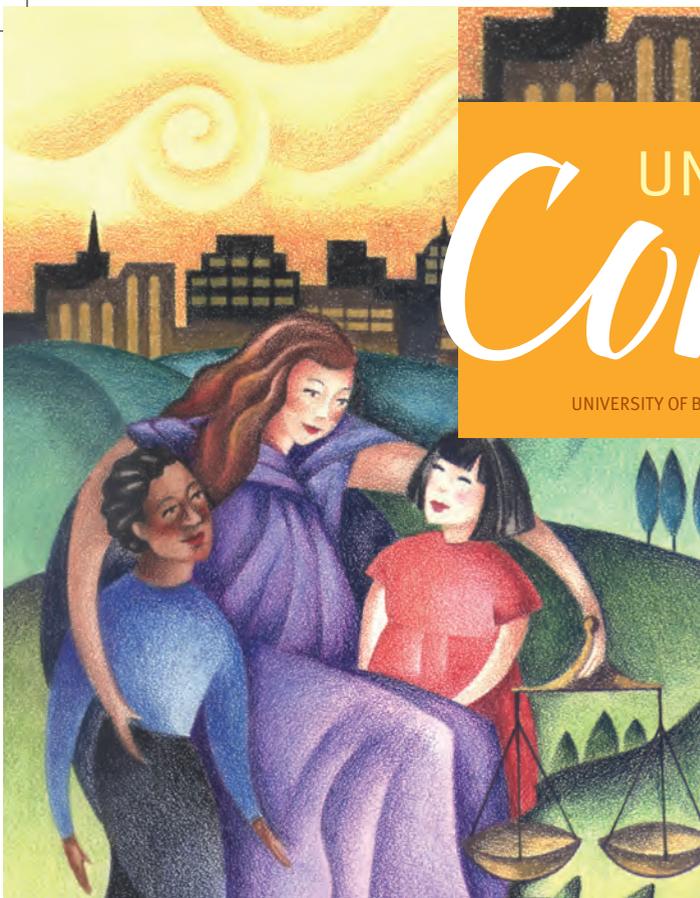


UNIFIED FAMILY COURT *Connection*

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UNIVERSITY OF BALTIMORE SCHOOL OF LAW ■ SAYRA AND NEIL MEYERHOFF CENTER FOR FAMILIES, CHILDREN AND THE COURTS



Overview

Fighting the Growing Addiction Epidemic Is Critical

Substance use disorders affect over 20 million Americans ages 12 and older in a burgeoning problem in towns, cities and states nationwide.

In its ninth Urban Child Symposium, the Sayra and Neil Meyerhoff Center for Families, Children and the Courts of the University of Baltimore School of Law brought together experts to examine addiction and the connections between substance use and the problems faced by urban families.

In this edition of the Unified Family Court Connection, we offer the following articles:

- **The Honorable Ronald A. Silkworth**, the chief judge of the Anne Arundel County Circuit Court and Fifth Circuit, offers a judicial perspective on how addiction is destroying children and families alike.
- **Bridget G. Brennan**, the special narcotics prosecutor in New York City, and Thomas J. Nugent, a law student at Fordham University School of Law and legal assistant in the Office of the Special Narcotics Prosecutor, write about tackling the opioid epidemic through a collaborative approach.
- **Mike Gimbel**, a recovering heroin addict and president of Mike Gimbel Associates, a national substance abuse consulting firm, discusses how fighting the heroin epidemic requires understanding the heroin addict.
- **Ivette Torres**, the associate director for consumer affairs at the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services, offers her personal testimony as the child of an alcoholic.

The Addiction Connection Destroys Children and Families Alike

BY RONALD A. SILKWORTH

I recently placed on my bench a picture of my grandson, MJ. I wrote on his picture that he must be the “cutest kid ever.” You can judge for yourself! He is always smiling like this. His smile is infectious and makes it so easy to connect with him.

A proud grandfather, I am. I have six grandchildren and recently learned that this number will soon go up by two in December, a boy and a girl. As with any devoted grandfather, all of my grandchildren share picture space in my office. They are all special and unique. They all live in loving homes with successful and supportive parents. I put MJ’s picture on my bench, not just as a doting and proud

grandpop, but as a constant reminder that the smile that I see in his picture is the same smile that each and every child deserves.



In the civil, criminal, family and juvenile dockets in Maryland and across the country, judges see and hear of children who are not so fortunate and who are born into and must exist among the economic and social reality of their families and deal with the consequences and effects of problems such as addiction, alcohol and/or drug abuse and mental illness, sometimes co-occurring.

Is there a connection between these problems and the revolving door of crime and custody disputes that continue to make up such a large part of our busy dockets? The clear and undeniable connection has been apparent for years.

These problems often lead to legal issues for parents, resulting in incarceration for periods of time and, sadly, even death from overdose. Today, across this country, in cities, counties and states, leaders are struggling to find answers to an ever-increasing opioid overdose epidemic that is killing young people in record numbers. Many of the victims of this crisis leave behind children who have experienced firsthand the tragedy of addiction and its impact on their young lives. While one would think that the love for a child might motivate someone caught in a cycle of addiction to attempt recovery, the harsh reality is that an addict’s sole focus is the next fix, not how to best care for his or her child.

For the children, many are left without an appropriate role model to give them the direction that they need. Even those whose addicted parents survive must cope with adult issues that no child should have to face, including a broken home and devastation caused not only by the fact of separation but, too often, also by an adversarial process of divorce that itself is harmful and stressful. Struggling to cope with these traumas, many children become truant or find themselves involved with the juvenile



justice system. Some are expelled from or drop out of school, while others develop their own addiction or mental health issues. Lacking guidance and judgment, too many children turn to the streets – some because of poor choices while others are acting in response to gang threats. Many of these children will suffer physically from the long-term impact of the constant stress created by these problems.

As a recent example, a jury convicted a 30-year-old African American male of armed robbery, kidnapping, second-degree assault, reckless endangerment and openly carrying a deadly weapon with intent to injure. During the robbery, the victim resisted, triggering an angry response from the defendant, who felt he had been “disrespected.” The defendant robbed and viciously assaulted the victim.

I ordered a full presentence report and background history that detailed this defendant’s childhood - growing up in the inner city without a father, born to a mother who was a drug addict, living with his grandmother, cousins and other relatives in a small, overcrowded row house where there was little, if any, supervision. He has one half-brother, a half-sister and three biological siblings. He has no contact with them. He has three children, under the age of 12, by three different mothers. He said he sees them weekly but pays no child support. He was expelled from school in the ninth grade. He claims to have a General Education Diploma (GED.) Growing up, he had no rules, little discipline, no male role model and no one to encourage him to be the best he could be.

He turned to the streets, where he was empowered to make his own decisions, generally not good ones. He saw drug deals up close and people shot in the head for no good reason. This upbringing was traumatic, but it was his version of normal.

This young defendant had no fewer than a dozen complaints in the juvenile system, the last resulting in a waiver to the adult system for Controlled Dangerous Substance (CDS) possession. As an adult, he has been arrested at least seven times, was convicted of attempted first-degree murder and was sentenced to eight years in the Maryland Division of Correction. He was on probation at the time he committed the offense tried before me. He has a history of alcohol and drug use, beginning at age 13. He has used marijuana and cocaine frequently over the years and has used heroin recently.

While this does not excuse his behavior, his background and upbringing set the stage for the lifestyle that would become his reality of normal. What this young man did was wrong and he deserved to be punished. At the same time, is it surprising that he followed the path that he did?

His reality became a life on the streets, free to make his own choices but without the necessary education, experience, guidance or maturity to make good decisions. He turned to the streets for the guidance and support that he did not get at home.

Unfortunately, his story is not unique. To the contrary, this story has been playing out in courtroom after courtroom ever since I have been on the bench, most likely well before I became a judge. On July 16, 2017, I celebrated the end of my 21st year as a Circuit Court Judge. During my 20 years as an active solo practitioner and during my time on the bench, I have witnessed firsthand the direct connection between these problems and the struggles of so many children. I have read hundreds of presentence reports. The same social and behavioral problems experienced by this young man as a child appear in the vast majority of these cases.

Had the circumstances been different in his young life, perhaps he would have chosen a different route for his life. The “what ifs” are innu-

merable — if only someone had grabbed him by the shoulders and shown him another path or if only someone had grabbed his parents by the shoulder and shown them a different path. Considering his age and after an appropriate period of incarceration, this young man still may have another chance, if he receives appropriate probation supervision and the treatment to overcome his addiction. The reality is that he will not get this help while he is in jail. Simply stated, the chances are greater that he will have more access to gangs and drugs than treatment while in jail. How likely is it that his children will join him in this vicious cycle?

While the law clearly states that the goals of sentencing are to punish, deter and rehabilitate, the funding necessary to provide effective rehabilitation is, and has been for a long time, inadequate. We fully fund our jails to ensure that each time a judge imposes a jail sentence, the defendant goes straight to the detention facility. The same is not true for the resources needed for rehabilitation, an equally important part of any sentence. We do not provide the resources to address these social issues either in our detention facilities or for those placed on probation. Long waiting lines for residential treatment have become the norm.

It is not only the criminal docket where we see the impact of trauma and addiction on children. Family custody disputes continue to be unnecessarily adversarial and harmful to the children. Parents become so embroiled in this contentious process, refusing to focus on the child’s needs and placing the child under constant stress. Litigation becomes just another opportunity to point the adversarial finger at the other. One such child I interviewed was caught in the middle of a typical “War of the Roses,” a movie depicting a bitter and destructive divorce. When asked what advice the child would give to both of her parents, she looked down for a minute and then said, “I would just tell them to put their pride to the side and get along.”

Every day in my courtroom, I face the parents of these children. I remind them that their children desperately want them to get along and help them deal with the breakup in a more reasoned way. They can handle the change that comes with divorce or separation. What they cannot handle is the adversarial approach that causes them constant stress. I know this firsthand because I have interviewed hundreds of these children and that is what they tell me. All they really want to do is have a happy childhood like my grandson MJ has, including the smiles that come with it.

Some progress is being made in the criminal courts with the increase in drug courts, veterans’ courts and other specialty courts. Unfortunately, these courts address only about four percent of the relevant population in need and usually are dependent upon grant funding. With respect to family courts, we have family divisions in the five major counties. Even though we have had “Performance Standards and Measures for Maryland Family Divisions” as a guide since 2002 and behavioral health science that has demonstrated the impact of stress on children, we have not made significant progress in changing the adversarial system to a more therapeutic one.

To stop the revolving door in our courts and help these children, we must address the underlying root causes of family breakups. This requires the will to do so and the resources to do the job right. The effort must be a collaborative one with all three branches of government working together, adopting a common strategy and goal and utilizing the latest science-based tools.

In addition, we also must address the stigma associated with the behavioral health issues plaguing this population, including their chil-

dren. This may be the most significant barrier facing the families and may be a significant factor explaining why more is not done to provide the resources needed in the fight against addiction. We must disconnect ourselves from the cultural attitudes that dismiss those who make poor choices as simply “bad” people who are unworthy of help. Many of these people and their children already feel that they are alone and do not deserve the help they need. While we must hold them accountable for their actions, we must not forget that they are real people who possess positive attributes and talents, including the potential to change their lives for the betterment of all, especially their children. We must connect with them so they know they are not alone. As a judge, I have tried to do that and I have seen success stories that have brought smiles to my face, just like MJs’ smile.

Each of us must remain keenly aware of this connection and the need to find a way to lessen the burden placed on these children. We must empower those who suffer from behavioral health problems to overcome not only their condition but the stigma too often associated with their condition. Without this commitment and connection, we will continue to struggle and more of our children will suffer the consequences.



The Honorable Ronald A. Silkworth is the chief judge of the Anne Arundel County Circuit Court and Fifth Circuit; president of the Maryland Circuit Judges Association and member of the Maryland Judiciary Committee on Mental Health and Addiction.

Tackling a New Epidemic: A Collaborative Approach

BY BRIDGET G. BRENNAN AND THOMAS J. NUGENT

Across the nation, the opioid epidemic has reached an historic crisis point, ravaging families of all races, ages and income levels. Regions of the country never before touched by a drug epidemic now see high rates of addiction and overdose death, as the prevalence of substance abuse soars among whites in suburban areas.

New York City has seen a different pattern, with the overdose deaths concentrated among nonwhites living in impoverished neighborhoods long afflicted by substance abuse, as well as in predominantly white, middle-class communities. Even the widespread use of the word “opioid” (a medical term referring to a class of narcotic drugs including heroin, fentanyl and oxycodone) reflects the sweeping reach of the epidemic.

Children suffer greatly, neglected by parents with substance abuse issues, ingesting drugs themselves and even suffering withdrawal

The Addiction Connection

BY RONALD A. SILKWORTH

*Why are there so many who die from addiction, how can we help them survive?
It starts with a vision, that it’s only an illusion, start using and you think you will thrive.*

So we’ve been told, still some choose to believe it.

We know they are wrong, now we see.

We must help them to stop it, to control their addiction.

It is up to us all, you and me.

Some say that drug users should be jailed and forgotten,

For some that is just where we are!

So many have thought of that, Too many have believed it.

Look what it’s done so far.

So many are dying, their families are crying,

so what do we do, you and me?

The answer is help them, to control their addiction.

For our neighbors and children, so join me.

All of us working together!

We know that what’s happening is tragic.

Their families are crying out, we have all heard their voices.

The story is so often the same.

The answer is within reach, to control their addiction.

Remember that each one who is gone has a name.

We’ve seen it too many times to ignore it.

The loss of so many, so young should not be.

Today we must find it, the addiction connection,

let’s do it, for those addicted and their family!

symptoms at birth. The Centers for Disease Control report that the number of infants born addicted to opioids quadrupled between 2000 and 2012 and continues to escalate.

Decades of experience have taught us that a multi-pronged approach with a strong emphasis on prevention is the most effective response to this crisis. The epidemic only will recede through a combination of reduced access to drugs, public education and outreach, and unobstructed opportunities for recovery. Today, my office and our partners in both law enforcement and public health work together to curb the supply of addictive drugs and diminish the appetite for them, which has fueled this epidemic for the past twenty years.

The Office of the Special Narcotics Prosecutor for the City of New York is uniquely positioned to reduce the harmful supply of narcotics. Created by the New York State Legislature during the first heroin epidemic in 1971, it is the only prosecutor’s office in the country devoted exclusively to narcotics crimes. The office effectively has investigated and prosecuted countless cases involving the international importation and regional distribution of illegal drugs, such as cocaine and heroin. But, in contrast with past drug epidemics, today’s crisis requires that we also address the excessive supply of equally destructive legal drugs,

including oxycodone and Vicodin, often obtained from criminal medical practices known as “pill mills” and sold illegally on the black market. Historically, we have seen that addiction and abuse correlate with ample supply and easy access to drugs.

Thirty years ago, my office recognized that effective rehabilitation treatment can put drug users on the path toward becoming contributing members of society, while incarcerating them yields few long-term benefits. My office’s Alternative Sentencing Division has helped thousands of addicted criminal defendants take concrete steps toward recovery as an alternative to incarceration for low-level crimes.

High-level traffickers, however, rarely are substance abusers, and primarily are motivated by greed. They seek to make huge profits by callously destroying countless lives. My office partners with local and federal law enforcement organizations, including the U.S. Drug Enforcement Administration (DEA), U.S. Immigration and Customs Enforcement - Homeland Security Investigations (ICE-HSI) and the New York City Police Department (NYPD), to stop the flow of drugs before they get into the hands of users.

The growing plague of opioid addiction has forced us to ramp up efforts targeting corrupt medical practitioners. Legal prescription pills are no less addictive than heroin. In fact, legal overprescribing of narcotic pills kicked off our current crisis. Many who become addicted to legal painkillers move on to heroin.

Through our Prescription Drug Investigation Unit, my office successfully has prosecuted doctors and pill mills that routinely prescribe opioids to both substance abusers and sham patients who, instead of taking their medications, sell them on the black market.

Recently, my office brought charges against doctors running three New York City medical clinics for conspiring to write fraudulent prescriptions, defrauding Medicare and Medicaid, and laundering millions of dollars — all under the guise of running legitimate primary care practices. To maintain their patient base, the doctors are charged with writing painkiller prescriptions for patients who did not need them. They allegedly subjected the same patients to unnecessary procedures and received millions of dollars in Medicare and Medicaid reimbursements, doubling the harm the conspirators wrought on the community. They provided no care to patients, flooded neighborhoods with addictive pills, defrauded taxpayers, and stole precious resources intended to assist sick people with limited incomes.

A wide array of regulatory agencies had oversight responsibility for these clinics and medical practitioners, but none effectively intervened until an informal task force was formed to pursue the investigation, drawing on a range of expertise in Medicaid fraud, electronic surveillance and criminal prosecutions. The goals were clear and the collaboration seamless.

Obviously, investigations and prosecutions alone will not solve the opioid crisis. While cutting off the supply at the source reduces availability of drugs, it would be far better if there were no market at all for illicit drugs. How can we move toward that goal? The first step is a sweeping campaign educating the public on how addiction takes hold, the consequences of drug use, and how to break the spiral of abuse.

We can educate the public and prevent drug abuse and overdose most effectively by working with nontraditional partners. This summer, my office will release a public service announcement focused on the dangers of fentanyl, a powerful synthetic drug fueling overdose deaths

throughout the country. We worked with media professionals to produce a compelling message that will appear on digital platforms.

In response to families’ complaints about the difficulties they face in securing appropriate treatment for loved ones, my office and the Richmond County District Attorney’s Office initiated a research project with Columbia University’s School of International and Public Affairs to examine how the opioid crisis has affected Staten Island, the role stakeholders play in curbing it, and gaps in the network of rehabilitative services. A report, titled “Staten Island Needs Assessment: Opioid Addiction Prevention and Treatment Systems of Care,” provides valuable assessment tools, developed by the team of Columbia graduate students, which can serve as a template for communities across the country looking to fight the opioid problem in an efficient and effective manner. The report is available at: <http://www.snynyc.org/wp-content/uploads/2017/09/CU-SIPA-Opioid-Capstone-2017.pdf>

Beyond public education, my office promotes community renewal efforts aimed at providing safe recreational opportunities to young people who might otherwise be attracted to drug use. In the wake of several major investigations in housing complexes overrun with narcotics activity, my office helped refurbish local gymnasiums and hosted “Cops & Kids” basketball games to build positive relationships between neighborhoods and the law enforcement officials who serve them.

My office’s response to the opioid crisis has been swift and multi-faceted, but there is still much to be done. Now more than ever, we must make sure our response is one that addresses every front — reducing drug supply, raising awareness of the grave perils of opioid use, and ensuring that affected communities and individuals get the help they need.

No one-dimensional solution will succeed. Without a compelling deterrent, producers of deadly drugs will run roughshod over efforts by health and medical experts to provide prevention and rehabilitation services. Without the commitment of clinicians, caregivers and treatment professionals, however, the complex problem of opioid dependency cannot possibly be addressed. This epidemic has affected all of us — old, young, rich, poor, middle class and people of all backgrounds. With broad support and a holistic approach, together we can turn the corner in the fight against this epidemic.



Bridget G. Brennan (University of Wisconsin Law School 1983) has been special narcotics prosecutor in New York City since 1998. She was appointed by the five elected New York City District Attorneys and heads an independent agency of 150, including lawyers, investigators,

analysts and other staff. **Thomas J. Nugent** is a legal assistant working full time at the Office of the Special Narcotics Prosecutor and has completed his first year as an evening student at Fordham University School of Law.

Addiction Is a Family Disease: My Testimony

BY IVETTE TORRES

I am a child of an alcoholic — my now-deceased father. I wear my scars each day that I go home alone, still asking God to allow me to have a “normal and caring” relationship with a man before I die.

I think about it as I try to explain why I did not have children to those who ask if I have a family. I painfully recall what it was like as a child to see my father, under the influence, be kind and gentlemanly in one moment and angry and violent the next.

I am reminded of this family disease when I am called to be the caretaker, yet again, for my brother when he has one of his numerous bingeing episodes that lands him in the emergency room, then the hospital, once in intensive care, and the last stint in a rehabilitation facility where he had to learn to think and walk again.

When field specialists note that addiction is a family disease, it is indeed the truest truth that I have ever faced. Alcoholism and drug addiction affect the entire family. Their impact also echoes in the daily activities of those who know or live with someone with the disease of addiction. It brings with it physical, emotional and sexual abuse; loss of parent-child bonding; fear, anxiety and dysfunction; and the inability of the child to freely give and receive love because emotions are buried so deep they cannot be named.

I came to this field, as many of us do, to make a difference; to work in programs that touch families directly and help them improve their relationships while preventing high-risk — what was once called “acting out” — self-defeating behaviors. We know that trauma is the leading cause of adverse childhood behaviors, high-risk behaviors in adolescence and the co-existence of adult substance abuse and mental illness. That trauma is the leading cause of adverse childhood behaviors, high-risk behaviors in adolescent and the incidence of adult substance abuse together with mental illness. These conditions are amplified today in our nation’s court system where judges and lawyers are deciding the fate of families.

The questions are:

- How do we make the justice system more sensitive to the needs of individuals and families facing substance use disorders?
- What are the elements that will assist both judges and lawyers to render just and fair judgments or present the right argument when representing a child or an accused individual suffering from the disease of addiction?

Such potentially complicated decisions can be more easily achieved if a jurisdiction has a specialized court to deal with these challenges. This type of court often offers an array of services that can deal with the needs of the individuals and their families. The specialized courts also would have access to a Recovery-Oriented System of Care (ROSC).

The Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services has supported the expansion of ROSC for more than ten years. ROSC’s approach acknowledges the impact of socioeconomic, biological, psychological and other factors on the attainment of recovery from alcoholism and other substance dependence. It attempts to create a coordinated network

of community-based services and support that is person-centered and, by extension, family-centered. ROSC is focused on providing the best evidence-based care driven by recovery, abstinence, reduced criminal involvement, secure stable housing, employment or education to secure jobs, social connectedness and, most importantly, the achievement of a sense of overall wellness.

ROSC seeks to connect individuals, families and communities based on a harmonious goal of achieving efficient service delivery outcomes that focus on solid assessments, treatment plans, wellness, health and, above all, recovery. The heart of this approach rests on the availability of services and supports that include, but are not limited to: peer-to-peer support, alcohol/drug treatment, mental health counseling, healthcare, childcare, housing referrals and transportation. It also can involve vocational training, legal counsel, child advocacy, spiritual counseling, financial advice and case management.

As daunting as the provision of these services may be, there are states that already are reaping the fiscal savings and positive client outcomes that come hand-in-hand with the establishment of a ROSC linked to the justice system. Connecticut, Illinois and other states have made great strides towards reducing recidivism rates by focusing on the needs of the individual and those of his or her family. It is possible to achieve both solid service delivery results in an outcome-centered, data-driven model, while also accomplishing the goals of a ROSC-driven approach. The real winners are the individuals and families assisted by a system that seeks to look at and treat the whole person and the family.

I was one of the lucky ones. In spite of the grim reality of my childhood, I had an amazing mother who taught me to pursue higher education and to become a life-long learner. Fortunately, I received a scholarship and completed a graduate degree in rehabilitation administration and a second masters-level degree in telecommunications policy. I completed a fellowship in the media lab of one of the top two institutes in the country. I have worked as an aide to a governor, headed a communications shop for a major consumer magazine, worked to enhance diversity within the public broadcasting system, supported the members of the largest teacher association in the nation, and, for almost 20 years now, I have done the job that all of my past history prepared me to do. I have been guided by a higher power to give heart and soul to the achievement of recovery for the millions of individuals who need to attain it.

To have done so — not only with a great staff who have floated in and out of my life, but also with thousands of people in recovery who devote each and every day to the single goal of staying in recovery and giving back — feels quite extraordinary. It is this type of extraordinary deliberate action that needs to permeate each justice system nationwide.

We must believe that addiction is a family disease that can be addressed systematically to improve the lives of those who live in its grips. We viscerally must believe that each one of us has the capacity to work harder to make the systems more responsive. We must remember there are others, like me, who are ready to give back, if only given a chance.



Ivette Torres is the associate director for consumer affairs, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, MD.

Fighting the Heroin Epidemic Requires Understanding Heroin Addiction

BY MIKE GIMBEL

I danced with death lurking nearby for many years — with heroin being my dance partner. My entire life was consumed with acquiring the drug to inject three to four times a day.

Forty-four years later, I am alive to talk about my addiction. Many others are not so lucky. With over four decades of being clean, I am now free from the all-consuming grip of that deadly drug.

I distinctly remember what my life was like addicted to heroin — a drug that turned me from a decent human being into a raging animal, willing to do anything to get the drug or money to buy the drug.

I stole from my parents, family members, friends and anyone else who allowed me to get near their money or expensive items. I would rob, sell drugs and hustle money in order to pay for my heroin habit. That is what a heroin addict does to survive. I was not afraid of overdosing, getting arrested, contracting HIV or hepatitis C. I had no fear of death. All I wanted was to get as much heroin as I could afford.

I did not start out using heroin. Growing up in a middle-class family, I wanted to fit in with the athletes and started drinking at 14. I quickly moved up the ladder to marijuana, pills and cough syrup. Drug use became my image and reputation.

By eleventh grade, after using most other drugs, I graduated to heroin. My habit grew as I started stealing to support my habit. By the time my parents found out, it was too late — I was hooked. I was busted six times and was in and out of jails, mental hospitals and treatment centers. I had drug dealers looking to kill me. I finally left Baltimore and entered a long-term residential treatment center in Santa Monica, California.

That day was October 1, 1972. That day will live on in my memory as the one when I began my efforts to save my life. It was the first day of being clean and here I am, 44 years later, watching kids engaging in the same crazy behavior with a much more dangerous drug.

My life is a miracle. I should have died numerous times but “somebody upstairs” kept me alive to help others.

I am sharing my story to help others understand that the behavior I described above is not going to respond to billboards, public service announcements, hotlines or the overdose drug, Narcan. It certainly is not going to respond to “safe drug spaces” or other harm reduction methods.

Today’s health professionals, politicians, the media and other institutions need to understand what motivates a heroin addict. These people are attempting to solve our current heroin epidemic with ideas such as “safe drug spaces,” Narcan and medically-assisted treatment programs. Those ideas make sense on paper, but not on the streets.

I am not against the use of Narcan. It is a miracle medication that truly saves lives. Once we bring the overdose victim back to life, however, we must get him or her into a treatment facility immediately or he

or she is going to use and overdose again and again. Narcan without immediate treatment is like fighting with one hand tied behind your back. It is not the magic bullet that our politicians and health experts want us to believe it is.

Our nation’s inner cities have been coping with a heroin epidemic for the last 50 years and the only solution we have come up with is to put addicts on the addictive, synthetic heroin called “methadone.” While some people have been helped by methadone, the majority either have abused the drug, sold the drug, or stayed on the drug for decades.

Now that the new heroin epidemic has hit middle-class white America, we cannot come up with new medications and new solutions fast enough. We need to make sure that our inner cities get equal shares of all the available funds, programs and enforcement efforts to stop the current heroin epidemic in the suburbs.

We need to accept the fact that changing the behavior of a heroin addict is not about giving addicts more drugs, but about providing long-term, drug-free residential treatment to get the addict off the streets and away from their connections.

The most difficult aspect of trying to get off heroin is not the physical withdrawal, but the emotional power that the drug exerts on the addict. That is why removing the addict from their drug using environment and into a safe, drug-free, supportive facility is so important and very successful. Putting addicts on methadone and other medications only feeds into their addiction and many have misused and abused these medications. Remember, we are talking about drug addicts who get high for a living.

The bottom line is simple — we do not have enough treatment centers anywhere in this country. When I served as head of the Baltimore County (Maryland) Bureau of Substance Abuse, I took several buildings on the grounds of a closed state mental hospital and turned them into a 300-bed, long-term and drug-free residential drug treatment facility. It was affordable and extremely successful.

Across the United States, we have hundreds of mental hospitals and military bases that are closed and immediately could be used to build the long-term treatment centers we so desperately need.

We currently spend over \$40,000 a year to house a prisoner and see a 70 percent recidivism rate. Since many of these prisoners have substance abuse issues, we could treat them in a residential treatment facility for much less and get far better results.

Maybe if our politicians and health experts fought as hard for long-term residential and drug-free treatment as they fight for “harm reduction,” we finally might see some progress with the heroin epidemic, which is responsible for more deaths in this country than car crashes or gun violence.



Mike Gimbel is a recovering heroin addict and president of Mike Gimbel Associates, a national substance abuse consulting firm. He is the former head of the Baltimore County (Maryland) Bureau of Substance Abuse. As a nationally recognized substance abuse consultant, he hosts a syndicated television talk show, “Straight Talk.” Gimbel can be reached at mmgimbel@comcast.net.

Nation's First Post-J.D. Certificate in Family Law Launched at University of Baltimore School of Law

Innovative practice-based program developed with significant input from leading family law attorneys and judges reflects UB Law's commitment to family law education reform.

The University of Baltimore School of Law and the Sayra and Neil Meyerhoff Center for Families, Children and the Courts (CFCC) has launched the nation's first Post-J.D. Certificate in Family Law. Classes, which started this fall, are designed to meet a critical need for an enhanced and in-depth family law curriculum that offers a holistic blend of theory and practice. The unique program exemplifies the commitment of UB Law to cutting-edge offerings in family law and to family law education reform.

In the last few decades, the volume of family law cases has increased dramatically in jurisdictions nationwide. In Maryland during the 2015 fiscal year, 43 percent of trial court filings consisted of family law cases—exceeding the proportion of criminal and other civil cases. With a rise in self-represented clients and the multi-dimensional health and social issues that contribute to families in crisis, family law cases have become increasingly complex. In addition, the present shift away from family law litigation toward alternative dispute resolution requires that family law attorneys gain an interdisciplinary education.

The Post-J.D. Certificate in Family Law was designed for new attorneys beginning to practice in the area of family law and experienced attorneys seeking to add family law expertise to their practice areas.

The 16-credit program can be completed over 12 months or at a student's own pace. Faculty include both UB Law faculty and practi-

tioners and judges who bring decades of real world insights and experience to the classroom.

- **Fall 2017 classes:** Psychology, Child Development and Mental Health in Family Law Matters (3 credits), Financial Foundations for Family Lawyers (3 credits)
- **Spring 2018 classes:** The Craft of Problem-Solving and Advocacy in Family Law (3 credits), Understanding the Business of Practicing Family Law (3 credits)
- **Summer 2018 capstone:** Working through a Family Law Case—Start to Finish (4 credits)

The University of Baltimore School of Law is recognized for its commitment to supplementing student learning with the practical application of family law through clinical courses and experiential offerings, as well as interdisciplinary requirements for its Family Law Area of Concentration. Recognizing the need for additional professional development opportunities for family law attorneys, CFCC assembled a Practitioners' Advisory Workgroup comprised of UB Law faculty, CFCC staff, judges, attorneys and other professionals who are experts in the field of family law. The workgroup examined the feasibility of the program and collaborated with UB Law faculty to design the curriculum.

The law school is currently accepting applications for the spring 2018 semester, which begins in January.

For more information about the Post-J.D. Certificate in Family Law or to apply online, visit the program's website at ubalt.edu/familylaw-cert or contact the Sayra and Neil Meyerhoff Center for Families, Children and the Courts at 410.837.5615 or CFCC@ubalt.edu.

The Sayra and Neil Meyerhoff Center for Families, Children and the Courts (CFCC) works to ensure that the practice of family law in Maryland, nationally and around the world improves the lives of families and the health of communities. CFCC advocates the use of therapeutic jurisprudence, the understanding that the law has an effect on behavior, emotions and mental health, and a holistic approach to problem-solving in family law and family justice system matters.

SUPPORT CFCC'S VITAL WORK

The Sayra and Neil Meyerhoff Center for Families, Children and the Courts (CFCC), a non-profit organization, offers strategic planning and technical assistance to structure Unified Family Courts (UFCs), as well as evaluations of the effectiveness of these courts and their related programs.

Other CFCC services include compiling surveys and reports, formulating performance standards and measures, providing training and workshops, and organizing conferences for the judicial, legal and court communities. CFCC relies on the support of foundations, grants and partners to fulfill its mission to improve the lives of families and children and the health of communities through family court reform.

Visit <http://law.ubalt.edu/centers/cfcc> for additional information. See also: <http://www.facebook.com/CFCCatUBaltLaw>.

DVD ON UNIFIED FAMILY COURTS NOW AVAILABLE

A compelling DVD, "Unified Family Courts: Efficient, Effective, Responsible," puts a human face on the Unified Family Court (UFC), a court model designed to address therapeutically and holistically the complex nature of family law cases. The DVD contrasts the experiences of two women in their divorce proceedings.

As portrayed in the DVD, one woman was subject to a traditional court system, while the other's divorce was handled in a UFC. The University of Baltimore School of Law's Sayra and Neil Meyerhoff Center for Families Children and the Courts produced the DVD, which includes interviews with judges, attorneys, services providers and UFC experts.

For a free copy of the DVD, please email Professor Barbara A. Babb at bbabb@ubalt.edu.

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ASK THE EDITOR: Unified Family Courts cover a myriad of issues, problems and innovations. If you have questions you would like us to address, or if you want to contribute to the newsletter, please send your suggestions to us. We will try to include them in upcoming editions of the *Unified Family Court Connection*. Send your questions or contributions to: cfcc@ubalt.edu.

FEEDBACK: We value your opinions and your comments! We look forward to hearing from you at cfcc@ubalt.edu.

MAILING LIST: If you want to be added to our mailing list for the newsletter or know of others who would like to receive the *Unified Family Court Connection*, please send your request (with names and addresses) to: cfcc@ubalt.edu.

VOICE BOX

“CFCC has been a key partner in promoting family court reform in our state. Its work helps courts and their community partners remain focused on how our work can benefit families.”



Pamela Cardullo Ortiz
Director
Access to Justice Department
Administrative Office of the Courts
Maryland Judicial Center