Maryland Heroin and Opioid Emergency Task Force  
Southern Maryland Summit Minutes  

April 29, 2015, 10:00 AM – 3:30 PM  
College of Southern Maryland, Prince Frederick, MD

WELCOME  
The Maryland Heroin and Opioid Emergency Task Force convened for its third summit at 10:00 AM on April 29th, 2015, at the College of Southern Maryland in Prince Frederick, MD. The summit was open to the public and concluded at 3:30 PM.

Sheriff Timothy Cameron welcomed task force members, elected officials, law enforcement representatives, local addiction treatment experts, and the public.

In an effort to get an understanding of the broader issue, the Task Force’s plan is to go out into Maryland communities and employ a holistic effort for the following main topics:

- Prevention
- Closing the heroin pipeline
- Treatment & Recovery
- Law Enforcement

The interim report will be available during the summer of 2015 with a final report complete by the end of the year.

TASK FORCE ATTENDANCE

Judge Julie S. Solt  
Sheriff Timothy Cameron  
Senator Katherine Klausmeier  
Delegate Brett Wilson  
Dr. Michael Finegan  
Elizabeth Embry  
Linda Williams  
Nancy W. Dudley
ELECTEDS/ LAW ENFORCEMENT

Calvert County
Commission President Steven R. Weems
State’s Attorney Laura L. Martin
Sheriff Mike Evans

Calvert County has the highest drug-related death toll in the tri-county area. According to Commission President Weems, Calvert County’s rehab centers are overtaxed with clients and the heroin problem “isn’t an hour away, it’s on our roads.”

On the law enforcement side, more than half of the County’s burglaries, sexual assaults, and homicides are related to heroin and opiates. The County uses a three-prong approach: legislation, prosecution, and treatment. State’s Attorney Martin focuses on prosecuting the dealers and not necessarily the offenders, and stresses that Maryland needs more treatment facilities. Some of the county’s recent efforts include social media outreach programs, prescription drug boxes, and K9 drug system dogs.

Representatives from Calvert County’s recommendations for the task force were:
- Come up with new ideas for outreach and how to educate young people
- Providing more treatment centers
- Additional police staff
- The State should allow longer treatment (beyond 90 days), at the provider’s request
- Forcing addicts to enter treatment centers, or face jail time

Charles County
Commission President Peter F. Murphy
Deputy State’s Attorney Karen Piper Mitchell
Delegate Sally Young Jameson
Sheriff Troy D. Berry

In relation to heroin, Charles County’s Health Department treats 400-500 people per year. Charles County currently offers 35 support groups with on-staff physicians to treat addiction. While Charles County has shown success in the fight against heroin, such as having 98% of their clients leave jail with a GED, Commission President Murphy states that prevention is the most difficult component of the heroin battle. This is because many people begin using drugs due to physical or emotional abuse, a lack of parental involvement, or peer pressure. State’s Attorney Covington believes the problem begins with doctors who are trying to make a profit. Another area of concern is the court system. In the past, first-time offenders were required to go to the health department; now, the same offense only constitutes a monetary fine.

Representatives from Charles County’s recommendations for the task force were:
- Short-term rehabs do not work for long-time addicts
- Change our viewpoint and state policies on open incarceration
Encourage public to dispose of drugs properly (not flushing down the toilet)
Investigate why prescription drugs are the second leading cause of overdose in the nation

St. Mary’s County
Commission President James R. Guy
State’s Attorney Rick D. Fritz

In St. Mary’s County, thirty-four percent of arrests are opioid-related. Nonetheless, St. Mary’s County has shown success in several different areas: medical disposal (collected over 300,000 controlled pills since 2011), prevention (pharmacy toolkits, youth mentoring), treatment (outpatient treatment services for female inmates), and recovery support (Walden Sierra, Beacon of Hope Adult Recovery Center, The Cove Adolescent Clubhouse). Commission President Guy believes that drug abuse is a behavioral and mental health issue, and State’s Attorney Fritz further elaborates that this is not just a medical problem because some criminals will not bring themselves into counseling. He is concerned about the growing percentage of women using heroin, which is almost at fifty percent. Moving forward, the solution must focus on education, treatment, and law enforcement.

Representatives from St Mary’s County’s recommendations for the task force were:
- Provide more transitional resources (long-term recovery housing and affordable housing)
- Readily available and timely county-level data on opioids use, misuse, and abuse
- Marijuana is a gate-way drug, and the law should not allow recreational use

LOCAL ADDICTION TREATMENT PROFESSIONALS
Ten local addiction treatment professionals provided their testimony to the Task Force. Among the various themes/requests for the Task Force:
- Investigate a nationwide electronic medical record
  This will allow doctors to better identify potential prescription drug abuse. The solution must lie within a nationwide structure; doctors in Maryland should be able to access a patient’s medical history in the other 49 states. Task Force should be wary of trade-offs between better access to information and an inefficient system.
- Investigate non-punitive random drug testing as a school health screening program
- Investigate what percentage of doctors/providers utilize the Prescription Drug Monitoring Program (PDMP)
- Investigate the cost-benefit analysis of prison sentences versus drug treatments
Investigate proactive, multigenerational, holistic, wrap-around services to include recovery support, expanding the peer-support workforce as an essential component of the State’s response

Investigate entrepreneurial opportunities for sober living houses – private facilities might be cheaper to operate than state-housing

Investigate whether healthcare policies should remove the fifth vital sign: pain

Provide more access to transportation resources, and halfway/sober housing

Addicts need access to jobs, probation officers, AA meetings, emergency rooms to/from Walden House

Provide incentives to employers that hire recovering addicts

Jobs will help addicts become productive members of society and maintain a drug-free life

Provide funding for Good Samaritan Law advertising

Provide forums/outlets for parents of heroin addicts to share their thoughts

Provide supplemental health education courses to middle and high school students

Provide legal representation for the children of addicts

Provide mental health counseling

Provide probation officers to be available during evening and weekend hours – it is difficult for addicts to maintain jobs while complying with court orders

Provide a wide range of treatment support option to all populations, such as stabilization centers, detox monitoring centers, treatment network options, adolescent and pregnant women care, and so forth

Provide smaller, targeted prevention grants for rural counties

Provide a statewide anti-stigma campaign

Provide current, up to date, state and county drug use data that is easily assessable for grant applications

Focus on training doctors to refer more patients to treatment centers as opposed to simply prescribing drugs

Focus on prevention services, harm reduction strategies, law enforcement, workforce policies, and the self-help community

Focus on the follow common themes among addicts: lack of stable housing, lack of consistent transportation, lack of care coordination, and the presence of undiagnosed physical and mental disorders

Mandate Narcan to be available over-the-counter

Mandate that all police and EMS carry Narcan

Develop a statewide interagency prevention plan

Encourage drug education in the workplace

Treatment should be individualized; one-size does not fit all

Chemicals are required for recovering addicts to stay stable & detox does not work

Emphasize that individuals need to take responsibility for their own actions; do not blame your parents, work, lack of education, and so forth

Hire experts to speak to students and develop social media campaigns, in their respective fields
PUBLIC COMMENTS
Eight individuals provided their testimony to the Task Force for the public comments hearing. Among the various themes/requests for the Task Force:

- Investigate a nationwide electronic medical record
- Investigate ways to eliminating administrative/bureaucratic burdens, such as reducing paperwork requirements
  
  *Allows doctors to spend more time performing client services rather than completing forms*

- Investigate synergies of combining substance abuse and mental health departments into a singular behavioral health unit
- Investigate the effectiveness of the NOPE program (as opposed to the DARE program)
- Investigate how to make treatment programs more financially accessible
- Investigate *Adverse Childhood Experiences* studies
- Provide doctors with incentives to accept insurance for Buprenorphine
  
  *Doctors are limited to prescribing Buprenorphine to 100 patients, and many will only accept cash.*

- Provide more effective advertising and outreach campaigns
  
  *Despite numerous public forums, many patients consistently state that they “had no idea these programs existed.” Local and state government should collaborate their efforts to advertise available resources, and train health providers to direct heroin addicts to the appropriate facilities.*

- Provide a list of long-term and short-term care facilities (broken down by county)
- Provide additional funding for neonatal/prenatal intervention
- Provide additional funding for local health departments
- Provide additional funding for children’s services because it is the highest cost program in the mental health system, and uneconomical conditions are forcing providers to eliminate these services
- Provide more educational material about Narcan
- Focus on allocating more money on the front-end of the problem (prevention) to avoid long-term back-end problems (treatment)
- Focus on long-term treatment facilities
  
  *Short-term treatment (90 days or less) does not work, and the patient will return from either a relapse facility or jail*

- Focus on Buprenorphine treatment over Vivitrol treatment
- Mandate random student drug-testing throughout Maryland public schools
- Mandate statewide syringe exchange programs, in which people can exchange potentially-infected syringes for sterile equipment
  
  *This action will reduce the spread of bloodborne pathogens, such as HIV and Hepatitis C*

- Treating chemicals (heroin) with chemicals (Suboxone) will not work
- Teach the public that this is a medical issue, and eliminate the social stigma in which recovering addicts are labeled as “failures”
- Advocate for nurse practitioners to prescribe Buprenorphine, which must be mandated at the federal level
- Invite school representatives to upcoming regional summit panels
- Invite local health departments, and social service departments to upcoming regional summit panels

**ADJOURNMENT**
The summit concluded at 3:30 PM.

**CONTACT**
Submit questions, comments, and/or concerns to: heroin.taskforce@maryland.gov
For more information, please visit: http://ltgovernor.maryland.gov