

# Carroll County Opiate Overdose Prevention Plan

6/30/2013

Carroll County Health Department

Dawn Brown [dawn.brown@maryland.gov](mailto:dawn.brown@maryland.gov)

## Carroll County Opiate Overdose Prevention Plan

### Introduction

Drug overdose and in particular opiate overdose is a concerning trend in Carroll County. The misuse of illicit and prescription narcotics is evidenced by an increase in treatment admissions as well as fatal and non-fatal overdoses. As a community there have been many efforts through the years to address the use as well as the overdose potential of narcotics and while the community works in a cohesive fashion, this project is the first time that the entire community came together to develop one singular plan.

A workgroup began meeting in January 2013 to discuss current initiatives, data, and need areas in preparation for this plans submission. This group is representative of law enforcement, providers, healthcare professionals, education, consumers, and many others (see attachment 1). For the purpose of planning and implementation the workgroup chose to break the plan and interventions/initiatives into the following sections:

**Clinical:** Includes healthcare professionals

**Treatment:** Includes mental health and substance use providers as well as drug court and criminal justice representatives

**Education & Advocacy:** Includes representatives from prevention education, consumer coalitions, and interested community supporters

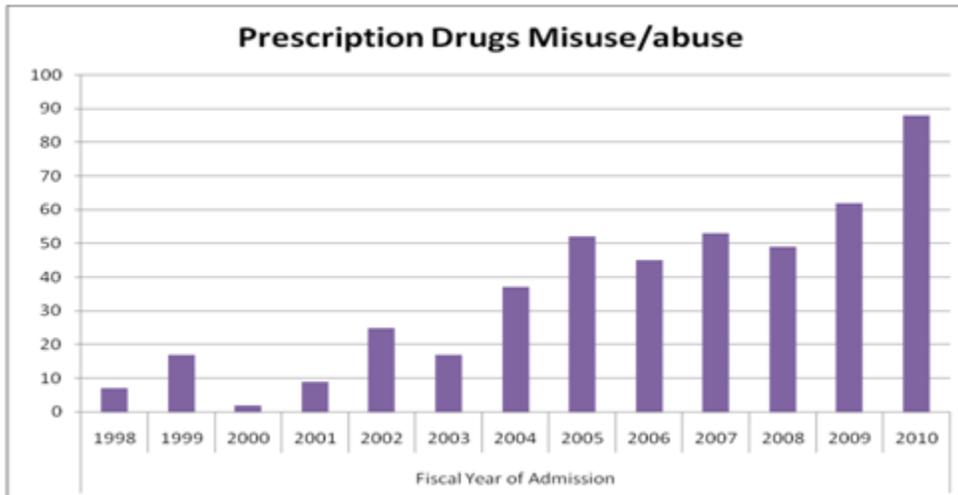
**Pharmacy:** Represent the needs of local pharmacists and initiatives in this area

**Law Enforcement:** Includes representatives from law enforcement across the county

The county's plan is comprehensive and addresses Medication Assisted Treatment, overdose prevention education and Naloxone, appropriate prescribing, effective monitoring, and effective screening. Of course, as a community our goal is to eliminate drug abuse and the effects that it has on our community. We acknowledge that in order to do this we must reshape our community from the foundation. This includes how the community thinks about drug use and abuse, services that are provided, treatment options, law enforcement response, etc. and is diagramed in attachment 2 of this document. This plan outlines the framework that is necessary to reshape our community.

### Historical Background of Efforts to Address Rising Rates of Prescription Drugs

In 2009, Carroll County staff began noting an increase in the number of persons admitted to Level IID and Level III.7D treatment services who were acknowledging prescription drugs as their primary drug of choice. Data was requested from ADAA and although the number of patients using prescription drugs and entering care was low we were able to chart the data and show that there had been a slow steady rise over the last ten years. The chart below illustrates the increase in Carroll County admissions from 1998 to 2010.



This data, coupled with increases in law enforcement interception of prescription drugs, pharmacy robberies, and community concern resulted in the Behavioral Health Advisory Council (BHAC) recommending action items.

The County began by reviewing and addressing action items outlined in the White House document: Epidemic, Responding to America’s Prescription Drug Abuse Crisis. This document was disseminated to all pertinent agencies and personnel. Action areas included; Education, Tracking and Monitoring of data, Proper Medication Disposal, and Enforcement. The team made visits to Pain Management Specialist to assess policies and procedures, made the public aware of proper disposal procedures for medications, assisted and supported law enforcement educational forums in the community, provided education to physicians in the community on the importance of talking with patients about the possible dangers of prescription drugs and the need to educate patients on the proper use. Prevention education continued within the community targeting parents and child serving agencies on trends in drug use in our community.

These actions were accomplished through utilization of documents available through SAMHSA and the guidance of documents such as the White House Epidemic, Responding to America’s Prescription Drug Abuse Crisis and the National Drug Control Strategy documents.

**Education**

Education efforts have been multidirectional, aimed at physicians, healthcare agencies, parents, schools, and community leaders. In 2011 letters were sent to all physicians practicing in the County alerting them to the increase in prescription drug use in the community and urging them to provide education to their patients about proper medication use, the potential for abuse, the need for proper disposal as well as guidelines for proper disposal; including the locations of the County medication disposal sites which are operational 365 days per year. A copy of the letter sent to the physicians is provided as attachment A. This information was seen as such a vital

component that we duplicated this letter in 2012 and sent it again to all physicians with new data and information found in the National Drug Control Strategy alerting providers of increases in local suicide rates and emphasizing the importance of the role they have to assist in addressing this important public health issue. This second letter was sent to local dentists as well as the physicians. We added them to the target audience after learning that many dentist in the community were providing clients with prescriptions for narcotics upon consultation and prior to the procedure being performed. Many of these clients were not returning for the actual procedure so we saw this as another form of “doctor shopping” going on in our community. Other informational pamphlets that were distributed to providers were SAMHSA’s Talking to Your Patient’s About Prescription Drug Abuse – Attachment B, Federal Guidelines for Proper Disposal of Medications –Attachment C, and Carroll County’s Prescription Drop off sites – Attachment D.

Efforts aimed at parents and school officials have been geared towards ensuring the understanding of the dangers that are located in the home medicine cabinet. Our local Drug Awareness Summit targeted “Pharming in Carroll County” and targeted getting the community to understand and recognize the potential dangers in the home. We participated in the Drug Fact a Day for a month that went out to community health agencies, schools and was sent home with the parent email alert system through the school system. Additionally our prevention office has partnered with the school health office, college health offices, community health providers to educate healthcare personnel on the new trends. We also have provided updates to parents and community through the schools and local library presentations.

Future educational efforts for prevention include outreach to the older adult population who are equally at risk of abuse and misuse of prescription drugs. Plans include lunch and learn presentations at local Senior Centers. Attachment E is included as a sample of information that will be provided.

### **Tracking and monitoring**

The Behavioral Health Advisory Council continues to collect and review law enforcement data, arrest data, and admission data for substance abuse treatment providers. Any community partner seeing a change or emergent issue has been proactive in making sure that information gets out to the Behavioral Health Advisory Council so that it can be shared immediately . The Carroll County Health Department and the Carroll Hospital Center have partnered to change business practices and prescribing practices at the emergency department to decrease access to prescription drugs. Additionally, the two agencies are actively working on implementation of SBIRT in the Emergency Department . Current efforts include a walk through, assessment of policies and educational needs assessment.

## **Proper Medication Disposal**

In addition to providing physician and other healthcare providers with current information on the locations of the medication drop off sites the Health Department has actively advertised the location of these drop off sites to the community in local publications. A sample is included as Attachment F.

## **Enforcement**

The Carroll County Health Department has maintained open lines of communication with local law enforcement agencies. This includes, actively providing alerts on forged prescriptions as well as providing information and updates to law enforcement personnel on drug trends.

## **Plan for Continued Efforts to Address Opiate Overdose Prevention**

### **Data Analysis**

For the purpose of this plan, the workgroup utilized data provided by the state as well as data that was pulled together from the local level. The data from the state details information related to overdose deaths while the local data provides information on non-fatal and fatal overdoses.

The data supplied by the state to Carroll County adds to the alarm that is felt and supports our overall concerns. Notably, while other areas of the state have seen some increase in heroin related death and a decrease in prescription opioid-related death Carroll County has seen an increase in both. Specifically, there was an increase from 2 deaths to 5 deaths (150%) as a result of heroin and an increase of 6 prescription opioid related deaths in 2012. Compared to other jurisdictions within the Central region these numbers may seem small but any overdose death is too many and is taken seriously. Demographics of the Carroll County residents that died as a result of an overdose were similar to those statewide as they were primarily Caucasian males between the ages of 18-44.

Review of the data provided in the report *Drug and Alcohol Intoxication Deaths in Maryland, 2007-2011* shows similar trends to what Carroll County is now experiencing. For instance, opioid related deaths were at a low in 2011 with 7 deaths and peaked in 2009 with 15 deaths but have generally remained close to 10 deaths per year. These numbers, representative of lives lost, demonstrates the need to work as a community to combat opiate drug use and the overdose potential.

As a result of the workgroup meeting it was identified that some overdoses may not be reported appropriately as the cases are not being sent out of the county by the local coroner to the OCME. This is concerning and is identified below as a barrier and is addressed in the overall plan.

During the workgroup meeting in February 2013 the law enforcement group agreed to track the responses of two local law enforcement agencies for a 30 day period beginning March 1, 2013. Additionally, the local emergency department agreed to gather and release raw data regarding the administration of Naloxone during calendar year 2012. While this data is clearly not representative of non-fatal and fatal overdoses county wide it did allow us to get a better idea of what is happening. The workgroup has agreed that data tracking and review is critical and has included measures to do so in the overall plan.

The local law enforcement data from the Westminster Police Department identified officer response to three overdoses with two of them being non-fatal and one being a fatal overdose during the collection period. In all three cases the call came in to 911 as a report of an unconscious subject. It is possible during the collection period there may have been other contacts although they were not identified in such a manner to 911 and were then not included in the count. The other police department, Hampstead, has been keeping data since January 2012 which includes mental health calls (i.e. emergency petition) and those related to substance use and abuse (i.e. prescription thefts, overdoses, etc.). For the same reporting period of March 2013 Hampstead Police Department responded to zero overdoses but did respond to fourteen calls that were the result of a substance (i.e. alcohol, prescription drugs including narcotics, and illegal drugs). It was alarming to see that during calendar year 2012 Hampstead Police Department responded to 64 incidents that they identified as being the result of a substance. Even more concerning is that we have not yet reached the mid-point of the year the department has already responded to 30 incidents. To provide perspective, the town of Hampstead is small, having approximately 6,500 residents.

The data from the Carroll Hospital Center emergency department identified forty incidents of Naloxone administration during calendar year 2012.

The review of the local data while not complete and fully representative of all overdoses is alarming. As the state data shows, Carroll County has very few overdose deaths but even one is too many. The risk potential of the forty (plus) non-fatal overdoses to become overdose deaths in the future is just as concerning and will be addressed in this plan.

Barriers that we as a workgroup foresee include the following:

- **Identification and access to physicians**

For this project as well as others it has been discussed there is not one clear way to identify every practicing physician in the county. For the planned educational opportunities that are directed to physicians it is critical that we can identify and reach out to each and every one throughout the county. Moreover, once we have identified the physicians it will be necessary to reach out to them in a manner that is effective. For instance, a mass mailing may be screened out by the physician's office personnel but an in person invitation from another physician may be seen as being too forward.

- **Consistency**

Consistency of information and practice across the county is a necessity but the workgroup believes there may be some difficulty in doing so. This plan includes many interventions and initiatives to address opiate overdose prevention across the county and has many champions that will assist with the implementation of said initiatives but there is nothing in place to ensure participation. For instance, it would not be beneficial to have one physician in another part of the county prescribing in an unethical manner when other physicians have agreed to certain prescribing practices.

- **Data collection**

The work group has preliminarily identified areas that are problematic in terms of data. Specifically, as a locality we are currently unable to access any data for non-fatal overdoses and fatal overdoses. Additionally, there are concerns that the cases that are forwarded to the OCME for review from the locality are only a small fraction of those that may be overdoses. In order to appropriately identify and treat the counties needs we must be able to review accurate and reliable data. It is anticipated that through new state data collection efforts and local initiatives that are identified as a result of this plan we will be able to access data in the future that is representative of the actual need.

The concerns noted above are not necessarily the only barriers the workgroup and community will face, nor are they permanent roadblocks to implementation of the plan. It is understood that barriers will need to be addressed as the workgroup and community move forward with development and implementation.

### **Outreach to High-Risk Individuals and Communities**

Carroll County believes that opiate overdose prevention should be addressed at all levels of prevention. Specifically, this plan includes interventions and initiatives that can be defined as universal, selective, and indicated as defined by the Institute of Medicine.

Our community has been taking steps to intervene with those that may be defined as high-risk. For example, we have educational programming that is taught in our local detention center and inpatient substance abuse treatment setting. Youth that are identified as high-risk may be served through a selective prevention program such as, Staying Connected with Your Teen program. Youth can be referred by the parent, school, Department of Juvenile Services, or other interested organization or agency. Youth that are referred are at-risk based upon current behaviors which may include use of substances. This educational programming is designed to assist the youth and family in better understanding substances, defining abuse, and providing information about access to treatment.

Universal prevention efforts for the community at large include educational forums at local library branches, in the public schools, at health fairs, and other similar places. This is an efficient manner to target the overall community, which does include those that are high-risk.

Individuals that are high-risk are also being identified through partnerships between the Carroll County Health Department (CCHD) and community providers such as Carroll Hospital Center (CHC), Phoenix House which operates a long-term housing program, and treatment providers within the community. For example, CCHD has peer recovery support specialists that work directly with individuals that have been identified as high cost utilizers for services at Carroll Hospital Center. The peer recovery support specialists also work with those that are enrolled in drug court and outpatient treatment services as well as those that are residing at the long-term housing program call Next Step. Having identified staff to work with these individuals is critical as many fall into the category of high-risk based upon their history and/or current behaviors. The peer recovery support specialists are a new resource to this community but are integral to assisting not only in the identification of high-risk individuals but in improving linkage and treatment outcomes.

Carroll County also has a program for screening pregnant women called SART (Screening, Assessment, Referral, and Treatment). This program is a universal approach and screens all pregnant women in the county. Those that screen positive for any of the indicators (i.e. substance use, depression, tobacco use, or domestic violence) are referred for treatment services. This is a program that will continue to be supported and outreach to these women will continue to be a priority.

The community will continue to identify those that may be high-risk through existing channels but recognize there may additional areas that have yet to be identified. For example, education within the local shelters is something that has not been done previously but may be helpful in targeting those that are high-risk. It is also anticipated that through the ongoing review of data that was not previously available from the state as well as local resources we, as a community, will be able to target efforts in a better manner. Review of the data and proposed interventions will have to be take place regularly to ensure that the efforts are appropriate. This may take place in an existing forum such as the Wellness, Prevention, and Early Intervention Workgroup or in a forum that has yet to be established. Either way, it will be a collaborative effort and will improve efforts across the county.

**Interventions and Initiatives**

Need	Focus Area	Intervention/Initiative	Identified Partners	Performance Measure
<p><b>1. Educate parents and CCPS Staff of the growing issue surrounding opiates.</b></p> <p><b>Educate Law Enforcement, Community School Resource Officers</b></p>	<p>Education and Advocacy</p>	<p>-Provide education to CCPS staff including health teachers, nurses, and student services personnel.</p> <p>-Discuss with school administration possible ways to reach families (i.e. Alert Now messages, PTA forums, etc.)</p> <p>Education to include:</p> <p>-General information on opiates including prescription and illegal</p> <p>-Lock it up message</p> <p>-Warning signs</p>	<p>Carroll County Public Schools staff and Carroll County Health Department Prevention Services</p>	<p>Complete a minimum of four trainings to CCPS staff by the end of the calendar year.</p> <p>By September 2013 one educational presentation will completed with CCPS personnel.</p> <p>By September 2013 one educational presentation will completed with McDaniel College personnel.</p>
<p><b>2. Increased awareness and involvement from the peer community.</b></p>	<p>Education and Advocacy</p>	<p>Involve peer recovery community in education and awareness efforts.</p>	<p>Champions of Change, On our Own of Carroll County and Carroll County Health Department Prevention Services</p>	<p>-Prevention Services will attend a meeting of Champions of Change to provide education.</p> <p>- Members of Champions of Change and/or On Our Own will participate with the prevention services staff in a minimum of three educational events by the</p>

				end of the calendar year.
<b>3. Have prescription drug drop-off sites available throughout the community.</b>	Education and Advocacy	Maintain the number of available drop-off sites to improve access for the community.	Carroll County Health Department and Department of Citizens Services Law enforcement	-Drop-off sites will be maintained throughout the county to ensure adequate access by county residents for prescription medication disposal.  Local Law Enforcement will explore expansion of the drop off containers at two of the established sites to address the increase in demand as evidenced by frequently full containers at two sites.
<b>4. Encourage the provision of opiate abuse education in the medical setting and engage physicians in discussions of appropriate pain management guidelines.</b>	Education /Advocacy and Clinical	-Work with the local ASAM Chapter to have a Risk Evaluation and Mitigation Strategy (REMS) training provided for all extended-release/long acting opioid analgesic drug products. Partner with CHC to provide CME availability for physicians.  -Sponsor and/or support trainings that will provide prescribers with the information necessary to treat those with chronic pain. This training may include on-site education from speakers or online trainings such	Carroll County Health Department, Carroll Hospital Center and Physician Champions  Work with CHC personnel and Library personnel at CHC to provide CME's  ADAA and Local ASAM Chapter	-Host at least one REMS training during FY 14.  -During FY 14 training options, beyond REMS, will be explored and a training schedule will be developed.

		<p>as <a href="http://opioidprescribing.com">opioidprescribing.com</a></p> <p>-Identify what the jurisdiction believes to be best practices and work with local providers to establish and implement those practices at local agencies.</p>		
<p><b>5. Provide anti-stigma education to professionals who work with opiate users.</b></p>	Education /Advocacy	<p>Substance abuse, health care, law enforcement and corrections personnel all need education and guidelines on providing respectful, user-friendly services to this stigmatized population on the realities of opiate abuse and addiction. Educational interventions should include the perceptions of users and be based on an understanding of how stigma is fostered on organizational and individual levels.</p>	<p>Carroll County Health Department, clinical team members and peer community</p> <p>On Our Own and Champions of Change</p>	<p>Anti-stigma curriculum will be identified or developed during FY 14.</p>
<p><b>6. Individuals that have experienced an overdose will be educated on overdose prevention and treatment options.</b></p>	Education /Advocacy and Clinical	<p>With the input of key stakeholders, such as hospital administrators and emergency department personnel, develop guidelines on overdose prevention education and follow-up procedures, including a discharge plan, for all people admitted as a result of overdose are provided overdose related information upon discharge.</p>	<p>Carroll County Health Department and Carroll Hospital Center</p> <p>Carroll County State's Attorney's Office</p>	<p>75% of all individuals will receive overdose education and information about treatment at discharge.</p>

		Partner with the State's Attorney's Office to provide public with information on importance of seeking medical help in emergencies.		
<b>7. Individuals that have been in services within the Carroll County Detention Center will be educated on overdose prevention.</b>	Treatment	<p>Individuals that are being discharged from treatment within the Carroll County Detention Center will have overdose education during collaboration meetings.</p> <p>Establish a local charter that recognizes provision of a overdose prevention plan as a best practice in Carroll County. Local providers of Substance Abuse Services will provide Overdose Prevention Planning activities to all patients entering with Opiate drug use not just publicly funded patients.</p>	Carroll County Health Department and all local substance abuse providers.	Literature will be provided to at least 75% of individuals as part of their discharge from treatment.
<b>8. Provide screening and brief intervention to individuals coming to the local emergency room.</b>	Clinical and Treatment	Work with the emergency department of Carroll Hospital Center to develop and implement SBIRT.	Carroll County Health Department and Carroll Hospital Center	SBIRT will be implemented in the CHC Emergency department during FY 14.
<b>9. The local</b>	Clinical and	Carroll Hospital Center will	Carroll Hospital	Revisions to practice will be

<b>Emergency Department will practice standardized, safe prescribing practices.</b>	Education/Advocacy	utilize recently developed emergency department guidelines for managing pain.	Center-Emergency Department	put into place that support safe prescribing during FY 14.
<b>10. Prescribers, pharmacists, and the community will better understand how the Prescription Drug Monitoring Program will function.</b>	Pharmacy, Clinical, and Education/Advocacy	Educational forums will be sponsored for the prescribers, pharmacists, and the community	Carroll County Health Department and local pharmacists	<p>A minimum of one training will be offered once the program becomes operational and at least half of the counties prescribers will register to use the PDMP.</p> <p>In October 2013 Carroll County Health Department will host a County wide Drug Awareness presentation that includes an overview of the newly implemented Prescription Drug Monitoring Program.</p>
<b>11. Implementation of the Prescription Drug Monitoring Program</b>	Pharmacy, Clinical, and Education/Advocacy	Local Pharmacists will participate in the state sponsored Prescription Drug Monitoring Program.	Local Pharmacists	Will begin to participate when directed by the state.
<b>12. Review cases of fatal overdoses.</b>	Clinical, treatment, education, and law enforcement	Establish a committee that will review all cases of fatal overdose as directed the state.	Carroll County Health Department and community partners	If chosen as a pilot site the committee will begin reviewing cases as soon as

				possible.  CCHD will complete necessary applications to establish a team by August 2013.
<b>13. Appropriate reporting/deter-mination of fatal overdoses</b>	Clinical, treatment, and law enforcement	Establish a mechanism to review guidelines for OCME referral	Carroll County Health Department, clinical and treatment partners as well as law enforcement	During FY 14 identified partners will review the concerns that were brought to light during the planning period and discuss possible solutions. By November 2013 CCHD will provide feedback and recommendations to ADAA on identified issues.
<b>14. Implement a risk-reduction program for high-risk individuals.</b>	Clinical, treatment, education and advocacy	-Develop and implement a Naloxone distribution program which includes education.  Request ADAA to provide a basic training curriculum to be used in provision of community education.  -Review recently passed legislation that allows for prescribing of Naloxone to family members of high-risk individuals.  -Based on the new legislation	Carroll County Health Department	During the first fiscal year of implementation at least 50 individuals will receive Naloxone kits for use during an overdose.  -During the first quarter of FY 14 legislation will be reviewed.  -During the 2 <sup>nd</sup> quarter of

		<p>provide education to local physicians and family members.</p> <p>-Put together toolkits to be disseminated to local Physicians and pain management clinics and work to educate team of providers and prevention staff.</p>		<p>FY 14 and education campaign will be established.</p> <p>-Toolkits will be distributed to physicians as they are educated and agree to participate during the FY.</p>
<b>15. Ensure law enforcement has the tools necessary to address the prescription drug epidemic.</b>	Education/Advocacy and Law Enforcement	Assist law enforcement agencies in obtaining appropriate education and tool kits (i.e. Perdue Pharma Law Enforcement Liaison and Education Unit).	Carroll County Health Department and local law enforcement agencies	During FY 14 at least one training will offered for and educational materials will be distributed.
<b>16. Ensure there is treatment capacity to appropriately serve the community need.</b>	Treatment	<p>-Treatment providers will have access to data for the purpose of assessing the local need.</p> <p>-Treatment providers will utilize local data to plan for services.</p>	Carroll County Health Department and local treatment providers	Treatment providers will participate in the local data meetings with a participation rate of 80%.
<b>17. Raise awareness and change the public's attitude and behavior in reference to opiate use and overdoses.</b>	Education and Advocacy	Implement a public service campaign using multiple media outlets (i.e. electronic media, print, radio, etc.).	Carroll County Health Department Champions of Change, On Our Own	During FY 14 the Prevention, Wellness, and Early Intervention Workgroup will develop a campaign.
<b>18. Provide</b>	Education	-Develop a schedule that will	Carroll County Health	Provide a minimum of one

<p><b>treatment providers and other community partners with the necessary tools to provide effective treatment.</b></p>	<p>/Advocacy, Treatment, and Clinical.</p>	<p>include relevant trainings (i.e. Motivational Interviewing, Person-Centered Planning, Strengths based assessments, etc).</p> <p>- Identify what the jurisdiction believes to be best practices and work with local providers to establish and implement those practices at local agencies.</p>	<p>Department Recovery Services-Change Agent Committee</p>	<p>training per year.</p>
<p><b>19. Have access to local data that will assist in identifying non-fatal overdoses.</b></p>	<p>Law Enforcement, Treatment and Clinical</p>	<p>Develop a committee that will review current practices and identify ways to improve local data collection efforts that will be consistent and valid.</p> <p>Develop an emergency room monitoring system to gather basic information on overdoses in order to get a better understanding of the nature and extent of the problem.</p>	<p>Carroll County Health Department, Law Enforcement, Carroll Hospital Center, EMS, etc.</p>	<p>During FY 14 a committee with all community partners will meet and identify data needs, possible resources, and then develop the system to begin tracking and reviewing.</p>
<p><b>20. Educate individuals that are prescribed opiate medications.</b></p>	<p>Pharmacy and Education/Advocacy</p>	<p>Provide literature describing appropriate use and disposal of opiate medications at the time of medication dispensing.</p>	<p>Carroll County Health Department and local pharmacies</p>	<p>75% of individuals will receive overdose prevention education materials with pick-up of their prescription.</p>
<p><b>21. Outreach to pregnant women that are</b></p>	<p>Clinical and treatment</p>	<p>Outreach and education to pregnant women that are prescribed methadone regarding</p>	<p>Carroll County Health Department and project partners</p>	<p>During FY 14 a targeted effort will be made, through partnership with the</p>

<b>prescribed methadone</b>		possible neonatal abstinence syndrome.		methadone providers, to educate all pregnant women that are enrolled in MAT services.
---------------------------------	--	---	--	--

22. Outreach to methadone clinics	Clinical, treatment, education	Encourage local methadone clinics to participate in provider forums.	Carroll County Health Department	During FY 14 all three local methadone clinics will be asked to participate in regular provider forums as well as specialty projects such as SART and the overdose prevention workgroup.
-----------------------------------	--------------------------------	--	----------------------------------	--

## **Performance Metrics**

Performance metrics for interventions/initiatives were outlined in the above chart but within this section five major metrics are highlighted.

**Access to Data:** As acknowledged within the plan, the data that is currently available within the locality is not sufficient to assist in continued planning and monitoring efforts for opiate overdose. During FY 14, the county, with the Carroll County Health Department as the lead, will establish a committee that will be responsible for identifying necessary data, identifying data sources, and developing the necessary process to track and review. This committee will hold a minimum of six meetings prior to the end of FY 14. Additionally, the Carroll County Health Department will work with the state to obtain data from newly developed sources.

**Community Education:** Education to the community is a very large effort as it addresses multiple factors including but not limited to; anti-stigma, treatment and resource education, drug awareness, etc. This plan addresses community education across the board but will continue to have a strong focus on drug education and awareness. This universal prevention effort is a great way to inform our community of current trends, what an opiate is, how it may be used, its effects, etc. During FY 14 and ongoing, the Prevention unit of the Carroll County Health Department will educate a minimum of 10,000 people.

**Effective Screening (SBIRT):** The Carroll County Health Department (CCHD) has been working with the local Emergency Department at Carroll Hospital Center (CHC) to institute SBIRT during FY 13. Moving forward in FY14, the CCHD and CHC will continue with this partnership to ensure that prior to the end of the fiscal year SBIRT is implemented within the emergency department. This would put a mechanism in place for the screening and identification of high-risk individuals that is not currently available.

**Participation in the Prescription Drug Monitoring Program (PDMP):** The implementation of the state sponsored PDMP will be a huge asset for the county in its efforts to address inappropriate opiate use, opiate prescribing practices, and the overall risk for prescription opiate overdose. With that in mind, the local pharmacists and physicians will need to understand the benefits of the system and how to use it and the community will need to understand the system as a resource. The Carroll County Health Department is committed to sponsoring training and providing continuing education on the PDMP once it is implemented. The goal is to have at least half of the physicians participating in the program within the first year of implementation with additional physicians signing on thereafter.

**Physician Education:** The average physician receives 7 hours of education on managing pain while a veterinarian receives 75 hours (“General Session, Forum of the Congressional Caucus on Prescription Drug Abuse”. National RX Drug Abuse Summit. Orlando, FL. April 3, 2013). This statistic is alarming and speaks to the need to have physician education as part of the community plan. As part of this plan physician education has been identified and will be addressed in FY 14

through the offering of a minimum of one Risk Evaluation and Mitigation Strategy (REMS) training prior to the end of the fiscal year. Additionally, during FY 14 the Carroll County Health Department will be hosting a physician education forum with a pharmacist that will discuss patient education by physicians. Finally, as part of this plan on-line physician education and support programs such as [opioidprescribing.com](http://opioidprescribing.com) will be explored. Over the course of FY 14 1/3 of Carroll County physicians will be educated utilizing the REMS training, on-line education, or the prescribing forum.

January 25, 2012

Name M.D.  
Address  
Address

Dear Doctor,

During the 12 month period of June 1, 2009 to June 1, 2010 there were 13 suicide deaths in Carroll County. During the next four month period of July 1, 2010 to October 30, 2010 there were **10 additional suicide deaths here**. If this rate continues we will be facing a startling 230% increase in suicides in a one year period of time.

Upon investigation we have determined that one of the common denominators in these deaths is the presence of a substance use disorder. Our county continues to see an increase in prescription drug use/abuse and misuse. Adolescent "Pharm Parties" are happening with a variety of prescription drugs obtained from household medication cabinets including those of grandparents, family and close friends.

We need your help to raise awareness of the misuse potential, and to save lives. Included with this letter you will find materials for your waiting room and to help you in this regard including:

Talking to your Patients about prescription drug abuse; a pamphlet from the U.S. Department of Health and Human Services.

The Federal Guidelines for proper disposal of medications.

The Carroll County Medication Disposal Sites Guide (In its first year of operation 550 pounds of medication were collected and properly disposed of in our community).

Please read over the pamphlets and discuss the potential for misuse of prescription medications with your patients. Thanks in advance for your assistance with this important community issue. Please don't hesitate to contact either of us if we can be of further assistance.



Patricia A. Supik RN MA  
Executive Director and CEO  
410-871-6784  
[tricia@carrollhospitalcenter.org](mailto:tricia@carrollhospitalcenter.org)  
4800  
[sdoyle@dhmh.state.md.us](mailto:sdoyle@dhmh.state.md.us)



Susan Doyle RN  
Chairperson, Substance Abuse Leadership Team  
Director, Substance Abuse Services  
Carroll County Health Department 410-876-



535 Old Westminster Pike, Suite 102  
Westminster, MD 21157

Telephone: (410) 871-7645  
Fax: (410) 871-6325

[www.HealthyCarroll.org](http://www.HealthyCarroll.org)

Spend at least part of each visit with your teenaged patients without their parents in the room. Empathize with the stresses of growing up and identify positive outlets that can help relieve their stress, such as sports teams and youth groups. Also ensure that adult patients know how to store and use medicines safely.

### How common is prescription drug abuse?

- Nearly one in five teens report abusing prescription drugs to get high.
- The majority of the drugs were obtained through a single doctor.
- Teens most commonly abuse pain relievers (e.g., OxyContin® and Vicodin®), stimulants (e.g., Ritalin® and Adderall®), and sedatives and tranquilizers (e.g., Valium® and Xanax®).

*Please remind your patients that prescription drugs, when used correctly and under a doctor's supervision, are safe and effective.*

### Additional Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)  
SAMHSA's Health Information Network (SHIN)  
1-877-SAMHSA-7 (1-877-726-4727)  
[www.SAMHSA.gov/shin](http://www.SAMHSA.gov/shin)

Substance Abuse and Mental Health Services Administration (SAMHSA)  
Center for Substance Abuse Treatment (CSAT)  
240-276-2700  
[www.csa.samhsa.gov](http://www.csa.samhsa.gov)

SAMHSA's National Helpline  
800-662-HELP (800-662-4357) (Toll-Free)  
(English and Spanish)  
800-487-4889 (TDD) (Toll-Free)  
Substance Abuse Treatment Facility Locator:  
240-276-2048  
[www.samhsa.gov/treatment](http://www.samhsa.gov/treatment)

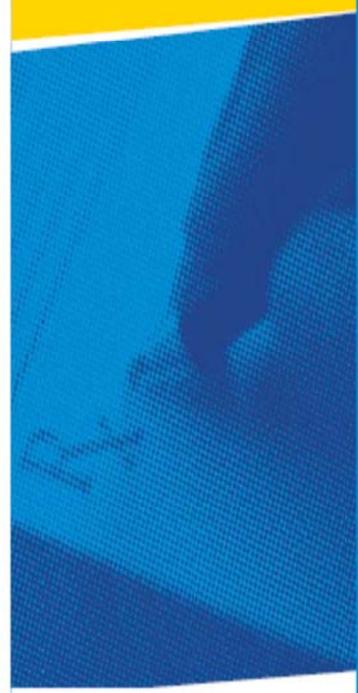
National Council on Patient Information and Education (NCPiE)  
301-606-8080  
[www.talkaboutrx.org](http://www.talkaboutrx.org)

Drug Enforcement Agency (DEA)  
[www.getsmaraboutdrugs.com](http://www.getsmaraboutdrugs.com)

Society for Adolescent Medicine  
816-224-9010  
[www.adolescenthealth.org](http://www.adolescenthealth.org)

This brochure was prepared under contract number 270-03-9101 through the Office of Consumer Affairs in the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services.

Not Worth The Risk  
*even if it's legal*

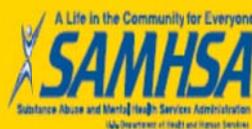


**TALKING** to your patients  
about prescription drug abuse

SMA 8 00 4442

### What can I do as a health care provider?

You can influence your patients' decisions about how they use prescription drugs—but nearly half of physicians find it difficult to discuss prescription drug abuse with patients. However, even a brief screening can make a difference. For example, ADHD patients taking prescription stimulants need to be prepared to deal with other students who may ask for their drugs as a study aid.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)

### Why do kids abuse prescription drugs?

- They are seeking psychological or physical pleasure.
- They do not understand the risks of taking drugs that were not prescribed specifically for them. They also fail to realize the danger of mixing prescription drugs with alcohol, other prescription drugs, and illegal drugs.
- It is easier to get prescription drugs than illegal drugs.
- There is pressure to get better grades or to fit in with friends. They also may not be aware of other, positive alternatives to help them deal with stress.

### What do teens and adults not always realize?

- Abusing prescription drugs, even if they are prescribed by a doctor, is not safer than abusing illegal drugs.
- Misusing prescription drugs can lead to addiction.
- Using prescription drugs without a doctor's prescription or abusing someone else's prescriptions—or your own—is always harmful, not to mention illegal.
- Patients must take special precautions when storing medicines at home to prevent their abuse by others.

### Could my teenaged patients, their families, and other patients be at risk?

- Prescription drug abuse is second only to marijuana use among some teens.
- More than a quarter of drug-related emergency-room visits for people of all ages dealt with prescription drugs in 2008.
- It is surprisingly easy for teens to gain access to these drugs from friends or their own families' medicine cabinets. Adult patients may also participate in "doctor shopping," moving from provider to provider to get multiple prescriptions.
- Teens are turning to more dangerous methods such as crushing pills, then snorting or injecting their contents. They also are combining them with alcohol or illicit drugs. At "pharming parties," they may dump a variety of prescription drugs in a bowl and take them without knowing what they are.
- Children, teens, and college students are savvy Internet users and sometimes order controlled prescription drugs from illegal Web sites.

### What happens when prescription drugs fall into the wrong hands?

Many teens—and adults, too—have carefree attitudes toward the use of prescription drugs. People ages 12 to 25 have among the highest rates of prescription drug abuse. Your teenaged patients, their families, and other adult patients may be misinformed about the safe storage and hazards associated with the nonmedical use of prescription drugs.

### What questions should I ask my teenaged and adult patients?

At each visit with teenaged patients and their guardians, screen for potential drug problems. Try the **CAGE** screening tool with teens:

- Have you ever felt the need to **C**ut down on your use of prescription drugs?
- Have you ever felt **A**nnoyed by remarks your friends or loved ones made about your use of prescription drugs?
- Have you ever felt **G**uilty or remorseful about your use of prescription drugs?
- Have you **E**ver used prescription drugs as a way to "get going," to "calm down," or to "study better"?

Additionally, when you meet with adults (including those with teens at home), ask how they use and store medicines in their household. Parents often underestimate teens' use of prescription drugs.

Ask the following questions:

- What medicines have you taken and when?
- Are you misusing prescription drugs from your medicine cabinet?
- Does your pharmacy claim to have prescriptions you did not know about?
- Do you understand how to take your medicines, what other medicines you should avoid while taking them, and how you can safely store them in your home?

### What should I remind my patients to do?

- **Respect** the power of medicine and use it properly.
- **Recognize** that all medicines, including prescription drugs, have risks along with benefits. The risks tend to increase dramatically when medicines are abused.
- Take **responsibility** for learning how to take prescription drugs safely and appropriately. Seek help at the first sign of their own, a friend's, or child's problem.

### How can I help?

- ☑ **Determine what medicines** have been in the house and how they are stored before prescribing certain drugs.
- ☑ **Record** how often a patient asks for refills.
- ☑ **Encourage patients to avoid stockpiling medicines** and store them safely. Instruct them to promptly and properly dispose of any unused medicines.
- ☑ **Speak to all patients** about prescription drug abuse—illegal drugs and alcohol are not the only threats.
- ☑ **Provide tips to parents.** A brochure for parents, "Talking to your kids about prescription drug abuse," is available at [www.talkaboutrx.org](http://www.talkaboutrx.org).
- ☑ **Teach patients how to watch for the negative side effects** of a prescribed drug and what to do if this is suspected.
- ☑ **Give teens information.** A brochure for teens, "Prescription Drugs: They can help, but also hurt," is available at [www.talkaboutrx.org](http://www.talkaboutrx.org).



# Proper Disposal of Prescription Drugs

Office of National Drug Control Policy February 2007

## *Federal Guidelines:*

- Take unused, unneeded, or expired prescription drugs out of their original containers and throw them in the trash.
- Mixing prescription drugs with an undesirable substance, such as used coffee grounds or kitty litter, and putting them in impermeable, non-descript containers, such as empty cans or sealable bags, will further ensure the drugs are not diverted.
- Flush prescription drugs down the toilet *only* if the label or accompanying patient information specifically instructs doing so (see box).
- Take advantage of community pharmaceutical take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Some communities have pharmaceutical take-back programs or community solid-waste programs that allow the public to bring unused drugs to a central location for proper disposal. Where these exist, they are a good way to dispose of unused pharmaceuticals.

The FDA advises that the following drugs be flushed down the toilet instead of thrown in the trash:

Actiq (fentanyl citrate)  
Daytrana Transdermal Patch (methylphenidate)  
Duragesic Transdermal System (fentanyl)  
OxyContin Tablets (oxycodone)  
Avinza Capsules (morphine sulfate)  
Baraclude Tablets (entecavir)  
Reyataz Capsules (atazanavir sulfate)  
Tequin Tablets (gatifloxacin)  
Zerit for Oral Solution (stavudine)  
Meperidine HCl Tablets  
Percocet (Oxycodone and Acetaminophen)  
Xyrem (Sodium Oxybate)  
Fentora (fentanyl buccal tablet)

Note: Patients should always refer to printed material accompanying their medication for specific instructions.

Office of National Drug Control Policy  
ONDCP, Washington, D.C. 20502



## Carroll County Prescription Medication Disposal Program

Starting at the Household Hazardous Waste Event on October 24, 2009, Carroll County is launching a year-round prescription medication collection and disposal program. The program is designed to help lessen the impact of prescription medication on the environment.



### What harm do drugs do?

Medications that are poured down the drain or flushed end up in our waterways and drinking water, and wastewater treatment plants cannot remove the chemicals in those medications. Medicine discarded in the trash can also leach into water

supplies. Medicines such as antibiotics, hormones and contraceptives, antidepressants, and pain relievers have been discovered in waterways nationwide.

The risks of such chemicals in our waterways and drinking water include damage to unborn children, dangerous mutations in wildlife—such as the sex reversal in fish or even causing fish to be born with both male and female reproductive organs—and the development of antibiotic-resistant strains of bacteria. Because of these and other harmful effects, it is necessary to provide county residents with a proper way to dispose of unwanted medication.

### What can I do?

First things first: *Don't Rush to Flush!*

Flushing medication will cause these potentially harmful chemicals seep into our drinking water, our rivers and streams, and into the Chesapeake Bay. Dumping medicine in the trash also can cause harm: not only can animals get into garbage and ingest the medications, but rainwater dissolves and washes them away,

depositing them in our waterways regardless.

Starting in October 24, 2009, Carroll County's prescription medication collection and disposal program goes into effect. County residents can bring their medication to the collection centers (located at police stations throughout the county), where they will be disposed of properly. This program is approved by the Drug Enforcement Administration (DEA) and overseen by the Carroll County Sheriff's Office.



**Remember:  
Don't Rush to  
Flush!**

## Where can I take my medications?

There are multiple collection sites around the county. The following police stations will accept unused and expired prescription medication:

### Westminster

Westminster City Police Department  
36 Locust Street  
Westminster, MD 21157  
410-848-4646

### Taneytown

Taneytown Police Department  
120 E. Baltimore Street  
Taneytown, MD 21787  
410-751-1150

### Sykesville

Sykesville Police Department  
7547 Main Street  
Sykesville, MD 21784  
410-795-0757

### N.E. Greenmount

Carroll County Sheriff North Carroll  
Satellite Office  
2255 Hanover Pike  
Greenmount, MD 21074  
410-386-2464



This program only accepts expired or unwanted medications. These locations will not accept medical equipment, such as needles.

#### ACCESSIBILITY NOTICE:

The Americans With Disabilities Act applies to the Carroll County Government and its programs, services, activities, and facilities. If you have questions, suggestions, or complaints, please contact Jolene Sullivan, the Carroll County Government Americans With Disabilities Act Coordinator, 410-386-3600 or 1-888-302-8978, or TT (410) 848-9747. The mailing address is: 10 Distillery Drive, First Floor, Suite 101, Westminster, MD 21157.

## Carroll County, Maryland Prescription Medication Disposal Program



**Do you have questions  
about the program?**

Contact Jolene Sullivan at the  
Department of Citizen Services,  
410-386-3600 or  
jsullivan@ccg.carr.org

# Aging, Medicines and Alcohol



© David Young-Wolf PhotoArt



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)

**Safe  
Prescription  
Medication  
Disposal**

The Carroll County Government has made available multiple collection sites around the county. The following police stations will accept unused/unwanted and expired prescription medication.  
**No Needle Disposal at these sites.**

**Westminster City Police Department**  
36 Locust Street, Westminster, MD 21157  
410-848-4646 • **24 Hours drop off**

**Taneytown Police Department**  
120 E. Baltimore Street, Taneytown, MD 21787  
410-751-1150 • **Mon-Fri: 7:30 am- 4 pm**

**Sykesville Police Department**  
7547 Main Street, Sykesville, MD 21784  
410-795-0757 • **Mon-Fri: 8 am- 4 pm**

**N.E. Greenmount Carroll County Sheriff  
North Carroll Satellite Office**  
2255 Hanover Pike, Greenmount, MD 21074  
410-386-2464 • **Mon-Fri: 8 am- 3 pm**

COURTESY OF THE:  
Carroll County Health Department  
Bureau of Addiction Treatment Service  
290 South Center Street, Westminster, Maryland 21157  
[www.carrollhealthdepartment.md.gov](http://www.carrollhealthdepartment.md.gov)

<b>Opiate Overdose Prevention Plan Workgroup Members</b>
<b>Access Carroll</b>
<b>Carroll County Sheriff's Department</b>
<b>Carroll County Youth Service Bureau</b>
<b>Carroll Hospital Center- Emergency Department, Behavioral Health Services, Administration</b>
<b>Department of Juvenile Services</b>
<b>Emergency Medical Services</b>
<b>Family Pharmacy</b>
<b>Hampstead Police Department</b>
<b>Maddie's House</b>
<b>Partnership for Healthier Carroll County</b>
<b>Weber Sober Homes</b>
<b>Westminster Police Department</b>



**Change Consequences:** Prescribing practices, consistency with providers, drug testing/screening by prescribers, etc.

**Enhance Access:** Outreach, case management, expanded treatment capacity, screenings, etc.

**Enhance Skills:** Prescriber training, SBIRT, community education, person-centered treatment training, etc.

**Provide Information:** Community forums, PSA’s, training, etc.

**Provide Support:** Prescription drug drop-off sites, lockboxes, etc.