



Montgomery County LEPC

OCTOBER 18, 2018

Opioid Operational Command Center

Speaker:

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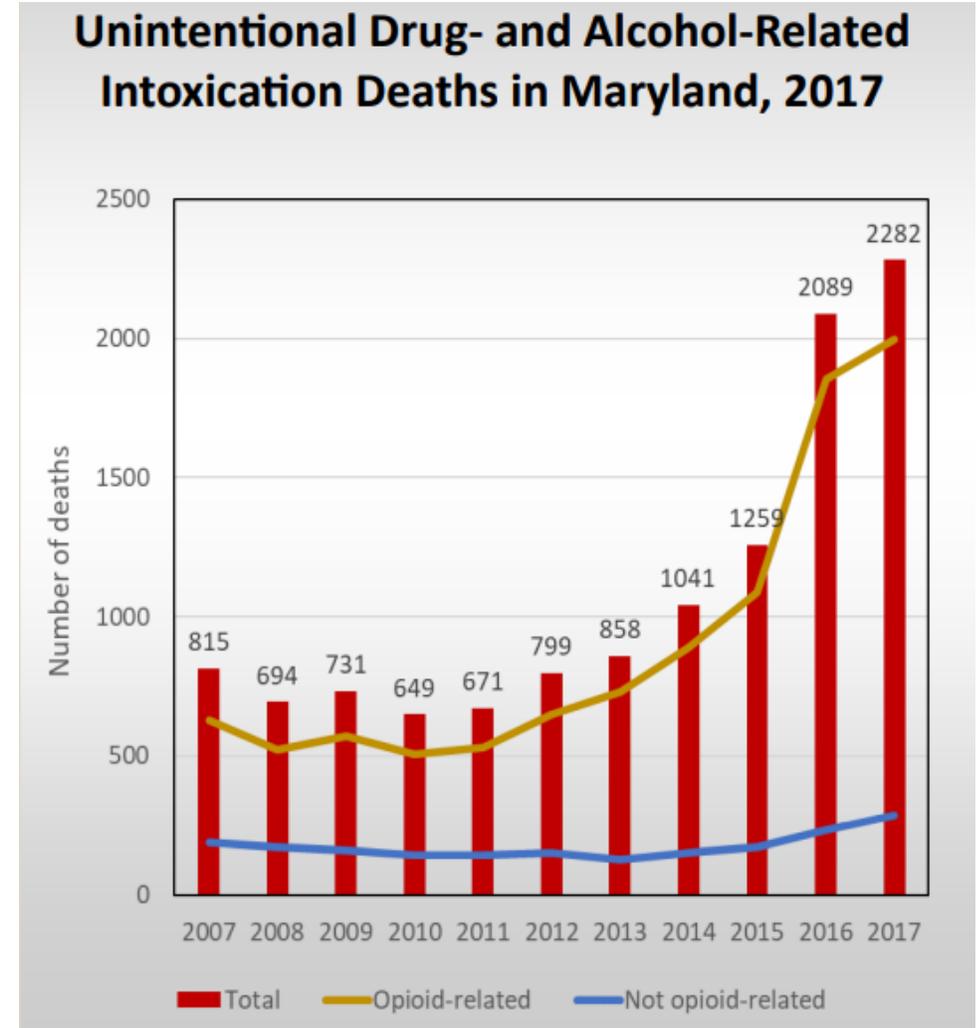
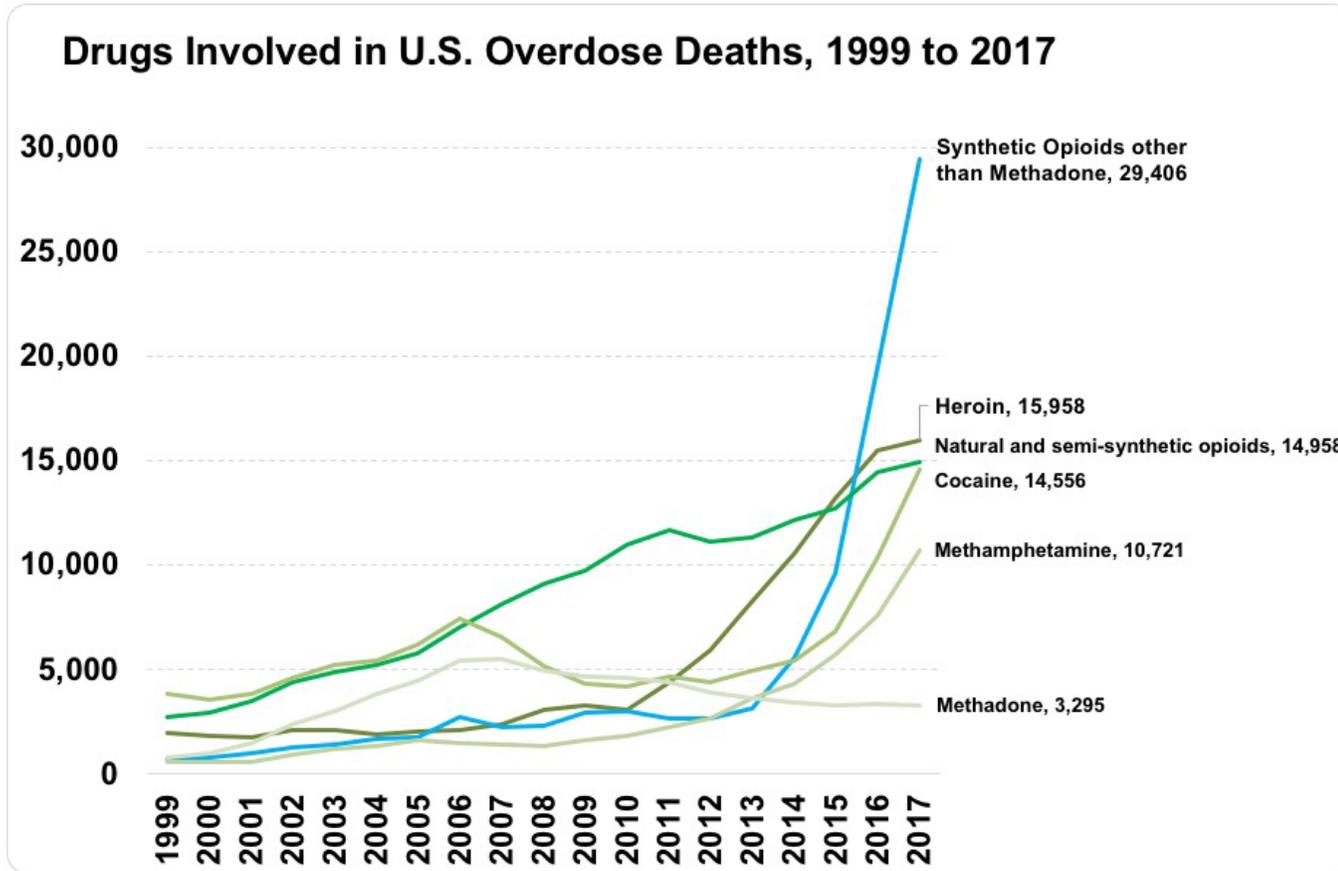
Nearly **6** deaths every day in Maryland



130+ deaths
per day in the
United States



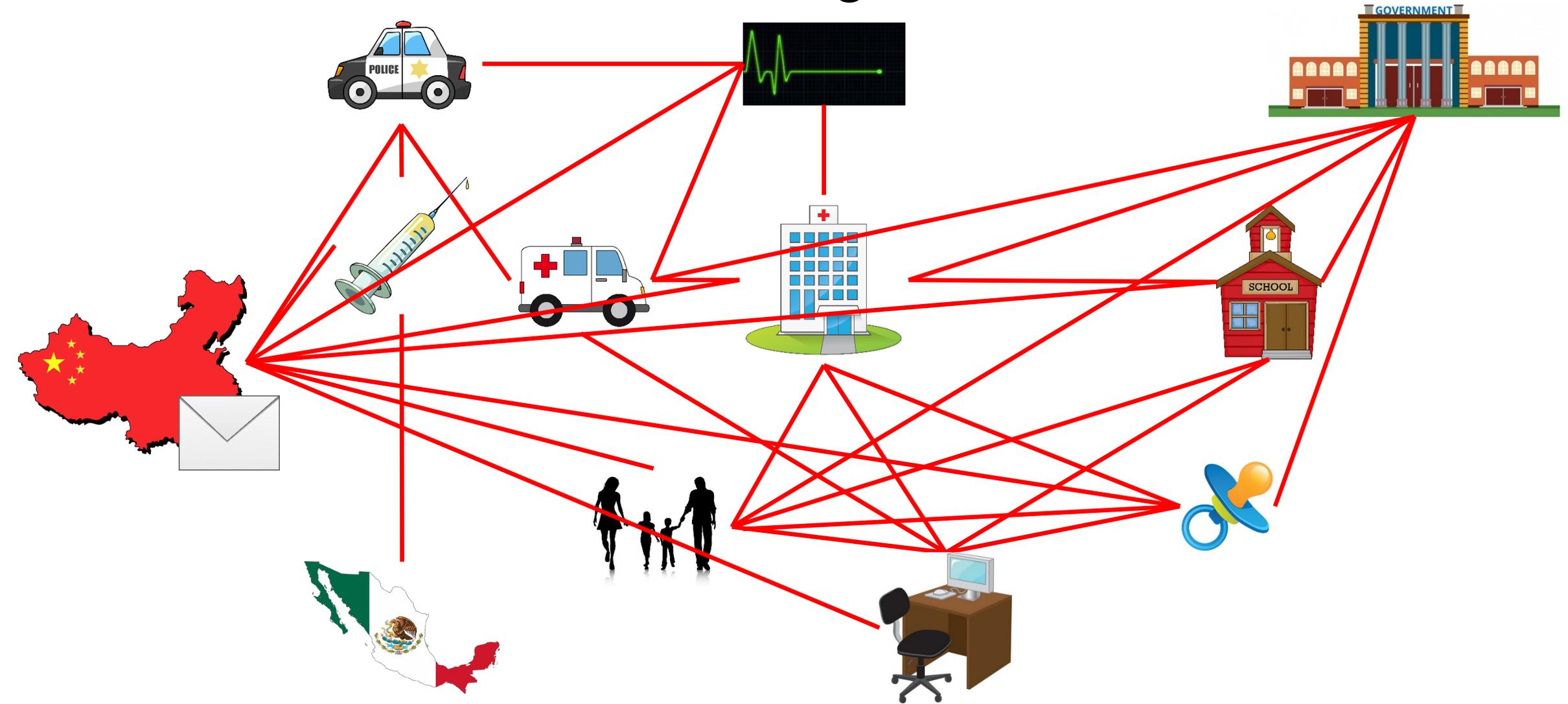
Drug- and Alcohol-Related Intoxication Deaths, U.S. and Maryland



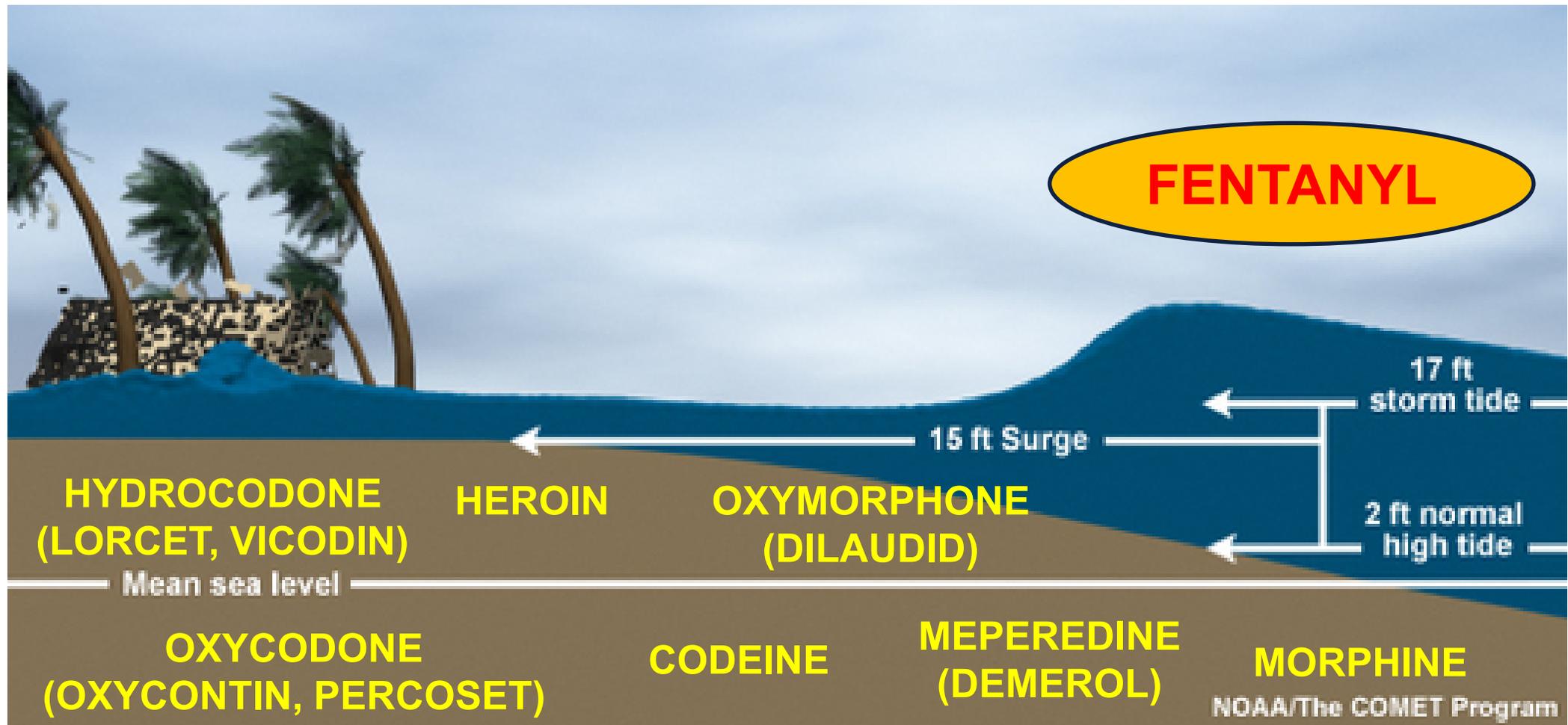
NIDA - <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

Maryland Dept. of Health - https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/Drug_Intox_Report_2017.pdf

Cascading Effects



What is Causing this increase?



Non-Pharmaceutical Fentanyl

Fatal Dose

(varies widely by user and the method of consumption)

Heroin Fentanyl

30 mg

2-3mg

Carfentanil

200 micrograms



2mg of powder shown next to a penny (DEA)



Maryland's Declaration of Emergency

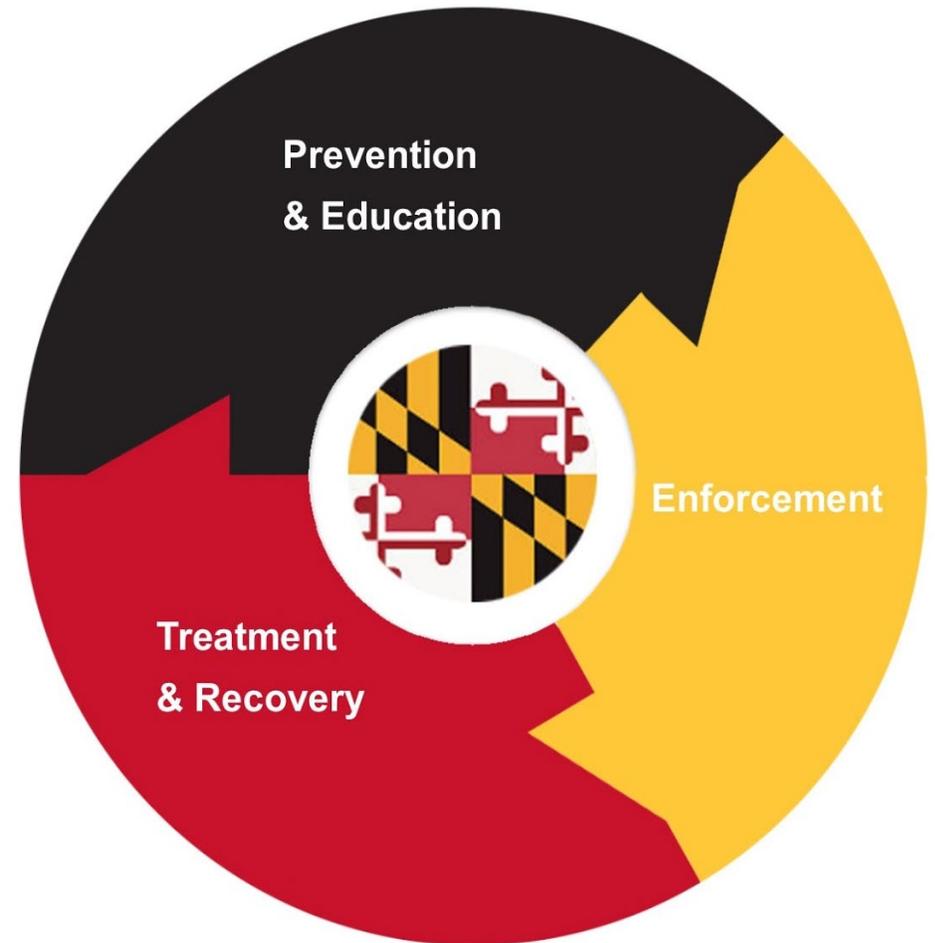


The State of Maryland Executive Department

EXECUTIVE ORDER
01.01.2017.02

Executive Order Regarding the Heroin, Opioid, and Fentanyl Overdose Crisis Declaration of Emergency

- WHEREAS, The State of Maryland is subject to an emergency as defined in Section 14-101(c) of the Public Safety Article of the Code of Maryland;
- WHEREAS, Heroin and opioid abuse is an illness that threatens the well-being, productivity, livelihood, and relationships of Marylanders;
- WHEREAS, Heroin and opioid use has tripled nationwide in the last 12 months, with approximately 27 million users across the country;



Opioid Operational Command Center

The Opioid Operational Command Center facilitates collaboration among state and local partners to reduce the harmful impacts of heroin and opioid use on Maryland communities.

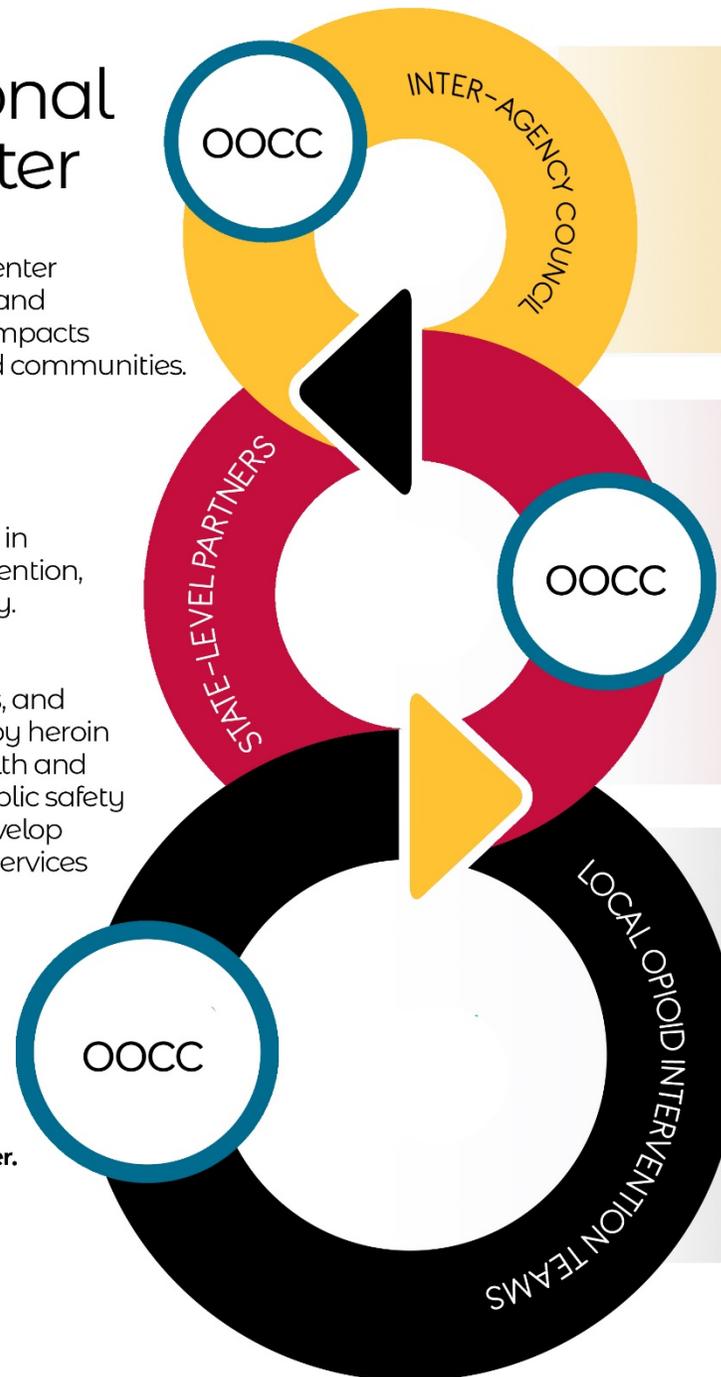
What does it do?

Combat the heroin and opioid crisis in Maryland through education, prevention, treatment, interdiction, and recovery.

Why?

Residents of all ages, races, genders, and areas across the state are affected by heroin and opioid use. State and local health and human services, education, and public safety officials are working together to develop community-based programs and services to combat this public health crisis.

By working together with the Opioid Operational Command Center, partners share data, information, and ideas. Together, we can reduce the harmful impacts of heroin and opioid use and continue Changing Maryland for the Better.



Inter-Agency Heroin and Opioid Coordinating Council

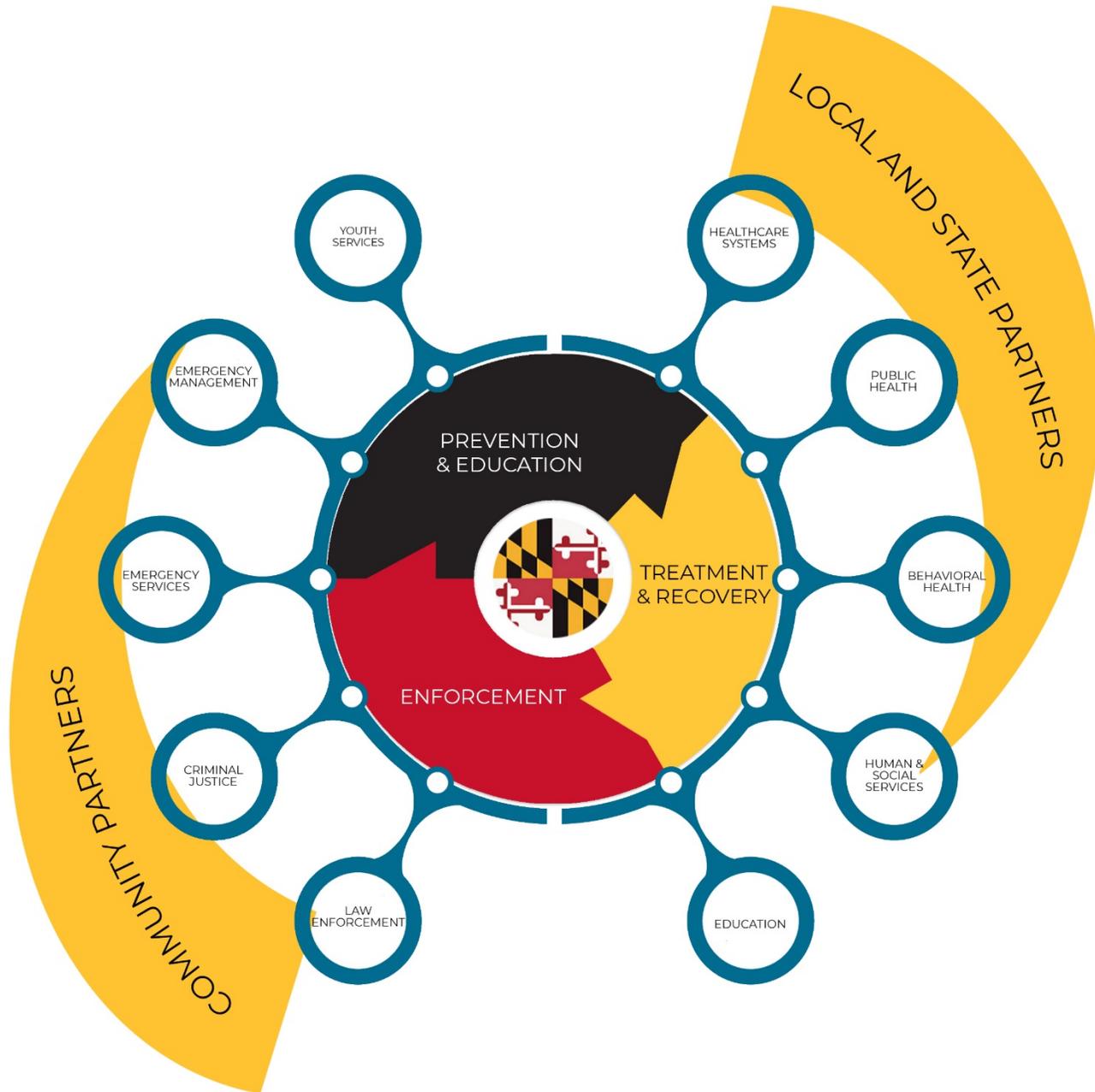
Chaired by the Secretary of Health, the Coordinating Council is the executive-level subcabinet of the Governor that develops strategic policy, provides authority for the Opioid Operational Command Center, and advises the Governor's office.

State-Level Partners

State Agencies joining together on Heroin and Opioid Prevention, Treatment, and Enforcement Initiative, a multi-pronged and sweeping administrative and legislative effort to continue addressing Maryland's evolving opioid and heroin epidemic.

Local Opioid Intervention Teams

Local Opioid Intervention Teams act as the local multi-agency coordinating bodies within all twenty-four of Maryland's jurisdictions. The OITs are tasked with developing a unified local strategy, conducting operational coordination with all stakeholders, and working cooperatively on program and project implementation and operations.



- 1
Prevent new cases
- 2
Improve early identification and intervention
- 3
Expand access to treatment and recovery services
- 4
Enhance data collection, sharing, and analysis

Community Awareness & Education

- **Prevention & Stigma Reduction**
118% increase* in the number of jurisdictions implementing prevention & stigma campaigns
- **Access to Resources**
60% increase* in the number of jurisdictions implementing campaigns to inform people seeking access to resources
- **Prescriber Education**
129% increase* in the number of jurisdictions implementing locally-led prescriber education initiatives



**Change from Emergency Declaration on March 1, 2017 to September, 2018 -preliminary-
Source: Opioid Intervention Team Situation Report – Sept. 10, 2018*

Access to Treatment & Recovery Services

- **Peer Support Specialists**

Peer Support Specialists have been integrated throughout the public behavioral health system

- **Residential Treatment Services**

9,125 individuals** received SUD treatment services paid for through Medicaid and state-funded programs. There are **3,354 residential treatment beds** licensed in Maryland (+126% increase)

- **Recovery Housing**

2,281 recovery beds available** in 246 certified recovery residences operating in Maryland (+8% increase)

- **EMS Response**

10,057 EMS naloxone administrations with noted patient improvement **10 jurisdictions** piloting EMS naloxone leave-behind programs



**Change from Emergency Declaration on March 1, 2017 to September, 2018 -preliminary-
Source: Opioid Intervention Team Situation Report – Sept. 10, 2018*

*** Source: OOC Performance Measure Executive Report data from the Maryland Department of Health*

Crisis Intervention Systems

- **Walk-in Crisis Services**

31% increase in the number of jurisdictions with walk-in crisis centers for individuals seeking SUD support

- **Mobile Crisis Response**

60% increase in the number of jurisdictions with mobile crisis teams to provide SUD services

- **Crisis Hotline / 2-1-1, Press 1**

1,606 crisis hotline calls for substance use crisis support



- **Hospital Care Coordination**

32 emergency departments have Peer Recovery Specialists available to connect overdose patients with treatment services (preliminary)

**Change from Emergency Declaration on March 1, 2017 to September, 2018 -preliminary-*

Source: Opioid Intervention Team Situation Report – Sept. 10, 2018

*** Source: OOC Performance Measure Executive Report data from the Maryland Hospital Administration -preliminary-*

Law Enforcement

- **Drug Seizures**

103% increase* in the amount of fentanyl seized by law enforcement

- **Intelligence & Analysis**

19 jurisdictions have Heroin Coordinators analyzing law enforcement data to disrupt drug trafficking organizations and help direct public health and treatment resources

- **Law Enforcement Diversion**

9 jurisdictions are implementing law enforcement diversion programs in which officers can refer individuals to treatment or resources rather than arrest

- **Referrals**

690 overdose patients referred to local public health programs by HIDTA



**Change from 2016-2017 law enforcement efforts supported by the W/B HIDTA, may not reflect 100% of seizures in the state*

Criminal Justice

- **Pre-Trial Screening**

36% increase in the number of correctional facilities providing pre-trial substance abuse screening

- **MAT Induction & Referral**

46% increase in the number of jurisdictions with MAT induction and a facilitated referral to treatment upon release from a correctional facility

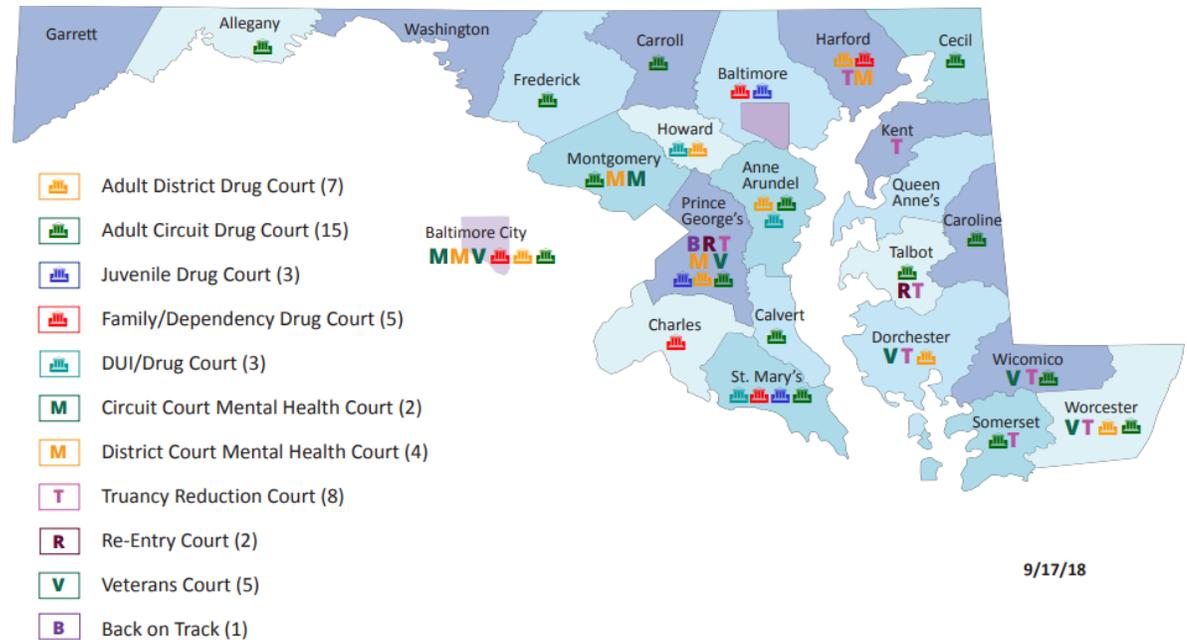
- **Recovery Housing & Employment**

60% increase in the number of jurisdictions providing support for recovery housing and employment services upon release

- **Problem Solving Courts**

21 jurisdictions have Problem Solving Courts working to address underlying substance use disorders and restore defendants as a productive, non-criminal members of society

Operational Problem-Solving Courts in Maryland



Youth & Schools

- **Evidence-Based Prevention Education**
41% increase* in the number of jurisdictions reporting evidence-based prevention curriculum in schools
- **Support for Impacted Youth**
133% increase* in the number of jurisdictions reporting programs to support youth impacted by overdose or addiction in their homes

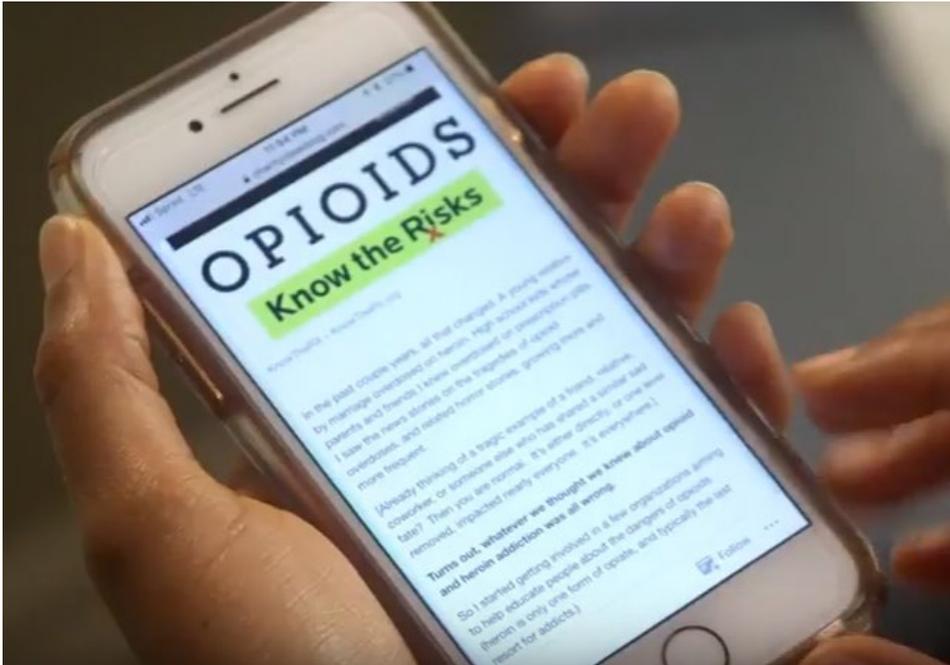
School-Based Intervention Programs:

SBIRT in schools in 5 jurisdictions
Student Assistance Program in 11 jurisdictions
Recovery School in 1 jurisdiction
Telepsychiatry in 1 jurisdiction



*Change from Emergency Declaration on March 1, 2017 to September, 2018 -preliminary-
Source: Opioid Intervention Team Situation Report – Sept. 10, 2018

Understanding How You Can Make a Difference

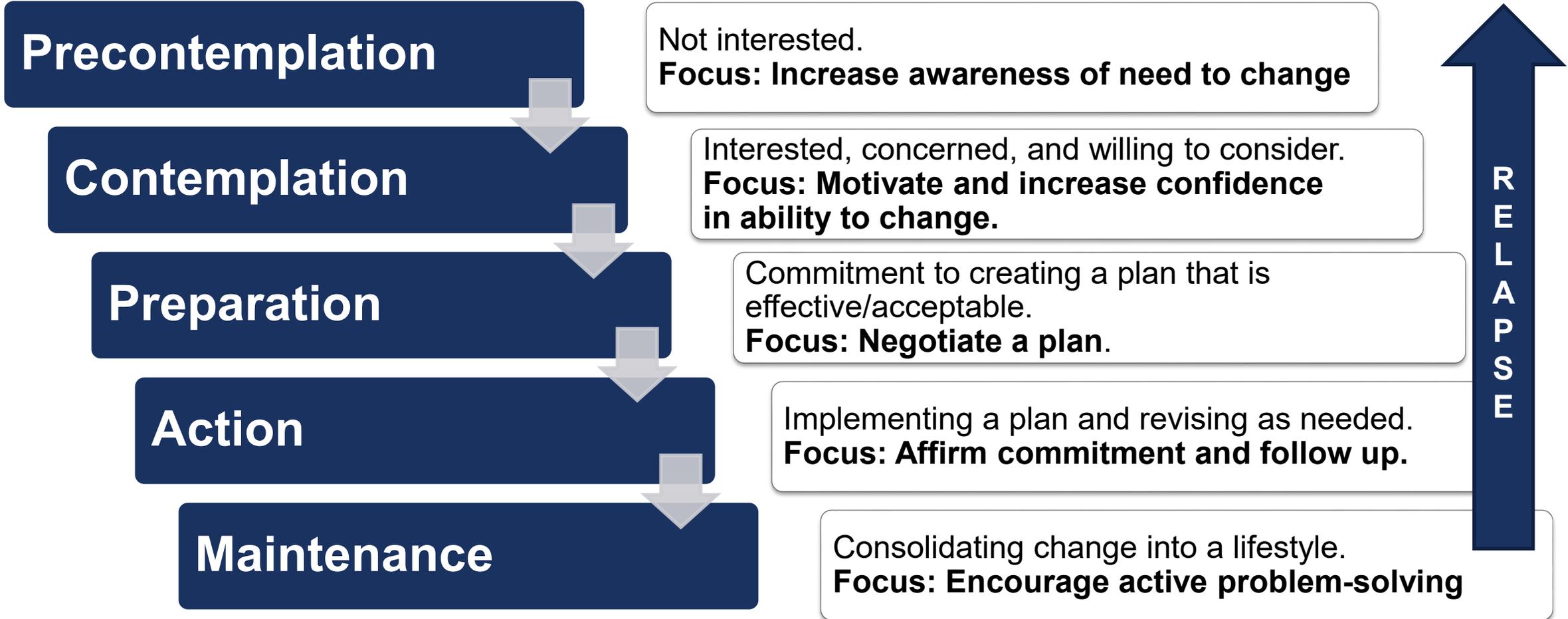


- Addiction and Behavior Change
- Personal Steps to be a part of the solution



Stages of Change

Tasks at Each Stage:



DiClemente. *Addiction and Change: How Addictions Develop and Addicted People Recover*. NY: Guilford Press; 2003.

DiClemente. *J Addictions Nursing*. 2005;16:5.

Be a Part of the Solution

- ❖ **Elevate the conversation**
Avoid compassion fatigue, make sure this crisis continues to get the attention it needs
- ❖ **Become naloxone (Narcan) trained**
Contact your local Health Department for information
- ❖ **Be an informed patient**
Talk to your doctor about all pain medications, and understand the risks involved
- ❖ **Talk to your family, friends, and coworkers**
Ensure that everyone you care about understands the risks of opioid use and the resources available if they need help



Web: BeforeItsTooLateMD.org

Local Resources: <http://beforeitstoolate.maryland.gov/opioid-intervention-teams>

Facebook: facebook.com/BeforeItsTooLateMD

Twitter: [@BeforeIts2Late](https://twitter.com/BeforeIts2Late)

Questions?

