

Worcester County Health Department

# Local Overdose Prevention Plan



4/30/2013  
Revised 7/5/2013

## 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.

**\*Note: The Department is currently finalizing the process for providing OCME data to local jurisdictions..**

Worcester County reviewed the data from:

- Maryland DHMH Drug and Alcohol Intoxication Deaths Report from 2007-2011.
- ADAA SMART database regarding Worcester County trends in Opioid Related Treatment Admissions from 2008 through 2011.
- University of Maryland CESAR Fax of August 6, 2012 detailing data from DAWN regarding the *Estimated Number of U.S. Emergency Department Visits Related to the Nonmedical Use of Opioid Pain Relievers, 2006 to 2010.*
- University of Maryland CESAR Fax of January 28, 2013 detailing claims based data regarding *Persons Who Fill Buprenorphine Prescriptions Have Higher Rates of Medical Conditions Associated with Pain and Comorbid Psychiatric Disorders 2007-2009*
- Data presented at Maryland Opioid Prevention Program Conference
- CDC Vital Signs and data on Prescription Painkiller Deaths (website)
- Interview with AOD counselors and Director of Worcester County Addictions Treatment Program for anecdotal trends
- Risk Management Reports for Worcester County Health Department “code blue” events
- Interview with Worcester County Sheriff’s Deputy for anecdotal trends
- Discussion with Wicomico County and Somerset County Directors of Addictions Treatment Program- Buprenorphine

Worcester County observes trends in overdose morbidity and mortality consistent with that observed across the state of Maryland. However, there are aspects of data which suggest that Worcester may be disproportionately affected by opioid related overdoses.

The Maryland DHMH Drug and Alcohol Intoxication Deaths Report from 2007-2011 shows that Worcester has a Crude Death Rate for total intoxication deaths which is higher than the state average {Worcester 12.8 per 100,000 : Maryland 11.9 per 100,000 population}.

The age-adjusted data show that Worcester has an even greater disparity in Crude Death Rate for total intoxication deaths, compared with the state average {14.5 deaths per 100,000 population in Worcester vs. 11.5 per 100,000 population in Maryland}.

65% of all Intoxication related deaths (28 of 43) in Worcester County between 2007 and 2011 were opioid related. This compares to 77% statewide. However, 48% of total (21/43) intoxication deaths in Worcester were related to *prescription* opioids whereas 41% (1427/3450) of total intoxication deaths were related to prescription opioids statewide.

Worcester County SMART data show rising rates of entry to treatment for opioid addiction, which likely reflects increased risk of opioid related overdose, or death:

- The number of admissions to treatment for Heroin doubled in Worcester during a period in which statewide the number remained constant (2009-2011)
- The number of admissions to treatment for Oxycodone increased **8x** in Worcester, while the number increased 3X (tripled) statewide

- The total number of Opioid-related admissions to treatment tripled in Worcester while the number increased by less than 2% statewide

Anecdotally, in communication with law enforcement, and Addictions treatment program counselors, Worcester has begun to see locally the trend of increasing incidence of heroin abuse and overdose, while the incidence of prescription opioid related overdose may be decreasing. This reflects an emerging trend statewide

We currently lack county specific data of ER visits for Opioid overdose events, or ‘near misses’ not necessarily resulting in death. We would like to access additional sources of data including ER visits related to Opioid overdose in the local county hospital Atlantic General Hospital. This data would help identify the overdose incidence occurring within the county, regardless of the county of residence of the patient. Atlantic General Hospital is the closest hospital to Ocean City, MD- a resort town which hosts up to 700,000 seasonal visitors and employees during the summer months. In addition to identifying overdose rates in Worcester full time residents, we are interested in identifying overdose events which may occur in Worcester County to visitors during summer tourism season. This may provide insight into the best strategies for overdose prevention in the summer and for non-Worcester residents visiting Ocean City.

Worcester County Addictions counselors identify adolescents and young adults as another high risk group for opioid overdose. Availability of prescription pain medications within the home medicine cabinet, and the perception that prescription opioids provide a ‘safe high’ contribute to this population using prescription opioids as entry level drugs of choice. This is demonstrated in statewide trends of increasing death rates in young white women related to tramadol and oxycodone.

The population of patients who are simultaneously being treated for chronic pain management needs and chronic somatic health disorders, and who may have undiagnosed or untreated addictions disorders are at high risk of overdose. Worcester County Health Department performed analysis of contributing factors to patient events prompting the call of “code blue” in our Addictions and Mental Health clients. A trend was observed that patients were not disclosing all sources of prescribed medications, and this was considered contributory to the cause of patient decompensation or acute illness onsite.

Worcester County Health Department provides Addiction counseling to those detained in the Worcester County Jail and Addiction and Behavioral Health services upon release into the community. Individuals who are opioid dependent and who were in methadone programs do not receive medication assisted therapy or maintenance while incarcerated. Those opioid users recently released from incarceration may be at increased risk of using higher doses of opioid drugs upon re-entry, or having lower tolerance to previously used doses of opioid drugs.

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

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

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

The Worcester County Health Department administers the AOD Provider/ADAA Treatment and Prevention Programs within the county. The Health Department employs all prescribing Behavioral Health providers in the county, including 3 local psychiatrists, 1 psychiatric NP, and 1 FTE providing psychiatric services via telemedicine interface with Sheppard Pratt Hospital (4 psychiatric attending physicians and 6 remote psychiatric residents). The following strategies are planned to engage the mental health and substance use treatment providers. The overall plan is to reduce the overdose deaths in Worcester County.

- 1) Provide education for provider recognition of drug overdose risks – to be distributed in all Addictions related programs. Focus on unintentional overdose related to drug to drug interactions, and importance of transparency and disclosure of all substances used.
- 2) Partnership with Wicomico County to provide Buprenorphine services, parallel to the referral arrangement we share for provision of Methadone services.
- 3) Educate and train the Worcester County employed psychiatrists to offer medication assisted opioid addiction treatment, Vivitrol to Worcester County Addictions clients. Evaluate feasibility and sustainability of offering this treatment; consider partnership with neighboring counties as feasible.
- 4) Educate and encourage Addictions providers to treat addiction as a family disease – offer family night, family support groups and expand offerings of family therapy

Worcester County is a Health Professions Shortage Area (HPSA) for Primary Care, Behavioral Health and Dental providers. The majority of medical prescribers in Worcester County are either employed by or are affiliated with Atlantic General Hospital. This includes primary care as well as specialty providers (orthopedics, psychiatrists, pain management, emergency physicians). There are AGH owned and operated Urgent Care Centers, as well as independently operated urgent care centers. There are a few independently practicing physicians in the community, as well. Worcester County maintains collaborative relationships with Dentists through the Worcester Dental Action Committee and other regional and statewide organizations. (MDAC, MOHA)

Worcester County Health Department attempts to maintain a list of providers in the county for the purpose of emergency communication, through information available from hospitals, public advertising, State Medical Society (MedChi) or, as available, the licensing boards. However, it remains a challenge to keep current our awareness of all community providers.

The following are important strategies of education and outreach planned for the medical and psychiatric prescribing community.

- 1) Establish a local Opioid Overdose Prevention provider workgroup or taskforce. Include primary care, emergency, orthopedics, pain management, psychiatry physicians as available, medical director of hospital, and a dentist.

- 2) Education to Health Care providers to follow guidelines for responsible prescribing, including:
  - a) Screening and monitoring for substance abuse and mental health problems (use of brief screening tool –SBIRT)
  - b) Prescribing painkillers only when other treatments have not been effective for pain
  - c) Prescribing only the quantity of painkillers needed based on the expected length of pain
  - d) Using patient-provider agreements combined with urine drug tests for people using prescription painkillers long term.
  - e) Talking with patients about safely using, storing and disposing of prescription painkillers
  - f) Use PDMPs to identify patients who are improperly using prescription painkillers
- 3) Circulate information about available Addictions Treatment programs
- 4) Develop standard form, process to facilitate referral to Addictions Treatment Centers
- 5) Medicine Reconciliation training- National Patient Safety Goal
  - a) Before prescribing controlled substances, consider importance of Communication with: Other Providers and Prescribers, Pharmacies (use PDMP when available)
- 6) Seek local offering of Prescriber education on overdose risks and risk mitigation/REMS
- 7) CMEs partnership opportunities
  - a) MedChi
  - b) Reach Health Services, other CME sources

## **(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.**

Worcester does not currently have access to case-specific data to identify the demographic characteristics of opioid related overdose deaths in Worcester county residents. Until such data becomes available, we will identify high risk individuals as being those in risk categories demonstrated in national and statewide data. According to CDC data, those at high risk for heroin and prescription opioid overdose and death include:

- 1) Doctor Shoppers-Those who obtain prescriptions for the same medications from multiple providers
- 2) Polypharmacy treatment: patients who may be taking high dosages of opioid medications as well as multiple abuse-prone controlled prescription medications, such as benzodiazepines, and stimulants
- 3) Individuals with low-income and those living in rural areas.
- 4) Individuals covered by Medicaid : enrollees fill prescription opioid medications at 2X the rate of those covered under non-Medicaid insurance
- 5) Medicaid enrollees are at 6X the risk of overdose due to prescription opioids compared to non-Medicaid enrollees.
- 6) People with mental illness and a history of substance abuse are at high risk of overdose.
- 7) White, Males aged 35-50

Additionally, Worcester identifies adolescents, and recently released jail detainees as potentially high risk for opioid overdose. Anecdotally, our 2 most recent heroin overdoses have been in white females, ages 19 and 26.

The Worcester County Behavioral Health Program has identified several ways to introduce Opioid overdose risk and prevention information into the treatment of current and new-entry Addictions Clients.

- 1) The Behavioral Health Intake process will incorporate universal education on the importance of transparency with prescribers, and advise clients to bring or disclose all prescription medications to all prescribing providers.
  - a. Obtain consent to communicate with pharmacies and prescribers
  - b. Provide disclosure and information about use of PDMP, when available
- 2) Entry level clients to Addiction Treatment will receive education on the risks of unintentional overdose with prescription or illegal opioids when combined with other medications
- 3) Educational handouts will be provided in individual and group sessions on overdose prevention (Statewide Pamphlet if available)
- 4) High risk populations, specifically those clients on medication assisted treatment [MAT] of Suboxone and Methadone will be informed of their high risk for overdose if they stop using medication assisted treatment and/or relapse to use. Current opiate users not on MAT will also be advised of their high risk for overdose if they return to using the same amounts after a period of abstinence.
- 5) Education will be provided during caregiver/family support groups on recognition of risks of overdose. This may also be the setting of implementation of Naloxone certificate program.
- 6) Outreach and Education to be distributed through the Atlantic Club, a community provider of AA and NA step programs

### **(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.

#### **1) Serve as pilot site for Overdose Fatality Review Team**

- a) Assemble Multidisciplinary/multi-agency team including:
  - i) Local Health Department leadership, Behavioral health providers, Emergency medicine/hospital physicians, Primary care & pain management physicians, Pharmacist, Department of Social services and Law enforcement representatives.
- b) Monitor community trends through communication with the Drug and Alcohol Council, human service agencies, parole and probation agents, juvenile services probation agents, law enforcement agencies, Board of Education personnel, parents and family members as well as the recovering community.
- c) Pool & analyze overdose decedent data from state & local sources
- d) Determine overdose contributing factors
- e) Provide SOAC with standardized reports
- f) Make recommendations to state and local stakeholder organizations for systems change and improvements to prevention plans

#### **1) Participate in and promote Drug Take Back programs**

- a) Worcester County has identified and will promote the established permanent medication drop off sites
- b) Worcester County will conduct local Drug Takeback events (Operation Medicine Drop) (as a joint effort of community partners (law enforcement, environmental group, health department).

#### **2) Implement Worcester Opioid Overdose Response (Naloxone) Program (SB 610, HB890)**

- a) Obtain and implement model of successfully implemented programs from elsewhere in state and country
- b) Investigate resource availability and sustainability of model (cost of naloxone)

#### **3) Law Enforcement/Corrections Outreach**

- a) Work with Conmed, the provider of medical services in the Worcester County Jail to:
  - i) Increase referrals to Addictions counselor /treatment available within the jail
  - ii) Provide inmate education on overdose prevention upon re-entry
  - iii) Promote coordination of referral to Addictions treatment upon release/ re-entry.

#### **4) ADAA Prevention programs – Youth Asset Building**

- a) Educate and empower high school youth as peer leaders to lead educational campaigns within their own schools and communities
- b) Provide opioid overdose information to Worcester County Youth Council - 24 members appointed. by County Commissioners and the SADD Teams from each high school
- c) Incorporate opioid overdose information into two day peer leadership training .

### **Section 3: Performance Metrics**

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

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

- 1** Provide opioid overdose risk education to all Behavioral Health staff of the Worcester County Health Department Behavioral Health and Addictions unit, within the Calendar Year 2014, via team meetings, staff meetings and distributed materials.
- 2** Provide 2 Educational events to community health care providers/prescribers, ideally with CME credit through partnership with CME accrediting organization, regarding safe, responsible prescribing of controlled substances and specifically opioids.

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

- 1** Provide opioid overdose risk education to at least 90% of the consumers at risk at the time of their initial assessment for Behavioral Health Addictions treatment at Worcester County Health Department Behavioral Health Program. At risk clients are those who indicate Opioids as a stated drug of choice at any time in their recent or past drug use history, as well as adolescents regardless of prior use of opioids.
- 2** Provide 2 opioid overdose education presentations in the Calendar Year 2014- for each type and level of group session offered in the Worcester County Health Department Addictions program. This includes Entry group, Recovery Group and IOP. This will be a total of 6 overdose education sessions offered in group Addictions therapy for the year 2014.

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

- 1** Obtain Approval for Worcester to be pilot site for Overdose Fatality Review Team
- 2** Provide 1 training/ education session on Opioid Overdose risks to Student Leaders via the Worcester County Youth Council or SADD organizations during Calendar year 2014.
- 3** Complete 3 communication/media based outreach campaigns that focus on opioid overdose education during 2014 year. These may include: radio interviews, television interviews, newspaper articles, or other social media campaigns, and may be associated with promotion of Operation Medicine Drop- Drug Takeback initiatives
- 4** Subject to funding and feasibility- Implement Naloxone Certificate Holder Program
  - a** Identify potential certificate holder candidates and interest level through Family/Caregiver support groups of Worcester County Behavioral Health Unit