

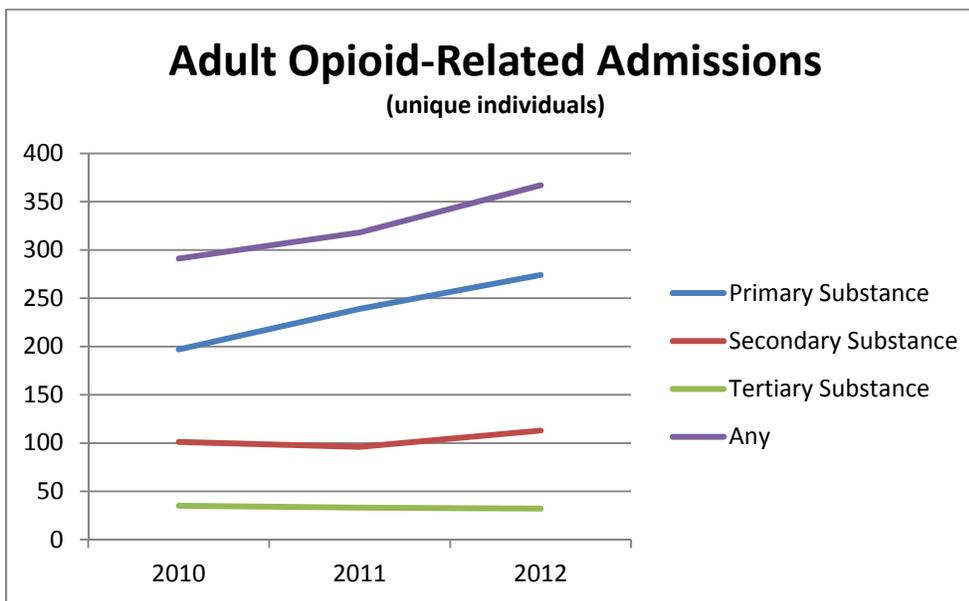
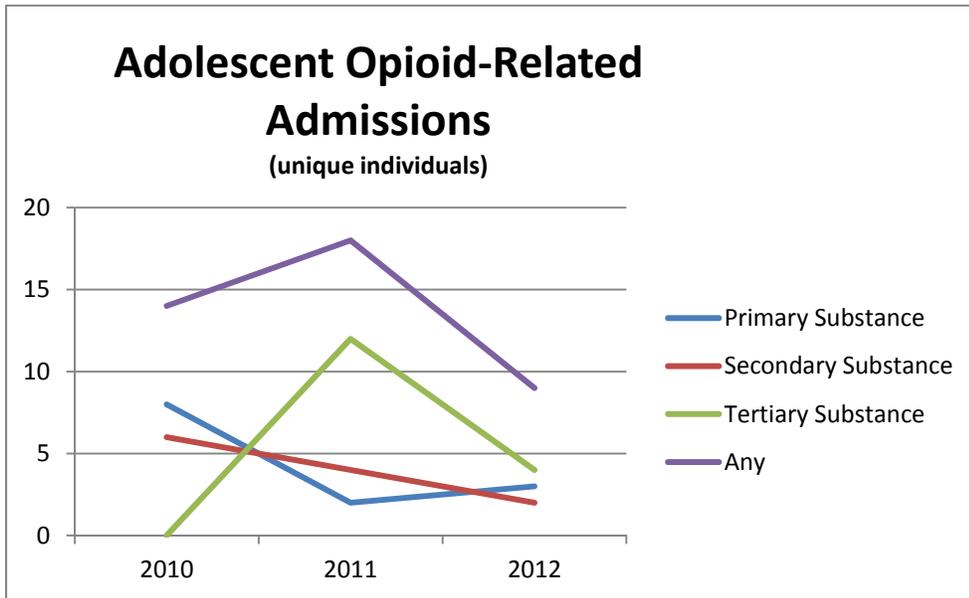
# Calvert County Overdose Prevention Plan- Final

## Plan

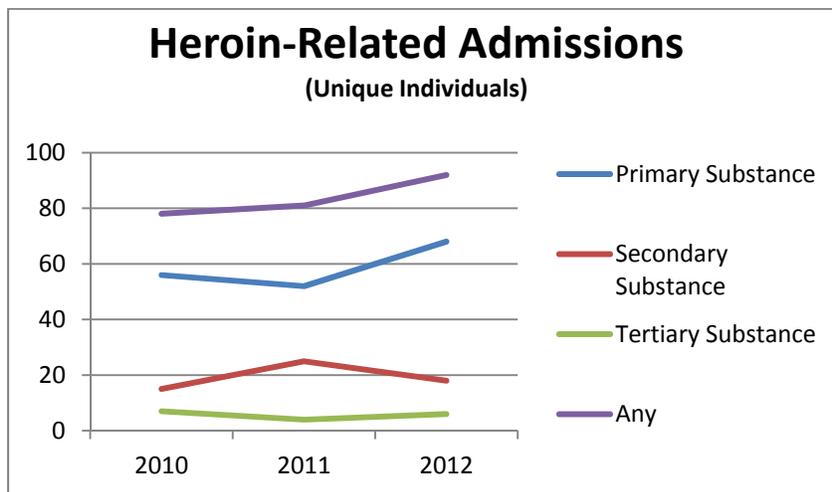
### Section 1: Review and Analysis of Data

Describe the overdose-related data that your jurisdiction has reviewed and provide an analysis of overdose trends based on this review. Include a description of other sources of data that you plan to access and review and describe the process for access and any challenges that you foresee.

- I. Data from treatment services provided through Calvert Substance Abuse Services- 30% with primary diagnosis of opiate abuse/dependence



	Fiscal Year	Opioid Primary Substance	Opioid Secondary Substance	Opioid Tertiary Substance	Any
Adolescents	2010	8	6	0	14
	2011	2	4	12	18
	2012	3	2	4	9
Adults	2010	197	101	35	291
	2011	239	96	33	318
	2012	274	113	32	367



Fiscal Year	Heroin Primary Substance	Heroin Secondary Substance	Heroin Tertiary Substance	Any
2010	56	15	7	78
2011	52	25	4	81
2012	68	18	6	92

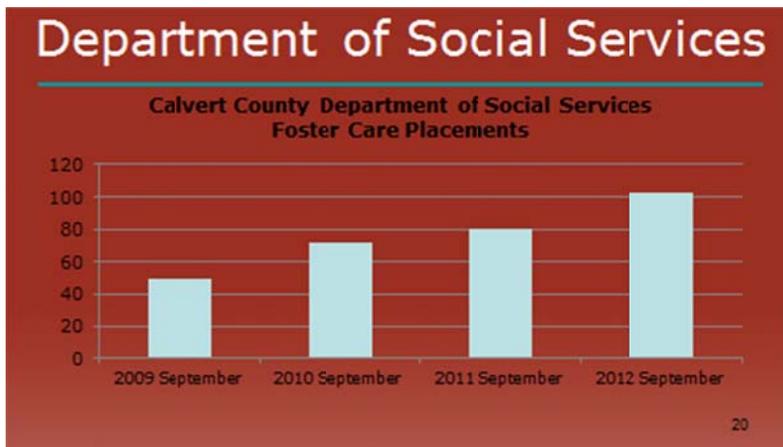
II. Data from Calvert County Sherriff's Department arrest records

	Opiate Pill Possession Arrests	Heroin Possession Arrests
2010	11	6
2011	43	26
2012	59	10
2013 (projected based on data 1/1/13-6/27/13)	82	52

- III. Data from the Calvert County State's Attorney- Pure prescription narcotic cases, only. Misdemeanor cases are tried in District Court. Felony cases are tried in Circuit Court. As the cost of high dose pills have increased, the number of heroin cases has increased, but specific data is not currently available.

	Misdemeanor Cases for Rx Narcotic Pills	% of all Misdem.Cases	Felony Cases for Rx Narcotic Pills	%of all Felony Cases
2011	131	2.3%	18	31%
2012	269	4.8%	40	63%
2013 (projected based on data Jan-May)	358	3.6%	50	63%

- IV. Data from Department of Social Services particularly the impact on foster care children



V. Data from Calvert Memorial Hospital (ICD-9) ER and inpatient

<u>Diagnosis Codes</u>	<u>Total Admissions</u>			<u>Average 3 Year</u>
	<u>CY 2010</u>	<u>CY 2011</u>	<u>CY 2012</u>	<u>Growth</u>
965.00-965.09	24	22	29	6.9%
304.00-340.03 and 304.70-304.73	30	62	65	38.9%
<b>Total</b>	<b>54</b>	<b>84</b>	<b>94</b>	<b>24.7%</b>

<u>Diagnosis Codes</u>	<u>Total ER Visits (Not Admitted)</u>			<u>Average 3 Year</u>
	<u>CY 2010</u>	<u>CY 2011</u>	<u>CY 2012</u>	<u>Growth</u>
965.00-965.09	13	37	36	59.0%
304.00-340.03 and 304.70-304.73	35	55	63	26.7%
<b>Total</b>	<b>48</b>	<b>92</b>	<b>99</b>	<b>35.4%</b>

<u>Diagnosis Codes</u>	<u>Total Other Outpatient Visits (Not Admitted)</u>			<u>Average 3 Year</u>
	<u>CY 2010</u>	<u>CY 2011</u>	<u>CY 2012</u>	<u>Growth</u>
965.00-965.09	-	-	-	-
304.00-340.03 and 304.70-304.73	5	2	6	6.7%
<b>Total</b>	<b>5</b>	<b>2</b>	<b>6</b>	<b>6.7%</b>

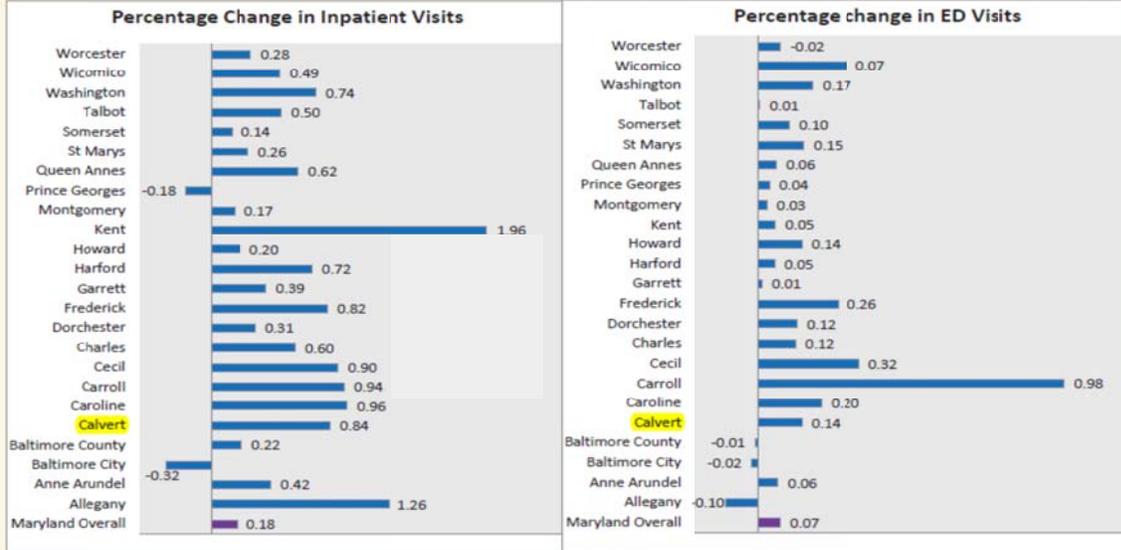
<u>Diagnosis Codes</u>	<u>Grand Total</u>			<u>Average 3 Year</u>
	<u>CY 2010</u>	<u>CY 2011</u>	<u>CY 2012</u>	<u>Growth</u>
965.00-965.09	37	59	65	25.2%
304.00-340.03 and 304.70-304.73	70	119	134	30.5%
<b>Total</b>	<b>107</b>	<b>178</b>	<b>199</b>	<b>28.7%</b>

**Description of Diagnosis Codes:**

- 965.00 965.09 - Poisoning of opium unspecified, heroin, methadone, opiates and related r
- 304.00-340.03 - Various types of opioid dependence
- 304.70 304.73 - Various types of opioid dependence and other drug use

From the State Epidemiology Outcomes Workgroup Jan 2013

### HSCRC: Changes in Opioid-Related Inpatient and ED Visits from 2008 to 2011



### SMART: Maryland Admissions for Prescription Opioid-Related Treatment by County of Residence, FY 2012\*



\* Data as of November 2012

VI. SMART Data

Calvert County Residents Admitted to State-Supported Alcohol and Drug Abuse Treatment									
Calendar Year	Opioid Problem Pattern*								Total #
	Heroin/No Other Opioids		Other Opioids/No Heroin		Both Heroin & Other Opioids		Other Substances		
	#	%	#	%	#	%	#	%	
2008	64	5.7	191	17.1	35	3.1	824	74.0	1114
2009	121	8.8	272	19.8	70	5.1	913	66.4	1376
2010	61	4.2	409	28.4	62	4.3	906	63.0	1438
2011	81	5.1	498	31.3	72	4.5	939	59.1	1590
2012	99	6.1	478	29.7	119	7.4	916	56.8	1612
Received Buprenorphine									
2008	5	20.8	8	33.3	7	29.2	4	16.7	24
2009	9	37.5	11	45.8	4	16.7	0	0.0	24
2010	3	7.9	22	57.9	11	28.9	2	5.3	38
2011	8	16.7	30	62.5	7	14.6	3	6.3	48
2012	16	16.0	60	60.0	23	23.0	1	1.0	100
Received Methadone									
2008	0	—	0	—	0	—	0	—	0
2009	2	66.7	0	0.0	1	33.3	0	0.0	3
2010	0	—	0	—	0	—	0	—	0
2011	0	0.0	1	100.0	0	0.0	0	0.0	1
2012	0	0.0	1	100.0	0	0.0	0	0.0	1

Calvert County Residents Admitted to State-Supported Alcohol and Drug Abuse Treatment											
Age Group	Problem Pattern*								Total # %		
	Heroin/No Other Opioids		Other Opioids/No Heroin		Both Heroin & Other Opioids		Other Substances				
	#	%	#	%	#	%	#	%			
Under 18	0	0.0	11	2.3	0	0.0	77	8.4	88	5.5	
18 to 20	5	5.1	43	9.0	5	4.2	64	7.0	117	7.3	
21 to 25	43	43.4	176	36.8	59	49.6	170	18.6	448	27.8	
26 to 30	27	27.3	97	20.3	30	25.2	135	14.7	289	17.9	
31 to 40	15	15.2	89	18.6	18	15.1	165	18.0	287	17.8	
41 to 50	8	8.1	52	10.9	4	3.4	181	19.8	245	15.2	
51 to 60	1	1.0	8	1.7	2	1.7	108	11.8	119	7.4	
Over 60	0	0.0	2	0.4	1	0.8	16	1.7	19	1.2	
Total	99	100.0	478	100.0	119	100.0	916	100.0	1612	100.0	

<b>Race/Ethnicity/Gender</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
White Males	60	60.6	240	50.2	66	55.5	468	51.1	834	51.7
White Females	33	33.3	194	40.6	46	38.7	191	20.9	464	28.8
Black Males	1	1.0	21	4.4	0	0.0	195	21.3	217	13.5
Black Females	0	0.0	12	2.5	1	0.8	36	3.9	49	3.0
Hispanic Males	1	1.0	5	1.0	0	0.0	18	2.0	24	1.5
Hispanic Females	1	1.0	4	0.8	3	2.5	5	0.5	13	0.8
Other Males	2	2.0	1	0.2	3	2.5	2	0.2	8	0.5
Other Females	1	1.0	1	0.2	0	0.0	1	0.1	3	0.2
<b>Total</b>	<b>99</b>	<b>100.0</b>	<b>478</b>	<b>100.0</b>	<b>119</b>	<b>100.0</b>	<b>916</b>	<b>100.0</b>	<b>1612</b>	<b>100.0</b>
<b>Employment Status</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Full-Time Employed (35or More hs/week)	13	13.1	87	18.2	23	19.3	310	33.8	433	26.9
Part-Time Employed (Less Than 35 hrs/wk)	6	6.1	49	10.3	2	1.7	92	10.0	149	9.2
Disabled	3	3.0	22	4.6	2	1.7	38	4.1	65	4.0
Incarcerated	12	12.1	40	8.4	11	9.2	43	4.7	106	6.6
Homemaker Full-Time	4	4.0	12	2.5	1	0.8	9	1.0	26	1.6
In Skills Development, Training, School	2	2.0	20	4.2	4	3.4	83	9.1	109	6.8
Retired	0	0.0	1	0.2	0	0.0	11	1.2	12	0.7
Other, Out of Work Force	8	8.1	20	4.2	12	10.1	25	2.7	65	4.0
Unemployed	51	51.5	227	47.5	64	53.8	305	33.3	647	40.1
<b>Total</b>	<b>99</b>	<b>100.0</b>	<b>478</b>	<b>100.0</b>	<b>119</b>	<b>100.0</b>	<b>916</b>	<b>100.0</b>	<b>1612</b>	<b>100.0</b>
<b>Educational Status</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
In Grades K-12	1	1.0	15	3.1	6	5.0	310	33.8	76	4.7
In K-12 & Employed	0	0.0	0	0.0	0	0.0	92	10.0	8	0.5
High-School Dropout	28	28.3	75	15.7	26	21.8	38	4.1	113	7.0
HS Dropout & Employed	4	4.0	13	2.7	5	4.2	43	4.7	34	2.1
HS Dropout & Voc Training	0	0.0	2	0.4	0	0.0	9	1.0	2	0.1
High School Grad	49	49.5	241	50.4	59	49.6	83	9.1	306	19.0
HS Grad & Employed	15	15.2	123	25.7	20	16.8	11	1.2	360	22.3
HS Grad & in School/Training	2	2.0	9	1.9	3	2.5	25	2.7	17	1.1
<b>Total</b>	<b>99</b>	<b>100.0</b>	<b>478</b>	<b>100.0</b>	<b>119</b>	<b>100.0</b>	<b>916</b>	<b>100.0</b>	<b>916</b>	<b>56.8</b>
<b>Mental-Health Problem</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Yes	58	58.6	281	58.8	61	51.3	345	21.4	745	46.2
No	41	41.4	197	41.2	58	48.7	571	35.4	867	53.8
<b>Total</b>	<b>99</b>	<b>100.0</b>	<b>478</b>	<b>100.0</b>	<b>119</b>	<b>100.0</b>	<b>916</b>	<b>56.8</b>	<b>1612</b>	<b>100.0</b>

- VII. The Virtual Data Unit has not provided any significant county-specific data. The data released by the VDU does not differentiate by gender, age, socioeconomic indicators, education level, or other established risk factors that allow targeted prevention or treatment efforts. Other than SMART data, the scope and depth of available data is limited to sources without appropriate epidemiologic validation. Although statistics from SMART are broken down by more meaningful categories, this information is limited to the subpopulation of opiate abusers that received treatment in a state supported drug abuse program. Identification of high risk populations at this time is tenuous at best.

## **Section 2: Planned Interventions/Initiatives**

### **(A) Education of the Clinical Community**

Based on the analysis of local data, provide a strategy for engagement with the medical community as well as mental health and substance use disorder treatment providers about overdose and opportunities for effective intervention.

- I. Lecture on abuse of prescription drugs to the medical staff of Calvert Memorial Hospital
- II. Educational letters sent to community prescribers
- III. Education brochures distributed to all local pharmacies for counter display
- IV. Educating providers about the upcoming availability of the Prescription Drug Monitoring Program
- V. Work on further outreach to area dentists (see accompanying attachment to this document)
- VI. Work on further outreach to area pharmacists

### **(B) Outreach to High-Risk Individuals and Communities**

Based on the analysis of local data, provide a strategy for identifying high-risk individuals and situations and intervening with education, appropriate referrals and any other steps considered appropriate by the locality.

- I. As noted above, pending more comprehensive and rigorous data from the VDU, identification of "high risk individuals" is fraught with bias.
- II. Attempting to provide better treatment access for pregnant women, including transportation barriers and limited buprenorphine options
- III. "Dawn of Recovery"- Support group aimed at adolescents and young adults
- IV. Attempting to establish a Drug Court to better tailor judicial efforts to minimize recidivism
- V. Presentations to seniors groups- next presentation scheduled for 7/12/13
- VI. Presentations to high school health classes and at the community college
- VII. Presentations to PTA groups
- VIII. Presentations to community civic organizations
- IX. Distribution of educational material at health fairs

### **(C) Other Interventions/Initiatives**

Provide information on other interventions or initiatives the jurisdiction plans to implement. These could include initiatives covered during the conference (i.e. naloxone training and distribution, ED case management for chronic pain patients, PDMP registration/use policies, etc.) or any others as appropriate.

- I. Development of Opioid Overdose Prevention Plan through Calvert Substance Abuse Services
- II. 5<sup>th</sup> Prescription Drug Abuse Community Awareness Workshop scheduled
- III. Intensive Outpatient (IOP) assessments and referrals
- IV. Detoxification/inpatient treatment assessments and referrals
- V. Buprenorphine assessments and referrals
- VI. Participation in DEA Take Back events
- VII. Prescription drop box and Sheriff's Office and State Police Barracks
- VIII. Periodic prescription collections at seniors facilities
- IX. Partner with neighboring counties on provider education and prescription monitoring

### **Section 3: Performance Metrics and Limitations**

Include at least five performance metrics to assess the implementation and effectiveness of the interventions/initiatives adopted. The metrics should allow for quantitative, objective measurement of implementation and impact and be time-limited.

- I. Until the Overdose Fatality Review is extended to all jurisdictions, we will not be able to optimally assess the most important factors, including overdose morbidity and mortality. As an example, two Calvert residents died from an apparent drug overdose this week. They died in neighboring Anne Arundel County. Without state data tracking, the only way we would know is if we happened to see a story in the newspaper.
- II. Monitor local ER and inpatient overdose/intoxication visits. In a small county such as ours, the fatality numbers alone will be too small to provide any meaning assessment of efforts. As noted above, reliance on Calvert residents treated in Calvert County may result in a limited assessment of the magnitude of the problem and lead to a skewed perception of changes in serious complications from opiate overdose.
- III. Monitor the amount of medication collected from “take back” efforts. A majority of the medications collected at these events or in standing drop boxes are not narcotics. This results in questionable estimates of actual narcotic disposal.
- IV. Monitor the number of unique individuals obtaining treatment at Calvert Substance Abuse Services. This may be misleading if a new provider begins to offer treatment services in the county as is anticipated. The new provider will be petitioned for treatment statistics.
- V. Monitor the number of arrests that involve drug possession, distribution, and/or theft of prescription drugs or theft to support a drug habit
- VI. Monitor SMART data including relevant subpopulations for trends of increasing or decreasing admissions for state supported treatment
- VII. Try to obtain data on the number of prescribers, both medical and dental, using the PDMP
- VIII. Track money provided by DHMH to help us in our Overdose Prevention Plan efforts