



Maryland

OPIOID OPERATIONAL
COMMAND CENTER

Highlights of MD's Statewide Efforts

National Alliance on Mental Illness (NAMI) Maryland

10-19-19

Today's Agenda

- Fatalities Data and Trends
- Opioid Crisis History
- Maryland's Accomplishments
- Governor Hogan's Policy Priorities
- The OOCC
- Remaining Gaps
- Commission to Study Mental and Behavioral Health in Maryland

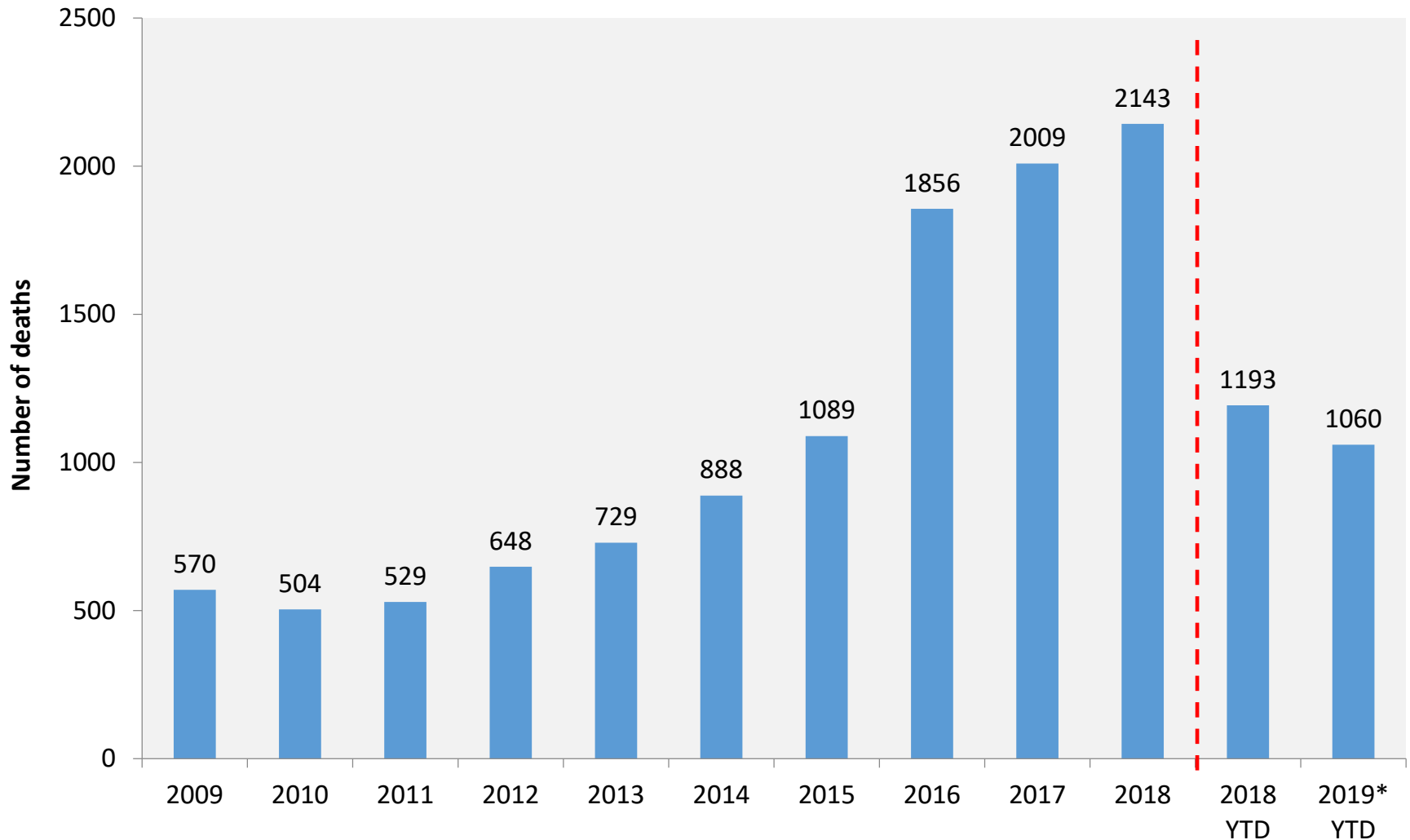
CDC Drug Overdose Mortality Rates* by State for 2017

State	Mortality Rate
1. West Virginia	57.8
2. Ohio	46.3
3. Pennsylvania	44.3
4. Kentucky	37.2
5. New Hampshire	37.0
6. Delaware	37.0
7. Maryland	36.3
8. Maine	34.4
9. Massachusetts	31.8
10. Rhode Island	31.0
<i>NATIONAL AVERAGE</i>	<i>22.6</i>

* The number of deaths per 100,000 total population.

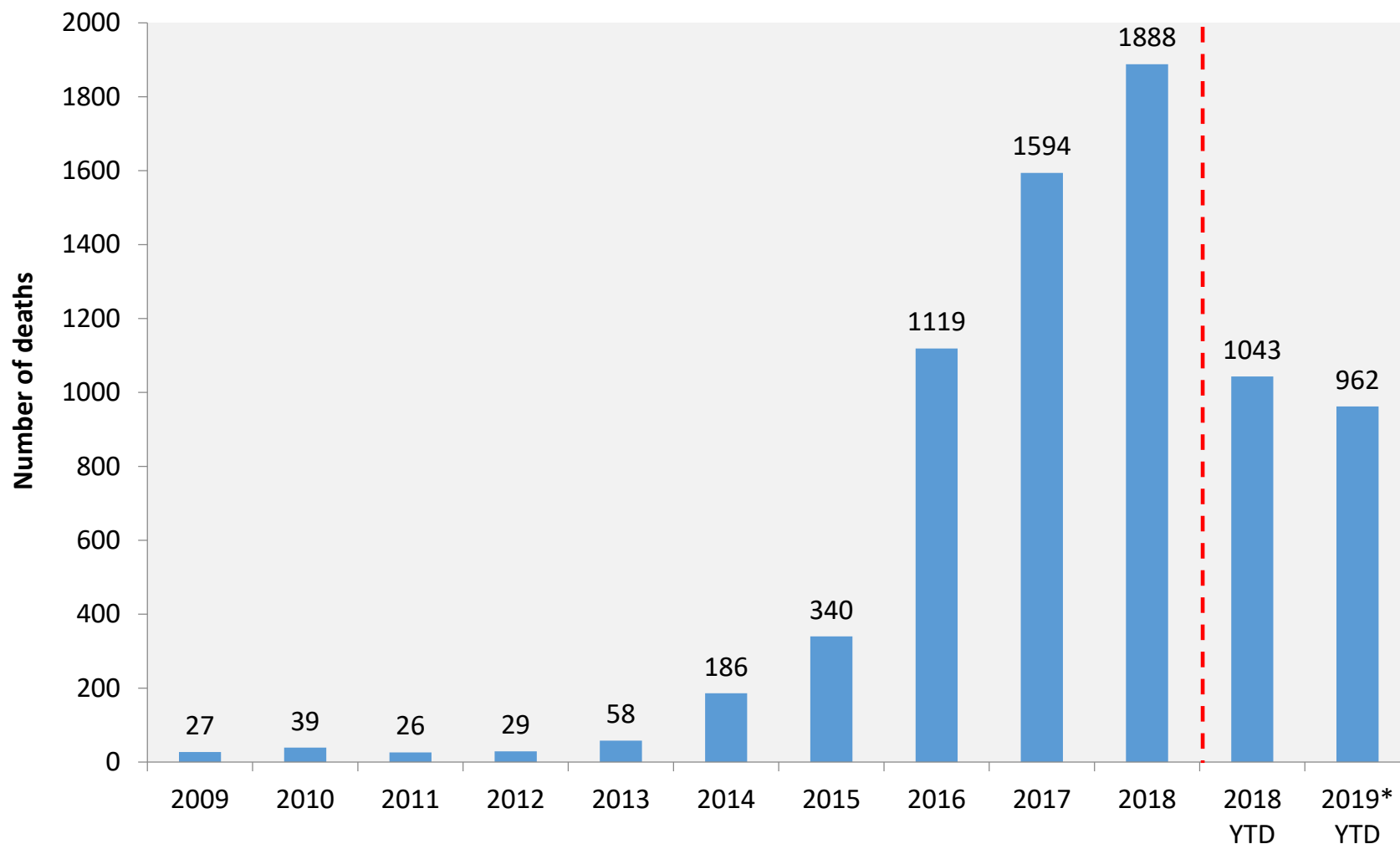
Source: <http://wonder.cdc.gov>

Number of Opioid-Related Deaths in Maryland from January-December 2009-2018 and from January-June 2018 and 2019*



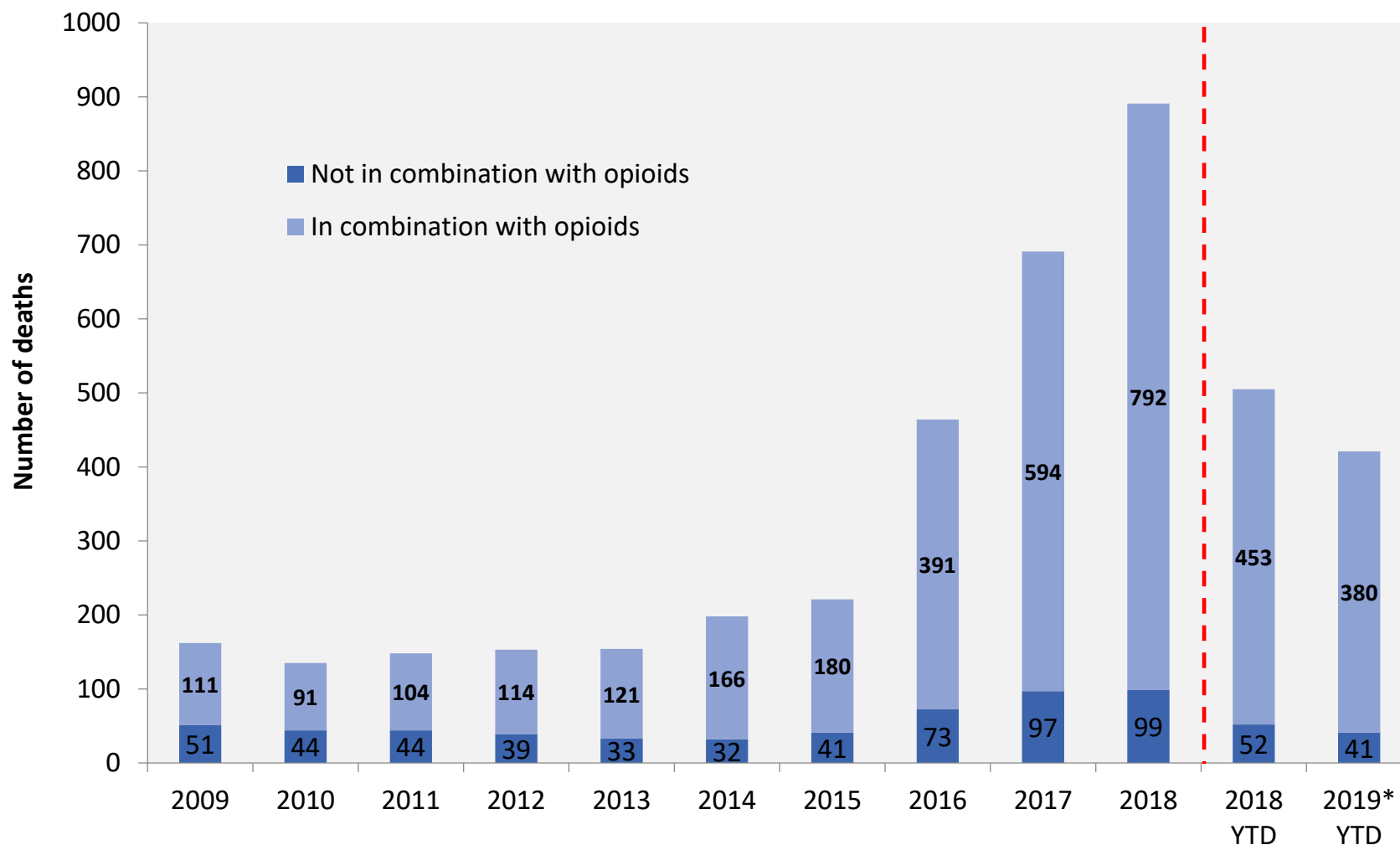
*2019 counts are preliminary.

Number of Fentanyl-Related Deaths in Maryland from January-December 2009-2018 and from January-June 2018 and 2019*



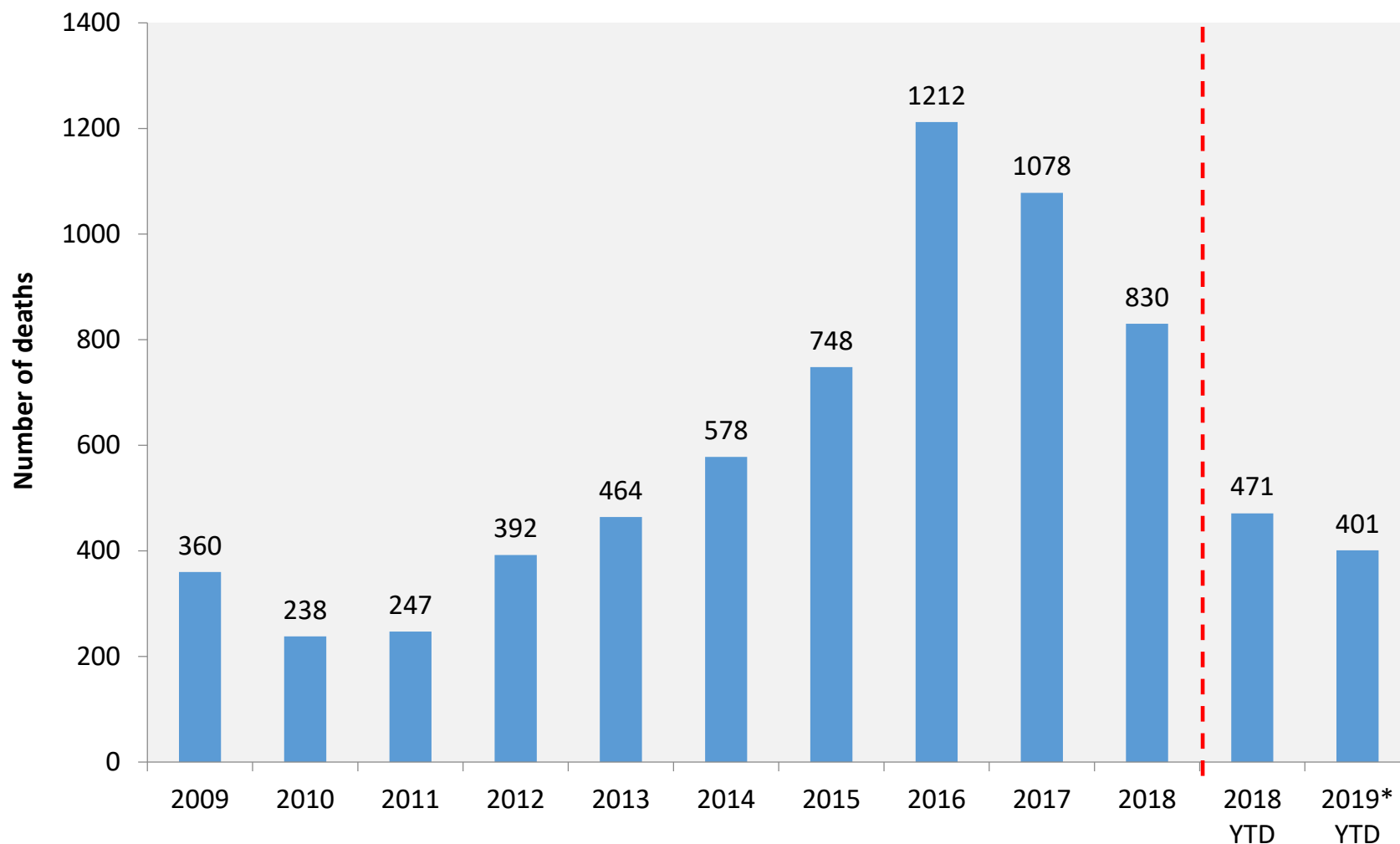
*2019 counts are preliminary.

Number of Cocaine-Related Deaths in Maryland from January-December 2009-2018 and from January-June 2018 and 2019*



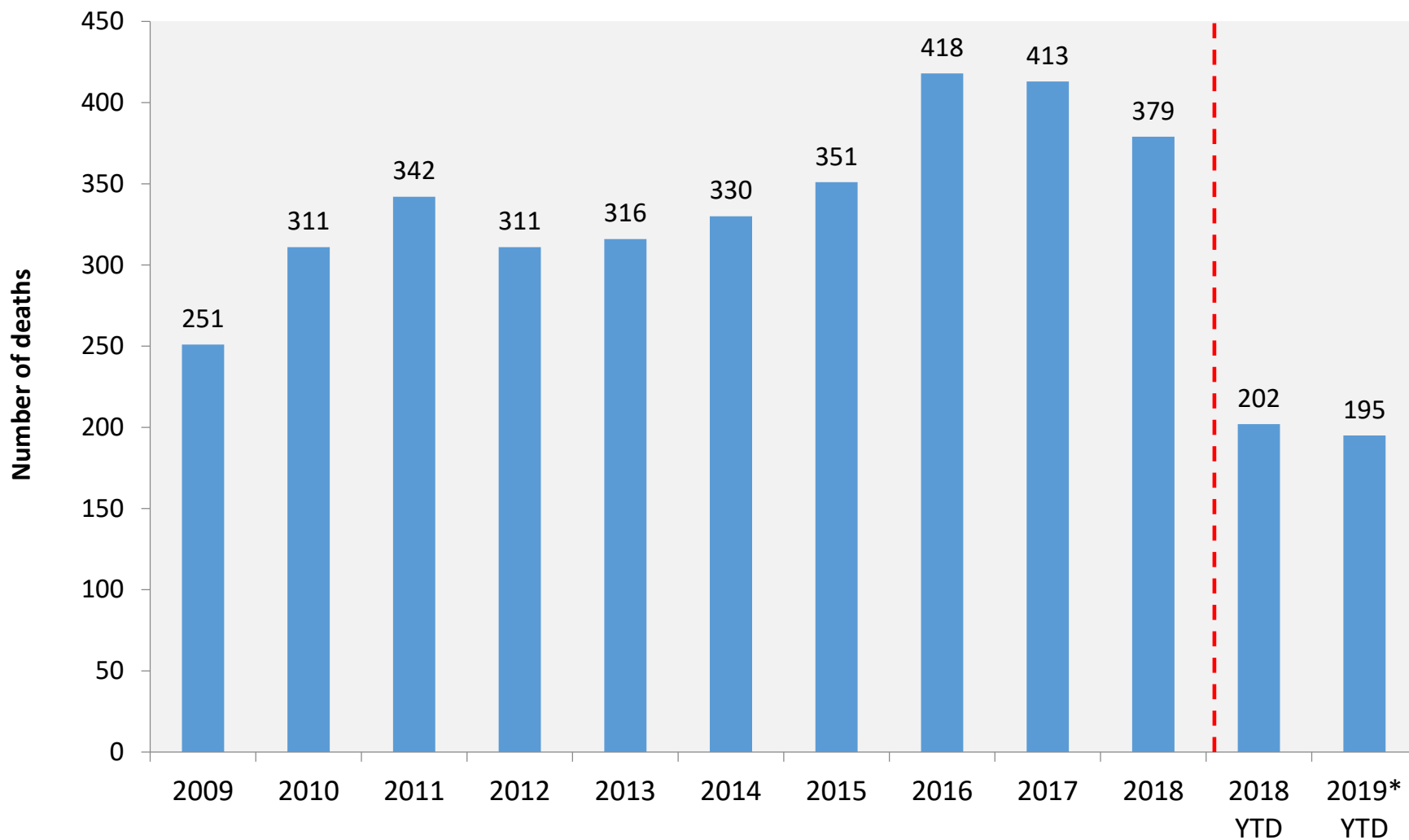
*2019 counts are preliminary.

Number of Heroin-Related Deaths in Maryland from January-December 2009-2018 and from January-June 2018 and 2019*



*2019 counts are preliminary.

Number of Prescription Opioid-Related Deaths in Maryland from January-December 2009-2018 and from January-June 2018 and 2019*



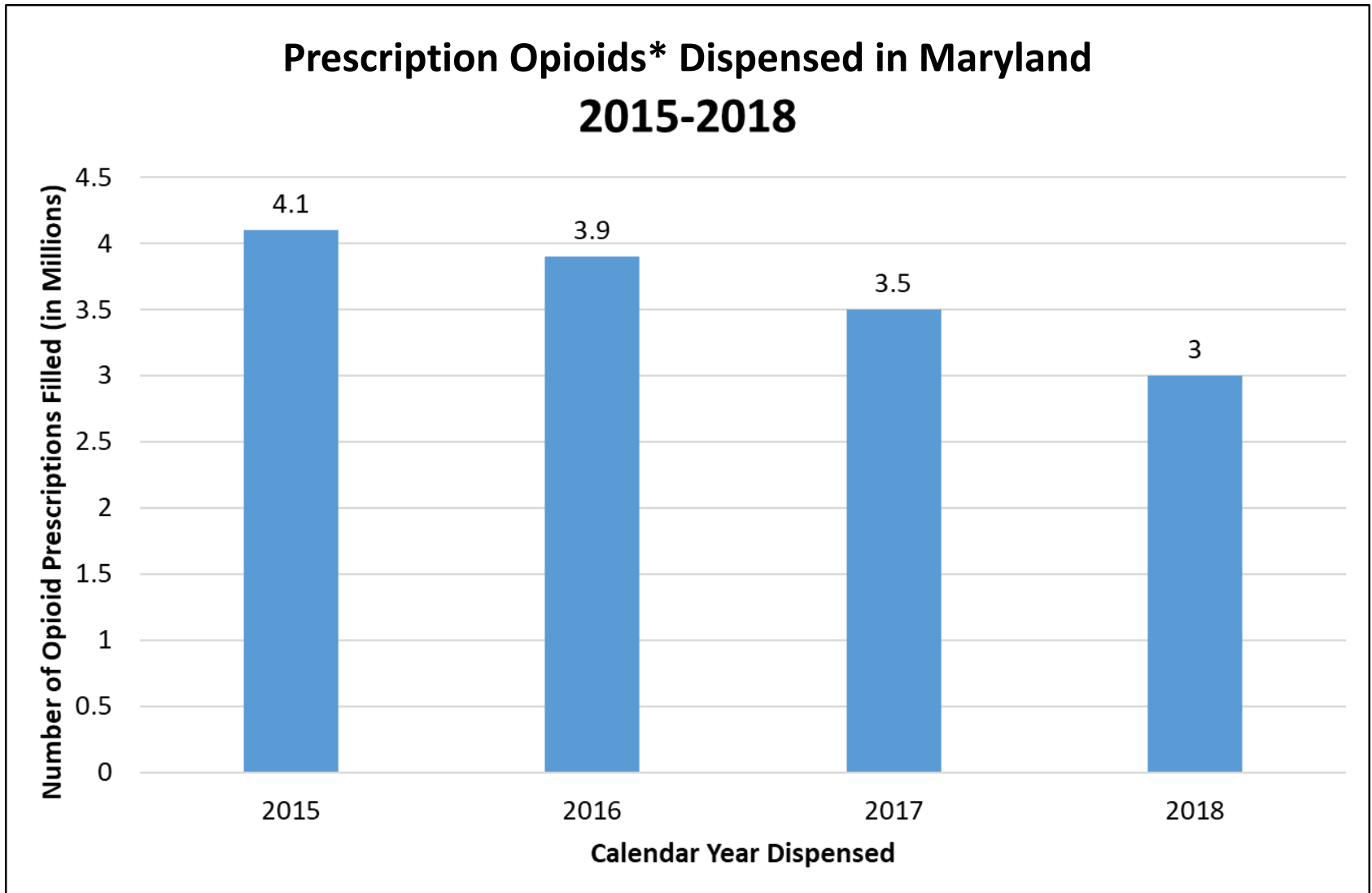
*2019 counts are preliminary.

Number of Opioid-Related Drug Intoxication Deaths 2019 vs. 2018, Year-to-Date

Number of Deaths Related to:	2018 1st Half (Jan.-Jun.)	2019 1st Half* (Jan.-Jun.)	% Change
All Opioids	1193	1060	(11.1%)
Fentanyl	1043	962	(7.8%)
Cocaine	453	380	(16.1%)
Heroin	471	401	(14.9%)
Prescription Opioids	202	195	(3.5%)

*2019 data is preliminary

Prescription Opioid Dispensing Trends



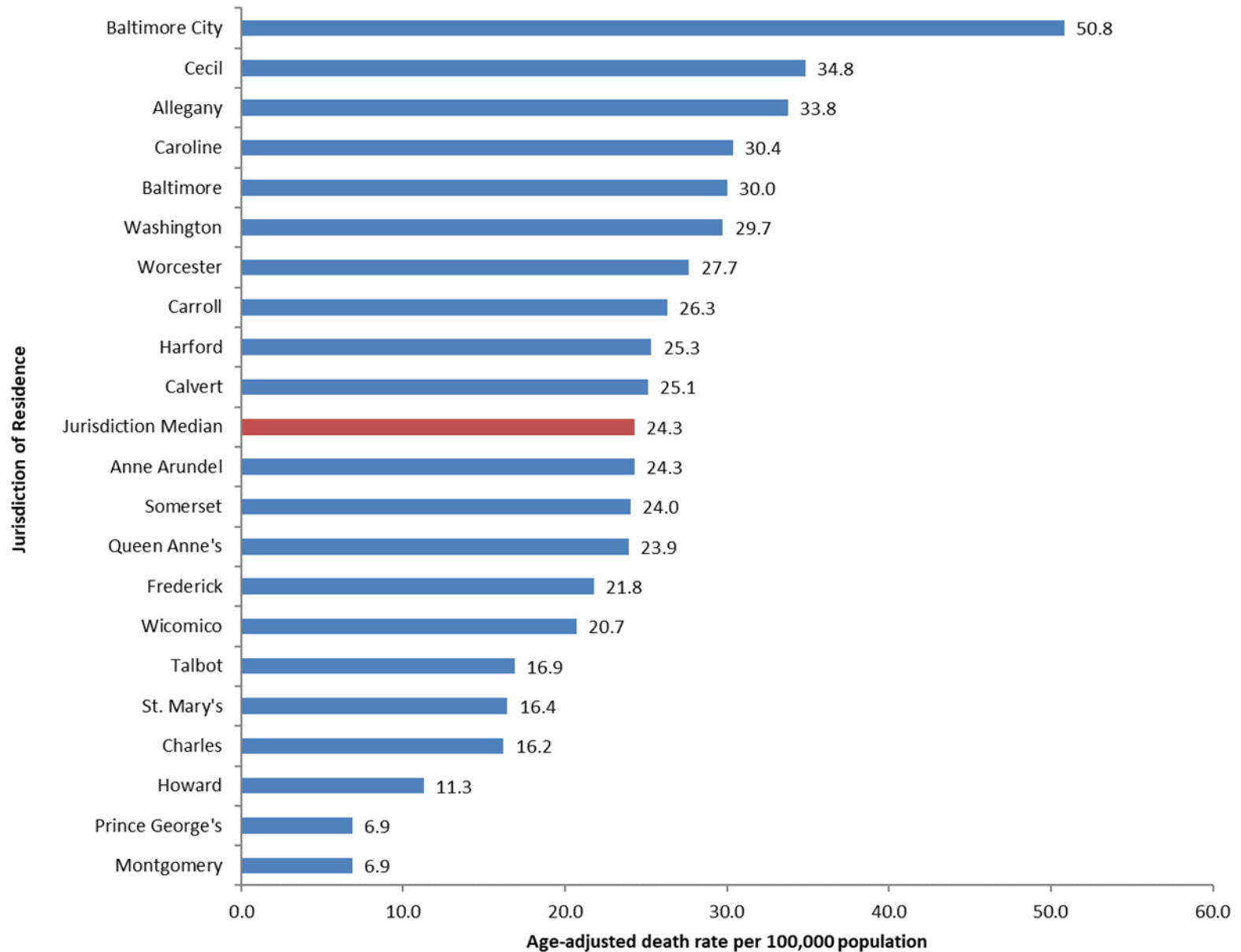
*Excludes buprenorphine thought to be for opioid use disorder treatment

Comparison of Opioid-Related Intoxication Deaths^{1,2} by Place of Occurrence, Maryland, January-June, 2018 and 2019³ – *Top Jurisdictions*

Jurisdiction	Jan-Jun '18 Deaths	Jan-Jun '19 Deaths	'18 vs. '19 # Difference
Baltimore City	444	449	+5
Baltimore Co.	195	168	-27
Anne Arundel	132	91	-41
Prince George's	52	37	-15
Harford	46	38	-8
Carroll	46	23	-23
Washington	44	38	-6
Frederick	44	33	-11
Montgomery	41	37	-4
Cecil	32	22	-10
MARYLAND TOTAL	1193	1060	-133

¹ Includes deaths that were the result of recent ingestion or exposure to any opioid, prescribed or illicit. ² Includes only deaths for which the manner of death was classified as accidental or undetermined. ³ Counts for 2019 are preliminary.

Age-Adjusted Death Rates^{1,2} for Unintentional Opioid-related Intoxication Deaths by Jurisdiction of Residence, Maryland, 2013-2017



¹ Age-adjusted to the 2000 U.S. standard population by the direct method.

² Jurisdictions with < 20 deaths over the period are not displayed due to rate instability.

Opioid Crisis History

How Did This Happen?

Market Shift

- Market for illicit drugs.
- Practice of medicine.
- Pharmaceutical industry.
- Illicit chemical synthesis.

The First Shift

- Innovation in heroin supply chain.
- Focus on secondary and tertiary U.S. cities.
- Innovative delivery strategies.
- Opium production accelerates in Central and South America.

The Second Shift

- Changes in perception of opiates in medical professionals.
- Opiate prescriptions were now being provided for many pain-related ailments.
- Shift in attitude for pain management.
- Pain became a “vital sign.”

The Third Shift

- Heavy marketing by manufacturers of opioid-based pain killers, particularly Purdue Pharma with OxyContin.
- Millions of Americans addicted to prescription opioids.
- Customer conversion from OxyContin to heroin.

The Fourth Shift

Arrival of Fentanyl

Maryland's Accomplishments

- Opioid Task Force convened under Lt. Gov. Rutherford in 2015.
- State of Emergency declared by Governor Hogan in 2017.
- State coordinating body, the Opioid Operational Command Center (OCCC), established in 2017.
- Allocation of general funds.
- Local coordination: Opioid Intervention Teams (OITs).
- Creation of Opioid Use Disorder Program Inventory.

Gov. Hogan's Policy Priorities: The Pillars of MD's Response

Prevention & Education

- Harm reduction
- Information campaigns
- School programming

Enforcement & Public Safety

- Interdiction
- Diversion
- Jail-based treatment

Treatment & Recovery

- Crisis services
- Peer specialists
- Treatment programs

OOCC Mission and Operations

- Coordinate the state-wide response to the epidemic and assure consistency with the governor's three major policy priorities.
- Prepare strategic plan (entitled *Maryland Inter-Agency Opioid Coordinating Plan*).
- Coordinate efforts of 20 state agencies and 24 local jurisdictions.
- Disseminate best practices and identify gaps.
- Review and approve all opioid-related budget proposals and legislation.

OOCC's Opioid Use Disorder Program Inventory

- Demonstrates the findings of interviews with local jurisdictions across Maryland.
- Identifies over 75 “promising practices” programs.

<http://bit.ly/OpioidProgramInventoryOct19>

Remaining Gaps

- Criminal-justice programming and MAT in jails: Under HB 116, all jurisdictions will need to offer naltrexone, methadone and buprenorphine by Jan 1, 2023.
- Limited wrap-around and re-entry services in jails.
- Crisis intervention programs.
- Lack of treatment options available and staffing shortages in rural areas.

Bringing it Together

Mental Health

Commission to Study Mental and Behavioral Health in Maryland

- Chaired by Lt. Governor Rutherford and studies mental health in Maryland, including access to mental health services and the link between mental health issues and substance use disorders.
- Formulates recommendations for the governor to improve access to a continuum of mental health services.
- Conducts open regional meetings across the state to elicit stakeholder input.

Opioid Operational Command Center

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PREVENTION • TREATMENT • RECOVERY



Before it's too late.

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