

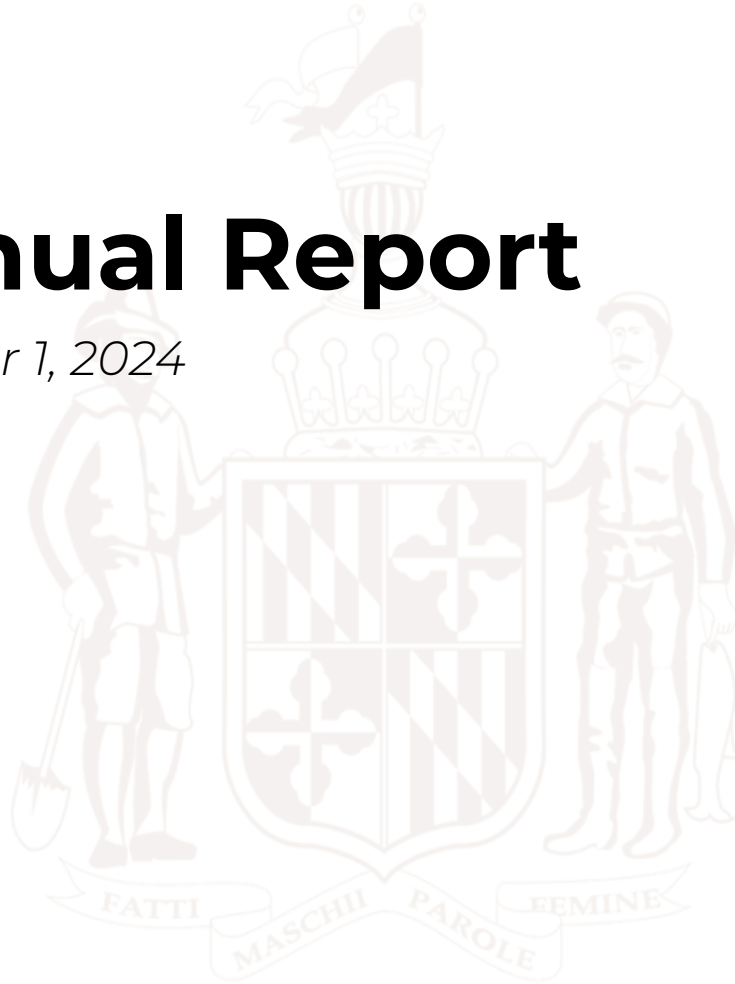
MARYLAND OVERDOSE RESPONSE
ADVISORY COUNCIL

PREVENTION • HARM REDUCTION • TREATMENT • RECOVERY • PUBLIC SAFETY



2024 Annual Report

Released: November 1, 2024



This report has been prepared on behalf of the Maryland Overdose Response Advisory Council pursuant to Executive Order 01.01.2023.21. Copies of this report have been delivered to the Office of the Governor of Maryland as well as the Maryland Department of Legislative Services Library pursuant to Maryland State Education Article § 23-301(e).

Letter from the Chair

Lt. Governor Aruna Miller

In December 2023, Governor Wes Moore issued Executive Order 01.01.2023.21, which established the Maryland Overdose Response Advisory Council under the leadership of my office. The advisory council will continue the work of Maryland's previous Inter-Agency Heroin and Opioid Coordination Council to provide guidance to state agencies working to respond to the opioid and overdose crisis.

The Advisory Council as it stands today represents an important step forward for our state. Overdose remains one of the greatest social challenges of our time. However, substance use trends are changing, and we have to stay flexible in our efforts to save lives. Fentanyl is more widespread than ever, polysubstance (exposure to more than one substance at a time) is increasing, and new substances like xylazine continue to emerge in the drug supply. As such, the council now focuses on the larger issues contributing to overdose instead of focusing solely on opioids.



Lt. Governor Aruna Miller

We also recognize today more than ever that substance use disorders affect nearly all aspects of someone's life. Factors such as stable housing, access to meaningful employment, transportation, and access to health care, are essential components of substance use recovery. As such, any state agency that provides services to people has the potential to make connections to life-saving care and to help build a system that allows people to thrive. This is why the membership of the council was expanded from nine to 18 state agencies. We need everyone to have a seat at the table to ensure that our response efforts are as robust and comprehensive as possible.

Today, we are at a pivotal moment in our work to bring an end to this crisis. In 2023, there were 2,511 fatal overdoses in Maryland.¹ This was a decrease of 2.5 percent from 2022, when there were 2,576 fatal overdoses in the state. This represents substantial and important progress. However, we continue to lose far too many of our loved ones—our friends, our neighbors, and our family members. Nearly seven people in Maryland lose their lives to an overdose every day. This crisis has also affected my family just as it has for so many others. My brother-in-law passed away from an overdose in 2019, so I know firsthand the loss that so many Maryland families have felt.

The Moore-Miller administration's approach to addressing substance use and overdose is centered on our guiding principle of leaving no one behind. We believe that everyone, regardless of their circumstance, regardless of their background, deserves access to world-class harm reduction, treatment, and recovery services for substance use disorders. We also believe that, with adequate and equitable access to care, all overdoses are preventable.

As chair of the Maryland Overdose Response Advisory Council, I am honored to present the following report, which summarizes our progress in 2024 to promote coordination, share data, and identify high-priority programs and initiatives that can reduce overdoses in Maryland. I also look forward to the

¹ Maryland Overdose Data Dashboard as of September 2024. Maryland Department of Health. <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx>

important work that we have before us as we continue to leverage our collective passion and expertise to make a difference in the lives of Marylanders.

I want to thank the members of the advisory council for their important contributions to our work in 2024 and for their continued service as we move forward. Thank you, as well, to the community members and families who attended our meetings and shared their thoughts on how we can do more to bring an end to this crisis. I encourage everyone reading this report to reach out to my office or to share their ideas for reducing overdoses with the advisory council by emailing StopOverdose@maryland.gov.

Yours in service,



Aruna Miller
Lt. Governor
Chair, Maryland Overdose Response Advisory Council



About the Maryland Overdose Response Advisory Council

The Maryland Overdose Response Advisory Council was established on December 12, 2023, when Governor Moore signed [Executive Order 01.01.2023.21](#). The Advisory Council is chaired by Lt. Governor Aruna Miller and includes representatives from 18 state agencies working to reduce overdose morbidity and mortality in Maryland. The advisory council shares data related to the overdose crisis across agencies and provides strategic guidance for increasing access to substance use care and addressing disparities in overdose outcomes.



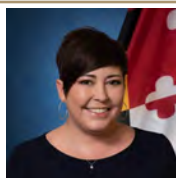
Governor Wes Moore signing Executive Order 01.01.2023.21 on December 14, 2023

Council Responsibilities

As outlined in Executive Order 01.01.2023.21, the mandate of the council is to:

- facilitate data sharing among respective agencies;
- identify emerging challenges related to the provision of substance use disorder services and develop recommendations to address those challenges;
- promote equity in the provision of substance use disorder services;
- share data related to equity among all relevant agencies;
- coordinate the implementation of recommendations of Maryland's Commission for Health Equity related to overdose mortality and the Racial Disparities in Overdose Taskforce; and
- submit a report to the Governor annually by November 1.

Advisory Council Membership



Emily Keller

Special Secretary of Overdose Response
Maryland's Office of Overdose Response



Anna Sierra

Chief Development Officer
Department of Emergency Management



Alyssa Lord

Deputy Secretary of Behavioral Health
Department of Health



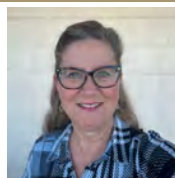
Dana Burl

Deputy Secretary
Maryland Department of Veterans and Military Families



D'Paul Nibber

Policy Analyst
Department of Human Services



Barbara Sigler

Communications Director
Department of Aging



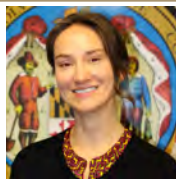
Stuart Campbell

Special Advisor for Economic Mobility
Maryland Department of Housing and Community Development



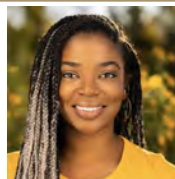
Kirsten Bosak

Director of Health and Behavioral Health Policy
Department of Disabilities



Casey Tiefenwerth

Special Grants Program Manager
Department of Labor



Bethany Young

Director of Policy and Legislation
Governor's Office of Crime Prevention and Policy



Jerel Registre

Chief of Staff
Department of Commerce



Ted Delbridge

Executive Director
Maryland Institute for Emergency Medical Services Systems



Reginald Burke

Director, Youth Development Branch
Department of Education



Melissa Rothstein

Chief of External Affairs
Office of the Public Defender



Michael Richards

Director, SUD Treatment Services
Department of Public Safety and Correctional Services



Richard "Gray" Barton

Executive Director of the Judiciary's Office of Problem-Solving Courts
Maryland Judiciary



Lt. Col. Rosemary Chappell

Bureau Chief, Criminal Investigations
Maryland State Police



Jennifer Maehr

Medical Director, Office of Medical Services
Department of Juvenile Services

Advisory Council Updates

Progress in 2024

During its first year, the Maryland Overdose Response Advisory Council focused on taking stock of the important programs and initiatives being implemented by Maryland state agencies that address substance use and overdose. Member agencies were also asked to identify their top policy priorities for reducing overdose in Maryland as well as the challenges they face in implementing those priorities.



Meeting of the Maryland Overdose Response Advisory Council on June 4, 2024



Meeting of the Maryland Overdose Response Advisory Council on June 4, 2024

The Maryland Overdose Response Advisory Council held four meetings in 2024, a summary of which can be found at [StopOverdose.maryland.gov/MORAC](https://stopoverdose.maryland.gov/MORAC). A summary of the work of the Advisory Council and its members is summarized below.

Data Sharing

Maryland's New Overdose Data Dashboard

Maryland is working to improve the way it shares overdose data with local partners and the general public. In July 2024, the Maryland Department of Health launched a new [Overdose Data Dashboard](#), which provides a greater level of detail than was previously available.² The new dashboard shows data on fatal and non-fatal overdoses at the zip-code level. It also provides information regarding substances and demographic trends.



The dashboard was designed with direct input from community organizations that work with people who use drugs, and data from the dashboard will help local agencies and community organizations focus their efforts on the most affected communities in their area.

Maryland's Data Communications Strategic Plan

Maryland's Overdose Data to Action initiative, which falls under the Maryland Department of Health, is working to establish a strategic data communications plan that will guide how Maryland shares overdose data with state, local, and community-based partners. The plan focuses on establishing standardized data definitions and protocols for data sharing to ensure a unity of message and to decrease the risk of different organizations using conflicting data.



Additionally, the plan will ensure that complex data products, such as a recent report on overdoses involving [xylazine](#)³ in Maryland, will be distributed with plain-language summaries that help our partners understand and share important information with broad audiences across the state.

Data-Informed Overdose Risk Mitigation

Maryland's [Data-Informed Overdose Risk Mitigation](#) (DORM) initiative was created to better understand overdose risk.⁴ The project links data from public health and public safety sources to identify common risk factors and opportunities for intervention. Recent insights from DORM have illustrated racial disparities in access to care, such as Black Marylanders accessing treatment buprenorphine at lower rates than white Marylanders.



The legislative mandate for DORM, which was established by Maryland House Bill 922 of 2018, expired this year. However, the Maryland Department of Health Data Office will continue to maintain the DORM data infrastructure to support future analytical work.

Taken together, these efforts will enhance the way that Maryland shares vital overdose-related information as we move forward. The Maryland Overdose Response Advisory Council will work to facilitate data-sharing relationships between state agencies and support analytical work that increases our understanding of the overdose landscape in Maryland.

² <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx>

³ <https://stopoverdose.maryland.gov/xylazine/>

⁴ <https://stopoverdose.maryland.gov/dorm/>

Emerging Challenges Related to Substance Use Disorder Services

Medications for Opioid Use Disorder in Carceral Settings

House Bill 116 of 2019 (also known as the Opioid Use Disorder Examination and Treatment Act) requires local jurisdictions in Maryland to ensure access to substance use treatment in local detention facilities. The mandate requires detention facilities to provide all approved forms of medications for opioid use disorder and a wide variety of other services, such as counseling, peer recovery support services, and re-entry planning. However, significant barriers remain for detention facilities in implementing these programs, such as high costs and staffing.



These services are vital, and they are extremely urgent. Research indicates that drug overdose is the leading cause of death after release from incarceration.^{5,6,7} Individuals are at the highest risk during the two weeks after release from incarceration, with a study from North Carolina showing a 40-fold increased odds of an opioid overdose in this time.⁸

Recommendations

- Identify consistent and adequate funding for substance use disorder services (including treatment with MOUD) in carceral settings.
- Jails and prisons should provide robust discharge planning services and warm handoffs to community-based treatment options for individuals leaving incarceration. This should include strengthening collaboration with community treatment and recovery providers before release.

Bolster the Behavioral Health Workforce

Behavioral healthcare providers face significant challenges in recruiting and retaining skilled staff. These challenges especially affect rural areas, which often lack the financial resources to offer competitive salaries.



Recommendations

- Explore opportunities to expand certification and licensure reciprocity with neighboring states.
- Invest in career development opportunities for individuals entering the behavioral health workforce.

⁵ <https://www.nejm.org/doi/full/10.1056/NEJMsa064115>

⁶ <https://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2010.02990.x>

⁷ <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2018.304514?journalCode=ajph>

⁸ Ibid.

Reduce Barriers to Treatment

Maryland state agencies are working to address common barriers to substance use treatment. Whether someone has access to reliable transportation, for example, can impact someone's decision to seek substance use care. This is especially true in rural areas, which often have few treatment and public transit options. Housing stability and child care can also hinder someone's ability to access services.



Maryland also lacks treatment options that specialize in the specific needs of various demographic groups, such as adolescents or individuals with disabilities.

Recommendations

- Invest in transportation assistance programs, including ride-share vouchers, and other options that provide free transportation services.
- Incentivize low-barrier treatment models, such as mobile treatment services, mobile buprenorphine induction through emergency medical services and integrated health units, and telehealth.
- Expand treatment options that accommodate individuals with young children and avoid separating children from their parents. Maryland should work to expand access to childcare, promote family reunifications, and decrease child separations due to parental substance use.
- Treatment providers should work to expand culturally sensitive treatment options that consider the specific needs of various demographic groups, such as Spanish-speaking individuals, LGBTQ+ individuals, and individuals with disabilities.

Increase Targeted Outreach

Maryland should increase culturally sensitive prevention and public awareness efforts to reach communities that consider their specific needs.

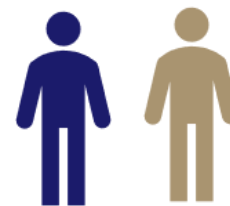
Recommendations

- Increase outreach to aging populations through 211 Maryland and Maryland Access Point, which has offices in every county that provide counseling services and make connections to care.
- Youth prevention efforts should be informed by input from young individuals about the most effective messaging.
- Use partnerships with faith-based communities to expand outreach efforts.

Overdose Disparities and Health Equity

Racial Disparities in Overdose Workgroup

During the June 2024 meeting of the Maryland Overdose Response Advisory Council, Lt. Governor Miller proposed that the advisory council establish a workgroup to continue the work of Maryland's Racial Disparities in Overdose Task Force, which previously functioned as an extension of the Inter-agency Heroin and Opioid Coordinating Council. The motion was unanimously approved, and advisory council members nominated subject matter experts from their agencies to participate. The first goal of the workgroup will be to assess Maryland's progress with implementing the recommendations of the Racial Disparities in Overdose Task Force and identifying what remains to be done.



The Racial Disparities on Overdose Task Force was established in 2021 in response to rapidly increasing overdose deaths among Black individuals in Maryland. The task force met every two months between February 2021 and May 2022 to investigate factors contributing to overdose disparities and recommend solutions to improve equity in substance use care.

The task force released a report in October 2022 with [recommendations](#) for addressing disparities, which included the following focus areas:

- Identify Data-Informed Interventions
- Consider Community Voices & Insights
- Promote Evidence-Based Treatments
- Ensure Equitable Resource Allocation

The first meeting of the new Racial Disparities in Overdose Workgroup will be held in November 2024.

Disparities in Context:

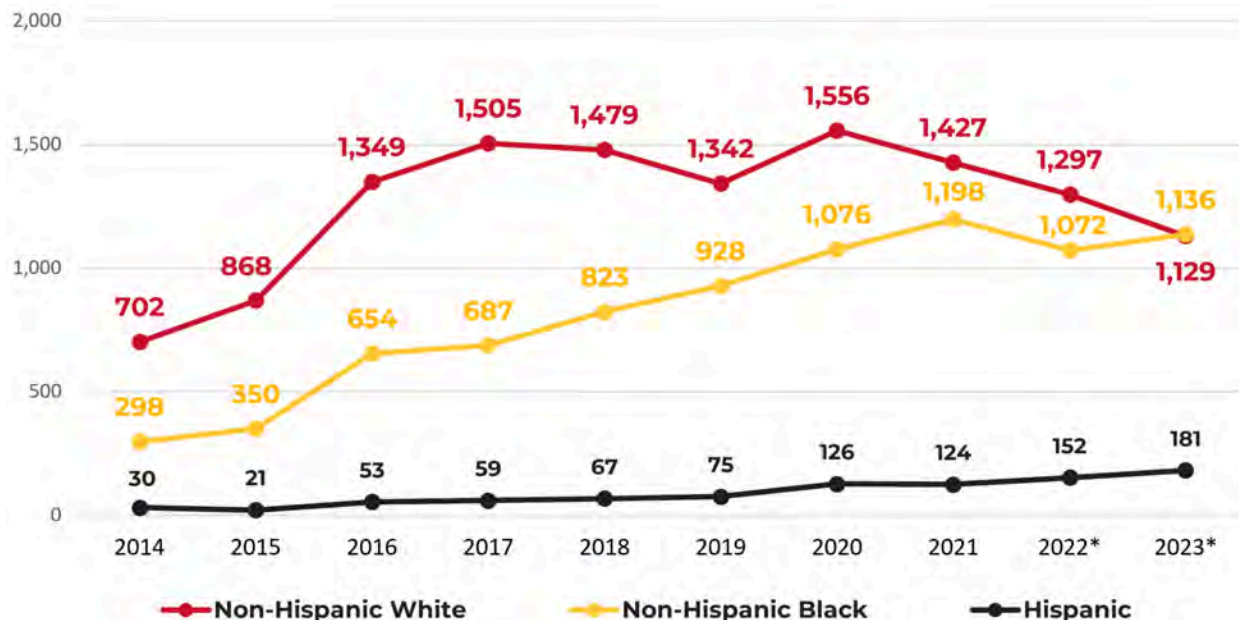
In the last 10 years, fatal overdoses have increased substantially among non-Hispanic Black people in Maryland. Fatal overdoses increased among all demographic groups beginning around 2014. However, in recent years, fatal overdoses have decreased among non-Hispanic white people in Maryland while continuing to increase among non-Hispanic Black people. For example, between 2017 and 2023, fatal overdoses decreased by 25 percent among non-Hispanic white people in Maryland while increasing by 65 percent among non-Hispanic Black people in Maryland.⁹

According to data on Maryland's Overdose Data Dashboard, fatal overdose rates (deaths per 100,000 population) among non-Hispanic Black people in Maryland surpassed that of non-Hispanic whites in 2019 and have consistently been higher ever since. In 2023, the overdose mortality rate among non-Hispanic Black people in Maryland was 60.9, a little over one-and-a-half times greater than the rate of 38.7 among non-Hispanic whites.¹⁰

⁹ Maryland Overdose Data Dashboard as of September 2024. Maryland Department of Health. <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx>.

¹⁰ Ibid.

Figure 1. Fatal Overdoses by Race/Ethnicity (2023)



Source: Vital Statistics Administration.

Maryland Commission on Health Equity

In 2021, Maryland enacted the Shirley Nathan Pulliam Health Equity Act, which established the Maryland Commission on Health Equity. The commission consists of 26 representatives from state agencies and the Maryland General Assembly and is working to develop a comprehensive health equity framework for the state. To support the health equity plan, the commission is also required to create a health equity data set, which will provide invaluable information regarding disparities in health outcomes, including overdose.



Once complete, the Maryland Overdose Response Advisory Council will coordinate with the Maryland Commission on Health Equity to help implement the components of Maryland’s health equity framework that address substance use disorder services and overdose.

Sharing Data Related to Health Equity and Promoting Equity in the Provision Of Substance Use Disorder Services

In support of the new Racial Disparities in Overdose Workgroup, Maryland’s Office of Overdose Response coordinated with Maryland’s Overdose Data to Action initiative to survey ongoing work at the Maryland Department of Health addressing overdose disparities and equity in substance use care.



The programs and initiatives below represent examples of work at the Maryland Department of Health to improve health equity. This list is not exhaustive.

❖ State Unintentional Drug Overdose Reporting System

The Maryland State Unintentional Drug Overdose Reporting System (SUDORS) uses data from death certificates, medical examiner reports, and law enforcement reports to provide detailed information regarding the circumstances surrounding individual overdose deaths in the state.

Maryland SUDORS regularly updates statewide and regional [reports](#) on overdose deaths that provide invaluable insights, such as demographic information, common occupations, marital status, education, and incident location.¹¹ In addition to enhancing our understanding of overdose risk factors, SUDORS also illustrates important information related to disparities in overdose outcomes.

❖ Drug Overdose Surveillance and Epidemiology

The Maryland Department of Health collects hospital data on non-fatal, overdose-related emergency department visits through the Drug Overdose Surveillance and Epidemiology database. This data includes important information regarding patient demographics, including age, race, and ethnicity. This data is one of the most reliable options available to track non-fatal overdose trends and to monitor for emerging trends, such as the appearance of new substances in the drug supply.

❖ Prescription Drug Monitoring Program

Maryland's Prescription Drug Monitoring Program collects information on the dispensing of controlled substances. The program also helps educate providers on safe prescribing practices for prescription drugs. Data from the Prescription Drug Monitoring Program can also provide insights regarding disparities in access to substance use care. For example, prescription data show that Black people in Maryland access treatment with buprenorphine at lower rates compared to white people in Maryland.

❖ Overdose Response Programs

The Maryland Department of Health's Center for Harm Reduction Services collects monthly reports on the number of people who are trained to respond to overdoses and are given naloxone by local Overdose Response Programs. This data also includes information on race and ethnicity, age, and gender. This helps determine whether enough naloxone is reaching the populations at the highest risk for overdose and identify areas in need of greater resources.

❖ BIPOC Overdose Prevention and Leadership Development

Maryland's BIPOC Overdose Prevention and Leadership Development program works to address overdose disparities in Black and Latinx communities in Maryland through culturally informed training for harm reduction providers. It currently consists of two educational programs, one that uses mentorship opportunities to train youth peer recovery specialists to lead in-school discussions on harm reduction and sexual and mental health. The program also provides training on racial inclusivity for community organizations, which focuses on cultural issues that may discourage people from accessing harm reduction services.

¹¹ <https://health.maryland.gov/phpa/OEHFP/Injury/Pages/sudors.aspx>

❖ Regrounding Our Response

Regrounding Our Response trains people to teach others about substance use disorders, decreasing stigma, behavioral health workforce development, and supporting linkages to care. The training focuses on increasing understanding of substance use disorders as a health condition as opposed to moral failings. Regrounding Our Response supports the training of “master presenters” to share information from the program with community members and healthcare providers. It includes a strong focus on the social determinants of substance use and cultural barriers to substance use care.

❖ Overdose Fatality Review

Maryland’s Overdose Fatality Review program, which is overseen by the Office of Population Health Improvement, provides oversight, and training to Local Overdose Fatality Review Teams in Maryland’s local jurisdictions. Local Overdose Fatality Review Teams conduct confidential fatal and non-fatal overdose case reviews to identify contributing factors and unique circumstances surrounding overdoses in their jurisdiction. The Office of Population Health Improvement also educates teams on evidence-based interventions that can reduce overdose and how to identify disparities in overdose outcomes and access to substance use care.

❖ Maternal Mortality Review

Maryland’s Maternal and Child Health Bureau works to promote equitable access to maternal and child health programs focusing on pregnancy and birth support, infancy, childhood, adolescence, and preconception care. The Maternal and Child Health Bureau also assesses a wide variety of data sources, including a review of disparities in maternal mortality, the leading contributing factor for which is behavioral health conditions, such as substance use disorders.¹²

¹² <https://health.maryland.gov/phpa/mch/Documents/MMR/2022%20MMR%20Report.pdf>

Looking Forward

The Advisory Council's Focus For the Upcoming Year

In the coming year, the Maryland Overdose Response Advisory Council will build on the foundation that it established in 2024. After being reconstituted with an expanded mission, member agencies identified their top priorities and challenges for reducing overdoses and expanding access to substance use care. Maryland's Office of Overdose Response also worked to draft an update to Maryland's Inter-Agency Overdose Coordination Plan that considered these priorities in addition to feedback from subject matter experts, local government partners, community based organizations, and the general public. In 2025, we will work to address these challenges and to track the implementation of the priorities identified in the coordination plan.



Lt. Governor Aruna Miller speaking at a Community Overdose Action Town Hall in Dorchester County on September 5, 2023.

In the coming year, the newly reconstituted Racial Disparities in Overdose Task Force will also work to assess the extent to which previous recommendations to address racial disparities have been implemented by state partners and what remains to be done.