Overdose Prevention: Empowering School Personnel & Families

Christopher Welsh M.D.
University of Maryland School of Medicine
NCADD-Maryland Scientific Advisory Committee
Figure 6. Past Month Nonmedical Use of Pain Relievers among People Aged 12 or Older, by Age Group: Percentages, 2002-2014

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.
Figure 13. Past Year Heroin Use among People Aged 12 or Older, by Age Group: Percentages, 2002-2014

+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.
INITIATION OF DRUG USE
>12 Y.O. (2013; NHSDU)

Numbers in Thousands

- Marijuana: 2,427
- Tranquilizers: 1,539
- Ecstasy: 1,180
- Stimulants: 751
- Cocaine: 603
- Inhalants: 601
- LSD: 563
- Heroin: 482
- Sedatives: 169
- PCP: 128
- Other: 32
INITIATION OF DRUG USE >12 Y.O. (2008; NHSDU)
OXYCODONE/ VICODIN (MTF: 2015)

♦ Past Year Use:
  - 8<sup>th</sup> grade  2.0%  0.9%
  - 10<sup>th</sup> grade  3.4%  2.5%
  - 12<sup>th</sup> grade  3.6%  3.7%
HEROIN (MTF: 2015)

♦ Past Year Use:
  - 8\textsuperscript{th} grade 0.3%
  - 10\textsuperscript{th} grade 0.3%
  - 12\textsuperscript{th} grade 0.4%

• Some of the lowest levels ever
Rates of Use in Maryland

Percentage of Maryland youth who have tried the following drugs at least once

- **Marijuana**: Total 37.0%, Male 36.9%, Female 36.9%
- **Prescription drug**: Total 15.2%, Male 15.5%, Female 14.3%
- **Inhalants**: Total 9.4%, Male 9.9%, Female 8.2%
- **Ecstasy**: Total 6.9%, Male 7.5%, Female 5.5%
- **Cocaine**: Total 5.9%, Male 6.8%, Female 4.6%
- **Steroids**: Total 5.0%, Male 6.3%, Female 2.6%
- **Methamphetamine**: Total 4.5%, Male 5.8%, Female 2.4%
- **Heroin**: Total 4.2%, Male 5.7%, Female 1.9%
Rates of Use in Maryland

Percentage of Maryland youth who have tried the following drugs at least once:

- Marijuana: 35.9%
- Prescription drugs: 15.2%
- Inhalants: 10.4%
- Ecstasy: 8.3%
- Cocaine: 6.5%
- Steroids: 5.1%
- Methamphetamines: 5.0%
- Heroin: 4.9%
Rates of Use in Maryland

Percentage of Maryland youth who have tried the following drugs at least once

**Middle School**
- Marijuana, 7.0%
- Inhalants, 6.3%
- Prescription Drugs, 4.5%
- Cocaine, 3.5%
- Steroids, 2.4%
- Heroin, 1.8%

**High School**
- Marijuana, 32.5%
- Prescription Drugs, 14.2%
- Inhalants, 8.5%
- Ecstasy, 6.4%
- Cocaine, 5.4%
- Steroids, 4.3%
- Heroin, 4.2%
- Methamphetamine, 4.2%
UNINTENTIONAL POISONING

- Leading cause of unintentional injury death in U.S.
- Leading cause in 35-54 year olds
- Leading cause in many states
- Leading cause of death in celebrities???
In light of Corey Haim's recent (apparent) drug overdose, here's a list of 16 drug induced celebrity overdose deaths that, given the star's lifestyle and behavior, we should have seen coming. Celebrities overdose more often that we'd like them to, but this list should at least warn us of what we should've seen coming. Video news reports and family/friend stories included next to each celebrity when available.

1. **Anna Nicole Smith**

   A Playboy model, actress, television personality and sex symbol, Anna Nicole Smith was found dead on February 8, 2007 with a lethal combination of chloral hydrate and various benzodiazepines in her system.

   Her death strangely mirrored her idol Marilyn Monroe's, but with the addition of her son's tragic death and a media-swarm child custody battle before her demise.

   Most of these people are their own worst enemy, her dramatic weight gain/weight loss and drunken behavior at awards shows (to the right) should have been a marker that she wasn't going to be with us for much longer.

2. **Sid Vicious**
Overdose deaths involving opioid painkillers have quadrupled since 1999

- Prescription Opioid Painkillers
- Prescription Benzodiazepines
- Heroin
- Cocaine

16,651 deaths involving opioids

4,030 deaths involving opioids
Figure 1: Rate of unintentional drug overdose death in the United States, 1970-2006

Source: National Vital Statistics System
Unintentional Death: MVC vs Poisoning

NOTE: In 1999, the *International Classification of Diseases, Tenth Revision (ICD–10)* replaced the previous revision of the ICD (ICD–9). This resulted in approximately 5% fewer deaths being classified as motor-vehicle traffic–related deaths and 2% more deaths being classified as poisoning-related deaths. Therefore, death rates for 1998 and earlier are not directly comparable with those computed after 1998. Access data table for Figure 1 at [http://www.cdc.gov/nchs/data/databriefs/db81_tables.pdf#1](http://www.cdc.gov/nchs/data/databriefs/db81_tables.pdf#1).

The number of poisoning deaths and the percentage of these deaths involving opioid analgesics increased each year from 1999 through 2006.

Figure 1. Poisoning deaths involving opioid analgesics, other drugs, and no drugs: United States, 1999–2006
From 1999 through 2006, poisoning deaths involving methadone rose more rapidly than those involving other opioid analgesics, cocaine, or heroin.

Figure 2. Poisoning deaths involving opioid analgesics, cocaine, and heroin: United States, 1999–2006
More than one type of drug was mentioned in the majority of poisoning deaths that involved opioid analgesics in 2006.

Figure 4. Drugs mentioned in opioid analgesic-related poisoning deaths: United States, 2006

NOTE: Opioid analgesic deaths classified as involving cocaine, heroin, or benzodiazepine may also involve other drugs; deaths classified as involving other specified drug(s) do not involve cocaine, heroin, or benzodiazepine.
The US accounts for 4% of the world’s population but uses >80% of its prescription opioids.
UNINTENTIONAL OPIOID OVERDOSE DEATHS PARALLEL OPIOID SALES

- Sales of OPR quadrupled between 1999 and 2010.
  - Enough for every American to take 5 mg Vicodin every 4 hrs for 4 weeks
  - 5,500 new prescription opioid users per day
  - 5.1 million Americans currently abuse prescription opioids

- Overdose deaths
  - 2,901 in 1999
  - 11,499 in 2007

Paulozzi L. MMWR. Nov 2011
UNINTENTIONAL OPIOID OVERDOSE DEATHS PARALLEL OPIOID SALES

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**Prescription Painkiller Sales and Deaths**

![Graph showing the correlation between prescription painkiller sales and deaths](image-url)

**Sources:**

*\(^a\) Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 2012 data not available.

Some states have more painkiller prescriptions per person than others.

Number of painkiller prescriptions per 100 people

- 52-71
- 72-82.1
- 82.2-95
- 96-143

SOURCE: IMS, National Prescription Audit (NPA™), 2012.
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<th>Rank</th>
<th>&lt;1</th>
<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
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<td>Unintentional MV Traffic 345</td>
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<td>Unintentional Poisoning 7,013</td>
<td>Unintentional Fall 27,044</td>
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<td>Unintentional Fire/Burn 68</td>
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Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.
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<td>4</td>
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<td>5</td>
<td>25-34</td>
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<td>65+</td>
<td>168,169</td>
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</table>

*The “Other Assault” category includes all assaults that are not classified as sexual assault. It represents the majority of assaults.

**Injury estimate is unstable because of small sample size.

Data Source: NEISS All Injury Program operated by the Consumer Product Safety Commission (CPSC).

Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.
Figure 5. Total Number of Drug- and Alcohol-Related Intoxication Deaths by Selected Substances¹, Maryland, 2007-2015.

¹Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not sum to the total number of deaths.
²Includes deaths caused by benzodiazepines and related drugs with similar sedative effects.
Figure 1. Total Number of Drug- and Alcohol-Related Intoxication Deaths Occurring in Maryland, 2007-2015.
Figure 1. **Total Number of Unintentional Intoxication Deaths Occurring in Maryland from January-March of Each Year.**

*2016 counts are preliminary.*
Figure 2. Total Number of Intoxication Deaths Occurring in Maryland by Place of Occurrence, 2015.
Figure 3. Total Number of Drug- and Alcohol-Related Intoxication Deaths Occurring in Maryland by Age Group, Race/Ethnicity and Gender, 2007-2015.
Figure 4. Total Number of Drug- and Alcohol-Related Intoxication Deaths by Place of Occurrence, Maryland, 2007-2015.

**REGION**

- Northwest
- Baltimore Metro
- Southern
- Eastern Shore
- National Capital

**SELECTED JURISDICTIONS**

- Baltimore City
- Baltimore County
- Anne Arundel
- Prince George's
- Montgomery
Figure 7. Number of Heroin-Related Deaths Occurring in Maryland, 2007-2015.

Figure 8. Number of Heroin-Related Deaths Occurring in Maryland by Place of Occurrence, 2015.
Figure 9. Number of Heroin-Related Deaths Occurring in Maryland by Age Group, Race/Ethnicity and Gender, 2007-2015.
Figure 12. Number of Prescription Opioid-Related Deaths Occurring in Maryland, 2007-2015.

Figure 13. Number of Prescription Opioid-Related Deaths Occurring in Maryland by Place of Occurrence, 2015.
Figure 13. Number of Prescription Opioid-Related Deaths Occurring in Maryland by Age Group, Race/Ethnicity and Gender, 2007-2015.
Figure 14. Number of Prescription Opioid-Related Deaths by Place of Occurrence, Maryland, 2007-2015.

**REGION**

Number of deaths

- Northwest
- Baltimore Metro
- Southern
- Eastern Shore
- National Capital

![Graph showing the number of prescription opioid-related deaths by region from 2007 to 2015.]

**SELECTED JURISDICTIONS**

Number of deaths

- Baltimore City
- Baltimore County
- Anne Arundel
- Harford
- Montgomery

![Graph showing the number of prescription opioid-related deaths by selected jurisdictions from 2007 to 2015.]

Fentanyl-laced heroin killing Marylanders

January 31, 2014  By Andrea K. Walker, The Baltimore Sun

Drug dealers are lacing heroin with the potent painkiller fentanyl, creating a deadly cocktail that is killing unknowing users — sometimes within minutes of use.

The drug combination has killed dozens of people in several states, prompting law enforcement and health officials to issue warnings about its danger.

Magooby's Joke House
www.magoobys.com
City paper's "Best Of Baltimore" MD's only 350 seat comedy theatre
9603 Deereco Road, Lutherville Timonium, MD 21093, United States

Want To Publish A Book?
www.iuniverse.com
Learn How To Get Published Today With Our Free Guide To Publishing.

Waterfront Restaurant
www.islandviewwaterfrontca... Quiet,Friendly,Out of the Way, with Great View Of the Chesapeake Bay

The Maryland Department of Health and Mental Hygiene said Friday that 37 Marylanders had died since September of overdoses after taking the drug mixture. The deaths accounted for 12 percent of 318 overdose deaths in the past four months.
- SPECIAL INTELLIGENCE AND SAFETY ALERT -

WIDESPREAD FENTANYL-RELATED OVERDOSES AND DEATHS IN THE NORTHEASTERN AND UPPER MID-EASTERN UNITED STATES!

Over the past year, law enforcement encounters with illicitly manufactured fentanyl have dramatically increased. Two clandestine fentanyl laboratories, a kilogram package of high purity fentanyl hydrochloride, a variety of fentanyl containing tablets (both Ecstasy-type mimics and Oxycontin® counterfeits), various mixtures of heroin/fentanyl powders, and at least one cocaine/fentanyl powder, have been seized from locations throughout the United States. Of particular concern, the distribution of heroin/fentanyl powders in and nearby the Chicago and Philadelphia metropolitan areas starting in February 2006 has (as of mid-May) resulted in several hundred overdoses and about fifty deaths, with additional overdoses and deaths being

[ASSOCIATED PRESS]

SOMERSET COUNTY: PRINCESS ANNE

Charges in sale of deadly drug

A Somerset County man could be sentenced to up to 24 years in prison if convicted of selling a deadly drug that is blamed for more than 100 deaths nationwide.

Robert L. Wise, 29, has been charged with distributing fentanyl, a painkiller stronger than morphine. Fentanyl has been discovered mixed with heroin and is thought to be responsible for more than 100 deaths. A Princess Anne man died in April after taking the drug.

Wise was arrested after a police investigation into a "possible drug overdose" of two female acquaintances, an alleged transaction that sent the buyers to Peninsula Regional Medical Center. Outside the courtroom where he was arraigned Thursday, Wise called himself a drug "user" who went with a female acquaintance "to get some," but he was not specific. He also said his activities were not linked to the April death.

- Delaware has had five deaths and 18 non-fatal overdoses in the last month, says Delaware State Police Sgt. Melissa Zebley.

Nearby, one person has died and eight others have overdosed in the Salisbury, Md., area when an area was believed to be fentanyl-laced heroin or straight fentanyl, says Judith Sensenbrenner of the Health Department.

"Certainly we have heroin use here," she says, "but we don't tend to see that number of overdoses, the number of people who will be in care, the number of people who will end up in jail."
Demographic Characteristics of 23 Fentanyl Related Deaths in Maryland in 1992

Two-thirds of Fentanyl related deaths in Maryland involved a black male or female and were over 30 years of age. Almost all of the incidents occurred in Baltimore City or Baltimore County in February or March. 550 envelopes containing Fentanyl have been seized by the state police. State police indicate the Fentanyl to be legitimately manufactured rather than produced in clandestine labs. Heroin addicts should be alerted that drugs sold as heroin may contain Fentanyl ("China White").

Demographics of Maryland Fentanyl Incidents

<table>
<thead>
<tr>
<th>RACE:</th>
<th>%</th>
<th>AGE:</th>
<th>%</th>
</tr>
</thead>
</table>
Figure 15. Number of Fentanyl-Related Deaths Occurring in Maryland, 2007-2014.

Figure 16. Number of Fentanyl-Related Deaths Occurring in Maryland by Place of Occurrence, 2014.
In 2013, 858 individuals died of an overdose in Maryland.

- Of these 858 individuals, **59% (n=502)** had at least 1 or more visits* for an overdose up to one year prior to the overdose death. (Total overdose visits = 1,507)
  - 41% (n=356) of the individuals that died of an overdose in 2013 did not have a visit* for an overdose up to one year prior to the overdose death.

- Of these 858 individuals, **66% (n=570)** had at least 1 or more visits* for any reason up to one year prior to the overdose death. (Total visits = 2,207)
  - 34% (n=288) of the individuals that died of an overdose in 2013 did not have a visit* for any reason within a year before the overdose death.

*Hospitalization or emergency department visit in Maryland.
OPIOID OVERDOSE

Drowsiness, Small pupils, Apathy

Slurred Speech, Inattention to environment

Blue skin, Unconscious, Pinpoint Pupils, Slow breathing (less than 4-6 times/min)

Death
RISK FACTORS FOR OD

- Recent period of abstinence
  - Incarceration
  - Hospitalization (medical, psychiatric)
  - Residential Addiction program
  - Out-patient Detox Program?

- Using alone

- Using in unfamiliar surroundings

- Changes in the “cut”

- Mixing drugs
  - Especially benzodiazepines or alcohol
“...You can’t get help if you’re dead...”
POSSIBLE INTERVENTIONS

1º, 2º, 3º, 4º

♦ Education
♦ Legislation
♦ Early Warning Network-Interagency Collaboration
♦ Prescribed Heroin
♦ Safe Injection Rooms
♦ Increased Drug Treatment
♦ Prescription Monitoring Programs
♦ Prescription Medication Take-Back
♦ Naloxone Distribution
♦ Assistance for loved ones
Welcome to the Behavioral Health Administration

Overdose Prevention in Maryland

Maryland Certified Treatment Locator
SAMHSA's Treatment Locator

Beacon Health Options to manage substance-related disorders treatment services for Medicaid starting January 1, 2015.
Go to Beacon Health Options for details.

BHA Latest Information
- BHA to lead new Forensic Services Workgroup

BHA Resources
- Community Prevention Services
- Need Help
- Overdose Response Program
- Prescription Drug Monitoring Program (PDMP)
- Behavioral Health Advisory Council
- Suicide Prevention
- Beacon Health Options Maryland
- Archive
- MD MATRS

Quick Links
- Behavioral Health Integration Site
- Transfer of Ambulatory Grant Funds Information
- CBH (Community Behavioral Health)
- Local Addictions Authority (LAA) former Treatment Coordinators
- MACSA Directory
- MADC
- Maryland Community Services
YOU CAN STOP OVERDOSE DEATH

GET NALOXONE

SAVE A LIFE
PREVENT HEROIN OVERDOSES

don't mix drugs,
call 911, learn CPR,
use with friends,
know your tolerance,

IHRP 1-866-STOP-ODS
Heroin Kills
• Cartridge with “needleless” syringe
• Single or multi-dose vials w/ syringe
• Talking auto injector
• Nasal spray
# Overdose Response Program

Training & Dispensing Statistics*
(As of June 30, 2016)

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<th>FY 14</th>
<th>FY 15</th>
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<td>Doses of Naloxone Dispensed*</td>
<td>1,741</td>
<td>6,279</td>
<td>21,606</td>
<td>29,626</td>
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<td>Administrations of Naloxone Reported**</td>
<td>14</td>
<td>153</td>
<td>496</td>
<td>663</td>
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* Training and dispensing statistics are maintained by authorized training entities and reported to DHMH on a monthly basis.

** Naloxone administration information is voluntarily reported by certificate holders to the Maryland Poison Center or to an authorized training entity and subsequently provided to DHMH on a monthly basis.
Prescription Drug Monitoring Programs (PDMP)

- Provides information about a patient’s controlled substance prescription history
- Differences by state
- Limitations

Chesapeake Regional Information System https://crisphealth.org/
There's a New Dealer in Town.

Prescription drug abuse is a problem among teens today. And a major source of the problem is right under your nose—the medicine cabinet. This may be happening in your house, which means you can definitely do something to stop it. Safeguard your medications and keep track of the quantity. Educate yourself. Find out more at theantidrug.com. You can stop the dealer.

These days, teens don't have to go out looking for drugs; they can just go to the medicine cabinet. Even as teen use of “street drugs” is on the decline, the abuse of prescription drugs is increasing. The perception is that they're safe even though abuse can lead to paranoia, addiction, seizures, and death. You can prevent abuse by safeguarding and monitoring your family's medications. Educate yourself. Find out more at theantidrug.com. You can stop the dealer.
Wonder about the value of keeping leftovers?

Your kid knows.

Destroy leftover medications.
Got Drugs?
Turn in your unused or expired medication for safe disposal

Next event:
September 26, 2015
WONDER DRUG
BUPRENORPHINE’S ADVOCATES SAY IT COULD REVOLUTIONIZE ADDICTION TREATMENT HERE IN THE NATION’S HEROIN CAPITAL
Coming to a High School Near You: Drugs that Reverse Heroin Overdoses

Naloxone will be offered for free to all U.S. high schools – but how many will accept?

By Kimberly Leonard | Staff Writer  Jan. 25, 2016, at 4:41 p.m.
ACTIVITIES IN MD SCHOOLS

- No state-wide initiative.
- Many counties are working on policies and procedures.
- Several jurisdictions have school resource officers carrying naloxone.
- Several jurisdictions have trained school nurses and have naloxone in the schools.
- Several jurisdictions have trained school nurses but not provided naloxone as of yet.
- One county school health program has become an ORP and is training all of the nurses.
Insite - Supervised Injection Site

A health-focused place for people to connect with health care services

Since opening its doors in 2003, Insite has been a safe, health-focused place where people inject drugs and connect to health care services – from primary care to treat disease and infection, to addiction counselling and treatment.

Insite is North America’s first legal supervised injection site. The BC Ministry of Health Services provides operational funding for Insite through Vancouver Coastal Health, which operates the facility.

Insite operates on a harm-reduction model, which is a policy or program directed towards decreasing the adverse health, social and economic consequences of drug use without requiring abstinence from drug use.

What services do you provide?
Visit the Insite services page to learn more about our services.

Who uses your services?
Visit the Our Clients page to learn more about the people we serve.

Why are you located in the Downtown Eastside?
Medical prescription of heroin to treatment resistant heroin addicts: two randomised controlled trials

Wim van den Brink, professor¹, Vincent M Hendriks, senior researcher³, Peter Blanken, researcher¹, Maarten W J Koeter, assistant professor², Barbara J van Zwieten, delegate to CPMP⁴, Jan M van Ree, professor⁵

¹ Central Committee on the Treatment of Heroin Addicts (CCBH), Stratenum, Universiteitsweg 100, 3584 CG Utrecht, Netherlands, ² Amsterdam Institute for Addiction Research, Tafelbergweg 25, 1105 BC Amsterdam, Netherlands, ³ Parnassia Addiction Research Centre, PO Box 2505 AA The Hague, Netherlands, ⁴ Netherlands Medicines Evaluation Board, Kalvermarkt 53, The Hague, Netherlands, ⁵ Rudolf Magnus Institute of Neuroscience, Utrecht University, Utrecht, Netherlands
MODELS OF NALOXONE DISTRIBUTION

- “Underground”
- Prescribed to actual drug users/abusers
- Prescribed to “partner”
- Prescribed to parent
- Prescribed with any opioid prescription
- Non prescription
Baltimore: The Heroin Capital of the United States

Though Baltimore already had an abnormally high degree of heroin abuse before the U.S. heroin epidemic of the 1990s, the city came to be widely considered by health and law enforcement officials as the heroin capital of the nation at the beginning of the twenty-first century. When Baltimore became a key East Coast distribution point for high-purity South American heroin during the mid-1990s, its street heroin became more pure, and thus more addictive and more deadly, than that of most other cities in the nation, and its heroin use rate began to skyrocket.

In the year 2000 alone, there were more than three hundred fatal heroin-related overdoses in Baltimore and a similar number of heroin-related hospital emergencies. With official estimates of one out of every ten Baltimore residents addicted to heroin by 2001—some sixty thousand men and women, the majority of whom were believed to use the drug intravenously—the problem became so serious that the federal government designated the city a “high intensity drug trafficking area,” making it eligible for special federal assistance to local police.
The Catalyst for Staying Alive

- Heroin related ER visits increased 4% between 2001-2002
- 17% increase in overdose deaths from 2001-2002
Baltimore to Give Heroin Users Overdose Drug
March 7, 2003

Communities in Action
This spring, Baltimore health officials are planning to launch a program that will enable heroin users to inject naloxone, an opiate-blocking drug used to revive a person who overdoses, the Baltimore Sun reported March 3.

Health officials said the program is aimed at curbing the rising number of fatal heroin overdoses. "There is a chronic problem here," said Dr. Peter L. Beilenson, Baltimore health commissioner. "A significant number of people are dying each year from heroin overdoses -- in one year, more than the homicide rate -- and while this may be viewed as enabling, this is a worthwhile attempt to keep people alive."

Under the program, vials of the drug Narcan would be distributed to heroin users, who will receive training from emergency-services and health officials. Narcan is used in the medical community to treat opium-based narcotics overdoses.
Many in treatment, medical field question city's plan with Narcan

[Overdoses, from Page 13]

to cut its high heroin mortality rates; more than 1,000 people have died in the past four years.

Baltimore County officials will be closely watching. Last year, the county logged 109 fatal heroin overdoses.

Narcan, generic name naloxone, is manufactured by Endo Pharmaceuticals in Chadd's Ford, Pa., and was approved by the Food and Drug Administration in 1971. Since then, it has been a mainstay in emergency medicine and regular hospital care.

Perhaps no other professionals use Narcan more on a daily basis than paramedics. And perhaps no group appreciates its amazing properties more.

"It's truly a miracle drug," said Lt. Bob Holmes, an emergency medical services supervisor in Dundalk. "You hit them with a shot of Narcan and they come up like rising from the dead."

Sometimes, said Holmes, "they will come up violently, other times in a stupor. In most cases, they are angry that you ruined their high. And in almost every case we have seen, they will return to using heroin because they are repeat performers."

But while many in the medical and treatment field hail Narcan's wonders, others say that distributing the drug to addicts to save lives is a move of desperation, one that sends the wrong message to young people and the addict population.

"The program is a green light for people to try heroin or continue shooting it," said Lt. Richard Lannen, a county emergency medical services division chief. "It's a message that heroin is not the problem."

He had been traded to the Pittsburgh Steelers but maintained friendships in Baltimore.

Lipscomb's body was found by police in an apartment in the 400 block of N. Brice St. on the city's west side. A friend tried to revive him by placing ice on his groin and injecting him with salt water to counteract the opiate. Neither worked.

That event marked a time when heroin began to take hold of Baltimore. Sections of once-prosperous Baltimore County were sliding into decay and the dope trade found new takers there as well.

One of them was Michael W. Gimbel, who would later become Baltimore County's drug czar and official spokesman against drugs. In the comfortable suburban world of Pikesville, young Gimbel found heroin.

'I overdosed twice'

"Back in the '70s, I overdosed twice in one weekend and nearly died both times," Gimbel said. "I was revived at the hospital by Narcan, and both times I went right back on my horse."

"People I knew were using Narcan," he said. "I thought the drug was a good idea, but the problem was the people using it. It was a tool for quelling the symptoms of an addict."

Lipscomb's death was a stark reminder of the allure of heroin.

"We've got to do more than just distribute Narcan," Gimbel said. "We need to offer treatment and other solutions."
Illegal Drug Overdose Deaths Drop
Health Department’s Drug Overdose Prevention Program Contributes to Decline

BALTIMORE (March 28, 2005) – Illicit drug overdose deaths have reached a 5-year low in 2004, showing a 19% decline from 2000. In 2004, 261 deaths were attributed to illicit drug overdose, down from 321 deaths in 2000. This decline is due, in part, to the tremendous efforts of the City’s Staying Alive program, which trains injection drug users to reverse opiate overdoses in their peers and partners.

Since its launch at the end of April 2004, Staying Alive, funded by The Open Society Institute, has trained 562 people, and reported 52 lives saved. Staying Alive participants are provided with a safe learning environment where they can discuss their addiction and other health conditions while being trained in overdose prevention, mouth-to-mouth resuscitation, and Naloxone administration. While in training, all participants must complete a medical history and consent form reviewed on-site by a volunteer physician or nurse practitioner. After receiving a score of 80% or above on a quiz, they then each receive three intramuscular syringes and one, 10-milliliter vial of Narcan. Narcan, is an opiate antagonist that reverses the effects of an opiate (i.e. Heroin, Methadone, Demerol). Staff from Johns Hopkins University School of Public Health conduct a thorough evaluation of the program, which will be used to determine its overall effectiveness.

“These results illustrate that the potentially fatal effects of injection drug use can be prevented with the appropriate training and education,” states Dr. Beilenson, Commissioner of Health. “Our goal is to continue
Drug-Related Deaths Hit 10-Year Low in Baltimore
Greater Funding, Access to Treatment Credited

By David Brown
Washington Post Staff Writer
Friday, June 9, 2006; Page A10

The number of drug-overdose deaths in Baltimore has fallen to the lowest level in 10 years, the apparent result of a huge effort by the city to make drug treatment readily available and to give addicts the capability to reverse some overdoses themselves.

In 2005, 218 people died of "drug intoxication" in the city, down from about 235 in 1996, and one-third below the peak of 328 in 1999, according to data collected by Maryland's chief medical examiner and presented at a drug-treatment conference yesterday in Baltimore. About 90 percent of deaths each year are from heroin and other opiate overdoses.
Baltimore sees steep decline in drug overdoses

By Donna Leinwand, USA TODAY

Baltimore, a city long plagued by some of the highest crime and drug-overdose rates in the nation, has improved dramatically on both fronts partly because of a massive investment in drug treatment programs, city officials said Tuesday.

Drug overdoses and property crimes in Baltimore are at decade lows, according to statistics the city released Tuesday. Drugs killed 218 Baltimore residents in 2005, down 33.5% from a peak in 1999, when 328 people died from drug overdoses. Baltimore Health Commissioner Josh Sharfstein said. Such incidents have declined in cities across the USA in recent years, but Baltimore's figures represent particularly steep declines.

Sharfstein and other Baltimore officials credit huge spending increases on drug treatment and improvements in policing, efforts that drug treatment specialists said could serve as a national model for reducing the effects of illegal drugs on communities.

Baltimore has more than doubled its budget for drug treatment since 1997, spending $52.9 million in 2005 to treat 28,672 people for drug addiction, up from $20.3 million for 18,449 people nine years ago.

A key booster in Baltimore's drug treatment effort has been financier George Soros, whose foundation gave the city $25 million to rejuvenate local treatment programs in 1997.

Soros said in an interview Tuesday that he was so pleased by Baltimore's results that his foundation is offering $10 million in grants to cities that want to copy Baltimore's program.

Baltimore Mayor Martin O'Malley noted that Baltimore, a city of 643,000, had more than 300 homicides every year during the 1990s, but that the total has fallen below that mark for the past five years.

"We had become the most addicted and violent city in America," O'Malley said. "There is not a doubt in my mind that Baltimore's resurgence ... is a result of our making our city a healthy and safer place by investing in public safety and public health."

Baltimore's crime and addiction rates still exceed the national averages for midsize cities, but several public officials who were skeptical of the drug control program at its outset now say it is the city's major asset.

"I'm a big believer in what they have done," said Sen. Barbara Mikulski. "Baltimore has turned a corner. People are taking the city back. They have a new sense of hope. They trust their police. They trust the government. They trust the mayor."
“It used to be with overdose, you always talked about it in the past tense: ‘I HAD a friend who OD’d.’ Now, overdose is in the present tense: ‘I HAVE a friend who OD’d last week, but it’s OK, he’s all right.’
RESULTS

- Safety messages delivered to 6,635 (85.6%) callers who asked for identification of an opioid, benzo or sedative-hypnotic.
  - Most common- “Do not mix…”
  - > 90% of callers listened to entire message
  - > 90% did not agree to follow-up phone call
Staying Alive Successes

- More than 5000 participants/providers trained
- More than 250 known reversals reported
- ACT-SAP Program-collaboration with Drug Court and the Baltimore City Jail, 5000 participants have been trained
Risk of Overdose Death Following Release from Prison or Jail

November 2014

Background

In response to the sharp increase in opioid-related deaths across the state, Governor O’Malley directed the Department of Public Safety and Correctional Services (DPSCS) and the Department of Health and Mental Hygiene (DHMH) to review opioid-related deaths post release.

Current Update

DHMH and DPSCS matched data on overdoses from 2007 to 2013. This data match found that 39 individuals (out of 94,569 released from prison or the Baltimore City jail from 2007 to 2013) died of an overdose within the first seven days of release. For the prison population, the risk of overdose was 8.8 times greater in the first week after release, compared to the period of three months to a year after release. Notably, a majority of deaths happened after one year, potentially as a result of discontinued treatment.

For the Baltimore city jail population, the risk of overdose was 8.2 times greater in the first week after release, compared to the period of three months to a year after release. Heroin was involved in nearly 90 percent of deaths in the first week after release.

Relative Risk* of Dying of an Unintentional Opioid Overdose by Time Since Release from Prison or Jail, Maryland, 2007-2013.

* Compared to deaths occurring 91-365 days following release
Ex-convicts die at high rate in first weeks out of prison

By Alan Zarembo | Los Angeles Times | January 11, 2007

During their first two weeks out of prison, former convicts have a nearly 13 times greater risk of death than the general population, according to a study published today of more than 30,000 former inmates. The leading cause was overdose of illegal narcotics, the researchers found. Though the study did not look at the reason for the high number of drug overdoses, the researchers surmised that the stress of release and the ex-prisoners' reduced tolerance to drugs after their sentences were major factors.
Scopolamine Poisoning among Heroin Users -- New York City, Newark, Philadelphia, and Baltimore, 1995 and 1996

Heroin is mixed ("cut") frequently with other substances primarily to increase its weight for retail sale (e.g., mannitol and starch) and to add pharmacologic effects (e.g., dextromethorphan and lidocaine). During 1995 and 1996, health departments and poison-control centers in New York City (NYC), Newark, New Jersey; Philadelphia; and Baltimore reported at least 325 cases of drug overdoses requiring medical treatment in persons who had used "street drugs" sold as heroin that probably also contained scopolamine, an anticholinergic drug. This report summarizes the clinical and epidemiologic features of these cases, which represent a new type of drug overdose.

On March 16, 1995, eight persons were treated in the emergency department (ED) of a Bronx hospital for acute onset of agitation and hallucinations approximately 1 hour after "snorting" heroin. On physical examination, all these persons had clinical manifestations of anticholinergic toxicity (i.e., tachycardia, mild hypertension, dilated pupils, dry skin and mucous membranes, and diminished or absent bowel sounds); five had urinary retention. All were initially lethargic and became agitated and combative after emergency medical service (EMS) personnel treated them with parenteral naloxone, which is routinely used for suspected heroin overdose to reverse the toxic effects of opioids (e.g., coma and respiratory depression). All patients received diazepam or lorazepam for sedation, and signs and symptoms resolved during the next 12-24 hours.

During March 17-April 5, 1995, a total of 10 persons who reported using heroin presented with similar clinical findings to hospital EDs in the Bronx and Manhattan. Seven patients reported having used heroin with the street names 'Point on Point' or 'Sting.' Specimens of 'Sting' heroin obtained from two patients on April 5 and analyzed by gas chromatography-mass spectrometry (GC-MS) by the Bureau of Laboratories, New York City Department of Health (NYCDOH), contained heroin and scopolamine. The GC-MS patterns of the scopolamine suggested it was synthetic rather than derived from a plant source. As a result of this finding, these patients were treated for suspected scopolamine poisoning with physostigmine (an antidote for anticholinergic toxicity). While receiving physostigmine intravenously for 5-10 minutes, their paranoia, hallucinations, and agitation resolved.

During March 17-April 10, 1995, NYCDOH issued press releases warning of scopolamine-adulterated heroin sold under the street names "Point on Point" and "Sting." During March 16, 1995-May 27, 1996, the New York City Poison Control Center (NYPCC) recorded 121 cases that met a case definition of both historical or clinical evidence of heroin use and clinical manifestations consistent with anticholinergic toxicity. NYPCC continues to receive several reports each week of presumed combined heroin/scopolamine overdoses that respond to physostigmine treatment.

During a 24-hour period on December 28-29, 1995, a Newark hospital ED treated 22 persons who, approximately 30 minutes after using heroin with the street name "Polo," developed clinical manifestations of anticholinergic toxicity. Naloxone treatment increased agitation and hallucinations, and physostigmine treatment resolved the signs of toxicity.

On December 29, the New Jersey Poison Center (NJPC) informed all EDs in the state about the syndrome of severe anticholinergic toxicity associated with the use of "Polo" heroin. Later that day, after GC-MS testing of a sample of heroin obtained from a patient identified both heroin and scopolamine, the New Jersey Department of Health (NJDOH) held an emergency press conference to alert the public to this drug combination.

NJDOH and NJPC identified a total of 61 persons with 1) recent histories of snorting or ingesting heroin with the street name "Polo" and 2) clinical manifestations of anticholinergic toxicity for
IF YOUR STOMACH HURTS
IT'S BECAUSE I WAS HAVING
YOU WEAR YOUR SHOE. BECAUSE
YOU WOULDN'T WAKE UP,
ANYWAY CALL WHEN
YOU GET THIS.

PEACE OUT, BROOKER
If your stomach hurts
It's because I was holding
You wear your shoes. Because
You would not wake up,
Anyway call when
You get this.

Peace, One Barrister
Join us in helping parents prevent teen prescription drug abuse.

While youth drug use has declined overall, the abuse of prescription drugs — such as pain relievers, depressants, and stimulants — is on the rise. For the first time ever, there are as many new abusers (12 and older) of prescription drugs as there are of marijuana.¹ You’re well aware of the danger that comes with abusing prescription drugs. Between 1995 and 2005, the number of substance abuse treatment admissions for prescription pain relievers increased by more than 300%.[²]

You have the power to help protect teens and young adults by alerting parents to this growing problem. While prescription drugs have benefits when used properly, they are also increasingly abused by teens and young adults, often in combination with street drugs or alcohol. Make sure your patients understand the risks of drug abuse. Research shows that 70% of persons aged 12 and older who abuse pain relievers say they get them from a friend or relative.[³] For many teens, finding these drugs is as easy as opening the medicine cabinet, nightstand, or purse at home — or at a friend’s house.

Your voice matters. So encourage parents, grandparents, and other adults to:

- Safeguard all drugs in their homes. Monitor quantities and control access.
- Set clear rules for teens about all drug use, including not sharing medicine and always following the medical provider’s advice and dosages.
- Be a good role model by following these same rules with their own medicines.
- Properly conceal and dispose of old or unused medicines in the trash.
- Ask friends and family to safeguard their prescription drugs as well.

For more information on prescription drug disposal guidelines, as well as the risks, signs, and symptoms of teen prescription drug abuse, visit www.TheAntiDrug.com, or call 1-800-728-2800.

Signed,

American Academy of Family Physicians
American Academy of Nurse Practitioners
American Academy of Pediatrics
American Academy of Physician Assistants
American Dental Association

American Medical Association
American Pharmacists Association
American Society of Addiction Medicine
Partnership for a Drug-Free America

¹SAMHSA, 2006 National Survey on Drug Use and Health (September 2007).
²Treatment Episode Data Set. SAMHSA, 1995-2005.
³SAMHSA, 2006 National Survey on Drug Use and Health (September 2007).
Just another message about stuff you already know: use with friends, call 911, learn CPR, know your tolerance, don't mix drugs, use with friends, call 911, learn CPR, know your tolerance, don't mix drugs, use with friends, call 911, learn CPR, don't mix drugs, use with friends, call 911, learn CPR, don't mix drugs, use with friends, call 911, learn CPR, know your tolerance, don't mix drugs, use with friends, call 911, learn CPR, know your tolerance, don't mix drugs, use with friends.

**Prevent Heroin Overdoses.**

For more information on overdose prevention call: Intermountain Harm Reduction Project 1-866-STOP-ODS
Welcome to the website of SafeGames 2010! We’ve established the SafeGames website as a resource for locals and visitors to Vancouver. This website contains resources to help inform and connect visitors with informational videos and handouts, various harm reduction services available during the Olympics, and information on SafeGames’ partners. Please keep coming back to our website as it is continually being updated with information about SafeGames, including our hosted presentations, film series, parties, and contests.

SafeGames 2010 seeks to educate people who may not be aware of the risks of their own behaviour, to highlight Vancouver’s reputation as a global leader in innovative harm reduction policies and practices, and to support the ongoing work of the many organisations working to provide solutions to Vancouver’s public health challenges.

SafeGames 2010, a consortium of more than 30 Vancouver based organisations, led by the Keeping The Door Open Society, will employ a wide array of outreach and advocacy practices. SafeGames’ teams of 200-plus outreach workers – easily identified by their distinctive SafeGames hats and superhero alter egos, including Captain Condom, Methadone Man, Buprenorphine Babe, Epidemiology Guy, Bi-Curious, and the Caped and Always-Protected Crusader – will distribute SafeKits containing condoms, lube, hand heaters, glow sticks, DVDs, and other incentives, as well as informational cards and referrals to local resources.
Drug abusers often don't want help. Baltimore County paramedics respond to an average of 20 overdose calls a week. But when emergency workers arrive, patients frequently refuse to go to hospitals.

Until recently, there was little that rescue workers could do. But now, rather than simply driving away, paramedics have a tool that could prod some drug-abusers into seeking treatment.

The Baltimore County Bureau of Substance Abuse and the county Fire Department have distributed 4,000 information packets to emergency vehicle crews and hospitals to be handed to overdose victims.

The packets cost $6,500 to print and prepare, with money coming from a state grant, Gimbel said.

"The packets are not the only solution to the problem, but they are a big first step," Meyers said.
Responding to the Heroin Epidemic

PREVENT People From Starting Heroin
- Reduce prescription opioid painkiller abuse.
- Improve opioid painkiller prescribing practices and identify high-risk individuals early.

REDUCE Heroin Addiction
- Ensure access to Medication-Assisted Treatment (MAT).
- Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

REVERSE Heroin Overdose
- Expand the use of naloxone.
- Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

SOURCE: CDC Vitalsigns, July 2015
Figure 1: Maryland: Total Hospitalizations/ED Visits Occurring within 1 Year Prior to Overdose Death*

*Based on the 858 individuals who died of an overdose in 2013.
Figure 2: Maryland: Total Hospitalizations/ED Visits Occurring within 1 Year Prior to Overdose Death, By Number of Visits*

*Based on the 858 individuals who died of an overdose in 2013.