

1. The State needs to support the unit with funding to add more bodies to have a regional unit to investigate drug trafficking
2. There is a need to educate kids at middle school

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3. Study and learn from families in middle class and wealthy backgrounds to understand the path that got them addicted

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Lt Governor Rutherford: Part of the reason we are having the regional summits was to generate an awareness aspect. I was interviewed on the radio and was asked what the Task Force will be working on. The interviewer was shocked to know more people died from drug overdoses then from car accidents and homicides. You hear about a shooting on the news but you never hear about a person who overdosed. Still today people think drug use is a Baltimore issue and deny it's going on in their community.

Senator Klausmeier: What you do think needs to be added to the current laws?
Captain Patil: Right now there is only immunity for simple possession. It needs to be expanded to distribution.

Catherine Woolley, Office of the Public Defender

- Addicted participate in criminal activities. For example, breaking into homes.
  - They sell to support a habit.
- Represent addicts charged with distribution
  - Can only represent people who fit federal guidelines
  - Average person had an addicted parent or was in jail.
  - Many of the same people dropped out in 12th grade
  - Federal investigation when distribution of drugs crosses state lines
- We shouldn't make a distinction between a criminal and an addict
- Doesn't believe marijuana contributes to the increased heroin addicts the rise of opioids has

Suggestions

1. Everyone who exits the corrections facilities should exit with an insurance card.
   a. We need to equip people with tools to reenter society.
   b. Incarceration is the time where changes can be made.
2. There needs to be stricter monitoring of corrections facilities
   a. It is easier to get drugs in corrections facilities than on the street
   b. Montgomery County correction facility is the only place where there are no drugs.
3. We used to have ability to send people out of state from 2 years to North Carolina's TROSA program
   Canceled because the division of probation decided they didn't want to monitor them
4. Gaps in treatment
   a. There is a lack of treatment and a re-entry problem in division of corrections
5. There needs to be a more efficient system in monitoring case files
   a. A man pleaded guilty to burglary and will enter drug court
   b. His case number was associated with the wrong case file

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Lt. Governor Rutherford: The comments you made about correcting efficiencies have been a key in our new administration especially in public safety. The place was an absolute disaster. The system fails when you have prison guards bringing in drugs who didn't go through background checks when hired. Secretary Moyer is making major changes. Some of the programs in the state such as Vivirol will allow individuals to sign up with heath care before they leave jail.
Catherine Woolley: Vivitrol is great. Methadone came in as a replacement for heroin. It was the drug for the underinsured. I don't know if we need to use it as the first line of defense though. I think the science has caught up. Methadone should be used as the last resort if nothing else works.
Lt. Governor Rutherford: You mentioned a distinction between the dealer and user?
Catherine Woolley: There is a Venn diagram. The first group are just addicts who shouldn't be in corrections for simple possession. The second group represents people who are selling to support the addiction. The third group is the suppliers who make the heroin. Heroin is milled in North New Jersey. The heroin comes through Salisbury and Baltimore. Maryland needs to work with federal partners to stop the drugs from entering the state.

Jason Burg, Prince George's Police Department

- Prince George's County is 534 square miles and has over 1 million people
- The most popular drugs are marijuana and cocaine
- A quarter of the drug related deaths in PG County come from people who are D.C. residents
- Most of the heroin comes from Baltimore, D.C. and Philadelphia
- The majority of our efforts are targeting opioids
- There are 13 investigations ongoing by the DEA in New York, Maryland and Virginia
- Cultural shift in how law enforcement deals with addicts
    - 1990s all we did was arrest people
    - Today now we are partnering with health departments and making fewer arrests
- 9 out of 10 people don't suffer from a fatal overdose, i.e. death

Addiction Treatment Professionals

Carmine D'Alessandro (Chesapeake Employers Insurance Co)

- Vice President of the legal department for the largest workers compensation firm in State of Maryland.
    - We insure 20,000 Maryland businesses, 100 municipalities and 5 counties.
    - Many of the benefits provided are to workers injured on job who are eligible to receive monetary compensation or medication for their injury
    - Over the last 10 years 10% of clients are on prescription meds with over $400,000,000 paid.
    - We have seen how opioid addiction crosses all socio economic lines in our workforce
- Physician vs. Pharmacy

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- There is a significant difference in price when comparing a physician dispensing medication versus a pharmacy
- It is a lot cheaper to go to the pharmacy as the physician mark up is nearly 500% to 600% more
- Many states restrict practice because of conflict of interest with doctors prescribing to make money

- There has been an increase in prescriptions going to workers.
- A moratorium has been placed on legislation that failed in the General Assembly and will not come back until 2017.
  - Basis is that a person would not pay the doctor more than they would pay the pharmacy. It would help contain the cost increases
- Prescription drug monitoring program
  - HB3 would require doctors to complete a mandatory query before they prescribe drugs to a patient
  - Doctors would put their own information in the system but wouldn't have to check what other doctors have inputted.
  - The bill failed but it will be reintroduced
- Detoxification
  - We have to request a commission to detox a person. We do not have the authority to stop a client's treatment. We have nurses and staffs that review a client's personal information and then ask the commission to have them go through testing. They will be sent to a facility out of state.

Lisa Lowe (Heroin Addiction Coalition)

- I believe that people will look back and be ashamed at the funding being cut for the treatment budget under the O'Malley administration.
- In 2002 panel of the most experienced experts from each county came together to find solution.
  - A shift that rewards providers that deliver better treatment
- Poor treatment quality regarding patient needs.
  - Patients have been discharged into poor conditions from a Rockville treatment center when the employees should have had them stay.
  - Male workers who flirt with and harass the female patients
  - Two patients in a long term program were told that if they left to go see a parent in the hospital they would not be allowed to continue treatment
- Treatment providers should be required to keep data
  - Without data we don't know which programs fail or succeed
- 35 methadone studies shows that the drug has negative effects
- Recovery Center in Baltimore
  - Owed by a real estate developer in east Baltimore
  - Poorly run and kept
  - Son kicked out for a disagreement
  - The program misinforms people

Regina Sharber, President (TATEIOMS)

- Licensed human service agency located in Laurel Maryland

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- Serves adults children and teens
- Experience
  - Has been in the field for over 20 years
  - Couldn't bare some of the treatment methods she witnessed
- We have had positive recourse from DHMH
  - Survey for consumers who can write about quality of care
- We want to treat the whole person not just through medication
- Requirements
  - A patient will not get medication unless you get therapy
  - A patient needs a one day certification to provide Suboxone
  - We turn down ¾ patients a day
- Trends
  - We are seeing much younger children use drugs
  - Addicts who can't get help or are denied help will go back to drugs

Suggestions

1. There needs to be closer monitoring of the programs
2. Standards need to change
   a. People need to be treated like they are human beings
3. We need to operate more as a team
   a. Providers need to get together to treat the whole person.
4. Suboxone is the most effective medication to get people off opioids
5. We need more funding and programs
6. We need to get together with the schools to be more involved
7. Need to work on not placing recovery centers next to liquor store

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Lt. Governor Rutherford: How do you go through the process of getting people off Suboxone?
Regina Sharper: We would lower the dosage and keep them in therapy. We would teach them strategies on what to do if a person feels like they want to use again by following the Wellness Action Recovery Plan. There are self-esteem building exercises for young people but we need to get authorization by the board of education.

Donna Evens

- Parent of 5 children
- Daughter knew 14 friends who used drugs
- Parents lack of awareness
  - Teens offered painkillers as party favors and have overdosed
- Looked into implementing an Opioid Prevention Plan
- There has been a 53% increase in heroin use among 15-24 year olds
  - Daughter's friend moved from opioids to heroin then died of an overdose. Later the girl's boyfriend Chris shot himself to end an opioid addiction
- Board of education said a public awareness campaign is up to the schools individual principals
- Created a flyer that was ignored at several schools

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- Yet danger of head lice wants a flyer
- Told that back to school night is too busy for a 5 minute educational video on heroin and opioid

Suggestions

1. Parent awareness campaign
2. What needs to be accomplished can't be done through the county. There needs to be legislation at the state level
3. Educate parents so the can educate their children
4. Produce a 5 minute video and require it be played at all back to school nights
   a. An example title would be "life threating treads on substance abuse for parents today"
5. Teach k-12 based on respect for their bodies not fear
6. Develop a protocol for nurses in schools for treatment
7. Prevention education and early intervention must have same attention as treatment
8. Create a state wide sustainable initiative
9. Have pharmaceutical companies who prescribe opioids provide funding instead of the state

Brennan Prodey (Loyola Blakefield High School)

- Started a peer education program at the school in 1993 following the death of a student who had been drinking and driving.
  - Funded by parents of the student who died
  - Based on research conducted by Charles Deutsch a faculty member at Harvard University of Public Health
  - The program has expanded to 10-11 other private schools
  - The program selects a group of high school students to teach lessons to younger students in grades 6th,7th,8th, and 9th.
    - Having other slightly older peers voice their thoughts is a powerful tool
  - The program doesn't use scare tactics but instead encourages critical discussion
  - The goal is to become part of the ongoing conversation for students
  - The most important factor that determines the programs success picking the right peer educators to talk to the younger students
    - The program selects sophomores, juniors, and seniors who are honest.
    - They are a mix of straight A students, athletes, non-athletes
      - The intention is to get a diverse group of students who anyone can relate to
  - Training for the program can take about 40 hours which can be a challenge but it has the administration's support
  - There is an overnight retreat for the peer educators to allow time for group bonding
  - The program wants the kids to remember the feel after they forget most of the lesson. For example, remembering helpful catch phrases.

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- The program can develop curriculum unique to each school and the peer educators who run the program.
    - Peer educators can come up with catch phrases on how students can remember the lesson beyond classroom

Suggestions

1. Program funding from the state will help but if the school administration buys in, it will be even easier
2. The faculty involved in the program should be picked by personality not position
    a. Faculty training is important
3. The peer educators should be a diverse group that represents all areas of interest

Robin Gilliam (UNITE to Face Addiction)

- Recovering from addiction since February 6, 1991
- Author of the novel *A Gift from Desperation*
    - *A Gift from Desperation* is about an addict that had enough and was sick and tired of being sick and tired. She will do anything to recover
    - The novel's main character Claire Sebastian represents a role model for recovery
    - Trauma is at the root of a lot of addictions
        - People don't know how to express themselves so they use substances to cope
- CPA and project manager professional
- 12 step program saved her life
- Used art to process trauma from rape by ex-husband
- It is painful to hear what people go through
- Personal story
    - Opioids were prescribed to her current husband for accident
        - He had withdraw symptoms after he stopped taking them
- The disease still exists while recovering and it is a daily challenge to manage thoughts of not returning to drugs
    - 9 months ago she was walking dogs and saw a bag of pot on the ground. Her brain reacted and the thoughts of picking it up were there. A lot of addicts don't realize thoughts of returning to drugs will come
- Recovery is the first priority in her life
    - It is important to develop spiritually to promote recovery
- Signed up to be ambassador of Unite to Face Addiction
    - The conference is Sunday October 4th in D.C to let people know addiction is treatable, too many drug users people are incarcerated, and drug users can get better.
    - Looking forward to providing support to the Task Force in their efforts

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Suggestions

1. The state should look into starting creative programs in high schools that cultivate art, dance, and music.
    a. They are a positive outlet for emotions
2. Doctors should be educated with prescribing opioids and how to wean users off safely.

Moe Briggs (Kolmac Clinic)

- Chief Clinical Officer of the Kolmac Clinic
    - There are five locations in Maryland a one location in D.C
    - Worked in addiction field for 3 decades
    - Served as clinical director for D.C.
- Urgency
    - Heroin addicts need to be helped right away. They will not come back later.
    - We need to increase the number of outpatient beds to help addicts recover
    - Heroin users and non-users don't speak the same language

Suggestions

1. Use more evidence based practices
2. Reeducate people that addiction cannot be solved by a one size fits all solution
3. People who use heroin have other problems that need help.
    a. Short treatment will not work
    b. New concept of recovery capital facilities that are only interested in taking peoples money will not help
4. After 5 years of treatment addicts were considered to be in stable recovery.
    a. Would like to see longer treatment that is more evidence based
    b. The longer a person stays connected to care the better the outcome
5. Increase trauma informed treatment
6. Rethink when we say recovery support services. I don't think everyone has the same definition.
7. Provide job training for recovered addicts

Melvin Johnson (Renaissance Treatment Center)

- Treatment Center located in Prince George's County
- Without quality service treatment centers will fail to help addicts

Suggestions

1. A person who became addicted to pain medication from an injury should be treated differently from person who became addicted recreationally
2. Suboxone should be used as a stabilizing factor but not for treatment

<u>Public Comment</u>

Renee Benzel

- Thanks the Task Force for making the heroin crisis a primary goal
- Has been working in pain management for 30 years

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- Lost her son Alex to an overdose
  - He used pain killers for injury then he switched to using heroin
  - After being 7 months clean a friend came over and injected him with heroin
- She never shared Alex's addiction with her family but she tried to get him help
  - We need to eliminate the stigma so people in need will get help
- Oxycodone is the only drug known that will kill someone with a single pill
- We still ask patients for their pain rating when doctors prescribe pain killers
- In the U.S Vicodin is the most prescribed drug
  - There were 26 million refills last year
  - We see more opioids are being used
- Son given opioids four times from four different hospitals

Suggestions

1. Reform begins with the health care system
   a. There are lots of tools at their disposal just not enough training or time
   b. Health care providers need more education on personal therapy per patient acknowledging there's not a one size fits all model
2. Maryland needs a prescription-monitoring program across state lines.
3. Opioid addicts need two years before the brain can change back to normal
4. In favor of Vivitrol

Eric Sterling

- President of The Criminal Justice Policy Foundation, a private non-profit educational organization that helps educate the nation about criminal justice issues
- Counsel to the U.S. House of Representatives Committee on the Judiciary from 1979 until 1989
- 12 step program
  - Shame and stigma is beginning to disappear
- Treatment providers looking down on users has got to end
- Drug users lives matter

Suggestions

1. When opioids are dispensed a conversation needs to occur between the prescriber and patient
2. A prescriber needs to follow up with patient after prescribing medication
3. Take back programs will help people get rid of extra pills
4. Make changes in 911 reporting. The immunities are not broad enough
5. Naloxone should be given to parents
6. Have safe injection facilities for continuation of care.
7. Look into Hawaii hope probation program
8. You don't have to demonize drug users to discourage use
9. Drug laws need to be enforced to protect users lives

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Charles Hotzel

- Law enforcement officer in Takoma Park
- Sister is a heroin addict
- Attended an Anne Arundel County meeting where addicts talked
- Two years ago took over drug unit in Montgomery County
  - Had the officers give out cell phone numbers to addicts
- Heroin addict from Takoma Park
  - Female
  - No one had a bed for her, not even a hospital
  - The only way for a person to get treatment is to say your are suicidal

Suggestions

1. There needs to be high consequences for people who sell drugs in school zones
   a. It is important for jury to know a person was selling at school or recovery house
2. Mandatory reports need to be required by the state of overdoses to help law enforcement
3. More resources need to be set up to house addicts

Martha Clark

- Clinical social worker
  - Spent 27 years working with young families with substance abuse problems at Hopkins
- Substance abuse among new born babies is on the rise
  - 1998 Maryland substance abuse new born law
    - Moved to the Department of Human Resources to track the numbers in the substance abuse new born program
    - Pregnancy is a window of opportunity
    - Women who go in for prenatal care aren't being consistently asked if they use substances
      - Two counties Howard and Calvert have a program for asking women if they have used drugs
  - Salisbury has a wonderful program with parenting classes at a halfway house
  - Maryland 2014: there have been 2911 reports of babies who have gone through withdrawal
  - Ordinary baby costs $9,000 to deliver and spends two days in the hospital
  - A baby going through withdrawal costs $53,000 to deliver and spends sixteen days in the hospital

Suggestions

1. It is so much more cost effective if we identify moms who are abusers
   a. Recommend providers are educated to analyze signs of drug use
2. Women need gender specific programs
3. Identify the inconsistencies in how hospitals identify substance abuse.

DRAFT

a. Some babies are misidentified and are discharged after 2 days
b. They go home and go through withdraw

Dr. Finegan: I think the problem is motivating the mothers. How do we increase motivation? What are you recommending?
Martha Clark: Do you know the feeling moms get when they go into a doctors office. They feel shame and guilt. Many women have been sexually abused as a child. One in 8 children lives with a parent who is alcohol or chemical dependent. I am recommending drug treatment courts.

Bob Kuzloski

- Son overdosed on oxycodone 3 years ago

Suggestions

1. Reduce opioid drug overdoses by focusing on the supply.
    a. Electronic prescription program i.e. New York
2. The State needs to hold the Maryland Board of Physicians accountable for doctors they allow to negligently provide opioids to patients
3. PDMP program strengthened so doctors are required to put prescriptions online.
    a. i.e. Delaware and Virginia
4. Recovery programs and facilities need to be more effective
5. Increase penalties of drug dealers and negligent doctors.
    a. See bill to address New York state
6. Get up to speed with other states and become more proactive.
    a. Maryland one of the least active states

Christie Long

- Member of the Oakdale church who gathers information about what's going on in the community
    - Liaison at church for the people who have bad habits.
- Recovering addict who's family has suffered through her addiction for many years.
- We are praying that you come up with solutions.
- Believes in the 12 step program
- Sister in law Lynn spearheading the effort to get the word out to families

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Lt. Governor Rutherford: Acknowledges that the faith based community is part of the solution

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Amy Swartz

- Member of the Medistar medical staff
- Violence is committed against hospital workers when addicts are denied medicine
    - Sometimes addicts come in and get extremely upset when there is no program offered for them.

DRAFT

- When a family member dies from an overdose the hospital staff are the first people addicts take their anger out on.

John Alvarez

- Recovering addict who participated in a 12 step program
- Grandfather was a surgeon for 68 years
  - Told him that no matter what age you are you can never stop learning
- Second grandfather was a general in the military
  - Taught him leadership taking care of others
- It is illegal to study to science of cannabis

Closing Remarks

Lt. Governor Rutherford: Thank you for all today for being here. Mostly we are collecting information at this stage. The next step for the Task Force will be to submit an interim report due in August. It will be a summation of what the Task Force has heard from all the jurisdictions it visited along with some recommendations. In December we will have the final recommendations and possible legislation for the governor. We will not be able to solve this problem overnight. The state government, local governments, and individuals will continue to work at eliminating the pipeline of new users. A large amount of new users about 70% to 80% are coming from opioids. We appreciate the patience and comments that everyone has had.

DRAFT

County Executive and Commission Presidents & Health Officers (10 mins)

✓ Ike Leggett, Montgomery County Executive

✓ Uma Ahluwalia, Montgomery County Health Officer

✓ Pamela Creekmur, Prince George's Health Officer

Law Enforcement (7 mins)

✓ Judge Nelson Rupp (Montgomery County Drug Court)

✓ Captain Dinesh Patil

✓ John McCarthy, State's Attorney, Montgomery County

✓ Catherine Woolley, Office of the Public Defender

~~Melvin Russell (Baltimore City Police)~~

Prince George's Police Jason Berry

Addiction Treatment Professionals (6 mins)

✓ 1 Carmine D'Alessandro (Cheseake Employers Insurance Co.)

2 ~~Meg Baker (Montgomery County Alliance to Prevent Youth Substance Abuse)~~

1 3 Regina Sharber (TATEIOMS)

✓ 4 Lisa Lowe (Heroin Action Coalition)

✓ 5 Brennan Prodey (Loyola Bakersfield High School)

✓ 6 Donna Evans

7 ~~Raleigh Burch (Renaissance Treatment Center - resigned)~~

10 Melvin Johnson (Renaissance Treatment Center)

Moe Briggs (Kolmac Clinic)

✓ 10 Robin Gilliam (UNITE to Face Addiction)

Public Comment (3 mins)

✓ Renee Benzel

~~Cyndi Glass~~

~~Laurie Kelly~~

~~Matthew McClain~~

~~Gary Riddle~~

~~Rhea McVicker~~

✓ Eric Sterling

~~Jean Nussle~~

~~Mark Sine~~

~~Patricia Garber~~

~~Amy Jo Young~~

✓ Bob Kozloski

✓ [redacted]

SIGN IN SHEET FOR PUBLIC COMMENT
Lt. Governor's Drug Task Force Meeting - Silver Spring
DATE: 7/2/15

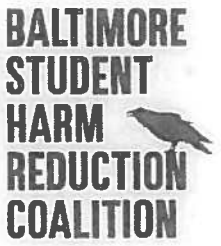
Time	Name	Town of Residence	Phone/Email
1 8:45	~~Bob Kozloski~~	FREDERICK	301-662-6349 Kozloski.Bob@LMAIS.com
~~8:45~~	~~K Patricia Prather~~	~~Montgomery~~	~~240-380-7936~~ ~~Serenitysise~~ gmail
~~8:48~~	~~CAPT DINESH PATEL~~		
1 8:45	Martha Clark	Baltimore	marthaclarkhc@gmail.com
8:50	~~Ed Clarke~~	Olney	MD Center for School Grief edward.clarke@mcps.org
~~9:00~~	~~DIRK GILLIAM~~	BALTIMORE ANNAPOLIS	EASYRIDERTU@VERIZON.NET 410-610-6760
9:00	~~Cindy Mogel~~	Frederick	240 777-4723 cynthia.mogel@montgomerycountymd.gov
9:00	~~Jason Bogue~~	Landover	jobogue@co.pg.md.us
1 9:45	~~Pamela Greekmur~~	Prince Georges Cont.	pbcreekmur@co.pg.md.us
9:00	~~Breon Wells~~	Stafford County	Breon.Wells@thedanielinitiative.com
9	~~Lynn Boynton~~	Rockville	lboynton@debelius.com
9	~~Colin J. O'Brien~~	Hyattsville	papistry@gmail.com
1 10	Amy Swartz	Rockville	aswartz@medstat.montgomery.org
	~~Michael Ford~~	Baltimore	
1	~~MELVIN JOHNSON~~	CAPITOL HEIGHTS	MELPJOHNSON@MSN.COM

SIGN IN SHEET FOR PUBLIC COMMENT
Lt. Governor's Drug Task Force Meeting - Silver Spring
DATE: 7/2/15

Time	Name	Town of Residence	Phone/Email
8:45	~~Amy Robinson~~	Silver Spring	arobinson@miemss.org 2404732877
8:55	~~Nancy Esparraguera~~	montgomery village	nancyapar@yahoo.com
8:55	~~John McCarthy~~	ROCKVILLE	240 777 7390
8:55	~~Renee Benzel~~	Rockville	rbenzel@horizonpm.com 240-441-4700
8:55	~~Kera Lynch~~	DHR Baltimore	
8:55	~~Karen Zilcoski~~	Gaithersburg	CARRIE.Zilcoski@FS-INC.org
9:00	~~Reyn M. Shaba~~	Laurel, MD	301-332-5748 ~~rmsshaa~~
9:00	~~Paul Manner~~	301-237-9348 cell Laurel, MD	Paul.Manner@MIEMS.com MANNERS@aol.com
0900	~~Mike Oxenford~~	~~Germantown~~ MD	MOXENFER@ADVENTISTHEALTHCARE.com
0900	~~Kevin Smothers~~	Montclair, MD	ksmother@ahm.com
9:30	~~Uma Ahluwalia~~		uma.ahluwalia

SIGN IN SHEET FOR PUBLIC COMMENT
Lt. Governor's Drug Task Force Meeting - Silver Spring
DATE: 7/2/15

Time	Name	Town of Residence	Phone/Email
8:50	~~HARDY BENNETT~~	MONT. CO. Health + Human SVS	240-777-1671 hardy.bennett@montgomerycountymd.gov
"	~~Scott Birdsong~~	Mo Co & PGC	Scott.Birdsong@ps-inc.org
8:50	~~ELMORE T. BRIGGS~~	MONT. CO	(301) 801-8944 EBRIGGS@KOLMAC COM
8:50	~~Brennan Predey~~	Baltimore Co.	
8:55	~~John Standard~~	D.C.	202 667-6424 johnstandard@churchofscientology.net
8:55	~~Christy P. Long~~	mont. Co.	301-758-9282 cplong@comcast.net
9:00	~~Linda Rivera~~	Mont Co	301 754-7709
9:00	Charles Hoetzel	Takoma Park	Charlesh@takomaparkmd.gov.
	~~ERIC STERLING~~	Chevy Chase	301-588-5238 esterlingecjpf.org



July 2, 2015

Dear Lt. Governor Rutherford,

The Baltimore Student Harm Reduction Coalition are writing to request your support for expanded Sterile Needle and Syringe Exchange Programs across the entire State of Maryland.

Currently, Syringe Access Programs are only available in Baltimore City and only authorized in Baltimore City and Prince George's County. Syringe Exchange activities in any other county or programs run by non-profits are currently unlawful in Maryland. We ask you support in saving lives through expansion of syringe access programs.

A syringe access program (SAP) is a public health intervention to provide clean hypodermic needles to injection drug users. Naloxone (a lifesaving opioid overdose reversal agent), wound care, drug treatment access, and other medical services can be provided. SAPs are a cost-effective measure to reduce rates of HIV and Hepatitis C.

SAPs are evidence based and positively impact communities in a number of ways. Expansion of syringe access will allow for these benefits in every jurisdiction in Maryland:

1) Increased heroin and prescription drug overdose prevention

- Naloxone, or Narcan © can be provided to those at highest risk of overdose and most likely to witness an overdose.
- Heroin death rate doubled from 2010 to 2012 in 28 US states (CDC) and rose 88% in Maryland from 2011 to 2013.
- Half of illicit drug users report experiencing a nonfatal overdose during their lifetime. 70% have witnessed an opiate overdose.
- The CDC cites Naloxone distribution programs as an effective way to reduce overdose-related deaths and also credits SAPs with effectively distributing Naloxone to communities that are otherwise difficult to reach with traditional healthcare systems.
- Research shows that SAPs do not increase the use of injection drugs or risky injection behavior.

2) Cost effective, evidence based intervention

- SAPs save $6.38-7.58 for every $1 spent – In a time of budget shortfalls, SAPs could save billions by reducing costs associated with HepC, HIV, homelessness, emergency room visits and drug-related legal costs.

3) Broad health and social impacts

- SAPs provide opportunities for other social and medical interventions, including: referral to drug treatment programs; HIV, HepC and STI testing and linkage to care; Hep B and flu vaccination; on-site counseling; condom distribution; wound care; and safer sex counseling.

4) Reduced rates of transmissible, blood borne infections

Testimony to the Heroin and Opioid Emergency Task Force

Patricia A. Winters

Coordinator, Brave and Bold Coalition, Rockville, MD

July 6, 2015

Lieutenant Governor Rutherford and Members of Maryland's Heroin and Opioid Emergency Task Force:

Please extend my best wishes to Governor Hogan for a smooth and successful treatment of his cancer, and my gratitude for his proactive measures to attack the opiate problem among our citizens, led by this esteemed body.

I am privileged to lead the Brave and Bold Coalition, a grassroots alliance that evolved in the wake of a 2011 underage DUI crash that resulted in the death of three youths (http://www.washingtonpost.com/local/three-killed-in-montgomery-county-single-car-crash/2011/05/15/AFgRlP4G_story.html). The surviving passenger became addicted to opiates following this tragedy. Our mission is to engage and reform parents who actively or passively enable underage substance use, and our work is largely supported by dedicated and astute public servants in the Police Department, Sheriff's Office, and State's Attorney's Office of Montgomery County, as well as other community stakeholders.

I echo Montgomery County State's Attorney John McCarthy's and Mrs. Donna Evans' concern that most parents are naïve, uninformed, or in denial about the extent of the opiate abuse problem in our neighborhoods.

I join Mrs. Evans in her requests that you please

1) Create messages and five-minute Back-To-School Night videos that are grade-appropriate for parents of all Maryland public, private, or home-schooled children, including behavioral indicators and signs of drug abuse, adverse effects of commonly abused substances, developing age-appropriate refusal skills, the science of addiction, and the urgency to shatter its stigma so families who need help will seek it, and

2) Require every school administrator or home-school organization distribute these messages to their students' families and show the videos at their Back-To-School Night.

While each county differs to some degree in its trends and views about the opiate problem, a generic, core content could be created that applies statewide. I believe I am among many parents statewide that would be willing to help you develop this content.

I ask that you also require follow-up meetings by the appropriate administrators and parent groups to discuss the content of these messages and videos, and to share resources for further information and help, such as treatment sites or parenting strategies to keep children drug-free – and it is at these meetings that each county's specific needs could be addressed.

STORY FOR GOVERNOR'S HEROIN & OPIOID TASK FORCE SUMMIT

July 1, 2015

To Whom It May Concern:

My husband and I come from a Catholic background and raised our five children accordingly. We worked hard to provide a safe and stable environment for all five of our children. We tried to instill values that included monogamy, honesty and working for the things you want in life. Unfortunately, our 28-year-old daughter, Melissa learned another lifestyle from men who subjected her to physical and mental abuse, leading to alcohol and drug addictions. Melissa was not prepared for what she encountered with the three men she loved and trusted to take care of her and her children. Her two children now have to live with family members while she serves a 13½ year sentence for her first probation violation for crimes she didn't even commit. The Justice System definitely failed to see that she was victimized. The Felony on her record will only make her life more difficult.

Melissa's addiction struggle began when she was only 15 years old and in 9th grade. Her association with a 17 year old developed into a possessive and physically/mentally abusive relationship. During their two years together, they drank alcohol and smoked marijuana. His behaviors caused her multiple absences from school and they defied our requests, as parents. On Thanksgiving night 2003, he was involved in an automobile accident while under the influence of alcohol and he succumbed to his injuries. Melissa was with us in Pennsylvania for the holiday at the time and she was devastated. The next day she found out she was pregnant. She received mental health therapy in school and was diagnosed with depression and anxiety. To make things worse, she lost two close friends in early 2004. Both deaths were automobile accidents; one alcohol-related and one a suicide.

Eventually, Melissa refused therapy saying it didn't help her. She delivered a healthy baby girl on 7/30/2004. It was a happy and sad at the same time. A few months later Melissa started visiting with friends and it wasn't long before she found a new boyfriend. She quit school before graduation (only needing 2 credits to graduate). Here she was again with another possessive and physically/mentally abusive relationship, but this time adding cocaine to the mix. Melissa was in and out, but spent most of her time using drugs with this new boyfriend. Her boyfriend decided they should move to New Jersey where his mother lived. A few weeks went by and a phone call from the boy's sister informed us that Melissa was being physically abused. On 10/16/2005, six of us drove to NJ in two vehicles and brought Melissa back to MD kicking and crying until we got to Delaware. We drove straight to the Hurlock, MD Police Station so she could give her statement about the abuse and show the bruises she had all over her body. Apparently, she was beat the whole day and a knife held to her throat.

One of the six people that helped get Melissa back home connected with her. It wasn't long before they became a couple. He had an addiction history, but seemed sincere to Melissa and her daughter. An altercation occurred on 7/14/2006 between Melissa and her boyfriend, which was the first sign of their decline. There were multiple problems, whether it was vehicles not running, unable to pay bills and/or trouble getting Melissa's daughter to school. Melissa had two abortions because he didn't want any other children. She started avoiding her family and he was always listening to her phone conversations and dictating to her what to say. He destroyed many of her cell phones, but she never admitted to his abuse. People were always in and out of the house all hours and there were constant arguments.

Melissa moved back home on 12/1/2009. She admitted her boyfriend was abusive, manipulative and controlling. He tried running her down with one of their vehicles. Her boyfriend moved out also living from house to house until he ended up living with his mother. Later, we found Melissa was sneaking him into her bedroom window at night and during the day while we were working. A Peace Order was filed against him in 4/2010 to keep him off our property. By that time, Melissa was pregnant. In 5/2010, her boyfriend was arrested for theft charges reported by his own mother. He was sentenced to serve 9 months in the local detention center. Melissa wrote a letter to the judge pleading for him to be released early because of her pregnancy. He served 5 months and was released. Melissa was receiving substance abuse treatment through a Suboxone Program, which are far and few between. Most do not accept insurance. She gave birth to a healthy baby boy on 12/13/2010.

Melissa juggled part-time employment while caring for her infant. Her boyfriend was collecting Unemployment Compensation while residing with his mother. Melissa and her two children visited her boyfriend at his mother's home on weekends. Sometimes Melissa and her baby would stay with him a couple days at a time. They decided to move in with a friend in Secretary, MD. The boyfriend's mother confronted him at the new house and she took his house key and cell phone. She also accused him of stealing from her again. She made a report to the police, but later dropped the charges. At this point, Melissa's boyfriend was using her cell phone and taking her car without her permission. Calling the police had no effect on him because he knew she wouldn't follow through. He never said where he was going. She started hearing stories about him smoking crack. Melissa was very gullible and she believed him. At that point, Melissa contemplated coming home to live again.

On 7/13/2011, Melissa was driving her vehicle and was pulled over by police for a traffic violation in Secretary, MD. Melissa's boyfriend and both children were in the car. The police asked to search the car and Melissa agreed since she had nothing to hide. They found crack in the passenger side door that he later admitted was his. Melissa called me crying and informing me to come and get the kids because the police were going to arrest her and impound the car. The police gave the kids to us when we arrived and carried the car seat to my vehicle. Melissa asked if she could go to remove all of her belongings from the house in Secretary because she wanted to come back home. The police escorted Melissa to the house and she removed everything that fit into our vehicles.

Later at home, Melissa asked for the baby's car seat. She said her boyfriend told her that he hid something in the baby's car seat. Under the lining of the car seat, she found a rectangular package wrapped in lime green tape that contained $14,500 in cash. She didn't know where it came from, but mentioned that her boyfriend's dad was supposed to give him a chunk of money out of a large check he was expecting. Also, she said there was a rumor around town about a house that was broken into. Melissa wasn't sure because she was working at Texas Roadhouse in Seaford, DE, at that time.

After her boyfriend was arrested, he made contact with Melissa in the early morning hours asking her to bail him out with the money she found. She followed his direction and used $1,000 of the money to bail him out. Afterwards, Melissa came back to our house and picked her kids up. She returned the money to him. They drove to Seaford, DE, and rented a hotel room. The evening of 7/14/2011, my husband and I along with the other grandparents went to the State Police Barracks in Easton, MD and gave them information about finding the money. The police waited for Melissa to return home that night and they followed her into our driveway. Melissa was absolutely cooperative in telling them everything she knew about where to find her boyfriend and the money.

On 7/25/2011, Melissa was arrested for theft, burglary, conspiracy and drug charges. We bailed her out. Then on 9/27/2011, she was indicted on the same charges. Again, we bailed her out. Her attorney recommended she take the plea offered by the State's Attorney's Office, which was to plead guilty to felony theft $10,000 to $100,000 because she was in possession of stolen money. Her attorney said she could face much more time in jail if she chose a jury trial. Hesitantly, Melissa accepted the deal. Her boyfriend told Melissa if he goes down, he's taking her with him. So, he and the actual perpetrators implicated Melissa on two other cases. Melissa did not commit these crimes, but was still arrested on 3/15/2012 for theft, burglary and drug charges and spent almost 30 days in jail. We bailed her out again, only for her to be arrested again on 5/3/2012 for drug charges that occurred when she was indicted for the first case. The commissioner released her on her own recognizance.

Her sentencing hearing for the first case was held on 5/7/2012, and Judge Wilson sentenced her to 15 years with 13½ years suspended. She served 8 of her 18 month sentence in Dorchester County Detention Center. This detention center has very limited programs. She couldn't even work on getting her GED. Upon her release in 12/2012, she was on probation for 5 years and had to pay $5,000 in restitution. In the beginning, she was motivated and trying to do well. She was attending the substance abuse program at Dorchester County Addictions. With the Felony on her record, she had a hard time finding a job. She wasn't permitted to see her kids. She was only set up to fail.

Somewhere between Melissa receiving therapy from J. David Collins & Associates in Cambridge, MD and a Berlin, MD doctor (who doesn't accept insurance) prescribing her Suboxone, her two experiences at the Hudson Rehabilitation Center in Salisbury, MD, where she could still get her fix and her one-day Whitsitt Center experience in Chestertown, MD, where she felt like an outcast, she spiraled down to injecting heroin. She became desperate and asked her Probation Officer for help getting into a rehabilitation center, but no beds were available. The Probation Officer violated her probation. In 8/2014, Judge Wilson sentenced Melissa to 13½ years for her first probation violation and she has been sitting almost a year at Maryland Correctional Institute for Women in Jessup, MD.

Over the past 10+ years, Melissa was abused, manipulated, raped and suffers from a co-occurring disorder. She has an opiate addiction along with several mental health disorders that include Depression, Anxiety, Post-Traumatic Stress Disorder, ADD and possibly Bipolar Disorder. She did not commit any crimes, but she made bad choices. In place of prison, my child needs TREATMENT!

On 6/22/2015, my 27-year-old nephew died in Pennsylvania from a heroin overdose. He has 3 children, ages 5, 6 and 10. He also suffered for many years with a co-occurring disorder. And, he had a revolving door between home and jail.

PLEASE HELP OUR CHILDREN WITH THE TREATMENT THEY NEED!

Dorothea Matey
4131 Whiteleyville Road
Hurlock, MD 21643
443-832-7031 (cell)
410-819-4562 (work)
dotsey5803@aol.com

DC Suburbs Regional Summit of the Governor's Heroin & Opioid Emergency Task Force on Thursday, July 2, 2015, 9:00am-1:00pm, at Montgomery College - Cultural Arts Center, Silver Spring, MD.

Donna Evans

240-723-0716

evansdf@gmail.com

I'm a parent of 5 children, I live in Damascus; at this time I have lost count how many kids have died from opiate addiction in our community, my daughter personally new at least 14.

According to the Montgomery County Overdose Prevention Plan dated March 24th 2014, "The largest increase in fatal heroin overdoses has been among younger age groups. Including a 53% increase in ages 15-24."

4 years ago she came to me and told me her good friend Jaime was taking pain pills and moved onto heroin and her boyfriend of several years was taking prescription pain pills to get high. Soon after that I received the news that Jamie had died overdosed on heroin, this was devastating to our family. I was completely unaware this could happen. A year later, the call I got was that Chris had shot himself to end his struggle with Pain Pills. These boys were like sons to me; I did not know anything about opiates and that what they were doing was so deadly. I started asking other parents about this horror and they were as clueless as I was.

Kids did not just suddenly experiment with heroin out of nowhere and end up in the horror we face today. They started partying with prescription pain pills to get high. These pills affect your brain and nervous system exactly like heroin. The dependence associated with taking these powerful opiates has turned kids to heroin because it is cheaper and easier to get.

For 3 1/2 years since Chris died I have testified and held face to face meetings with Montgomery County Council, Montgomery County Board Of Education and State legislatures asking for a parent awareness campaign, prevention education for our children and early intervention by training school nurses and staff on SBIRT.(Here are copies for you).

My results:

BOE said it is up to individual principles as to what information they disseminate at their schools, so the flier that I was involved in creating for back to school night last fall with the Montgomery County Collaborative Council was ignored, lifesaving information held back at the sole discretion of school principals, although the dangers of Head Lice warrants a

mandated flier sent home from the school to all parents but opiate addiction and death does not warrant the same level of importance. (Here are copies for you).

Head of Montgomery County Student Services told me back to school night is too busy, not enough time for a five minute video.

The County Council has no jurisdiction to tell the schools what to do or the school nurse even though she is a HHS employee.

BOE said they do not have jurisdiction over the nurse because she is an HHS employee.

It is very clear that what needs to be done to turn the tide of opiate use and death cannot be accomplished working directly at the County Level.

We need pragmatic lifesaving legislation at the state level mandating prevention, education and early intervention in our county schools based on emotional intelligence to end this horror,

How can the State of Maryland prevent the next 14 year old from heading down this path?

Educate parents so they can educate their children.

How can the State of Maryland do this in a quick and efficient manner?

Produce ONE 5 minute video require that it is played at all back to school nights in every school in the state (even elementary school) because this is now a public health and safety emergency.

Please do not title it "Alcohol and other Drugs" you will tune out 99% of parents, how about "Life Threatening Teen Substance Abuse Trends of Today, What Every Parent Needs to Know to Keep Their Child Safe".

How can the State of Maryland educate kids to not want to take drugs?

Develop a mandated standardized age appropriate health curriculum, K-12, teaching self-awareness, healthy boundaries, how to respect your- self, brain, and body, give children the tools to not take drugs, based on healthy choices and respect for their bodies not fear.

How can the State of Maryland help a child that just started taking opiates because the sooner you get a child off opiates the better the chance for recovery?

Standardized training of school nurses and staff on SBIRT. (Screening Brief Intervention and Referral to Treatment). Develop a school based protocol for screening and referring kids to treatment and open door policy for kids to come forward who are in the middle of this struggle. Making it clear that this is not about judgment and punishment, this is about respect and caring for another's life, that the school nurse and staff are truly there to help. Make another video of kids who have been in the middle of this struggle and lost friends.

Prevention, education and early intervention must be addressed with the same urgency as treatment and recovery or it is like putting a bucket under a plumbing leak to fix the problem.

Personally individual task forces should be set up to address each of these components individually.

We are now in a state of a public health and safety crisis. This should override any outdated, ego driven and archaic hierarchy in place at the county government and public school level and replace it with a state wide sustainable initiative to save a child's life.

So my final question is this?

How is the State of Maryland going to find a way to fund solutions to this epidemic?

Gross negligence from aggressive marketing and over prescribing of prescription pain pills, powerful addictive opiates, got us here today, make no mistake about it; this is a pharmaceutical created nightmare. These companies should be held accountable, legally and financially for the disaster they have perpetuated. They should help fund prevention, education, treatment and recovery needs.

I do not have the power to do any of this or it would have been done 3 ½ years ago, you do, so I hope that you will take the initiative to support and fund a viable solution to this insidious disaster.

Thank you,

Donna Evans

DC Suburbs Regional Summit of the Governor's Heroin & Opioid Emergency Task Force on Thursday, July 2, 2015, 9:00am-1:00pm, at Montgomery College - Cultural Arts Center, Silver Spring, MD.

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For 3 1/2 years since Chris died I have testified and held face to face meetings with Montgomery County Council, Montgomery County Board Of Education and State legislatures asking for a parent awareness campaign, prevention education for our children and early intervention by training school nurses and staff on SBIRT.(Here are copies for you).

My results:

BOE said it is up to individual principles as to what information they disseminate at their schools, so the flier that I was involved in creating for back to school night last fall with the Montgomery County Collaborative Council was ignored, lifesaving information held back at the sole discretion of school principals, although the dangers of Head Lice warrants a mandated flier sent home from the school to all parents but opiate addiction and death does not warrant the same level of importance. (Here are copies for you).

Head of Montgomery County Student Services told me back to school night is too busy, not enough time for a five minute video.

The County Council has no jurisdiction to tell the schools what to do or the school nurse even though she is a HHS employee.

BOE said they do not have jurisdiction over the nurse because she is an HHS employee.

3 ½ years of testifying, nothing has been done, the cold truth is that Montgomery County Board of Education and the principals view the reputation of their Schools out ways the safety and lives of our children and the County Council says their hands are tied. It is very clear that what needs to be done to turn the tide of opiate use and death cannot be accomplished working directly at the County Level.

We need pragmatic lifesaving legislation at the state level mandating prevention, education and early intervention in our county schools based on emotional intelligence to end this horror,

How can the State of Maryland prevent the next 14 year old from heading down this path?

Educate parents so they can educate their children.

How can the State of Maryland do this in a quick and efficient manner?

Produce ONE 5 minute video require that it is played at all back to school nights in every school in the state (even elementary school) because this is now a public health and safety emergency.

Please do not title it "Alcohol and other Drugs" you will tune out 99% of parents, how about "Life Threatening Teen Substance Abuse Trends of Today, What Every Parent Needs to Know to Keep Their Child Safe".

How can the State of Maryland educate kids to not want to take drugs?

Develop a mandated standardized age appropriate health curriculum, K-12, teaching self-awareness, healthy boundaries, how to respect your- self, brain, and body, give children the tools to not take drugs, based on healthy choices and respect for their bodies not fear.

How can the State of Maryland help a child that just started taking opiates because the sooner you get a child off opiates the better the chance for recovery?

Standardized training of school nurses and staff on SBIRT. (Screening Brief Intervention and Referral to Treatment). Develop a school based protocol for screening and referring kids to treatment and open door policy for kids to come forward who are in the middle of this struggle. Making it clear that this is not about judgment and punishment, this is about respect and caring for another's life, that the school nurse and staff are truly there to help. Make another video of kids who have been in the middle of this struggle and lost friends.

Prevention, education and early intervention must be addressed with the same urgency as treatment and recovery or it is like putting a bucket under a plumbing leak to fix the problem.

We are now in a state of a public health and safety crisis. This should override any outdated, ego driven and archaic hierarchy in place at the county government and public school level and replace it with a state wide sustainable initiative to save a child's life.

So my final question is this?

How is the State of Maryland going to find a way to fund solutions to this epidemic?

Gross negligence from aggressive marketing and over prescribing of prescription pain pills, powerful addictive opiates, got us here today, make no mistake about it; this is a pharmaceutical created nightmare. These companies should be held accountable, legally and financially for the disaster they have perpetuated. They should help fund prevention, education, treatment and recovery needs.

I do not have the power to do any of this or it would have been done 3 ½ years ago, you do, so I hope that you will take the initiative to support and fund a viable solution to this insidious disaster.

Thank you,

Donna Evans

UNTOPPABLE FATHER

Bob Kozloski

Committed to Honor Son and Help Others

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Having experienced the overdose death of my son from OxyContin 3 years ago, I have taken on this mission in support of my son because of an overdose on prescription drugs by "pill mill" Doctors only after 2 days he came out of rehab.

Vision:
Create a safer and more responsible drug environment in Maryland and Address the Relaxed and Lenient Drug Atmosphere.

Mission:

- **Reduce Opiate drug overdoses**
  Focus on supply of Opiates.
  Implementation of Electronic Prescriptions. The I-STOP program was recently enacted in New York. Research has shown 84% of those on heroin started with prescription drugs, and overdose deaths by prescription drugs is 2X that of Heroin overdoses. This program would also address the problem of Doctor shopping.

- **Hold Maryland Physicians and Licensing Board accountable for dispensing unmanaged prescriptions for profit**

The Physician licensing Board needs improvement in the monitoring and management of disciplinary actions of Doctors who endanger the lives of the Public. I submitted a complaint to the Physician Licensing Board, where they suspended their licenses. Their licenses were suspended but they are being given the opportunity to get them back. After taking a license away for wrongfully, and negligently prescribing addictive narcotics (facts from Board's investigation), how could we give them the option to get their licenses back and to practice Medicine again here in Maryland/

- **Improve and strengthen PDMP by having mandatory reporting by Physicians of dispensed opiate prescriptions**

Maryland's PDMP must be strengthened so Doctors must register prescriptions online, just as Pharmacies are required to do. Bills like those in Delaware and Virginia address this weakness. I plan on writing a proposal for the next Legislation session reflecting those States' laws.

- **Improve Recovery programs and facilities to treat the disease of drug addiction**

My Son died 2 days after coming out of 30 days in Rehab and recovery. A review of these programs is necessary for more effective recovery.

- **Increase penalties of drug dealers and doctors associated to drug overdose deaths**

I summoned for criminal prosecution by the State Attorney Offices of Frederick and Prince Georges County, where these Doctors practiced. Even with the facts and evidence in the Physician Licensing Boards investigation, the State Attorneys would not press charges. They believed the Legislative support (laws) were not sufficient or too weak to create a case. If that is the case, I would like to see bill(s) proposed and sponsored by the State Attorney Offices to address this shortfall. We should follow the lead of the NJ State Attorney's Office who proposed and brought a law to the Legislature. The "Liability Induced death law," NJ Statute, N.J.S.A 2 C: 35-9 was passed. Doctors, as well as, street dealers should be prosecuted to the full extent of the law (criminal homicide charges). This will reduce supply, accessibility, and improve the lenient atmosphere in Maryland for the sale of opiate products for profit.

Did you know a dealer who was associated to an overdose death recently here in Maryland only received 7 years? 7 years for murder? Do we want that to continue? We need to look into these laws further and keep Maryland from being a welcome State for dealing and supplying drugs with minimal incarceration.

In conclusion we need to be progressive and more passionate and get up to speed with other States. Maryland needs to be more proactive in the fight against this epidemic and not remain status quo. Maryland is one of the least active and progressive States vs.

many other US States. I am concerned that State Legislatures, past Attorney General, current State Prosecution Attorneys and the previous Governor in this fight to reduce opiate deaths were and are not fully engaged to completely support this effort. It will take everyone's commitment and initiative to make this battle successful.

Where cancer has touched someone in every family, drug abuse and its consequences has now become the new cancer in every family. I hope and pray that no one else or their family has to go through what my family and I have experienced. It will live with us forever.

Thank you for the opportunity to share these actions with you.

Sincerely,

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Testimony of Lisa Lowe, Heroin Action Coalition
To The Governor's Task Force: July 2nd, 2015

Contact: 301-525-6183 / HeroinActionCoalition@gmail.com

State Budget and Program Funding

There have been episodes in our history that we, as Americans, look back upon with shame –wondering how our forefathers could have been so heartless and cruel –buying and selling African slaves, exterminating American Indians, incarcerating American citizens because they were Communist or of Asian descent. Similarly, I am certain that future generations will look back on our current period in history with equal disbelief –wondering how conscientious people could slash the treatment budget year after year, while the opiate addiction and overdose rate continued to skyrocket –while heartbroken mothers continued to bury their barely adult age children at a rate higher than during the Vietnam War –and while the pharmaceutical industry and segments of the medical and treatment community reaped unimaginable profits at the expense of our children. After advocating for solutions for the past five years, and waiting while policy makers continue unendingly to "gather data and information", I can honestly say that I am ashamed at the lack of a real response on the part of my local, state, and federal governments.

Solution: Please replace the treatment budget that was cut each and every year under the O'Malley administration. Take it out of the $100 a day that we are paying for each of our children with a substance use disorder (SUD) to be incarcerated, and use it instead to pay for high quality treatment to help them become a self-sufficient tax-paying citizen, rather than a repeat offender and hardened criminal.

Prevention: Screening, Brief Intervention & Referral to Treatment (SBIRT) in Schools

Let's take a look at our continuum of care. At the beginning of the spectrum we have identification and assessment. My son overdosed, toppling out of his chair in Science class at Damascus High School. Security was called, and after he was revived, he was escorted to the In-School Suspension Room for being "too high to be in school". I was never notified. That year, two more boys overdosed in school and were carried out on stretchers. When a former student photo-shopped the school's marquee and superimposed the number of alumni overdose deaths, then posted it on social media –the Principal followed up with a letter to all parents, denying a drug problem in the school. She was concerned that the school's reputation had been tarnished. So while unpaid volunteers were trying their best to raise awareness, county tax-payer paid officials were undermining their efforts. Is this a hard choice to make –reputation and image or our children's lives? Obviously, our schools have been choosing image and reputation over lives for the past five years with their immutable silence. –When are we going to change that? Even if our schools do not make appropriate choices –we expect our policy makers to do so.

Solution: Mandate that the school nurse be trained in SBIRT protocol.

Treatment: Reward Results

The next stop in the continuum of care is detox. In 2002, a panel of our country's most experienced treatment experts got together to figure out solutions to the same problem that we are gathered here today to address. According to their report, "Far too often, social agencies, lacking expertise, assume that providers are delivering quality care. They take at face value provider explanations for client failure that blame the client, when in fact poor treatment quality may have failed to meet the client's needs."... "Given the severe consequences that they may impose when clients relapse or leave treatment, social agencies have a high duty to focus on quality."

Here are some scenarios that I do not believe it takes a panel of medical experts to agree are evidence of poor quality. Patients at Avery Road Treatment Center in Rockville have been discharged into blizzards when there is so much snow that buses are not running, discharged at night without allowing them to make a call and without a charged cell phone, discharged for reasons such as walking into a friend's room or flirting with a member of the opposite sex, discharged for taking an extra Suboxone after being triggered while watching their roommate shoot heroin. The staff cannot seem to discharge a patient seeking and qualifying for the next level of care into any number of open beds at halfway houses across the state, but seems to prefer instead to discharge our kids to the local homeless shelter –we presume so they can continue to bill insurance or Medicaid for outpatient services. At least two patients in their long term care facility experienced the death of a parent in the local hospital not 10 minutes away from Avery Road. They were told that if they left treatment to visit them prior to their death, they would not be allowed to return. These patients had to choose between their treatment and paying their last respects to a dying parent –a parent who probably also wanted to see their child one last time before they passed. Girls in treatment have been sexually harassed by male staff, and heterosexual boys have been accused of homosexuality by staff who urge them to "come out of the closet" in front of peers.

I could go on about the atrocities committed at Avery Road that harm our children or jeopardize their early recovery, but if you want to follow up –a dozen families filed a joint formal complaint that went to our county HHS, county council, county executive, MD OHCQ, Kathy Rebbert-Franklin's office, Gayle Jordan Randolph's office, and former Governor O'Malley's office, along with a petition signed by county residents asking that Avery Road be investigated for non-compliance with the county contract. Not one person in any of those agencies ever called any of the individuals who provided contact information as witnesses to the noncompliance, nor did we ever receive a response indicating that any of the problems were corrected. Are we to presume that our state agencies have some means of investigating public complaints without ever asking the witnesses any questions? Or, more likely, should we assume that our complaints were ignored and our concerns disregarded?

So, the 2002 panel had a solution. Their recommendations summed to a single phrase: REWARD RESULTS! They argued that existing services for treatment need to be based on successful outcomes for patients. They outline a shift to a system that recognizes and rewards providers who consistently deliver better treatment outcomes.

Solution: Last session, I asked Senator Nathan-Pulliam to introduce a bill that standardized assessment criteria for entering treatment, that established treatment performance measures, and that provided legislative oversight for providers to meet criteria. Sadly, the bill never made it out of the Finance Committee. We throw millions of dollars a year at treatment and yet we have no dreaming idea which programs succeed and which programs fail –or if our dollars are getting anyone better at all. Caron Treatment in Pennsylvania pays a local University to call their alumni and gather data; Massie, Carol Porto, and Serenity Acres all purportedly gather outcome data for one year post-treatment, as well. This should be a state mandate for every provider.

Recovery: Consumer Choice

The last stage in the continuum of care is recovery. There have been two major paths to recovery since the 1960's –Long-Term Abstinence-Based Residential Treatment (ABRT) and Methadone Maintenance (MM), and there are literally hundreds of studies on the effectiveness of both. So it has been extremely confusing to hear DHMH representatives repeatedly present Medically Assisted Treatment (MAT) as the sole solution to the opioid epidemic as they have in numerous public forums and in front of the HGO Committee last winter –as if Long-Term Abstinence-Based Residential Treatment has simply dropped off the face of the planet and never existed at all. Not that I am in favor of one form of treatment over another, but just to bring a balanced perspective to the table, I'd like to highlight two statistics that regularly fail to be presented.

The first is that only about a third of MAT patients do NOT use other drugs while in treatment, compared to two thirds of ABRT patients who do not use other drugs. That leaves two thirds of parents puzzled as to why they see their medically assisted kid just as high and dysfunctional as he was before he entered "treatment". The second batch of data that fails to make it into the public spotlight has to do with the side effects –in a review of 35 published scientific studies, Methadone was linked to impaired cognitive functioning, while other studies link it to suicide, erectile dysfunction, mood disorders, and many other neurological issues. Is it too much to ask that our DHMH representatives present accurate, balanced, and representative data, rather than pick and choose a solution for US –based on what is, coincidentally, most profitable for the medical community –the very community that we can thank for getting us into this mess in the first place, when they told us that prescription opiates were NOT addictive?

Solution: Mandate that SUD consumers receive education on all recovery options and that each option is presented to SUD consumers and their families in an unbiased and balanced manner –backed by scientific data, information on side effects and related effectiveness statistics, as opposed to cost, convenience and profit.

Regulations: Real "Behavioral Health" Integration

My son was kicked out of his recovery house this morning in retaliation for a complaint that I made yesterday. When we first visited Recovery For Life in East Baltimore, the Director sold us on assurances that they had a case manager who met with residents weekly, that they provided links to Suboxone doctors and psychiatrists for medication continuity, that they also linked to vocational and educational programs, and that they had a robust recreational program with community cook-outs and live bands at their clubhouse. Disappointingly, they have none of the above. When my son recently ran out of his psych meds and then his Suboxone, and I was faced with helping him buy the latter illegally or watch him return to heroin rather than withdraw, I complained to the Director that he had misrepresented the program to us. He replied that since I had a problem with the program that I should come and pick up my son; his bags would be packed (see recent update below*). RFL is owned by a real estate developer –apparently turned treatment provider. He owns several row houses in an East Baltimore slum, packs three people into each tiny room, and charges them $500 a month. He houses 75 residents in his program and it is typically full, thereby earning a whopping $37,500 each month –nearly half a million dollars a year, for housing a vulnerable at-risk population. He contracts IOP service out to other practitioners who then bill Medicaid or insurance.

My son has an often fatal co-occurring mental health disorder, but our system of care allows slum-lord real-estate moguls to advertise a package of treatment services without any shred of oversight or enforcement from any state agency. And this seems sane and logical to everyone?

Solution: If SUD is now recognized as the neurologically-based mental health disorder that science has proven it to be, then individuals struggling with SUD should get the same protections and receive the same quality of care that Maryland currently affords to individuals struggling with all other mental health disorders. Unfortunately, this is currently not the case. Marylanders have been waiting for true integration, and hence –comparable and equitable regulations, for years. DHMH has reviewed and changed these regulations, without any real input from those of us who utilize these services. Delivering anything less than exactly what consumers of mental health services already have, is simply not acceptable. It is time for SUD patients to receive their fair share of regulations, protections, and standards –now that they are under the "behavioral health" umbrella.

Conclusion

In conclusion, we have a treatment system where school image and reputation are valued over the life and health of our children; where for-profit treatment providers controlled by insurance and Medicaid dollars make life and death decisions for our children without reliance on any standardized medical necessity criteria, and where anyone –no matter how unscrupulous, uneducated or disreputable can advertise as a service provider in our continuum of care; and where our policy makers and administrators –whom we pay to solve our state's healthcare problems, lack the leadership to appropriately and successfully tackle this problem. The way I see it –our children are NOT dying from a very treatable mental health disorder –our children are dying from a serious and severe lack of appropriate healthcare, which this state and this country DOES have the means to provide. Since this is the reality of our treatment system, I can only conclude one thing –no one cares if my kid dies.

So, like the panelists on the 2002 National Task Force, I have an overarching solution –that is to CARE! Care about my kid as if he were your own. Out of that care will come rational policy, logical decisions, diverse funding streams and successful solutions. As long as families must continue to deal with our broken system of care, it only becomes increasingly and painfully obvious to those of us who use it, that no one cares about us or our children.

Solution: There currently exists a strong and vital network of grassroots, community-based, consumer-driven non-profit organizations throughout the state working to provide treatment navigation services, peer-to-peer support, parent coaching, Naloxone training, awareness and education, and consumer advocacy. A Maryland demonstration grant to form a public-private partnership is desperately needed to provide funding, technical support and training to 1) develop an organizational infrastructure to support this unified network of volunteer organizations; 2) maintain the level of services they currently provide; and 3) expand their outreach.

* Edited 7/16/15: As of this writing, my 22 y.o. son has become a methadone client and his dose of maintenance opiates has been increased from 4mg. of Suboxone to 30 mg. of methadone (the smallest dose available at his clinic), as he was not able to locate a Suboxone provider after the RFL program failed to provide an appropriate referral –a service we were assured they did provide. Now he has become trapped in East Baltimore because he cannot leave his methadone clinic –where he depends on getting dosed each morning. As a substitute para-educator on summer break from Montgomery County Public Schools, I lack the funds to drive him to Baltimore every morning and so he is unable to stay with me. Thus far, I have encountered barriers that have prevented his case from being transferred from the Baltimore clinic to any clinic in Frederick County, where I currently reside. So, like many other transition age youth, many of whom are kicked out of transitional housing for lack of payment, he is homeless and without food, on the streets of East Baltimore.