Response to Comments

A comment suggested that the report should pay more attention to addressing comorbid mental health and substance use disorders.

We appreciate this comment and agree that it is important to address co-occurring mental health and substance use disorders when developing strategies to address the opioid epidemic. We have added text to the background and discussion of the “Treatment” section that begins on Page 13 to emphasize the importance of building treatment capacity to address comorbid mental health and substance use disorders.

A comment recommended the report place more emphasis on harm reduction efforts and should encourage exploration of mobile harm reduction program models and overdose prevention sites. A related comment called for more attention to the stigma against harm reduction services.

Thank you for this important comment. In the report, we encourage the County to expand harm reduction programs based in evidence, which may include exploration of innovative models of harm reduction service delivery. The report also calls for a campaign against the stigma of addiction, which we have clarified includes stigma against the use of harm reduction services.

A comment suggested the should specify the need to address the stigma against medications for opioid use disorder among people who use drugs, especially vulnerable populations.

Thank you for your comment. Recommendation 1 calls for a campaign to address stigma against medication-based treatment for opioid use disorder. We hope this expanded campaign addresses stigma in multiple populations, including people who use drugs, vulnerable populations health care providers, and the general public.

A comment pointed out the need to address the impact of trauma and the need to use trauma-informed care.

We agree with this comment and recognize the impact of trauma and the need to implement trauma-informed programs. In Recommendation 2, we specify implementation of trauma-responsive programming within schools. We also recommend that the Department of Health and Human Services consider the impact of trauma when developing a county-wide strategy to address social determinants of substance use.

A comment pointed out that there already exist a variety of standards for different types of opioid addiction treatment.
Thank you for this comment. Our Recommendation 4 encourages the County to adopt standards for the County’s providers. We have clarified that these certainly may incorporate existing standards.

A comment suggested the report address the lack of insurance as an important barrier to treatment access.

We agree that lack of insurance is an important barrier and have added this to background of the “Treatment” section.

A comment suggested that the County develop potential key metrics that are more closely aligned with the proposed action steps and establish a workgroup for further develop metrics that address drivers of the problem.

Thank you for your comment. We agree that there are many metrics that may capture progress towards the goals articulated in this report. The metrics we suggest were selected in part for their feasibility and measurability, and we have added language to clarify this point. We also noted that the County may wish to assess the utility of these metrics and consider others that can be helpful to response strategies over time.

A comment recommended the report include a discussion of first responders.

First responders are essential to the County’s efforts on the opioid epidemic. Recommendation 10 calls for supporting their efforts to directly help people access treatment through a law-enforcement assisted diversion program.

A comment recommended that the report should de-emphasize medications for opioid use disorder, on the grounds that they are not as effective as “lifestyle change” and have serious side effects.

We do not agree with this comment. There is a large body of evidence that demonstrates the effectiveness of medications for opioid use disorder. Benefits include reducing the risk of overdose mortality, increasing retention in treatment, decreasing the use of heroin and other opioids, and reducing the risk of HIV and Hepatitis C. Moreover, the use of medication is not mutually exclusive with counseling, social support, and other lifestyle changes. These different strategies are most effective when used together. The background of the “Treatment” section that begins on Page 13 of the report includes more information on this topic.

A comment recommended against programs that require additional taxpayer funding.

Baltimore County has consistently had the second highest number of opioid-related deaths in the state, and has a drug overdose mortality rate that is double the national average. The opioid epidemic is one of the most pressing public health crises the County is facing and requires
urgent public attention and needed resources. There are significant existing local, state, and federal resources that can be used to a greater impact on this crisis.

A comment called for an endorsement of cannabis as an alternative to pain management.

This report focuses on expanding access to evidence-based tools that prevent and address opioid addiction and overdose in the County. There is currently insufficient evidence to make the suggested recommendation.

A comment suggested that the report more closely resemble the plan for Baltimore County developed in 2015 by the Behavioral Health Advisory Council.

We appreciate the leadership of the Behavioral Health Advisory Council in improving prevention, treatment, and recovery initiatives in Baltimore County. We hope to build on their success with the actions recommended in our report.

A comment objected to the mention of alternatives to incarceration, on the grounds that doing so ignores the needs of victims.

The recommendations in this report will not only benefit people who use drugs, but also the entire community. For example, studies show that law enforcement diversion programs reduce the risk of recidivism. This means that by adopting this program, the County can reduce the number of crime victims in the future.

A comment suggested the report recommend decriminalization of drug possession. Another comment advocated for a review of the 3-year DEA license for prescribers.

Criminal charges related to drug possession and DEA licensure are governed by federal and state statutes and are out of scope for this report for Baltimore County.

A comment suggested making disposal of unused medications easier in the County.

We appreciate that disposal of unused medications is a prevention strategy. Baltimore County is already engaged in this effort. You can find more information at this site.

A comment advocated for community-based organizations to become drop-in centers for people who use drugs.

The proposed action step for Recommendation 11 suggests that the Department of Health partner with community-based organizations to expand evidence-based models of harm reduction, which may include initiatives like drop-in centers.
A comment stated the report should advocate for formal limits on prescription opioid duration.

Given the considerable attention to opioid prescribing at the state level, we did not focus on clinical guidelines for pain management in this report.

A comment stated that the report includes many great recommendations.

We appreciate the input of hundreds of residents, service providers and County employees for this effort.