

## NEWS

## Local leaders skeptical about Trump's opioid plans

By Andrew Feinberg  
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WASHINGTON — Montgomery County Police Chief Tom Manger and Congressmen Jamie Raskin are among those who remain skeptical President Trump's recent push to end the opioid crisis will be effective.

Manger, who cautioned that while "enhanced penalties" (other than the death penalty, which Maryland abolished in 2013) can be effective in combating the spread of illicit drugs, criminal enforcement should not be given higher priority than other ways of addressing the opioid epidemic.

"I still believe that a strategy of education and treatment has to be our priority," Manger said.

Rep. Jamie Raskin (D-8th District) dismissed the President's proposal to execute drug dealers as mere hyperbole.

"The president is given to these rhetorical outbursts that don't advance policy in any way," he said. "I think the country is

learning that it helps to have people in public office that have

some experience with government — it's not just a series of tweets and insults."

The new Trump plan comes nearly three weeks after the White House held an opioid summit featuring cabinet secretaries and officials from various executive branch agencies who highlighted their accomplishments over the past year and previewed future plans for an audience of addiction treatment professionals, law enforcement, and ordinary Americans who have been affected by the epidemic or lost loved ones to it.

Within the last few weeks Trump has declared the need for stricter and harsher punishment for drug dealers. "Some countries have a very, very tough penalty — the ultimate penalty...they have much less of a drug problem than we do," he said. "So we're going to have to be very strong on penalties," the president said.

Meanwhile, Raskin said he remains unsure of the depth of commitment the administration has to the issue. Raskin offered the "extraordinary" decision to cut the budget for the White House Office of National

Drug Control Policy by 90 percent as a further example of how Trump and his administration show "no real focus or leadership" in the face of a declared Public Health Emergency, which Raskin noted is different from the National Emergency advocates asked Trump to declare in that it doesn't release any added funding to combat the problem.

"It'd be one thing if [Trump] wanted to pull the plug on ONDCP and put the money into a public health campaign around opioid abuse, but that's not what's happening," he said, pointing to Attorney General Jeff Sessions' directive ordering federal prosecutors to step up enforcement of federal marijuana laws at a time when states are choosing to legalize marijuana possession for medical and recreational purposes.

But Assistant Secretary of Health and Human Services for Mental Health and Substance Use Elinore McCance-Katz rejected his criticism of the ONDCP budget cuts, which she called "streamlining and more efficiently making use of taxpayer dollars" while insisting that "none of that money is going away."

"Some of the money will go to the Department of Justice, some is coming to SAMHSA (Substance Abuse and Mental Health Services Administration)," she explained. "Those programs will continue and ONDCP will continue to provide its input and its oversight to us, and we think that is an efficient use of taxpayer dollars."

While Raskin had harsh words for the White House, he called recent lawsuits against opioid manufacturers by Montgomery County and other Maryland jurisdictions a "promising" development.

In February, Montgomery County became the latest Maryland jurisdiction to file suit against a number of major manufacturers of prescription opioid medications for allegedly engaging in deceptive marketing practices that downplayed the addictive properties of opioid pain medications and presenting extended-release formulations (like Purdue Pharma's OxyContin) as less addictive than other opioid pain medications.

Raskin drew parallels between opioid manufacturers' "deliberate business strategy that thrives on peo-

ple's dependency and the addictive qualities of their product" and the way tobacco companies once marketed cigarettes, calling both industries "at best indifferent to the public health if not actively subversive of it."

Both of Maryland's U.S. senators also rejected the Trump administration's claims of progress, with Sen. Chris Van Hollen (D) calling the White House "all talk and no action" when it comes to opioids.

"The crisis we're facing requires more than just flimsy promises — to combat this epidemic we need to invest more funding and resources immediately," he said. "We should be using every tool at our disposal — from improving access to treatment, to investing in prevention, to protecting access to health insurance coverage."

A representative for Sen. Ben Cardin (D), Sue Walitsky, went further by calling Trump's record "a continuation of successful Obama policies to combat the opioid epidemic," adding that the Government Accountability Office is looking into the administration's lack of progress.

## Dealing with the opioid crisis

Finding care for yourself or loved ones who need it when dealing with an opioid addiction can be difficult.

According to the Substance Abuse and Mental Health Services Administration there are some guidelines:

Quality programs should offer a full range of services accepted as effective in treatment and recovery from substance use disorders and should be matched to a person's needs.

Use these questions to help decide about the quality of a treatment provider and the types of services offered:

- Accreditation: Has the program been licensed or certified by the state? Is the program currently in good standing in the state? Are the staff members qualified?

- Medication: Does the program offer FDA approved medication for recovery from alcohol and opioid use disorders? At this point in time, there are no FDA approved medications to help to prevent relapse from other problem substances.

- Evidence-Based Practices: Does the program offer treatments that have been proven to be effective in treating substance use disorders, including medication-assisted treat-

ment, medication management, motivational and cognitive behavioral therapy, counseling and education? Does the program either provide or help to obtain medical care for physical health issues?

- Families: Does the program include family members in the treatment process? Family members have an important role in understanding the impact of addiction on families and providing support.

- Supports: Does the program provide ongoing treatment and supports beyond just treating the substance issues? Quality programs can provide long-term treatment, counseling or recovery coaching and support, and help meeting other basic needs like sober housing and employment.

If you need help with an addiction to alcohol or other drugs, the Substance Abuse and Mental Health Services Administration can help you find a place for treatment.

Visit the SAMHSA Treatment Locator at <https://findtreatment.samhsa.gov> or call the SAMHSA Help Line at 800-662-HELP.

S o u r c e : <https://store.samhsa.gov/product/Finding-Quality-Treatment-for-Substance-Use-Disorders/PEP18-TREATMENT-LOC>

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