

Heroin and Opioid Emergency Task Force Meeting  
July 2, 2015, 2:30-4PM Montgomery College Cultural Arts Center

**Chair:** Lieutenant Governor Boyd K. Rutherford

**Members Attending:** Dr. Michael Finegan, Linda Williams, Nancy Dudley, Judge Julie Solt, Senator Katherine Klausmeier, Tracy Myers-Preston

- The Task Force recognized the differences in Prince George's and Montgomery Counties when it comes to drug use
- Consistencies in the length of treatment required were also recognized
- In PG County, the Task Force was interested in the fact that a significant amount of overdoses were non-residences from D.C.
- The shore communities bordering Delaware face the same problem
- Western Maryland covers a large area making transportation to treatment centers a concern
- Vivinol might be the answer to stop the drug problem but there isn't a clear one.
  - We need to have this mentality when writing the report
- The Task Force is concerned with education for parents, children, and the public on substance abuse
- Collaboration with MSDE to create educational programs
- State agencies are involved with the Task Force and will submit separate reports
  - The Task Force will be able to look over the agency proposals
  - The August interim report is not final so we will be able to integrate the state agency proposals
  - The benefit of hearing problems from departments is valuable in seeing what works
    - Collectiveness of breaking down silos separating agencies
  - Important for state agencies to work together and communicate
    - Generally state agencies don't talk to each other
  - Each agency will submit 5-7 proposals to the Task Force
  - The Task Force will review their plans and pick out the most promising proposals
  - Each proposal will list the staff member and the contact information on who worked on the proposal
- Potential proposals
  - Mandating five minutes for drug education on back to school night
  - Most discussion on addiction comes in health class
    - We need to bring the issue to history, biology, english and language arts classes
- In dealing with the heroin and opioid epidemic there needs to be an understanding of the separate challenges and how they fit together
- There is concern over the expectation level
  - The proposal won't be able to fix the problem overnight
- Problem with comparing drug addicted behavior to having cancer

- If people have cancer they will go to the first successful doctor
  - Addicts go to whatever doctor has the most potent drugs
- The Task Force is concerned about treatment related recommendations
- Element of personal responsibility in the recovery process to educate the families of addicts
  - Families can only do so much for a loved one. Family members can't make addicts change. They have to do it on their own
- Unintended consequence of Naloxone
  - The addict will continue pushing to get as high as possible knowing Naloxone can save them from an overdose
- Most first responders can report when they provide Naloxone but cannot report who they provided it too
  - Poison control can collect data and record the use of Naloxone
  - Naloxone use might be something we want to collect more consistent data on
  - The state rolled out 5,000 Naloxone kits (10,000) doses in the past year
- We have to be careful that we as a Task Force don't get caught up in the psychological aspect of drug use
- There are many ways to intervene in a drug users life.
  - Judge Nelson was in it for the long haul constantly refining and improving the program he created. He works with the addict even if they test positive.
- The Task Force needs to develop a model of accountability, and a willingness to help addicts stay the course on the path to recovery
- Addicts should be reached before they require Naloxone
  - Naloxone should be in the family's hand but not in the drug users hand. The drug user will try and get as high as possible
- A Western Maryland father had his daughter die two days before her Vivitrol dose got approved
  - This problem needs to be fixed
- The makers of Vivitrol said that the drug does not have an effect on the urge to keep using. It only blocks out the feeling of getting high
  - Vivitrol will only work for someone who is ready to stop using.
  - There needs to be more education put out on what Vivitrol does and doesn't do
  - Vivitrol doesn't give an addict the day to day motivation to participate in 30 day treatment but it does allow them to have less pain
- Methadone, Suboxone, and Vivitrol do not address the behavior of the addict
- Addicts are motivated to take Methadone, Suboxone, and Vivitrol to not feel sick
  - They have to be compliant with treatment to take it
- Methadone treatment
  - The longer a person is in treatment the more successful they are in recovering.
  - The first five to six months for addicts are the hardest in treatment but when they get over the hump they can stop using

- Methadone could work for an addict who has been using for years but not for an 18 year old who has only been using for two months
- Methadone is a clinic moneymaker. The price for doses are too high
- How do we address the situation of a clinic that doesn't help addicts with treatment but just provides them the drug?
- Some treatment centers don't provide counseling while keeping an addict on high doses
  - Then they don't have a plan for the patients to cut their dosage down.
- Most people who take methadone are on medical assistance.
  - If the addict gets a job they will lose the medical assistance and won't be able to get Methadone
  - The Task Force needs to look into health departments who charge for Methadone
  - The Task Force should look into how to reduce an addicts Methadone dosage
  - Inform people about how to reduce their Methadone dosage
  - It takes about a year to properly detox from Methadone
- The Task Force needs to break down addicts into various groups to address proper treatment
- Legislators in Baltimore City are concerned over Methadone clinic overpopulation
- There is a subgroup of medical professionals in Maryland that are overcharging the public
  - Marketing technique by clinics
    - They give more Methadone and have fewer demands for getting care
- The State needs to develop a standard survey of outcomes that providers have to publicize
- Suggestion: have schools put on the play "Addicted"

### ***Work Group Updates***

#### **Education/Public Awareness and Prevention**

##### **Senator Katherine Klausmeier and Linda Williams, Co-Chairs**

- Two meetings since the last Task Force summit
- Concentration on the school system and faith based community
- Discussed a statewide contest with a two to three minute video and film festival
  - Contacted the state and county PTA about showing videos
  - Campaign called "I wish I knew"
  - Aims to reduce the stigma
- Putting social workers and counselors in middle schools has been proven successful
- Continued to look into peer recovery centers
- Reality of back to school night

- Any topic that deals with safety is put on the back of the agenda. The topic has to be mandated to get attention. The Task Force must get the attention of the teachers unions to get them onboard.

### **Drug Courts/Reentry**

#### **Judge Julie Solt and Delegate Brett Wilson, Co-Chairs**

- Two meetings since the last Task Force summit
- Wasn't able to find a lot of data on drug courts
- Reached out to AOC (Administrative Office of the Courts)
  - Most people who don't have a drug court in there area don't know its purpose
- Talked with GOCCP
- Reached out to PG County to discuss their drug court and re-entry drug program, its costs, and how it works
- Looked into Montgomery County's pre-release center
- Lt. Governor Rutherford:
  - Would it be a good recommendation that each county has a drug court?
- Judge Julie Solt
  - Right now drug courts are county specific making it hard to mandate how to get people to treatment
  - Techniques used in drug court can be used in non drug court cases
  - We probably won't recommend every county should have a drug court but they should have programs for drug users

### **Access to Treatment/Overdose Prevention**

#### **Dr. Michael Finegan and Tracey Myers-Preston, Co-Chairs**

- Talked with addicts, nurses, behavioral health centers, accreditation agencies, faith bases communities, and parents about treatment programs that work and don't work
- The two most pressing issues when it comes to treatment are policy and financial related
- The Access Accreditation Program run by (CARF) Commission on Accreditation of Rehabilitation Facilities is very expensive
  - For a halfway house with eleven members two days of training for two members costs \$4,500.
  - The labor cost is what is expensive
  - DHMH has passed a policy that by 2016 providers will have to become accredited.
  - The policy will decrease access to care by putting small practices out of business
  - We need to improve quality care but we need to do it in a manner that doesn't destabilize small providers
  - Certification is a recurring cost
    - If the certification is so expensive that it puts good providers out of business what good is it?
  - Alternative to accreditation

- Have a state investigator visit the facility every two years to monitor the program
- Other topics of discussion
  - Issues of collaboration versus competition
  - Peer support
  - Immediate access to care
  - Transportation
- Tracy Myers Preston
  - Looked into using and incentivizing treatment on demand
  - Discovered some jurisdictions don't have all levels of care
  - We want to divert addicts from the ER

### **Quality of Care/Workforce Development**

#### **Dr. Bankole Johnson and Nancy Dudley, Co-Chairs**

- Three meetings since the last Task Force summit
- Topics of discussion
  - Quality of care
  - Standards of care
  - Workforce development
  - Resources that affirm quality of care
- Came up with seventeen recommendations for the Task Force
- Dr. Bankole Johnson
  - Developed a proposal to create a center of excellence that would partner with DHMH

### **Intergovernmental Law Enforcement Coordination**

#### **Sheriff Tim Cameron and Elizabeth Embry, Co-Chair**

- Not in attendance

### **Closing Remarks**

- Executive order required to track progress
- Interim report due August 24<sup>th</sup>
- The Task Force needs to start writing the interim report at the end of July