

PRESCRIPTION DRUG OVERDOSE



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Prescription drug abuse is the use of a medication without a prescription, in a way other than as prescribed, or for the experience or feelings elicited, (i.e., taking medication to “get high”).¹

Prescription drug misuse may involve not following medical instructions, but the person taking the drug is not looking to “get high.”²

Non-medical use of prescription drugs is use without a prescription or use for the feeling or experience the drug causes.³

HOW DOES IT AFFECT THE UNITED STATES?

- In 2014 there were almost 19,000 deaths involving prescription opioids, equivalent to about 52 deaths per day.⁴
- During 2014, 47,055 drug overdose deaths occurred in the United States. From 2000-2014 nearly half a million persons in the United States died from drug overdoses.⁵
- In 2013, an estimated 6.5 million individuals (or 2.5% of Americans) age 12 or older were non-medical users of all prescription drugs; most within this group (4.5 million) were using prescription pain relievers.³
- Most non-medical users of prescription drugs obtain their supply from friends and family. In a 2011 survey, 54 percent of non-medical prescription drug users obtained the drugs for free from a friend or relative, 21 percent obtained the drugs from a doctor, and 15 percent bought or took the drug from a friend or relative.³
- In a 2013 survey, 23 percent of teens reported having abused or misused all prescription drugs in their lifetime.⁶
- From 2004-2011, the number of emergency department (ED) visits involving the misuse or abuse of all prescription drugs in the U.S. increased more than 125 percent from 626,000 visits in 2004 to 1.4 million visits in 2011.⁷
- In 2007, prescription opioid misuse and abuse cost the U.S. an estimated \$56 billion in workplace, healthcare, and criminal justice costs.⁸

HOW DOES IT AFFECT MARYLAND?

- From 2007-2015, there were 2,059 prescription opioid-related deaths (excluding fentanyl-related deaths) in Maryland. This represents a 23 percent increase from 214 deaths in 2007 to 263 in 2014.⁹
- From 2008-2014, there were 6,120 prescription opioid-related ED visits in Maryland.¹⁰
- From 2008-2014, the age-adjusted rate for prescription opioid-related ED visits in Maryland increased by 115 percent from 9.0 to 18.2.¹⁰
- Figure 1 displays age-adjusted prescription opioid overdose death rates in Maryland from 1999-2014.¹¹
- In 2014, the total charges for prescription opioid-related ED visits cost Maryland \$1.5 million dollars.¹⁰
- In 2014, there were 1,033 prescription opioid-related hospitalizations in Maryland. The total charges for the hospitalization was over \$14 million dollars.¹²

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HOW DO WE ADDRESS THIS PROBLEM?

- The Centers for Disease Control and Prevention has developed evidence-based guidelines for prescription opioid prescribing.¹³
- Maryland has a prescription drug monitoring program (PDMP) that collects data about all opioids (and other drugs) prescribed. These data are available to identify potential cases of misuse and abuse. The PDMP assists agencies responsible for ensuring public health and safety through the investigation of illegal or inappropriate prescribing, dispensing or use of prescription drugs.¹⁴
- Assuring communities within states provide mechanisms for people to safely dispose of their prescription medications has the potential to reduce the availability of these drugs. Safe disposal sites and take back programs have been led by law enforcement, pharmacies, and other community partners.
- Naloxone is an overdose-reversing drug that some states make available to first responders, and friends and family of people at risk of overdose. Assuring naloxone is available and affordable is an opportunity for stakeholders and decision-makers to reduce overdose deaths. Effective March 2014, Maryland has implemented the Maryland Overdose Response Program (§§13-3101-09) which includes training and certifying qualified individuals to obtain and fill a prescription for Naloxone.
- Given the large number of people addicted to prescription pain relievers, evidence-based treatment is critical. Effective treatment options exist, but many with addiction issues do not have access to effective, affordable care.

Figure 1:

Deaths were classified using the International Classification of Disease, 10th Revision (ICD-10). Drug-poisoning deaths were defined as having an ICD-10 underlying cause-of-death code of X40-X44 (unintentional) or Y10-Y14 (undetermined intent). Drug-poisoning deaths involving opioid analgesics include those with a multiple cause-of-death code of T40.2, T40.3, or T40.4. Rates were age-adjusted to the 2000 United States Census population.

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ADDITIONAL RESOURCES

- Maryland's state agencies have engaged in comprehensive, cross-agency efforts to reduce opioid overdose deaths. These efforts include educating the public and implementing new medical practices. http://bha.dhmh.maryland.gov/OVERDOSE_PREVENTION/Pages/Index.aspx
- The Prescription Drug Monitoring Program (PDMP) has been established by the Maryland Department of Health and Mental Hygiene (DHMH), Behavioral Health Administration (BHA) to support healthcare providers and their patients in the safe and effective use of prescription drugs. <http://bha.dhmh.maryland.gov/pdmp/Pages/Home.aspx>
- The Maryland Poison Center is certified by the American Association of Poison Control Centers as a regional poison center. It has provided poisoning treatment advice, education, and prevention services to Marylanders since 1972. <http://www.mdpoison.com/>
- Maryland Health Connection is our state's health insurance marketplace, where Marylanders can shop, compare and enroll in quality health coverage. Choosing the best plan for special health needs can be difficult. Here are some helpful hints: https://www.marylandhealthconnection.gov/assets/downloads/MHC_SubstanceUseDisorder.pdf Visit <https://www.marylandhealthconnection.gov/> to find out more about enrolling in free or low-cost health coverage. In-person help is available throughout the state, and you may be eligible for financial assistance to make health coverage more affordable.
- Governor Larry Hogan's Inter-Agency Heroin and Opioid Coordinating Council: http://bha.dhmh.maryland.gov/OVERDOSE_PREVENTION/Pages/interagency-heroin-council.aspx
- Children's Safety Network. (n.d.). Retrieved May 23, 2016, from <https://www.childrensafetynetwork.org/resources/medication-abuse-prevention-2016-resource-guide>

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11. Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2014 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2014, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10.html> on Sep 2, 2016.
12. HSCRC receives a monthly feed of all discharges from Maryland's 48 hospitals. Two data separate data files are available: 1) the inpatient data file contains discharge medical record abstract and billing data on each of Maryland's approximately 600,000 – 700,000 inpatient hospitalizations annually and 2) the outpatient data file contains discharge medical record abstract and billing data on each of Maryland's approximately 2 million emergency department visits annually. The Virtual Data Unit maintains an MOU with HSCRC to obtain the raw data files for DHMH analysts.
13. CDC Guideline for Prescribing Opioids for Chronic Pain. (2016). Retrieved July 13, 2016, from <http://www.cdc.gov/drugoverdose/prescribing/guideline.html>
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