

# **OVERDOSE PREVENTION EFFORTS: MEDICAID'S ROLE**

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Chief Medical Officer

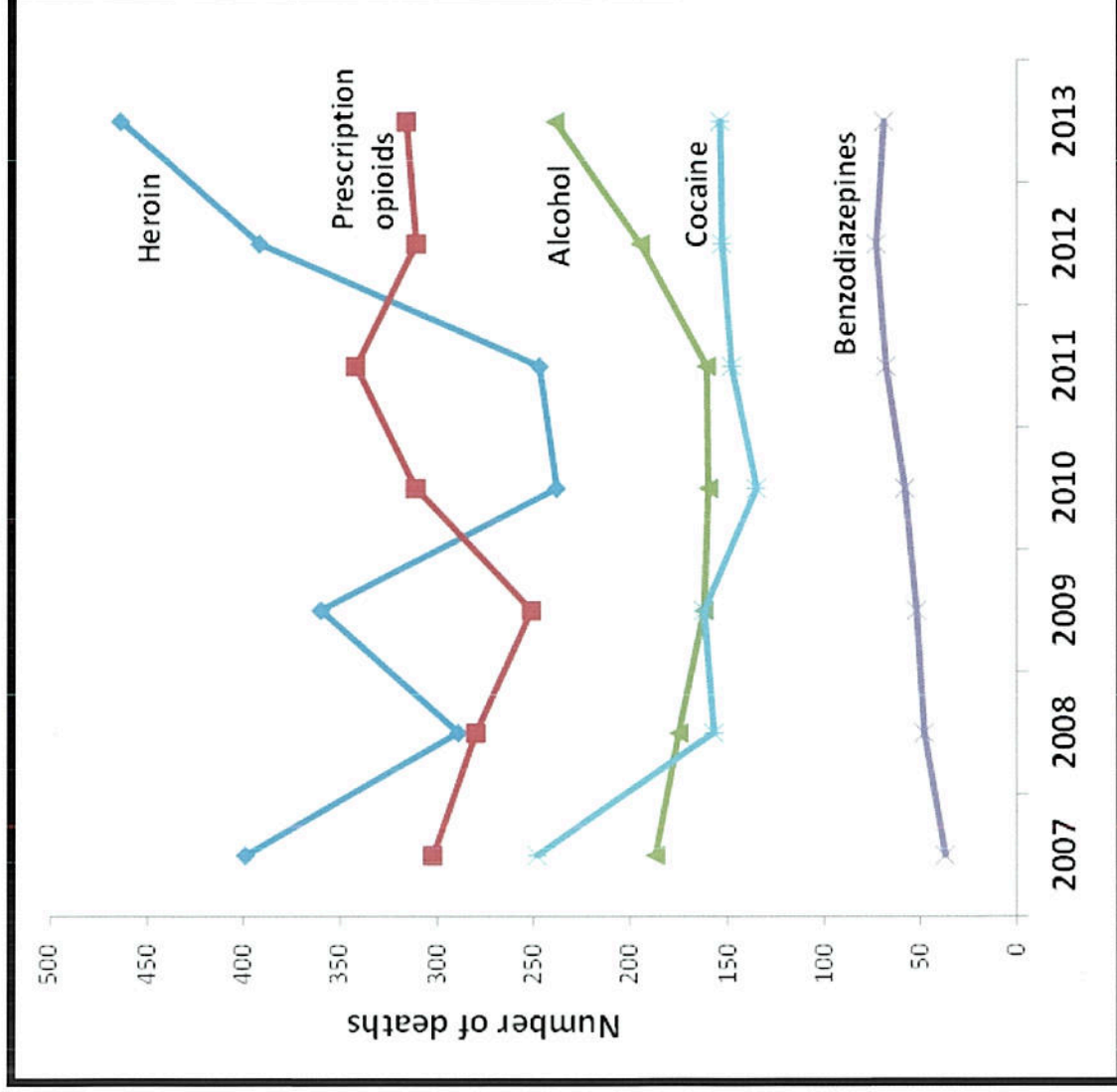
DHMH



**MARYLAND**

DEPARTMENT OF HEALTH  
& MENTAL HYGIENE

# Intoxication deaths by substance, 2007-2013



Data from Vital Statistics Administration



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Martin O'Malley, Governor  
 Anthony Brown, Lt. Governor  
 Joshua Sharfstein, MD, Secretary

# Heroin-Related Emergency Department Visits on the Rise in Maryland

July 2014

## Background

Heroin is an illicit opioid analgesic that quickly converts to morphine when it enters the body. Heroin can be administered as an injection or smoked/inhaled as a powder. The purity of heroin varies greatly since it is cut with an additive agent such as caffeine, sugar, powdered milk, chemicals, or other drugs.

## Current Update

There has been a dramatic increase in heroin-related emergency department visits in Maryland in recent years. All but a small number of these visits were the result of heroin overdoses. Between 2008 and 2013, the number of heroin-related emergency department visits for Marylanders has more than tripled, with 1,200 emergency department visits occurring in 2013.

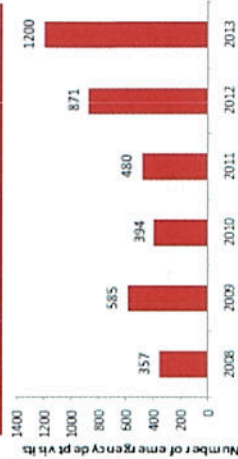
The number of heroin-related emergency department visits may be underreported. The number of heroin-related emergency department visits may be underreported.

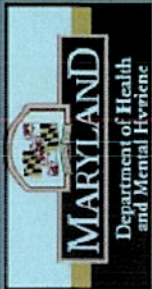
## Reducing Heroin-Related Overdoses

There are four major efforts to reduce heroin-related overdoses throughout the State:

- ⇒ **Coordination Among State Agencies.** On June 27, 2014, Governor O'Malley signed an Executive Order establishing the Overdose Prevention Council. The Council is bringing together a coalition of State agencies to reduce the number of fatal and non-fatal unintentional overdoses in Maryland. The Council will bring coordinated action to supplement the existing programs the State already uses. In addition, multiple State agencies and health information technology experts are working together to develop real-time surveillance systems to improve tracking of non-fatal heroin overdoses statewide.
- ⇒ **Expanding Access to Naloxone.** The Department of Health and Mental Hygiene has implemented the Overdose Response Program to train and certify individuals to carry and administer Naloxone, a life-saving medication that can safely and effectively reverse overdoses related to heroin and pharmaceutical opioids. In addition, as of July 1, 2014, all advanced life support providers in Maryland will have received training to administer intranasal Naloxone. Finally, the Department of Health and Mental Hygiene and the Governor's Office of Crime Control & Prevention are collaborating to train and equip law enforcement officers across the State with Naloxone.
- ⇒ **Launching Public Health Awareness Campaign.** On June 27, 2014, the Department of Health and Mental Hygiene began an aggressive public awareness campaign encouraging Maryland residents to "TAKE ACTION" and "Be A Hero" in the fight against opioid overdoses. As part of this effort, the Department will be delivering posters, pamphlets, and emergency cards to each local health department for distribution throughout their jurisdictions. Campaign materials will also be shared with first responders, local jails, detention centers, hospital emergency rooms, grocery stores, and other locations throughout Maryland.
- ⇒ **Fighting the Drug Trade.** The Maryland State Police are fighting the drug trade and helping Marylanders get treatment. The State Police Criminal Enforcement Division continues to focus on combating statewide heroin distribution. Initiatives are already underway to address inter-jurisdictional and cross border distribution, while Maryland State Police troopers will receive Department of Health and Mental Hygiene printed materials for drug treatment/overdose protection to distribute.

Number of Heroin-Related Emergency Department Visits in Maryland, 2008-2013.





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# Deaths Related to Fentanyl-Laced Heroin and Other Illicit Drugs

July 2014

## Background

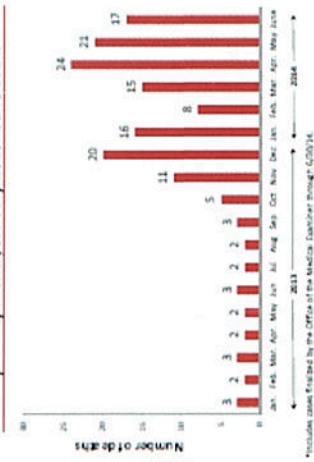
Fentanyl is a narcotic pain reliever used to manage moderate to severe chronic pain. Pharmaceutical fentanyl is known by a number of brand names, including Duragesic, Actiq and Sublimaze and is typically administered through a transdermal patch, or in injection or lozenge form. Both pharmaceutical fentanyl, and an illicit version of the drug that is produced in clandestine laboratories, are used recreationally.

## Current Update

Beginning in late 2013, there were sudden and large increases in the number of deaths involving fentanyl in a number of states throughout the country, including Maryland. East Coast States in particular have seen a rise in the number of fentanyl-related deaths since late 2013. The majority of these deaths were not the result of overdoses of pharmaceutical fentanyl, but instead involved an illicit, powdered form of fentanyl that was mixed with, or substituted for, heroin or other illicit substances. Fentanyl is many times more potent than heroin, and greatly increases the risk of an overdose death.

A total of 137 fentanyl-related deaths have occurred in Maryland since October 2013, when the number of deaths began to increase. This is an average of 15

Number of Fentanyl-Related Intoxication Deaths Occurring in Maryland by Month, January 2013 - June 2014.\*



\*Includes cases reported by the Office of the Medical Examiner through 6/20/14.

deaths per month, compared with an average of two deaths per month in Maryland during the years 2007-2012.

A total of 115 of the 137 deaths occurring in Maryland since October 2013 occurred following the use of fentanyl in combination with other substances, mainly heroin (63.5%, n=87). Fentanyl-related deaths also frequently involved the concurrent use of prescription opioids, alcohol, and/or cocaine.

## Reducing Fentanyl-Related Overdoses

There are three major efforts to reduce fentanyl-related overdoses throughout the State.

- ⇒ **Sharing Data with Law Enforcement.** The Office of the Chief Medical Examiner has established timely data sharing with federal, state and local law enforcement task forces to assist investigations into the distribution of illicit fentanyl.
- ⇒ **Expanding Access to Naloxone.** Information on the heightened risk of overdose from fentanyl has been included in the mandatory training curriculum for certification under the Overdose Response Program. The Department of Health and Mental Hygiene has implemented the Overdose Response Program to train and certify individuals to carry and administer Naloxone, a life-saving medication that can safely and effectively reverse overdoses related to heroin and pharmaceutical opioids. In addition, as of July 1, 2014, all advanced life support providers in Maryland will have received training to administer intranasal Naloxone. Finally, the Department of Health and Mental Hygiene and the Governor's Office of Crime Control & Prevention are collaborating to train and equip law enforcement officers across the State with Naloxone.
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# Increase in Overdose Deaths Among Pregnant Women and New Mothers

October 2014

## Background

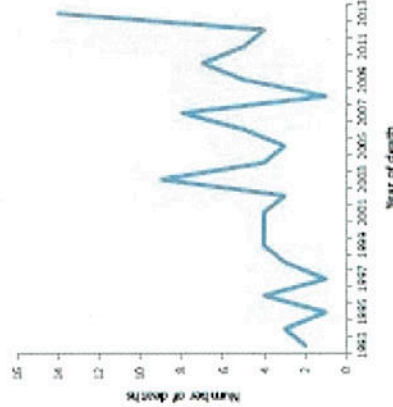
The number of pregnancy-associated deaths resulting from unintentional drug and alcohol overdoses rose sharply in Maryland in 2013. A pregnancy-associated death is defined as a death from any cause during pregnancy or within one calendar year of delivery or pregnancy termination, regardless of the duration or anatomical site of the pregnancy. Pregnancy-associated deaths include deaths commonly associated with pregnancy such as hemorrhage, pregnancy-induced hypertension and embolism, as well as deaths from nonmedical causes such as accidents, homicide and suicide.

## Current Update

An average of three pregnancy-associated deaths a year resulted from unintentional drug or alcohol overdoses in Maryland prior to 2002, increasing to an average of five deaths per year during the period 2002-2012. In 2013 there were 14 pregnancy-associated deaths, more than triple the number that occurred in 2012. In comparison, the total number of overdose deaths occurring in Maryland increased by 7% between 2012 and 2013.

Since 2007, approximately 20% of pregnancy-associated overdose deaths have occurred during pregnancy, with the remainder occurring in the year following delivery. The majority of deaths (77%) have occurred among white women. Prescription opioids were involved in more than half of the pregnancy-associated

Unintentional Overdose-Related Pregnancy-Associated Deaths, 1993-2013.



overdose deaths occurring since 2007, and heroin in nearly a third of the deaths. In 2013, there were seven heroin-related deaths, the same number of deaths that occurred in the years 2007-2012 combined.

## Reducing pregnancy-associated overdose death

Major efforts are underway to reduce pregnancy-associated overdose deaths in Maryland:

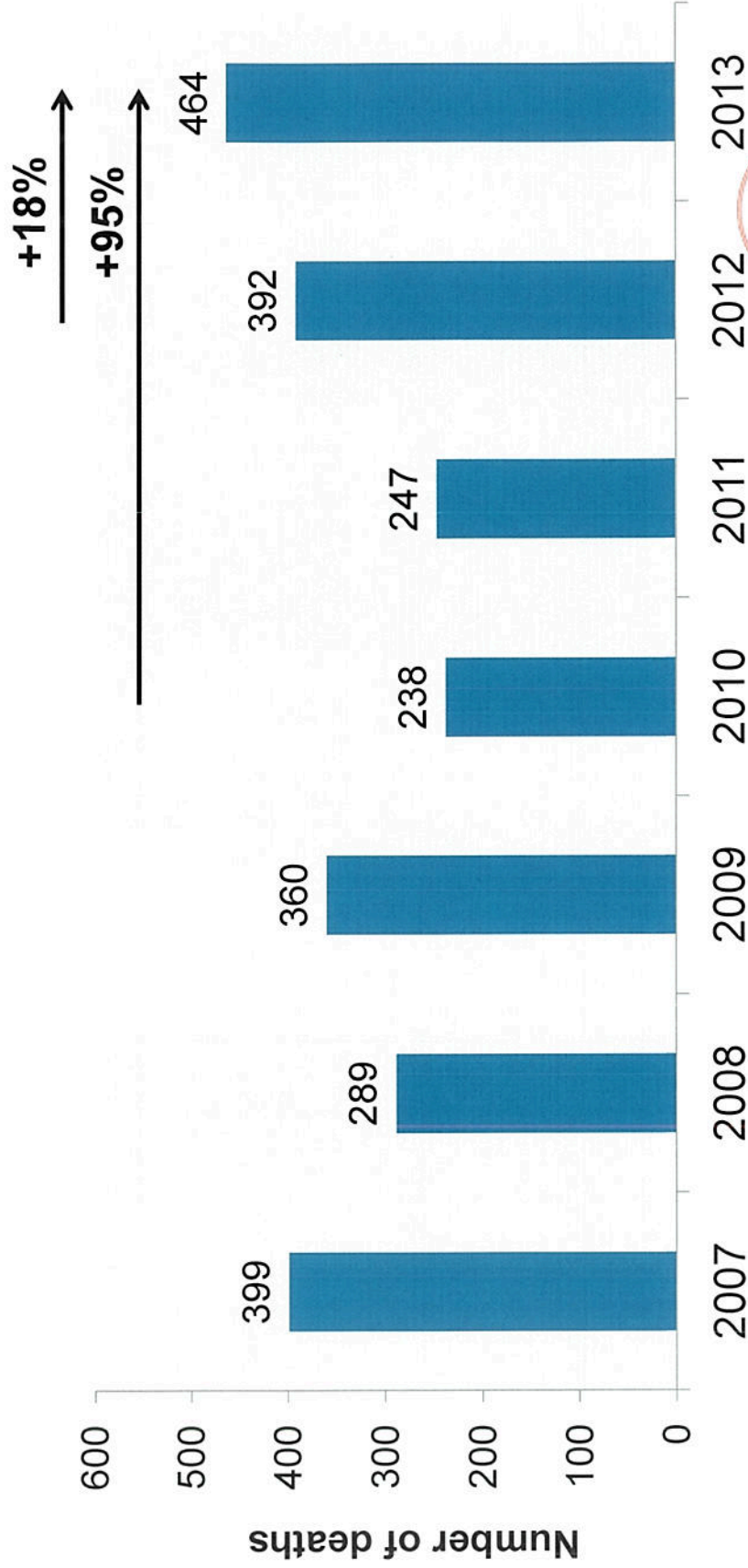
- **Prioritization of Pregnant Women.** Recognizing the importance of treatment during pregnancy, the Department of Health and Mental Hygiene requires state-funded substance use disorder treatment programs to provide pregnant women with services within 24 hours of request. The Department also has increased the number of patients in state-funded substance use treatment programs by 26%. Individuals interested in learning more about treatment options should call 2-1-1.
- **Innovative Pilot Programs.** The Department is undertaking two innovative pilots to improve substance use treatment providers' ability to treat women while pregnant: 1) Developing a care planning program for substance use treatment providers on best practices for treating pregnant women; and 2) Providing an expert consultative service via telephone to directly address management issues. Both services will be provided by obstetrics board certified in both obstetrics and addiction medicine.
- **Prescription Drug Monitoring Program (PDMP).** The Department launched the PDMP to support health care providers and their patients in the safe and effective use of prescription drugs. Use of prescription information improves providers' ability to manage the benefits and risks of controlled substance medications and identify potentially harmful drug interactions. The Department encourages all providers to register and use the PDMP.
- **Comprehensive Women's Health.** The O'Malley-Brown Administration continues to invest in the transition to the comprehensive women's health model, which ensures that pregnant women and women of childbearing age receive services in addition to reproductive health care, including screening and referral for substance abuse treatment and mental health, among others.



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# HEROIN-RELATED DEATHS



Data from the Vital Statistics Administration

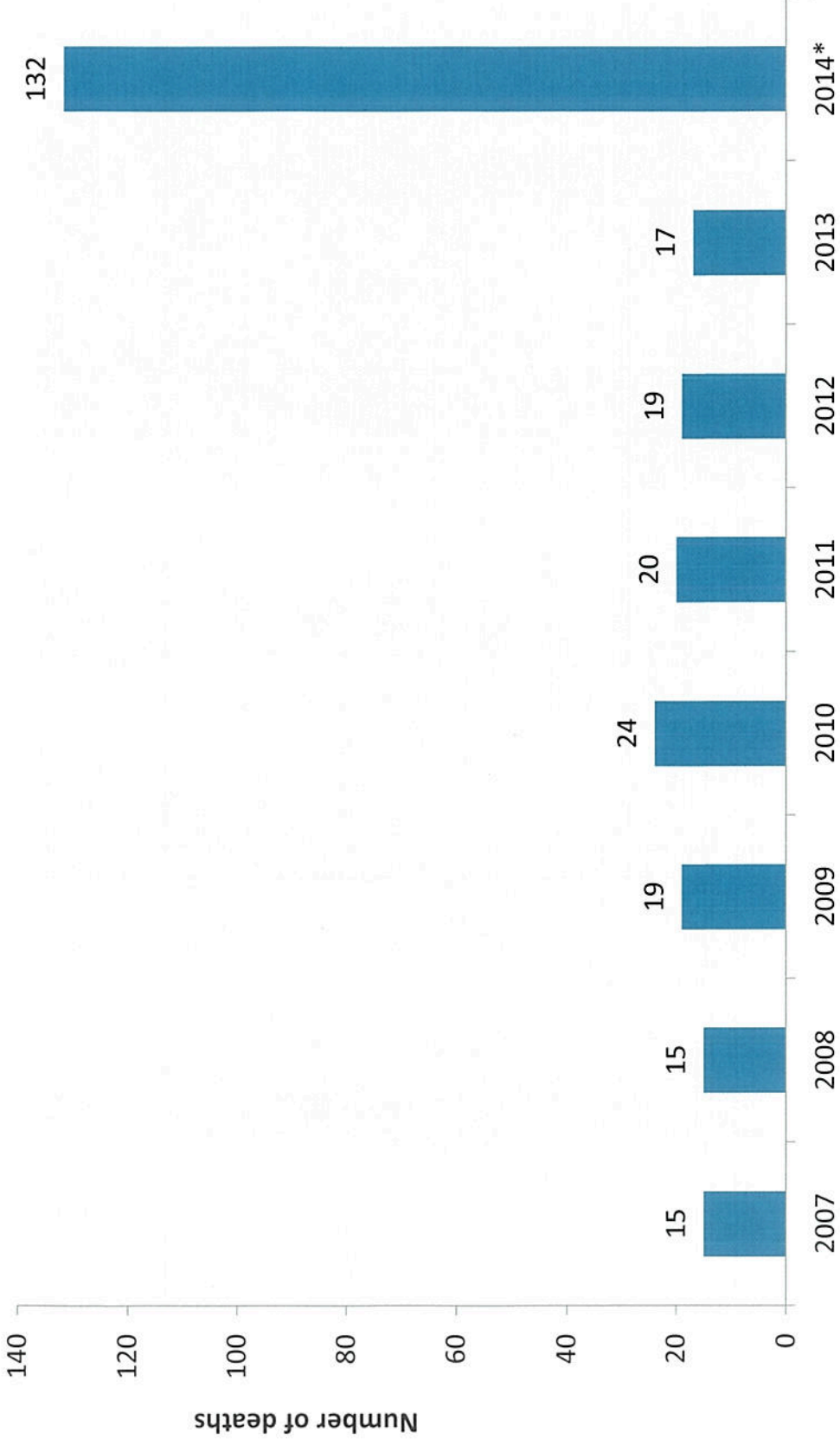


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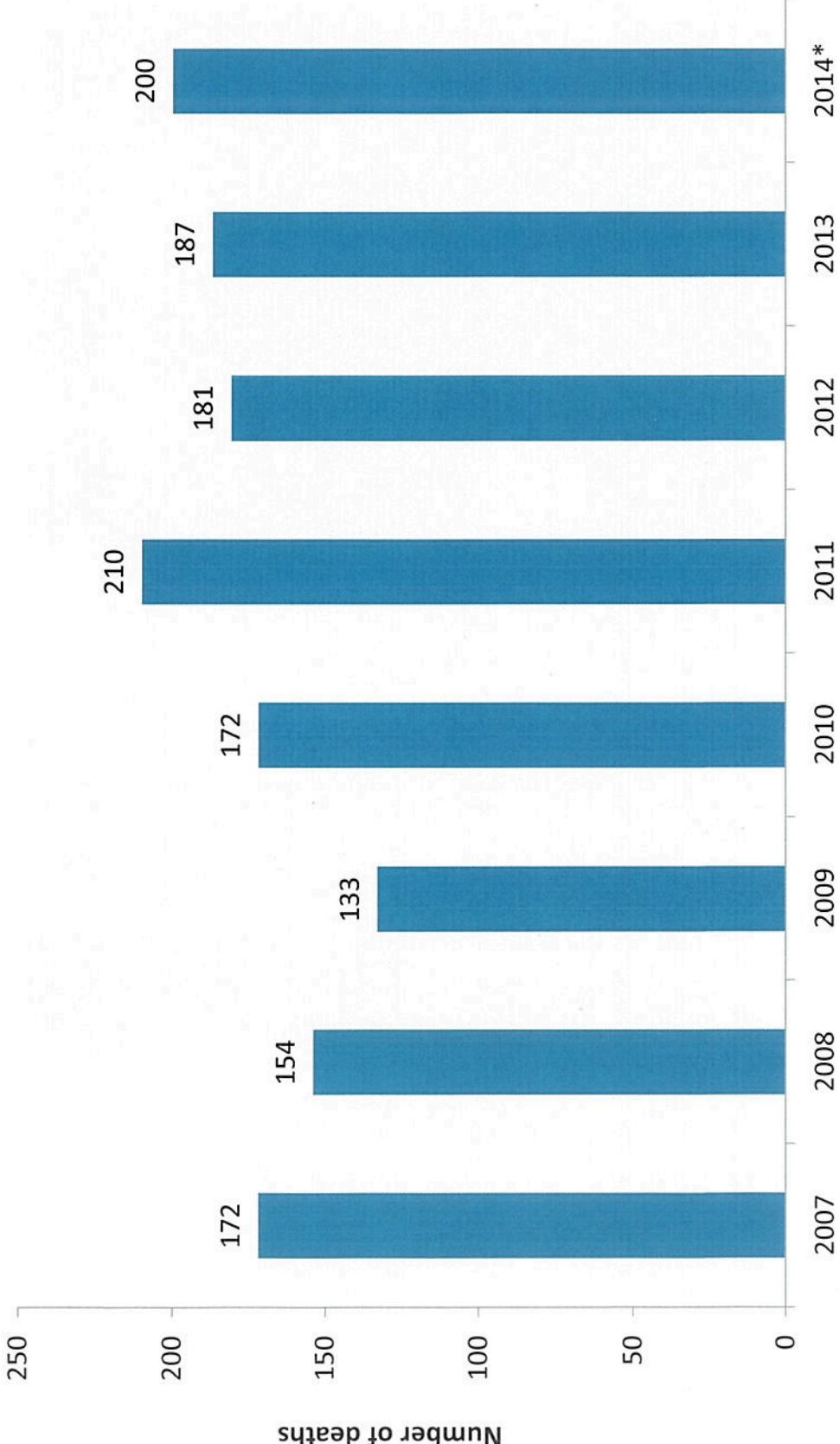
# Number of Fentanyl-Related Deaths Occurring in Maryland from January through July of Each Year.\*

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\*Data from the Vital Statistics Administration; 2014 counts are preliminary and include deaths reported by OCME through September 2014.

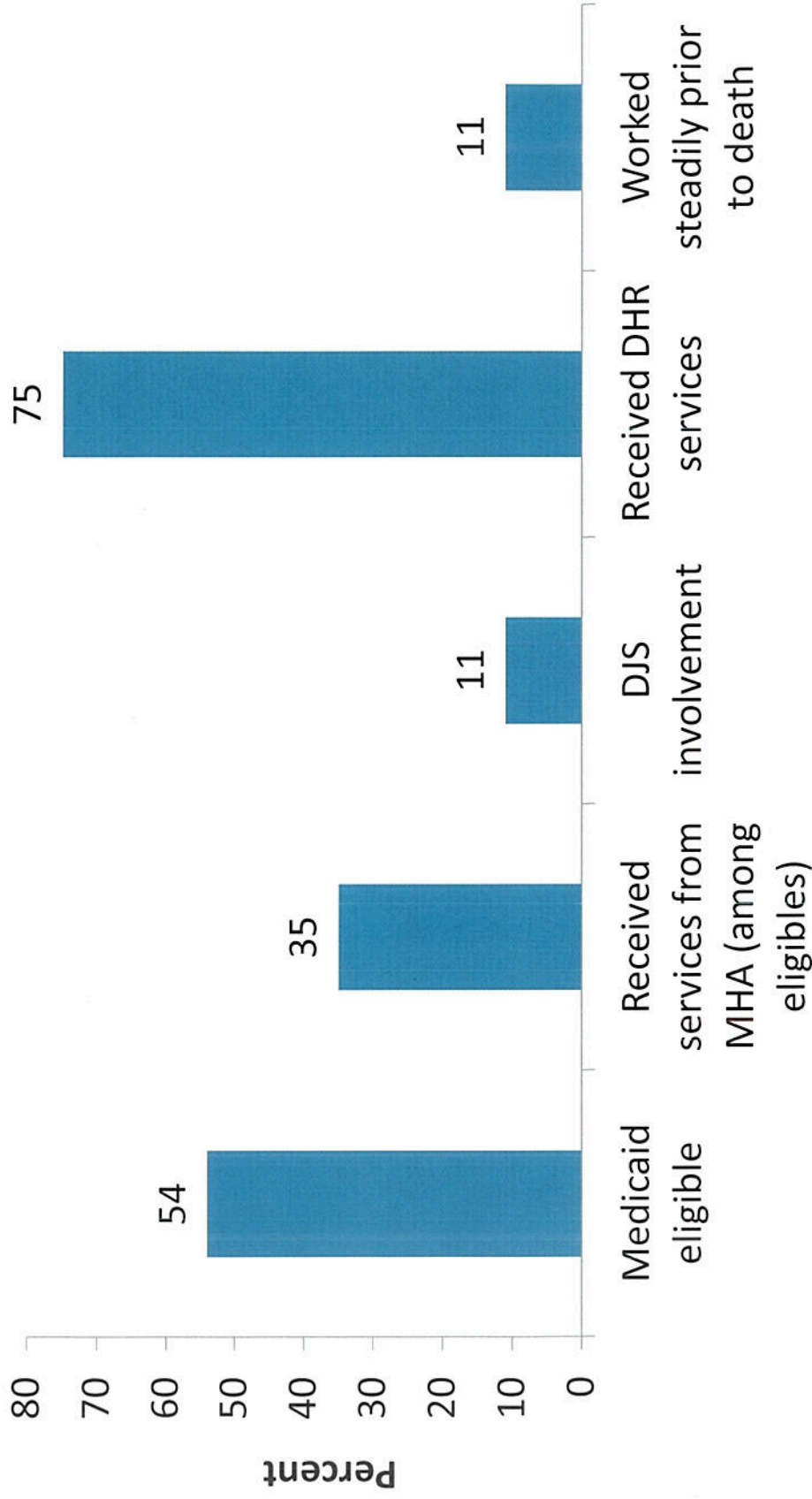
# Number of Prescription Opioid-Related Deaths Occurring in Maryland from January through July of Each Year.\*



\*Data from the Vital Statistics Administration; 2014 counts are preliminary and include deaths reported by OCME through September 2014.



# Characteristics of March-May 2014 decedents



# Maryland's Actions Against Overdoses

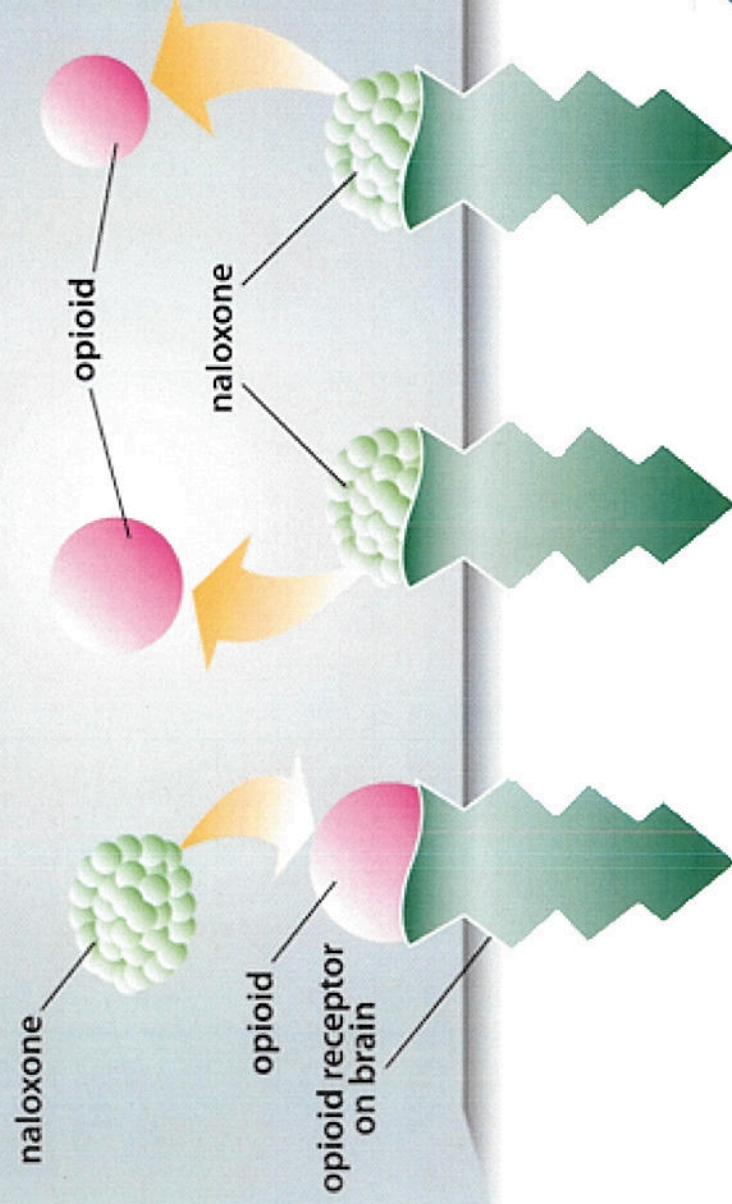
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- Overdose Prevention Council,
- Data Initiatives,
- Opioid Overdose Prevention Plans, and
- Public Health Interventions:
  - PDMP
  - CDSIU
  - Naloxone Expansion
  - Prescriber Education
  - Public Awareness Campaign
  - Increased access to treatment
  - LOFRTs

# Background

## Naloxone reversing an overdose

Naloxone has a stronger affinity to the opioid receptors than opioids, such as heroin or oxycodone, so it knocks the opioids off the receptors for a short time (30-90 minutes). This allows the person to breathe again and reverse the overdose.



## Actions to date

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- 2013: DHMH Overdose Response Program established by statute in Health-General §§13-3101-3109
- DHMH authorizes local entities to train and certify qualified individuals to recognize and respond to an opioid OD using naloxone.
- Certificate holders may be legally prescribed and may administer naloxone to someone experiencing OD when emergency medical personnel are not immediately available.



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# Overdose Response Program

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- There are 31 authorized training entities in Maryland.
- As of September 30, 2014:
  - 3,291 individuals trained, including 1,545 law enforcement officers
  - Approximately 3,712 doses of naloxone dispensed
  - 43 naloxone administrations reported



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## Next Step: Expansion

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- Make naloxone more widely available through Medicaid.
- Three key steps:
  - No prior approval in pharmacy
  - Educational campaign to prescribe
  - Educational campaign for those at risk



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# Direct Access to Patients

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- Combined with the Medicaid carve-out, we have undertaken a provider education campaign.
- Letters are being sent to all health care providers - substance abuse treatment providers specifically - pharmacies, and local health officers. Information includes:
  - Specific instructions on which patients to prescribe naloxone and detailed instructions on how to prescribe.
  - Educational materials for patients on how to use both intranasal and injectable naloxone.



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Access the following websites for more resources on the ORP and how to prevent opiate overdoses with Narcan:

[www.prescribeprevent.org](http://www.prescribeprevent.org), includes prefilled scripts and further patient instructions on Narcan administration.

The DHMH website contains information on where to find ORP training sites and ORP training materials:

<http://adaa.dhmb.maryland.gov/NALOXONE/SitePages/Home.aspx>

PLACE  
STAMP  
HERE

Recipient Name  
Street Address  
City, ST ZIP Code

Department of Health and Mental Hygiene

201 W. Preston Street  
Baltimore, MD 21201

# Prevent Overdoses: Prescribe Narcan.

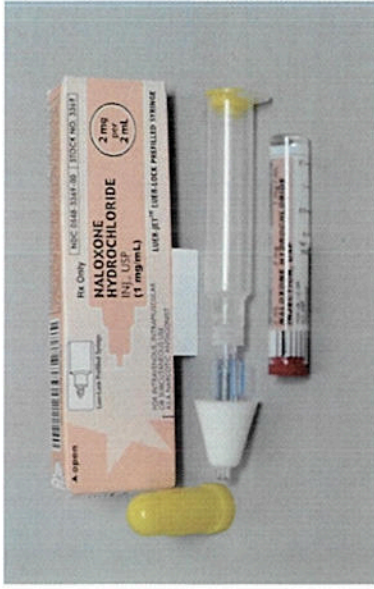
What you need to know about the DHMH's Overdose Response Program (ORP) and Narcan prescriptions



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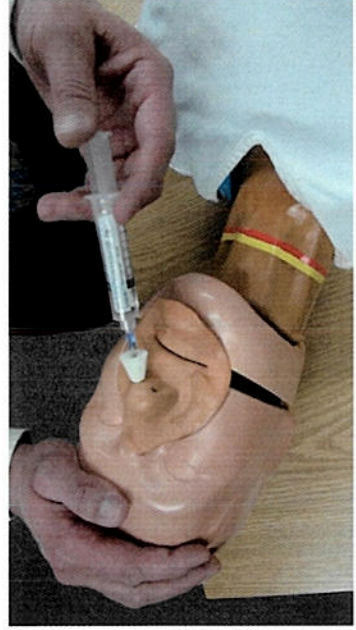


## Who should get Narcan?

Anyone who has completed the ORP or is suspected of using opiates can receive a Narcan prescription.

### Definitely prescribe Narcan to:

- Anyone who has completed the Overdose Response Program (ORP)
- Anyone with a known history of IV or prescription opiate abuse
- Anyone with a methadone prescription
- Anyone who receives high-dose opiates or receives opiates chronically
- Anyone who has been hospitalized for opiate overdose
- Anyone who uses opiates with antidepressants, benzodiazepines, alcohol, or other drugs
- Anyone who uses opiates with a history of major organ dysfunction (renal, hepatic, cardiac, pulmonary)
- Anyone using opiates with a history of mental illness



## What is the ORP?

The Overdose Response Program is a program designed by the DHMH to train community members to do the following:

- Identify opiate overdoses
- Know how to use naloxone (Narcan) in the setting of an overdose
- Administer Narcan when medically appropriate

## Who should participate in the ORP?

- Anyone over the age of 18 is eligible to participate in the ORP
- Anyone currently receiving methadone
- Anyone with an opiate prescription
- Anyone with a history of opiate abuse
- Anyone suspected of using opiates for nonmedical reasons
- Anyone with close contacts (e.g., family members, friends, housemates) who are using opiates
- Volunteers

Access the DHMH website to find the ORP training sites nearest your clinic location:

<http://adaa.dhmh.maryland.gov/NALOXONE/SupportPages/Home.aspx>

## How to write for Narcan

Narcan can be written for as either an injectable (intramuscular) or inhaled (intranasal) medication.

In the community setting, the intranasal form is preferred to prevent the risk of accidental needlesticks.

**To prescribe the intranasal form of Narcan, write the following:**

Naloxone HCl 1 mg/ml

2x2 ml as pre-filled Luer-Lock needleless syringe (NDC 76329-3369-1)

2 x Intranasal Mucosal Atomizing Device (MAD 300)

Sig: For suspected opioid overdose, spray 1 ml in each nostril. Repeat after three minutes for no or minimal response.

**To prescribe the injectable form of Narcan, write the following:**

Naloxone HCl 0.4 mg/ml (Narcan)

1 x 10 ml as one driptop vial (NDC 0409-1219-01)

Intramuscular (IM) syringe, 23 G, 3 cc, 1 inch

Sig: For suspected opioid overdose, inject 1 ml into the shoulder or thigh. Repeat after three minutes for no or minimal response.

## Contact Us

Department of Health and Mental Hygiene  
201 W. Preston Street  
Baltimore, MD 21201

# Patient Instructions for Intranasal Naloxone Administration

<p><b>How to Avoid Overdose</b></p> <ul style="list-style-type: none"> <li>• Only take medicine prescribed to you</li> <li>• Don't take more than instructed</li> </ul>	<ul style="list-style-type: none"> <li>• Call a doctor if your pain gets worse</li> <li>• Never mix pain meds with alcohol</li> <li>• Avoid sleeping pills when taking pain meds</li> </ul>	<ul style="list-style-type: none"> <li>• Dispose of unused medications</li> <li>• Store your medicine in a secure place</li> <li>• Learn how to use naloxone</li> </ul>	<ul style="list-style-type: none"> <li>• Teach your family + friends how to respond to an overdose</li> </ul>
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## Are they breathing?

Signs of an overdose:

- Slow or shallow breathing
- Gasping for air when sleeping or weird snoring
- Pale or bluish skin
- Slow heartbeat, low blood pressure
- Won't wake up or respond (rub knuckles on sternum)



## Call 911 for help

All you have to say:

"Someone is unresponsive and not breathing." Give clear address and location.



## Airway

Make sure nothing is inside the person's mouth.



## Rescue breathing

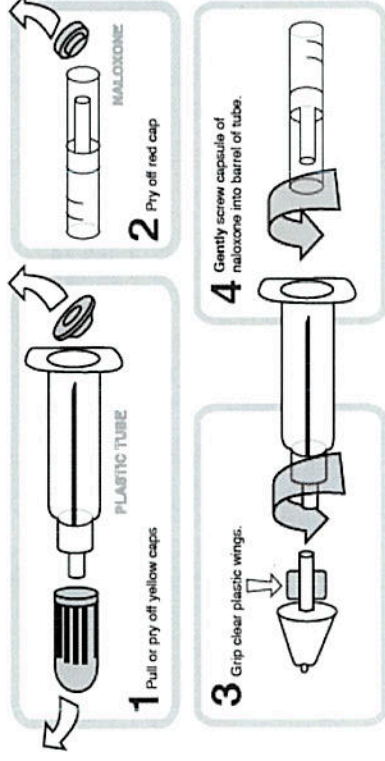
Oxygen saves lives. Breathe for them. One hand on chin, tilt head back, pinch nose closed. Make a seal over mouth & breathe in 1 breath every 5 seconds. Chest should rise, not stomach.



## Prepare Naloxone

Are they any better? Can you get naloxone and prepare it quickly enough that they won't go for too long without your breathing assistance?

PrescribeToPrevent.org



## Evaluate + support

- Continue rescue breathing
- Give another 2 sprays of naloxone in 3 minutes if no or minimal breathing or responsiveness
- Naloxone wears off in 30-90 minutes
- Comfort them; withdrawal can be unpleasant
- Get them medical care and help them not use more opiates right away
- Encourage survivors to seek treatment if they feel they have a problem



Source: HarmReduction.org

# Patient Instructions for Intramuscular Naloxone Administration



## Are they breathing?

Signs of an overdose:

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Give clear address and location.



## Airway

Make sure nothing is inside the person's mouth.



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Oxygen saves lives. Breathe for them.

One hand on chin, tilt head back, pinch nose closed.

Make a seal over mouth & breathe in

1 breath every 5 seconds

Chest should rise, not stomach



## Evaluate

Are they any better? Can you get naloxone

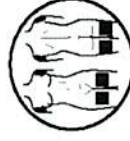
and prepare it quickly enough that they won't

go for too long without your breathing assistance?



## Prepare naloxone

- Remove cap from naloxone and uncover needle
- Insert needle through rubber plug, with bottle upside down
- Pull back on plunger and take up 1 cc into the syringe
- Don't worry about air bubbles (they aren't dangerous in muscle injections)



## Muscular injection

inject 1cc of naloxone into a big muscle (shoulder or thigh)



## Evaluate + support

- Continue rescue breathing
- Give another shot of naloxone in 3 minutes if no or minimal breathing or responsive/venous
- Naloxone wears off in 30-90 minutes
- Comfort them; withdrawal can be unpleasant
- Get them medical care and help them not use more opiate right away
- Encourage survivors to seek treatment if they feel they have a problem

## How to Avoid Overdose

- Only take medicine prescribed to you
- Don't take more than instructed
  - Call a doctor if your pain gets worse
- Never mix pain meds with alcohol
- Avoid sleeping pills when taking pain meds
- Dispose of unused medications
- Store your medicine in a secure place
- Learn how to use naloxone
- Teach your family + friends how to respond to an overdose

For More Info  
[PrescribeToPrevent.com](http://PrescribeToPrevent.com)

Poison Center  
1-800-222-1222  
(free & anonymous)

# Prescription Drug OD Problem

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- CDSIU- Controlled Dangerous Substances Integration Unit
- Corrective managed care program



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