

Somerset County Opioid Overdose Prevention Plan

Somerset County's Opioid Overdose Prevention Plan was developed after a review of current professional literature and national, state and local data to document trends, issues and successful interventions. An analysis of local programs, their policies, procedures and services was also conducted.

These reviews clearly document the scope of prescription and illicit opioid abuse and its consequences. Maryland data illustrated that overall drug and alcohol deaths have declined since 2007 with the exception of prescription opioids which have risen steadily since 2009. Heroin overdose deaths declined sharply from 2009 to 2011, but have risen for the first half of 2012.

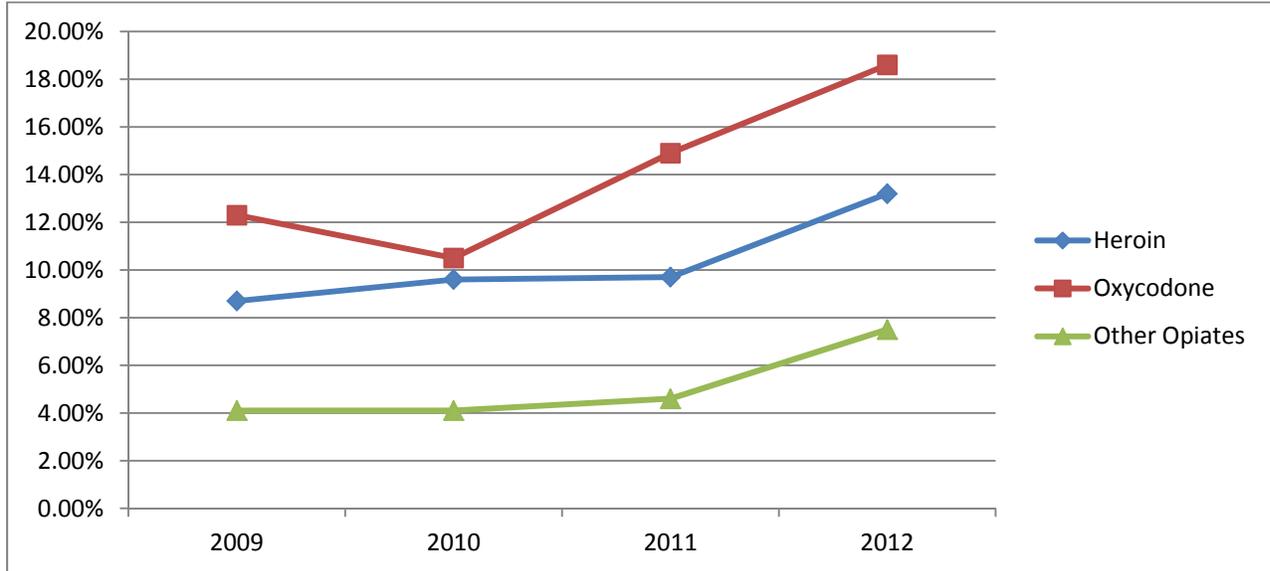
Somerset County's numbers are extremely low, but suggest a similar trend. The following chart details intoxication deaths by substance in Somerset County from 2007 to 2011.

Substance	2007	2008	2009	2010	2011
Total Intoxication Deaths	6	3	4	1	3
Total Opioid Related Deaths	5	3	2	1	3
Heroin Related Deaths	2	1	1	0	1
Prescription Opioid Related Deaths	4	3	1	1	3
Oxycodone Related Deaths	0	0	1	1	2
Methadone Related Deaths	3	2	0	0	1

It is difficult to draw any conclusions from a data set that is this small, but it does illustrate that overdose deaths declined by 80% from 2007 to 2010, but rose sharply in 2011. Although 2012 and early 2013 data is not yet available, anecdotal data suggests a continual increase in opioid overdose deaths for these years. The data also illustrates that individuals are overdosing on a combination of opioids, not just a single substance. Whether this is intentional or accidental is unknown, but it likely contributed to the overdose deaths.

Although opioid overdose deaths may have declined slightly in Somerset County since 2007, opioid use has not. A review of admission data to state supported treatment involving Somerset residents from 2009 to 2012 shows a sharp increase in percentage for heroin and prescription opioids.

Percentage of Admission By Substance



Opioid admissions accounted for 26% of overall admissions in 2009, but have risen to 40% of admissions for 2012 to date. In spite of a growing heroin and prescription opioid abuse problem in Somerset County, admissions to state supported treatment of Somerset County residents declined from 391 in 2009, to a low of 329 in 2011, but climbed sharply to 371 for 2012 to date. Similarly, buprenorphine admissions were 33 in 2009, but fell to 19 in 2011 before rising to 42 for 2012 to date. It is speculated that this decline from 2009 to 2011 was related to the ease of obtaining prescription opioids until 2011 when several local physicians had their license revoked for prescription abuses. This led to an increase in enrollment in treatment programs and specifically to medication assisted treatment programs.

An analysis of opioid admissions for Somerset County residents to the Somerset County Health Department, the only substance abuse treatment provider in the county, reveals that 96% are white, approximately 70% are female and 90% are between the ages of 25 to 34. Based on this data, high concentrations of opioid abusers reside in Crisfield and Deal Island. It is important to note that this data represents residents admitted to treatment, and may not be representative of the total population with opioid abuse issues. Anecdotal data obtained through focus groups suggest that overall, a significant number of white males, aged 35 to 54 are abusing opioids but do not seek treatment.

At present, only residents residing in the two incorporated towns, Princess Anne and Crisfield, are covered by paramedics for emergency calls. Volunteer EMT's and firemen respond to all other 911 calls. Due to this coverage, only a small area of Somerset County has Naloxone available when 911 is called for a drug overdose.

In summary, a review of the data suggests the following:

- Although the overall number of opioid overdose deaths is small, even one death causes significant loss in a small community

- Increasing number of residents who are presenting for opioid abuse treatment report use of multiple opioids, thus increasing the likelihood of overdose deaths.
- Few residents who abuse opioids have access to Naloxone to reverse the effects of an overdose
- Opioid abuse is a growing issue in the community, requiring increased prevention and treatment strategies to reverse the trend and prevent opioid overdose deaths.

Goal 1: Expand and Enhance Education of Clinical Community and General Public

Problem Statement	Strategies	Activities	Measurable Outcomes/Timeline
<p>Availability and Access to Prescription Medication.</p>	<ol style="list-style-type: none"> 1. Educate clinical community on prescription drug abuse. 2. Present REM's complaint continuing education program for prescribers. 3. Educate public on ways to reduce availability and access to prescription medication. 	<ol style="list-style-type: none"> 1. Educate providers on Prescription Drug Monitoring Programs. 2. Assist with recruitment of prescribers to participate and provide logistical support and facilities. 3. Publicize locations and dates of drop off boxes. 4. Educate public on safe storage of prescription medication. 5. Educate public on consequences of "sharing" prescription medications. 	<ol style="list-style-type: none"> 1. Ten healthcare providers will receive educational information in FY2014. 2. Ten providers will participate in REM's complaint training in FY2014. 3. Increase utilization of drop off sites by 10% for FY2014. 4. 1,000 individuals will receive educational material on proper storage/disposal of prescription medications. 5. 1,000 individuals will receive educational material on consequences of "sharing" prescription medications.

Goal 2: Outreach to High Risk Individuals and Communities

Problem Statement	Strategies	Activities	Measurable Outcomes/Timeline
Low perception of harm.	Educate public on dangers of opioid use and overdose potential	Distribute Opioid Overdose Prevention Plan brochure and additional educational material at targeted sites throughout the community. Develop billboards and signs to educate on danger of opioid abuse and provide action steps.	1,000 brochures/educational materials will be distributed in FY2014. 1 billboard and 2 bus signs will be installed in FY2014
Underutilization of treatment programs.	Deliver message that treatment is effective and available for all levels of care.	Develop brochures on Medication Assisted Treatment and distribute at strategic locations throughout the county (doctor offices, hospital emergency room, pharmacies, Health Fairs, etc.) Enhance website at Health Department.	Increase enrollment in treatment programs for opioid dependent adults by 10% every 6 months for the next 24 months.

Goal 3: Increase Availability of Naloxone in Community

Problem Statement	Strategies	Activities	Measurable Outcomes/Timeline
Family members and EMT's are not able to utilize Naloxone to protect those who are at risk for overdose.	Educate and certify individuals who are able/appropriate to administer Naloxone.	Distribute information on training locations for EMT's and assist with logistics if needed. Participate in Train the Trainer program to certify family members to receive prescription for Naloxone.	90% of all EMT's will be certified in FY2014. 2 staff members will complete the Train the Trainer program to be developed by ADAA. A minimum of 10 family members will become certified in FY2014.