Experienced Lawyers, American Families, and the Opioid Crisis

REPORT OF THE OPIOID SUMMIT MAY 2018
REPORT OF THE
OPIOID SUMMIT 2018
MAY 4, 2018
CHICAGO, ILLINOIS

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Participating Entities
ABA Center for Professional Responsibility
ABA Center on Children and the Law
ABA Commission on Disability Rights
ABA Commission on Law and Aging
ABA Commission on Lawyer Assistance Programs
ABA Criminal Justice Section
ABA Government and Public Sector Lawyers Division
ABA Health Law Section
ABA Law Student Division
ABA Section of Intellectual Property Law
ABA Section of Labor & Employment Law
ABA Section of State and Local Government Law
ABA Senior Lawyers Division
ABA Solo, Small Firm and General Practice Division
ABA Standing Committee on Bar Activities and Services
ABA Standing Committee on Legal Aid and Indigent Defendants
Illinois State Bar Association
National Judicial College
Legal Services Corporation (LSC)
Stop the Addiction Fatality Epidemic (S.A.F.E.) Project

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The Opioid crisis is the deadliest epidemic in U.S. history. It touches communities and families throughout America. It does not discriminate among income levels. More than one in ten people have a relative or close friend who has died as result of a drug overdose according to the Associated Press-NORC Center for Public Affairs Research. More people die from an overdose than from automobile and gun-related deaths. The epidemic is shortening American life expectancy, impacting local government budgets, straining family resources and relationships, and challenging all of us to find solutions. It affects all of us.

The impact of the crisis implicates society’s approach to drug marketing, distribution and treatment. It also challenges us to see the individual’s struggles not as a personal failing, but rather as a medical disease affecting the brain.

This Opioid Summit was sponsored by the American Bar Association’s Senior Lawyers Division, in collaboration with over twenty sections and entities within the Association and outside of it. It was an effort to confront, in some small way, three aspects of the problem: the effects on the family, including intergenerational stress in confronting those of its members who have fallen victim; differences in addressing treatment of what the National Institute on Drug Abuses terms a long-term, treatable brain disease; and the necessary changes to laws and policies surrounding those directly, and indirectly, affected. Gaps in treatment alone demonstrate the distance that must be traveled to provide adequate health care coverage and erase the social stigma with the disease and its treatment. This Report summarizes our efforts and the challenges faced.

The measure of a humane society is how it treats those most in need among us. Those affected by the opioid crisis deserve our attention and commitment to resolving the crisis.

Jack Young
Chair, 2017–2018
Senior Lawyers Division
I am pleased to have served as the Chair of the
2018 Opioid Summit which was led and or-
ganized by the Senior Lawyers Division of the
American Bar Association.

For the first time, a summit was convened as a
collaborative effort of ABA and non-ABA entities
to address the opioid crisis ... a crisis that has been
called the worst drug epidemic in U.S. history.

With a theme of “Experienced Lawyers, American
Families, and the Opioid Crisis”, the Summit was
hosted at the ABA headquarters in Chicago on
Friday, May 4, 2018.

For a holistic approach to the opioid crisis, the
Summit brought together numerous sections,
divisions, and entities within the ABA, various
non-ABA organizations, and a multidisciplinary
group of experts from a range of legal areas. The
Summit involved 30 people from ABA entities and
non-ABA organizations, 5 nationally recognized
speakers, 17 leaders of the Senior Lawyers Divi-
sion, as well as ABA staff members and volunteer
law students. The Summit was led by SLD Chair
Jack Young and me, together with a planning
committee.

Incorporating the productive discussions,
recommendations, and actions items generated at
the Opioid Summit, the attached Report (including
9 recommendations and 45 action points) was
prepared by Mary W. Carter, Ph.D., of Towson Uni-
versity College of Health Professions. Dr. Carter
served on the Summit’s planning committee and
was one of the Summit speakers.

As a follow-up to the Opioid Summit and this
Report, an Opioid Initiative Task Force was created
by the Senior Lawyers Division with participants
from the Summit. The Task Force will use the
Report, and the recommendations and action
points, to collaborate with ABA entities and oth-
ers to propose policy resolutions and statements
addressing the opioid crisis.

MARVIN S. C. DANG
Chair-elect, 2017–2018
Chair, 2018-2019
ABA Senior Lawyers Division
Experienced Lawyers, American Families, and the Opioid Crisis

Recommendations from the 2018 Opioid Summit of the ABA Senior Lawyers Division

Drug overdose deaths per 100,000 population by state, US 2016.

SECTION ONE

Addressing the Opioid Crisis: Background and Overview

Now in its 20th year, the opioid epidemic continues to devastate families, weaken communities, and overwhelm public service agencies. Described as the largest human-caused public health emergency in history,¹ the opioid epidemic has claimed more than 360,000 lives since 1999.² The severity of the epidemic is reflected by its grim statistics: life expectancy in the United States is declining,³ opioid overdose deaths now outnumber firearm- and automobile-related deaths,⁴ opioid-related incarceration rates have surged,⁵ labor force participation among men is declining,⁶ and in many states, foster care systems are overwhelmed, with more than half of all children in some states requiring services due to opioid misuse in the home.⁷ More troubling, despite broad coverage of the size and scope of the epidemic, recent estimates indicate that overdoses related to opioids continue to increase each year, with more than 42,249 overdose deaths recorded in 2016 alone.⁸ The complexity and magnitude of the problem requires a broad, multiagency and multidisciplinary approach, informed by medical, social-behavioral, and public health disciplines and research, supported by federal, state, and local policies and laws, that enable greater access and sustained commitment to education, prevention, and treatment targeting both individuals and families. Although the scope of the problem exceeds

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the resources and capacity of any single entity, the wide-ranging calls to action highlight the urgency in building a comprehensive framework for responding to the crisis.

The legal profession is a critical partner in this effort, uniquely positioned to support, inform, and advocate for effective policies and laws, while current statistics underscore the present exigency of doing so. For example, recent estimates from the CDC indicate that as many as 5 million adults struggle with opioid use disorders, and some additional 11.5 million adults misuse opioids on a regular basis, with research suggesting that roughly 8% to 12% will eventually develop drug dependence. The rise in prescription opioid misuse has spurred increases in illicit opioid drug use as well, with estimates suggesting that in 2016, 170,000 adults began using heroin for the first time, adding to the roughly 948,000 individuals with long-term heroin use histories. Despite efforts to curtail opioid prescribing, overall use rates in the United States remain high, with roughly one-third of adults in 2015 reporting use of an opioid-based pain reliever at some point in the previous year. Although often construed as an epidemic limited to middle-aged, rurally-located, white men, the opioid epidemic has reached across all regions and demographics of society. Current estimates indicate that among young adults aged 12 to 17 years, nearly 122,000 children are dependent on prescription opioids, while an additional 21,000 admit to using heroin. Similarly, opioid use among women has increased steeply as well, with death rates climbing more steeply among this population than among men (400% vs. 239%) between 1999 and 2009, perhaps reflecting women’s higher rates of chronic pain and subsequently, disproportionate use of opioid based pain relievers. The steep increase in opioid misuse among women has also led to an increase in births complicated by opioids, with a baby born withdrawing from opioids every 25 minutes. Although rarely the focus of concern, older adults represent the fastest growing group with diagnosed opioid misuse, affecting 6 out of every 1,000 older adults. In addition, the black and Latino communities have been adversely affected as well, with strong evidence suggesting that the rise in use of synthetic opioids and heroin is spilling into urban centers, leading to increases in drug-related mortality rates.

Moreover, when considered in the broader context of the opioid epidemic, the risk of too narrowly focused strategies developed without the benefit of broader stakeholder input and collaboration, risks attenuating the success of targeted efforts to address this epidemic. For example, in the wake of the crisis, local, state, and federal entities have rushed to respond by issuing new laws and regulations aimed at ensuring access to the prescription drug, naloxone—used to prevent opioid overdose and death. Despite specific legislation allowing for more flexibility in pharmacist dispensing, including without a prescription in some states, these efforts have fallen short of program goals. Pharmacists report, in part, that requirements for training before dispensing, lack of insurance coverage for the drug, fear of harming business and/or contributing to opioid misuse, and uncertainty about demand for naloxone, as well as concerns regarding its impact on the overall public health and reluctance to embrace the value of these policies, represent stubborn obstacles to ensuring drug access. In response, a chorus of stakeholders have urged broader implementation of these laws, yet without continued, collaborative effort to educate on this issue, the reach of these policies will continue to be limited. At this critical juncture, effort to clarify responses to the opioid crisis in legal and public policy terms that support action, ensure health, advance effective strategies and programs, and safeguard individual and family rights, are sorely needed.

Thus, because lawmaking is “policy in action”, the legal profession’s voice is critical to advancing public health efforts to confront the opioid epidemic, including efforts focused on prevention, intervention, and treatment. Much like the pivotal role assumed by the legal community in the public health fight against tobacco, the legal profession
is a key partner in the fight against the escalating opioid epidemic, for instance, by providing alternatives to criminal sentencing, mandating education and training, strengthening data tracking and reporting requirements, and aiding and supporting collaboration across agencies focused on developing family-friendly policies and resources, to name a few. Drawing upon this multidisciplinary framework of understanding, this report details three broad areas of concern and proposes several actionable steps aimed at addressing both the immediate crisis as well as sustaining a long-term response. Given the evolving nature and scope of the problem, these recommendations reflect a concerted effort to both address the multifaceted and complex nature of the problem as well as contribute specific, meaningful, practical, and flexible solutions. Moreover, these recommendations are intended to not only add to, but strengthen and support the many calls to action currently in progress, with the overarching aim of building and strengthening national efforts focused on addressing the opioid crisis.

SECTION TWO
Recommendations for Action

FOCUS AREA: EXPAND ACCESS TO TREATMENT, EDUCATION, AND ADVOCACY EFFORTS

Recommendation 1: Invest in multidisciplinary education and training opportunities for individuals, families, vulnerable populations, professionals, and community stakeholders.

1.1 Develop education and awareness programs targeting prevention, treatment, and advocacy, both within and across stakeholder groups, and for both opioid and other substance misuse disorders.

1.2 Ensure educational efforts provide targeted immediate next steps for those with acute opioid and other substance misuse disorders.

1.3 Require continuing education for all professionals (e.g., CLE, CME, CEU) to keep abreast of policy, best practices, and treatment options.

1.4 Actively collaborate with professional organizations (e.g., AMA, APHA, NASW, ANA, SAMHSA) to build multidisciplinary capacity and engagement across key stakeholders.

1.5 Disseminate educational and advocacy materials broadly, through professional organizations, civic organizations, faith-based communities, service and provider networks, etc. regarding opioid and substance misuse disorders.

Recommendation 2: Expand access to treatment and recovery for individuals with opioid and substance misuse disorders and aggressively address stigmatism.

2.1 Invest in research focused on best-practices in treatment and long-term recovery and support; employ evaluation and outcome methods of treatment modalities to identify best-practices.

2.2 Engage individuals directly in decision-making about treatment options.

2.3 Expand access to treatment for opioid and substance misuse disorders, including removing insurance barriers and increasing access to medicine-based treatment.

2.4 Create a continuum of services that support individuals and families in and across all stages of substance misuse, including: immediate crisis, withdrawal, and long-term recovery.

2.5 Incorporate services and supports for socio-behavioral challenges that often co-exist with opioid and substance misuse disorders.

Recommendation 3: Establish comprehensive treatment and outreach efforts tailored to the diverse needs of individuals and families struggling with opioid and substance misuse disorders.

3.1 Address social and environmental inequities placing individuals at risk for opioid and substance misuse disorders.

3.2 Develop comprehensive treatment and recovery programs tailored to meet individual needs, including programs sensitive
to age, gender, race/ethnicity, family/social networks, and socioeconomic differences.

3.3 Remove barriers to treatment and recovery programs by addressing legal and policy limitations that prevent access to effective, affordable, and best-practice treatments and supports.

3.4 Harness federal and state resources while working with community stakeholders to create comprehensive, targeted strategies for addressing local needs in responding to opioid and substance misuse disorders.

3.5 Harness social media platforms and grassroots advocacy to destigmatize treatment and recovery for opioid and substance misuse disorders.

FOCUS AREA: STRENGTHEN AND SUPPORT FAMILIES STRUGGLING WITH OPIOID AND SUBSTANCE MISUSE DISORDERS

Recommendation 4: Increase the legal profession’s capacity to respond to and meet individual and family needs through partnerships, collaboration, and dissemination of information and resources in support of individual and family needs.

4.1 Require CLE completion of learning modules focused on opioid and substance misuse disorders; infuse law school curriculums with training on opioid and substance misuse disorders.

4.2 Create and disseminate an inventory of resources including educational references about the breadth and scope of the problem, agencies and services available to support families in crisis, treatment and recovery programs, and practice guidelines for working with clients.

4.3 Build partnerships with key stakeholders (e.g., AMA, APHA) focused on education and advocacy leadership in support of families.

4.4 Build partnerships across government agencies and private sector service providers to improve crisis and long-term services and supports for families struggling with opioid and substance misuse disorders.

4.5 Foster community-wide education and discussion; compile a list of expert speakers on topics related to family, law, and the opioid crisis.

Recommendation 5: Promote policies and laws that support families and caregivers struggling with opioid and substance misuse disorders.

5.1 Adopt a public health model of intervention, including efforts focused on prevention, strengthening coordination of services and treatment, and supportive of long-term recovery.

5.2 Engage in advocacy, policy, and outreach efforts that seek to destigmatize treatment and keep families together.

5.3 Develop policies and laws that support the legal needs of caregivers, including kinship care, foster care, and grandparents raising grandchildren.

5.4 Increase awareness and support for individuals struggling with opioid and substance misuse disorders, with unique needs, including children, older adults, pregnant women, populations living with chronic pain and disability, and those incarcerated or recently incarcerated.

5.5 Extend education and protection to those in a position to intervene during crisis by broadening protection under Good Samaritan Laws, increasing access to naloxone by family members, and educating family members on effective ways to intervene.

Recommendation 6: Support policies and laws that support families in crisis and strengthen the family unit.

6.1 Decriminalize non-violent and low risk drug-related crimes in favor of alternative programs that increase access to treatment, remove obstacles to employment, enable reentry into work and family, and mitigate other risk factors for drug misuse.
6.2 Expand access to non-profit community-based treatment programs, particularly in rurally located communities. Target programs to meet individual and family needs, e.g., family and residential treatment programs, teen programs, older adult programs, and transitional programs; clear obstacles to receiving the right treatment at the right time.

6.3 Ensure drug courts and family courts have up-to-date information for programs and services offering medically assisted treatment; consider mandating medically assisted treatment for non-violent/low-risk drug offenders.

6.4 Expand referral to drug and family courts for cases involving drug-related offences; recognize that criminal prosecution is ineffective in combating opioid and substance misuse.

6.5 Expand access to medically assisted treatment and recovery for incarcerated populations.

FOCUS AREA: ENACT LEGAL AND POLICY REFORMS THAT INCREASE ACCESS TO TREATMENT AND RECOVERY AND LIMIT UNWARRANTED PRESCRIBING AND DRUG MISUSE.

Recommendation 7: Identify state laws and initiatives that have been shown to decrease opioid and substance misuse while ensuring access to pain medications for those with chronic pain.

7.1 Remove barriers to seeking treatment for fear of prosecution.

7.2 Extend options for disposing of unused drugs and seeking treatment.

7.3 Revise minimum sentencing laws for non-violent/low risk drug offenders; allow those incarcerated under minimum sentencing laws to appeal their sentencing.

7.4 Enact best-practice prescribing and drug monitoring laws; create data sharing capabilities across state lines.

7.5 Support interagency data collection and analytics to identify opioid and drug misuse hot spots to better direct resources and interventions.

Recommendation 8: Expand research and understanding of litigation and policy issues with the aim of addressing the sometimes indirect yet complex issues affected by the opioid crisis.

8.1 Recognize that opioid and substance misuse affects those dependent on the user, including parents, grandparents, and children. Develop partnerships with agencies that serve these populations.

8.2 Leverage existing policies and regulations that offer protection for individuals and families struggling with opioid and substance misuse disorder, e.g., ADA and Fair Housing Act as well as parity laws in mental health treatment.

8.3 Ensure treatment houses provide safe, effective environments for those seeking treatment and recovery. Require quality outcomes reporting for all treatment providers.

8.4 Require all correctional facilities to develop collaborative relationships with community supports and providers and engage in transition planning to ensure treatment is uninterrupted.

8.5 Expand harm reduction policies and strategies and decriminalize misdemeanor drug offenses.

Recommendation 9: Recognize the inconsistent response and action to the opioid crisis versus other forms of substance misuse and advocate for policies that address underlying health and socioeconomic disparities.

9.1 Increase state and federal funding to provide treatment for uninsured or underinsured individuals struggling with opioid and substance use disorders.

9.2 Increase access to family court and drug courts; link treatment and recovery programs to courts.
9.3 Require education of first-responders and other medical personal on substance misuse and mental health.

9.4 Mandate all survivors of drug overdoses be referred for treatment before discharging care.

9.5 Allow greater flexibility in minimum sentencing laws for all non-violent/low risk drug offences; require all correctional facilities to follow best-practices in treating opioid and substance misuse.

**METHODS:** The recommendations advanced in this report reflect consensus among invited expert participants in an all-day summit sponsored by the ABA Senior Lawyers Division, held on May 4, 2018, in Chicago, Illinois. The Summit was convened following months of planning, including developing a survey to solicit expert-participant opinion on priority areas of concern. Using a modified Delphi method, responses were used to outline strategy, identify priority areas for consideration, and organize three working groups, including:

1. Law and Policy Issues,
2. Law and Family Issues, and
3. Treatment, Education, and Advocacy.

These were then used to focus discussion areas and structure aims and recommendations.

In addition, key areas of interest identified via the survey, were aggregated into five preliminary statements of concern to guide discussion. Prior to the day of the summit meeting, participants were assigned into working groups based on preference and expertise, provided with references and resources to review in advance of the meeting. Participants were also asked to prepare in advance to be ready to respond the preliminary action items in advance of workgroup discussions.

The Summit began with three invited, expert speakers. The first speaker provided an overview and background to the problem. The second speaker reviewed issues related to treatment and recovery, including access, best practices, and misconceptions. The third speaker discussed legal and policy implications of the opioid crisis and its implications for Civil Legal Services Caucus. Following presentations, participants gathered by focus area into workgroups, each with the task of developing a list of actionable recommendations to be presented to the entire group of summit participants for further discussion. A second session of workgroup break-out sessions was then convened with the charge of finalizing each group’s top three recommendations for addressing the opioid crisis along with identifying actionable items in support of each recommendation. The contents of this report detail the outcomes of these sessions.
SECTION THREE

FOCUS AREA: EXPAND ACCESS TO TREATMENT, EDUCATION, AND ADVOCACY EFFORTS

Recommendation 1: Invest in multidisciplinary education and training opportunities for individuals, families, vulnerable populations, professionals, and community stakeholders.

The magnitude of the opioid crisis requires broadscale educational efforts targeting individuals, families, high-risk groups, professionals, and community stakeholders. Individuals struggling with opioid and substance misuse disorders need access to short-term and long-term treatment options, alternative pain control measures, patient rights and protections, preventative strategies, and information about social services and supports. Families must be equipped with strategies for preventing overdoses, including: seeking help and supportive therapies, understanding the mental health aspects of substance misuse, and adopting strategies for supporting long term recovery. Professionals serving populations with opioid and substance misuse disorder are at the front-line for identifying individuals and families struggling with opioid and substance disorders and providing smooth transitions into treatment and recovery. In addition, professionals play a crucial role in alleviating the burden of the crisis by linking those with substance misuse disorders with services and supports that promote mental health, individual, and family well-being. Comprehensive education programs afford communities the opportunity to intervene at the population-level, addressing socio-environmental factors that contribute to opioid and substance misuse, including social and economic disparities, unemployment, insurance and access issues, overdose deaths, and public policy. The legal profession is in a unique position to guide such educational efforts by advancing policies and laws that address the need for education while providing transparency and insight in terms of current limitations in policy and law and highlighting areas for change.

Currently, rates of substance misuse continue to climb, with opioids representing one of the most frequently misused substances. Research has identified several factors associated with increased opioid misuse, including: receiving multiple prescriptions, taking higher dosages and receiving prescriptions for longer lengths of time, prior history of substance abuse, and living in socially and economically under resourced and rurally located regions, to name a few. Targeted educational efforts addressing these risk factors represent a first line approach in prevention strategies focused on reducing the number of new opioid users. For example, research suggests that early and repetitive educational efforts enable children to avoid peer pressure, while adult education efforts raise awareness of the risks associated with sharing prescription medications and taking dosages higher or longer than prescribed. Physicians receiving education on the risks of opioid medications and best-practices in prescribing are more apt to offer alternative treatments, prescribe lower dosages to control pain, and limit the length of the prescription. Community education programs have achieved lower death rates and higher treatment and recovery rates.

Although several risk factors have been identified, the effect of any one risk factor will vary with other factors, such as age, availability of social support, education and income levels, and broader socio-structural factors in the community. Thus, for education programs to be successful at reducing the impact of the opioid crisis, programs must be tailored to individual needs that reflect differences in age, gender, ethnicity, culture, and environment. In response, the following key recommendations for action are advanced:

1.1 Develop education and awareness programs targeting prevention, treatment, and advocacy, both within and across stakeholder groups, and for both opioid and other substance misuse disorders.

1.2 Ensure educational efforts provide targeted immediate next steps for those with acute opioid and other substance misuse disorders.

1.3 Require continuing education for all professionals (e.g., CLE, CME, CEU) to keep abreast of policy, best practices, and treatment options.

1.4 Actively collaborate with professional organizations (e.g., AMA, APHA, NASW, ANA, SAMHSA) to build multidisciplinary capacity and engagement across key stakeholders.
1.5 Disseminate educational and advocacy materials broadly, through professional organizations, civic organizations, faith-based communities, service and provider networks, etc. regarding opioid and substance misuse disorders.

**Recommendation 2: Expand access to treatment and recovery for individuals with opioid and substance misuse disorders and aggressively address stigmatism.**

Estimates suggest that more than 20 million individuals, or roughly 7.5% of the US population, struggled with substance misuse in 2016. More than half of these cases, 11.5 million, involved prescription opioid misuse. Although opioid prescribing rates have declined following widespread calls to reevaluate prescribing patterns, opioid-related overdoses have increased, reflecting in part the shift from prescription to illicit forms of the drug, including heroin and fentanyl. Between 2015 and 2016, heroin use increased by 135%, while in the same time frame, illicit opioid related drug overdoses increased more than 630%, reflecting the dangerous emergence of heroin laced with fentanyl, often without the user’s knowledge. As concerning, research indicates that nearly 75% of those with substance use disorders also misuse alcohol, and roughly 40% have a coexisting mental health disorder. Despite these alarming trends, fewer than 7.5% of those struggling with substance misuse disorders receive treatment in a given year.26

Multiple obstacles to treatment exist, ranging from stigma associated with seeking help, poor access to services reflecting under-resourced communities, insurance barriers, and exorbitant out-of-pocket costs, inadequate and inappropriate treatment programs, poor understanding of treatment modalities and effectiveness, lack of emphasis on long-term recovery and support services, lack of access to medicine-assisted treatment programs, and poor coordination between available services and individual needs for treatment, to name a few. Stigma manifests in several ways, for example, in perpetuating the myth that medicine assisted treatment is simply substituting one form of addiction for another, or the persistent characterization of addiction as a personal weakness or moral failing. Stigma is particularly insidious in that it not only dissuades users from seeking treatment, but it also undermines public empathy and support for the type of broad scale changes in treatment programing and public policy that are necessary to address the opioid crisis.29

Ensuring access to the right treatment at the right time is fundamental to addressing opioid misuse and preventing drug overdose deaths. Expanding insurance—both in terms of recognizing the chronicity of substance misuse disorders as well as removing barriers to proven treatment strategies, such as medicine-based treatment, are paramount to increasing successful outcomes.30 Additional barriers to treatment reflect gaps in services for large regions of the United States, as well as lack of parity in mental health services, poor coordination of treatment support and services, and a lack of effective programming.31 For example, roughly two-thirds of all treatment centers fail to follow best-practice programming, including medicine assisted treatment, while concerns about for-profit providers, and treatment scams are on the rise. Moreover, lack of consumer access to information about the quality and efficacy of available programs inhibits treatment seeking while encouraging unwarranted practices in the industry. In response, the following key recommendations for action are advanced:

2.1 Invest in research focused on best-practices in treatment and long-term recovery and support; employ evaluation and outcome methods of treatment modalities to identify best-practices.

2.2 Engage individuals directly in decision-making about treatment options.

2.3 Expand access to treatment for opioid and substance misuse disorders, including removing insurance barriers and increasing access to medicine-based treatment.

2.4 Create a continuum of services that support individuals and families in and across all stages of substance misuse, including: immediate crisis, withdrawal, and long-term recovery.

2.5 Incorporate services and supports for socio-behavioral challenges that often co-exist with opioid and substance misuse disorders.

**Recommendation 3: Establish comprehensive treatment and outreach efforts tailored to the diverse needs of individuals and families struggling with opioid and substance misuse disorders.**
Fewer than 10% of those struggling with opioid misuse disorder are receiving treatment, and of those receiving some form of treatment, most have limited access to the full range of services and supports necessary to reach and sustain recovery. For example, although a combination of medicine-based treatment with counseling and supportive services, like stable housing, is needed, too often, only a single component of care is available. However, like most chronic diseases, treating opioid use disorders is a multifaceted problem, requiring the integration of physical, medical, and mental health services, as well as social service supports that address broader challenges, such as housing, skills retraining for employability, and reliable transportation. Best-practices in treatment require a continuum of services ranging from intervention to recovery, with individually tailored services and supports that meet individual needs. Over time, treatment must be dynamic, varying the intensity and frequency of in-patient and out-patient services, with counseling and medication as needed for well-being. Best practice consists of seamless transition across these treatment modalities, aided by wrap-around services tailored to the individual, as described in the following schematic.

In addition to receiving the right mix of services and supports, timing is equally important to successful treatment. Because current demand far exceeds system capacity, individuals requesting treatment are often placed on waiting lists, forced to make due with a set of services currently available but not necessarily matched to need, or given an inappropriate set of services given the individual’s current needs. For example, in some rural communities, treatment is limited, often singularly focused on initial withdrawal and detoxification, and may involve significant travel requirements.

These barriers to effective treatment are further compromised by policies and regulations that limit access to treatment, such as insurance policies that prohibit reimbursing for certain medications used to treat substance misuse disorders at stand-alone clinics, rigid criteria for treatment approval, lack of coverage for certain medications, and time-limits that undermine treatment success. In addition to insurance barriers, individuals with opioid use disorders struggle to find the correct entry point to services, ensuring safe, confidential referral to services. Several communities have developed variations on the “single point of entry” model to treatment referral. Single point of entry models strive to connect individuals to the continuum of available services and supports regardless of entry point in the system, to ensure the right combination of services are available at the right time. Efforts to achieve single points of entry require building partnerships across providers through community education, as well as the use of case management to ensure coordination and integration of treatments, supported by wrap-around services targeting physical, mental health, and social support needs. For example, several cities have developed “safe stations” at fire stations as a single point of entry into services. Generally, paramedics at the fire house can provide immediate services and evaluation and dispose of drugs and drug paraphernalia without question. Individuals are then referred to treatment in accordance with a community-wide action plan. These and other viable programs require the support of federal and state funding, as well as efforts to educate community stakeholders in the importance of removing the barriers and stigma that prevent receiving treatment, and the lack of resources and coordination required to build and sustain a continuum of services. In response, the following key recommendations for action are advanced:
3.1 Address social and environmental inequities placing individuals at risk for opioid and substance misuse disorders.

3.2 Develop comprehensive treatment and recovery programs tailored to meet individual needs, including programs sensitive to age, gender, race/ethnicity, family/social networks, and socioeconomic differences.

3.3 Remove barriers to treatment and recovery programs by addressing legal and policy limitations that prevent access to effective, affordable, and best-practice treatments and supports.

3.4 Harness federal and state resources while working with community stakeholders to create comprehensive, targeted strategies for addressing local needs in responding to opioid and substance misuse disorders.

3.5 Harness social media platforms and grassroots advocacy to destigmatize treatment and recovery for opioid and substance misuse disorders.

**SECTION FOUR**

**FOCUS AREA: STRENGTHEN AND SUPPORT FAMILIES STRUGGLING WITH OPIOID AND SUBSTANCE MISUSE DISORDERS**

Recommendation 4: Increase the legal profession’s capacity to respond to and meet individual and family needs through partnerships, collaboration, and dissemination of information and resources in support of individual and family needs.

The opioid crisis has had a devastating impact on families. Substance misuse affects not only the users, but those that depend on them, as well. Both the short and long-term consequences of substance misuse on the family unit are well documented. In the short term, substance misuse is associated with housing instability, economic and food insecurity, neglect, abuse, and chaotic day-to-day survival. Over the long term, these experiences can lead to a host of complex social and emotional experiences, including feelings of loss and abandonment, exposure to violence and manipulative behaviors, as well as prolonged periods of fear, isolation, and potentially, separation. Alarming, more than one-third of children cared for in the foster system have at least one parent struggling with opioid misuse, with estimates surpassing 50% in some states. Family disruptions are occurring at other levels, as well, as adult children with substance misuse may be unavailable to provide care and support for aged family members, cause disruption in family relationships, result in significant economic and emotional burdens, and lead to conflict across family relationships.

Efforts to address the opioid crisis, therefore, must include family-centered policies that seek to protect, repair, and strengthen families struggling with opioid and other substance misuse disorders. From regulatory reform, advocacy, client representation, to legal analysis and shaping future policies and regulations, the legal profession is uniquely poised to contribute to ongoing efforts to address the opioid crisis in this way. The challenge in mounting a response is twofold. First, the legal profession must embark on a wide-scale effort to educate its members, both in terms of working with clients and their families and communities to address the crisis, but also in terms of recognizing the risk of opioid misuse among colleagues and friends in the profession. The first step in this process is outlining key areas and curricula that provide in-depth knowledge of the background and nature of the problem, including risk factors for opioid dependence; instruction on best-practices in developing and accessing a continuum of services for both clients and their families; details key legal and ethical issues related to practice and advocacy, including both individual- and community-level factors, and mobilizes professional agency in outlining next-steps in taking action.

When individuals and families struggling with opioid dependence enter into the system, it is often in a period of crisis that requires immediate intervention. Being able to respond quickly requires readily available and easily accessible information. Because of the rapidity and breadth with which the opioid crisis has developed, existing resources are available, but often from a disparate number of sites and formats, making quick use nearly impossible. Effort to collect, prioritize, organize, and disseminate materials aimed at connecting individuals and families with services and supports, as well as developing best-practice
guidelines for working with clients represents a critical step towards responding to the crisis. As a part of this effort, collaboration with key stakeholders and other professionals is necessary to build a community-level response that is both effective and broad enough to meet the breadth of challenges affecting individuals and families. In response, the following key recommendations for action are advanced:

4.1 Require CLE completion of learning modules focused on opioid and substance misuse disorders; infuse law school curriculums with training on opioid and substance misuse disorders.

4.2 Create and disseminate an inventory of resources including educational references about the breadth and scope of the problem, agencies and services available to support families in crisis, treatment and recovery programs, and practice guidelines for working with clients.

4.3 Build partnerships with key stakeholders (e.g., AMA, APHA) focused on education and advocacy leadership in support of families.

4.4 Build partnerships across government agencies and private sector service providers to improve crisis and long-term services and supports for families struggling with opioid and substance misuse disorders.

4.5 Foster community-wide education and discussion; compile a list of expert speakers on topics related to family, law, and the opioid crisis.

Recommendation 5: Promote policies and laws that support families and caregivers struggling with opioid and substance misuse disorders.

The U.S. policy of criminalizing drug abuse has not worked. Indeed, some states pursuing more aggressive criminal actions have higher, not lower, opioid misuse and overdose rates, while overall, states with aggressive prosecution and imprisonment policies have not achieved lower rates of opioid use or drug overdose deaths. The lack of impact of “get tough” drug policies is not new. Medical and health policy experts have argued for decades that substance misuse is best understood as a chronic condition, like diabetes, that requires ongoing treatment and support at not only the individual level, but at the population level as well. Importantly, a public health model stresses evidenced based solutions that address the multifaceted nature of the problem. For example, in addition to increasing access to treatment for individuals and ensuring social supports for families, public health models target broader socio-economic factors and policies affecting drug use and overdose, such as social or economic factors that act as risk factors. Additionally, to further prevent drug use and overdose, public health models engage in primary prevention, using evidenced based strategies to target high risk groups for prevention, and stress screening methods and policies that identify individuals in need of treatment as early in the disease process as possible. Sustaining services and supports that enable individuals to successfully enter back into the community, such as vocational retraining, support not only individual recovery, but family stability and population recovery, as well.

Nonetheless, despite the failure of previous efforts to engage in a war on drugs and the widely documented detrimental effects of these policies on vulnerable populations, the federal government recently announced (May 2018) a return to aggressive policing and prosecution in response to the opioid epidemic, raising concerns that these efforts will undermine community based public health policies aimed at supporting families and encouraging treatment and stopping the opioid crisis. In light of the failure of the war on drugs, several promising approaches, supported by policy and implemented at the population level, have demonstrated positive results, including: shorter sentencing, removing felony charges for non-violent offenders, a focus on harm reduction, increasing access to treatment, and embracing policies that expand a seamless continuum of services and supports. Importantly, this includes strengthening the user’s social network, including the family, as well as investment in the broader community. Communities must engage in outreach efforts aimed at destigmatizing treatment and increasing safe and confidential locations for those seeking treatment, as well as lend protection to those in a position to render life-saving aid. In response, the following key recommendations for action are advanced:

5.1 Adopt a public health model of intervention, including efforts focused on prevention, strengthening coordination of services and...
treatment, and supportive of long-term recovery.

5.2 Engage in advocacy, policy, and outreach efforts that seek to destigmatize treatment and keep families together.

5.3 Develop policies and laws that support the legal needs of caregivers, including kinship care, foster care, and grandparents raising grandchildren.

5.4 Increase awareness and support for individuals struggling with opioid and substance misuse disorders, with unique needs, including children, older adults, pregnant women, populations living with chronic pain and disability, and those incarcerated or recently incarcerated.

5.5 Extend education and protection to those in a position to intervene during crisis by broadening protection under Good Samaritan Laws, increasing access to naloxone by family members, and educating family members on effective ways to intervene.

Recommendation 6: Support policies and laws that support families in crisis and strengthen the family unit.

Estimates suggest that the United States has spent more than one trillion dollars related to the opioid epidemic since 2001. In many ways, families have shouldered the brunt of these costs in an effort to sustain family members struggling with addiction. As one mother put it in describing her daughter’s opioid dependence, “Her troubles just kept piling on top of one and the other and the other and the other... They just bury [themselves] deeper and deeper in cost after cost after cost.”

Reports of families exhausting their resources in the face of multiple urgent medical crises, followed by a revolving door of barriers to treatment and relapse, disrupted families and work, underscore the impact of addiction on the many lives connected to the individual struggling with drug use. Although opioid misuse occurs among individuals of all ages, overdose-related deaths are highest among those aged 24-54, placing a generation of children at risk. Children, caught in the midst of drug use in the home, experience not only disruption to healthy, nurturing environments, but may be called upon to step in and care for younger siblings and take on other adult roles. Instability, violence, and chaos in the home lead to social-behavioral challenges, while also placing children at high risk of loss—through the functional disruption of the family unit, as well as through more formal disruptions, such as incarceration, forcible removal, and parent death.

However, the impact of opioid misuse on the family reaches beyond crisis in the family. Estimates suggest that perhaps as much as 20% of the rising increase in unemployability among men between the ages of 25 and 55 is due to opioid misuse, and that this in turn is directly related to opioid overdoses in the same demographic. Moreover, the increase in opioid use among women of child bearing age has led to more than a three-fold rise in opioid-addicted births, which are associated with considerable medical complications, including withdrawal, birth defects, and developmental delays. The opioid epidemic has impacted caregiving across generations as well, with a steep increase in the number of older adults raising grandchildren, as well as interrupting elder care, spousal support, and other kinship care. The disruption to families has led to increasing strain on the foster care system, which in turn, is struggling to provide services and supports. The complexity and long-term consequences of these effects on family require that policies and programs be framed to address the intersecting needs of not just the user, but of all members of the family. In response, the following key recommendations for action are advanced:

6.1 Decriminalize non-violent and low risk drug-related crimes in favor of alternative programs that increase access to treatment, remove obstacles to employment, enable reentry into work and family, and mitigate other risk factors for drug misuse.

6.2 Expand access to non-profit community-based treatment programs, particularly in rurally located communities. Target programs to meet individual and family needs, e.g., family and residential treatment programs, teen programs, older adult programs, and transitional programs; clear obstacles to receiving the right treatment at the right time.

6.3 Ensure drug courts and family courts have up-to-date information for programs and services offering medically assisted treat-
ment; consider mandating medically assisted treatment for non-violent/low-risk drug offenders.

6.4 Expand referral to drug and family courts for cases involving drug-related offences; recognize that criminal prosecution is ineffective in combating opioid and substance misuse.

6.5 Expand access to medically assisted treatment and recovery for incarcerated populations.

SECTION FIVE

FOCUS AREA: ENACT LEGAL AND POLICY REFORMS THAT INCREASE ACCESS TO TREATMENT AND RECOVERY AND LIMIT UNWARRANTED PRESCRIBING AND DRUG MISUSE.

Recommendation 7: Identify state laws and initiatives that have been shown to decrease opioid and substance misuse while ensuring access to pain medications for those with chronic pain.

Curbing opioid misuse has been challenging in part because of the many ways in which opioids have flooded into communities. Sources of opioids include (1) valid prescriptions provided to a patient, (2) opioid prescriptions intended for one person, but shared with someone else, usually a family member or friend, (3) the illicit sale of opioid prescriptions on the street, (4) fraudulent prescriptions distributed through pill mills, and (5) illicit use of heroin and other opioid-based substances. Importantly, the source and type of opioid used may change over time. For example, research suggests that more than 80% of new heroin users, began only after misusing prescription opioids, with the majority of these individuals receiving prescriptions either directly from physicians or through prescription sharing from a family member or friend. Early efforts to address the opioid epidemic sought to decrease the availability of opioid prescriptions and opioid-based medications on the streets. These first steps initiated an important trend towards revised prescribing guidelines, better tracking systems of prescription medications, and eventually, decreased the number of drugs available for misuse. However, during the same period, new, cheaper, and more potent sources of heroin began flooding into markets, creating a ready substitute for individuals already dependent on prescription opioids encountering increasing difficulty in obtaining prescription opioids, fueling a resurgence in new heroin users, and consequently, more overdose related deaths. Moreover, the increase in heroin drug use has led to other, public health challenges, including: increase in other types of substance misuse: Hepatitis, HIV, and other disease outbreaks; complex comorbidities among users, increased demand on first-responders, hospital and emergency department services, and child welfare and other social service agencies. Consequences also include reported shortages of available pain medications for hospitalized patients, including cancer patients, raising concern about the heavy-handed responses to opioid misuse that fail to consider the broader implications of narrowly-focused efforts.

Both the success in initially lowering the flood of prescription opioids and the unintended consequence of fueling a broader market for heroin while limiting the availability of necessary pain medications underscores the complexity of the opioid crisis and the necessity of carefully crafting and enacting policies and laws that consider the wider problems associated with opioid misuse and support broader public health efforts to reduce drug use and drug-overdose deaths. To do so, requires awareness of the underlying risk factors driving the opioid epidemic, eradicating barriers to treatment, and working towards programs that support rehabilitation and recovery through the availability of a continuum of services over time. Building flexible, effective policies requires access to accurate, substantive, and timely data that informs family members, stakeholders and all of those engaged in addressing the opioid crisis at the family and community level. Although improvements in data compilation and sharing have occurred, additional progress is needed to continue to address the problem. For example, interagency collecting and sharing of data can help to identify potential hotspots of drug activity, doctor shopping and fraudulent dispensing of prescriptions, as well as comprehensive toolkits for sharing promising programs.

Most importantly, for these policies to work, individuals affected by the opioid crisis must feel safe in taking action. For example, policies that seek to strengthen Good Samaritan Laws or enact Angel Polices assure bystanders that efforts to in-
tervene in the midst of an overdose does not result in personal harm.\textsuperscript{71} Removing limitations in how the lifesaving drug, naloxone, is dispensed, including allowing family members to administer the drug, is another approach to retooling today’s state and federal laws to more readily address the crisis.\textsuperscript{72} In response, the following key recommendations for action are advanced:

1. Remove barriers to seeking treatment for fear of prosecution.
2. Extend options for disposing of unused drugs and seeking treatment.
3. Revise minimum sentencing laws for non-violent/low risk drug offenders; allow those incarcerated under minimum sentencing laws to appeal their sentencing.
4. Enact best-practice prescribing and drug monitoring laws; create data sharing capabilities across state lines.
5. Support interagency data collection and analytics to identify opioid and drug misuse hot spots to better direct resources and interventions.

Recommendation 8: Expand research and understanding of litigation and policy issues with the aim of addressing the sometimes indirect yet complex issues affected by the opioid crisis.

The potential to harness existing policies and laws in combating the opioid crisis has been underutilized. Effort to leverage existing policy while enacting new policy holds promise for addressing some of the foundational problems associated with drug misuse, such as unemployment, limited access to treatment, and housing instability. For example, the Family Medical Leave Act (FMLA), passed in 1993 to “to balance the demands of the workplace with the needs of families,” extends protections to employees requiring medical leave for substance abuse treatment. However, many nuanced factors undermine the laws’ intent. Individuals with substance misuse disorders may struggle with absenteeism prior to requesting leave, jeopardizing their eligibility.\textsuperscript{73} Additional protection is available under the American with Disabilities Act (ADA). Nonetheless, employees encounter work disruptions when admitting substance misuse and/or attempting to return to work after prolonged absence for treatment, and evidence suggests that the failure for these laws to protect workers may disproportionately affect those communities of workers struggling the most with opioid misuse.\textsuperscript{74} Finally, requesting leave requires admission of substance misuse, a behavior that is heavily stigmatized, and which may lead to individuals’ attempt to avoid seeking treatment for fear of being viewed as incompetent. In response, the following recommendations for action are advanced:

1. Recognize that opioid and substance misuse affects those dependent on the user, including parents, grandparents, and children. Develop partnerships with agencies that serve these populations.
2. Leverage existing policies and regulations that offer protection for individuals and families struggling with opioid and substance misuse disorder, e.g., ADA and Fair Housing Act as well as parity laws in mental health treatment.
3. Ensure treatment houses provide safe, effective environments for those seeking treatment and recovery. Require quality outcomes reporting for all treatment providers.
4. Require all correctional facilities to develop collaborative relationships with community supports and providers and engage in transition planning to ensure treatment is uninterrupted.
5. Expand harm reduction policies and strategies and decriminalize misdemeanor drug offenses.

Recommendation 9: Recognize the inconsistent response and action to the opioid crisis versus other forms of substance misuse and advocate for policies that address underlying health and socioeconomic disparities.

The opioid epidemic has laid bare a history of policies and laws that have criminalized African-American and minority populations through efforts to “control crime” and restore “public order” that stands in stark contrast to current calls to broaden public health efforts and ensure access to treatment. For example, the 1980s War on Drugs ushered in new laws requiring minimum sentencing guidelines for repeat offenders, even in the face of
non-violent, low risk offences. However, the implementation of the “get tough” laws varied by the type of substance abuse, with harsher penalties for those misusing crack-cocaine which affected urban communities and people of color more often than those using other forms of cocaine. These efforts were further exacerbated under “stop and frisk” policies that encouraged racial profiling, ultimately leading to felony convictions with lengthy incarceration penalties, again falling disproportionately on communities of color, and ultimately, to high unemployment rates, family separations, and recidivism in the face of limited access to treatment and recovery. In contrast, the response to the opioid epidemic has been described as a gentler war on drugs, with calls to lessen stigma, focus on treatment, calls to strengthen the family, and support struggling communities with resources and programs aimed at rehabilitation. Although efforts to equip states with the resources necessary to address the consequences of the opioid epidemic are to be applauded and reflect increasing awareness that substance abuse is a treatable disease rather than a personal weakness or moral failing, policies that would extend the gentler war on drugs approach to those who misuse other types of drugs, have been slow to develop. Given the amount of focus on the current opioid epidemic, and the shifting sentiment about the nature of substance use disorders as a treatable disease, considerable opportunity exists to extend the efforts in fighting the opioid crisis to other types of substance misuse, while revisiting prior policies that resulted in mass incarceration and the devastating consequences associated with these policies. Simply, it is time to extend the public health call to address the opioid crisis to substance use disorders of all types, and for all communities. In response, the following recommendations for action are advanced:

9.1 Increase state and federal funding to provide treatment for uninsured or underinsured individuals struggling with opioid and substance use disorders.

9.2 Increase access to family court and drug courts; link treatment and recovery programs to courts.

9.3 Require education of first-responders and other medical personal on substance misuse and mental health.

9.4 Mandate all survivors of drug overdoses be referred for treatment before discharging care.

9.5 Allow greater flexibility in minimum sentencing laws for all non-violent/low risk drug offences; require all correctional facilities to follow best-practices in treating opioid and substance misuse.

CONCLUSION

Over the past 20 years, the opioid crisis has swept across the United States leaving families and communities struggling to repair the heart-breaking damage and loss in the epidemic’s wake. Indeed, each of the participants of this Summit—in one way or another, described first-hand encounters with either clients or loved ones affected by the opioid crisis, with many sharing first-hand accounts of family and loved ones struggling with substance misuse. In response to these experiences and the broader national conversation on combating the opioid crisis, the ABA’s Senior Lawyer’s Division convened a full-day Summit, resulting in the 9 recommendations and 45 actions points put forth in this report. These recommendations build on the broader understanding that addressing this crisis requires reframing our understanding of drug use and abuse from a moral failing to a chronic disease, and that the effort to do so requires leadership within and across professional organizations, as well as a commitment to reshaping policy and regulations to better support individuals, families, and communities.

ENDNOTES


26. SAMHSA (3028). SAMHSA Shares Latest Behavioral Health Data, Including Opioid Misuse. Available from:


46. Murphy, K., Becker, M., Locke, J., Kelleher, C., McLeod, J., & Isasi, F. (2016). Finding solutions to the prescription opioid...
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Appendix

(1) Summit Agenda
(2) Speaker photos and bios
(3) Participant List

Access to the following materials can be found on the ABA Senior Lawyers Division’s website at ambar.org/opioid:

(1) A “background materials” list prepared by the Summit’s planning committee with links to numerous articles and reports about the opioid crisis (this list was distributed to the participants before the Summit so they could read the materials to prepare for the Summit)
(2) List of ABA policies related to opioid substance abuse and treatment
Transcripts of the presentations from the Summit (excluding Dr. Carter whose remarks are interlaced in the final report)
(3) Treatment Issues — Link Christin
(4) LSC Opioid Task Force — David Hoffman
(5) Personal Perspective — Francine Ward
(6) S.A.F.E. Project — Admiral James (Sandy) Winnefeld, Jr. and Mary Winnefeld
## Agenda

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<td>Admiral Sandy Winnefeld</td>
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<td>Personal Perspectives</td>
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<td>Closing Remarks</td>
<td>John Hardin Young, Marvin S.C. Dang</td>
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Speaker Bios

**Mary W. Carter, Ph.D.**
Towson, MD
Associate Professor and Gerontology Programs Director, Towson University
Dr. Mary Carter serves as the Gerontology Programs Director at Towson University, where she is Associate Professor of Gerontology in the College of Health Professions. She has been teaching gerontology and aging studies for more than 15 years, with a particular interest in quality of hospital and long-term care services for older adults. The author of numerous articles, her research uses large, administrative data to understand variations in healthcare service use and outcomes across provider settings among older adults.

**Link Christin, J.D., MA, LADC**
Wernersville, PA
Executive Director, Legal Professionals Program, Caron Treatment Centers
Mr. Christin serves as Executive Director of the Legal Professionals Program at Caron Treatment Centers. As an attorney, licensed and boardcertified drug and addiction counselor, Mr. Christin speaks and writes nationally about behavioral health subjects relating to lawyers and law firms, addiction, depression, stress, anxiety, work/life balance, wellness, and re-igniting professional passion. His most recent article “Confronting Addiction in the Law Firm” was the cover story of *Legal Management* Magazine’s March 2017 issue.

**John Hardin Young**
Rehoboth Beach, DE
Chair, 2017-2018
ABA Senior Lawyers Division

**Marvin S.C. Dang**
Honolulu, HI
Chair-Elect, 2017–2018
Chair, 2018–2019
ABA Senior Lawyers Division
David H. Hoffman
Chicago, IL
Partner, Sidley Austin LLP

David is Co-Chair of the Legal Services Corporation’s Opioid Task Force announced last month with the bipartisan Congressional Access to Civil Legal Services Caucus. The Task Force, which holds its first meeting in June, will study and report on challenges and potential solutions for civil legal aid as a result of the opioid epidemic. David is a former federal prosecutor, Inspector General, and Supreme Court clerk and is Global Co-Leader of Sidley’s White Collar: Government Litigation and Investigations practice. He has served on LSC’s Audit Committee since 2012.

Francine D. Ward
Mill Valley, CA
Trademark Attorney, Law Office of Francine D. Ward

Francine D. Ward is a business and intellectual property attorney with a focus on copyrights, trademarks, publishing, entertainment, and social media legal issues. An active member of her profession, Francine serves on the Advisory Board to the ABA’s Commission on Lawyer Assistance Programs. She is a leader in the ABA’s 19,000+ Intellectual Property Law Section, where she is a member of the IP Council, Vice Chair of the Right of Publicity Committee, Vice Chair of the Substance Abuse and Mental Health Committee, and she’s recently been appointed as the IPL Section’s representative to the ABA’s Opioid Summit.

Admiral James A. “Sandy” Winnefeld, Jr., USN, Ret.
McLean, VA
Co-Chair, S.A.F.E. Project US

Admiral Winnefeld served 37 years in the U.S. Navy and is currently a published author and a director or advisory board member for several companies, including Enterprise Holdings, operating in a broad spectrum of business sectors. Admiral Winnefeld and his wife, Mary, are Co-Chairs of S.A.F.E. Project US (Stop the Addiction Fatality Epidemic), a national nonprofit committed to contributing in a tangible way to overcoming the epidemic of opioid addiction in the United States.
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Josh Poje, Director, Law Practice and Technology Group
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Emily Roschek, Director, Senior Lawyers Division & Career Center, Senior Lawyers Division
Jack Young, Chair, 2017-2018, Senior Lawyers Division

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(Participant List continued)