



MARYLAND OVERDOSE PREVENTION COUNCIL

HIGHLIGHTS DOCUMENT

December 2014

**Joshua Sharfstein, M.D.
Secretary, Department of Health and Mental Hygiene**

I. INTRODUCTION

Similar to many other states, Maryland is experiencing an epidemic of overdose fatalities. The most recent data show 766 total drug- and alcohol-related deaths occurring in Maryland from January to September 2014, a 26 percent increase from the same period in 2013. In June 2014, Governor Martin O'Malley designated an Overdose Prevention Council to coordinate and expand the State's efforts.

II. BACKGROUND

Prior to the formation of the Overdose Prevention Council, the State was actively engaged in reducing the number of deaths attributable to drug- and alcohol-related overdoses. These efforts included:

- **Increases in Resources for Recovery from Addiction.** In addition to spending on treatment, Maryland makes \$11.6 million per year available to local substance use councils to support a broad range of recovery activities. This funding supports care coordination, peer counseling, supportive housing, job training, and other tools needed for long-term success.
- **Overdose Response Program.** The Department of Health and Mental Hygiene (DHMH) began authorizing private and public entities to train and certify individuals to administer naloxone in March 2014. Since that time over 4,000 individuals have been trained, including over 1,500 law enforcement officers.
- **Local Overdose Fatality Review Team (LOFRTs).** DHMH launched a pilot in Baltimore City and Cecil and Wicomico Counties to conduct confidential case reviews of overdose deaths. Teams identify missed opportunities for prevention, gaps in the system, and areas for increased collaboration. Passage of [House Bill 1282 in 2014](#) establishes LOFRTs under Maryland law and allows any jurisdiction to establish a team.
- **Prescription Drug Monitoring Program (PDMP).** The PDMP aims to reduce prescription drug misuse and diversion by creating a secure database of all Schedule II-V controlled dangerous substances prescribed and dispensed in Maryland. The PDMP can make data on prescription opioids and other controlled dangerous substances available to healthcare providers, pharmacists, patients, researchers, health occupations licensing boards, and public health and safety agencies.
- **Data Sharing.** DHMH began to engage in an extensive data sharing project with State agencies, such as the Department of Public Safety and Correctional Services (DPSCS), Department of Human Resources (DHR), Department of Labor, Licensing, and Regulation (DLLR), and the Department of Juvenile Services (DJS) in Spring 2014, to determine where the State can intervene in overdose victims lives in order to prevent

death and/or provide treatment. These efforts were augmented by the work of the Overdose Prevention Council in Summer 2014.

- **Good Samaritan Law (Limited Criminal Immunity).** Governor O'Malley signed a new "Good Samaritan Law" ([HB 416](#)) in May 2014, which went into effect October 1, 2014. The law



establishes that, "a person who, in good faith, seeks, provides, or assists with the provision of medical assistance for a person experiencing an alcohol- or drug-related medical emergency (such as an overdose) may be immune from criminal prosecution for specific violations if the evidence was obtained solely as a result of the person reaching out for medical assistance. The bill also protects the person experiencing the medical emergency under the same conditions from prosecution for specific violations."

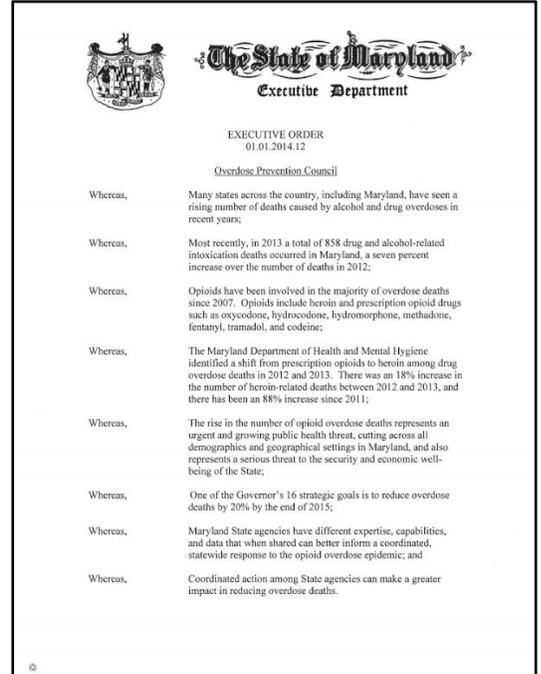
III. OVERDOSE PREVENTION COUNCIL HIGHLIGHTS

JUNE 2014

Executive Order

On June 27, 2014, Governor Martin O’Malley issued Executive Order 01.01.2014.12 creating the Overdose Prevention Council (Council). The Executive Order set out to create coordinated action among multiple State agencies with wide variety of expertise, capabilities, and data to fight this epidemic. Five State agencies, DHMH, DJS, DPSCS, MSP and MIEMSS, were placed on the Council as members. The Executive Order also called for staff from the Office of the Governor, the Governor’s Office of Crime Control and Prevention, and the Office of Problem Solving Courts to be regular Council participants. The Department of Human Resources (DHR) and the Maryland State Department of Education also played a role in the Council’s activities. DHMH Secretary Joshua M. Sharfstein was named as Council Chair.

The Executive Order directed the Council to focus its efforts on a set of actions, including sharing data to the maximum extent permitted by law and producing regular data reports; developing recommendations for policy, regulations, or legislation to address the crisis; developing reports on expanding distribution of the overdose reversal agent naloxone and access to treatment within DPSCS; considering an educational requirement among medical professionals on appropriate opioid prescribing and access to addiction treatment services; and considering opportunities to emphasize treatment over enforcement in appropriate circumstances, particularly as consistent with Maryland’s “Good Samaritan Act”; and others.



MSP Enforcement Efforts



MSP has been aggressively pursuing drug kingpins and the sources of heroin entering Maryland. A cooperative effort led to MSP dismantling a drug trafficking organization responsible for the distribution of heroin and a variety of other drugs throughout the Upper Eastern Shore during June and July of 2014 and to date MSP has seized more than 61,000 grams of heroin and made over 3,000 controlled dangerous substance arrests through a Statewide and cross-jurisdictional approach.

JULY 2014

Inaugural Overdose Prevention Council Meeting



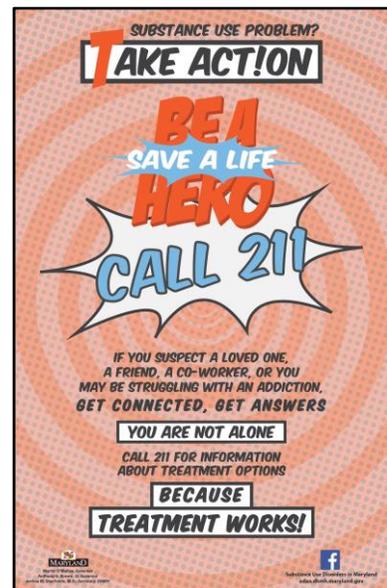
At the inaugural Council meeting, the staff reviewed the Executive Order and the scope of the overdose problem. The majority of time was spent reviewing the epidemiology of the rise in overdose deaths and the results of a data sharing efforts that was undertaken by Council members. Prior to the first meeting and pursuant to the Executive Order, DHMH worked with DJS, DHR, DLLR, and DPSCS to pilot sharing data on a monthly basis. The pilot was a success and the results were shared at the Council's July meeting. During the meeting, Council members committed to signing memoranda of understanding to facilitate monthly data sharing. The MOUs were executed and signed in the fall of 2014. Council

members also reviewed strategies undertaken at their agency to combat the number of deaths, and discussed how they could augment each other's efforts through improved collaboration.

Public Awareness Campaign Launch

As required by the Executive Order, DHMH launched a public relations campaign aimed at the general public in the summer of 2014. Activities undertaken include:

- Developed two posters, a brochure and an emergency card that provide information on what is an opioid overdose, how to respond, and calling 211 for information on treatment in Maryland.
- Developed an advertisement specifically for public transportation buses in select Maryland counties and cities.
- Coordinated with Council members, local law enforcement, local health departments, advocates, and others to distribute the materials electronically and through print. For example, MSP troopers are carrying emergency cards to distribute and placing posters in their barracks; DPSCS placed campaign materials in their release packets; DHR displayed the materials in their waiting areas; the Office of Problem Solving Courts distributed materials to over 50 facilities; and local health departments have distributed the information at events.



[‘Governing for Results’ Tour](#)

Governor Martin O’Malley held a press conference with DHMH Secretary Joshua M. Sharfstein and MSP Major James Pyles to unveil new data from DHMH on overdose deaths occurring in the first quarter of 2014 and to outline the Overdose Prevention Council and their work to combat the rise of opioid deaths in Maryland.



Governor O’Malley and Secretary Sharfstein shared statistics from the [2014 Quarterly Report: First Quarter](#) and two DHMH-produced data briefs. The report and data briefs showed that from January to March 2014 there were 252 total overdose deaths, a 33 percent increase from the same time last year. The increase was largely attributable to a rise in the number of deaths related to heroin and fentanyl-laced heroin since fall 2013, which coincided with trends reported by states up and down the East Coast. The data briefs also show an increase in heroin-related emergency department visits from 2008 to 2013. Major Pyles outlined MSP’s commitment to

approaching the epidemic from a public health standpoint, stating that, “we cannot arrest our way out of this epidemic.”

[EMS Linkage to Addiction Treatment](#)

On July 8, 2014, the MIEMSS EMS Board unanimously approved a research project that allows Baltimore City EMTs to provide individuals suspected of overdosing with treatment referrals. In conjunction with Johns Hopkins University, MIEMSS established a pilot program that will allow a select group of Baltimore City paramedics to interview all of their adult patients (transported and non-transported) with a series of five questions that will help to identify if the patient has a substance dependence or addiction problem. If the screening questions identify that the patient is at risk, the paramedic will provide them with a formal resource card and information about free rehabilitation services. The program began November 28, 2014.

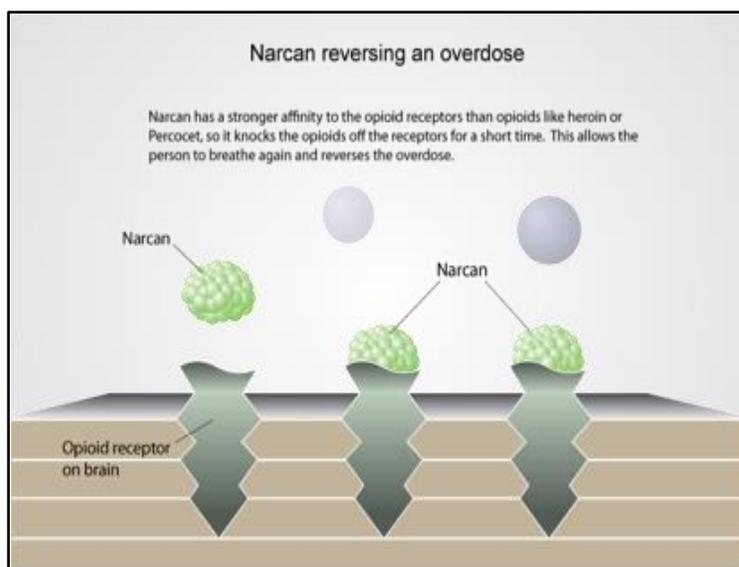


AUGUST 2014

Naloxone Expansion Plan

The Executive Order specifically required MSP, MIEMSS, and DHMH to “work together to train and equip first responders, including law enforcement officers, to administer naloxone to individuals who have experienced a drug overdose.” The report was issued in August 2014 and was broken down by each agency’s plan of action. Highlights from each plan included:

- Training and equipping all MSP road patrol troopers with naloxone.
- Requiring every Emergency Medical Technician (EMT) across the state to be trained in the administration of intranasal naloxone and every Public Safety transport unit to carry naloxone.
- Expanding outreach, education, and training opportunities for local law enforcement officers through DHMH programs.
- Considering pursuing legislation to expand access to naloxone through the Overdose Response Program.



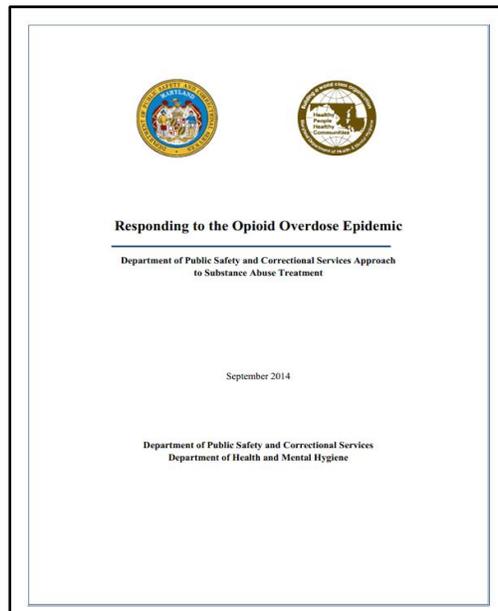
As of this publication, MSP has trained 87% of all sworn personnel assigned to barracks to administer naloxone (with less than 100 yet to be trained) and every ambulance in Maryland is now prepared to administer the drug. In addition, 4,032 individuals, including 1,535 law enforcement officers, have been trained to administer naloxone by DHMH. DJS is certified to train parents and guardians of opioid dependent youth on opioid dependence measures and overdose prevention and dispense Naloxone kits and certificates. The Maryland Poison Center has reported 43 naloxone administrations by Overdose Response Program certificate holders.

SEPTEMBER 2014

DPSCS Plan

The Executive Order also mandated that DPSCS “review the availability of treatment and recovery services in its facilities” and submit a report on recommendations regarding access to treatment. Issued in September 2014 the report stated that DPSCS treatment and recovery services center around opioid maintenance in the Baltimore City Detention Center and detoxification in all DPSCS facilities, the “Addicts Changing Together Substance Abuse Program,” abstinence-based substance abuse treatment programs, and self-help programs such as Narcotics Anonymous. Highlights from the recommendations to expand access to treatment are broken down by population and include:

- Provide overdose prevention training and referrals to drug abuse treatment programs and overdose prevention programs and recovery resources in the community upon release.
- Sign eligible individuals up for Medicaid.
- Expand access to methadone treatment at BCDC by hiring additional counselors.
- Expand urinalysis policies and procedures to place diluted urines into three categories: diluted, adulterated, and substituted, thus helping treatment staff identify more accurately which inmates are using methods to hide drug use.
- Consider directing a parolee to go to drug treatment whether or not that individual has failed a urine test, if the parolee is determined to be at high-risk of drug use.



OCTOBER 2014

Office of National Drug Control Policy Visit and Naloxone Expansion

The White House office charged with leading the country's fight to reduce drug use praised the State's efforts to combat substance use and its consequences in Maryland. Michael Botticelli, the acting director of the U.S. Office of National Drug Control Policy (ONDCP), met with DHMH officials in October and reviewed strategies to combat substance abuse and overdose deaths in Maryland. In an October 27, 2014, letter addressed to DHMH Secretary Joshua M. Sharfstein, Botticelli wrote: "Maryland is assigning the highest priority to addressing the overdose epidemic affecting many states in our nation. There is much many other states can learn from your efforts."

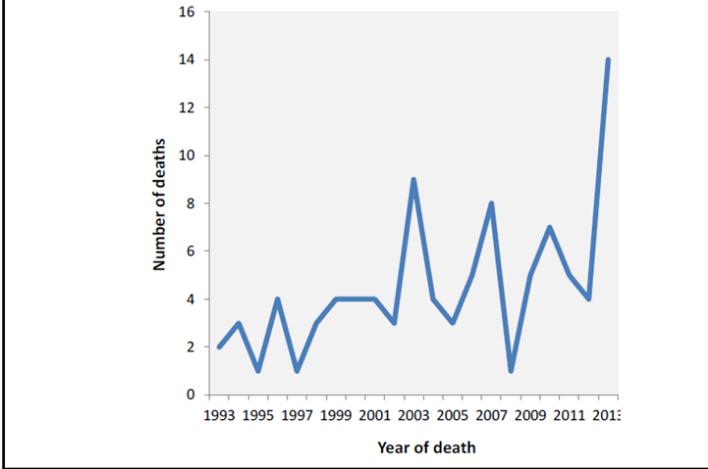


This letter of support came as DHMH announced the expansion of access to the life-saving medication naloxone to Medicaid enrollees. DHMH made naloxone available in the Medicaid program without preauthorization for all Medicaid patients statewide, with a \$1 copay. As a result of this change to the Medicaid pharmacy benefit, doctors in Maryland can write prescriptions for naloxone to Medicaid enrollees without preauthorization. DHMH reached out to prescribing physicians and drug treatment programs with guidance on how to prescribe the medication.

Data Release on Fatal Overdoses Among Pregnant Women

DHMH released statistics as part of its ongoing surveillance of overdose deaths in Maryland showing an increase in the number of overdose deaths among pregnant women and new mothers in 2013. In 2013, one out of every three pregnancy-associated deaths was related to substance use – more than any other listed cause of death – with the deaths tripling between 2012 and 2013 from 4 to 14. Prescription opioids have been involved in more than half of the pregnancy-associated overdose deaths occurring since 2007, and heroin has factored in nearly one-third of the deaths.

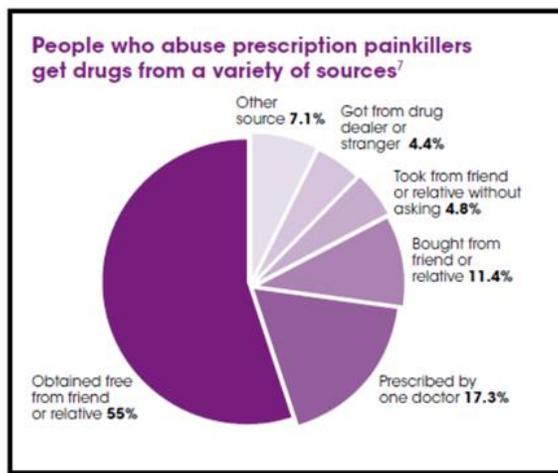
Unintentional Overdose-Related Pregnancy-Associated Deaths, 1993-2013.



DHMH also issued guidance to obstetricians and gynecologists across the State to help combat this problem by 1) encouraging them to refer patients to treatment, 2) to register with and use the Prescription Drug Monitoring Program, and 3) to use clinical tools to identify and address addiction during and after pregnancy.

Provider Education

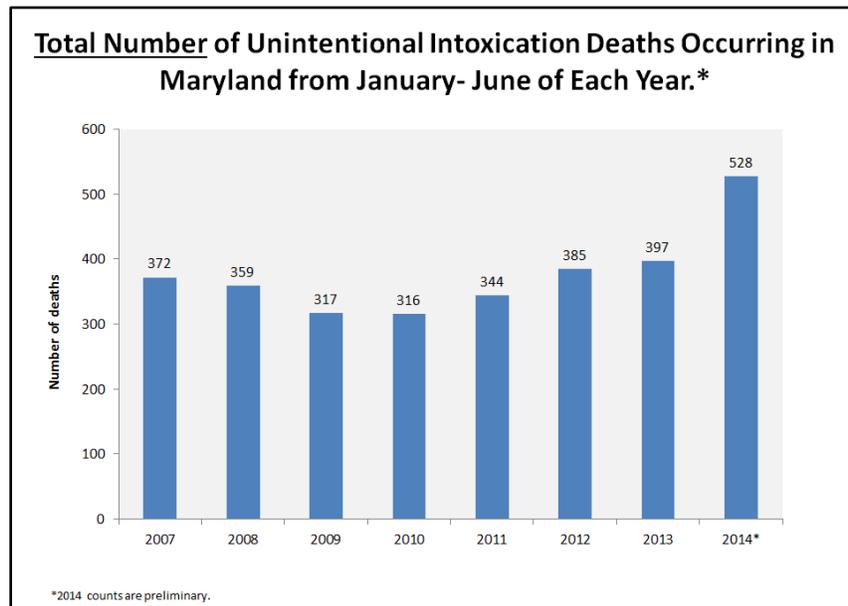
As one part of the tasks outlined in the Executive Order, DHMH coordinated with the Boards of Physicians, Nursing, Podiatry, and Dentistry to require one hour of continuing education related to pain management/opioid prescribing. All of the Boards adopted this requirement in the Fall of 2014. DHMH also sent numerous letters to providers in 2014 to draw their attention to the epidemic, and offer tools and resources, such as the Prescription Drug Monitoring Program, that are available at their disposal.



NOVEMBER 2014

Second Quarterly Report Released

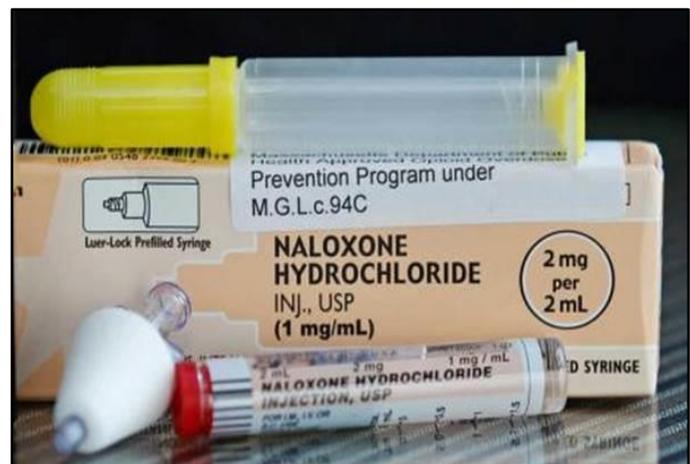
Pursuant to the Executive Order's requirement for DHMH to produce quarterly data reports, DHMH released the 2014 Quarterly Report: Second Quarter. The report showed 528 total drug- and alcohol-related deaths occurring in Maryland from January to June 2014, a 33% increase from the same period in 2013. This increase was the result of a 46% rise in heroin-related deaths and a seven-fold rise in fentanyl-related deaths.



DECEMBER 2014

Partnership with Pharmacies

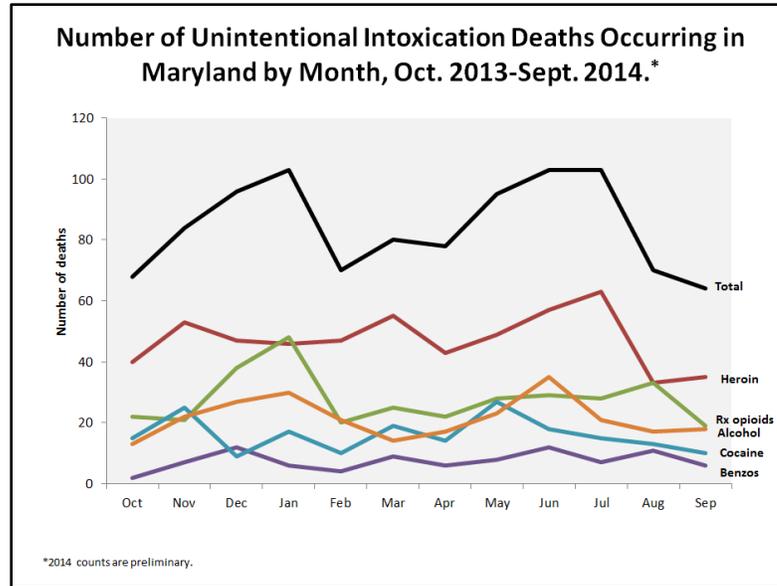
DHMH announced a partnership with Walgreens, CVS Health, Safeway, and other independent pharmacies to stock naloxone in stores across Maryland. The partnership with the pharmacies will help save lives as clinicians can now write prescriptions for this life-saving medication knowing that it is available across the State. As a result of this partnership, as of December 2014, 140 pharmacies in 22 jurisdictions have agreed to stock the drug. DHMH is now collaborating



with independent pharmacies throughout the State to stock Naloxone in their stores.

Third Quarterly Report Released

DHMH released [updated data](#) on unintentional drug- and alcohol-related overdose deaths occurring through the third quarter of 2014. The data show a 14 percent decline from the second quarter, with the lowest number of heroin overdoses in August and September measured for a year.



At the same time, the data show that 2014 remains ahead of 2013 in overall overdoses. There have been 766 total drug- and alcohol-related deaths in Maryland from January to September 2014, a 26 percent increase from the same period in 2013. Similar to the pattern seen throughout the year, heroin and fentanyl are the drugs responsible for the increase. The data show a 33 percent increase in heroin-related overdose deaths and a 541 percent increase in fentanyl-related overdoses through September 2014, when compared with the same period in 2013.