

University of Maryland School of Nursing Millicent Geare Edmunds Lecture

NOVEMBER 14, 2018

Opioid Operational Command Center

Speaker:
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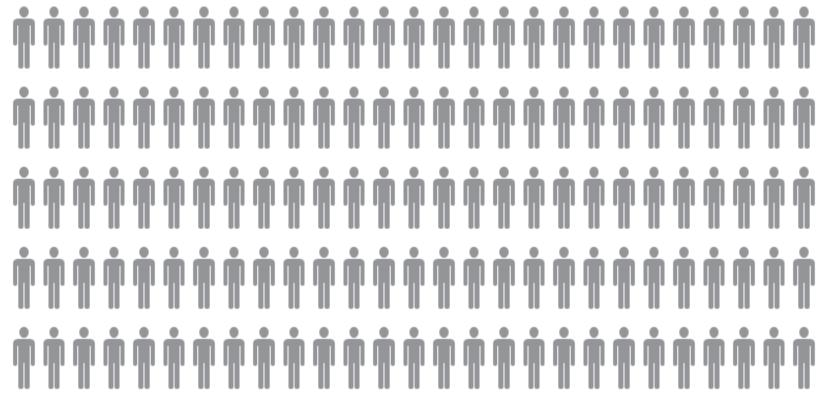


Nearly 6 deaths every day in Maryland



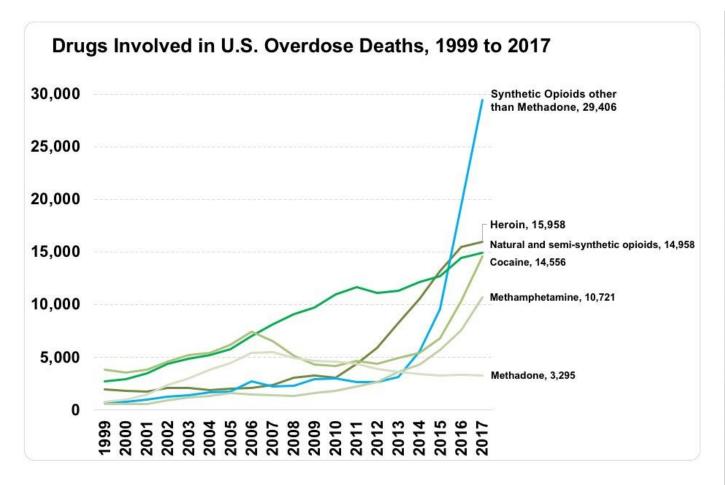


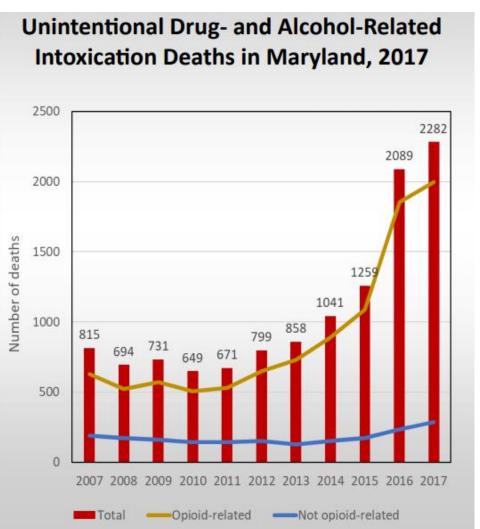
130+ deaths per day in the United States



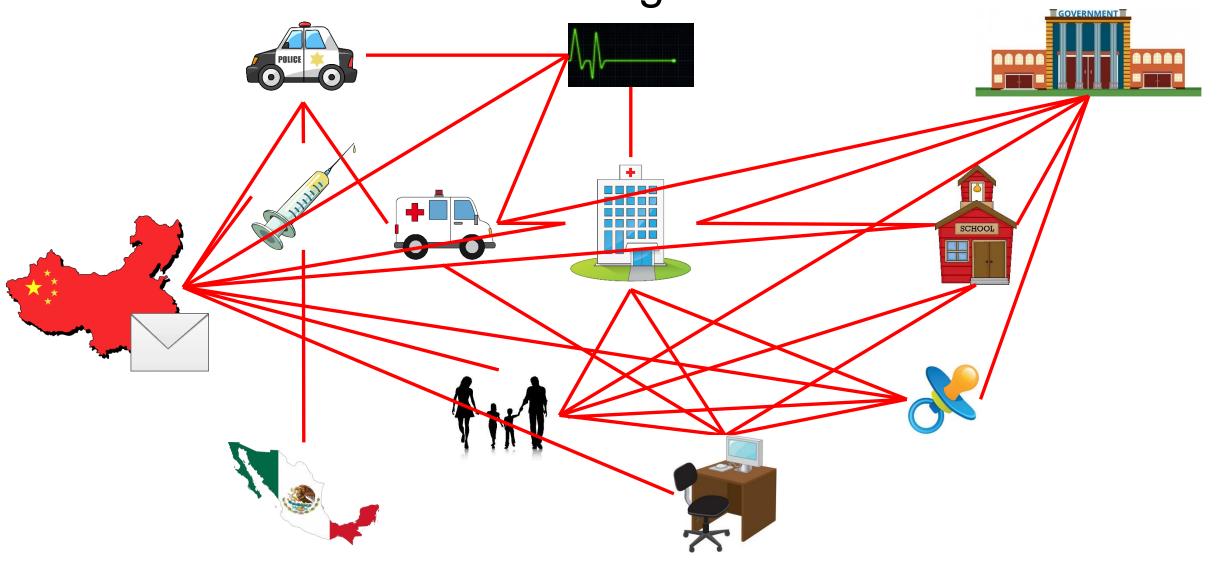
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Drug- and Alcohol-Related Intoxication Deaths, U.S. and Maryland

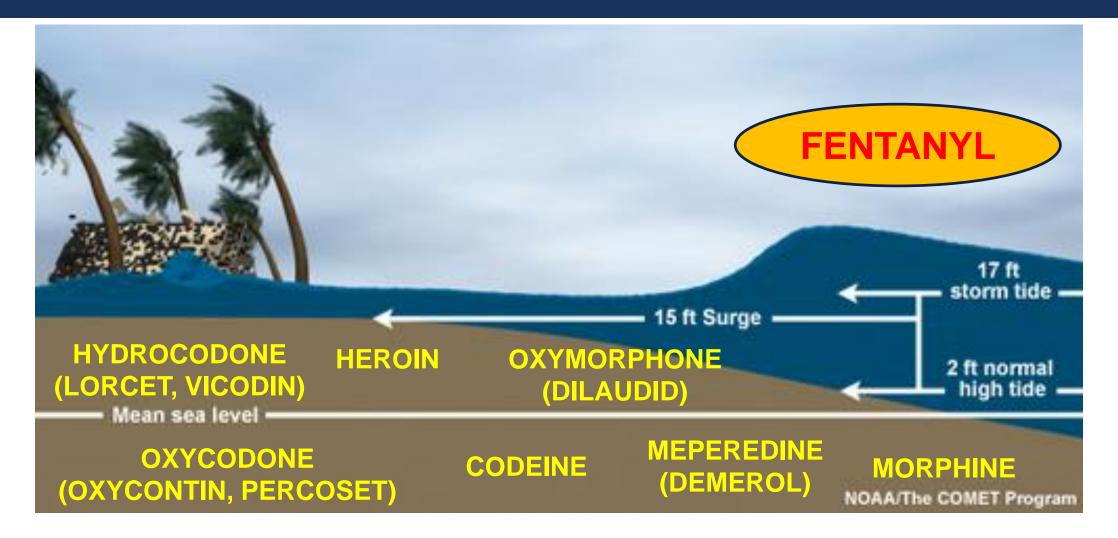




Cascading Effects



What is Causing this increase?



Non-Pharmaceutical Fentanyl

Fatal Dose

(varies widely by user and the method of consumption)

Heroin 30 mg **Fentanyl** 2-3mg

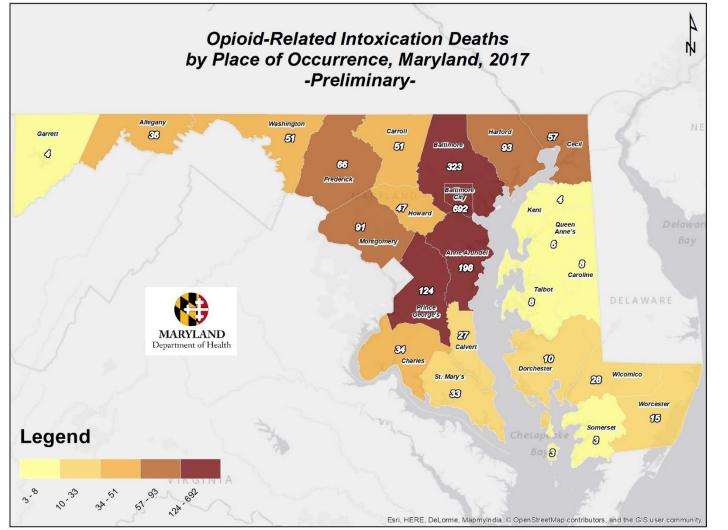
Carfentanil
200 micrograms



2mg of powder shown next to a penny (DEA)



Maryland Fatality Trends

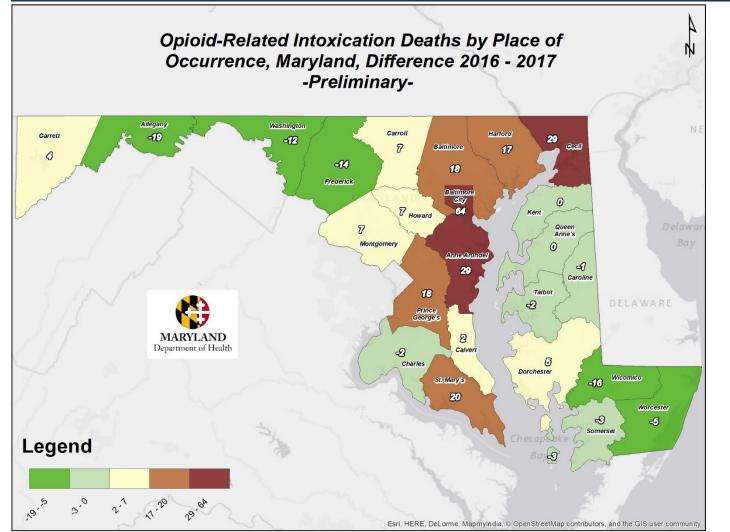


In 2017

- 2,282 total drug and alcoholrelated intoxication deaths
- 2,009 of the 2,282 (88%) were opioid-related (including heroin, prescription opioids, and fentanyl

For more information, see Maryland Department of Health's *Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland Annual Report 2017.*

Maryland Fatality Trends



Fatality trends from 2016 to 2017

- 9% increase of total drug and alcohol-related
- 42% increase of fentanyl-related
- 49% increase of cocaine-related
- 11% decrease of heroin-related
- 1% decrease of prescription-related

For more information, see Maryland Department of Health's *Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland Annual Report 2017.*

Maryland's Declaration of Emergency





EXECUTIVE ORDER 01.01.2017.02

Executive Order Regarding the Heroin, Opioid, and Fentanyl Overdose Crisis Declaration of Emergency

WHEREAS, The State of Maryland is subject to an emergency as defined in

Section 14-101(c) of the Public Safety Article of the Code of

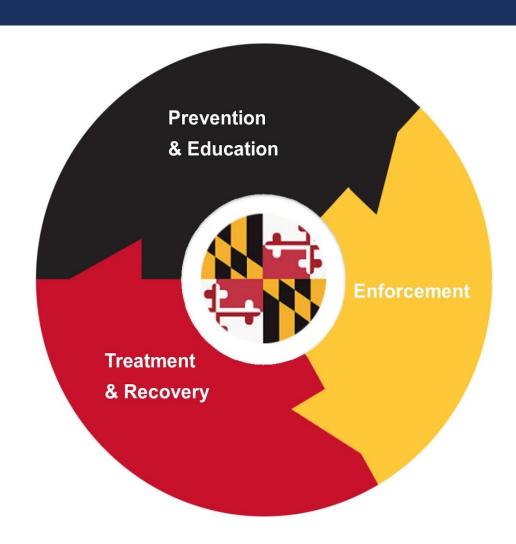
Maryland;

WHEREAS, Heroin and opioid abuse is an illness that threatens the well-

being, productivity, livelihood, and relationships of Marylanders;

WHERAS, Heroin and opioid use has tripled nationwide in the last 12

months, with approximately 27 million users across the country;



Opioid Operational Command Center

The Opioid Operational Command Center facilitates collaboration among state and local partners to reduce the harmful impacts of heroin and opioid use on Maryland communities.

What does it do?

Combat the heroin and opioid crisis in Maryland through education, prevention, treatment, interdiction, and recovery.

Why?

Residents of all ages, races, genders, and areas across the state are affected by heroin and opioid use. State and local health and human services, education, and public safety officials are working together to develop community-based programs and services to combat this public health crisis.

By working together with the Opioid Operational Command Center, partners share data, information, and ideas. Together, we can reduce the harmful impacts of heroin and opioid use and continue Changing Maryland for the Better.





Inter-Agency Heroin and Opioid Coordinating Council

Chaired by the Secretary of Health,
the Coordinating Council is the executive-level
subcabinet of the Governor that develops strategic
policy, provides authority for the Opioid Operational
Command Center, and advises the Governor's office.

INTER-AGENCY COUNCE

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SAME-LEVEL PARMERS

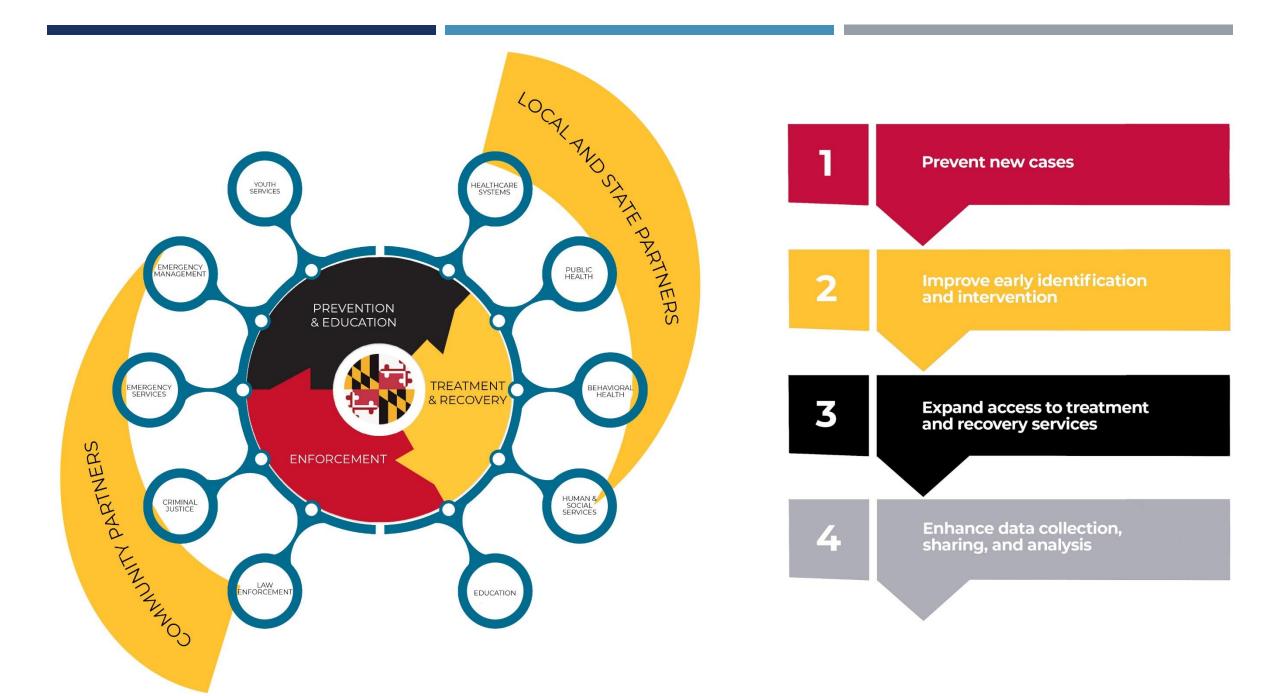
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State-Level Partners

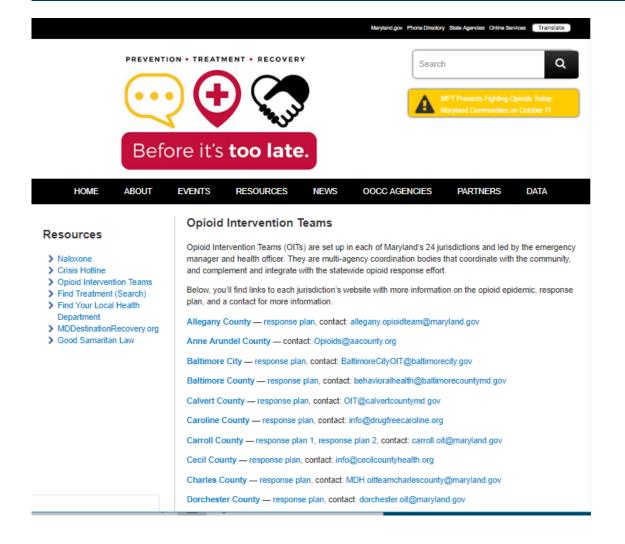
State Agencies joining together on Heroin and Opioid Prevention, Treatment, and Enforcement Initiative, a multi-pronged and sweeping administrative and legislative effort to continue addressing Maryland's evolving opioid and heroin epidemic.

Local Opioid Intervention Teams

Local Opioid Intervention Teams act as the local multi-agency coordinating bodies within all twenty-four of Maryland's jurisdictions. The OITs are tasked with developing a unified local strategy, conducting operational coordination with all stakeholders, and working cooperatively on program and project implementation and operations.



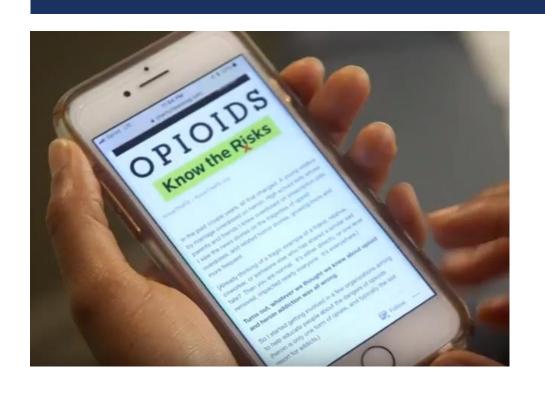
Local Opioid Intervention Team Response



- Local Opioid Resource Website
- Community Response Plan
- OIT Leadership Contact Information

http://beforeitstoolate.maryland.gov/opioid-intervention-teams

Understanding How You Can Make a Difference



- Addiction and Behavior Change
- Risk and Protective Factors
- Personal Steps to be a part of the solution

Stages of Change

Tasks at Each Stage:

Precontemplation

Not interested.

Focus: Increase awareness of need to change

Contemplation

Interested, concerned, and willing to consider.

Focus: Motivate and increase confidence

in ability to change.

Preparation

Commitment to creating a plan that is effective/acceptable.

Focus: Negotiate a plan.

Action

Implementing a plan and revising as needed.

Focus: Affirm commitment and follow up.

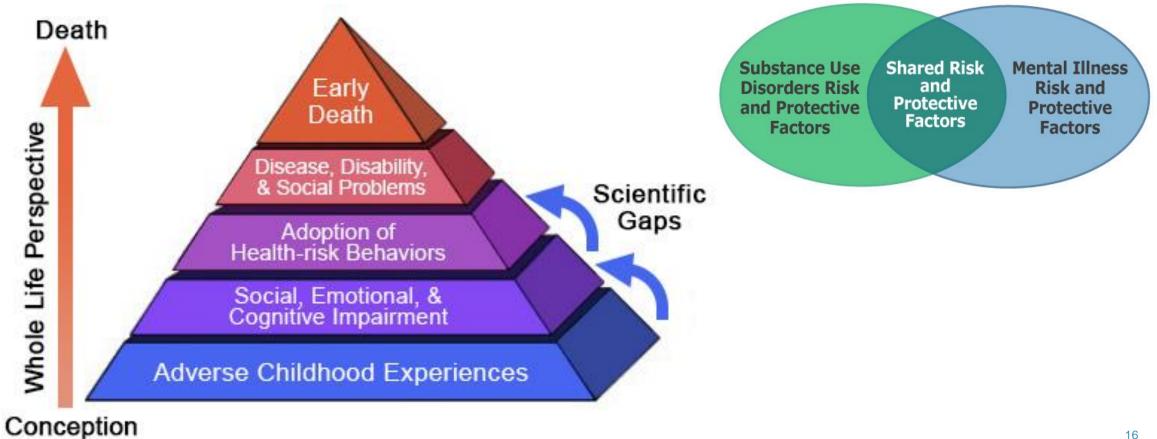
Maintenance

Consolidating change into a lifestyle.

Focus: Encourage active problem-solving

DiClemente. Addiction and Change: How Addictions Develop and Addicted People Recover. NY: Guilford Press; 2003. DiClemente. J Addictions Nursing. 2005;16:5.

Adverse Childhood Experiences (ACEs)



Be a Part of the Solution

- Elevate the conversation
 - Avoid compassion fatigue, make sure this crisis continues to get the attention it needs
- Become naloxone (Narcan) trained Contact your local Health Department for information
- Be an informed patient Talk to your doctor about all pain medications, and understand the risks involved
- ❖ Talk to your family, friends, and coworkers
 Ensure that everyone you care about understands the risks of
 opioid use and the resources available if they need help



Web: BeforeItsTooLateMD.org

Local Resources: http://beforeitstoolate.maryland.gov/opioid-intervention-teams

Facebook: facebook.com/BeforeItsTooLateMD

Twitter: @BeforeIts2Late

Questions?

