



**Prince George's County Health Department
OVERDOSE PREVENTION PLAN
June 2013**

I. Review and Analysis of Data

A. Sources and Summaries

1. **DHMH (2012). “Drug and Alcohol Intoxication Deaths in Maryland, 2007 – 2011.”** Baltimore, MD. Retrieved from www.dhmh.maryland.gov/publicrelations/pr/docs/Maryland%20Intoxication

The data presented in this brief report was obtained from the Office of the Chief Medical Examiner. The report stated that, while deaths resulting from intoxication had seen a decrease, in particular among African-Americans, between 2007 and 2011, that overall deaths from prescription drug intoxication had increased. At 5.4 per 100,000 population members Prince George’s was one of five counties with lowest numbers of intoxication deaths in 2011.

2. **SAMHSA (2011). “The DAWN Report: Highlights of the 2010 Drug Abuse Warning Network Findings on Drug-Related Emergency Department Visits.** Rockville, MD. Retrieved from www.samhsa.gov/data/dawn.aspx

A multi-level search of DAWN website revealed no public data specific to Prince George’s County, its jurisdictions or its hospitals; the Baltimore metro area was the only metropolitan area in close proximity for which data were reported.

3. **CESAR (2013). “CESAR FAX” Buprenorphine Series – 2011-2013.** College Park: University of Maryland. Retrieved from www.cesar.umd.edu/cesar/pubs/

No information specific to Prince George’s County identified.



4. **Herrera, L. (2013). "Prescription Drug Abuse: Statewide Initiatives." DHMH. PowerPoint retrieved from www.iwif.com/about-iwif/iwif-new-and-media-room/seminars/2013**

Using data from the SMART system, this report identified that there were 17.17 prescription opiate-related treatment admissions in Prince George's County in 2011, the lowest in Maryland; the next lowest number of such admissions recorded, 52.51 (Montgomery County), was triple the number recorded in Prince George's. The intoxication death rate in Prince George's County, at 6.03 per 100,000, was less than half of the statewide Maryland rate in 2011; only Montgomery County and Howard County had lower rates.

The report further presented data from the ESSENCE system for the first 4 months of 2012 regarding overdose-related chief complaints in emergency departments by county; 503 such complaints were recorded for Prince George's County, compared to 410 in Montgomery, 618 in Anne Arundel, 705 in Baltimore County and 918 in Baltimore City. These numbers represented less than 50% of all emergency department chief complaints in Baltimore City and Prince George's County, just over 50% in Montgomery, and far beyond 50% of chief complaints in Anne Arundel County and Baltimore County emergency departments.

5. **PGHD (2013), Clients reporting opioid use at multiple clinic sites; PGHD (2013), Clients enrolled in opioid treatment programs; PGHD (2013), PGHC Emergency Department client referrals for opioid use.**

Clients reporting use of opioids, 2011: 190
Clients reporting use of opioids, 2012: 225

Clients enrolled in MAT services, 2011: 191
Clients enrolled in MAT services, 2012: 182

Of 168 patients of the Prince George's Hospital Center Emergency Department referred to speak with Counselor on duty during the six-month period spanning July – December 2012, 3 identified benzodiazepines their drug of choice, and 15 identified opioids as a drug of choice. Only 2 of the 15 opioid users used opioids alone; the remaining 12 used opioids in



combination with alcohol (3) or other drugs (9). Four of the 168 patients were identified by the Counselor as suspected overdoses, including 1 from alcohol poisoning and 1 from anti-freeze.

6. **Various criminal justice reports regarding drug arrests, seizures and testing relevant to or near Prince George's County – Department of Public Safety and Corrections StateStat, GOCCP, FBI Uniform Crime Report, CESAR/ Division of Probation and Parole OPUS program**

Arrest and other criminal justice data 2012 – 2012 indicated major drug seizure activity focused on marijuana and cocaine, occasionally in combination with smaller quantities of heroin. A single cross-border (MD/D.C.) seizure involving heroin was reported; no major arrest activity for prescription drugs was identified.

B. Preliminary Analysis, based on data reviewed thus far

1. Scope/extent of problem
2. Nature of problem
 - i. Demographics
 - ii. Specific drug choices and Drug sources
 - iii. Impact on community, agencies, institutions

II. Action Steps

A. CONTINUE TO BUILD PLANNING GROUP

The first Planning group met June 6, 2013; currently comprised of public safety entities, mental health authority, and medical/ administrative/ pharmacy leadership of large private and public health and medical institutions serving Prince George's County.

Seeking to add representation from chronic pain centers and University of Maryland School of Public Health and have ongoing meetings in September, December, March and June.

Address:

- Opioid overdose issue, and
- Drug issues that may pose a greater immediate problem for Prince George's County, e.g., crises related to PCP use, which results in 4 – 5 daily Emergency Department admissions at Prince George's Hospital Center. Data needed from other Emergency Departments.



Develop:

- Guidelines for information-sharing
- Guidelines for patient management
- Implementation plan for activities listed below

Consider:

- How to involve DEA

B. CONTINUE TO COLLECT AND REVIEW DATA

- 1. Hospital Emergency Department data – Prince George’s, Doctor’s, Laurel, Southern Maryland –**
 - a. Overdose visits
 - b. Visits by individuals seeking pain medication
 - c. Documentation of vicious cycle of patients receiving ED care, returning to the street, and then reappearing in ED – both quantitative (how many patients fit the pattern) and qualitative (interviews with some of these patients, to understand how they address their pain or addiction between ED visits)
- 2. Private physician data –**
 - a. Methadone prescribing for pain management
 - b. Prescribing of other opioids
 - c. Decision-making about prescription of drugs for pain
- 3. Fire/EMS**
 - a. Emergency Response maintains very substantial data regarding drug issues.
- 4. Police**
 - b. County Police Department maintains excellent data regarding drug issues.

KEY TASK: Create a centralized county resource/repository for alcohol and drug use data.

C. CONDUCT CLINICAL EDUCATION

Use and publicize Health Department website as a vehicle for education. Provide brief tips, resources and articles, and links to longer articles and research studies. Some key topics to include: Decision-making about prescription of drugs for pain; electronic prescribing; Prescription Drug Monitoring Program; tracking “frequent flyers”; handling intoxicated patients; drug use statistics and trends.



Additionally, encourage and support designation and training of “Medical Safety Officer” at every practice, clinic, pharmacy, hospital and other health organization, to serve as “Go-to” person for professionals and staff who have questions. This has the potential to develop into a game-changing county-wide norm, creating the opportunity for interface and information-sharing between medical practices/clinics across the county when Safety Officers convene.

Target:

1. Private medical practices

- Make targeted efforts to reach pain management clinics, orthopedic practices.

2. Pharmacies and pharmacists

- Pursue opportunities to educate through licensing and credentialing boards.

3. Hospital staff and leadership

- Opportunities exist for standardizing process of short-term prescribing for pain, handling frequent flyers, and more.

4. All practicing physicians and extenders (including physician assistants, nurse practitioners)

- Pursue opportunities to educate through licensing and credentialing boards, MedChi

D. CONDUCT COMMUNITY EDUCATION

Develop and implement a public relations campaign. Core Services Agency has significant capacity to assist with this. In addition to providing basic information about the dangers of drug overdose, incorporate information on pain, prescription medications, PDMP. Utilize media as well as health fairs. Develop a phone app for drug education. (Note: Up to \$20,000 for Social Marketing available in FY2014 budget for Prevention/Environmental Strategies.)

Targets:

1. Criminal justice agencies/institutions



2. Behavioral health treatment providers
3. Citizens and residents/neighborhood, social and faith groups

E. CONDUCT SCREENING, EDUCATION AND REFERRAL FOR HIGH-RISK INDIVIDUALS AND COMMUNITIES

Targets:

1. Emergency Department patients
2. Clients enrolled in substance abuse and/or mental health treatment
3. Inmates at Department of Corrections
4. Drug Court and Mental Health Court participants
5. Individuals presenting at local hospital emergency departments with overdose or other drug-related complaints
6. Communities from which these individuals (a – c, above) come, based on zip code data supplied at screening

F. INITIATE HOSPITAL PHARMACY AND PRIVATE PRACTICE REPORTING PROGRAM – monthly voluntary reporting to Health Officer of:

1. Overdose-related cases,
2. Visits or prescription requests by possible high-risk clients
3. Thefts of prescription drugs or prescription-writing materials

G. OTHER INTERVENTIONS AND INITIATIVES

1. Prescription drug disposal opportunity enhancement
 - a. Establishment of observed prescription drug drop-off sites at secure, with regular pick-up and monitored disposal
 - b. Collaboration with criminal justice community on their periodic prescription drug take-back events.
2. Develop Emergency (“COOP”) Plans to handle patients in case of closure of large pain clinics.

III. Performance Metrics

1. **Overdose-related ED chief complaints – numbers**



2. **Participation in voluntary monthly reporting - percent of:**
 - a. Local hospitals,
 - b. Private physician practices, and
 - c. Local pharmacies

3. **Individual education episodes – numbers at:**
 - a. Hospitals,
 - b. Clinics,
 - c. Private practices, and
 - d. Department of Corrections

4. **Group training presentations by:**
 - a. Health Department physician and nursing staff

Contacts for this Plan:

Pamela Creekmur, Health Officer

pbcreekmur@co.pg.md.us

301-883-7834

Ronald Bates, Program Chief

rfbates@co.pg.md.us

301-883-5920

Dr. B. Toloria Braswell, MD, Medical Director

btbraswell@co.pg.md.us

301-883-5920