
CECIL COUNTY DRUG AND ALCOHOL ABUSE COUNCIL

PLANS, STRATEGIES AND PRIORITIES FOR MEETING THE IDENTIFIED NEEDS OF THE GENERAL PUBLIC AND THE CRIMINAL JUSTICE SYSTEM FOR ALCOHOL AND DRUG ABUSE EVALUATION, PREVENTION, AND TREATMENT

JULY 2015 THROUGH JUNE 2017

June 25, 2015

VISION:

A community free from substance abuse and dependence.

MISSION:

To reduce substance abuse and dependence and related consequences through development and implementation of an integrated and comprehensive prevention, early-intervention, treatment, recovery support and public safety system which meets the needs of the general public and the criminal justice system.

DATA DRIVEN ANALYSIS OF JURISDICTIONAL NEEDS:

Cecil County is located in the northeast corner of Maryland, adjacent to Harford County, Maryland on the west, and bordering Chester County, and Lancaster County, Pennsylvania on the north, and New Castle, County, Delaware on the east. The County is bisected east-to-west by Interstate 95. Cecil County is primarily rural, with denser development around the city of Elkton. During the last fourteen years, Cecil County observed a significant growth in population, increasing from 85,951 in 2000, to an estimated 102,383 in 2014. In 2014, 23.7% of Cecil County's population was under the age of 18, slightly higher than the Maryland average of 22.7%. The median household income for Cecil County residents in 2014 was \$ 66,689, \$6,849 below the Maryland median household income of \$73,538. For Cecil County residents above the age of 25, 87.5% are high-school graduates, slightly less than the Maryland rate of 88.7%, and neighboring New Castle County, Delaware's rate of 89.4%.¹ Unemployment rates in Cecil County have been higher than many other Maryland jurisdictions, peaking in 2010 at 9.9%, before decreasing to 6.6% in 2014.² In 2013, 10.4% of Cecil County residents were below the poverty level, slightly above the Maryland poverty level of 9.8%. Seven percent of Cecil County families and 12.4% of families with related children under 18 years of age were below the poverty level.³

¹ U.S. Department of Commerce, United States Census Bureau

² Bureau of Labor Statistics, U.S. Department of Labor

³ U.S. Department of Commerce, op. cit.

A significant percentage of Cecil County residents are concerned about substance use and the potential for their children's abuse of alcohol and drugs.⁴ In Cecil County, illicit drug use ranks among the highest in the state of Maryland. The average number of people reporting current illicit drug abuse or dependence in Cecil County (4.4%) exceeds the state average (2.9%)⁵, and 29.1% of young adults, aged 18 to 24, report a history of illegal drug use.⁶ A further 10.9% of Cecil County adults reported binge drinking in the past month and 4.4% reported chronic drinking.⁷ Among Cecil County high school students, 37.5% reported consuming at least one drink of alcohol and 23.0% reported consuming five or more drinks of alcohol in a row on one or more of the last 30 days. An additional 41.9% of Cecil County high school students have used marijuana, 15.7% have taken a prescription drug without a doctor's permission, and 4.5% have used heroin one or more times during their life.⁸ The rate of drug-related public school suspensions in Cecil County has also been higher than most jurisdictions in Maryland.⁹

There is a clear link between substance abuse and crime. Nationally, criminal offenders have been shown to have rates of substance abuse that is more than four times the general population.¹⁰ In 2008, Cecil County's property crime rate increased to a high of 3,782 per 100,000 population and in 2009 Cecil County's violent crime rate increased to a high of 731 per 100,000 population. These rates decreased to 2817 per 100,000 population and 427 per 100,000 population respectively in 2013, yet both the violent crime and property crime rates remain higher than neighboring counties and the property crime rate remains above the Maryland average.¹¹ Drug-related property crimes include burglary, larceny, and motor vehicle theft and are often committed to obtain money to purchase drugs. Drug-attribution rates for property crime are calculated using nationwide estimates and range from approximately 7% for motor vehicle theft to 30% for burglary and larceny. An estimated 25-30% of violent crimes are attributable to alcohol abuse.¹²

Like many other counties in Maryland, Cecil County experienced rising rates of prescription drug abuse. From 1999 to 2013 the amount of prescription opioids dispensed in the United States nearly quadrupled, although there was no change in the amount of pain being reported. Over this same time period, deaths from prescription opioids also quadrupled, killing over 16,000 people in 2013.¹³ Since 1997, deaths from opioid pain relievers exceeded the sum of all deaths involving heroin or cocaine.¹⁴ Drug treatment admissions related to prescription opioids like oxycodone, hydrocodone and methadone have also increased steadily since 2008. The Maryland rate of

⁴ The Cecil County Community Health Survey 2009 Report, Cecil County Health Department, Elkton, Maryland, May 2010.

⁵ Maryland Epidemiological Profile: Consequences of Illicit Drug Use, Alcohol Abuse, and Smoking. The Alcohol and Drug Abuse Administration and the Center for Substance Abuse Research, University of Maryland, College Park, March 14, 2008.

⁶ The Cecil County Community Health Survey 2009 Report, op. cit.

⁷ Maryland Behavioral Risk Factor Surveillance System, 2013

⁸ Maryland Department of Health and Mental Hygiene. 2013 Maryland Youth Risk Behavior Survey.

⁹ Maryland Department of Education, 2010-2011

¹⁰ National Institutes of Health, Factsheet- "Addiction and the Criminal Justice System," October 2010.

¹¹ Governor's Office of Crime Control & Prevention, County Crime Stats 1975-2013.

¹² National Institute on Drug Abuse. The Economic Costs of Alcohol and Drug Abuse in the United States – 1992.

¹³ Substance Abuse and Mental Health Services Administration, Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

¹⁴ National Vital Statistics System, Multiple Cause of Death Dataset and DEA ARCOS, "Abuse of Marketed Analgesics and Its Contribution to the National Problem of Drug Abuse," Leonard Paulozzi, MD, MPH, October 2010

prescription opiate-related treatment admissions during fiscal year 2011 was 159 per 100,000 population over the age of 14. In Cecil County, the 2011 opiate-related treatment admission rate was nearly 4 times higher than the rate in Maryland at 588 per 100,000 population over the age of 14.¹⁵

These trends appeared to reverse in 2011 and 2012. Nationally, 2012 saw the first decrease in prescription opioid-related overdose deaths since the 1990s.¹⁶ This decrease mirrored a decrease in prescribing rates of prescription opioids. While concurrent use of multiple substances appeared to be a factor in the majority of local treatment admissions and overdoses, many substance users appeared to trend from prescription opioid use to heroin use. For some, heroin proved an accessible and relatively inexpensive alternative to prescription opioids. Throughout Maryland, overdose deaths due to heroin increased, and overdoses from prescription opioids decreased. In Cecil County, between 2011 and 2014, heroin related deaths increased by 87.5%, and prescription opioid-related deaths decreased by 40%.¹⁷ The rate of prescription opiate-related treatment admissions for Cecil County and Maryland also decreased from fiscal year 2011 to fiscal year 2013. Over this time period the rate of admissions in Cecil County decreased 45.6% to 320 per 100,000 population over the age of 14 and the rate of admissions in Maryland decreased 11.2% to 143 per 100,000 population over the age of 14.¹⁸

Overall drug and alcohol- related intoxication deaths in Maryland increased to 1,039 in 2014, a 21.1% increase from the prior year. For the same time frame, deaths in Cecil County increased to 29, an 11.5% increase from the prior year. Of these 29 deaths, 15 were heroin-related and 12 were prescription opioid- related. Illicit prescription opioid drug and heroin use remain significant throughout Maryland and the jurisdiction.¹⁹

Reducing substance abuse and its related consequences, and preventing the onset and escalation of substance use by adolescents are critical goals for the Cecil County community. The strategic plan detailed below is the result of work from the Cecil County Drug and Alcohol Council (DAAC), a local group of concerned community members and service providers. The plan, developed by the local group, identifies the service needs of the general public and the criminal justice system, and is in response to the Council's review of available federal, state, local, and private funds used for evaluation, prevention, and treatment services. Successful implementation of the following plan is contingent upon receipt of sufficient funding.

¹⁵ Maryland Department of Health and Mental Hygiene, Factsheet - "Prescription Opiate-Related Treatment Admissions Fiscal Year 2011," January 2011

¹⁶ NCHS. Multiple cause-of-death data, 1999–2013. CDC WONDER online database. 2014. Available from: <http://wonder.cdc.gov/mcd.html>.

¹⁷ Drug and Alcohol Related Intoxication Deaths in Maryland -2014, Vital Statistics Administration, Maryland Department of Health and Mental Hygiene, May 2015

¹⁸ Treatment data--State of Maryland Automated Record Tracking (SMART) system, 2013.

¹⁹ Drug and Alcohol Related Intoxication Deaths in Maryland -2014, op. cit.

GOALS:

The goals of the jurisdictional plan for Cecil County are:

- 1) Establish an accessible and integrated continuum of substance abuse treatment services for adult residents of Cecil County.
- 2) Establish and enhance resources and programs to address the substance abuse concerns among individuals referred by the criminal justice system.
- 3) Establish an accessible and integrated continuum of substance abuse prevention, intervention and treatment services for the adolescents and their families of Cecil County.
- 4) Educate and assist families in Cecil County to live healthy and drug free lives.
- 5) Decrease perceived obstacles to prevention and treatment programs.
- 6) Develop a recovery-oriented systems approach that builds on the strengths and resilience of individuals, families, and communities to take responsibility for their sustaining health, wellness, and recovery from alcohol and drug problems.
- 7) Decrease the number of drug exposed newborns born in Cecil County.
- 8) Establish an accessible and integrated continuum of gambling prevention, intervention and treatment services.
- 9) Reduce incidence of fatal and non-fatal overdoses in Cecil County.

OBJECTIVES, ACTION PLAN, ACTUAL OUTPUTS:

GOAL 1: Establish an accessible and integrated continuum of substance abuse treatment services for adult residents of Cecil County.

- Objective A:** Improve access to residential treatment services.
- Objective B:** Increase capacity to treat co-occurring disorders.
- Objective C:** Improve transitional housing services for individuals in need of ongoing long-term substance abuse care.
- Objective D:** Implement an emergency room diversion program for individuals experiencing mental health crises with or without coexisting substance abuse concerns.
- Objective E:** Increase the availability of Vivitrol (naltrexone), Suboxone (buprenorphine and naloxone) and Methadone treatments for persons addicted to opioids.
- Objective F:** Increase continuum of services (education, support and treatment) for families affected by substance use disorders.

Objective G: Support the development and coordination of recovery support services offered by non-traditional (citizen-driven, grassroots, faith-based) groups.

Performance Target: Increased quality and quantity of treatment modalities accessible to Cecil County residents.

GOAL 2: Establish and enhance resources and programs to address the substance abuse concerns among individuals referred by the criminal justice system.

Objective A: Enhance and expand the Adult Drug Treatment Court Program within the Circuit Court for Cecil County.

Objective B: Expand treatment and re-entry aftercare programs for residents of the Cecil County Detention Center and the Community Corrections.

Objective C: Increase treatment capacity for clients referred through the criminal justice system.

Performance Target: Improved substance-abuse related resources for individuals involved with the criminal justice system.

GOAL 3: Establish an accessible and integrated continuum of substance abuse prevention, intervention and treatment services for the adolescents and their families of Cecil County.

Objective A: Improve access for adolescents and families to residential treatment services.

Objective B: Expand evidenced-based counseling and case management services for the families of at-risk children and adolescents.

Objective C: Extend the benefits of the drug court treatment model to adolescent offenders and their families.

Objective D: Expand adolescent offender participation in criminal justice diversion programs and neighborhood youth panels.

Objective E: Increase protective factors and resiliency to prevent or delay the initiation of substance use and other high risk behaviors among youth in Cecil County.

Objective F: Increase the number of Cecil County youth who participate in evidenced-based prevention and early-intervention programs.

Performance Target: Increased number of adolescents accessing integrated prevention, intervention and treatment services.

GOAL 4: Educate and assist families in Cecil County to live healthy and drug free lives.

Objective A: Utilize multi-media initiatives to change individual and community norms.

Objective B: Increase community awareness of behavioral health prevention and treatment resources.

Objective C: Increase the percentage of healthcare providers who routinely screen for substance abuse, and refer for further assessment/treatment for those patients at-risk.

Performance Target: Reduced prevalence of high risk substance abusing behaviors among residents as indicated by Cecil County Community Health Survey and Maryland Adolescent Survey.

GOAL 5: Decrease perceived obstacles to prevention, early-intervention and treatment programs.

Objective A: Establish new transportation resources for Cecil County residents seeking prevention, early-intervention and treatment services.

Objective B: Promote the establishment of community based behavioral health services in underserved areas.

Objective C: Improve services for non-English speaking community members.

Objective D: Initiate activities to address behavioral health workforce shortage issues in Cecil County (in an effort to increase the number of residents served).

Performance Target: Increased attendance and participation of those community members in need of services.

GOAL 6: Sustain a recovery-oriented systems approach that builds on the strengths and resilience of individuals, families, and communities to take responsibility for sustaining health, wellness, and recovery from alcohol and drug problems.

Objective A: Develop a comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual's needs and chosen pathway to recovery

Objective B: Develop an ongoing process of systems-improvement that incorporates the experiences of those in recovery and their family members.

Objective C: Coordinate with multiple systems to develop responsive, outcomes-driven approaches to care.

Objective D: Elevate the visibility of behavioral health recovery and decrease the related negative stigma. Incorporate the experiences of those in recovery to help and support individuals and families suffering with behavioral health disease.

Performance Target: Increased recognition, growth and system collaboration of recovery oriented processes and resources.

GOAL 7: Decrease the number of drug exposed newborns born in Cecil County.

Objective A: Identify resources, barriers to care and gaps in services for drug exposed newborns and their families

Objective B: Increase physician/obstetrician screening for substance abuse and respective referrals for substance abuse assessments and treatment.

Objective C: Expand the menu of services and supports for parents who use and abuse alcohol and other drugs of abuse.

Objective D: Develop a comprehensive menu of services and supports for infants and children affected by parental substance use

Performance Target: Decreased number of drug exposed newborns. Decreased premature birth, miscarriage, low birth weight, and the variety of behavioral and cognitive problems associated with prenatal and postnatal drug exposure.

GOAL 8: Establish an accessible and integrated continuum of gambling prevention, intervention and treatment services.

Objective A: Implement problem gambling prevention and early-intervention programming throughout Cecil County.

Objective B: Raise awareness about consequences of problem-gambling.

Objective C: Recruit and train workforce to provide competent problem gambling assessment, intervention and counseling.

Objective D: Integrate problem gambling screening within all substance abuse assessments

Objective E: Expand access to evidenced-based problem-gambling services. Identify barriers to care and gaps in services for problem gamblers and their families.

Performance Target: Increased number of individuals accessing integrated prevention, intervention and treatment services.

GOAL 9: Reduce incidence of fatal and non-fatal overdoses in Cecil County

Objective A: Raise awareness about consequences of substance abuse, including opioids and prescription drugs.

Objective B: Increase community participation in disposal of unused and expired medications.

- Objective C:** Elevate physician participation in Maryland’s prescription drug monitoring program (PDMP).
- Objective D:** Increase healthcare provider screening of patients for substance abuse treatment.
- Objective E:** Increase overdose prevention education and related outreach to individuals and groups identified as high risk. Educate community members in overdose recognition and response.
- Objective F:** Increase availability of emergency overdose response kits and intranasal Naloxone medication.
- Objective G:** Elevate review and consideration of local overdose incidents. Identify root causes, determine trends, target resources to decrease overdose death rates, and support implementation of other prevention/intervention efforts.
- Performance Target:** Reduced per-capita rate of fatal and non-fatal overdoses in Cecil County

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