

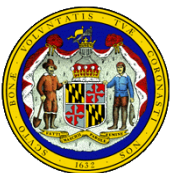


Public Health
Prevent. Promote. Protect.

Frederick County Health Department

Opioid Overdose Prevention Plan

Frederick County Behavioral Health Services



Frederick County Health Department

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Frederick County Jurisdictional Overdose Prevention Plan

Data Review and Analysis

The Governor's strategic goal on substance abuse is to drive down overdose deaths by 20 percent by the end of 2015. During the period of 2007-2011, Frederick County has seen an overall increase in the number of overdose deaths. The jurisdiction of Frederick County has data from the state regarding overdose deaths in the county for the years 2007 – 2011. During that time period, there were a total of 109 fatal overdoses in Frederick County. In 2007 there were 22 fatal overdoses and in 2011 there were 29.

While the numbers have increased for all substances for which we have data, the primary culprit is opioids, specifically prescription opioids. The county had 12 opioid-related deaths in 2007, and a jump to 27 in 2011. Of those, prescription opioids saw the largest increase. There were 6 prescription opioid deaths in 2007, which rose to 20 in 2011. The Western region as a whole decreased the number of Prescription Opioid deaths during the first half of 2012; Frederick County data is pending.

While there was a significant increase in prescription opiate overdose deaths in 2011, heroin deaths remained relatively steady through those years and into 2012. This more recent data for heroin overdoses is incomplete at this time; however, the data for the first half of 2012 indicates that the Western Region differs from the state trend of rising heroin deaths. While the other regions (Central, Southern, Eastern) saw an increase in heroin deaths in the first half of 2012, Western region remained fairly steady with a very slight decrease.

Statewide data indicates that white, middle-aged males are most likely to have fatally overdosed. The youngest set of this range, 25-34 year-olds, have been increasing, while the midpoint of the range, 35-44 year-olds, have been decreasing. Frederick County data from local Emergency Medical Services (EMS) for calendar year 2012 indicates that they administered Narcan (naloxone) a total of 117 times. They administered Narcan to 55 females with a median age of 40, and 61 males with a median age of 32. Widespread interventions targeting a large audience of those deemed high-risk, communities, and concerned citizens may be best at this time. Additional or more detailed county data about these communities and individuals may be forthcoming from the Office of the Chief Medical Examiner, Frederick County EMS, and Frederick Memorial Hospital.

Other sources of data to access and review

Once a process is finalized, we hope to obtain and review data from the **Office of the Chief Medical Examiner (OCME)**. The information that we could glean from this includes specific drug combinations that are being found most often in Frederick County. Opiates and *what?* Additionally, more detailed demographics of the individuals who overdosed will inform our interventions as to where and what age groups to focus overdose prevention efforts. The identity of individuals who overdosed could indicate whether they were active in treatment, or had a history of treatment. Obtaining data that demonstrates overdose on a diverted opiate prescription or their own prescription will also direct intervention efforts.

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We plan to partner with the local hospital, **Frederick Memorial Hospital (FMH)** to exchange data related to both fatal and non-fatal overdoses in the county. Using billing codes for Emergency Department visits and admissions to various units of the hospital, we may be able to identify rates of utilization and plan how to reduce utilization or re-admissions.

Frederick County Emergency Medical Services (EMS) has provided data about calls they have responded to in the County. This also provides insight into non-fatal “near misses” with substances. The location of the calls and substances involved will reveal where our needs lie in this particular County. Additional substances may also be exposed as utilizing a large amount of county resources. For instance, although synthetic substances have not been attributed to overdose deaths, they may be connected to other health emergencies and should be addressed.

We may be able to get some data about overdose deaths from the **Frederick City Police and/or Frederick County Sheriff’s Department**. Should they be able to release any information about pertinent data gathered at the scene of overdoses, we will be able to further refine our plan.

Interviews with family and friends of those who have overdosed, both fatally and non-fatally, would be valuable resources. First and foremost, this is a population to whom we can offer support, guidance, prevention education and strategies. Secondly, we can offer them an empowering opportunity to share pertinent information about their loved one with us, such as described below. They could provide valuable insights into not only the individual’s last substance use, but also their last weeks and months. What were they using during that time period? Where were they obtaining it? Who were they using with?

Questions-- from various sources as available – that would be beneficial to answer as fully as possible:

Recent Factors

Was the overdose or near miss associated with a period of recent abstinence and therefore lower tolerance?

Ongoing benzodiazepine prescription?

Concurrent alcohol or cocaine use?

Recent change in mental status and/or recent new stressor?

Recent change in physical status?

How many people were concerned about possible overdose prior to the incident?

Daily routine – employed or other responsibilities? or mostly free-time?

History Factors

Do we want to look at completed overdose only or include near-misses? How many prior near misses?

How long was the person addicted prior to OD or near miss? Novice or experienced users?

What percentage of use was oral, nasal, IV?

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What proportion of use over what period of time was – prescribed use, non- prescription use, internet prescription, heroin?

Was there any history of benzodiazepine use?

Was the patient in treatment for mental health or substance abuse, and over what time period(s)? Number of ED visits in the last year?

Were there any legal issues? (MD judiciary case review)

How many co-using peers?

See Figures 1- 13 for data for Frederick County and comparisons to state/regional data

Planned Interventions/Initiatives

Education of the Clinical Community

The current data can lead us to generalized strategies for engaging the clinical communities. There is one hospital in Frederick, Frederick Memorial Hospital (FMH). There are numerous primary care medical practices, specialty medical practices (including pain management programs), and private treatment providers for substance abuse and mental health services. Given the proportion of deaths in the county that involve prescription opiates and other prescribed medications, we want to ensure that all medical practices receive education and support about overdose prevention. In addition to the hospital, we will include pain management programs, practices employing psychiatrists, and possibly orthopedist practices in our outreach efforts. These types of practices are more likely to prescribe more high-risk opiate and/or benzodiazepine medication.

Another segment of the professional community to enlist in the county's overdose prevention efforts is our local pharmacies. As Maryland's Prescription Drug Monitoring Program (PDMP) is implemented in the fall of 2013, we can offer support, education, and information about this important program, as well as access to other local resources. In addition, they will be key partners in any naloxone efforts we may introduce into the community.

We hope to provide interventions for the emergency response personnel in Frederick County regarding overdose. As we learn their current practices for responding to overdoses, we can also provide supplemental support similar to that of other medical professionals.

Perhaps the largest clinical setting in which we would like to provide interventions is the hospital, specifically the Emergency Department and the Behavioral Health Unit. These two departments are likely to be most affected by the area's high-risk population.

The strategy for intervention with these clinical groups will be two-fold. First we plan to provide clinical toolkits to aid professionals in various methods of intervening with substance use that can lead to overdose. The toolkits will include resources that address:

- Prescription Drug Monitoring Program (PDMP)
- Frederick County stats and the need for intervention

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- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Overdose signs and responses
- Prevention materials for their patients
- Naloxone (informational materials)
- Appropriate use of prescription pain medication and other medication at high risk for abuse and/or overdose
- Treatment and Recovery Support Resources for Frederick

Secondly, we will conduct in-person training with the clinical community. We will review what is in the toolkit and how to use it. In addition, we will discuss ideas for their practices and provide education about substance use disorders in general. Education will be provided about all of the topics addressed in the toolkits. We will provide the in-services during their staff meetings or other convenient times so as to reach a wide audience. Provision of Continuing Education units may be an incentive for participation. We have compiled a list of multi-specialty providers we plan to contact.

Dr. Richard Haber, Frederick County Behavioral Health Services Substance Abuse Treatment Services Medical Director, recently presented information to a Washington County nurses' association about managing pain and addiction. See Appendix A for portions of his presentation. This is an example of what could be covered as we connect with various medical and other practices in Frederick.

We began this effort on May 10, 2013 at a local Behavioral Health Conference. We presented information about Frederick County's Overdose Prevention Plan during a session of the conference. The audience consisted of practitioners from Frederick County in the mental health and addictions field, as well as consumers and professionals from the local hospital. The presentation consisted of a review of the county's draft plan, local overdose data and information on SBIRT, naloxone, and appropriate medication management. The response was positive and sparked enthusiastic discussion and community connections.

We plan to convene an Overdose Fatality Review Board for Frederick County as well. The similar boards already in place will serve as models for this board. By reviewing future instances of fatal overdoses in the county, agencies, professionals, and residents can work together to address improvements needed in our system.

Outreach to High-Risk Individuals and Communities

At this time, questions remain about the specific target population of Frederick residents for this effort. As previously mentioned, state-level data points to white males, ranging in age from 25 – 54, as being a potential target population for intervention/prevention efforts. Who are these people? Does this data accurately reflect the Frederick residents who are most likely to overdose? Do they tend to live in rural parts of the county? Frederick City? The data from Frederick County EMS begins to shape some of these answers, and we hope to add data from additional sources that will allow us to hone in on the answers.

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In general, though, we can plan opportunities to intervene in the community that will have the best impact. Similar to interventions in the professional/clinical community, interventions in the resident communities will consist of toolkit-type resources and in-person training. We recently had an opportunity to speak on a panel in the city of Thurmont about recent heroin overdose deaths there. The health department provided information about county resources and education about opiate dependence and overdose. This also allowed continued conversations with the community members and agencies about recent overdoses. Stakeholders were present who have valuable ideas and input to contribute to this effort.

A relatively “easy” population is those signing up for treatment. At the Health Department, there is a procedure that will allow us to implement a plan to provide education at the time of registration or “initial screening”. Some of these people do not return for assessment and treatment, so we will use the opportunity to reach more people at this time. Those who do return for services currently obtain more extensive education and planning about overdose built in to the assessment and treatment curricula. Each person, regardless of diagnosis, receives an Overdose Prevention Guide. This one-page guide efficiently relays important information about avoiding, identifying, and responding to an overdose. We can offer similar strategies to the other private treatment providers in Frederick.

Other populations that contain significant numbers of high-risk individuals *or their family and friends* may be those assigned to Probation and Parole, those currently incarcerated at Frederick County Adult Detention Center, those attending AA/NA, Al-Anon/Nar-Anon, and those attending our Frederick Community Recovery Centers.

Other venues:

- Health Fairs/schools/community agencies
- “Parents 360” (currently offered; increase promotion of availability)
- Drug Take-back days (currently supported, in cooperation with law enforcement)
- AA/NA (West Central Intergroup)
- Al-Anon/Nar-Anon
- Funeral Homes (providing appropriate, sensitive, supportive materials for family and friends after an overdose)
- Adolescent Clubhouse “On The Mark”
- Recovery Center – enlist the sober and in-recovery folks to spread the word. Peer Recovery Coaches
- Telephone Hotline – possibility: 211 already exists; talk with them about having information about overdose. Or start separate hotline?

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Trainings, presentations, and discussions with these groups are the primary strategy for spreading education about overdose prevention. Toolkits to accompany this should include information about:

- Signs of overdose
- Signs of addiction
- Overdose prevention
- How to help stop this – call us
- Naloxone
- Frederick Treatment and Recovery resources

Other Interventions/Initiatives

Implementing a naloxone program in Frederick County is a community intervention that is being further investigated. We are currently researching how such a plan could be implemented in Frederick County. By studying existing programs nearby, such as Howard County Health Department and Baltimore's Staying Alive program, we hope to learn how Frederick County could mobilize our resources in order to benefit our residents.

Drug disposal sites have been established in two areas of Frederick County, Thurmont and Brunswick, in cooperation with the local police departments. Law enforcement can collect unwanted or expired household prescription, over-the-counter and other unused medicines in these large secure containers and properly dispose of them. This will be a step towards addressing overdoses on prescription medications, especially opiate medications. Additional sites in the county will be considered in cooperation with law enforcement.

Performance Metrics

Problem statement 1: Professional community is unaware of the extent of substance overdose as a public health problem, area resources, and ways they can help.

Strategy: Educate local professionals about overdose, local resources, SBIRT, PDMP, and naloxone.

Activities:

- Identify what professionals would benefit most from this outreach
- Identify who will provide the outreach and education
- Provide education through toolkits and trainings

Measurable Outcomes/Timeline:

75% of the identified professionals will receive Overdose Prevention toolkits by September 1, 2014.

50% of the identified professionals will receive in-person training about Overdose Prevention and related topics by September 1, 2014

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Problem statement 2: Frederick County residents are unaware of area resources and ways that they can help

Strategy: Educate residents about overdose prevention and response, local resources, naloxone

Activities: Identify communities in which to provide outreach and education; identify partners/champions within those communities.
Provide education and support to residents.

Measureable Outcomes/Timeline:

Provide overdose prevention education at 10 community events by June 1, 2014

Problem statement3: Frederick County does not have an organized community coalition currently addressing overdose prevention.

Strategy: Gather stakeholders to address overdose

Activities: Establish a coalition of stakeholders tasked with identifying and implementing interventions.
Utilize the existing expertise in the Substance Abuse Advisory Council to create a workgroup.

Measurable Outcomes/Timeline:

Establish a local Overdose Fatality Review Board by May, 2014

Implement sufficient interventions to reduce overdose deaths in Frederick County by 20% by January 1, 2015.

Problem statement 4: Prescribers are unable to accurately learn their patients' other prescription medications

Strategy: Educate prescribers about the PDMP

Activities: Identify prescribing physicians in Frederick County
Provide information on registering for and using the PDMP

Measureable Outcomes/Timeline:

At least 60% of prescribing physicians in Frederick County will register for the PDMP.

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Figure 1. Overdose Deaths in Frederick County by Substance

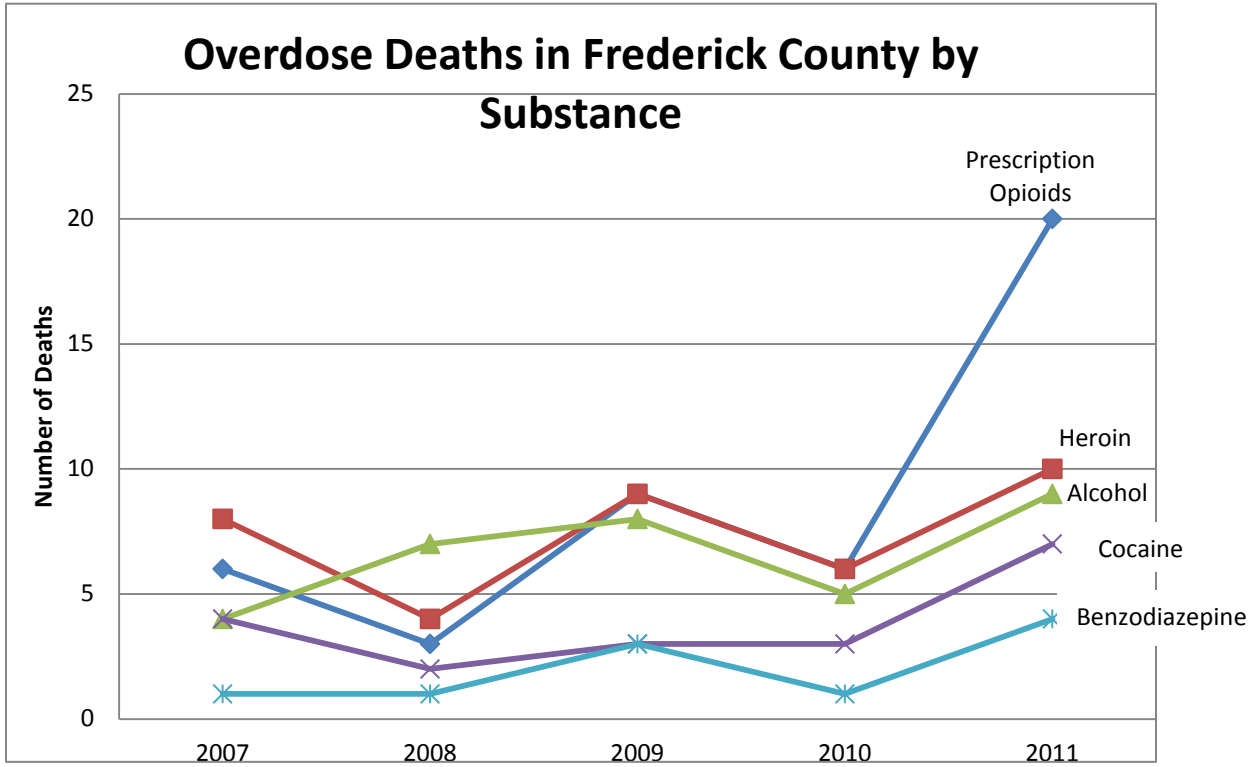
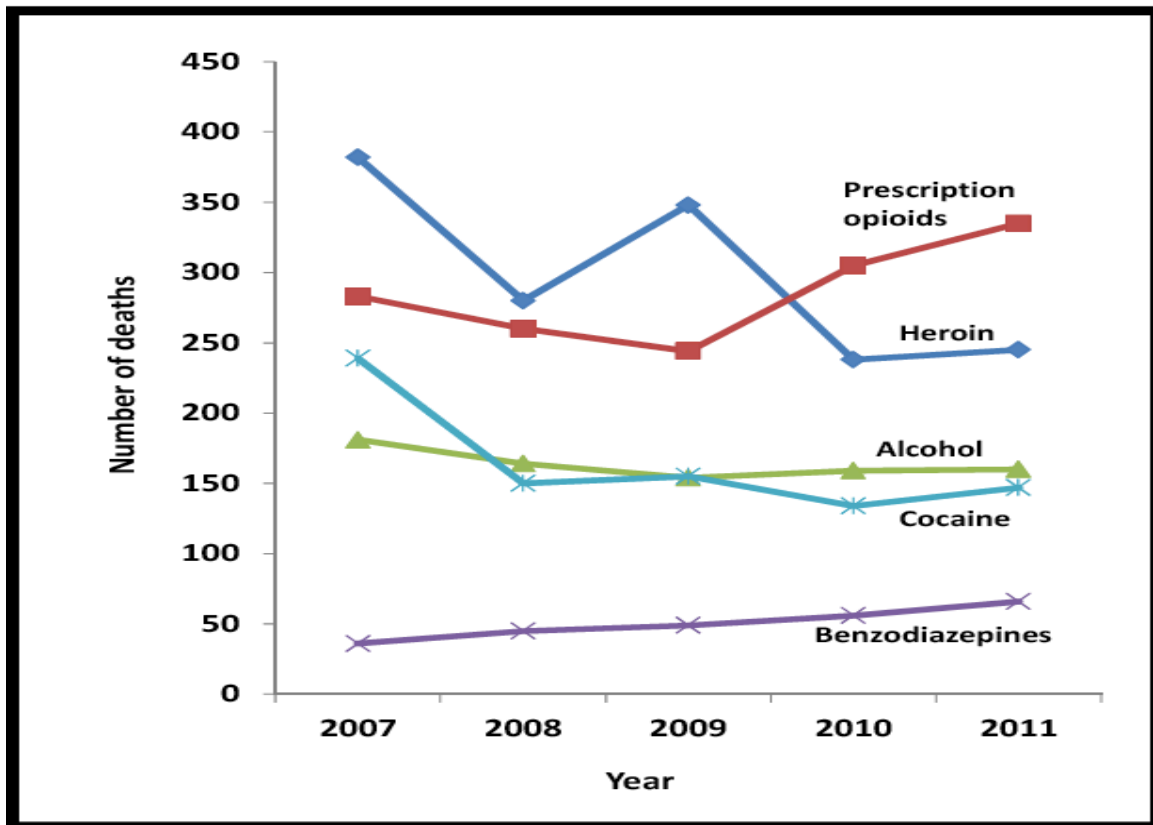


Figure 2. Overdose Deaths in Maryland by Substance



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Figure 3. Total Overdose Deaths in Maryland 2007-2011

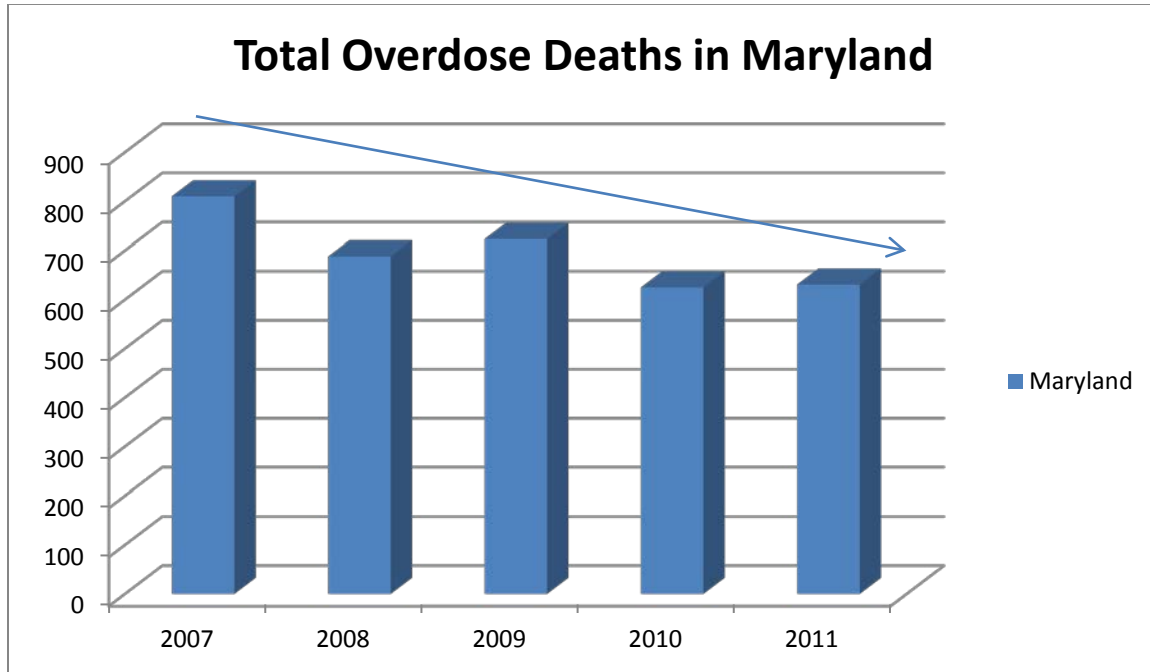
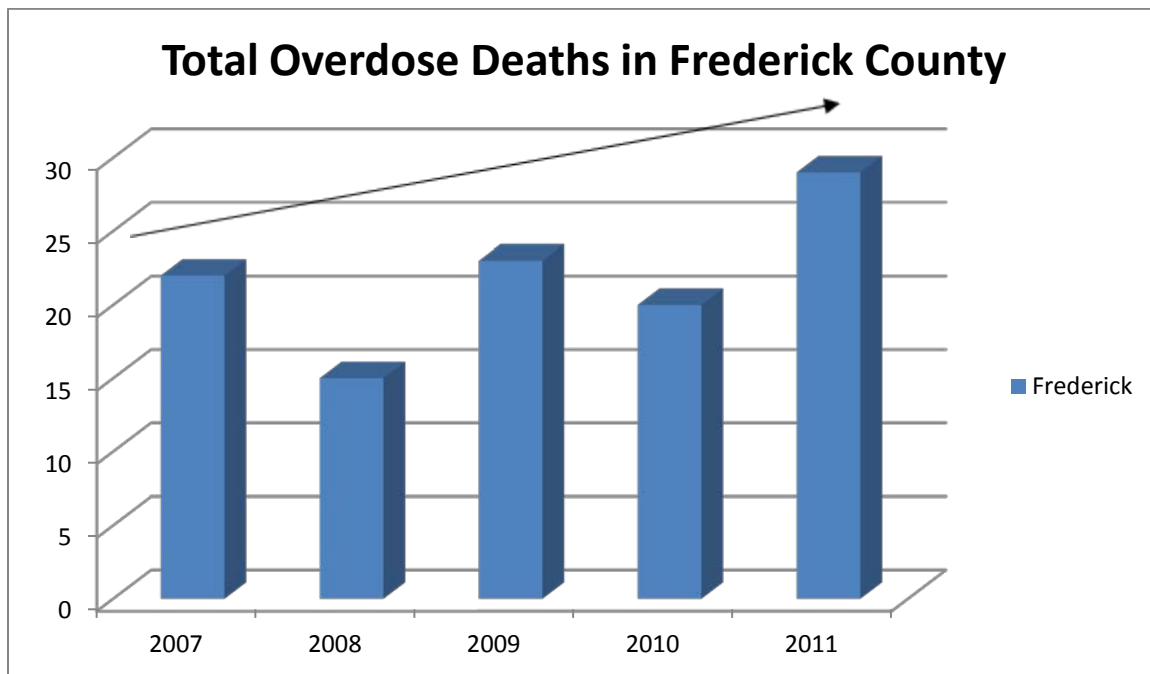


Figure 4. Total Overdose Deaths in Frederick County 2007-2011



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Figures 5-10. Total Overdose Deaths in Frederick County by Substances.

Figure 5.

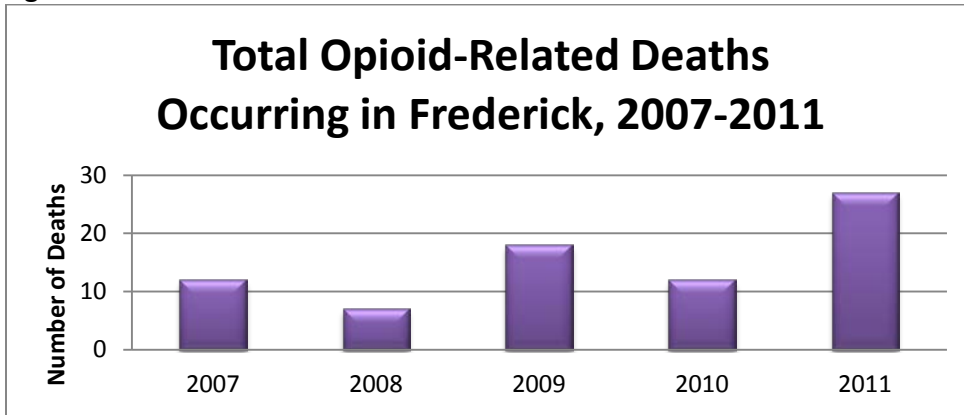


Figure 6.

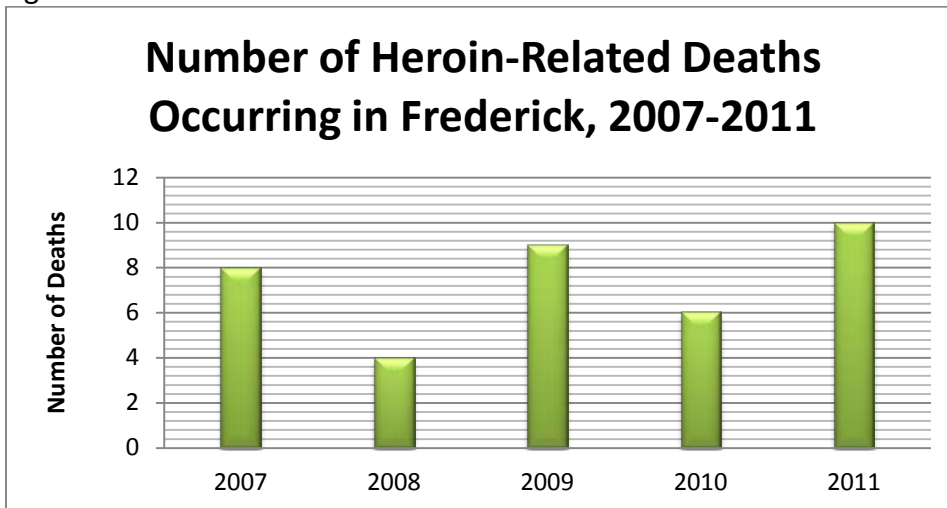
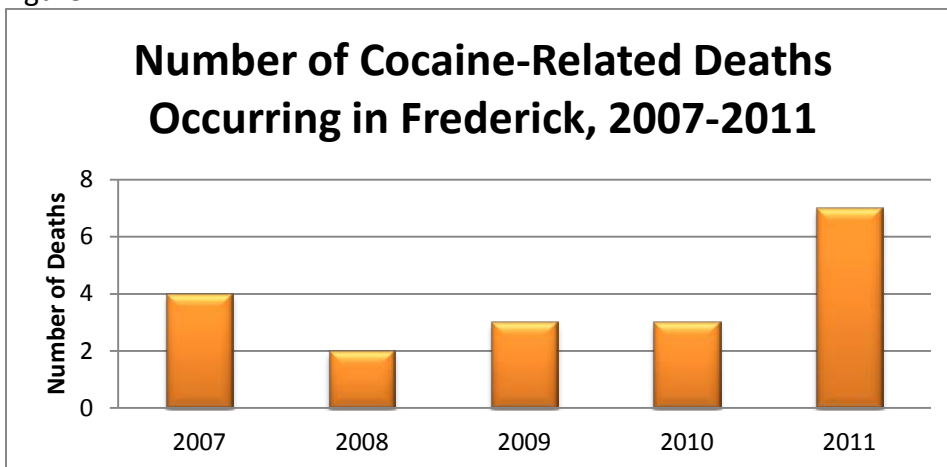


Figure 7.



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Figure 8.

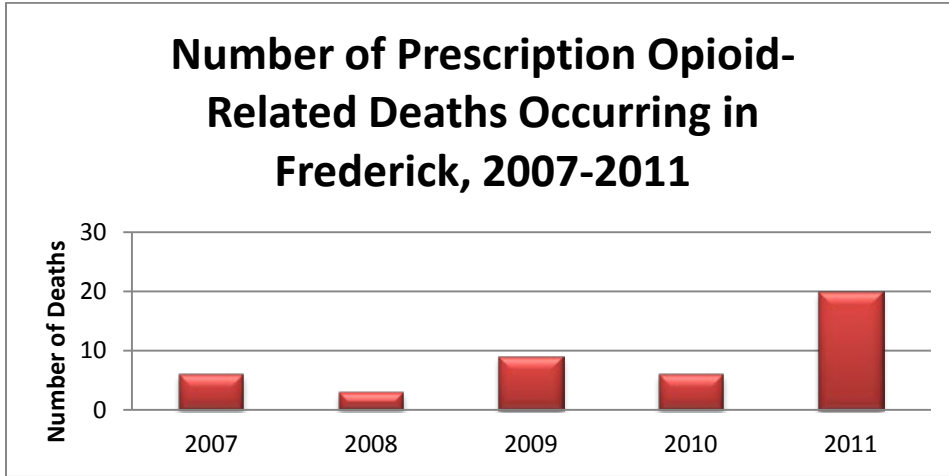


Figure 9.

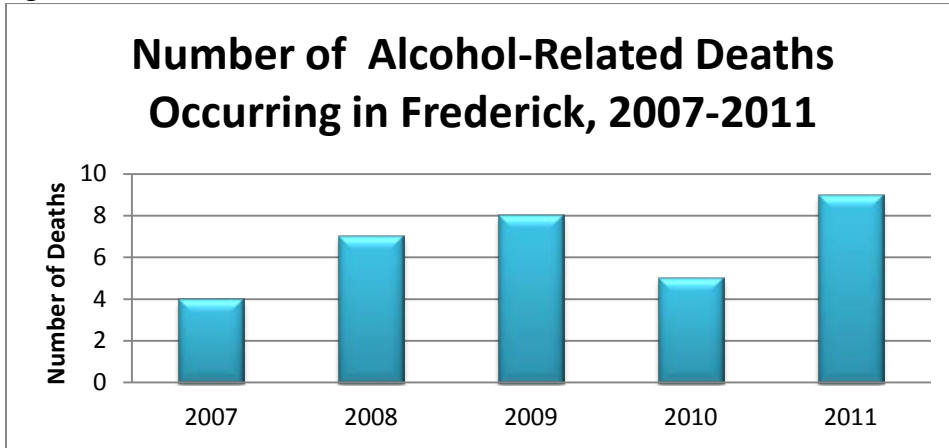
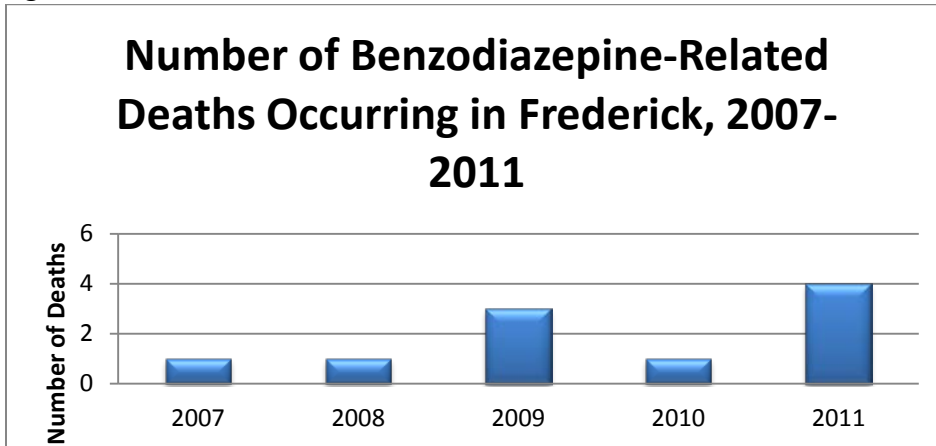


Figure 10.



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Figure 11. Opioid Overdose Deaths Occurring in Frederick County, 2007-2011

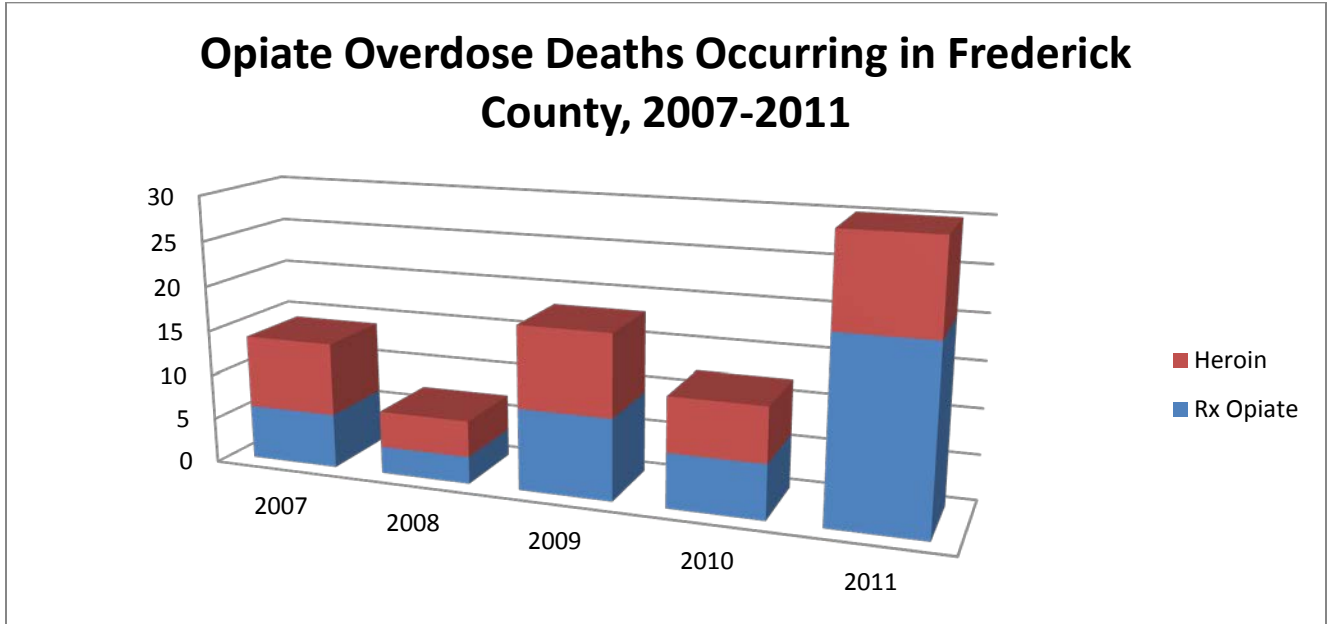
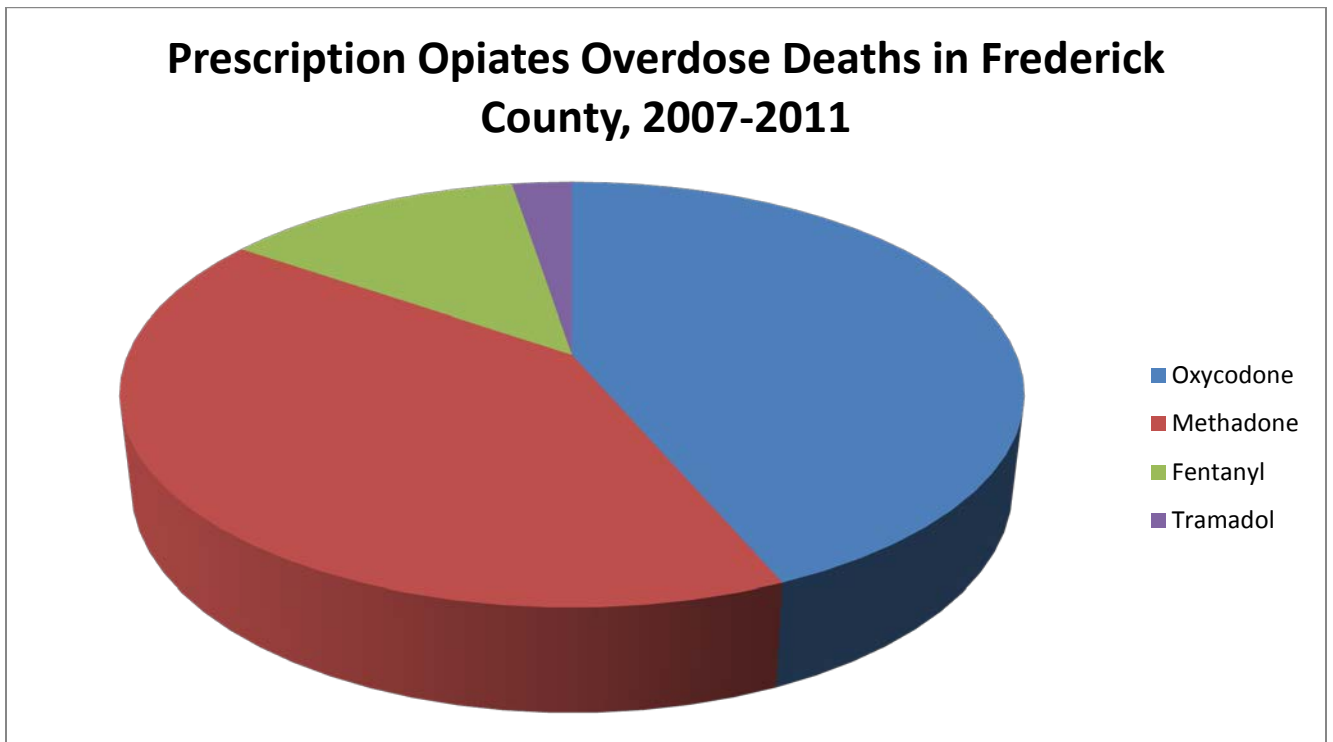
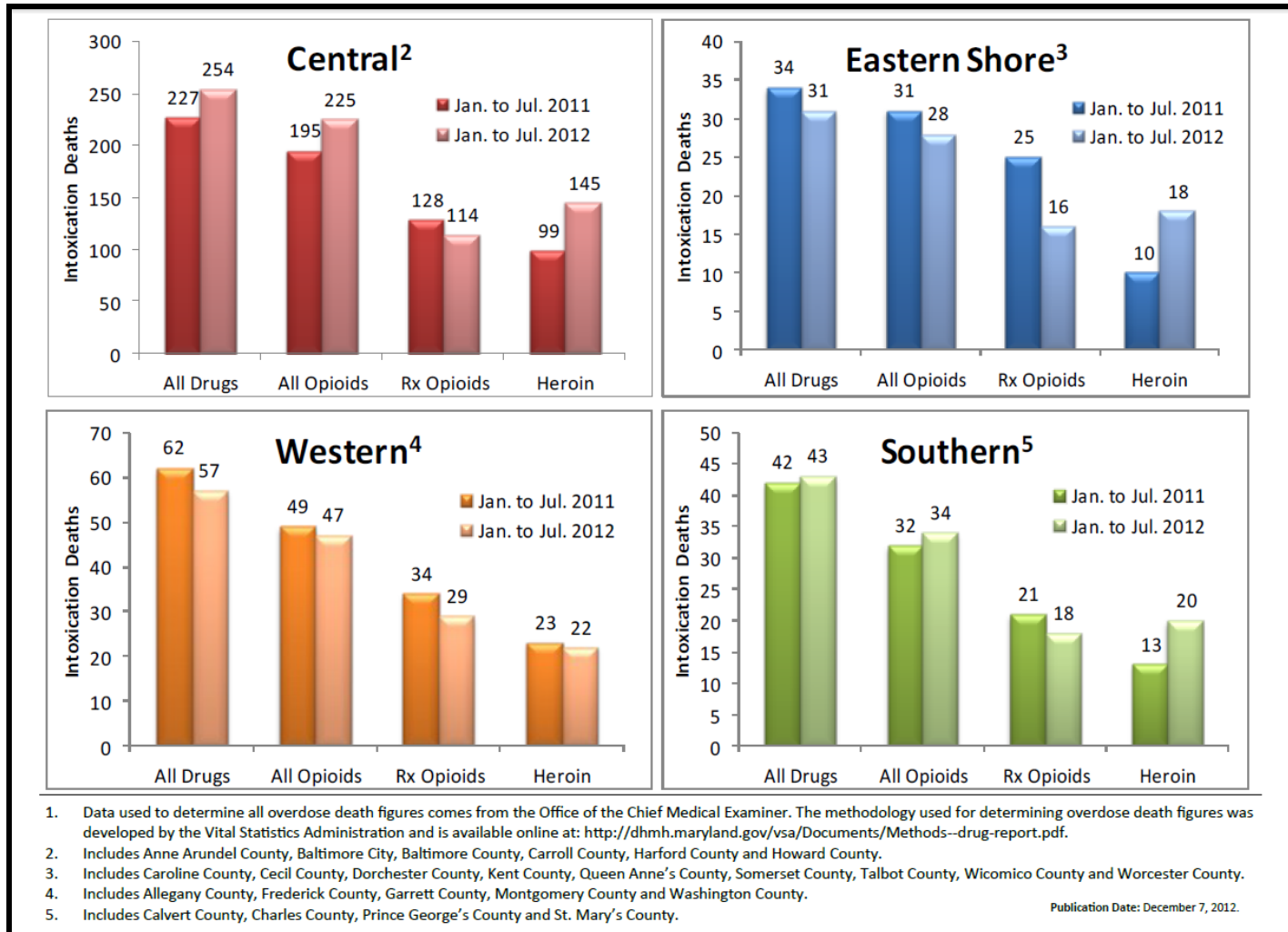


Figure 12. Prescription Opiates Overdose Deaths in Frederick County, 2007-2011



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Figure 13. 2012 Data for Regions in Maryland



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Appendix A

Excerpts from Dr. Richard Haber's Pain Management presentation to clinical audience

<p style="text-align: center;">Introduction</p> <ul style="list-style-type: none">• Full time at the health department• No association with drug any drug company• Email: Rhaber@frederickcountymd.gov• Summary (30 slides, give or take)<ul style="list-style-type: none">○ Goals of opiate use, dynamics of abuse, assessment tools (5 min)○ Comprehensive multi-axis diagnosis (15 min)○ Elements of contracting (5 min)○ Managing patients at highest risk (5 min)○ Lessons learned (10 min)	<p style="text-align: center;">Ongoing goals of pain management with opiates: do no harm</p> <ul style="list-style-type: none">• Lowest effective dose and appropriate duration• Minimize opiate misuse, abstinence from drug use• Recognize and manage opiate diversion, intentional and unintentional which fuels our opiate epidemic and increasing rate of overdose
<p style="text-align: center;">Forces that drive use, overuse and abuse</p> <ul style="list-style-type: none">• Pain• Rewarding-euphoric effects of mu-receptor stimulation, also used for “energy”• Mental health disorders-syndromes• Problems in coping with acute and chronic stressors• Diversion	<p style="text-align: center;">Tool box</p> <ul style="list-style-type: none">• History and physical• Other reliable reports – family and significant others, outside providers, hospital records, pharmacists• Drug testing, a 6th vital sign, in-house and lab based• PDMP, coming soon – prescription drug monitoring program• MD judiciary case search