



STATE OF MARYLAND

DHMH News Release

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor – Dennis R. Schrader, Secretary

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FOR IMMEDIATE RELEASE:

Maryland's health department releases 2016 fatal overdose data

Report details more than 2,000 deaths from overdoses last year

Baltimore, MD (June 8, 2017) – The Department of Health and Mental Hygiene today released the 2016 Drug- and Alcohol-Related Intoxication Deaths in Maryland Report. The report found that 2,089 people died from overdoses last year, a 66 percent increase from 2015's data. The largest surge was seen in residents 55 and older.

“The overdose crisis in Maryland is driven by a number of factors, and we’re committed to employing numerous approaches to reverse this grim tide,” said Health and Mental Hygiene Secretary Dennis R. Schrader. “We want the deaths to cease, and we need those who use drugs to seek help before they feel compelled to use again.” Marylanders can find treatment resources at MdDestinationRecovery.org, BeforeItsTooLateMD.org, and the state crisis hotline, 1-800-422-0009.

The annual report describes trends in the number of unintentional drug- and alcohol-related intoxication deaths, commonly referred to as fatal overdoses, occurring in Maryland between 2007 and 2016. Fighting substance-use disorder and the opioid epidemic in Maryland has been a major priority of Governor Larry Hogan's administration. Earlier this year, he declared a state of emergency in Maryland to raise awareness of the crisis and to rally resources with increased urgency. He also formed the Opioid Operational Command Center to cut red tape and enable state and local agencies coordinate and share information more efficiently.

“The continuation of this epidemic is the impetus for our daily work to better coordinate state and local emergency and health resources to save lives,” said Clay Stamp, who leads the command center.

Major findings from the report, posted at <https://goo.gl/zh35WC>, include:

- The increase in the number of drug- and alcohol-related intoxication deaths between 2015 and 2016 is the largest single-year increase that has been recorded in Maryland. The number of intoxication deaths has more than tripled since 2010.
- The increase in fatal overdoses has been most rapid among individuals 55 and older. The number of deaths among this age group increased five-fold between 2010 and 2016, from 86 to 424.
- Eighty-nine percent of all intoxication deaths that occurred in Maryland in 2016 were opioid-

-more-

related. Opioid-related deaths include deaths related to heroin, prescription opioids, and nonpharmaceutical fentanyl. The number of opioid-related deaths increased by 70 percent between 2015 and 2016, and has nearly quadrupled since 2010. Non-opioid-related drug deaths have also been increasing, but at a slower rate. Large increases in the number of heroin and fentanyl-related deaths were largely responsible for the overall rise in opioid-related deaths. Between 2015 and 2016 the number of heroin-related deaths increased by 62 percent (from 748 to 1,212), and the number of fentanyl-related deaths more than tripled (from 340 to 1,119). The number of prescription-opioid related deaths increased by 19 percent (from 351 to 418); many of these deaths occurred in combination with heroin and/or fentanyl.

Carfentanil, a drug even deadlier than fentanyl, has recently begun to contribute to the fatal overdose tally. The department's Office of the Chief Medical Examiner has begun including screens for carfentanil during that office's autopsy exams.

Health and Mental Hygiene continues to collaborate with federal, state and local partners to try to reduce the number of overdoses and has been combating and responding to the increase in overdose deaths. With support from Governor Hogan, the department has implemented several major initiatives to combat the opioid overdose epidemic:

1. **Reimbursement for federally funded residential substance use treatment, beginning on July 1.** Maryland Medicaid was the third state in the nation to be granted a waiver from the federal Centers for Medicare and Medicaid Services to provide these services with federal Medicaid dollars. Since receiving this waiver, the state has been actively engaging with the provider community about the implementation of this effort through several public forums including the Medicaid Advisory Committee, Engagement with local health officers and their substance use partners, legislative hearings, and the Behavioral Health Advisory Council. The expansion, solidified in the program's federally approved waiver, will enable providers to receive previously denied federal Medicaid reimbursement, an obstacle that contributed to the opioid crisis here. Maryland Medicaid – backed by Maryland Gov. Larry Hogan – [applied for a waiver \(or an exception\)](#) from that federal restriction, to be able to win treatment options for more Marylanders. The IMD Waiver will expand Medicaid reimbursement to include adult residential substance use disorder treatment July 1, 2017. The Department is phasing in such additional services as residential substance-use disorder services for pregnant women with children, drug-exposed newborns, individuals involved with the child welfare system and 8-507 treatment services January 2018; it will incorporate halfway houses in January 2019.
2. In partnership with all eight of its HealthChoice managed care organizations, the **Maryland Medicaid program also is working to reduce opioid misuse, dependence, overdose and death** in both Medicaid fee-for-service and HealthChoice managed care programs. This amplifies Medicaid's urging of providers to:
 - a. Consider non-opioids as first-line treatment for chronic pain,
 - b. Offer naloxone to patients who meet certain risk factors;
 - c. Conduct thorough substance use disorder screening prior to prescribing opioids;
 - d. Refer patients to treatment that are identified as having a substance use disorder; and
 - e. Use the Department's Prescription Drug Monitoring Program for all Controlled Dangerous Substance prescriptions.
3. Last month, **Medicaid implemented a payment policy for community-based Medication Assisted Treatment (MAT)** – a clinical intervention that combines the use of medications and

reimbursement rate to include a \$63 per-week-per-patient bundle for methadone maintenance, and the ability for Opioid Treatment Programs (OTP) to bill for outpatient counseling separately, as clinically necessary.

4. **Maryland has expanded access to naloxone**, a life-saving drug that reverses opioid drug overdoses. On June 1, 2017, Health and Mental Hygiene's Public Health deputy secretary, Dr. Howard Haft, issued a standing order that allows pharmacies to dispense naloxone to individuals who may be at risk of an overdose or anyone who may be able to help someone who overdoses. This action is authorized through legislation signed by Governor Hogan. Naloxone safely and effectively reverses an overdose and has a low risk for adverse effects. This simplifies the previous process where it could be dispensed only to those trained and certified under the Maryland Overdose Response Program. Pharmacies play an important role in providing access to naloxone and counseling on how to recognize and respond to an opioid overdose. Fentanyl and carfentanyl may require multiple doses of naloxone to be administered to help victims overdosing on those substances.
5. **The [Maryland Good Samaritan Law](#)** provides protection from arrest, as well as prosecution, for certain specific crimes and expands the charges from which people assisting in an emergency overdose situation – such as administering naloxone – are immune.
6. Because opioid addiction often has its roots in prescribed medication, **Health and Mental Hygiene continues to provide guidance to prescribers** in efforts to help them manage patients' chronic pain without resorting to prescription opioids. Clinical provider education and resources continue to be a critical focus of the department's addiction-prevention strategy, being achieved through Continuing Medical Education and the Prescription Drug Monitoring Program (PDMP). Maryland's PDMP allows providers and pharmacists access to their patients' history of prescribed medications. By reviewing the patient's prescription history, prescribers can make an informed decision about prescribing a controlled and dangerous substance.
7. **To increase the early identification of those at risk** for substance use disorder, the Department has been employing Screening, Brief Intervention and Referral to Treatment (SBIRT). SBIRT is an evidence-based tool designed to identify individuals who have the potential for substance abuse and to provide medical intervention. It has been implemented in 53 community primary care centers and ten hospitals in 15 jurisdictions across Maryland with the expectation of screening at least 90,000 individuals.
8. People who die from overdoses often have histories of admission to hospitals' emergency departments for nonfatal overdoses, **the department also has been working to intervene after Marylanders survive an overdose**. The Overdose Survivors Outreach Project connects overdose survivors in hospital emergency departments with community peer recovery specialists, who assist them in enrolling in substance-use disorder treatment and obtaining support services. Peers are working within select emergency departments and in communities across the state to assist substance users and their families with engaging in recovery. This project started in the fall, 2016, at four hospitals. To date, 53 percent of those referred to treatment through the community peers have enrolled in treatment.

Marylanders who need help finding substance-use-disorder treatment resources should visit [MdDestinationRecovery.org](#), [BeforeItsTooLateMD.org](#), or call the Maryland Crisis Hotline, which provides 24/7 support, at 1-800-422-0009. For information on many of the policies currently implemented to fight substance use disorder and overdose in Maryland, see <http://goo.gl/KvEzQw>. If you know of someone in need of treatment for a substance use disorder, treatment facilities can be located by location and program characteristics on our page at <http://goo.gl/rbGF6S>.

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The Maryland Department of Health and Mental Hygiene is the State agency that protects Maryland's public health. We work together to promote and improve the health and safety of all Marylanders through disease prevention, access to care, quality management, and community engagement. Stay connected: www.twitter.com/MarylandDHMH and www.facebook.com/MarylandDHMH.