



July 16, 2013

Cecil County, MD Substance Abuse Assessment

Submitted to:

Cecil County, MD Health Department



Health Resources in Action
Advancing Public Health and Medical Research

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EXECUTIVE SUMMARY

INTRODUCTION

Substance abuse has a major impact on individuals, families, and communities, with effects ranging from unemployment and homelessness to mental illness and violence. Over the past decade, Cecil County, MD has experienced a significant rise in substance abuse, particularly in the area of prescription drugs and heroin, leading the local health improvement coalition to prioritize substance abuse as the county's top concern. The county has conducted a comprehensive substance abuse assessment in order to examine the key drivers of the county's substance abuse problem, current available resources, and potential evidence-based and evidence-informed practices applicable to the needs of Cecil County. This report provides an overview of the key findings of the substance abuse assessment, which explores a range of social and economic issues, health behaviors and outcomes, risk and protective factors, and available resources related to substance abuse across the continuum – from prevention to treatment/recovery and enforcement. The report concludes with evidence-based and evidence-informed recommendations tailored to the context and needs of the county.

METHODS

The assessment utilized a participatory, collaborative approach to look at substance abuse in its broadest context. The process included synthesizing existing data on social, economic, and health indicators in the county, program and service data from substance abuse providers, as well as information from a youth survey, 5 focus groups (35 participants) and 29 interviews with community residents and stakeholders from government, education, substance abuse treatment, social services, health care (clinicians, hospital administrators), justice system and law enforcement, local media, and recovering addicts and their families. Ultimately, the assessment engaged over 80 individuals from across the County.

KEY FINDINGS

The following provides a brief overview of key findings that emerged from this assessment:

Cecil County Social and Economic Environment

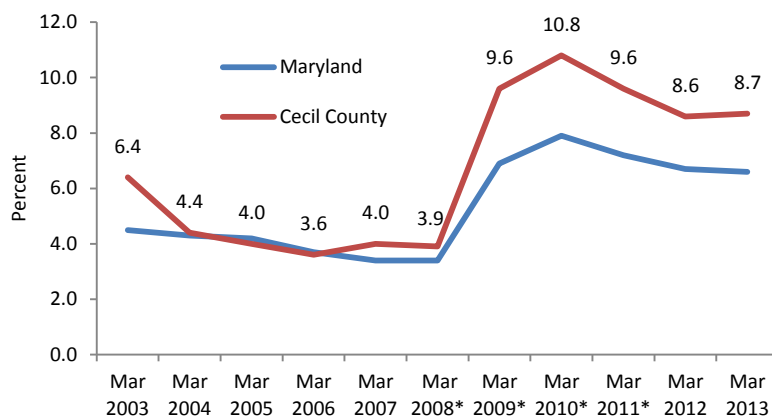
- **Age and Racial/Ethnic Composition:**

While Cecil County has seen an increase of 20,000 residents over the past 20 years, the age and racial composition has remained steady. The county has a higher percentage of youth under 18 (25%) than Maryland overall (23%).

- **Unemployment, Income, and Poverty:** Cecil County was hit harder than the rest of Maryland in the economic downturn, as shown the figure. Unemployment rates are especially high among the younger population, with 20-30% of 16-24 year olds unemployed in 2011.

- **Educational Attainment:** Though Cecil County Public Schools were seen as strengths of the community, half of adults in the county do not receive more than a high school education. Low educational aspiration was widely reported by community stakeholders.

Unemployment Rate by State and Cecil County, March 2003 – March 2013



*Reflects model adjustment; Source: US Bureau of Labor Statistics, 2013

- **Housing and Homelessness:** Economic challenges have created a significant population with unstable housing in the county. The homeless count was 234 people in April 2013.
- **Transportation:** Limited personal and public transportation make it difficult for Cecil County residents to access goods and services. This is of particular concern for youth and the 36% of County households with one or fewer cars.

Substance Abuse

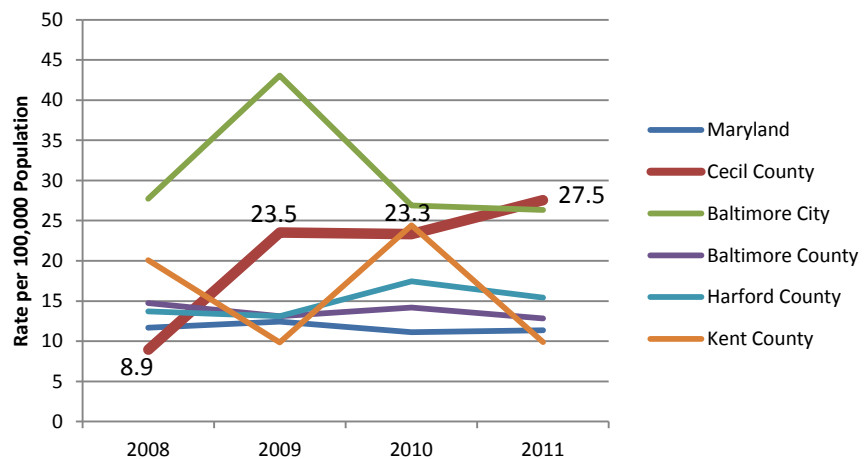
Use of Substances

- Rates of **alcohol and tobacco use** are high in Cecil County, but were not mentioned as concerns among assessment participants. Many stakeholders felt that the community perceived alcohol use as socially acceptable.
- Stakeholders viewed **marijuana use** as most prevalent among young people, which is consistent with survey data that show higher rates of use among 12-17 year olds (7.6%) compared to adults age 18 and older (5.7%).
- **Illicit drug use and non-medical use of prescription drugs** were higher around the County than other parts of Maryland. These use rates were consistent with stakeholder concerns about prescription opiates and, more recently, heroin.

Consequences of Substance Abuse

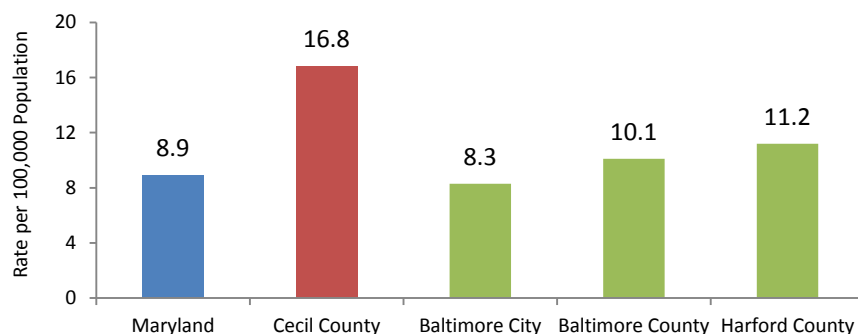
- Cecil County has the highest **overdose death** rate in MD, as seen in the figure to the right and is one of the only counties with a steady increase in overdose deaths over the past two years. Opioid overdoses, including prescription opioids, were responsible for the highest proportion of overdose deaths.
- Cecil County experiences high rates of mortality due to **heart disease and cancer**, though stakeholders did not mention these as concerns.
- The **suicide** rate in the county (16.9 per 100,000) is also higher than neighboring counties and Maryland (8.9 per 100,000), as seen in the figure on the right.

Rate of Overdose Deaths (Any Substance) per 100,000 Population, State, County, and City, 2008-2011



Source: Maryland Department of Health and Mental Hygiene, 2008-2011

Suicide Rate per 100,000 Population by State, County, and City, 2009-2011



Source: Vital Statistics, 2009-2011

- Both **property and violent crime** rates in the county have risen over the past 10 years, a trend opposite to what was seen in other counties and Maryland overall.
- Cecil County has a high rate of **non-fatal child maltreatment cases** reported to social services, 10.5 cases per 1,000 children, which is more than double the rate in Maryland (5 per 1,000).

Risk and Protective Factors for Substance Abuse in Cecil County

Risk factors can increase a person's chances for substance abuse, while protective factors can reduce the risk. The following section highlights several factors identified by stakeholders in Cecil County.

- **Community Norms and Perception of Harm from Substance Abuse:** Qualitative data indicate that the community perceives substance abuse as normal and acceptable as well as a low risk associated with alcohol and marijuana. These views cut across all ages and socioeconomic levels in the county.
- **Stigma and Understanding of Addiction:** Cecil County is divided in its understanding of addiction and awareness of substance abuse as a community issue. Stigma and lack of understanding of addiction was seen as preventing the community from openly discussing addiction and discouraging individuals with addiction to seek treatment.
- **Generational Addiction:** Substance abuse is a generational issue for many in the county. Children grow up in households with parents using substances every day and, as such, know no other life.
- **Social and Commercial Access to Substances:** Easy access to substances – from families, friends, physicians, and commercial outlets – is a driver for substance abuse in the county.
- **Community Resources:** Many stakeholders see Cecil County as having strong social services and a collaborative spirit among agencies. Perceptions of availability and access to services vary, with stakeholders citing lack of youth activities and services, funding, and transportation as barriers.

Programs and Services across the Substance Abuse Continuum

Prevention Services

- **Existing Services:** There are several programs in Cecil County that aim to prevent substance abuse directly and indirectly. These happen through three avenues – schools, parent/family education, and police initiatives – and include such programs as DARE and prescription drug take-back days.
- **Community Perceptions of Prevention Services:** In general, stakeholders were not very aware of what prevention resources exist in Cecil County. Funding was seen as a challenge, with stakeholders perceiving that prevention money had been funneled to treatment services, and current prevention funds were not enough for broad reach in the schools and community. Finally, parent and school involvement were seen as challenges to effective, broad-reaching prevention services.

Treatment and Recovery Services

- **Existing Services:** Most substance abuse services in the county are related to treatment and recovery and range from counseling and support groups to pharmacotherapy.
- **Community Perceptions of Treatment and Recovery Services:** While there are many treatment and recovery resources in the county, there were several gaps and challenges noted by stakeholders, including: availability of services, barriers to accessing services (e.g., awareness of services, cost, and transportation), and coordination of care. Overall, there is a need for a coordinated, comprehensive set of core and wraparound services to make Cecil County conducive to recovery from addiction.

Enforcement Programs and Resources

- **Existing Programs:** The police and judicial system provide several resources related to substance abuse, such as the Cecil County Drug Task Force, Detention Center and Re-entry Program, and Adult Drug Court.
- **Community Perceptions of Enforcement:** Stakeholders recognized lack of funding for enforcement; police are overstretched and understaffed, creating challenges to covering the county's large

geography. Stakeholders also perceived limited understanding of addiction among police and the judicial system.

Overarching Themes

Several overarching issues emerge from the data that have been particularly challenging to Cecil County in addressing the substance abuse problem and provide important context for the discussion of future directions and the implementation of evidence-based strategies.

- Cecil County has been disproportionately affected in the recent **economic downturn**, decreasing employment opportunities and increasing negative coping behaviors, such as substance abuse.
- Related to the economic downturn is the **scarcity of funding** available for public health, social service, and enforcement services and programs. There was a strong sense that Cecil County was left out of state budget discussions and unduly scaled back in its funding for services.
- Two key themes related to community culture emerged from the data. First, **attitudes about substance abuse** were at two ends of the spectrum – either substance abuse was accepted as the norm, or substance abuse was not a pervasive issue in the county and only impacted a small handful of disaffected youth. Second, substance abuse was perceived not as a disease, but a **personal choice**, and one where the individual and family were responsible, not the community.
- Cecil County has numerous treatment-related services, but they are not necessarily coordinated and do not provide the breadth of activities for a comprehensive treatment model, though there are opportunities for **increased coordination of care and promotion of existing services**.
- There was **strong momentum for a large-scale coalition** involving leaders, providers, and community residents themselves—including parents, youth, individuals in recovery, and families of those dealing with addiction—to help implement community-focused action steps.

RECOMMENDATIONS

Below are recommended evidence-based approaches, strategies and initiatives along the substance abuse continuum –prevention, treatment/recovery, and enforcement – and for overarching issues.

Recommendations on Overarching Issues: Transportation, Youth Opportunities, Data Needs

Three issues were identified through the assessment that permeated all aspects of the substance abuse issues in Cecil County, from prevention to treatment and recovery:

Transportation: Those without a car—particularly those who live outside of Elkton—have difficulty accessing many services or activities in the county. One strategy is to consider alternative transportation models for those who need to get to substance abuse services (e.g., the Independent Transportation Network [ITN America] <http://itnamerica.org/>).

Youth Opportunities: A frequent theme in interviews and focus groups was that there were few recreational activities for young people in the County, leading to boredom and increased involvement in drugs. One solution is to focus on after-school workforce development training programs for youth.

Systematic Data Collection: Current data on substance abuse will be needed to apply for funding, both to provide a description of the need and to evaluate the strategies implemented. It is important to develop a collaborative system of data collection, with all participants using similar reporting formats.

Recommendations on Prevention

Prevention involves taking action before a problem arises to avoid it entirely, rather than treating or alleviating its consequences. Further, prevention efforts should generally be aimed at populations and their environments (e.g., through policies and changing community norms), not just at individuals. Below are selected examples of evidence-based strategies, listed by domain (levels of influence), which may provide appropriate support to the community.

Prevention Domains

Individual/Peer: Prevention in the individual and peer domains comprise building personal and social skills, providing positive alternatives, communicating peer norms, and involving individuals in strategy development and implementation.

Family: Prevention in the family domain involves developing parenting skills, emphasizing family interaction and bonding, and building family communication systems.

School: Prevention in the school domain involves applying personal and social skills through interactive, educational approaches, providing positive alternatives, emphasizing youth-parent-school collaboration, and developing school alcohol, tobacco, and other drug policies.

Community/Society: Prevention in the community and society domains comprise modifying the environment, changing community attitudes and norms, adopting and advocating for policies, and organizing communities and building coalitions.

Individual/Peer Domains

- **LifeSkills Training** is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting multiple risk and protective factors and teaching personal and social skills that build resilience and help youth resist pro-drug influences.
 - **In Cecil County**, Project Crossroad is already implementing the LifeSkills Training curriculum with some of their clientele, but that is just reaching a small percentage of the youth in the county. If it was implemented within the schools, all youth would have an opportunity to benefit from the skills.

Family Domain

- **Strengthening Families Program (SFP)** is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social issues in children in pre-school to early high school (3-16 years old). It includes three life-skills courses (14 weekly, 2-hour sessions), one for parents, one for children or youth, and one for the families together.
 - **In Cecil County**, starting to use *SFP* with families that have young children (pre-school and elementary), especially those identified as needing stronger parenting skills, would provide a solid foundation for those children. This approach would aim to enhance life skills, encourage a more stable home environment, and facilitate changing the community norm to be less accepting and supporting of substance use. Given the multiple risk and protective factors addressed by SFP, it may be an appropriate family-based approach for Cecil County organizations to promote.

School Domain

- **Caring School Community (CSC)** is a family-plus-school program to reduce risk and bolster protective factors among elementary school children, designed to create a caring school environment that promotes pro-social values; increases academic motivation and achievement; and prevents drug use, violence, and delinquency.
 - Implementing CSC across the elementary schools **in Cecil County** would be a way to promote a healthy school climate and support children as they develop and gain skills to make healthy decisions. This may be an important approach given that schools can be key places for children to build resiliency through the development of protective factors (e.g., caring relationships). If the budget does not allow for implementation in all 17 elementary schools at one time, the program could be phased in (e.g., over three years) across schools.

Community/Society Domain

- **Community Coalition Development** – Working together toward a common goal, coalitions can discover answers to many of their community's problems and serve as a catalyst to mobilize the community to help change programs, policies, and practices that contribute to substance abuse.
 - **In Cecil County**, the Drug and Alcohol Abuse Council could serve as a solid foundation for a larger community-wide coalition, since many stakeholders from other sectors are already involved in the council.

Expanding the council—or a similar entity—to include representatives of additional sectors (e.g., engaged individuals in recovery, youth, faith communities, businesses, etc.) would strengthen it and obtain greater buy-in for strategies implemented by the coalition. It would also provide a collaborative opportunity to engage youth, police, schools, parents, and others on an issue.

Opioid Overdose Prevention

Use and consequences of opioids are of particular concern in Cecil County. While prevention is usually focused on individuals who have not started using or become chemically dependent on drugs, opioid overdose prevention usually involves keeping people alive who are opioid dependent long enough for them to reach the point where they realize that sobriety is what they want and are then ready for treatment. Strategies include:

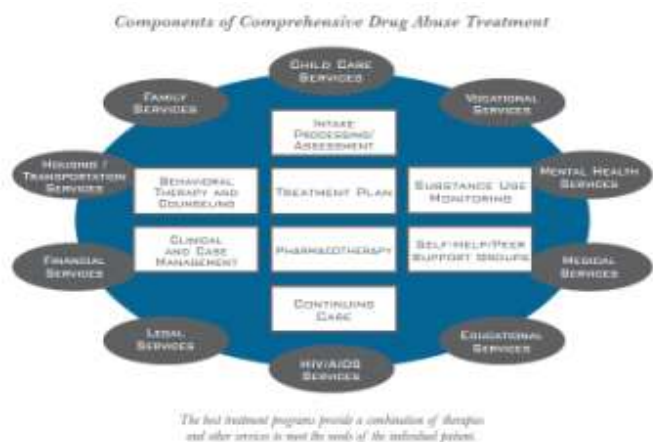
- Pre-event strategies:
 - Provide overdose prevention education to family and bystanders
 - Train healthcare professionals on educational strategies and referral services
 - Prescription Drug Monitoring Program
- During-event strategies:
 - Provide training on overdose recognition and response
 - Reduce barriers to calling 911
 - Narcan/Naloxone training and distribution
- Post-event strategies:
 - Brief motivational interviewing
 - Provide treatment information, referrals, and linkages to services
 - Provide incarcerates with opiate-use history with referrals to community treatment upon release

Cecil County has developed a draft opiate overdose prevention plan that includes many of these strategies.

Recommendations for Treatment and Recovery

The most effective substance abuse treatment is usually a long-term process which, because of the many facets of addiction and causes of relapse, requires a combination of therapies and other supportive services to meet individuals' varied needs. Below are descriptions of evidence-based approaches in Assessment, Detoxification, Pharmacotherapies, Behavioral Therapies, and Recovery. In these areas, evidence-based strategies tend to be more general approaches, not specific curricula or self-contained programs.

One recommendation that was consistently mentioned by study respondents was the need for an *inpatient treatment facility* within Cecil County, so clients can be near their families or other potential support systems. A realistic possibility for this might be to work with an existing health care facility, such as Union Hospital, to establish a partial hospitalization for short-term treatment, followed by an established after-care plan and step-down program, with referrals to other providers in the area for counseling or other treatment modalities.



Assessment

In **Screening, Brief Intervention, and Referral to Treatment (SBIRT)** all patients in participating emergency rooms, primary health clinics, campus health centers, or other health care venues automatically undergo a quick screening to assess their alcohol and drug use; receive a brief intervention that focuses on raising their awareness of substance abuse and motivating them to change their behavior, if they are at risk; and receive referrals for more extensive treatment, if needed.

Detoxification

Detoxification does not constitute substance abuse treatment, but is one part of a continuum of care for substance-related disorders. Effective detox includes not only the medical stabilization of the patient and the safe and humane withdrawal from drugs, including alcohol, but also entry into appropriate treatment. There was high demand among stakeholders for this type of service in Cecil County.

Pharmacotherapies

Medication-Assisted Treatment refers to treatment for a substance use disorder that includes use of medications as part of a comprehensive substance abuse treatment plan with aimed at patient recovery with full social function. Evidence-based pharmacotherapies include *methadone maintenance* and *buprenorphine/suboxone detox and/or maintenance* for opioids, *naltrexone* for opioid and alcohol, and *acamprosate* and *disulfiram (Antabuse)* for alcohol addiction. Several of these treatments exist in the county and are most effective when combined with counseling and other wraparound services.

Behavioral Therapies

Behavioral therapies use basic learning techniques to modify detrimental behavior patterns by substituting new responses to given stimuli for undesirable ones. Evidence-based behavioral therapies include *Cognitive-Behavioral Therapy* (for alcohol, marijuana, cocaine, methamphetamine, nicotine); *Contingency Management* (for alcohol, stimulants, opioids, marijuana, and nicotine); *Community Reinforcement Approach Plus Vouchers* (primarily cocaine and alcohol); *Motivational Interviewing* (any drug); *Twelve Step Facilitation Therapy* (alcohol and other drugs) *Behavioral Couples Therapy for Alcoholism and Drug Abuse*; and *Multidimensional Family Therapy* (for youth addiction to any drugs). Many providers in Cecil County currently provide behavioral therapy; for maximum effectiveness, these therapies should include family members and be provided when clients are receiving pharmacotherapy.

Recovery

Halfway houses, *recovery coaching*, and a *recovery high school* are applicable evidence-based recovery strategies for Cecil County.

- **Recovery Coaching** is a form of peer-based recovery support that involves an ongoing process of giving and receiving nonprofessional, non-clinical assistance to achieve long-term recovery from severe substance abuse problems. People who have been through addiction and are in recovery themselves assist others in accessing a broad range of support services (e.g., health care, housing).
 - **In Cecil County**, the Health Department already employs recovery coaches, called Peer Recovery Advocates, to connect with service recipients in their natural environment in several areas of the community. These Advocates provide information and navigation assistance to community members who are seeking treatment and recovery, as well as related community services and resources. Additional recovery services have been called for by several community leaders and providers, especially those that address both the individual and their family.

Co-Occurring Disorders

- Integrated treatment combines substance abuse and mental health interventions to treat the whole person with co-occurring disorders more effectively. *Motivational Interviewing* and *Cognitive Behavioral Therapy* have been modified for use with clients with COD, and two outpatient models from the mental health field, *Assertive Community Treatment* and *Intensive Case Management*, have been valuable for outpatient clients with both substance use and serious mental disorders.
 - **In Cecil County**, a theme emerging from many interviews and focus groups was frustration with the lack of treatment services for people with co-morbidities of substance abuse and mental health issues. Barriers identified were the need for cross-training staff in mental health and substance abuse treatment and difficulties integrating services with separate funding streams.

Recommendations for Enforcement

Law enforcement strategies are crucial to decreasing the availability of illicit drugs and alcohol. Four strategies that have been studied and have shown success in addressing drugs and related crimes are *Community Policing*, *Problem-Oriented Policing*, *Collaboration with Other Law Enforcement and Community Agencies in Bordering Areas*, and *Restorative Justice*.

- **Community Policing** involves three main components, community partnerships, organizational transformation, and problem solving, built around community police officers whose mission is to serve as liaisons between the community and the police.
 - **In Cecil County**, funding for enforcement activities is a significant challenge. Police and the court system are incredibly challenged due to the rising substance abuse problem and their lack of funding; while adopting entire programs may not be realistic, considering strategies that are new approaches to current work and do not require more staff may be possible. For example, *Community Policing* is an organizational shift to a proactive way of addressing issues that lead to crime, including substance abuse and related crimes. Without sufficient staffing, it may be a difficult transformation; however, there may be funding available through the Community Oriented Policing Services office from the Department of Justice. Increased communication and collaboration between police and community members would likely provide positive results.

Numerous services, agencies, and organizations are currently working in Cecil County to try to address the substance abuse problem. Overall, participants in this assessment are hopeful for the future and foresee the entire community engaged in moving forward in an innovative, collaborative, and comprehensive approach toward addressing substance abuse, its causes, and consequences.

CECIL COUNTY, MD SUBSTANCE ABUSE ASSESSMENT

INTRODUCTION

Background

Substance abuse has a major impact on individuals, families, and communities.ⁱ As noted by Healthy People 2020, the effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems, including teen pregnancy, HIV/AIDS, crime and violence, motor vehicle crashes, suicide, and other concerns. Substance abuse is also one of the most complex health issues to address, given the complicated interplay between addiction, individual behavior, family and community environment, social attitudes, and the political and legal response to substance abuse-related issues.

Over the past decade, Cecil County, MD has experienced a major rise in substance abuse, particularly in the area of prescription drugs and heroin. Concerns over homelessness, a diminishing workforce and limited economic development, and a new local ordinance limiting where methadone and other clinics can be located have increased. Furthermore, Cecil County's local health improvement coalition (LHIC) recently identified four top health priorities needing action: 1) Substance Abuse – Prescription Drugs/Pain Management; 2) Mental/Behavioral Health – Access to Treatment; 3) Substance Abuse Prevention; and 4) Child Maltreatment.

Purpose and Goals of Cecil County Substance Abuse Assessment

The experience of the County and local planning processes have culminated in broad-based interest among public health, health care, business, law enforcement, and government leaders to examine the key drivers of the County's substance abuse problem, current available resources, and potential evidence-based and evidence-informedⁱⁱ practices applicable to the needs of Cecil County. The County has aimed to conduct a comprehensive review of the substance abuse continuum to inform and guide the local health improvement coalition on this issue over the next several years.

To this end, in December 2012, the Cecil County Health Department, in collaboration with local partners, hired Health Resources in Action (HRiA), a non-profit public health organization, to conduct a comprehensive substance abuse assessment study of Cecil County across the substance abuse continuum. This report includes the findings from this study and aims to cover several goals:

1. Provide a **portrait of the current situation** in Cecil County around substance use and abuse by reviewing existing data,
2. Identify the **perceptions, successes, and challenges** to addressing the substance abuse problem by eliciting feedback from community leaders, providers, and residents on these issues,
3. Assess the **current array of services** across the substance abuse continuum to understand how they are or are not currently meeting the County's needs, and
4. Recommend **potential strategies, approaches, or next steps** that are relevant to the County and informed by the larger substance abuse literature.

ⁱ Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes

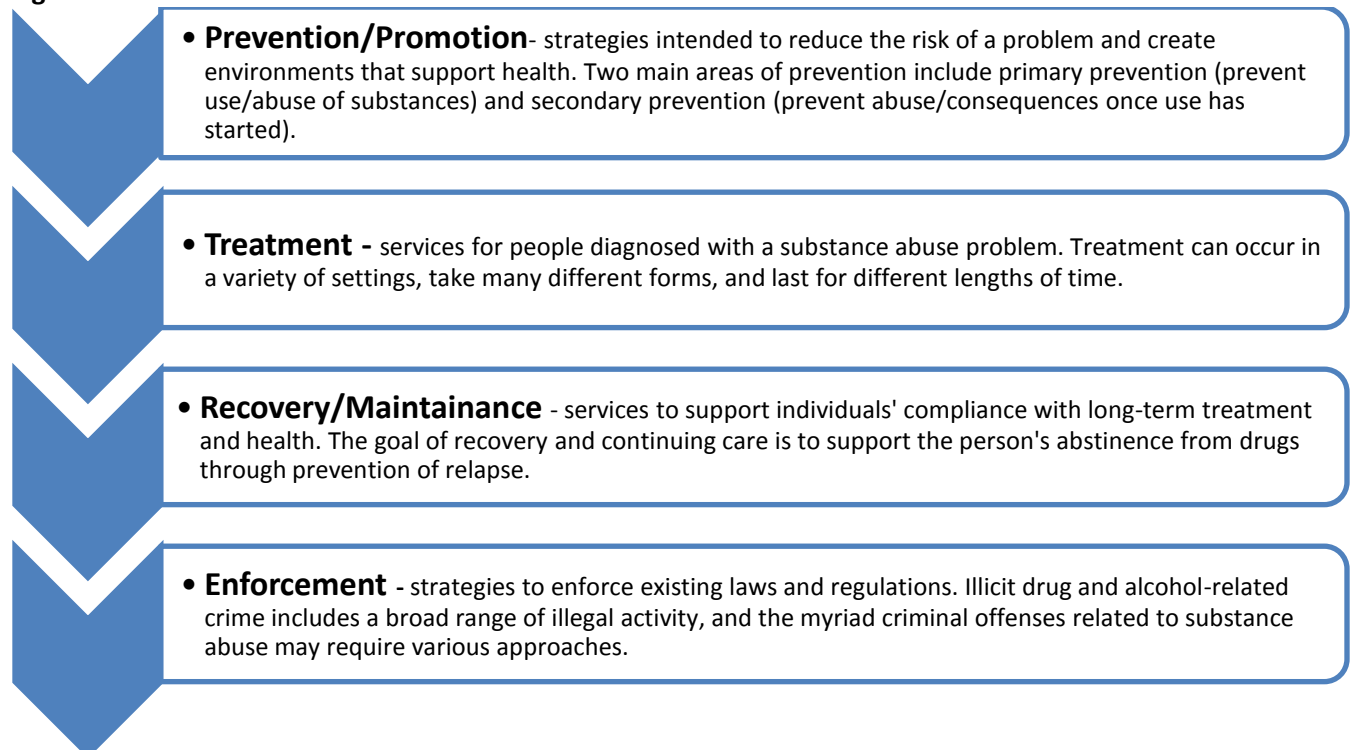
ⁱⁱ Evidence-based and evidence-informed practices refer to a set of activities that evaluation research has shown to be effective

The next section of this report discusses more in detail what is meant by the substance abuse continuum and provides a broad-based framework for considering these issues. Subsequent sections include the detailed methods used for gathering data for this study, the study's findings, and recommendations of evidence-based approaches.

SUBSTANCE ABUSE CONTINUUM

Substance abuse is viewed as a continuum from prevention through recovery. As with all continuums, the boundaries are not always clearly drawn. While different agencies include various domains within the substance abuse continuum, for purposes of the Cecil County substance abuse assessment, Figure 1 shows areas of the continuum that are the focus of this study. However, in many instances, treatment and recovery/maintenance are discussed within the same sections.

Figure 1: Substance Abuse Continuum



A comprehensive substance abuse continuum combines many programs, policies and practices, in order to reduce substance abuse in communities. A local continuum of care may include local services ranging from prenatal parenting classes, youth outreach programs in schools, outpatient and residential treatment, and community-based relapse prevention and ongoing recovery support services. Although the continuum may appear to be a sequential process, in fact, an individual may enter or leave at any point.¹

As discussed in this report, substance abuse is a complex issue that is affected by multiple factors at multiple levels – individual, family, community, and society. As such some factors serve as **risk factors** (characteristics that precede or are associated with a higher likelihood of the problem) and some factors are **protective factors** (characteristics that are associated with a lower likelihood of the problem or that reduce the negative impact of a risk factor on the problem).

Figure 2 provides an overview of how the larger public health field presents prominent substance abuse risk and protective factors within multiple contexts or domains.

Figure 2: The Multiple Contexts of Substance Abuse Risk and Protective Factors



Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Prevention Training and Technical Assistance.

This report aims to examine many of these risk and protective factors within Cecil County to understand the current problem and where there may be opportunities to reduce risk factors, leverage those that are protective, and foster a community and cultural environment that promotes health and well-being.

METHODOLOGY

A mixed-methods approach was used for the comprehensive substance abuse assessment study in Cecil County. This included a thorough review of existing secondary data, interviews with leaders and organizational staff across a range of sectors, and focus groups with providers of services in Cecil County, as well as residents who are primary recipients of services in Cecil County. Combined, these data sources aimed to provide insight into the root causes of substance abuse in the County, current successes and challenges across the continuum, and opportunities for addressing these issues. This section provides a more detailed description of the data collection methods used in this study.

Review of Secondary Data

Existing data on substance use and abuse—and related factors—were reviewed to understand the magnitude and severity of the problem within the County. In addition, data on social and economic factors such as housing, employment, and educational opportunities—the “social determinants of health”—were reviewed to provide context and help identify how these broader social and economic issues affect the community’s rates of substance abuse.

HRiA began by collaborating with the Maryland Department of Health and Mental Hygiene and the Cecil County Health Department to identify available local and state data sources. To profile the population’s needs, multiple sources were reviewed, including Cecil County Community Health Survey data, the Local Health Action Plan, and state data from the Maryland Alcohol and Drug Abuse Administration, county data provided by national sources such as Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, U.S. Census, and County Health Rankings. Cecil County indicators were compared to neighboring Maryland counties, statewide data for Maryland, and other appropriate benchmarks.

Interviews and Focus Groups

HRiA conducted interviews and focus groups with a wide cross-section of individuals in the County, including representatives from all of the sectors involved in substance abuse services: prevention, treatment, recovery, and enforcement. These types of conversations not only collect critical information on the “why” and “how” behind the data, but also identify the current level of readiness and political will for future strategies for action.

In total, 29 interviews and 5 focus groups were conducted with individuals from across Cecil County. Interviews were conducted with 29 individuals representing a range of sectors. These included government officials, educational leaders, substance abuse treatment providers, other social service providers, health care providers (clinicians, hospital administrators), representatives from the justice system, and representatives from local media. In addition, five focus groups with a total of 35 individuals were held with recovering addicts, parents and family of users, front-line organizational staff providing services, and law enforcement officials. A total of 64 individuals participated in the focus groups and interviews. A full list of the different sectors/organizations engaged during the focus group and interview process can be found in Appendix A.

Focus group and interview discussions explored perceptions of the substance abuse situation in Cecil County, the community’s needs and strengths, challenges and successes of addressing these issues in Cecil County, and perceived opportunities to address these needs in the future. A semi-structured guide was used across all discussions to ensure consistency in the topics covered. Each focus group and interview was facilitated by a trained moderator, and detailed notes were taken during conversations.

On average, interview and focus group discussions lasted 60-90 minutes. The interview and focus group guides can be found in Appendix B.

Youth Survey

To ensure that youth experiences and perspectives were included in the study, a brief 8-question survey was developed for youth to elicit their feedback on the substance abuse issues in the County and their suggestions for addressing these issues. Administered through Survey Monkey and marketed through the Cecil County Health Department, the survey collected the perceptions of 21 youth ages 11-20 in Cecil County on a range of substance abuse issues. Questions included, but were not limited to, youth perception of risk associated with different substances, perception of the prevalence of peer and adult substance use, and perception of the ease of access to different substances.

Evaluation of Current Services and Programming

During the needs assessment process, key substance abuse issues emerged as priorities. To help inform the recommendations and strategies for effective interventions, a review of the current substance abuse-related programming and services available across Cecil County was conducted. Aggregated data were requested from all treatment services for the number of participants in their various services, any follow-up or outcome data they collected, and any client satisfaction data collected. Only 5 services provided data via this request. Additional data on programs and services were gathered through organizational reports and websites, and during the interviews with providers themselves.

Limitations

As with all data collection efforts, there are several limitations related to the assessment's methods that should be acknowledged. It should be noted that for the secondary data analyses, in several instances, data were only available for the Northeast region, and not specifically for Cecil County. In many cases, no data on a specific topic were available at all, providing a significant challenge for understanding the situation and providing a baseline measurement for future work. For example, a request was made to all treatment providers in the County to provide aggregate data on reach and types of programs as well as client satisfaction and outcomes. Only a few providers responded to this request even after repeated communication efforts.

Additionally, there is a time lag for many large data surveillance systems such as Behavioral Risk Factor Surveillance System (BRFSS), a telephone survey on health behaviors, so data are not necessarily current for many indicators. Finally, youth-specific data were largely not available, the reason for which the youth survey was conducted. The small sample size and non-random sampling method of the youth survey are also limitations of this specific data collection method.

Data based on self-reports should be interpreted with particular caution. In some instances, respondents may over- or underreport behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. In addition, respondents may be prone to recall bias—that is, they may attempt to answer accurately but remember incorrectly. Despite these limitations, most of the state or local self-report behavioral surveys (such as the BRFSS) benefit from large sample sizes and repeated administrations, enabling comparison over time.

While the focus groups and interviews conducted for this study provide valuable insights, results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size. Strong efforts were made to engage a cross-section of individuals on all sides of this issue; however, it is possible that not all sides of the issue were represented. Lastly, it is important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

CECIL COUNTY, MD SOCIAL AND ECONOMIC ENVIRONMENT

The health of a population is associated with numerous factors. Who lives in an area certainly affects the overall community's health, but what services and resources are available in an area are also important. As discussed previously, risk and protective factors for substance abuse exist at all different levels – individual, family, community, and society.

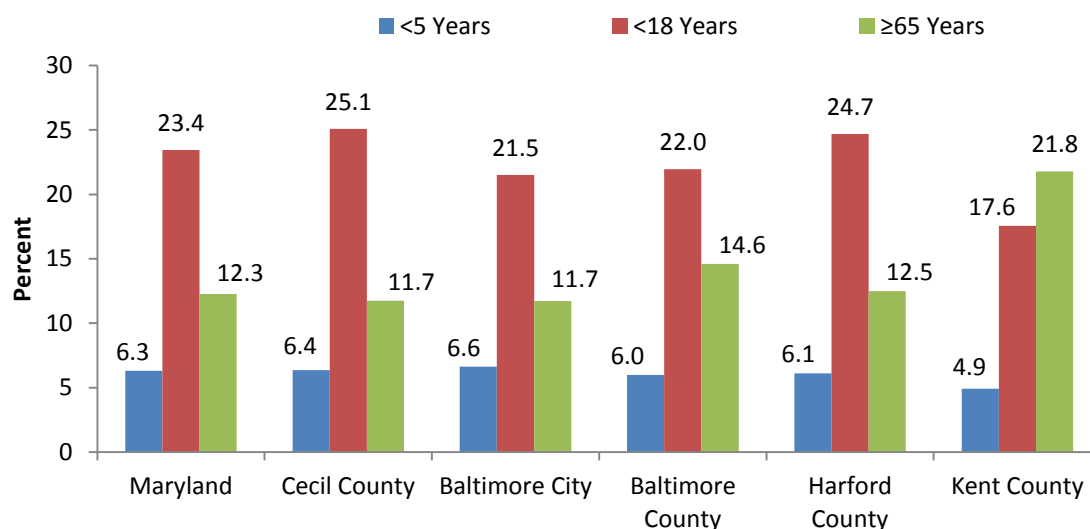
The section below provides an overview of the population and social and economic environment of Cecil County. While age, income, and education are important characteristics that affect individual health, the *distribution* of these characteristics in a place may also have an impact on overall community health and the resources and services available.

Age and Racial/Ethnic Composition of the Population

Cecil County has seen an increase in population over the past two decades, though the age and racial makeup of the County have remained consistent. According to the U.S. Census, Cecil County had an estimated 101,696 people in 2012. The 2010 U.S. Census counted 101,108 people, up from 85,951 in 2000. Cecil County has undergone a transition in the past 15-20 years, adding approximately 15,000 new residents since 2000. Stakeholders perceive the County as a haven for people moving from more urban areas, and viewed the County as being “open to newcomers.”

As seen in Figure 3, when compared to neighboring counties, Cecil County has the highest percentage of children under 18, approximately 1 in 4 residents. The only geographic area that is slightly younger is Baltimore city. Data also show that the County has a small percentage of seniors, which is consistent with how participants described Cecil County.

Figure 3: Age Distribution of Population by State, County, and City, 2010



Source: US Department of Commerce, Bureau of the Census, 2010 Census

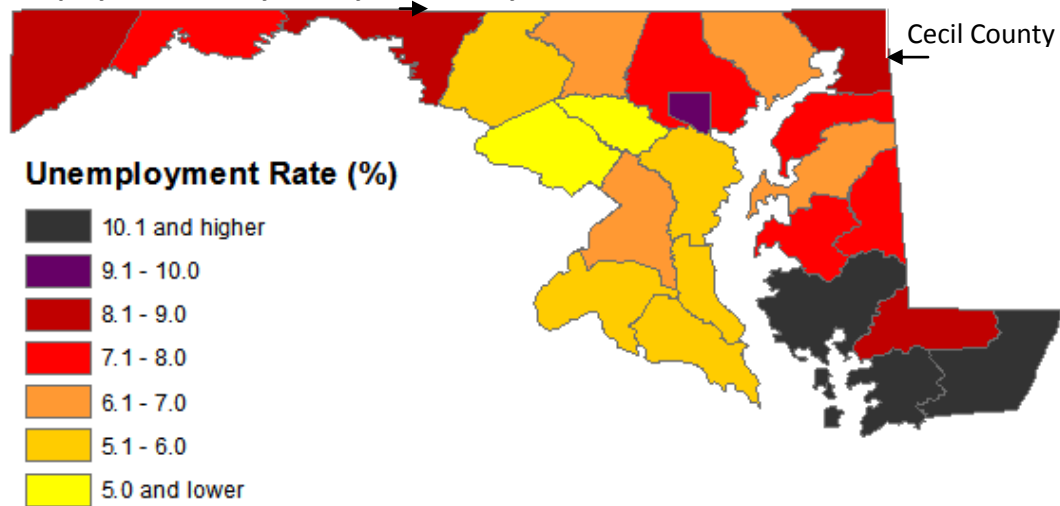
Cecil County is generally homogenous in its racial/ethnic composition and moreso than neighboring Harford and Kent Counties. According to the U.S. Census, Cecil County is 89.2% White and 6.2% Black/African American (compared to Harford County which is 81.2% White and 12.7% Black/African American, and Kent County which is 77.9% White and 14.7% Black/African American). Approximately 3.4% of Cecil County's population self-identifies as Hispanic/Latino (any race).

Unemployment, Income, and Poverty

While Cecil County is an area of stark contrasts in income, limited local employment and a cycle of unemployment and poverty among young people are seen as leading to hopelessness and substance abuse in Cecil County. Unemployment data indicate how Cecil County has been hard hit by the economic downturn. The map below (Figure 4) shows the latest unemployment figures (March 2013) in Maryland, and indicates that outside of Baltimore City, Cecil County has some of the highest unemployment rates compared to its neighbors.

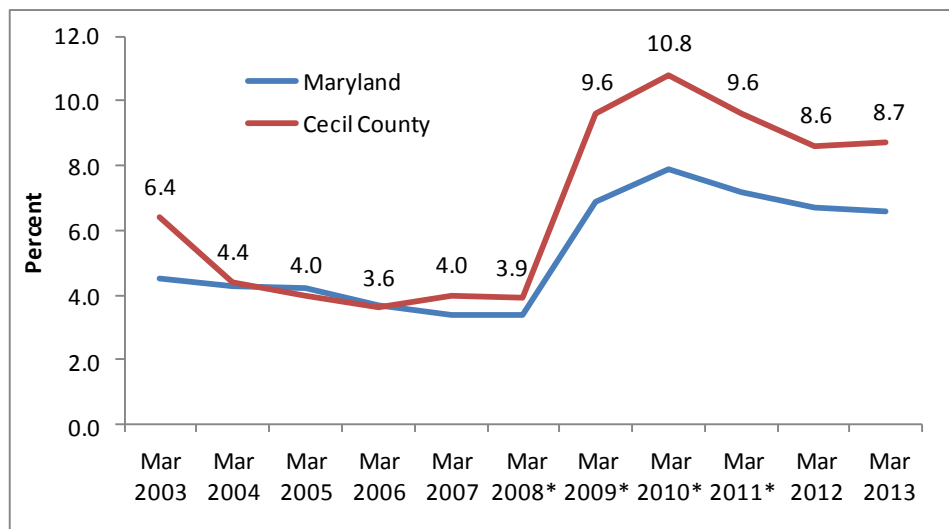
The past five years have been extraordinarily challenging financially for residents in the County (Figure 5). The County has been disproportionately affected by the economic crisis in 2008, with the biggest jumps occurred during a four month period from November 2008 to February 2009 (respectively, unemployment rose monthly: 5.9% → 7.0% → 9.0% → 9.5%).

Figure 4: Unemployment Rate by County across Maryland, March 2013



Source: US Bureau of Labor Statistics, 2013

Figure 5: Unemployment Rate by State and Cecil County, March 2003 – March 2013



*Reflects model adjustment.

Source: US Bureau of Labor Statistics, 2013

Unemployment rates are higher among younger populations, with 32.7% of 16-19 year olds and 19.5% of 20-24 years olds considered unemployed in 2011.

(American Community Survey, 2011)

There are not many jobs with high salaries, so there is a discrepancy between the haves and have nots.” –Social service provider

“We have both the poor and the very wealthy – it’s a place of the extremes.” –Community member

“There are lots of residents who are failing drug tests when they are trying to get jobs. It hurts the ability of the County to advance economically and reinforces the challenges for local business that they can’t staff their businesses here.” -Community leader

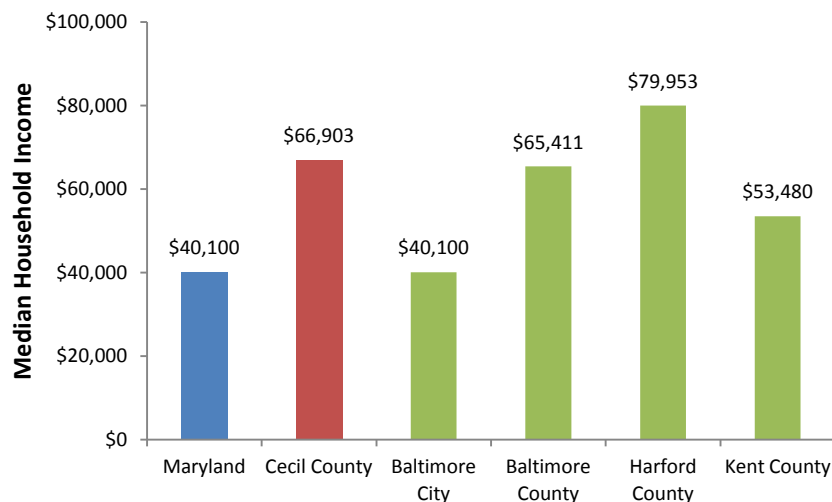
Community stakeholders viewed the County as having a large population of unskilled or low-skilled workers. They also noted that while the recession has impacted the economy and caused stress for workers, numerous challenges exist around workforce development and increasing local business opportunities. Stakeholders stated that these challenges included the lack of highly skilled, drug-free workers, the low salaries of available employment, and retention of employees.

Another issue is that county residents often commute outside the county for work, due to the lack of available jobs in the county. Residents viewed the lack of good employment and resulting poverty as perpetuating the high rates of substance abuse and crime. *“People don’t have cars or money to spend on getting to a job. That’s why we need employers in the county.”* The respondent continued by saying that the *“County was stuck on [wanting to be] rural, but with a growing population, you need to supply jobs or they’ll have too much time on their hands, which leads to substance abuse problems.”*

It was noted in discussions that the perceived lack of a qualified local workforce has impeded efforts to attract businesses to the County, as does the high rate of substance abuse. Several respondents mentioned that job training programs require people to be clean from using drugs, and the programs struggle to find people who qualify. Another issue is that the available jobs primarily target low-skilled workers, which some say has decreased motivation, since *“no one wants to do the dirty work. Now you have all these young people who don’t want to work.”*

While unemployment was a dominant theme in conversations during this study, median household income in the County falls in the middle of its neighbors. As seen in Figure 6, Cecil County had a median income of \$66,903 in 2010, which is higher than the State of Maryland and Baltimore City, but comparable to neighboring counties.

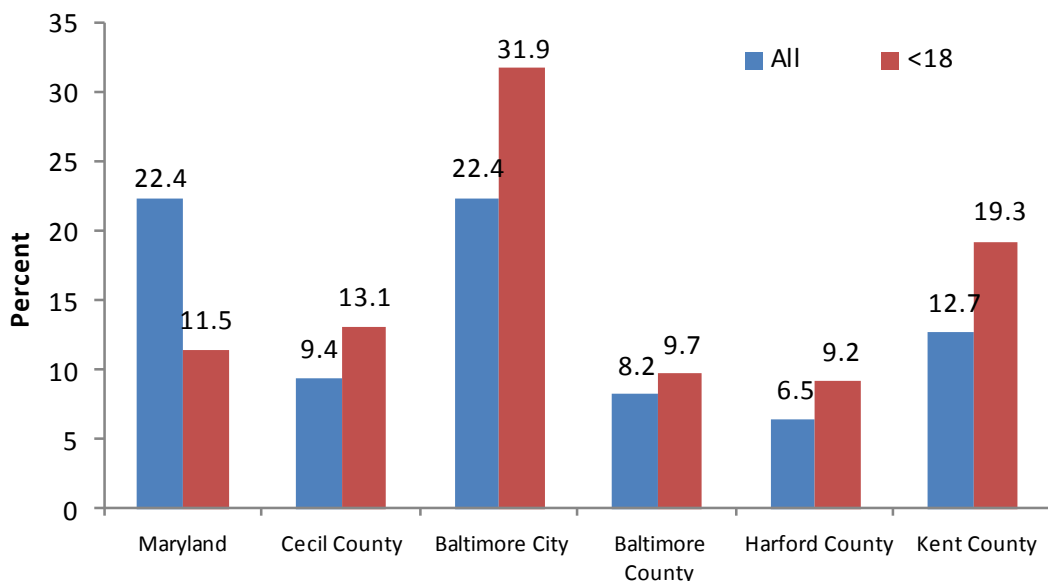
Figure 6: Median Household Income by State, County, and City, 2010



Source: US Department of Commerce, Bureau of the Census, 2010 Census

Yet, the median income does not capture the extremes. While 28.8% of Cecil County’s population has an income of \$100,000 or more, 17% earn less than \$25,000. Those that fall under the federal poverty level face even greater challenges. As seen in Figure 7, the percent of all people in poverty is lower for Cecil County (9.4%) than Maryland and Baltimore City, but higher than neighboring counties.ⁱⁱⁱ Children under 18 in Cecil County experience higher rates of poverty than children in Maryland and most neighboring counties. Community stakeholders viewed Cecil County as primarily a poor, low-income community with pockets of affluence. However, they perceived that the cost of living in Cecil County was relatively low in comparison to nearby cities and towns.

Figure 7: Percent of Population below Federal Poverty Level by State, County, and City, 2010



Source: US Department of Commerce, Bureau of the Census, 2010 Census

Community residents and providers indicated that household poverty and unemployment have left people “stressed and anxious and overwhelmed,” who then choose to self-medicate with drugs. One substance abuse treatment provider reported, “Substance use helps people cope with the stress of life,” adding that “people with more resources learn a variety of coping mechanisms, not just drugs.” Over time, individuals who are jobless “feel hopeless” and “become increasingly despondent and circumstances drive them to use more heavily.”

Educational Attainment

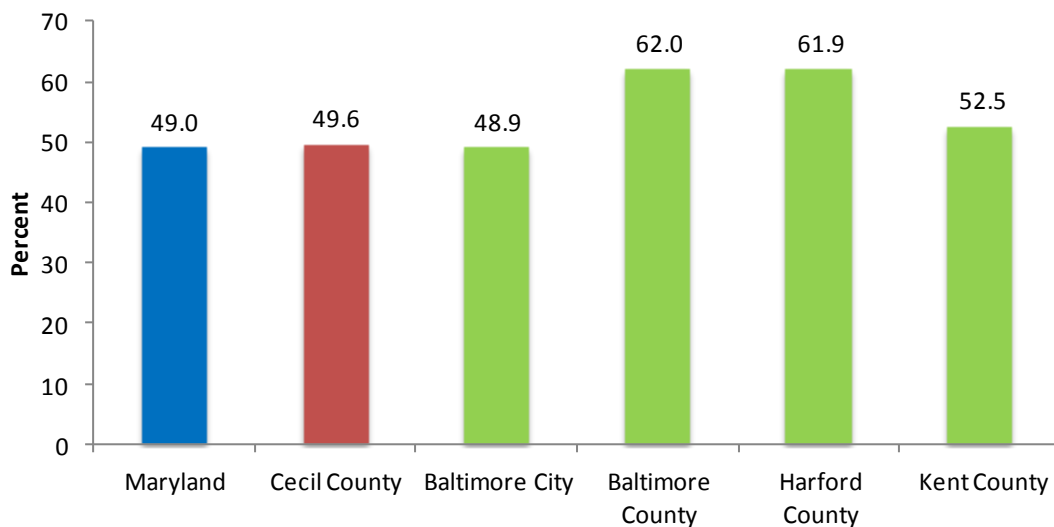
Despite good public schools, many students do not continue past high school, perpetuating the perception that residents do not value education. Low educational attainment is viewed as reinforcing low aspirations among young people and maintaining a lower level of economic prosperity among the population. Cecil County had a 4-year high school graduation rate of 84.1% in 2012, meaning 84.1% of entering 9th graders graduated in 4 years. While the high school graduation rate in Cecil County has steadily increased over recent years (from 77.1% in 2009) and is consistent with Maryland overall (83.6% in 2012), it remains below neighboring counties. Individuals who do not finish high school are more likely than people who finish high school to lack the basic skills required to function in an increasingly

ⁱⁱⁱ The figure above represents the percentage of individuals and children who were living below the federal poverty level, which is adjusted for family size, for the past 12 months. For example, in 2010, the federal poverty level was \$14,570 for a family of two and \$22,050 for a family of four.

complicated job market and society.² Adults with limited education levels are more likely to be unemployed, on government assistance, or involved in crime. Low educational attainment was seen as contributing to the population’s inability to prosper economically, and further lead to a cycle of poverty and substance use.

Overall, views on education among study respondents were mixed. Many viewed the Cecil County Public Schools as high quality and an attraction for new families, yet they saw the community overall as not valuing education. As seen in Figure 8, the percentage of adults in Cecil County (about 50%) who have higher than a high school diploma is lower than its neighboring counties, but is similar to Baltimore City and Maryland overall.

Figure 8: Percent of Adults (25 years and older) with Educational Attainment Beyond High School Diploma by State, County, and City, 2007-2011



Beyond high school diploma includes some college, associate’s degree, college degree, or graduate degree. Source: US Department of Commerce, Bureau of the Census, 2007-2011 American Community Survey 5-Year Estimates

Approximately 15, 800 students enrolled in Cecil County Public Schools for the 2012-2013 school year. Of these students, 1 of every 2 elementary students qualified for the free and reduced-price lunch program and Title I. The proportion of elementary students who qualify for these programs has doubled in the past 10 years. Among Cecil County middle school students, more than 4 in 10 students qualify for free and reduced-price lunch in 2012, which has also doubled in the past decade. Approximately 12% of Cecil County Public School students have special needs. Stakeholders also report an increase in single-parent families and homeless families. As one respondent noted:

“Education is not a priority: you either have kids at the high end (scholastically) with parent support or at the other end and education is not a priority. Parents make excuses for them to not attend school, for example, they say their kid didn't want to go to school, played video games late last night and is tired. The parents are also not educated.”

Test scores in Cecil County have generally been on par with the state. As seen in Table 1, approximately 80% of Cecil County students have scored at or above proficient on state assessments in reading, math, and science, a similar percentage seen statewide. However, Cecil County students are less likely to score in the “advanced” category of these tests.

Table 1: Percent of Students' Scores on the Maryland State Assessment for Reading, Math, and Science Tests by State and County, 2011

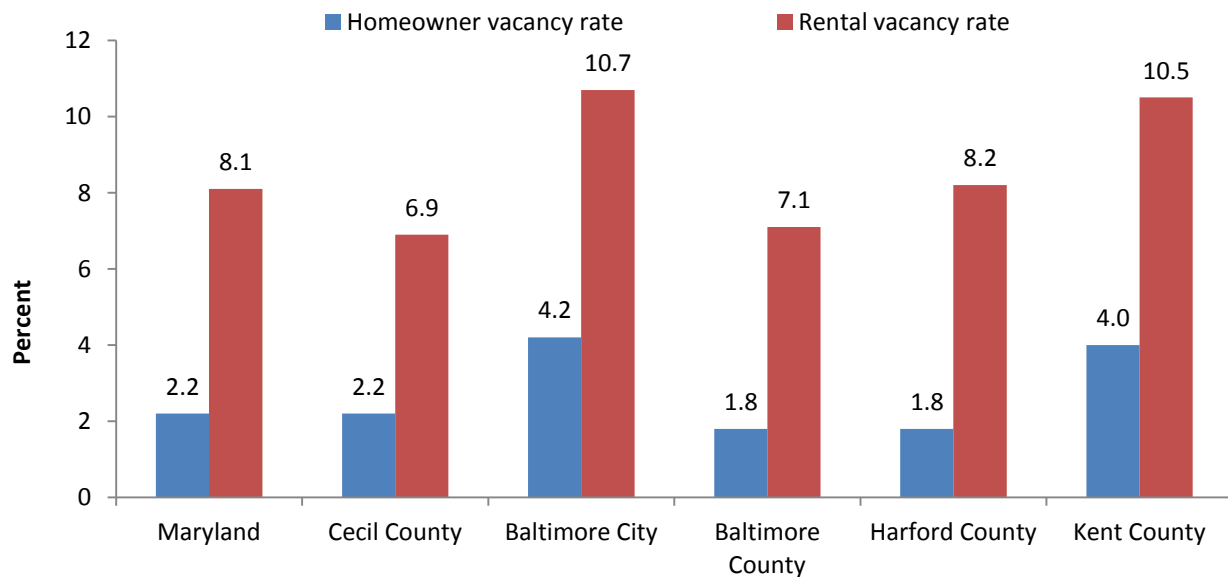
	% Scoring at or Above Proficient	% Advanced	% Proficient	%Basic
Maryland	79.9	31.8	48.2	20.1
Cecil County	79.5	26.4	53.1	20.3
Baltimore County	80.4	31.4	49.0	19.6
Harford County	84.4	33.6	50.8	15.6
Kent County	79.4	25.3	54.1	20.1

Source: Maryland Results for Child Well Being 2011, Maryland Children's Cabinet, Governor's Office for Children, 2009-2012

Housing and Homelessness

Economic challenges have hampered residents' ability to buy and maintain homes. Additionally, a significant and visible homeless population is viewed as having high rates of substance abuse and contributing to the perception of increased community disengagement. As Figure 9 shows, 6.9% of all rental units in Cecil County and 2.2% of homeowner units were considered vacant in 2010. The rental rate is actually slightly lower than what other neighboring counties and the state of Maryland overall have seen.

Figure 9: Percent of Housing Units that are Vacant by State, County, and City, 2010



Source: US Department of Commerce, Bureau of the Census, 2010 Census

Despite these average vacancy rates, Cecil County is facing several challenges related to housing. Respondents noted that Cecil County's housing stock has undergone significant transition, with more recent developments in multi-unit dwellings that were then converted into Section 8 public housing. This housing is seen as guaranteeing payment, but attracting a different population than private rentals, contributing to the reported lack in affordable housing.

Respondents commented on the breakdown of communities, saying *“People don’t take pride in these neighborhoods now,”* continuing that there is *“a sense of apathy when people don’t own homes, when people are homeless.”*

Cecil County also has a significant population with unstable housing, illustrated by numerous trailer parks, tent cities, homeless shelters, and motels converted into residencies. Residents perceived that, to date, the County’s efforts to hold landlords accountable have been unsuccessful, despite calls for increasing regulations.

According to the Cecil County Health Department, the homeless population in the county is approximately 234 people as of April 2013. One provider described what was referred to as Cecil County’s homeless welcome center, which shows newly arrived homeless how to become Maryland citizens and how the system works. An interview respondent commented that there are *“lots of good programs to take care of homeless drug users,”* leading her to ask the frequently voiced concern: *“are people coming here and inflating our substance abuse issues because we have good programs?”*

While quantitative data were not available, interview respondents perceived substance abuse as particularly high among the homeless. According to treatment providers, *“the rate of homeless and untreated mental health and drug and alcohol is really high; there are now tent cities of homeless.”* The Cecil County Housing Authority’s initiative prioritizes getting homeless into housing and then deals with problems such as substance abuse and mental health. One respondent was concerned about the lack of accountability in this model, indicating there are *“no background checks. Anyone can be included. Lots of homeless veterans are involved in the program now. That’s great – but our tax money is going to this program and there is no compliance. If someone with a mental health problem doesn’t want to take their medication, then there is nothing we can do about it.”* Others remarked in discussion that it was better for the larger community if programs helped people transition to more stability.

Transportation

Limited public transportation infrastructure and a large geographic area contribute to the County’s lack of access to essential goods and services. According to the 2011 American Community Survey, approximately 8% of households in Cecil County do not have access to a car, and an additional 26% of households have access to only one vehicle. Confirming the limited vehicle access for more than one-third of households, transportation was mentioned by most study respondents as a fundamental issue in the County. Although Cecil County is situated along I-95, Route 1 and Route 40, public transportation within the county is limited. Residents have to own a car to get anywhere. A few taxis do exist, but are expensive. The County has two bus routes traveling limited routes that do not reach the more remote towns. Additionally, the buses run only during typical work hours on weekdays.

Social service providers mentioned that a few senior and medical services provide some transportation, but these are limited in the population and geography they serve. Many study respondents mentioned similar comments as one social service provider who remarked:

“Affordable housing has been a struggle.”—Social service provider

“Good people are suffering in these economic times. People have bought homes that are no longer worth what they owe on the house.”—Health care provider

When you go into Elkton, it seems like a lot of homeless are begging for money on the street. If they were going and buying diapers and baby food that would be one thing, but they’re not.”—Community resident

“Transportation is a huge issue: there’s no mass transit, so if you don’t have a car, you’re stuck. Cecil is a mostly rural county, so if they [program planners] get to the point of engaging people in the process, especially youth, transportation will be a challenge. Some parents can’t even get to school conferences.”

These limited transportation options hamper the population’s ability to access goods and services in the county. Most community resources and services are only offered in Elkton. Residents expressed difficulty traveling to and from Elkton to access these services. Also, many services are offered only at night when there are no buses running. Residents trying to maintain a job face this additional barrier of limited hours of public transportation.

Transportation for youth was also cited as a constant struggle. Youth trying to access afterschool activities do not have a way to get from school to activities and then home. This was perceived as limiting the positive opportunities for youth and forcing them to be at home instead, resulting in more substance abuse as entertainment.

Geography and Urbanicity

Cecil County has always occupied a central geographic area along the I-95 corridor. Recently, along with the increasing population, Cecil County has undergone a shift from a small, close-knit community to a more suburban area centered in Elkton. Cecil County holds a unique geographic position in the mid-Atlantic. The County is situated at the crossroads of Interstate 95, in between the large metropolitan areas of New York, Philadelphia, Baltimore and Washington, DC and within easy access to Wilmington, Delaware, giving residents the feeling that *“you can live a rural life, but be close to an urban life.”* The proximity is such that in recent years, community members stated that Cecil County has become a bedroom community for Baltimore, Philadelphia, and Wilmington. However, as discussed later in this report, this proximity is also seen as facilitating the flow of drugs in and out of Cecil County.

Community residents noted that Cecil County was historically a rural, farming community prized for being horse country with many hidden gems surrounding the shoreline of the County’s five rivers, 40 marinas, the Chesapeake and Delaware Canals, and a beautiful state park, which made people not *“want to live anywhere else.”* The County is seen by residents as a summer tourist destination primarily for those from Pennsylvania, with a transient summer population living in their second homes along the waterfront, encouraged by a big arts community, with Community Theater and an active arts council, lots of outdoor activities, a race track and casino. For year-round residents, however, there are *“very few cultural events.”* According to one respondent, Cecil County is much less developed than other areas nearby on the Eastern Shore – *“nothing exists on this side of the water.”*

In recent years, Cecil County, with its population of over 100,000 people, has witnessed a decline in farming and a rise in population, transforming small, rural towns into a suburban community dependent upon the county seat and largest urban area, Elkton. In becoming more urbanized, *“Elkton is turning into Newark [Delaware],”* according to community residents. *“The drive-in closed and Walmart opened,”* leaving many people feeling as though the *“small town [is] getting too big.”*

Community Disengagement

An increase in population and a struggling economy have people concerned about the viability of the County. Cecil County has been undergoing a significant transition, fueled by its increasing population; rising poverty, crime and unemployment; and increasing substance abuse. In its wake is a community with declining social cohesion; people feel that the community culture is changing and that the county has been *“sort of abandoned by Maryland.”* One community resident remarked:

“It used to be that you could... go down Main Street in Elkton, and it wasn’t full of lawyers and bail bondsman... Twenty years ago you could leave your door unlocked at home with your keys in the car, and you wouldn’t have to worry. You knew who your neighbor was. Now, you don’t wanna know your neighbor.”

Community leaders and residents noted that Cecil County has a poor reputation within Maryland and neighboring states, saying that one of its well-known nicknames is “Cecil-tucky” because of its more rural nature, poorer economic conditions, and population roots in Appalachia. According to study respondents, many residents are fifth or sixth generation from the area and have known each other from childhood. While this has developed some community cohesion, it was seen as creating a culture of isolation and being stuck in an “old-fashioned frame of mind.”

*“If you dig deep enough, everyone in Cecil has connection to a substance abuse problem. It has become a way of life here.”—
Respondent in recovery*

Overall, there is a pervasive sense of anger and sadness among many community residents who participated in discussions. Some expressed a palpable disappointment in what has become of Cecil County as far as its economic conditions and increasing substance abuse problems. Despite some frustrations in Cecil County’s past, others were hopeful about tapping into the community’s talents and leadership. For example, several respondents were hopeful about the county’s change in leadership. Cecil County has a new charter government, which many respondents see as a positive change. One respondent commented that local officials could now “have more strength in demanding resources they need,” particularly to combat substance abuse and its root causes.

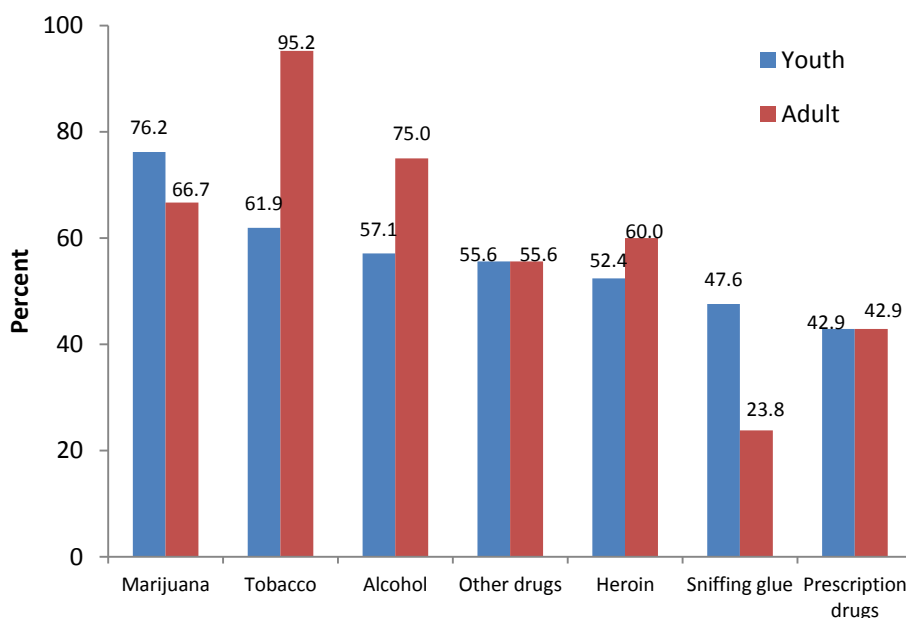
SUBSTANCE ABUSE: THE MAGNITUDE AND SEVERITY OF THE PROBLEM

Use of Substances

Overall, substance abuse is widely viewed as the “most pressing issue” among community leaders and residents in Cecil County, and quantitative data validate higher rates in the area of use and its consequences. Interview and focus group respondents were asked about the overall health issues of concern in the County. When asked unprompted, substance use and abuse immediately rose to the top.

While alcohol use is most prevalent, the health and social consequences of opiate use have created the most concern among adult community leaders and residents in focus groups and interviews. However, among the 21 youth who completed the youth survey for this study, 95% considered tobacco a serious/very serious problem among Cecil County adults, and 75% believed this for adult alcohol use. When considering what was a serious/very serious problem among Cecil County youth, youth survey respondents were most likely to say marijuana, followed by tobacco and alcohol.

Figure 10: Percent of Youth Survey Respondents Who Indicated that Substance was a Serious or Very Serious Problem in Cecil County for Youth and Adults, 2013



“Other drug” examples provided included ecstasy and cocaine.

Source: Cecil County Substance Abuse Assessment Youth Survey, 2013

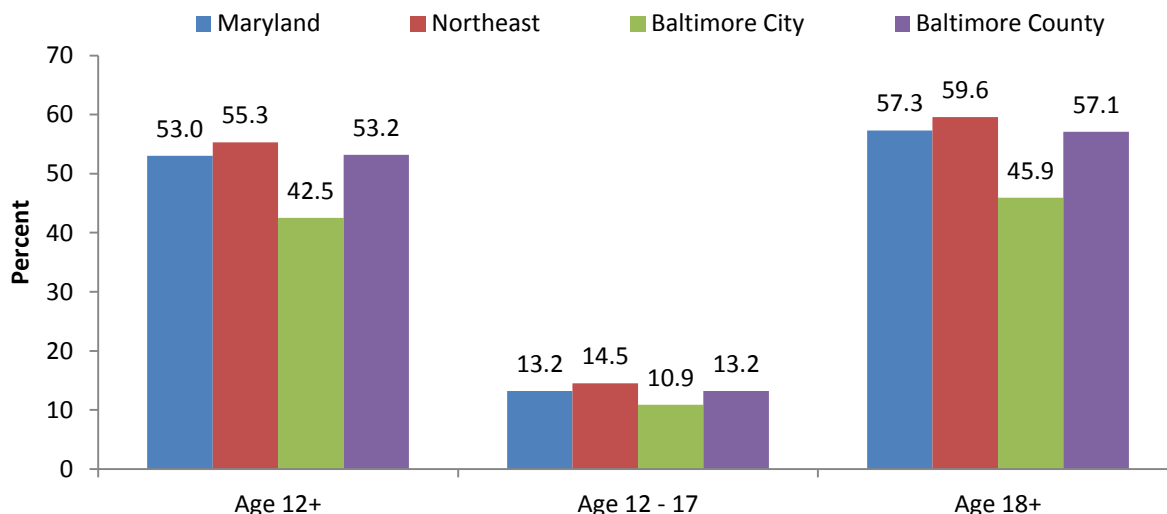
Substance abuse, including hard drugs, as well as smoking and alcohol, is also widely viewed among the community as the biggest concern “*plaguing our youth,*” with one respondent stating, “*we are losing a whole generation of kids here.*” Many respondents see substance abuse as starting younger and younger, with high school kids overdosing, and also as being responsible for the alarming rise in crime, teen pregnancy, dissolution of community, dependence on services, and family instability. The following section highlights the current substance use and abuse rates, at-risk populations, and consequences of substance abuse in Cecil County.

Alcohol and Tobacco Use

In Cecil County, alcohol and tobacco are perceived as widely used, but not as concerning as compared to other substances such as heroin. As many respondents noted, “*alcohol is common, but socially acceptable.*” Figure 11 below shows current alcohol use in Maryland, Baltimore City and County, and

Northeast Maryland, which contains Cecil County. Alcohol use among people age 12 and older and 18 and older is higher in the Northeast than Baltimore and Maryland overall.

Figure 11: Percent of Youth and Adult Population Reporting Current Alcohol Use by State, Region, County, and City, 2008-2010

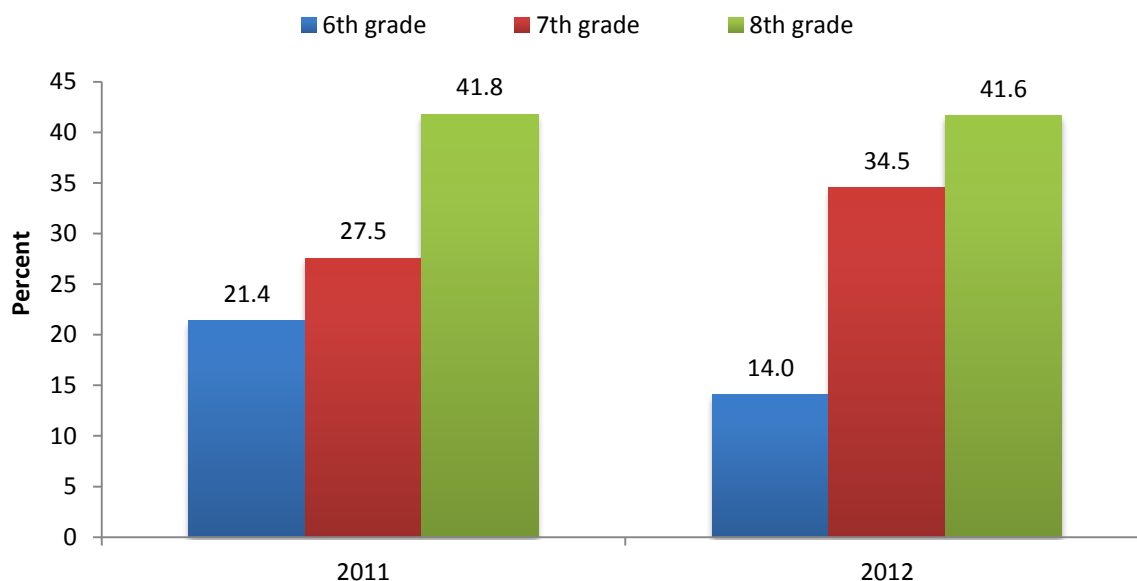


Cecil County specific data not available.

Source: National Survey on Drug Use and Health, 2008-2010

Looking more closely at Cecil County younger adolescents from its middle school Youth Risk Behavior Survey (YRBS), a survey conducted among all middle school students in the County, Figure 12 confirms that younger youth are also using alcohol. Among Cecil County middle school youth, approximately 30% of seventh grade students and over 40% of 8th grade students had used alcohol in their lifetime.

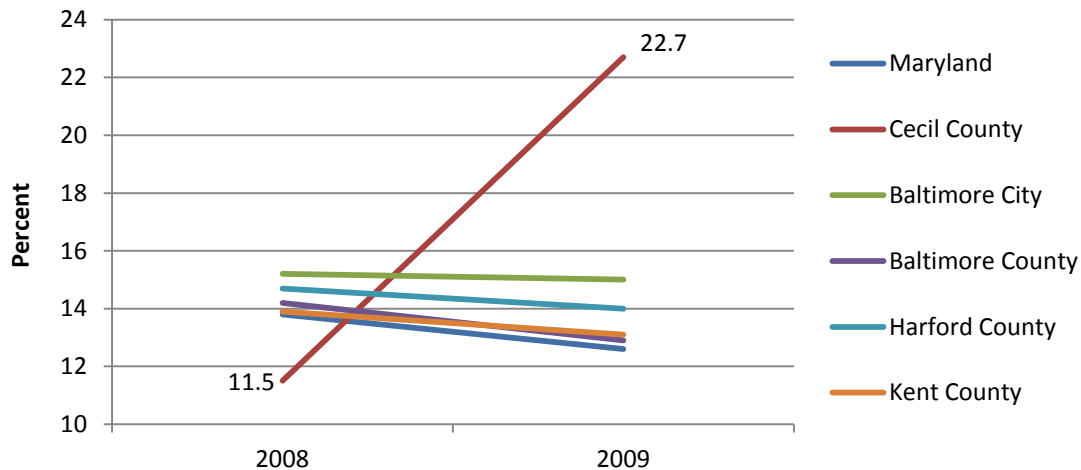
Figure 12: Percent of Middle School Youth Reporting Alcohol Use at Any Point in Lifetime in Cecil County, 2011-2012



Source: Cecil County Youth Risk Behavior Survey, 2011-2012

While rates of reported heavy drinking (defined as having on average one drink or more per day for women or having on average two or more drinks per day for men) are slightly greater among Cecil County adults (17%) than statewide (15%), Cecil County's reported adult binge drinking rates are much higher. Binge drinking is defined as men having five or more drinks in one sitting and women having four or more drinks in one sitting. Recent statistics show a dramatic rise in Cecil County. Data in Figure 13 show a large increase between 2008 (11.5%) and 2009 (22.7%) in Cecil County, while the rates in other counties and Maryland overall remained consistent.

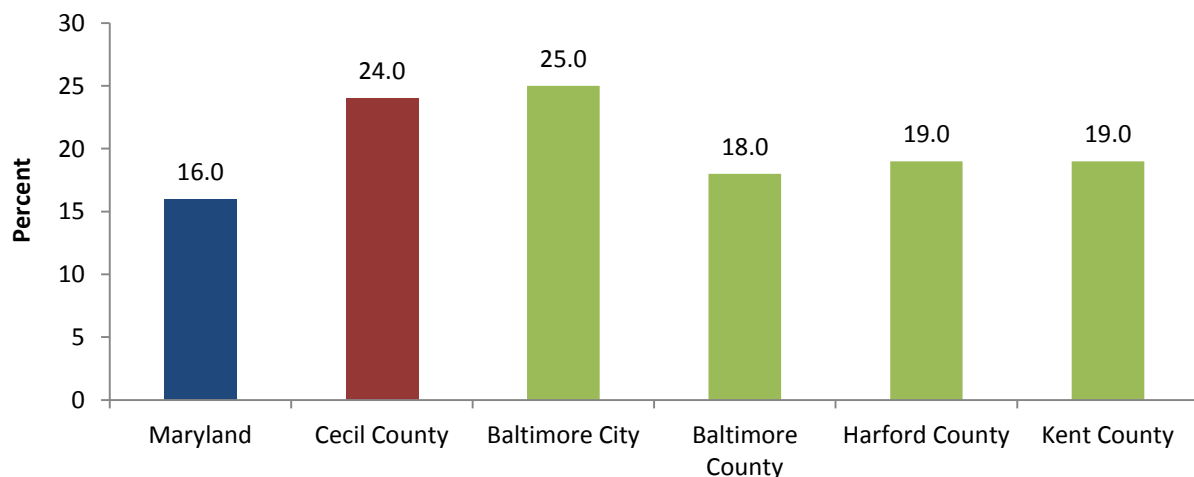
Figure 13: Percent of Adults Reporting Binge Drinking by State, County, and City, 2008-2009



Source: Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia, 2008-2009

Tobacco use was an issue rarely discussed among study respondents. When asked about which substances they were most concerned about, prescription drug abuse, heroin, and other illicit drugs consistently were identified. Rarely did community leaders or residents identify tobacco use as a concern, yet it is one of the most prevalent substances used in the County. Figure 14 shows current rates of smoking among adults. According to the Behavioral Risk Factor Surveillance Survey, 24% of adults in Cecil County report being current smokers, which is much higher than the state average and comparable to Baltimore City.

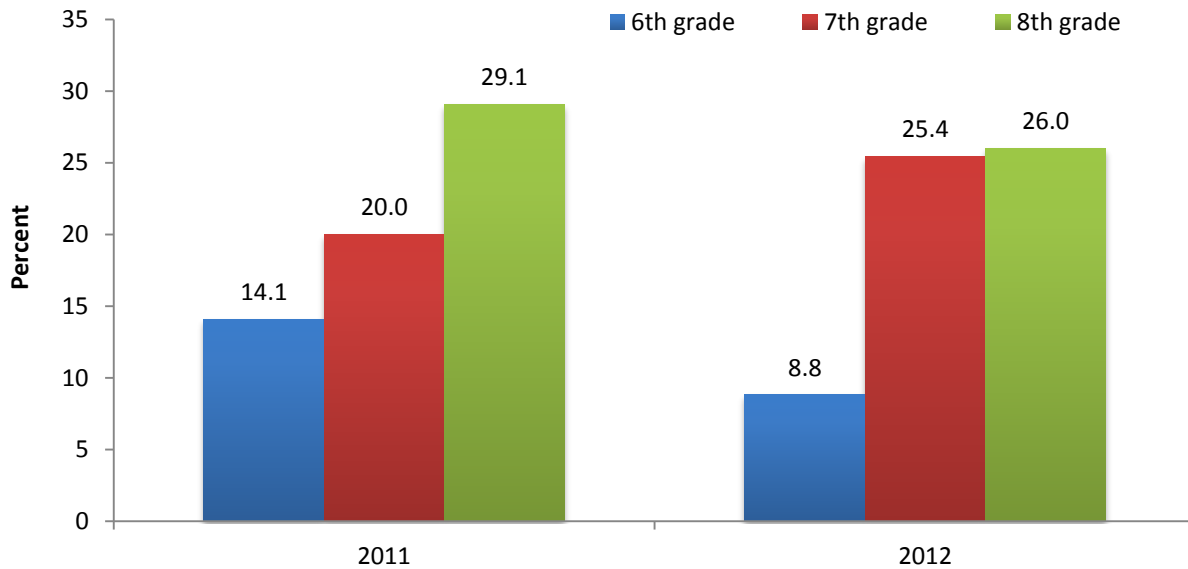
Figure 14: Percent of Adults Reporting Current Smoking by State, County, and City, 2005-2011



Source: Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Behavioral Risk Factor Surveillance Survey, 2005-2011

Figure 15 shows lifetime cigarette use specifically among middle school youth. Approximately 1 in 4 youth in grades 7 and 8 reported having ever smoked cigarettes.

Figure 15: Percent of Middle School Youth Reporting Cigarette Use at Any Point in their Lifetime in Cecil County, 2011-2012

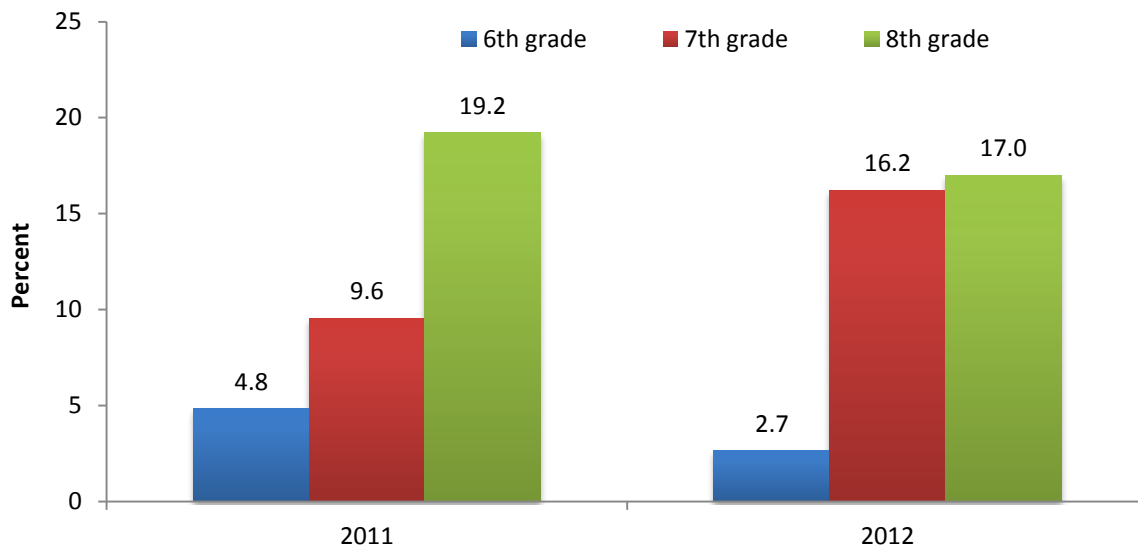


Source: Cecil County Youth Risk Behavior Survey, 2011-2012

Marijuana Use

Stakeholders viewed marijuana use as most prevalent among youth and young adults which is consistent with survey data for Cecil County. Figure 16 shows marijuana use among middle school youth in Cecil County for 2011 and 2012, yielded from the Cecil County YRBS, a survey among all middle school students. Nearly 1 in 6 students in grades 7 and 8 reported that they had used marijuana in their lifetime.

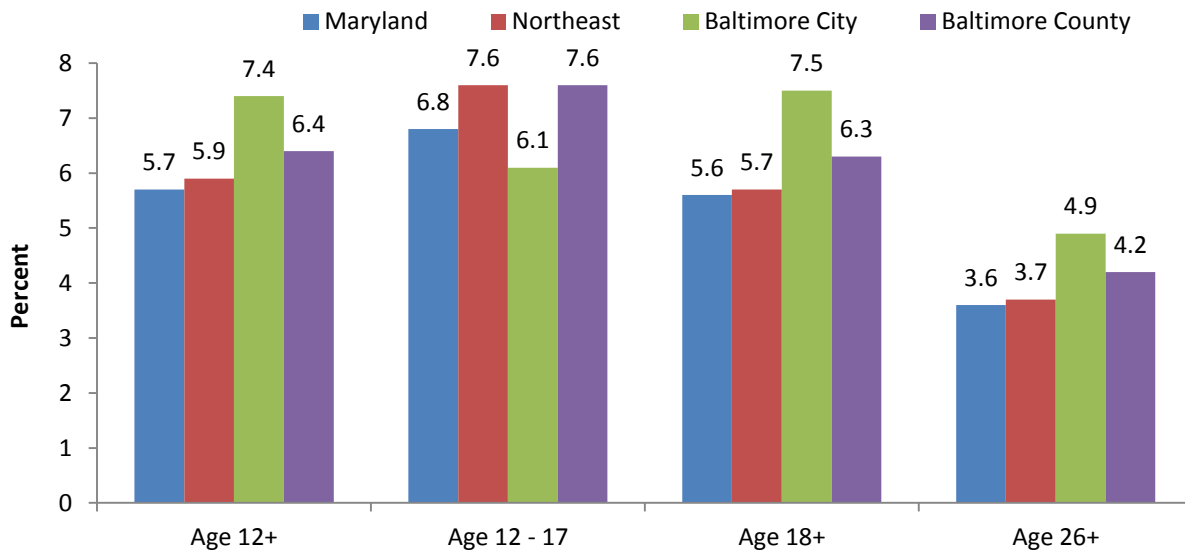
Figure 16: Percent of Middle School Youth Reporting Use of Marijuana at Any Point in their Lifetime in Cecil County, 2011-2012



Source: Cecil County Youth Risk Behavior Survey, 2011-2012

Current marijuana use is also high among young people in the region. Figure 17 shows past month use of marijuana among people in Maryland, Baltimore City and County, and the Northeast region of Maryland. Among Northeast youth ages 12-17, marijuana use in the past month was 7.6%, higher than Maryland and Baltimore City. Rates of marijuana use decreased several percentage points among older populations.

Figure 17: Percent of Youth and Adults Reporting Current Marijuana Use by State, Region, County, and City, 2008-2010



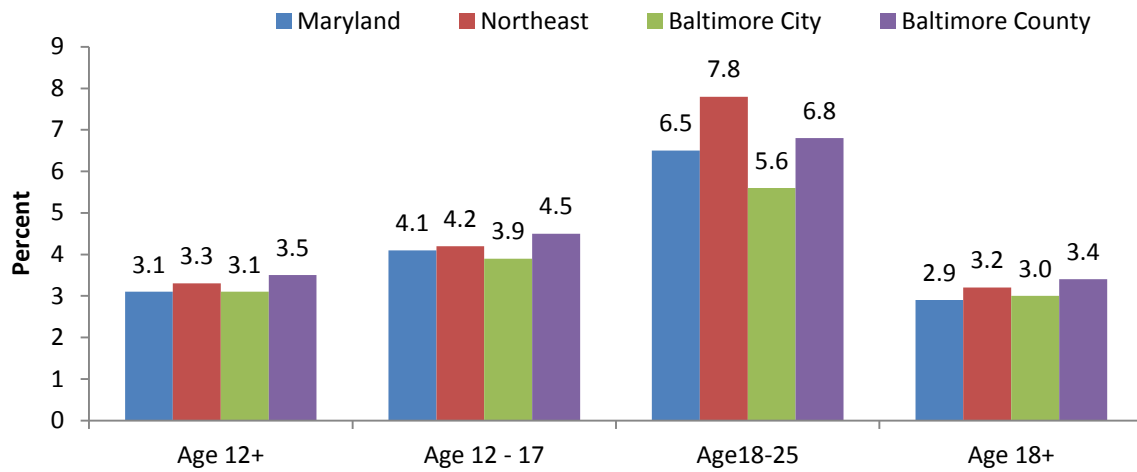
Cecil County specific data not available.

Source: National Survey on Drug Use and Health, 2008-2010

Illicit Drug Use

Use and abuse of illicit and prescription drugs were considered pressing concerns among study respondents, and data show higher rates in the region. As seen in Figure 18, 4.2% of youth ages 12-17 and 7.8% of young people ages 18-25 in the Northeast region of Maryland used illicit drugs in the month prior to the national survey. Rates among younger youth are lower and consistent with the state and neighboring counties. When asked about their concerns about substance abuse, interviewees and focus group participants in this study were most concerned about the use of heroin among Cecil County residents. Other drugs, including cocaine, K2, bath salts, spice, and vaportini, were mentioned by respondents, although were not seen as prevalent in the County.

Figure 18: Percent of Youth and Young Adults Reporting Illicit Drug Use in Past Month by State, Region, County, and City, 2008-2010

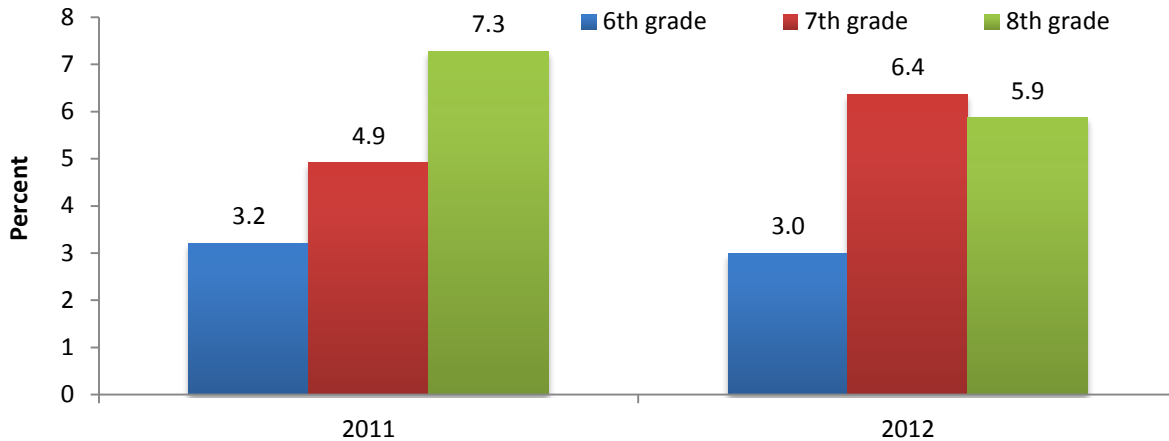


Cecil County specific data not available.

Source: National Survey on Drug Use and Health, 2008-2010

As illustrated in Figure 19 below, approximately 6% of youth in grades 7 and 8 in 2012 reported having used prescription medication without a doctor's prescription. This is a slight decrease from the previous year among 8th graders and a slight increase among 7th graders.

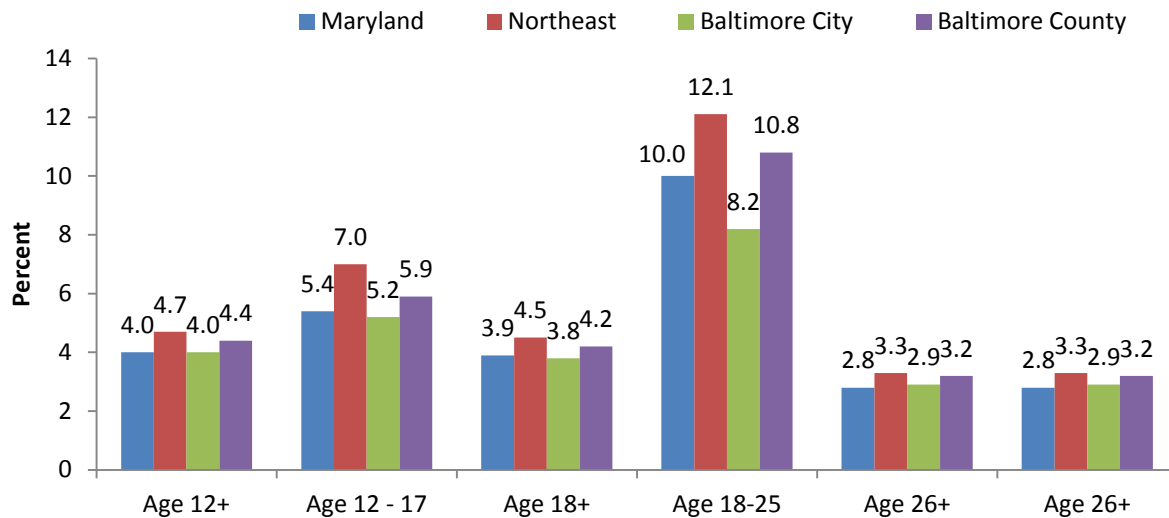
Figure 19: Percent of Youth Using Prescription Drugs without a Doctor's Prescription at Any Point in their Lifetime in Cecil County, 2011-2012



Source: Cecil County Youth Risk Behavior Survey, 2011-2012

Similar levels of use are seen among older youth in the region as well. Figure 20 shows the percent of people who have used pain medication for non-medical uses in the past year. For 2008-2010, 7.0% of youth and 12.1% of young adults in Northeast Maryland ages 18-25 reported having used pain medications for non-medical use in the past year.

Figure 20: Percent of Youth and Young Adults Using Pain Medication for Non-Medical Use in the Past Year by State, Region, County, and City, 2008-2010



Cecil County specific data not available.

Source: National Survey on Drug Use and Health, 2008-2010

Among study respondents in Cecil County, Oxycodone was the most frequently cited prescription opiate. One provider commented that prescription drug abuse and heroin are common among younger people through their twenties, while middle-aged adult drug abuse stems from unintentional pain medication addiction. Other reported prescription drug use during discussions included benzodiazepines, and among youth, amphetamines and over-the-counter medications.

Those involved in the substance abuse field in the County stated that adults often start using prescription drugs following an accident, surgery, or complaints of pain, and then become addicted. Among youth, Cecil County has witnessed a transition from youth drinking to use of prescription drugs. As noted in discussions, *“prescription drug use sneaks under the radar because it is so easy to transport and hide.”*

Stakeholders perceived that among substance abusers, when prescription pills get too expensive, people switch to heroin. The switch from prescription drugs to heroin has also been spurred by the increasing crackdown on physicians’ prescribing practices. Faced with the financial and logistical barriers of accessing pills, one respondent commented that people are *“going from using prescription medications directly to shooting heroin.”* Heroin use is viewed as particularly common among older adolescents and adults. Throughout the County, providers and community residents perceived that much of the prescription opiate use remains intentionally hidden, until it eventually turns into a heroin issue—at which point, *“how the addiction started isn’t noticed, it’s just seen when it becomes such a crisis.”*

At Risk Populations

Stakeholders identified several population groups at particular risk for substance abuse, including youth, seniors, low income individuals, and victims of violence. For example, middle school youth were seen as exposed to substance abuse at an early age, resulting in older middle school and high school youth exhibiting high rates of substance use. Victims of child abuse or domestic violence were also seen as being *“more prone to use substances to escape their feelings, their reality. Drugs are also a form of control of domestic partners, [who] provide or deny access.”* Stakeholders also perceived that substance abuse is high among Section 8 housing residents and homeless individuals.

Finally, older adults who have been prescribed drugs for previous, legal use were seen as at risk both for personal abuse as well as supplying, intentionally or unintentionally, to family members. Stakeholders described how seniors were overprescribed opiate pain medication, resulting in surplus pills that either the individuals consumed after they were medically necessary or were accessed by family members.

Consequences of Substance Abuse

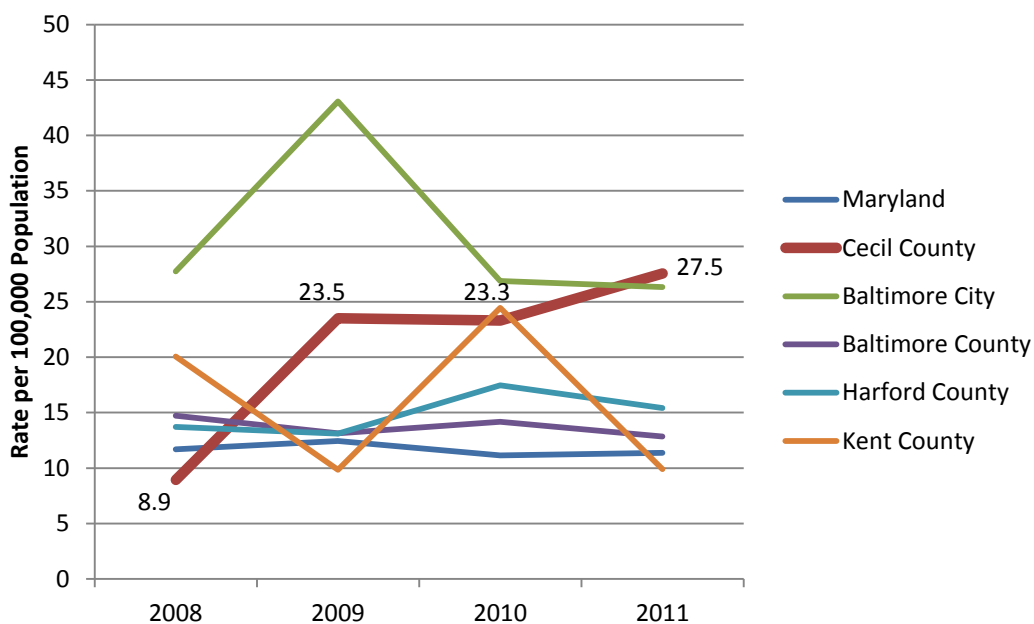
The consequences from substance abuse significantly affect both individuals and communities, and Cecil County is disproportionately facing many of these effects compared to neighboring communities.

The information in this section is focused on “consequence” data, defined as the health and social consequences associated with alcohol and drug use. These consequences include alcohol-related morbidity and mortality, motor vehicle crashes, crime and violence, and school suspensions.

Overdose Deaths

Cecil County has the highest overdose death rate in the state, and is one of the only geographies with a steady increase in overdose deaths over the last two years. One of the most extreme consequences of alcohol and drug abuse is fatal overdose or death due to intoxication; that is, the substance(s) consumed played a direct role in an individual’s death. These are seen as potentially preventable deaths. From 2008-2011, Cecil County experienced a 208% increase in overdose deaths (by any substance) per 100,000 population, from 8.9 deaths per 100,000 population to 27.5 deaths per 100,000 population (Figure 21). Furthermore, overdose deaths were on the rise in Cecil County from 2010 to 2011.

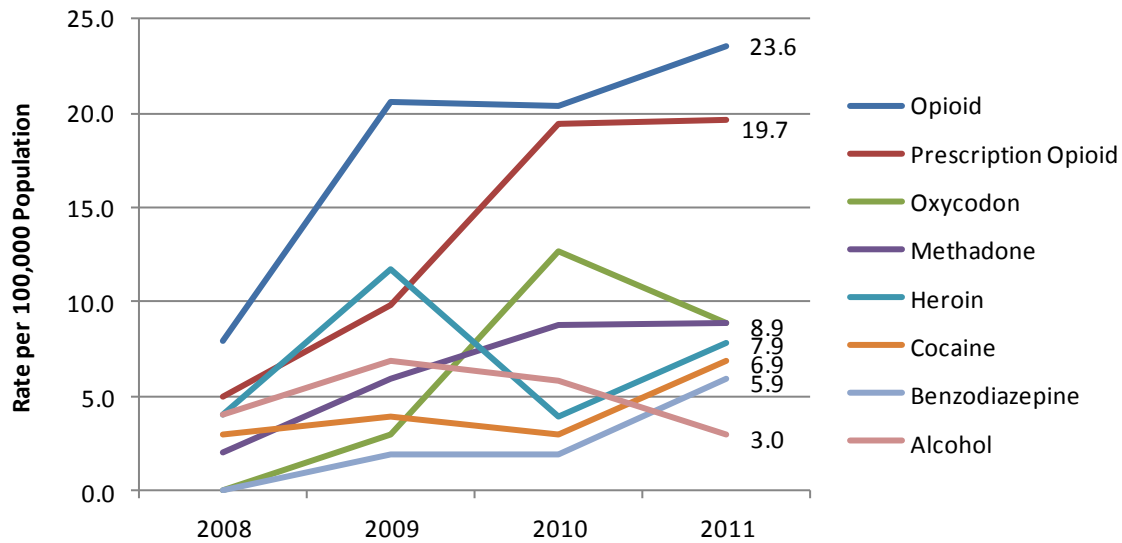
Figure 21: Rate of Overdose Deaths (Any Substance) per 100,000 Population, State, County, and City, 2008-2011



Source: Maryland Department of Health and Mental Hygiene, 2008-2011

As seen in Figure 22, opioid-related overdose deaths were the most common type of overdose, showing a sharp increase in the past five years. Specifically, deaths from prescription opioid overdoses have risen, particularly from 2008-2010. Overdose deaths from heroin, cocaine, and benzodiazepine have all had slight increases from 2010 to 2011.

Figure 22: Rate of Overdose Deaths per 100,000 Population, by Substance, in Cecil County, 2008-2011



Source: Maryland Department of Health and Mental Hygiene, 2008-2011

While the figure above shows the time trend of overdose deaths by substance specifically for Cecil County, Table 2 on the next page provides overdose data over time by substance for Cecil County and the surrounding communities for comparison. We see that in many cases Cecil County has the highest rate in 2011 among all geographies, except sometimes Baltimore City, for overdose deaths by all the different substances. In many instances, Cecil County has more than 2 to 3 times the death rate than Maryland overall or the neighboring counties of Harford or Kent.

Table 2: Rate of Overdose Deaths per 100,000 Population by Substance Type by State, County, and City, 2008-2011

	2008	2009	2010	2011
Opioid				
Maryland	8.9	9.7	8.6	9.0
Cecil County	7.9	20.6	20.4	23.6
Baltimore City	23.0	36.0	21.7	22.3
Baltimore County	11.6	10.2	11.7	11.2
Harford County	12.5	11.1	15.4	11.4
Kent County	20.1	9.8	14.7	4.9
Heroin				
Maryland	5.0	6.1	4.1	4.2
Cecil County	4.0	11.8	3.9	7.9
Baltimore City	16.4	27.1	14.5	12.1
Baltimore County	6.3	6.6	5.3	4.7
Harford County	3.3	5.7	4.9	6.1
Kent County	5.0	0.0	0.0	4.9
Prescription Opioid				
Maryland	4.6	4.3	5.3	5.7
Cecil County	5.0	9.8	19.4	19.7
Baltimore City	8.5	11.7	9.5	12.8
Baltimore County	6.5	4.5	7.3	8.1
Harford County	10.0	5.7	12.2	6.1
Kent County	15.0	9.8	14.7	4.9
Oxycodone				
Maryland	1.2	1.4	1.9	2.0
Cecil County	0.0	2.9	12.6	8.9
Baltimore City	0.9	1.9	0.8	2.4
Baltimore County	1.8	1.8	2.5	2.6
Harford County	4.2	1.2	5.7	2.8
Kent County	0.0	4.9	9.8	0.0
Methadone				
Maryland	2.8	2.3	2.9	2.9
Cecil County	2.0	5.9	8.7	8.9
Baltimore City	6.8	9.3	8.3	10.1
Baltimore County	3.7	2.1	4.4	3.8
Harford County	5.8	3.3	6.9	2.8
Kent County	10.0	4.9	9.8	4.9
Alcohol				
Maryland	2.9	2.7	2.8	2.7
Cecil County	4.0	6.9	5.8	3.0
Baltimore City	6.1	9.7	6.1	7.0
Baltimore County	2.9	2.8	3.6	2.6
Harford County	3.7	1.6	3.7	1.6
Kent County	0.0	0.0	4.9	0.0
Cocaine				
Maryland	2.7	2.7	2.3	2.5
Cecil County	3.0	3.9	2.9	6.9
Baltimore City	8.8	12.8	7.0	7.5
Baltimore County	2.9	2.9	2.9	2.3
Harford County	1.7	2.0	2.0	1.6
Kent County	10.0	0.0	4.9	0.0

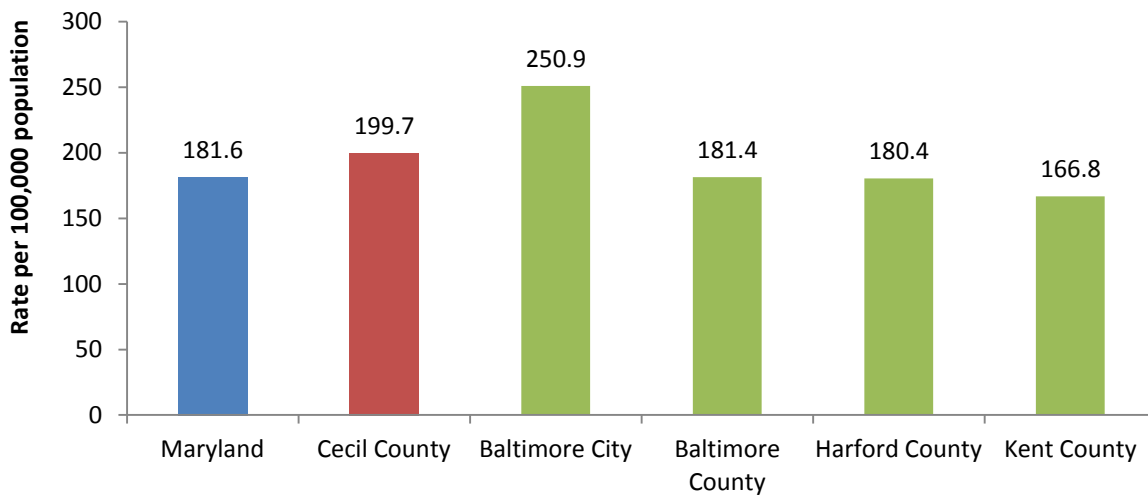
Source: Maryland Department of Health and Mental Hygiene, 2008-2011

Chronic Disease Morbidity and Mortality

Cecil County experiences high rates of heart disease and cancer mortality, though substance abuse and mental health-related morbidity and mortality are most concerning to community stakeholders.

The impact of substance abuse addiction can be far reaching. Prolonged and lifelong use of substances, including tobacco and alcohol, can often result in chronic health problems later in life. As a consequence of substance abuse, these health-related deaths from cardiovascular disease, stroke, cancer, HIV/AIDS, hepatitis, and lung disease, are considered potentially preventable. Figure 23 illustrates the heart disease mortality rate per 100,000 people in Cecil County, neighboring counties, and Maryland. As shown, Cecil County experienced a mortality rate of 199.7 deaths per 100,000 people, which was second highest only to Baltimore City.

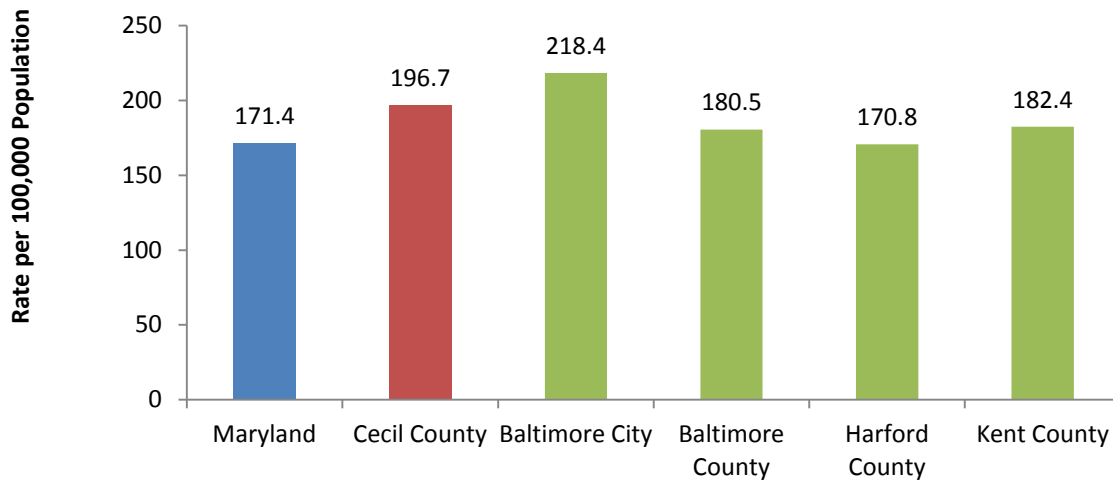
Figure 23: Rate of Heart Disease Mortality per 100,000 Population by State, County, and City, 2009-2011



Source: Vital Statistics, 2009-2011

Many types of cancer can result from sustained substance abuse, especially alcohol and tobacco use. Abusing alcohol and tobacco has been shown to increase rates of mouth, throat and esophageal cancer, liver cancer, lung and bronchus cancer, colorectal cancer, and breast cancer. Yet, in discussions, cancer was not raised as a concern by any community residents and leaders, as people seemed more focused on immediate consequences of substance abuse. Similar to heart disease mortality, Cecil County experienced higher rates of overall cancer mortality (196.7 per 100,000) than many of its neighboring counties and Maryland overall (Figure 24).

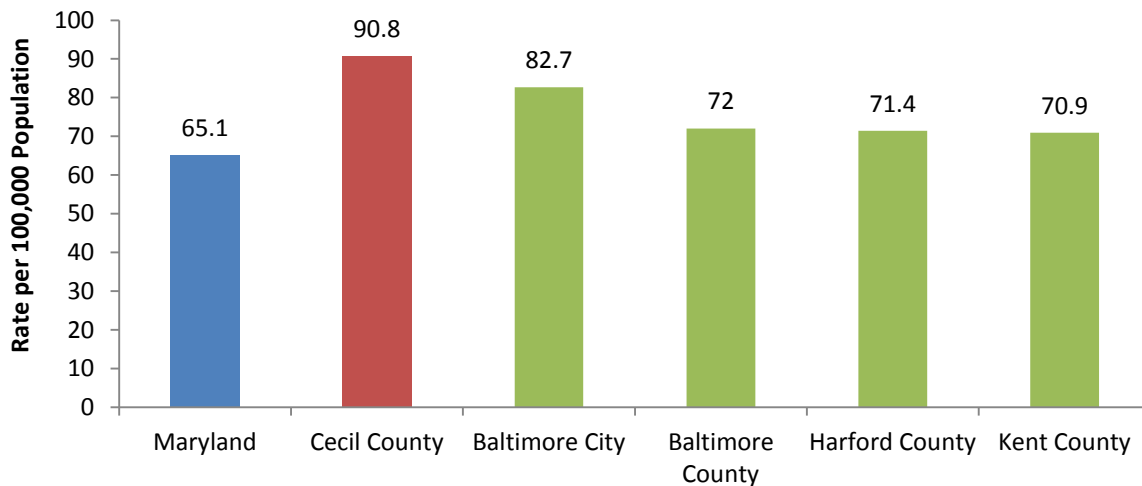
Figure 24: Rate of Cancer Mortality per 100,000 Population by State, County, and City, 2009-2011



Source: Vital Statistics, 2009-2011

Smoking is a significant risk factor for lung, bronchus, and oral cancers. Figure 25 illustrates lung and bronchus cancer incidence rates for Cecil County and other Maryland geographies in 2009-2011. Cecil County had 90.8 new cases of lung and bronchus cancer per 100,000 population for 2005-2009 compared to 82.7 new cases in Baltimore City and 65.1 new cases in Maryland overall.

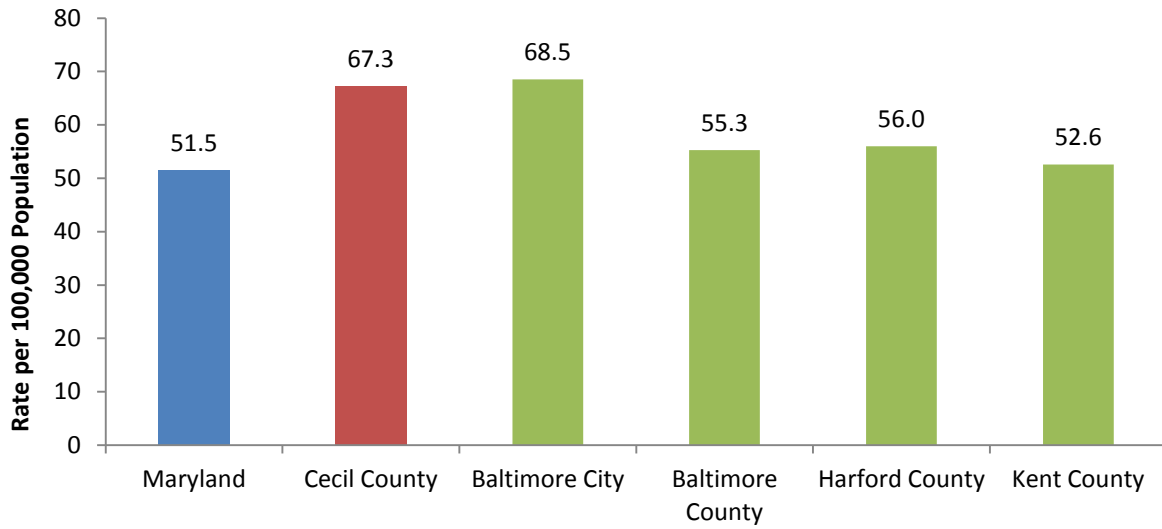
Figure 25: Lung and Bronchus Cancer Incidence Rate per 100,000 Population by State, County, and City, 2005-2009



Source: National Cancer Institute, 2005-2009

As seen in Figure 26, Cecil County experienced higher mortality rates from lung and bronchus cancer as well. The rate for Cecil County (67.3 deaths per 100,000) was significantly higher than that of the State (51.5 deaths per 100,000) and comparable to Baltimore City (68.5 deaths per 100,000).

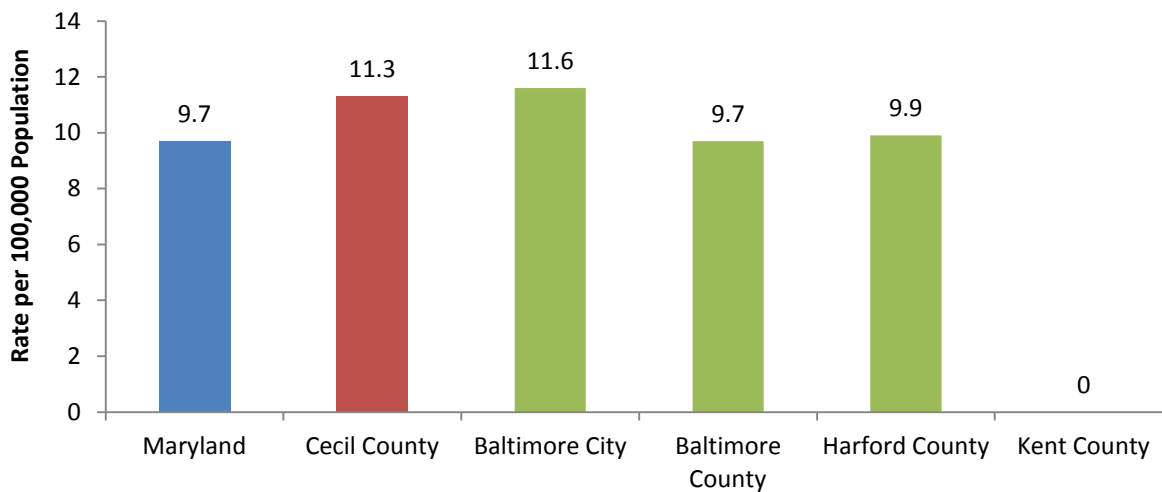
Figure 26: Rate of Lung and Bronchus Cancer Mortality per 100,000 Population by State, County, and City, 2005-2009



Source: National Cancer Institute, 2005-2009

Figure 27 illustrates the oral cavity and pharynx cancer incidence rate by state, county, and city. Though less common, oral cavity and pharynx cancer incidence rates were higher in Cecil County (11.3 new cases per 100,000 population) than in Maryland (9.7 new cases per 100,000) and all other geographies except Baltimore City (11.6 new cases per 100,000).

Figure 27: Oral Cavity and Pharynx Cancer Incidence Rate per 100,000 Population by State, County, and City, 2005-2009



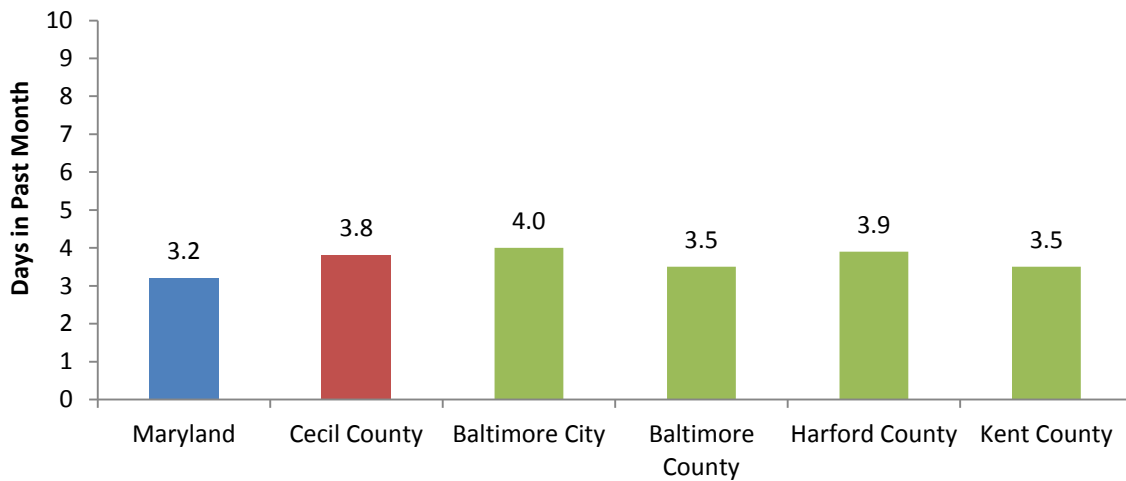
Source: National Cancer Institute, 2005-2009

Mental Health and Suicide

There is a well-documented relationship between substance use and mental health, and the association between these two co-morbidities is complicated. At the individual level, it is important to understand co-occurrence, and at the community level, it is important to understand the interaction between substance abuse and mental health so that prevention and intervention efforts can meet the needs of both. According to the BRFSS, for 2005-2011 the average number of mentally unhealthy days

for adults in Cecil County in the past month was 3.8 days (Figure 28). This was similar to neighboring counties and Maryland as a whole.

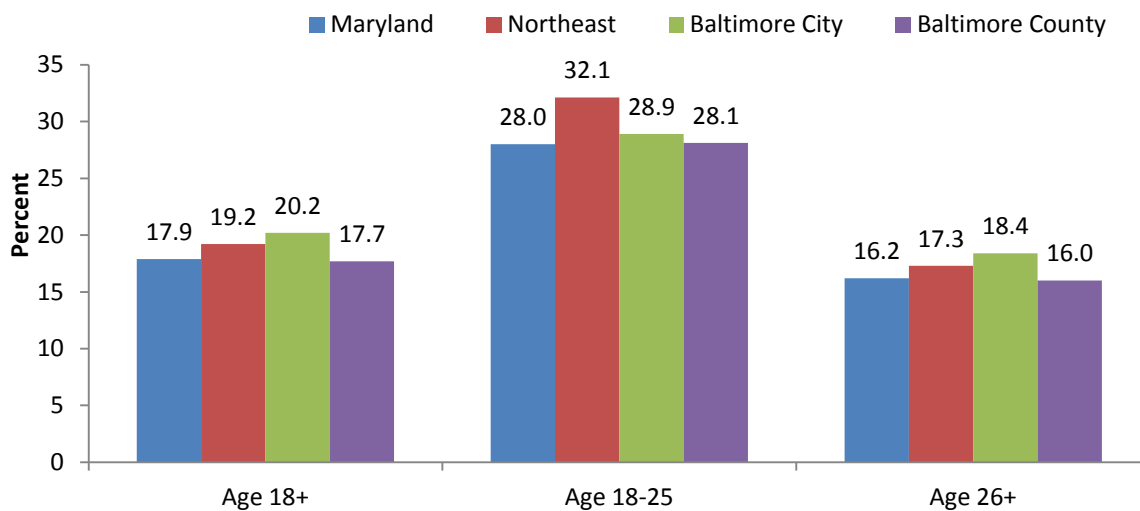
Figure 28: Number of Mentally Unhealthy Days Reported by Adults Mentally by State, County, and City, 2005-2011



Source: Behavioral Risk Factor Surveillance Survey, 2005-2011

Figure 29 illustrates the percent of adults who report that they have had any mental illness in the past year. These proportions are similar across the different geographies including Northeast Maryland, but more mental illness is seen among the late teen to early adolescent ages overall. Nearly one-third of 18-25 year olds in Northeast Maryland reported that they had a mental illness in the past year.

Figure 29: Percent of Adults Reporting Mental Illness in the Past by State, Region, County, and City, 2008-2010

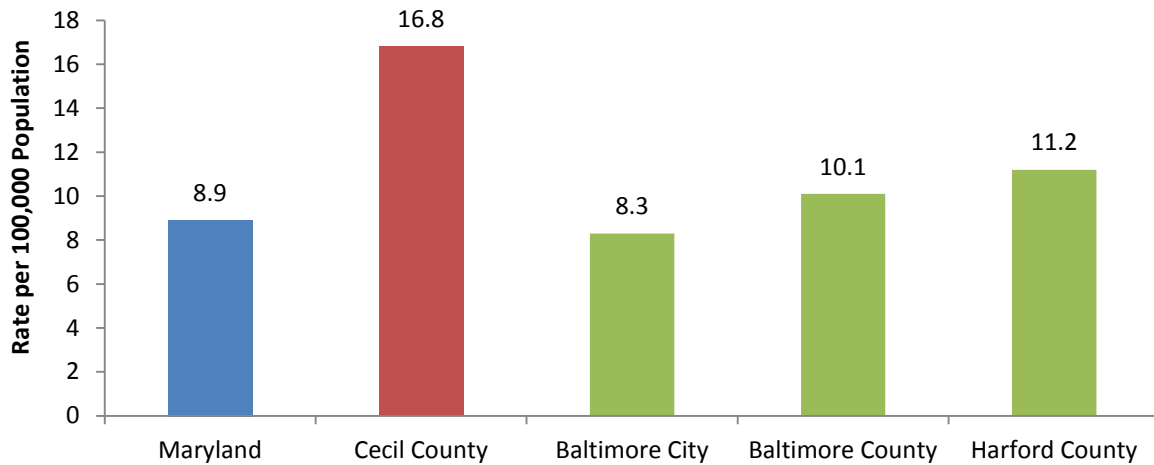


Cecil County specific data not available.

Source: National Survey on Drug Use and Health, 2008-2010

Substance use and abuse is often a factor in suicide. For example, it has been estimated that about 23% of suicides are attributable to alcohol nationally. Figure 30 indicates that in 2011, Cecil County experienced a suicide rate of 16.8 deaths per 100,000, which is higher than rates in neighboring counties and Maryland as a whole.

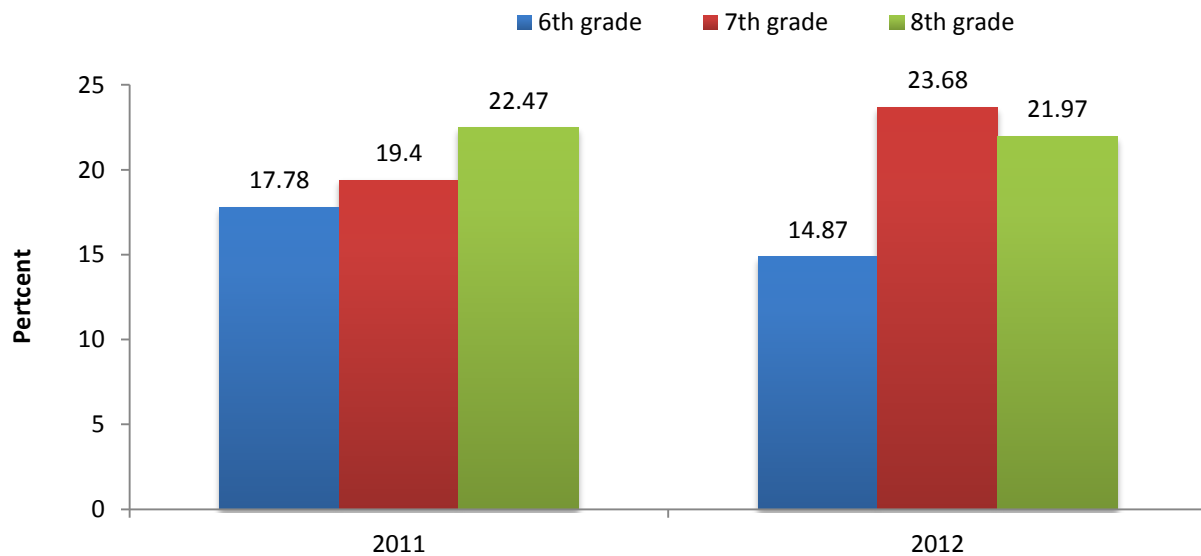
Figure 30: Suicide Rate per 100,000 Population by State, County, and City, 2009-2011



Source: Vital Statistics, 2009-2011

Suicide is also a serious risk for youth in Cecil County. According to the Cecil County Youth Risk Behavior Survey, in 2011 and 2012 approximately 20% of middle school youth seriously considered attempting suicide, as seen in Figure 31 this percent was lower for 6th graders in 2012.

Figure 31: Percent of Youth Who Seriously Thought of Killing Themselves in Cecil County, 2011-2012

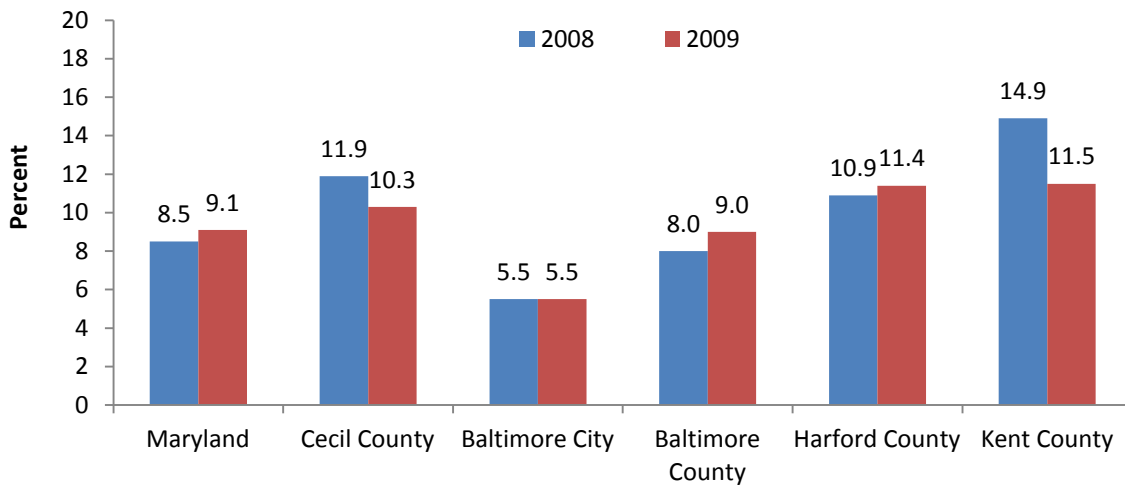


Source: Cecil County Youth Risk Behavior Survey, 2011-2012

Motor Vehicle Crashes

Injury and death while driving impaired or being a passenger in a car is a major health concern, as one in ten motor vehicle crashes in Cecil County involve alcohol or drugs. Figure 32 indicates the percent of motor vehicle crashes involving alcohol and/or other drugs. In Cecil County in 2009, approximately 10% of motor vehicle crashes involved alcohol and/or other drugs. This indicated a slight decrease from 11.9% in 2008. These Cecil County statistics are higher than those of Baltimore City and County and Maryland overall, and comparable to Harford County.

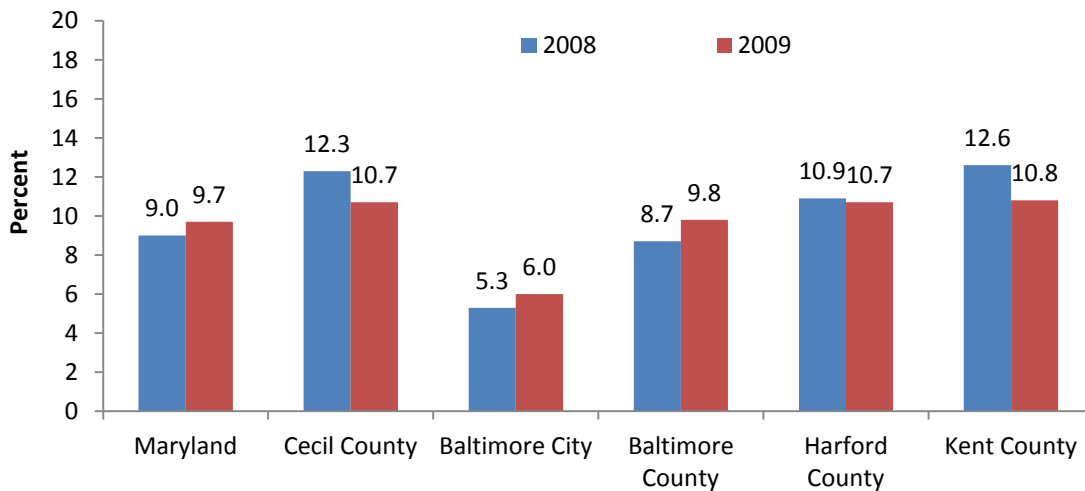
Figure 32: Percent of Motor Vehicle Crashes Involving Alcohol/Drugs by State, County, and City, 2008-2009



Source: Maryland Automated Accident Reporting System, 2008-2009

Similar to the data for Cecil County seen above, Figure 33 shows that the percent of motor vehicle injuries and fatal crashes involving alcohol and/or other drugs was 12.3% in 2008 and 10.7% in 2009 for Cecil County. These are higher than or consistent with all other geographic areas of comparison

Figure 33: Percent of Motor Vehicle Injuries and Fatal Crashes Involving Alcohol/Drugs by State, County, and City, 2008-2009



Source: Maryland Automated Accident Reporting System, 2008-2009

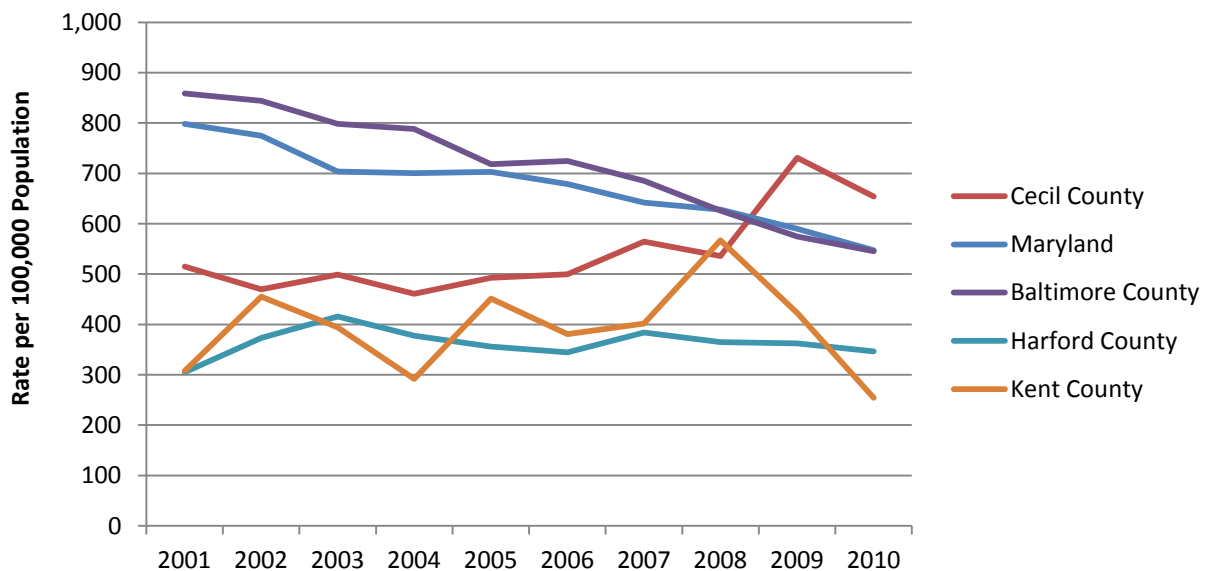
Yet, many residents indicate that they do not put themselves in this situation. In the 2009 Cecil County Community Health Survey, only 2.2% of respondents indicated that they had driven drunk and 2.3% of respondents indicated that they have been a passenger in a vehicle driven by someone who may have had too much alcohol or taken drugs.

Crime and Violence

While substance abuse-related crime data are not available for Cecil County, many study respondents discussed anecdotally that rising crime in the area was perceived to be associated with the substance abuse problem. Research shows that drug users are more likely than nonusers to commit crimes, and many arrestees or inmates report having been under the influence of a drug at the time they committed their offense. Criminal behavior is common with drug use for several reasons. Irrational or violent behavior can be a consequence of drug consumption itself or due to withdrawal symptoms. Alternatively, crimes may be committed by drug users with the intent to obtain goods or money to be used to purchase more drugs. These crimes may or may not become violent, regardless of intent. Finally, crimes are associated with drug use more structurally as they are directly or indirectly associated with drug trafficking and distribution.

As seen in Figure 34, violent crime per 100,000 population in all geographies except Cecil County have been declining since 2001. While other geographies have been experiencing stable or declining violent crime rates, Cecil County has jumped from 514.7 violent crimes per 100,000 population in 2001 to 653.8 violent crimes per 100,000 in 2010.

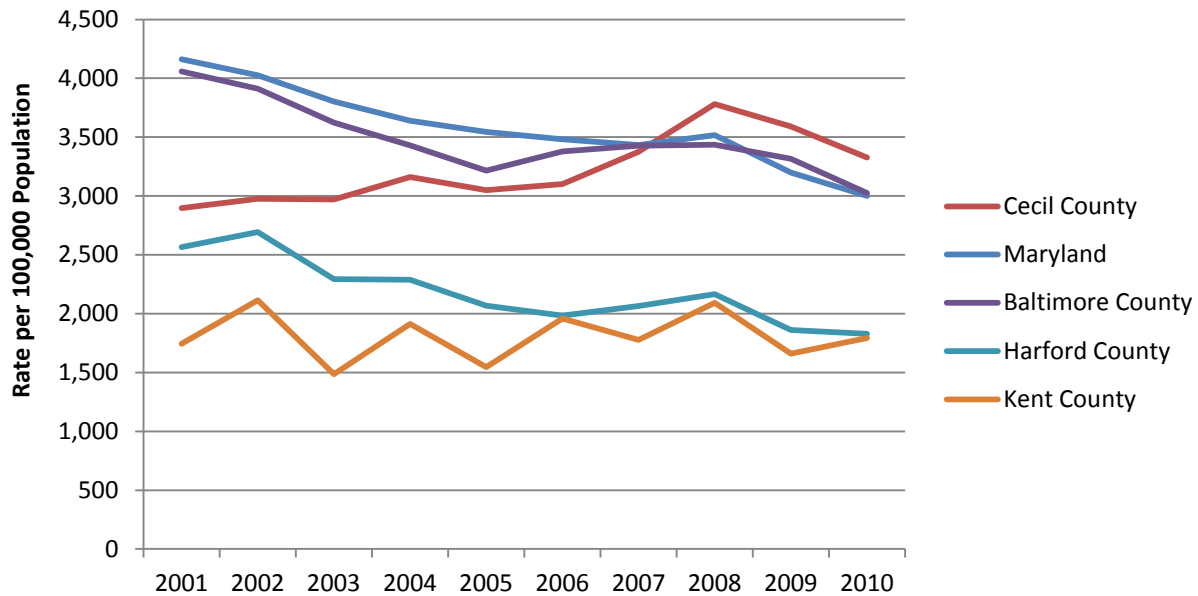
Figure 34: Rate of Violent Crimes per 100,000 Population by State and Counties, 2001-2010



Source: Uniform Crime Report, 2001-2010

Though property crimes are four times more prevalent across all geographies, trends in property crime mirror violent crime rates (Figure 35). As other counties and Maryland overall have seen steady or decreasing property crime rates, Cecil County has seen an increase in property crimes over the past ten years, from 2,898.2 crimes per 100,000 population in 2001 to 3,327.2 property crimes per 100,000 in 2010.

Figure 35: Rate of Property Crimes per 100,000 Population by State, County, and City, 2001-2010

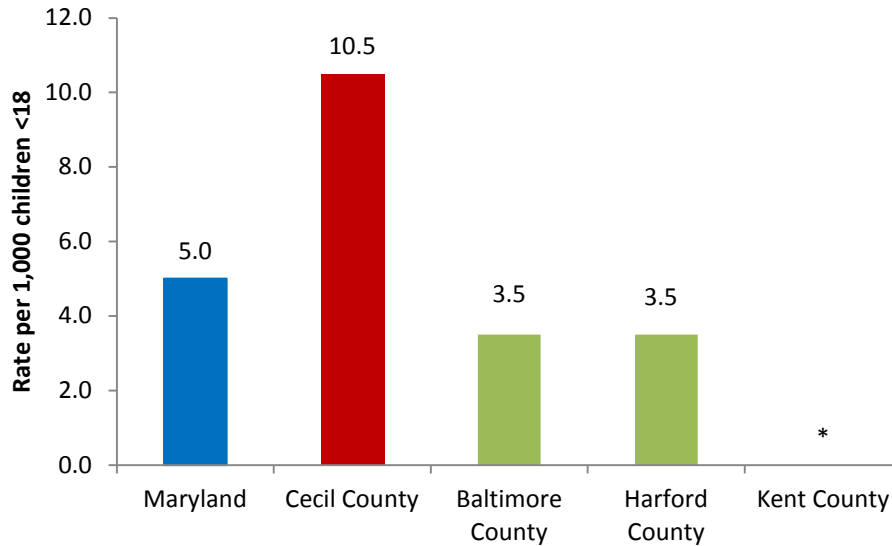


Source: Uniform Crime Report, 2001-2010

Study respondents supported these data trends in their comments. Many reported that the increasing crime rate is among the biggest concerns for the Cecil County community in general. They commented that substance abuse related crime seems to be responsible for property destruction, vandalism, theft, and burglaries, with people breaking into houses to steal money or prescription drugs. One provider commented that it is almost impossible to do *“construction in the County now because of copper theft... [and] A/C units, which people sell for scrap metal.”* Law enforcement officials also suggested that substance abuse is responsible for the rise in prostitution, murders, gang violence, domestic violence and child abuse, which also includes sexual violence.

Child abuse was mentioned by several stakeholders as an important issue of concern. As seen in Figure 36, Cecil County has higher rates of reported child abuse cases than in neighboring communities. Other crime concerns among interviewees and focus group respondents focused on domestic violence and increasing gang activities. Both of these were viewed as being exacerbated by the rise in substance abuse.

Figure 36: Rate of Non-Fatal Child Maltreatment Cases Reported to Social Services, per 1,000 Children <18 Years Old, Fiscal Year 2010



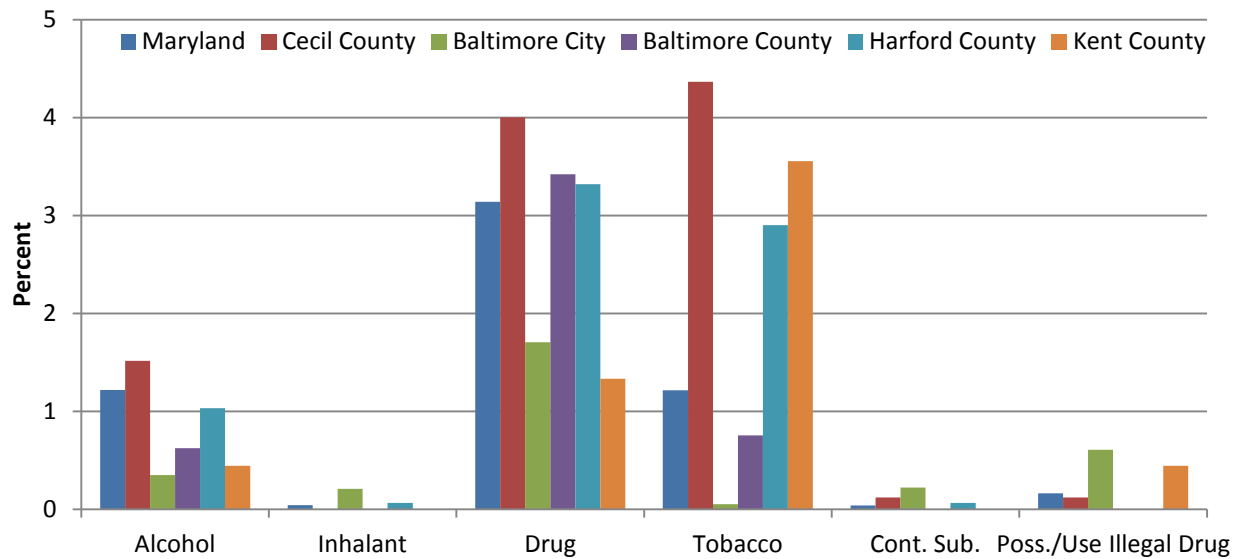
*Rates not provided due to small number of cases.

Source: Department of Human Resources FY2010, as cited in the MD State Health Improvement Plan

While many respondents reported that it seemed like crime is getting worse, some questioned whether *“it’s just getting more public, more desperate.”* It was stakeholders’ perception that last year Cecil County had *“three to four armed robbers weekly, knocking off convenience stores to get money for drugs. They never got very much, so you know it was out of desperation.”* A reporter interviewed the parents of a young man who participated in the armed robbery and they said *“he was just a typical high school boy a few years ago, then started hanging with the wrong crowd and turned to heroin. He wouldn’t have been a robber, if not for heroin.”*

Substance use among youth, and the negative health, social, and academic consequences that result, were of particular concern to stakeholders in Cecil County. Figure 37 below shows suspensions due to different substances as reported by the Maryland Department of Education in 2010-2011. Among Maryland and neighboring counties, Cecil County had the highest percentage of students suspended due to alcohol, drugs, and tobacco.

Figure 37: Percent of Student Suspensions and Expulsions from Public Schools by State, County, and City, 2010-2011

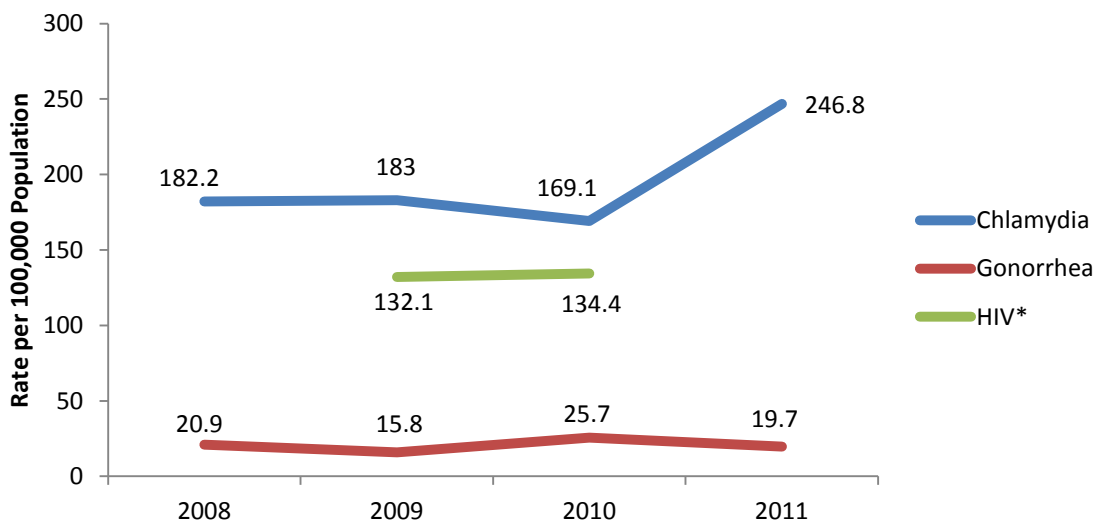


Source: Maryland Department of Education, 2010-2011

Sexually Transmitted Infections

While study respondents briefly talked about substance abuse leading to increased risk taking, data indicate that Cecil County has seen an increase in Chlamydia cases recently. Drugs can affect judgment and lead to greater risk-taking behaviors, including around clean needle use, sexual behavior, and sexually transmitted infections. Shared equipment for using drugs can carry HIV and hepatitis, and drug use is linked with unsafe sexual activity. Approximately one-third of AIDS cases reported in 2000 (11,635) in the United States were associated with injection drug use. As seen in Figure 38, the HIV prevalence rate and Gonorrhea incidence rate have remained steady in recent years, yet Chlamydia rates have risen, from 2010 to 2011.

Figure 38: Rate of Chlamydia and Gonorrhea Incidence and HIV Prevalence per 100,000 Population in Cecil County, 2008-2011



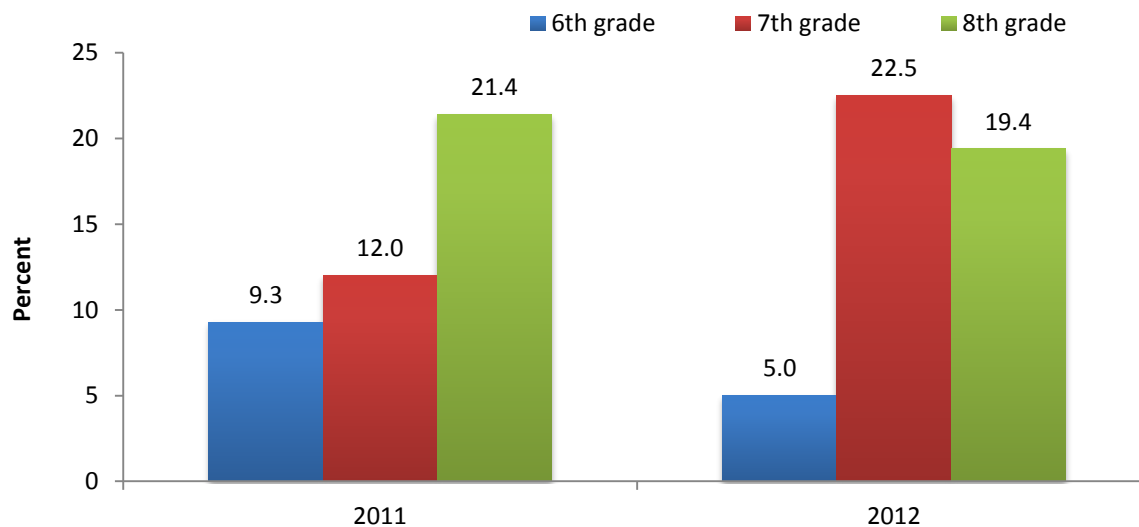
*2008 and 2011 HIV prevalence rate data for Cecil County were not available

Source: Maryland Department of Health and Mental Hygiene, 2008-2011

Teen Pregnancy

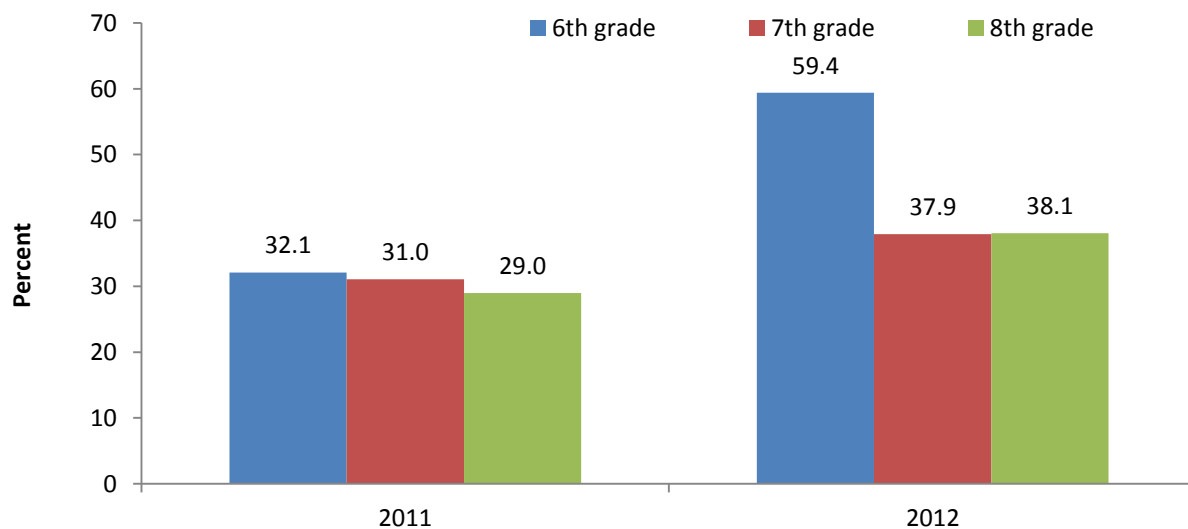
Substance abuse also is associated with increased sexual risk-taking practices, potentially leading to unplanned pregnancy. As seen in Figure 39 approximately 20% of 7th and 8th grade youth in 2012 reported that they had ever had sexual intercourse. There was a major increase from 2011 to 2012 among 7th grade students who reported being sexually active. Among those students who had sexual intercourse, many reported not using a condom during their last sexual encounter. Figure 40 shows that across 2011-2012, 30-40% of middle school students in Cecil County did not use a condom the last time they had sexual intercourse. This number was significantly higher among 6th grade students in 2012, with nearly 60% reporting they had not used a condom.

Figure 39: Percent of Middle School Youth Reporting Having Had Sexual Intercourse at Any Point in their Lifetime in Cecil County, 2011-2012



Source: Cecil County Youth Risk Behavior Survey, 2011-2012

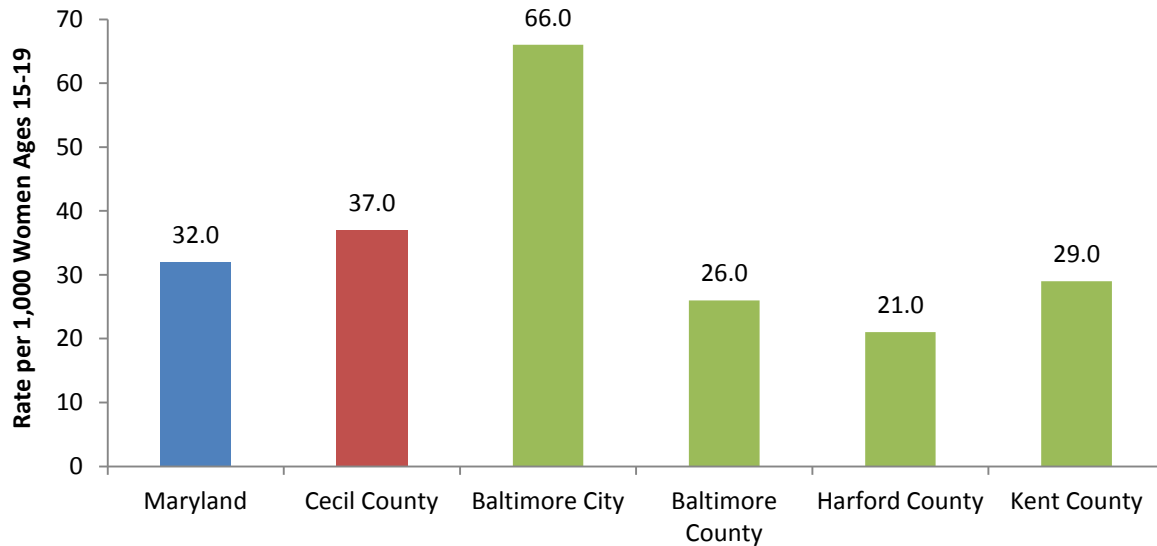
Figure 40: Percent of Middle School Youth who Reported Condom Use During Last Sexual Intercourse in Cecil County, 2011-2012



Source: Cecil County Youth Risk Behavior Survey, 2011-2012

Figure 41 shows the rates of teenage pregnancy for young women ages 15 to 19. According to the National Vital Statistics System, for 2004-2010 Cecil County had 37.0 births per 1,000 teenage women. While this rate is half of what is seen in Baltimore (66.0 per 1,000), the rate in Cecil County is higher than those of neighboring counties and Maryland overall.

Figure 41: Rate of Teen Births per 1,000 Women Ages 15 to 19 by State, County, and City, 2004-2010



Source: Vital Statistics, 2004-2010

Neonatal Abstinence Syndrome (NAS)

Within the past five to ten years, Cecil County health care providers mentioned a dramatic rise in the numbers of babies born with Neonatal Abstinence Syndrome (NAS). NAS is a group of problems that occur in a newborn who was exposed to addictive illicit or prescription drugs while in the mother's womb. These and other substances pass through the placenta to the baby during pregnancy, and the baby becomes addicted along with the mother. Babies of mothers who drink alcohol during pregnancy may have a similar condition, fetal alcohol syndrome. As one health care provider indicated, *"I've been delivering babies for 25 years and it's only in the last 10 years, we've seen a huge increase in NAS incidence, especially the last 5 years."*

While hospital data were not available, health care providers anecdotally reported that they seemed to see *"at least three NAS babies born each week."* A school official described that *"there are more and more kids who were born addicted now in the elementary schools, and we have to intervene at 6 or 7 years-old. They have many issues related to their mothers' drug use while pregnant."* A health care provider added that *"patients didn't realize that their babies could become addicted if they were taking narcotics. You need to look at physician responsibility."*

Providers shared that Maryland's Department of Social Services gives mothers intensive services to assist them in getting clean before considering severing custody. One health care provider's perception was that *"it takes a lot for Maryland to take the babies away. In Delaware, they take the baby right away if born with drugs in their systems. Not in Maryland, we have more services. I see mothers from Delaware coming here to give birth so they don't get their babies taken away immediately."*

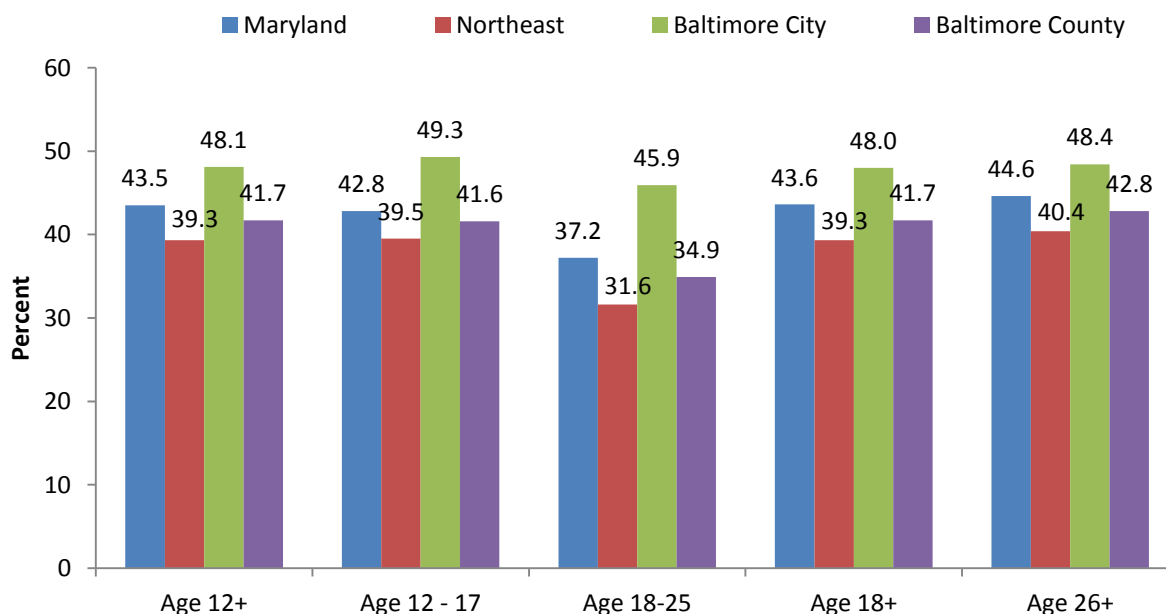
RISK AND PROTECTIVE FACTORS OF SUBSTANCE ABUSE IN CECIL COUNTY

Cecil County residents cited a number of risk and protective factors equated with substance abuse, specifically people's perceptions of risk, social and community norms, generational addiction, social access, and commercial access to substances. This section discusses several of the prominent themes that emerged in discussions as to the increasing rates of substance abuse in the County.

Community Norms and Perception of Harm of Substance Use

Several interviewees and focus groups commented that young people in Cecil County do not consider how harmful many drugs are, an attitude thought to be held specifically about alcohol and marijuana. Studies indicate that individuals with attitudes or values favorable to alcohol or drugs are more likely to initiate substance use.^{3,4} According to the National Survey on Drug Use and Health, across all ages of people in the Northeast region of Maryland, there was low perception of risk associated with having 5 or more drinks of alcohol once or twice per week compared to Baltimore City and County and Maryland overall (Figure 42). Perception of risk was especially low among 18-25 year olds in Northeast (31.6%).

Figure 42: Percent of Population that Perceives Risk Associated with Binge Drinking by State, Region, County, and City, 2008-2010

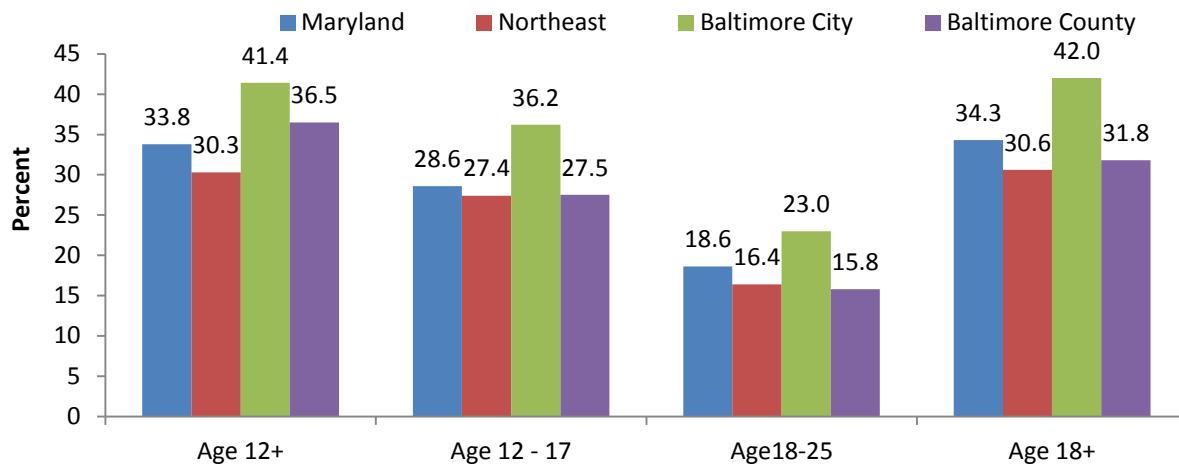


Source: National Survey on Drug Use and Health, 2008-2010

Interviewees in Cecil County confirmed what the quantitative data indicated about perception of risk of alcohol consumption, as one respondent noted, *“alcohol is huge and part of this whole substance abuse picture. People don’t see anything wrong with alcohol use. There’s a mindset that it’s ok, it’s not going to hurt you, even youth.”* Low perception of risk was viewed by stakeholders as an issue that cuts across ages and socioeconomic levels in Cecil County.

Similar to their perceptions of risk associated with alcohol use, people in the Northeast region of Maryland had consistently low perceptions of risk associated with smoking marijuana. Again, across all geographies, people 18 to 25 years old felt the lowest perception of risk (Figure 43).

Figure 43: Percent of Population that Perceives Risk Associated with Using Marijuana by State, Region, County, and City, 2008-2010

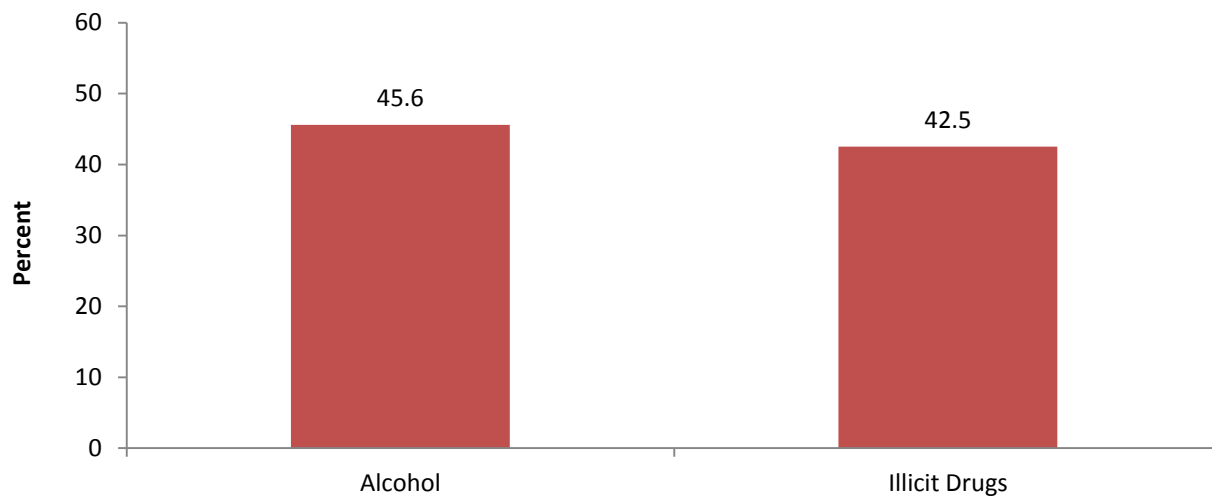


Source: National Survey on Drug Use and Health, 2008-2010

Marijuana use was perceived by stakeholders as most prevalent among youth and older adolescents, but respondents indicated that they did not think people saw marijuana as particularly harmful. One respondent noted that marijuana use is *“not seen very much and not as serious,”* while others expressed concerns about the emergence of cannabis e-cigarettes. In general, stakeholders perceived that *“marijuana still runs rampant, but not everyone embraces the fact that it’s a substance abuse problem.”*

When respondents were asked in the 2009 Cecil County Community Health Survey about their perception of risk regarding their children using alcohol and illicit drugs, 45.6% said they were somewhat or very concerned about their own children using alcohol and 42.5% were somewhat or very concerned about their own children using illicit drugs (Figure 44). These data indicate that over 50% of adult respondents in Cecil County do not view their children’s use of alcohol and illicit drugs as concerning behavior.

Figure 44: Percent of Parents that Perceive Risk of their Own Children Using Alcohol and Illicit Drugs by State, Region, County, and City, 2009



Source: Cecil County Community Health Survey, 2009

It is important to note, as one interviewee pointed out, that the Cecil County Youth Risk Behavior Surveillance does not include questions on perception of risk. Thus no data are available regarding youth perception of risk of using different substances or their perceptions of their peers or parents views on substance use.

Overall, interviewees reported that substance abuse in Cecil County is viewed as normal, with some people not seeing *“the severity of it,”* and others recognizing that this perspective is problematic. There is also a perception that taking prescription pills like Oxycontin is not viewed the same as taking street drugs, with one respondent saying *“there is a major education piece about addiction that needs to happen.”* One provider assumed that prescription drug use is not seen as wrong, because *“people function OK with prescription opiates,”* adding that *“people are not educated about effects, are not afraid of what effects are. It sounds like a good time, and people don’t realize when it happens what it is.”* Additionally, residents shared that they know of parents in Cecil County who party with their adolescent children and let their adolescents drink alcohol at parties *“as long as they don’t drive.”* It was discussed that these unclear community norms create and maintain a risky environment for substance use.

Stigma and Understanding of Addiction

How people conceptualize and understand addiction in Cecil County is divided. Similar to the factor of community norms, community stigma and understanding of addiction is a community-level risk factor associated with substance abuse. When respondents were asked how the community overall views substance abuse, people remarked that there is no singular view. There is discrepancy surrounding both whether the issue of substance abuse is discussed, and whether there is indeed stigma. One focus group participant asserted that *“people know there’s a problem in Cecil. It’s talked about regularly,”* with those personally affected wanting it resolved. On the other hand, *“people not touched by it see it as a low-income, junkie problem, but it touches all walks of life, people just don’t realize it.”* Others see the community as *“blissfully unaware of the drug abuse”* or the community *“does not understand the severity”* of the drug abuse in Cecil County.

Study respondents indicated that there is a vocal group in the community who sees substance abuse as a personal choice and an issue of character. They also see the current problem as a result of outsiders coming in and negatively harming the community. Last year, many County residents loudly voiced their opposition to building additional methadone clinics leading to a change in zoning ordinances and a subsequent lawsuit. However, another respondent suggested that *“people don’t understand what methadone is about,”* suggesting that these misconceptions were based on stigma. The perception is that people choose a life of substance abuse and are causing harm to others because of it. This is seen as creating a tendency to blame people for their addictions.

Other study respondents reported that the community views addiction as a disease, an epidemic, but people do not know what to do about it. *“Families of addicts obviously see the magnitude of the issue,”* reported one stakeholder. Even treatment providers are divided, with one saying *“we talk about kidney disease and heart disease, but we don’t talk about mental illness and substance abuse that way. We really need to change attitudes about mental illness and addiction from public to providers.”* By contrast, another key informant interviewee commented that *“addiction is not a disease. There is no gun to your head to make you shoot yourself with heroin. That needle is not going in your arm by yourself.”*

While study respondents disagreed on the community’s view, many reported that *“people with addiction are stigmatized,”* which prevents the community from openly discussing substance abuse. Respondents commented that those affected by co-morbidities of mental health and substance abuse encountered the most stigma, which might discourage people from seeking treatment. Many

“We have multiple generations of abuse here. It’s a cycle that can’t be broken.”

–Law enforcement representative

“My parents were addicts, their friends were addicts, my cousins were addicts, and for me it was normal, so I kinda just assumed I would be an addict as well, because it was really all we knew.” –Resident in recovery

“Parent and community institutions are not as involved in people’s lives as in the past. They help build resiliency and now they are just not there.”—Community leader

“Home life is why a lot of kids get into drugs and booze. If wean help parents to stop the cycle, it can help the kids.” – Community resident

respondents’ comments regarding the treatment of substance abusers and those with mental illness suggest that stigma does exist. Though many share the view that *“once a person has an addiction, it needs to be seen as a medical and social issue and treated that way. Why don’t we view methadone treatment the same way we do with cancer treatment?”*

Generational Addiction

In Cecil County, substance abuse is a generational behavior for many, with children who grew up in households with parents who were using every day, and as such, they know of no other life. Familial alcohol-using behaviors are strong predictors of adolescent alcohol use.⁵ In a 2003 study, alcohol initiation most often occurred during family gatherings. Moreover, a family history of alcoholism was a significant risk factor for the development of adolescent problem drinking.⁶

The cycle of behaviors and “contagious behaviors” were issues that several interviewees and focus group participants mentioned. As one community member noted, *“everybody is related to everybody, drug problems are a family thing. It derails entire families.”* Another extreme example was told by another respondent that *“kids don’t get to school because mom is drunk at home, dad is high and is violent toward youth... [and] elderly are selling prescription drugs to make ends meet.”*

Families with generational substance abuse have difficulty providing healthy, supportive environments, several people mentioned. *“This cycle of substance abuse,”* providers noted, makes children of adult substance users *“the hardest target group to reach.”*

Social and Commercial Access to Substances

Study respondents indicated that one of the main drivers to the heavy substance abuse problem was the easy access to drugs—from families, friends, physicians that over-prescribe, and commercial outlets. Many residents talked about Cecil County’s closeness to I-95 and its convenience to major metro areas such as Philadelphia and Baltimore. However, this proximity is also seen as facilitating the flow of drugs in and out of Cecil County. According to one law enforcement official, the County’s location makes it *“a magnet”* for drug dealing, and is part of a *“drug corridor.”* Stakeholders noted that some drugs come from Baltimore, but more come from Wilmington, Philadelphia and New York City. *“At 95, they’re hopping off and hopping back on... They’re monitoring 95, but not Route 1 which is a major thoroughfare.”*

Social access to alcohol and drugs in Cecil County is seen as prevalent among many families, not just those with generational addiction. Research shows that the majority of alcohol and drugs consumed by youth are obtained through social sources, such as parents and friends, at underage parties and at home.⁷ Availability of alcohol or illegal drugs leads to increased use.⁸

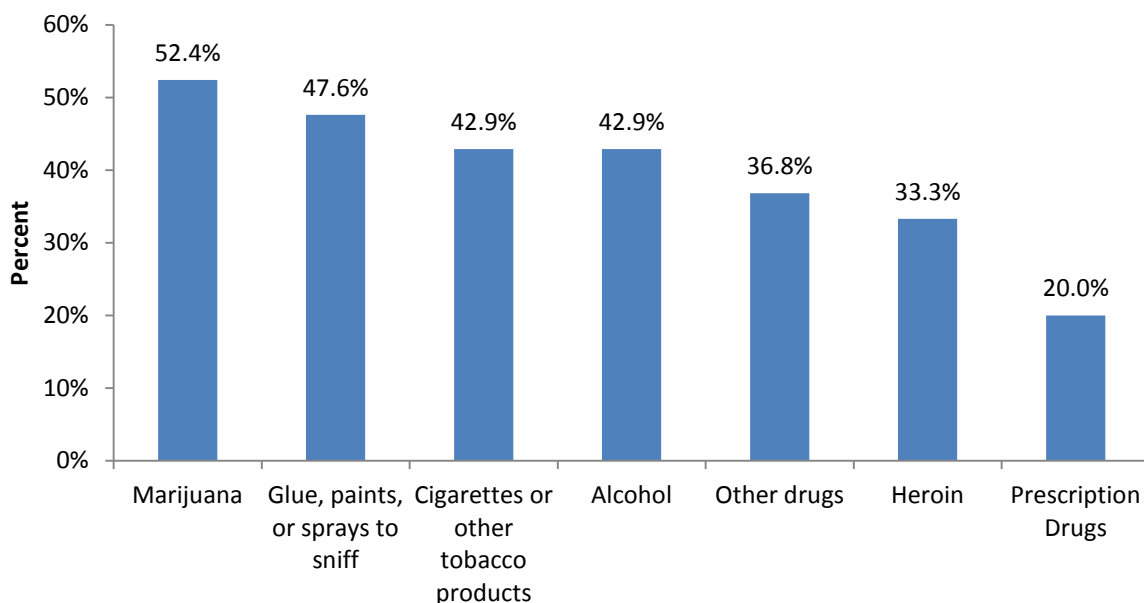
According to study respondents, in some households, youth access to drugs comes from older adults, parents, and grandparents, in some cases from kids

raiding their parents' medicine cabinets. In families with multiple generations of addicts, parents are viewed as permissive of drug experimentation. One respondent suggested that people *"don't have to buy [prescription drugs] on the street, just visit Grandma. Younger people either take it from family or friends or are sold it by family or friends."*

Alcohol and prescription drugs are viewed by stakeholders as particularly available through social sources. As noted above, these substances exist in the home and are available to be stolen or bought within families and friend groups. As one provider commented, *"parents see that there aren't the number of pills in their bottles that they expect of their Oxy or other prescription painkillers. Parents do not realize that it's the kids that are taking their pills, and parents are asking the pharmacy about whether they made a mistake."*

While the youth survey did not ask young people how they would obtain drugs, it did ask how easy they thought it would be to get specific substances if they wanted to. As shown in Figure 45, over 4 in 10 youth taking the brief survey indicated that it would be "very easy" to obtain alcohol, cigarettes, glue, or marijuana if they were interested. About an additional 30% indicated that it would be "somewhat easy."

Figure 45: Youth Survey Respondents Who Indicated that It Was "Very Easy" to Get Specific Substance if Interested, 2013



"Other drug" examples provided included ecstasy and cocaine.

Source: Cecil County Substance Abuse Assessment Youth Survey, 2013

Commercial access represents an additional factor that contributes to substance use. Several study respondents perceived that Cecil County has the highest density of alcohol outlets in Maryland. However, according to the 2011 County Health Rankings, liquor store density was 26 stores per 100,000 people in Cecil County, which is higher than that of Maryland (20 per 100,000), but only the seventh highest rate in the State.

Physicians Prescribing Practices

Study respondents suggested that physicians are partially responsible for the County's high substance abuse rate, which stems both from willful abuse of prescribing privileges, as well as lack of awareness or understanding of the widespread substance abuse brought about from exposure to highly addictive pain medications. With respect to illegal prescribing practices, several stakeholders shared that the Drug Enforcement Agency (DEA) has shutdown three or four doctors in Elkton who were prescribing opiates on a cash basis, although there was a significant delay in the process of revoking the physicians' licenses.

One focus group participant shared a story of a physician who would request that patients return their unused pain medications to him, so that he could "take what's left of the pill bottle, fill the prescription, and sell what was left out the back door." Respondents stated that much of physicians' prescribing practices were fueled by financial gain.

Many people interviewed saw Cecil County as having an increasing number of pain management clinics. One treatment provider commented that the "Joint Commission has a real big blame on this that says pain is what the patient says it is. You cannot ignore pain and you need to treat it. And that's what I see – abuse of prescription drugs." The provider continued to describe the lack of physician responsibility on educating patients about pain management and possible addiction. Treatment providers commented that physicians are not trained in addictions or prescribing narcotics. Some believe this has led to a distrust of primary care providers, and will result in the general population not seeking care. An additional barrier noted was that in working to reduce commercial access to prescription drugs, people sought drugs elsewhere or switched to harder drugs, primarily heroin.

Currently, data are not available on physician prescribing rates. Yet, this summer the statewide Prescription Drug Monitoring Service will be implemented which will track prescribing practices for certain substances such as opioids.

Community Resources

Many residents see Cecil County as having strong social services and a collaborative spirit, though centralization of services in Elkton and dire funding shortfalls are viewed as hampering the County's abilities to meet needs of the population. Union Hospital, the Department of Social Services, and Juvenile Services were mentioned as strengths of the County. Additionally, Cecil College and the Cecil County Public Schools attract people to the area. In addition to many local resources, stakeholders reported that there is a "collaborative spirit across organizations" and a "great relationships with police, health, and social services." Residents also felt that the "town bands together in the face of crisis," mentioning a case in Elkton when people raised funds for the family of four orphaned children whose parents died in a car accident.

Perceptions of availability and access to resources vary among stakeholders. Some viewed the availability and ease of accessing social services in Elkton as attracting people in need of services. Cash assistance is available to people who apply for disability through social security. However, it should be noted that these resources are almost exclusively in Elkton. As will be discussed further, this centralization of services and resources presents difficulty given the limited public transportation across Cecil County.

When I was in a car accident I went to the pain clinic, I told them I was an addictions provider and am from a family with substance abuse in my family. I told them I didn't want anything addictive. They said that their standard treatment was Oxycontin and Xanax. They finally said some pain therapy and different medications, but it was like pulling teeth... Doctors are not thinking about this. They are just dispensing pain drugs like candy." – Treatment provider

Funding is a major obstacle to addressing the County's resource needs, since *"all of the things we need take a lot of money."* Residents were adamant that the County does not get enough money from the State. *"We are barely able to afford the services we have. How are we going to be able to implement more services? Things are being cut currently."* State funding cuts affect all local programs, as does limited access to resources. According to service providers, when Cecil County applies for grants, it has trouble competing with larger counties, despite the local need. Some stakeholders felt that cities with more media attention are more likely to get funded.

A commonly reported factor contributing to Cecil County's higher rates of substance abuse is the limited availability of and access to recreational programs and facilities, parks, a movie theater, bowling alley, or community center, making it so that there is *"nothing for kids to do in Cecil County."* As one community leader indicated:

"Boy Scouts, Girl Scouts, 4H, and recreation and parks all give kids things to do... There's not a single movie theater in the county and no skating rink, teen club, or shopping centers. There's just not much for kids to do, if the school doesn't provide it. Boy Scouts' numbers are down, 4H is in the western part of the county."

The County has limited afterschool activities for children who do not play sports, including a Boys and Girls Club that runs afterschool programs to keep kids out of risk, though some respondents were unsure if the Club existed. In terms of other programs, Elkton has a struggling YMCA, but *"it's hard for people to get there to drop off kids,"* as it is a *"30-45 minute drive from other parts of the County."* Perryville has a police outreach program where kids spend time with police officers, get help with homework, and go on outings. These programs reach families living in the immediate vicinity, *"so if they live close enough a family can have an older sibling or someone walk the kids to the location. If a family lives outside of town, it's tough to get there."*

PREVENTION SERVICES IN CECIL COUNTY

The following section describes existing prevention resources in Cecil County, community stakeholders' perceptions of these programs, and stakeholders' recommendations for improving the prevention service environment.

Current Services

Existing programs and resources in Cecil County currently take place in three domains: through schools, community support groups, and law enforcement.

School-Based Initiatives

Several school-based prevention initiatives currently exist within Cecil County. These include Project Crossroad, Drug Abuse Resistance Education (D.A.R.E.), Cecil County Health Department's prevention programs, and health education in Cecil County schools. Churches and Juvenile Services were also referenced regarding prevention, though programs mentioned were not specific to substance abuse. Most prevention initiatives are funded through Federal and State funds via the Maryland Alcohol and Drug Abuse Administration. D.A.R.E. is funded through local government.

- **Project Crossroad** implements six broad programs outlined here.
 1. **Achieve**- This prevention program has served over 200 students between 3rd and 10th grade at more than 16 locations in the county. At-risk students are given training in alcohol and drug abuse resistance, anger management, communication, goal setting, understanding the influence of media on healthy decision making and personal choices that affect daily health. According to Project Crossroad, 100% of program participants showed overall improvement in Life Skills, with 80% showing improvement in drug resistance skills, 84% showing improvement in personal management skills and 85% showing improvement in social skills.
 2. **Advance**- Focusing on children between 8-18 who are still in school but struggling to be successful, this program served over 105 kids with tutoring, anger management counseling, individual counseling, substance abuse prevention and life skills training. Project Crossroad notes students had fewer suspensions, and showed improvement academically as a direct result of Advance.
 3. **Ascend**- In cooperation with Cecil College, Ascend assists youth between 16-21 in obtaining their GED. This is a lengthy process and requires a great deal of commitment from the youth and their case managers. In addition, participants receive job readiness training, vocational training and assistance with resume writing and job searching. In the 2 years this program was operational, it served more than 135 youth.
 4. **Momentum**- Students involved in this program receive after school supper, tutoring, character education, and other enrichment opportunities. Project Crossroad notes that parents' feedback has been incredibly positive and indicated not only improvement academically, but also in daily attendance.
 5. **Activate**- Over the past two summers, Project Crossroad has provided a 5-week educational camp focusing on math, science, and athletics for 90 kids ages 8-12.
 6. **Prep**- Focusing on Personal Responsibility Education Programming (PREP), this grant through the Cecil County Health Department is designed to reduce teen pregnancy. This program enrolled almost 40 youth last year.
- **Drug Abuse Resistance Education (D.A.R.E.)** is a police officer-led series of classroom lessons taught by deputies to all sixth grade students in Cecil County. The program promotes drug awareness and education about the dangers of alcohol, tobacco, and illegal drugs.

- **Cecil County Health Department** runs a program called “The Alcohol and Other Drug Abuse Prevention Program,” which promotes healthy drug-free lifestyles among youth and their families. This drug use prevention program promotes drug resistance, personal self-management skills and general social skills, and is presented at selected sites in Cecil County.
- **Cecil County Public Schools (CCPS)** provide general substance abuse prevention through the Physical Education and Health Department. According to CCPS, the Physical Education and Health curriculum is designed to provide students with the skills and knowledge necessary to lead a healthy and active lifestyle. In Health, students learn self-awareness, coping skills, academic skills and social skills to make informed decisions regarding their own health, based on current information available. CCPS also provides counseling for general behavioral issues, which could include substance abuse.

Parent and Family Education

Two community support groups currently exist and provide substance abuse prevention to parents, families and the general community. These two groups are Al-Anon and Nar-Anon. Though the intention of these groups is not to deliver substance abuse prevention, several community stakeholders mentioned that some prevention education is provided.

Police Initiatives

In addition to D.A.R.E., Cecil County law enforcement agencies currently implement several efforts to prevent substance abuse in the county. These initiatives include prescription drug take-back days and drug awareness forums. On specified days, police agencies collect expired, unwanted and unused prescription medications as part of the National Take Back Initiative, part of a collaborative effort with the Drug Enforcement Agency and other state and municipal police agencies throughout the United States. The goal is to remove potentially dangerous controlled substances from homes by having the public safely discard expired, unwanted or unused pharmaceutical controlled dangerous substances and other medications. These events also are also aimed at preventing the black market sales of expired, unwanted or unused prescriptions.

Community Perceptions of Prevention Programs and Services

This section discusses community stakeholders’ general perceptions of prevention resources, as well as more specific thoughts on school-based, community support groups, and police initiatives.

Visibility

Generally, study respondents were not aware of many, if any, substance abuse prevention programs in Cecil County. Stakeholders’ inability to describe existing prevention programs spoke to the limited visibility of county programs. Project Crossroad was one of the only prevention programs that stakeholders were able to name, as well as DARE, and some health education in schools and the health department. Churches and juvenile services were also seen as providing some prevention services. Generally, stakeholders noted that these programs were not very visible.

Funding

Given the existing high rates of substance abuse, some study respondents believed that prevention money had been funneled to treatment programs to deal with immediate needs. They also noted that lack of funding does not allow for programs to be in all grade levels, all schools, or other community venues. Several stakeholders lamented, *“there are no resources to reach all those in need. Prevention is just not given a high priority when it comes to the limited funding that is out there.”*

Quality

Regarding the prevention resources that do exist, interviewees commented on the limited intensity and potential effectiveness of prevention programs, and expressed the need for more prevention and early intervention. Additionally, there was the perception that there are no adult prevention programs in Cecil County, despite strong agreement that adult, and specifically parent education is needed. Finally, study respondents, including those who provide prevention programs, perceived little coordination among the limited prevention programs that do exist. The County was generally viewed by community stakeholders as not providing sufficient, high quality substance abuse prevention resources.

Parent and School Involvement in Prevention

Both schools and parents face challenges with substance abuse prevention resources being provided in the school setting. One youth-serving provider reported that the parents she sees *“don’t see it (substance abuse) as a problem. They don’t know kids can get addicted easily. Parents don’t come to the informational programs offered by schools.”* The stakeholder added, *“these parents tend to think, ‘It’s okay, I did it as a kid.’ Dad may have a beer or smoke a joint with son. Some families have this norm.”* With students coming from this home environment, schools face a challenge in changing student perceptions and behaviors.

Interviewees generally felt that the schools were overwhelmed already, and thus had difficulty implementing additional substance abuse prevention efforts. Of school-based prevention initiatives, DARE was the most frequently mentioned as one that people thought was implemented in schools, with some respondents viewing it as useful and others questioning its effectiveness. One interviewee mentioned that *“DARE is not long enough and not specific enough”*.

Corroborating what community stakeholders perceived, school officials mentioned having *“difficulty monitoring kids who pop pills”* and recognizing substance abuse issues early. The school system offers counseling for general behavioral issues, such as divorce or death in the family, but not specifically for substance abuse. *“This counseling is extremely helpful and could be built upon for substance abuse prevention... guidance counselors listen but don’t refer or intervene,”* stated one stakeholder. Schools have also brought in speakers to discuss substance abuse with students.

Police Programs

As mentioned, Cecil County law enforcement agencies have initiated several programs aimed at preventing substance abuse. The Sheriff’s department has put on drug awareness forums for community members to learn about different types of drugs in the community. Unfortunately, community leaders report that these programs have not been well attended, either because people did not hear about them in time, they had transportation issues, or they did not see the value in attending

Community Recommendations for Improvement in Prevention

Study respondents offered numerous suggestions for how to improve prevention resources across Cecil County. These should be taken into consideration when determining which evidence-based prevention strategies could be implemented as they indicate potential support and readiness among the community.

School-Based Setting

Community stakeholders largely expressed the desire for schools to make children aware of what prevention programs exist, including County programs, such as the Juvenile Auxiliary Volunteer Association, where at-risk teens go through program Scared Straight, or programs such as Nar-Anon or neighborhood truancy prevention programs. Stakeholders mentioned that the Cecil County Health Department does school-based outreach, but the reach is not broad.

Greater Communication about Existing Resources

There was also a desire for the schools to better educate parents about available resources, and stakeholders suggested reaching parents electronically with that information. Even a treatment provider acknowledged, *“what was evident was that those who were involved in resources did not know of other resources. We need everyone to know about the resources that are available. If we don’t even know the resources, how are we expecting the public to do that?”* This statement echoes other comments on the need for more community education efforts, including health fairs, house-to-house work and social norms campaigns. Providers called for community members to be made aware of existing services, partly by developing *“a list of services where you can get resources.”*

Increased Access

Interviewees and focus group respondents expressed widespread agreement that more people need access to prevention services, as well as greater awareness of existing prevention programs. A focus group respondent shared that prevention efforts need to focus on the entire county, since *“it’s not just a young, low SES problem,”* and substance abuse is not happening solely in one geographic area of the county.

Multi-Organizational Partnerships

Stakeholders commented that comprehensive substance abuse prevention needs to include activities, education, and jobs for young people. In expanding prevention programs, some suggestions included establishing services that promote abstinence; using evidence-based programs; bringing prevention programs into low-income neighborhoods; running programs through churches, hospitals and health centers; broadly seeking ways to make programs more accessible to general public; and creating policies around prevention. According to one county official, United Way and other social services groups, (including the Boys and Girls Club and Boy and Girl Scouts, and local management), *“should all take a major role”* in prevention programs. Stakeholders recognized the need for broad, community-wide strategies to prevent substance abuse.

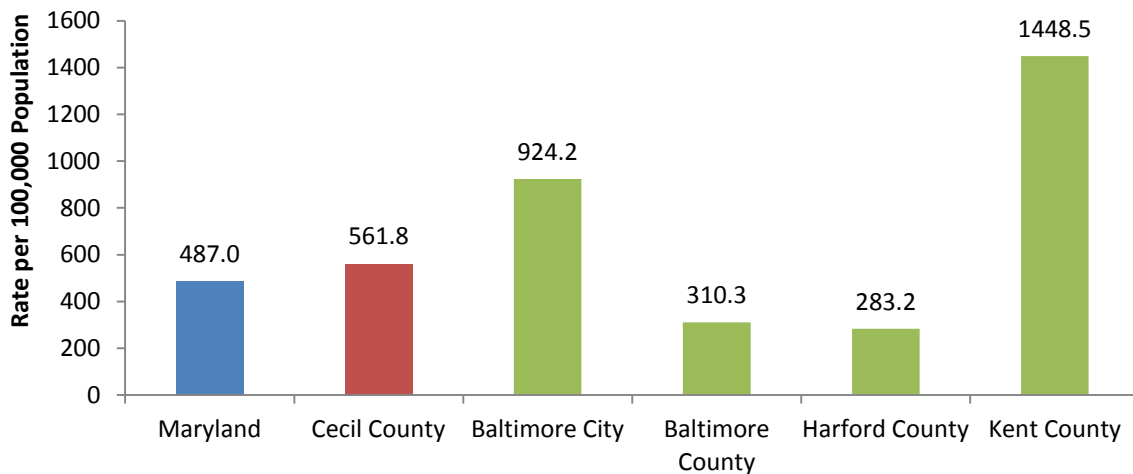
TREATMENT AND RECOVERY SERVICES IN CECIL COUNTY

The following section discusses substance abuse treatment and recovery in Cecil County, including an overview of admissions to state-funded treatment programs, a discussion of existing treatment services in Cecil County, community perceptions of existing services, and community recommendations for improving services.

Treatment Admission Rates

According to the Maryland Department of Health and Mental Hygiene, in 2008-2010 the admission rate to alcohol treatment facilities was 561.8 per 100,000 population for Cecil County. As seen in Figure 46, this rate was somewhat higher than Maryland overall, as well as Baltimore and Harford County, but lower than Baltimore City and Kent County.

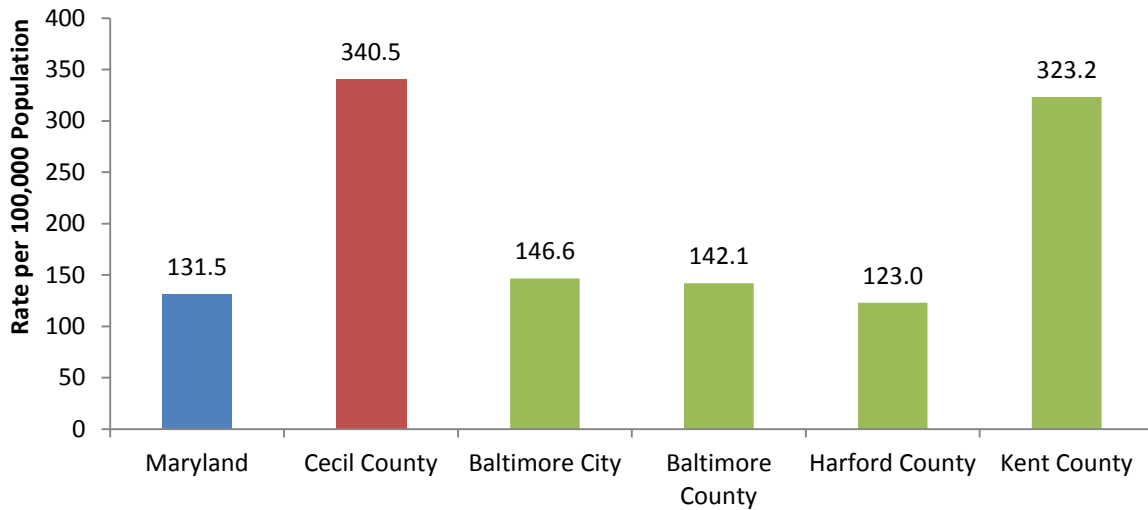
Figure 46: Alcohol Treatment Facility Admissions Rate per 100,000 Population by State, County, and City, 2008-2010



Maryland Department of Health and Mental Hygiene, 2008-2010

Upon examining admission rates for prescription opiate treatment, Cecil County has a significantly higher rate (340.5 admissions per 100,000) compared to Maryland (131.5 per 100,000), Baltimore City and County, and Harford County (Figure 47). It should be noted, though, that treatment admission rates for alcohol are higher than rates for prescription opiates across all geographies.

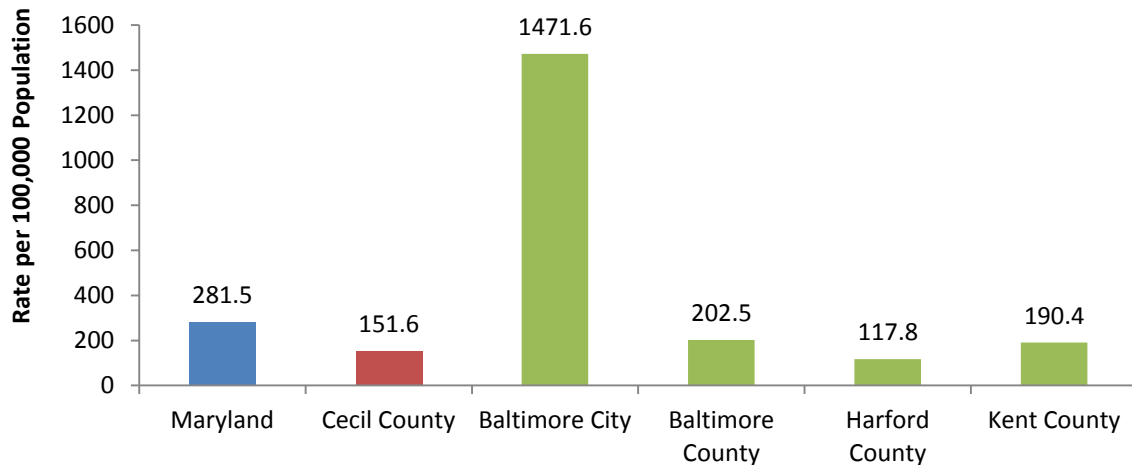
Figure 47: Prescription Opiate Treatment Admission Rate per 100,000 Population by State, County and City, 2008-2010



Maryland Department of Health and Mental Hygiene, 2008-2010

Figure 48 shows heroin treatment admission rates for 2008-2010 in Maryland, Cecil County, and surrounding counties. Prescription opiate use was, according to quantitative and qualitative data, more prevalent than heroin during this time.

Figure 48: Heroin Treatment Admission Rate per 100,000 Population by State, County, and City, 2008-2010

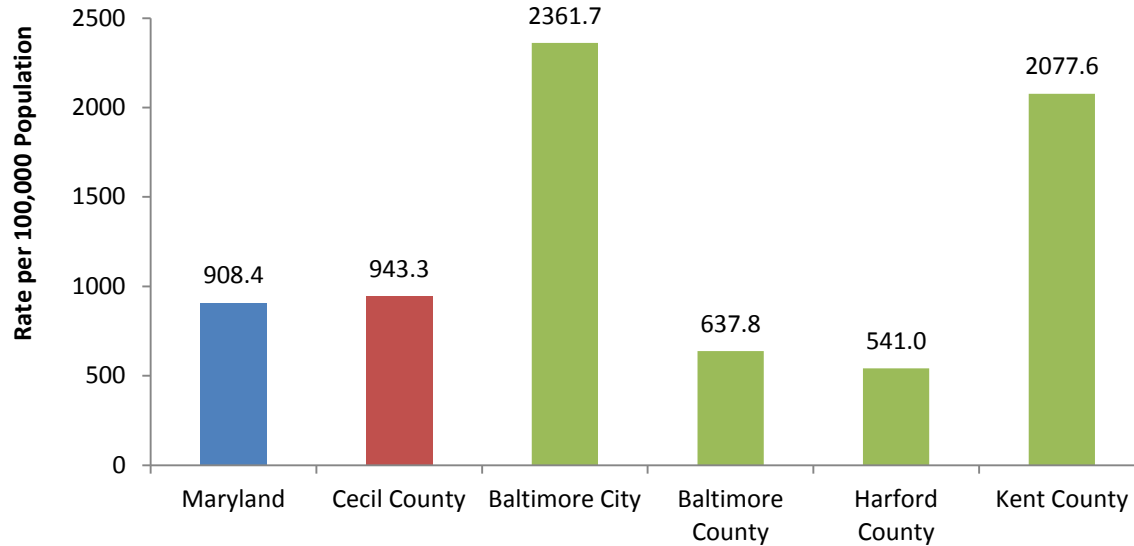


Maryland Department of Health and Mental Hygiene, 2008-2010

As mentioned, stakeholders perceived that significant numbers of Cecil County residents have shifted from using prescription opiates to heroin. More recent data from 2011 show that the opiate-related treatment admission rate was 588 per 100,000 in Cecil County, which includes treatment for prescription opiates, as well as heroin.

As illustrated in Figure 49, in 2008-2010 the overall substance abuse treatment admission rate for Cecil County (943.3 per 100,000 population) was comparable to the State of Maryland (908.4 per 100,000) but significantly lower than Baltimore City and Kent County. This lower treatment admission rate seen in Cecil County could be due to lack of availability or access to treatment options within the county.

Figure 49: Overall Substance Abuse Treatment Admission Rate per 100,000 Population by State, County, and City, 2008-2010



Maryland Department of Health and Mental Hygiene, 2008-2010

Current Services

Cecil County currently has numerous agencies and organizations that provide a range of substance abuse treatment and recovery services to the County, as seen below. However, there are major gaps in providers related to residential treatment, dual-diagnosis treatment (mental health and substance abuse), and aftercare (substance use monitoring, treatment plans, etc.) A more in-depth discussion of these issues is in the Recommendations section at the end of this report.

The following sub-section, however, does provide more specific information on these services and their outcomes, when available.

- **Cecil County Health Department Alcohol and Drug Recovery Center** provides a range of substance abuse treatment and recovery services for adolescents and adults.
 - **Adolescent Outpatient Treatment:** Adolescent services are provided on an outpatient basis within the Health Department’s Alcohol and Drug Recovery Center, and within the public middle and high schools for those under the age of 18. Services include school-based intervention, assessment, evaluation, referral, case management, urine drug testing, individual, group and family counseling, and aftercare groups. Adolescent team counselors serve on the Maryland Student Assistance Program Teams throughout the county’s public school system.
 - **Adult Outpatient Treatment:** Adult services are provided on an outpatient basis at the Health Department’s Alcohol and Drug Recovery Center. Adult programming includes community-based intervention, assessment, therapeutic case management, referral, urine drug testing, individual, group and family counseling, and aftercare groups. Community-based services are targeted to reduce obstacles to care and address individualized needs of patients. Services incorporate behavioral health/co-occurring diagnoses (with mental health) and gender-specific treatment programming.
 - **Adult Intensive-Outpatient Treatment:** The intensive outpatient program (IOP) incorporates nine to twenty hours of services weekly, including individual and group therapy, recovery education, family support and counseling, and random urine drug screening.

- **Family Program:** Educational sessions are available to all clients and their families at no cost. The family program seeks to extend the focus of treatment beyond the identified patient by engaging family members and offering support and information. The program helps families gain knowledge regarding the diseases of chemical dependence and co-dependence, and offers resources that may ameliorate the impact of chemical dependency on both the identified patient and family.
- **Temporary Cash Assistance (TCA):** The TCA Program provides substance abuse assessment and referral services within the offices of the Cecil County Department of Social Services.
- **Detention Center & Re-Entry Program:** Jail-based and work-release addiction services are provided at the Cecil County Detention Center (CCDC) and its Community Adult Rehabilitation Center (CARC). The Re-entry Program is connected to the Alcohol and Drug Recovery Center (ADRC) and serves inmates recently released from incarceration, and provides patients who received treatment in jail the opportunity for uninterrupted care as they transition back into the community. Designated substance abuse treatment groups focus on helping individuals cope with the psychological, sociological and economic challenges associated with re-entry. Additionally, the Health Department regularly facilitates a substance abuse information and education series at the Community Adult Rehabilitation Center.
- **Court Assessments:** The Court Assessor provides assessment and referral services within the Elkton field office of the Maryland Department of Public Safety and Correctional Services, Division of Parole and Probation (P&P). In addition, assessments for criminal offenders are completed at the Cecil County Detention Center and the Community Adult Rehabilitation Center, as ordered by the courts.
- **Adult Drug Court:** Serving adult offenders within Cecil County Circuit Court, the program coordinates treatment services within a post-adjudication model drug court program. The Cecil County Drug Court Program provides judicial oversight and team management of substance-abusing offenders' treatment and compliance.
- **Community Outreach:** Outreach occurs when Counselors, Care Coordinators, Peer Recovery Advocates and other health department staff interact with community members and other service provider organizations to provide information on treatment resources and referral processes. This interaction and information exchange occurs frequently.
 - Fixed-location outreach occurs inside Cecil County middle- and high-schools; assessment, treatment and recovery resources are frequently promoted to students and faculty during didactic presentations and workshops. Outreach also occurs during Maryland Student Assistance Program team discussions. Similarly, the program's jail and re-entry Counselors frequently perform outreach and communicate with non-enrolled incarcerated adults to encourage assessment and treatment participation.
 - Natural environment outreach is also occurring. During FY 2010, the program placed an addictions outreach counselor within the offices of the Cecil County Department of Social Services (DSS). The initiative was facilitated by a new Promoting Safe and Stable Families grant from the Maryland Social Services Administration - Office of Child Welfare Practice & Policy, and the Federal Department of Health and Human Services - Office of Administration for Children & Families. The position provided assistance to Child Protective Service (CPS) investigators, Foster Care personnel and other DSS workers. Acting as a liaison between DSS and substance abuse treatment providers, the Outreach Counselor accompanied DSS staff into the field and provided consultation and on-site/in-home screening for substance abuse. Based on screening information, the Counselor connected parents and other family members

- to treatment, facilitated addiction recovery/aftercare coaching, and helped guide placement, reunification, and permanency planning for at-risk children.
- **Peer Recovery Advocates** employed by the program also provide outreach. Advocates connect with service recipients in their natural environment and community, including the County Walk-in Center, the Help Center, the Mary Randal Homeless Drop-in Center, the Parks and Recreation Center, various faith-based environments, County Libraries, the YMCA and local gyms, the Probation and Parole waiting room, the Union Hospital emergency room, etc. The Advocates provide information and navigation assistance to community members who are seeking treatment and recovery. Advocates help community members navigate and engage related community services and resources.
 - **Employment Coaching/Vocational Counseling:** The program recognizes the value of patient employment and its relationship to treatment retention and good outcome; unemployed patients are more likely to drop out of treatment prematurely and relapse to substance abuse. The program's employment coach helps patients identify and realize potential career goals through personal consultation and coaching. The Coach helps patients identify specific skills required for employment and helps clients obtain these skills, as well as assisting in job application and interview preparation processes.
 - **Care Coordination:** Referral and resource connection is managed by the Care Coordination program. Care Coordinators and Substance Abuse Counselors assist patients with access to the following:
 - Based on assessment information, the program connects patients to additional components within the continuum of care. Care Coordinators (and Substance Abuse Counselors) help individuals obtain admission to residential treatment, and transition from residential treatment to community recovery. Care Coordinators maintain a familiarity with recovery resources and facilitate referrals. Care Coordinators maintain contact on an ongoing basis with multiple agencies, as needed, including, but not limited to, the following: residential treatment programs, community-based treatment programs, community shelters and housing programs, GED programs and educational institutions, job training and placement organizations, faith-based organizations, recovery oriented support groups, attorneys, private physicians, local hospitals and clinics, the Department of Social Services, the Motor Vehicle Administration, medication assisted treatment (including methadone), etc. Care Coordinators act as liaisons to support services, and connect patients and their family members to appropriate community resources and supports. Care Coordinators manage resources for high risk/high cost individuals, and improve recovery outcomes for the individuals and the addiction/behavioral health care system.
 - **Detox Purchase of Care Program:** In regards to Clinically Managed Residential Detoxification/Medically Monitored Inpatient Detoxification, and other residential services not directly provided by the program, care is purchased via a Purchase of Care Program. The Purchase of Care Program operates as the payer of last resort for individuals who need intensive services and are uninsured or underinsured. Treatment is funded with Cecil County Cigarette Restitution Funds, and facilitates access to detoxification and inpatient care when state-funded services at A.F. Whitsitt Center are not available. The entry process to the program is usually an unscheduled office visit (also identified as "crisis care," or "crisis appointment"). During this visit, a screening is completed and the addicted individual receives options for care, including referral to eligible provider.
 - **Access to Additional Health Care Components:** For somatic health, patients are referred to their primary care physician (PCP). Patients who lack health insurance are referred to the Cecil Community Health Care Center. The Health Care Center, started in January 2011, is a

- collaborative effort between the Cecil County Health Department and Union Hospital. The Center operates a weekly clinic inside the Health Department. Clinical management staffing is provided by the Health Department with Union Hospital providing volunteers for all other staffing and clinician roles. Uninsured patients are referred to this clinic from the Health Department and the Union Hospital Emergency Department. The goal of this clinic is to connect patients without a primary care physician to a provider for continued medical care and to decrease the number of return ER visits. All patients are screened during their visit to the clinic to see if they are eligible for any programs at the Health Department and/or for any State insurance. Additionally, based on the HIV/STD/Hepatitis Risk Assessment tool, patients may be referred to the Community Health Division of the Cecil County Health Department for HIV/AIDS and Hepatitis A/B/C, pre- and post- test counseling, and testing. (For all patients, the program provides early intervention services for HIV disease, including the regularly scheduled Sexual Transmitted Disease prevention seminar and related group discussions.)
- **Buprenorphine Voucher Program:** The program employs a physician certified to prescribe Buprenorphine/Suboxone. The treatment team screens patients for the program. Accepted patients receive a prescription for Suboxone from the physician and obtain the medication from a pharmacy contracted with the program. For those patients who are uninsured, the program provides a voucher to pay for the medication. The distribution of additional vouchers coincides with the frequency of prescription refills, or as otherwise agreed upon by the physician and treatment team. All individuals referred for Buprenorphine are expected to engage in community-based treatment with the program.
 - **Program Outcomes**
 - For intensive outpatient treatment, the Alcohol and Drug Recovery Center (ADRC) retained an average of 61% of clients for at least 90 days from FY 2006 through the first half of FY 2012.
 - For transfer from intensive outpatient to another form of treatment within 30 days of discharge, the ADRC transferred 80% of clients in the first half of FY '12.
 - For substance use, ADRC adolescent clients showed an 82.4% decrease in use between admission and discharge, and adult clients showed a 69.7% decrease in use in the first half of FY 2012. Between FY 2006 and FY 2012, the average decrease in substance use among ADRC clients ranged from 60-80%.
 - For employment, ADRC's clients saw an increase in employment rate of 12.6% for the first half of FY 2012. Between FY 2006 and FY 2009, increases in employment among clients ranged from 5 to 25%.
 - For arrests, ADRC measures arrests 30 days prior to admission and 30 days post discharge. For the first half of FY 2012, ADRC adult clients experienced a decrease in arrests of 55.6%, though adolescent clients experienced an increase in arrests of 100%. From FY 2006 to FY 2012, this figure fluctuated greatly among both adults and adolescents. ADRC states, "only a small portion (approximately 1%) of both the adult and adolescent population reported an arrest during treatment. The program estimates that 95% of the patient population has experienced one or more criminal arrests prior to their treatment admission. However, offender referral to treatment seldom occurs within 30 days of their arrest. Referrals often transpire within three to 15 months, or more, after the arrest."
 - A February 2013 patient satisfaction survey indicated that 91% of clients rated services received from ADRC as excellent or very good. Clients reported that individual counseling was particularly helpful in building individuals' skills to handle problems.

- **Upper Bay Counseling and Support Services** serves approximately 4500 youth, adults and seniors, including approximately 2800 Cecil County residents in the past year. Clients must have a mental health diagnosis on Axis 1 to be eligible for services. Additionally, clients are excluded if they have a substance abuse need that qualifies them for a higher level of care that Upper Bay does not provide, for example, inpatient treatment or partial hospitalization.
 - Upper Bay offers a variety of substance abuse and mental health services, which include outpatient psychotherapy, a psychiatric rehabilitation program, a residential rehabilitation program, a supportive employment program, and medication management (excluding Suboxone and Methadone).
 - Outcome data from Upper Bay indicate that overall, 74% of clients either agree or strongly agree with the statement that they have made progress in their treatment. In addition, 93% of clients report that they are satisfied with treatment at Upper Bay.
- **Serenity Health** is a methadone clinic that opened in 2012 in Cecil County. The clinic serves 300 clients, all of whom are over the age of 18, and the vast majority of whom are Cecil County residents.
 - Serenity Health offers DUI assessment and classes, urine and oral drug screenings, individual and group counseling, and methadone.
 - Outcome data from Serenity Health indicate that after 90 days, 70% of clients have ceased using illicit opiates, such as heroin. Since opening, 6.3% of clients have re-entered treatment at Serenity Health.
- **Elkton Treatment Center** is a clinic that provides methadone detox/maintenance, suboxone detox/maintenance, relapse prevention, and drug education.
- **A. F. Whitsitt Center**, located in Chestertown, Maryland, provides residential treatment for adults (over 18) with chemical dependence and/or co-occurring disorders for the Eastern Shore of Maryland. The Whitsitt Center is an intermediate care facility with a variable length of stay. In 2012, 137 clients from Cecil County were served.
 - The Center, with 26 beds for residential treatment and 4 beds for a crisis unit, offers a detoxification program for alcohol, opiates, and benzodiazepines.
 - 2012 outcomes for The Whitsitt Center include 60% of clients who completed treatment and 30% of clients who were readmitted. The vast majority of clients rated services at The Whitsitt Center as excellent or very good, and would recommend it to others seeking treatment for substance abuse.
- **Suboxone providers:** There are also several physicians in Cecil County who provide suboxone for treatment of opiate addiction. Limited information is available regarding services provided and outcomes achieved by these treatment providers.
- **Halfway Houses:** A halfway house is a recovery house or sober house, a place to allow people to begin the process of reintegration with society, while still providing monitoring and support. This is generally believed to reduce the risk of recidivism or relapse when compared to a release directly into society. **Haven House** is an “ACM 3 1 halfway house,” level 1 outpatient treatment facility, a level 0.5 DUI facility, and the oldest halfway house in Maryland. Clients, who are men age 18 and older, can stay up to 9 months. Haven House is open 365 days a year, 24 hours a day, with a three-person staff. Haven House was specifically mentioned by community stakeholders as a recovery house currently in Cecil County. Recovery rates at Haven House were reported as approximately 50% for outpatient and 30-50% for inpatient.
- **Narcotics Anonymous (NA):** NA offers recovery from the effects of addiction through working a twelve-step program, including regular attendance at group meetings. The group atmosphere provides help from peers and offers an ongoing support network for addicts who wish to pursue and maintain a drug-free lifestyle. Membership is free, and NA has no affiliations with outside organizations. Currently no NA group exists within Cecil County, though residents participate in Havre de Grace.

“A lot of people go to these treatment programs [outside of Cecil County] and then they come back here. What is there to acclimate them to the community? Nothing.”—
Health care provider

*“What addicts need is to be in an environment that is clean. Cecil County is not place where people can get clean.”—*Community member

“There are a lot of people who want to get treatment who can’t – there are long wait-lists and not enough services.”—
Respondent in recovery

*“For children in need of treatment services, the Cecil County Health Department is the only treatment option. But again, services are limited.”—*Social service provider

•**Alcoholics Anonymous (AA):** Similar to NA, AA is a fellowship of men and women who share their experience, strength and hope with each other so that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There is currently no AA group in Cecil County, though residents participate in Aberdeen.

•**Nar-Anon:** Nar-Anon is a twelve-step program for friends and family members of drug addicts. Nar-Anon is complementary to, but separate from, NA.

•**Al-Anon and Alateen:** Al-Anon and Alateen are a twelve-step program for friends and family members of alcoholics. Al-anon and Alataeen are complementary to, but separate from, AA. Al-Anon and Alateen currently exist in Cecil County.

Community Perceptions of Treatment and Recovery

The following section details community stakeholders’ perceptions of existing substance abuse treatment and recovery services in Cecil County. Perceptions of the services provided by specific agencies vary widely. While stakeholders noted the strong social services and collaborative spirit among some agencies and community partners, community stakeholders expressed dissatisfaction with the Cecil County substance abuse treatment and recovery environment overall. This dissatisfaction can be broken down into several areas: availability of services, barriers to accessing services (including awareness of services, cost, and transportation), and coordination of care. The lack of recovery and reintegration services, in combination with the community’s widespread use of substances, has fostered a community environment that has created significant challenges for people trying to recover from addiction.

Availability of Services

While Cecil County does have numerous organizations providing substance abuse treatment and recovery services, and community respondents spoke positively of County agencies in particular, study respondents generally felt that the County lacked a comprehensive treatment and recovery environment. Cecil County has one acute care facility, Union Hospital, with 149 beds, and 60 physicians. It employs two psychiatrists, and has an intensive outpatient program, but does not have a formal substance abuse program. Across the county, stakeholders noted a particular dearth of mental health and behavioral health care providers, in addition to a lack of primary care providers. Taken together, these physician workforce shortages create a difficult environment for residents to be screened and treated for substance abuse and mental health issues.

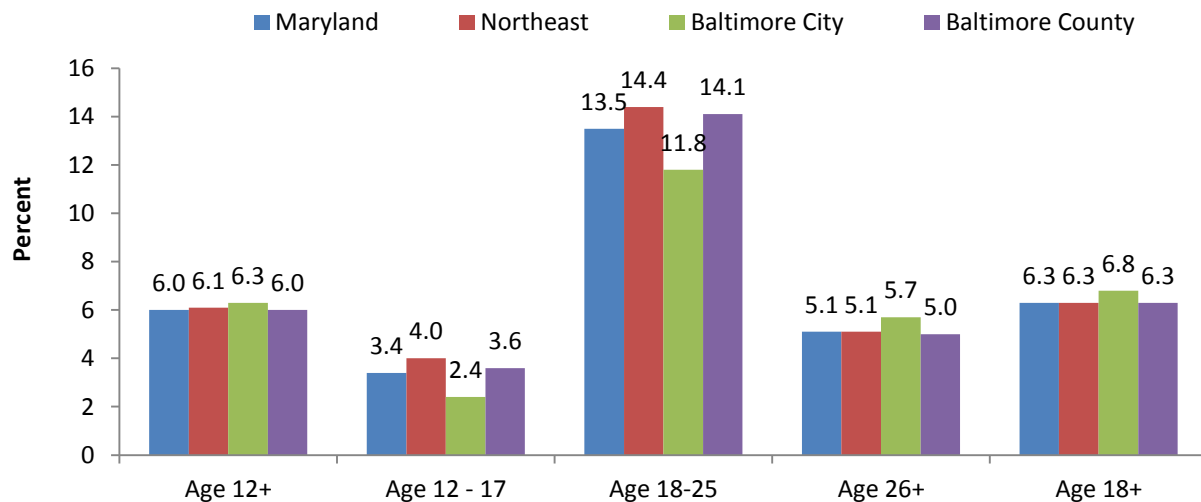
It was widely expressed among stakeholders that there are not enough programs or services available. Numerous stakeholders commented on the limited availability and range of treatment options, including support services such as group and individual counseling, which they saw as critical components of treatment. One respondent commented that counseling services are “*very inconsistent*” and should be available on-site at all treatment facilities, including primary care settings. This was emphasized by

one community leader who expressed the concern that clinics have “a lot of addicted clients, but not specialized counselors.” Community members routinely cited insufficient service availability and long wait times to see doctors.

Cecil County also lacks a drug abstinence program and an inpatient or residential detoxification program, noted by many stakeholders. These visible gaps in service leave many stakeholders feeling as if the County “does not support them getting and being clean.” While the County provides outpatient detox facilities, people in search of inpatient facilities have to go to Baltimore, Delaware or Pennsylvania to find these services.

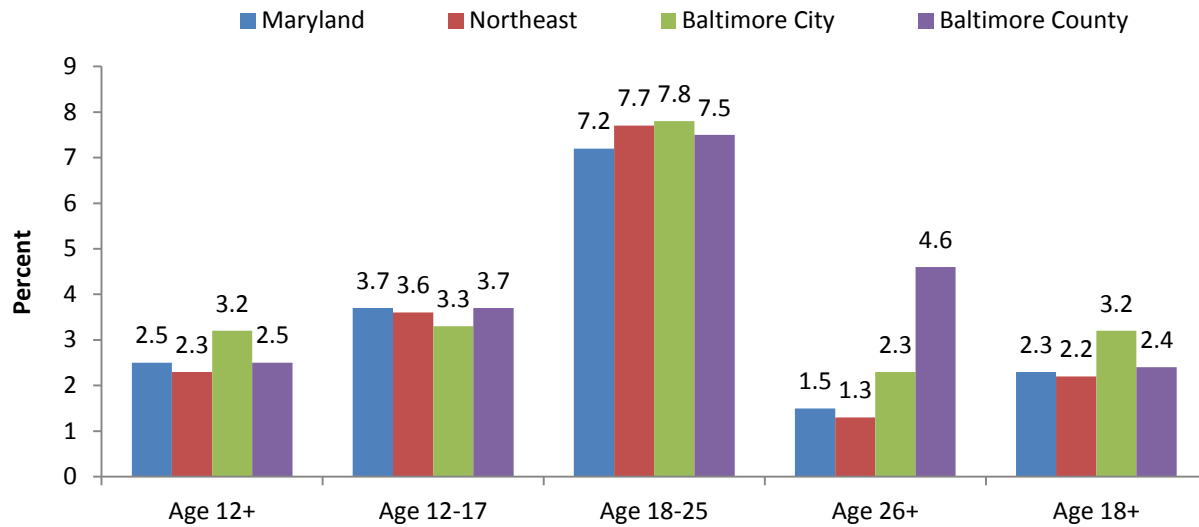
Treatment availability for two specific at-risk populations was specifically mentioned by stakeholders. The lack of treatment options for youth and people with dual diagnoses (substance abuse and mental health) were seen as posing significant threats to these vulnerable populations. The data in Figure 50 and Figure 51 show that many young adults in the Northeast region of Maryland are not receiving the treatment they need for their substance abuse issues.

Figure 50: Percent of Population Who Needed but Did Not Receive Care for Alcohol Abuse in the Past Year by State, Region, County, and City, 2008-2010



Source: National Survey on Drug Use and Health, 2008-2010

Figure 51: Percent of Population Who Needed but Did Not Receive Care for Illicit Drug Abuse in the Past Year by State, Region, County, and City, 2008-2010



Source: National Survey on Drug Use and Health, 2008-2010

Challenges of Dual Diagnosis

As noted, interviewees perceived that most treatment services do not integrate substance abuse and mental health. One health care provider remarked: *“There is such a strong tie between mental health and substance abuse. When you have stress, people think taking oxy helps and is quick. It takes so much time to deal with mental health issues otherwise.”* Respondents noted that there is a need to have a treatment provider able to treat both diagnoses, rather than have people with addiction and mental health issues trying to seek multiple types of care in multiple places. Upper Bay, Haven House, and Cecil County Health Department were mentioned as the only agencies actively doing both, though stakeholders were unsure of whether staff at these facilities were trained to treat people with dual diagnoses.

Several stakeholders commented that claiming to be suicidal provides patients with access to inpatient services, through the psychiatric ward at Union Hospital, thereby getting them off the street. Others mentioned the group On Our Own for providing services to people with mental illness, while some family members described the difficulty of accessing treatment for dual diagnosis individuals. Health care coverage presents another challenge in accessing services for dual diagnosis patients, since Primary Adult Care (PAC)^{iv} does not currently cover residential treatment. Reinforcing the issue, one treatment provider stated, *“they talk about wanting integrated behavioral health care (integrated with other health care), but funding streams are still separate and the licensing is still separate – so until they are integrated, the services will still be separate.”*

^{iv} PAC offers health services to people 19 and over who make limited amounts of money each year. PAC coverage includes outpatient visits to a counselor or psychiatrist for substance abuse and/or mental health services, and lower-priced or no-cost prescription medication.

Numerous respondents discussed the lack of recovery and reintegration opportunities in Cecil County, stating that most people have to leave the county to get the services they need. One respondent currently in recovery from addiction highlighted that essential services are not integrated into treatment and recovery programs saying, *“when a person is first getting clean, that’s all they can focus on. But after they are stable, there’s a need for more.”* Stakeholders expressed concern about the young people who now have criminal records due to substance abuse, asking *“who will hire them with a drug possession charge?”* In addition to employment support, educational opportunities were also mentioned as an important part of an integrated recovery environment. *“These kids need GEDs, they need skills in order to succeed after [addiction]”* noted one government leader. *“It’s not about the addict just kicking the drug. They have to learn to live a different lifestyle and need resources/services (job training, family counseling, education) to support them,”* summarized one treatment provider.

Others shared concerns about the community environment of Cecil County in which people recover. Regarding new mothers with addiction, stakeholders state that the providers refer them to a social service worker, adding that *“the problem is that you can get someone clean, but there is so much family use, that if they get clean and go back to their environment, it’s right back to the triggers.”* This sentiment was echoed among many community stakeholders who had friends and family in recovery, saying that *“the area is so drug infested”* that people must leave the county in order to get and remain clean. For those who attend residential treatment facilities, which do not exist within Cecil County, after 28 days, they go right back into the same environment of Cecil County. One respondent commented that her son *“never stayed clean until he didn’t come back,”* reinforcing that Cecil County does not provide an environment in which people in recovery from addiction can maintain their recovery.

Coordination of Care

Despite a collaborative spirit mentioned in reference to social service providers, stakeholders perceived a lack of coordination of care among the treatment and recovery services that do exist in Cecil County. Community leaders and providers mentioned that care is not coordinated between agencies providing different, but complementary, services. It was perceived that this lack of coordination contributed to a high rate of relapse among people in treatment, given that transitioning from treatment is a vulnerable time for people with addiction.

One provider commented that *“if everyone was communicating, we’d know what was happening and could refer people,”* but instead that there is a *“need to advertise the issue and what resources exist,”* even among treatment providers. Many professionals felt that Cecil County has a good deal of collaboration and that better coordination would be possible with strong leadership.

Lack of Awareness of Options

One barrier to accessing treatment services is awareness of existing services. Among both community stakeholders and professionals, there was a lack of knowledge of what treatment services existed in Cecil County. In addition, stakeholders expressed confusion about whether different services could be sought from different agencies. One professional suggested that, *“in accessing treatment, patients are only supposed to seek services from one agency, either methadone clinics or health department group therapy, but people need both.”* This lack of awareness and understanding of the services that do exist

“Drug use is an addiction and a lifestyle. The first year in treatment is really important in keeping people clean. The coordination between all the services that people need is not existent here. People can’t navigate services, because it’s so complicated and they get intimidated by the process and cost.”—Treatment provider

in Cecil County hampers residents' abilities to seek and receive treatment and recovery services, as well as professionals' abilities to give referrals.

Cost

Despite sliding scale fees at several agencies, people with addiction face numerous challenges related to cost of treatment. Treatment is expensive and stakeholders commented that *"much of the addicted population is uninsured."*

Stakeholders stated that in most treatment programs, people are assessed for substance abuse issues and are assessed for funds to determine if they have insurance or qualify for medical assistance, like Medicaid. It was mentioned that several agencies have staff that can help them apply and use state dollars to cover treatment until medical assistance funding comes through. For others who do not qualify, they determine how much they can pay and charge them according to a sliding scale, or maybe find that they have other health insurance that can help pay for treatment. However, many community stakeholders expressed the concern that *"insurance coverage is minimal,"* therefore requiring that patients pay out of pocket, which is *"tough to afford."* Treatment often requires large sums of money up front, which is unattainable for many people with addiction. Additionally, as one community stakeholder said, *"treatment is expensive, but doesn't equate to quality."*

Treatment costs provide a challenge to providers as well. Reimbursement for services was seen as a challenge to providing substance abuse treatment and services among numerous respondents.

Respondents noted that even for those with health insurance, that insurance does not cover all their needed services. One respondent expressed her disillusionment with insurance companies, stating they are *"fully enmeshed in determining substance abusers treatment options, and they re-evaluate service options after 14 days,"* continuing that *"if insurance companies could prove that addiction was not a disease, they would so that the company would not have to pay for treatment."* Others commented that for-profit or cash only treatment providers did not care about quality of care as long as payments were being made.

Transportation

Numerous stakeholders cited transportation as among the top barriers to accessing treatment in Cecil County. Given the centralization of services in Elkton and the lack of public transportation, those without a car were challenged to access the substance abuse treatment services that do exist in Cecil County. Treatment services often need to be received daily, especially early on in treatment, and inconsistent transportation options limit the ability of people in treatment to maintain their participation.

People seeking care outside the County also struggle with transportation barriers. *"Cecil County has an issue with medical transportation, since we can't go past the county line. Maybe if someone is accepted to an inpatient program, there might be transportation, but if not, they usually can't find a way to get there, so they don't go."*

Perceptions of Methadone and Suboxone

In Cecil County, views on methadone varied but were generally negative. Stakeholders noted that methadone is available at two local clinics, but is seen among many as *"contributing to the problem."* One respondent who is in recovery commented, *"methadone is so readily available that you're not given the opportunity to see what else is out there."* There was real skepticism among respondents regarding methadone maintenance and the lack of a long-term plan to help users taper off of methadone. As one

respondent noted, *“methadone tries to take people off one drug provided by a dealer, and puts them on another drug provided by the state, and no one gets off methadone.”*

Methadone treatment is supposed to include counseling but, according to people in recovery and their family members, in most cases it did not seem to. People remain on methadone long-term, often without plans for ending. In some cases, *“people want to come off methadone, but counselors don’t help them wean.”* Some stakeholders suggested that people move to Cecil County to access methadone, since it *“moved from methadone detox to methadone maintenance.”* Yet, treatment providers acknowledged that staff at methadone clinics have large caseloads and it is challenging.

Stakeholders reported that there is an overreliance on methadone, which many suggest is due to the for-profit nature of the clinics. In Cecil County, several community members in focus groups commented that methadone clinics are *“just a money maker. They don’t have enough counseling. It’s once a month. It’s not addressing the trigger or the environment that put the person there. It’s just a for-profit money maker and not a comprehensive treatment approach.”*

Respondents described Suboxone as harder to find than methadone, but still available. Providers only take cash for Suboxone treatment, according to respondents. One provider was prescribing Suboxone for a month of treatment at a time, *“so you don’t have to go every day or week, but people sell it,”* an irresponsible practice said one stakeholder. Several others reported that substance abusers are now *“shooting with Suboxone, [using] drugs meant to get clean in the wrong way,”* reflecting a misperception of how Suboxone can be used.

Community Recommendations for Improvement

Community stakeholders agreed that some services in the county are working well, mentioning that the county has strong social services and a collaborative spirit. Union Hospital, Social Services, Juvenile Services, and the Health Department were seen as providing high quality services. Stakeholders did, however, have several recommendations for how to improve the treatment and recovery environment and create a more comprehensive set of services.

The most frequently mentioned treatment recommendation was the development of an inpatient, residential treatment facility. One stakeholder mentioned that, *“there should be a center where people can be admitted and can live there until they can get sober. There will be a long list as soon as it opens.”* Currently, people needing residential treatment have to seek care outside Cecil County, and often outside Maryland.

Stakeholders generally expressed the idea that the public in Cecil County does not understand treatment that some classify as harm reduction, e.g. Methadone or Naloxone. Community education was seen as a necessary strategy to inform the public and make them more aware and accepting of these treatments. Respondents also saw the need for broad, general information dissemination so that people know what treatment resources are available to them and their family members.

One way to disseminate information, as well as create better coordination among substance abuse service providers, is the creation of one central coordinating body for the County. Respondents suggested a coalition be formed to take on the role of providing information to the community about substance abuse and available services.

Respondents offered a suggestion for improving the recovery services and environment in Cecil County. Acknowledging that the Salvation Army and Goodwill have employment and material support,

community stakeholders recommended that these programs be better linked to and integrated into traditional substance abuse recovery programs.

Finally, to reduce cost barriers, several respondents suggested that treatment services *“need to be paid for in a different way.”* Large upfront costs for treatment are difficult for people with addiction who are used to *“just getting by.”* Stakeholders offered that treatment could be paid for in small increments, similar to how people with addiction are accustomed to paying for their drugs.

ENFORCEMENT IN CECIL COUNTY

Existing Programs and Resources

There are few enforcement programs specifically to address substance abuse in Cecil County. These generally fall under local police and the judicial system. However, police continue to try to combat substance-abuse related crimes (e.g., domestic violence, possession and intent to distribute, robberies) in their daily work.

Police

In addition to DARE discussed in the section on prevention, Cecil County law enforcement agencies currently implement several efforts to address substance abuse in the county. These initiatives include prescription drug take-back days and the Cecil County Drug Task Force.

Prescription Drug Take-Back

On specified days, police agencies collect expired, unwanted, and unused prescription medications as part of the National Take Back Initiative, part of a collaborative effort with the Drug Enforcement Agency and other state and municipal police agencies throughout the United States. The goal is to remove potentially dangerous controlled dangerous substances from homes so that the public can safely discard expired, unwanted or unused pharmaceutical controlled dangerous substances and other medications. These events also are also aimed at preventing the black market sales of expired, unwanted or unused prescriptions.

Cecil County Drug Task Force

The CCDTF is a combined investigative effort of the Elkton Police Department, Cecil County Sheriff's Office, Maryland State Police, and the Cecil County State's Attorney's Office. The person-power and resources of the unit are directed at violations of the Controlled Dangerous Substances laws of the state of Maryland involving the sale, manufacture, importation and smuggling of drugs into Cecil County.

Judicial system

Cecil County courts have several resources to address the substance abuse population.

- **Detention Center & Re-Entry Program:** Jail-based and work-release addiction services are provided at the Cecil County Detention Center (CCDC) and its Community Adult Rehabilitation Center (CARC). The Re-entry Program is connected to the Alcohol and Drug Recovery Center (ADRC) at Cecil County Health Department and serves inmates recently released from incarceration, and provides patients who received treatment in jail the opportunity for uninterrupted care as they transition back into the community. Designated substance abuse treatment groups focus on helping individuals cope with the psychological, sociological and economic challenges associated with re-entry. The Health Department also regularly facilitates a substance abuse information and education series at the Community Adult Rehabilitation Center.
- **Court Assessments:** The Court Assessor provides assessment and referral services within the Elkton field office of the Maryland Department of Public Safety and Correctional Services, Division of Parole and Probation (P&P). In addition, assessments for criminal offenders are completed at the Cecil County Detention Center and the Community Adult Rehabilitation Center, as ordered by the courts.
- **Adult Drug Court:** Serving adult offenders within Cecil County Circuit Court, the program coordinates treatment services within a post-adjudication model drug court program. The Cecil

County Drug Court Program provides judicial oversight and team management of substance-abusing offenders' treatment and compliance.

Community Perceptions of Enforcement

Despite community misunderstanding and mistrust of county law enforcement, the community is supportive of greater enforcement related to substance abuse. However, limited funding restricts law enforcement's ability to cover the geography and scope of substance abuse issues across the county.

"It's a challenge for law enforcement to cover the large geographical area."

Police

Cecil County has few enforcement resources to combat substance abuse and crime: law enforcement is overstretched and understaffed, it has suffered significant funding cuts, and it has difficulty accessing state resources. As the County struggles to address rising substance abuse, law enforcement officials expressed frustration with the lack of funding. As one law enforcement official remarked: *"You wonder why there's not more police presence, but how can we have a bigger presence if we have a smaller budget?"* During a focus group, law enforcement officials commented that *"they know who the drug dealers are, but do not have the resources to do deal with them,"* saying the *"lack of resources is so overwhelming that we can't do what we need to do."* They expressed their desire for stronger enforcement, but explained that they are limited by resources constraints, particularly as the state cuts aid for police protection.

Community respondents recognize that drug dealing is visible within the County, and question why the police are not more involved. Regarding public drug dealing stakeholders commented, *"It's blatant and it's obvious... where are the police?"* Community members questioned the limited staffing of the Cecil County Drug Task Force, and whether the Task Force had the capacity to deal with drug dealers. Emphasizing the dire consequences of the police's limited capacity, one stakeholder lamented, *"By the time they get the big guys, our kids are dead."* A major challenge was the wide geographic area of the County which has made it more difficult for police to cast a wide presence.

In addition to not fully grasping the limited resources with which the police are operating, community members expressed some mistrust of the police. One respondent claimed that police confiscate drugs for themselves following petty drug charges or even in the absence of charges. Others commented that police are being busy *"getting donuts"* or their *"free Wawa coffee."* The limited visibility of police as well as several stakeholders' negative interactions has created a sense of mistrust among parts of the community.

Even at the local judicial level, misconceptions exist around law enforcement's capacity, with a perception that increased law enforcement involvement in the adult drug court would lead to increased success. Some stakeholders viewed Cecil County law enforcement as *"less restrictive,"* with some pushing for the County to be designated as a High Intensity Drug Trafficking Area, and questioning why the sheriff and government did not want to do so.

Judicial System

Cecil County has only one court, and no family or juvenile drug courts. Community stakeholders view the court as *"unsympathetic to people with substance abuse issues, because there is lots of criminal behavior as a consequence"* and because substance abuse is *"jamming the court system,"* accounting for the majority of cases. One positive outcome, according to one respondent, was that the increased demand on the judicial system resulted in a recent upgrade of the county jail.

Law enforcement officials commented on what they view as a problematic lack of sentences, remarking *“There’s more focus on the individual and more likelihood to rule in their favor.”* They went on to critique the court for not tailoring sentences *“to the local context”* and described a ten year period when circuit court judges refused to put people in jail, so local police had to take a case to federal court to get a more severe sentence, thereby requiring additional resources. One respondent offered a critique that *“Cecil County judges are given too wide guidelines. It’s too open of a process. They need narrower laws. They seem more lax in Cecil County than in other places.”* Finally, one provider highlighted the judicial system’s lack of understanding of substance abuse treatment stating, *“The courts and treatment providers don’t always work well together. The court commits people to treatment and to Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), whether or not it really makes sense for someone. For example, requiring 20 meetings per week, between treatment and AA/NA, of someone with no transportation is a set up for failure.”*

Community Recommendations for Improvement

Consistent with the lack of awareness and understanding of current enforcement resources, stakeholders did not have many suggestions for improving enforcement regarding substance abuse.

With regards to sentencing, respondents called for drug offenders to be sentenced to one year of recovery, instead of one year in prison, although did not offer ways to fund this. Recognizing the limited knowledge of resources for enforcement related to substance abuse, several respondents suggested better communication among treatment and social service providers, law enforcement, and the courts.

OVERARCHING THEMES AND RECOMENDATIONS

This report provides a comprehensive review of the substance abuse-related data in Cecil County as well as perceptions of substance abuse services and support for action. This final section highlights some of the overarching themes that appear to be challenging Cecil County in addressing its substance abuse issues. This section ends by detailing evidence-based and evidence-informed strategies, programs, and approaches across the substance abuse continuum that have been identified from the larger substance abuse literature and may be appropriate to implement within Cecil County.

Overarching Themes

In a synthesis of both the quantitative and qualitative data, several overarching issues emerge that have been particularly challenging to addressing the substance abuse problem in Cecil County and provide important context for the discussion of future directions and the implementation of evidence-based strategies.

- **Decline in economy and employment opportunities** – Cecil County has been disproportionately affected in the economic downturn of the past several years. With limited economic opportunities, coupled with lower educational levels, many respondents noted that economic hardship has morphed into negative coping behaviors, such as increased substance abuse. While a larger substance abuse plan may not be able to focus on economic development, recognizing this larger driver will be important in considering the need for greater wrap-around services such as job training and placement for those in recovery and youth employment programs as a component of addressing prevention.
- **Limited funding for services** – Concomitant to the economic downturn is the dearth of funding available for public health, social services, and enforcement services and programs. Government and public safety leader and staff, social service providers, and educational leaders repeatedly lamented the limited funding to even continue with the work they are doing, let alone develop additional services. There was a strong undercurrent that Cecil County was continually being left out of budget discussions in Annapolis and disproportionately being scaled back in its state funding for services. As the next section discusses potential evidence-based strategies, it is important to recognize the funding constraints of the County and identify potential opportunities for other funding streams (e.g., foundations), cost-sharing among agencies, and greater advocacy in Annapolis for state funding.
- **Community culture of substance abuse acceptance/denial and focus on personal responsibility** – Two key themes related to community culture emerged in focus group and interview discussions which will be important to consider when developing messages and garnering buy-in for future initiatives. The first was that respondents commented that attitudes about substance abuse, particularly among parents, seemed to fall into two ends of the spectrum – either community members accepted substance abuse as the norm and just part of the community's culture; or denial that substance abuse was not a pervasive issue in the County and only touched a small handful of disaffected youth. The second key theme that emerged was that many study respondents discussed the importance of personal responsibility. Substance abuse was not necessarily viewed as a disease, but as a personal choice and one where the responsibility was on the individual and family for addressing the problem. Community members were concerned in these difficult economic times about hard-earned tax dollars being funneled to programs and services to deal with substance abuse.

- **Lack of coordinated array of comprehensive services, including prevention, detoxification, and services for co-occurring disorders (substance abuse and mental health)** – Cecil County has numerous treatment-related services, but they are not necessarily coordinated or provide the breadth of activities for a comprehensive treatment model. Given the limited funding environment, bolstering the type of treatment services available (detoxification, services for co-occurring disorders) may not be possible in the short-term. However, there are opportunities for increased coordination of care and promotion of existing services to ensure individuals receive a comprehensive range of services for their long-term recovery.
- **Forum for engaging the community and stakeholders** – One consistency in nearly all the interview and focus group discussions was the interest of the participating community leaders, providers, and residents in addressing the County’s substance abuse problems. While the Drug and Alcohol Abuse Council has a wide array of involved stakeholders already involved in this issue, many study respondents were not aware of their current work.^v There was strong momentum in the discussions for a large-scale coalition involving leaders, providers, and community residents themselves—including parents, youth, individuals in recovery, and families of those dealing with addiction—to help implement community-focused action steps to address substance abuse. Further community engagement was identified as an important component of any next step.

Recommendations

The following section discusses recommendations and ideas for approaches, strategies and initiatives for each part of the substance abuse continuum –prevention, treatment/recovery, and enforcement – as well as for several overarching issues. Where possible, evidence-based strategies have been identified, reviewing the larger scholarly literature in the field or existing databases on evidence-based programs, such as SAMHSA’s National Registry of Evidence-Based Programs and Policies (NREPP).^{vi} Only evidence-based strategies were included which seemed feasible and applicable to the local context of Cecil County. Where no evidence-based strategies exist in the literature, Health Resources in Action provided suggestions on promising strategies based on work and experience in the field.

Recommendations on Overarching Issues: Transportation, Youth Opportunities, Data Needs

A number of issues were identified through the assessment that permeate all aspects of the substance abuse issues in Cecil County, from prevention to treatment and recovery, and the following highlights potential strategies to consider for addressing these.

^v The mission of the Cecil County Drug and Alcohol Abuse Council is to reduce substance abuse and dependence and related consequences through development and implementation of an integrated and comprehensive prevention, early-intervention and treatment service system which meets the needs of the general public and the criminal justice system.

^{vi} Several websites provide descriptions of evidence-based programs in searchable databases, according to the target population (age, gender, race/ethnicity), behavior impacted, and implementation location, etc. Some of these include:

- www.nrepp.samhsa.gov
- <http://www.samhsa.gov/ebpwebguide/index.asp>
- www.blueprintsprograms.com/allprograms.php
- www.promisingpractices.net/programs_indicator_list.asp?indicatorid=4
- www.thecommunityguide.org/alcohol/index.html (specific to alcohol)

Transportation

Those without a car—particularly those who live outside of Elkton—have difficulty accessing many services and activities in the County. The concentration of services in Elkton and limited transportation in the area have exacerbated the challenges in reaching needed services or even potential job opportunities. Suggestions to consider are:

- Develop more satellite programs, both prevention and treatment/recovery, across the county, perhaps offered one day a week per site in each of three areas outside of Elkton. The same staff could provide the services, perhaps in a site that is already functioning in that area (a local agency, a faith organization, or even a worksite) that would be willing to collaborate with the provider agency.
- Expand the existing bus service to areas throughout the County and extend the hours of operation to allow for getting to and from evening appointments, especially for those who work during the day.
- Collaborate among agencies to purchase and share vans (or use existing vans) to provide transportation to services for those who do not have a car and expand who is eligible to access these services beyond seniors going to medical appointments.
- Consider alternative transportation models. For example, the Independent Transportation Network (ITN America) (<http://itnamerica.org/>) is a program that provides rides to seniors and the visually impaired, charging affordable fares. Most rides are provided by volunteer drivers who are reimbursed for part of the ride and are provided transportation credits for the remainder which can be used by them for future rides, be transferred to friends/family, or be donated to a road scholarship program for low income riders. A similar type of program might be appropriate for Cecil County, with participation in the program open to anyone who needs to get to services (e.g., counseling, an AA meeting).

Youth Opportunities

A frequent theme in interviews and focus groups was that there were not many entertainment or recreational activities for young people in the County. Many felt this idle time led to boredom and increased involvement in drugs. Finding healthy activities and opportunities for engaging young people is a way to strengthen the protective factors in the community.

- Involve youth in development of any future youth-focused activities. Whether they are school-based activities or community activities, having youth provide input on what type of activities should be developed and how they should be developed and implemented will help ensure that the activities are used. Engaging youth in the process is also one way to increase youth engagement and build their skills in community activism.
- Collaborate among agencies to apply for funding opportunities. Multiple agencies who focus on the same population of youth may want to consider applying for funding as a partnership to develop and offer activities for various ages, especially at middle and high school levels, perhaps offering the same program through multiple venues—such as schools, community centers, and organizations—in different locations around the County (and not just in Elkton).
- When possible, connect activities to the school or immediately following the school day, so youth are available on-site or can travel to the activity via school bus, being dropped off at the activity location.
- Write the use of school buses as the transportation mechanism for after-school programs into grants for agencies or organizations.
- Consider focusing on after-school workforce development training programs for youth. This will help youth improve skills at a young age, build their resumes, and help augment the perceived lack of an engaged workforce in Cecil County. Partnering with local businesses in these efforts will be critical.

Six Prevention Strategies

The Center for Substance Prevention (CSAP) has identified six general prevention strategies as a part of a comprehensive, effective approach:

-Information Dissemination involves one-way communication from a source to the audience, with little interaction, to increase knowledge and motivate behavior change. It may include classroom presentations, media campaigns, and other didactic forms of communication

-Prevention Education (skills building) is a two-way approach and teaches participants important social skills, such as ways to resist pressure to use alcohol or other drugs and decision making.

-Alternatives(positive activities) are opportunities for individuals to participate in age-appropriate drug-free activities. These activities are designed to provide healthy, pro-social diversions for young people to navigate them away from alcohol and other drugs, especially during non-school hours.

-Environmental strategies work to change community norms and promote policy changes that reduce risk factors and enhance protective factors. Once changes are made, they have the potential for a large impact. Examples include raising the tax on alcohol or tobacco, implementing a social norms campaign to change the perceived norm from “everyone’s using drugs” to a more realistic view that the majority do not use them, or passing a social host liability law making adults who provide alcohol to youth liable for prosecution.

-Community-Based Process aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse by involving multiple community sectors. It expands community resources dedicated to preventing substance use and abuse through collaboration and building community coalitions.

-Problems Identification and Referral seeks to identify those who have used alcohol, tobacco, or other drugs to assess whether their behavior can be reversed through education. Examples of strategies include driving-while-intoxicated education programs, teen courts, and employee or student assistance programs.

Systematic Data Collection

Organizations interested in improving the substance abuse situation in the County will need current data on the topic collected consistently across the County. Data will be needed to apply for funding, since funders require a comprehensive description of the need for the specific strategy that is proposed. Funders are also now much more interested in funding programs that can show movement on measureable outcomes, so data will be needed to be able to evaluate the strategies implemented.

- Develop a collaborative system of data collection, with all participants using similar formats for reporting data. This might include the development of a specific consistent form for prevention programs and a separate form for treatment/recovery programs.
- Implement a modified Youth Risk Behavior Survey in the middle and high schools, including questions addressing perceptions of drug use (risk of use, amount of peer use, parental and peer approval of use). These questions, as well as those reporting levels of self-use, could be used to develop successful social norms campaigns.
- Implement a survey for adults using similar types of questions as on the youth survey, again for use in developing social norms campaigns, as well as determining gaps in services, etc. The Cecil County Community Health Survey in 2009 provided information on many health issues. Continuing this survey using similar methods and with an expanded substance abuse section would be a good start for continual monitoring of the situation.

Recommendations on Prevention

Taking action before a problem arises in order to avoid it entirely, rather than treating or alleviating its consequences, is known as *primary prevention*. These efforts are proactive by definition and should generally be aimed at populations, not just at individuals. *Secondary prevention* consists of a set of measures used for early detection and prompt intervention to control a problem and minimize the poor health or social consequences, while *tertiary prevention* focuses on the reduction of further complications of an existing disease or problem, through treatment and rehabilitation.⁹

Personal choices are made in the context of a larger environment, so if prevention programs focus only on promoting personal behavior change among those targeted by the intervention, they miss an opportunity to change the environment (e.g., through policies and changing community norms) and affect the decisions of a much larger population. Therefore, a comprehensive prevention program must address both the environment and individual factors that influence behaviors related to substance abuse. A detailed description of principles of effective prevention programs can be found in Appendix C. These principles helped guide the following recommended strategies.

Below are selected examples of evidence-based strategies, listed by domain (level of influence), which may provide appropriate support to the community of Cecil County. Program information is taken from the National

Registry of Evidence-based Programs and Practices (NREPP), unless otherwise noted.

Individual/Peer Domains

LifeSkills Training (LST) – LST is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting major social and psychological factors that promote the initiation of substance abuse and other risky behaviors. The program addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist pro-drug influences. LST is designed to provide information relevant to the important life transitions that adolescents and young teens face, using age-appropriate language and content. Facilitated discussion, structured small group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills. Separate LST programs are available for elementary school (grades 3 – 6), middle school (grades 6 – 9), and high school (grades 9 – 12). A grade level curriculum set costs from \$175-\$275, depending on the grade level, and required DVDs or CDs at \$10-\$20 each. Training and consultation are available and recommended for the best program implementation, but are not required.

In Cecil County, Project Crossroad is already implementing the LifeSkills Training curriculum with some of their clientele, but the program is just reaching a small percentage of the youth in the county. If it was implemented within the schools, all youth would have an opportunity to benefit from the skills.

Across Ages – Across Ages is a school- and community-based substance abuse prevention program for youth ages 9 to 13. The unique feature of Across Ages is the pairing of older adult mentors (55 years and older) with young adolescents, specifically those making the transition to middle school. The overall goal of the program is to increase protective factors for high-risk students to prevent, reduce, or delay the use of alcohol, tobacco and other drugs and the problems associated with substance use. The four components of the program include a minimum of two hours per week of mentoring; one to two hours of weekly community service by youth, including regular visits to frail elders in nursing homes; monthly weekend social and recreational activities for youth, their families and mentors; and 26 45-minute social competence training lessons taught weekly in the classroom. Implementing Across Ages requires a full-time project coordinator, a part-time outreach coordinator, and one mentor for every one or two students. According to the developer of the program, it costs approximately \$2,500-\$3,000 per child per year.

In Cecil County, Across Ages would be a way to engage youth just at the time (during middle school) when they become most vulnerable to initiating alcohol, tobacco and other drugs. It would provide them with guidance from a positive adult role model and healthy alternative activities.

Brief Intervention – Middle and high school students who are drug- or alcohol-involved, but not physically dependent on the substances, can benefit from two 60-minute sessions that combine motivational interviewing (MI) and cognitive behavioral therapy. Studies have shown markedly reduced youth substance use and significantly fewer substance-related symptoms in the following six months, as well. Teens have reported that the intervention strengthened their motivation to resist drugs and enhanced their success in resisting situational triggers for drug use (e.g., boredom, peer pressure). The intervention consists of two meetings with a therapist, seven to ten days apart, at which the youth is assisted in setting realistic goals for their immediate future. Brief interventions are a good fit for adolescents because they have difficulty envisioning a treatment that involves many steps, let alone a complete lifestyle change. Adding a separate 60-minute MI-based session with a parent or primary caregiver to discuss improved communication and how to support the teen's intervention goals further enhances the effect.¹⁰

In Cecil County, this type of evidence-based intervention could be cost effective, since it would provide a point at which to intervene with youth who are starting down a destructive path, but before they become court-involved or chemically dependent and require more costly services.

Project MAGIC (potentially involves all domains) – Project MAGIC (Making A Group and Individual Commitment) is an alternative to juvenile detention for first-time offenders between the ages of 12 and 18. The program’s goals include helping youth achieve academic success; modifying attitudes about alcohol, tobacco, and other drugs; and enhancing life skills development and internal locus of control. It is based on the ecological model, involving individual, family, school, and community domains. Over the two-month course, separate interventions are provided to the youth and their parents, who are trained to better monitor their children’s behavior. Youth participate in a 20-session skills-building curriculum in small groups, addressing substance abuse education, anger and conflict management, problem solving and decision making, communication, personal responsibility, values, stress reduction, and community service (required for the youth, involving local agencies and other community groups). Parents participate in four meetings with their children to promote increased communication and improved family management. There is also a take-home component for parents who cannot attend all four meetings because of work schedules; parents can complete lesson plans at home at their own pace. The program is implemented in schools or other community settings.

In Cecil County, promoting academic success among youth who are involved in high-risk activities, including substance use, would help to counteract the current risk factor of low educational expectations noted by several community members in this study. Involving families would also decrease the easy social access (from family and friends) of alcohol and other drugs. Engaging the youth in community service provides opportunities to practice and build stronger social skills, as well as help them feel more connected to their community, both important protective factors.

Family Domain

Strengthening Families Program (SFP) – SFP is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children in pre-school to early high school (3-16 years old). It includes three life-skills courses delivered in 14 weekly, 2-hour sessions. The Parenting Skills sessions are designed to help parents learn to increase desired behaviors in children by using attention and rewards, clear communication, effective discipline, substance use education, problem solving, and limit setting. The Children’s Life Skills sessions are designed to help children learn effective communication, understand their feelings, improve social and problem-solving skills, resist peer pressure, understand the consequences of substance use, and comply with parental rules. In the Family Life Skills sessions, families engage in structured family activities, practice therapeutic child play, conduct family meetings, learn communication skills, practice effective discipline, reinforce positive behaviors in each other, and plan family activities together. Participation in ongoing family support groups and booster sessions is encouraged to increase the integration of skills learned into everyday family life. According to the program developer, implementation requires a minimum of five trained staff: two group leaders for the parents, two group leaders for the children, and a site coordinator. CDs containing materials for all groups are available by age levels, 3-5, 6-11, and 12-16 years, and are \$450 each. Training and technical assistance are available and recommended for the best program implementation, but are not required.

In Cecil County, starting to use *Strengthening Families* with families that have young children (pre-school and elementary), especially those identified as needing stronger parenting skills, would provide a strong foundation for those children. This approach would aim to enhance life skills, encourage a more stable family life, and facilitate changing the community norm to be less accepting and supportive of

substance use. Given the multiple risk and protective factors this strategy addresses, SFP may be an appropriate family-based approach for Cecil County organizations to implement or promote.

School Domain

Caring School Community (CSC) – CSC is a family-plus-school program to reduce risk and bolster protective factors among elementary school children. It is designed to create a caring school environment characterized by kind and supportive relationships and collaboration among students, staff, and parents. By creating a caring school community, the program seeks to promote pro-social values; increase academic motivation and achievement; and prevent drug use, violence, and delinquency. This program provides positive effects for all students in the school, regardless of level of risk for substance abuse or other risk behaviors. CSC has four components designed to be implemented over the course of a school year: (1) Class Meeting Lessons, which provide teachers and students with a forum to get to know one another and make decisions that affect their classroom climate; (2) Cross-Age Buddies, which help build caring cross-age relationships; (3) Homeside Activities, which foster communication at home and link school learning with home experiences and perspectives; and (4) School-wide Community Building Activities, which link students, parents, teachers, and other adults in the school. School-wide implementation of CSC is recommended because the program builds connections beyond the classroom. Costs include a teacher’s package (\$225 per grade level or \$1,500 for K-6 combined) and a principal’s package (\$425 each). Classroom libraries of related read-aloud books and training workshops are also available, but not required for implementation.

Implementing CSC across the elementary schools in **Cecil County** would be a way to promote a healthy school climate and support children as they develop and gain skills to make healthy decisions. This may be an important approach given that schools can be key places for children to build their resiliency through the development of protective factors, including the development of caring relationships. If the budget does not allow for implementation in all 17 elementary schools at one time, the program could be phased in (e.g., over three years) across schools.

Community/Society Domain

Project Northland (also individual, family, and school domains) – Project Northland is a community-wide intervention that aims to reduce adolescent alcohol, tobacco, and marijuana use. It is a multi-level program involving students, parents, businesses, and community residents and organizations. Community strategies, action-based curricula, and peer leadership activities all encourage both positive individual behavior and environmental change in the community. The 6th grade home-based component targets communication about adolescent alcohol use utilizing student-parent homework assignments, in-class group discussions, and a community-wide task force. The 7th grade peer- and teacher-led curriculum focuses on resistance skills and normative expectations regarding teen alcohol use, and is implemented through discussions, games, problem-solving tasks, and role-plays. During the first half of the 8th grade peer-led program, students learn about community dynamics related to alcohol use prevention through small group and classroom interactive activities. During the second half, they work on community-based projects and hold a mock town meeting to make community policy recommendations to prevention teen alcohol use.

Costs include curriculum for each grade level and a program guide, \$595 for the set. Training and technical assistance are available and recommended for the best program implementation, but are not required. There is also a related, but separate, curriculum, *Class Action*, which can be used as booster sessions at the 11th or 12th grade level. It consists of 8-10 group sessions in which students divide into teams to research, prepare, and present mock civil cases involving hypothetical persons harmed as a result of underage drinking, to explore the real-world legal and social consequences of substance abuse.

Cecil County already has the Drug and Alcohol Abuse Council that could support the task force component of the 6th grade curriculum, which can be implemented in the schools or in other community settings. Involving the community and families in the education and skill building would help to change the community acceptance of drinking and other drug use. Project Northland could also work together with the other community domain strategies described below.

Social Norms Campaign – Social norms campaigns are communication campaigns that utilize various media channels to broadcast true norms regarding the use of alcohol, tobacco, or other drugs in a target population. The theory behind the approach states that much of people’s behavior is influenced by their perceptions of how other members of their social group behave. According to social norms theory, people tend to misperceive and exaggerate the negative health behavior of their peers. By educating a group about healthy behavior that is, in fact, the usual practice among their peers, behavior can be affected in a positive manner. For example, youth in a particular area may perceive that 85% of their peers are drinking alcohol, while a survey shows that, in fact, 46% say they have had one or more drinks in the previous month. A social norms campaign to promote the actual percentage can take the pressure off those who feel like they should drink because “everyone else does.” The campaign can also promote other healthy activities that young people do instead of drinking to encourage a healthy norm. Social norms campaigns can also be focused on parents and their attitudes about underage drinking and other drug use. The costs involved can vary, depending on the media channels used. Training to develop appropriate messages is important or the campaign can actually create more harm (e.g., promoting unintentional negative messages).¹¹ One specific example of a social norms campaign is The 84 campaign in Massachusetts (<http://the84.org/>), a tobacco prevention social norms campaign, which promotes youth engagement and advocacy to disseminate the message that 84% of youth in Massachusetts do not smoke.

Cecil County could use data from existing sources (e.g., 2009 Community Health Survey, recent YRBS) to create a social norms campaign, but it may be most effective to collect new, up-to-date data on specific social norms questions. Additionally, youth can be engaged in the data collection process as a way to improve skills and create a network of young champions in this field. Regularly collected data will also be needed to monitor the progress of all of the strategies selected. A social norms campaign can complement any of the other evidence-based strategies described.

Community Coalition Development – Working together toward a common goal, communities can discover answers to many of their own problems. Community-led initiatives to address substance abuse and related issues have grown in cities and towns across the country. A community coalition is comprised of community stakeholders – service providers, residents, community and business leaders, educators, government officials, law enforcement officers, and others – who combine both human and financial resources to address an identified issue. Substance abuse coalitions serve as a catalyst: they mobilize the community to help to change the programs, policies, and practices of sectors of the community that contribute to the abuse of alcohol, tobacco, and other drugs.¹²

In Cecil County, the Drug and Alcohol Abuse Council could serve as a solid foundation for a larger community-wide coalition, since many providers and stakeholders from other sectors are already involved in the council. Expanding the council—or another similar entity—to include representatives of additional sectors (e.g., engaged individuals in recovery, youth, faith communities, businesses) would strengthen it and provide greater buy-in for strategies implemented by the coalition. It would also provide an opportunity to engage youth, police, schools, parents, providers, and others together on an issue.

Advocating for Policy Change – Advocating for policy change is a way to affect changes that have the greatest impact on prevention. There are many policies that can influence substance use and abuse, including those that influence norms (e.g., Zero Tolerance laws for alcohol use among youth under 21 years, banning alcohol sponsorship of sporting or other community events); and those that limit access to alcohol or other drugs (e.g., ban on “2 for 1” drink specials, land use ordinances enforced on blighted or abandoned properties, compliance checks on sales to minors). Leadership for advocacy may come from a community coalition or other collaboration among interested groups. The more of the community that is involved in the process, the greater the chances of success.¹³

In Cecil County, initial advocacy for prevention-focused substance abuse policies could emerge from the Drug and Alcohol Abuse Council. However, once youth and parents are engaged in programs, they may see the need for change and find ways mobilize the community themselves. As a starting point, it would be helpful to assess the current policies and procedures related to alcohol and other drug use, prioritize those that would support other strategies being implemented, and then mobilize through the Council or other groups which agencies should be involved to advocate collaboratively.

Opioid Overdose Prevention

While prevention is usually focused on individuals who have not started using drugs or have not yet become chemically dependent on them, opioid overdose prevention usually involves people who are opioid dependent, whether using prescription pain medications, heroin, or other opioids. The purpose is to keep these individuals alive long enough for them to reach the point where they realize that sobriety is what they want and they are ready for treatment. Strategies with the potential to prevent or reduce opioid overdose fall into three broad categories: pre-event strategies, which seek to prevent overdose from occurring; during-event strategies, which try to minimize negative/fatal consequences when an opioid overdose does occur; and post-event strategies, which seek to prevent future overdoses by facilitating access to and utilization of treatment services.^{14,15}

The following strategies have been studied relatively recently (in past five years), so they have not reached formal “evidence-based” status per SAMHSA’s guidelines. However, several of these strategies have shown positive results in practice. Some of these include:

Pre-event strategies

- Provide opioid overdose prevention information on risk factors (e.g., danger of using alone; using of opioids with other depressants; using again after periods of abstinence, including after treatment, prison, or hospital stays) to users and bystanders (friends, family, other users).
- Screen and identify individuals by first responders, hospital ERs, and primary care providers.
- Train healthcare providers and pharmacists on educational strategies and referral services for opioid-dependent patients, “doctor shoppers,” and suspected intravenous drug users.

During-event strategies

- Provide information/training on overdose recognition and response (e.g., recognizing signs of an overdose, rescue breathing, calling 911, using Naloxone) to opioid users and bystanders.
- Reduce barriers to calling 911 in the event of an overdose, including working with the police and housing authority regarding consequences.

Post-event strategies

- Brief motivational interviewing to promote entry into treatment.
- Provide treatment information, referrals, and linkages to support services. This can be done by first responders, hospital staff, recovery coaches, etc.

- Provide incarcerates with a history of opioid abuse referrals to community treatment services upon release from prison.

Cecil County has developed a draft opioid overdose prevention plan that includes many of these strategies, including Narcan/Naloxone training and distribution, Screening, Brief Intervention, and Referral to Treatment (SBIRT), and provider education/training. These are all part of a comprehensive plan to prevent opioid use and overdose.

Project Lazarus – Project Lazarus is a community-based opioid overdose program which began in 2007 in Wilkes County, NC, when they had one of the highest rates of overdose deaths in the country. The Project Lazarus model is based on the premise that drug overdose deaths are preventable and that all communities are ultimately responsible for their own health. The model components include:

1. Community activation and coalition building;
2. Monitoring and epidemiologic surveillance;
3. Prevention of overdoses through medical education and other means;
4. Use of rescue medication to reverse overdoses by community members; and
5. Evaluation of project components.

The last four steps operate in a cyclical manner, with community advisory boards playing the central role in developing and designing each aspect of the intervention. Project Lazarus combines several of the strategies listed above and has had strong results, with a 69% decrease in overdose deaths between 2009 and 2011.¹⁶

Prescription Drug Monitoring Program (PDMP) - A PDMP is a statewide electronic database that gathers information from pharmacies on prescriptions written for controlled substances. They serve multiple functions, including: patient care tool; drug epidemic early warning system; and drug diversion and insurance fraud investigative tool. They help prescribers avoid drug interactions and identify drug-seeking behaviors or “doctor shopping.” PDMPs can also be used by professional licensing boards to identify clinicians with patterns of inappropriate prescribing and dispensing, and to assist law enforcement in cases of controlled substance diversion. Many PDMPs provide secure online access to this information available only to authorized recipients. Prescription data (usually for the past year, and including information on date dispensed, patient, prescriber, pharmacy, medicine, and dose) are made available on request from end users, typically prescribers and pharmacists, and sometimes distributed via unsolicited reports. Recipients of PDMP data may also include practitioner licensure boards, law enforcement and drug control agencies, medical examiners, drug courts and criminal diversion programs, addiction treatment programs, public and private third-party payers, and other public health and safety agencies.

Evidence suggests PDMPs are effective in improving the prescribing of controlled substances and addressing the prescription drug abuse epidemic. PDMP data are unique and irreplaceable in identifying questionable activity with respect to prescription drugs, such as doctor and pharmacy shopping, prescription fraud, and problematic prescribing. No other system exists that can compile all controlled substances prescriptions, regardless of who issued the prescription, which pharmacy dispensed it, or the source of payment. Several studies suggest a connection between PDMP utilization or particular PDMP practices and positive outcomes related to improving, prescribing, and reducing prescription drug abuse.¹⁷

While 41 states have enacted PDMP legislation and have operational programs, **Maryland** is one of the eight states (including Arkansas, Delaware, Georgia, Montana, Nebraska, New Hampshire, and Wisconsin) which have enacted legislation but not formally started the program. It is expected that

Types of Treatment/Recovery

-Detoxification followed by a formal assessment and referral to drug addiction treatment to address the psychological, social, and behavioral problems associated with addiction.

-Therapeutic Communities (TC) – long-term (6-12 months) residential treatment;

-Short-term (usually up to 30 days) residential programs provide intensive treatment using a modified 12-step approach, such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). (Outpatient treatment is important after short-term stays.)

-Outpatient treatment varies in the types and intensity of the services offered. It costs less than inpatient treatment and often works better for people with jobs and strong social supports, but varies greatly on its intensity.

-Individualized drug counseling focuses on alcohol or illegal drug use, as well as related issues, e.g., relationships, employment, or illegal behaviors. It helps the individual develop coping strategies and ways to abstain from drug use, emphasizing short-term behavioral goals. The patient is also usually encouraged to attend 12-step groups and is given referrals, as needed (e.g., medical, psychiatric, employment or other services).

-Group counseling uses the social support from discussions with peers to encourage a drug-free lifestyle. Research has shown that positive outcomes are achieved when group counseling is combined with individualized counseling.

Maryland's PDMP will be initiated in Summer 2013 by MD Department of Health and Mental Hygiene. It will be important for local agencies to understand how PDMP data will be used in Maryland, how it will be shared locally, and how these data can inform future strategies.

Provider Education/Training - Since many prescribers have insufficient training in the use of opioids and other prescription controlled substances, proposals for mandatory prescriber education have been discussed as a way to address the prescription drug abuse epidemic. Such education could include training in not only the proper use of these drugs, but also their misuse and abuse by bona fide patients; the nature and extent of doctor shopping; and the extent of theft, counterfeiting, and forgery of prescriptions. The training could also integrate information on how to access and use PDMP data. Studies have suggested that provider education can influence their prescribing behavior, and a good understanding of PDMPs, how to use them, and the value of their data for prescribers, pharmacists, and other end users would likely encourage enrollment in and effective utilization of PDMPs. States have experimented with various educational formats, including in-person presentations to prospective user groups, online short courses and Webinars, and paper-based and Web page materials, such as prescriber "toolkits" on how to use PDMP data and links to Screening, Brief Intervention, and Referral to Treatment (SBIRT) resources. One state has mandated provider education.¹⁸

In Cecil County, the community council/coalition working on these issues could contact the Maryland Board of Physicians to discuss ways to collaborate and implement a local provider educational training program. Further discussions with Union Hospital and other health care facilities may also provide insight on how brief provider informational sessions can be incorporated into existing meetings, conferences, or CME trainings.

Recommendations for Treatment and Recovery

Long-term drug use results in significant changes in brain function that can last long after the individual stops using drugs. This may help explain why most drug users have difficulty achieving and maintaining abstinence without treatment, and why many attempts at treatment result in failure. Stress from work or unemployment, family issues, mental illness, physical pain, social cues (e.g., seeing someone from one's drug-using days), or environmental cues (e.g., being on the street where drugs were accessed, seeing paraphernalia for drug use) can trigger strong cravings, even when the individual is not consciously aware of the cause. Any of these factors can challenge sustained abstinence and make relapse more likely.¹⁹

The chronic nature of the disease means that relapsing to drug abuse is not only possible, but expected. Relapse rates (i.e., how often symptoms occur) for drug addiction are similar to those for other well-characterized chronic medical illnesses such as diabetes, hypertension, and asthma, which also have both physiological and behavioral components. Treatment of chronic diseases involves changing deeply imbedded behaviors, and relapse does not mean treatment failure. For the addicted person, lapses back to drug abuse

indicate that treatment needs to be reinstated or adjusted, or that alternate treatment is needed.²⁰

Relapse rates are frequently high during the first few months after substance abuse treatment, often reversing many of the positive results of treatment. Virtually all treatment programs strongly recommend that participants get involved in "aftercare" or "continuing care" activities after they are discharged.²¹

Relapse prevention (RP) techniques have been studied and shown to be effective, particularly for alcohol and polydrug use outcomes, reducing substance use, and improving psychosocial adjustment. Individual, group, and marital modalities were equally effective. Most successful RP interventions are integrated into broader types of cognitive behavioral skills training, such as relaxation training, self-talk, and problem-solving skills, and most types of treatment include RP modules. Specific RP models that focus primarily on cognitive-behavioral skills to cope with high-risk situations, craving management, cognitive restructuring, and lifestyle interventions are seen as most relevant to enhance the person's ability to maintain abstinence. Anti-craving medications can also be combined with RP techniques for a holistic treatment/recovery plan.

Even with the pitfalls of relapse, research has shown that active participation in treatment can lead to good outcomes for even the most severely addicted people. Because of the many facets of addiction and causes of relapse, the best treatment programs provide a combination of therapies and other supportive services to meet the varied needs of individual clients.

Treatment can occur in various settings, be offered in different formats, and extend for different lengths of time. Drug addiction is generally a chronic disease, often with relapses, so treatment is usually a long-term process involving several types of interventions and ongoing monitoring. Short-term treatment by itself is usually not sufficient. Figure 52 presents a visual depiction of the multiple components of an effective treatment model, including counseling, pharmacotherapy, recovery support groups, and an array of wrap-around services to address the multiple, complex social, economic, medical, and legal needs of individuals and families.

Figure 52: Components of Comprehensive Drug Abuse Treatment²²



The following section includes descriptions of evidence-based approaches in Assessment, Detoxification, Pharmacotherapies, Behavioral Therapies, and Recovery. Suggestions specific to implementation within Cecil County follow each of these sub-sections. In the realm of treatment and recovery, evidence-based strategies tend to be more general approaches, not specific curricula or self-contained programs, as seen in most of the recommendations in the field of substance abuse prevention.

It should be noted that one recommendation that was consistently mentioned by study respondents and that can be integrated into all aspects of treatment relates to inpatient treatment. There was a strong concern among providers and community members that there was no inpatient treatment facility within Cecil County. Clients are required to travel to other locations, away from their families or other potential support systems. While it might be cost-prohibitive to develop a new free-standing building with the capacity for long- and short-term residential treatment, a more realistic possibility might be to work with an existing health care facility, such as Union Hospital, to establish a partial hospitalization for short-term treatment. This would be followed by an established after-care plan and step-down program, with referrals to other providers in the area for counseling or other treatment modalities. Working with Upper Bay Counseling and Support Services to expand their residential treatment capacity might also help to address some of the need. In the long term, consideration of a collaborative process to plan and establish a location for inpatient treatment services, including the identification of funding source(s) would be ideal.

Assessment

Screening, Brief Intervention, and Referral to Treatment (SBIRT) – SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention for individuals with risky alcohol and drug use, and the timely referral to more intensive substance abuse treatment for those who have substance abuse disorders.²³

- Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.
- The screening is universal, so all patients in participating emergency rooms, primary health clinics, campus health centers, or other health care venues automatically undergo a quick screening to assess their alcohol and drug use. If they are at risk for developing a serious problem, they receive a brief intervention that focuses on raising their awareness of substance abuse and motivating them to change their behavior. Patients who need more extensive treatment receive referrals to specialty care.
- Medicare generally covers SBIRT and the American Medical Association has approved several billing codes that allow for reimbursement by private insurers for providing screening and brief intervention services.
- As the name implies, it is brief (e.g., typically about 5-10 minutes for brief interventions and about 5 to 12 sessions for brief treatments).
- Strong research or experiential evidence supports the model's effectiveness.

In Cecil County, the Cecil County Health Department already includes SBIRT in its opiate overdose prevention plan and will promote it throughout the county within primary care/healthcare settings (including provider training), as well as within the local hospital. Within the local hospital, the Department will promote use of SBIRT for both the emergency department and at bedside for inpatient admissions. The Department plans to support SBIRT with a hospital embedded peer recovery advocate who will assist and connect identified patients with substance abuse services and other related resources.

Detoxification:

Detoxification – Detox does not constitute substance abuse treatment, but is one part of a continuum of care for substance-related disorders. The detox process consists of three sequential and essential components – evaluation, stabilization, and fostering patient readiness for and entry into treatment. Detox can take place in a wide variety of settings and at a number of levels of intensity, depending on the client's needs. This can include nontraditional settings, such as emergency rooms, medical and surgical wards in hospitals, acute care clinics, and others that do not traditionally provide detoxification

services. Effective detoxification includes not only the medical stabilization of the patient and the safe and humane withdrawal from drugs, including alcohol, but also entry into treatment.

Studies show that detoxification and its linkage to the appropriate levels of treatment lead to increased recovery and decreased use of detoxification and treatment services in the future. There are specific treatment regimens approved for different substances and considerations to keep in mind for special populations to maximize the effectiveness of the detox process for each client. These are too varied and specific to include here, but are available to providers and other interested parties.²⁴

In Cecil County, a theme heard frequently from community members and providers in study discussions was the frustration that there were no detox facilities in the County, so people have to seek this essential element of the treatment continuum elsewhere. The least expensive way to solve this issue might be to establish different levels of detox services at some of the nontraditional settings mentioned above, such as the emergency room or medical wards at Union Hospital, at health centers or clinics, and other sites that do not traditionally provide detoxification services. It would be important to communicate with all such sites so they have full knowledge of what treatment options are available to the clients they serve.

Pharmacotherapies

Medication-Assisted Treatment (MAT) – MAT is a form of pharmacotherapy and refers to any treatment for a substance use disorder that includes the use of medications as part of a comprehensive substance abuse treatment plan with an ultimate goal of patient recovery with full social function. In the U.S., MAT has been demonstrated to be effective in the treatment of alcohol dependence with Food and Drug Administration approved drugs such as disulfiram, naltrexone and acamprosate; and opioid dependence with methadone, naltrexone and buprenorphine. As part of a comprehensive treatment program, MAT has been shown to improve survival, increase retention in treatment, decrease illicit opiate use, decrease hepatitis and HIV seroconversion, decrease criminal activities, increase employment, and improve birth outcomes with perinatal addicts.²⁵

Evidence-based pharmacotherapies include:²⁶

- *Methadone Maintenance (MM)* – for opioids – along with behavioral counseling, peer-based or professionally directed 12-Step programs, and referral to other services, such as housing, medical, employment, etc. Because of the professional and cultural controversies surrounding its use, MM has been evaluated and regulated more rigorously than any other addiction treatment modality.
- *Buprenorphine/Suboxone detox and/or maintenance* – for opioids – is a cost-effective approach to be provided in office-based settings by qualified physicians who have received a waiver from the DEA. Compared to methadone, buprenorphine is more convenient, safer, less stigmatizing, more effective in suppressing other opioid use, and more acceptable to opioid-dependent individuals.²⁷
- *Naltrexone* – for both opioid and alcohol treatment – blocks the effect that alcohol or opioids have on the brain and reduces the cravings that many people experience after they quit. It is usually prescribed in medical outpatient settings, for people who have already stopped drinking or using opioid drugs, and who have gone through detox. It must be taken regularly and compliance can be an issue, but it is good for highly motivated, recently detoxed people who want total abstinence (e.g., professional, parolee).
- *Acamprosate* – for alcohol addiction – is thought to decrease symptoms of extended withdrawal, such as insomnia, restlessness and anxiety and has been shown to help drinkers maintain abstinence for several weeks to months. It may be more effective in cases of severe dependence.

- *Disulfiram (Antabuse)* – for alcohol addiction – produces a very unpleasant reaction if a person drinks alcohol, but its usefulness and effectiveness are somewhat limited because compliance is usually poor. Among highly motivated patients, however, it can be effective. It can also assist some patients occasionally in high-risk situations, such as social situations where alcohol is present.^{vii}

In Cecil County, pharmacotherapies can already be found in abundance, with methadone maintenance clinics and physicians prescribing suboxone for opioid addiction or other medications to treat addiction to alcohol or other non-narcotic drugs. According to the Maryland Department of Health and Mental Hygiene, the MD General Assembly is currently considering legislation to authorize a state program for distribution of Naloxone to reverse opioid overdose, with a distribution program in Cecil County. Many community members expressed negative feelings about these therapies. Given this perception, what might be needed is an effort to educate the public about the efficacy of these strategies to save lives and provide those addicted a chance to live long enough to go into treatment and turn their lives around. ***In addition, it is important to make sure that these existing pharmacotherapies are combined with behavioral therapies for the greatest positive effects.*** There was concern among study respondents that this was not happening – specifically, that medications were given without accompanying counseling, for instance. This was reiterated even among recipients of the pharmacotherapies. Clients receiving these therapies also need to be supported by referrals to other important services (housing, employment, medical, educational, etc.), as shown previously in Figure 52.

Behavioral Therapies

Behavioral therapies – These therapies use basic learning techniques to modify detrimental behavior patterns by substituting new responses to given stimuli for undesirable ones. Over the past 30 years, research on behavioral therapies for drug abuse has made great advances. These therapies help engage people in drug abuse treatment, provide incentives for them to remain abstinent, modify their attitudes and behaviors related to drug abuse, and increase their life skills to handle stressful circumstances and environmental cues that may trigger intense craving for drugs and start another cycle of abuse.

Several evidence-based behavioral therapies are described below, since all have been shown to be effective. Some may fit better in one agency, while another agency promotes a different type of behavioral therapy. The important point is to make sure a form of evidence-based behavioral therapy is available to addicts in need of treatment. Program information is taken from the Principles of Drug Abuse Treatment (NIDA),²⁸ unless otherwise noted.

- ***Cognitive-Behavioral Therapy (CBT)*** – for alcohol, marijuana, cocaine, methamphetamine, nicotine – is based on the theory that learning processes play a critical role in the development of harmful behavioral patterns, such as substance abuse. Individuals in CBT learn to identify and correct problematic behaviors by applying a range of different skills than can be used to stop drug abuse and to address a range of co-occurring problems. Techniques include: exploring the positive and negative consequences of continued drug use, self-monitoring to recognize cravings early and identify situations that might put one at risk for use, and developing strategies for coping with cravings and avoiding high-risk situations. Research shows that these skills remain after treatment is completed.

^{vii} In treating alcohol addiction, studies have shown that just getting help is one of the most important factors, and the precise type of treatment is not as important. Though these medications appear to be effective, there does not seem to be an additive effect between pharmacotherapy and behavioral treatments, as there is with the treatment of opioid addiction.

- *Contingency Management (CM)*, in which patients receive incentives or rewards for meeting specific behavioral goals, has particularly strong and consistent empirical support across a range of types of drug use (alcohol, stimulants, opioids, marijuana, and nicotine). Studies in both methadone programs and psychosocial counseling treatment programs demonstrate that incentive-based interventions are highly effective in increasing treatment retention and promoting abstinence from drugs. These programs are used in a variety of settings, primarily associated with outpatient treatment.
 - Voucher-Based Reinforcement (VBR) supplements other community-based treatments for adults who primarily abuse opioids (especially heroin) or stimulants (especially cocaine) or both. In VBR, the patient receives a voucher for every drug-free urine sample provided. The voucher has monetary value that can be exchanged for food, movie passes, etc. (often funded through donations and grants). Voucher values increase as the number of consecutive drug-free urine samples increases, but a positive sample resets the value to the initial low value.
 - Prize Incentives CM is similar to VBR, but uses chances to win cash prizes instead of vouchers. Over the course of the program (1-3 times weekly for at least 3 months), participants who provide drug-negative urine or breath tests draw from a bowl for the chance to win a prize worth between \$1 and \$100. Participants may also receive draws for attending counseling sessions or completing goal-related activities. As with the value of the VBR vouchers, the number of draws awarded rises with consecutive negative drug tests. It should be noted that studies found that this form of treatment did not promote gambling behavior.
- *Community Reinforcement Approach (CRA) Plus Vouchers* is an intensive 24-week outpatient therapy for treating addiction to primarily cocaine and alcohol. It uses a range of recreational, familial, social, and vocational reinforcers, along with material incentives, to make a non-drug-using lifestyle more rewarding than substance use. Patients generally have 1-2 counseling sessions/week where they learn skills, get vocational counseling, and develop new recreational activities and social networks. They receive vouchers for negative drug tests, as with VBR.
 - A computer-based version of CRA Plus Vouchers called the Therapeutic Education System (TES) has been found to be nearly as effective as treatment administered in person in promoting abstinence from opioids and cocaine among opioid-dependent individuals in outpatient treatment. This might be appropriate for more remote areas, as long as there is Internet access.
 - A version of CRA for adolescents (A-CRA) addresses problem-solving, coping, and communication skills and encourages participation in positive social recreational activities.
- *Motivational Interviewing (MI)* is based on motivational psychology and is meant to increase the client's intrinsic motivation to change. It is a directive, client-centered brief intervention to encourage behavior change by helping clients explore and resolve their ambivalence to make healthier decisions. Robust and enduring effects are seen when MI is added at the beginning of treatment, notably increasing treatment retention and adherence, as well as staff-perceived motivation.²⁹
- *Twelve Step Facilitation Therapy (TSF)* is a brief, structured, and manual-driven approach to facilitating early recovery from alcohol abuse, alcoholism, and other drug abuse and addiction problems, and increasing the likelihood of a substance abuser becoming affiliated with and actively involved in 12-step self-help groups, thereby promoting abstinence. TSF is implemented with individual clients over 12 to 15 sessions.
- *Couples and Family Treatments* involve treating drug-using individuals in the context of family and social systems in which substance use may develop or be maintained. Meta-analyses have

strongly supported the effectiveness of these approaches for both adult and adolescent substance abusers.

- Behavioral Couples Therapy for Alcoholism and Drug Abuse (BCT) is a substance abuse treatment approach based on the assumptions that intimate partners can reward abstinence, and reducing relationship distress lessens risk for relapse.
- Multidimensional Family Therapy (MDFT) incorporates both individual and family formats and targets substance-abusing youth, family members, and their interactions. It has been shown to be more effective than group therapy or multi-family education specifically among substance-abusing adolescents who were referred to treatment by the criminal justice system or schools. MDFT is a comprehensive, multi-systemic, family-based outpatient or partial hospitalization (day treatment) program for substance-abusing adolescents, adolescents with co-occurring substance use and mental disorders, and those at high risk for continued substance abuse and other problem behaviors such as conduct disorder and delinquency. Working with the individual youth and his or her family, MDFT helps the youth over 12-16 weeks develop more effective coping and problem-solving skills for better decision making and helps the family improve interpersonal functioning as a protective factor against substance abuse and related problems.

In Cecil County, many of these types of approaches are already part of services and the type of evidence-based behavioral therapy implemented will depend on individual agencies or individuals providing the service. Based on interviewee comments about incorporating family members into the treatment plan, it would be a good idea to make sure couples and family therapies are available for both adolescents and adults. In particular, Multidimensional Family Therapy for adolescents could address many of the drivers of substance abuse in the county, especially social access to substances and generational addiction.

Recovery

Halfway Houses/Recovery Homes - A halfway house, “dry house,” or “sober house” is defined as a more accessible transition between hospitalization/intensive in-patient treatment and life in the community. Its objective is to promote a social support system for alcohol and substance abusers who will benefit from the supportive treatment structure in such a sober environment. Residence in a halfway house can allow the patients to begin the process of reintegration with society, while still providing monitoring and support; this is generally believed to reduce the risk of relapse, as compared to direct discharge into society.

The treatment offered in these services is diverse. Some include informal treatment and others adopt a 12-step model. The programs, in general, are exclusively for either men or women, and it is rare for both genders to be treated in the same program. Program duration varies between one and 320 days. Patients who reside for a longer period of time tend to better reintegrate into society and decrease their likelihood of substance abuse after discharge. Studies have shown overall lower system costs and more positive individual outcomes related to improvement in substance abstinence levels, lower admission to emergency hospitals, lower use of public assistance services, and less involvement in the criminal justice system.³⁰

Recovery Coaching - Recovery coaching is a form of peer-based recovery support that involves an ongoing process of giving and receiving nonprofessional, non-clinical assistance to achieve long-term recovery from severe alcohol and/or other drug-related problems. This support is provided by people who are “experientially credentialed” (have been through addiction and are in recovery themselves) to assist others in initiating recovery, maintaining recovery, and enhancing the quality of personal and

family life in long-term recovery. In this process, the focus is on individual strengths and enhancement of recovery capital via involving individuals/families in a “culture of health,” rather than focusing on disease and disability, with an orientation toward potential, rather than toward problems. Peer recovery coaches are specifically trained to assist people in accessing a broad range of support services including education, employment, health care, housing, day care, transportation and counseling for co-occurring problems.³¹

Recovery High Schools - Recovery high schools are promising strategies to support adolescents who have been through treatment for alcohol or other drug dependence and are working to maintain sobriety. These schools tend to be small in size, providing the individualized academic attention that students often need after missing time in school or experiencing declines in school performance as a result of their substance use or time in treatment. The organizational structure of the schools varies, including charter schools or programs embedded within charter schools, alternative schools or programs embedded within them, private schools, or programs contracted by public schools. The length of time students stay at the schools varies and is determined on a case-by-case basis. Recovery schools offer programming designed to supplement the academic work with explicit support for recovery. Evidence shows that recovery high schools are generally successful in reducing substance use and mental health symptoms.³²

In Cecil County, one halfway house, Haven House, exists in the area and seems to be insufficient to fill the growing demand. Additional space is needed, including space for women, either in the form of an expansion of what is already there or the establishment of supplementary houses. Complementary services, such as counseling and/or a 12-step model as well as assistance with other support services, would help meet the broader range of needs of clients. The Health Department already employs recovery coaches, called Peer Recovery Advocates, to connect with service recipients in their natural environment in several areas of the community. These Advocates provide information and navigation assistance to community members who are seeking treatment and recovery, as well as related community services and resources. Additional recovery services have been called for by several community leaders and providers, especially those that address both the individual and their family.

Even with these services available, however, providers and community residents repeatedly noted that the environment of Cecil County is not conducive to recovery and, in fact, friends and relatives have had to leave the County and remain elsewhere to achieve and maintain sobriety. Non-supportive community norms include the acceptance of alcohol (underage and heavy drinking) and other drug use, the perception that using alcohol or other drugs is not a high-risk behavior, and addiction is a matter of personal choice, not a disease or mental health issue, which leads to a great deal of stigma. Some of these norms could be targeted with media campaigns to counteract the myths regarding the risks involved and to educate the public (and providers, in some cases) about the disease of addiction. There are also limited employment opportunities within the County, which leads to people in recovery having time on their hands, as well as low self-confidence for not being able to hold down a job, both of which can lead to a relapse of use. This points to the need for both economic development in the County, as well as access to vocational training programs for people who have gone through substance abuse treatment and are working on their recovery.

Co-Occurring Disorders

Nationally, substance abuse treatment programs typically report that 50-75% of their clients had co-occurring disorders (COD) (substance abuse and mental health disorders), while corresponding mental-health settings cite proportions 20-50%. Integrated treatment coordinates substance abuse and mental health interventions to treat the whole person more effectively. Research has shown that many substance abuse treatment clients with less serious mental disorders do well with traditional substance

abuse treatment methods, while those with more serious mental disorders need intervention modifications and additions to enhance treatment effectiveness and, in most instances, to result in successful treatment outcomes. Two of the behavioral therapies described above, Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT), have been modified for use with clients with COD and their effectiveness is promising, as the research continues. In addition, two outpatient models from the mental health field have been valuable for outpatient clients with both substance use and serious mental disorders³³:

- *Assertive Community Treatment (ACT)* programs, historically designed for clients with serious mental illness, employ extensive outreach activities, active and continuing engagement with clients, and a high intensity of services. ACT emphasizes multidisciplinary teams and shared decision making. When working with clients who have COD, the goals of the ACT model are to engage them in helping relationships, assist them in meeting basic needs (e.g., housing), stabilize them in the community, and ensure that they receive direct and integrated substance abuse treatment and mental health services.
- *Intensive Case Management (ICM)* is built on the goals of engaging individuals in a trusting relationship, assisting in meeting their basic needs (e.g., housing), and helping them access and use brokered services in the community. The fundamental element of ICM is a low caseload per case manager, which translates into more intensive and consistent services for each client. ICM has proven useful for clients with serious mental illness and co-occurring substance use disorders.

In Cecil County, a theme emerging from many interviews and focus groups was frustration with the lack of treatment services for people with problems of co-morbidity of substance abuse and mental health issues. Some of the barriers identified were the need for cross-training of staff in both mental health and substance abuse treatment and the difficulty of integrating the services while funding streams remain separate. Issues of licensing staff in both fields would need to be solved at the state level, as would an inter-state agreement to recognize staff trained and certified in both fields outside of MD (e.g., in DE, where there is cross-training and certification). One strategy that Cecil County might consider is to mobilize providers and the greater community to speak out and promote those changes. While less streamlined, providing treatment using a combination of staff, each trained in mental health or substance abuse treatment, might provide some capacity to fill the need.

Three additional overarching themes around treatment heard in this study were:

- Concerns about the **cost of treatment**, specifically that there is a large cost upfront, as well as middle to lower socioeconomic status residents – not people on public assistance – had a challenging time paying for treatment services because of lack of insurance coverage.
- **Lack of coordination** among treatment agencies in that those seeking services had to see multiple providers for their different needs. It is challenging to navigate multiple providers in the already complex social service environment, and these providers do not coordinate services or communicate with each other.
- **Limited awareness about current services**. While there are a number of different treatment providers in the area, some community residents noted that it was challenging to understand which specific services were available by which agency. They were not sure where to go, what was available, and how to get there.

Recommendations for Enforcement

According to U.S. Department of Justice, Office of Justice Programs, substance abuse accounts for most of the criminal activity in cities and towns nationwide (including possession or sale of drugs, crimes to obtain money to buy drugs, driving under the influence, and child abuse or domestic violence resulting from drug use).³⁴ Preventing and intervening in these crimes require a variety of approaches, including

several for which those in the criminal justice system (e.g., police, judges, corrections personnel) may be well-positioned to implement.

Law enforcement strategies are crucial to decreasing the availability of illicit drugs and alcohol. Several have been studied and have shown success in addressing drugs and related crimes, including the following. Implications specific to Cecil County are discussed at the end of this section.

Community Policing - Community policing involves police officers and private citizens working together to reduce crime and disorder and restore community cohesion. It is an organizational strategy, but the central figure is the community police officer, whose mission is to maintain direct contact with the citizens of a small, defined area, serving as liaison between the community and the police.³⁵ This approach involves three main components: community partnerships, organizational transformation, and problem solving.³⁶

- Collaborative partnerships between the law enforcement agency and the individuals and organizations they serve allow for more participation and understanding as they work to develop solutions to problems and increase the community's trust in the police. The public can and should play a role in prioritizing and addressing public safety problems.
- The community policing approach requires the alignment of organizational management, structure, personnel, and information systems to support community partnerships and proactive problem solving, rather than relying on more traditional strategies.
- Community policing emphasizes proactive problem solving in a systematic and routine fashion. Rather than responding to crime only after it occurs, community policing encourages agencies to proactively develop solutions to the immediate underlying conditions contributing to public safety problems.

Problem-Oriented Policing - Problem-oriented policing is based on the idea that the more accurately police can identify and minimize immediate causes of specific patterns of crime, the less crime there will be. Officers are trained to uncover patterns of crime, understand the conditions that give rise to these problems, identify and implement long-term, tailored solutions, determine the impact on the identified crime(s), and find the resources needed to address the problems. An important component of problem-oriented policing is working with various community groups to solve problems. It often works in tandem with community policing.³⁷

Collaboration with Other Law Enforcement and Community Agencies in Bordering Counties/States - With decreasing resources available to law enforcement agencies, the need to work together with neighboring agencies that are experiencing similar crime issues, especially drug trafficking, increases. These collaborations may be from one county to another or across state lines, depending on the issue and its geographic reach. On a larger scale, the Federal Drug Enforcement Agency (DEA) has developed cooperative efforts with state and local law enforcement agencies to enforce the Controlled Substances Act and investigate domestic and international narcotics traffickers. One of these task force programs is the High Intensity Drug Trafficking Area (HIDTA). The HIDTA program provides assistance to Federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug trafficking regions of the Nation. There are currently 28 regional HIDTAs, including the Washington/Baltimore HIDTA, which is composed of Washington, DC, and 14 counties and four cities in Maryland and Virginia. At this time, the northernmost area in the HIDTA is Baltimore Co., MD.³⁸

Restorative Justice - Restorative Justice is not a police-focused effort, but rather a comprehensive way to deal with young people who have committed a crime of some sort. It can involve the court system, probation, law enforcement, victim advocates, prosecutors, defense attorneys – the whole criminal justice system – as well as human service professionals, community members, and elected officials.

The Balanced and Restorative Justice (BARJ) Model outlines an alternative philosophy, restorative justice, and a new mission, “the balanced approach,” which requires juvenile justice professionals to devote attention to:

- Enabling offenders to make amends to their victims and community
- Increasing offender competencies
- Protecting the public through processes in which individual victims, the community, and offenders are all active participants

For example, probation officers can work more directly with victims of crime by coordinating a victim-offender mediation program. Judges can share decision making with the community by supporting community panels to hear cases. Victim advocates can work with juvenile justice professionals to set up victim impact panels.³⁹ Studies have found this approach to be more cost-effective than processing some offenders through the traditional criminal justice system.

Communities across the country have applied this approach and have developed some promising practices, some of which are described below.

- **Institute for Conflict Management; Orange, CA.** In this program, prior to bringing a victim and offender together, a mediator meets separately with each party to listen to each story, explain the process, and invite participation. During the mediation session, the victim and offender discuss the crime and its impact on their lives. They devise a plan for the offender to make amends.
- **Crime Repair Crew; Dakota County Community Corrections; Dakota County, MN.** As a form of community service to hold juvenile offenders accountable, Dakota County Community Corrections has established the Crime Repair Crew. The crew, under the direction of a trained coordinator, consists of juvenile nonviolent offenders. The crew is contacted by police, if a victim wishes, to immediately repair any damage and clean up at a property crime scene. The crew is available to respond at any time, on short notice. The crew offers juvenile offenders the opportunity to “give back” to the community while learning skills in construction and painting.
- **Juvenile Reparation Program; Center for Community Justice; Elkhart, IN.** The Juvenile Reparation Program (JRP) targets older juveniles who may have previously failed in the juvenile justice system and risk continuing their negative behavior into adulthood. JRP staff assist the youth in developing a contract, which routinely includes accountability strategies such as restitution to the victim, volunteer service as symbolic restitution to the community, and specific self-improvement strategies.
- **Carver-Scott Educational Cooperative Services and STS (Sentence to Serve)–PLUS Programs; Carver County Court Services; Chaska, MN.** STS–PLUS is designed to reduce recidivism for delinquent youth, improve the lives of youth in the community, reduce the number of school dropouts, enhance education and vocational skills, and reconnect youth to the community through service learning projects. Youth offenders are given school credit based on their experience with community service projects. In addition, a portion of their court-ordered community work service is pardoned when they adhere to their personalized educational plan.
- **New Chance Program; Dakota County, MN.** As an alternative to out-of-home placement and secure detention, juveniles attend an extended day-treatment program that includes school, life and communication skills development, health, substance abuse treatment, recreation, community work service, and tutoring. Evenings are spent at home under electronic monitoring and parental supervision.

In Cecil County, funding for enforcement activities is a significant challenge. Police and the court system are incredibly challenged due to the rising substance abuse problem and their lack of funding; while adopting entire programs may not be realistic, considering strategies that are new approaches to

current work and do not require more staff may be possible. In addition, looking for outside funding sources may be another avenue.

For example, community policing is an organizational shift to a proactive way of addressing issues that lead to crime, including substance abuse and related crimes. Without sufficient staffing, however, it may be a difficult transformation, but there may be funding available through the Community Oriented Policing Services (COPS) office from the Department of Justice. Any increased communication and collaboration between the police and community members would likely provide positive results. Several people interviewed in this study indicated that there is a negative perception of police in the community, especially among young adults, so partnering to find solutions might provide opportunities to improve this perception. Participation on youth- and young adult-focused committees would also help to break down barriers, but with limited police time available, committees would have to be selected carefully.

A comprehensive Restorative Justice program would also be a way to work more effectively to reduce juvenile crime, including that related to substance abuse. It would involve a collaboration of the criminal justice system and the community, and result in less crime, especially through reduced recidivism. Nearly every focus group and interviewee mentioned the issue of the I-95 corridor providing easy access to drugs being transported to or from the nearby cities and New York. Needless to say, that is a problem that is much larger than what the police departments in the area can effectively tackle. The only way to address such a large issue is to collaborate with other law enforcement departments at other levels, from other counties to Federal officers. With a High Intensity Drug Trafficking Area (HIDTA) region already located in MD, just to the south of Cecil Co., if it is possible to join in that program, it would be a realistic way to work on the drug trafficking issue. There was support for this strategy among community stakeholders.

Other recommendations from community members that would fit into the overall picture of improving the response to substance abuse across the County included providing in-service training on addiction as a disease to police as potential first responders. It could be part of changing the community perception of addiction and promoting more positive attitudes toward those who are chemically dependent. It was also suggested that the police be provided with more information on available substance abuse resources, including who to call for referral, perhaps in an electronic format to have easily accessible in patrol cars.

Numerous services, agencies, and organizations are currently working in Cecil County to try to address the substance abuse problem. From discussions with stakeholders from a range of different sectors, it is clear that there are numerous challenges ahead at the individual, family, community, and societal level that have an impact on Cecil County's substance abuse rates. While these challenges are great, there are numerous services, agencies, and providers already working on these issues. However, efforts and services in the area are fragmented, uncoordinated, and under-funded. There was strong interest for this issue to be addressed via a more strategic, coordinated way with multiple organizations and agencies working together. Overall, participants in this assessment wanted to be hopeful for the future and see the entire community engaged in moving forward in an innovative, collaborative, and comprehensive approach toward addressing the substance abuse situation in Cecil County.

APPENDIX A: SECTORS/ORGANIZATIONS ENGAGED

- Cecil County Council
- Cecil County Health Department
- Cecil County Public Schools
- Cecil County Department of Social Services
- Cecil County Courts
- Cecil County Department of Juvenile Services
- Cecil County Public Library
- Cecil County Department of Emergency Services
- Cecil County Drug and Alcohol Abuse Council
- Union Hospital
- Cecil College
- Substance abuse prevention practitioners
- Substance abuse treatment providers
- Substance abuse recovery support groups
- Health care providers
- Mental health providers
- Pharmacists
- Cecil County news media
- Maryland Alcohol and Drug Abuse Administration
- Individuals in recovery
- Family members of people in recovery
- Concerned citizens

APPENDIX B: DISCUSSION GUIDES

**Cecil County Substance Abuse Needs Assessment
General Focus Group Guide – Community Members (e.g. Youth, Families of Users, etc.)
Current version: January 16, 2013**

Goals of the focus group:

- To understand the perceptions of Cecil County residents around substance abuse and why the County is experiencing higher rates
- To determine the challenges to and gaps in related services and programs
- To identify opportunities for addressing community substance abuse needs more effectively

[NOTE: QUESTIONS IN THE FOCUS GROUP GUIDE ARE INTENDED TO SERVE AS A GUIDE, NOT A SCRIPT.]

I. BACKGROUND (10 minutes)

- Hi, my name is _____ and I am with Health Resources in Action, a non-profit public health organization working with the Cecil County Health Department. Thank you for taking the time to speak with me today.

- We're going to be having a focus group today. Has anyone here been part of a focus group before? You are here because we want to hear your opinions. I want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share your opinions, both positive and negative.

- The Cecil County Health Department, is undertaking a comprehensive study on the substance abuse issues in the region to gain a greater understanding of the related needs and resources of the County and how these needs are currently being addressed. As part of this process, we are having discussions like these around the County with government officials, health care and substance abuse treatment providers, staff from community organizations, and community members from a range of different groups including those directly affected by substance abuse. We are interested in hearing people's feedback on the strengths and needs of the County and suggestions for the future.

- We will be conducting several of these discussion groups around the region. After all of the groups are done, we will be writing a summary report of the general opinions that have come up. In that report, we might provide some general information on what we discussed tonight, but we will not include any names or identifying information. Your responses will be strictly confidential. In the report, nothing you say here will be connected to your name.

- Lastly, please turn off your cell phones, beepers, or pagers or at least put them on vibrate mode. The group will last only about 80-90 minutes. If you need to go to the restroom during the discussion, please feel free to leave, but we'd appreciate it if you would go one at a time.

- Any questions before we begin our introductions and discussion?

II. INTRODUCTIONS (5 minutes)

Now, first let's spend a little time getting to know one another. Let's go around the table and introduce ourselves. Please tell me: 1) Your first name; 2) what city or town you live in; and 3) something about yourself you'd like to share— such as how many children you have or what activities you like to do in

your spare time. [AFTER ALL PARTICIPANTS INTRODUCE THEMSELVES, MODERATOR TO ANSWER INTRO QUESTIONS]

III. COMMUNITY ISSUES (15 minutes)

1. Tonight, we're going to be talking a lot about the community that you live in. How would you describe your community?
 - a. When I say the words, "your community" – what comes to mind?
2. If someone was thinking about moving into your community, what would you say are some of its biggest strengths or the most positive things about it? [PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]
 - a. Overall, what are some of the biggest problems or concerns in your community? [PROBE ON ISSUES IF NEEDED – HEALTH, ECONOMIC, SOCIAL, SAFETY, ETC.]
3. What do you think are the most pressing health concerns in your community?
 - a. How have these health issues affected your community? In what way?

IV. PERCEPTIONS OF SUBSTANCE ABUSE (20 minutes)

4. Let's talk about substance abuse in your community. How big of an issue do you think substance abuse is in your community?
 - a. When I say that we are talking about "substance abuse" as a concern, what does that mean to you? What issues come to mind when you hear that phrase?
 - b. What do you think are the most pressing substance abuse concerns in your community? [IF NEEDED, PROBE ON SPECIFIC ISSUES SUCH AS OPIOID/HEROIN USE, MISUSE OF PRESCRIPTION DRUGS, OTHER DRUGS (COCAINE, ECSTASY), ALCOHOL, TOBACCO.]
 - i. What populations (age, race, gender, income/education, etc.) do you see as being most affected by this issue?
 - ii. How have these substance abuse issues affected the community? In what way?
 - c. Why do you think you are seeing these issues in your community/Cecil County? [PROBE ON INTERVENING VARIABLES: PRICE, SOCIAL OR COMMERCIAL ACCESS, COMMUNITY NORMS, LOW ENFORCEMENT/VISIBILITY, ETC.]
 - d. Data show that Cecil County has higher rates of substance abuse than many other counties in Maryland. Why do you think that is?
 - i. Is there something unique about Cecil County?
 - ii. In your opinion, what are residents' biggest challenges to addressing these substance abuse issues?

1. [PROBE ON RANGE OF CHALLENGES: E.g., Various barriers to accessing treatment and services, socioeconomic factors, lack of community resources, social/community norms, etc.]
5. In your opinion, how is substance abuse viewed by the larger community – is it viewed more as a disease/addiction or more of an issue of personal choice?
 - a. [WHICHEVER VIEW EXPRESSED] Do you think the community views the issue of substance abuse appropriately? Why/why not?
 - b. How supportive do you feel the larger community is of people with substance abuse issues? Why/why not? [PROBE ON ADDICTION AS A DISEASE, STIGMA]
6. In your opinion, what are the one or two things that should happen in Cecil County that could help reduce the substance abuse rates in the area?

V. PERCEPTIONS OF SUBSTANCE ABUSE PREVENTION (15 minutes)

7. What programs, services, and policies are you aware of in the community that currently focus on preventing substance abuse? [PROBE ON SPECIFIC SUBSTANCES, TARGET POPULATIONS, ETC.]
[PROBE IF NEEDED: For example, are there youth programs in Cecil County focusing on substance abuse prevention?]
 - a. Tell me about these programs and services. What do you know about them? Who uses them?
 - b. How successful do you think these prevention programs/services/policies have been? Why/why not?
 - i. What should be changed/improved?
 - c. In your opinion, how available or accessible are these prevention programs to the people who need them?
 - i. If not, why not? Why do you think these programs are not reaching those in need? What are the challenges?
 - d. What's missing? What prevention programs or services are currently not available that you think should be? [PROBE ON SECONDARY AND TERTIARY PREVENTION, i.e. strategies to prevent the negative consequences of substance abuse, e.g. screening for alcoholism or use of Narcan to reverse a heroin overdose]

VI. PERCEPTION OF SUBSTANCE ABUSE TREATMENT AND RECOVERY (15 minutes)

8. What do you know/have you heard about the substance abuse treatment services in Cecil County?
 - a. What do you think of the substance abuse treatment services in your community? [PROBE ON POSITIVE AND NEGATIVE ASPECTS OF TREATMENT SERVICES]
 - i. [IF AWARE OF SERVICES] In your opinion, what are these services doing well? What should be improved/changed?

- b. If someone close to you had to get treatment for substance abuse, where would you go first?
 - i. How comfortable are you that you could find the services that were needed?
 - c. Do you know of any substance abuse recovery services in your community [e.g. AA, NA, half-way houses]?
 - i. What do you think of the substance abuse recovery services in your community? [PROBE ON POSITIVE AND NEGATIVE ASPECTS OF RECOVERY SERVICES]
 - ii. [IF AWARE OF SERVICES] In your opinion, what are these services doing well? What should be improved/changed?
 - d. In your opinion, how available or accessible are these treatment or recovery programs to the people who need them?
 - i. If not, why not? Why do you think these programs are not reaching those in need?
9. Have you or has someone close to you ever experienced any challenges in trying to get substance abuse treatment or recovery services? What specifically? [PROBE FOR BARRIERS: INSURANCE ISSUES, LACK OF SERVICES AVAILABLE, LACK OF TRANSPORTION, ETC.]
- a. [PROBE IF NEEDED] What part of getting treatment was the most challenging? Was it finding a provider? Availability of spots in treatment program? Getting to the treatment facility? Being at the office/clinic and understanding the doctor? Feeling stigmatized?
10. [NAME BARRIER] was mentioned as something that made it difficult to get substance abuse treatment or recovery services. What do you think would help so that people don't experience this same type of problem in getting treatment? What would be needed so that this doesn't happen again? [REPEAT FOR OTHER BARRIERS]

VII. VISION OF COMMUNITY (10 minutes)

11. I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what would you like to see? What is your vision for the future?
- b. What is your vision specifically related to substance abuse in the community?
 - i. What do you think needs to happen in the community to make this vision a reality?

VIII. CLOSING (2 minutes)

Thank you so much for your time. That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today?

Just as a reminder, we will be writing a summary report of the general opinions that have come up across all of the discussions we're having with community leaders and residents. In that report, we might provide some general information on what we discussed today, but we will not include any names or identifying information. Your responses will be strictly confidential. In the report, nothing you said here will be connected to your name.

The report will be completed and made public in the summer, and you can contact the Cecil County Health Department via its website at <http://www.cecilcountyhealth.org> if you would like a copy of the report.

Thank you again. Have a good afternoon.

Cecil County Substance Abuse Needs Assessment
General Key Informant Interview Guide- to be used with leaders/professionals/service providers
Current version: January 16, 2013

Goals of the Key Informant Interview

- To understand the perceptions of Cecil County leaders around substance abuse and why the County is experiencing higher rates
- To determine the challenges to and gaps in related services and programs
- To identify opportunities for addressing community substance abuse needs more effectively

[NOTE: QUESTIONS FOR THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A GUIDE, NOT A SCRIPT.]

I. BACKGROUND

- Hi, my name is _____ and I am with Health Resources in Action, a non-profit public health organization working with the Cecil County Health Department. Thank you for taking the time to speak with me today.
- The Cecil County Health Department, is undertaking a comprehensive study on the substance abuse issues in the region to gain a greater understanding of the related needs and resources of the County and how these needs are currently being addressed. As part of this process, we are having discussions like these around the County with government officials, health care and substance abuse treatment providers, staff from community organizations, and community members from a range of different groups including those directly affected by substance abuse. We are interested in hearing people's feedback on the strengths and needs of the County and suggestions for the future.
- We are conducting interviews with leaders in the County as well as focus groups with residents to understand different people's perspectives on these issues. We greatly appreciate your feedback, insight, and honesty.
- Our interview will last about ____ minutes [EXPECTED RANGE FROM 30-60 MINUTES, DEPENDING ON INTERVIEWEE]. After all of the interview and focus group discussions are completed, we will be writing a summary report of the general themes that have emerged during the discussions. We will not include any names or identifying information in that report. All names and responses will remain confidential. Nothing sensitive that you say here will be connected to directly to you in our report.
- Any questions before we begin our introductions and discussion?

II. THEIR AGENCY/ORGANIZATION (5 minutes)

2. _Can you tell me a bit about your organization/agency? [TAILOR PROBES DEPENDING ON AGENCY]
 - a. [PROBE ON ORGANIZATION: What is your organization's mission/programs/services? What communities do you work in? Who are the main clients/audiences for your programs?]
 - i. What are some of the biggest challenges your organization faces in providing these programs/services in the community?

III. COMMUNITY ISSUES (5 minutes)

3. How would you describe the community which your organization serves?
 - a. What do you consider to be the community's strongest assets? What are the most positive aspects about the community/Cecil County?
 - i. What are some of its biggest concerns/issues in general in the community? What challenges do residents face day-to-day?
4. What do you think are the most pressing health concerns in the community? Why? [PROBE ON SPECIFICS]
 - a. How have these health issues affected your community? In what way?

IV. PERCEPTIONS OF SUBSTANCE ABUSE (20 minutes)

5. Let's talk about substance abuse in your community. How big of an issue do you think substance abuse is in your community?
 - a. When I say that we are talking about "substance abuse" as a concern, what does that mean to you? What issues come to mind when you hear that phrase?
 - b. What do you think are the most pressing substance abuse concerns in your community? [IF NEEDED, PROBE ON SPECIFIC ISSUES SUCH AS OPIOID/HEROIN USE, MISUSE OF PRESCRIPTION DRUGS, OTHER DRUGS (COCAINE, ECSTASY), ALCOHOL, TOBACCO.]
 - i. What populations (age, race, gender, income/education, etc.) do you see as being most affected by this issue?
 - ii. How have these substance abuse issues affected the community? In what way?
 - c. Why do you think you are seeing these issues in your community/Cecil County? [PROBE ON INTERVENING VARIABLES: PRICE, SOCIAL OR COMMERCIAL ACCESS, COMMUNITY NORMS, LOW ENFORCEMENT/VISIBILITY, ETC.]
 - d. Data show that Cecil County has higher rates of substance abuse than many other counties in Maryland. Why do you think that is?
 - i. Is there something unique about Cecil County?
 - ii. From your experience, what are residents' biggest challenges to addressing these substance abuse issues?
 1. [PROBE ON RANGE OF CHALLENGES: E.g., Various barriers to accessing treatment and services, socioeconomic factors, lack of community resources, social/community norms, etc.]
6. In your opinion, how is substance abuse viewed by the larger community of residents- is it viewed more as a disease/addiction or more of an issue of personal choice?

- a. [WHICHEVER VIEW EXPRESSED] Do you think the community views the issue of substance abuse appropriately? Why/why not?
- b. How supportive do you feel the larger community is of people with substance abuse issues? Why/why not? [PROBE ON ADDICTION AS A DISEASE, STIGMA]

V. PERCEPTIONS OF SUBSTANCE ABUSE PREVENTION (10 minutes)

- 7. Let's talk about prevention of the substance abuse issues you mentioned previously. What programs, services, and policies are you aware of in the community that currently focus on preventing these substance abuse issues? [PROBE ON SPECIFIC SUBSTANCES, TARGET POPULATIONS, ETC. PROBE IF NEEDED: For example, are there youth programs in Cecil County focusing on substance abuse prevention]
 - a. Tell me about these programs and services. What do you know about them? Who uses them?
 - b. In your opinion, how successful do you think these programs, services, or policies have been? What do you see as the strengths of the substance use/abuse prevention programs, services and policies in your community? What do you see as the limitations?
 - i. What should be changed/improved?
 - c. In your opinion, how available or accessible are these prevention programs to the people who need them?
 - i. If not, why not? Why do you think these programs are not reaching those in need? What are the challenges?
 - d. FOR PROGRAM/SERVICE PROVIDERS ONLY: What are some of the challenges in running programs/providing services regarding substance abuse prevention?
 - i. What do you see as the ways to address these challenges?
 - e. What's missing? What prevention programs, services or policies are currently not available that you think should be? [PROBE ON SECONDARY AND TERTIARY PREVENTION, i.e. strategies to prevent the negative consequences of substance abuse e.g. screening for alcoholism or use of Narcan to reverse a heroin overdose?]
 - i. What do you think needs to be done to put these programs, services, or policies in place?
 - f. What challenges do residents in the community face in accessing substance abuse prevention services? [PROBE FOR BARRIERS: INSURANCE ISSUES, LACK OF SERVICES, LACK OF TRANSPORTATION, ETC.]
 - i. What do you think needs to happen in your community to help residents overcome or address these challenges?
 - g. Do you see opportunities currently out there that can be seized upon to strengthen substance abuse prevention in Cecil County? For example, are there some "low hanging fruit" – current

prevention-focused collaborations or initiatives that can be strengthened or expanded? What specifically? [PROBE FOR DETAIL]

VI. PERCEPTIONS OF SUBSTANCE ABUSE TREATMENT AND RECOVERY (20 minutes)

8. Let's talk about treatment and recovery regarding a few of the substance abuse issues you mentioned previously. What programs, services, and policies are you aware of in the community that currently focus on treating these substance abuse issues or helping with people's recovery (e.g., AA, NA)? [PROBE ON SPECIFIC SUBSTANCES, TARGET POPULATIONS, ETC.]
- a. Tell me about these programs and services. What do you know about them? Who uses them?
 - b. In your opinion, how successful do you think these programs, services, or policies have been? What do you see as the strengths of the substance use/abuse treatment or recovery programs, services and policies in your community? What do you see as the limitations?
 - i. What should be changed/improved?
 - c. In your opinion, how available or accessible are these programs to the people who need them?
 - i. If not, why not? Why do you think these programs are not reaching those in need? What are the challenges?
 - d. FOR PROGRAM/SERVICE PROVIDERS ONLY: What are some of the challenges in running programs/providing services regarding substance abuse treatment and/or recovery?
 - i. What do you see as the ways to address these challenges?
 - e. What's missing? What treatment or recovery programs, services or policies are currently not available that you think should be?
 - i. What do you think needs to be done to put these programs, services, or policies in place?
 - f. What challenges do residents in your community face in accessing substance abuse treatment or recovery services? [PROBE ON BARRIERS: INSURANCE ISSUES, LACK OF SERVICES AVAILABLE, LACK OF TRANSPORTATION, ETC.]
 - i. What do you think needs to happen in your community to help residents overcome or address these challenges?
 - g. Do you see opportunities currently out there that can be seized upon to strengthen Cecil County's substance abuse treatment or recovery services? For example, are there some "low hanging fruit" – current collaborations or initiatives that can be strengthened or expanded? What specifically? [PROBE FOR DETAIL]

VII. VISION OF COMMUNITY (5 minutes)

9. I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what would you like to see? What is your vision for the future?
- a. What is your vision specifically related to substance abuse in the community?

- i. What do you think needs to happen in the community to make this vision a reality?

VIII. CLOSING

Thank you so much for your time. That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today?

Just as a reminder, we will be writing a summary report of the general opinions that have come up across all of the discussions we're having with community leaders and residents. In that report, we might provide some general information on what we discussed today, but we will not include any names or identifying information. Your responses will be strictly confidential. In the report, nothing you said here will be connected to your name.

The report will be completed and made public in the summer, and you can contact the Cecil County Health Department via its website at <http://www.cecilcountyhealth.org> if you would like a copy of the report.

Thank you again. Have a good afternoon

APPENDIX C: PRINCIPLES OF PREVENTION STRATEGIES

Principles of alcohol and other drug abuse prevention have emerged from research studies funded by the National Institute on Drug Abuse on the origins of drug abuse behaviors and the common elements found in research on effective prevention programs. These principles can be used to help guide the consideration, selection, planning, and implementation of drug abuse prevention programs in schools and other community sites.⁴⁰

1. Prevention programs should enhance protective factors and reverse or reduce risk factors.
2. Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs.
3. Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors.
4. Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness.
5. Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information.
 - Family bonding is the bedrock of the relationship between parents and children. This bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement.
 - Parental monitoring and supervision are critical for drug abuse prevention. These skills can be enhanced with training on rule-setting; techniques for monitoring activities; praise for appropriate behavior; and moderate, consistent discipline that enforces defined family rules.
 - Drug education and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances.
6. Prevention programs can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties.
7. Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills:
 - Self-control;
 - Emotional awareness;
 - Communication;
 - Social problem solving; and
 - Academic support, especially in reading.
8. Prevention programs for middle or junior high and high school students should increase academic and social competence with the following skills:
 - Study habits and academic support;
 - Communication;
 - Peer relationships;
 - Self-efficacy and assertiveness;
 - Drug resistance skills;
 - Reinforcement of anti-drug attitudes; and
 - Strengthening of person commitments against drug abuse.

9. Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community.
10. Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone.
11. Community prevention programs reaching populations in multiple settings (e.g., schools, clubs, faith-based organizations, and the media) are most effective when they present consistent, community-wide messages in each setting.
12. When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention, which include:
 - Structure (how the program is organized and constructed);
 - Content (the information, skills, and strategies of the program); and
 - Delivery (how the program is adapted, implemented, and evaluated).
13. Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programs diminish without follow-up programs in high school.
14. Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster students' positive behavior, achievement, academic motivation, and school bonding.
15. Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills.
16. Research-based prevention programs can be cost-effective. Research has shown that for each dollar invested in prevention, a savings of up to \$10 in treatment for alcohol or other drug abuse can be seen.

APPENDIX D: PRINCIPLES OF TREATMENT STRATEGIES

The National Institute on Drug Abuse has identified 13 principles of effective treatment that are described in its evidence-based drug treatment guide.⁴¹

1. Addiction is a complex but treatable disease that affects brain function and behavior. Drugs of abuse alter the brain's structure and function, resulting in changes that persist long after drug use has ceased. This may explain why drug abusers are at risk for relapse even after long periods of abstinence and despite the potentially devastating consequences.
2. No single treatment is appropriate for everyone. Treatment varies depending on the type of drug and the characteristics of the patients. Matching treatment settings, interventions, and services to an individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.
3. Treatment needs to be readily available. Because drug-addicted individuals may be uncertain about entering treatment, taking advantage of available services the moment people are ready for treatment is critical. Potential patients can be lost if treatment is not immediately available or readily accessible. As with other chronic diseases, the earlier treatment is offered in the disease process, the greater the likelihood of positive outcomes.
4. Effective treatment attends to multiple needs of the individual, not just his or her drug abuse. To be effective, treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems. It is also important that treatment be appropriate to the individual's age, gender, ethnicity, and culture.
5. Remaining in treatment for an adequate period of time is critical. The appropriate duration for an individual depends on the type and degree of the patient's problems and needs. Research indicates that most addicted individuals need at least 3 months in and that the best outcomes occur with longer durations of treatment. Recovery from drug addiction is a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to drug abuse can occur and should signal a need for treatment to be reinstated or adjusted. Because individuals often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.
6. Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of drug abuse treatment. Behavioral therapies vary in their focus and may involve addressing a patient's motivation to change, providing incentives for abstinence, building skills to resist drug use, replacing drug-using activities with constructive and rewarding activities, improving problem-solving skills, and facilitating better interpersonal relationships. Also, participation in group therapy and other peer support programs during and following treatment can help maintain abstinence.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies. For example, methadone, buprenorphine, and naltrexone are effective in helping individuals addicted to heroin or other opioids stabilize their lives and reduce their illicit drug use. Acamprosate, disulfiram, and naltrexone are medications approved for treating alcohol dependence. For persons addicted to nicotine, a nicotine replacement product (available as patches, gum, lozenges, or nasal spray) or an oral medication (such as bupropion or varenicline) can be an effective component of treatment when part of a comprehensive behavioral treatment program.
8. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs. A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient may require medication, medical services, family therapy, parenting instruction, vocational rehabilitation, and/or social and legal services. For many patients, a

continuing care approach provides the best results, with the treatment intensity varying according to a person's changing needs.

9. Many drug-addicted individuals also have other mental disorders. Because drug abuse and addiction—both of which are mental disorders—often co-occur with other mental illnesses, patients presenting with one condition should be assessed for the other(s). And when these problems co-occur, treatment should address both (or all), including the use of medications as appropriate.
10. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse. Although acute physical symptoms of withdrawal and can, for some, pave the way for effective long-term addiction addicted individuals achieve long-term abstinence. Thus, patients should be encouraged to continue drug treatment incentive strategies, begun at initial patient intake, can improve treatment engagement.
11. Treatment does not need to be voluntary to be effective. Sanctions or enticements from family, employment settings, and/or the criminal justice system can significantly increase treatment entry, retention rates, and the ultimate success of drug treatment interventions.
12. Drug use during treatment must be monitored continuously, as lapses during treatment do occur. Knowing their drug use is being monitored can be a powerful incentive for patients and can help them withstand urges to use drugs. Monitoring also provides an early indication of a return to drug use, signaling a possible need to adjust an individual's treatment plan to better meet his or her needs.
13. Treatment programs should test patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases, as well as provide targeted risk-reduction counseling, linking patients to treatment if necessary. Typically, drug abuse treatment addresses some of the drug-related behaviors that put people at risk of infectious diseases. Targeted counseling focused on reducing infectious disease risk can help patients further reduce or avoid substance-related and other high-risk behaviors. Counseling can also help those who are already infected to manage their illness. Moreover, engaging in substance abuse treatment can facilitate adherence to other medical treatments. Substance abuse treatment facilities should provide onsite, rapid HIV testing rather than referrals to offsite testing—research shows that doing so increases the likelihood that patients will be tested and receive their test results. Treatment providers should also inform patients that highly active antiretroviral therapy (HAART) has proven effective in combating HIV, including among drug-abusing populations, and help link them to HIV treatment if they test positive.

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