Identifying Contributing Factors in Your Community

In your community, is there a connection between the following intervening variables and the priority consumption pattern or consequence?			
Intervening Variable	**If yes, why is it a problem here? List your contributing factors**	**How do you know this (list data sources)?**	**What do the data reveal?**
Community norms			
Enforcement			
Perceived risk of harm of use			
Retail access			
Social access			

Obtaining Data

Intervening Variable	Data	Source
Consumption	Past month, past year and lifetime use, primary substance of abuse from treatment data	Youth risk behavior survey, MPOS, SMART,
Consequence	Inpatient admissions, emergency department visits, inpatient admissions, overdose deaths, opioid related treatment admissions, opioid related school suspension	HSCRC, poison center, office of the chief medical examiner, emergency medical services data, local hospital data, SMART, local public school reports
Data on Intervening Variables		
Community norms	Norms around sharing medications, inappropriate use of opioid medications, heroin use	MPOS+FG or KII
Enforcement	Opioid related arrests, arrests as a consequence of opioid overdose events	Local law enforcement agencies
Perceived risk of harm	Perception of risk of consequences associated with prescription opioids & heroin	MPOS+FG or KII
Retail Access	1-Perception of ease of access 2-Geographic pockets with easy access? Specific prescribers, hospitals, pharmacies with easy access?	1- MPOS +FG or KII 2-PDMP data + FG + KII
Social access	1-Ease of access from friends/family 2-Knowledge/application of safe storage & drug sharing practices 3-Available methods of controlled drug disposition (e.g., Number & location of drop boxes, number & location of drug take back days)	1-MPOS +FG or KII 2-MPOS +FG or KII 3- Location of statewide drop off collection sites (in Tab 2)

MPOS – MD Public Opinion Survey
FG – focus group
KII – key informant interview
SMART – Statewide Maryland Automated Record Tracking
HSCRC – Health Services Cost Review Commission

Description of Data Sources

Health Services Cost Review Commission (HSCRC)/State Inpatient Databases (SID)
The State Inpatient Databases (SID) are a powerful set of hospital databases from data organizations in participating states developed as part of the Healthcare Cost and Utilization Project (HCUP). The SID contains the universe of inpatient discharge abstracts translated into a uniform format to facilitate multi-state comparisons and analyses. Together, the SID encompasses about 90 percent of all U.S. community hospital discharges. In Maryland, the HSCRC an independent agency is charged with regulating hospital rates for all payers and is responsible for maintaining both the inpatient and outpatient facility data sets. The inpatient dataset contains discharge medical record abstracts and billing data on each of the state's approximately 800,000 yearly inpatient admissions. Hospitals submit data to the HSCRC on a quarterly basis and the agency generates research-ready datasets for public use. Access to the research level version of the inpatient or outpatient data requires the submission of an application to the HSCRC. To obtain county level data, please submit a request to SEOW. http://www.hscrc.state.md.us/

National Survey on Drug Use and Health (NSDUH)
The NSDUH provides national- and state-level data on mental health as well as the use of tobacco, alcohol and illicit drugs (including non-medical use of prescription drugs) in the United States. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Public Health Service within the U.S. Department of Health and Human Services. A random sample of households is selected across the United States, and a professional field interviewer makes a personal visit to each selected household. After answering a few general questions during the in-person visit by the interviewer, residents of the household may be asked to participate. Participants answer most of the interview questions in private by entering their responses directly into a computer.
http://www.samhsa.gov/data/NSDUH.aspx

State of Maryland Automated Record Tracking (SMART)
SMART data include treatment admissions from all substance use disorder treatment facilities that receive state alcohol and/or drug agency funds (including Federal Block Grant funds) for the provision of treatment for substance use disorders. SMART does not include data from private or for-profit treatment facilities, hospitals, the state correctional system (unless licensed through the state substance use disorders agency) or federal agencies (the Bureau of Prisons, the Department of Defense, and the Veterans Administration). Data elements in SMART include: reason for admission, primary and secondary substances of use, sociodemographic information, the presence or absence of mental illness and treatment modality. Data are current through 2013. http://adaa.dhmh.maryland.gov/SitePages/SMART.aspx

Youth Risk Behavior Survey (YRBS)
The YRBS is a national school-based survey that provides data on health-risk behaviors among 9th–12th grade students in the United States, including behaviors that contribute to injuries and violence; alcohol or other drug use; tobacco use; sexual risk behaviors; unhealthy dietary behaviors; and physical inactivity. YRBS also measures the prevalence of obesity and asthma among youth and young adults. National trend data are available for 1991-2013. County level data can be found at
http://phpa.dhmh.maryland.gov/cdp/SitePages/youth-risk-survey.aspx#calvert

ICD-9 Codes

Data on the number of nonfatal opioid overdoses can often be obtained from hospitals serving your community. Forming relationships with hospital administrators is an important first step in determining how to gain access to these records.

These hospital discharge records document information on the nature of case based on International Classification of Disease (ICD) codes. Working in collaboration with hospital administrators and database staff, you can obtain more current data on nonfatal opioid poisonings than are available at the state level.

292 Drug-Induced Mental Disorders
304 Drug Dependence
305 Nondependent Abuse of Drugs
2920 Drug Withdrawal
2921 Drug-Induced Psychotic Disorders
2922 Pathological Drug Intoxication
2928 Other Specified Drug-Induced Mental Disorders
2929 Unspecified Drug-Induced Mental Disorder
3040 Opioid Type Dependence
3047 Comb Opioid Drug W/Any Oth Drug Dependence
3055 Nondependent Opioid Abuse
9650 Poisoning By Opiates and Related Narcotics
30400 Opioid Type Dependence Unspecified Abuse
30401 Opioid Type Dependence Continuous Abuse
30402 Opioid Type Dependence Episodic Abuse
30403 Opioid Type Dependence in Remission
30470 Comb Opioid Rx W/Any Oth Rx Depend Unspec Abs
30471 Comb Opioid Drug W/Any Oth Drug Depend Cont Abs
30472 Comb Opioid Rx W/Any Oth Rx Depend Episodic Abs
30473 Comb Opioid Drug W/Any Oth Drug Depend Remission
30550 Nondep Opioid Abuse Unspec Pattern Of Use
30551 Nondep Opioid Abuse Contin Pattern Of Use
30552 Nondep Opioid Abuse Episodic Pattern Of Use
30553 Nondependent Opioid Abuse In Remission
96500 Poisoning By Opium (Alkaloids), Unspecified
96501 Poisoning By Heroin
96502 Poisoning By Methadone
96509 Poisoning By Opiates and Related Narcotics, Other
E8500 Accidental Poisoning By Heroin
E8501 Accidental Poisoning By Methadone
E8502 Accidental Poisn Oth Opiates & Related Narcotics

Maryland Opioid Related Mortality Data by County

NUMBER OF HEROIN-RELATED INTOXICATION DEATHS BY PLACE OF OCCURRENCE, 2007-2013.[1,2]

REGION AND POLITICAL SUBDIVISION	HEROIN-RELATED DEATHS							
	2007	2008	2009	2010	2011	2012	2013	TOTAL
MARYLAND	402	289	360	238	247	392	464	2,392
WESTERN AREA	33	35	39	27	34	49	68	285
GARRETT	0	0	1	0	1	0	2	4
ALLEGANY	3	4	2	3	3	6	3	24
WASHINGTON	5	13	11	6	8	11	14	68
FREDERICK	8	4	9	6	11	10	21	69
MONTGOMERY	17	14	16	12	11	22	28	120
CENTRAL AREA	326	203	264	171	165	272	319	1,720
BALTIMORE CITY	202	107	151	93	76	131	150	910
BALTIMORE COUNTY	57	51	53	42	38	64	76	381
ANNE ARUNDEL	38	24	31	18	24	38	41	214
CARROLL	9	5	7	3	2	13	14	53
HOWARD	8	8	7	3	10	12	16	64
HARFORD	12	8	15	12	15	14	22	98
SOUTHERN AREA	28	35	36	25	27	38	38	227
CALVERT	5	3	7	1	5	6	2	29
CHARLES	2	5	3	6	6	5	5	32
ST. MARY'S	1	3	0	4	4	7	6	25
PRINCE GEORGE'S	20	24	26	14	12	20	25	141
EASTERN SHORE AREA	15	16	21	15	21	33	39	160
CECIL	8	4	12	4	8	11	11	58
KENT	1	1	0	0	1	0	0	3
QUEEN ANNE'S	0	1	3	2	2	2	5	15
CAROLINE	0	0	0	0	3	3	2	8
TALBOT	1	2	0	0	1	2	2	8
DORCHESTER	1	2	0	2	1	3	3	12
WICOMICO	1	3	3	5	3	9	11	35
SOMERSET	2	1	1	0	1	2	1	8
WORCESTER	1	2	2	2	1	1	4	13

1 Includes deaths confirmed or suspected to be related to recent heroin use.

2 Includes only deaths for which the manner of death was classified as accidental or undetermined.

Maryland Opioid Related Mortality Data by County

NUMBER OF PRESCRIPTION OPIOID-RELATED INTOXICATION DEATHS BY PLACE OF OCCURRENCE, 2007-2013.[1,2]

REGION AND POLITICAL SUBDIVISION	PRESCRIPTION OPIOID-RELATED DEATHS							
	2007	2008	2009	2010	2011	2012	2013	TOTAL
MARYLAND	302	280	251	311	342	311	316	2,113
WESTERN AREA	42	38	40	36	58	48	51	313
GARRETT	0	2	2	1	1	0	2	8
ALLEGANY	9	5	6	8	5	5	8	46
WASHINGTON	7	10	4	7	11	9	11	59
FREDERICK	6	4	9	6	21	16	14	76
MONTGOMERY	20	17	19	14	20	18	16	124
CENTRAL AREA	190	189	148	197	212	196	207	1,339
BALTIMORE CITY	95	60	63	61	82	74	86	521
BALTIMORE COUNTY	48	51	37	60	68	47	54	365
ANNE ARUNDEL	22	36	20	31	33	33	28	203
CARROLL	4	11	10	9	5	17	12	68
HOWARD	6	6	4	6	9	5	13	49
HARFORD	15	25	14	30	15	20	14	133
SOUTHERN AREA	25	28	31	33	30	29	26	202
CALVERT	8	3	4	3	7	6	3	34
CHARLES	6	6	7	4	5	7	5	40
ST. MARY'S	3	7	7	9	3	5	4	38
PRINCE GEORGE'S	8	12	13	17	15	11	14	90
EASTERN SHORE AREA	45	25	32	45	42	38	32	259
CECIL	19	6	10	20	20	18	12	105
KENT	2	3	2	3	1	0	4	15
QUEEN ANNE'S	4	1	1	2	2	0	3	13
CAROLINE	0	2	1	2	5	1	0	11
TALBOT	2	1	2	2	0	1	4	12
DORCHESTER	2	1	1	4	1	3	3	15
WICOMICO	5	4	8	7	7	9	4	44
SOMERSET	4	3	1	1	3	2	2	16
WORCESTER	7	4	6	4	3	4	0	28

1 Includes deaths that were related to recent ingestion of one or more prescription opioids.

2 Includes only deaths for which the manner of death was classified as accidental or undetermined.