

Circumstances of Opioid-Related Overdose Deaths in Maryland

Region of Injury: Eastern Shore

(Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot,
Wicomico, and Worcester Counties)

2020 State Unintentional Drug Overdose Reporting System (SUDORS)

Please note: The Maryland Vital Statistics Administration provides official death counts and rates for the State of Maryland. They can be viewed online at <https://health.maryland.gov/vsa/Pages/reports.aspx>. The State Unintentional Drug Overdose Reporting System (SUDORS) is designed to supplement vital statistics data by providing information about the circumstances of overdose death. Please refer to the Vital Statistics Administration for case counts and rates.

Prepared on February 27, 2023

What is SUDORS?

The State Unintentional Drug Overdose Reporting System (SUDORS) is an enhanced surveillance system collecting over 600 variables about the circumstances of fatal overdose in Maryland. The Maryland SUDORS program works closely with the Office of the Chief Medical Examiner, the Vital Statistics Administration, and multiple law enforcement agencies in Maryland to access, review, and systematically document information about overdose death in Maryland. There is an 8-13 month lag in availability of data due to federal requirements for SUDORS data abstraction.

What will you find here?

This data packet includes a select set of variables from the 2020 Maryland SUDORS data set. These include: substances contributing to the cause of death, mental health, substance use, place of overdose death, recent release from an institution, presence of potential bystanders, previous overdose, treatment for pain, prescribed buprenorphine or methadone, naloxone administration, route of administration, usual industry, and usual occupation.

How can SUDORS data be used?

The information in this data packet can be used to inform local prevention and response activities around partner engagement, identification of priority populations, provision of services, and evaluation of existing programs. Please refer to the OD2A Toolkit for additional information.

What if you need more information?

If you need information not provided in this report, please send an email with your contact information, a description of needed data and/or a request for a variable list, and the subject line "SUDORS data needed" to mdh.mvdrs@maryland.gov.

KEY FINDINGS:

Eastern Shore

- 94% (220) of fatal overdoses were opioid-related; for consistency with previous reports, those opioid-related deaths are the focus of this report.
- About 1 in 5 decedents (20%) were in treatment for mental health or substance use at the time of overdose death.
- More than 3 out of 5 (61%) decedents died in their own home.
- 1 in 8 decedents (12%) had recently been released from an institution, such as a hospital, jail or prison, detention facility, or supervised residential facility.
- 3 in 4 decedents (75%) were in the vicinity of a potential bystander during or shortly before the fatal overdose.
- 1 in 17 decedents (6%) were treated for pain at the time of the fatal overdose.
- 1 in 4 decedents (25%) were administered naloxone.
- Just over 1 in 3 decedents (34%) had evidence of injection drug use.
- About 1 in 3 decedents (31%) worked in the construction industry.

See pages 3-15 for additional information!

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Important Note on Data Sources: Circumstance data is limited to information documented in the law enforcement and/or medical examiner files; these are likely underestimated as death investigators might have limited information. Information on mental health and substance use history comes solely from these sources and not medical records or other treatment records.

Maryland Overdose Deaths by Substance

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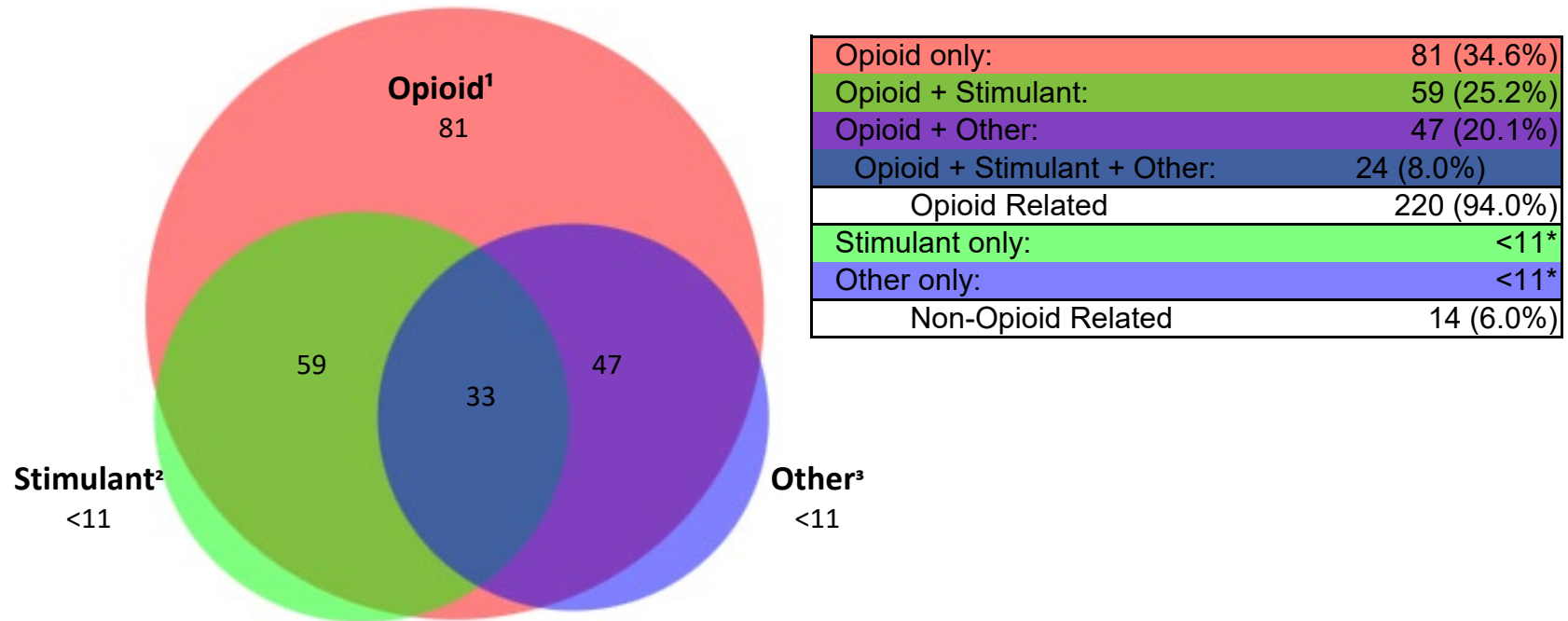
Prevalence of Mental Health, Substance Abuse, and Other Addiction

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Figure 1: Substance(s) Contributing to Cause of Death, 2020



¹Opioid includes: illicitly manufactured fentanyl, heroin, prescription opioids, and any other opioids.

²Stimulant includes: cocaine, eutylone, methamphetamine, and any other stimulants.

³Other includes substances such as: antidepressants, antipsychotics, benzodiazepines, muscle relaxants, PCP, and others.

*Per Centers for Disease Control and Prevention (CDC) requirement: data suppressed due to fewer than 11 cases.

In 2020, 94% of overdose deaths were opioid related.

The remaining analysis is limited to opioid-related fatal overdose, and consequently excludes:

- Stimulant only deaths (n<11)
- Other only deaths (n<11)

Figure 2: Prevalence of Mental Health, Substance Abuse, and Other Addiction¹, 2020

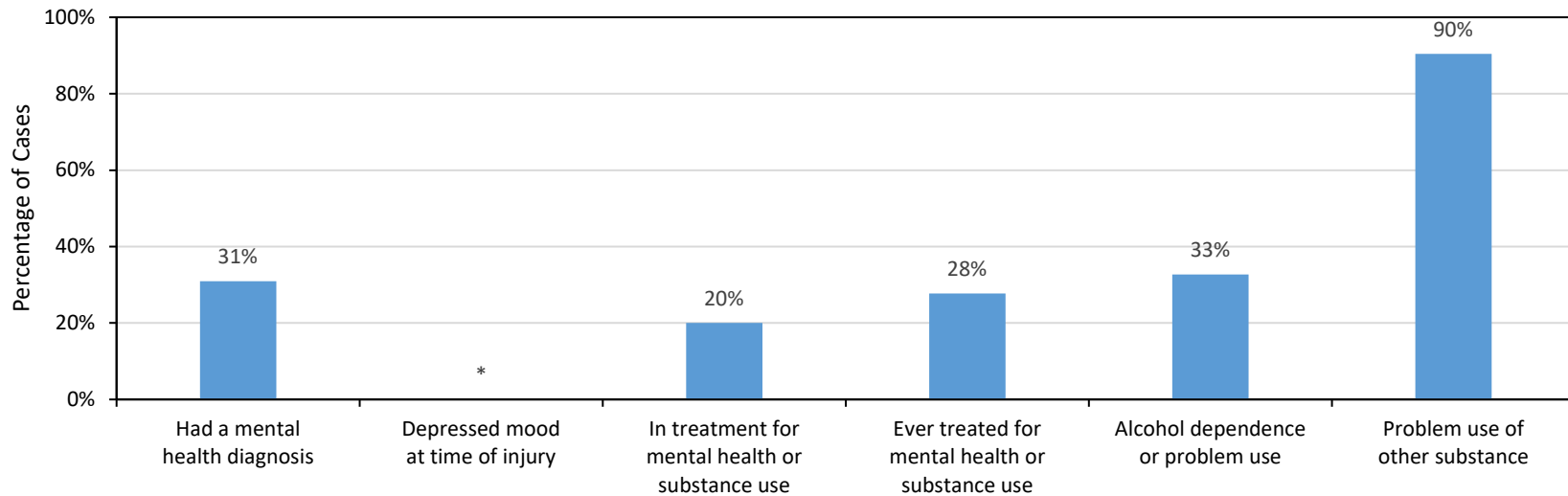
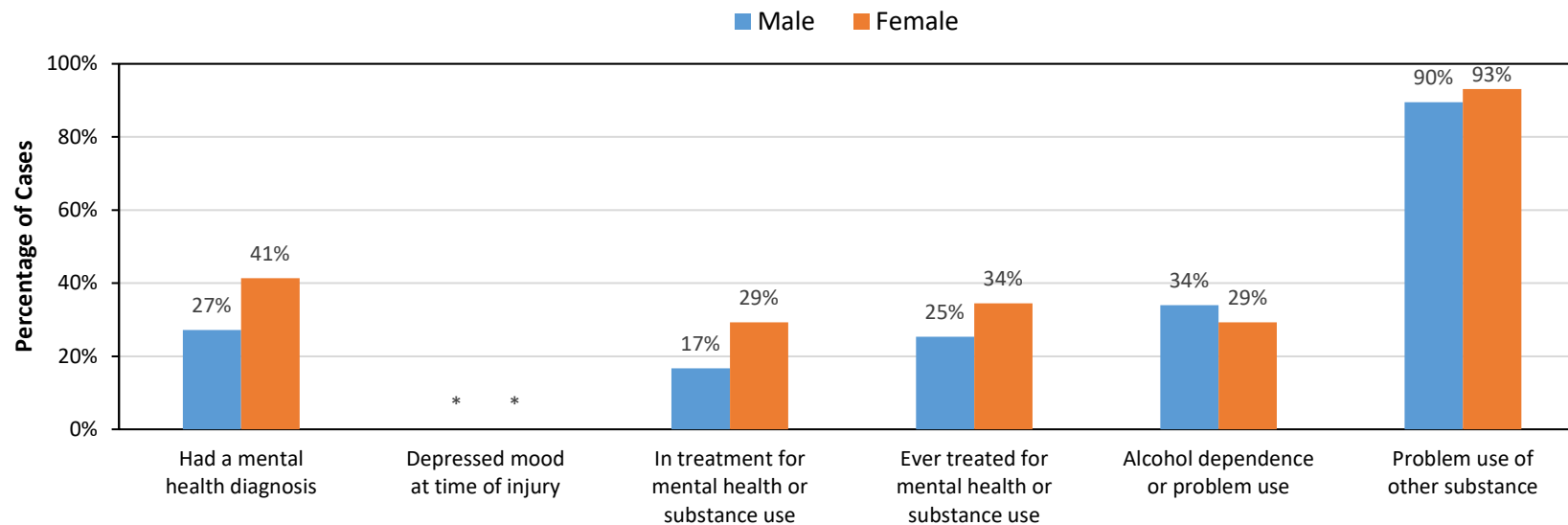


Figure 3: Prevalence of Mental Health, Substance Abuse, and Other Addiction¹ by Sex, 2020



¹Health history data may be incomplete. See note on Table of Contents (page 3).

Figure 4: Prevalence of Mental Health, Substance Abuse, and Other Addiction¹ by Age (Years), 2020

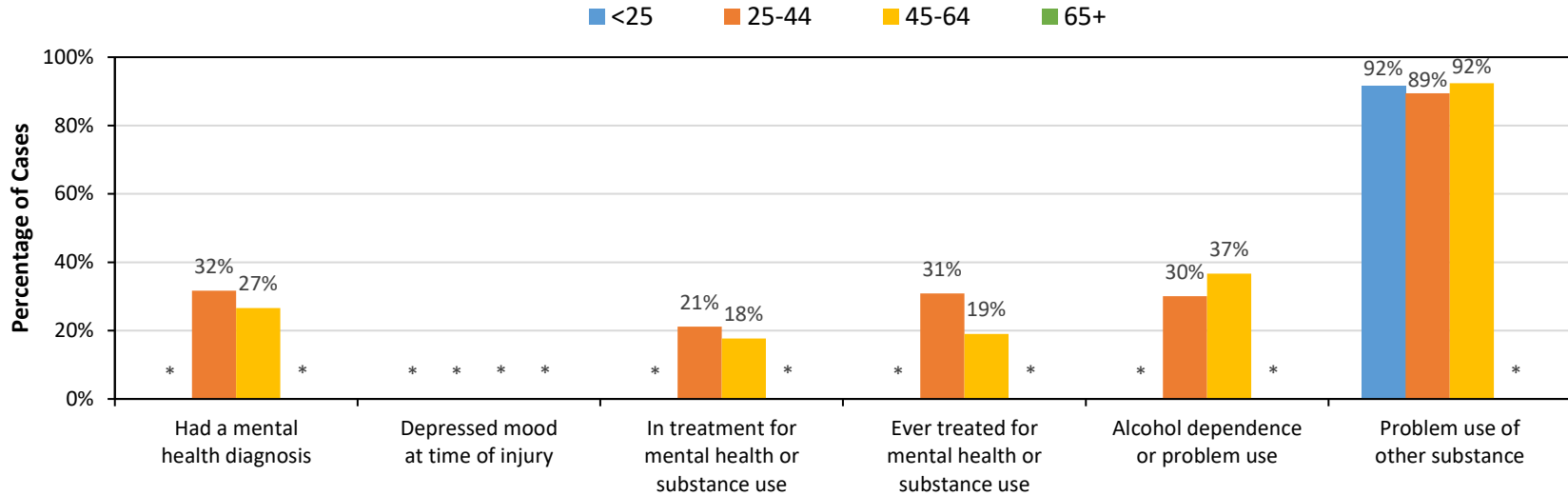
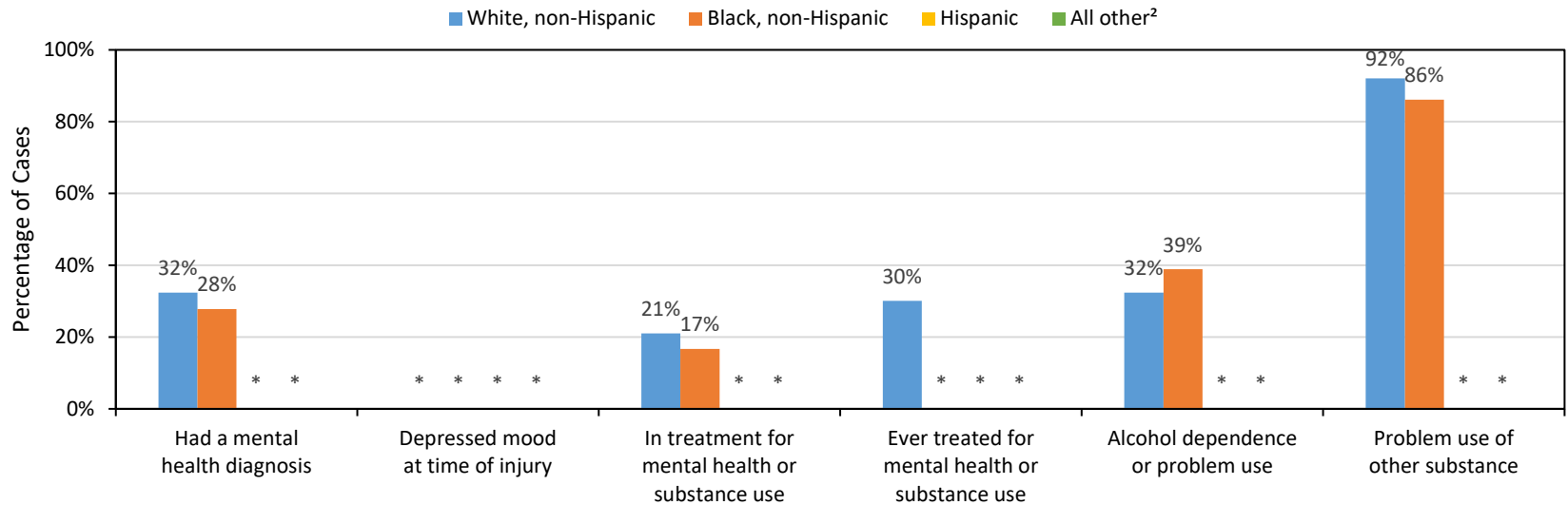


Figure 5: Prevalence of Mental Health, Substance Abuse, and Other Addiction¹ by Race/Ethnicity, 2020



¹Health history data may be incomplete. See note on Table of Contents (page 3).

²All other includes: Asian/Pacific Islander, American Indian/Alaska Native, unknown/unspecified, and two or more races.

*Per Centers for Disease Control and Prevention (CDC) requirement: data suppressed due to fewer than 11 cases.

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Figure 6: Prevalence of Mental Health, Substance Abuse, and Other Addiction¹ by Education Level, 2020

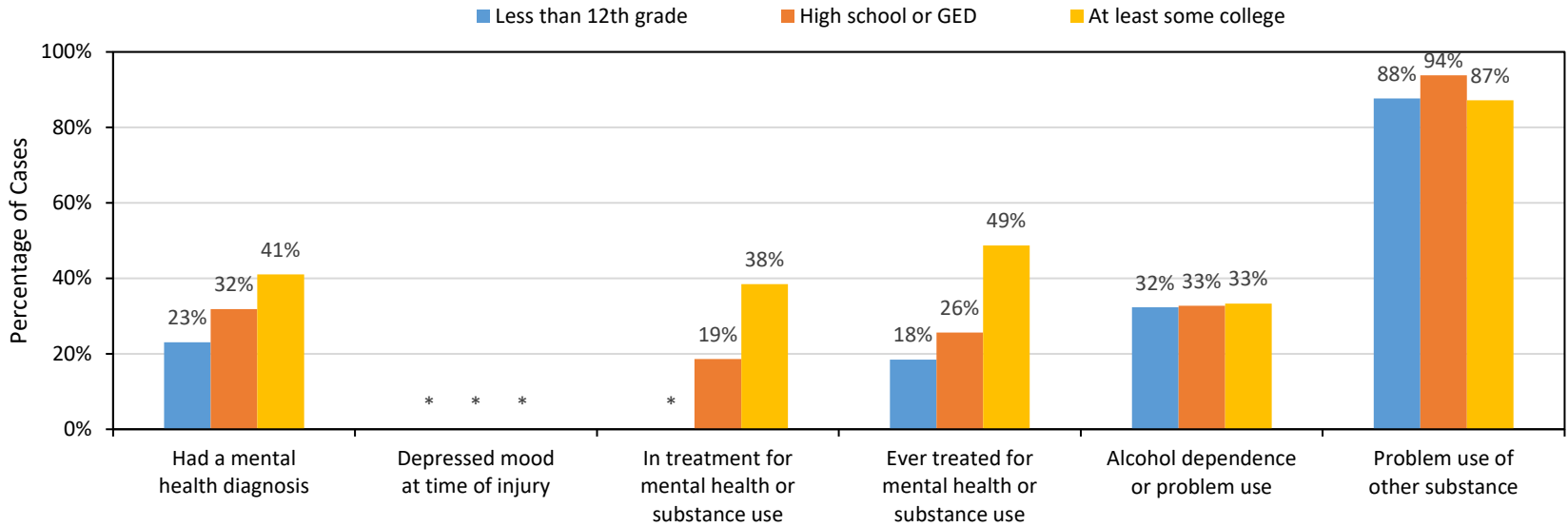
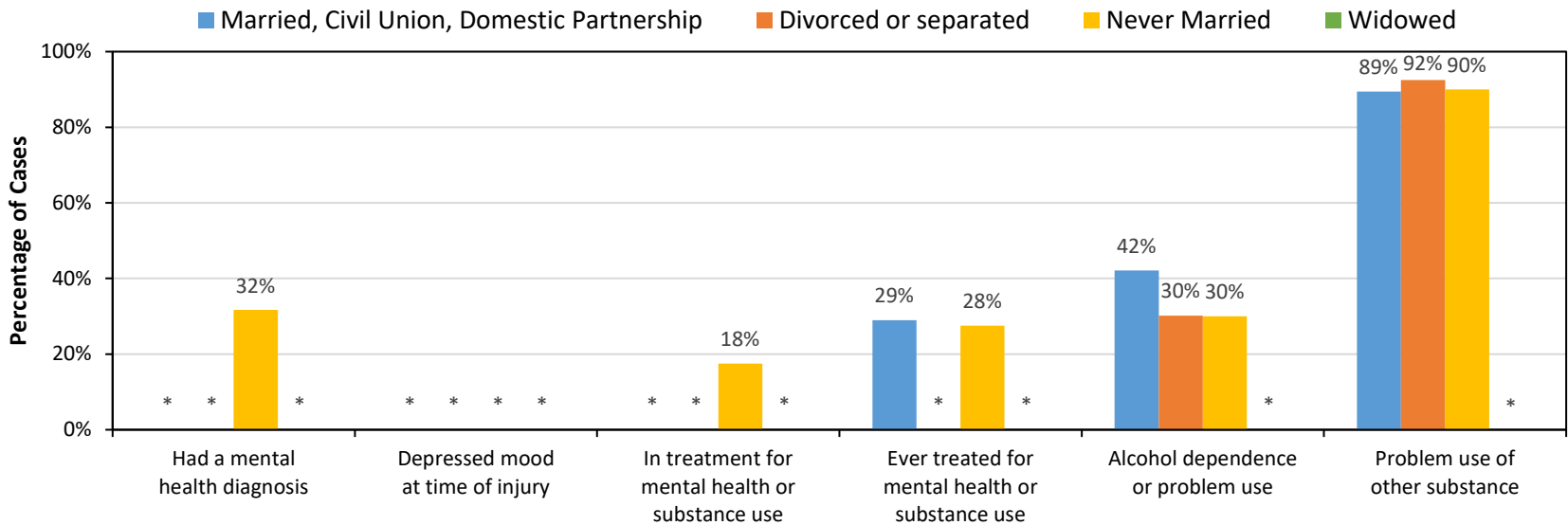


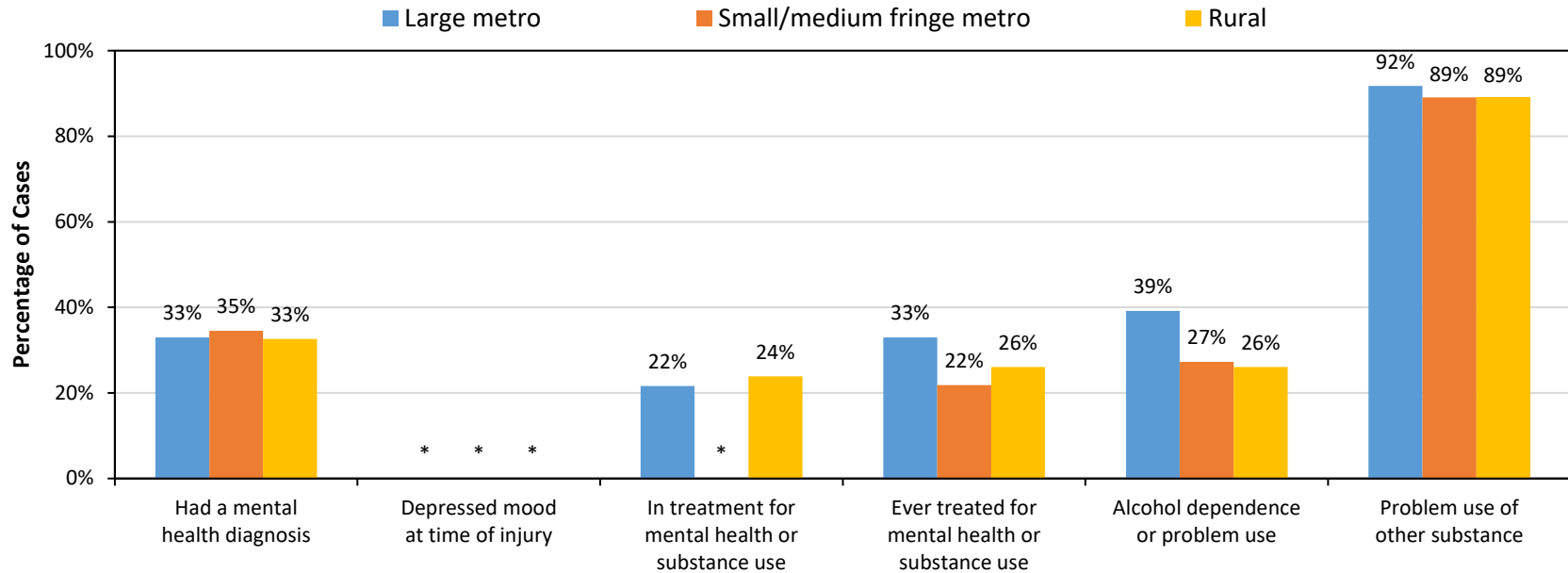
Figure 7: Prevalence of Mental Health, Substance Abuse, and Other Addiction¹ by Marital Status, 2020



¹Health history data may be incomplete. See note on Table of Contents (page 3).

*Per Centers for Disease Control and Prevention (CDC) requirement: data suppressed due to fewer than 11 cases.

Figure 8: Prevalence of Mental Health, Substance Abuse, and Other Addiction¹ by Urban-Rural² Classification of County of Residence, 2020



¹Health history data may be incomplete. See note on Table of Contents (page 3).

²Large metro: counties in central or fringe metropolitan statistical areas of 1 million or more population; small or medium metro: counties in metropolitan statistical areas of populations less than 999,999; rural: counties in micropolitan statistical areas and nonmetropolitan counties of less than 49,999 (defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties).

*Per Centers for Disease Control and Prevention (CDC) requirement: data suppressed due to fewer than 11 cases.

Figure 9: Prevalence of Mental Health, Substance Abuse, and Other Addiction¹ by Service in the U.S. Armed Forces, 2020

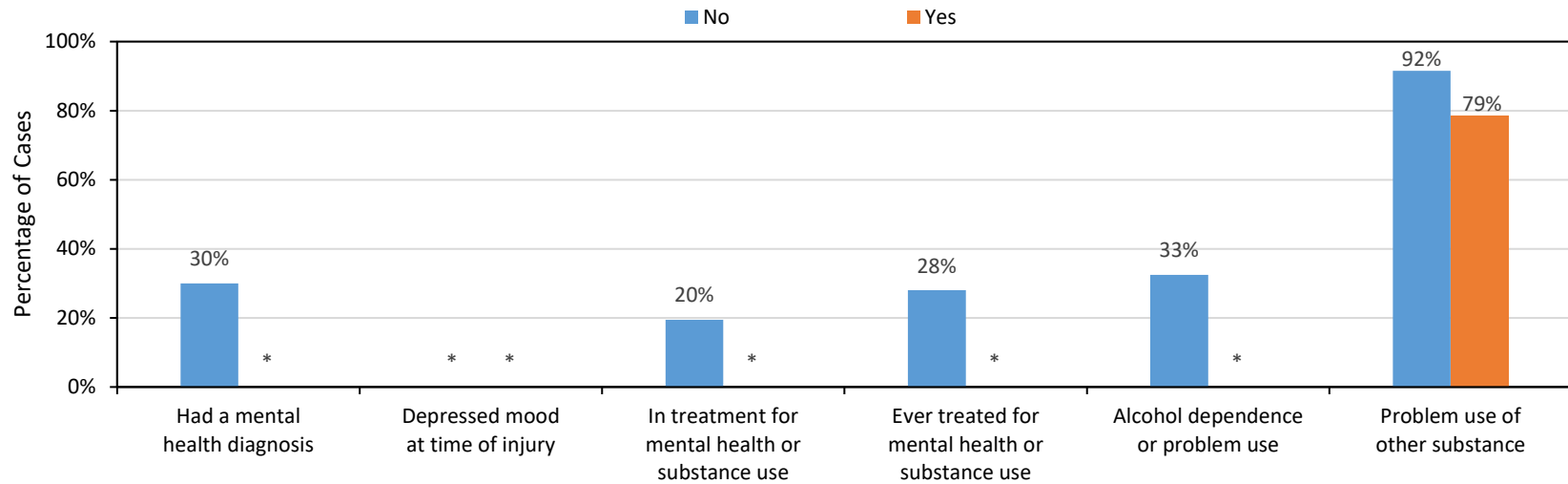
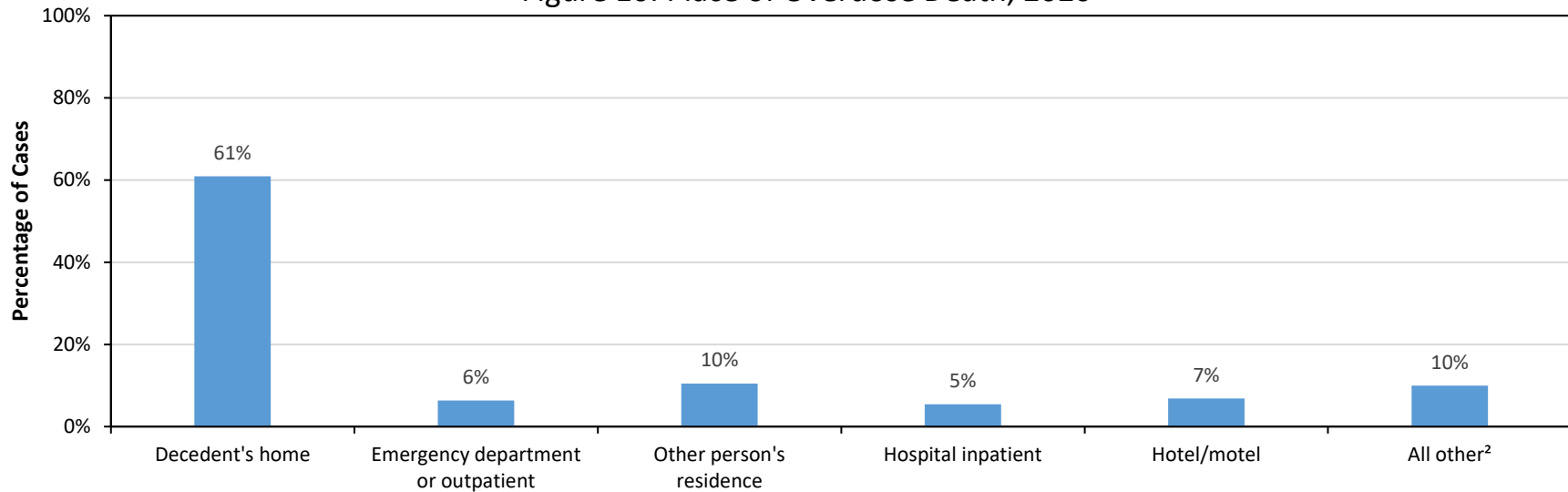


Figure 10: Place of Overdose Death, 2020

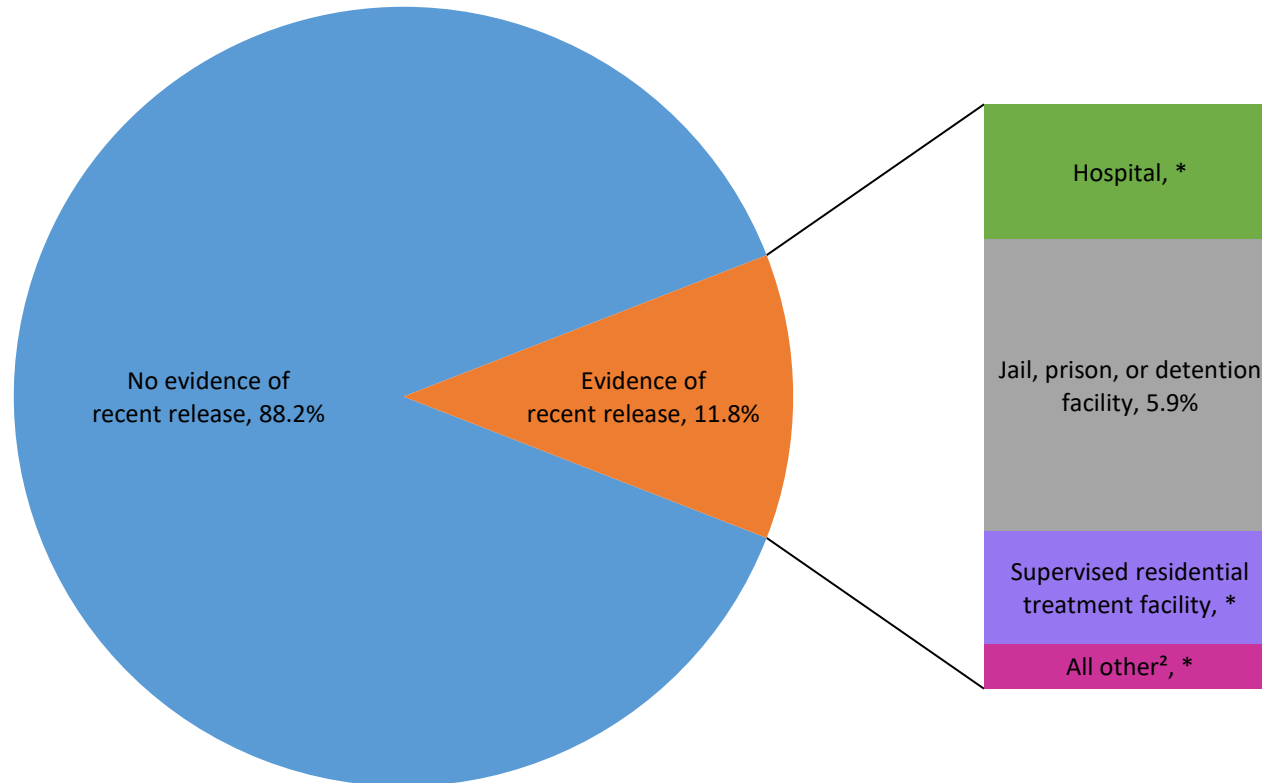


¹Health history data may be incomplete. See note on Table of Contents (page 3).

²All other includes: abandoned house/building, commercial establishment, jail/prison, natural area, public use area, street/road, sidewalk, supervised residential facility, and vehicle.

*Per Centers for Disease Control and Prevention (CDC) requirement: data suppressed due to fewer than 11 cases.

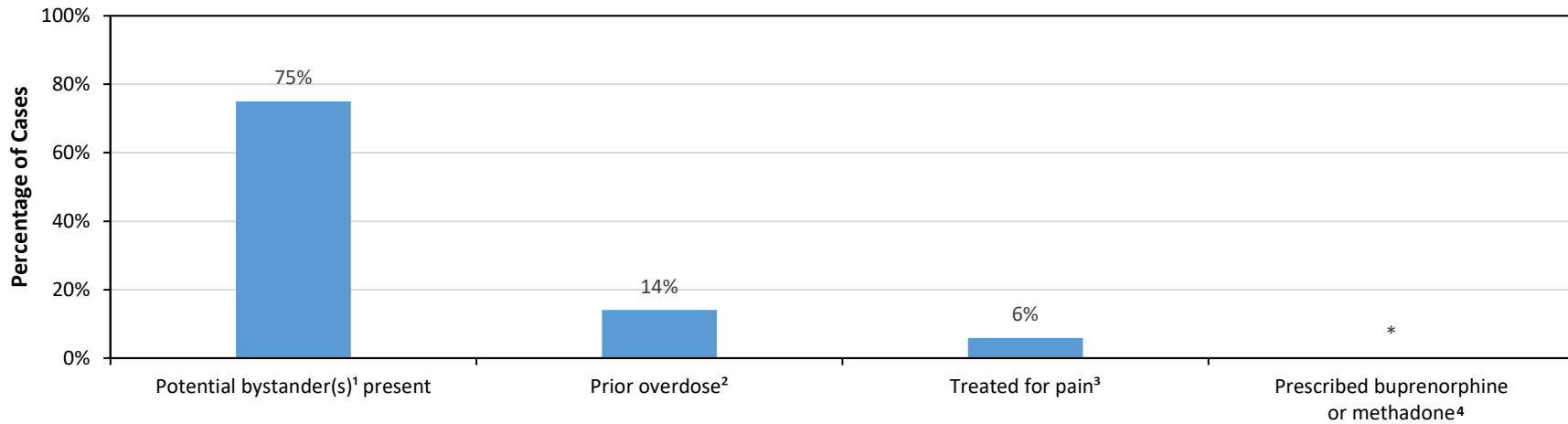
Figure 11: Recent Release From Institution¹, 2020



¹Recent release from an institution is defined as deaths that occurred within a month of the decedent being released from or admitted to an institutional setting. The decedent is considered institutionalized if they spent one or more nights in the institution.

²All other includes: long term residential health facility (e.g., nursing home), other psychiatric treatment, psychiatric hospital, supervised residential facilities not related to alcohol or substance abuse treatment, and unknown type of institution.

Figure 12: Presence of Potential Bystanders, Previous Overdose, Treatment for Pain,
and Prescribed Buprenorphine or Methadone, 2020



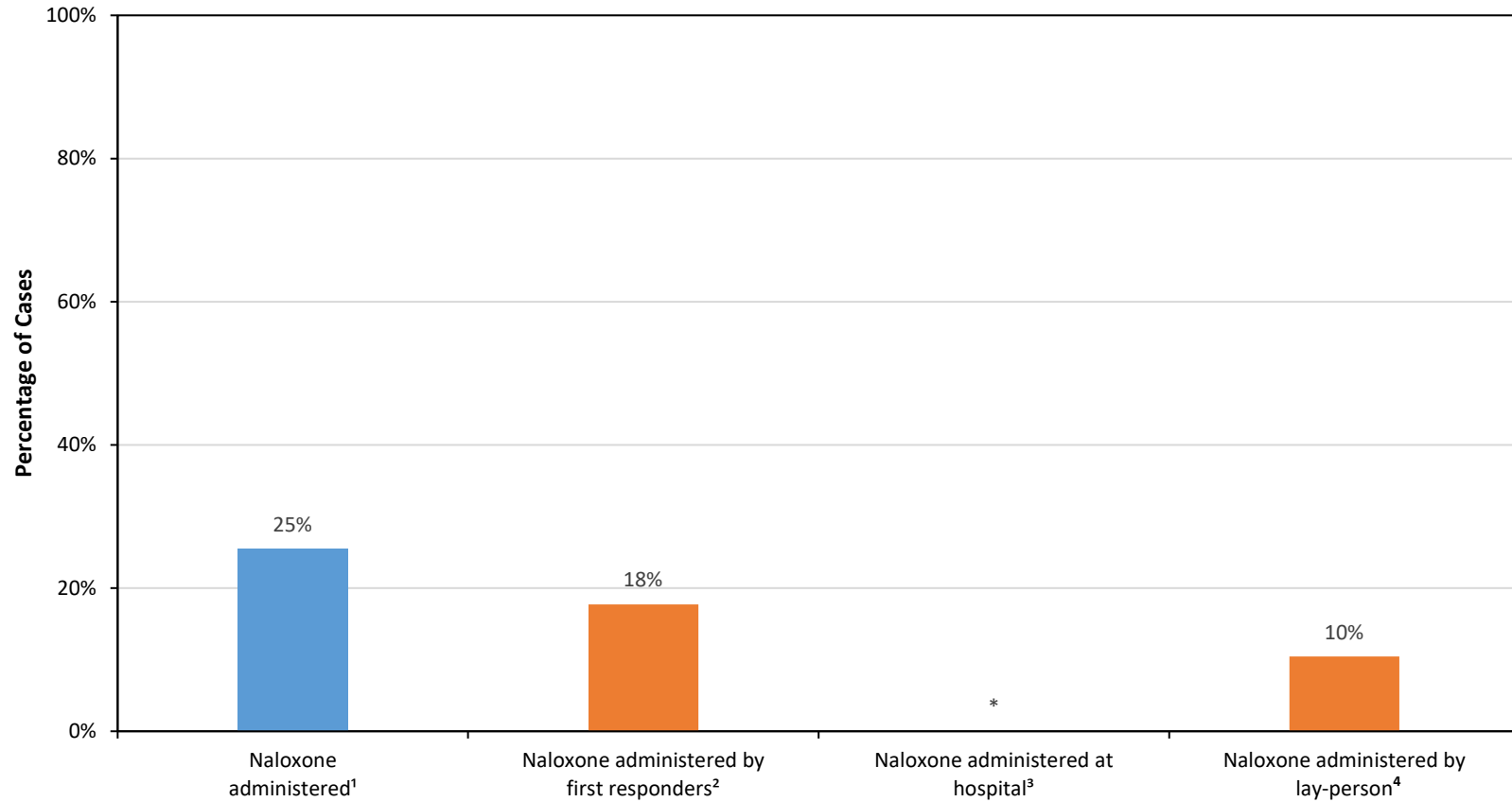
¹A potential bystander is defined as a person aged ≥ 11 years who was physically nearby either during or shortly preceding a drug overdose and potentially had an opportunity to intervene or respond to the overdose. This includes any persons in the same structure (e.g., same room or same building, but different room) as the decedent during that time. For example, the family member of an opioid overdose decedent who was in another room during the fatal incident would be considered a potential bystander if that person might have had an opportunity to provide life-saving measures such as naloxone administration, if adequate

²Prior overdose is defined by as a drug overdose related to ANY substance in which one of the following occurred: treatment in an emergency department of other medical center, medical services responded but the person refused to be transported to the hospital, or naloxone was administered by a layperson and medical treatment was not sought.

³Treated for pain is defined as a situation in which a decedent was receiving any type of treatment for acute and/or chronic pain at the time of the fatal overdose, including prescription opioid pain relievers.

⁴Prescribed buprenorphine or methadone is defined as a situation in which there is any evidence, including witness reports, prescription history, and/or scene evidence that suggests that the decedent was prescribed methadone or buprenorphine at the time of the fatal overdose for either medication-assisted treatment or pain relief.

Figure 13: Naloxone Administration, 2020



¹Naloxone administration is defined as EITHER a situation in which a decedent was administered naloxone for their fatal opioid overdose by an EMS responder, law enforcement officer, firefighter, or health care worker, OR a situation in which naloxone was *reportedly* administered by a layperson and there was evidence that naloxone was *actually* administered.

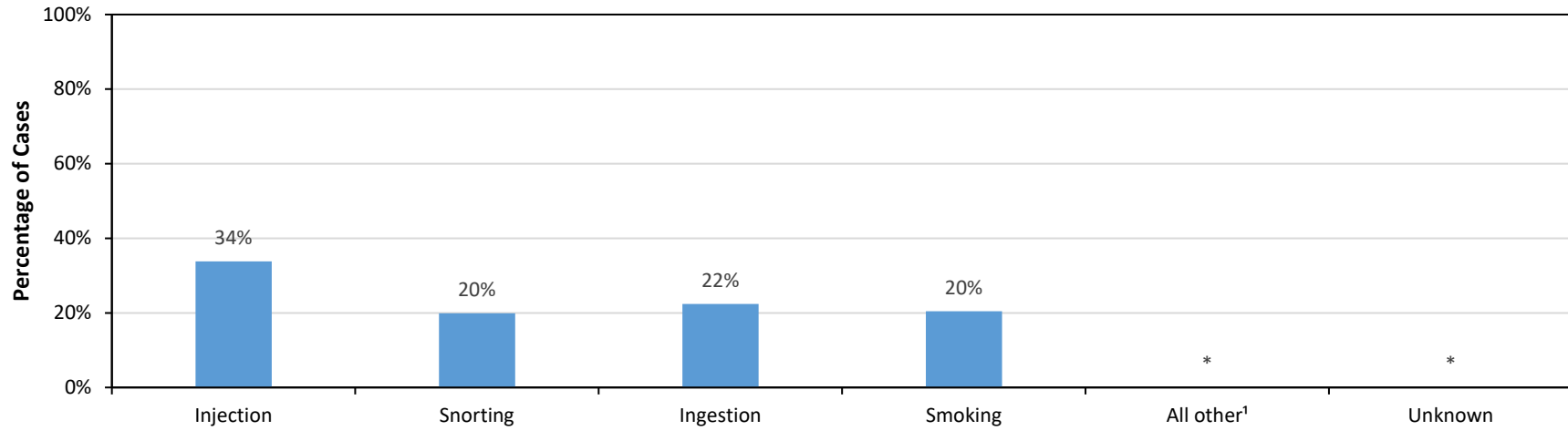
²First responder includes: law enforcement, emergency medical services, firefighters, or other trained professional.

³Hospital includes: emergency department, inpatient hospital setting, or a critical care center.

⁴Lay-person includes: as a person using drugs/alcohol with the decedent, intimate partner, friend, family member, roommate, or a bystander with no relationship to the decedent.

Note: Counts may exceed the total number of cases due to multiple administration.

Figure 14: Route of Administration, 2020



¹All other includes: sublingual and transdermal.

Note: Counts may exceed the total number of cases due to multiple findings at the scene.

**Circumstances of Opioid-Related Overdose Deaths in Maryland,
Eastern Shore**

Table 1: Usual Industry¹ of Opioid Overdose Decedents, 2020

Usual Industry Sector¹	n	%
Construction	65	30.5%
Not in workforce (homemaker, student, volunteer, unable to work)	18	8.5%
Accommodation and food services	18	8.5%
Other services (except public administration)	17	8.0%
Manufacturing	16	7.5%
Retail trade	13	6.1%
Administrative and support and waste management and remediation services	11	5.2%
All other industries ²	34	16.0%
Missing, unknown, and not enough information	21	9.9%
Total	213	100.0%

¹Major industry sectors defined using the 2012 North American Industry

²All other industries includes: transportation and warehousing; health care and social assistance; agriculture, forestry, fishing, and hunting; public administration professional, scientific, and technical services; real estate and rental and leasing; utilities; information Military; arts entertainment, and recreation; finance and insurance; wholesale trade.

*Analysis limited to decedents of workforce age, 18-65 years.

Most Common Usual Industry, by Sex	
Among males:	Among females:
1. Construction (41.7%)	1. Accommodation and food service (24.6%)
2. Manufacturing (10.3%)	2. Not in workforce (21.1%)
3. Other services (except public administration) (9.0%)	

Most Common Usual Industry, by Race and Ethnicity
Among White, Non-Hispanics:
1. Construction (34.3%)
2. Not in workforce (9.3%)
3. Accommodation and food service (8.7%)

Most Common Usual Industry, by Age Group	
Among 25-44 year-olds:	Among 45+ year-olds:
1. Construction (26.1%)	1. Construction (38.0%)
2. Not in workforce (10.4%)	
3. Accommodation and food services (10.4%)	

**Circumstances of Opioid-Related Overdose Deaths in Maryland,
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Table 2: Usual Occupation¹ of Opioid

Usual Major Occupation¹	n	%
Construction and extraction	62	29.1%
Not in workforce (homemaker, student, volunteer, unable to work)	18	8.5%
Transportation and material moving	16	7.5%
Installation, maintenance, and repair	16	7.5%
Production	14	6.6%
Food preparation and serving related	14	6.6%
Sales and related	14	6.6%
All other occupations ²	40	18.8%
Missing, unknown, and not enough information	19	8.9%
Total	213	100.0%

¹Usual occupation defined using the 2010 Standard Occupational Classification

²All other occupations includes: management; personal care and service; building and grounds cleaning and maintenance; farming, fishing, and forestry; healthcare support; protective service; healthcare practitioners and technical occupations; life, physical, and social science; education, training, and library; Military; office and administrative support; computer and mathematics; business and financial operations.

*Analysis limited to decedents of workforce age, 18-65 years.

Most Common Usual Occupation, by Sex	
Among males:	Among females:
1. Construction and extraction (39.7%)	1. Not in workforce (21.1%)
2. Transportation and material moving (10.3%)	2. Food preparation and serving related (19.3%)
3. Installation, maintenance, and repair (9.6%)	

Most Common Usual Occupation, by Race and Ethnicity
Among White, Non-Hispanics:
1. Construction and extraction (32.6%)
2. Not in workforce (9.3%)
3. Installation, maintenance, and repair (7.6%)

Most Common Usual Occupation, by Age Group	
Among 18-44 year-olds:	Among 45+ year-olds:
1. Construction and extraction (24.6%)	1. Construction and extraction (36.7%)
2. Not in workforce (10.4%)	
3. Installation, maintenance, and repair (9.0%)	