

Impact of Addiction Issues as Related to Economic Development in Western Maryland



COMPREHENSIVE ECONOMIC DEVELOPMENT STRATEGY 2018-2022
for the Tri County Council for Western Maryland Economic Development District
Allegany, Garrett, and Washington Counties, Maryland Updated December 11, 2017



Tri County Council
For Western Maryland

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Tri-County Council for Western Maryland
Comprehensive Economic Development Strategy Committee
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Tri County Council for Western Maryland, Inc. (TCCWMD) is a local Development District serving a three-county region in Appalachian Maryland. TCCWMD is owned by its member governments of Allegany, Garrett and Washington Counties and has provided economic and community development assistance to its partners since its inception in 1971. TCCWMD encourages and facilitates government cooperation by addressing issues of greater than local significance on a regional basis.

About the Organization:

Tri-County Council for Western Maryland is designated by the US Department of Commerce Economic Development Administration as the Economic Development District (EDD) and regional planning organization. The region is comprised of the panhandle of Western Maryland and includes Garrett, Allegany and Washington Counties and their twenty-four municipalities.

The Council was formed in 1971 and has been supported by Appalachian Regional Commission (ARC), Economic Development Administration (EDA) and the State of Maryland, in cooperation with local governments, to provide a forum for regional discussions which directly support the formulation and implementation of economic development programs. These economic development programs are designed to create or retain full-time permanent jobs and improve income characteristics, particularly for the unemployed and under-employed citizens of the region.

The organization is governed by a Board of Directors that is comprised of individuals from all three counties including elected officials from each area. TCCWMD offers a wide variety of services including Revolving Loan Funds, grant assistance, GIS assistance, education coordination, regional strategy building, regional planning, operation of a state data center, and planning assistance in cooperation with the Maryland Department of Planning. The Council also serves as a conduit to federal programs including the Appalachian Regional Commission and the Economic Development Administration.

The work program of the organization is specifically designed to enhance the quality of economic development activities in the region, strengthen relationships among the various units of local government, and enhance public awareness. This strategy is achieved by the delivery of quality economic development activities and products in a timely manner and by coordinating the goals, objectives, and programs of Tri-County Council with other public and private agencies in Western Maryland.

The Comprehensive Economic Development Strategy Committee serves as regional convener for ideas and suggestions to mold the CEDS document into a truly regional economic development plan. The Committee aids in the development of short and long term projects, the development of surveys and the assessment of the region. The CEDS Committee meets as needed to review the document and makes recommendations to the full TCCWMD Board of Directors.

The Comprehensive Economic Development Strategy (CEDS) is a strategy-driven plan for regional economic development and serves as the fundamental plan for the agency's economic development efforts for the communities it serves. Established by local representatives from public, private and non-profit sectors of the three Western Maryland counties, the document follows the CEDS Content Guidelines released by the Economic Development Administration (EDA) in 2016.

Introduction:

Development of the CEDS 2018-2022 document included an online survey¹ distributed throughout the three county region to assess the views of the community members on the opportunities and threats associated with the region's economic growth and development. For the first time, respondents were asked to consider drug addiction issues as part of the survey.

Respondents were given the opportunity to provide written, open responses expressing their opinion of the current drug addiction issue and its detriment to the region. Of the (R=464) comments the following were presented:

- 70.0% (R=325) indicated a major problem/very detrimental to the area; comparable to others areas across the state, nation, and Appalachia
- 7.5% (R=35) indicated a strain on (or lack of) limited resources/programs
- 6.7% (R=31) indicated an impact to all facets of the community; particularly the quality of the workforce

Other comments included:

- The issue is a symptom of lack of area growth opportunities
- The effects to children/youth being raised by grandparents or others (parents incarcerated); including their education
- The effects on the perception of the area

Respondent anonymous written, open responses included:

- *"Not only does it take people who could otherwise be productive members of their communities out of the workforce, it creates a public health and public safety burden and undermines the next generation of young Western Marylanders. There are many actors involved in this issue, but having a purpose in life through meaningful employment would help."*
- *"Drug addiction is very detrimental to our region. It has become the biggest need/issue for our public safety providers, medical facilities, human service providers and mental health staff. It has become a financial strain as well as time commitment."*
- *"Serious, there are accounts of teachers dealing with children of addicts in class not being able to teach because they were dealing with the fallout of children's mental health issues due to drug abuse. The number of kids who has lost parents to OD is increasing as well."*
- *"We have a well-documented problem with heroin/opioids - the information that would help families and individuals with this problem is difficult to obtain. This needs to be a primary focus of any grants or program initiative that economic development authority undertakes."*

While the majority indicated an opinion, a significant number choose not to respond to specific questions that would rank the issue. Committee members reviewed the open responses to shed light onto why this was the case finding many recognizing the high national concern over the addiction/opioid issues, yet indicating that public awareness for the region needs addressed.

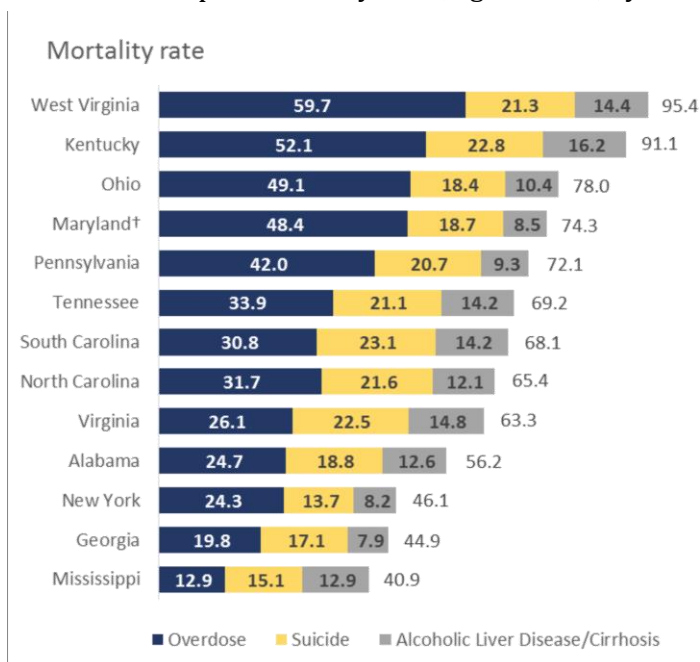
Reflecting on these results, the CEDS committee has chosen to include statistics and data, at this time, to create greater awareness and consideration for this epidemic that impacts Western Maryland.

Summary of Findings:

Appalachia is defined by the Appalachian Regional Commission as the region that spans the Appalachian Mountains from southern New York to northern Mississippi. It includes all of West Virginia and parts of 12 other states: Alabama, Georgia, Kentucky, Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, and Virginia. The region includes 420 counties in 13 states. Compared with the rest of the nation, Appalachia is experiencing higher and faster-rising mortality rates from “diseases of despair” (alcohol and drug overdose, suicide, and alcoholic liver disease/cirrhosis of the liver) for people of or near working age. The potential impacts of this critical health issue are wide ranging for communities, including decline in workforce strength and stability.²

A recent study conducted by the Appalachian Regional Commission (ARC) analyzed the impact of the “diseases of despair” with the Appalachian region. The study found that in 2015 the overdose mortality rate among 15-64 year olds was 65% higher than compared to the rest of the nation. The study also reported that in 2015, 69% (3,859) of the 5,594 overdose deaths were caused by opioids. Mortality rates varied between the Appalachian states. Appalachian Maryland, consisting of Garrett, Allegany, and Washington counties, mortality rates were 48.4 per 100,000 population.²

Diseases of despair mortality rates, ages 15–64, by state[^] and disease (2015)[‡]



[^]For states within Appalachia, only the mortality rate for the Appalachian counties is shown.

[‡]Rates are presented as deaths per 100,000 population. Rates are age adjusted.

[†]Due to small number of deaths, alcoholic liver disease/cirrhosis mortality rate is unreliable and not age adjusted.

Source: Mortality Rates and Standard Errors provided by Centers for Disease Control and Prevention, National Center for Health Statistics.

Accessed at <http://wonder.cdc.gov/mcd-icd10.html>

The study concluded the combined mortality rate from the “diseases of despair” was 37% higher in Appalachia than the non-Appalachian states. Specific analysis of overdose deaths of 25-44 year olds reports rates greater than 70% higher than non-Appalachian states. These findings have significant implications in terms of economic development, as individuals during their prime working years are most impacted.² Further, the study documents the scale and scope of the problem in Appalachia

and highlights the need for additional research and discussion in terms of effective interventions, policies, and strategies to address the diseases of despair. In addition, increased access to treatment services, prevention, and overdose medications, may be important considerations in addressing the opioid crisis across the country.²

As across the Nation and Appalachia, in Maryland, fighting the heroin and opioid epidemic has been a top priority. The Maryland Department of Health and Mental Hygiene collaborates with federal, state, and local partners in an effort to reduce the number of overdoses and combating and responding to the increase in overdose deaths. This includes an unprecedented investment in prevention, treatment, and recovery resources.

Eighty-nine percent of all intoxication deaths that occurred in Maryland in 2016 were opioid-related. An intoxication death as defined by the DHMH is a death that was the result of recent ingestion or exposure to alcohol or another type of drug, including heroin, fentanyl, cocaine, prescription opioids, benzodiazepines, phencyclidine (PCP), methamphetamines, and other prescribed and un-prescribed drugs. Causes of death include one or more of the following terms: poisoning, intoxication, toxicity, inhalation, ingestion, overdose, exposure, chemical, effects, or use.³

Chart 1. Number of Drug- and Alcohol-Related Intoxication Deaths Involving Opioids, 2007-2016.

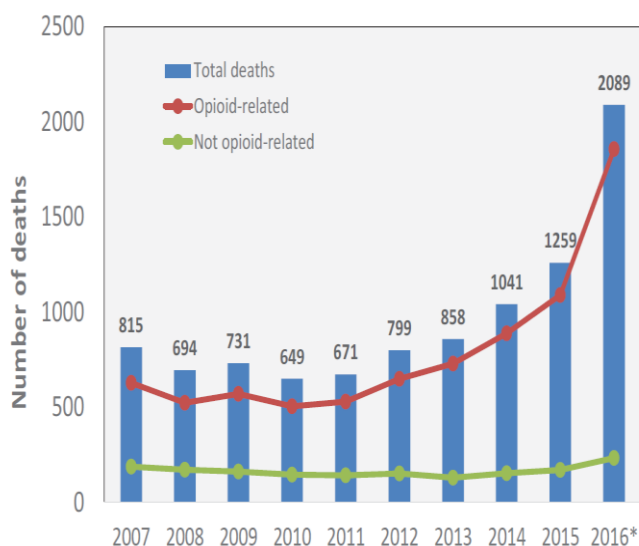
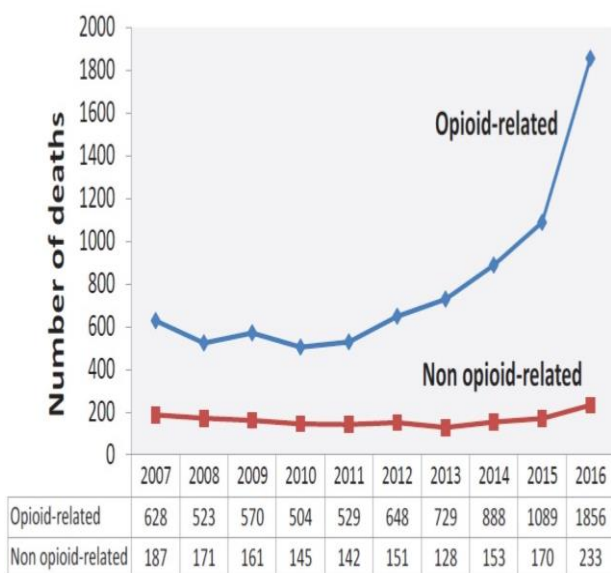


Chart 2. Total Number of Opioid* and Non-Opioid-Related Deaths Occurring in Maryland, 2007-2016.



The total number of drug-and alcohol-related intoxication deaths involving opioids from 2007 to 2016 in Maryland (Chart 1) has risen dramatically. From 2015 to 2016 there was an increase from 1259 to 2089 or 66% increase. Of those deaths, the opioid related (Chart 2) from 2015 to 2016 represents a significant 1089 to 1856 or 58.6% increase.³

Table 1. Number of Opioid-Related Intoxication Deaths^{1,2} Maryland, 2007-2016 and YTD 2017 Through June.³

Jurisdiction	Opioid Intoxication Deaths													
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total 2007-2016	% of State 2007-2016	2017 YTD	% of State 2017
Maryland Total	628	523	570	504	529	648	729	888	1089	1856	7964	100.0%	1029	100.0%
Western Maryland Region	23	30	23	25	25	30	41	47	81	118	443	5.6%	53	5.2%
Allegany	12	7	6	11	8	10	11	11	20	55	151	1.9%	26	2.5%
Garrett	0	2	3	1	1	0	4	2	4	0	17	0.2%	2	0.2%
Washington	11	21	14	13	16	20	26	34	57	63	275	3.5%	25	2.4%

¹Includes deaths that were the result of recent ingestion or exposure to prescription and illicit opioids.

²Includes only deaths for which the manner of death was classified as accidental or undetermined.

³Counts for 2017 are not complete.

In Western Maryland, the region's hospital systems, health departments, medical professionals, social service agencies, law enforcement, education, and local organizations continue to combat this crisis through prevention, intervention, treatment, and recovery.

Table 1 demonstrates the increase in opioid-related deaths for Western Maryland over the 2007 to 2016 period from 23 to 118 deaths or 3.7% of the state total to 6.4%.⁴ Data indicates Allegany and Washington counties have been the most impacted.

Washington County has experienced a significant increase from 34 deaths in 2014 to 63 deaths in 2016. In 2016, the county represented 3.4% of the state's opioid-related deaths. Through June 2017, twenty-five opioid-related deaths have been reported or 2.4% of the state total.⁵

Project ACT NOW⁶, Washington County Health Department Substance Abuse Prevention Program, is a workgroup comprised of local agencies that provide services to individuals experiencing substance use disorder. Project ACT NOW provides links to Resources, Information and Support on their website <http://projectactnow.org>. Additional health department programs focus on positive development, prevention and intervention for youth from an early age through high school.

Allegany County has experienced a dramatic increase with deaths rising from 11 in 2014 to 55 in 2016. In 2016, the county represented 1.9% of the state's opioid-related deaths. From data available for 2017, twenty-six opioid-related deaths have been reported or 2.5% of the state total. In addition, 223 opioid-related non-fatal overdoses have been reported through October.⁷

Prescribe Change Allegany County⁸, sponsored by Allegany County Health Department Behavioral Health Services, mission "is to create awareness and educate the citizens of Allegany County about the growing crisis of opioid prescription drugs and heroin misuse in our community." Prescribe Change provides links to Information, Resources and Support on their website <http://prescribechangeallegany.org> and has partnered with Allegany County Public Schools to, in addition to current programs, begin educating students from a young age.

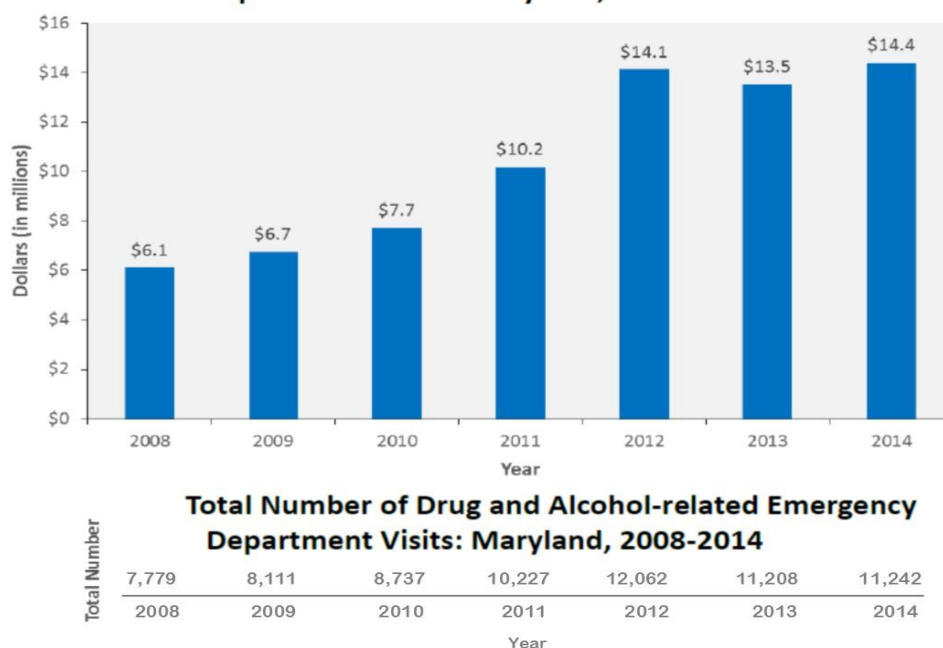
Garrett County Health Department Behavioral Health Substance Use Disorder Program⁹ "working together for a healthier tomorrow" provides Information, Links and Resources on their website <http://garretthealth.org/behavioral-health> including prevention, recovery support, and treatment.

The region must also consider the impact to the county health care systems, providers, and law enforcement resources. According to the Allegany County Health Department, based on statistics reported by the Western Maryland Health System, the number of opioid-related (non-fatal) overdoses has risen from 39% to 72% during the 2014-2016 period.⁷

WMHS reported:	2014	2015	2016	2017*
Total non-fatal overdoses	210	291	375	349
Total opioid-related overdoses	82	154	270	223
<i>*through October 2017</i>				

The Maryland Department of Health and Mental Hygiene “Drug and Alcohol-related Emergency Room visits in Maryland 2008-2014”¹⁰ data reports total charges for Emergency Department visits has significantly increased by \$8.3 million since 2008. Charges have risen from \$6.1 million to \$14.4 million with the number of ER visits increasing by 3,463.

Chart 3. **Total Charges for Drug and Alcohol-related Emergency Department Visits: Maryland, 2008-2014**



The “Drug and Alcohol-related Emergency Room visits in Maryland 2008-2014”¹⁰ data also reports visits by age group: < 15 year olds, 15-24 year olds, 25-44 year olds, 45-64 year olds, and 65+ year olds. Across the State, the increase in drug-related ER visits rose from 3,764 in 2008 to 6,139 in 2014. With all age groups represented, <15 to 65+ year olds, 34,950 drug-related visits to the emergency department occurred from 2008 to 2014.

Reviewing the data by ages of the workforce population, 25-64 year olds, indicates drug-related visits have risen from 1,942 in 2008 to 3,681 in 2014. A total 55.9% (19,554) of the total (34,950) visits have been from ages 25-64 year olds from 2008 to 2014. In particular, the primary workforce, 25-44 year olds, represent 32.7% (11,443) of the total (34,950) drug-related ER visits from 2008 to 2014.¹⁰ These numbers demonstrate an effect to economic development in terms of population at or near the working age; affecting the availability and stability of the region’s workforce.

Table 2 demonstrates the results of the state data for Emergency Room visits as it relates to Western Maryland.

	Table 2. Number of Drug and Alcohol-related Emergency Department Visits 2008-2014																	
	2008		2009		2010		2011		2012		2013		2014		Total			
	Total	Drug-related	Total	Drug-related	Total	Drug-related	Total	Drug-related	Total	Drug-related	Total	Drug-related	Total	Drug-related	Total	Drug-related	% of Region	
Maryland	7779	3764	8111	4186	8737	4178	10227	5178	12062	5872	11208	5633	11242	6139	69366	34950		
Western Maryland	466	211	464	248	442	255	580	312	591	306	605	524	694	350	3842	1984		
Garrett	63	63	51	49	47	28	44	31	30	20	22	12	38	21	295	224	11.3%	
Allegany	148	57	100	56	82	56	94	62	83	62	116	76	135	88	758	457	23.0%	
Washington	255	91	313	141	313	171	442	219	478	214	467	226	521	241	2789	1303	65.7%	

From 2008 to 2014, a total of 69,366 drug and alcohol-related ER visits across Maryland were made; of that 50.4% (34,950) were drug-related. ER visits for Western Maryland represent 3,842 of the total; 51.6% (1,984) were drug-related.¹⁰ The Appalachian Maryland region is comparable to the remainder of the State. As of 2014, Washington County has experienced the greatest impact for the Western Maryland region at 65.7% (1,303) drug-related ER visits.

Throughout Maryland, the Overdose Response Program¹¹ is part of the Department of Health and Mental Hygiene's strategy to reduce overdose deaths. The Program was launched in March 2014 to provide training in overdose response and certify individuals to assist someone at risk at dying from an opioid overdose when emergency medical services are not immediately available. Those include: people who use drugs, their family members and friends; treatment program and transitional housing staff; and law enforcement officers.

From March 2014 through August 2017, the ORP reports 62,661 individuals have been trained; 74,879 doses of Naloxone have been dispensed;* and 2,340 administrations of Naloxone have been reported.**¹¹ Naloxone (commonly known as Narcan) is a narcotic blocker used to temporarily reverse the effects of opioid medicines.

**Training and dispensing statistics are maintained by authorized training entities and reported to DHMH on a monthly basis. **Naloxone administration information is voluntarily reported by certificate holders to the Maryland Poison Center or to an authorized training entity and subsequently provided to DHMH on a monthly basis.*

Plan of Action:

Tri-County Council for Western Maryland's Comprehensive Economic Development Strategy committee members plan to reach out to current task forces and workgroups from Allegany, Garrett, and Washington counties to encourage discussion of economic development as part of the healthcare crisis. As an economic development organization, Tri-County Council would raise awareness of the economic impact to the region's workforce resulting from this epidemic. In its attempt to affect change, the CEDS committee would like to gain a seat at the table with these organizations to support communication throughout the region to combat workforce issues.

Sources:

¹Tri-County Council for Western Maryland; *"CEDS Survey Executive Summary,"* October 2017

²"Appalachian Regional Commission; *"Diseases of Despair in Appalachia,"* www.arc.gov;
https://www.arc.gov/assets/research_reports/AppalachianDiseasesofDespairAugust2017.pdf

³ Maryland Department of Health and Mental Hygiene; *"Drug and Alcohol-Related Intoxication Deaths in Maryland 2016,"* June 2017;
https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/Maryland%202016%20overdose%20Annual%20report.pdf

⁴ Maryland Department of Health; *"Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland Data update through 2nd quarter 2017,"* June 2017
https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/Quarterly%20Drug_Alcohol_Intoxication_Report_2017_Q2.pdf

⁵Washington County Health Department;
<https://health.maryland.gov/washhealth/Pages/Home.aspx>

⁶Project ACT NOW; <http://projectactnow.org/>

⁷Allegany County Health Department Behavioral Health Services;
<http://www.alleganyhealthdept.com/BehavioralHealth.htm>

⁸Prescribe Change Allegany County; <http://www.prescribechangeallegany.org/>

⁹Garrett County Health Department Behavioral Health;
<http://garretthealth.org/behavioral-health/>

¹⁰ Maryland Department of Health and Mental Hygiene; *"Drug and Alcohol-Related Emergency Room Visits in Maryland 2008-2014,"* September 2015
https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/Drug%20and%20Alcohol-related%20ED%20Visits_2008-2014.pdf

¹¹ Maryland Department of Health Behavioral Health Administration; The Overdose Response Program; <https://bha.health.maryland.gov/NALOXONE/Pages/Home.aspx>