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## St. Mary's County Overdose Prevention Team (OPT) Meeting

*Wednesday, September 10th, 2025 · 10:00 am – 11:00 am*

St. Mary's County Health Department Room 12

21580 Peabody St. Leonardtown, MD 20650

(This meeting is recorded)

I. Call to Order – 10:02 a.m., by Taylor Nickerson, Facilitator

II. Introductions – Nicole Malett, DOSE, Omar Balahmar, DOSE Alizay Jalisi -MDH-, Anne-Marie Combs -DJS-, Benjamin Fraifeld -MOOR-, Brenda Arnett -SMCHD-, Charles Eible, Joanne Luke -SMCHD-, Kurt Seetoo -MDH-, Taylor Nickerson -SMCHD-, Terry Prochnow -DHS St. Mary's County, Theron Hudson -SMCHD, Lenore Williams, SMCHD,

III. Approval of Minutes -

IV. Overdose Prevention Team Updates - Under, the Open Meetings Act links to OPT meetings, agendas and minutes are supposed to be posted online so that the public can access them. To assist me with detailed note taking, Brenda is going to help with transcribing and recording. This information was posted on the calendar invite and agenda, for those who could see it.

A. Drug Overdose Surveillance and Epidemiology (DOSE) Team Presentation - Omar Balahmar, Alizay Jalisi, Nicole Mallette

Nicole Mallette - Our team is part of the Maryland Department of Health Office of Preparedness and Response. Specifically, under the Preparedness, Surveillance and Epidemiology Team. We specifically focus on syndromic surveillance activity that track suspected non-fatal overdoses in emergency medical service calls and emergency department visits in Maryland. This information is then used to inform partners and local health departments about emerging overdose trends. The

main difference between syndromic surveillance identifies potential health threats earlier by tracking symptoms or prompting measures while traditional surveillance depends on confirmed diagnosis and healthcare provider report which can be typically slow (e.g. traditional surveillance might detect a drug through a positive drug screen a few days after the screening was completed. However, syndromic surveillance would track ED visits in real time for reported symptoms helping to identify new drugs before they are confirmed in the local supply or spikes in overdoses. The main advantage of syndromic surveillance is that it's a faster and more proactive approach to detecting and responding to public health emergencies.

**[PowerPoint slides will be attached separately]**

I'd like to wrap up with some suggestions for public health practice that are supported by our data. These suggestions are intended to reinforce and build on the great work that you're already doing on the ground.

The first suggestion is to increase public awareness of risks associated with stimulants and alcohol. This could include messaging around the safe use of prescribed stimulants for example Adderall, the dangers of mixing alcohol with drugs both prescribed and illicit and local harm reduction resources especially for those engaging in polysubstance use.

The second suggestion is to target outreach and prevention efforts to adults ages 25 to 34. This could involve providing Narcan training, for example, in higher education and workforce development settings like St. Mary's County Job Source, local colleges, trade schools, apprenticeship programs, and community centers.

Finally, we suggest developing and building upon existing initiatives targeting black communities. This would include partnering with local black led organizations, churches, and community leaders to help create messaging that reflects their needs and values surrounding substance use and using trusted messengers and platforms to do outreach and to provide related programming and resources. Messaging, outreach, and prevention should also be grounded in an understanding of social determinants of health, including stigma, medical racism, and others. And that's all we have for if you have any questions or would like to follow up with us, please feel free to reach out over email. And thank you so much for having us.

## **B. Q2 2025 OPT Program Inventory Update**

Our Substance Use Program Inventory as of the second calendar quarter, 2025. For those who are new to our meeting and may not know what this program inventory is, I would like to share a brief summary. A central component of our work with our local partners involves sharing best practices. To do this, we track the implementation of local level programs and initiatives that seek to reduce overdose related morbidity and mortality. Maryland's Office of Overdose Response, commonly known as MOOR, has identified 118 frequently implemented programs and services, which are detailed below by jurisdictions in our substance use program inventory. The program inventory data is self-reported overdose prevention team data and responses range from “no planning in place” to “substantial programming in place”. Interventions are categorized under Maryland's five overdose priority areas. Something to note is that some programs may not be applicable in all jurisdictions.

As of the second calendar quarter of 2025, Maryland's local jurisdictions continued to make steady progress in implementing programs. As shown in Figure 1, below, 76 percent of programs were reported to be either partially or substantially implemented, while only 10 percent remained unplanned. Thus, while local jurisdictions have made substantial progress in expanding programming in recent years, ample opportunities remain for program expansion across all jurisdictions. Figure 2, below, shows statewide implementation status by priority area, and Figure 3 (on page 3) shows total program implementation status by local jurisdiction. The map on page 4 shows the percentage of programs that are at least partially implemented by jurisdiction.

**MDH Releases SUDORS Trend Report** - The Maryland Department of Health (MDH) released a State Unintentional Drug Overdose Reporting System (SUDORS) 2018–2024 Trend Report analyzing key circumstances surrounding unintentional fatal overdoses. Report Highlights:

- Injection as a method of use decreased from 2019–2024. Snorting/sniffing, smoking, and ingestion were all more common than injection by 2022.
- The percentage of overdose deaths with a stimulant appearing in postmortem toxicology increased from 46% in 2019 to 61% in 2024.

- The percentage of overdose deaths with a combination of an opioid and a stimulant appearing in postmortem toxicology increased from 42% in 2019 to 53% in 2024.
- From 2019-2024, nearly 3 out of 5 (58%) of opioid-detected overdose decedents had potential bystanders nearby when they overdosed.
- 1 in 6 (17%) of opioid-detected overdose decedents received naloxone.
- More than half of Maryland overdose deaths occurred in the decedent's own home, and another 10% occurred in someone else's home.

I want to give a brief update of our local opioid restitution funding. We did submit our fiscal year 25 annual reporting as of August 15<sup>th</sup>. For those who aren't familiar with what St. Mary's County is using the opioid restitution funds for, I wanted to quickly go over the primary focus of our local abatement plan. We are using the funds to

(ii) Supporting peer support specialists and screening, brief intervention, and referral to treatment services for hospitals, correctional facilities, and other high-risk populations;

(vi) Expanding and establishing safe stations, mobile crisis response systems, and crisis stabilization centers;

(xi) Supporting and expanding other evidence-based interventions for overdose prevention 1 and substance use treatment

Funding Will Support:

- Current 8 Positions with adding additional positions as crisis service hours are extended into the evening.
- Staff Training/Conferences related OUD

Expand our Health Hub crisis walk-in services into evening and/or weekend hours to provide services. We are supporting positions to address substance exposed newborns, overdose fatality review, and parental OUD for first time moms.

There will be a public facing dashboard where you will be able to find our local abatement plan that has been approved by the MOOR Team in case you would like to read that in more detail of the programs that we are supporting with opioid restitution funds.

### **C. Prevention & Promotion Upcoming Events**

Our Fourth Annual Walk for Recovery will be Saturday, September 20th from 9:00 a.m. to noon in Leonardtown Square. We're going to have peer support, Narcan training, face painting and rock painting for the little ones, as well as some bubbles. DJ Dream is joining us for the fourth year in a row. We'll have some really great giveaways such as our t-shirts, water bottles, what I'm calling our swag bags, Go Purple drawstring bags with informational literature, coloring books, as well as our mindfulness magnets. If you are interested in tabling we are accepting vendors until Friday.

### **V. Community Member Comments and Updates**

Benjamin Fraifeld – MOOR – I'm really glad to join you all today instead of Avery. Would it be possible to share the slides from the DOSE team?

We have recently put out our list of grant awards for the fiscal year 2026 competitive grants. I'll share the link to that in the chat once I'm finished. We are also hosting a list of events for recovery month. If you have something that you would like to be added, I'll post a Google form in the chat where that can be submitted. Last but not least, some updates on opioid restitution funds. The next meeting for the opioid restitution fund advisory council is the 15th of this month. Info for that meeting will be on our website. The council will be working to finalize their recommendations for this year to the governor on how the money should be spent. We had recently shared a public input survey that closed on September 5th and the council will be using that to consider all the input that they received from members of the public as they formulate their recommendations. There will be other information coming forth on the so just make sure you all are signed up to our email list or checking our page on our website. And I'll share some links in the chat now.

Taylor Nickerson - We will see you all in our next quarterly OPT Meeting in December. Thank you.

VI. Adjournment – 10:51 a.m.

**Next Meeting: Wednesday, December 10th, 2025 · 10:00-11:00**



August 28, 2025

**To Local Health Departments, community partners, and other stakeholders interested in the circumstances of fatal overdoses in Maryland:**

The Maryland Department of Health released a [State Unintentional Drug Overdose Reporting System \(SUDORS\) Trend Report](#). Using data from 2018 through June of 2024, the report analyzes circumstances surrounding unintentional fatal overdoses, including:

- Method of use
- Opioid and stimulant use
- Presence of potential bystanders
- Naloxone administration
- Place of death

SUDORS data can help inform prevention and harm reduction programs. Key takeaways from the recent data on Maryland overdose decedents include:

- Injection as a method of use decreased from 2019-2024. Snorting/sniffing, smoking, and ingestion were all more common than injection by 2022.
- The percentage of overdose deaths with a stimulant appearing in postmortem toxicology increased from 46% in 2019 to 61% in 2024.
- The percentage of overdose deaths with a combination of an opioid and a stimulant appearing in postmortem toxicology increased from 42% in 2019 to 53% in 2024.
- From 2019-2024, nearly 3 out of 5 (58%) of opioid-detected overdose decedents had potential bystanders nearby when they overdosed.
- 1 in 6 (17%) of opioid-detected overdose decedents received naloxone.
- More than half of Maryland overdose deaths occurred in the decedent's own home, and another 10% occurred in someone else's home.

▶ August 2025

## Resources:

- View the [report](#) or [learn more about Maryland SUDORS](#), including state and county data on circumstances of opioid overdose deaths.
- Explore the [CDC Fatal Drug Overdose Dashboard](#)
- View the [trend analysis](#) of opioid overdose bystander response and naloxone administration.
- View Maryland [overdose mortality rate estimates by occupation](#).

## New Overdose Landing Page:

- Find this and other reports and latest information on our [new Overdose Data landing page](#).

► August 2025



# Maryland's Office of **Overdose Response**

PREVENTION • HARM REDUCTION • TREATMENT • RECOVERY • PUBLIC SAFETY



## **Overdose Prevention Team** Substance Use Program Inventory

*As of the Second Calendar Quarter, 2025*



## INTRODUCTION

Pursuant to [Executive Order 01.01.2023.21](#), Maryland's Office of Overdose Response works closely with the Overdose Prevention Teams (OPTs) in each of Maryland's 24 local jurisdictions to promote a comprehensive and coordinated response to the overdose crisis in all parts of the state. OPTs are multi-agency coordinating bodies that work to enhance multidisciplinary collaboration at the local level. Each OPT is chaired by a representative from the local health department and has a designated co-chair from a community organization or another local government agency.

OPTs are required to meet at least quarterly and must include representatives from various agencies and organizations, including health, social services, education, public safety (e.g., law enforcement, fire service, and emergency services), harm reduction programs, recovery support programs, substance use treatment programs, community organizations, and faith-based organizations.

Every year, Maryland's Office of Overdose Response distributes \$4 million in funding to OPTs through our Block Grant Program. This program helps to ensure that all of Maryland's 24 local jurisdictions receive a base level of funding to support overdose-related programs and initiatives. Funds may be used at the discretion of local partners for any purposes that support Maryland's overdose priority areas of *Prevention, Harm Reduction, Treatment, Recovery, and Public Safety*. A summary of block grant awards can be found at [StopOverdose.maryland.gov/grants](https://stopoverdose.maryland.gov/grants).

## ABOUT THE PROGRAM INVENTORY

A central component of our work with our local partners involves sharing best practices. To do this, we track the implementation of local-level programs and initiatives that seek to reduce overdose-related morbidity and mortality. Maryland's Office of Overdose Response has identified 118 frequently implemented programs and services, which are detailed below by jurisdiction in our Substance Use Program Inventory. The Program Inventory uses self-reported OPT data, and responses range from "no programming planned" to "substantial programming in place." Interventions are categorized under Maryland's five overdose priority areas.

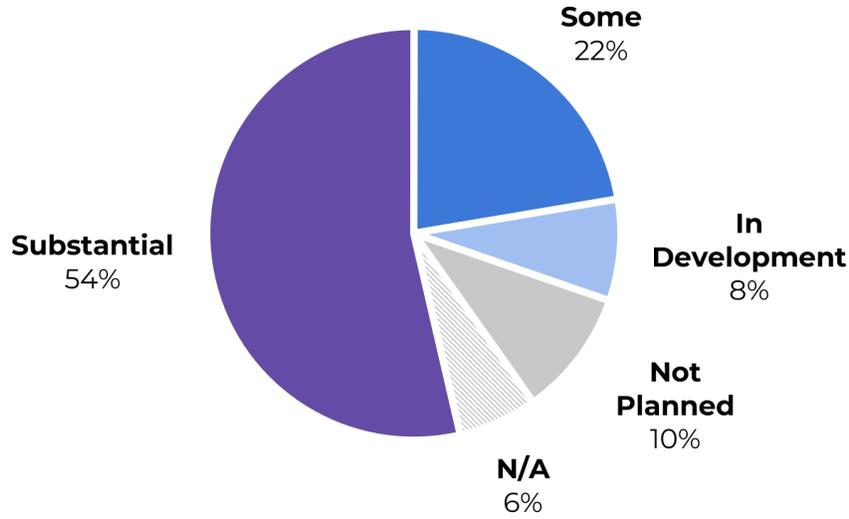
Please note that some programs may not be applicable in all jurisdictions. For example, programs related to higher education will not apply to jurisdictions without a college or university. As such, instances where programming is not applicable for a given jurisdiction are not color-coded. Additionally, persons reporting from each jurisdiction may not have received timely responses from the appropriate agency when completing this reporting, resulting in an N/A report.

## SUMMARY

As of the second calendar quarter of 2025, Maryland's local jurisdictions continued to make steady progress in implementing programs. As shown in Figure 1, below, 76 percent of programs were reported to be either partially or substantially implemented, while only 10 percent remained unplanned. Thus, while local jurisdictions have made substantial progress in expanding programming in recent years, ample opportunities remain for program expansion across all jurisdictions. Figure 2, below, shows statewide implementation status by priority area, and Figure 3 (on page 3) shows total program implementation status by local jurisdiction. The map on page 4 shows the percentage of programs that are at least partially implemented by jurisdiction.

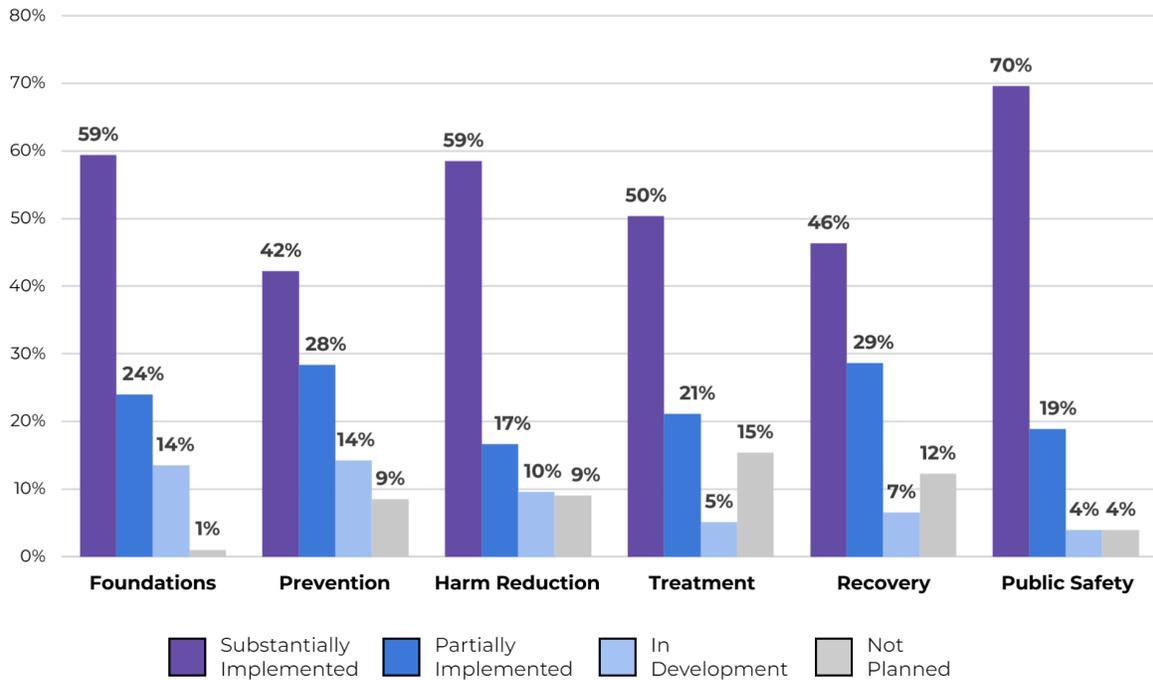
**Figure 1. Statewide Program Implementation**

As of the Second Calendar Quarter, 2025



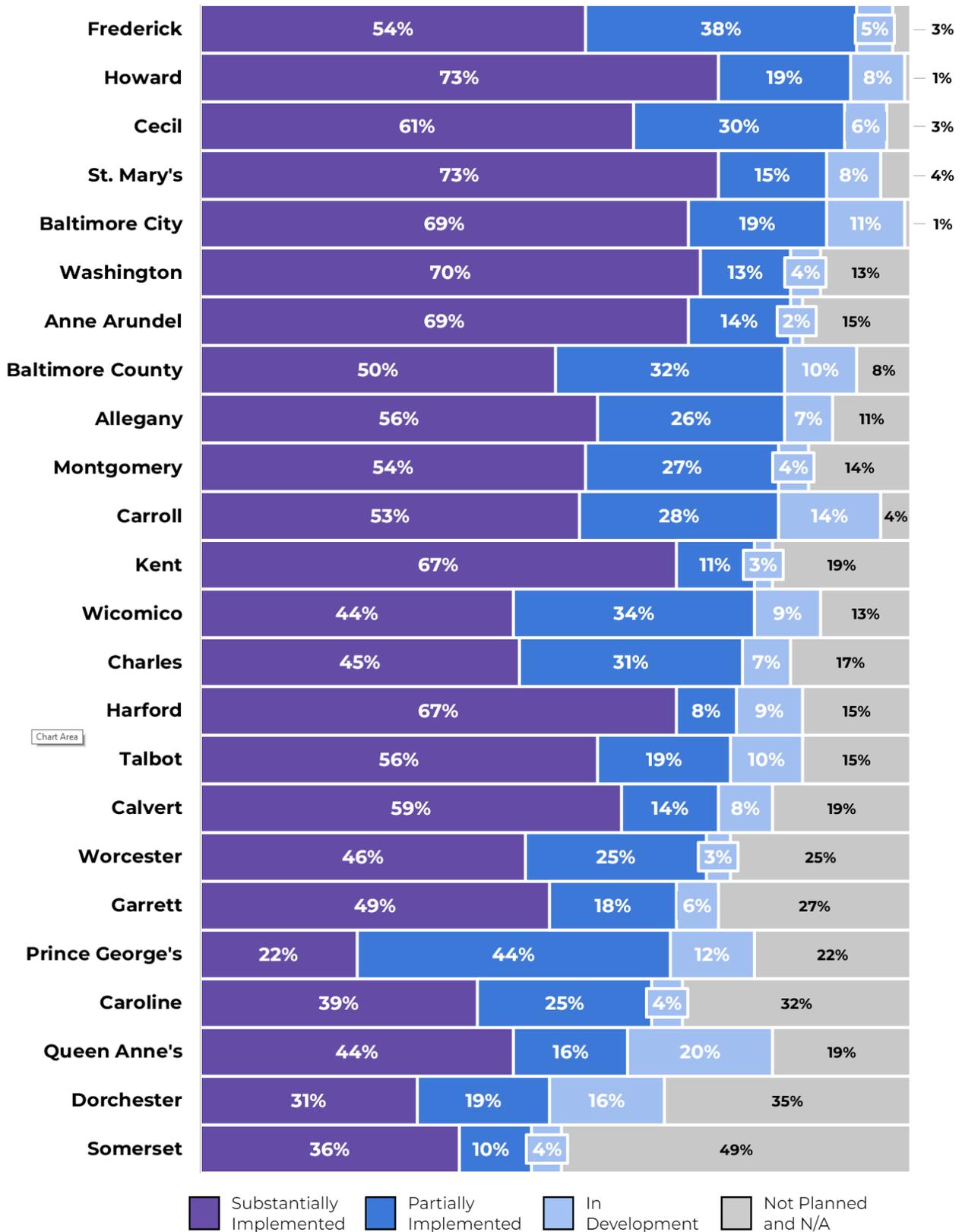
**Figure 2. Statewide Program Implementation by Priority Area**

As of the Second Calendar Quarter, 2025



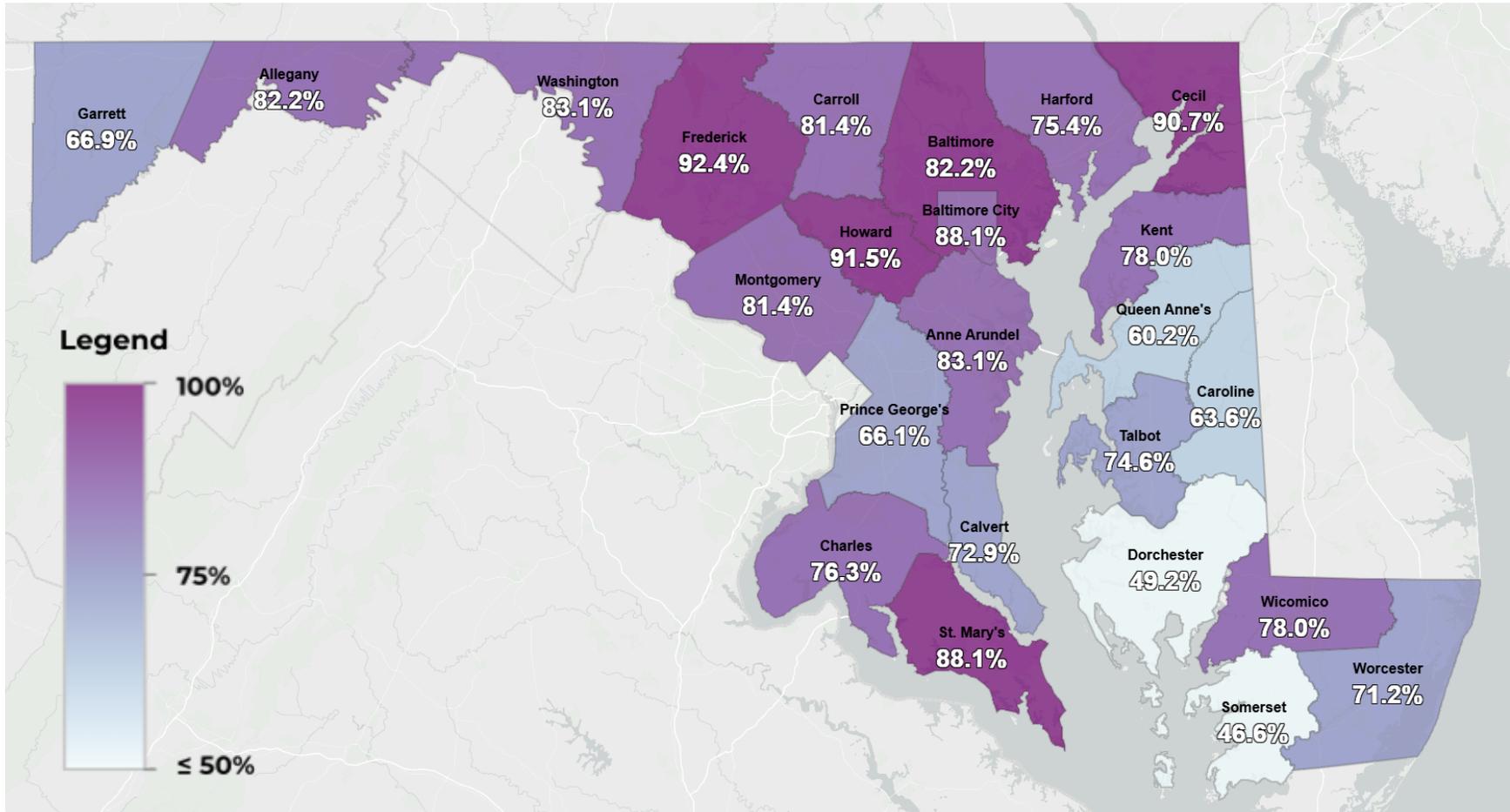
**Figure 3. Total Program Implementation by Local Jurisdiction**

As of the Second Calendar Quarter, 2025



**Figure 4. Substantial & Partial Implementation Status by Local Jurisdiction**

As of the Second Calendar Quarter, 2025



**TABLE 1. OPT PROGRAM INVENTORY**  
*As of the Second Calendar Quarter, 2025*

Overdose Prevention Team Substance Use Program Inventory <b>Foundations</b>	Allegany	Anne Arundel	Baltimore City	Baltimore Co.	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester
	1. OPT Strategic Plan Updated Within Last 3 years	Substantially Implemented	Partially Implemented	Partially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented							
2. Health Dept. is Involved in ORF Local Abatement Plan with Local Govt.	Substantially Implemented	Substantially Implemented	Not Applicable	Substantially Implemented	Partially Implemented	Partially Implemented	Substantially Implemented	Not Planned	Substantially Implemented	Substantially Implemented														
3. OPT Includes Local Racial Disparities in Planning	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Partially Implemented	Partially Implemented	Substantially Implemented													
4. OPT Includes Local Age Disparities in Planning	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Partially Implemented	Partially Implemented	Substantially Implemented													

Substantially Implemented
  Partially Implemented
  In Development
  Not Planned
  Not Applicable

**Note:** Maryland’s Office of Overdose Response evaluates and updates the program inventory on a regular basis, and the number of programs may change. We frequently add new programs that have been shown to be effective and, where appropriate, remove programs that no longer fit our criteria for inclusion due to the dynamic nature of the overdose crisis.



Overdose Prevention Team Substance Use Program Inventory <b>Harm Reduction</b>		Allegany	Anne Arundel	Baltimore City	Baltimore Co.	Calvert	Caroline	Carrroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester
<b>15. Naloxone Training and Distribution</b>																									
<b>16. Publically Available Naloxone Distribution</b>																									
a. Harm Reduction Vending Machine																									
b. Naloxone Newspaper Box Model																									
<b>17. Syringe Services Program</b>																									
a. Participation in Rapid Analysis of Drugs (RAD) Program																									
b. Hepatitis C Telehealth Treatment																									
c. Case Management																									
d. Other Health Services: Please explain in notes column																									
<b>18. Fentanyl Test Strip Distribution</b>																									
<b>19. Xylazine Test Strip Distribution</b>																									
<b>20. Wound-Care</b>																									
a. Wound Care Supplies Distributed																									
b. Hands on Wound Care Available																									
<b>21. Street Outreach Program</b>																									
<b>22. STOP Act Compliance</b>																									
a. Hospital																									
b. Local Correctional Facility																									
c. Probation																									
d. Homeless Services																									
e. Outpatient Behavioral Health Providers																									
<b>23. Emergency Medical Services (EMS) Leave Behind Naloxone</b>																									
<b>24. EMS Transport to Alternative Destination (Non-ED)</b>																									
<b>25. Non-Fatal Post-Overdose Outreach</b>																									





Overdose Prevention Team Substance Use Program Inventory		Allegany	Anne Arundel	Baltimore City	Baltimore Co.	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	
<b>26. SUD Crisis-Services Facilities (Outside ED)</b>																										
a. Assessment and Referral Center																										
b. 23-Hour Stabilization Services																										
c. 1-4 Day Stabilization Services																										
d. Mobile Crisis Team																										
e. 24/7 Operation																										
<b>27. Mobile Treatment</b>																										
<b>28. Medications for Opioid Use Disorder Available in Jurisdiction:</b>																										
a. Naltrexone																										
b. Buprenorphine																										
c. Methadone																										
<b>29. Outpatient SUD Services in Jurisdiction:</b>																										
a. ASAM Level 0.5 Early Intervention																										
b. ASAM Level 1.0 for Adolescents and Adults																										
c. ASAM Level 2.1 Intensive Outpatient																										
d. ASAM Level 2.5 Partial Hospitalization																										
<b>30. Residential SUD Services in Jurisdiction</b>																										
a. ASAM 3.1 Clinically Managed Low-Intensity																										
b. ASAM 3.3 Clinically Managed High-Intensity (Adults Only)																										
c. ASAM 3.5 Clinically Managed High-Intensity (Adults & Adolescents)																										
d. ASAM 3.7 Medically Monitored Intensive Inpatient																										
e. ASAM 3.7 Medically Monitored Inpatient Withdrawal Management																										
<b>31. A Treatment Facility in Jurisdiction Accepts People with Wounds</b>																										
<b>32. EMS Field Buprenorphine Induction</b>																										
<b>33. SUD Screening and Referral Protocol at Medicaid Enrollment</b>																										

Substantially Implemented
  Partially Implemented
  In Development
  Not Planned
  Not Applicable

Overdose Prevention Team Substance Use Program Inventory <b>Treatment (Continued)</b>		Allegany	Anne Arundel	Baltimore City	Baltimore Co.	Calvert	Caroline	Carroll	Cecil	Charles	Dorchester	Frederick	Garrett	Harford	Howard	Kent	Montgomery	Prince George's	Queen Anne's	Somerset	St. Mary's	Talbot	Washington	Wicomico	Worcester	
<b>34. Hospital(s)</b>																										
a. Screening, Brief Intervention, & Referral to Treatment in:																										
i. Emergency Department		Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Partially Implemented	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	Not Applicable	Partially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Partially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented
ii. Inpatient Settings		Substantially Implemented	Substantially Implemented	Substantially Implemented	Partially Implemented	Partially Implemented	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	Not Applicable	Partially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented	Substantially Implemented
b. Dedicated SUD Inpatient Unit																										
c. Buprenorphine Induction in:																										
i. Emergency Department		Substantially Implemented	Partially Implemented	Substantially Implemented	Partially Implemented	Substantially Implemented	Not Applicable	Substantially Implemented	Partially Implemented	Substantially Implemented	Not Applicable	Substantially Implemented	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	Not Applicable	Not Applicable	Not Applicable	Substantially Implemented						
ii. Inpatient Settings		Substantially Implemented	Not Applicable	Substantially Implemented	Partially Implemented	Substantially Implemented	Not Applicable	Substantially Implemented	Not Applicable	Substantially Implemented																
d. Warm Hand-Off to SUD Providers/Services in:																										
i. Emergency Department		Substantially Implemented	Partially Implemented	Substantially Implemented	Partially Implemented	Substantially Implemented	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	Partially Implemented	Substantially Implemented	Not Applicable	Substantially Implemented												
ii. Inpatient Settings		Substantially Implemented	Partially Implemented	Substantially Implemented	Partially Implemented	Substantially Implemented	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	In Development	Substantially Implemented	Not Applicable	Substantially Implemented												
e. Naloxone Distribution at Discharge																										
f. Peer Specialists on Site at:																										
i. Emergency Department		Substantially Implemented	Substantially Implemented	Substantially Implemented	Partially Implemented	Substantially Implemented	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	In Development	Substantially Implemented	Not Applicable	Substantially Implemented												
ii. Inpatient Settings		Substantially Implemented	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	In Development	Substantially Implemented	Not Applicable	Substantially Implemented																
g. Wound Care Services Offered																										
i. Emergency Department		Substantially Implemented	Partially Implemented	Substantially Implemented	Substantially Implemented	Not Applicable	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	In Development	Substantially Implemented														
ii. Inpatient Settings		Substantially Implemented	Not Applicable	Substantially Implemented	Substantially Implemented	Substantially Implemented	In Development	Substantially Implemented																		

Substantially Implemented
  Partially Implemented
  In Development
  Not Planned
  Not Applicable





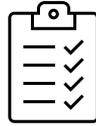
# **Trends and Disparities in Emergency Department (ED) Visits for Suspected Non-Fatal Overdoses Among Residents of St. Mary's County and Southern Region, MD – 2020-2024**

**Maryland Department of Health, Office of Preparedness and Response  
OD2A Drug Overdose Surveillance and Epidemiology (DOSE) Team**

Intended ONLY for: St. Mary's County Overdose Prevention Team Meeting

September 10, 2025

# Agenda

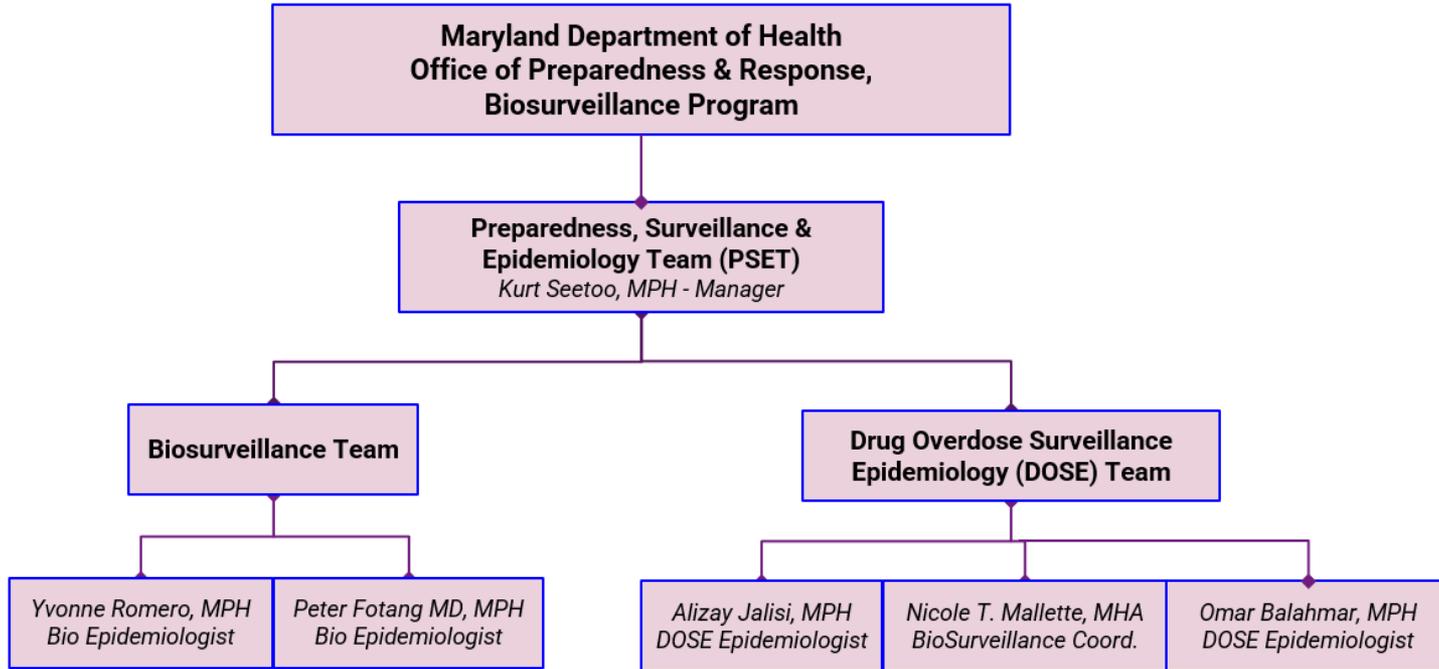


- The DOSE Team and Who We Are
- Terms Used in This Presentation
- About ESSENCE and Emergency Department (ED) Data
- Helpful Tools for Overdose Monitoring
- ED Visits for Suspected Non-Fatal Overdose
  - *All Drugs*
  - *Alcohol*
  - *Opioid*
  - *Stimulant*
- Summary of ED Visit Data Trends
- Suggestions for Public Health Practice
- Presenter Information

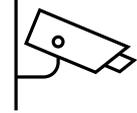
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# The DOSE Team and Who We Are

# The DOSE Team and Who We Are



# Syndromic vs. Traditional Surveillance



## Syndromic vs. Traditional Surveillance

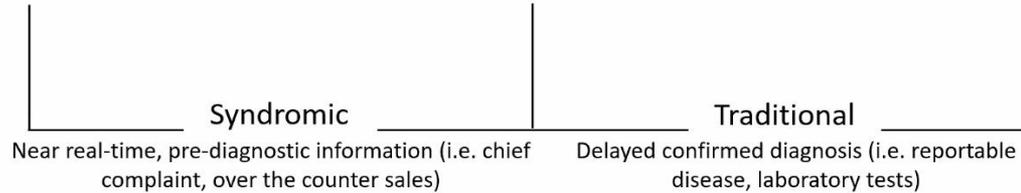


### Syndromic Surveillance

- Data collected for other purposes
- Pre-diagnostic information
- Near real-time

### Traditional Surveillance

- Case reports from healthcare providers & laboratories
- Confirmed diagnosis
- Lag in reporting



Early Detection → Quicker Response → Fewer Cases

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# Terms Used in This Presentation

# Terms Used in This Presentation



- All Drugs: includes prescribed, illicit, and over-the-counter substances, such as opioids, stimulants, benzodiazepines, anti-depressants, and others. The All Drugs query (see slides 15-16) does not capture visits involving alcohol overdose.



- Opioids: includes prescribed and illicit opioids including heroin, dope, methadone, suboxone, oxycodone, fentanyl, hydrocodone, morphine, codeine, buprenorphine, and other common street, brand and generic names.



# Terms Used in This Presentation...*cont.*



- Stimulants: includes prescribed and illicit stimulants including cocaine, amphetamine, methamphetamine, bath salt and other common street, brand and generic names.



- Depressants: includes prescribed and illicit benzodiazepines including, but not limited to, Xanax (alprazolam), Valium (diazepam), Klonopin (clonazepam), Temazepam, and other common street, brand and generic names.



# Terms Used in This Presentation...*cont.*



- Chief Complaint (CC): The patient's self-reported reason for seeking healthcare, which is documented by the healthcare provider. The CC is typically 2-5 words and recorded in a free-text field.



- Discharge Diagnosis (DD): The provider's diagnosis of the patient's condition or illness after being treated and discharged from a medical facility. Diagnoses are recorded using a standardized coding system, such as ICD-10 and SNOMED.



NOTE: In syndromic data, discharge diagnoses may be added, updated or removed. Final diagnoses are reflected in hospital billing data.

# Terms Used in This Presentation...cont.



- Rate\*: A measure of the frequency with which an event occurs in a defined population over a specified time period. Rates allow for valid comparisons of event frequency between different locations, time periods and populations.

*Example Calculation - Rate of ED Visits for Suspected Non-Fatal Overdose, 2024, St. Mary's County:*

$$\frac{\text{\# ED visits for suspected nonfatal overdose, St. Mary's County, 2024}}{\text{2023 ACS population estimate for St. Mary's County}} * 100,000$$

- Standard Deviation (SD): A measure that shows how close or far numbers in a group are from the average. Standard deviations help us understand if, for example, a sub-population's overdose rate is close to the average for the entire population, or if it is too high or low and might need attention.

*Example of Standard Deviation:*

*If five counties' ED visit rates (per 100,000) for suspected non-fatal overdose are 100.2, 102.5, 98, 101, and 99, and the statewide average rate is 101, the **rates are closely grouped** around the average. The **standard deviation is low** and there are no obvious outliers that might cause concern.*

\*Rate definition received from CDC Lesson 3: Measures of Risk. [https://archive.cdc.gov/www\\_cdc.gov/csels/dsepd/ss1978/lesson3/section1.html](https://archive.cdc.gov/www_cdc.gov/csels/dsepd/ss1978/lesson3/section1.html)

\*\*Standard Deviation definition from CDC Lesson 7: Measures of Spread. [https://archive.cdc.gov/www\\_cdc.gov/csels/dsepd/ss1978/lesson2/section7.html#ALT29](https://archive.cdc.gov/www_cdc.gov/csels/dsepd/ss1978/lesson2/section7.html#ALT29)

# Terms Used in This Presentation...*cont.*

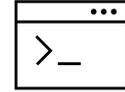


Political Subdivision	Jurisdictions
Northwest	Allegany, Frederick, Garrett, and Washington
Baltimore Metro	Anne Arundel, Baltimore City, Baltimore (County), Carroll, Harford, and Howard
National Capital	Montgomery and Prince Georges
 Southern	Calvert, Charles, and St. Mary's
Eastern Shore	Caroline, Cecil, Dorchester, Kent, Queen Annes, Somerset, Talbot, Wicomico, and Worcester

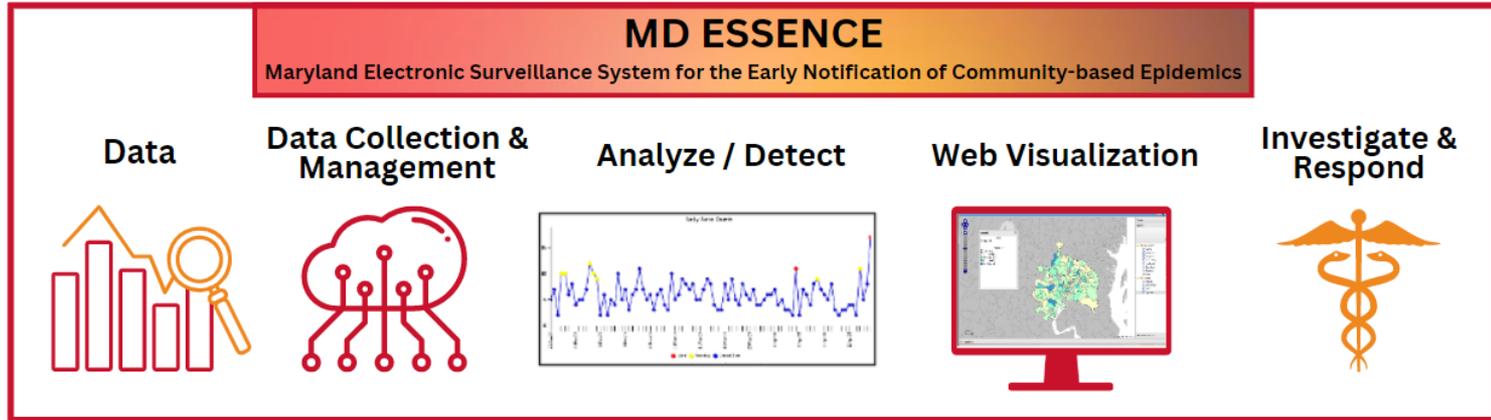
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# About ESSENCE and ED Data

# Overview of Maryland (MD) ESSENCE



**MD ESSENCE** is a syndromic surveillance system designed for Maryland Department of Health (MDH) and Local Health Department (LHD) staff to monitor health data to detect potential outbreaks and other public health concerns.



# Querying Emergency Department Data



**CDC Opioid Overdose v4 Parsed**

**Category:** CDC Opioid Overdose v4 Parsed

**Group:** Uncategorized

**Fields Searched:** Undefined

**Definition:**

```
Search CC and DD Parsed Free Text: (^narcan^,OR,^naloxo^,OR,^;T40[012346][X0129]
[14]A^,OR,^;F11[129]2^,OR,^;9650[0129]^,OR,^;E850[012]^,OR,^;295174006^,OR,^;295175007^,OR,^;295176008^,OR,^
((, (^poison^,OR,^verdo[se][se]^,OR,^over
dose^,OR,^overose^,OR,^ovrdose^,OR,^nodding^,OR,^!nod!,OR,^snort^,OR,^in[gj]est^,OR,^intoxic^,OR,^unresponsiv^,OR,^
of consciousness^,ANDNOT,(^without loss of consciousness^,OR,^no loss of consciousness^,OR,^denie[sd] loss of
consciousness^,OR,^negative loss of consciousness^,),OR,(^shortness of breath^,OR,^short of breath^),ANDNOT,
(^denies short^,OR,^no shortness^),OR,^altered mental status^),AND,(^her[io][oi]n^,OR,^!hod!,OR,^speedball^,OR,^speed
ball^,OR,^dope^,OR,^opioic^,OR,^op[io][oi]d^,OR,^opiate^,OR,^opate^,OR,^op[ui]
[ui]m^,OR,^opum^,OR,^methadone^,OR,^suboxone^,OR,( (^oxymor^,OR,^oxyco^,OR,^oxyi^,OR,^loxy!,),ANDNOT,(^loxy
sat!,OR,^loxy state!,OR,^oxy high^,OR,^oxy low^,OR,^loxy mask!,OR,^oxy given^,OR,^!given oxy!,OR,^oxy clean^,OR,^!low
oxy!,OR,^!high oxy!,OR,^!placed on oxy!,OR,^!pulse oxy!,OR,^oxy deep cleaner^,OR,^!not enough oxy!,OR,^oxy
level^,)),OR,^percoc^,OR,^vicod^,OR,^fent^,ANDNOT,(^received fentanyl^,OR,^administered fentanyl^,OR,^given
fentanyl^,OR,^fentanyl en route^,OR,^fentanyl enrta^,OR,^fent en route^,OR,^fentanyl given^,OR,^fentynl given^,OR,^gave
fent^,OR,^gave fentynl^,OR,^given fentynl^,OR,^mcg fentynl^,OR,^mcg fent^,OR,^mcg of fent^,OR,^fentynl
75^,OR,^fentynl 50^,OR,^50 fentynl^,OR,^fentynl 00^,OR,^100 fentynl^,OR,^fentynl 150^,OR,^120 fent
given^,OR,^intranasal fent^,OR,^50 milligram fent^,OR,^milligram fentynl^,OR,^!fenton!,OR,^fent pta^,OR,^fentynl
pta^,OR,^fentynl 100!,OR,^fentynl 100^,OR,^fentynal 50^,OR,^fentynl 50^,OR,^fent 50^,OR,^fent 100^,OR,^fent
150^,OR,^!diffently^,OR,^!received fent!,OR,^!recieved fent!,OR,^!given 50!,OR,^!given 100!,OR,^!given 150!,OR,^!gave
50!,OR,^!gave 100!,OR,^!gave 150!,OR,^!doses of fent!,),OR,^phent^,ANDNOT,
(^stephentown^,OR,^phentermine^,OR,^phentxr^,OR,^phentemine^),OR,^hydrocod^,OR,^morphin^,ANDNOT,(^given
morphin^,OR,^gave morphin^,OR,^10 milligram of morphin^,OR,^milligram morphin^,OR,^4 morphin^,OR,^rec[ei][ei]ved
morphin^),OR,^cod[fei]
```

Excerpt from ED Visit Query: CDC Opioid Overdose version 4 Parsed

A query (or syndrome definition) is a set of criteria used to identify Emergency Department (ED) visits that are most likely associated with a specific condition or disease.

This query searches the **CCDD parsed field (combination of CC and DD fields)** for keywords and codes associated with opioid overdose, to identify ED visits for suspected non-fatal opioid overdoses.



# About Emergency Department (ED) Data

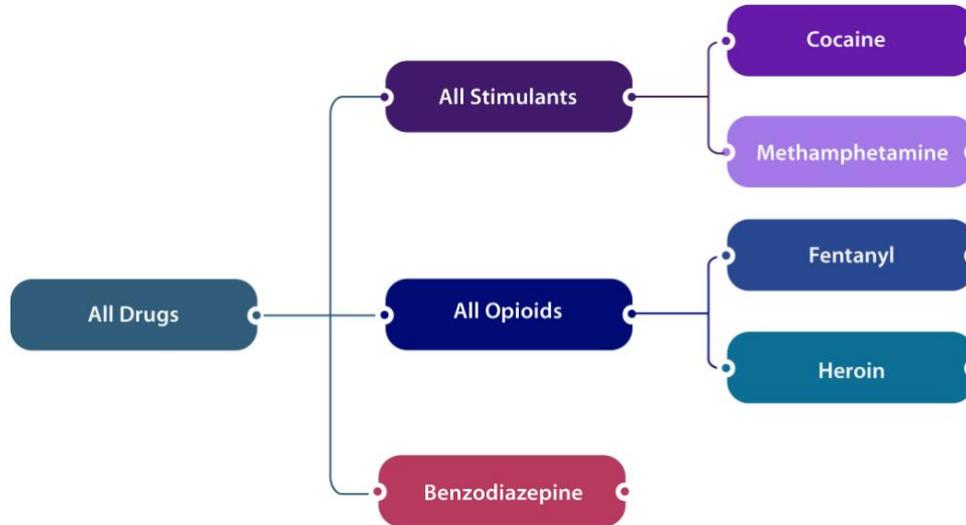


- This presentation includes ED **syndromic surveillance** (SyS) data. The source of this data is the Chesapeake Regional Information System for our Patients (CRISP), which is integrated into the Maryland Electronic Surveillance System for the Early Notification of Community-based Epidemics (**MD ESSENCE**).
- MD ESSENCE captures ED SyS data from 49 acute care hospitals or free-standing EDs in Maryland.
- ED SyS data received includes the following demographic variables: ethnicity, race, sex, age, date of birth, zip code (of patient residence) and region (**county of patient residence**). *In this presentation, “county”, “region” and “political subdivision” refer to where the patient lives, and not where the ED was located.*
- ED SyS data received also includes **chief complaint (CC)**, **discharge diagnosis (DD)**, and other clinical data. *The CC field captures patient-reported information (e.g. substances and symptoms); DD fields capture provider impressions during the ED visit. The overdose data presented are not confirmed by lab or toxicology tests.*
- Data included in this presentation is pulled from MD ESSENCE using the following CDC queries: Alcohol v1, [All Drug Overdose v3 Parsed](#), [All Opioid Overdose v4 Parsed](#), [Fentanyl Overdose v2 Parsed](#), [Heroin Overdose v5 Parsed](#), [All Stimulant Overdose v4 Parsed](#), [Cocaine Overdose v2 Parsed](#) and [Benzodiazepine Overdose v2 Parsed](#).
- Rates are presented as ED visits per 100,000 persons in a subgroup or geographic area.

# About Emergency Department (ED) Data *cont.*



## CDC Queries for Non-Fatal Overdose Surveillance



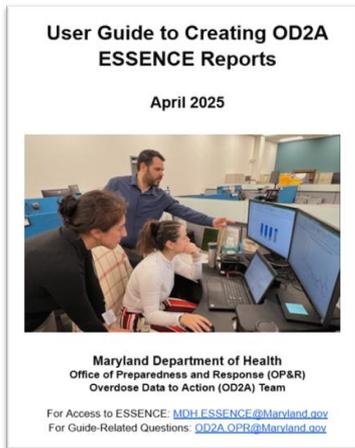
**All Drugs** contains **All Stimulants**, **All Opioids**, and **Benzodiazepine** but NOT Alcohol.



# Helpful Tools for Overdose Monitoring



- Overdose Monitoring Guide: This guide provides users with step-by-step instructions for navigating ESSENCE's main features to support monitoring and reporting of suspected non-fatal overdoses. *If you would like to receive a copy, email [od2a.opr@maryland.gov](mailto:od2a.opr@maryland.gov)*



- ESSENCE TA Office Hours: To enhance understanding of ESSENCE by engaging in Q&A and learning opportunities during Technical Assistance Office Hours.

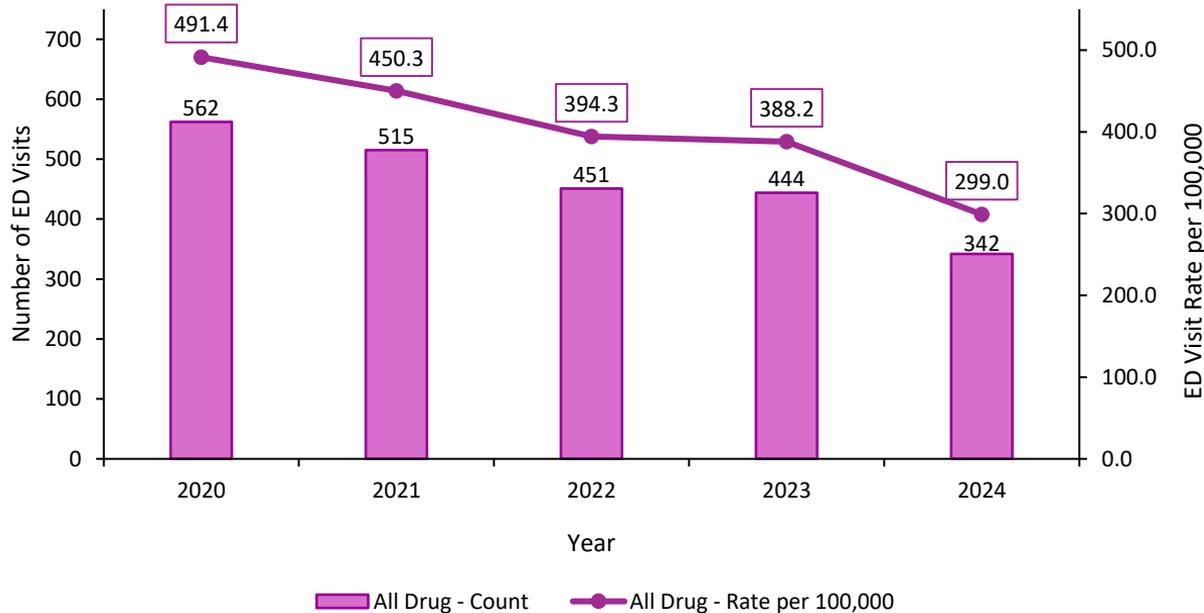
When?	Quarterly
Email:	<a href="mailto:mdh.essence@maryland.gov">mdh.essence@maryland.gov</a>

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# ED Visits for Suspected Non-Fatal Overdose (All Drugs)

# ED Visits for Suspected Non-Fatal Overdose (All Drugs)

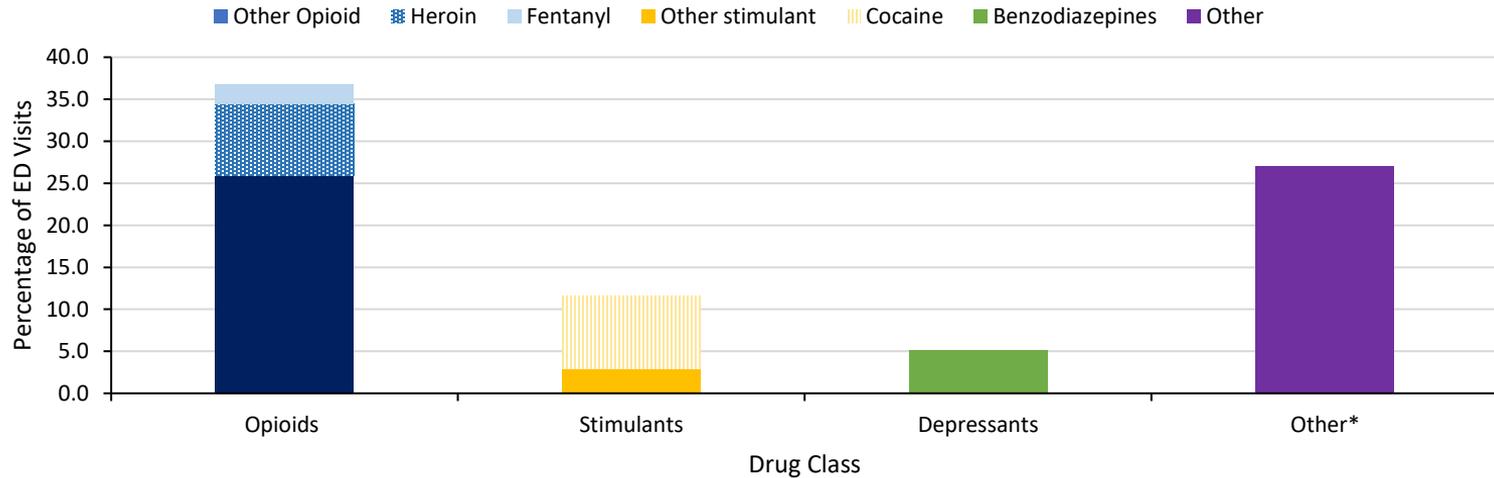
Count and Rate (per 100,000) of ED Visits for Suspected Non-Fatal Overdose (All Drugs), Among Residents of St. Mary's County, MD, 2020 - 2024



ED Visits for All Drugs OD (2020-2024)		
	Total Visits	5-Year Rate (per 100,000)
St. Mary's	2,314	404.6
Southern	6,047	320.9

# ED Visits for Suspected Non-Fatal Overdose (All Drugs) – by Drug Class

ED Visits for Suspected Non-Fatal Overdose by Drug Class (CDC All Drugs v3 Parsed Query),  
Among Residents of St. Mary's County, MD, 2020-2024



\*"Other" includes drugs not classified as opioids, stimulants or depressants, such as over-the-counter products, psychedelics, cannabinoids, dissociatives, etc.

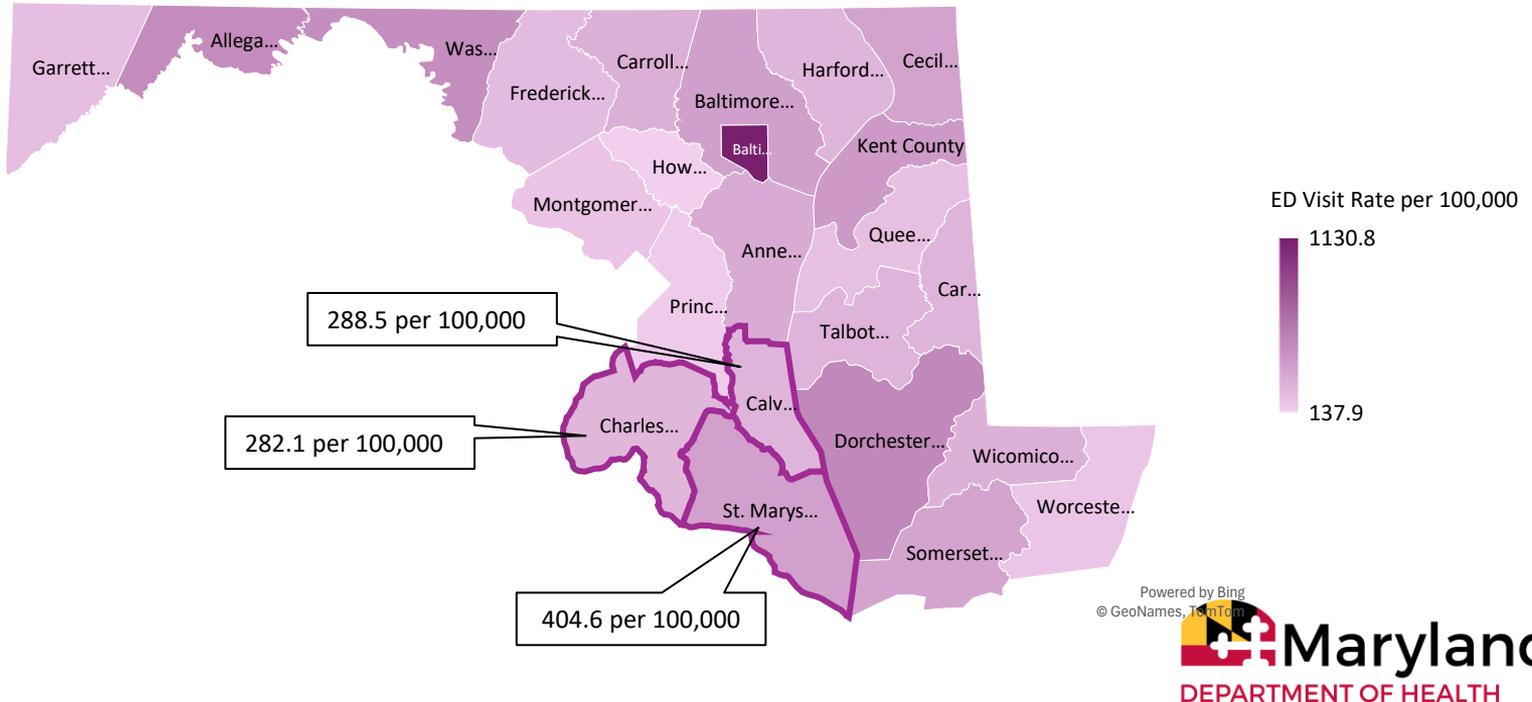
% Other = [ED Visits captured by All Drugs Query – (ED Opioids Visits + ED Stimulants Visits + ED Benzodiazepine Visits) ] \* 100%

Methamphetamine has been excluded from this graph as the CDC Methamphetamine v1 Parsed query is new and undergoing validation.



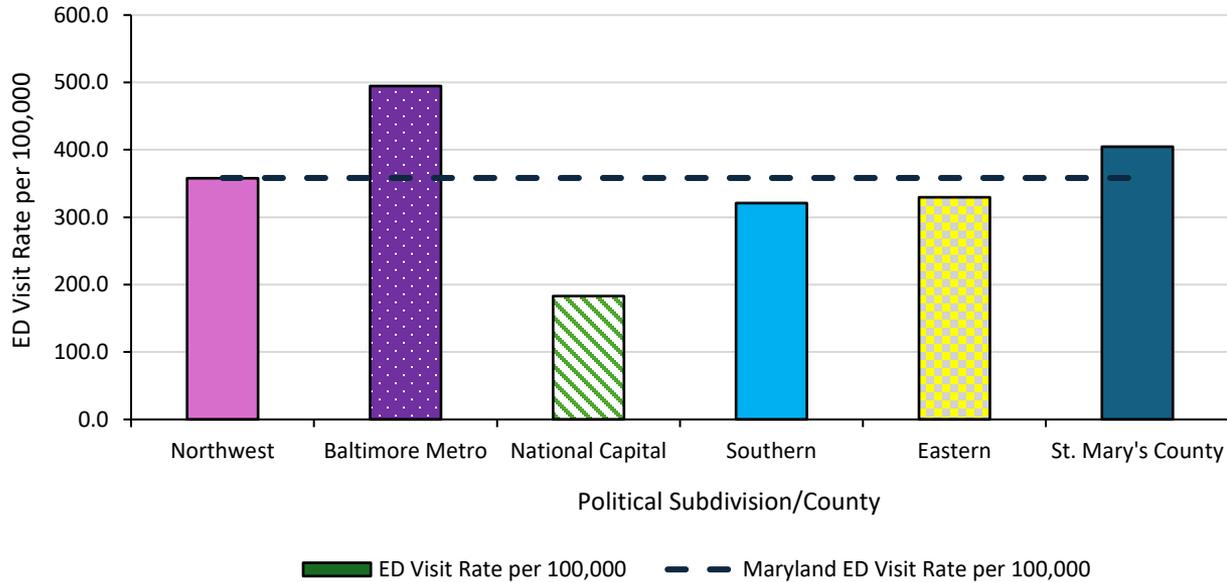
# ED Visits for Suspected Non-Fatal Overdose (All Drugs)

Rate (per 100,000) of ED Visits for Suspected Non-Fatal Overdose (All Drugs) by County of Patient Residence - Maryland, 2020 - 2024



# ED Visits for Suspected Non-Fatal Overdose (All Drugs)

Rate (per 100,000) of ED Visits for Suspected Non-Fatal Overdose (All Drugs) by Political Subdivision/County of Residence – Maryland, 2020 - 2024



ED Visits for All Drugs OD by Subdivision/County (2020-2024)		
	Total	Rate (per 100,000)
Northwest	9,515	357.8
Balt. Metro	68,963	494.6
Nat. Capital	18,417	183.0
Southern	6,047	320.9
Eastern	7,586	329.5
St. Mary's	2,314	404.6
<b>Maryland</b>	<b>110,528</b>	<b>358.2</b>

# ED Visits for Suspected Non-Fatal Overdose (All Drugs)

**ED Visit Rates (per 100,000) for Suspected Non-Fatal Overdose (All Drugs) by Age Group, Race & Ethnicity, Among Residents of St. Mary's County, MD, 2020-2024**

Race and Ethnicity			
Age Group		Non-Hispanic White	Non-Hispanic Black
	00 - 14	195.1	259.4
	15 - 24	485.5	681.8
	25 - 34	599.8	1392.6
	35 - 44	523.6	990.7
	45 - 54	368.8	850.2
	55 - 64	290.1	702.2
	65 - 74	229.1	642.3
	75+	237.6	303.4

Please note: Rates for NH Asian or Pacific Islander, NH American Indian or Alaska Native and Hispanic groups have been hidden to protect patient privacy. All drug overdose-related ED visit counts for these groups were reported as less than 11 in ESSENCE.

The highest rates of ED visits for suspected non-fatal *all drug* overdose among residents of St. Mary's County are:

- **Among NH Black individuals**, 25-34 years of age (1,392.6), followed by 35-44 years of age (990.7).
- **Among NH White individuals**, 25-34 years of age (599.8), followed by 35-44 years of age (523.6).

Legend	>1 SD
	0.5-1 SD
	Within 0.5 SD
	Below county-wide rate



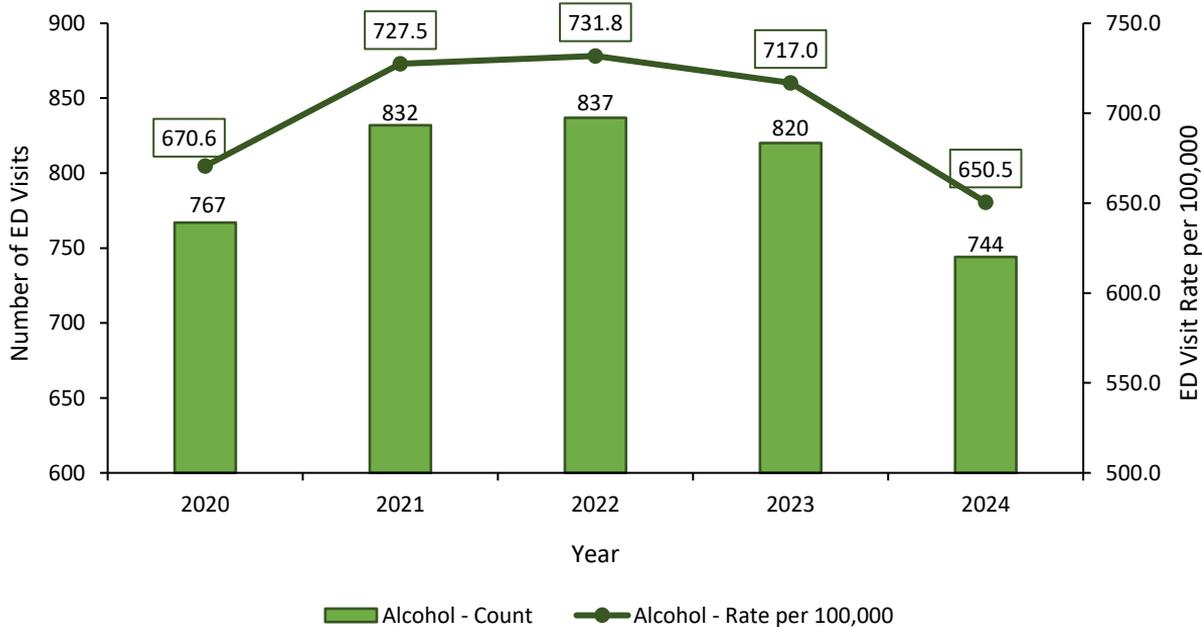
Note: Standard deviation calculations are based on the distribution of age/race/ethnicity subgroup rates. The county-wide rate includes all ED visits, including those with unknown age, race and/or ethnicity values.

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# ED Visits for Suspected Non-Fatal Overdose (Alcohol)

# ED Visits for Suspected Non-Fatal Overdose (Alcohol)

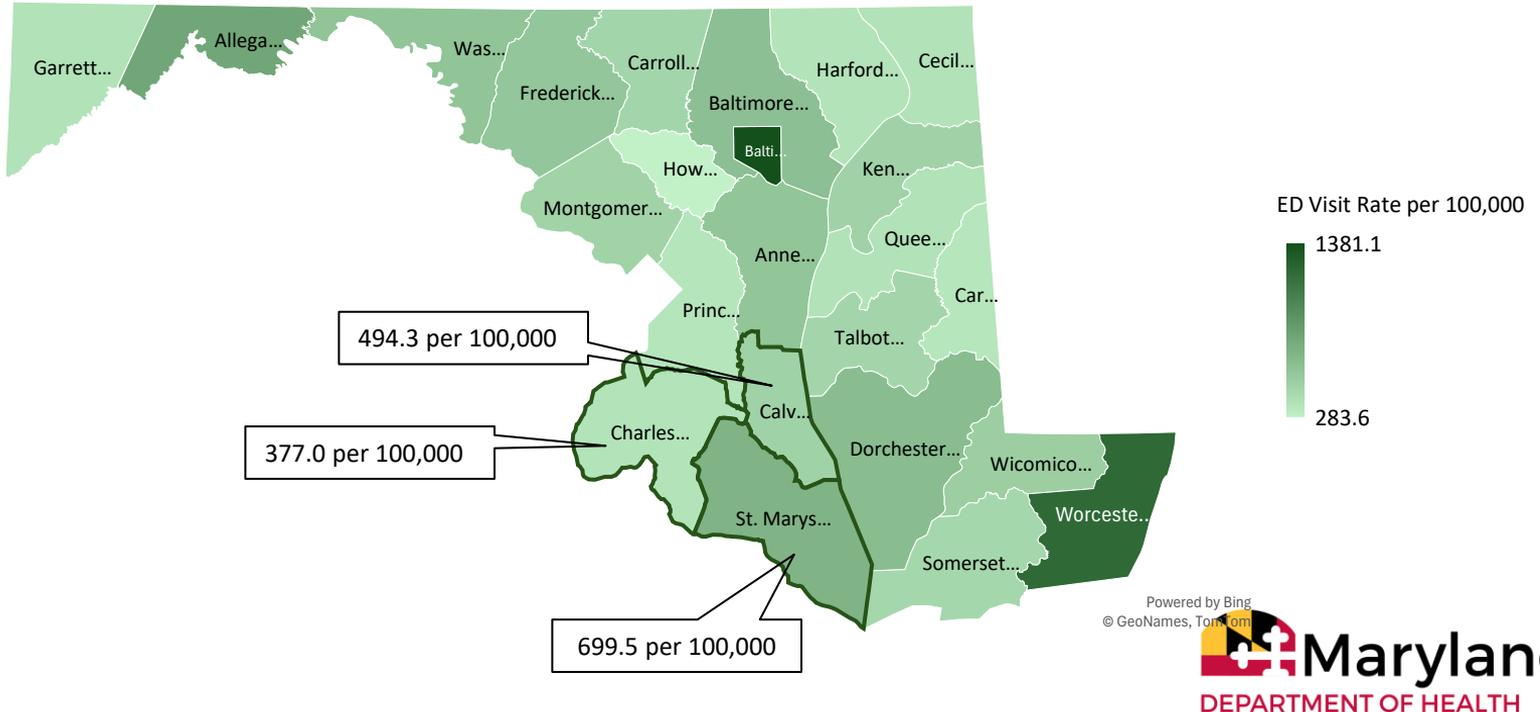
Count and Rate (per 100,000) of ED Visits for Suspected Non-Fatal Overdose (Alcohol), Among Residents of St. Mary's County, MD, 2020 - 2024



ED Visits for Alcohol OD (2020-2024)		
	Total Visits	5-Year Rate (per 100,000)
St. Mary's	4,000	699.5
Southern	9,500	504.1

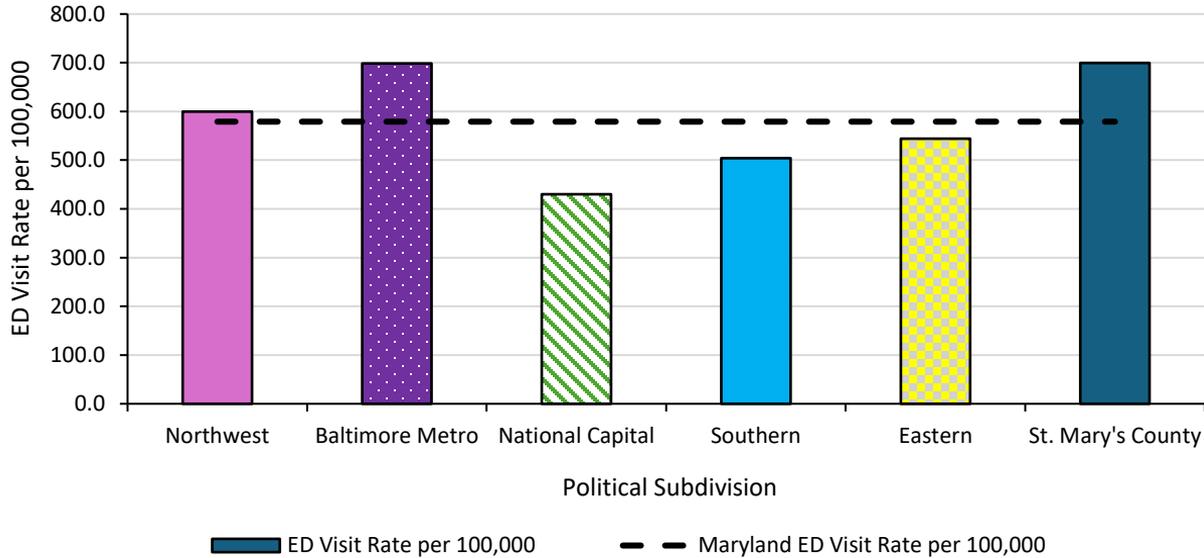
# ED Visits for Suspected Non-Fatal Overdose (Alcohol)

Rate (per 100,000) of ED Visits for Suspected Non-Fatal Overdose (Alcohol) by County of Patient Residence - Maryland, 2020 - 2024



# ED Visits for Suspected Non-Fatal Overdose (Alcohol)

Rate (per 100,000) of ED Visits for Suspected Non-Fatal Overdose (Alcohol), by Political Subdivision/County of Residence – Maryland, 2020 - 2024



ED Visits for Alcohol OD by Subdivision/County (2020-2024)		
	Total	Rate (per 100,000)
Northwest	15,947	599.7
Balt. Metro	97,382	698.5
Nat. Capital	43,287	430.0
Southern	9,500	504.1
Eastern	12,525	544.1
St. Mary's	4,000	699.5
<b>Maryland</b>	<b>178,641</b>	<b>579.0</b>

# ED Visits for Suspected Non-Fatal Overdose (Alcohol)

ED Visit Rates (per 100,000) for Suspected Non-Fatal Overdose (Alcohol) by Age Group, Race & Ethnicity, Among Residents of St. Mary's County, MD, 2020-2024

Race and Ethnicity				
Age Group		Non-Hispanic White	Non-Hispanic Black	Hispanic*
	00 - 14	20.3	34.6	Hidden
	15 - 24	541.4	858.6	Hidden
	25 - 34	904.2	1748.1	270.0
	35 - 44	1107.4	2096.4	Hidden
	45 - 54	938.5	1621.4	Hidden
	55 - 64	955.3	2479.4	Hidden
	65 - 74	367.0	896.2	Hidden
	75+	212.0	303.4	Hidden

\*Hispanic individuals can be of any race.  
Please note: Rates for NH Asian or Pacific Islander, NH American Indian or Alaska Native and majority of Hispanic groups have been hidden to protect patient privacy. Alcohol overdose-related ED visit counts for these groups were reported as less than 11 in ESSENCE.

The highest rates of ED visits for suspected non-fatal *alcohol* overdose among residents of St. Mary's County are:

- **Among NH Black individuals**, 55-64 years of age (2,479.4), followed by 35-44 years of age (2,096.4).
- **Among NH White individuals**, 35-44 years of age (1,107.4), followed by 55-64 years of age (955.3).

Legend	>1 SD
	0.5-1 SD
	Within 0.5 SD
	Below county-wide rate



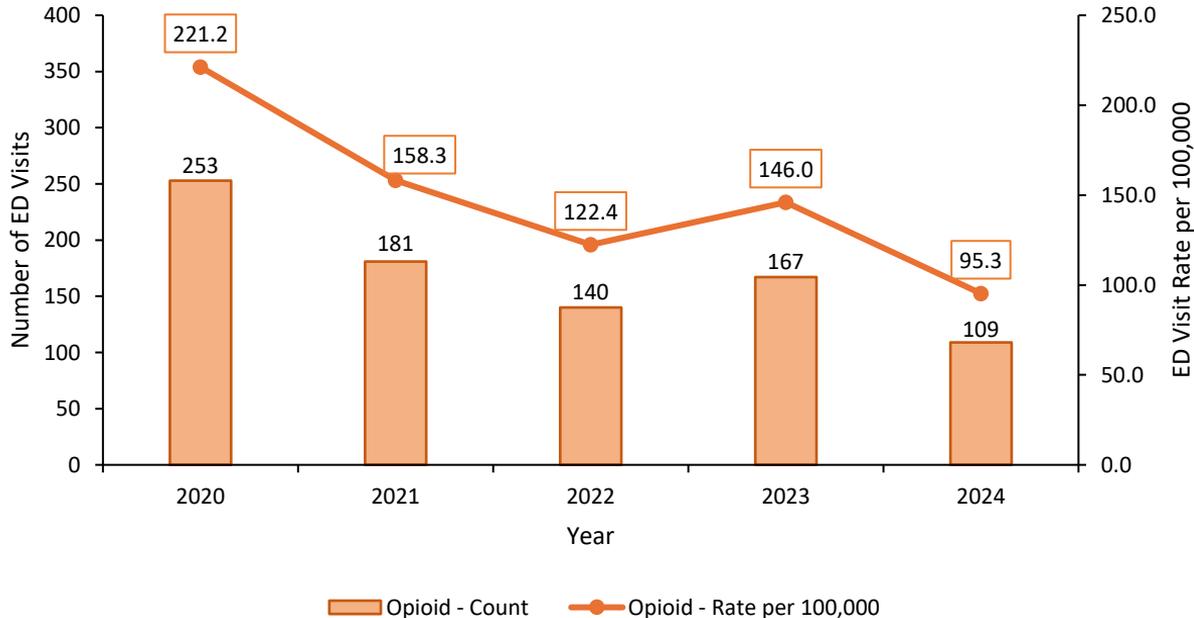
Note: Standard deviation calculations are based on the distribution of age/race/ethnicity subgroup rates. The county-wide rate includes all ED visits, including those with unknown age, race and/or ethnicity values.

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# ED Visits for Suspected Non-Fatal Overdose (Opioids)

# ED Visits for Suspected Non-Fatal Overdose (Opioids)

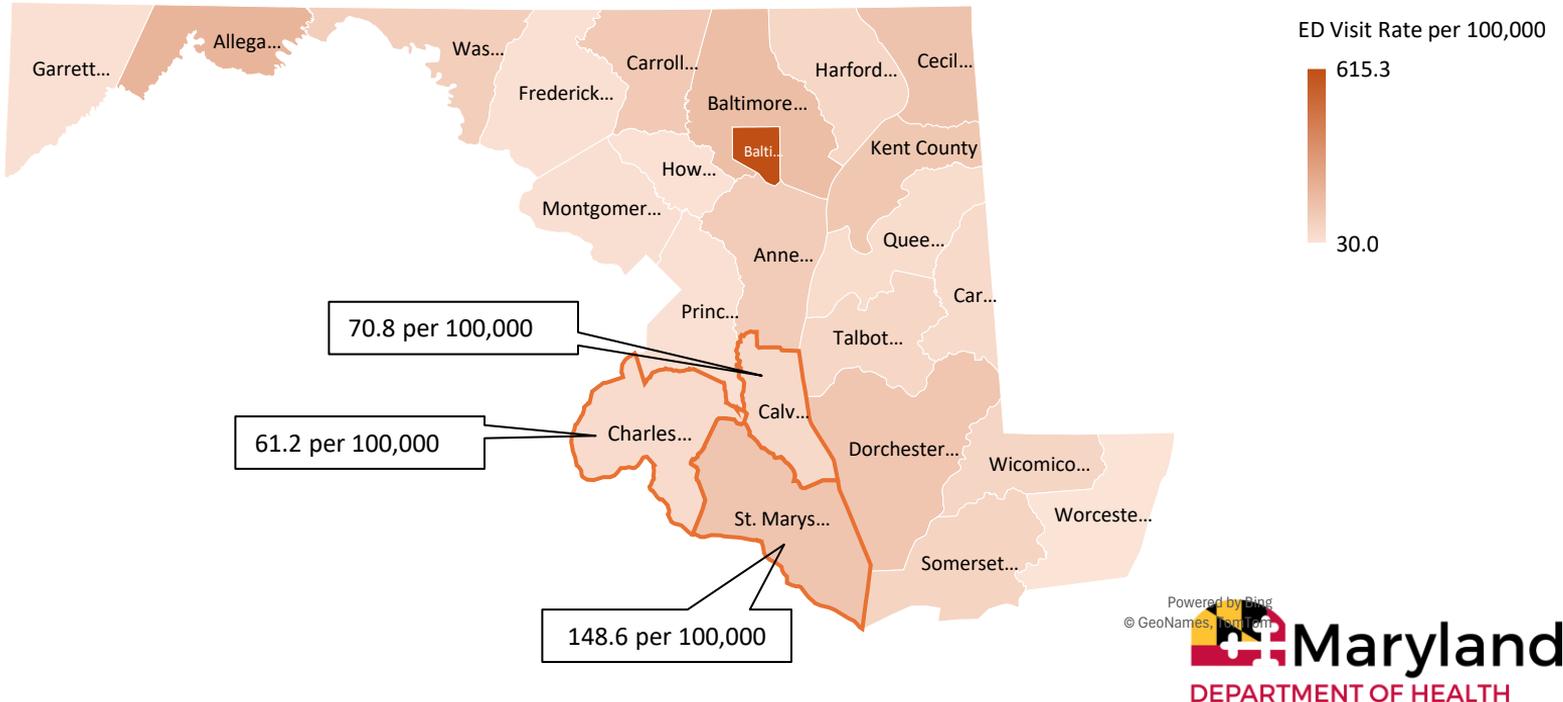
Count and Rate (per 100,000) of ED Visits for Suspected Non-Fatal Overdose (Opioids) Among Residents of St. Mary's County, MD, 2020 - 2024



ED Visits for Opioid OD (2020-2024)		
	Total Visits	5-Year Rate (per 100,000)
St. Mary's	850	148.6
Southern	1,698	90.1

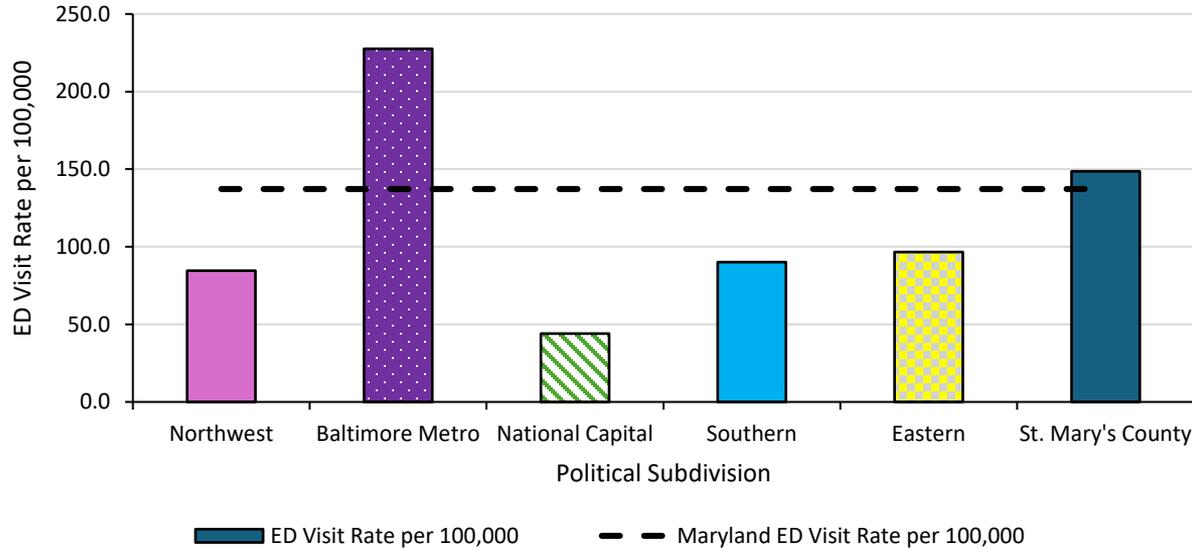
# ED Visits for Suspected Non-Fatal Overdose (Opioids)

Rate (per 100,000) of ED Visits for Suspected Non-Fatal Overdose (Opioids) by County of Patient Residence - Maryland, 2020 - 2024



# ED Visits for Suspected Non-Fatal Overdose (Opioids)

Rate (per 100,000) of ED Visits for Suspected Non-Fatal Overdose (Opioids) by Political Subdivision/County of Residence – Maryland, 2020 - 2024



ED Visits for Opioid OD by Subdivision/County (2020-2024)		
	Total	Rate (per 100,000)
Northwest	2,249	84.6
Balt. Metro	31,729	227.6
Nat. Capital	4,434	44.0
Southern	1,698	90.1
Eastern	2,224	96.6
St. Mary's	850	148.6
<i>Maryland</i>	<i>42,334</i>	<i>137.2</i>



# ED Visits for Suspected Non-Fatal Overdose (Opioids)

**ED Visit Rates (per 100,000) for Suspected Non-Fatal Overdose (Opioids) by Age Group, Race & Ethnicity, Among Residents of St. Mary's County, MD, 2020-2024**

Race and Ethnicity			
Age Group		Non-Hispanic White	Non-Hispanic Black
	00 - 14	<i>Hidden</i>	<i>Hidden</i>
	15 - 24	77.1	176.8
	25 - 34	300.8	496.3
	35 - 44	254.7	451.1
	45 - 54	142.9	464.7
	55 - 64	138.4	355.4
	65 - 74	67.7	283.8
	75+	76.8	<i>Hidden</i>

Please note: Rates for NH Asian or Pacific Islander, NH American Indian or Alaska Native and Hispanic groups have been hidden to protect patient privacy. Opioid overdose-related ED visit counts for these groups were reported as less than 11 in ESSENCE.

The highest rates of ED visits for suspected non-fatal *opioids* overdose among residents of St. Mary's County are:

- **Among NH Black individuals**, 25-34 years of age (496.3), followed by 45-54 years of age (464.7).
- **Among NH White individuals**, 25-34 years of age (300.8), followed by 35-44 years of age (254.7).

Legend	>1 SD
	0.5-1 SD
	Within 0.5 SD
	Below county-wide rate



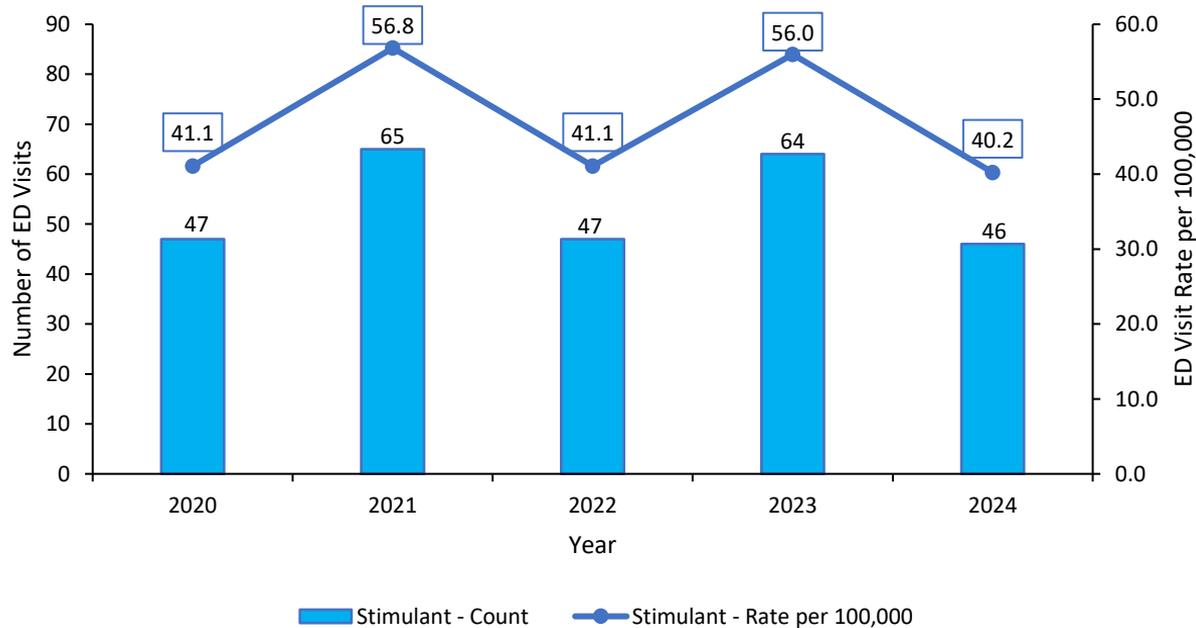
Note: Standard deviation calculations are based on the distribution of age/race/ethnicity subgroup rates. The county-wide rate includes all ED visits, including those with unknown age, race and/or ethnicity values.

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# ED Visits for Suspected Non-Fatal Overdose (Stimulants)

# ED Visits for Suspected Non-Fatal Overdose (Stimulant)

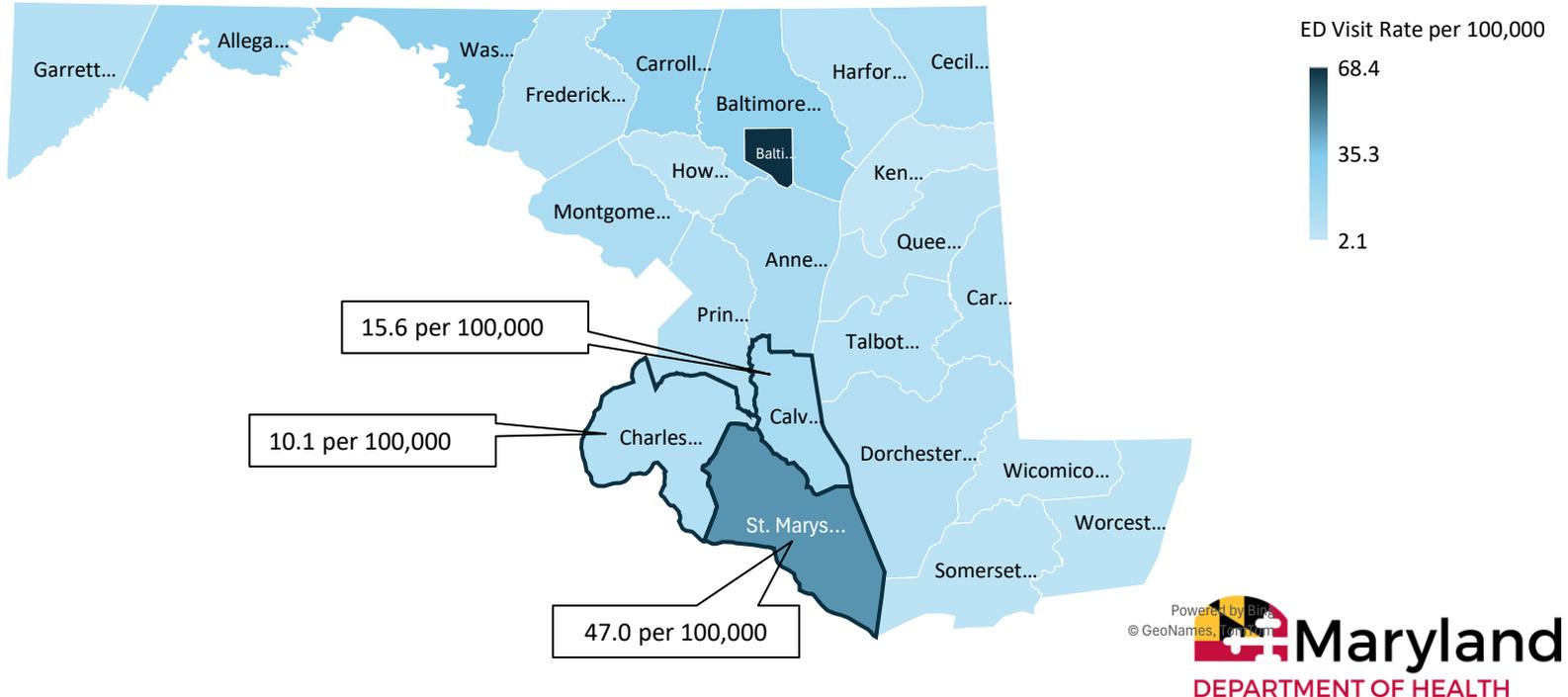
Count and Rate (per 100,000) of ED Visits for Suspected Non-Fatal Overdose (Stimulant), Among Residents of St. Mary's County, MD, 2020 - 2024



ED Visits for Stimulant OD (2020-2024)		
	Total Visits	5-Year Rate (per 100,000)
St. Mary's	269	47.0
Southern	427	22.7

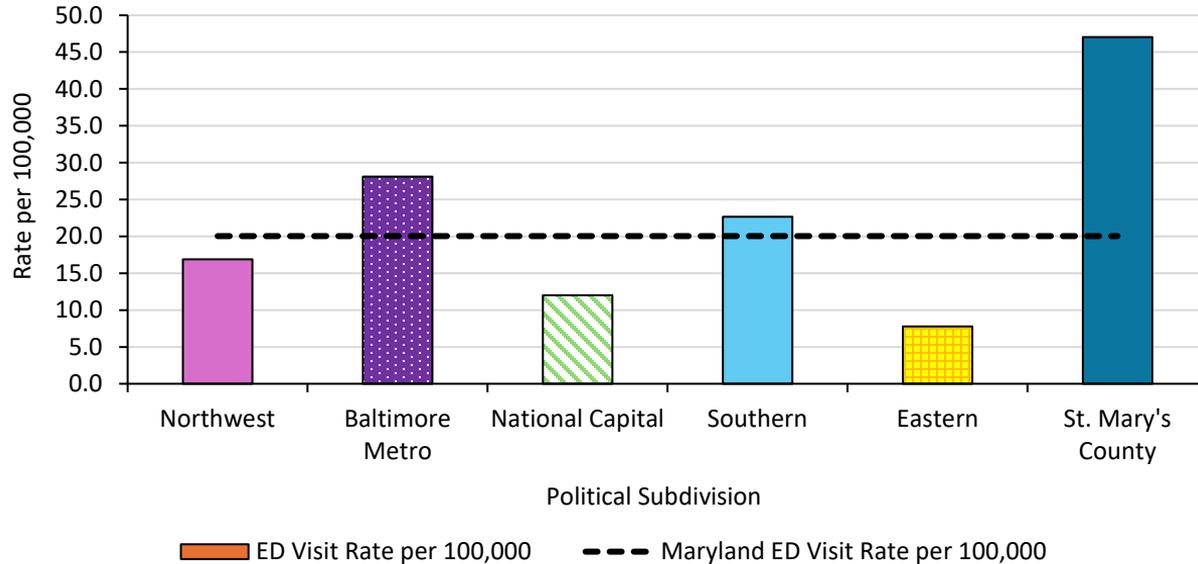
# ED Visits for Suspected Non-Fatal Overdose (Stimulant)

Rate (per 100,000) of ED Visits for Suspected Non-Fatal Overdose (Stimulant) by County of Patient Residence - Maryland, 2020 - 2024



# ED Visits for Suspected Non-Fatal Overdose (Stimulant)

Rate (per 100,000) of ED Visits for Suspected Non-Fatal Overdose (Stimulant)  
by Political Subdivision/County of Residence - Maryland, 2020 - 2024



ED Visit for Stimulant OD by Subdivision/ County (2020-2024)		
	Total	Rate (per 100,000)
Northwest	449	16.9
Balt. Metro	3,919	28.1
Nat. Capital	1,208	12.0
Southern	427	22.7
Eastern	179	7.8
St. Mary's	269	47.0
<i>Maryland</i>	6,182	20.0

# ED Visits for Suspected Non-Fatal Overdose (Stimulant)

**ED Visit Rates (per 100,000) for Suspected Non-Fatal Overdose (Stimulants) by Age Group, Race & Ethnicity Among Residents of St. Mary's County, MD, 2020-2024**

Race and Ethnicity			
Age Group		Non-Hispanic White	Non-Hispanic Black
	00 - 14	<i>Hidden</i>	<i>Hidden</i>
	15 - 24	44.3	<i>Hidden</i>
	25 - 34	65.2	259.3
	35 - 44	72.5	176.9
	45 - 54	52.1	217.5
	55 - 64	25.0	156.0
	65 - 74	<i>Hidden</i>	<i>Hidden</i>
	75+	<i>Hidden</i>	<i>Hidden</i>

Please note: Rates for NH Asian or Pacific Islander, NH American Indian or Alaska Native and Hispanic groups have been hidden to protect patient privacy. Stimulant overdose-related ED visit counts for these groups were reported as less than 11 in ESSENCE.

The highest rates of ED visits for suspected non-fatal *stimulant* overdose among residents of St. Mary's County are:

- **Among NH Black individuals**, 25-34 years of age (259.3), followed by 45-54 years of age (217.5).
- **Among NH White individuals**, 35-44 years of age (72.5), followed by 25-34 years of age (65.2).

Legend	>1 SD
	0.5-1 SD
	Within 0.5 SD
	Below county-wide rate



Note: Standard deviation calculations are based on the distribution of age/race/ethnicity subgroup rates. The county-wide rate includes all ED visits, including those with unknown age, race and/or ethnicity values.

# Summary of ED Visit Data Trends

ED Visits for Suspected Non-Fatal Overdose Among Residents of St. Mary's, MD, 2020-2024			
Overdose Type	Total Visits	5-Year ED Visit Rate (per 100,000)	Direction of Change (2024 vs. 2020)
All Drugs	2,314	404.6	↓
Opioid	850	148.6	↓
Heroin	196	34.3	↓
Fentanyl	53	9.3	↑
Benzodiazepine	119	20.8	↓
Stimulant	269	47.0	▬
Cocaine	201	35.1	↓
Alcohol	4,000	699.5	▬

# Summary of ED Visit Data Trends

---

Among St. Mary's residents, the rate(s) of ED visits...



for suspected non-fatal ***all drug, opioid, benzodiazepine, stimulant, cocaine and alcohol*** overdose were **higher** than the overall rates for Marylanders; the rates for suspected non-fatal ***fentanyl and heroin*** overdose were slightly below statewide rates



for suspected non-fatal ***all drug, opioid, heroin, stimulant and cocaine*** overdose were the **absolute highest** among NH Black adults ages 25-34



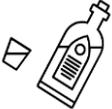
for suspected non-fatal ***alcohol and fentanyl*** overdose were the **absolute highest** among NH Black adults ages 55-64



for suspected non-fatal ***benzodiazepine*** overdose was the **absolute highest** among NH White adults ages 35-44

...between 2020 and 2024.

# Suggestions for Public Health Practice in St. Mary's County

What?	How Does Our Data Support It?
 <p>Increase public awareness of risks associated with stimulants and alcohol use.</p>	<p>ED visit rates for suspected non-fatal <i>stimulant, cocaine, and alcohol</i> overdose remained <b>stable</b> between 2020 and 2024.</p>
 <p>Target outreach and prevention efforts (e.g. Narcan training) to adults ages 25-34.</p>	<p>The <b>absolute highest</b> ED visit rates for suspected non-fatal <i>all drug, opioid, fentanyl and heroin</i> overdose were among <b>NH Black and White residents ages 25–34</b>, between 2020 and 2024.</p>
 <p>Develop and enhance outreach and prevention initiatives for Black communities, that are grounded in an understanding of social determinants of health.</p>	<p>The <b>absolute highest</b> ED visits rates for suspected non-fatal overdose were among <b>NH Black residents</b>, <i>for every substance considered except benzodiazepines</i>, between 2020 and 2024.</p>



# Presenter Information

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## Presenter

## Email address

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# Population Data Estimates

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## By County:

- U.S. Census Bureau, U.S. Department of Commerce. "ACS Demographic and Housing Estimates." American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP05, 2023, [https://data.census.gov/table/ACSDP5Y2023.DP05?q=DP05&g=040XX00US24,24\\$0500000](https://data.census.gov/table/ACSDP5Y2023.DP05?q=DP05&g=040XX00US24,24$0500000).
  - The estimated population of Southern Region, MD used in this presentation is the sum of the 2023 ACS 5-Year population estimates for Calvert, Charles, and St. Mary's counties.

## By Age and Race:

- Maryland Department of Health, Vital Statistics Administration, "Maryland Vital Statistics Annual Report 2022."  
[https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2022%20Annual%20Report\\_Final\\_v1024.pdf](https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2022%20Annual%20Report_Final_v1024.pdf)

Note: [Maryland Vital Statistics Administration](#)'s annual report classifies each county into one of the 5 political subdivisions (Northwest, Baltimore Metro, National Capital, Eastern, Southern).

# Rate Calculations

Variable	Example Calculation
County, Political Subdivision or State	$\frac{\# \text{ ED visits for suspected nonfatal overdose among St. Mary's County residents}}{\text{Population estimate for St. Mary's County}} * 100,000$
Age Group (0-14)	$\frac{\sum(\# \text{ ED visits for SNFO among 0-10 year-olds LSMC} + \# \text{ ED visits for SNFO among 11-14 year-olds LSMC})}{\sum(\text{Pop. estimates for } <1 + 1-10 + 11-14 \text{ age groups in St. Mary's County})} * 100,000$
Age Group (15-24)	$\frac{\# \text{ ED visits for SNFO among 15-24 age group LSMC}}{\sum(\text{Pop. estimates for 15-19} + 20-24 \text{ age groups in St. Mary's County})} * 100,000$
Age Group (25-34, 35-44, 45-54, 55-64, 65-74)	$\frac{\# \text{ ED visits for SNFO among 25-34 age group LSMC}}{\text{Pop. estimate for 25-34 age group in St. Mary's County}} * 100,000$
Age Group (75+)	$\frac{\sum(\# \text{ ED visits for SNFO among 75-84 age group LSMC} + \# \text{ ED visits for SNFO among 85+ age group LSMC})}{\sum(\text{Pop. estimates for 75-84} + 85+ \text{ age groups in St. Mary's County})} * 100,000$
Race and Ethnicity Group (NH Black, NH White, NH American Indian, Hispanic)	$\frac{\# \text{ ED visits for suspected nonfatal overdose among NH Whites LSMC}}{\text{Pop. estimate for NH Whites in St. Mary's County}} * 100,000$
Race and Ethnicity Group (NH Asian or Pacific Islander only)	$\frac{\sum(\# \text{ ED visits for SNFO among NH Asians LSMC} + \# \text{ ED visits for SNFO among NH Native Hawaiian or Other Pacific Islanders LSMC})\ddagger}{\text{Pop. estimate for NH Asian or Pacific Islanders in St. Mary's County}} * 100,000$

‡ These counts are combined into 1 category to match the 2022 Maryland Vital Statistics Administration report race category, “Asian or Pacific Islander”. SNFO = suspected non-fatal overdose. LSMC = Living in St. Mary’s County



# Data Disclaimers

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- The syndromic classification of suspected non-fatal overdose is based on information included in the chief complaint and discharge diagnosis fields of the ED visit record. These fields reflect patient-reported information (e.g. substances a patient thinks they used) and provider impressions at the time of the ED visit. Discharge diagnosis codes are preliminary and may not reflect the final diagnosis of a patient which would instead be reflected in hospital billing data.
- The overdose data presented in this report do not reflect overdoses confirmed through laboratory/toxicological testing.
- The queries we use are built using syndrome definitions, which contain key words/phrases (spelled correctly and misspelled) that ESSENCE searches for in chief complaint and discharge diagnosis data. Syndrome definitions are comprehensive and regularly revised but may not capture 100% of all true overdose-related calls/visits.
- A single overdose may involve multiple substances (e.g. opioids and stimulants); therefore, the corresponding ED visit(s) may be captured by more than one query. Counts presented in this report are not de-duplicated.