

ADDRESSING SUBSTANCE USE AND ABUSE IN MONTGOMERY COUNTY

This study of substance use, abuse and treatment in Montgomery County (MC) was approved at the annual meeting, June 2017, and reaffirmed June 2018. The League of Women Voters US (LWVUS) has a broad position that supports access for all people to affordable, high quality in- and out-patient behavioral health care. Behavioral health is a broad term that includes mental health and substance use. The Health and Human Services committee (HHS) of the LWVMC wanted to focus more specifically on substance use, abuse and treatment in MC. HHS began this study by focusing on youth. Given the current opioid crisis, the focus shifted to use and abuse, particularly of opioids. The study excluded consideration of alcohol and marijuana.

Addressing substance use and abuse is complicated. Users of opioids may be of any age, race or ethnicity. Families, schools and communities are affected. Responses to crises require involvement of many aspects of our society, including the health care system, police and other first responders, the criminal justice system, schools and social services. MC resources include: prevention, education, overdose emergency response, referrals to treatment, crisis centers, non-emergency assessment and referrals, adolescent mental health treatment and drug courts.

Key points highlighted in this Fact Sheet include:

- Almost 3% of the county population is affected by illicit drug use and abuse.
- MC provides free screening for substance use and mental health issues.
- MC health department delivers a wide range of services across populations of all ages and needs. It operates one public inpatient detoxification center that provides residential substance abuse treatment for low-income county residents.
- There are practically no Spanish-speaking adolescent substance abuse treatment providers in MC.
- MC has an adult drug court (ages 18 and older) for individuals with drug dependency problems who have pled guilty to a non-violent crime.
- Gaps in services include detoxification and intermediate care for adults, residential care for youth and Spanish-speaking individuals and outpatient services for youth.
- Overdose deaths increased approximately 170% from 2015 to 2017.
- At least one narcotics (police) officer and someone from HHS's crisis intervention team (CIT) respond to all overdose calls into 911 and try to get the person into treatment.
- Use of naloxone (Narcan®) is part of the standard response protocol for the police department and fire & rescue. It is a drug in a nasal spray that can counteract overdoses if given immediately. It is available in the community.

ORGANIZATIONS AND INDIVIDUALS ARE INVITED TO DUPLICATE THIS FACT SHEET WITH ATTRIBUTION GIVEN TO LWVMC. BEFORE REPRODUCING, PLEASE CONTACT THE LEAGUE OFFICE OR LWVMC@EROLS.COM FOR CORRECTIONS OR UPDATED INFORMATION, OR CHECK OUR WEBSITE, LWVMOCOMD.ORG, FOR THE MOST UP-TO-DATE VERSION.

SCOPE OF THE PROBLEM

Opioids are one class of substances that are often abused. It includes illegal drugs, such as heroin. It also includes legal prescription pain relievers, such as oxycodone (OxyContin[®]), hydrocodone (Vicodin[®]), codeine, morphine and synthetic opioids, such as fentanyl. One estimate suggests that almost 3 percent of the county population is affected by illicit drug use and abuse.¹

The pathways to drug abuse are varied. Some people start on opioids after they have been prescribed them, perhaps after an injury or medical procedure. They may become addicted, exhaust their prescription and crave higher doses. People with chronic pain may seek relief through drugs. People may also turn to drugs to “self-treat” and escape from emotional pain or for recreational use.² In any of these cases, people may start to use higher doses or seek more powerful drugs, including heroin or fentanyl. They may also look for illegal or cheaper sources, such as street heroin.

Many youth have knowledge about the drugs and their effects. They may have conversations about drugs, know how to ask for the drugs or look for them in medicine cabinets.

A greater percentage of opioid users are white than other races. According to police department data, three-quarters of users of opioids and heroin are white males, 14% white females and about 5.5% are black males. The Asian and Hispanic populations generally have lower rates of use. Among users, white females are dying at a higher rate than white males.

Overdoses and particularly opioid overdose deaths are a serious problem in Maryland and in MC. Both non-fatal and fatal overdoses have increased in recent years. In calendar year 2016 the number of drug and alcohol intoxication deaths was 102 and the number of heroin-related deaths was 48. The number of fentanyl-related deaths was 43 and the number of prescription opioid-related deaths was 26³. From 2014 to 2016 non-fatal overdoses in the county increased from 385 to 627 (63%) and fatal overdoses increased from 65 to 102 (57 percent). From 2015-2017, the number of opioid deaths remained about steady. Prescription opioid deaths declined about one-third, but fentanyl-associated deaths increased by 170%.⁴

In 2017, the largest number of deaths was among adults 30-39 years of age, followed by people in their 20s. Opioid use is mainly related to pills (oxycodone, codeine) rather than heroin. Overdose deaths often result from the addition of fentanyl, which was reported in the majority (about 80%) of overdoses. During the first half of 2018, the police responded to fewer overdose calls compared to the prior year, so it is hoped that opioid use may be starting to decrease. The availability and use of naloxone (Narcan[®]), a drug in a nasal spray form that can counteract overdoses if given immediately, may have contributed to the decline in deaths.

¹ Office of Legislative Oversight, Behavioral Health in Montgomery County, Report Number 2015-13, July 28, 2015.

² It is estimated that 17.5% of adults with a mental illness experienced substance use disorder (alcohol or drugs) compared with 6.5% of adults with no mental illness. Office of Legislative Oversight, Behavioral Health in Montgomery County, Report Number 2015-13, July 28, 2015.

³ Maryland Department of Health 2016 Drug and Alcohol-Related Deaths, June 2017.

⁴

[https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/Quarterly%20Drug Alcohol Intoxication Report 2017 Q3 20171210%20\(2\)%20\(1\)%20\(1\).pdf](https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/Quarterly%20Drug%20Alcohol%20Intoxication%20Report%202017%20Q3%2020171210%20(2)%20(1)%20(1).pdf)

Relatively fewer overdose deaths are seen among teens compared to adults, but the problem does affect youth. According to the 2016 Youth Risk Behavior Surveillance Survey (YRBS), in MC, 7.6% of middle school and 12.5% of high school students reported having abused prescription medications. In addition, 1.5% of middle school and 3.1% of high school students reported having used heroin. In comparison, 5.4% of middle school and 24.7% of high school students reported current use of alcohol.

CURRENT TREATMENT AND RESPONSE PROGRAMS

MC Department of Health Department and Human Services

The number of people needing and using treatment specifically for opioids is unknown at the local level. Nationally, it is estimated that about 7.8% of people age 12 and older need treatment for substance use disorder, but only 1.4% of people use treatment services.⁵ For young adults ages 18-25, the gap is even greater, with 15.5% percent needing services and only 1.8% using services.

In MC, people receive treatment mainly through the MC Behavioral Health and Crisis Services unit (BHCS) at the MC Department of Health and Human Services (MC DHHS). Many people who need treatment are referred by police. The BHCS has 27 programs and over 100 contracts for services. The LWVMC HHS committee met with Dr. Raymond Crowell, Director of DHHS Behavioral Health, who noted that outpatient treatment facilities are usually adequate for adults, but there are gaps for youth with substance use issues. One challenge is for detoxification (detox) and intermediate care. There are few beds for kids in MC who are addicts.

People seeking addictions treatment are screened and referred five days a week at DHHS's Access to Behavioral Health Services program, at 255 Hungerford Drive, Rockville. They do both screening for addictions, mental health and other needs. Once that is done they make referrals to the appropriate level of treatment. Some years ago the process changed so that people can now directly contact a provider and seek admission to treatment.

Intake screening for substance abuse treatment and/or mental health treatment includes assessment of level of care needed (e.g., detox, outpatient, inpatient, long-term or intermediate care). Screening and Assessment Services for Children and Adolescents (SASCA) provides free substance use and mental health screening and referral for MC youth. SASCA works with the state Attorney's Office and the Montgomery County Police Department to help youth avoid the juvenile justice system. MC has seen big increases in referrals of children and youth from MC Public Schools (MCPS) to behavioral health services since implementation of the Affordable Care Act (ACA).

MC contracts with a private substance abuse treatment provider to ensure that adolescent treatment is available and affordable. MC has only one provider, located mid-county, under contract. Providers who treat substance abuse have to meet stringent accreditation standards, including specific staffing requirements. There are not enough licensed providers that meet the new staffing requirements. There are minimal services for Spanish-speaking youth and families. MC offers services for prevention, for the elderly and for victims of partner abuse and general crimes. Crisis services, such as hot lines and mobile treatment services, are also offered.

⁵ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) National Drug Use and Health Survey (NSDUH), 2016.
<https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.htm>

There are 60 beds for adults at the Avery Road Treatment Center⁶ (ARTC); 49 beds are for county residents and 11 beds for patients from other jurisdictions. ARTC is updating the facility, but it is unlikely to have more beds. If the facility is full, treatment is limited. The ARTC is the only public inpatient detoxification center in the county. It provides residential substance abuse treatment for low-income county residents. After detox, patients move to continuing care programs that can accommodate 800-1000 county residents. Most residents who are wait-listed either seek other resources or do not receive treatment after detox.

Financial issues can affect delivery of treatment. Only about one-third of clients who need treatment has jobs or can keep them. In 2015 the state began depending more on expanded Medicaid and moved substance use treatment services into a fee-for-service system managed by ASO Beacon Health (ASO BH). ASO BH manages Medicaid for most comprehensive services, including rehab, food and wrap-around services. The integration of mental health services and substance use services is to be completed in 2018. A home health model was implemented in 2013 and screening of mental health and/or substance use conditions is done in primary care settings. AFO BH oversees all services for Medicaid-eligible and some uninsured people needing treatment. There is a separate program for kids without Medicaid or private insurance. About 2,000 cases are evaluated each year. MC has a sliding scale fee through a contracted treatment provider.

Typically, dedicated case managers assist Medicaid-eligible clients who are referred. All Medicaid providers are required to provide transition and support services for clients, sometimes described as 'discharge planning and support'. Increasingly outpatient programs are making use of peer recovery coaches embedded in the programs. Peers serve to facilitate transitions between programs, connect clients to needed resources and provide access to a growing recovery community. MC is working to grow the number of peer recovery coaches.

Treatment is a medical model with strong attention to addressing the social determinants of health that impact recovery. These include connectedness, housing, vocational supports, primary care, nutrition and behavior change therapy. There is no set of services specifically identified as 'wraparound' services for adults in recovery. Job assistance and housing placement are always in short supply.

In addition, many substance users need chronic management of their opioid use. One drug, buprenorphine (Suboxone®), can be used, but laws require special training and licensing of physicians who wish to provide this form of treatment, effectively limiting access to this approach. Treatments are available to help people stop using opioids. Some people may seek other approaches to stop using opioids, such as the older drug, Methadone, or abstinence.

⁶ Avery Road Treatment Center is managed under a contract with MC and is located in Rockville and offers: (a) a therapeutic residential facility that able to handle 10 pregnant women with up to 1 child each (day care is provided for the children while the mothers work and/or attend school), (b) support for medically stable addicts and alcoholics as they undergo withdrawal (detoxification), and (c) a long term residential program for addicts who have repeatedly failed outpatient treatment. Patients may come from MC and District of Columbia.

Police, Fire and Rescue Responses

The MC police department is primarily responsible for the enforcement side of crimes related to use of illicit substances. Police pursue people in possession of drugs and conduct investigations. An interdiction team pursues parcels with drugs through the Postal Service, FedEx and UPS that are destined for MC. Officers respond to calls related to overdoses. When an overdose is called into 911, at least one narcotics officer and someone from MC DHHS's crisis intervention team (CIT) respond. If a general 911 call turns out to be an overdose, the responding police officer calls the narcotics officer and the HHS CIT. A counselor from HHS's CIT is available for response every day, 24/7. On these calls, the response team tries to get the person into treatment, but the user is not always cooperative and may decline.

Use of Narcan® is part of the police, fire and rescue standard response protocols. About 300 officers and all fire and rescue personnel have been trained in its use. The training has been offered to the community and family members of drug users. Many overdose calls have come from a family member, who may have already administered Narcan®. The responding officer will administer another dose of Narcan® on all such calls. As a result, more overdose victims are surviving. However, concerns are that using Narcan® may provide a "parachute" and could potentially encourage people to take unnecessary risks. Every school in the county, even elementary schools, must have Narcan® on hand.⁷

In contrast to earlier efforts to fight drugs, such as the "War on Drugs" during the 1970s, the police are not automatically arresting people who have taken drugs. They are trying to work with them to identify the dealer and get the user into treatment. Taking a cooperative approach may encourage more people to call 911 for help.

Montgomery County Drug Court

Specialty courts, such as drug or mental health courts, are alternatives to incarceration. A MC judge started the adult MC drug court in approximately 2004. Today, four judges voluntarily serve on it. A drug court targets adults with drug dependency problems who have committed non-violent crimes, not just used drugs. An adult must plead guilty to the crime and be sentenced. Then, the state's prosecutor agrees to refer someone to drug court. Almost all (95%) of clients start the process after detoxification and before they are released from the jail in Clarksburg. The adult agrees to be monitored for up to five years. While someone is a client in drug court, they are "on probation" and supervised.

Drug court clients must be at least 18 years of age. The length of the program ranges from a minimum of 20 months to a maximum of 5 years, with an average length of 33 months. Clients go to multiple hours of therapy sessions each week and appear before the judges periodically. Outpatient treatment services are provided through a partnership with the MC DHHS, mainly using Outpatient Addiction Services (OAS) at ARTC. Clients meet frequently with a judge and a case manager. All clients are asked to go to Narcotics Anonymous/Alcoholics Anonymous. The program includes wrap-around services, such as support to get their GED, workforce training, sober/recovery houses if needed and assistance locating health or dental care. Most clients work during the day.

⁷ <https://www.nbcwashington.com/news/local/All-Montgomery-County-Schools-to-Stock-Opioid-Overdose-Antidote-438417563.html>

The drug court has had about 75-80 clients during each of the last 4-5 years. Some clients graduate and others enter the program during any given year. Clients are tracked for 5 years after they graduate from the program (non-graduates are not tracked). They have had 175-180 graduates from the program over its 14 years of operation. The re-arrest rate is estimated at 31%, although the system can only track re-arrests within Maryland.

If a person successfully completes the program, the sentence may be suspended. However, if a person fails drug court, the original sentence is imposed. They may be in pre-release for up to one year, although most are in for 60-90 days. They get drug testing regularly while in pre-release. On rare occasions, clients may be sent to the Avery Road Treatment Center (ARTC), particularly if there is a relapse. Relapse is not considered a failure, but recognition that treatment is difficult and can take time.

MC does not currently have a juvenile drug court. A key barrier is that the court cannot order parents to participate in their child's treatment because the parents did not break the law. The juvenile may get treatment but then go back to the same environment that led to drug use and crime. Residential treatment for youth is often shorter than the more intensive treatment the court would order. Also, the court has limited ability to sanction youth for non-compliance. As a result, adolescents go through the regular juvenile justice system. As an alternative, some private juvenile treatment programs are available at local hospitals.

COORDINATION AND COMMUNITY EDUCATION ACTIVITIES

Coordination activities have been noted between the health department and other departments to address treatment issues. Services include the placement of crisis intervention therapists within the police department to help respond to overdose calls and arrangements with the drug court to provide treatment services. The police department takes a regional view and coordinates with neighboring jurisdictions to track "hotspots" and do joint investigations.

MC supports a quasi-public nonprofit, the Montgomery County Collaboration Council for Children, Youth and Families (MC CCCYF). The MC CCCYF convenes groups of parents and youth, non-profit agencies, schools, law enforcement, direct service providers and policy makers to create a broad-based, community-wide forum on the issue. Called "Many Voices for Smart Choices," the program's aims are to: (1) promote community norms that decrease the use of alcohol, tobacco and other drugs, (2) build the capacity of substance abuse prevention programs and treatment, and (3) reduce risk factors and increase protective factors by providing prevention, education and outreach programs and services.

Collaboration Council efforts include:

- Development of flyers and videos. Funds come from two federal grants distributed to MC from the state. The MC CCCYF tries to work through the schools but noted the challenge of having to contact each school separately. It is easier to work with the high schools than the middle schools.
- A speaker's bureau. Members of the alliance do presentations and may include experts in prevention, health providers, public safety and law enforcement and others to help ensure a cohesive message to the audience. They avoid conflicting messages; for example, health professionals emphasize treatment and law enforcement emphasize criminal actions.

- Community meetings. These are held at schools to provide an opportunity for broad-based discussions. Four forums were done in 2017-18 and future forums will depend on continuation of state support.
- Mini-grants. Funds of up to \$1,000 go to organizations (e.g., PTAs) for substance abuse education.
- Sports coaches. Coaches help educate athletes on what happens if drugs are abused in response to an injury.

Community-based education and advocacy organizations, such as the Heroin Action Coalition (started in 2010) focus on heroin and drug abuse in MC. These groups work to get state legislation passed. The mission of the Heroin Action Coalition is to ensure that appropriate opiate addiction treatment is available to all who request it or need it without regard for that individual's income or insurance plan. In 2015, it joined a newly-formed statewide advocacy organization called "Family Advocates Coalition to End Addiction in Maryland" to support all paths to recovery, including medication-assisted treatment and abstinence.

Drug take-back days are scheduled in MC, generally twice a year at specified locations. Sponsored by the federal Drug Enforcement Administration (DEA) and coordinated with local law enforcement, these community events seek to encourage people to turn in any substance, legal or illicit, without penalty. In the county currently, a police station in three municipalities provides a steel drop-box to take unused or unwanted drugs every day (Gaithersburg, accessible certain hours every day, and Chevy Chase and Takoma Park, accessible 24/7). Some retail pharmacies have been approved by the state Board of Pharmacy to serve as safe drop-off locations, but only two are listed for MC. Some of the major drug store chains also provide a medication disposal service.

LWV POSITIONS RELATED TO BEHAVIORAL HEALTH

The LWV MC can rely on the comprehensive set of LWVUS, LWVMD, LWVNCA and LWVMC positions to support testimony and advocacy: These include:

- Access for all people to affordable, quality in- and out-patient behavioral health care, including needed medications and supportive services.
- Behavioral health care that is integrated with, and achieves parity with, physical health care.
- Early and affordable behavioral health diagnosis and treatment for children and youth from early childhood through adolescence.
- Early and appropriate diagnosis and treatment for children and adolescents that is family-focused and community-based.
- Access to safe and stable housing for people with behavioral health challenges, including those who are chronically homeless.
- Effective re-entry planning and follow-up for people released from both behavioral health hospitalization and the criminal justice system.
- Problem solving or specialty courts, including mental health and drug courts, in all judicial districts to provide needed treatment and avoid inappropriate entry into the criminal justice system.

- Health education – from early childhood throughout life – that integrates all aspects of social, emotional and physical health and wellness.
- Efforts to decrease the stigmatization of, and normalize, behavioral health problems and care.
- In addition, the LWVUS Board amended the LWVUS Health Care position to include the following: Every U.S. resident should have access to affordable, quality in- and out- patient behavioral health care, including needed medications and supportive services that is integrated with, and achieves parity with, physical health care.

TWO CONSENSUS QUESTIONS:

1. A person undergoing detoxification and/or treatment for substance use should have access to comprehensive services, including non-medical wrap-around services (e.g., job assistance, housing or educational services).
 Agree Disagree No opinion
2. There should be a minimum standard of services (including medical and non-medical wrap-around services) for adults who are being treated for substance abuse.
 Agree Disagree No opinion

ADDITIONAL DISCUSSION QUESTIONS

1. What are “opioids” and who uses them in MC?
2. Where can a user (or a parent) go to get help?
3. What other education and outreach efforts does MC have to prevent opioid use and abuse rather than just respond after someone is in trouble?
4. Is there enough awareness of how to dispose of drugs that were prescribed, but no longer used, so they don't get into the wrong hands? Should more be done?
5. What happens if the police are involved or there is an overdose?
6. If a drug user is arrested for a crime, is that person always put in jail and not treated for the addiction?
7. What are some gaps in services in MC?

This Fact Sheet was prepared by the LWVMC Health and Human Services Committee: Chris Hager, chair; Carol Garvey, Barbara Hankins, Linda Kohn, Judy Morenoff, Judy Whiton, Carol Gross.