



CHANGING
Maryland
for the Better

Emergency Department Opioid Programs

March 29, 2017



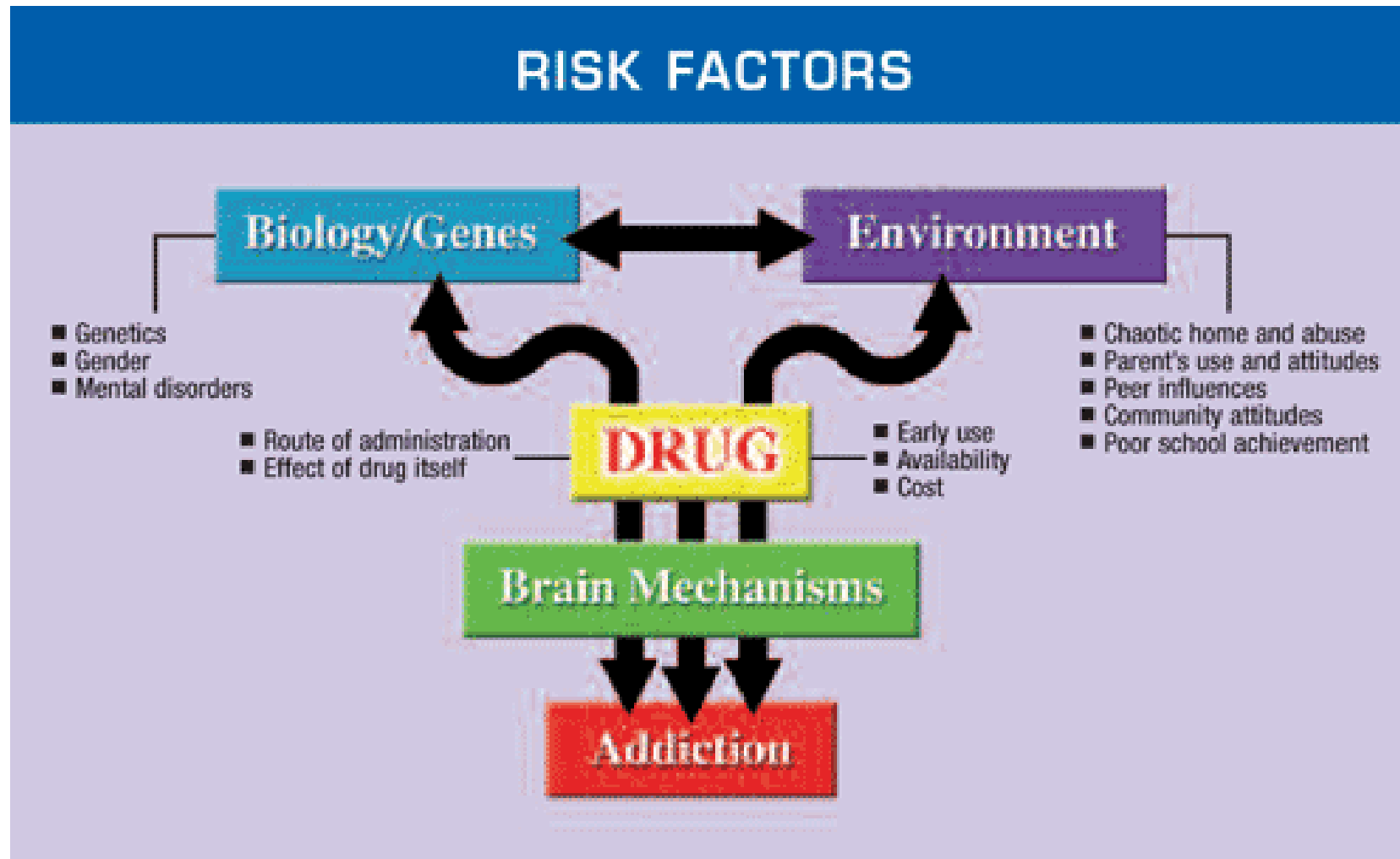
MARYLAND
DEPARTMENT OF HEALTH
& MENTAL HYGIENE

2016 Heroin & Opioid Overdose Summary

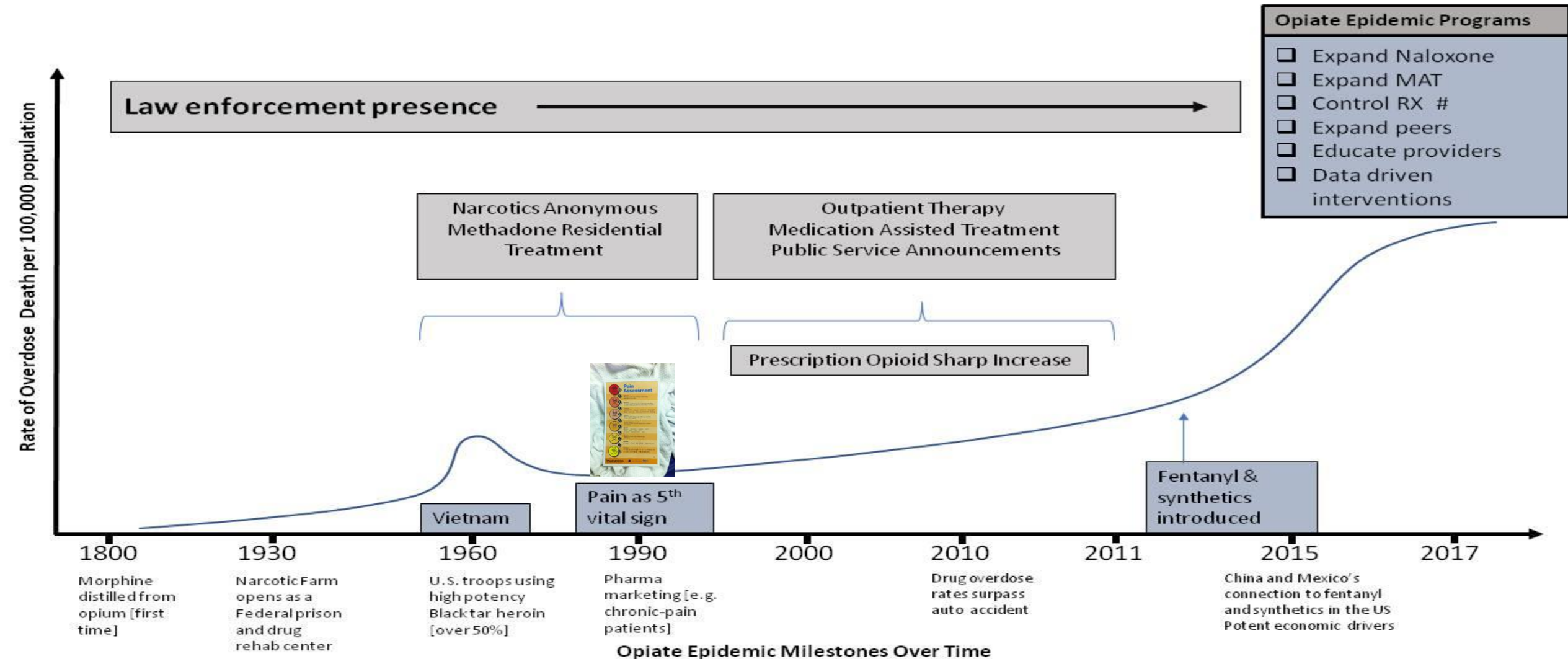
- Opioid overdose is projected 4th leading cause of death in Maryland, after cancer, stroke, and heart attacks (September 2016 – 3rd quarter):
 - 1468 deaths
 - 150 /month
 - 5 /day
- Fentanyl-related deaths have increased 284%.
- Heroin related deaths have almost doubled (71% increase).
- Fentanyl and/or heroin is also present in more than half of cocaine deaths (79%) and a little over half of prescription drug overdoses.



What Leads to Addiction?



History of Opiate Epidemic



Prescription Drug Prescribing - Partial Year Numbers

Table 1. Total Controlled Substance Prescriptions Dispensed, 2014 – 2016.

Year (Jan 1 – Oct 31)	Prescription Count	% Change (Year to Year)
2014	7,213,572	N/A
2015	7,486,710	+3.79
2016	7,374,883	-1.49



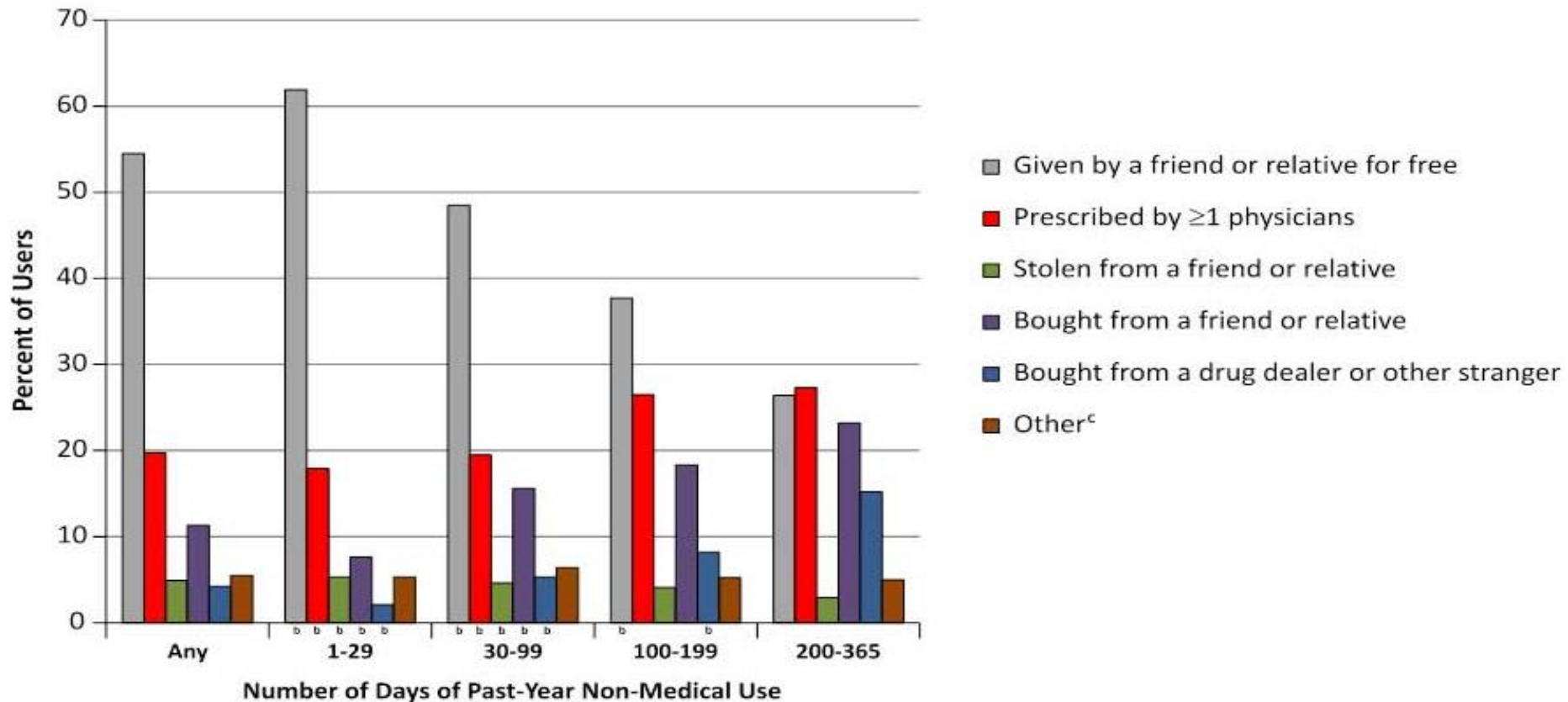
Opioid Prescriptions Dispensed in 2016

Table 1. Opioid prescriptions for greater than 7 days supply dispensed in Maryland, 2016

Days Supply*	Opioid Category	Total Prescriptions	% of All Prescriptions that are >7 Days Supply
All Prescriptions	All Opioids**	4,101,840	
	Non-SUD Opioids***	3,853,294	
>7 Days Supply Prescriptions	All Opioids	2,710,528	66.08%
	Non-SUD Opioids	2,528,399	65.62%



Sources of Prescription Opioids Among Non-Medical Users



^a Obtained from the US National Survey on Drug Use and Health, 2008 through 2011.⁵

^b Estimate is statistically significantly different from that for highest-frequency users (200-365 days) ($P < .05$).

^c Includes written fake prescriptions and those opioids stolen from a physician's office, clinic, hospital, or pharmacy; purchases on the Internet; and obtained some other way.

SOURCE: Jones C, Paulozzi L, Mack K. Sources of prescription opioid pain relievers by frequency of past-year nonmedical use: United States, 2008–2011. JAMA Int Med 2014; 174(5):802-803.



Heroin use and risk behaviors among nonmedical users of Prescription Opioids

Prescription opioid misuse is a major risk factor for heroin use



3 out of 4 people
who used heroin in the
past year misused
opioids first

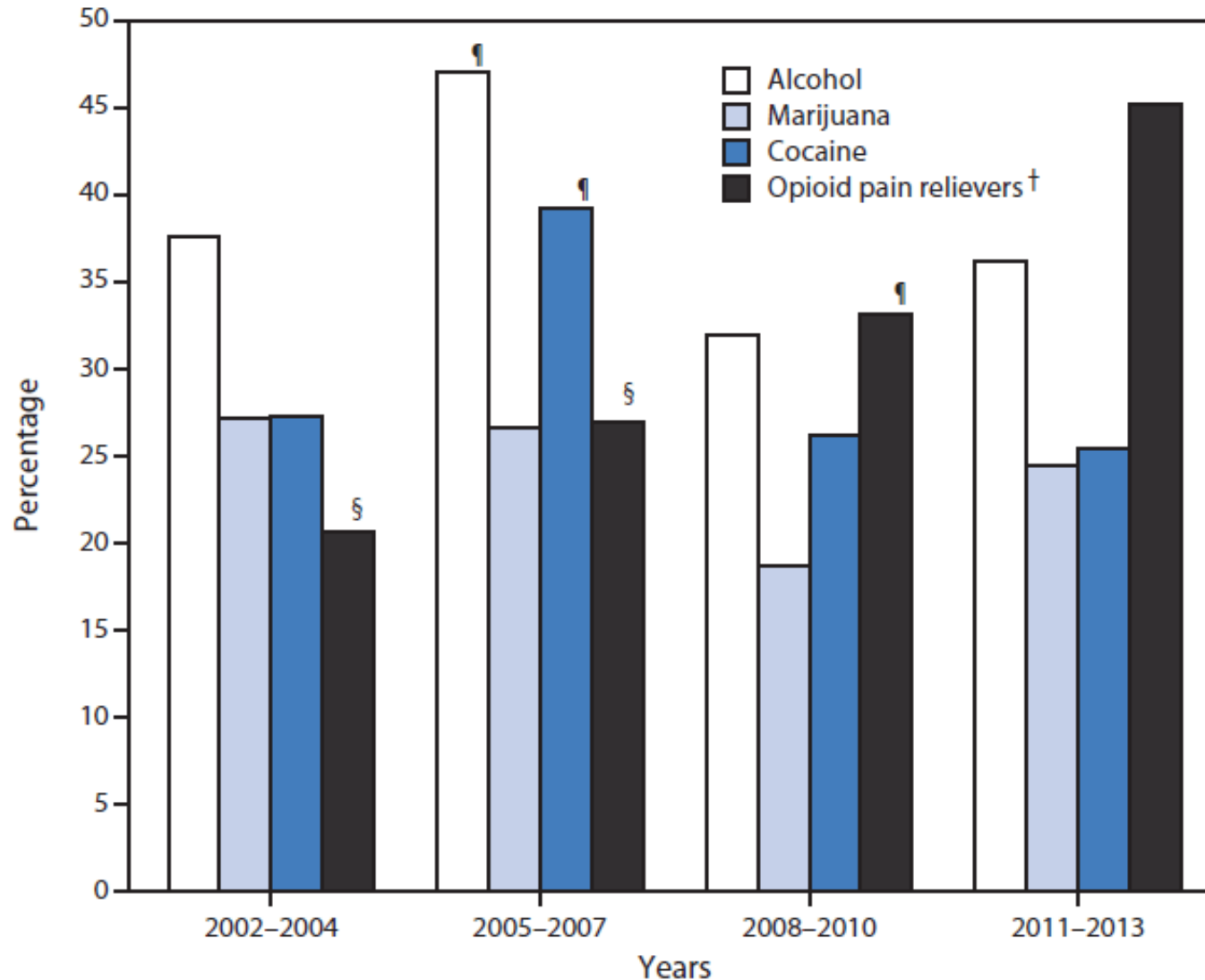


7 out of 10 people
who used heroin in the
past year also misused
opioids in the past year

Jones, C.M., Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers – United States, 2002–2004 and 2008–2010. *Drug Alcohol Depend.* (2013).



Annual average percentage of past-year heroin users* with past-year selected substance abuse or dependence, by time interval — United States, 2002–2013



* Past-year heroin use defined as any use of heroin in the 12 months preceding the National Survey on Drug Use and Health survey interview.

† p-value for trend <0.05.

§ Rate is statistically significantly different from 2011–2013 rate; $p < 0.001$.

¶ Rate is statistically significantly different from 2011–2013 rate; $p < 0.05$.

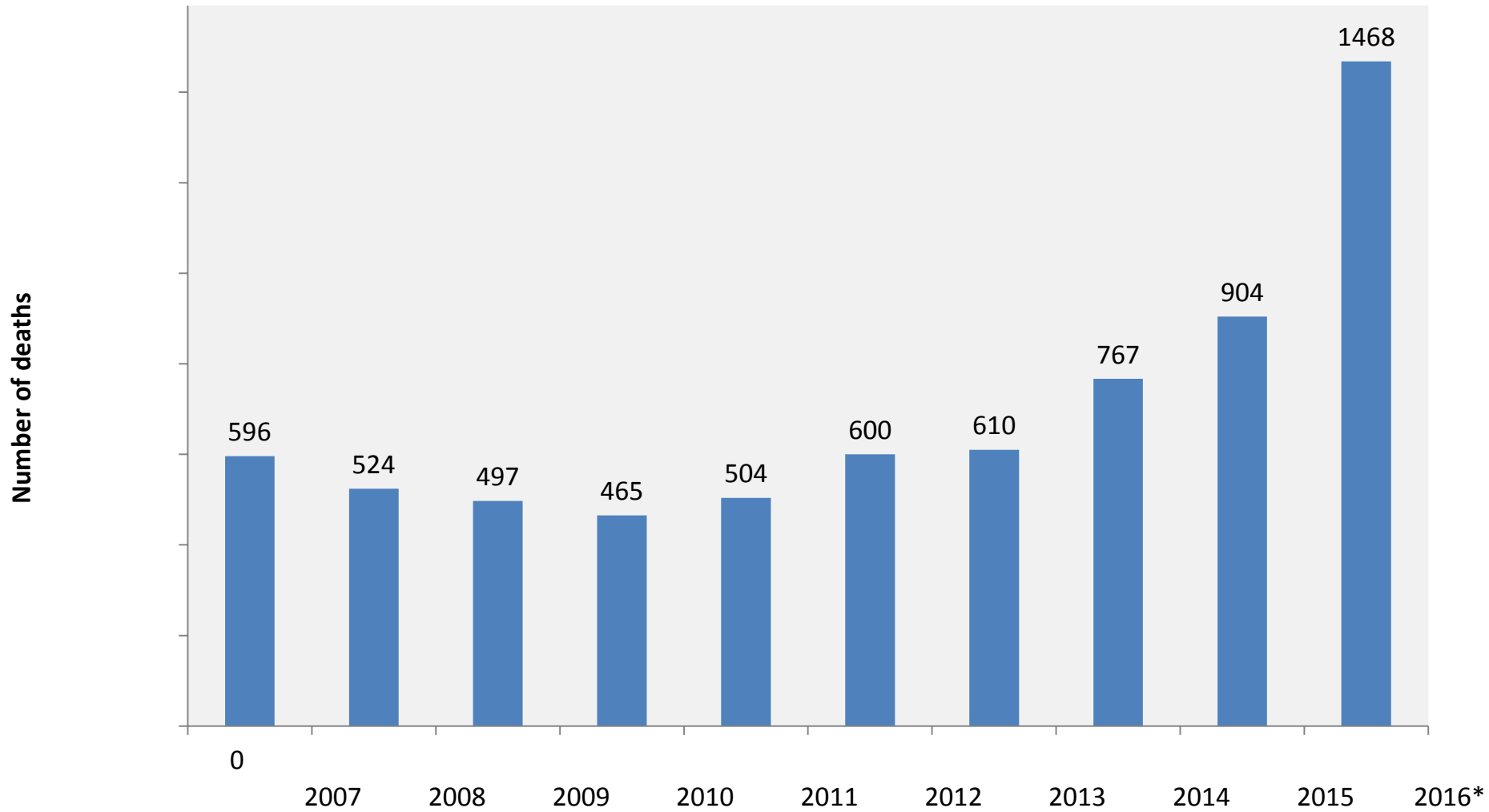


Substance-Use Characteristics Associated with Heroin Abuse or Dependence

Characteristic	Adjusted Odds Ratio (95% CI)	P Value
Sex		
Male	2.1 (1.4–3.0)	<0.001
Female	1.0	
Age group		
12–17 yr	0.3 (0.1–0.6)	0.001
18–25 yr	1.0	
≥26 yr	0.6 (0.4–0.9)	0.008
Race or ethnic group†		
Non-Hispanic white	3.1 (1.8–5.1)	<0.001
Other	1.0	
Geographic region of residence		
CBSA with ≥1 million persons	2.4 (1.5–3.6)	<0.001
Other	1.0	
Annual household income		
<\$20,000	1.0	
\$20,000–\$49,999	0.5 (0.3–0.7)	0.001
≥\$50,000	0.6 (0.3–0.9)	0.02
Insurance coverage		
No insurance	3.1 (2.2–4.3)	<0.001
Medicaid	3.2 (1.9–5.4)	<0.001
Private or other insurance	1.0	
Substance abuse or dependence in previous year		
None	1.0	
Alcohol	1.8 (1.2–2.9)	0.009
Marijuana	2.6 (1.5–4.6)	0.002
Cocaine	14.7 (7.4–29.2)	<0.001
Prescription opioid	40.0 (24.6–65.3)	<0.001
Other psychotherapeutic agent‡	1.6 (0.8–3.2)	0.22



Total Number of Unintentional Intoxication Deaths Occurring in Maryland from January-September of each year



Non-fatal Overdoses

Count of ED Visits for non-fatal unintentional overdose by Heroin, Opioid or unspecified substance among Maryland Residents

Region	Daily Overdose-related ED visits [2.05.2017]	Annual Overdose-related ED visits [2017 to date]	Annual Overdose-related ED visits [2016]
1&2	0	221	1,985
3	38	1,458	14,854
4	0	222	2,105
5	7	420	4,256
TOTAL	45	2,321	23,200



Fatal OD

Non Fatal OD

Substance Use
Disorder



CDC Guidelines

Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. **Three days or less will often be sufficient; more than seven days will rarely be needed** (recommendation category: A evidence)



ED Interventions

- Naloxone Rx
- Naloxone dispensed
- Peer/ Therapist referral
- Peer/ Therapist ED contact
- SBIRT
- SBIRT-MAT- Referral
- Community Programs- LHD programs
- Others

