EXHIBIT A

Planning for a Coordinated Response to Illicit Drug Use and the Opioid Epidemic in Durham County, North Carolina

February 2018

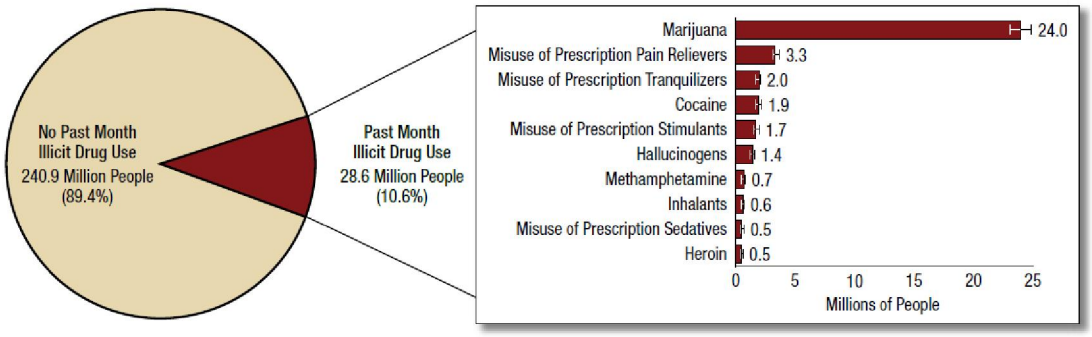
I. OVERVIEW

Illicit drug use and abuse are serious problems among adolescents, adults, and pregnant women in the United States (US). While the acceleration of opioid abuse has led to a new public health epidemic, illicit drug use has been a longstanding health issue that has negatively affected the quality of life for individual users, their families, and communities often leading to criminalization. Therefore, as we discuss solutions to address the opioid epidemic, it is crucial that we consider broader strategies to mitigate the illicit drug use problem and associated repercussions. Addressing drug use as a public health problem necessitates a coordinated framework of prevention, treatment, harm reduction, and enforcement.

A. Illicit Drug Use

According to SAMHSA's Key Substance Use and Mental Health Indicators in the US,[1] 28.6 million people ≥ 12 years of age or older used an illicit drug in the past 30 days, which corresponds to about 1 in 10 Americans overall (10.6%). This proportion ranges as high as 1 in 4 (25%) for young adults aged 18 to 25. Regardless of age, the illicit drug use estimate for 2016 continues to be driven primarily by marijuana use and the misuse of prescription pain relievers. Among people aged 12 or older, 24.0 million were current marijuana users and 3.3 million were current misusers of prescription pain relievers (Figure 1).[1] Smaller numbers of people were current users of cocaine, hallucinogens, methamphetamine, inhalants, or heroin or were current misusers of prescription tranquilizers, stimulants, or sedatives.

Figure 1: Numbers of Past Month Illicit Drug Users among People Aged 12 or Older, 2016
https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-20



Note: Estimated numbers of people refer to people aged 12 or older in the civilian, noninstitutionalized population in the United States. The numbers do not sum to the total population of the United States because the population for NSDUH does not include people aged 11 years old or younger, people with no fixed household address (e.g., homeless or transient people not in shelters), active-duty military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and long-term care hospitals.

Note: The estimated numbers of current users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past month.

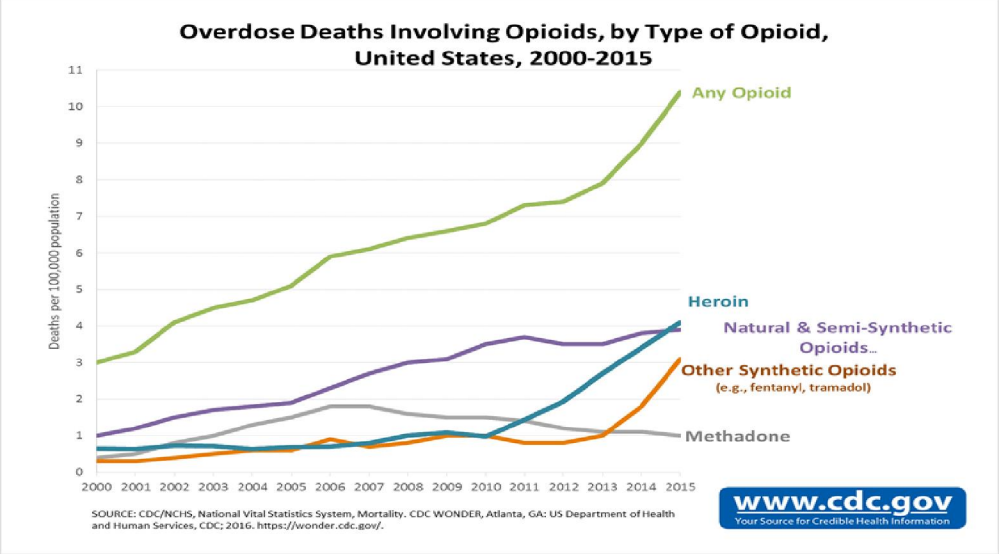
In 2016, the proportion of people aged ≥ 12 who were current marijuana users was higher than the proportions reported from 2002- 2015. In contrast, the proportion of people ≥ 12 years of age who reported use of cocaine, crack cocaine or heroin have shown little change from prior years.[1] The increase in marijuana use reflects increases among adults ≥ 26 years of age and, to a

lesser extent, among young adults aged 18-25. Marijuana use among adolescents aged 12-17 was overall lower in 2016 than from 2009- 2014.[1]

B. Opioid Addiction and Overdose

From 2000 to 2015, more than half a million people died from drug overdoses, and 91 Americans are reported to die every day from an opioid overdose (Figure 2).[2] Overdoses from prescription opioids are a driving factor in the 15-year increase in opioid overdose deaths. The amount of prescription opioids sold to pharmacies, hospitals, and doctors' offices nearly quadrupled from 1999 to 2010.[3-4] In 2015, the amount of opioids prescribed by healthcare providers was enough for every American to be medicated around the clock for three weeks.[2]

Figure 2:
https://www.cdc.gov/drugoverdose/prescribing/faq.h



Opioids include illegal drugs such as heroin and prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone (OxyContin®, Percodan®, Percocet®), hydrocodone (Vicodin®, Lortab®, Norco®), fentanyl (Duragesic®, Fentora®), hydromorphone (Dilaudid®, Exalgo®), and buprenorphine (Subutex®, Suboxone®).

Opioids work to minimize the body's perception of pain by binding to specific receptors in the brain, spinal cord, and gastrointestinal tract.[5] As many as one in four patients receiving long-term opioid therapy from their primary care providers can become addicted to opioids. Individuals may also develop tolerance—meaning that they may need higher doses to relieve pain, which increases their risk for a potentially fatal overdose.[5] Death from an opioid overdose can occur when too much of the drug overwhelms the brain and interrupts the body's natural drive to breathe.

The most common drugs involved in prescription opioid overdose deaths are methadone, oxycodone, and hydrocodone. Fentanyl is a synthetic opioid that is similar to morphine;

however, thehttps://www.drugabuse.gov/dru(NIDA) warns that it is 50-100 times more potent than morphine.[6] Carfentanil is another synthetic opioid that is far more dangerous as a new factor in the US opioid crisis; it is approximately 10,000 times more potent than morphine and 100 times more potent than fentanyl.[7]

Any person who uses opioids can experience an overdose, but certain factors may increase their risk including but not limited to:[8]

- Combining opioids with alcohol or certain other drugs
- Taking high daily dosages of prescription opioids
- Taking more opioids than prescribed
- Taking illicit or illegal opioids, like heroin or illicitly-manufactured fentanyl, which could possibly contain unknown or harmful substances
- Certain medical conditions, such as sleep apnea, or reduced kidney or liver function
- Age greater than 65 years old

C. Drug Use and the Criminal Justice System

As a result of the War on Drugs initiated in the 1970s, the number of Americans incarcerated for drug offenses has increased more than tenfold in 25 years, from 40,900 people in 1980 to 469,545 in 2015.[9] However, a 2014 national review of research on crime and incarceration concluded that increased enforcement efforts over the past several decades are unlikely to have significantly reduced drug supply or drug use.[10] Increased use of enforcement for drug violations has exacerbated racial disparities in the justice system, in which Blacks or African-Americans are disproportionately arrested and charged for drug-related crimes.[11]

Therefore, some police departments are adopting programs that provide officers with options to divert people to treatment and other services – including housing, health care, job training, and mental health support, as alternatives to booking or arrest. For example, the Law Enforcement Assisted Diversion program in Seattle has found that participants were significantly less likely to be rearrested in both the short term and long term after referral to supportive services.[11]

D. Harm Reduction

Harm reduction is a set of practical strategies and ideas aimed at reducing the negative consequences associated with drug use; it is also movement for social justice built on the belief in, and respect for, the rights of people who use drugs.[12]

Some key principles of harm reduction are:[12]

- Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies.
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm;
- Recognizes the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.

Examples of harm reduction strategies include medication-assisted treatment and distribution of naloxone:

Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.[13] Research shows that a combination of medications (e.g. methadone, buprenorphine, and naltrexone) and therapy can successfully treat these disorders, and MAT can help sustain recovery in some people struggling with addiction.[13]

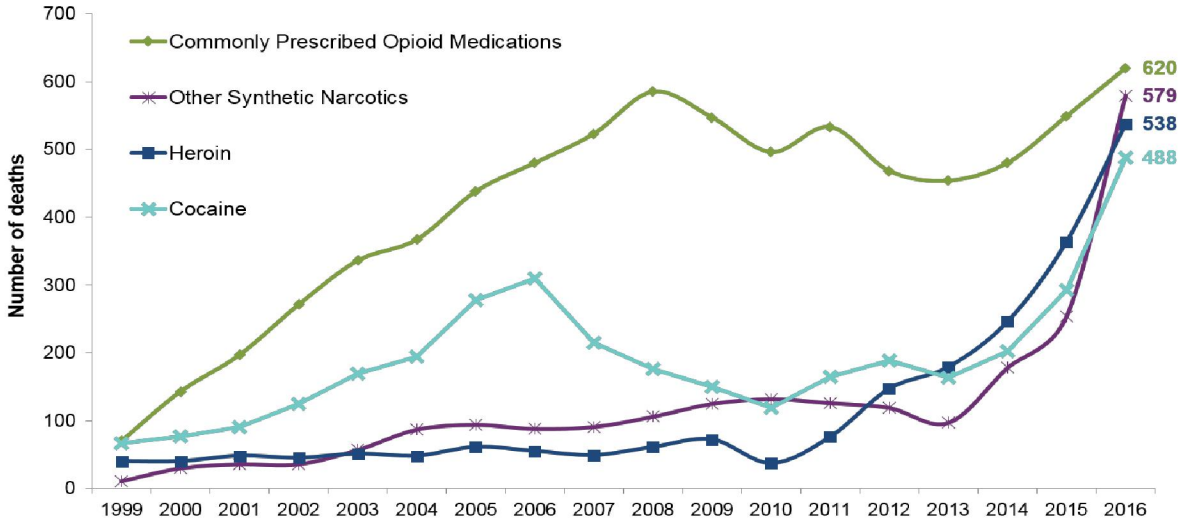
Naloxone is a medication approved by the Food and Drug Administration (FDA) to prevent an opioid overdose by blocking opioid receptor sites, reversing the toxic effects of the overdose. Naloxone can be given by intranasal spray, intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection.[13]

II. NORTH CAROLINA DATA

A. The Opioid Crisis in North Carolina

Like the rest of the country, North Carolina (NC) is experiencing an opioid epidemic. From 1999 to 2016, more than 12,000 North Carolinians died from opioid-related overdoses.[14] Deaths due to medication/drug overdoses have been steadily increasing since 1999, and the vast majority (~85%) of these are unintentional. Last year, an average of five people a day died from drug overdose in this state. That number of drug poisoning deaths in NC has increased by 440%, from 363 to 1,965 in 2016 (Figure 3).[16]

Figure 3: Substances* Contributing to Unintentional Medication and Drug Overdose Deaths, North Carolina Residents, 1999-2016



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2016, Unintentional medication and drug overdose: X40-X44 with any mention of specific T-codes by drug type.Analysis by Injury Epidemiology and Surveillance Unit.
The data provided here are part of the Vital Registry System of the State Center for Health Statistics and have been used to historically track and monitor the drug overdose burden in NC using ICD10 codes. The definitive data on deaths come from the NC Office of the Chief Medical Examiner (OCME). For the most recent data and data on specific drugs, please contact at OCME at

http://www.ocme.dhhs.nc.gov/an

The Plan and other links to information regarding the NC opioid crisis can be accessed at

https://www.ncdhhs.gov/opioid

Strategies in the NC Opioid Action Plan include:[15]

- Coordinating the state's infrastructure to tackle the opioid crisis.
- Reducing the oversupply of prescription opioids.
- Reducing the diversion of prescription drugs and the flow of illicit drugs.
- Increasing community awareness and prevention.
- Making naloxone widely available.
- Expanding treatment and recovery systems of care.
- Measuring the effectiveness of these strategies based on results.

B. The North Carolina STOP Act

On June 29, 2017, Governor Roy Cooper signed the Strengthen Opioid Misuse Prevention (STOP) Act of 2017 into law. The STOP Act (NC House Bill 243) seeks to help curb epidemic levels of opioid drug addiction and overdose in the state through several key provisions, including:[17]

- Strengthening oversight and tightening supervision on opioid prescriptions.
- Requiring prescribers and pharmacies to check the prescription database before prescribing opioids to patients.
- Instituting a five-day limit on initial prescriptions for acute pain, with exemptions for chronic pain, cancer care, palliative care, hospice care, or medication-assisted treatment for substance use disorders.
- Saving lives through increased access to naloxone which can reverse opioid overdose.
- Allowing local governments to support needle exchange programs.

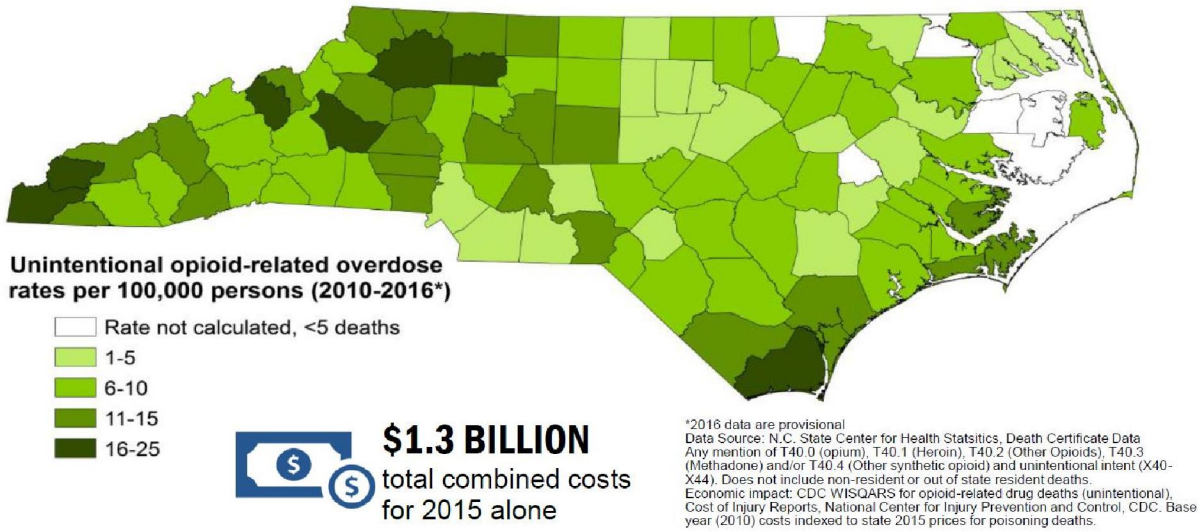
III. DURHAM COUNTY DATA AND RESOURCES

A. The Opioid Problem in Durham County

According to the NC Injury and Violence Prevention Branch, the rate of unintentional overdose deaths in Durham County was 7.0 per 100,000 population between the period of 2012-2016.[16] This rate is lower than the rate for Region 5 as a whole (which includes Alamance, Caswell, Chatham, Durham, Guilford, Orange, Person, Randolph, and Rockingham Counties) at 9.7 per 100,000 and the rate for NC at 12.2 per 100,000 for this time period.[16]

Figure 4: Unintentional Opioid-related Drug Overdose Death Rates by County, NC Residents, 2010-2016*

https://files.nc.gov/ncdhhs/Opioid_Overdose_Factsheet_FINAL_06_27_1



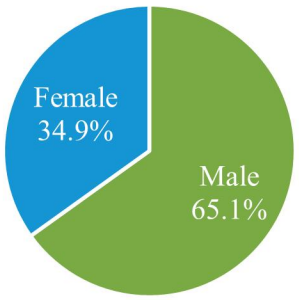
Although county level data on medication and drug overdoses resulting in a visit to the Emergency Department are available for most counties in North Carolina, data for Durham County may be underestimated due to potential underreporting via ICD-10 codes to the NC Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT). NC DETECT was created as a statewide syndromic surveillance system in 2004 by the NC Division of Public Health (NC DPH) for early event detection and timely public health surveillance in NC emergency rooms using a variety of secondary data sources. Due to the known glitches in the surveillance system for Durham County, medication and drug overdoses resulting in a visit to the emergency department (ED) are monitored internally, but are not publicized.

However, naloxone administration via Emergency Medical Services (EMS) has been used as a proxy to estimate the number of opioid related overdoses resulting in an ED visit in Durham County. Naloxone is given by EMS as prevention strategy to those who present signs of an overdose, but may not actually be experiencing and opioid overdose. To account for these cases, Durham County EMS reviewed and filtered out encounters where naloxone was provided to individuals where a drug overdose was later ruled out. The data below (Table 1) provide insight on valid naloxone administrations via Durham EMS that occurred in 2016. Throughout the course of the year, naloxone was administered to 232 people in Durham County via EMS. Among persons provided naloxone, 65.1% were male and the median patient age was 44; data on race and ethnicity were not available.

Table 1:

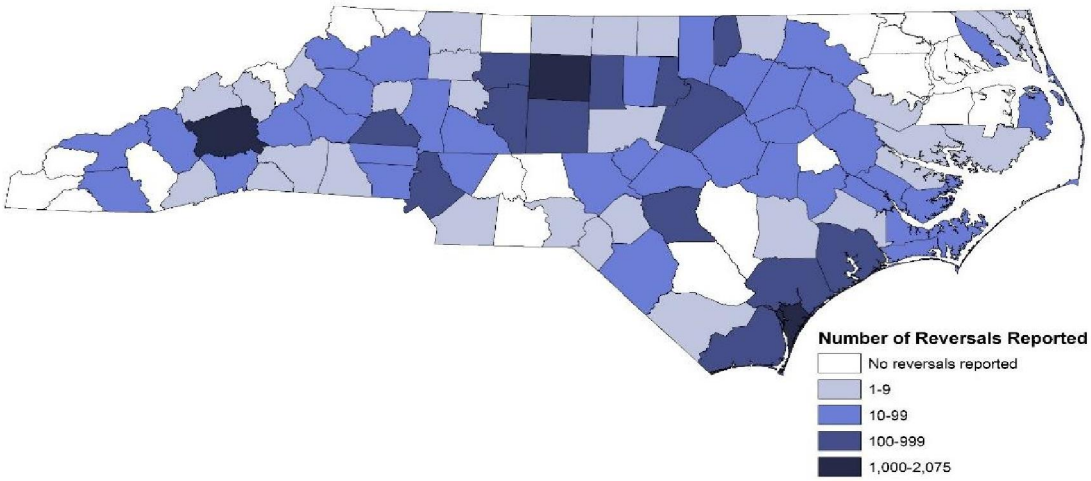
Valid Naloxone Administration via EMS by Primary Impression of Patient, Durham County, 2016		
	Frequency	Percent
Altered Level of Consciousness	50	21.6%
Cardiac Arrest	33	14.2%
Other or unknown	2	0.8%
Other Respiratory	1	0.4%
Poisoning / Drug Ingestion	106	45.7%
Respiratory Arrest	6	2.6%
Respiratory Distress	5	2.2%
Respiratory Failure	3	1.3%
Substance / Drug Use	26	11.2%

Valid Naloxone Administration via EMS by Sex, Durham County, 2016



The North Carolina Harm Reduction Coalition (NCHRC) is a statewide grassroots organization dedicated to the implementation of harm reduction interventions, public health strategies, drug policy transformation, and justice reform in the state. NCHRC has been distributing naloxone to different high-risk communities throughout NC to reverse opioid overdoses. Since 8/1/2013, NCHRC has reported 257 community reversals in Durham County, which represents 13% of the total reversals reported in Region 5 (Figure 5).[18]

Figure 5: Community Naloxone Reversals Reported to the NC Harm Reduction Coalition: 8/1/2013 - 9/30/2017 (8,181 total reversals reported)



The NC Injury and Violence Prevention has estimated the average medical costs and work loss costs from medication and drug fatalities based on 2010 prices, then indexed to 2015 prices in

the state. These estimates do not include costs associated with treatment and recovery (Table 2).[16]

Table 2:

Total Medical Costs in Durham County, 2016	$	181,380
Total Work Loss Costs in Durham County, 2016	$	40,954,195
Combined Cost	**$**	**41,135,575**
Cost per capita in Durham County, 2016	**$**	**134.34**

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2016, Unintentional medication and drug overdose: X40-X44/Population-National Center for Health Statistics, 2016/Economic impact-CDC WISQARS, Cost of Injury Reports, National Center for Injury Prevention and Control, CDC for all medication and drug deaths (any intent), Base year (2010) costs indexed to state 2015 prices.

B. Durham County Programs Addressing the Opioid Crisis

1) The Partnership for a Healthy Durham http://healthydurham.org/comm Subcommittee advocates on local issues related to treatment and prevention of substance abuse, addiction and mental health illnesses. One of the Subcommittee's objectives is to reduce the rate of unintentional overdose deaths related to prescription (opioids) and illicit (heroin) drugs, by increasing awareness of the use of naloxone and naloxone training.

The Subcommittee's current outcomes and accomplishments are:

- Developed naloxone resource guide which was distributed to Duke Medical Center healthcare providers and community members.
- Provided a presentation for law enforcement to address concerns regarding carrying naloxone, and other presentations in the community about naloxone use.
- Developed social media marketing which has reached >4000 youth and adults.
- Partnered with Northern Piedmont Community Care to alert pharmacies regarding naloxone availability.

Ongoing activities include:

- Conversations about the naloxone policy with city law enforcement.
- Promotion of evidence-based resources on naloxonesaves.org
- Plans to distribute signage for local pharmacies providing naloxone.

2) The Durham County Department of Public Health (DCoDPH) supports the activities of the Partnership for a Healthy Durham and has developed an internal committee of staff dedicated to addressing some of the strategies outlined in the NC Opioid Action Plan in Durham County.

DCoDPH's current outcomes and accomplishments are:

- Provided presentations regarding naloxone and the opioid crisis to the Board of Health.
- Developed a naloxone distribution site at the Pharmacy, located at the Durham County Human Services Building.
- Contracted with NCHRC to distribute naloxone kits in the community.
- Worked with the Durham County Detention Center on naloxone distribution to inmates upon release.
- Promoted Operation Medicine Drop on a yearly basis, and purchased a secure dropbox for public use where unused or expired medications can be discarded at the Human Services Facility.
- Developed a hepatitis C testing and linkage to care program for high-risk clients evaluated in the clinics and in the community, including intravenous drug users (IDUs).

Ongoing activities include:

- Expanding naloxone distribution to community outreaches through the Division of Health Education and Community Transformation.
- Developing a Safe Syringe Program (SSP) to provide clean needles and syringes for IDUs at the DCoDPH Pharmacy and through outreaches in the community; the SSP will include a referral process for HIV, hepatitis C, mental health and substance abuse counseling and treatment services.
- Developing and organizing educational materials regarding opioid addiction and overdose for clients and the community.
- Plans to reach out to local healthcare providers regarding opioid prescribing practices and resources for patients needing support services for addiction or overdose prevention.

3) Criminal Justice Resource Center (CJRC) provides substance use disorder services among the array of services offered to justice-involved individuals. These services include:

- Detention-based Treatment - Substance Abuse Treatment and Recidivism Reduction (STARR) Program is a four-week chemical dependency treatment program provided to inmates in the Durham County Detention Facility.
- Services for Community-based Corrections participants
    - Drug education
    - Intensive Outpatient Treatment
    - Relapse Prevention
    - Aftercare
    - Second Chance House (halfway house for men)
- Drug Treatment Court is an intensive, highly structured program designed to identify and treat individuals whose criminal activities are generally related to substance use. This is a post-conviction program and well suited for probationers facing violation due to continued drug use.

4) NC Harm Reduction Coalition (NCHRC) gives out naloxone kits and instructions throughout the state. Kits are available on Fridays from 4-6 pm at the Sunrise Recovery House during the summer. NCHRC has been operating a clean needle program in Durham County and provides clean needles and injection supplies to those addicted to opioids. They also link individuals to treatment, provide condoms and test for hepatitis.

5) Durham County Office of the Sheriff equips 75 officers, patrol and various others, with naloxone kits. Additionally, naloxone kits are also readily available in the Detention Center. Kits are located near Automated External Defibrillators (AEDs) throughout the facility and designated detention officers carry naloxone at all times. The Sheriff's goal is to supply all officers with naloxone kits.

6) Durham County EMS has community paramedics who contact anyone who was treated by a 911 ambulance for an opiate overdose. The goal is to meet with the patient within 24 to 72 hours. When they meet, the community paramedic gives the patient or a family member a Naloxone kit and information about resources to help with substance use recovery. If the patient agrees to a follow-up, the community paramedic can meet with him or her again to provide additional information and support and provide education about the disease of addiction

7) Other Organizations: See Appendix 1 for other Durham County organizations providing services and addressing the opioid crisis in our community.

IV. ADDITIONAL APPROACHES TO DRUG USE

A number of approaches have been adopted and proved effective in jurisdictions globally. Although supervised injection facilities and heroin prescriptions have limited availability in the US, some other parts of the country have focused on housing first and access to treatment in prison and jails.[11]

- Supervised injection facilities are legally sanctioned facilities where people who use intravenous drugs can inject pre-obtained drugs under medical supervision. Supervised injection facilities are designed to reduce the health and societal problems associated with injection drug use.
- Heroin prescriptions are second-line treatment for those who have not found success from more traditional therapies such as MAT. Several European countries have prescribed medical-grade heroin for medically supervised consumption, with the aim of helping reduce the reliance of chronic opiate users on the black market to access heroin.
- Housing first is an approach to ending homelessness that does not require abstinence, but offers support services such as substance abuse use treatment that are entirely voluntary.
- Access to treatment in prison, including MAT, has been recommended by the World Health Organization for decades.

V. SUMMARY

Illicit drug use and the opioid epidemic are affecting NC residents and our community. The rise in opioid-related deaths is a major public health emergency that warrants a coordinated response from public health, government officials, the healthcare sector, and multiple agencies providing substance abuse services. The NC Opioid Action Plan provides a strategic blueprint for combatting the epidemic in our state, and can provide guidance to our efforts in Durham County.

In addition to increasing the distribution of naloxone to reverse opioid overdoses, our community is poised to initiate a safe syringe program, to strengthen existing community collaborations for harm reduction, treatment and support services, and to increase community awareness and prevention efforts for the individuals and families affected by this public health crisis. As we move forward in creating "Durham's Plan", we must embrace this statement that appears in the Joint Report from NACo-NLC: A Prescription for Action: "Communities of color continue to feel the detrimental effects of the criminalization of addiction, which today is being replaced by a new focus on harm reduction and improved public health. Moving forward, we must give ongoing attention and action to the racial disparities relevant to addiction and its treatment."

On February 27th, elected officials and community leaders are invited to attend the Durham County Leadership forum on Substance Abuse. The purpose of this meeting is to engage local elected officials and community leaders in an informed discussion about the medication and drug abuse epidemic and develop collaborative strategies that enhance prevention, education and treatment. It is hoped that this paper will provide a foundation for that discussion.

VI. REFERENCES

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(18) North Carolina Harm Reduction Coalition. Naloxone and OD Prevention, Available at http://www.nchrc.org/programs-and-servic

(19) Joint Report from NACo & NLC, A Prescription for Action: Local Leadership in Ending the Opioid Crisis

APPENDIX

Alliance Behavioral Healthcare

Alliance Access and Information Center: (800) 510-9132

Manages the public mental health, intellectual/developmental disability and substance abuse services for the citizens of Durham, Wake, Cumberland and Johnston Counties

BAART Clinic

Phone: 919-683-1607
705 S Magnum Street
Durham, NC 27701
Multi-service organization providing opioid addiction treatment and rehabilitation Combines evidence-based, medication assisted treatment using suboxone and methadone, with counseling and behavioral services.

Duke Division of Community Health

Phone: (919) 613-4398
Cindy Haynes, MSA-PA, CHES
Chronic Pain Coordinator
Office: Duke Division of Community Health, North Carolina Mutual Life Building, Suite 310, 411 W. Chapel Hill Street (27701), DUMC 104425, Durham, NC 27710
Email address: cindy.haynes@duke.edu
Fax: (919) 972-9202

Durham TRY

Phone: 919-491-7811
Dr. Wanda Boone, Founder
1201 N Roxboro Street
Durham, NC 27701
E-mail: wanda.durhamtry@gmail.com
Non-profit 501 (c) (3) organization founded in 2003. TRY's Policies and Procedures comply with federal and state requirements. TRY prevents substance abuse among youth and overtime adults by reducing community risk factors through advocacy, education, mobilization and action.

Lincoln Community Health Center

Phone: 919- 956-4000
1301 Fayetteville Street
Durham, NC 27707
Preventive and primary healthcare facility providing accessible, affordable, high quality outpatient health care services to the medically underserved. Provides patients who are Durham

county residents with severe opioid use disorders treatment planning, counseling and referrals related to substance abuse disorders.

Residential Programs:

- http://durhar
  Phone: (919) 682-3777
  Address: 18 West Colony Place Durham, NC 27705
  Dove House is a non-profit program founded by the Durham Presbyterian Council providing transitional housing and support programs for people who have been or are homeless as well as providing transitional housing and support services for women recovering from substance abuse.
- http://durham.nc.networkofcare.(
  Phone: 919-251-8806
  Address: 400-D Crutchfield Street Durham, NC 27704
  Freedom House is a private, not-for-profit organization in Durham which provides several services, including detox, a short term stabilization unit and two halfway houses, one for men and one for women.
- http://durham.nc.netwo
  Phone: (919) 682-0538
  Address: 410 Liberty St Durham, NC 27701
  Hope Recovery Program provides substance abuse support to male adults....
- http://durham.nc.netw
  Phone: (919) 489-6282
  Address: 18 West Colony Place Durham, NC 22705
  Housing for New Hope provides transitional housing and services for homeless people. The emphasis is on recovery from addiction, vocational development, life skills, and housing. The Dove House is for single, homeless women; Sherwood Park Efficiency Apartments is for single men and women....
- http://durham.nc.netw
  Phone: (919) 831-5321
  Narcotics Anonymous provides a recovery process and support network linked together. Members share their successes and challenges in overcoming active addiction and living drug-free productive lives through the application of the principles contained within the Twelve Steps and Twelve Traditions.
- http://durham.nc.netwo
  Phone: 919-765-5956
  Address: 2919 University Drive Durham, NC 27707
  Oxford House - Triangle provides residential services to male adults who have experienced substance abuse. Residents must maintain employment while living in the homes.
- http://durham.nc.network
  Phone: 919-560-2112
  Address: PO Box 30002 Durham, NC 27702

Safe & Drug Free Schools offers referrals for Durham public school children to learn more about substance abuse.

- http://durham.nc.network

  Phone: (919) 220-5207
  Address: 410 Liberty Street Durham, NC 27701
  St John's House of Refuge provides transitional housing for substance abusers.

- http://durham.nc.networkofcare.org/mh/services/agency.aspx?p

  Phone: (919) 560-0972
  Address: 219 South Mangum Street Durham, NC 27701
  The Substance Treatment And Recidivism Reduction (STARR) program is an intensive four week in-jail chemical dependency treatment program. STARR is administered by Criminal Justice Resource Center in conjunction with the Durham County Office of the Sheriff.

Triangle Residential Options for Substance Abusers (TROSA)

Phone: (919) 419-1059
1820 James Street
Durham, NC 27707
Comprehensive, two year residential substance abuse recovery program accepting substance abusers with one condition: a strong desire to change their lives. TROSA's program elements include vocational training, education, counseling, mentorship, leadership training, and continuing care.