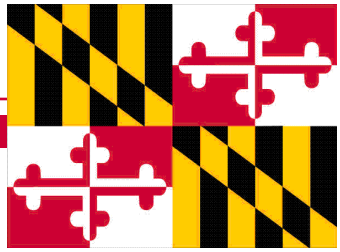
Fall 2013

Maryland State Child Fatality Review Team (SCFRT)



Maryland SCFRT Newsletter Fall

Opioid Dependence and Overdose in Maryland

By Jennifer Maehr, MD, FAAP, Medical Director, Maryland Dept. of Juvenile Services

Similar to the rest of the country, Maryland has been experiencing a steady increase in the rates of fatal overdose from opioids, which include heroin, methadone, and prescription pain medication such as morphine, fentanyl, oxycodone (e.g., Oxycontin, Percocet), and hydrocodone (e.g., Vicodin, Lortab). Chronic non-medical abuse of pharmaceutical opioid analgesics has been blamed as the most significant single factor in the increasing number of overdose deaths. Although the rate of fatal overdoses from prescription opioids actually decreased for the first time in several years in 2012 in Maryland, that decrease was overshadowed by an increase in the rate of overdose deaths from heroin. **The largest increases were seen among 15-24 year olds** and 35-44 year olds, with a 53% and 59% increase respectively. The increase in heroin related deaths is not equally distributed across the state. Central Maryland including the Baltimore Metro area continues to have the largest number of heroin related deaths and experienced a 47% increase in 2012. Although far lower numbers overall, the Southern and Eastern regions of the State experienced a dramatic increase in heroin overdose deaths by 54% and 80% respectively. Baltimore City followed by Cecil County leads the state for both age-adjusted death rates for intoxication and total inpatient admissions related to opioids.

In the past several years, the Maryland Department of Juvenile Services (DJS) has witnessed a fairly dramatic increase in the number of opioid dependent youth that it supervises both in the community and in detention. Initially, most youth with opioid dependence were coming from Baltimore County and surrounding areas. Recently, DJS is seeing an increase in the problem in the Southern and Eastern regions of the State. Even though DJS serves more boys than girls, there are far more girls than boys with opioid dependence being admitted to detention. Girls who are seriously drug dependent may resort to trading sex for drugs and are at high risk for pregnancy and sexually transmitted infections. Youth, who abuse intravenously, are at risk for Hepatitis C and skin infections. DJS has seen an increase in the number of youth in detention with Hepatitis C, and in all likelihood, Maryland is experiencing increasing rates of Hepatitis C and liver disease as well.

Due to the growing problem of opioid dependence, DJS provides treatment for withdrawal in detention and may prescribe buprenorphine (Suboxone) which is a partial opioid agonist that prevents withdrawal. Continuing treatment after detention or after in-patient admission has proven difficult especially in particular regions of the state that lack buprenorphine providers or physicians willing to treat adolescents. DJS youth with opioid dependence often have families with multi-generational drug addiction and psychosocial and economic problems which can make prevention of relapse challenging. Even with supportive families who have socioeconomic resources, treatment often fails and relapse is the norm. With relapse runs the risk of fatal overdose.

In response to the growing problem of opioid overdose and because of grass roots efforts by parents and others who have lost their children and loved ones to overdose, the State developed an Opioid Prevention Plan and passed legislation (SB 610/HB 890) in May 2013 that authorized the establishment of Overdose Response Programs overseen by the Department of Health and Mental Hygiene (DHMH). The cornerstone of the bill is to increase the availability of naloxone into the hands of people who can administer it in non-medical settings in order to prevent overdose deaths. Naloxone is an opioid agonist that can reverse opioid overdose when administered by injection or nasally. Development of local programs will be modeled on Baltimore City's Staying Alive Drug Overdose and Prevention Response Program which has been training individuals and dispensing naloxone since 2004.

Maryland Opioid Overdose Prevention Plan

http://adaa.dhmh.maryland.gov/Documents/content_documents/OverdosePrevention/MarylandOpioidOverdosePreventionPlanJan2013.pdf

Maryland SCFRT Members

Tim Allen, MS

A. LaToya Bates, LCSW-C

Lt. Joseph Gamble

Mary Gentile, LCSW-C

Roger J. Lerner, Esq.

Richard Lichenstein, MD
Chairperson

Ling Li, MD

Jennifer Maehr, MD

Vernice McKee, MSW

Laurel Moody, MS, MSN, RN

Lynne E. Muller, PhD, NCC, LCPC

David Putsche

Ernest Reitz, JD

John Rusinko, MSW

Hal Sommers , MA

Betty Stemley, JD

Anntinette Williams, LICSW

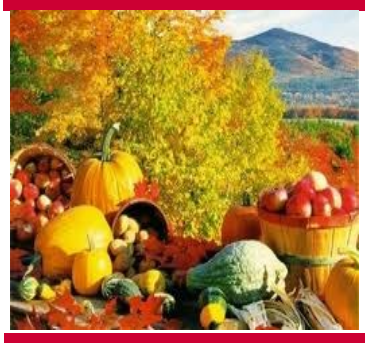
DHMH Advisors

Joyce Dantzler , MS, MCHES

S. Lee Woods, MD, PhD

DHMH Staff Support

Joan Patterson, LCSW-C
(410-767-6727)



We Hope You Plan To Send 2 Representatives from your Local CFR Team !

The Maryland State Child Fatality Review Team Annual Meeting

Wednesday, November 20, 2013

10:00 a.m. - 3:30 p.m. (Registration begins at 9:00 a.m.)

Howard Co. Dept. of Fire & Rescue James N. Robey Public Safety Training Center

Cecil County's Plan to Reduce Drug Overdoses

by Ken Collins, Special Assistant to County Executive for Drug Policy

According the Centers for Disease Control, 100 people die every day from drug overdose in America. Drug overdose is preventable! In Maryland, the Department of Health and Mental Hygiene, the Alcohol and Drug Abuse Administration, and all local health departments are currently working on strategies to reduce the current high rate of drug overdose. In 2011, Cecil County's per capita rate of overdose deaths by any substance as the highest in the state. Cecil County is currently implementing its overdose prevention plan and collaboratively working to reduce overdoses. An important part of Cecil County's Overdose Prevention Plan includes the development a Local Overdose Fatality Review Team. The Cecil County Health Department will facilitate the Local Overdose Fatality Review Team (LOFRT) to provide a multidisciplinary, public health focused review of local fatal overdose incidents. The LOFRT will serve as a forum for the sharing of information essential to the improvement of the Cecil County community response to overdose deaths. The review team, consisting of public health officials, law enforcement officers, physicians, nurses, hospital administration, emergency responders, substance abuse and mental health counselors, social service staff, and others, will track and analyze drug overdose deaths. Participants will report and discuss details related to overdose events, review medical and mental health records, and take testimony from anyone involved in an overdose investigation. Based on information obtained, the LOFRT would seek to identify root causes, determine trends, target resources to decrease death rates, and support implementation of other prevention/intervention efforts. In short, the LOFRT data will guide informed responses to reduce future overdoses. For more information, contact CCHD at 1-877-334-9985.

"5 to Drive" Campaign

Challenges parents to discuss **5** safety practices with their teen drivers.

1. No cell phone use or texting while driving,
2. No extra passengers,
3. No speeding,
4. No alcohol, and
5. No driving or riding without a seat belt.

Encourage parents to visit www.safercar.gov/parents/teendriving

If you have news to share, please contact the newsletter editor Laurel Moody at lmoody@stevenson.edu

Visit Our State Child Fatality Review website:

http://fha.maryland.gov/mch/cfr_home.cfm

For more information contact Joan Patterson

(410) 767-6727