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# LOCAL OFFICIALS UNIMPRESSED BY TRUMP'S TOUGH TALK ON OPIOID CRISIS

19 Mar 2018 | Written by Andrew Feinberg | Published in Local | Read **1258** times | font size | Print | Email |



WASHINGTON — Despite President Trump's unveiling of a three-prong strategy to combat opioid addiction and his claims that his administration is "involved more than any administration, by far" in efforts to end the nationwide opioid epidemic, Montgomery County officials and a member of President Trump's own opioid commission remain unconvinced that an executive branch led by a President who dismisses the efficacy of his own presidential commission while calling for the death penalty for drug dealers is truly committed to fighting opioid abuse.

The new 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.

"The administration is going to be rolling out policy over the next three weeks, and it will be very, very strong," Trump said while speaking toward the end of a White House's opioid summit, which featured 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.

The March 1 event was emceed by Counselor to the President Kellyanne Conway, Trump's former campaign manager and one of the few senior advisors who has been with him since he became President in January of last year. Trump selected Conway, a veteran GOP pollster, political

consultant and television pundit, to be the White House's "opioid czar" in November despite her lack of qualifications or experience in medicine, public health or any other relevant field.

Nevertheless, Conway boasted that the administration has made "great progress" against opioids thanks to the work of the President's Commission on Combating Drug Addiction and the Opioid Crisis and Trump's decision last year to order then-Acting Health and Human Services Secretary Don Wright to declare the crisis a Public Health Emergency. But Trump himself seemed to dismiss the idea that implementing the recommendations of his own commission would be effective in reducing the opioid scourge's effects on the nation.

"If you want to be weak and you want to talk about just blue-ribbon committees, that's not the answer," said Trump, who then suggested that a solution could be found in harsher punishments – not prevention or treatment.

"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."

Trump has repeatedly praised countries like China, the Philippines and Saudi Arabia, for their repressive governments' "toughness" on drugs – particularly the Philippines, where extrajudicial killings have claimed the lives of thousands of suspected drug dealers and users have been subject to extrajudicial killings with the tacit approval of President Rodrigo Duterte, who has even bragged of personally executing drug dealers.

But White House Principal Deputy Press Secretary Raj Shah dismissed the suggestion that Trump's talk of the death penalty's supposed effectiveness meant he thinks it should be considered as a policy solution.

"He was referencing the practices of other countries," Shah explained. "He's not suggesting anything."

However, when the White House briefed reporters on the three-pronged plan Trump will unveil Monday in New Hampshire – a state he once called a "drug-infested den" – one of the plan's three prongs included making drug dealers subject to the death penalty. While administration officials later tried to clarify that the death penalty would apply to "drug traffickers," it's not clear that such a policy would represent a change, as capital punishment has long been available when prosecuting so-called drug "kingpins." Nor is it clear whether the change represents Trump's thinking, as he made comments advocating wider use of the death penalty as recently as March 10, when he told attendees at a Moon Township, Pennsylvania rally that "The only way to solve the drug problem is through toughness."

Rep. Jamie Raskin (D-8th District) dismissed the President's apparent belief that executing drug dealers would bring an end to the opioid crisis as yet another example of Trumpian 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."

Another local official unimpressed by Trump's affinity for executions was Montgomery County Police Chief Thomas 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.

Although Trump dismissed talk of his own commission as "weak," Raskin praised the "very strong" 56-point report it issued last November while noting the slow pace at which the administration is working to implement its recommendations.

"As far as I can tell, nothing has happened," he said in an interview. "It's been a very haphazard and lackadaisical response by the president to his own commission."

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 people'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.

But Shah, the White House principal deputy press secretary and McCance-Katz, who runs the Substance Abuse and Mental Health Services Administration, both took issue with the idea that they've not done much to implement the opioid commission's recommendations.

When asked how many had been implemented, Shah replied: "I don't have an answer for that in terms of a number," adding that "a lot of them are in progress and a lot of them are being considered."

Out of the commission's recommendations that fall within SAMHSA's purview, all are fully implemented, McCance-Katz said, save for the one directing SAMHSA to identify successful college campus recovery programs, which she insisted will be completed as soon as funding allows.

"I think all of us in the administration…were grateful for the work of the opioid commission," she said. "We are working very hard to implement those recommendations."

However, even a member of the president's own opioid commission – former congressman Patrick J. Kennedy (D-Mass.) – hit back at the administration for "[choosing] to spotlight the actions of specific leaders within the administration, rather than any real progress they've made on the expert recommendations and evidence-based practices put forth by [the commission."

"What [Conway] didn't note was that [Trump] has failed to seriously act on most of them," he said. We don't need any more summits, speeches or taskforces – we need funding and action now."

A top priority for Kennedy is increasing access to medication-assisted treatment (MAT), which, according to the National Institute on Drug Abuse "increases patient retention and decreases drug use, infectious disease transmission and criminal activity" by combining counseling with one of the three medications approved by the Food and Drug Administration – methadone, naltrexone and buprenorphine – for use in blocking opioids' euphoric effects and relieving relapse-inducing cravings.

Kennedy praised Trump's decision to nominate Dr. Elinore McCance-Katz – who he called "the godmother of MAT"– to run the Substance Abuse and Mental Health Services Administration, but warned of "a lot of angst" among the treatment community establishment over her advocacy of evidence-based approaches like MAT.

"It is concerning because there a lot of vested interests that are strengthened over time by a policy that isn't evidence-based, and they have a strong voice," he said.

Kennedy worries that the "historic prejudice against medication-assisted treatment by those who are fortunate to survive through 12-step programs" could be compounded by weak regulations and GOP policies devolving control to state and local officials, leading federal funds meant for MAT "to go where they're really not tracking this head-on and tackling a political agenda, not a public health crisis," noting that the majority of treatment centers are run by the "self-selecting population" for whom 12-step programs alone were sufficient.

"They figure if it worked for them it should work for anyone else, ignoring the science that an opiate-use disorder is different from recovering from alcoholism and the like," he explained.

But McCance-Katz downplayed the idea of tension between advocates of older modes of treatment and proponents of evidence-based methods like MAT, which she called the "standard of care" for Opiate Use Disorder for its ability to prevent relapses, which can increasingly be fatal thanks to prevalence of fentanyl in street drugs.

"I don't think we need to move away from [the 12-step] model," she said, adding that depending on a person's background, 12-step or faith-based methods can go "hand-in-glove" with modern evidence-based treatment.

While McCance-Katz admitted the impossibility of convincing MAT skeptics that they "should not be doing what they're doing," she was emphatic about how seriously she takes the need to teach treatment providers that a person's life could be in danger without the proven relapse-prevention tools MAT provides.

"We are working very hard to talk to providers throughout this nation about what the standard of care is and what the evidence base is for the use of these medications…to help people avoid the situations where they may use and potentially have a fatal overdose."

SIDEBAR: Five Signs of Quality Treatment

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 treatment, 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.

Source: https://store.samhsa.gov/product/Finding-Quality-Treatment-for-Substance-Use-Disorders/PEP18-TREATMENT-LOC

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*Last modified onMonday, 19 March 2018 19:02*

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