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County Executive

HEALTH
DEPARTMENT
Prince George's County

Prince George's County Health Department
OVERDOSE PREVENTION PLAN
April 2018

Plan Vision: To create a safe and drug free County
Plan Mission: To promote recovery and reduce to a minimum the negative community, social and personal consequences of ongoing alcohol and other drug use.

This plan will be continually updated and revised on an ongoing basis

A. CONTINUE TO BUILD PLANNING GROUP

The first Planning group met June 6, 2013; currently comprised of public safety entities, mental health authority, and medical/ administrative/ pharmacy leadership of large private and public health and medical institutions serving Prince George's County.

Seeking to add representation from chronic pain centers and University of Maryland School of Public Health and have ongoing meetings in September, December, March and June.

Address:

- Opioid overdose issue, and
- Drug issues that may pose a greater immediate problem for Prince George's County, e.g., crises related to PCP use, which results in 4 – 5 daily Emergency Department admissions at Prince George's Hospital Center. Data needed from other Emergency Departments.

Develop:

- Guidelines for information-sharing
- Guidelines for patient management
- Implementation plan for activities listed below

Consider:

- How to involve DEA

B. CONTINUE TO COLLECT AND REVIEW DATA

1. **Hospital Emergency Department data – UM Prince George's, Doctors, UM Laurel Regional, MedStar Southern Maryland, Ft. Washington and UM Bowie Health Center –**
   a. Overdose visits
   b. Visits by individuals seeking pain medication
   c. Documentation of vicious cycle of patients receiving ED care, returning to the street, and then reappearing in ED – both quantitative (how many patients fit the pattern) and qualitative (interviews with some of these patients, to understand how they address their pain or addiction between ED visits)
2. **Private physician data –**
   a. Methadone prescribing for pain management
   b. Prescribing of other opioids
   c. Decision-making about prescription of drugs for pain
3. **Fire/EMS**
   a. Emergency Response maintains very substantial data regarding drug issues.
4. **Police**
   b. County Police Department maintains excellent data regarding drug issues.

KEY TASK: Create a centralized county resource/repository for alcohol and drug use data.

C. CONTINUE LAW ENFORCEMENT AND COMMUNITY NALOXONE TRAINING AND DISTRIBUTION

The Prince George's County Health Department Overdose Response Program (ORP) main objective is to reverse overdoses and save lives. We will use naloxone combined with rescue breathing until the naloxone has had a chance to work effectively; which, has been proven to be a safe method to reverse an opioid-related overdose by quickly restoring breathing and consciousness.

Upon successfully completing the overdose prevention training, participants will be provided with a "Naloxone kit," with two doses of nasal Naloxone in pre-filled syringes (1 mg/ml) or two doses of Narcan, a rescue breathing mask, a pair of gloves and information cards summarizing overdose revival steps, resources for treatment referrals and other educational materials such as poison control, OD response-sternum rub, rescue breathing, call 911, give naloxone; OD prevention tips; how to report OD reversal/call poison center; and how to

obtain naloxone refills, etc. If Naloxone is not available to dispense to participants who complete the training, then trainees will be given a naloxone prescription which can be filled at the pharmacy of their choice or filled by our program when additional Naloxone becomes available.

1. First, continue training opioid users, their families and friends and other high risk patients, such as HIV, hepatitis C and other identified high-risk populations, to identify the signs of opioid overdose, administer Naloxone, and ultimately, save lives.

2. Second, utilize the Peer Recovery Staff to continue conducting outreach to recruit individuals 18 years and older in the community to be trained and certified, who have, as a result of their occupation or volunteer work, family or social experience, the ability to assist someone who is experiencing an opioid overdose.

3. Third, provide support and follow up training to approximately 250 Prince George's County Public School (PGCPS) personnel working with high risk for overdose individuals, such as school nurses and athletic directors at the high school and middle school level.

4. Fourth, provide training to the Prince George's County Department of Correction (DOC) Detention Facility inmates and provide them with naloxone upon their release. Goal is to encourage 25% of the approximately 40 opioid users per month to request training and a kit upon release.

5. Fifth, continue training Health Department employees working with high risk for overdose individuals, such as substance abuse counselors, HIV prevention outreach workers, and security to use Naloxone effectively.

6. Sixth, partner with the Prevention Coordinator to conduct outreach activities and distribute flyers to encourage the public and opioid users to participate in the training and learn about the benefits of Naloxone, overdose prevention and saving lives.

7. Seventh, provide flyers available for dissemination, when stakeholders attend the quarterly overdose prevention related meetings. Stakeholders will be encouraged to post the flyers in hospital ER's, educational venues and community health clinics as well as pass on information about the trainings.

8. Eighth, continue expanding outreach to "Train the Trainers" for the local police departments through their training academy's to administer Naloxone; thereby, building law enforcement sensitivity and securing their buy-in and participation. The law enforcement participation will help with trainee comfort during the Naloxone training discussion on methods of cooperating with police and medical staff after Naloxone is administered during an overdose.

D. CONDUCT CLINICAL EDUCATION

Use and publicize Health Department website as a vehicle for education. Provide brief tips, resources and articles, and links to longer articles and research studies. Some key topics to include: Decision-making about prescription of drugs for pain; electronic prescribing; Prescription Drug Monitoring Program; tracking "frequent flyers"; handling intoxicated patients; drug use statistics and trends.

Additionally, encourage and support designation and training of "Medical Safety Officer" at every practice, clinic, pharmacy, hospital and other health organization, to serve as "Go-to" person for professionals and staff who have questions. This has the potential to develop into a game-changing county-wide norm, creating the opportunity for interface and information-sharing between medical practices/clinics across the county when Safety Officers convene.

Target:

1. **Private medical practices**
   - Make targeted efforts to reach pain management clinics, orthopedic practices.

2. **Pharmacies and pharmacists**
   - Pursue opportunities to educate through licensing and credentialing boards.

3. **Hospital staff and leadership**
   - Opportunities exist for standardizing process of short-term prescribing for pain, handling frequent flyers, and more.

4. **All practicing physicians and extenders (including physician assistants, nurse practitioners)**
   - Pursue opportunities to educate through licensing and credentialing boards, MedChi

E. CONDUCT COMMUNITY EDUCATION

Develop and implement a public relations campaign. Core Services Agency has significant capacity to assist with this. In addition to providing basic information about the dangers of drug overdose, incorporate information on pain, prescription medications, PDMP. Utilize media as well as health fairs.

Targets:

1. Criminal justice agencies/institutions
2. Behavioral health treatment providers
3. Citizens and residents/neighborhood, social and faith groups

F. CONDUCT SCREENING, EDUCATION AND REFERRAL FOR HIGH-RISK INDIVIDUALS AND COMMUNITIES

Targets:

1. Emergency Department patients
2. Clients enrolled in substance abuse and/or mental health treatment
3. Inmates at Department of Corrections
4. Drug Court and Mental Health Court participants
5. Individuals presenting at local hospital emergency departments with overdose or other drug-related complaints
6. Communities from which these individuals (a – c, above) come, based on zip code data supplied at screening

G. PROMOTE HOSPITAL PHARMACY AND PRIVATE PRACTICE REPORTING PROGRAM – monthly voluntary reporting to Health Officer of:

1. Overdose-related cases,
2. Visits or prescription requests by possible high-risk clients
3. Thefts of prescription drugs or prescription-writing materials

H. OTHER INTERVENTIONS AND INITIATIVES

1. Prescription drug disposal opportunity enhancement
   a. Establishment of observed prescription drug drop-off sites at secure, with regular pick-up and monitored disposal.
2. Continue quarterly meetings to review drug overdose fatalities.
3. Continue OOCC funding initiatives.
4. Collaboration with criminal justice community on their periodic prescription drug take-back events.
5. Develop Emergency ("COOP") Plans to handle patients in case of closure of large pain clinics.

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