

MARYLAND



OPIOID Summaries by State

Opioid-Related Overdose Deaths

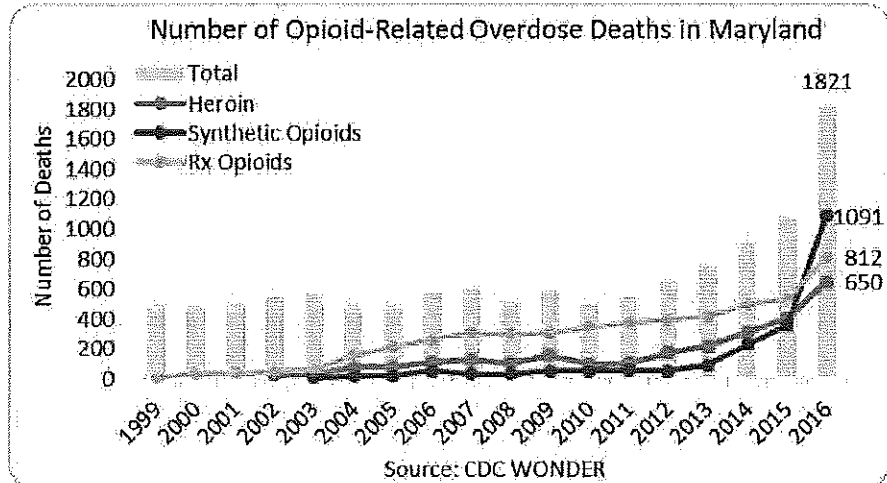
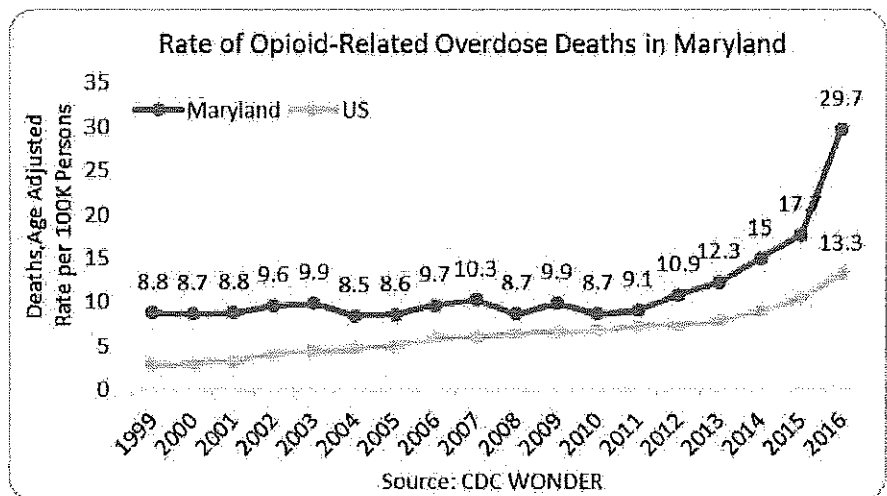
Maryland is among the top five states with the highest rates of opioid-related overdose deaths. The death rate in Maryland has consistently been above the national average since 1999, ranging from roughly 1.5 to 3 times the average rate. In 2016, nearly 30 deaths per 100,000 persons were related to opioids—including prescription opioids, heroin and fentanyl—compared to the national rate of 13.3 deaths per 100,000. An estimated 650 of the 1,821 deaths in 2016 were a result of synthetic opioid (mostly fentanyl) overdose. Deaths related to heroin and prescription opioids have been increasing rapidly as well from 173 deaths in 2012 to 650 deaths in 2016 related to heroin and from 52 to 812 deaths in the same period related to prescription opioids.

Opioid Pain Reliever Prescriptions

In 2015, Maryland prescribers wrote 3.9 million opioid prescriptions or 65.6 prescriptions per 100 persons—a 7.3 percent decline since 2013 (IMS Health)—compared to the national rate of 70 prescriptions per 100 persons.

Neonatal Abstinence Syndrome (NAS)

The rate of NAS in Maryland rose from 6.2 in 2004 to 11.4 per 1,000 births in 2012 (CDC, MMWR, 2014). The average across the 28 states included in the 2013 analysis was 6.0 cases per 1,000 births.



HIV Prevalence and HIV Diagnoses Attributed to Injection Drug Use (IDU)

U.S. Incidence: In 2015, 9.1 percent (3,594¹) of the 39,513 new diagnoses of HIV in the United States were attributed to IDU. Among new cases, 8.2 percent (2,614¹) of cases among men and 13.2 percent (980) of cases among women were transmitted via IDU (CDC).

U.S. Prevalence: In 2014, 955,081 Americans were living with a diagnosed HIV infection—a rate of 299.5 per 100,000 persons. Of these, 18.1 percent (131,056¹) of males and 22.6 percent (52,013) of females were living with HIV attributed to IDU (CDC).

State Incidence: Of the new HIV cases in 2015, 1,347 occurred in Maryland, with 6.3 percent¹ of new cases in males and 8.9 percent of new cases in females attributed to IDU (AIDSVU).

State Prevalence: In 2014, an estimated 32,002 persons were living with a diagnosed HIV infection in Maryland—a rate of 639 infections per 100,000 persons. Of these, 25.8 percent¹ of males and 24.6 percent of females were living with HIV attributed to IDU (AIDSVU).

Hepatitis C (HCV) Prevalence and HCV Diagnoses Attributed to Injection Drug Use

U.S. Incidence: In 2015, there were 181,871 reported cases of chronic HCV and 33,900 estimated cases of acute HCV² (CDC). Where data were available, 64.2 percent of acute cases reported IDU (CDC).

U.S. Prevalence: An estimated 3.5 million Americans are living with HCV, including approximately 2.7 million living with chronic infections (CDC).

State Incidence: In 2015, Maryland reported 7,573 cases of chronic HCV (MD.us) and 38 cases of acute HCV (CDC) at rates of 126.7 cases per 100,000 persons and 0.6 cases per 100,000 persons, respectively.

State Prevalence: As of 2015, Maryland estimates that 47,000 to 73,000 persons statewide will become infected with HCV in their lifetime (Maryland.gov).

The National Institute of Health Funds Center of Excellence in Pain Education

Maryland is home to one of the eleven Centers of Excellence in Pain Education (CoEPEs): The Johns Hopkins University Center of Excellence in Pain Education. The CoEPEs act as hubs for the development, evaluation, and distribution of pain management curriculum resources for medical, dental, nursing, pharmacy and other schools to improve how health care professionals are taught about pain and its treatment.



Additional Resources

- Maryland Department of Health, [Overdose Prevention in Maryland](#)
- Centers for Disease Control and Prevention, [Opioid Overdose](#)
- Centers for Disease Control and Prevention, [Annual Surveillance Report of Drug-Related Risks and Outcomes](#) (2017)
- Substance Abuse and Mental Health Services Administration, [Behavioral Health Barometer Maryland, Volume 4](#) (2017)

¹ Includes transmission to individuals with injection drug use as a risk factor.

² 2015 estimate after adjusting for under-ascertainment and under-reporting. Data for 2015 were unavailable for Alaska, Arizona, Connecticut, the District of Columbia, Hawaii, Iowa, Mississippi, New Hampshire, Rhode Island, and Wyoming.