Charles County Opiate Overdose Prevention 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.

National Survey on Drug Use and Health:

Data presented is for the Southern Maryland region with estimates calculated for the time period 2006-2008. For individuals between the ages of 12 to 17 years, it is estimated that 7.11% are dependent on or abuse illicit drugs or alcohol in Southern Maryland. This percentage is similar to the Maryland estimate of 7.01%. Data for individuals 18-25 years is not available for Southern Maryland due to low precision. For individuals aged 26 years and older, the Southern Maryland percentage estimate is 6.62%, just below the Maryland estimated percentage of 7.14%. For those 18 years and older, the percentage is slightly higher at 8.35%. This remains below the Maryland state percentage estimate of 8.92% for this age group.

Dependence on or Abuse of Illicit Drugs or Alcohol in Past Year by Age Group								
Region	12 to 17		18 to 25		26 and Older		18 and Older	
	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval
United States	7.78	(7.51 -8.06)	20.91	(20.46 -21.37)	7.20	(6.95 -7.46)	9.22	(8.99 -9.46)
Northeast U.S.	7.46	(6.99 -7.96)	21.49	(20.63 -22.39)	6.68	(6.23 -7.16)	8.79	(8.38 -9.22)
Maryland	7.01	(5.81 -8.43)	19.59	(17.29 -22.12)	7.14	(5.97 -8.53)	8.92	(7.79 -10.19)
Anne Arundel	8.02	(5.75 -11.10)	*	(* -*)	7.87	(5.73 -10.72)	10.03	(7.72 -12.93)
Baltimore City	5.60	(4.00 -7.79)	18.02	(13.95 -22.97)	8.61	(6.29 -11.67)	10.21	(7.90 -13.10)
Baltimore County	7.58	(5.45 -10.44)	21.94	(17.51 -27.13)	7.69	(5.65 -10.38)	9.65	(7.53 -12.28)
Montgomery	7.11	(5.13 -9.79)	18.26	(13.85 -23.68)	5.86	(4.27 -7.99)	7.34	(5.61 -9.54)
North Central	7.94	(5.70 -10.95)	*	(* -*)	6.62	(4.79 -9.09)	8.78	(6.69 -11.44)
Northeast	8.68	(6.19 -12.04)	*	(* -*)	7.55	(5.47 -10.32)	9.72	(7.41 -12.65)
Prince George's	5.01	(3.54 -7.03)	14.93	(11.23 -19.58)	7.28	(5.33 -9.87)	8.55	(6.54 -11.11)
South	7.11	(5.10 -9.84)	*	(* -*)	6.62	(4.75 -9.15)	8.35	(6.27 -11.04)
West	7.76	(5.53 -10.78)	19.93	(15.02 -25.94)	6.52	(4.72 -8.95)	8.37	(6.38 -10.92)
* Low precision; no estimate reported.								

When looking at illicit drug use, cocaine, and non-medical use of pain relievers, the Southern Maryland region percentage estimates are below or similar to Maryland estimates. An estimated 4.05% of Southern Maryland residents have used pain relievers for a non-medical use in the past year. This is similar to the 3.93% estimated for Maryland as a whole.

Region	Illicit Drug Use in Past Month		Illicit Drug Use Other than Marijuana in Past Month		Marijuana Use Past Month		Avg. Annual Rate of First Use of Marijuana		Perception of Great Risk of Smoking Marijuana Once a Month	
	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval
United States	8.14	(7.93-8.35)	3.71	(3.58-3.86)	5.99	(5.82-6.17)	1.64	(1.59-1.69)	38.31	(37.86-38.75)
Maryland	6.74	(5.80-7.82)	3.13	(2.50-3.92)	4.93	(4.18-5.81)	1.72	(1.53-1.95)	38.71	(36.19-41.28)
Anne Arundel	6.43	(4.80-8.56)	3.24	(2.26-4.64)	4.50	(3.19-6.32)	1.85	(1.41-2.44)	34.81	(29.69-40.30)
Baltimore City	9.79	(7.56-12.59)	3.44	(2.42-4.87)	7.43	(5.55-9.88)	1.81	(1.41-2.32)	43.19	(38.12-48.41)
Baltimore County	7.30	(5.57-9.51)	3.15	(2.23-4.43)	5.26	(3.89-7.08)	2.35	(1.85-2.98)	38.06	(33.04-43.36)
Montgomery	6.01	(4.47-8.03)	2.87	(1.99-4.12)	4.57	(3.30-6.29)	1.44	(1.13-1.84)	37.59	(32.79-42.65)
North Central	5.98	(4.40-8.08)	3.01	(2.09-4.31)	4.45	(3.13-6.30)	1.60	(1.20-2.12)	33.98	(28.63-39.78)
Northeast	7.10	(5.23-9.57)	3.74	(2.62-5.32)	4.65	(3.24-6.63)	1.79	(1.33-2.40)	34.38	(29.06-40.13)
Prince George's	6.01	(4.50-7.97)	2.81	(1.96-4.01)	4.52	(3.22-6.31)	1.79	(1.41-2.28)	43.46	(38.58-48.48)
South	5.88	(4.34-7.91)	3.04	(2.14-4.30)	4.24	(2.98-5.98)	1.44	(1.10-1.88)	39.72	(34.41-45.28)
West	6.08	(4.48-8.20)	3.26	(2.30-4.60)	4.44	(3.14-6.23)	1.39	(1.06-1.81)	39.37	(33.92-45.09)

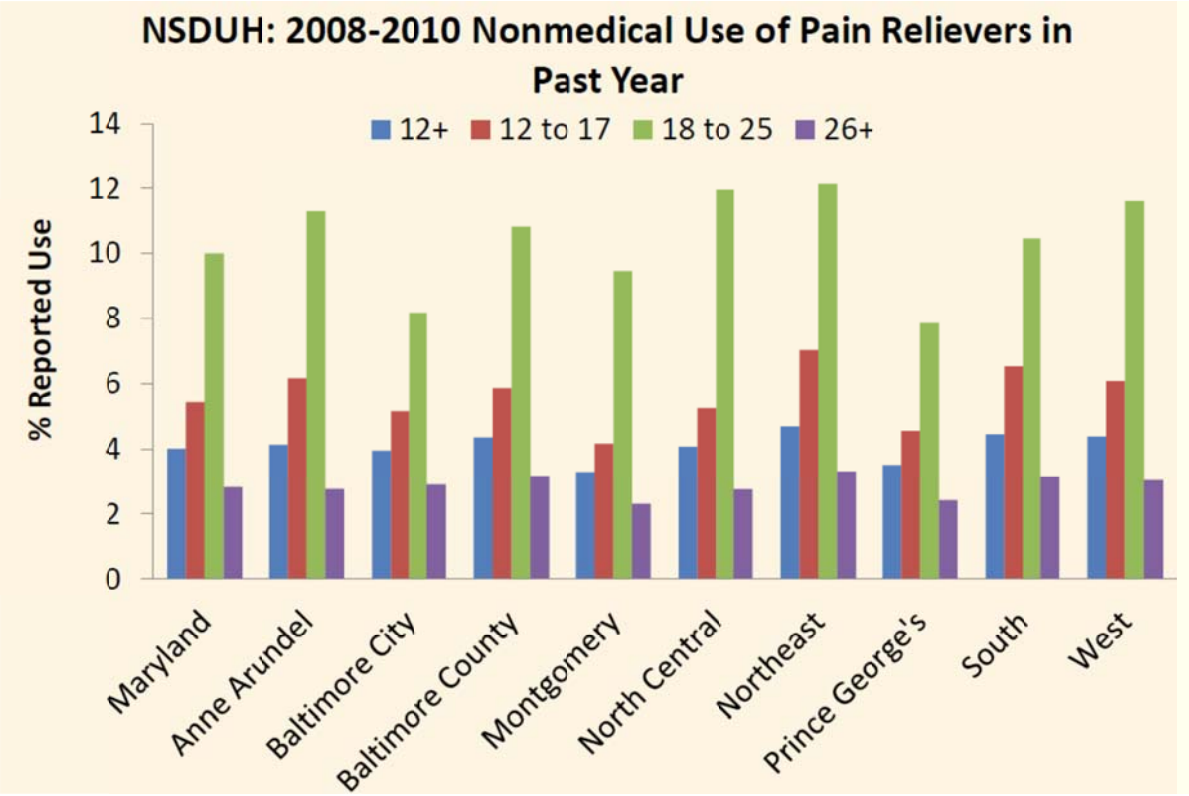
Region	Cocaine Use Past Year		Nonmedical Use of Pain Relievers Past Year		Dependence on or Abuse of Illicit Drugs		Dependence on or Abuse of Alcohol and/or Illicit Drugs	
	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval
Total United States	2.32	(2.21-2.43)	5.00	(4.85-5.15)	2.82	(2.72-2.93)	9.07	(8.86-9.29)
Maryland	2.03	(1.55-2.67)	3.93	(3.23-4.77)	2.71	(2.20-3.34)	8.72	(7.66-9.92)
Anne Arundel	1.99	(1.31-3.02)	4.38	(3.22-5.93)	3.28	(2.19-4.88)	9.83	(7.64-12.57)
Baltimore City	2.72	(1.70-4.33)	3.74	(2.74-5.09)	3.75	(2.53-5.52)	9.74	(7.59-12.42)
Baltimore County	2.14	(1.42-3.22)	4.27	(3.21-5.67)	2.48	(1.69-3.63)	9.45	(7.44-11.93)
Montgomery	1.65	(1.09-2.50)	3.39	(2.48-4.63)	2.37	(1.58-3.53)	7.31	(5.66-9.40)
North Central	1.85	(1.21-2.80)	4.17	(3.06-5.68)	2.49	(1.66-3.72)	8.69	(6.70-11.19)
Northeast	2.19	(1.45-3.28)	4.89	(3.58-6.65)	3.21	(2.11-4.88)	9.61	(7.41-12.39)
Prince George's	1.93	(1.23-3.02)	3.14	(2.26-4.36)	2.36	(1.55-3.56)	8.17	(6.30-10.52)
South	2.03	(1.37-3.00)	4.05	(2.99-5.47)	2.32	(1.54-3.48)	8.23	(6.25-10.75)
West	1.88	(1.24-2.85)	4.14	(3.02-5.65)	2.52	(1.67-3.79)	8.31	(6.40-10.74)

When comparing non-medical use of pain relievers in the past year by age, the highest percentage is seen in the 18-25 year old population (9.50% for Southern Maryland). The age group with the biggest disparity from the state level estimate is the 12-17 year old population. In Southern Maryland, an estimated 6.05% of Southern Maryland individuals have used pain relievers in the past year for non-medical use. This estimate is 5.2% on a state level.

Perceptions of Great Risk of Smoking Marijuana Once a Month by Age Group								
Region	12 to 17		18 to 25		26 and Older		18 and Older	
	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval
United States	34.24	(33.72 - 34.77)	24.16	(23.68 - 24.65)	41.29	(40.72 -41.86)	38.77	(38.28 - 39.26)
Northeast U.S.	31.96	(31.03 - 32.89)	21.29	(20.52 - 22.08)	39.29	(38.25 -40.33)	36.72	(35.82 - 37.63)
Maryland	33.74	(30.91 -36.70)	23.60	(21.07 -26.34)	41.87	(38.79 -45.01)	39.27	(36.55 - 42.06)
Anne Arundel	31.84	(26.15 -38.12)	20.84	(16.20 -26.39)	37.35	(31.41 -43.69)	35.14	(29.77 - 40.91
Baltimore City	36.34	(30.25 -42.89)	27.40	(22.23 -33.25)	47.37	(41.28 -53.54)	43.96	(38.62 - 49.46)
Baltimore County	33.19	(27.49 -39.44)	20.93	(16.63 -25.99)	41.39	(35.49 -47.56)	38.58	(33.29 - 44.16)
Montgomery	33.36	(27.43 -39.87)	26.05	(20.80 -32.10)	39.68	(34.17 -45.47)	38.06	(33.00 - 43.40)
North Central	31.39	(25.66 -37.75)	19.10	(14.36 -24.94)	36.54	(30.32 -43.24)	34.30	(28.65 - 40.44)
Northeast	*	(* -*)	*	(* -*)	37.08	(30.93 -43.68)	34.74	(29.15 - 40.79)
Prince George's	33.68	(28.01 -39.85)	25.07	(20.18 -30.69)	48.60	(42.70 -54.53)	44.67	(39.49 - 49.96)
South	36.45	(30.33 -43.04)	25.84	(20.36 -32.18)	42.62	(36.46 -49.02)	40.09	(34.53 - 45.92)
West	*	(* -*)	*	(* -*)	42.46	(36.21 -48.97)	39.73	(34.04 - 45.71)

Nonmedical Use of Pain Relievers in the Past Year by Age Group								
Region	12 to 17		18 to 25		26 and Older		18 and Older	
	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval	Estimate	95% Confidence Interval
United States	6.75	(6.50 -7.01)	12.21	(11.87 -12.56)	3.53	(3.36 -3.71)	4.80	(4.64 -4.97)
Northeast U.S.	5.41	(5.01 -5.84)	11.23	(10.61 -11.88)	2.95	(2.65 -3.28)	4.13	(3.84 -4.44)
Maryland	5.20	(4.27 -6.32)	10.11	(8.43 -12.08)	2.73	(2.06 -3.61)	3.78	(3.05 -4.67)
Anne Arundel	6.01	(4.20 -8.52)	12.71	(9.12 -17.45)	2.89	(1.91 -4.35)	4.20	(3.03 -5.80)
Baltimore City	4.60	(3.20 -6.59)	8.40	(5.99 -11.66)	2.67	(1.74 -4.06)	3.64	(2.61 -5.07)
Baltimore County	5.92	(4.22 -8.26)	11.39	(8.50 -15.11)	2.94	(1.97 -4.35)	4.10	(3.02 -5.54)
Montgomery	4.32	(3.00 -6.17)	9.72	(6.97 -13.40)	2.42	(1.58 -3.69)	3.29	(2.35 -4.60)
North Central	5.36	(3.76 -7.60)	12.14	(8.59 -16.88)	2.83	(1.87 -4.27)	4.03	(2.87 -5.61)
Northeast	6.83	(4.80 -9.63)	14.40	(10.29 -19.78)	3.18	(2.07 -4.85)	4.67	(3.34 -6.50)
Prince George's	3.69	(2.54 -5.35)	6.55	(4.58 -9.28)	2.38	(1.53 -3.68)	3.07	(2.16 -4.37)
South	6.05	(4.29 -8.46)	9.50	(6.75 -13.21)	2.82	(1.88 -4.22)	3.83	(2.75 -5.31)
West	5.75	(4.07 -8.06)	11.02	(7.84 -15.28)	2.84	(1.85 -4.33)	3.97	(2.83 -5.54)

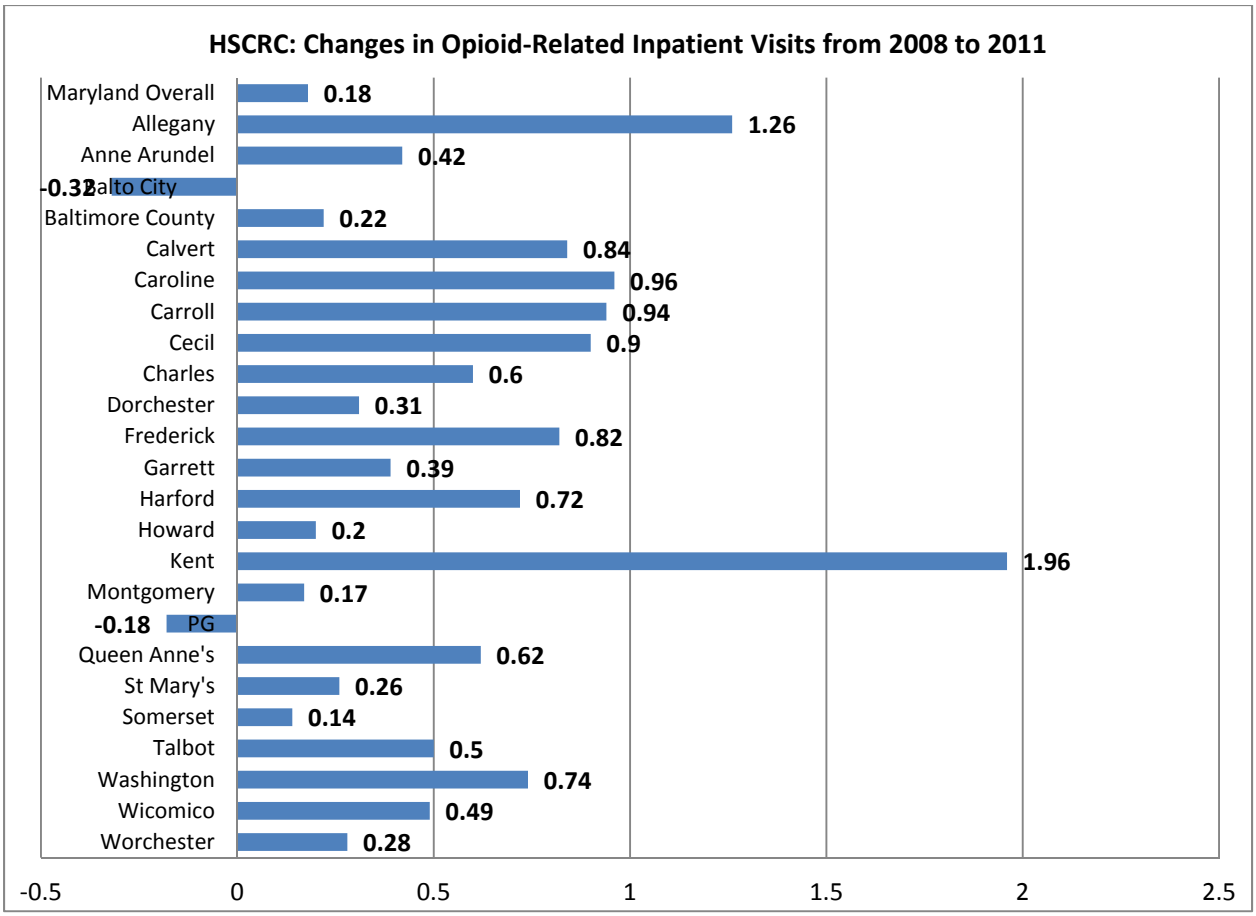
Updated data is available for non-medical use of pain killers for the time period 2008-2010 for the Southern Maryland region. The percentages of Southern Maryland residents reporting use of pain killers for a non-medical purpose in the past year was higher than the percentages reported for all Maryland residents for the age groups 12+ years, 12-17 years, and 26+ years. The percentage reported among those 18-25 years was comparable for Charles County and Maryland.

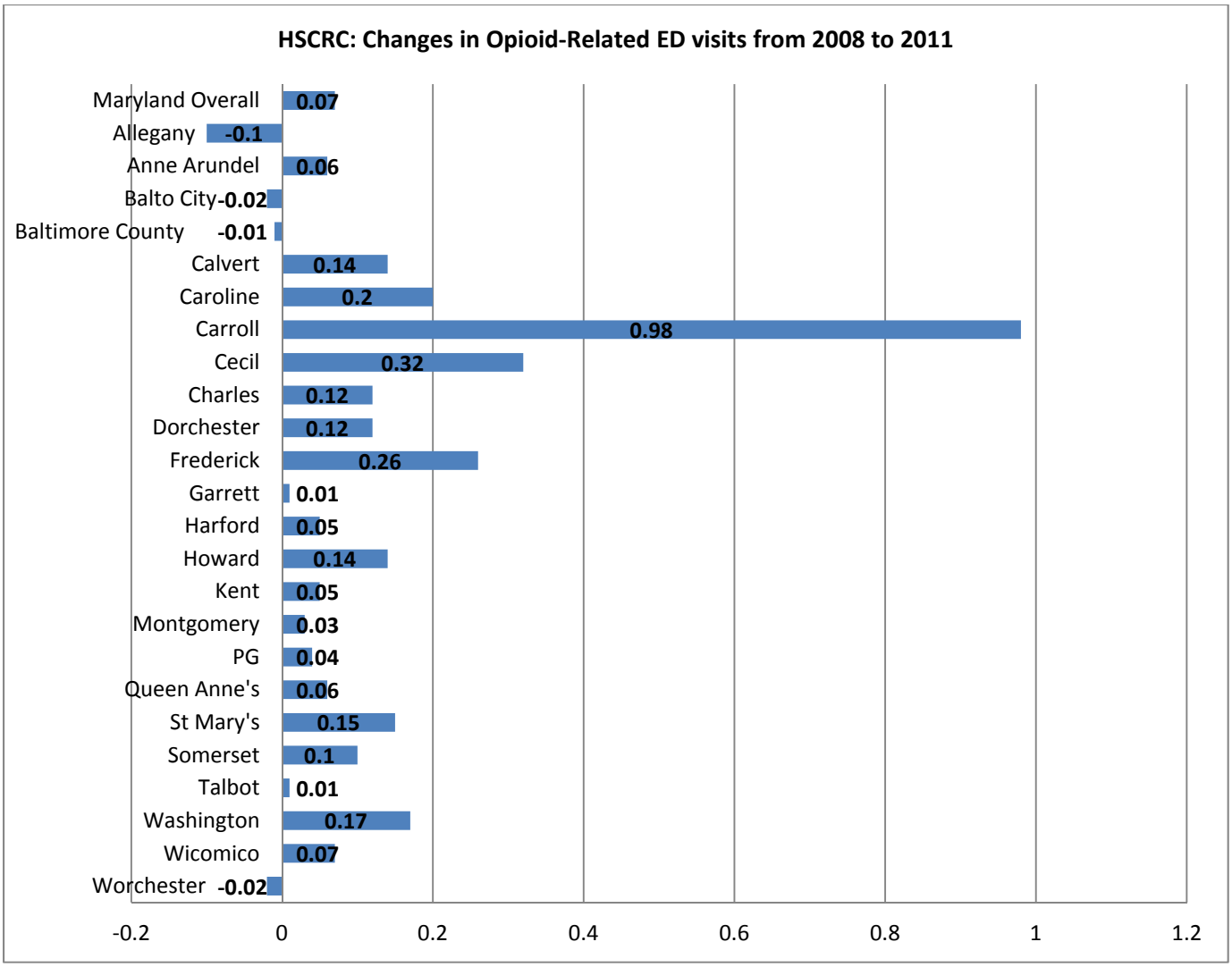


Source: Maryland Statewide Epidemiologic Outcomes Workgroup, January 2013.

Maryland Health Services Cost Review Commission (HSCRC) data for hospital inpatient and ED visits for Opioid-related conditions were observed for 2008 and 2011. A percent change in was calculated was inpatient visits and ED visits for each Maryland jurisdiction. The Charles County percent change in Opioid-related inpatient visits from 2008 to 2011 was 0.60. This was higher than the Maryland average percent change for inpatient visits of 0.18.

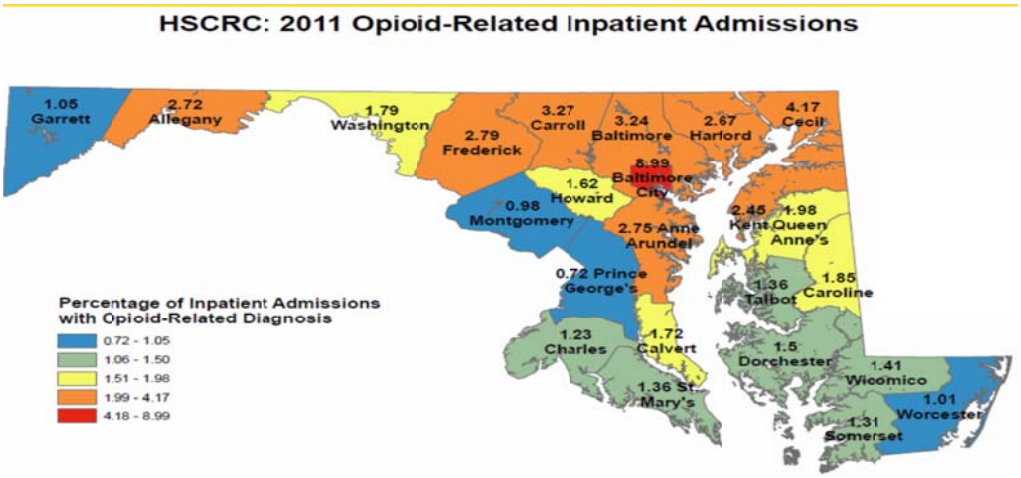
The Charles County percent change in Opioid-related ED visits from 2008 to 2011 was 0.12. This was higher than the Maryland average percent change for ED visits of 0.07.


HSCRC: Changes in Opioid-Related Inpatient Visits from 2008 to 2011
Maryland Overall
0.18
Allegany
1.26
Anne Arundel
0.42
-0.32
Baltimore City
Baltimore County
0.22
Calvert
0.84
Caroline
0.96
Carroll
0.94
Cecil
0.9
Charles
0.6
Dorchester
0.31
Frederick
0.82
Garrett
0.39
Harford
0.72
Howard
0.2
Kent
1.96
Montgomery
0.17
-0.18
PG
Queen Anne's
0.62
St Mary's
0.26
Somerset
0.14
Talbot
0.5
Washington
0.74
Wicomico
0.49
Worchester
0.28
-0.5
0
0.5
1
1.5
2
2.5



Source: Maryland Statewide Epidemiologic Outcomes Workgroup, January 2013.

The 2011 Charles County Opioid-related inpatient admissions rate was 1.23 per 100,000. This is the lowest rate among the Southern Maryland jurisdictions.



2009 Maryland Uniform Crime Report:

The 2009 Charles County arrest rate for the sale and manufacture of drugs was 134.3 per 100,000. This is below the Maryland state drug sale/manufacture arrest rate of 206.6 per 100,000. The 2009 Charles County arrest rate for the possession of drugs was 817.7 per 100,000. This rate was higher than the Maryland state average rate of 703.9 per 100,000.

Drug-Related and DWI Arrests in Maryland by Maryland Jurisdiction, 2008 and 2009

Jurisdiction	Population	% in Juris.	Drug-Related										DWI				
			Sales/Manufacture					Possession									
			2008	2009	Δ	2009 % in Juris.	2009 Rate*	2008	2009	Δ	2009 % in Juris.	2009 Rate*	2008	2009	Δ	2009 % in Juris.	2009 Rate*
Allegany	72,532	1.3	87	68	-21.8	0.6	93.8	473	472	-0.2	1.2	650.7	579	549	-5.2	2.3	756.9
Anne Arundel	521,209	9.1	851	719	-15.5	6.1	137.9	1714	1607	-6.2	4.0	308.3	2152	2054	-4.6	8.7	394.1
Baltimore City	637,418	13.9	7103	6012	-15.4	51.0	761.2	20744	17917	-13.6	44.7	2268.5	319	251	-21.3	1.1	31.8
Baltimore Co.	789,814	11.2	922	941	2.1	8.0	147.6	4036	4048	0.3	10.1	635.1	1944	2119	9.0	9.0	332.4
Calvert	89,212	1.6	76	48	-36.8	0.4	53.8	652	650	-0.3	1.6	728.6	979	889	-9.2	3.8	996.5
Caroline	33,367	0.6	17	20	17.6	0.2	59.9	217	245	12.9	0.6	734.3	283	324	14.5	1.4	971.0
Carroll	170,089	3.0	90	60	-33.3	0.5	35.3	733	544	-25.8	1.4	319.8	678	640	-5.6	2.7	376.3
Cecil	100,796	1.8	71	82	15.5	0.7	81.4	614	470	-23.5	1.2	466.3	1065	954	-10.4	4.1	946.5
Charles	142,226	2.5	204	191	-6.4	1.6	134.3	1273	1163	-8.6	2.9	817.7	1066	820	-23.1	3.5	576.5
Dorchester	32,043	0.6	56	41	-26.8	0.3	128.0	243	184	-24.3	0.5	574.2	290	213	-26.6	0.9	664.7
Frederick	227,980	4.0	205	216	5.4	1.8	94.7	1136	1094	-3.7	2.7	479.9	1095	1146	4.7	4.9	502.7
Garrett	29,555	0.5	15	16	6.7	0.1	54.1	128	89	-30.5	0.2	301.1	261	206	-21.1	0.9	697.0
Harford	242,514	4.3	250	216	-13.6	1.8	89.1	807	639	-20.8	1.6	263.5	994	873	-12.2	3.7	360.0
Howard	281,884	4.9	28	41	46.4	0.3	14.5	1342	1311	-2.3	3.3	465.1	1357	1547	14.0	6.6	548.8
Kent	20,247	0.4	33	52	57.6	0.4	256.8	239	145	-39.3	0.4	716.2	116	103	-11.2	0.4	508.7
Montgomery	971,600	17.0	540	661	22.4	5.6	68.0	2328	2287	-1.8	5.7	235.4	3854	4323	12.2	18.4	444.9
Prince George's	834,560	14.6	1442	1102	-23.6	9.4	132.0	2769	2575	-7.0	6.4	308.5	1831	1879	2.6	8.0	225.1
Queen Anne's	47,958	0.8	20	36	80.0	0.3	75.1	334	250	-25.1	0.6	521.3	407	392	-3.7	1.7	817.4
St. Mary's	102,999	1.8	14	12	-14.3	0.1	11.7	589	499	-15.3	1.2	484.5	699	685	-2.0	2.9	665.1
Somerset	25,959	0.5	35	37	5.7	0.3	142.5	160	132	-17.5	0.3	508.5	232	208	-10.3	0.9	801.3
Talbot	36,262	0.6	75	47	-37.3	0.4	129.6	267	280	4.9	0.7	772.2	464	443	-4.5	1.9	1221.7
Washington	145,910	2.6	413	468	13.3	4.0	320.7	771	695	-9.9	1.7	476.3	785	646	-17.7	2.7	442.7
Wicomico	94,222	1.7	214	154	-28.0	1.3	163.4	757	653	-13.7	1.6	693.0	677	520	-23.2	2.2	551.9
Worcester	49,122	0.9	105	130	23.8	1.1	264.6	1131	1058	-6.5	2.6	2153.8	861	822	-4.5	3.5	1673.4
Statewide**	—	—	393	407	3.6	3.5	—	964	1114	15.6	2.8	—	1004	912	-9.2	3.9	—
State Total	5,699,478	100.0	13259	11777	-11.2	100.0	206.6	44421	40121	-9.7	100.0	703.9	23992	23518	-2.0	100.0	412.6

*Rates per 100,000 population, based on population estimates for July 1, 2009 from the Maryland Department of Planning.
**Statewide agencies report offenses but do not report jurisdiction of occurrence.
SOURCE: Adapted by ADAA from the Crime in Maryland, 2009 Uniform Crime Report, Maryland State Police.

The 2009 Charles County juvenile arrest rate for the sale or manufacture of drugs was 47.4 per 100,000. This was well below the Maryland state average rate of 146.4 per 100,000. The 2009 Charles County juvenile arrest rate for the possession of drugs was 381.8 per 100,000. This is slightly above the Maryland state average rate of 337.8 per 100,000.

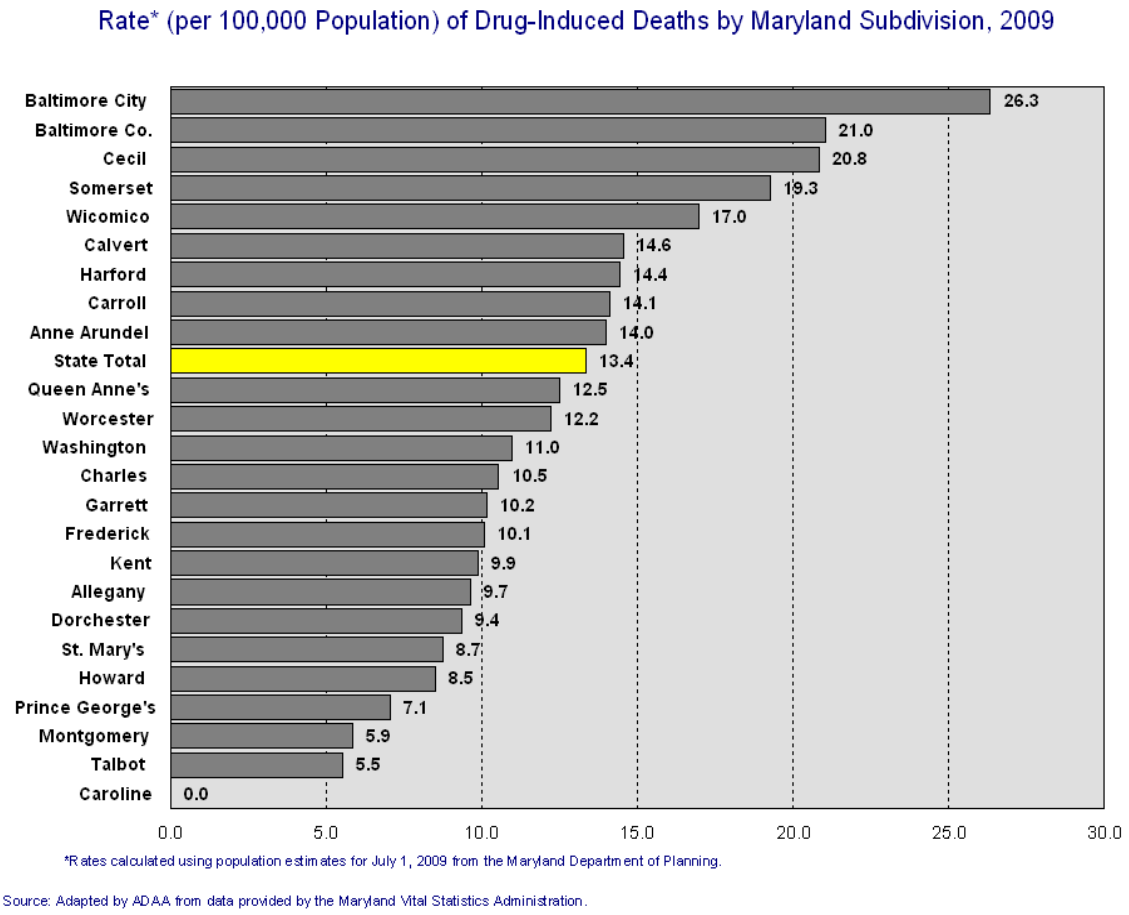
Juvenile Drug and Alcohol-Related Arrests in Maryland by Maryland Jurisdiction, 2008 and 2009

Jurisdiction	Population Under Age 18	% in Juris.	Drug-Related										Alcohol-Related									
			Sales/Manufacture					Possession					DWI					Liquor Law Violations				
			2008	2009	Δ	2009 % in Juris.	2009 Rate*	2008	2009	Δ	2009 % in Juris.	2009 Rate*	2008	2009	Δ	2009 % in Juris.	2009 Rate*	2008	2009	Δ	2009 % in Juris.	2009 Rate*
Allegany	13,201	1.0	12	3	-75.0	0.2	22.7	44	32	-27.3	0.7	242.4	10	6	-40.0	3.0	45.5	74	46	-37.8	3.7	348.5
Anne Arundel	120,920	9.0	77	78	1.3	3.9	64.5	425	351	-17.4	7.7	290.3	26	23	-11.5	11.4	19.0	145	86	-40.7	7.0	71.1
Baltimore City	142,782	12.8	1827	1420	-22.3	71.8	821.0	1366	945	-30.8	20.7	546.3	0	0	—	0.0	0.0	10	11	10.0	0.9	7.7
Baltimore Co.	172,969	10.6	98	113	15.3	5.7	79.1	801	812	1.4	17.8	568.7	19	21	10.5	10.4	14.7	123	61	-50.4	4.9	35.3
Calvert	22,927	1.7	8	11	37.5	0.6	48.0	95	85	-10.5	1.9	370.7	7	5	-28.6	2.5	21.8	39	63	61.5	5.1	274.8
Caroline	8,242	0.6	2	1	-50.0	0.1	12.1	50	31	-38.0	0.7	376.1	8	4	-50.0	2.0	48.5	9	17	88.9	1.4	206.3
Carroll	41,842	3.1	19	14	-26.3	0.7	33.5	161	134	-16.8	2.9	320.3	10	14	40.0	6.9	33.5	85	84	-1.2	6.8	200.8
Cecil	24,897	1.8	9	9	0.0	0.5	36.1	108	74	-31.5	1.6	297.2	11	7	-36.4	3.5	28.1	18	14	-22.2	1.1	56.2
Charles	37,974	2.8	20	18	-10.0	0.9	47.4	203	145	-28.6	3.2	381.8	5	2	-60.0	1.0	5.3	0	0	—	0.0	0.0
Dorchester	6,793	0.5	4	1	-75.0	0.1	14.7	50	21	-58.0	0.5	309.1	8	2	-75.0	1.0	29.4	9	29	222.2	2.4	426.9
Frederick	58,135	4.3	11	27	145.5	1.4	46.4	136	194	42.6	4.3	333.7	10	7	-30.0	3.5	12.0	11	21	90.9	1.7	36.1
Garrett	6,354	0.5	2	2	0.0	0.1	31.5	3	8	166.7	0.2	125.9	3	2	-33.3	1.0	31.5	0	0	—	0.0	0.0
Harford	59,658	4.4	20	18	-10.0	0.9	30.2	179	131	-26.8	2.9	219.6	16	9	-43.8	4.5	15.1	39	19	-51.3	1.5	31.8
Howard	72,726	5.4	2	2	0.0	0.1	2.8	243	233	-4.1	5.1	320.4	12	20	66.7	9.9	27.5	229	378	65.1	30.6	519.8
Kent	4,090	0.3	2	1	-50.0	0.1	24.5	44	9	-79.5	0.2	220.1	2	3	50.0	1.5	73.4	11	3	-72.7	0.2	73.4
Montgomery	238,042	17.6	50	83	66.0	4.2	34.9	448	431	-3.8	9.4	181.1	28	30	7.1	14.9	12.6	283	211	-25.4	17.1	88.6
Prince George's	206,971	15.3	109	103	-5.5	5.2	49.8	374	367	-1.9	8.0	177.3	2	5	150.0	2.5	2.4	16	33	106.3	2.7	15.9
Queen Anne's	11,270	0.8	3	5	66.7	0.3	44.4	49	38	-22.4	0.8	337.2	3	7	133.3	3.5	62.1	2	0	-100.0	0.0	0.0
St. Mary's	26,265	1.9	4	1	-75.0	0.1	3.8	68	60	-11.8	1.3	228.4	2	4	100.0	2.0	15.2	53	29	-45.3	2.4	110.4
Somerset	4,673	0.3	6	2	-66.7	0.1	42.8	25	11	-56.0	0.2	235.4	2	4	100.0	2.0	85.6	10	0	-100.0	0.0	0.0
Talbot	7,144	0.5	6	4	-33.3	0.2	56.0	31	28	-9.7	0.6	392.0	6	10	66.7	5.0	140.0	15	34	126.7	2.8	475.9
Washington	33,413	2.5	25	24	-4.0	1.2	71.8	106	61	-42.5	1.3	182.6	9	1	-88.9	0.5	3.0	85	18	-78.8	1.5	53.9
Wicomico	21,954	1.6	25	12	-52.0	0.6	54.7	83	84	1.2	1.8	382.6	5	1	-80.0	0.5	4.6	35	12	-65.7	1.0	54.7
Worcester	9,235	0.7	10	14	40.0	0.7	151.6	205	203	-1.0	4.4	2198.2	9	13	44.4	6.4	140.8	27	37	37.0	3.0	400.7
Statewide**	—	—	20	12	-40.0	0.6	—	46	75	63.0	1.6	—	3	2	-33.3	1.0	—	2	28	1300.0	2.3	—
State Total	1,350,776	100.0	2371	1978	-16.6	100.0	146.4	5343	4563	-14.6	100.0	337.8	216	202	-6.5	100.0	15.0	1230	1234	0.3	100.0	91.4

*Rates per 100,000 population, based on population estimates for 2009 from the United States Census Bureau.
**Statewide agencies report offenses but do not report jurisdiction of occurrence.
SOURCE: Adapted by ADAA from Uniform Crime Report, Maryland State Police.

2009 Maryland Vital Statistics Report:

The 2009 Charles County drug-induced death rate of 10.5 per 100,000 population is below the state rate of 13.4 per 100,000.



2009 and 2010 Intoxication Deaths: The Maryland Chief Medical Examiner:

There are few deaths each year that are examined by the Maryland chief medical examiner from Charles County for drug-related death. Therefore, death rates from those causes cannot be calculated. Case counts by substance are presented below.

Intoxication Deaths by Maryland Jurisdiction, 2009 and 2010

Jurisdiction	Substance Mentions*																										
	Alcohol			Cocaine			Heroin			Methadone			Oxycodone			Other Rx Opiates			Unspecified Narcotics			Benzodiazepines			Other Rx Drugs		
	2009	2010	Δ	2009	2010	Δ	2009	2010	Δ	2009	2010	Δ	2009	2010	Δ	2009	2010	Δ	2009	2010	Δ	2009	2010	Δ	2009	2010	Δ
Allegany	3	4	33.3	1	1	0.0	0	1	—	1	3	200.0	1	3	200.0	3	8	166.7	0	1	—	0	3	—	0	5	—
Anne Arundel	11	11	0.0	13	13	0.0	16	8	-50.0	11	18	63.6	4	6	50.0	11	15	36.4	3	3	0.0	4	5	25.0	11	11	0.0
Baltimore City	55	40	-27.3	76	47	-38.2	69	43	-37.7	53	58	9.4	11	8	-27.3	46	34	-26.1	54	25	-53.7	13	14	7.7	20	16	-20.0
Baltimore Co.	19	27	42.1	20	19	-5.0	25	19	-24.0	14	31	121.4	16	18	12.5	23	20	-13.0	10	9	-10.0	7	15	114.3	25	18	-28.0
Calvert	5	0	-100.0	1	3	200.0	3	0	-100.0	2	1	-50.0	3	2	-33.3	5	2	-60.0	1	0	-100.0	1	0	-100.0	3	2	-33.3
Caroline	1	0	-100.0	1	0	-100.0	0	0	—	0	1	—	1	1	0.0	0	1	—	0	0	—	0	0	—	0	0	—
Carroll	6	3	-50.0	3	6	100.0	3	2	-33.3	4	2	-50.0	4	5	25.0	5	3	-40.0	1	1	0.0	2	1	-50.0	6	2	-66.7
Cecil	6	5	-16.7	4	3	-25.0	2	1	-50.0	7	7	0.0	3	13	333.3	6	7	16.7	6	0	-100.0	3	2	-33.3	1	3	200.0
Charles	1	5	400.0	2	2	0.0	2	3	50.0	2	0	-100.0	5	3	-40.0	3	1	-66.7	0	2	—	0	0	—	4	2	-50.0
Dorchester	0	1	—	0	1	—	0	1	—	0	0	—	0	3	—	1	3	200.0	0	1	—	0	1	—	1	2	100.0
Frederick	8	5	-37.5	3	3	0.0	3	1	-66.7	4	1	-75.0	5	3	-40.0	4	5	25.0	4	2	-50.0	2	1	-50.0	4	1	-75.0
Garrett	1	0	-100.0	1	0	—	1	0	-100.0	1	1	0.0	0	0	—	3	0	-100.0	1	0	-100.0	1	0	-100.0	0	0	—
Harford	6	11	83.3	5	4	-20.0	7	2	-71.4	8	17	112.5	3	12	300.0	8	9	12.5	6	2	-66.7	2	2	0.0	5	3	-40.0
Howard	5	3	-40.0	3	1	-66.7	3	3	0.0	4	1	-75.0	0	4	—	3	0	-100.0	1	0	-100.0	2	1	-50.0	4	1	-75.0
Kent	0	1	—	0	1	—	0	0	—	2	2	0.0	1	2	100.0	0	0	—	0	0	—	0	0	—	0	2	—
Montgomery	10	13	30.0	7	4	-42.9	6	7	16.7	7	5	-28.6	10	9	-10.0	12	9	-25.0	3	1	-66.7	4	3	-25.0	21	15	-28.6
Prince George's	13	19	46.2	13	11	-15.4	13	6	-53.8	5	8	60.0	2	8	300.0	15	12	-20.0	9	2	-77.8	1	1	0.0	7	9	28.6
Queen Anne's	0	1	—	2	0	—	1	0	-100.0	1	2	100.0	1	1	0.0	0	2	—	1	1	0.0	0	1	—	0	2	—
St. Mary's	3	5	66.7	1	2	100.0	0	0	—	3	5	66.7	5	4	-20.0	1	5	400.0	0	0	—	0	0	—	1	4	300.0
Somerset	1	0	-100.0	1	1	—	0	0	—	0	0	—	1	1	0.0	1	1	0.0	0	0	—	0	0	—	0	0	—
Talbot	0	0	—	1	0	—	0	0	—	2	1	-50.0	0	1	—	0	1	—	0	0	—	0	0	—	0	1	—
Washington	4	4	0.0	0	2	—	5	3	-40.0	0	3	—	3	2	-33.3	2	5	150.0	6	1	-83.3	1	2	100.0	3	6	100.0
Wicomico	3	4	33.3	2	3	50.0	1	1	0.0	2	3	50.0	4	2	-50.0	6	2	-66.7	1	2	100.0	2	0	-100.0	3	2	-33.3
Worcester	3	6	100.0	0	2	—	0	0	—	1	1	0.0	4	2	-50.0	3	2	-33.3	2	1	-50.0	1	0	-100.0	3	1	-66.7
Unspecified	0	1	—	0	0	—	0	0	—	0	0	—	0	0	—	0	0	—	0	0	—	0	0	—	0	0	—
State Total	164	169	3.0	160	129	-19.4	160	101	-36.9	134	171	27.6	87	113	29.9	161	147	-8.7	109	54	-50.5	46	52	13.0	122	108	-11.5

*Each reported death may involve multiple substances.
SOURCE: Adapted by ADAA from data provided by the Office of the Chief Medical Examiner (OCME).

2009-2010 Substance Abuse Treatment Admissions: Maryland Department of Health and Mental Hygiene: Alcohol and Drug Abuse Administration:

For the year 2010, a total of 112 individuals under the age of 18 years were treated in Charles County for a substance abuse problem through a state-funded alcohol and drug abuse treatment program. The most commonly reported drugs were alcohol and marijuana. However, it should be noted that the number of prescription-opiate related admissions increased from 8 to 22 from 2008 to 2010.

Under Age 18 Substance-Problem Admissions to Maryland State-Funded Alcohol and Drug Abuse Treatment by Subdivision of Residence, 2008 to 2010

Residence	Alcohol-Related				Marijuana-Related				Cocaine-Related				Heroin-Related				Prescription-Opiate-Related				Benzodiazepine-Related				Total with Substance Problem(s)			
	Calendar Year of Admission			2009 - 2010	Calendar Year of Admission			2009 - 2010	Calendar Year of Admission			2009 - 2010	Calendar Year of Admission			2009 - 2010 Δ	Calendar Year of Admission			2009 - 2010	Calendar Year of Admission			2009 - 2010 Δ	Calendar Year of Admission			2009 - 2010
	2008	2009	2010	Δ	2008	2009	2010	Δ	2008	2009	2010	Δ	2008	2009	2010		2008	2009	2010	Δ	2008	2009	2010		2008	2009	2010	Δ
Allegany	65	29	49	69.0	103	49	81	65.3	7	5	5	0.0	0	2	0	-100.0	9	8	11	37.5	6	0	5	–	115	53	85	60.4
Anne Arundel	96	50	75	50.0	141	87	127	46.0	14	6	5	-16.7	8	4	10	150.0	15	19	24	26.3	0	4	4	0.0	155	98	145	48.0
Baltimore City	164	199	244	22.6	531	702	800	14.0	3	1	2	100.0	0	1	1	0.0	7	3	12	300.0	1	1	3	200.0	566	731	822	12.4
Baltimore. Co.	206	204	309	51.5	363	393	607	54.5	11	5	17	240.0	8	11	11	0.0	29	33	41	24.2	12	10	19	90.0	378	408	672	64.7
Calvert	74	58	60	3.4	94	79	95	20.3	5	2	3	50.0	3	0	0	–	13	13	21	61.5	0	2	1	-50.0	108	88	100	13.6
Caroline	62	63	45	-28.6	79	81	61	-24.7	1	3	2	-33.3	5	1	0	-100.0	14	9	7	-22.2	2	4	0	-100.0	97	94	73	-22.3
Carroll	91	68	87	27.9	128	126	126	0.0	5	3	9	200.0	4	3	10	233.3	16	19	29	52.6	2	4	1	-75.0	145	134	136	1.5
Cecil	37	39	33	-15.4	57	59	52	-11.9	7	1	1	0.0	3	4	5	25.0	16	15	16	6.7	3	4	2	-50.0	69	73	68	-6.8
Charles	48	72	62	-13.9	78	114	101	-11.4	2	6	5	-16.7	1	1	0	-100.0	8	24	22	-8.3	1	2	3	50.0	88	127	112	-11.8
Dorchester	32	35	29	-17.1	78	52	51	-1.9	2	4	0	-100.0	0	0	0	–	1	4	3	-25.0	0	0	0	–	85	59	63	6.8
Frederick	78	61	53	-13.1	152	177	152	-14.1	14	6	2	-66.7	1	6	6	0.0	9	25	21	-16.0	2	3	4	33.3	158	187	162	-13.4
Garrett	21	35	10	-71.4	13	29	10	-65.5	1	0	0	–	0	1	0	-100.0	4	5	5	0.0	0	0	1	–	29	46	19	-58.7
Harford	139	74	72	-2.7	161	117	126	7.7	5	2	3	50.0	2	1	4	300.0	16	16	21	31.3	1	2	2	0.0	186	131	140	6.9
Howard	51	59	53	-10.2	90	98	119	21.4	2	2	4	100.0	3	8	6	-25.0	3	6	12	100.0	0	2	3	50.0	100	116	131	12.9
Kent	30	24	28	16.7	50	37	36	-2.7	2	0	0	–	1	2	2	0.0	2	3	4	33.3	2	0	1	–	56	38	48	26.3
Montgomery	123	122	140	14.8	190	184	206	12.0	14	12	6	-50.0	3	5	4	-20.0	16	14	11	-21.4	2	2	7	250.0	196	190	211	11.1
Prince George's	123	117	93	-20.5	275	286	306	7.0	7	4	1	-75.0	2	0	0	–	2	2	3	50.0	0	1	3	–	304	301	324	7.6
Queen Anne's	47	43	30	-30.2	55	64	49	-23.4	5	3	0	-100.0	1	2	1	-50.0	12	18	9	-50.0	1	2	2	0.0	64	75	50	-33.3
St. Mary's	20	44	46	4.5	45	55	72	30.9	3	2	0	-100.0	0	1	0	-100.0	9	10	9	-10.0	1	0	1	–	49	60	80	33.3
Somerset	34	30	19	-36.7	56	44	29	-34.1	3	9	2	-77.8	0	0	0	–	0	3	3	0.0	0	1	2	100.0	61	48	32	-33.3
Talbot	83	64	48	-25.0	86	51	41	-19.6	12	2	2	0.0	0	0	1	–	10	10	5	-50.0	0	2	0	-100.0	106	73	52	-28.8
Washington	69	75	44	-41.3	135	116	95	-18.1	7	6	1	-83.3	0	1	0	-100.0	3	16	10	-37.5	0	0	1	–	142	130	99	-23.8
Wicomico	75	128	147	14.8	125	187	211	12.8	9	9	5	-44.4	0	0	0	–	15	24	10	-58.3	4	2	3	50.0	132	189	214	13.2
Worcester	38	30	38	26.7	58	60	58	-3.3	8	4	7	75.0	1	2	1	-50.0	6	5	4	-20.0	2	0	3	–	64	63	65	3.2
Out-of-State	25	23	31	34.8	37	31	62	100.0	5	3	5	66.7	5	3	6	100.0	11	14	16	14.3	4	2	12	500.0	45	37	68	83.8
Total	1831	1746	1845	5.7	3180	3278	3673	12.1	154	100	87	-13.0	51	59	68	15.3	246	318	329	3.5	46	50	83	66.0	3498	3549	3971	11.9

Source: Alcohol and Drug Abuse Administration (ADAA)

For the year 2010, a total of 134 individuals between the ages of 18-25 years were treated in Charles County for a substance abuse problem through a state-funded alcohol and drug abuse treatment program. The most commonly reported drugs were alcohol and marijuana. However, it should be noted that the number of prescription-opiate related admissions more than tripled from 16 in 2008 to 53 in 2010.

Age 18 to 20 Substance-Problem Admissions to Maryland State-Funded Alcohol and Drug Abuse Treatment by Subdivision of Residence, 2008 to 2010

Residence	Alcohol-Related				Marijuana-Related				Cocaine-Related				Heroin-Related				Prescription-Opiate-Related				Benzodiazepine-Related				Total with Substance Problem(s)			
	Calendar Year of Admission			2009-2010	Calendar Year of Admission			2009-2010	Calendar Year of Admission			2009-2010	Calendar Year of Admission			2009-2010 Δ	Calendar Year of Admission			2009-2010 Δ	Calendar Year of Admission			2009-2010 Δ	Calendar Year of Admission			2009-2010
	2008	2009	2010	Δ	2008	2009	2010	Δ	2008	2009	2010	Δ	2008	2009	2010		2008	2009	2010		2008	2009	2010		2008	2009	2010	Δ
Allegany	56	40	38	-5.0	65	52	53	1.9	15	12	8	-33.3	6	3	13	333.3	28	16	22	37.5	5	1	2	100.0	82	65	65	0.0
Anne Arundel	189	181	181	0.0	281	241	272	12.9	51	49	61	24.5	98	100	106	6.0	57	89	108	21.3	11	18	25	38.9	402	366	418	14.2
Baltimore City	95	112	118	5.4	240	241	314	30.3	35	23	27	17.4	40	46	43	-6.5	17	30	30	0.0	10	10	6	-40.0	292	289	365	26.3
Baltimore. Co.	171	175	197	12.6	256	323	364	12.7	36	41	30	-26.8	50	80	85	6.3	31	81	67	-17.3	5	20	29	45.0	341	426	467	9.6
Calvert	112	134	105	-21.6	140	168	150	-10.7	26	23	16	-30.4	25	36	11	-69.4	40	68	113	66.2	1	11	8	-27.3	184	227	196	-13.7
Caroline	26	21	22	4.8	24	32	23	-28.1	5	2	6	200.0	9	3	5	66.7	8	11	14	27.3	1	1	1	0.0	41	43	43	0.0
Carroll	69	70	73	4.3	95	85	100	17.6	13	18	26	44.4	10	25	38	52.0	18	26	20	-23.1	5	4	12	200.0	115	120	133	10.8
Cecil	39	21	32	52.4	58	32	48	50.0	18	4	8	100.0	16	12	14	16.7	25	35	59	68.6	2	5	8	60.0	79	63	88	39.7
Charles	86	78	68	-12.8	88	104	101	-2.9	15	13	10	-23.1	9	15	13	-13.3	16	38	53	39.5	0	6	2	-66.7	122	147	134	-8.8
Dorchester	31	39	37	-5.1	46	53	49	-7.5	17	14	12	-14.3	5	11	6	-45.5	3	6	12	100.0	2	4	3	-25.0	61	74	65	-12.2
Frederick	52	49	74	51.0	80	97	118	21.6	19	19	23	21.1	11	24	31	29.2	6	33	58	75.8	4	3	6	100.0	94	125	157	25.6
Garrett	13	23	25	8.7	22	17	23	35.3	1	3	3	–	2	2	5	150.0	8	12	9	-25.0	0	2	2	–	26	32	37	15.6
Harford	40	43	37	-14.0	80	72	50	-30.6	19	17	10	-41.2	24	33	18	-45.5	19	20	30	50.0	1	8	5	-37.5	97	104	83	-20.2
Howard	40	47	64	36.2	55	75	89	18.7	9	6	13	116.7	16	15	18	20.0	6	10	20	100.0	1	2	5	150.0	77	103	124	20.4
Kent	35	35	25	-28.6	45	34	26	-23.5	6	5	4	-20.0	5	3	3	0.0	13	4	4	0.0	8	0	2	–	56	50	34	-32.0
Montgomery	140	121	82	-32.2	193	154	116	-24.7	35	34	33	-2.9	22	57	49	-14.0	29	43	48	11.6	10	15	16	6.7	228	231	180	-22.1
Prince George's	77	85	83	-2.4	155	182	142	-22.0	8	11	11	0.0	11	11	18	63.6	14	15	11	-26.7	2	2	2	0.0	176	205	175	-14.6
Queen Anne's	77	80	51	-36.3	72	95	69	-27.4	14	15	9	-40.0	10	22	16	-27.3	15	27	27	0.0	0	6	2	-66.7	94	121	88	-27.3
St. Mary's	53	46	54	17.4	73	64	74	15.6	20	11	8	-27.3	6	6	4	-33.3	22	26	35	34.6	2	1	2	100.0	96	92	104	13.0
Somerset	13	16	9	-43.8	25	30	25	-16.7	2	5	1	-80.0	0	1	0	-100.0	3	3	5	66.7	0	0	1	–	28	35	26	-25.7
Talbot	36	38	44	15.8	37	35	46	31.4	8	5	7	40.0	1	1	0	-100.0	2	5	8	60.0	0	2	0	-100.0	45	49	67	36.7
Washington	104	99	57	-42.4	109	130	101	-22.3	21	25	7	-72.0	12	18	12	-33.3	12	25	28	12.0	1	1	2	100.0	158	158	119	-24.7
Wicomico	57	65	66	1.5	84	105	106	1.0	27	30	17	-43.3	7	15	17	13.3	18	45	38	-15.6	4	8	8	0.0	111	131	139	6.1
Worcester	48	45	31	-31.1	53	44	54	22.7	15	14	14	0.0	4	7	11	57.1	15	14	16	14.3	1	4	9	125.0	69	65	72	10.8
Out-of-State	31	43	38	-11.6	42	63	56	-11.1	12	13	8	-38.5	9	19	19	0.0	14	42	52	23.8	7	12	15	25.0	62	104	96	-7.7
Total	1690	1706	1611	-5.6	2418	2528	2569	1.6	447	412	372	-9.7	408	565	555	-1.8	439	724	887	22.5	83	146	173	18.5	3136	3425	3475	1.5

Source: Alcohol and Drug Abuse Administration (ADAA)

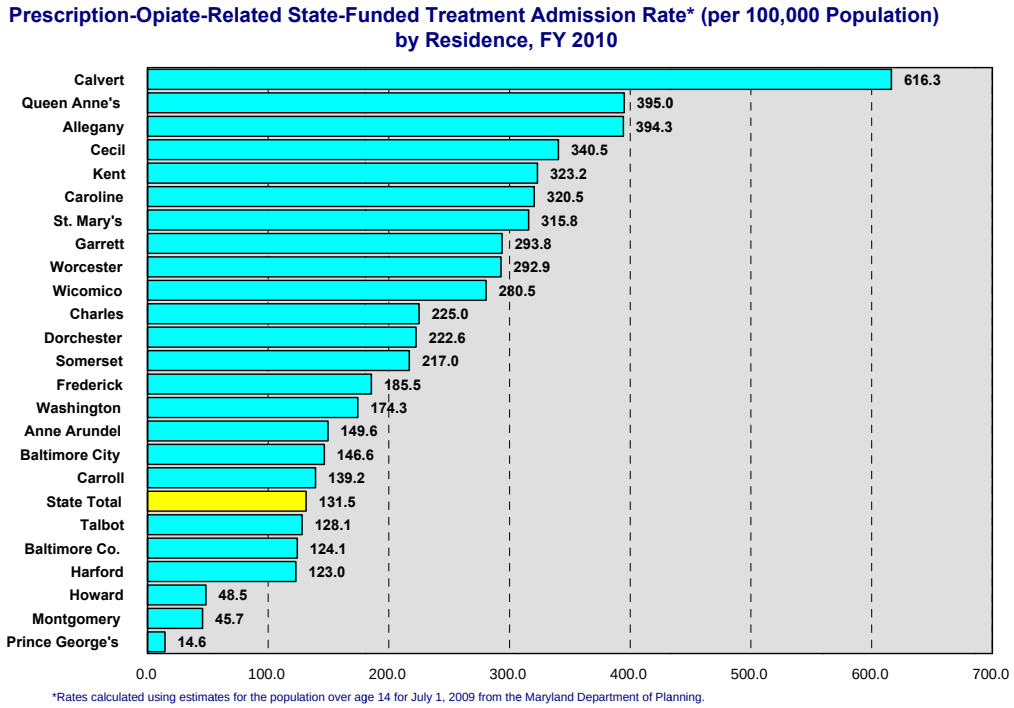
For the year 2010, a total of 847 individuals over the age of 21 years were treated in Charles County for a substance abuse problem through a state-funded alcohol and drug abuse treatment program. The most commonly reported drugs were alcohol and marijuana. While treatment admissions have gone from 2008 to 2010 for alcohol, marijuana, and cocaine, the treatment admissions for heroin, prescription-opiates, and benzodiazepines have increased.

Age 21 and Older Substance-Problem Admissions to Maryland State-Funded Alcohol and Drug Abuse Treatment by Subdivision of Residence, 2008 to 2010

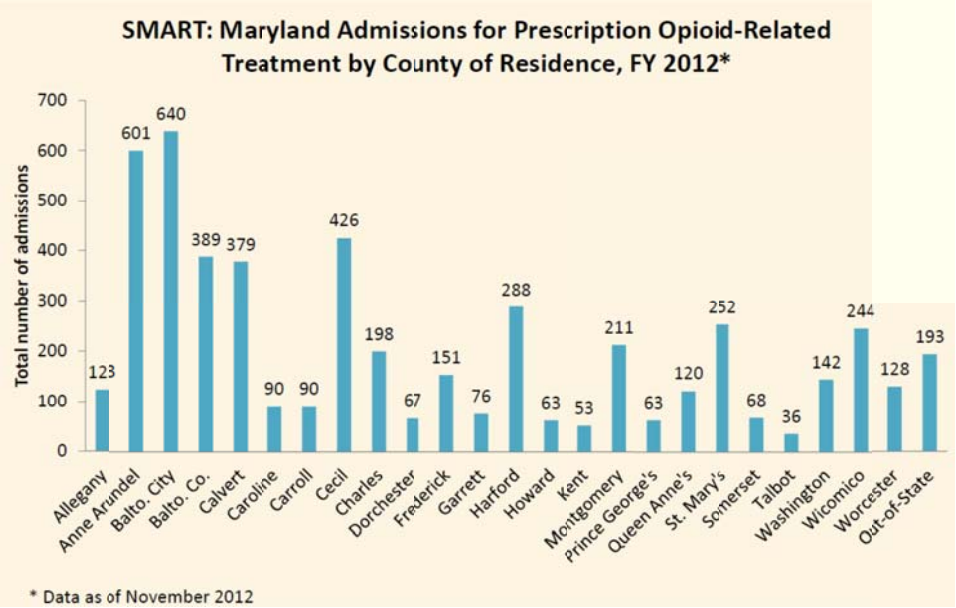
Residence	Alcohol-Related				Marijuana-Related				Cocaine-Related				Heroin-Related				Prescription-Opiate-Related				Benzodiazepine-Related				Total with Substance Problem(s)			
	Calendar Year of Admission			2009-2010	Calendar Year of Admission			2009-2010	Calendar Year of Admission			2009-2010	Calendar Year of Admission			2009-2010 Δ	Calendar Year of Admission			2009-2010	Calendar Year of Admission			2009-2010 Δ	Calendar Year of Admission			2009-2010
	2008	2009	2010	Δ	2008	2009	2010	Δ	2008	2009	2010	Δ	2008	2009	2010		2008	2009	2010	Δ	2008	2009	2010		2008	2009	2010	Δ
Allegany	484	490	451	-8.0	289	305	325	6.6	208	177	177	0.0	88	85	113	32.9	177	180	221	22.8	49	56	60	7.1	691	686	701	2.2
Anne Arundel	1595	1541	1723	11.8	701	773	829	7.2	911	769	723	-6.0	711	712	792	11.2	339	445	551	23.8	96	109	204	87.2	2569	2535	2933	15.7
Baltimore City	4125	4385	4645	5.9	2014	2074	2350	13.3	6485	5801	5684	-2.0	7858	7456	7404	-0.7	476	671	836	24.6	235	312	356	14.1	11374	11151	11445	2.6
Baltimore. Co.	1642	1631	1478	-9.4	785	925	828	-10.5	1270	1060	936	-11.7	1096	1241	1127	-9.2	497	662	666	0.6	221	282	317	12.4	3041	3189	3000	-5.9
Calvert	625	749	794	6.0	339	442	449	1.6	257	304	290	-4.6	71	154	112	-27.3	173	260	331	27.3	27	46	57	23.9	819	1055	1136	7.7
Caroline	204	227	238	4.8	118	116	128	10.3	95	72	74	2.8	29	35	43	22.9	28	47	77	63.8	6	11	16	45.5	282	313	353	12.8
Carroll	396	456	560	22.8	171	216	281	30.1	285	268	317	18.3	235	244	309	26.6	84	106	173	63.2	37	49	82	67.3	616	750	931	24.1
Cecil	439	374	424	13.4	212	175	224	28.0	251	178	192	7.9	145	123	111	-9.8	117	142	300	111.3	39	41	61	48.8	663	595	730	22.7
Charles	768	711	622	-12.5	373	363	308	-15.2	307	292	212	-27.4	42	78	79	1.3	106	145	195	34.5	13	21	28	33.3	921	967	847	-12.4
Dorchester	318	353	388	9.9	202	255	258	1.2	205	233	258	10.7	51	78	68	-12.8	29	48	48	0.0	8	18	20	11.1	432	504	560	11.1
Frederick	706	679	714	5.2	338	358	421	17.6	411	369	351	-4.9	135	183	229	25.1	119	220	263	19.5	44	55	89	61.8	972	1006	1103	9.6
Garrett	214	231	247	6.9	81	93	98	5.4	45	38	30	-21.1	21	46	43	-6.5	40	57	62	8.8	15	26	22	-15.4	257	294	304	3.4
Harford	334	421	432	2.6	230	250	266	6.4	239	202	221	9.4	199	141	202	43.3	102	131	239	82.4	18	50	52	4.0	630	700	857	22.4
Howard	283	382	470	23.0	110	148	239	61.5	140	135	155	14.8	91	124	137	10.5	33	63	88	39.7	14	19	35	84.2	426	563	694	23.3
Kent	224	196	216	10.2	126	120	105	-12.5	117	96	95	-1.0	27	22	30	36.4	44	48	58	20.8	11	13	21	61.5	312	278	289	4.0
Montgomery	1640	1432	1175	-17.9	777	698	538	-22.9	945	873	616	-29.4	249	331	318	-3.9	203	256	332	29.7	58	101	110	8.9	2297	2194	1822	-17.0
Prince George's	1269	1334	1270	-4.8	840	905	746	-17.6	884	780	621	-20.4	179	166	165	-0.6	71	93	99	6.5	17	26	25	-3.8	1983	2076	1922	-7.4
Queen Anne's	319	466	375	-19.5	156	222	207	-6.8	141	199	141	-29.1	72	122	92	-24.6	74	99	105	6.1	22	23	25	8.7	435	609	543	-10.8
St. Mary's	640	628	674	7.3	265	259	296	14.3	330	326	320	-1.8	46	54	53	-1.9	136	182	240	31.9	19	15	39	160.0	843	901	995	10.4
Somerset	202	214	174	-18.7	110	121	115	-5.0	103	119	75	-37.0	26	37	30	-18.9	32	52	58	11.5	2	7	26	271.4	280	316	276	-12.7
Talbot	232	317	279	-12.0	132	120	144	20.0	117	114	114	0.0	44	31	46	48.4	20	26	37	42.3	13	16	13	-18.8	320	390	376	-3.6
Washington	633	690	623	-9.7	367	451	401	-11.1	333	352	267	-24.1	125	151	121	-19.9	105	160	170	6.3	20	32	28	-12.5	888	1042	932	-10.6
Wicomico	626	615	722	17.4	356	396	501	26.5	440	391	443	13.3	129	154	184	19.5	119	168	219	30.4	43	60	70	16.7	923	960	1130	17.7
Worcester	592	500	457	-8.6	235	232	204	-12.1	281	212	167	-21.2	53	79	74	-6.3	76	106	83	-21.7	22	20	27	35.0	731	655	614	-6.3
Out-of-State	679	649	667	2.8	324	379	341	-10.0	479	387	371	-4.1	227	229	221	-3.5	181	252	339	34.5	75	122	136	11.5	1167	1188	1191	0.3
Total	19189	19671	19818	0.7	9651	10396	10602	2.0	15279	13747	12850	-6.5	11949	12076	12103	0.2	3381	4619	5790	25.4	1124	1530	1919	25.4	33872	34917	35684	2.2

Source: Alcohol and Drug Abuse Administration (ADAA)

The FY 2010 Charles County prescription-opiate related state-funded treatment admission rate was 225.0 per 100,000. This is higher than the Maryland state average prescription-opiate treatment admission rate of 131.5 per 100,000.



FY2012 data, as of November 2012, found a continued problem of Charles County treatment admissions for prescription-opiate related problems. According to the SMART system, 198 Charles County residents received treatment for a prescription-opiate addiction in FY2012.



Source: Maryland Epidemiologic Outcomes Workgroup, January 2013

2006-2010 Drug-impaired Crash Data: Maryland State Highway Administration: Highway Safety Office:

In 2010, there was a total of 204 alcohol or drug-impaired crashes in Charles County. Four of those crashes were fatal; 80 were injury crashes, and 120 were property crashes.

Charles County Driver Alcohol or Drug-Impaired Crash Summary 2006-2010

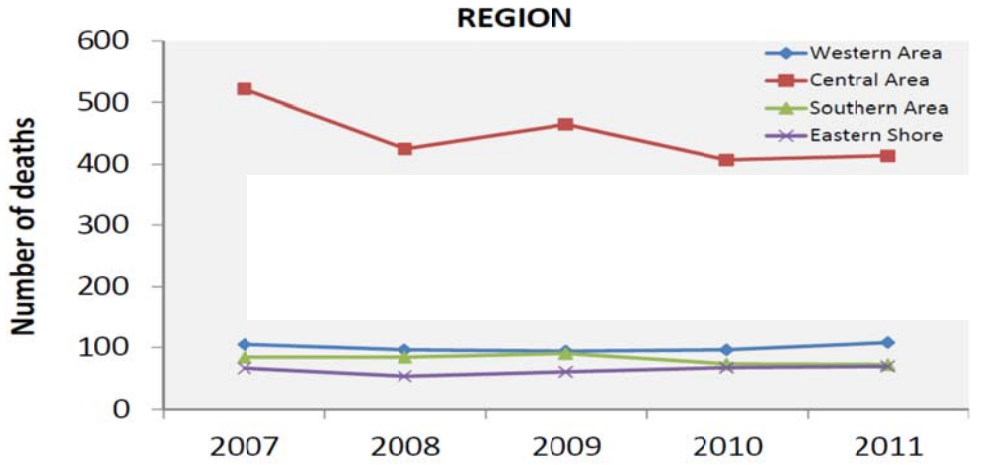
	2006	2007	2008	2009	2010	5 Yr. avg	%
Fatal Crashes	16	4	3	6	4	7	2.8
Injury Crashes	94	124	80	88	80	93	39.5
Property Crashes	149	141	129	143	120	136	57.7
Total Crashes	259	269	212	237	204	236	100.0
Total of All Fatalities	16	5	3	6	4	7	
Total # Injured	137	171	116	138	110	134	

Maryland Vital Statistics Administration: Drug and Alcohol Intoxication Deaths in Maryland 2007-2011:

2007-2011 drug and alcohol-related intoxication deaths are available for 2007-2011 for the Southern Maryland region. In this report, the Southern Maryland region is classified as St Mary's, Calvert, Prince George's, and Charles Counties.

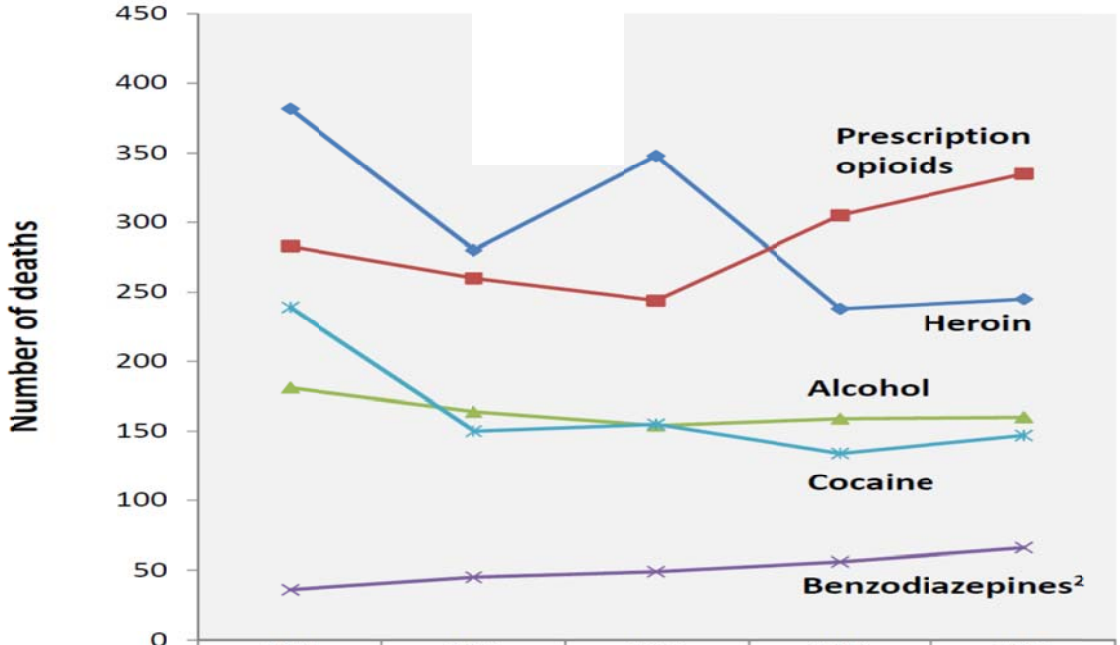
When examining by place of occurrence, the Southern Maryland region has remained consistent on the number of total drug intoxication deaths.

Figure 4. Total Number of Drug Intoxication Deaths by Place of Occurrence, Maryland, 2007-2011.



For Maryland as a whole, the number of deaths from prescription-opiates has increased from 283 deaths in 2007 to 335 deaths in 2011.

Figure 5. Total Number of Drug Intoxication Deaths by Selected Substances[1], Maryland, 2007-2011.

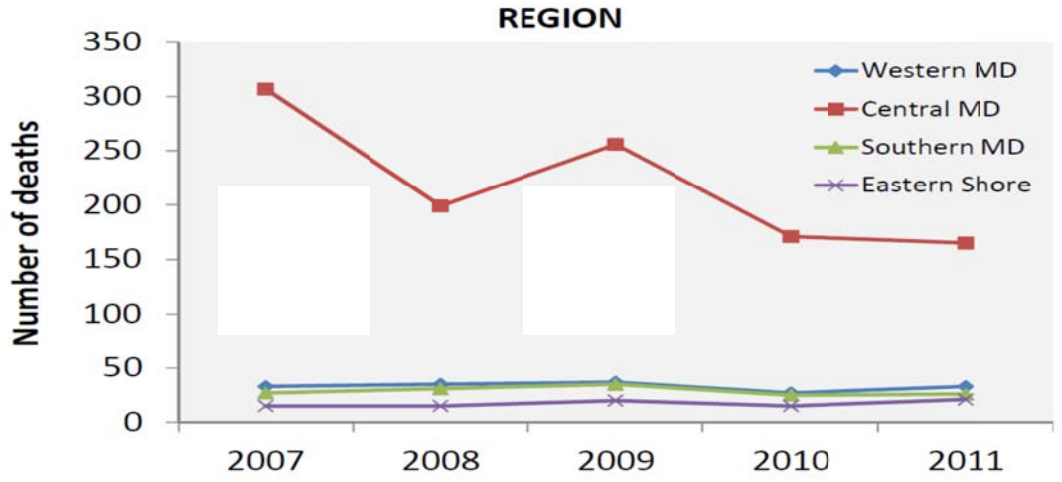


	2007	2008	2009	2010	2011
Heroin	382	280	348	238	245
Prescription opioids	283	260	244	305	335
Alcohol	181	164	154	159	160
Benzodiazepines2	36	45	49	56	66
Cocaine	239	150	155	134	147

[1]Since an overdose death may involve more than one drug, the number of deaths resulting from individual drugs does not sum to the total number of deaths.
[2]Includes deaths caused by benzodiazepines and related drugs.

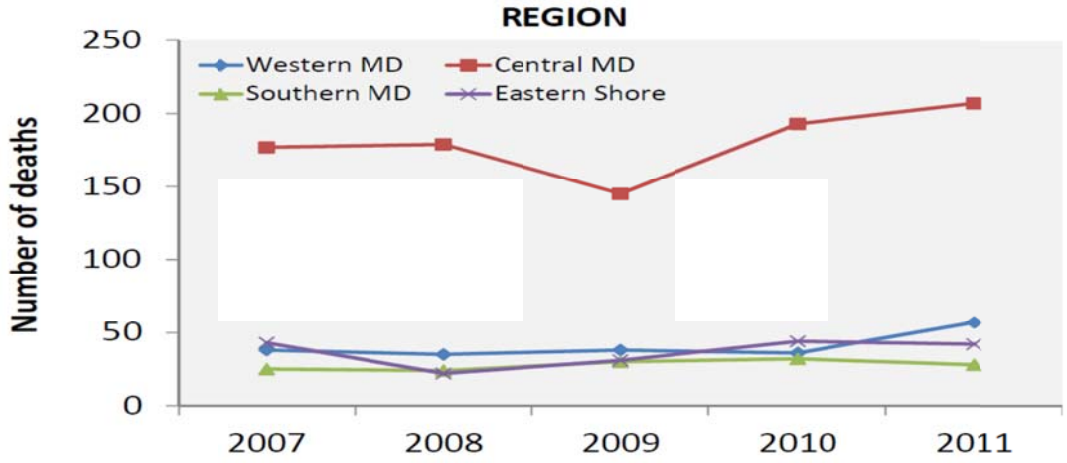
The number of heroin related deaths occurring in Southern Maryland has remained fairly stable from 2007-2011 with approximately 25 deaths each year. Highest numbers are seen in the Central Maryland region.

Figure 10. Number of Heroin-Related Deaths by Place of Occurrence, Maryland, 2007-2011.



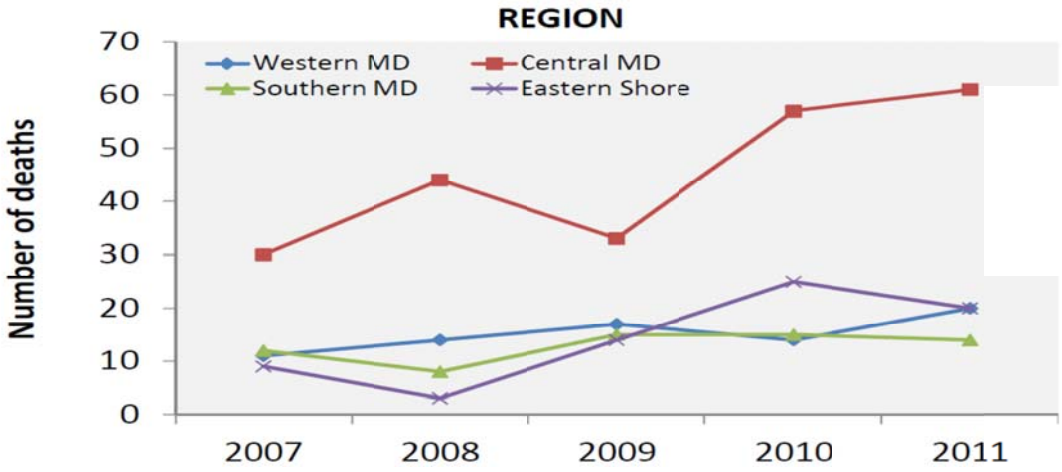
When examining prescription-opiate related deaths for Southern Maryland, the number of deaths has fluctuated slightly between 2007 and 2011. However, the numbers have been more consistent than the other Maryland regions. Again, the highest numbers are reported in the Central Maryland region.

Figure 15. Number of Prescription Opioid-Related Deaths by Place of Occurrence, Maryland, 2007-2011.



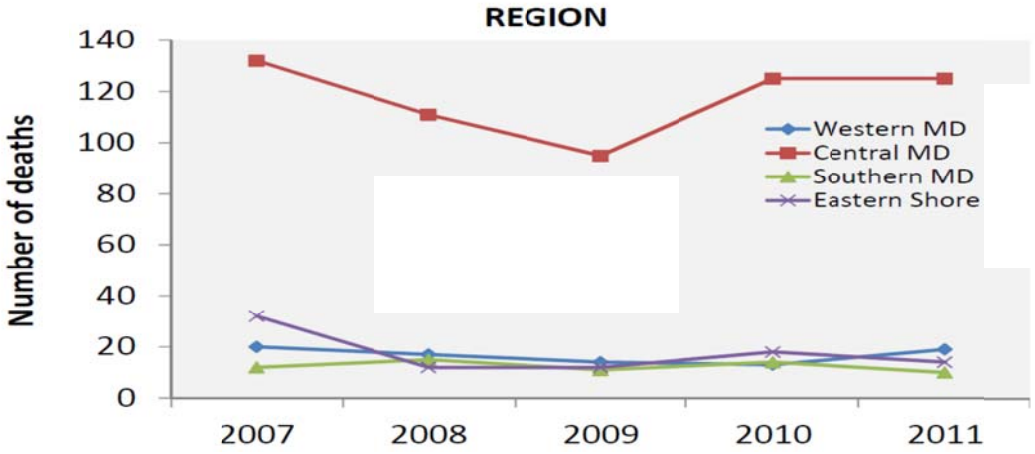
When looking at oxycodone deaths specifically, the Southern Maryland region has seen a range of 10-15 deaths each year from 2007-2011.

Figure 19. Number of Oxycodone-Related Deaths Occurring in Maryland by Place of Occurrence, 2007-2011.



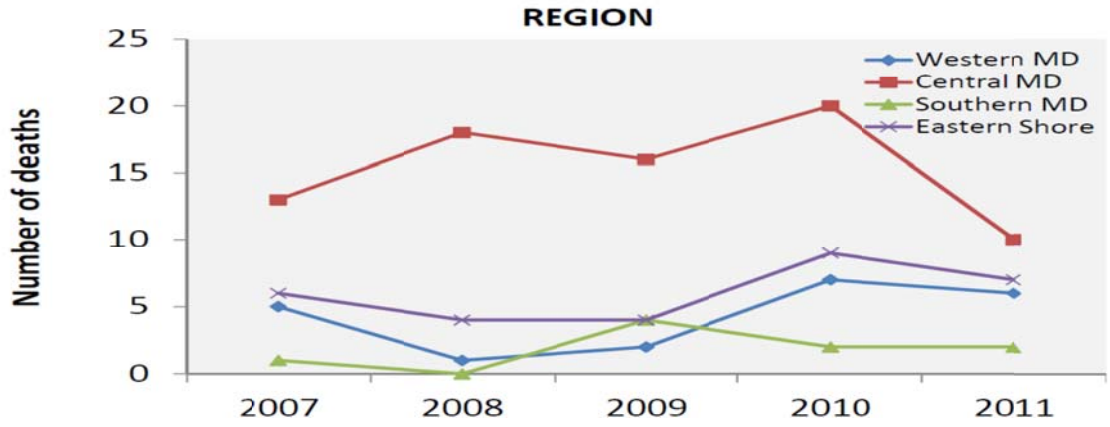
The Southern Maryland region appears to have the lowest numbers of methadone-related deaths among the Maryland regions for 2007-2011. Rates in the Southern Maryland region have seen less fluctuation than other Maryland regions. Methadone deaths are highest in the Central Maryland region.

Figure 23. Number of Methadone-Related Deaths Occurring in Maryland by Place of Occurrence, 2007-2011.



Fentanyl deaths are less common. The Southern Maryland region has seen an average of 1-2 deaths each year from 2007-2011.

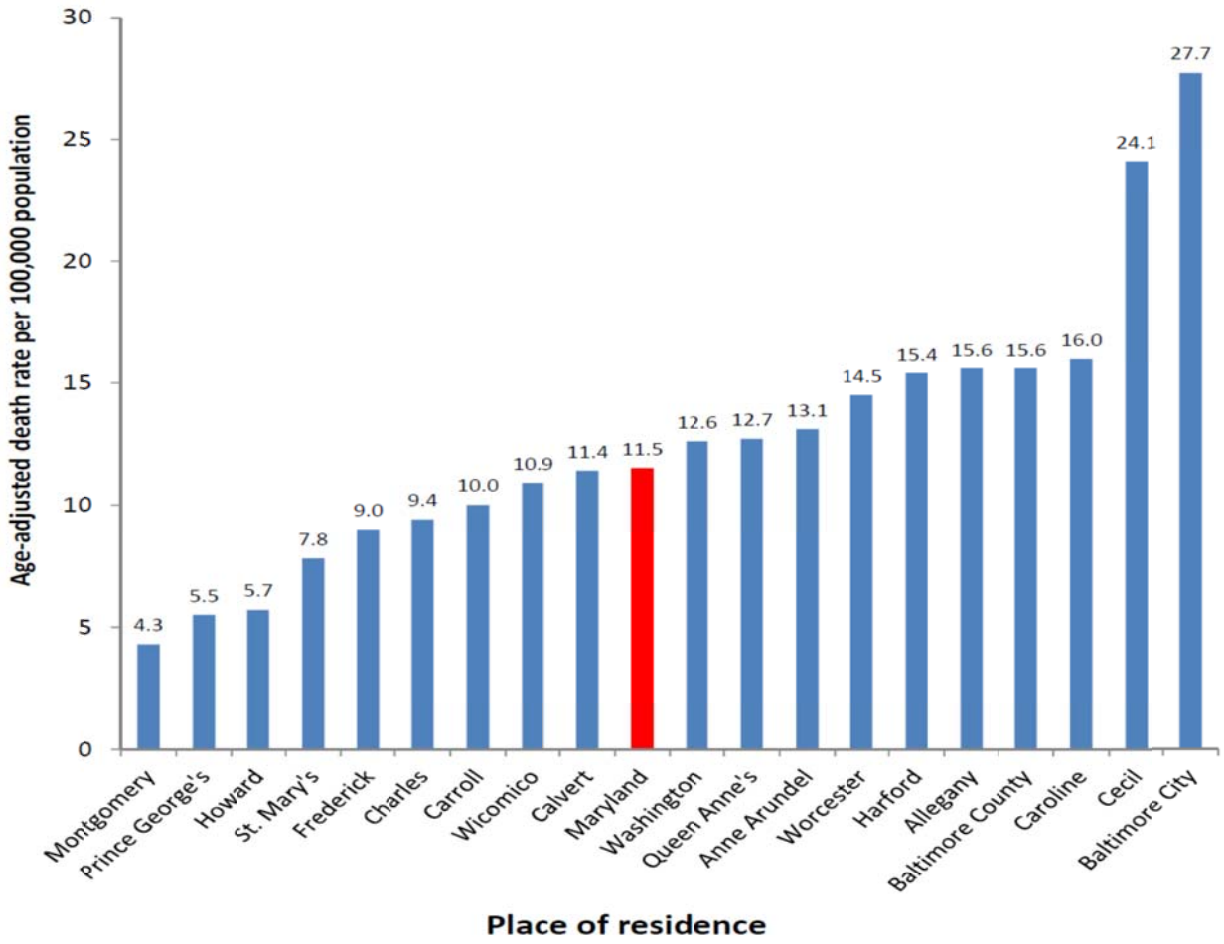
Figure 27. Number of Fentanyl-Related Deaths by Place of Occurrence, Maryland, 2007-2011.



From 2007-2011, Charles County saw 63 deaths due to drug intoxication. This makes up 16% of the drug intoxication deaths for the Southern Maryland region. 45 of those deaths were Opioid-related (71%). 21 deaths were heroin-related; 27 were prescription opiate-related. 17 deaths were oxycodone-related. Nine were methadone-related, and one death was tramadol-related.

The 2007-2011 average age-adjusted death rate for total intoxication deaths for Charles County residents was 9.4 per 100,000. This is below the Maryland average age-adjusted drug intoxication death rate of 11.5 per 100,000.

Figure 46. Age-Adjusted Death Rates[1,2] for Total Intoxication Deaths by Place of Residence, Maryland, 2007-2011.



[1]Age-adjusted to the 2000 U.S. standard population
[2]Since rates based on fewer than 20 deaths are considered unreliable, rates are only shown for jurisdictions with 20 or more intoxication deaths over the five-year period.

Data not available:

Hospital data on the ED visits and inpatient visits for Opioid overdoses was requested from the county hospital, University of Maryland: Charles Regional Medical Center. This data would have helped to determine the Opioid usage hot spots within the county, the demographics of the high-risk population, and the potential need for a naloxone distribution plan. The retrieval of this data was found to be impossible since the primary diagnosis upon presentation in the emergency department corresponds to the patient's symptoms not the underlying cause of the symptoms. For example, a person presenting to the emergency department for a seizure-producing opiate overdose would be coded for the seizure not overdose. The hospital stated that an analysis of charts for the needed data would be a time-consuming task that they cannot take on. It is hoped that the forthcoming implementation of the ICD-10 coding system will make it easier to detect overdose data on the hospital level.

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 abuse disorder treatment providers about overdose and opportunities for effective intervention.

Strategy 1: Provide education and outreach to general medicine and specialty practitioners

The Charles County percent change in Opioid-related hospital inpatient visits from 2008 to 2011 was 0.60. This change in percentage is much greater than the Maryland state average percent change of 0.18. The same is true for Opioid-related emergency department visits. The Charles County percent change in Opioid-related ED visits from 2008 to 2011 was 0.12. This change is greater than the Maryland state average percent change of 0.07.

The Charles County 2011 opioid-related hospital inpatient admissions rate was 1.23 per 100,000. This is below the Maryland state average rate but higher than neighboring jurisdictions to the north (Prince George's 0.72 and Montgomery 0.98).

With an increase in inpatient and ED visits in Charles County for Opioid-related issues, it is important that county physicians and practitioners understand how to identify patients in need and where to refer them for treatment services. Therefore, an outreach and educational campaign is proposed.

The overall strategy includes informational outreach and education to county practitioners on the identification of drug-seeking behaviors and the means of referral for treatment services once the problem has been established. In addition, education will be provided on the need for conscience regulation of pain medication prescribing based on the expected duration of pain (i.e. prescribing only the medically necessary amount of pain medicine after surgery and not 30 days of medication).

The proposed providers for this intervention include:

- Family/general practice and primary care physicians/providers
- Obstetricians and Gynecologists
- Pediatricians
- Dentists
- Specialists with an emphasis on surgery specialists who prescribe post-operative pain medications
- Medical clinics such as Health Partners and Greater Baden Medical Clinic

Based on the above reported data that 6.05% of 12-17 year olds in the Southern Maryland region have used pain relievers in the past year for a non-medical use, pediatricians will also be a specific target for this educational intervention. Pediatrician quarter meetings at the hospital may provide a centralized location for conducting outreach to this specialty group. Education will include screening questions to

ask teens about possible misuse of prescription drugs, facts about teen prescription drug abuse and its dangers, ways that teens illegally obtain drugs, and resources for additional help.

Dentists and surgical specialists who prescribe pain medications frequently will be the focus for education on the identification of drug seekers and the need for prescribing only what is necessary.

Outreach and education to obstetricians, gynecologists, pediatricians, and University of Maryland: Charles Regional Medical Center birthing center staff will address issues surrounding drug-affected newborns (DANS). Currently, county hospital social workers and birthing staff work together to identify and treat DANS babies born at the hospital.

Education will extend beyond the physicians themselves, as the Charles County Drug and Alcohol Council has purchased educational materials on Opioid prevention and response to be available to consumers in patient waiting rooms and community health events such as the county fair.

The partnerships with county medical clinics such as Health Partners and Greater Baden Medical Center will enhance the identification of high-risk individuals and set up a referral system for appropriate treatment. Greater Baden Medical Center and Health Partners have been identified as potential partners who could identify high-risk populations. The Charles County Department of Health has offered to provide information, staff, and resources for patients at these local clinics. Additionally, the department will explore the possibility of establishing a CDS agreement with Greater Baden, who is the federally qualified health center in Charles County.

Strategy 2: Provide education and outreach to Behavioral Health Providers, including mental health and substance abuse treatment providers

Charles County has seen an increase in the number of people seeking substance abuse treatment services for heroin and prescription opiates. The FY2010 Charles County prescription opiate-related treatment admission rate was 225.0 per 100,000. This was much higher than the Maryland state average rate of 131.5 per 100,000.

When examining treatment admissions by age, all age groups have seen increases from 2008 to 2010. The number of Charles County residents under 18 years of age seeking treatment for prescription opiates increased from 8 to 22 between 2008-2010. The number of Charles County residents 18-25 years seeking treatment for prescription opiates and/or heroin increased from 25 in 2008 to 66 in 2010. The number of Charles County residents over the age of 21 years seeking treatment for prescription opiates and/or heroin increased from 148 in 2008 to 274 in 2010. With the increase in need, collaboration is needed to pool resources and accommodate all those seeking treatment services.

One of the main goals of the Charles County Local Health Improvement Plan is to establish and maintain new partnerships with behavioral health providers and mental health clinics within Charles County. The Charles County Department of Health plans to reach out to the Methadone program within the county to gain their buy in and support for the proposed activities. As the only methadone clinic in the county, their participation is integral.

Additionally, the plan must include the support and participation of Walden Sierra, who is the only detoxification center for the Southern Maryland region.

The Charles County Department of Health has the advantage of having a mental health clinic and substance abuse treatment clinic within its facilities. Two strategies could include the enhancement of Opioid-related messages given to patients in those clinics and the education and/or refreshment of information to those providers on how to identify/talk to/refer patients for services.

It is anticipated that the outreach and educational efforts will help to establish solid working relationships and lead to the recruitment of new psychiatrists willing to prescribe Buprenorphine/Suboxone.

Instruction will be given on ways that behavioral health providers can incorporate overdose prevention plans into all treatment plans at the time of first meeting.

Beyond providers of behavioral health services, the Department of Health will provide outreach and education to the county mental health support and advocacy groups for mental health consumers and families such as NAMI and Our Place.

Strategy 3: Enhance collaborative efforts with, garner support from, and provide education and resources to local hospitals

From 2007-2011, Charles County saw 63 deaths due to drug intoxication. 45 of those deaths were opiate-related. That represents 71% of the drug intoxication deaths for the county.

As previously mentioned, Charles County has seen an increase in the percentage of hospital inpatient and emergency department visits that are Opioid-related. Therefore, the support and buy in of local hospitals serving Charles County residents is instrumental to the establishment, implementation, and sustainability of a county-wide Opioid overdose prevention program. The Behavioral Health Team of the Partnerships for a Healthier Charles County has identified Opioid overdose as a concern in Charles County and has proposed enhanced collaboration as a strategy toward addressing the problem.

Other regional hospitals will also be asked to participate since Charles County residents often travel outside of the county for services. Contact will be made with St Mary's Hospital, Calvert Memorial Hospital, and Southern Maryland Regional Medical Center.

Some proposed interventions/strategies with University of Maryland: Charles Regional Medical Center include:

- The institution of Screening, Brief Intervention, and Referral to Treatment (SBIRT) in the emergency department
- Education to address prescribing practices in the emergency department and post-operative care for drugs of abuse especially opiates and benzodiazepines.
- Education and outreach to all county physicians on the rise in persons seeking assistance for prescription drug abuse.

Physician staff meetings and specialist quarterly meeting could provide an opportunity to provide an update on the issue in the county and nationally, alert them to the need to educate patients on the potential of abuse. They will be instructed on how they can use brochures such as SAMHSA's "Talking to Your Patients About Prescription Drug Abuse" which advises providers on screening questions to ask teen and adult patients about possible misuse of prescription drugs and gives facts about teen prescription drug abuse and its dangers and the Federal Guidelines for Proper Disposal of Prescription Drugs.

(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.

1. Charles County Court System

Charles County Juvenile Drug court:

The 2009 Charles County Juvenile arrest rate for possession of drugs was 381.8 per 100,000. This exceeded the Maryland state average juvenile drug possession arrest rate of 337.8 per 100,000. The juvenile drug court will provide an opportunity to address and possibly reduce drug use among those juveniles who have been arrested for possession of drugs.

The mission of the CCJDC is to reduce participants' alcohol and other drug use and related problems through multi-disciplinary intervention, treatment, monitoring, and intensive judicial case management. The program's overall objective is for a healthier and safer lifestyle for young people and their families.

Goals of the Juvenile Drug Court that coincide with the Opiate Overdose Prevention Plan include:

- Identify, refer, screen, and supervise juvenile offenders at the earliest possible opportunity, thereby promoting youth and family wellness, sobriety, and community safety.
- Coordinate and monitor treatment services for youth and family so as to provide intensive, comprehensive and appropriate AOD [alcohol and other drug] treatment as well as mental health treatment, education and vocational services, and other public services.

Collaboration with the Charles County Juvenile Drug Court is vital to the success of the county opiate overdose prevention plan and to the quality improvement of the drug court system.

Charles County Family Recovery Court:

The Charles County Family Recovery Court - the first of its kind in Southern Maryland - targets drug addiction, which plays a prominent role in court proceedings involving alleged child abuse and neglect. Substance abuse is cited in about 80 percent of Child In Need of Assistance (CINA) cases; many of the children end up in foster care.

The family recovery court is an effort to break a cycle. A lot of CINA mothers were CINA children themselves. Substance abuse appears as a factor in child custody and visitation hearings. Upon entering the program, participants undergo random, frequent drug testing, intensive outpatient treatment, and make frequent court appearances.

After the initial phase of treatment, the program focuses on helping patients rebuild their lives. That assistance includes help securing mental health counseling, General Education Development classes, parenting courses and job skills training. Therefore, it is essential that the Family Recovery Court have the most updated information on all available services and means of referral for opiate addiction treatment services.

2. Individuals in the Criminal Justice System and Transitional Housing

Incarcerated Population: The Charles County Department of Health's Division of Substance Abuse Treatment and Prevention Services has a long-standing relationship of working with the county jails to provide substance abuse treatment services to the incarcerated population. This program will be continued and opportunities for enhancement will be explored.

Those in transitional housing: Individuals living in transitional housing will be provided outreach and education on opiate overdose and response. The potential for relapse back into addiction is high in this population. Therefore, they need to be aware of the services and resources available. Education on the signs of opiate overdose and the availability of overdose counter measures, such as naloxone, may lead to a decrease in opiate related deaths.

3. Youth/College Age Approaches:

A 2006-2008 average estimate of non-medical use of pain relievers in the past year for Charles County residents aged 12-17 years was 6.05%. This is higher than the Maryland average estimate, which is 5.2%. Additionally, newly released data for 2008-2010 found that this percent estimate for Charles County residents 12-17 years has increased to approximately 7%. With increased usage among youth, it is imperative to collaborate with the county school system and other youth clubs/organizations.

School Board Curriculum:

The Charles County Department of Health has a strong working relationship with the Charles County Public School System. It is proposed that the Department of Health will work with the schools to devise a curriculum to target teens aged 12-17 years on the possible misuses of prescription drugs, facts about prescription drug abuse and its dangers, and resources for help. Additional materials need to be developed to educate the parents. One outlet for setting up a school-based program is the Charles County Department of Health: School Nurse Program. All Charles County school nurses could be educated on opiates and their presence in the county during one of their quarterly in-services.

Youth Groups and Clubs:

There are many well established groups in Charles County who undertake community service projects aimed at health topics. The Department of Health would like to partner with youth clubs such as the New Life church youth group and the Thomas Stone High School Young Researchers Community Project.

Additionally, opportunities for awareness activities on the college level will be developed through the College of Southern Maryland Safe Communities Center and BACCHUS group. There is the potential to use this group to develop community PSA's at the College of Southern Maryland that can be relayed through the local cable channel to discuss what is currently happening in the county as well as what individuals can do to get help.

(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.

Initiative 1: Education of Key Stakeholders

The reported non-medical use of pain relievers in the past year has increased in Charles County regardless of age or socioeconomic status. The highest reported non-medical use of pain relieved was in the 18-25 years age group. 9.5% reported using in the past year. This is more than double the Charles County overall estimate of 4.05%.

Additionally, the Charles County Sheriff's Office has reported a 3000% increase in the number of arrests in Charles County due to Opioid-related crimes. With this compelling data, Charles County Commissioners Candice Quinn Kelly and Bobby Rucci convened a task force to discuss the problem within the county and what services are currently available. They have requested additional information from many county partners including the Charles County Department of Health, the Charles County Sheriff's Office, University of Maryland Charles Regional Medical Center, and Walden Sierra, in order to get a better understanding of the issue. They have also discussed partnering with the Department of Health to provide open community forums and presentations to providers and the general public. The Department of Health would like to present additional data and proposed interventions/strategies to the county commissioners at one of their meetings and also provide them with a resource manual that can be used to help them develop new policies to reduce opiate addictions and deaths in Charles County.

It is also crucial that county organizations know the resources that are available for substance abuse treatment. Therefore, other potential stakeholders to target with education include:

- The Charles County Public Schools
- The Charles County Department of Health Divisions

- The State's Attorney's Office and Courts System

Initiative 2: Establishment of an Opiate Overdose Fatality Review Team

Since demographic data on Opioid deaths and near misses has not been available from University of Maryland: Charles Regional Medical Center, Charles County would like to establish an overdose fatality review team who can review Office of the Chief Medical Examiner investigative reports and other available information related to overdose incidents. An examination of this data will lead the team to develop new concepts and identify new policies to address the opiate overdose issues.

Potential partners to serve on the Overdose Fatality Review Team:

- University of Maryland Charles Regional Medical Center
- Charles County Department of Health
- Charles County Department of Social Services
- Charles County Sheriff's Office
- Charles County Public Schools
- Charles County EMS
- Charles County Circuit Court
- College of Southern Maryland
- Tri-County Youth Services Bureau
- Members of Faith-based Community
- Substance Abuse Treatment Providers
- Walden Sierra

Initiative 3: Assessment of Need for County level Naloxone Training and Distribution Program

The Charles County Department of Health will examine the possibility of a naloxone training and distribution program after a needs assessment of the county opiate overdose data provided by University of Maryland Charles Regional Medical Center. The Department of Health will determine the need for naloxone distribution, community readiness for implementation, and key stakeholder buy-in for the program.

Initiative 4: "Out of the Box" Community Partnerships

Charles County Sheriff's Office and Parks and Recreation:

Since the Charles County Sheriff's Office has reported a 3000% increase in Opioid-related arrests in Charles County in the last decade, the Department of Health plans to partner with the Charles County Sheriff's Office and the Charles County Parks and Recreation to identify opiate usage hot spots within the county, "clean up" those areas, increase the perception and level of safety, and make sure that all residents are aware of the county's drug-free parks. Resource officers located within the Charles County Public Schools may also serve as valuable liaisons for educating the school-age population on the dangers and potential of prescription drug abuse.

Charles County Emergency Medical Service:

The Charles County Department of Health will work closely with the public information officer for EMS to develop educational materials and public service announcements (PSA) on naloxone availability in county medic units and its potential to save lives.

Charles County Department of Health: HIV/AIDS Program:

A partnership will be established to provide information on the potential of opiate overdose among the HIV/AIDS population in Charles County. Intravenous drug use is a mode of transmission for HIV. Additionally, those with unsafe sexual practices are also prone to engage in other high-risk behaviors such as illicit drug use.

Charles County Faith-based Community:

Two strategies are anticipated for the faith-based approach. Education of the ministers will help them to better educate and refer their parishioners for substance abuse treatment. The second strategy is to target the youth groups who can develop peer-focused PSA's to address the potential for and dangers of prescription drug abuse.

Section 3: Performance Metrics

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

Goal 1: Decrease the percentage of Southern Maryland residents aged 18-25 years who report non-medical use of pain killers in the past year from 9.5% to 8.55% (a 10% decrease) by the end of 2016.

Problem Statement	**Strategies** *(Identify each strategy you will employ to affect your goal.)*	**Activities** *(List each activity implemented to support the strategy)*	**Measurable Outcomes/ Timeline**
County providers with prescribing privileges may prescribe more pain medication than is needed to regulate pain over a short period of time.	Provide education and outreach to general medicine and specialty physicians. Provide education and outreach to Behavioral Health providers, including mental health and substance abuse treatment providers. Provide education to address prescribing practices in the emergency department and post-operative care for drugs of abuse.	Conduct provider education sessions on regulation of pain medication Educate and inform county providers on the referral for Opioid-related treatment and available resources for identification of drug-seeking persons. Information distribution to county physicians, pediatricians, and dentists offices on opiates and available resources for treatment of abuse. Enhance Opioid-related messages given to patients in health department's mental health and substance abuse clinics. Educate their providers. Outreach to county mental health support and advocacy groups such as NAMI and Our Place.	Conduct 4 educational/informational sessions to general practitioners, specialists, dentists, OBGYN's, and FQHC's by the end of FY2016. Conduct 2 presentations to public mental health system providers by the end of FY2014. Convene 1 conference with substance abuse treatment providers including the methadone clinic and Walden Sierra by the end of FY2014. Establish 4 partnerships with local hospitals serving Charles County residents by the end of FY2015.

		Enhance relationship with Walden Sierra.	

Goal 2: Decrease the Charles County Opioid-related hospital inpatient admissions rate from 1.23 per 100,000 to 1.1 per 100,000 (a 10% decrease) by the end of 2016.

Problem Statement	**Strategies** *(Identify each strategy you will employ to affect your goal.)*	**Activities** *(List each activity implemented to support the strategy)*	**Measurable Outcomes/ Timeline**
There is a lack of communication between University of Maryland Charles Regional Medical Center and local substance abuse providers on the availability of services.	Enhance collaborative efforts with, garner support from, and provide education and resources to local hospital.	Provide education to address prescribing practices in the emergency department and post-operative care for drugs of abuse. Institute SBIRT in the emergency department. Provide outreach to all hospital personnel on the rise in persons seeking assistance for prescription drug abuse and how to refer them for services. Work on the relationship with the county hospital and other local hospitals who serve county residents in order to partner on new programs. Initiate talks with hospital ED staff and other pertinent staff on the feasibility of instituting SBIRT or a better referral system for substance abuse treatment services.	Establish 4 partnerships with local hospitals serving Charles County residents by the end of FY2015. Implement 1 educational strategy in partnership with The University of Maryland Charles Regional Medical Center to enhance hospital capacity for screening, education, and referral by the end of FY2016.

Goal 3: Increase those over 21 years of age seeking treatment for opiates from 274 to 301 and those 18-25 years of age seeking treatment for opiates from 66 to 73 by the end of 2016 (10% increase).

Problem Statement	**Strategies** *(Identify each strategy you will employ to affect your goal.)*	**Activities** *(List each activity implemented to support the strategy)*	**Measurable Outcomes/ Timeline**
The community and its key stakeholders and leaders do not understand the scope of the problem in terms of opiate usage and overdose.	Reach out to high risk populations. Education of key stakeholders and community leaders. Develop new partnerships with "out of the box" community organizations.	Educate those in Charles County Court System, Criminal Justice System, and Transitional Housing. Link them to treatment services when needed. Develop approaches geared toward college-age and young adults to decrease opiate usage among those 18-25 years. Recruit organizations and agencies such as Charles County Emergency Management Services, the Sheriff's Office, the Charles County HIV/AIDS Program, and the faith-based community.	Establish 4 partnerships with local hospitals serving Charles County residents by the end of FY2015. Implement 1 educational strategy in partnership with University of Maryland Charles Regional Medical Center to enhance hospital capacity for screening, education, and referral by the end of FY2016. Establish 3 new partners for the recruitment and education of high-risk individuals and communities for treatment by the end of FY2015. Develop 1 curriculum with the Charles County Public Schools to address prescription drug abuse by the end of FY2016. Develop 1 awareness campaign with Youth from a church, school, or the college by the end of FY2014.

			Educate 5 county commissioners on the issue of opiate overdose in Charles County by the end of FY2014. Recruit 4 "out of the box" community partners to develop and work on community outreach and education on opiate overdose prevention and response by the end of FY2014.

Goal 4: Decrease the percentage of drug intoxication deaths in Charles County that are opiate-related from 71% to 64% by the end of 2016 (10% decrease).

Problem Statement	**Strategies** *(Identify each strategy you will employ to affect your goal.)*	**Activities** *(List each activity implemented to support the strategy)*	**Measurable Outcomes/ Timeline**
There are only a small number of drug intoxication deaths in Charles County each year; however, little data is available on those cases or on the near misses that presented to the county hospital emergency department.	Establish an opiate overdose fatality review team. Recruit county psychiatrists who are certified to prescribe Suboxone/Buprenorphine.	Educate psychiatrists on Opioid overdose and on Suboxone certification. Actively recruit more psychiatrists to prescribe Suboxone. Conduct an assessment of the opiate overdose data from University of Maryland Charles Regional Medical Center to determine demographics of cases presenting to ED. Determine community readiness and need for a naloxone distribution program. Set up an opiate overdose fatality team. Recruit members from all facets of the substance abuse arena. Work on the relationship with the county hospital and other local hospitals who serve county residents in order to partner on new programs. Initiate talks with hospital ED staff and other pertinent staff on the feasibility of instituting SBIRT or a better referral system for substance abuse treatment services.	Establish 4 partnerships with local hospitals serving Charles County residents by the end of FY2015. Implement 1 educational strategy in partnership with University of Maryland Charles Regional Medical Center to enhance hospital capacity for screening, education, and referral by FY2016. Provide information on Suboxone certification to 6 outpatient mental health clinics and all private practice psychiatrists who take medical assistance by the end of FY2014. Undertake 1 needs assessment to examine opiate overdose hospital data by the end of FY2014. Conduct one needs assessment to determine the need for, community readiness for, and stakeholder buy-in for a naloxone distribution program by the end of FY2014. Establish 1 opiate overdose fatality review team by the end Of FY2015.