

# AUDACIOUS THINKING

AN OCCASIONAL NEWSLETTER  
FROM OSI-BALTIMORE

FALL  
2007

## DRUG ADDICTION

It ruins individuals, families, and communities and has been a blight in Baltimore for years. Since 1950, addiction was designated as chronic disease by the American Medical Association and recent research indicates that the brain actually changes from continued drug use.

**And we know that drug addiction treatment works.** Would our city be a better place if all who needed treatment received it? We believe Baltimore would be a healthier, safer, more productive city if more of the uninsured and underinsured received the treatment they need.

**Read on.**



# DIRECTOR'S NOTE

DIANA MORRIS

This issue focuses on one of the biggest challenges facing Baltimore: drug addiction. It is a disease that destroys the potential of many of our citizens and, given its prevalence, threatens the prospects of the city as well. Baltimore has one of the nation's most intractable heroin and cocaine addiction problems, with an estimated one in ten people needing treatment, many of whom do not have adequate insurance. More arrestees have tested positive for heroin here than in any other U.S. city and the annual drug-related arrest rate is staggering.

**BUT THERE IS GOOD NEWS.** Efforts to expand and strengthen Baltimore's drug addiction treatment system, though not yet complete, have already been associated with important progress in reducing the adverse consequences of addiction. All the data point towards progress. Annual heroin and cocaine-related emergency room visits fell by 39% from 1995 through 2002 (the last year in which they were measured by the Federal Drug Abuse Warning Network), illicit drug overdose deaths fell from a peak of 328 in 1999 to 218 in 2005, and non-violent property crime has decline by 41% over the same period.

Drug addiction treatment has been a priority for OSI-Baltimore since we began our work here in 1998. Early on, we convened a national advisory board of experts to help the city build an accessible, high quality treatment system, funded advocacy efforts and partnered with Baltimore Substance Abuse Systems to improve performance. Within a few years, treatment slots more than doubled and annual funding tripled. Over 23,000 individuals are now treated annually.

But that's not enough. We have an audacious goal for the city and know that Baltimore's future depends on it being realized. To reach a "tipping point"—where there will be a visible difference in the quality of life in this city—at least 75% of Baltimore's drug-dependent population (16,000 additional people) must be in treatment. In these pages, you will read about some new and important ways to address this challenge. I hope that you will share our optimism that this goal can be realized.



## A Conversation with an OSI-Baltimore Board Member: Sherrilyn A. Ifill

*Sherrilyn Ifill, a professor at the University of Maryland School of Law, has served on the OSI-Baltimore Board since 2003. She is a civil rights lawyer and appears regularly on both national and local radio and television networks as an expert on issues concerning race, public policy and law. She is the author most recently of On the Courthouse Lawn: Confronting the Legacy of Lynching in the Twenty-first Century published by Beacon Press. She also serves on the board of the Enoch Pratt Free Library in Baltimore City.*

### What makes you optimistic about the future of the city?

From the day I first arrived in this town I was impressed with how committed Baltimore residents are to their city. Baltimoreans strongly identify with their city, both the good and the bad of it. We—I now call myself a Baltimorean—don't shy away from the tough stuff, but we accept and identify with both our successes and our problems. This is a great asset. People in Baltimore are committed to Baltimore for the long run.

I enjoy being in a city where people, from the very top echelons of power to the average worker, have a passionate relationship with their high school alma mater, with the neighborhood where they grew up, with this or that festival, dance school, political club, church. This is the foundation of a great city—a sense of community, a sense of commitment, a sense of connection to history. Now we've got to harness that commitment to serious investment in the future of this city.



### What motivates you to give back to the community?

Well, you know I owe Baltimore. I've gotten so much from this city in the years I've been here. When I look back I've had a very rich city life here with my family. I've done every kid's event and birthday celebration you can imagine. I have great memories that my children, my husband and I treasure.

As for me, well, let's say that there are some things in this city I just can't imagine living without—Baltimore gives me a lot. It's a relationship. Baltimore gives to me and I try to give back. I don't think about it that much. It's just the only honorable way to live in a community.

### Why is OSI-Baltimore so important to the future of the city?

In many ways OSI-Baltimore really reflects Baltimore because we are unafraid to turn an unflinching eye on many of the issues that traditional philanthropic entities turn away from. We approach drug addiction as a public health crisis. We embrace that characterization unashamedly. And we know that the solution for a serious public health problem is treatment. Not incarceration, but treatment. Period. So we support drug treatment. And we support dynamic and innovative approaches to treatment issues.

Other funders and entities may now recognize the importance of addressing support for ex-offenders, and we applaud that. But OSI-Baltimore early-on made this a priority in our work. Removing barriers to successful ex-offender reentry goes to the very heart of what a society really stands for. Do we believe in second chances? Third? Fourth? Do we reject the idea that whole segments of the population can be simply discarded and put out of sight and out of mind without shaking the very foundations of our communities? Do we believe that those who've made serious mistakes and run afoul of the law have the potential to make important contributions to the rebuilding and vitality of the communities where they live? OSI-Baltimore answers yes to all of those questions.

### So you think that OSI-Baltimore is especially important now?

OSI-Baltimore is custom-made for this time in Baltimore's history. Baltimore will only succeed with a partnership of government, individuals, civic institutions, faith communities, and other allies. OSI-Baltimore fills a unique role in this partnership plan for Baltimore's success. It is an organization that is unafraid (dare I say audacious!), that is willing to grapple with the most difficult and intransigent problems of the city, and is willing to support and nurture those efforts that push the envelope. Just as importantly, OSI-Baltimore is an organization with the skill and experience to measure accountability in these efforts. OSI-Baltimore can't save Baltimore—no one group or organization can. But we do play a critically important role in the fight to save this city.

## IN THIS ISSUE\*



Sherrilyn Ifill



A Different Kind of Treatment for Heroin Addiction



Myth Vs. Reality



Cooking Up Opportunity



Terry Rubenstein



Victor Capoccia

### Join the conversation.

*OSI-Baltimore has launched a new blog,*

**[www.audaciousideas.org](http://www.audaciousideas.org)**

*We see this as a testing ground where we can all participate in discussion and debate and think audaciously about solutions to difficult problems in Baltimore. Each week, we ask individuals to think candidly about what can be done to promote opportunity, achievement, health, and prosperity in our city. Join us as we think out loud to create positive, lasting change.*

### Help us make lasting change.

*Your gift to OSI-Baltimore will help us continue our work to make progress on the most challenging issues our city faces and ensure that every individual in our region has the opportunity for successful futures.*

*Every dollar will be matched by 1 to 2 by our founder George Soros. No gift is too small or too large.*

**Contact us at 410-234-1091 or [osibaltimore@sorosny.org](mailto:osibaltimore@sorosny.org)**



# \*A DIFFERENT KIND OF TREATMENT FOR HEROIN ADDICTION

For decades, heroin addiction has been a scourge in Baltimore. And equally devastating: far too many people who need treatment simply can't get it.

OSI-Baltimore is working to make treatment more available for them, especially the uninsured.

---

*An extremely effective, relatively new therapy approved by the FDA, buprenorphine—a tablet that can be taken at home—is considered safer and typically has milder withdrawal effects than methadone. Two years ago, the federal government made it easier for doctors to prescribe it, but some Maryland doctors are still reluctant to do so due to bureaucratic red tape, according to a recent OSI-funded study by the Center for a Healthy Maryland. OSI is supporting projects to encourage more physicians to prescribe buprenorphine, increasing its availability. Here are two of those projects.*

## A New Paradigm for Hospitals

Typically, when a heroin-addicted person shows up at a Baltimore hospital for the treatment of complications related to their addiction, such as skin infections or HIV, doctors treat those complications and give short-term medication for heroin detoxification. The patient goes home, and he or she likely falls back into addiction within a short period of time.

Dr. Robert Schwartz, director of the Drug Addiction Treatment Initiative at OSI-Baltimore, saw a golden opportunity to improve the care of opioid-dependent patients by enlisting hospitals in the effort to expand the therapeutic use of buprenorphine.

OSI recruited five additional foundations to underwrite the Hospital Buprenorphine Project including the Abell Foundation, the Herbert Bearman Foundation, the France-Merrick Foundation, the Zanyvl and Isabelle Krieger Fund, and the Harry and Jeanette Weinberg Foundation. The goal was ambitious. The project called for hospitals to create new systems to move opioid-dependent inpatients into outpatient drug addiction treatment after discharge while they received outpatient medical care. The Hospital Buprenorphine Project began in early 2005 with four hospitals—Johns Hopkins, Sinai, Union Memorial and University of Maryland Medical Center. After the 18-month grants ended, each hospital found ways to sustain the systems of care they had created.

Changing the way a hospital functions is no easy feat and each hospital approached it differently. At Union Memorial, Chairman of Medicine Dr. Robert Ferguson focused first on training more doctors to prescribe buprenorphine. “Many doctors didn’t think they had the time to take the training course,” says Ferguson. “We used the OSI grant money to get people educated. We got internists and psychiatrists certified, including myself, and then we taught the residents how to do it.” The doctors also made sure patients had a bridge supply of buprenorphine to cover them from discharge to outpatient treatment.

**“We were getting patients off drugs, back to work and out of trouble.”**

Ferguson and his staff noticed progress. “We were getting patients off drugs, back to work and out of trouble,” he said. “It wasn’t the majority, but it was significantly more than had been there before.”

Based on that success, Ferguson was ready to convince the hospital to continue the OSI-funded project. And just at that time, the Maryland Community Health Resource Commission was seeking projects to fund to reduce unnecessary emergency room visits. Union Memorial applied for and received a state grant in March. “Now, we have designed a new study comparing the outcomes of patients who do this program with those who don’t. We are looking at quality of life issues, emergency room visits, incarceration, other medical problems, including HIV,” Ferguson said. Union Memorial also has hired Earl Flood as a case manager and he is using his social work background to make sure inpatients get referred to outpatient treatment.

Ferguson says the initiative has contained many lessons, not the least of which has been about changing attitudes. “The assumption had been that the obstacles to the success of buprenorphine treatment were two-fold: not enough physicians prescribing it and second, that these patients are uniformly incorrigible,” he said. “My residents really believed that all these patients wanted to do was use drugs. But these doctors came to learn that it’s not that simple and that there are many people who just need a bit of help because the system is so built up against them.”

Creating an environment of systemic change at all four hospitals was the big success of this project.

“The victory was that this project helped four hospitals raise this new method of handling addicted patients on their radar,” says Rebecca Ruggles, director of special projects at the Mid-Atlantic Community Health Center and project monitor for the hospital initiative. “They acquired internal champions to better serve these patients and to teach the next generation of doctors about drug addiction treatment.”

WHY WE FUND IT.....

## An Encouraging Trend throughout the City



Wendy Merrick, director of the substance abuse program at Total Health Care in West Baltimore, has been in the trenches of drug addiction treatment for more than two decades. The surrounding community has a long history of heroin abuse.

Merrick’s program, located in a community health center offering primary medical care as well as outpatient substance abuse treatment, started offering buprenorphine in the late 1990s for short-term detoxification. Patients would start to feel better, but a week or so later, she would lose them back to the streets.

Through an OSI grant, Merrick was able to offer the medication for 90 days. The extra time made a big difference. By keeping people on buprenorphine longer, her staff was able to encourage patients to participate in the counseling part of the program, which Merrick feels (and research shows) is key to any long-term successful treatment.

Last summer, Total Health Care’s clinic became one of six in the newly-launched Baltimore Buprenorphine Initiative (BBI). A collaboration of the Baltimore City Health Department, Baltimore Substance Abuse Systems and Baltimore HealthCare Access, the initiative aims to significantly increase access to buprenorphine. The six clinics are able to offer individualized buprenorphine therapy. OSI provided critical funding to link the three agencies coordinating the initiative and to provide case management to patients.

“Buprenorphine is an extremely promising therapy for heroin addiction,” says Baltimore City Health Department Commissioner Dr. Joshua Sharfstein. “And through the support of the Open Society Institute-Baltimore, we are hoping to create a system to help people from the moment they first seek treatment to their being settled in a stable relationship with a doctor in the medical system.”

A patient typically receives 90 days of buprenorphine treatment while in counseling and then is offered the option of continuing on the medication through a physician’s office. Baltimore HealthCare Access helps patients apply for publicly-funded health insurance, such as Medicaid or pharmacy benefits, which helps pay for the medication. Later, Baltimore HealthCare Access also connects these patients to primary care physicians certified to prescribe buprenorphine for the long term.

Since the BBI began last summer, 388 patients have been treated. Of the 251 active cases, 79 percent have received public health insurance. Sixty-two patients have successfully transferred to primary care doctors. Their average length of stay in treatment is 155 days, an excellent sign of retention. And so far, almost all who have transferred to physician’s care after counseling ends have remained in treatment, an indication of continued recovery.

A key part of the initiative is the health department’s recruitment of more physicians to prescribe the medication and to accept the transferring patients. Since October 2006, 93 Baltimore doctors have signed up for training to prescribe buprenorphine, 50 have completed training and 39 already are treating BBI patients.

“This definitely has improved our clients’ progress toward recovery,” says Merrick. “It holds the client in place long enough for them to transition to a primary care doctor. This is an excellent model. In the last two years, I have seen a tremendous difference.”

“These approaches allow us to get effective help out to as many people as possible so that they, their families and our communities can enjoy the benefits of science-based addictions treatments.”

—Dr. Robert Schwartz, Director of Drug Addiction Treatment



# MYTH VS. REALITY

## Answers to Questions about Drug Treatment

*Dr. Robert Schwartz, director for Drug Addiction Treatment Initiative at OSI-Baltimore, has been involved extensively in drug treatment in Maryland since 1989. A psychiatrist with a subspecialty in addiction treatment, Schwartz often hears people's deeply-held beliefs about drug addiction treatment—whether he's at community forums or just talking one-on-one to people. And what he hears is often untrue. Here are six myths and his responses.*

### Myth #1: Treatment for alcohol and drug addiction just doesn't work.

On the contrary, treatment works! For the past 30 years, extensive research has repeatedly confirmed that treatment results in positive outcomes and is cost effective. For example, a recent study showed a reduction in alcohol and drug use (52 percent and 69 percent, respectively) one year after treatment.

Addiction can be a long-term condition, with periods of relapse and remission over decades. It's not like a broken leg that is often cured with one treatment. But it is not a mystery. Scientists and treatment providers actually know a lot about addiction and its treatment. Its outcomes are similar to other chronic conditions. For example, the one-year relapse rates for addiction, asthma and hypertension are quite similar at 60 percent, 70 percent, and 55 percent, respectively.

### Myth #2: Investing money in treatment is a waste of money.

Funding treatment is a smart investment and we know it works. Current U.S. drug policy emphasizes crop eradication, interdiction for those found using drugs and utilizing law enforcement instead of treatment and prevention—even though research by the RAND Corporation indicates that treatment is between seven and 23 times more cost-effective than its policy alternatives.

Treatment pays off in other ways. A 1994 study showed a 64 percent reduction in arrests one year after treatment. Patients enrolled in methadone maintenance were five times less likely to contract HIV than drug-injecting people not in treatment, according to another study.

### Myth #3: Treatment can't work because we still have a drug problem.

We aren't treating enough people who have addiction problems to have a real impact here in Baltimore and across the country.

Let's look at what happened with AIDS treatment. When AIDS first broke out, there was no medication or even a test for it. Eventually, medication was tested through clinical trials, and at that time a very small percentage actually got the medication. AIDS advocacy groups and others pushed to make the medication more widely available. And at a certain point, a much higher percentage of infected individuals took the medication, and the mortality rate for AIDS dropped dramatically.

Drug addiction treatment is similar. Most people who are addicted are not in treatment. In Maryland, it's less than half. Nationally, the estimates are even lower. If you want to change the results, more people have to be treated. You can't expect to have significant impact on all the other consequences that arise when people are addicted, including HIV and hepatitis transmission, crime, prison overcrowding, foster care and less economic productivity unless more people are given access to treatment.



### Myth #4: These people do it to themselves. Why don't they just snap out of it? If they had more discipline, they wouldn't be addicted.

No one sets out to be a drug addict. I've talked to hundreds upon hundreds of drug-addicted people, and I've never met someone who said, "When I was 12, I wanted to be a drug addict."

Of course when people start using drugs or alcohol, they do make a voluntary choice. Very soon after some people start, addiction can develop, however, and then continued drug use becomes largely involuntary. Using drugs compulsively changes the brain, conditions behavior, and changes social networks. The net result is you don't think clearly and lose control of your drug use.

Almost everyone in the United States knows someone who is an alcoholic or drug-addicted. These are real people—mothers, sisters, brothers and fathers—with redeeming qualities. After all, if your addicted sister was having crushing chest pain (whether it was from cocaine or not) wouldn't you get her to the emergency room right away? Since addiction is also a life-threatening illness that has highly effective treatment, why wouldn't you want to try to help your family, friends or neighbors, if you could?

At the same time, addiction costs an estimated \$69 billion in lost productivity, \$12 billion in health care costs, and \$10 billion in spending on child welfare systems. There are more than 9,000 drug-induced deaths each year, and, a quarter of the nation's AIDS cases come from injection drug use. Drug-related arrests have significantly contributed to the doubling of the nation's incarceration rate since 1985. So there are economic reasons for helping people with addiction, too.

### Myth #5: Locking people up is more effective than treatment. It makes them learn a lesson.

Locking up people just doesn't work, especially when there is no treatment available. There is some drug use in prison and jails. And eventually, almost everyone gets out of prison. Without treatment, most relapse when they get out. So in the first month, they are back to square one. It costs \$25,000 to \$35,000 a year to keep someone in prison. Treatment costs \$4,000 to \$15,000 a year. That's quite a difference and treatment clearly works when incarceration clearly doesn't.

### Myth #6: Methadone is just substituting one drug for another.

Methadone treatment is effective in reducing heroin use and the crime and HIV risk associated with it. Methadone works by blocking the euphoric effects of heroin use which helps people stop using. And yes, methadone is an opiate. Yes, you are physiologically dependent. But that's where the similarities stop.

If you are addicted to something, that means you are using out of control. You aren't taking a prescribed dose from a doctor. You aren't taking the same dose every day. You are getting high and having very unpleasant withdrawal symptoms and probably engaging in all kinds of negative activities—such as stealing—to get a drug that interferes with your functioning. Methadone treatment prevents these problems and it is the most studied of all of the drug treatment approaches. 

# COOKING UP OPPORTUNITY

2006 OSI-Baltimore Community Fellow - Galen Sampson  
2003 OSI-Baltimore Community Fellow Alumna - Bridget Sampson



*Over 85 members strong, the Baltimore Community Fellows are social entrepreneurs working throughout the city with our neediest residents. Read about a new fellow, Galen Sampson, and his wife, Bridget, an alumna of the program. The Baltimore Community Fellowships are supported by OSI-Baltimore and the Lois and Irving Blum Foundation, the Annie E. Casey Foundation, the Cohen Opportunity Fund, the Commonweal Foundations, the Foundation for Maryland's Future, the Hoffberger Foundation, the Gloria B. and Herbert M. Katzenberg Charitable Fund, the John Meyerhoff and Lenel Srochi Meyerhoff Fund, the Alison and Arnold Richman Fund, and other investors in the OSI Campaign for Baltimore.*

**He was an executive chef who whipped up seared prime rib and mustard-crust rockfish at the Harbor Court Hotel's five-star kitchen. She was a writer who taught women in prison and**

Together, Galen and Bridget Sampson—OSI-Baltimore's first Community Fellows who are a married couple—strongly believed that drug users, ex-offenders and the homeless needed second chances. Galen saw cooks and servers at the Harbor Court struggle with relatives who couldn't find jobs because of past mistakes, such as getting hooked on drugs, and he felt frustrated by the obstacles people faced to pull themselves out of poverty. Like her husband, Bridget was dismayed by the difficulties people faced trying to get decent jobs. For years, she had worked with women returning from prison, and in 2003 she was awarded a Community Fellowship to organize literacy programs for incarcerated parents and their children. "The only doors open to people transitioning from prison and drug use were minimum-wage jobs, which don't let you build a life of your own," Galen says. "We knew that something had to be done to create avenues for people wanting to change."

Together, Galen and Bridget dedicated themselves to a shared dream: opening their own restaurant that reflected their beliefs to give people transitioning from addiction and prison a real chance at restaurant careers. In August 2006, the Sampsons opened the Dogwood Deli, a tiny sandwich shop in the Hampden neighborhood. And a year ago, following in his wife's footsteps, Galen won a 2006 Community Fellowship to start Chefs in the Making, a culinary training program for transitioning drug users, ex-offenders and homeless Baltimore residents.

## Our trainees had something to be really proud of.

But never in their wildest dreams did the Sampsons imagine what would happen next.

In less than a year, Galen trained ten men and women from local transitional programs to work in the deli. The apprentices proved adept in the kitchen, concocting artisan sandwiches and fresh smoothies with quirky names. The menu changed with the seasons, and the Dogwood cooks searched for the freshest ingredients from local, organic farmers. "Our trainees had something to be really proud of," says Galen.

By spring, they opened part of the downstairs as a more upscale, sit-down place, called the Dogwood Restaurant, after the first tree the couple planted together. Glowing reviews and word-of-mouth kudos turned the restaurant into a smash hit, a "destination" with a loyal clientele coming from all parts of Baltimore. Soon, that eatery, like the upstairs sandwich shop, became so popular that they needed to close for a few months over the summer to do a grander renovation to accommodate more patrons.

The Dogwood Restaurant—with 110 seats and a wine bar—re-opens this fall, to be run by 15 to 18 new culinary apprentices with the original trainees serving as peer teachers. The Sampsons plan to hire a part-time counselor to assist with trainees' mental health, finances and recovery.

"We really need to be holistic to be effective," Bridget says. "That is why we provide wages to support families, a safe place for recovery and a case manager. We certainly want to create a great restaurant, but more importantly, we want to help people successfully transition to well-paying jobs in the restaurant and hospitality industries."

In devising their model, the Sampsons borrowed others' best practices and are running their entire operation as a non-profit. "We wanted training to be the primary focus of the organization, so this allows us to stay true to our mission and vision," Bridget says. Already, they have attracted significant support from other private funders, such as the Abell Foundation and a firm pledge from the Aaron and Lillie Straus Foundation.



Tyrone Lewis, lead apprentice

Galen and Bridget have even bigger plans, such as enlisting other notable chefs as guest instructors and developing relationships with Baltimore restaurants and hotels so that Chefs in the Making becomes a trusted source of skilled workers. "We'll show that it's not risky to hire our trainees," Galen says. "After being with us for a year, they'll demonstrate that they're serious about their transition." 

## WHY WE FUND IT

"We recognized that this undertaking was extremely innovative as an entrepreneurial endeavor to provide opportunity to those who need it most. Its success could provide a model for other cities nationwide."  
—Pamela King, Director of Community Fellowships and Initiatives



# TERRY M. RUBENSTEIN

## Profile of an OSI-Baltimore Investor

*A woman of many interests and talents, Terry Rubenstein began her career as a reporter for the Baltimore Sun and then became a real estate developer. Now she serves as the executive vice president of the Joseph and Harvey Meyerhoff Family Charitable Funds. She has been engaged in volunteer and philanthropic work throughout her life and serves on a number of boards, among them the American Jewish Joint Distribution Committee, The Associated, the Baltimore Symphony Orchestra and is secretary of the Hazelden Foundation. She is a former member of the Board of Governors of the Jewish Agency for Israel, and was co-chair of the Capital Campaign for Johns Hopkins Hillel. She is currently vice president of the Jewish Telegraphic Agency.*

### Some people say Baltimore's problems are too big to tackle, but you seem to be an optimist. Do you see the city's future as bright?

I think the city is much better off than portrayed by our news media. We have a phenomenal spirit in many neighborhoods and see evidence of growth in most. The list of community activities each week is mind boggling. This summer we just had a phenomenally successful Artscape with hundreds of thousands of people enjoying themselves without incident. That said, we do need a comprehensive program to combat gangs and street violence. It needs to be managed from the Mayor's office with all departments of government actively engaged. They should begin by fully funding recreation centers that are open until the early evening.

### What experiences inspired you most?

People like Ed Rutkowski and the rebirth of Patterson Park. Ellen Frost of Episcopal Housing Corporation and the Pimlico Road Arts and Community Center which just opened against all odds. Dee Sparks of Dee's Place, a 24-hour recovery center in East Baltimore that has just moved to improved space. Bob Voelkel of Jobs, Housing & Recovery and Joe Jones at the Center for Fathers, Families and Workforce Development. These are people that have persevered in very difficult places and made a significant difference in their communities.

### What's the most difficult challenge for philanthropists?

In Baltimore City, you have to be sure that the funding sources will not dry up. Too much of what happens here depends on politics. Our programs should be politic resistant and instead be guided by what's best for our citizens for the long term. That means dedicating ten and even 20 years to financing programs. Change doesn't occur quickly.

By joining with OSI,  
we are accomplishing  
much more than we  
could do on our own.



### Can private foundations shape public agendas?

Yes, if we work together and urge public funding of proven strategies and not be swayed by the latest new idea. Millions of dollars have been squandered in public education particularly. We need to just go to the basics. Kids need to learn to read and write and do math. Those are basics. All other learning comes from that foundation. Millions of people have learned these things in America for centuries. It isn't fancy stuff but without it, kids won't be able to build on skills to more advanced learning. All the problems we face today are because we have gotten away from the basics of safety, health and education that all citizens should expect in their communities.

### What motivates you?

Our family made much of its living in the Baltimore region. Now the fifth generation of our family is living here. We love this area and we know how fortunate we are. We are obligated and happy to continue the legacies of our grandparents and parents who helped create the city's most important institutions and to keep making this a better place to live.

### Why did your family choose to invest in OSI?

We invested with OSI because we saw that their strategy around drug abuse here made a lot of sense. Through their advocacy and persistence, the state and federal government have opened up thousands more treatment slots for our residents. OSI has a proven track record and tremendous expertise and they need more funding. By joining with them, we are accomplishing much more than we could do on our own. 

# AUDACIOUS THINKING FOR LASTING CHANGE



*The following article appeared in the Baltimore Sun on July 1, 2007. It is reprinted in part here with permission.*

## Nothing Is Magical

### Q & A with Victor Capoccia

*July 1, 2007 —Victor Capoccia, director of OSI's Initiative to Close the Addiction Treatment Gap, discusses his search for a drug treatment model, but warns that there are no easy answers in this Baltimore Sun interview. Victor Capoccia says he got into the drug treatment arena "sideways." Recently named director of a drug addiction program of the Baltimore-based Open Society Institute, Capoccia was teaching planning and community organizing at Boston College's school of social work when he got involved in health planning programs for the Boston area in 1979. That work took him to the Boston Department of Health and Hospitals, working on HIV and AIDS programs, which eventually led to running a community-based drug and alcohol treatment program. When the time came to decide between remaining with that program or returning to academia, Capoccia stayed in the community, running the program for the next decade. Capoccia, 64, who became the head of the addiction prevention and treatment team at the Robert Wood Johnson Foundation in 2001, blends altruism and pragmatism in his approach to drug treatment. As the George Soros-funded Open Society Institute program seeks to find a model that can work nationwide, one of the places it will be studying is Baltimore.*

#### **What is the most basic thing that people need to know about drug addiction?**

At its root, addiction is a health issue. We are here to treat all the different dimensions of alcohol and drug abuse that have been demonized, to say that people with a health condition ought to have that condition treated. They should not be jailed or shunned or put aside. Like any other health condition, their condition should be addressed.

#### **But isn't it true that treating addiction is not like treating an upset stomach, that people try and fail to kick these habits, that it is a matter of will, not just of medicine?**

That is true of diabetes, it is true of hypertension, and a lot of chronic diseases. Actively ingesting drugs is the same thing. Using that chronic illness framework, you realize that this is a condition you have to learn to manage. For the behavior to change, it takes multiple interventions with longer intervals between them, leading to prolonged if not permanent periods of being alcohol- and drug-free. So you cannot look at relapses as failures, just an expected part of the treatment pattern.

#### **But it seems so hit-and-miss. Do we know what works, which drug treatment programs do the job better than others?**

We know that to get the chemical and physical interaction stable takes three to five days for most drugs. Then you begin to understand some of the dynamics and nature of the condition. For a lot of people, doing that in a structured residential setting makes sense. But that is not the case for everybody. Nothing is magical. What you need is to be sufficiently stable chemically going into a reasonably stable environment. You can't do a residential rehab program for the rest of your life. So perhaps you are in one as long as it takes to get to the next step of stability in daily living, then you think about some sort of aftercare, outpatient work, other forms of self-help. The point is that it should be a system of care organized to address a chronic condition, that helps you manage it over a long period of time.

#### **Are there types of treatment programs that you would hope to avoid?**

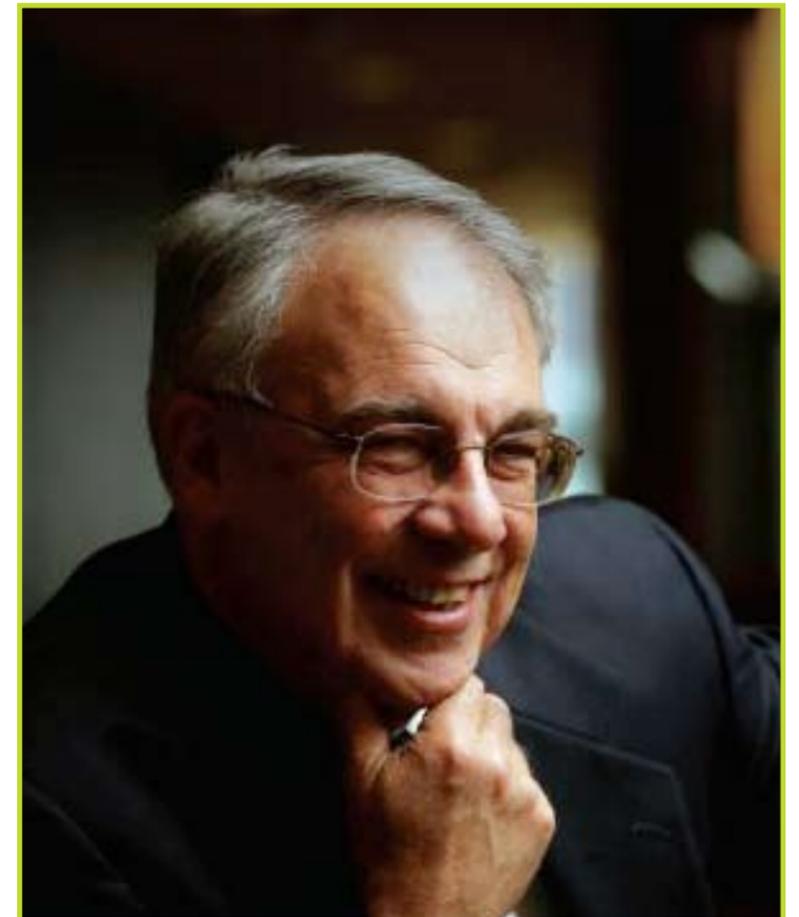
In the late '60s and early '70s, there were residential programs saying that the only way to get off drugs was breaking people down, then building them back up. A year ago, I was at a meeting that was held at a treatment facility, a very regimented residential program. The clients, the consumers, the patients were helping out. This one guy has a piece of twine around his neck holding a cardboard sign that says, "My name is John and I need to learn responsibility." That has been seared into my brain. It represented the worst of the myth-based, not science-based, treatments. I don't even call it treatment.

#### **Fundamentally, what is this Soros-funded program trying to accomplish?**

At the core, Soros recognizes that we have a pretty shameful and unbelievably unreasonable situation in this country, that only one in 10 people with this health condition can get treatment because the resources are not there. So what we have to do is increase the resources and begin to use the resources we have now more effectively. You begin to see that in places like Baltimore, where there is coordination using Medicaid funds, foundation money, federal block grants, child welfare programs and community correctional dollars. We need more money, but we can treat more people with the money we have. I don't want to work to get more cardboard signs around anyone's neck. 📍

—Michael Hill  
Baltimore Sun

[www.baltimoresun.com](http://www.baltimoresun.com)



**addiction is a health issue."**

# OUR GOALS

As OSI-Baltimore moves forward, it is pursuing four main objectives:

- \* Increase access to high-quality drug treatment to achieve a “tipping point” where 75% of Baltimore’s drug-dependent population is in treatment.
- \* Increase public high school graduation rates from 59% in 2004-05 to 80% in 2008-09.
- \* Decrease incarceration and recidivism while protecting public safety by reducing the number of people entering and returning to prison by 5%.
- \* Populate Baltimore’s struggling communities with a strong network of proven, social entrepreneurs by awarding up to ten Community Fellowships per year.

Founded by philanthropist George Soros, Open Society Institute-Baltimore is a private operating foundation that supports a grantmaking, educational and capacity-building program to expand justice and opportunity for Baltimore residents. With support from a range of investors, its current work focuses on helping Baltimore’s youth succeed, reducing the social and economic costs of incarceration, tackling drug addiction, and building a corps of Community Fellows to bring innovative ideas to Baltimore’s underserved communities.

To learn more about Open Society Institute-Baltimore, visit our web site at: [www.osi-baltimore.org](http://www.osi-baltimore.org).

Please sign up for our periodic e-news on our home page.



201 North Charles Street  
Suite 1300  
Baltimore, MD 21201

NONPROFIT ORG  
U.S. POSTAGE  
PAID  
Baltimore, MD  
Permit # 7317

*Return Service Requested*

**AUDACIOUS THINKING FOR LASTING CHANGE**