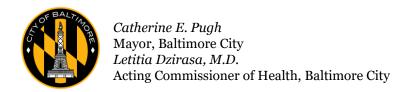


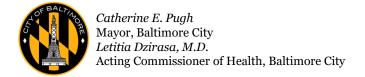
Opioids and Addiction: A Public Health Approach to Change

Jennifer Martin, J.D., M.A.

Deputy Commissioner, Population Health and Disease
Prevention

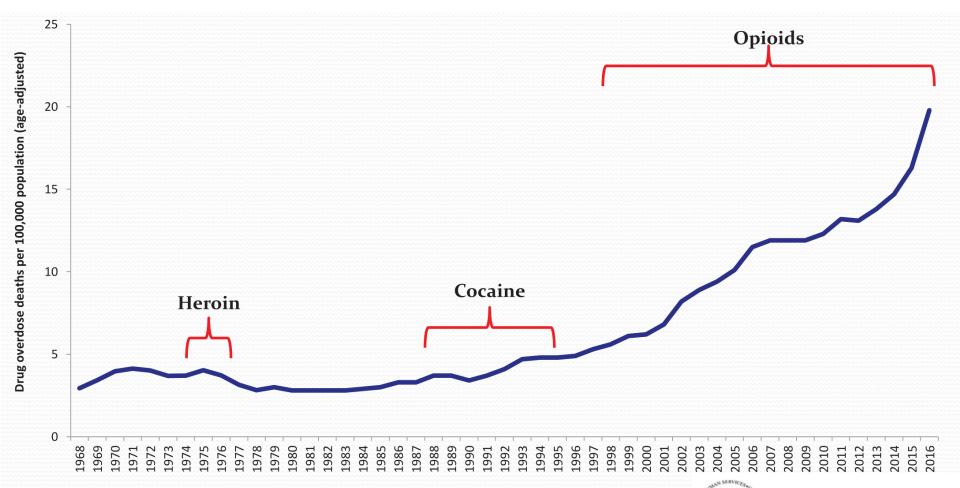


National Trends





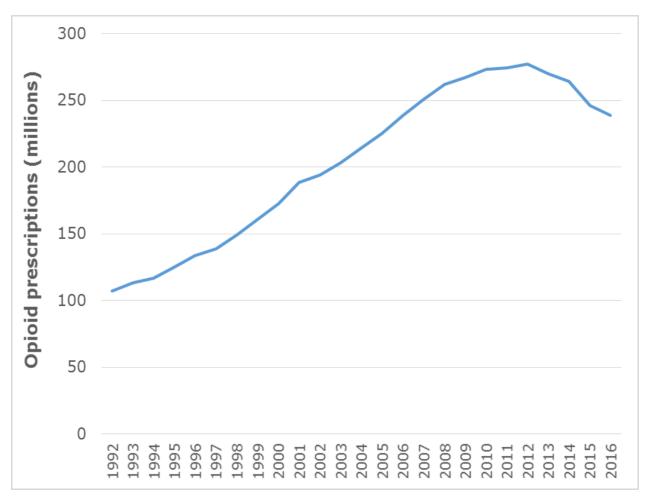
Overdose death rate, 1968 – 2016

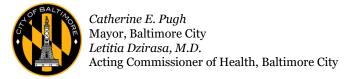




Source: CDC WONDER, 1968-2016

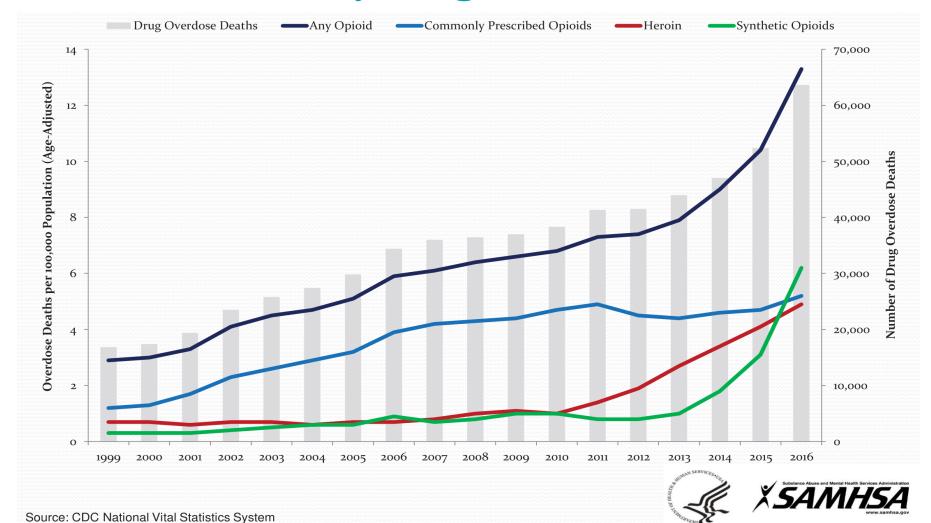
Opioid prescriptions (millions), 1992-2016

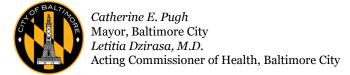






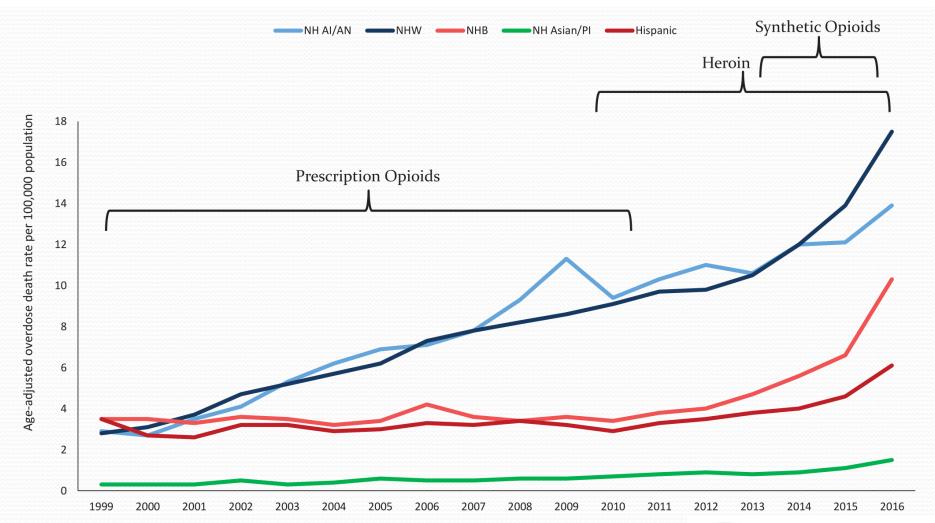
The Opioid Epidemic Overdose death rate by drug, 1999-2016







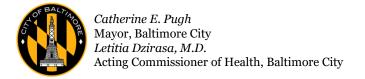
Overdose death rates by race, 1999 – 2016





Source: CDC National Vital Statistics System

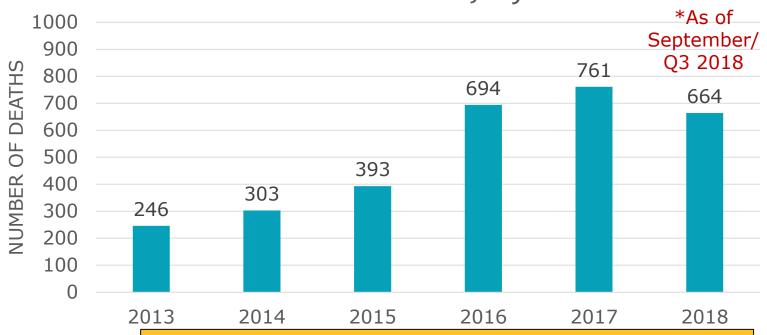
Baltimore City Trends



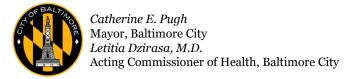


Fatal Overdose

Baltimore City: Number of Fatal Drug and Alcohol Overdoses, by Year



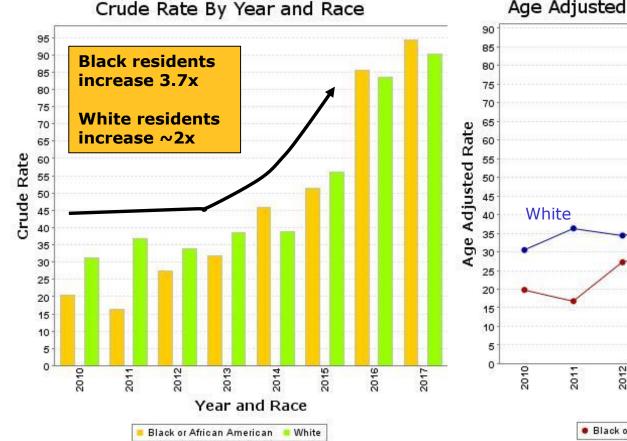
In 2018*, 566/664 (85%) drug and alcohol overdose deaths were related to fentanyl.

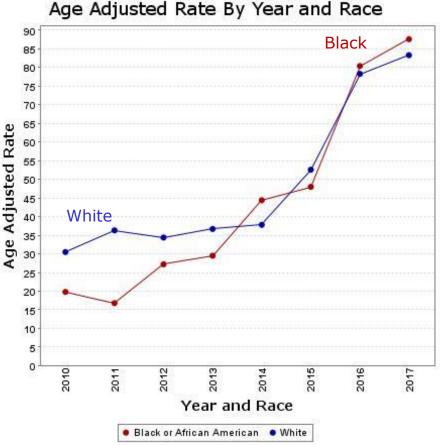


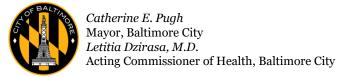


Baltimore City: Fatal Drug Overdose Rate, by Race and Year, 2010-2017

Source: CDC Wonder – Underlying Cause of Death: https://wonder.cdc.gov/controller/saved/D76/D55F192. Accessed on 3/27/2019. ICD-10 codes: X40-X44, X60-X64, X85, Y10-Y14.





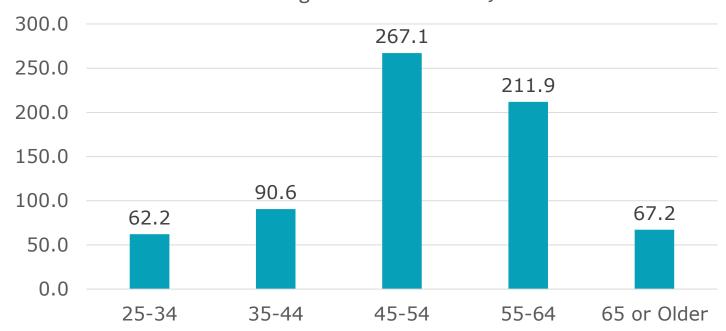




Age-Specific Fatal Drug Overdose Rates

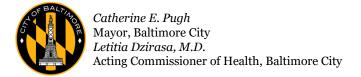
Source: CDC Wonder - Underlying Cause of Death: https://wonder.cdc.gov/controller/saved/D76/D55F199. Accessed on 3/27/2019.

Baltimore City, by Age Group Fatal Drug Overdose Rates, 2017



The 45-54 age group has the highest fatal drug overdose rate.

Note: Under 25 age group had 13 deaths and its rate is suppressed due to small numbers.





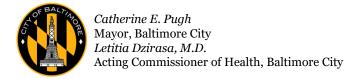
Baltimore City: Fatal Drug Overdoses, Place of Death, 2017

Place	Deaths (%)
Decedent's Home	303 (55%)
Medical Facility – Outpatient or ER	100 (18%)
"Other"	93 (17%)
Medical Facility – Inpatient	49 (9%)

Having naloxone kits remain vital since many fatal overdoses occur in the home.

Source: CDC Wonder - Underlying Cause of Death:

https://wonder.cdc.gov/controller/saved/D76/D55F205. Accessed on 3/27/2019.





Baltimore City's 3-Pillar Strategy

Save lives with naloxone

- Standing order
- Community naloxone training
- EMS leave behind
- Non-fatal spike response

Increase access to treatment

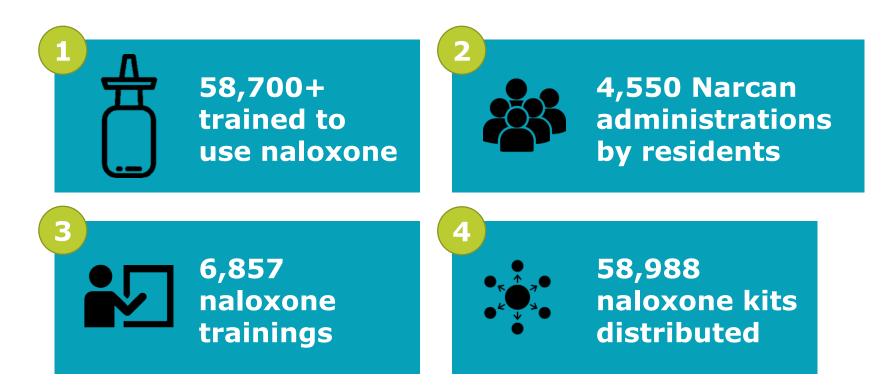
- Linkage-totreatment via needle exchange
- Ambulance-based outreach
- Stabilization Center
- Hub & Spokes
- Levels of Care
- Real Time Capacity Tool

Reduce stigma

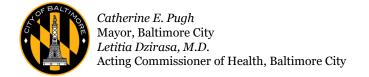
- Don't Die campaign
- L.E.A.D. program



Community impact by the numbers



*Data: January 2015 - present

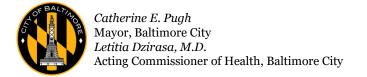




Moving forward by expanding the 3-pillar strategy

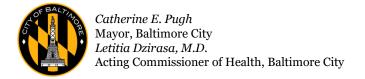
- Save lives with naloxone
- 2 Increase access to treatment
- 3 Reduce stigma

- Expand community trainings, especially to businesses
 - Increase naloxone saturation via price reductions, insurance-use, etc.
- Increase access to treatment (MAT) for those in the prison setting
 - Increase amount of mobile care
 - Better connect Hub & Spoke system
- Reduce stigma to improve care and increase funding through vehicles like the CARF Act
 - Expand Don't Die campaign



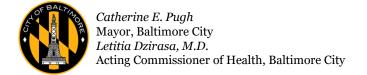


Lessons Learned





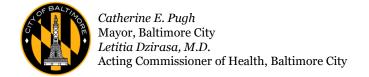
What Can You Do





Get Naloxone—Save A Life

- Signs of an OD: unresponsive, no/little breathing, purple/grey lips & fingertips
- 1) Attempt to rouse
- 2) Call 911
- 3) Administer naloxone
- 4) Second dose if necessary

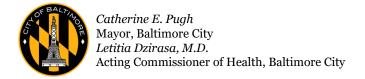




Get Naloxone—Save A Life

Map of Pharmacies that stock Naloxone

www.dontdie.org







Thank you for your time Questions?

Contact Jennifer Martin at <u>Jennifer.Martin@baltimorecity.gov</u> if you have any questions.

