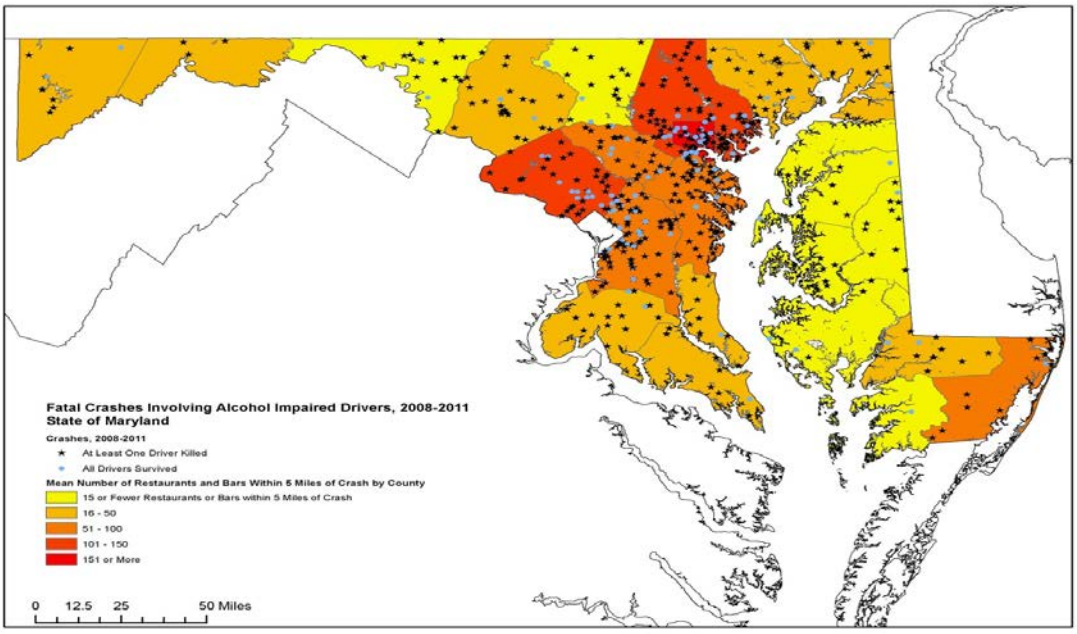
Maryland Jurisdiction Epidemiological Profiles
Chartbook

February 13, 2014



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JURISDICTION FINDINGS

(*Jurisdiction listed in alphabetical order; Baltimore City the last.*)

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Data Sources & Considerations for Use

Data Organization: Rankings of jurisdictions on their standing on select indicators are presented first followed by jurisdictions sorted alphabetically (Baltimore City at the end) under specific data sources.

Health Services Cost Review Commission (HSCRC): In Maryland, the HSCRC an independent agency is charged with regulating hospital rates for all payers and is responsible for maintaining both the inpatient and outpatient facility data sets. The inpatient dataset contains discharge medical record abstracts and billing data on each of the state's approximately 800,000 yearly inpatient admissions. Hospitals submit data to the HSCRC on a quarterly basis and the agency generates research-ready datasets for public use. Access to the research level version of the inpatient or outpatient data requires the submission of an application to the HSCRC. Data is available through 2012. http://www.hscrc.state.md.us/

Important considerations regarding HSCRC data:

1. The county indicated in the charts refers to the location of the patient's place of residence and may not be the jurisdiction in which the hospital providing service is situated.
2. The data are available at the event level rather than individual level. This means that one individual can contribute multiple observations in the data.

Maryland Automated Accident Reporting System (MAARS): The MAARS data is comprised of information extracted from motor vehicle accident reports submitted by over 200 Maryland law enforcement agencies. The purpose is to provide safety professionals, public officials, the private sector, and the general public information about traffic crashes throughout Maryland. It presents data extracted from motor vehicle crash reports submitted by more than 200 Maryland law enforcement agencies to the Enhanced Maryland Automated Accident Reporting System (MAARS). All crashes resulting in a vehicle being towed away, personal injury, or fatality are reported. Crash data are recorded by the state, county, or local law enforcement officer at the scene of the reportable crash. The Central Records Division of the Maryland State Police manages MAARS and provides copies of the reports to the public for a fee. The SHA maintains the electronic crash database, and is the primary contact for distribution of raw crash data. MHSO provides summary statistics based on reports generated from SHA's database. MAARS data through 2011 was used for this report.

Important considerations regarding MAARS data:

1. Impaired crashes are those with at least one driver reported to be under the influence of either 'alcohol' or both 'alcohol and drugs'.
2. Crashes with unknown/unspecified age or gender were excluded, as well as those involving 'drugs only.'

National Survey on Drug Use and Health (NSDUH): The NSDUH provides national- and state-level data on mental health as well as the use of tobacco, alcohol and illicit drugs (including non-medical use of prescription drugs) in the United States. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Public Health Service within the U.S. Department of Health and Human Services. A random sample of households is selected across the United States, and a professional field interviewer makes a personal visit to each selected household. After answering a few general questions during the in-person visit by the interviewer, residents of the household may be asked to participate. Participants answer most of the interview questions in private by entering their responses directly into a computer. The survey is conducted annually, with state-level data available from 1999-2011, substate-level data available every 2 years from 1999-2010 and national data available 1999-2011. http://www.samhsa.gov/data/NSDUH.aspx

Important considerations regarding NSDUH data:

- With the exception of six Maryland jurisdictions (Anne Arundel County, Baltimore City, Baltimore County, Charles County, Montgomery County and Queen Anne's County), NSUDH results are reported as aggregate data with several jurisdiction grouped into substate regions. The substate regions are as follows:
    - ***North Central*** is comprised of Carroll County and Howard County;
    - ***North East*** is comprised Caroline County, Cecil County, Harford County, Kent County, Queen Anne's County and Talbot County;
    - ***South*** is comprised of Calvert County, Charles County, Dorchester County, St. Mary's County, Somerset County, Wicomico County and Worcester County;
    - ***West*** is comprised of Allegany County, Frederick County, Garrett County and Washington County.

State of Maryland Automated Record Tracking (SMART): SMART data include treatment admissions from all substance use disorder treatment facilities that receive state alcohol and/or drug agency funds (including Federal Block Grant funds) for the provision of treatment for substance use disorders. SMART does not include data from private or for-profit treatment facilities, hospitals, the state correctional system (unless licensed through the state substance use disorders agency) or federal agencies (the Bureau of Prisons, the Department of Defense, and the Veterans Administration). Data elements in SMART include: reason for admission,

primary and secondary substances of use, sociodemographic information, the presence or absence of mental illness and treatment modality. Data are current through 2012. http://adaa.dhmh.maryland.gov/SitePages/SMART.aspx

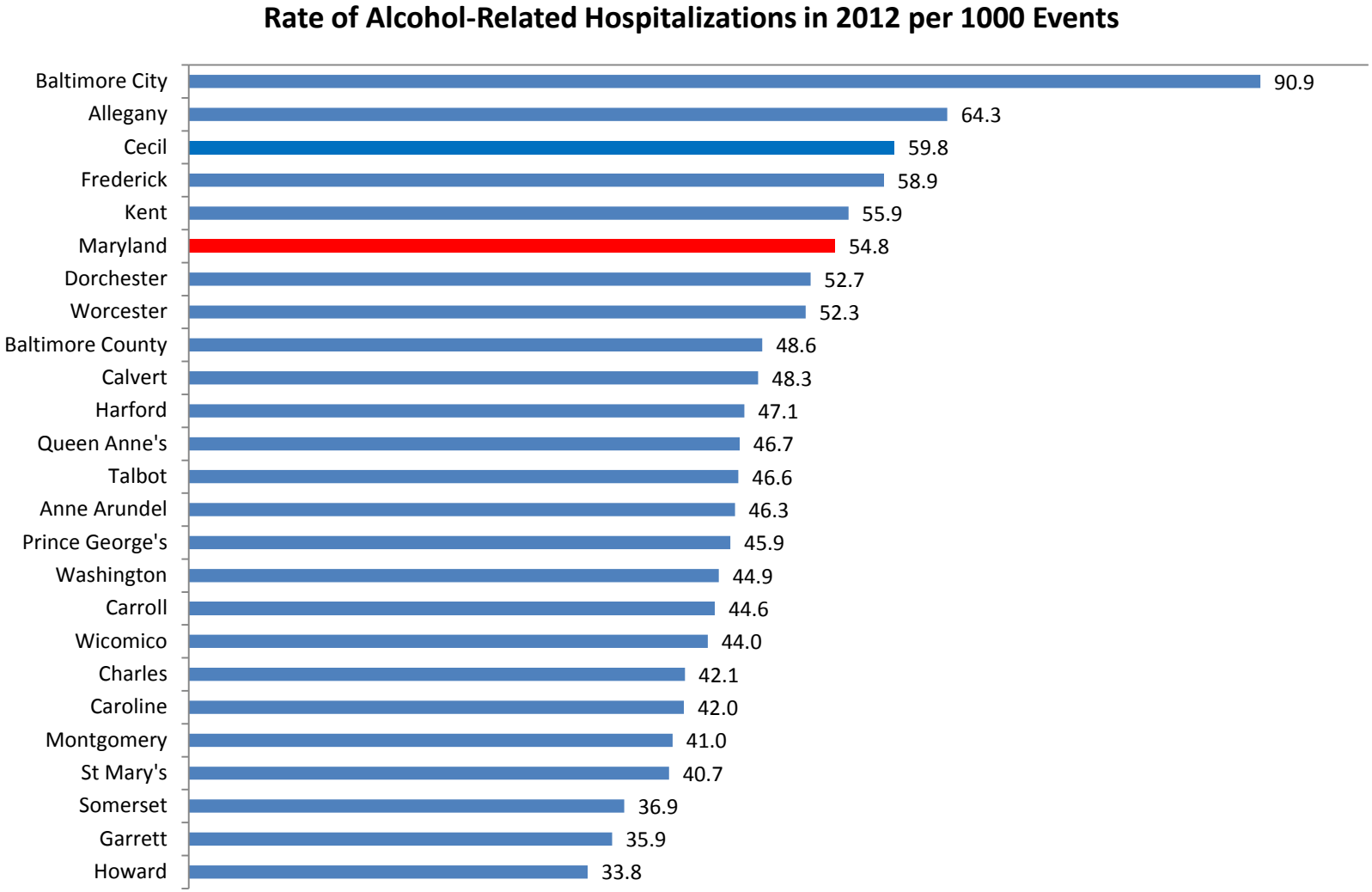
Important considerations regarding SMART data:

1. The data are based on fiscal year and not calendar year.
2. The county indicated in the charts refers to the location of the patient's place of residence and may not be the jurisdiction in which the treatment facility is situated.
3. The data are available at the event level rather than individual level. This means that one individual can contribute multiple observations in the data.
4. The charts show the estimated rate of admissions for a specific primary substance problem per 1000 residents in each jurisdiction.

JURISDICTION RANKINGS

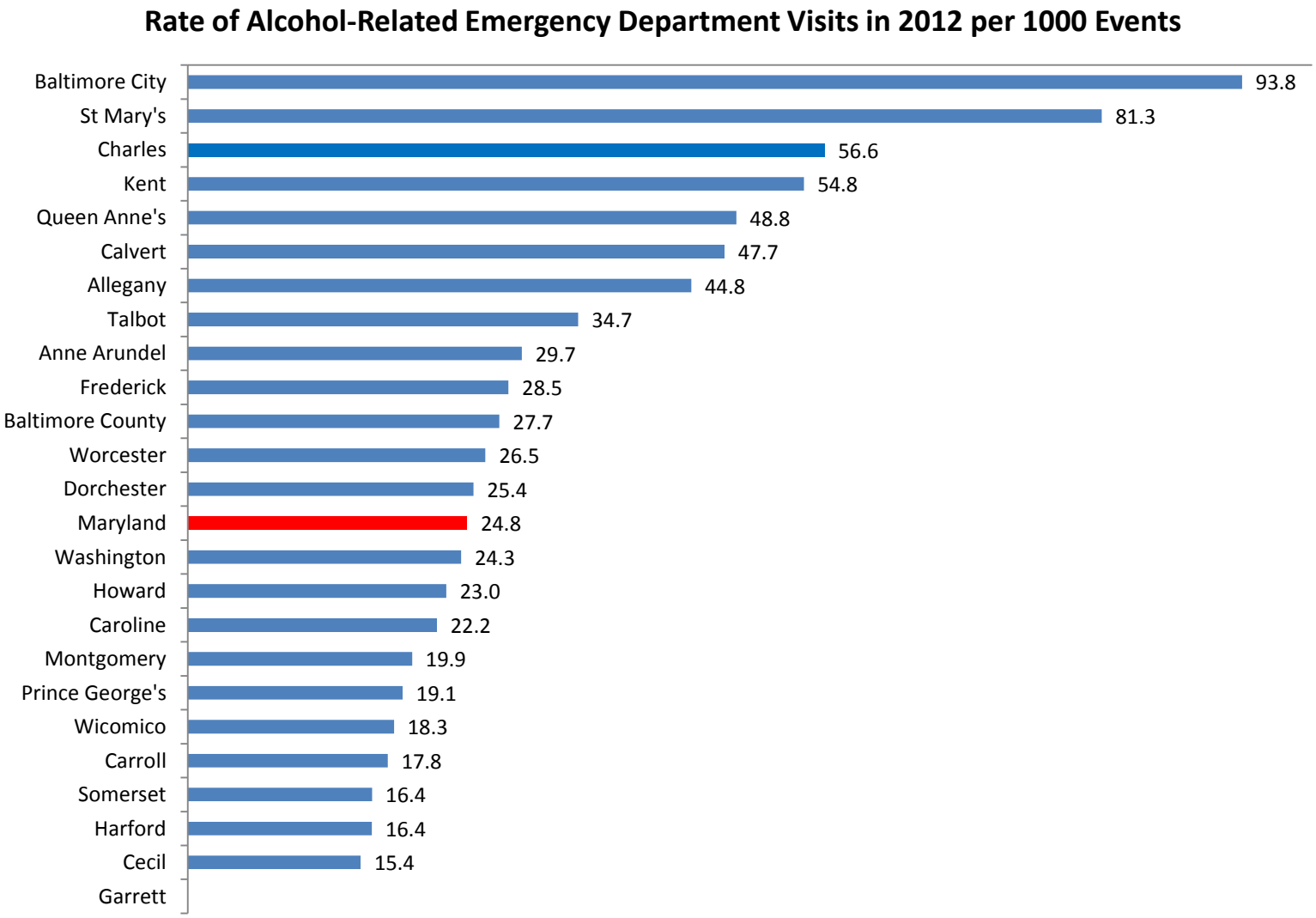
Alcohol-Related Inpatient Hospitalizations

Data Source: Health Services Cost Review Commission (HSCRC)



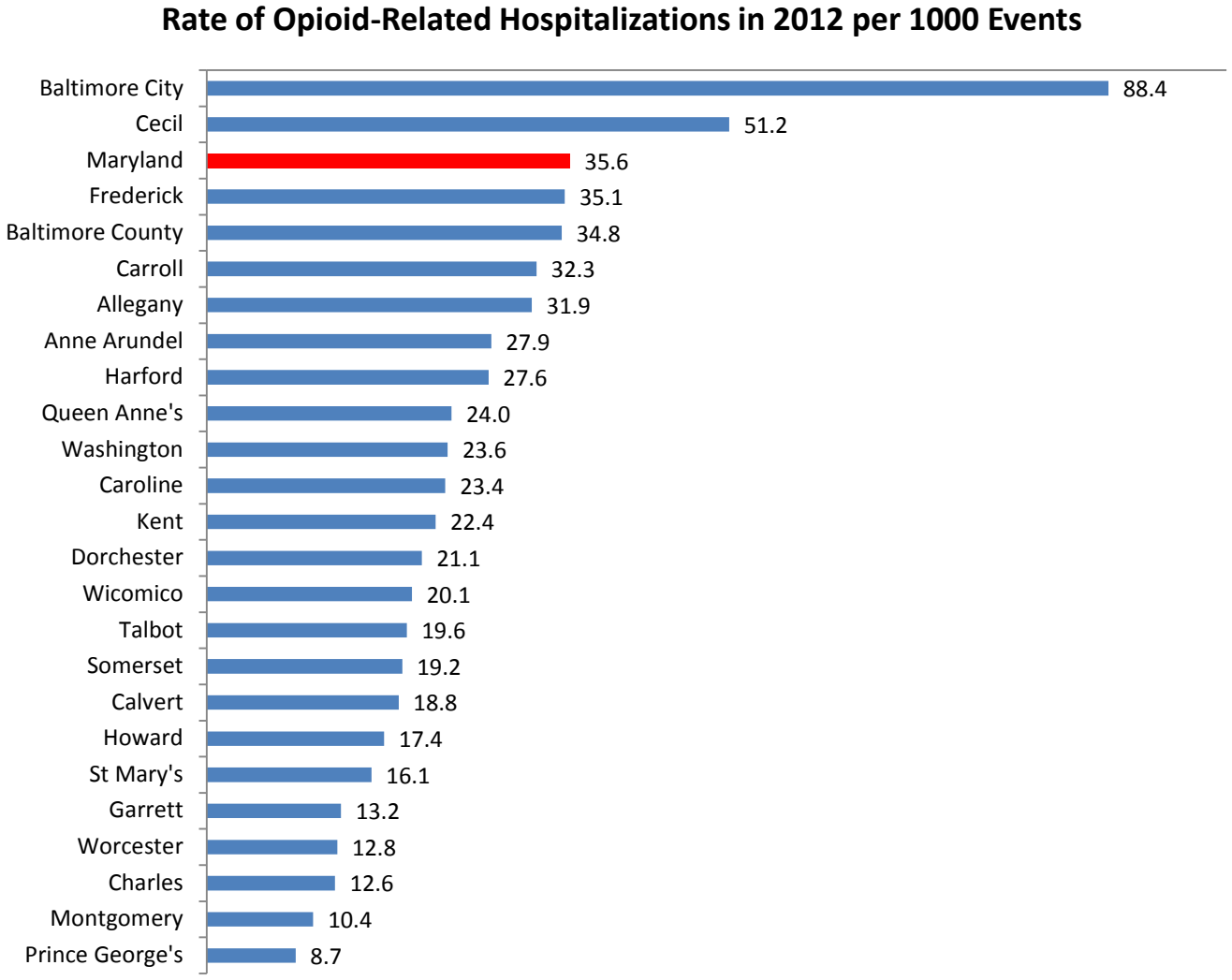
Alcohol-Related Emergency Department Visits

Data Source: Health Services Cost Review Commission (HSCRC)



Opioid-Related Inpatient Hospitalizations

Data Source: Health Services Cost Review Commission (HSCRC)



Opioid-Related Emergency Department Visits

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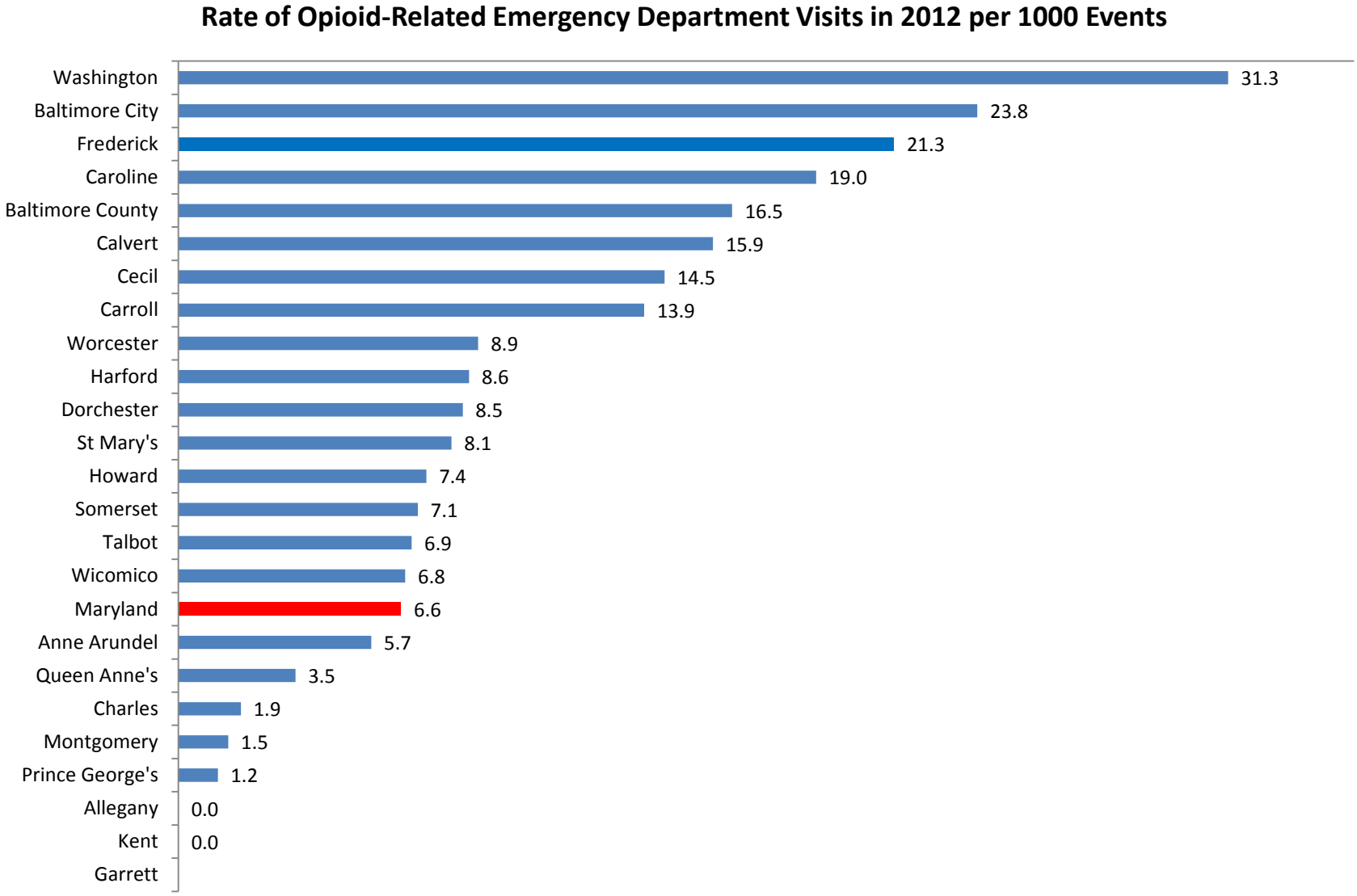
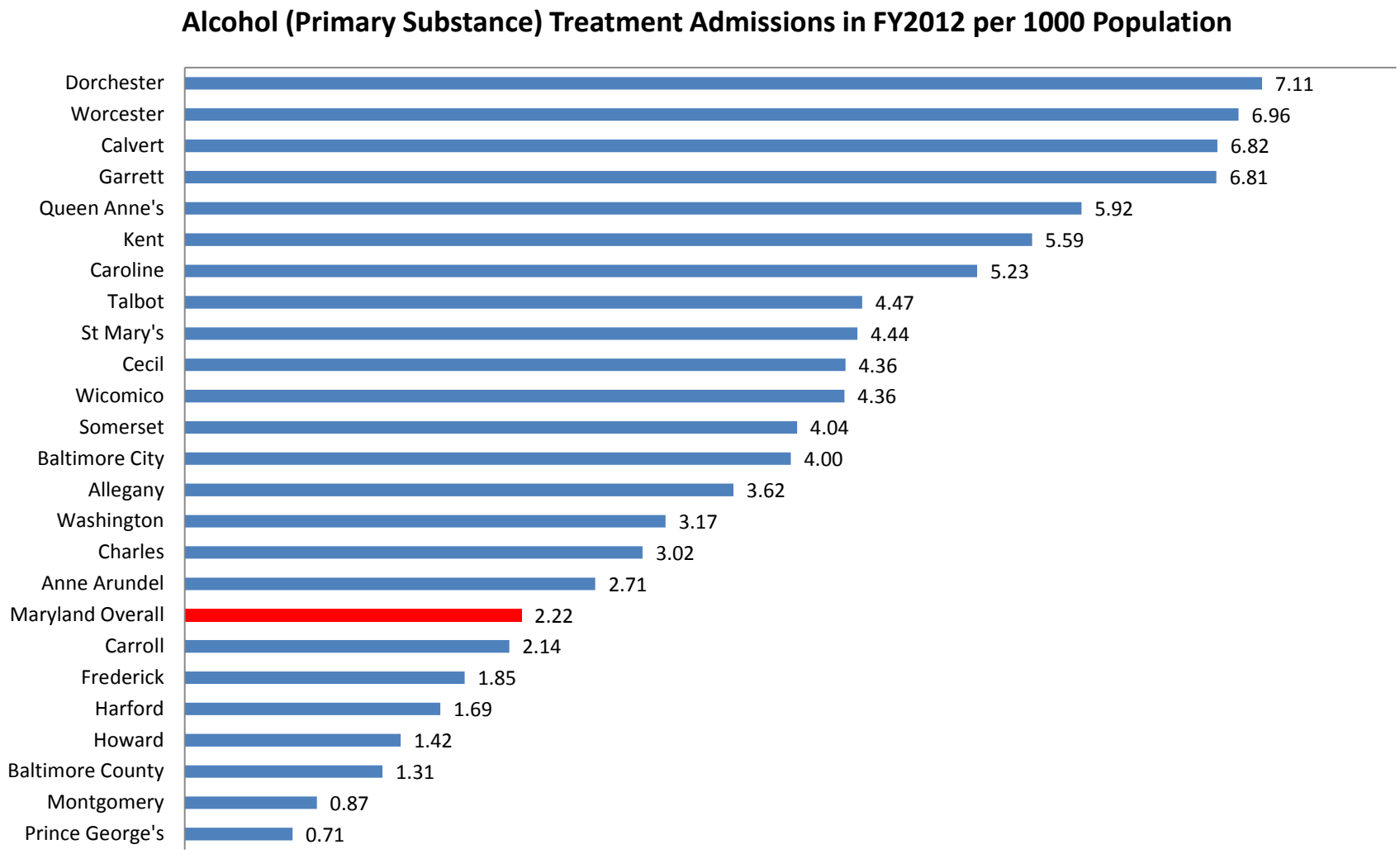


Treatment Admissions

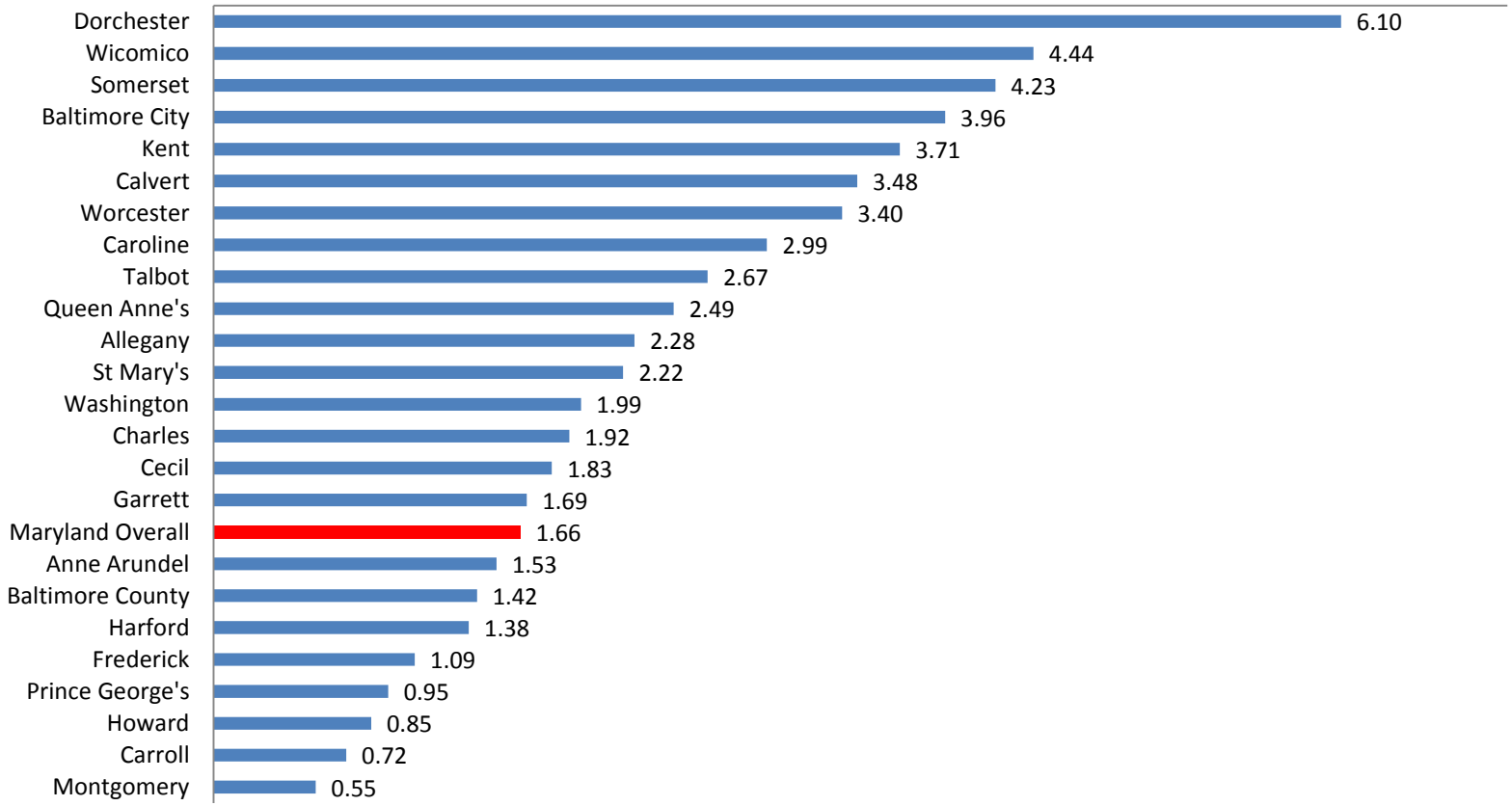
Data Source: State of Maryland Automated Records Tracking (SMART)

Alcohol

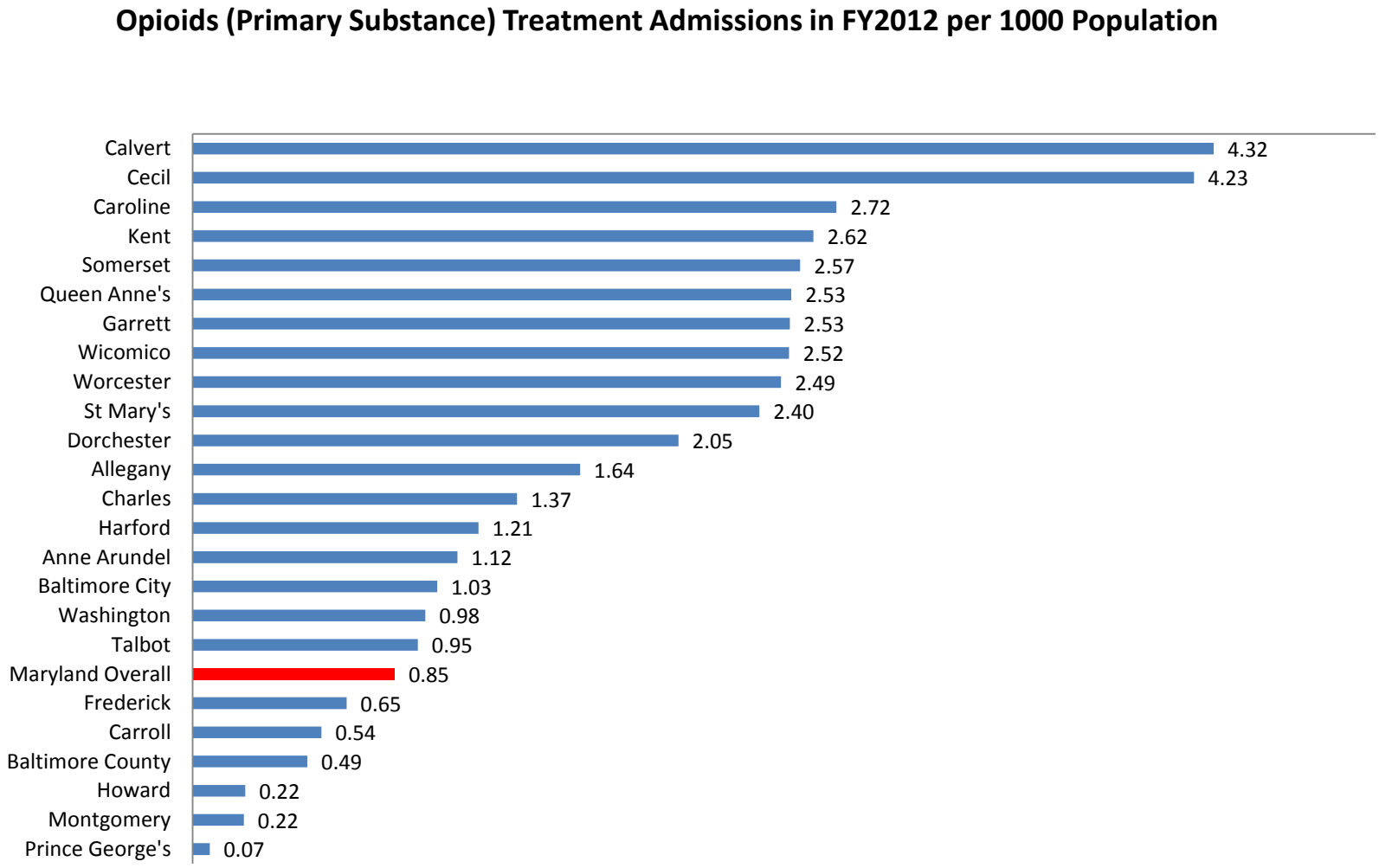


Marijuana

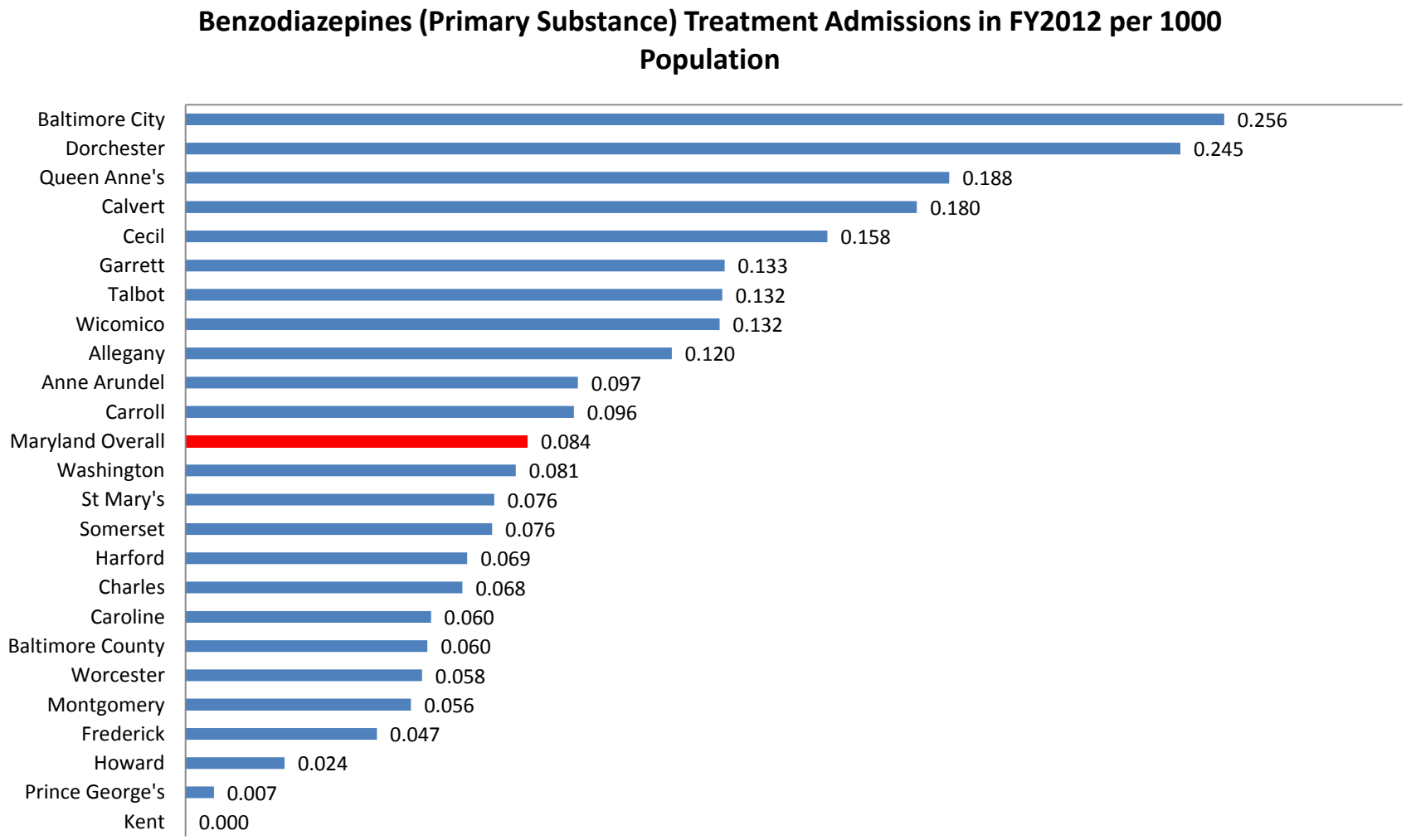
Marijuana (Primary Substance) Treatment Admissions in FY2012 per 1000 Population



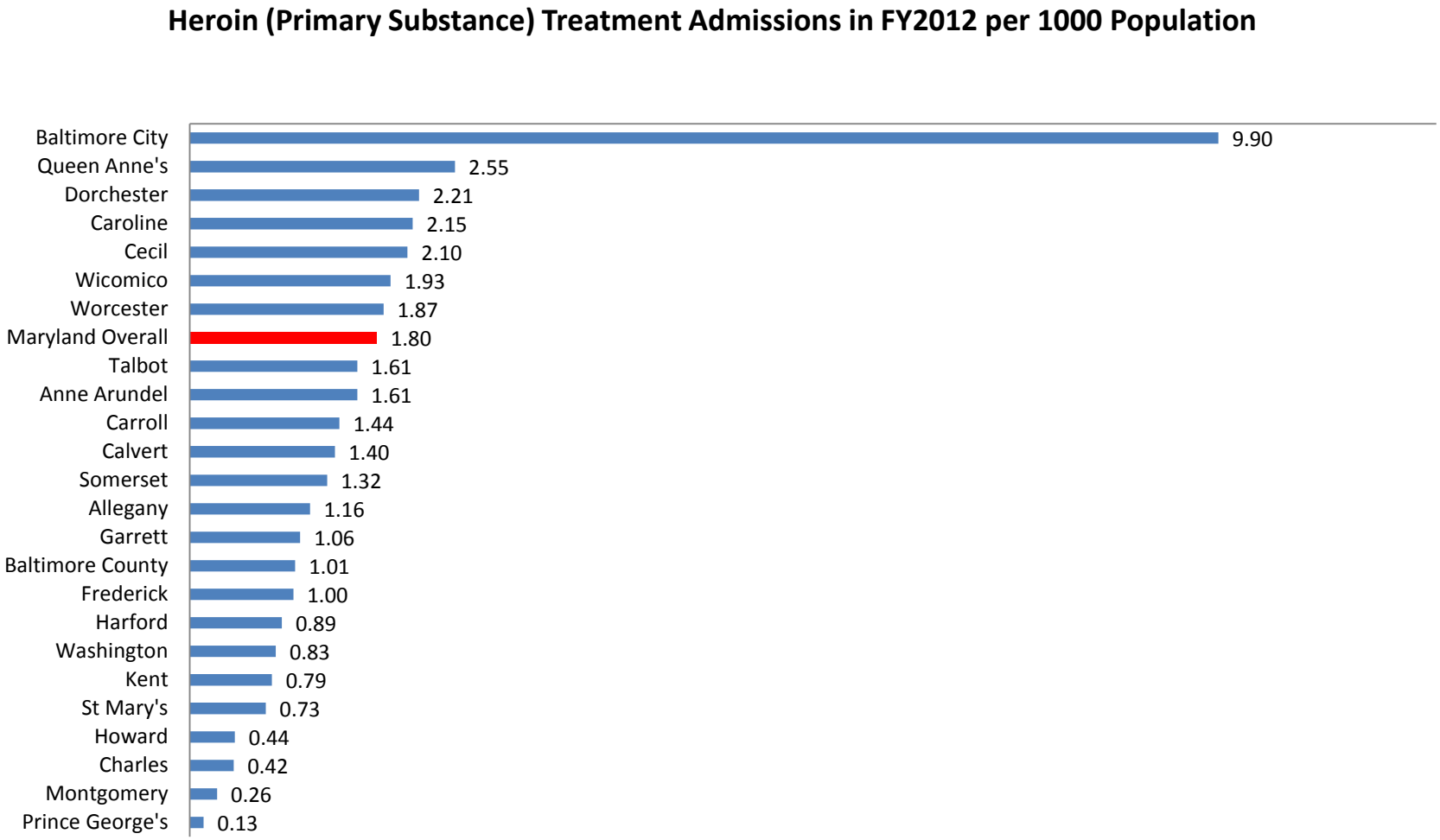
Prescription Opioids



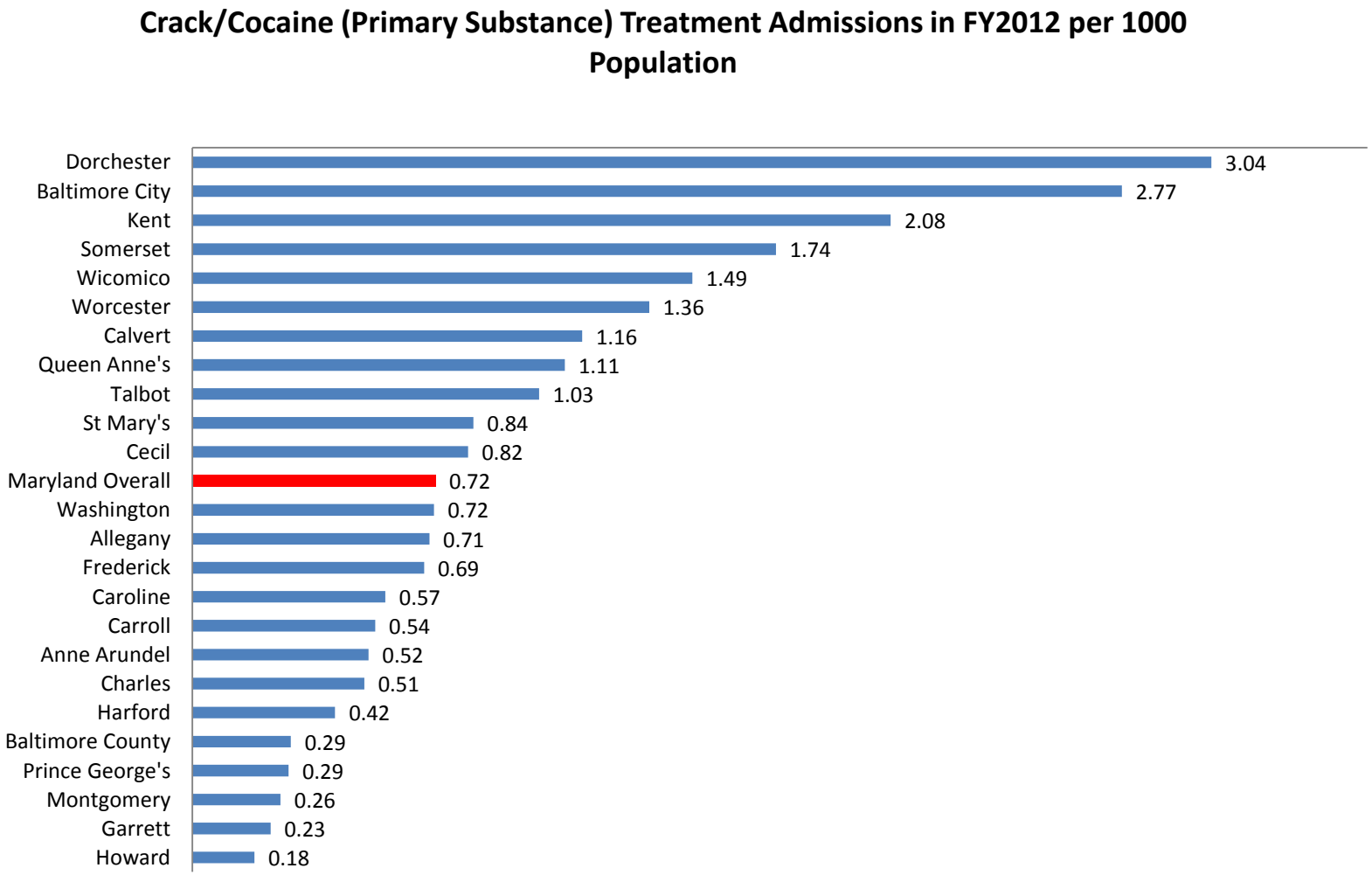
Benzodiazepines



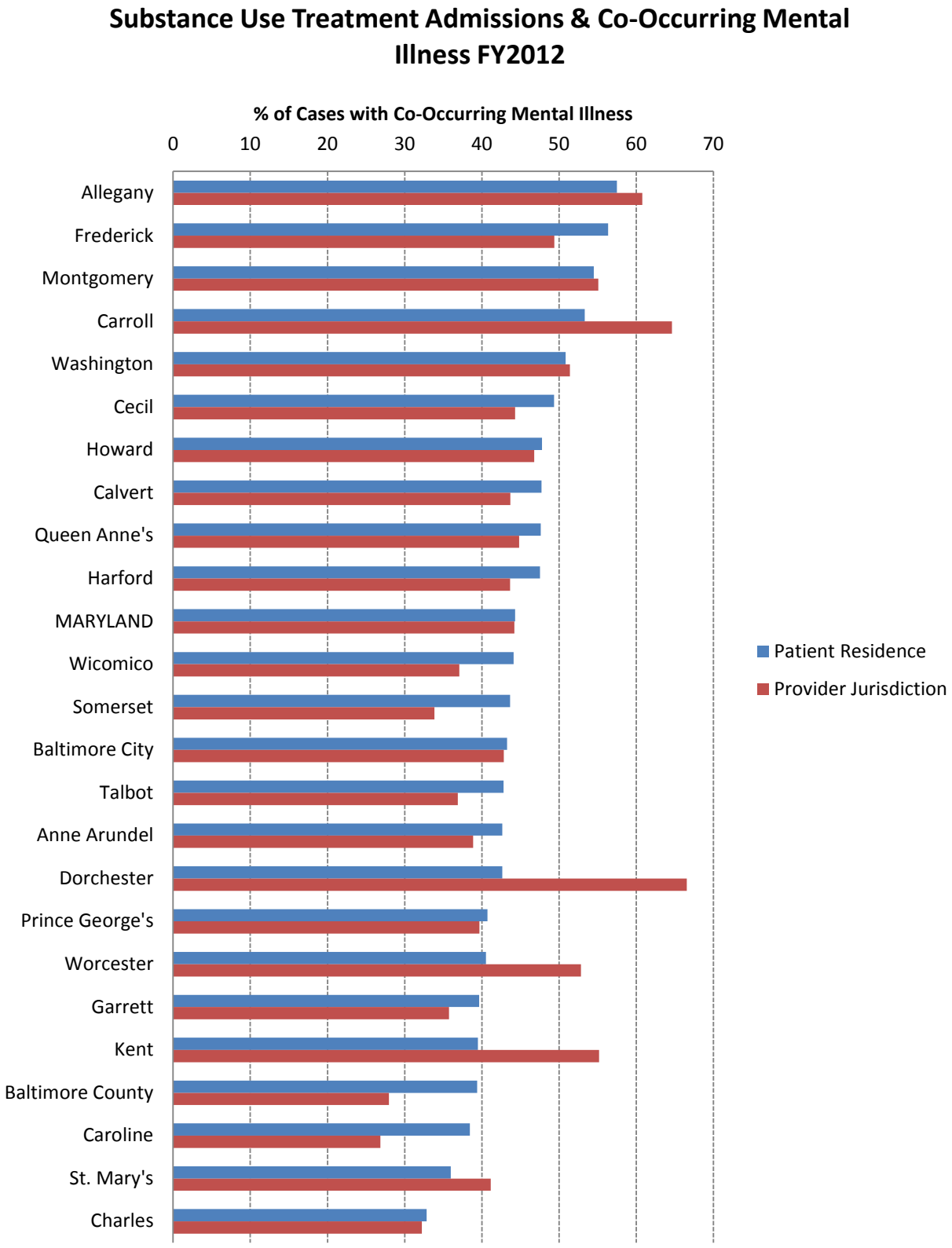
Heroin


Heroin (Primary Substance) Treatment Admissions in FY2012 per 1000 Population
Baltimore City 9.90
Queen Anne's 2.55
Dorchester 2.21
Caroline 2.15
Cecil 2.10
Wicomico 1.93
Worcester 1.87
Maryland Overall 1.80
Talbot 1.61
Anne Arundel 1.61
Carroll 1.44
Calvert 1.40
Somerset 1.32
Allegany 1.16
Garrett 1.06
Baltimore County 1.01
Frederick 1.00
Harford 0.89
Washington 0.83
Kent 0.79
St Mary's 0.73
Howard 0.44
Charles 0.42
Montgomery 0.26
Prince George's 0.13

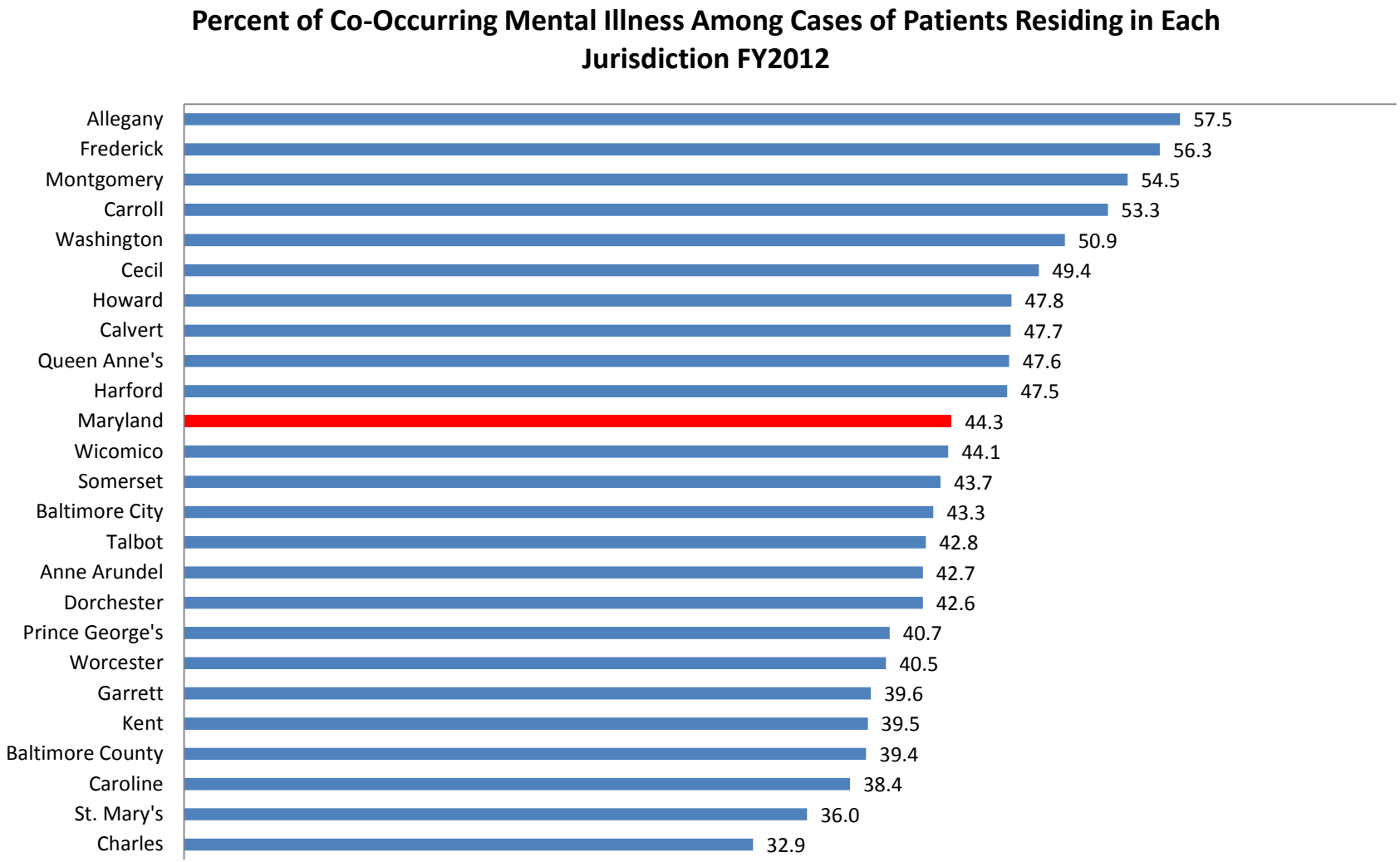
Crack/Cocaine



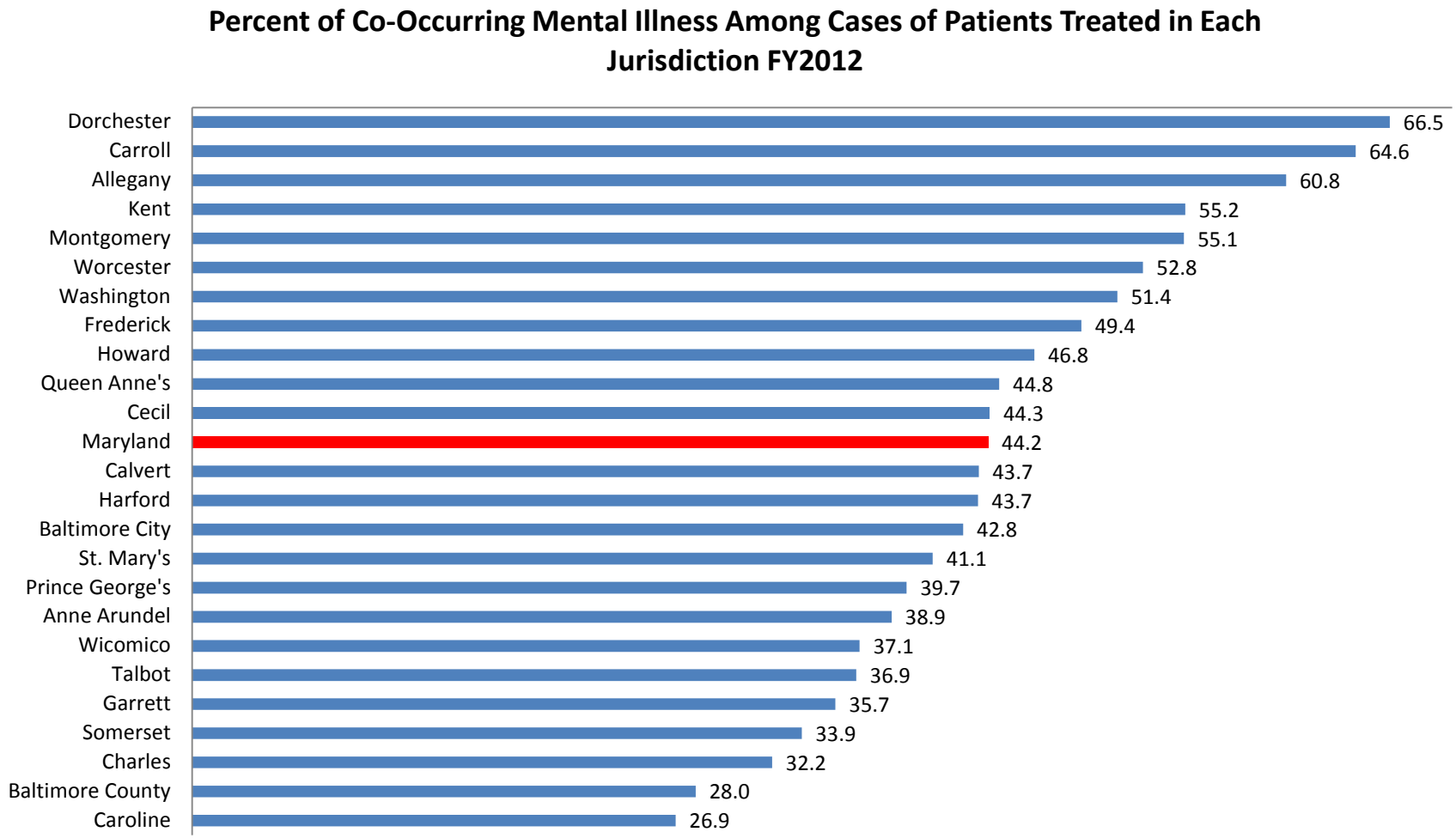
Co-Occurring Mental Illness



Co-Occurring Mental Illness by County of Patient Residence



Co-Occurring Mental Illness by County Where the Treatment Facility is Located

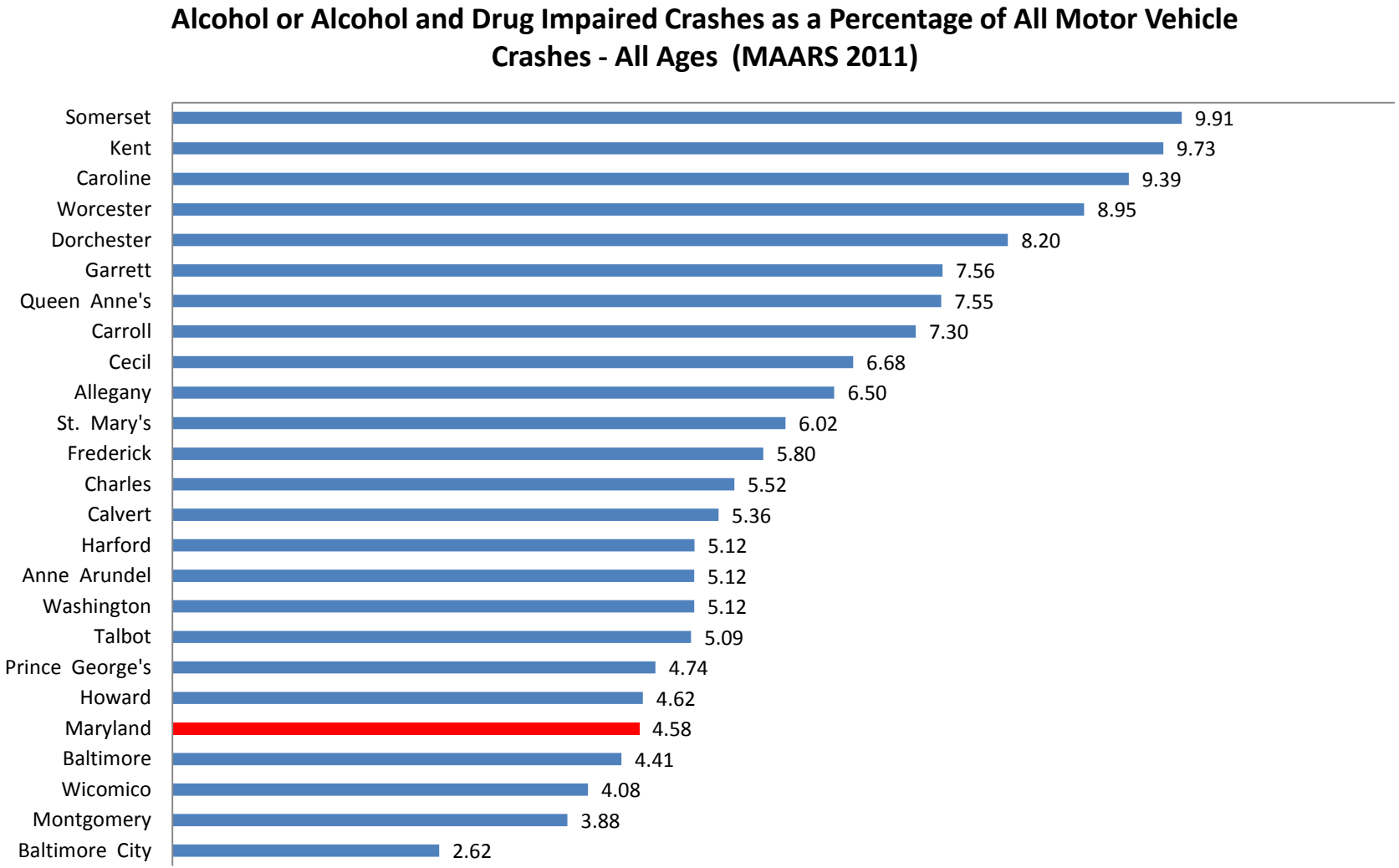


Alcohol-Impaired Crashes

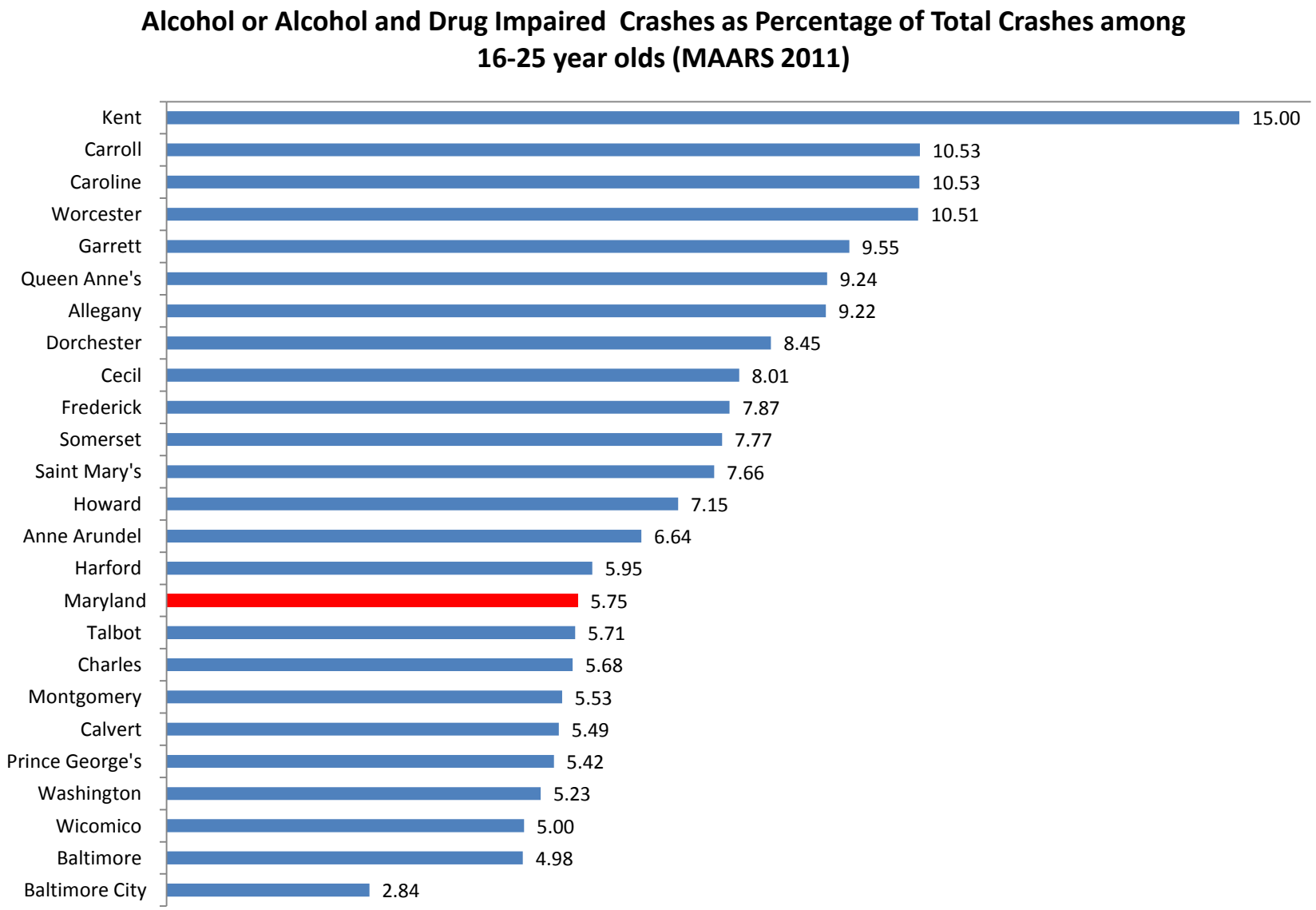
Data Source: Maryland Automated Accident Reporting System (MAARS)

Impaired crashes are those with at least one driver reported to be under the influence of either 'alcohol' or both 'alcohol and drugs'.

All Ages



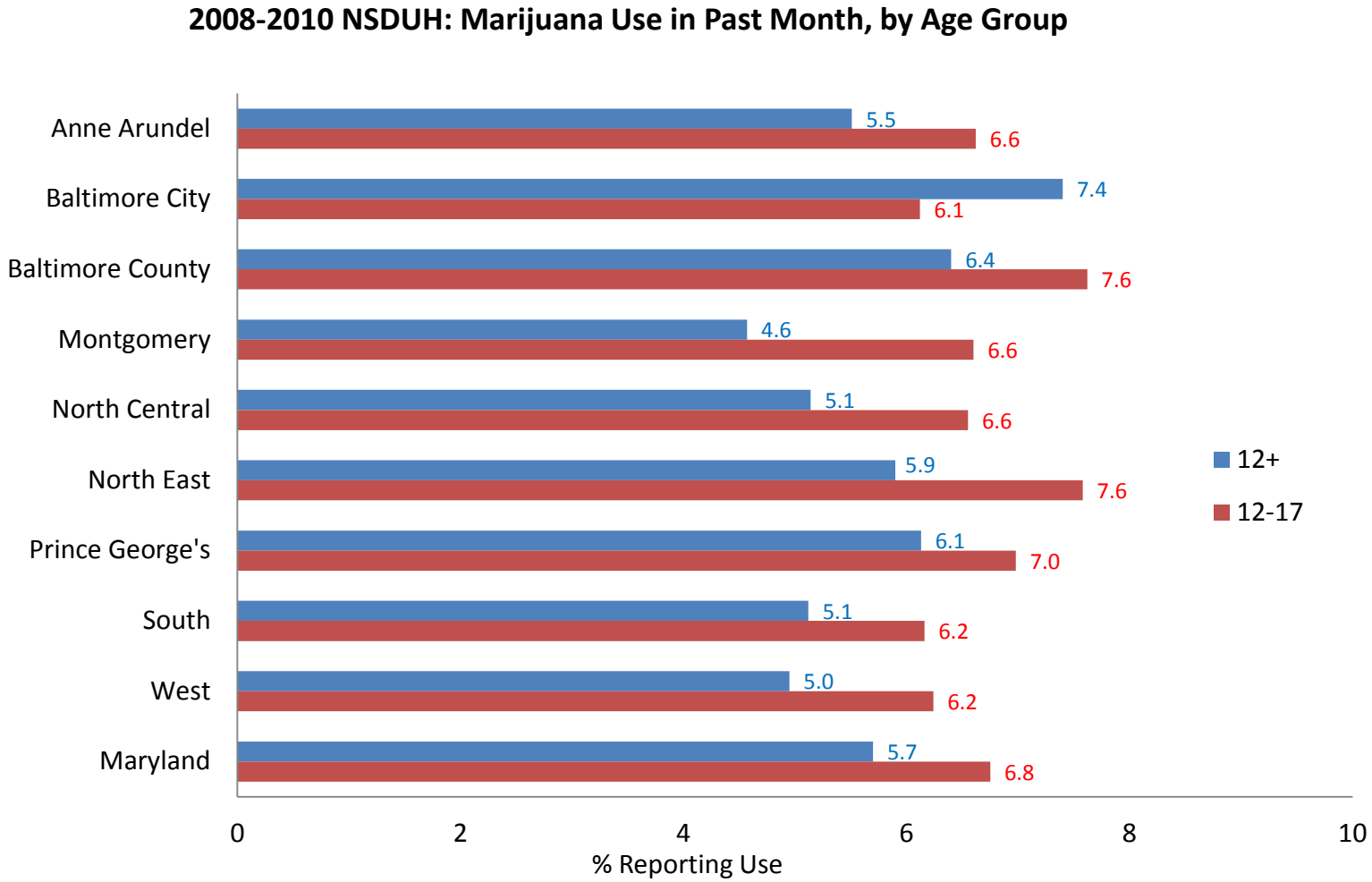
Aged 16-25 Years



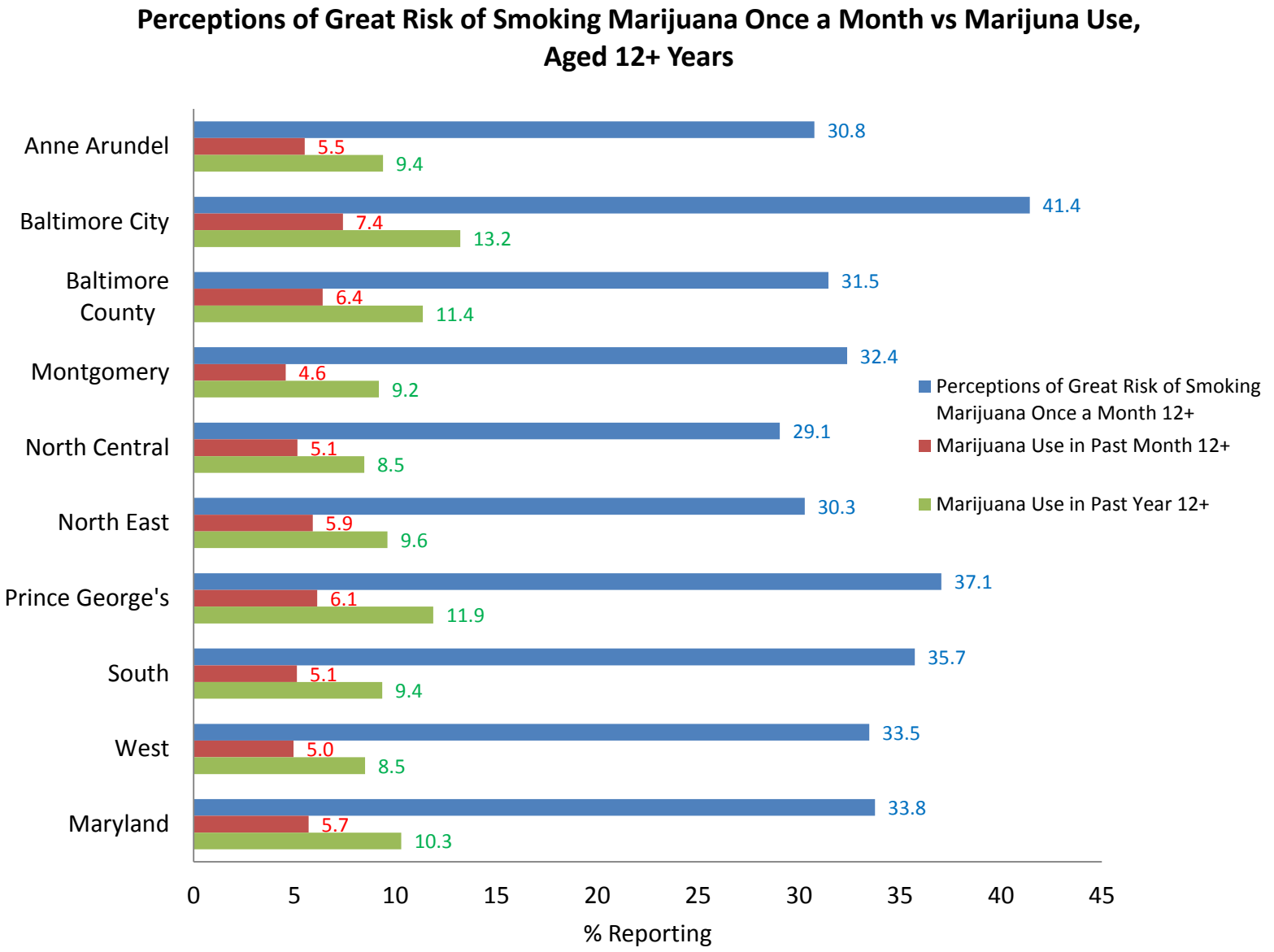
Marijuana Use

Data source: National Survey on Drug Use and Health (NSDUH)

Past-Month Use

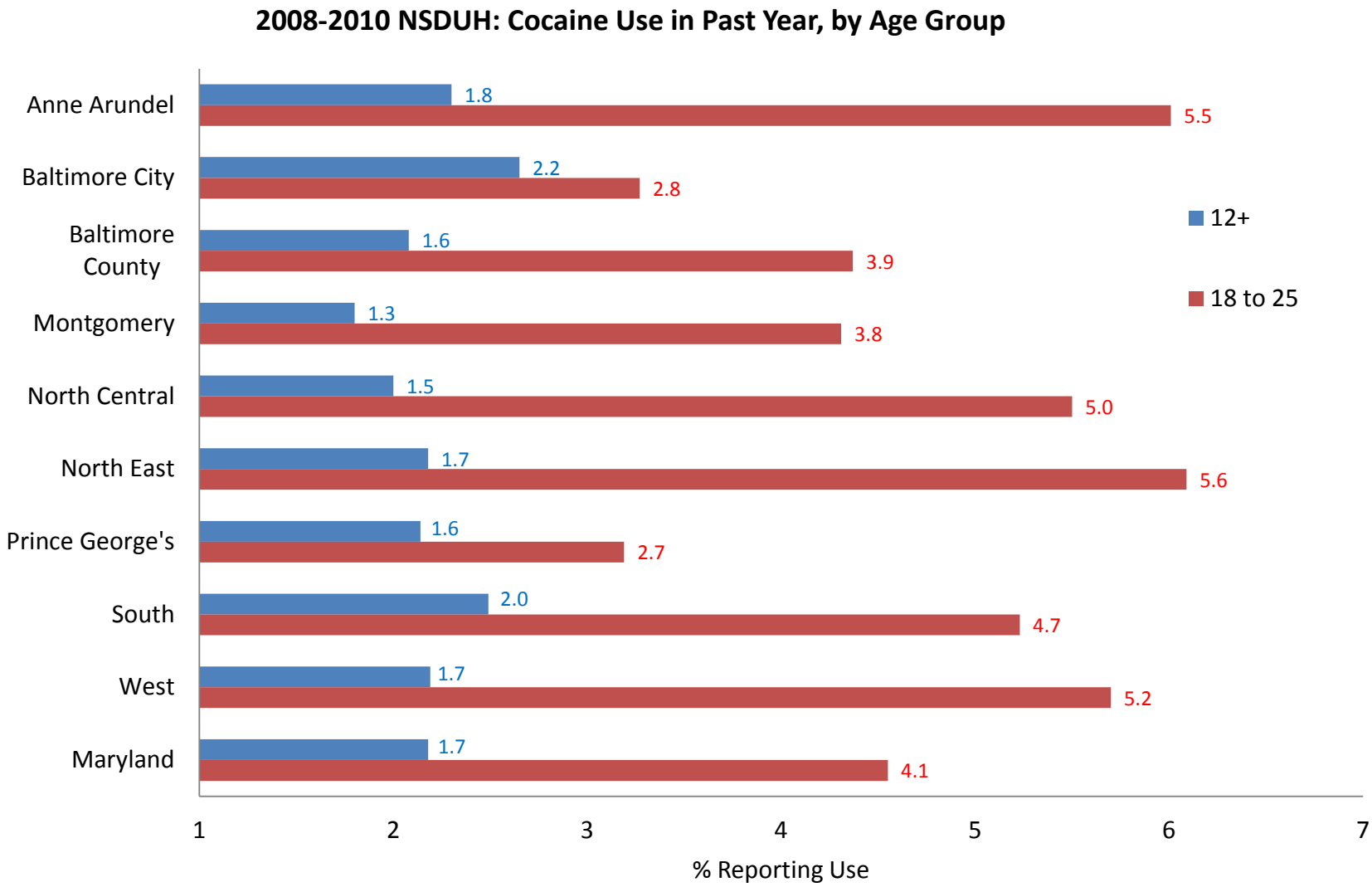


Perceptions of Risk of Smoking Marijuana



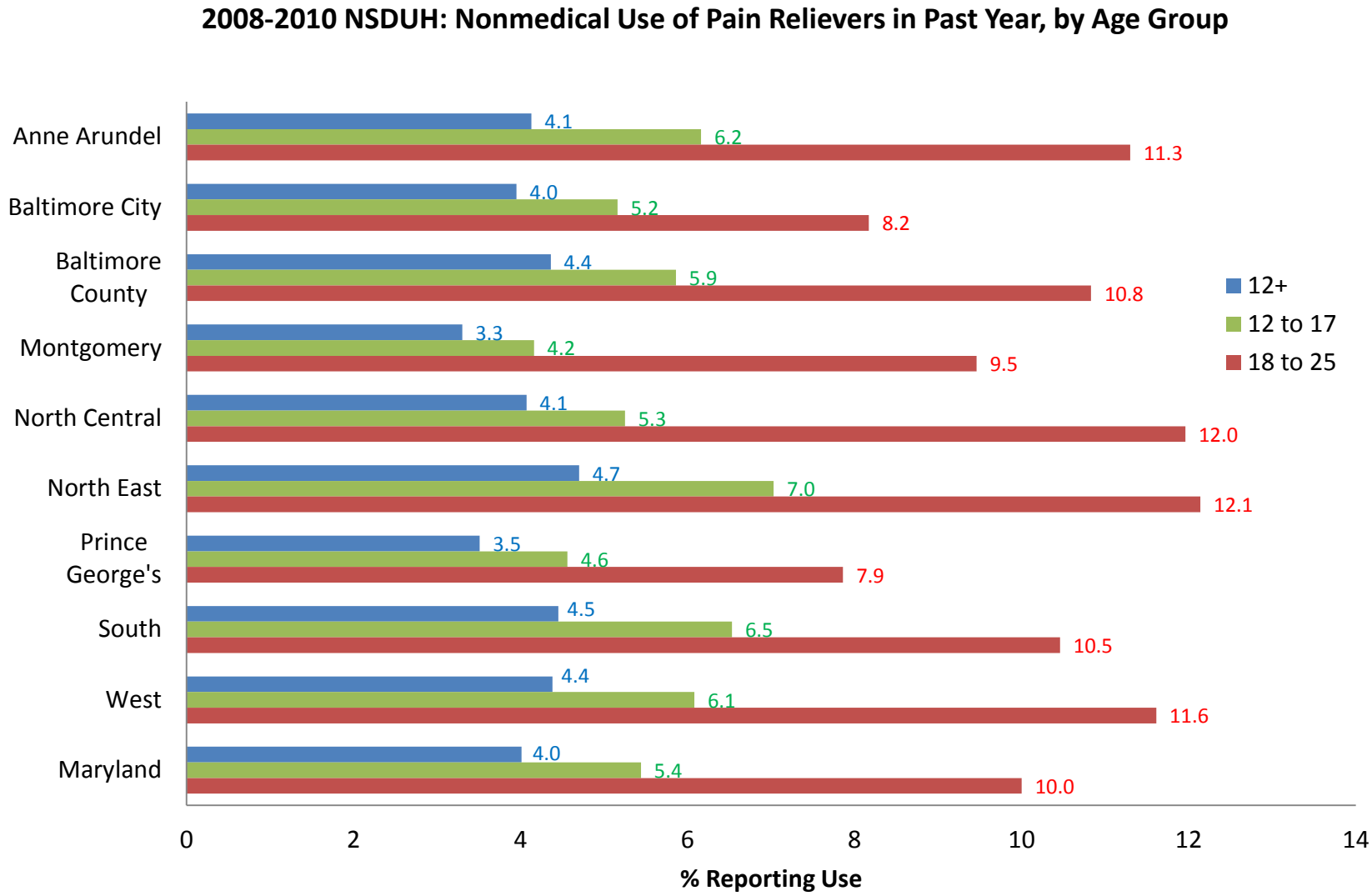
Cocaine, Past-Year Use

Data source: National Survey on Drug Use and Health (NSDUH)



Pain Reliever, Past-Year Non-Medical Use

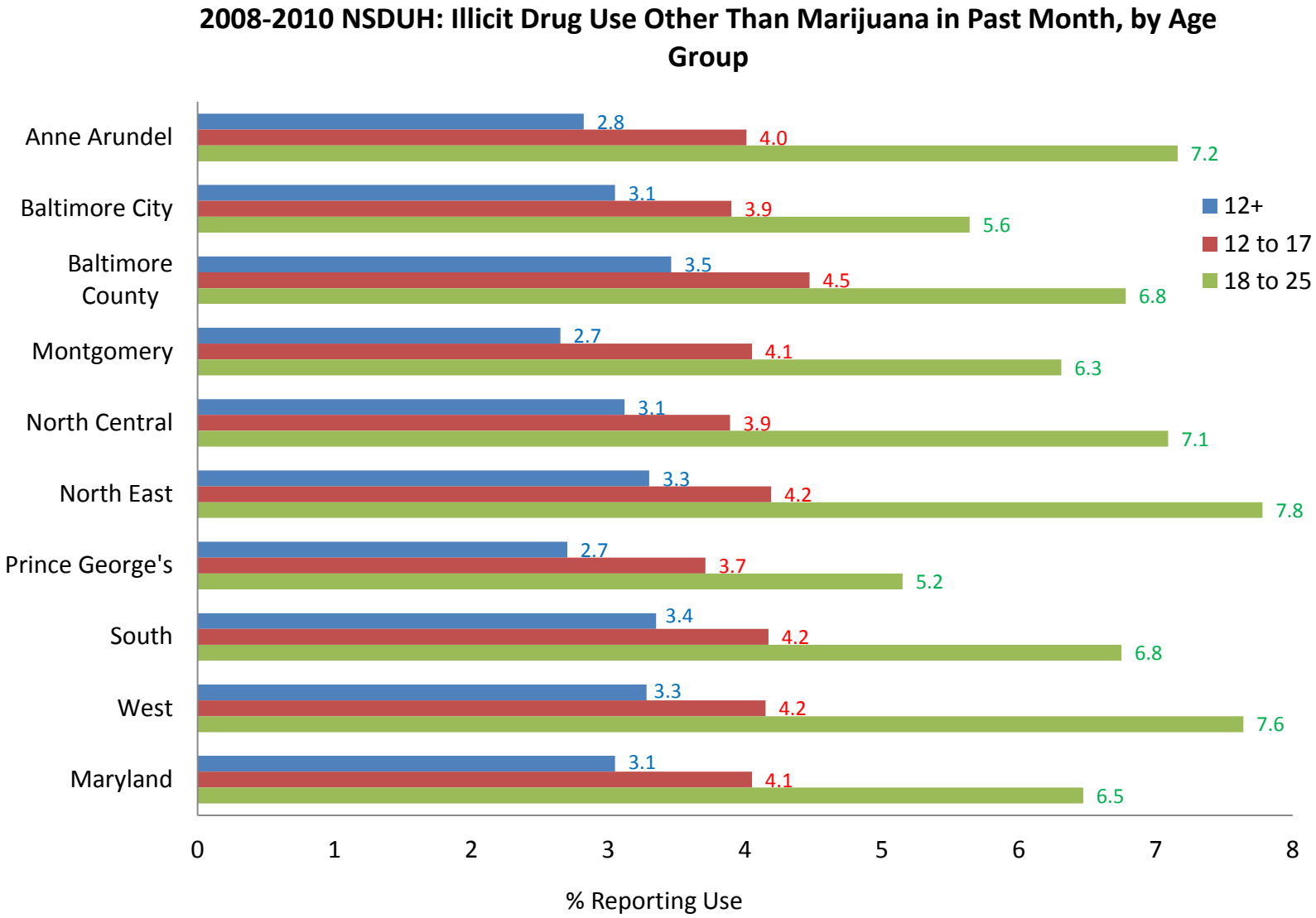
Data source: National Survey on Drug Use and Health (NSDUH)



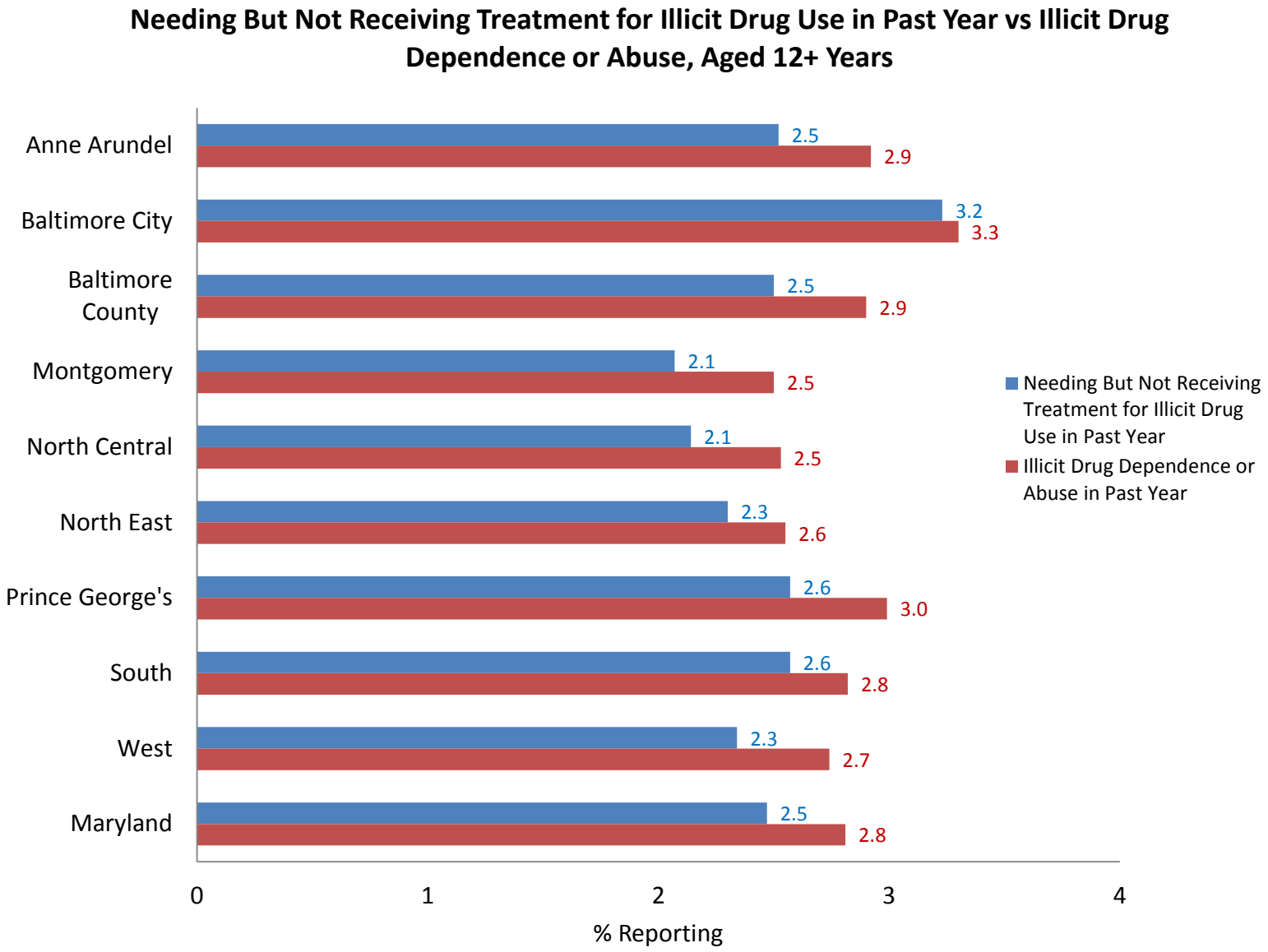
Illicit Drug Use

Data source: National Survey on Drug Use and Health (NSDUH)

Past-Month Use of Illicit Drugs Other than Marijuana



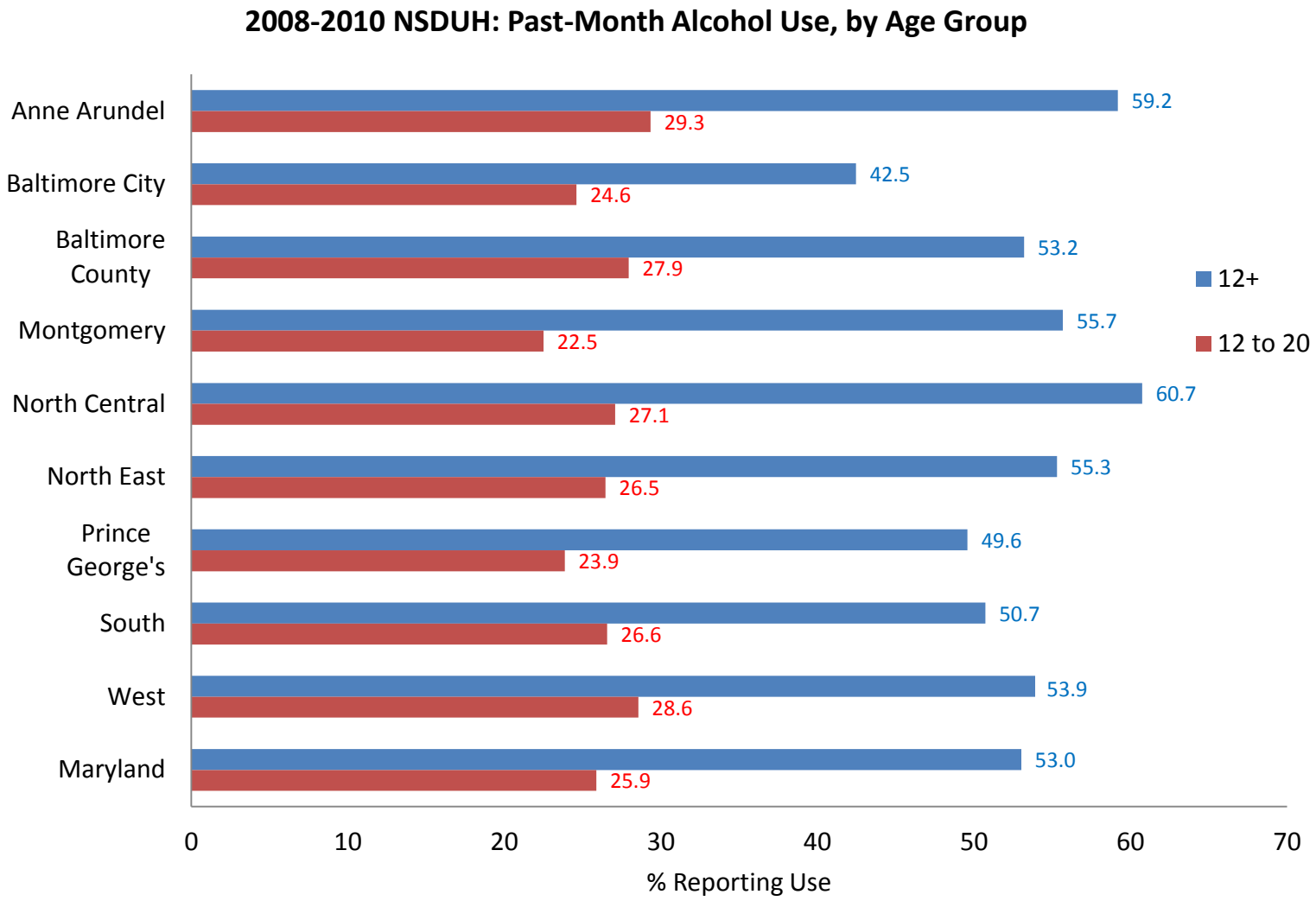
Past-Year Needing but Not Receiving Treatment



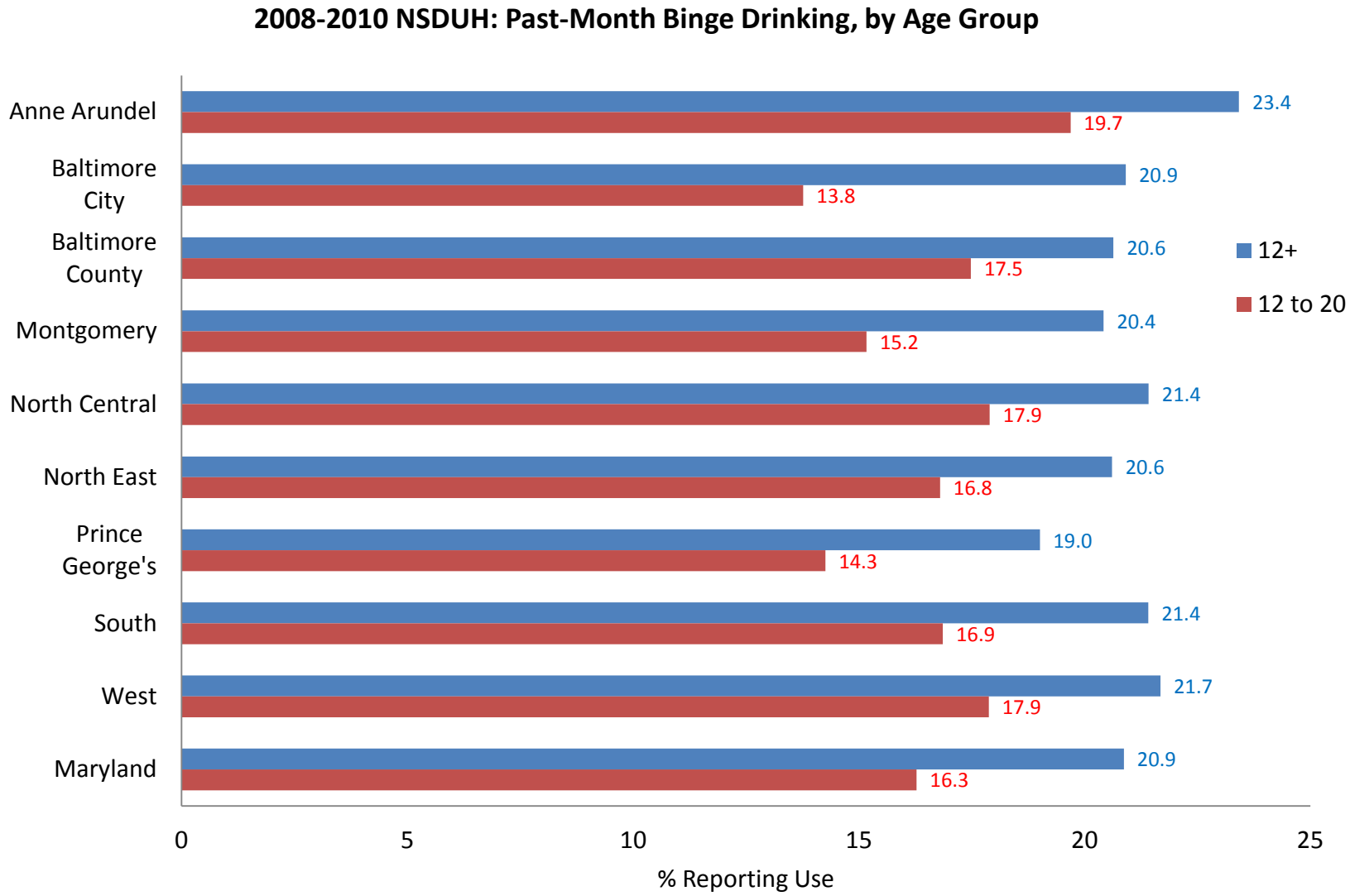
Alcohol Use

Data source: National Survey on Drug Use and Health (NSDUH)

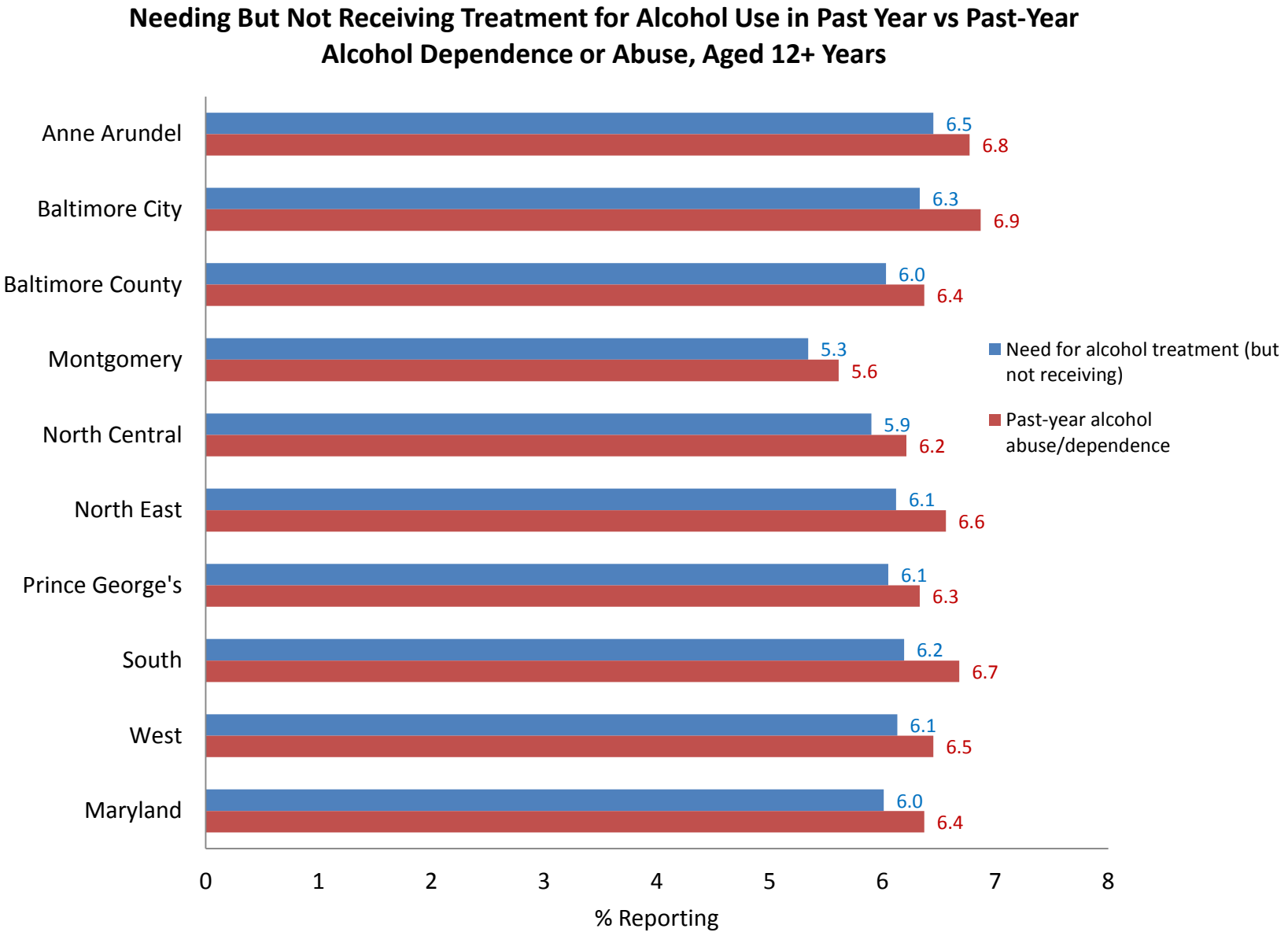
Past-Month Use



Past-Month Binge Drinking



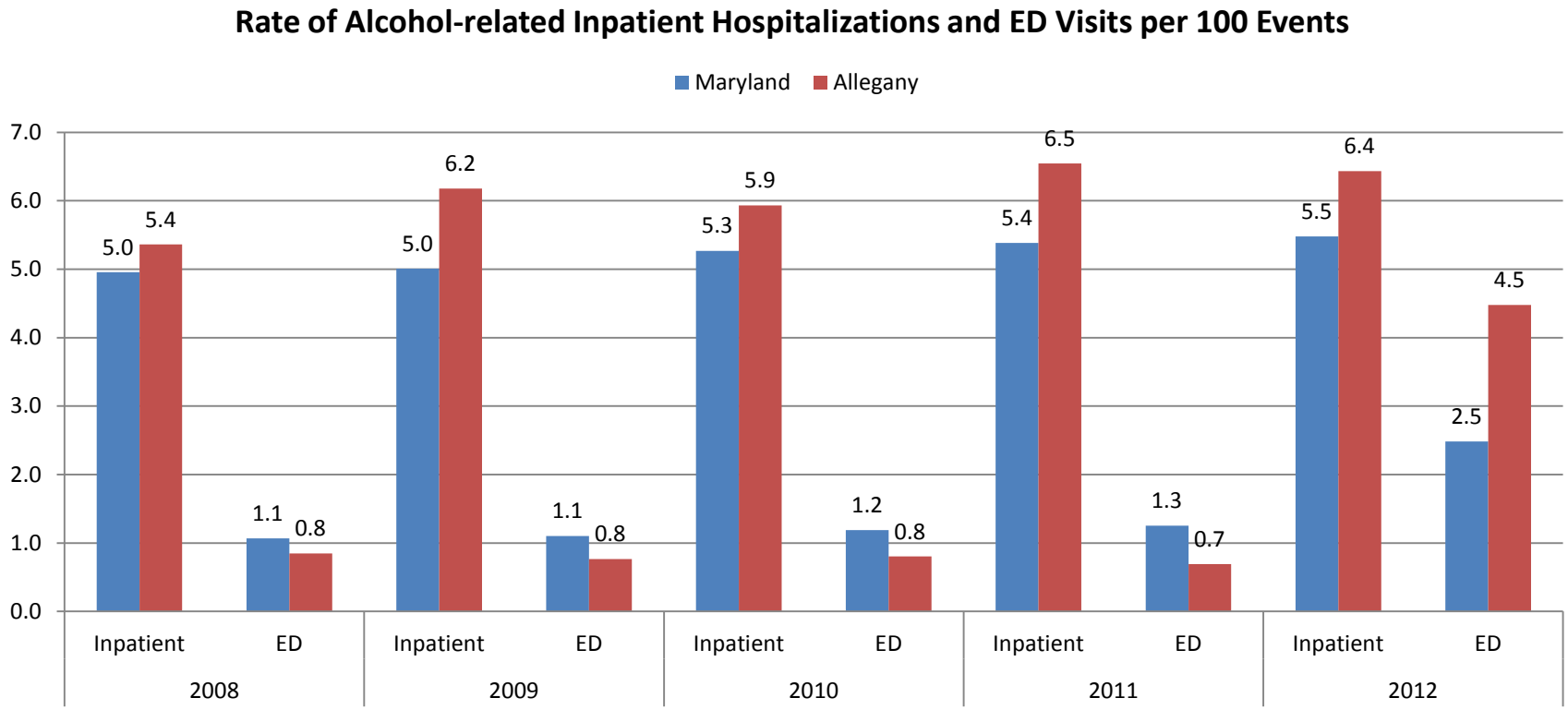
Past-Year Needing but Not Receiving Treatment vs Abuse or Dependence



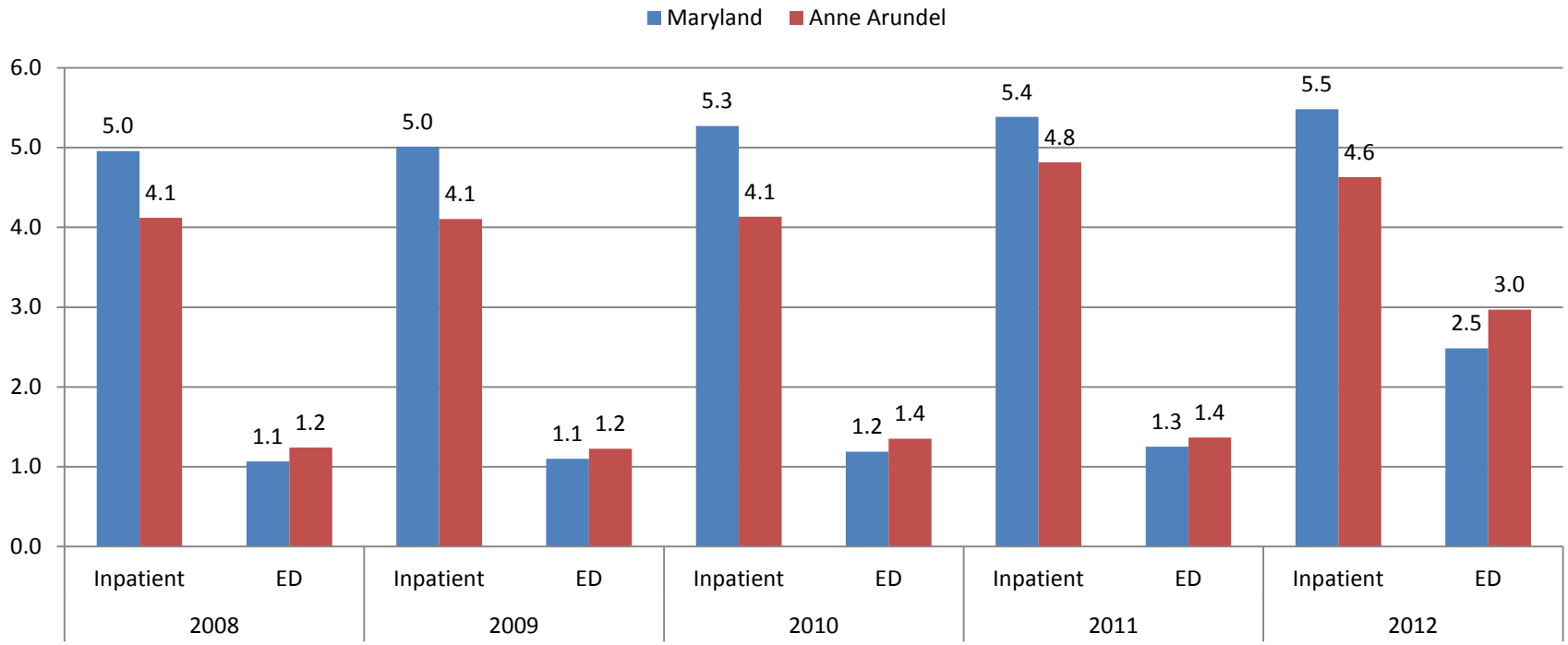
JURISDICTION TRENDS

Alcohol-Related Inpatient Hospitalizations and Emergency Department Visits

Data Source: Health Services Cost Review Commission (HSCRC)



Rate of Alcohol-related Inpatient Hospitalizations and ED Visits per 100 Events



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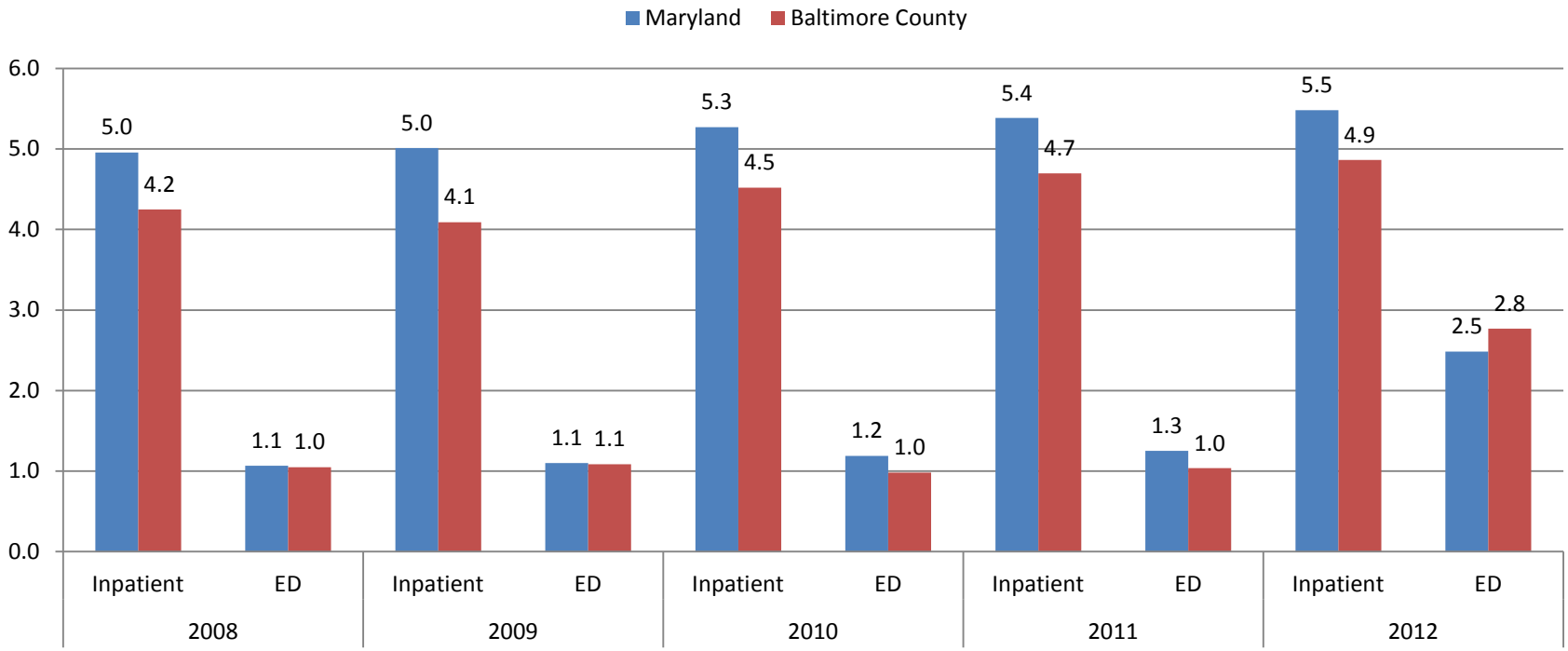

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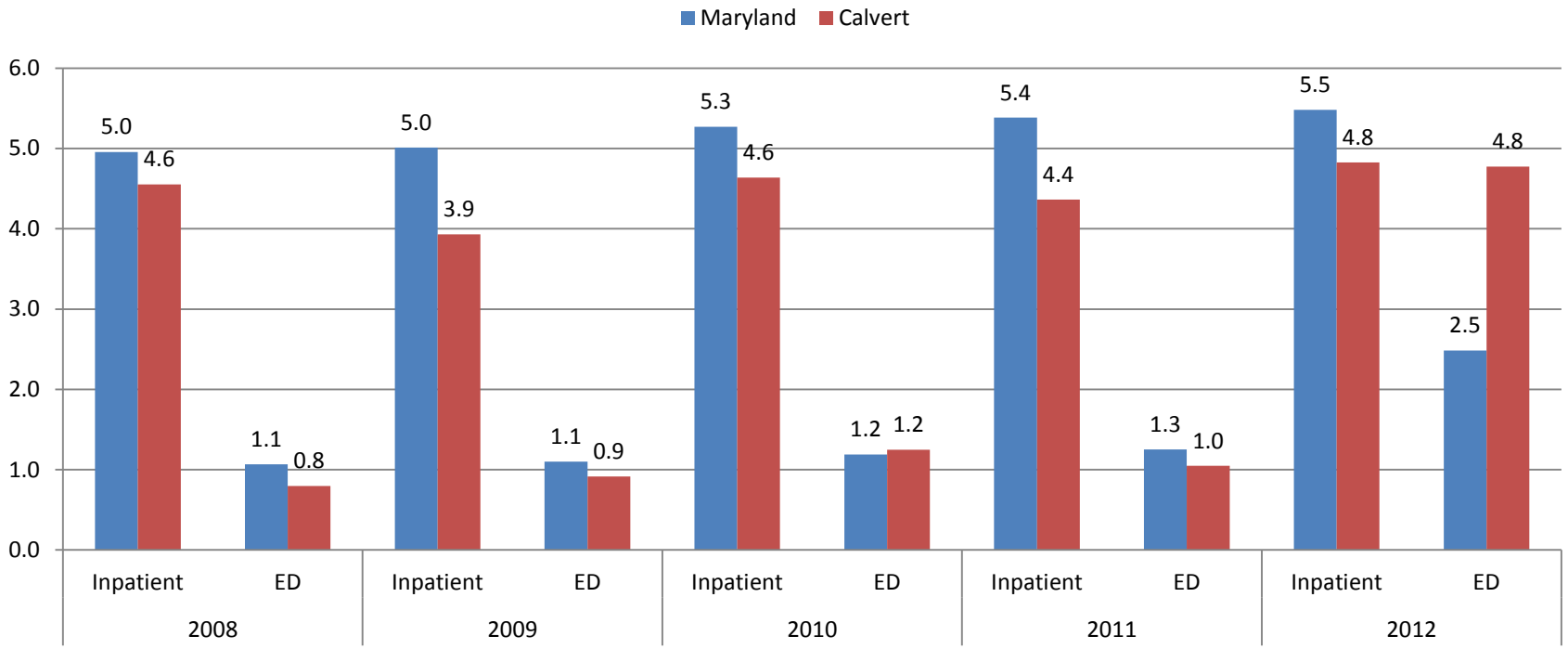

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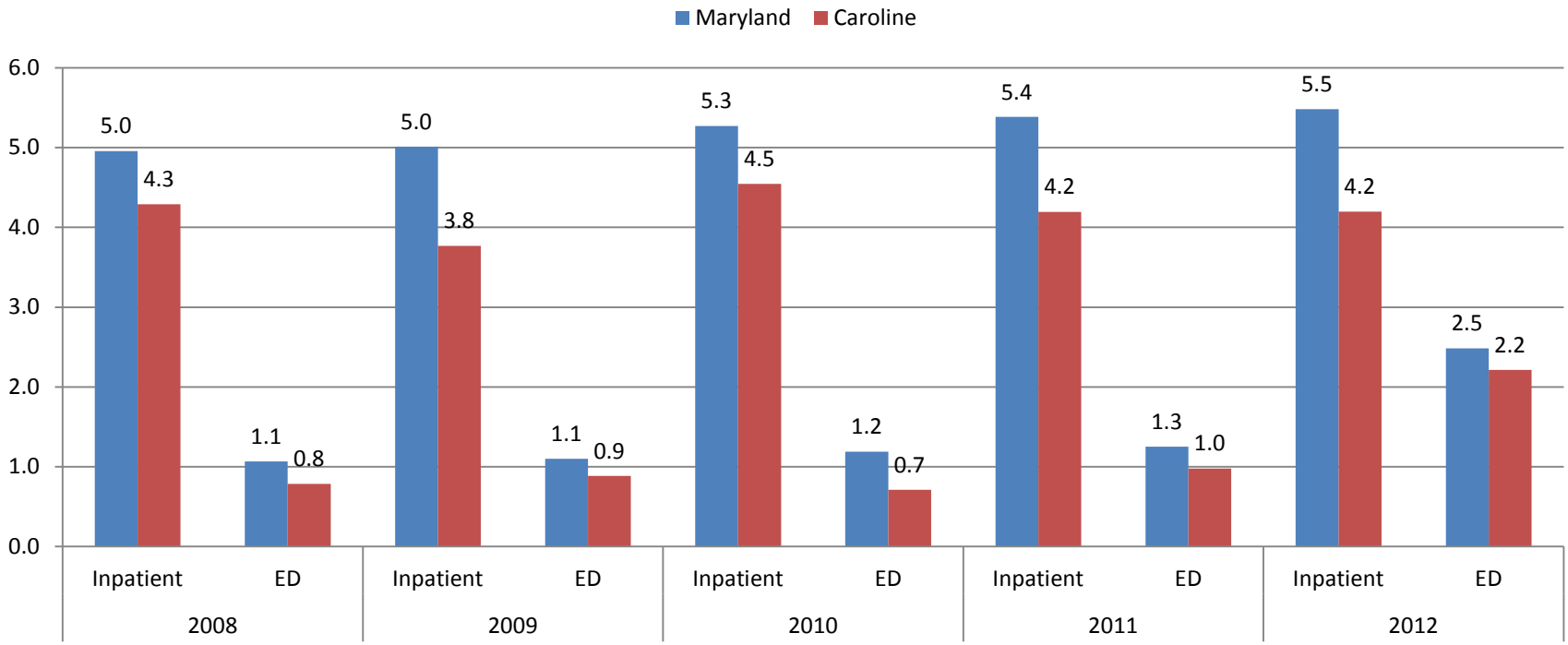

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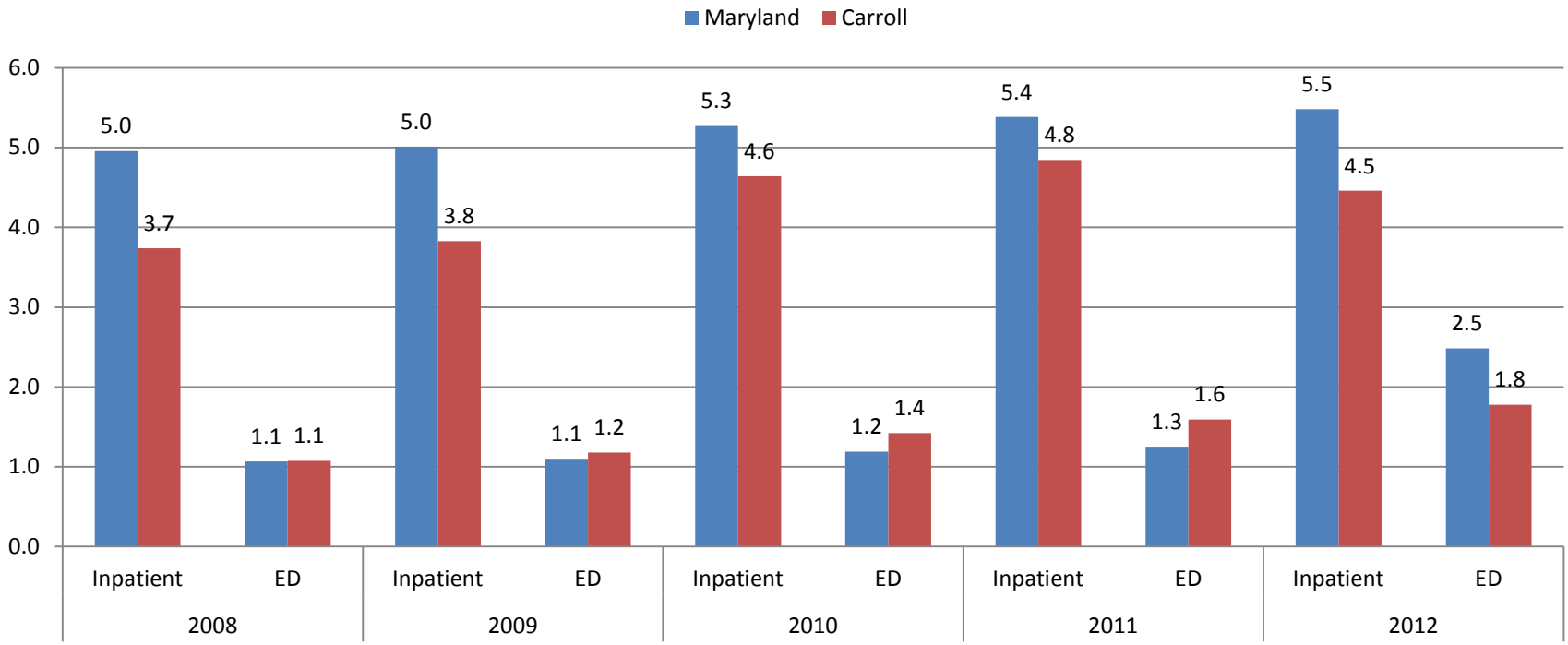

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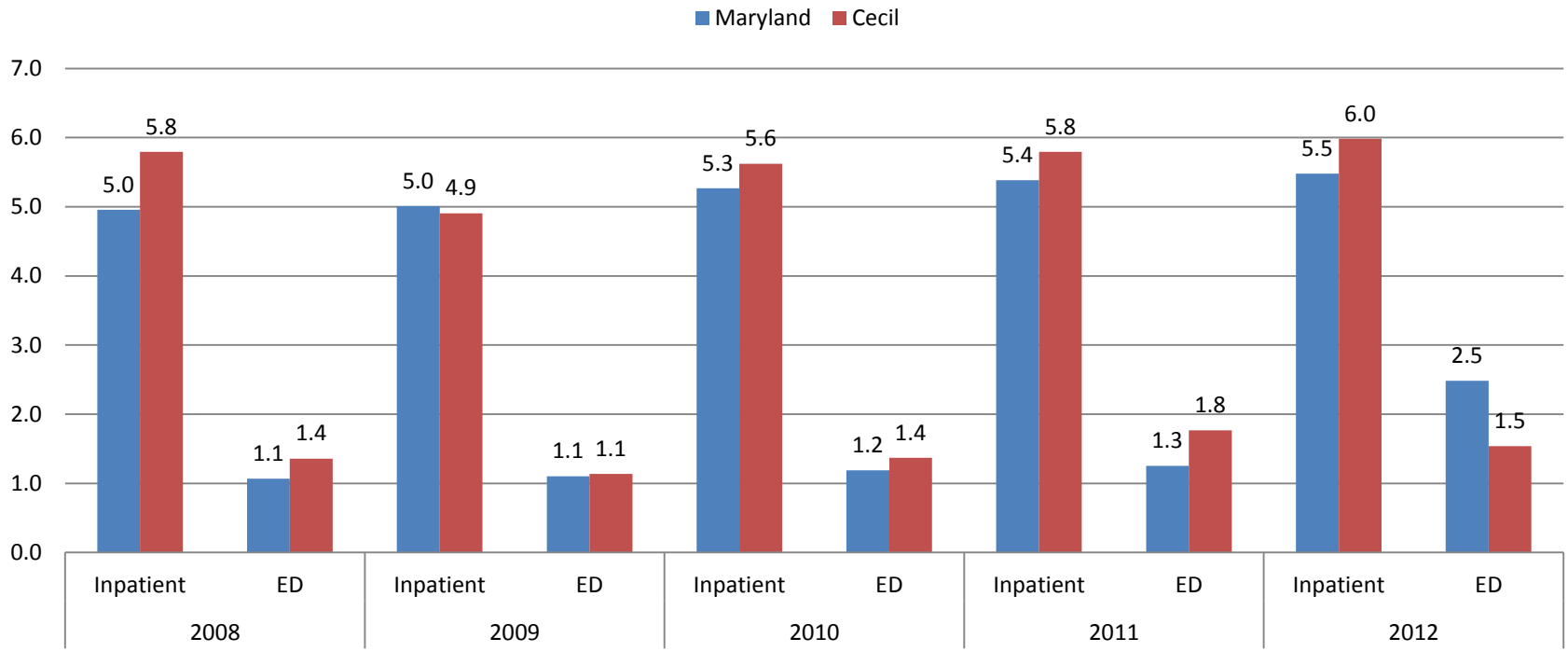

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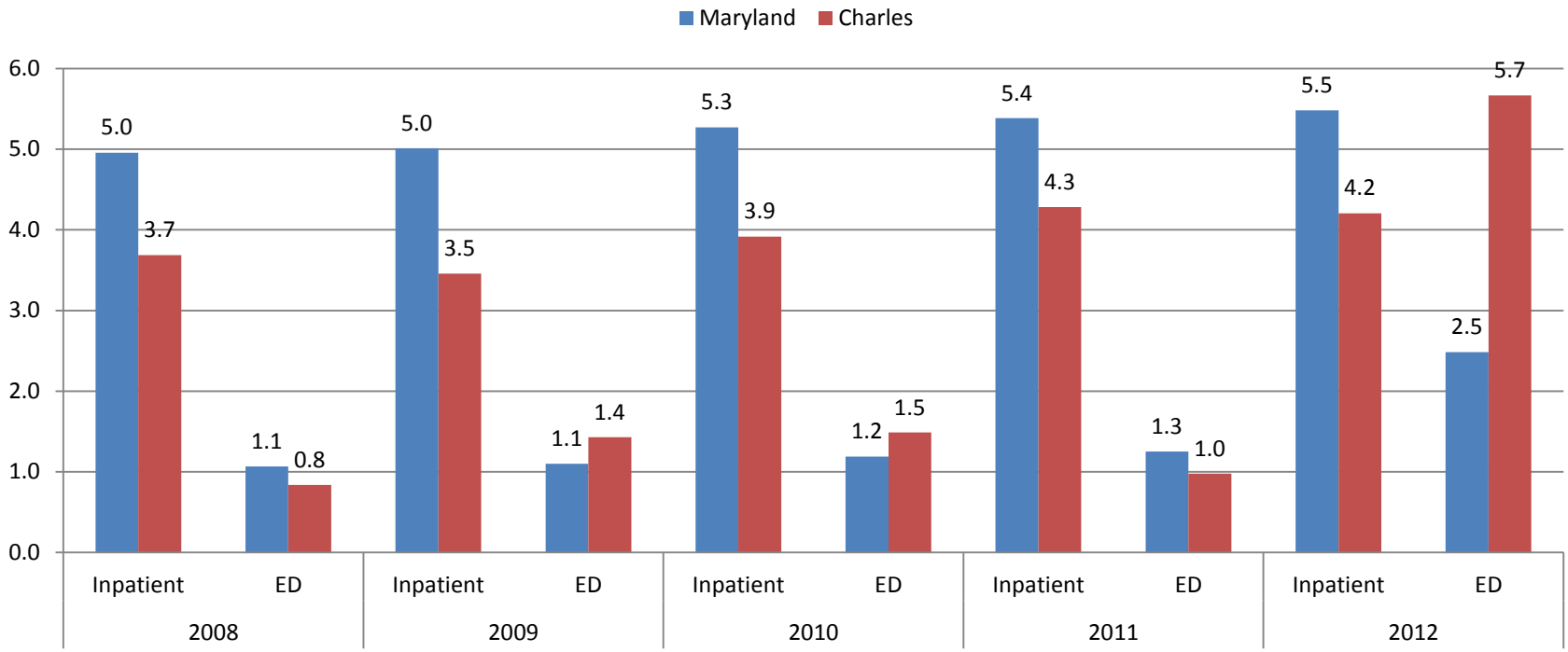

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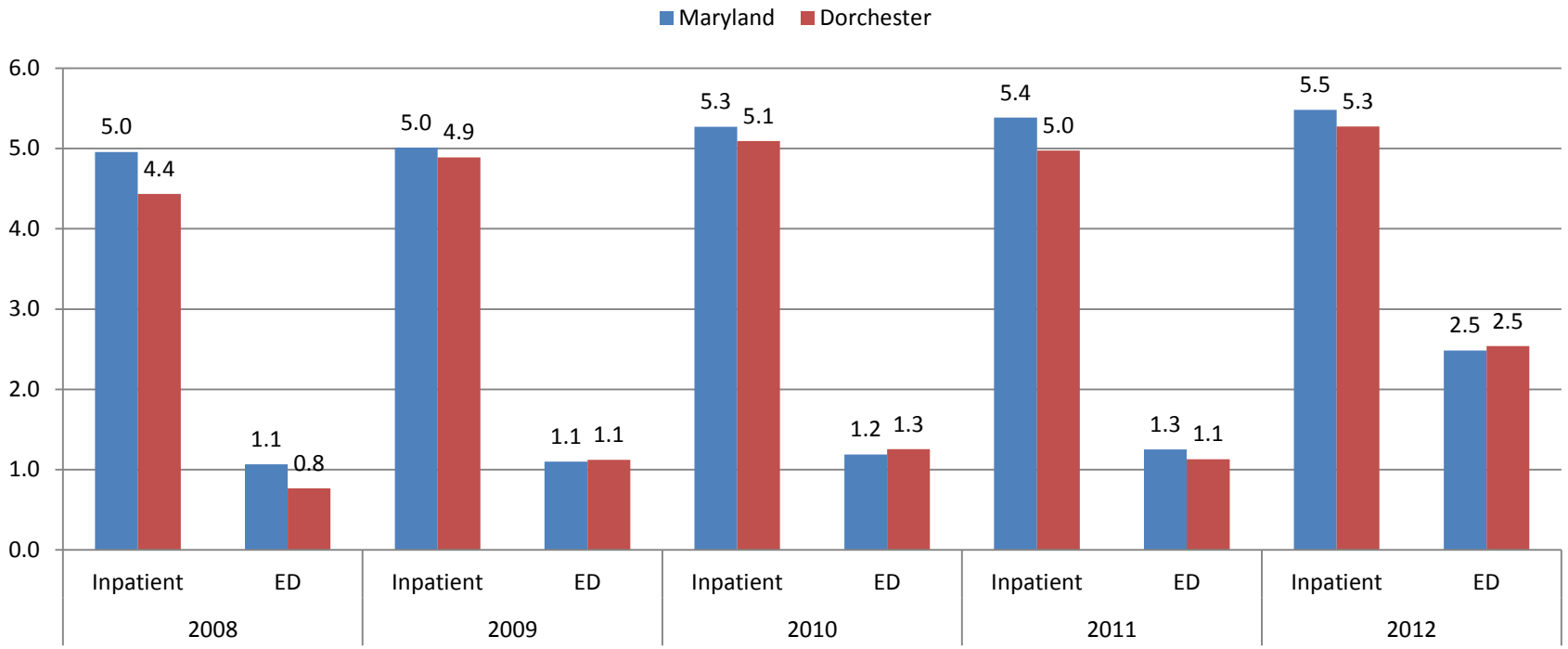

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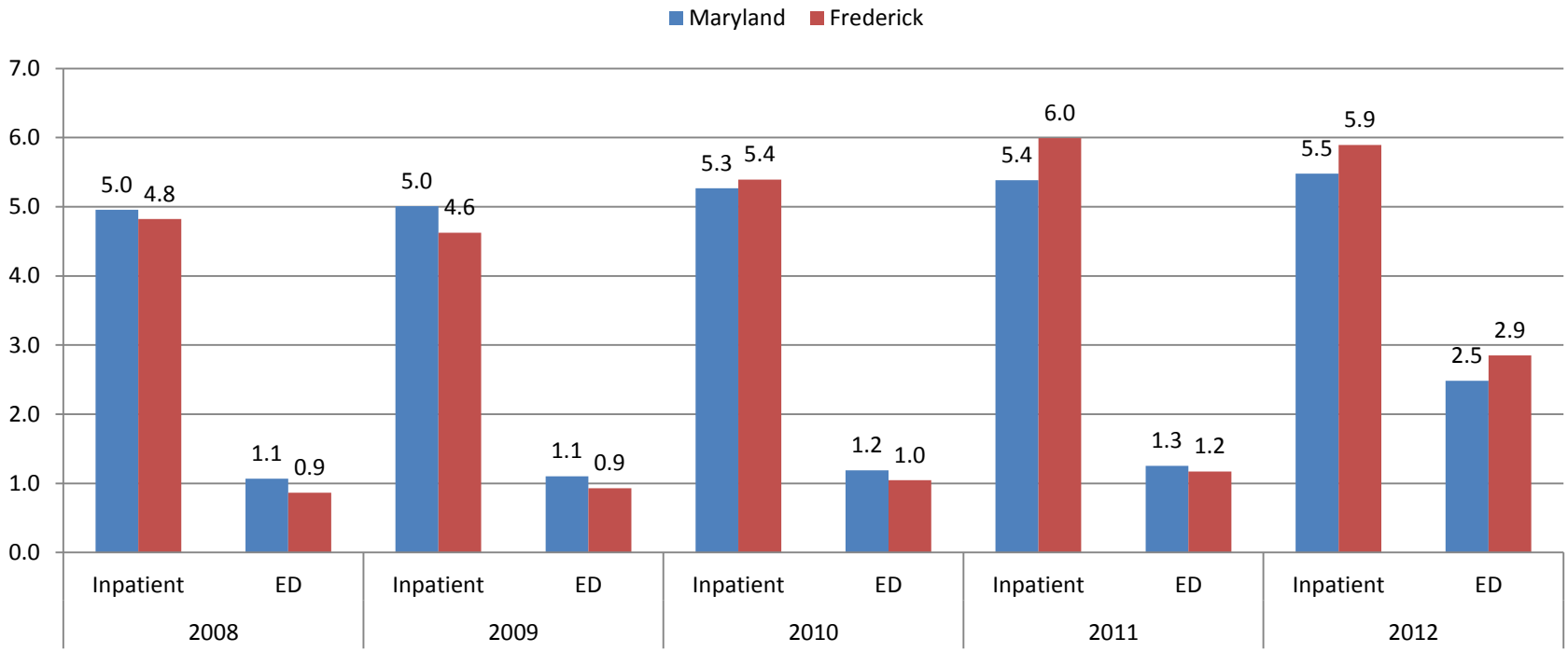

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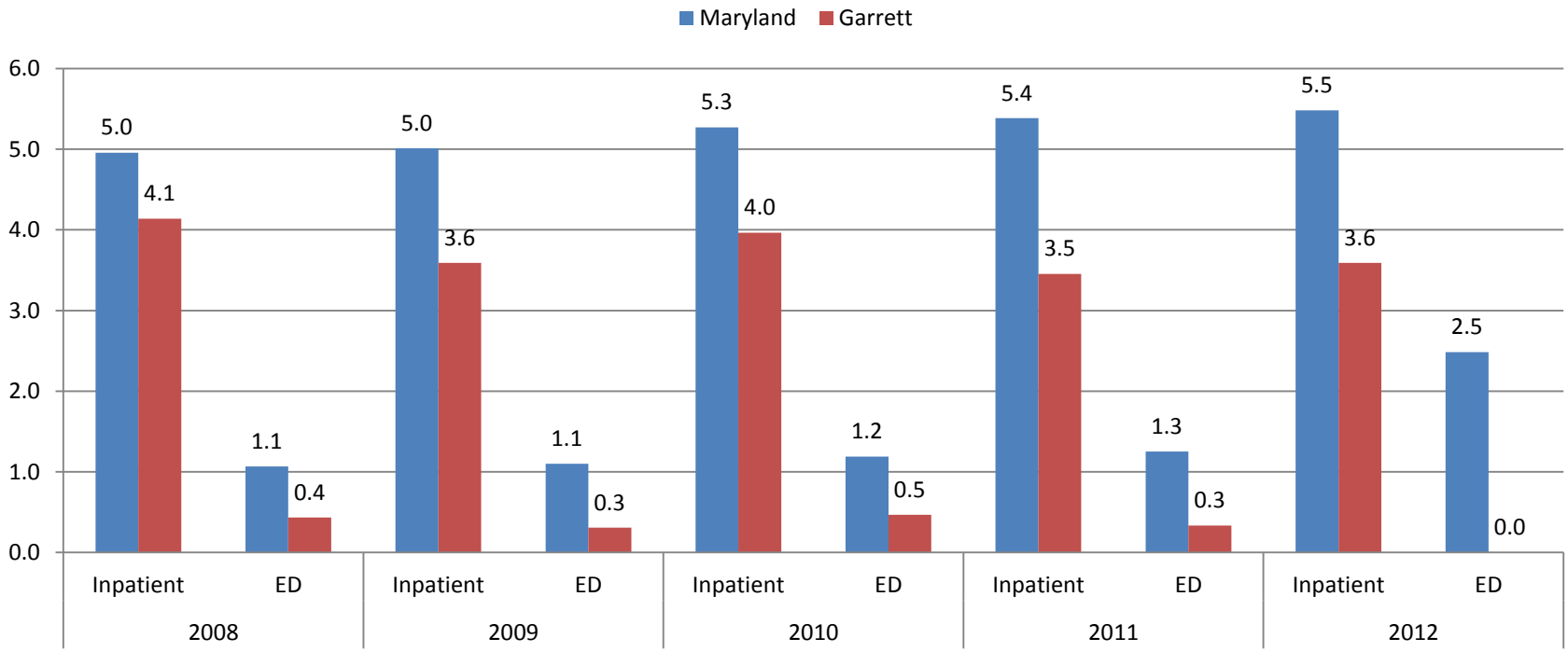
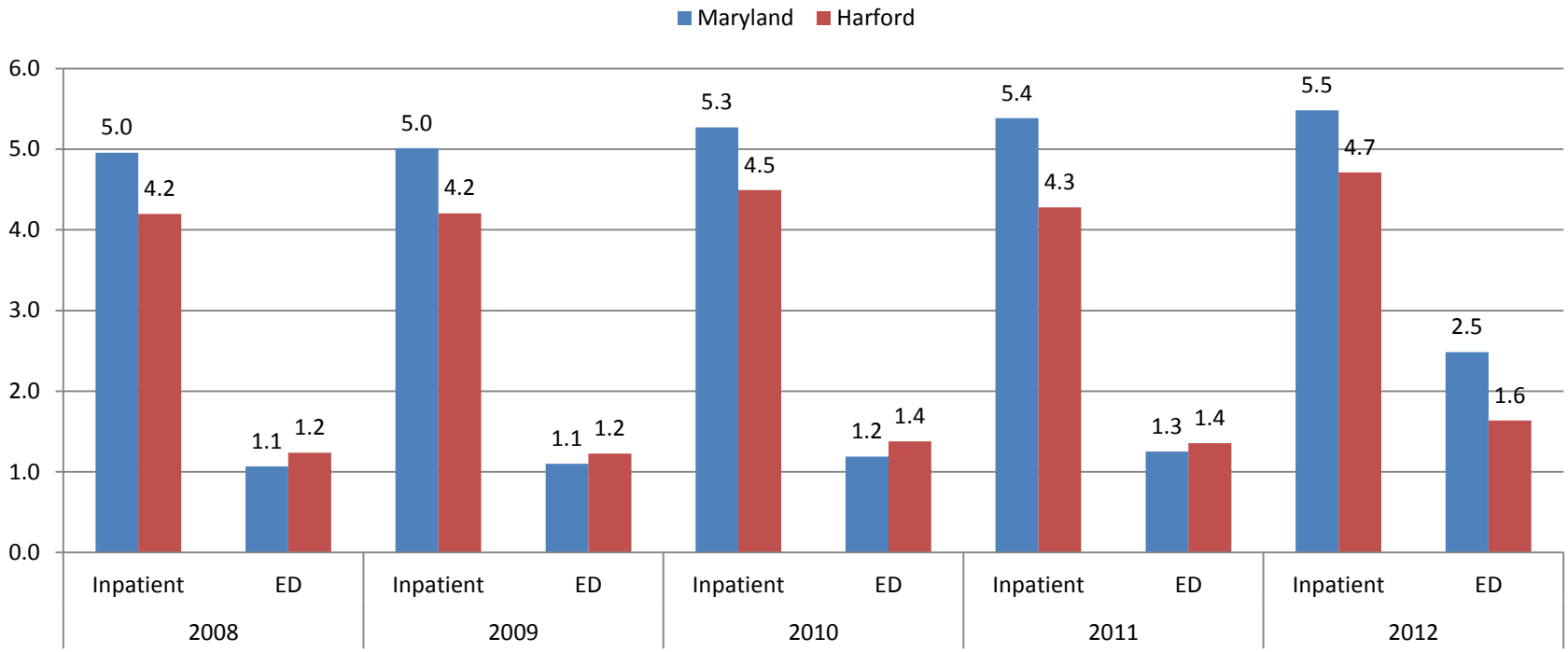
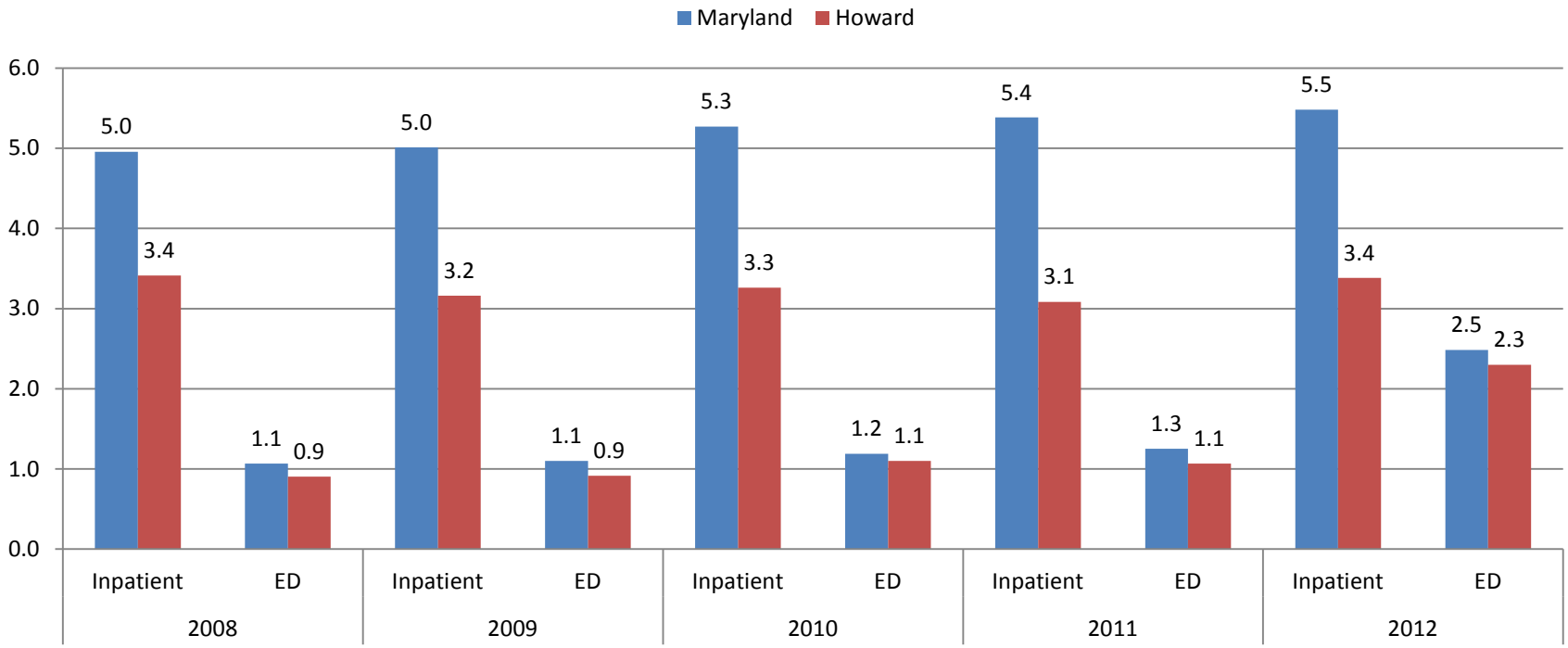


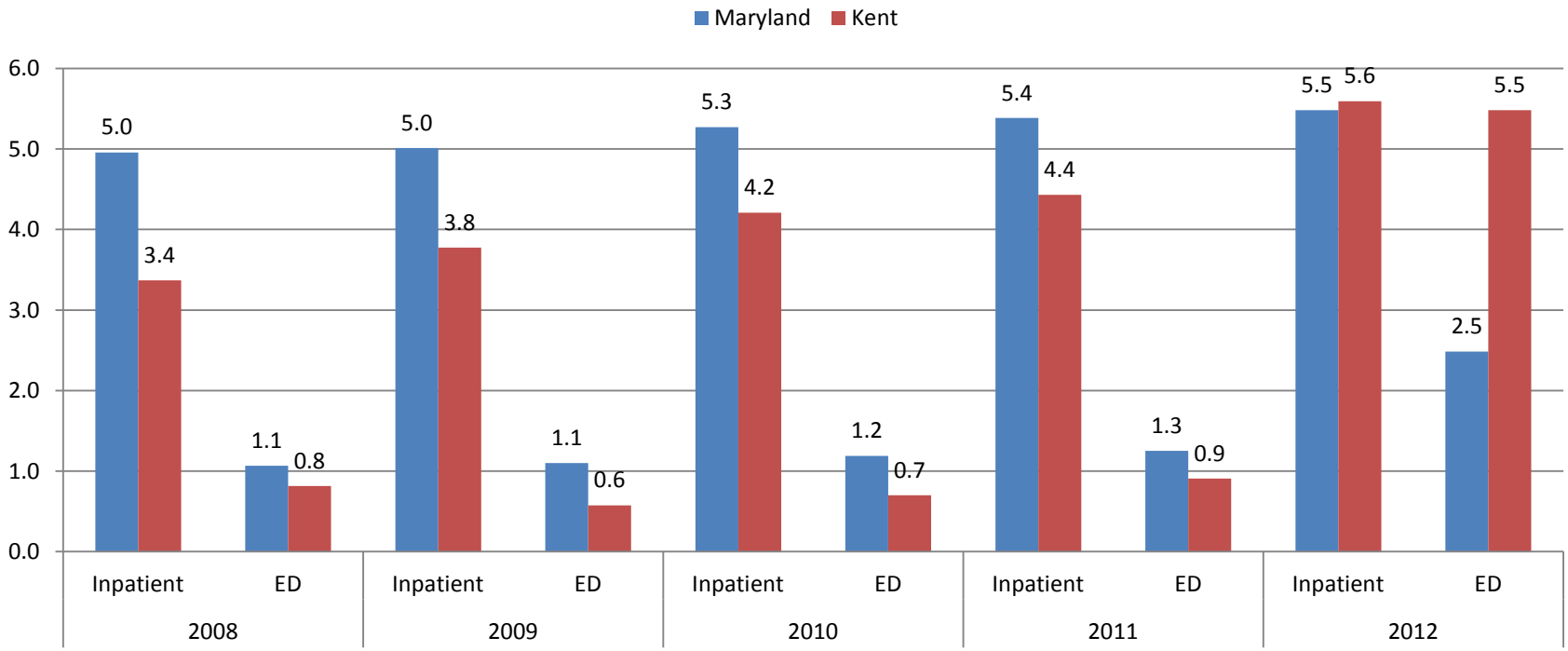
Rate of Alcohol-related Inpatient Hospitalizations and ED Visits per 100 Events



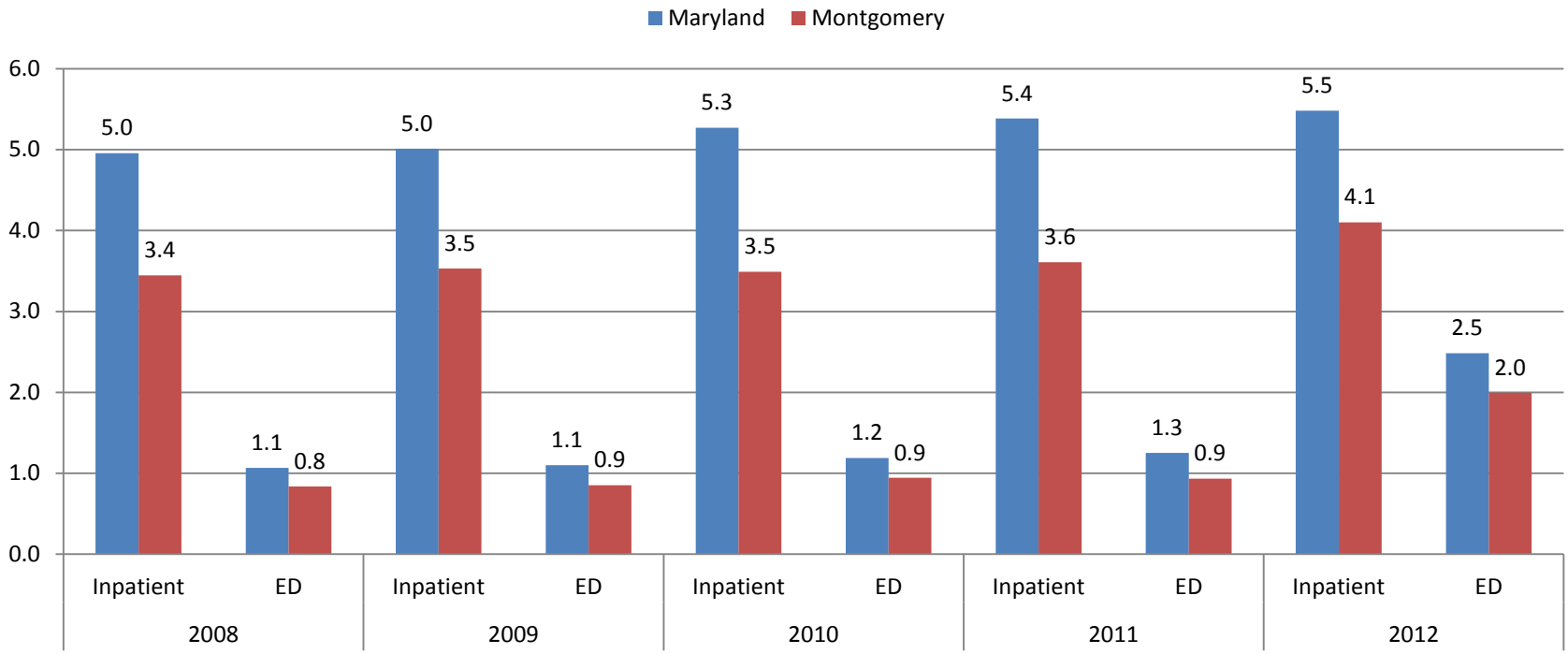
Rate of Alcohol-related Inpatient Hospitalizations and ED Visits per 100 Events



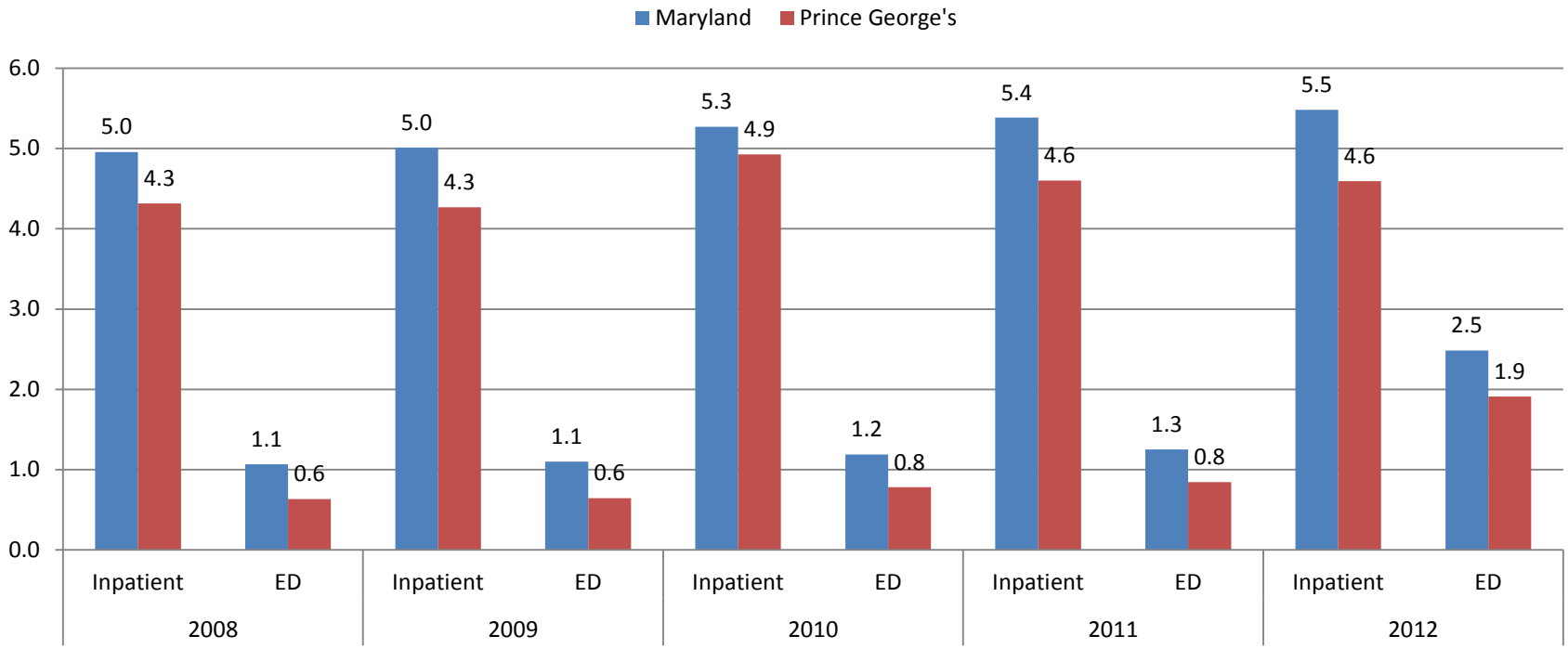
Rate of Alcohol-related Inpatient Hospitalizations and ED Visits per 100 Events



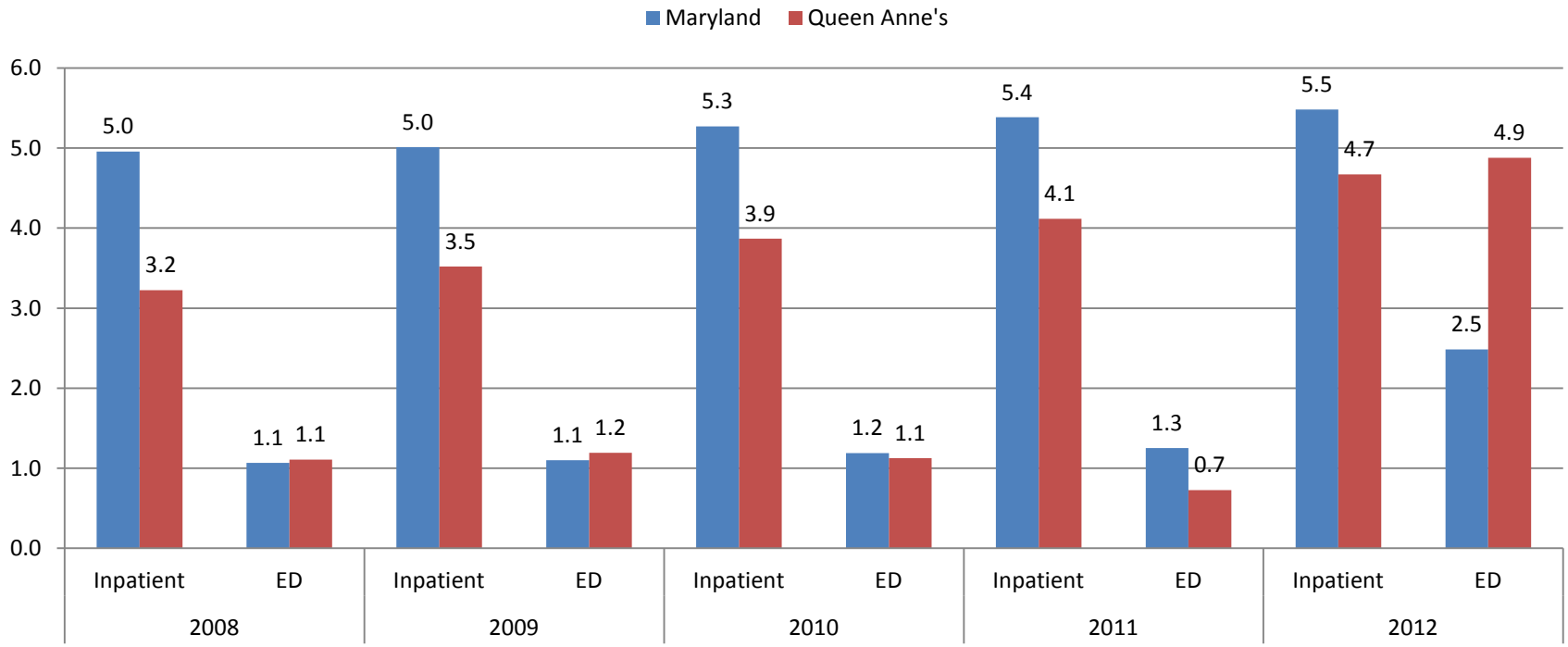
Rate of Alcohol-related Inpatient Hospitalizations and ED Visits per 100 Events



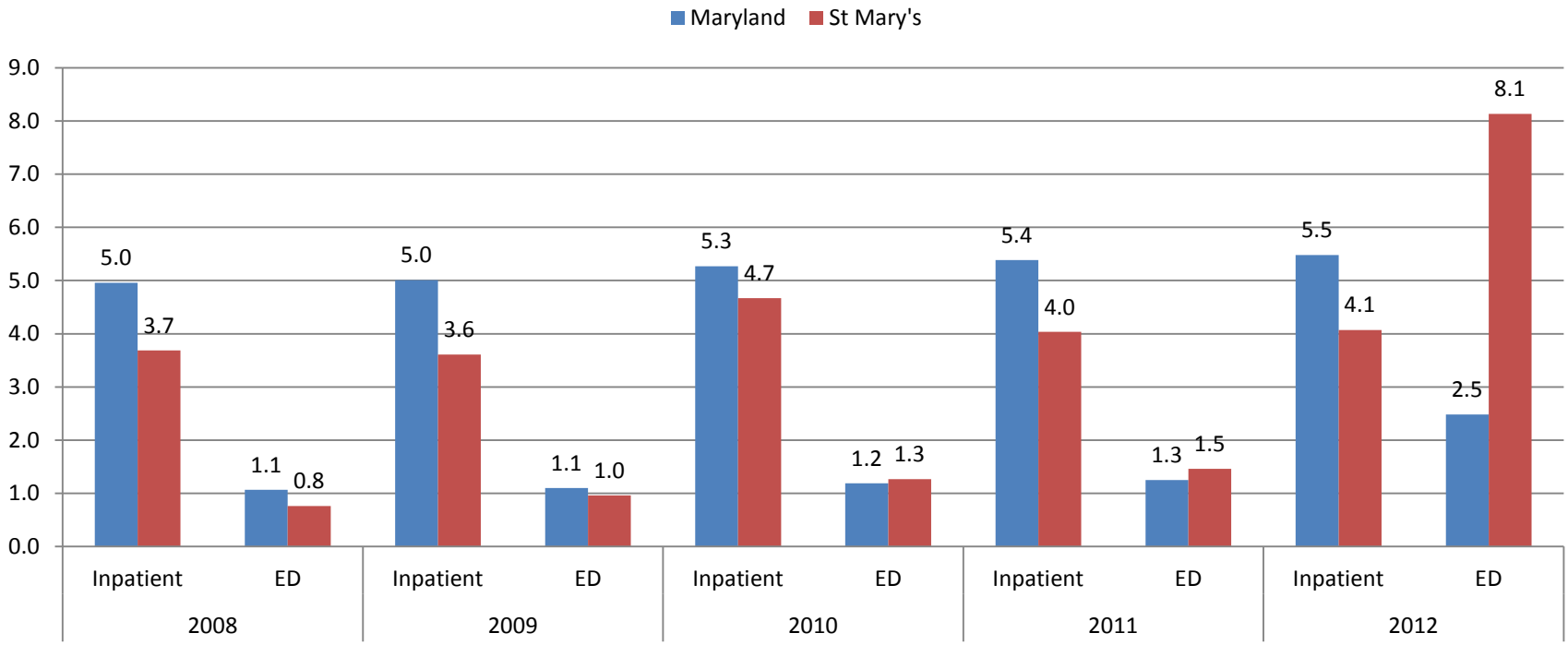
Rate of Alcohol-related Inpatient Hospitalizations and ED Visits per 100 Events



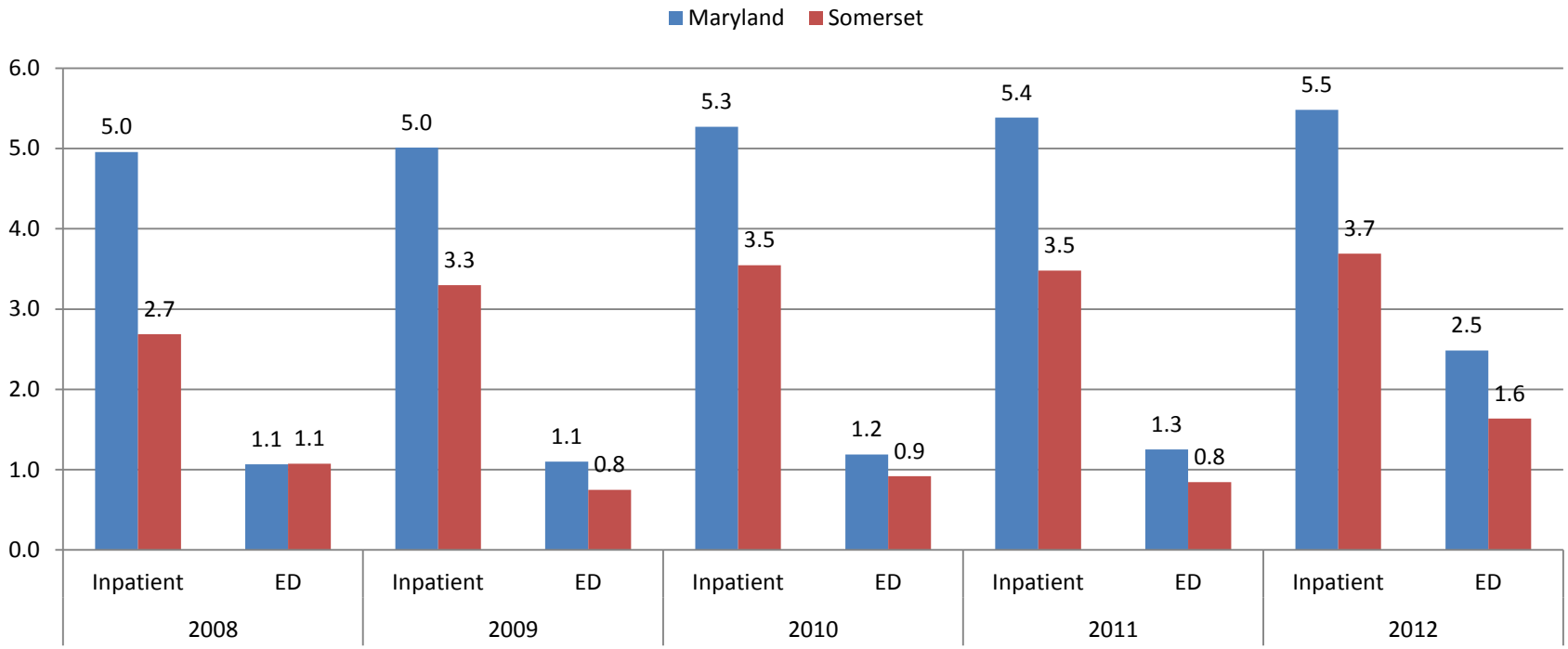
Rate of Alcohol-related Inpatient Hospitalizations and ED Visits per 100 Events



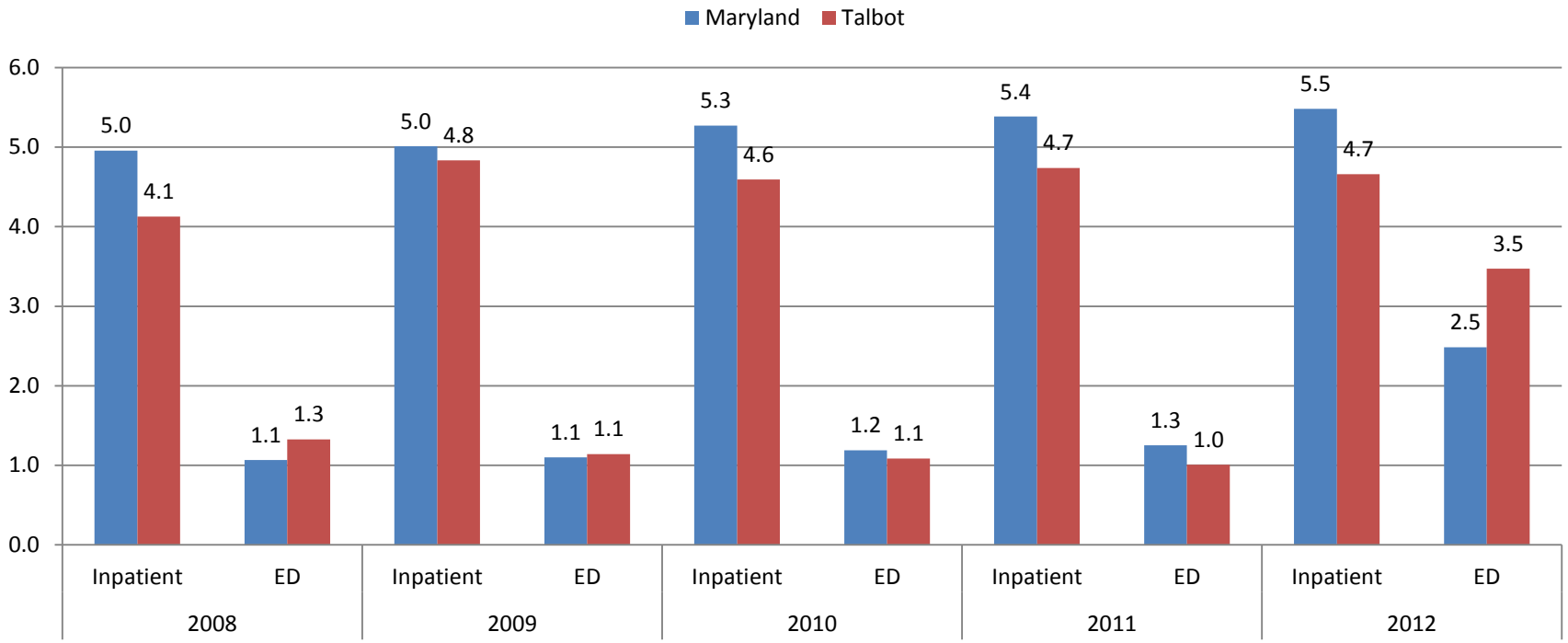
Rate of Alcohol-related Inpatient Hospitalizations and ED Visits per 100 Events



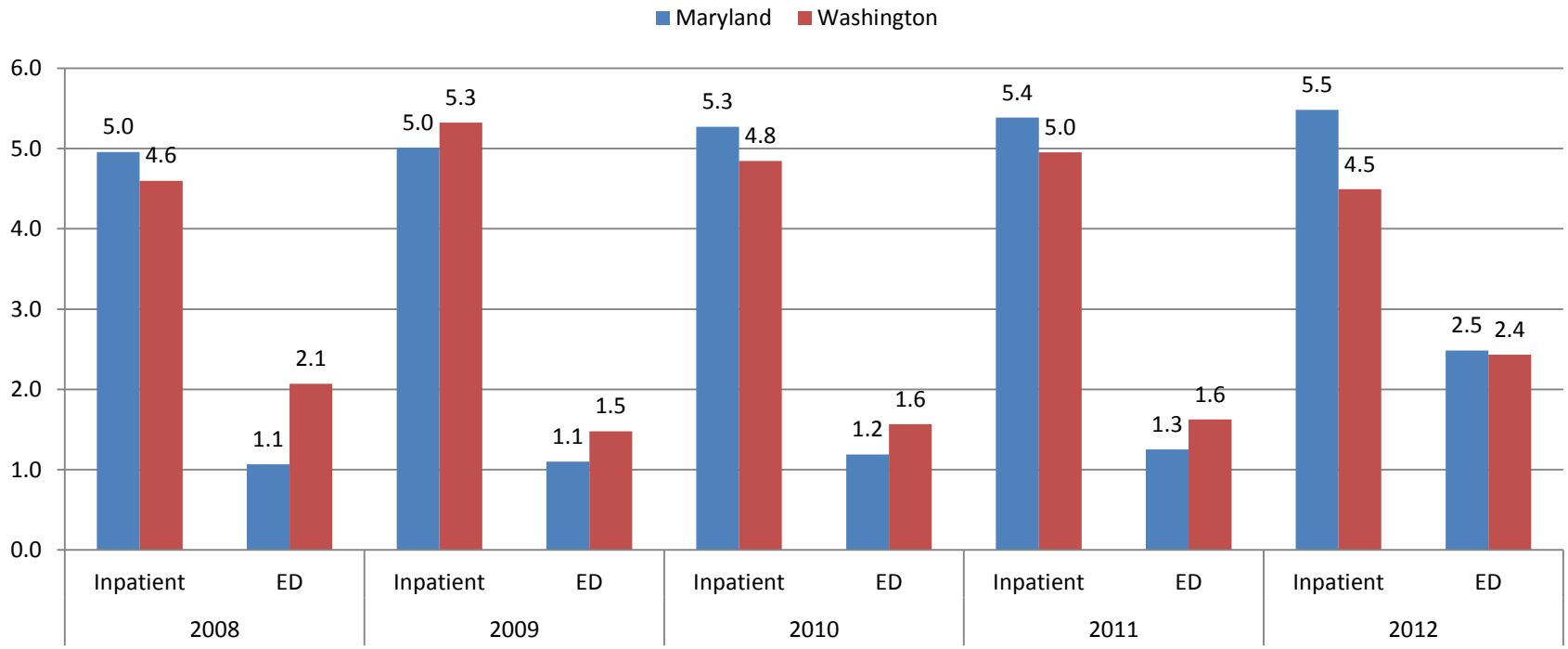
Rate of Alcohol-related Inpatient Hospitalizations and ED Visits per 100 Events



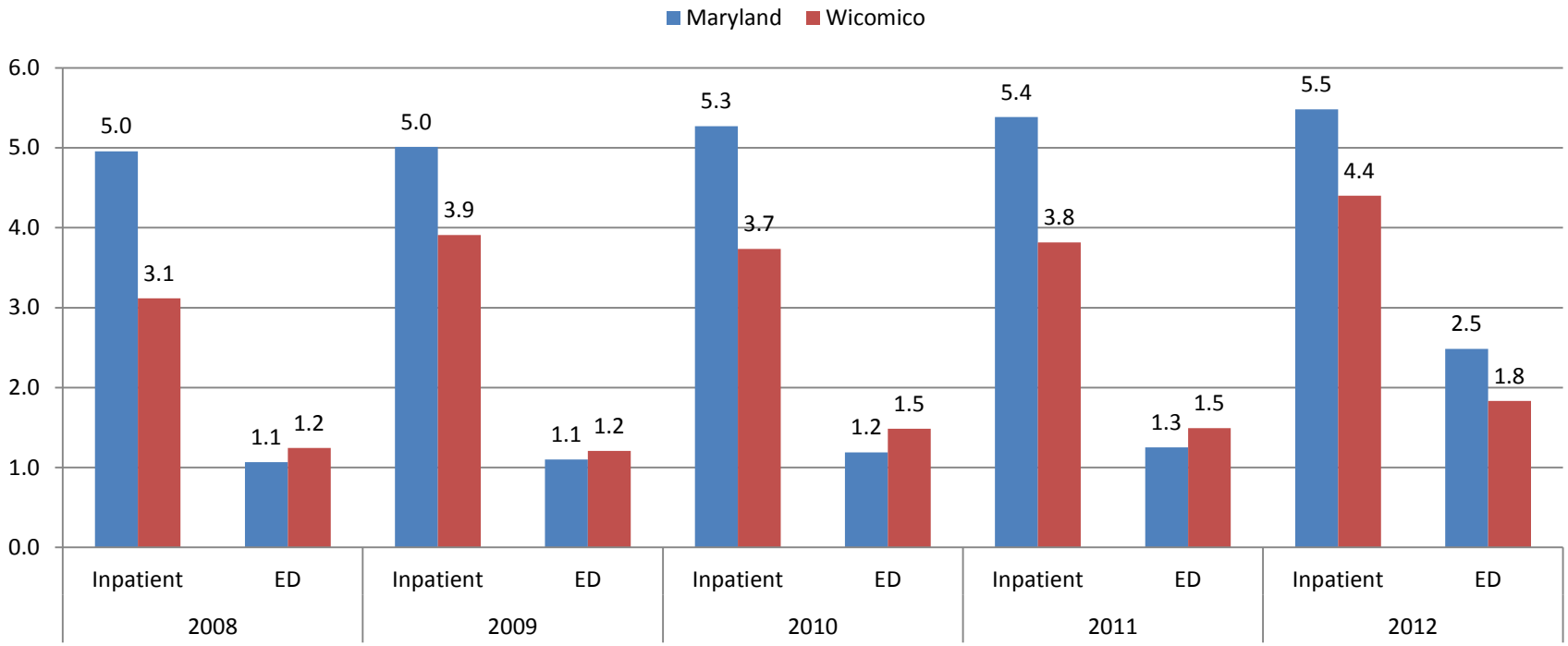
Rate of Alcohol-related Inpatient Hospitalizations and ED Visits per 100 Events



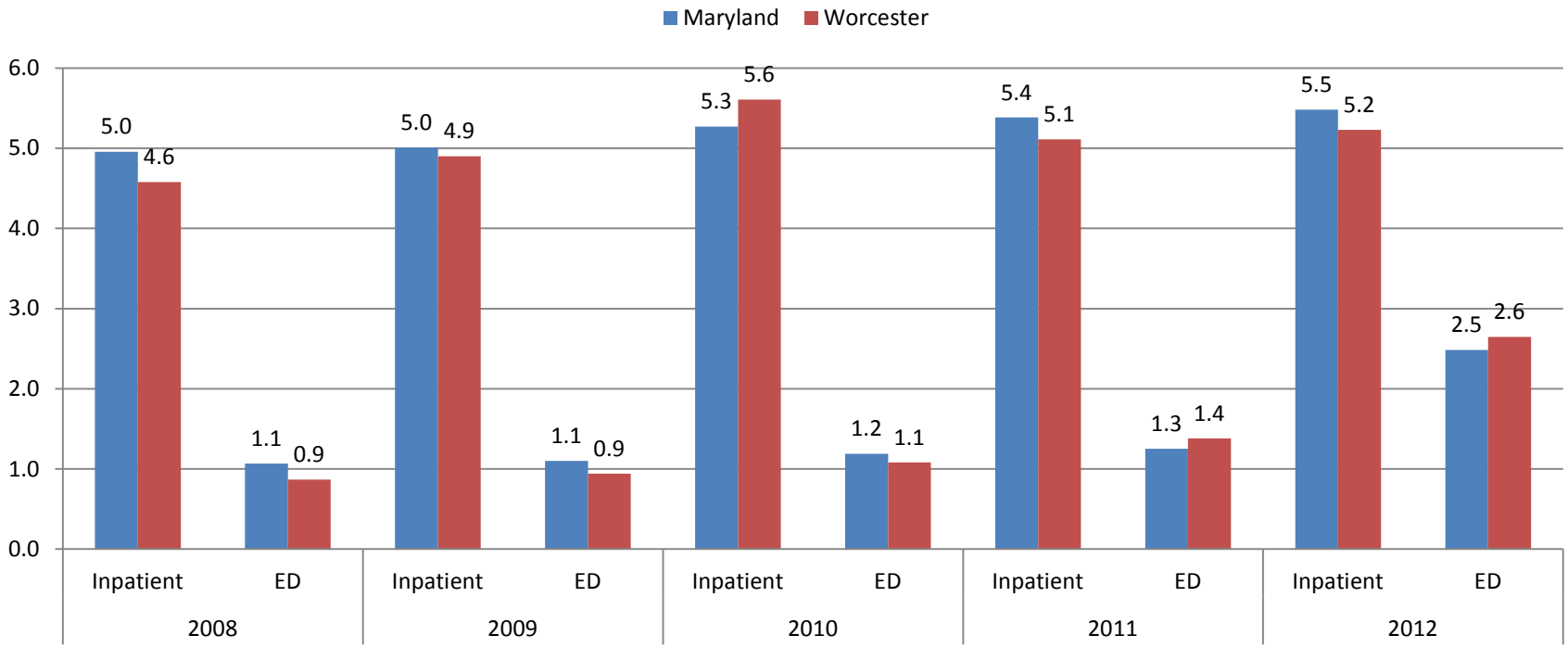
Rate of Alcohol-related Inpatient Hospitalizations and ED Visits per 100 Events



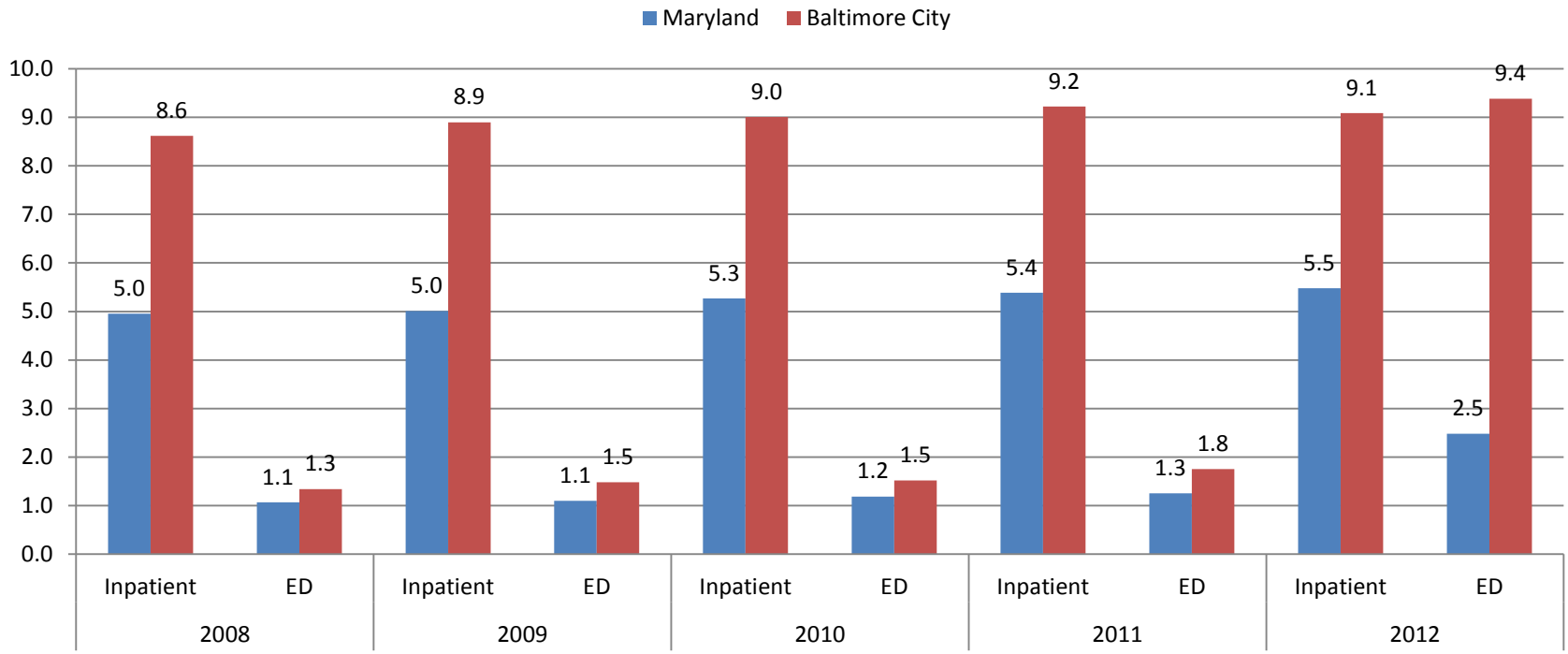
Rate of Alcohol-related Inpatient Hospitalizations and ED Visits per 100 Events



Rate of Alcohol-related Inpatient Hospitalizations and ED Visits per 100 Events

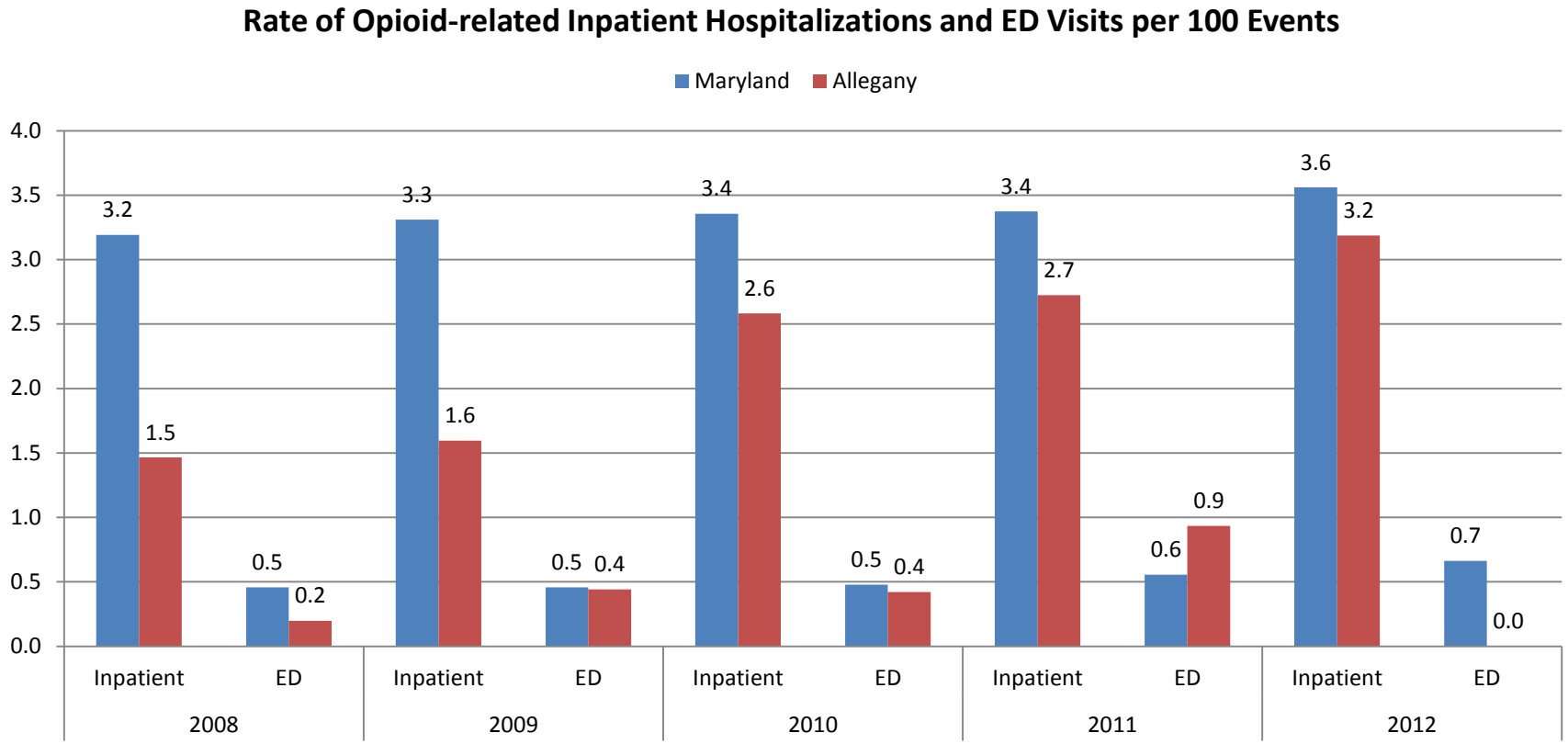


Rate of Alcohol-related Inpatient Hospitalizations and ED Visits per 100 Events

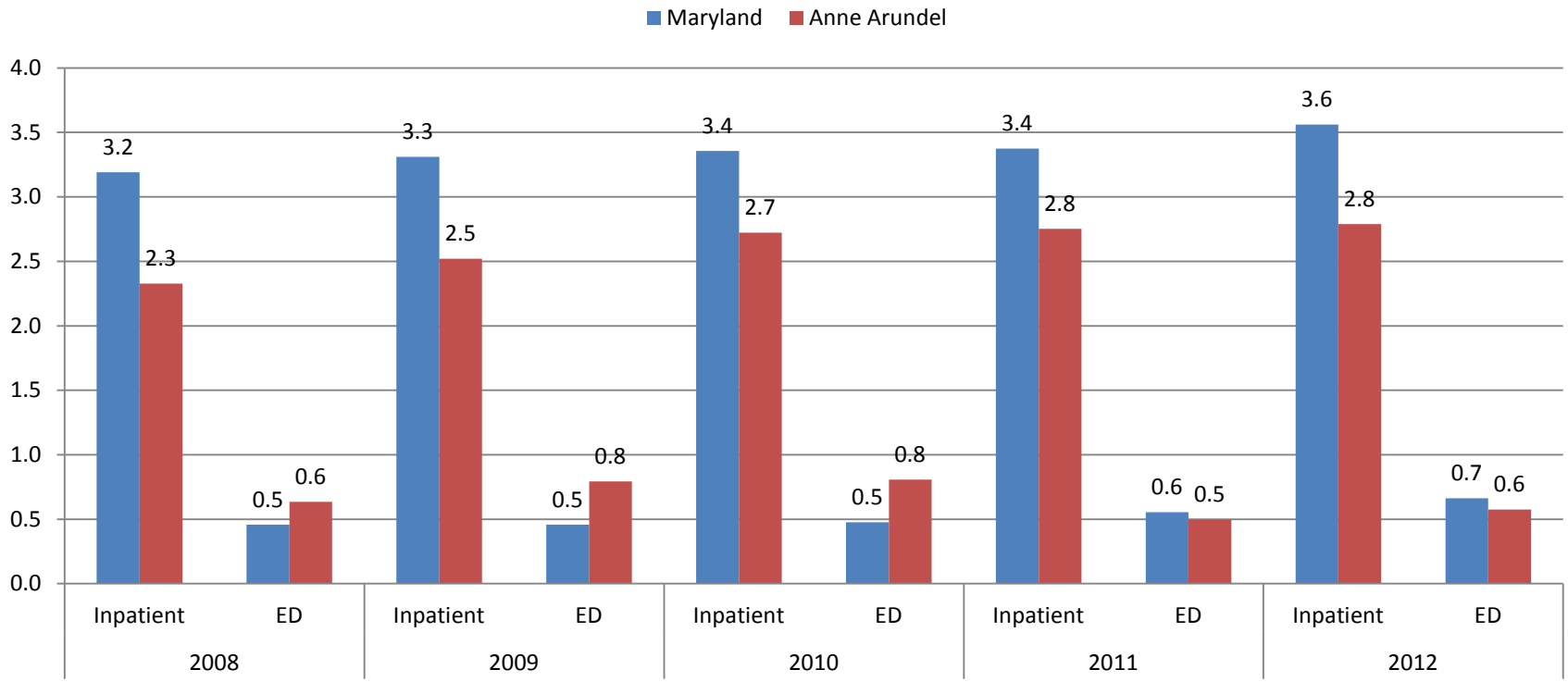


Opioid-Related Inpatient Hospitalizations and Emergency Department Visits

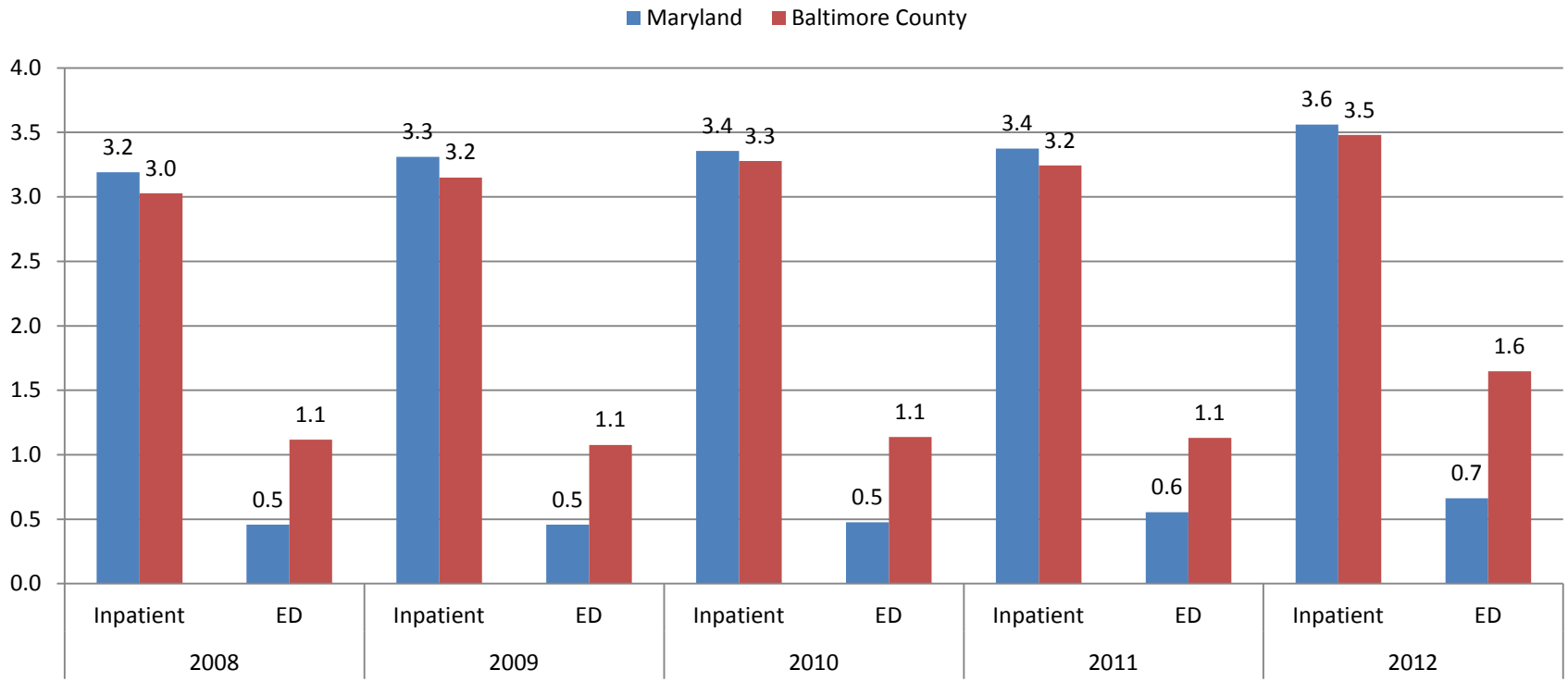
Data Source: Health Services Cost Review Commission (HSCRC)



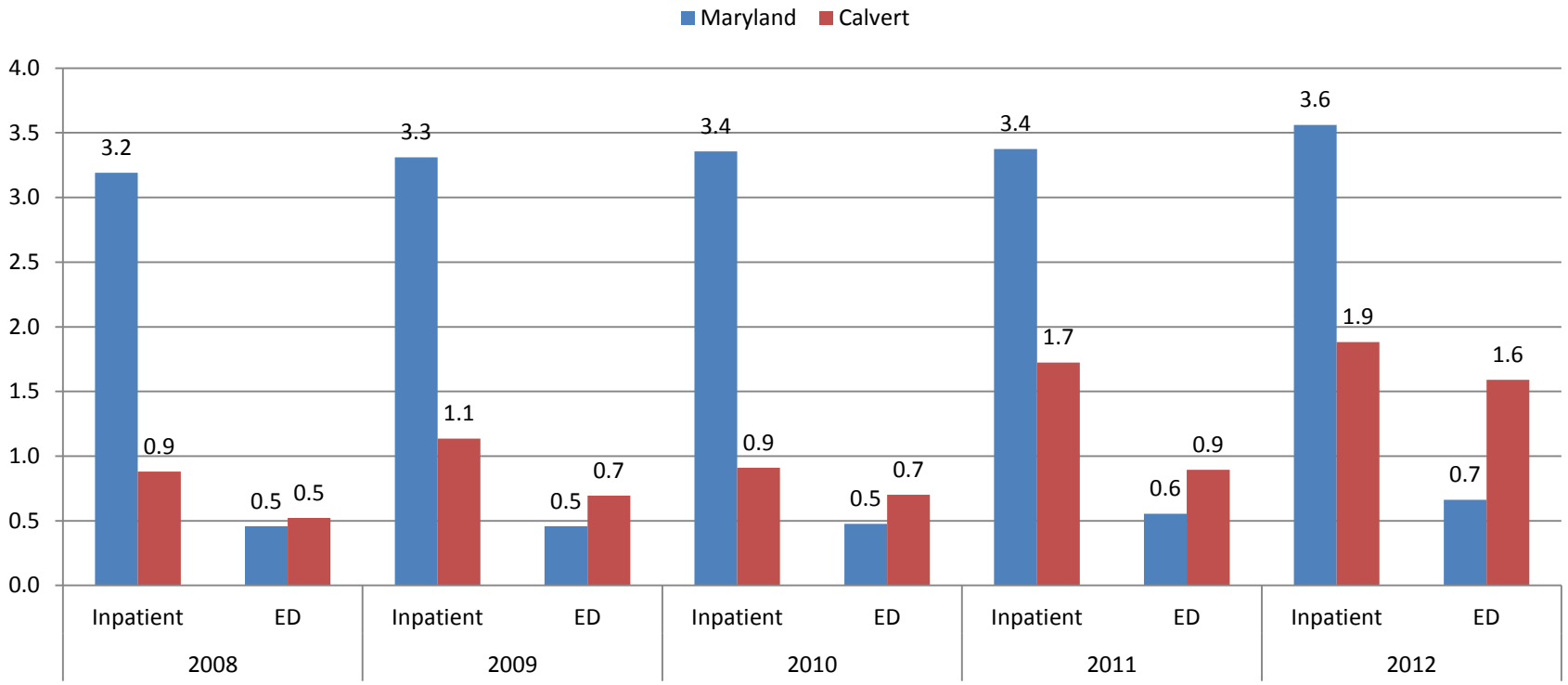
Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events



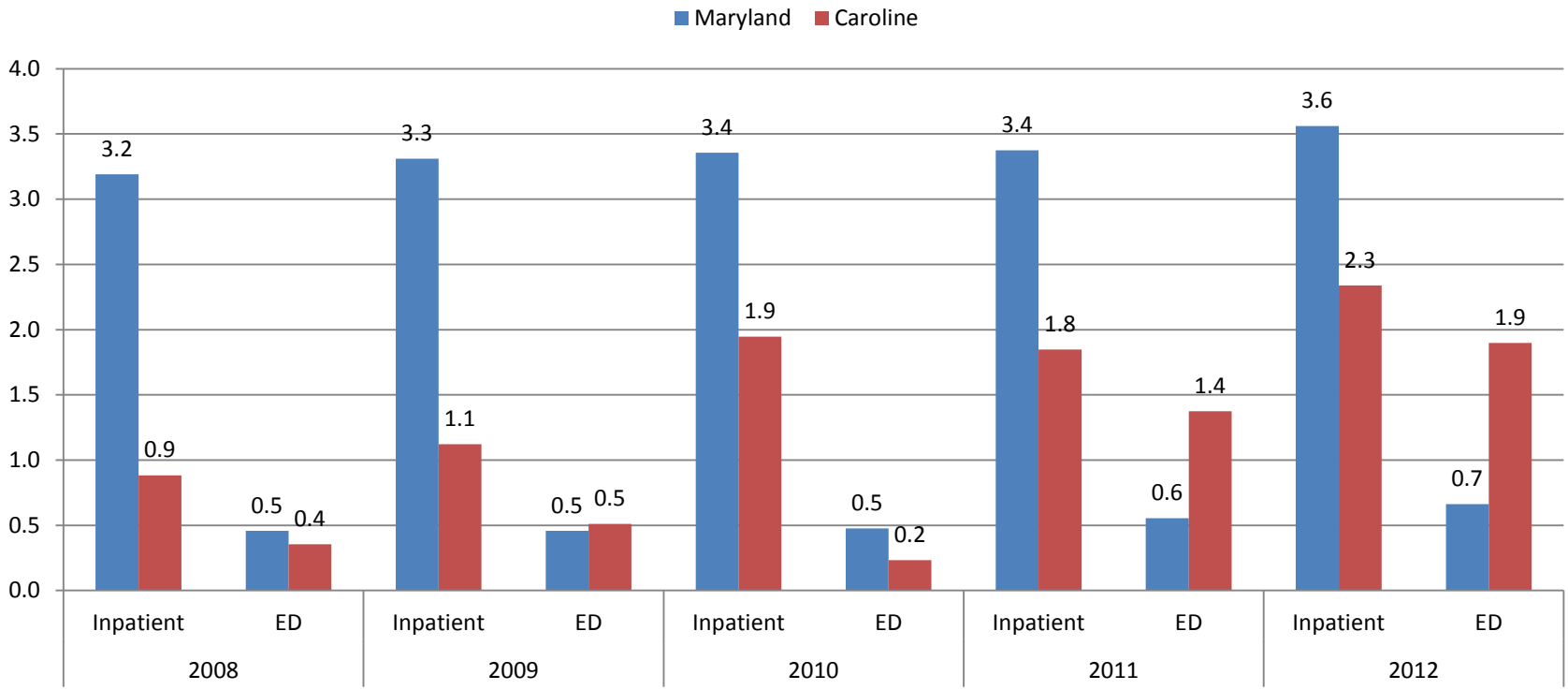
Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events



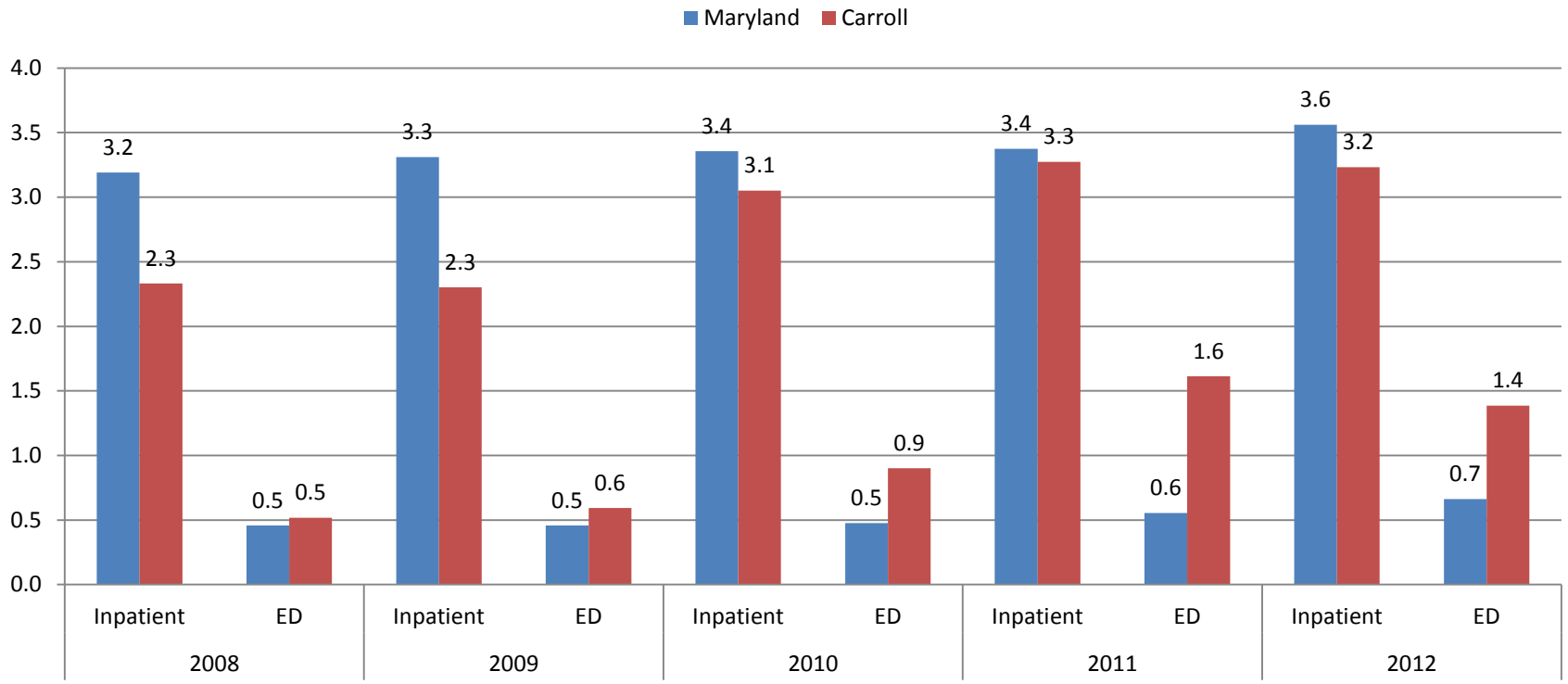
Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events



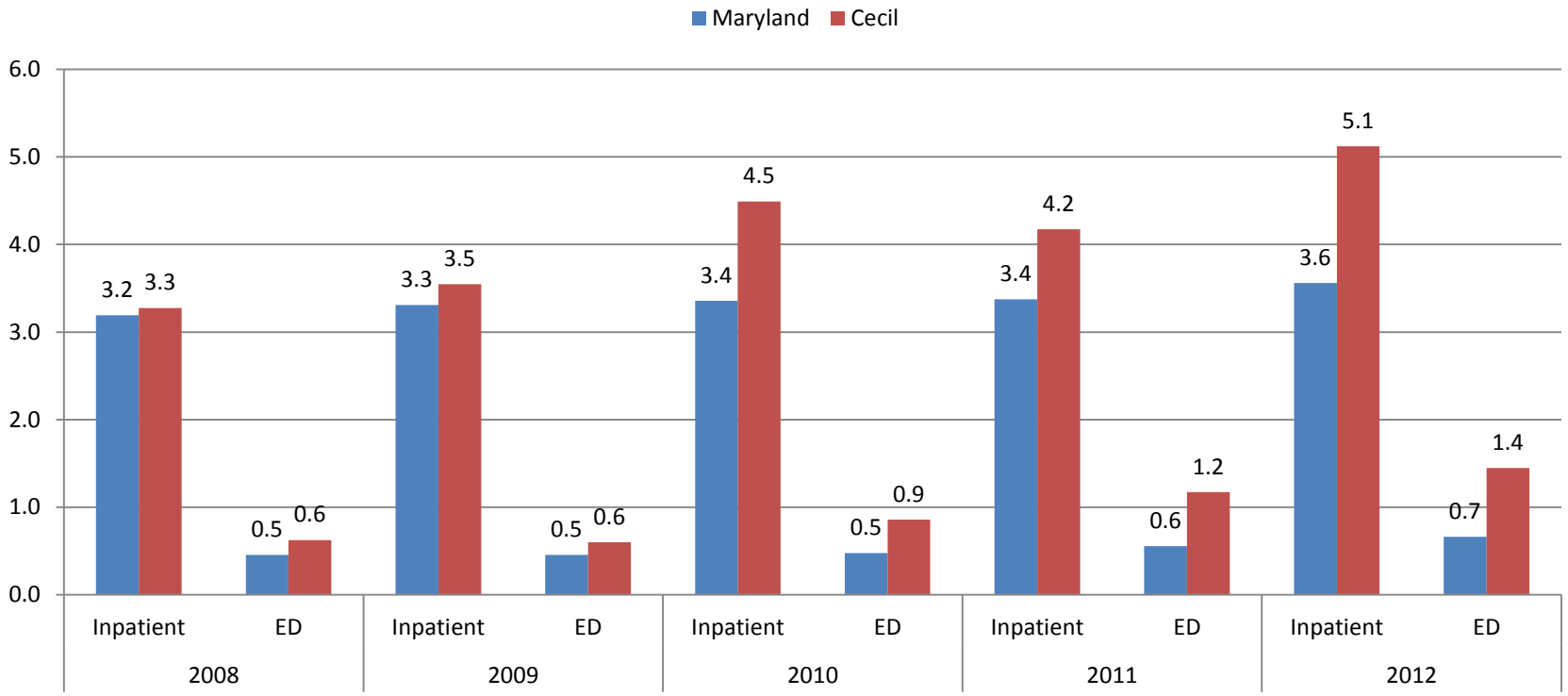
Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events



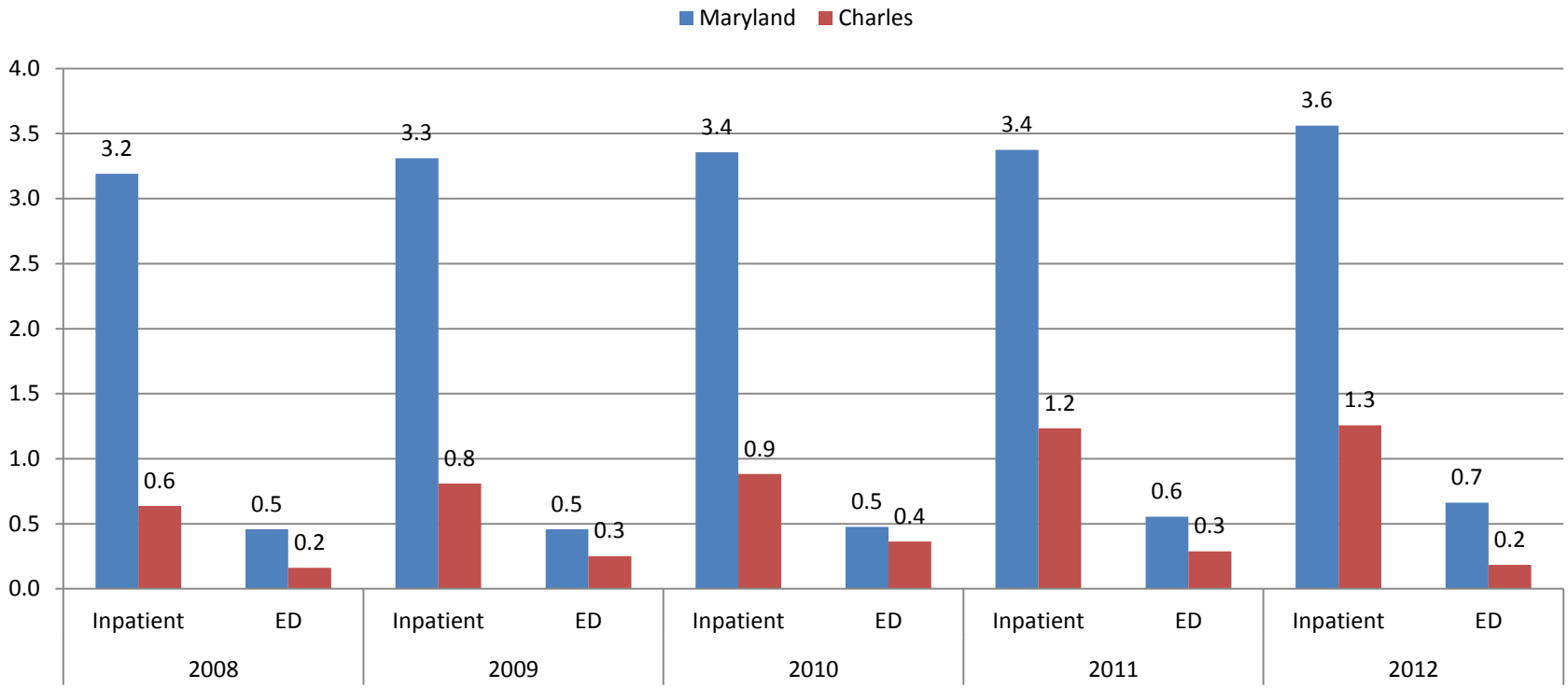
Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events



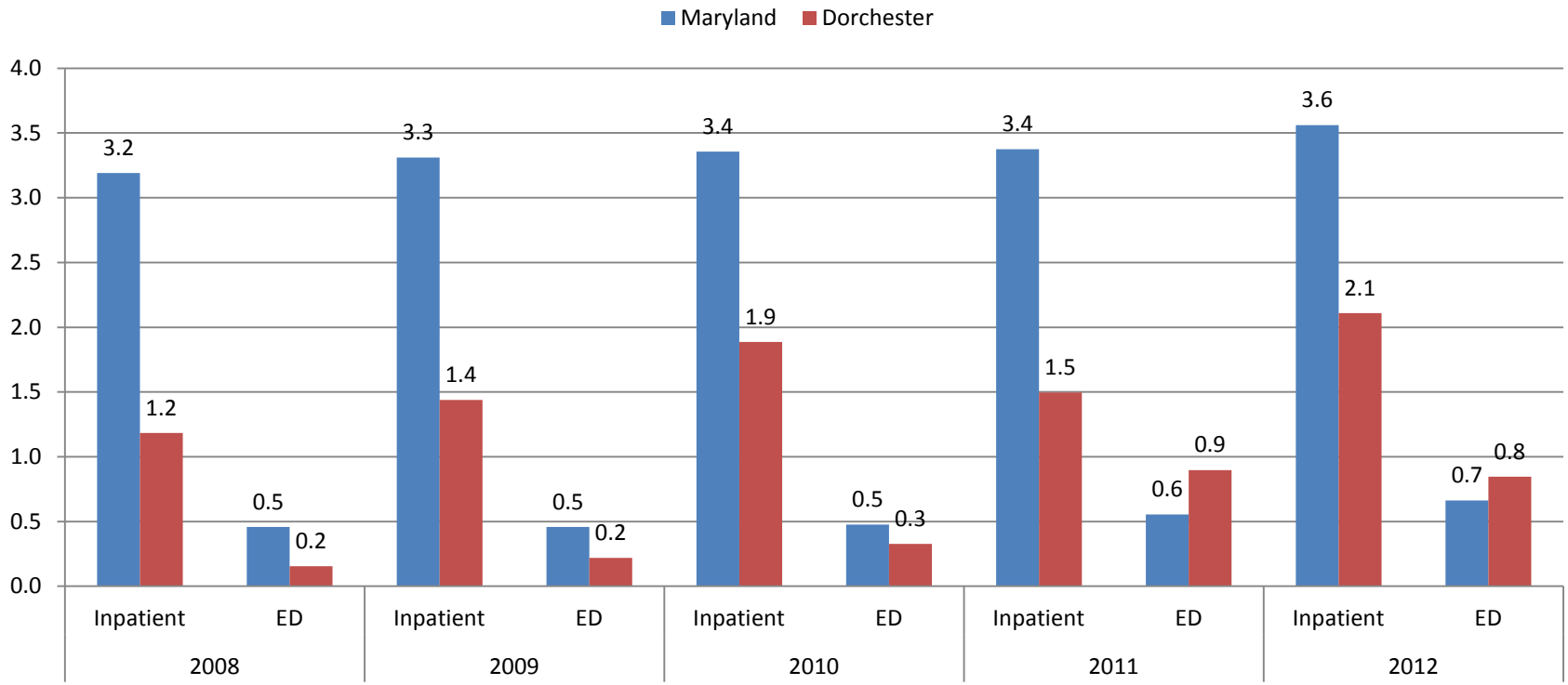
Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events



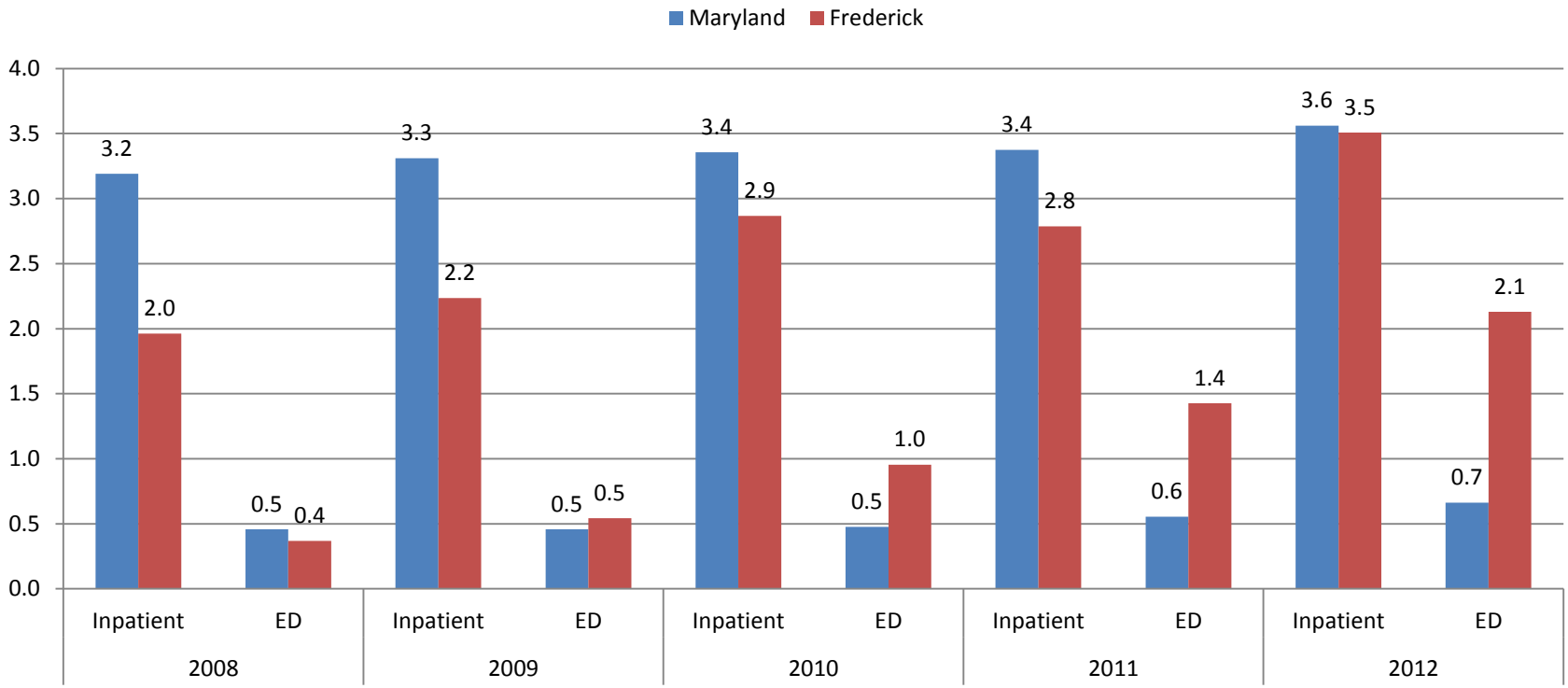
Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events

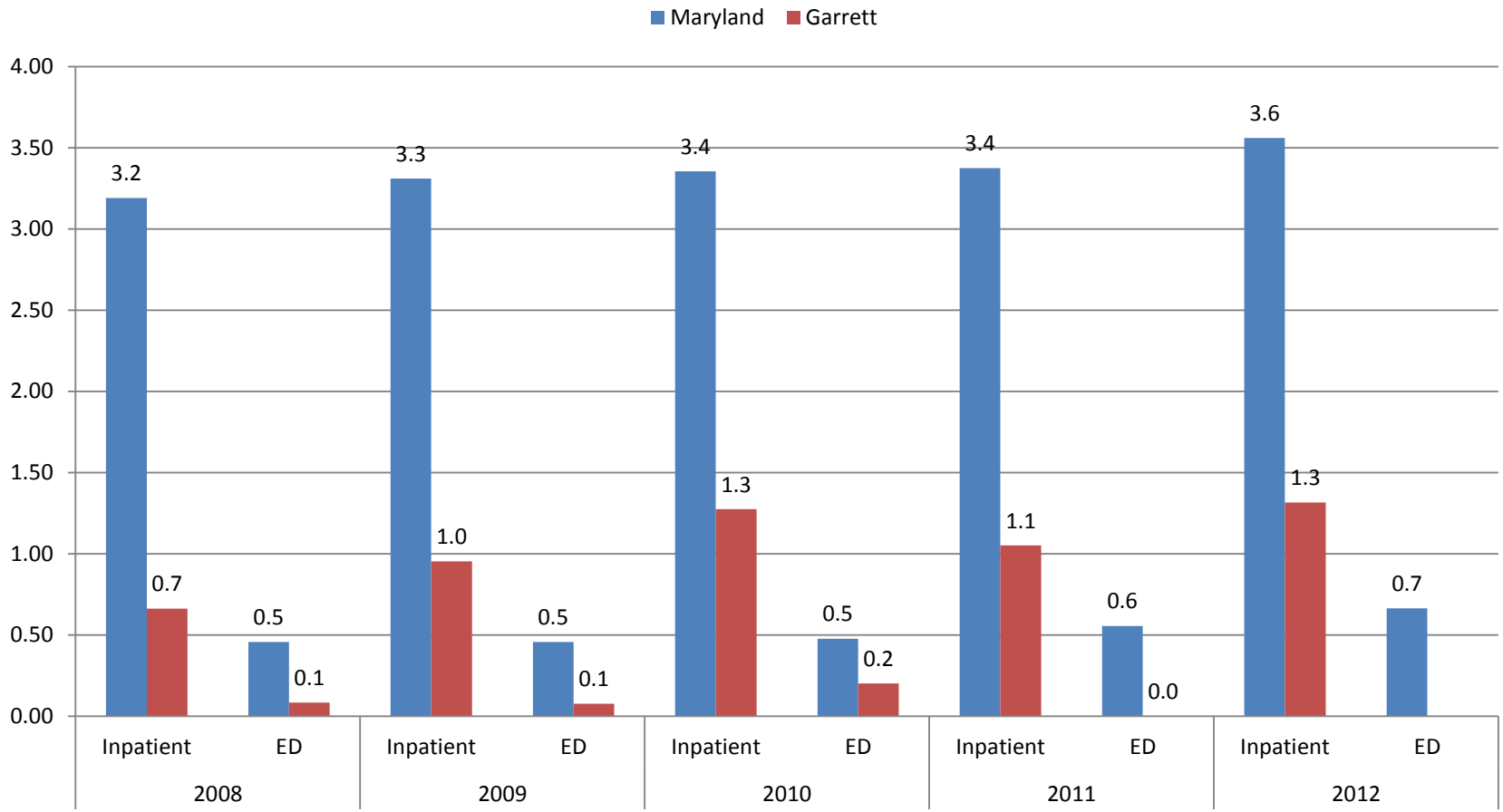


Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events



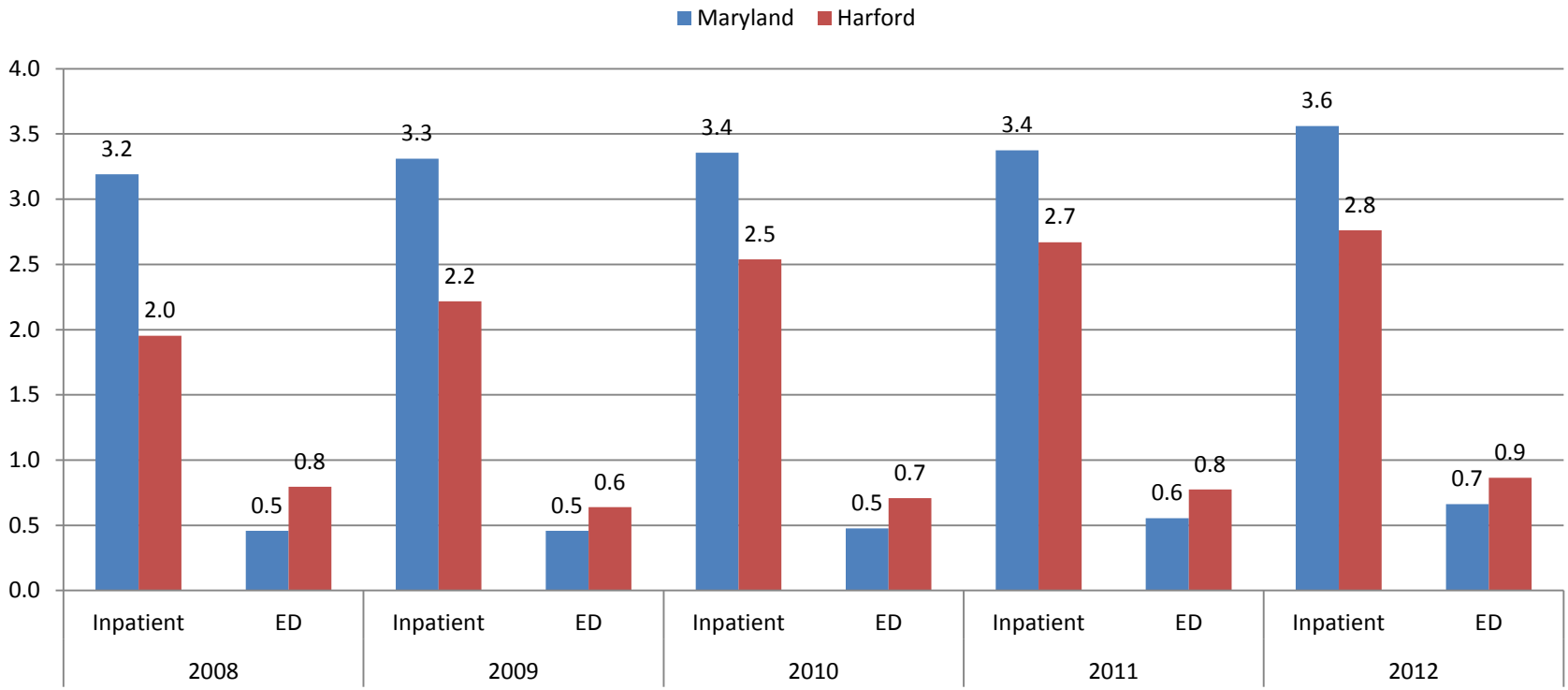
Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events



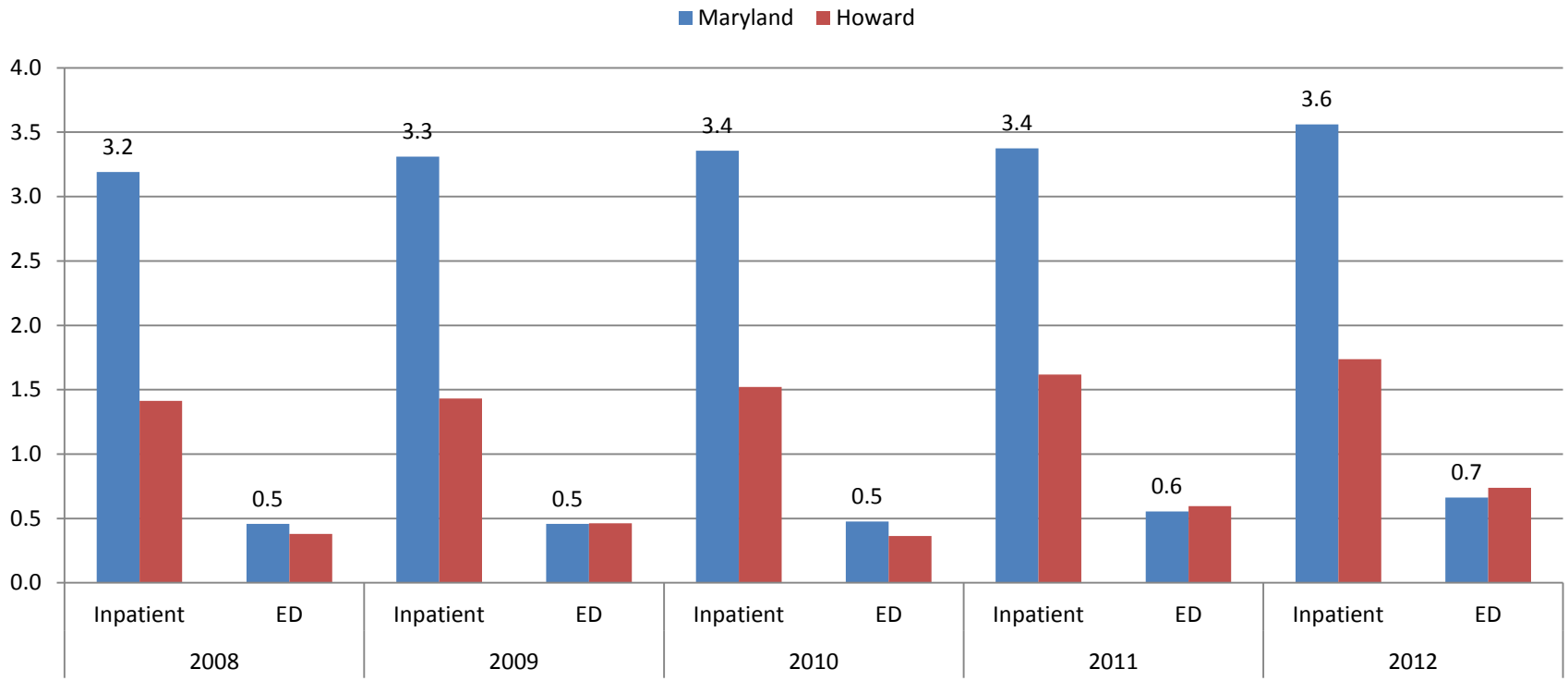


Opioid-related emergency department data for Garrett County residents in 2012 were not reported due to small sample size resulting in an unstable estimate.

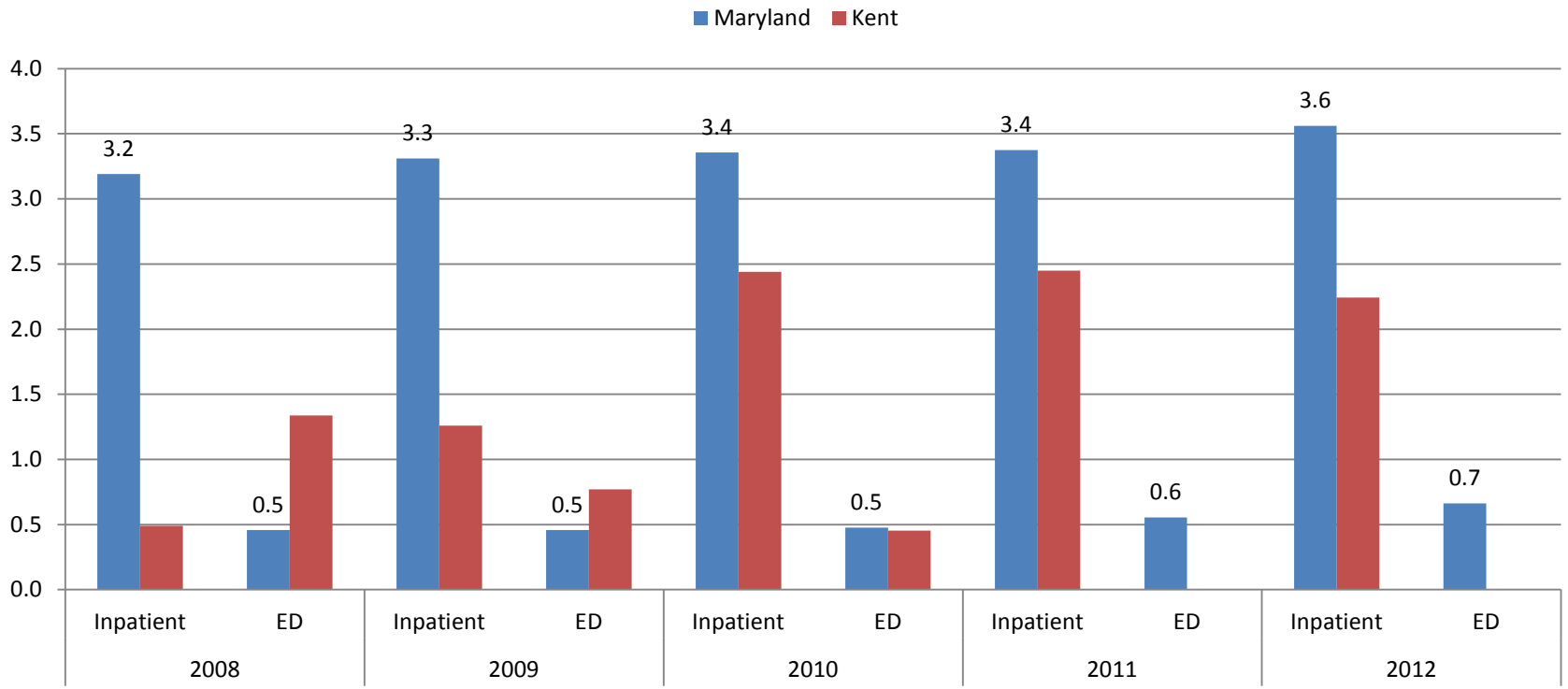
Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events



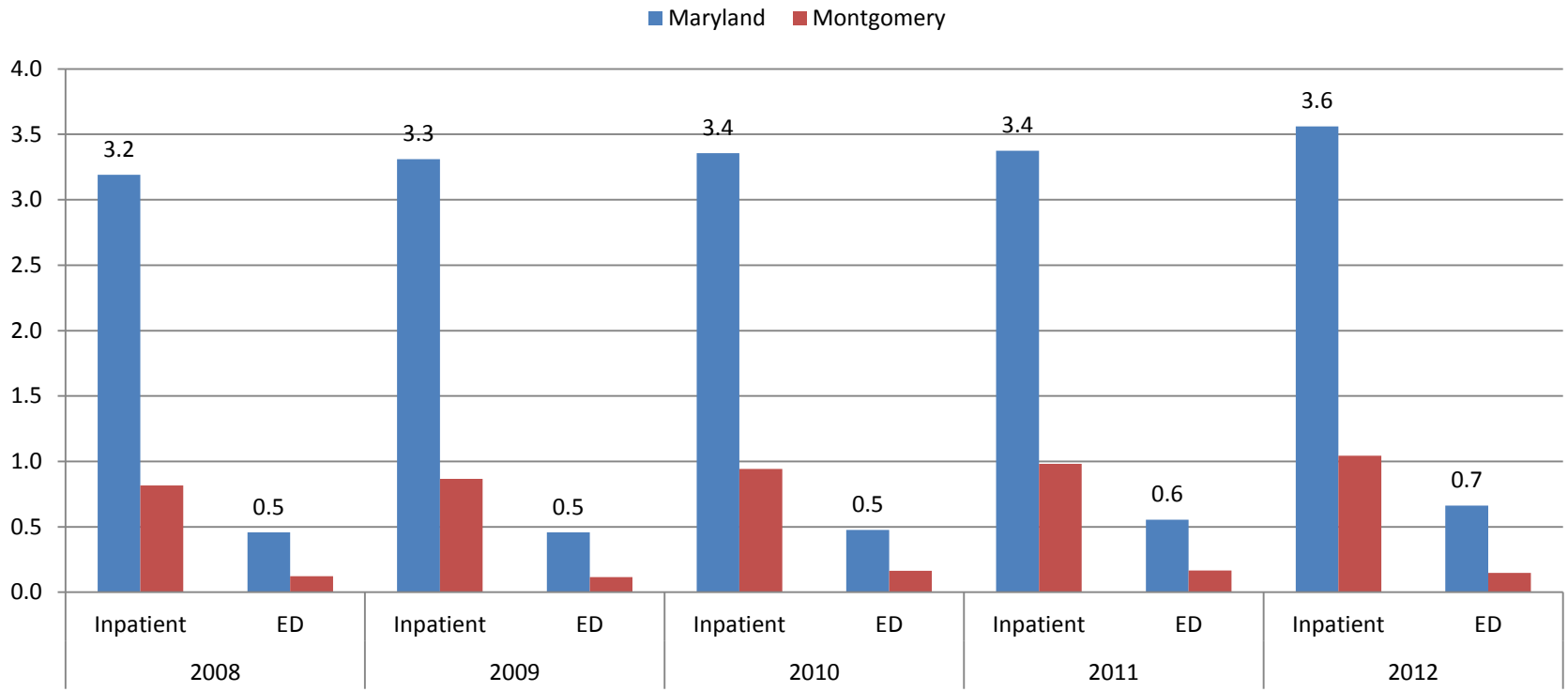
Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events



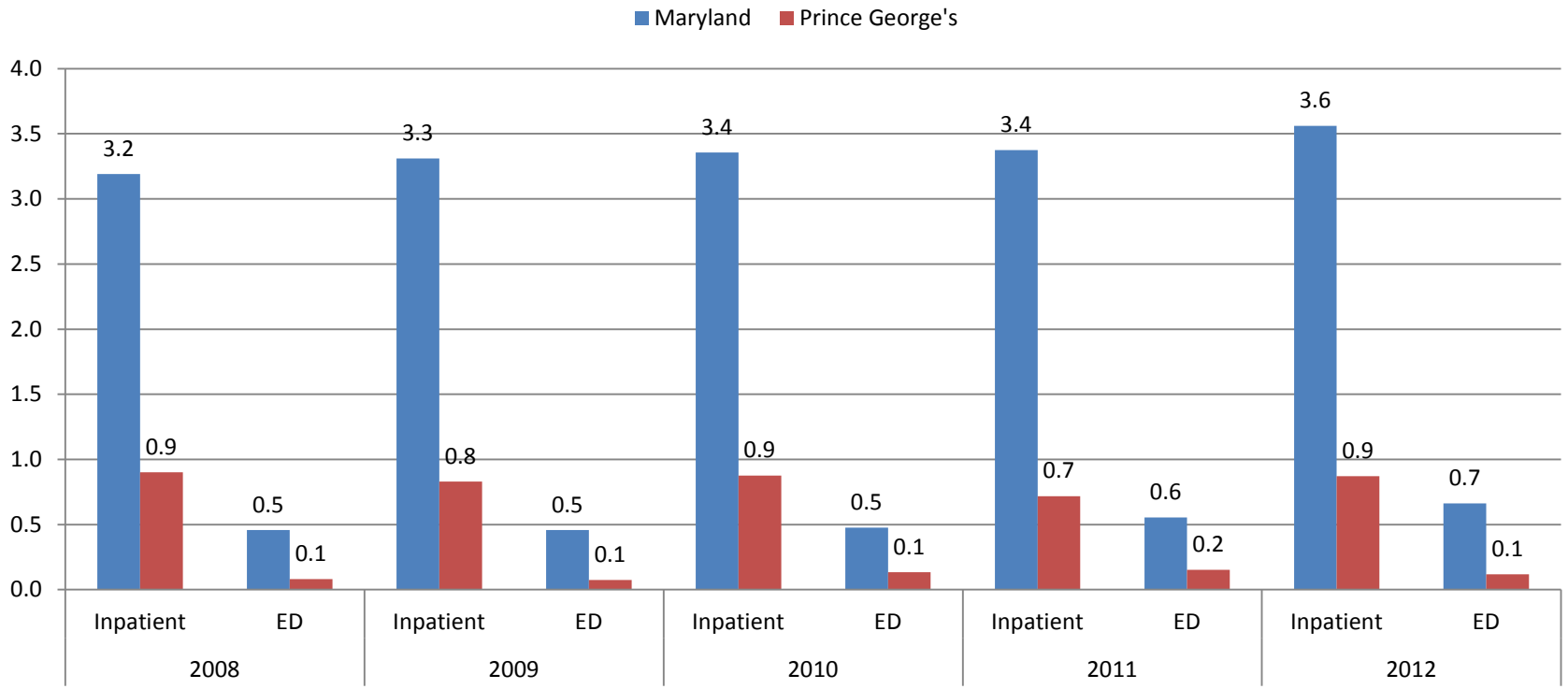
Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events



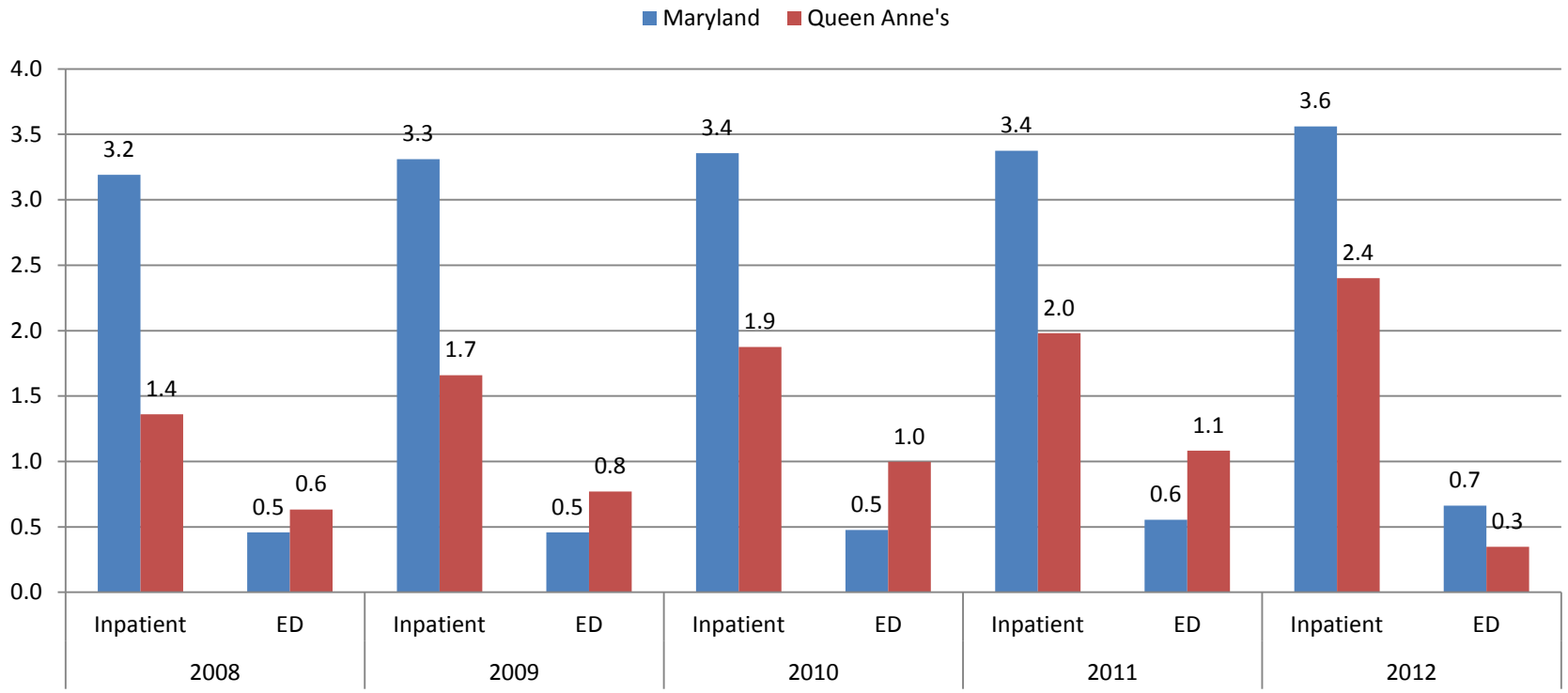
Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events



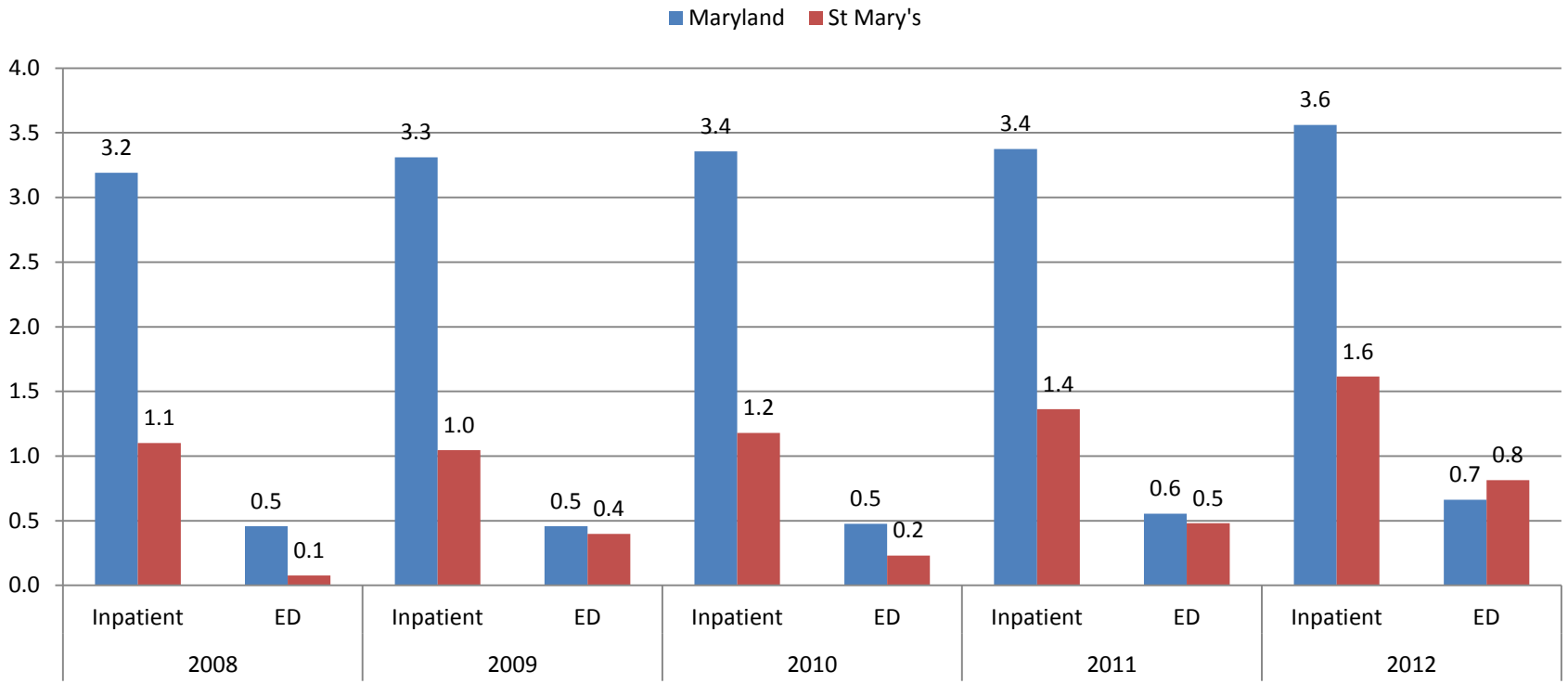
Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events



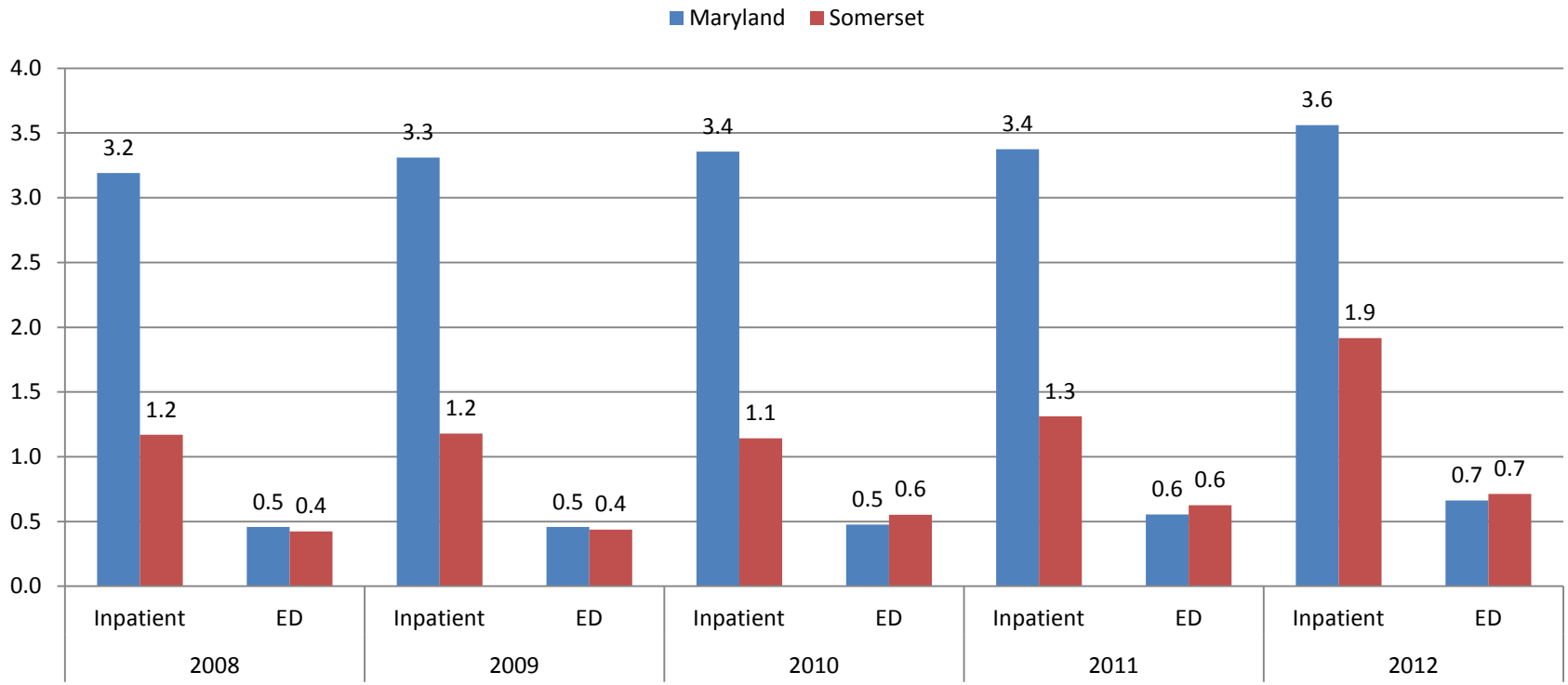
Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events



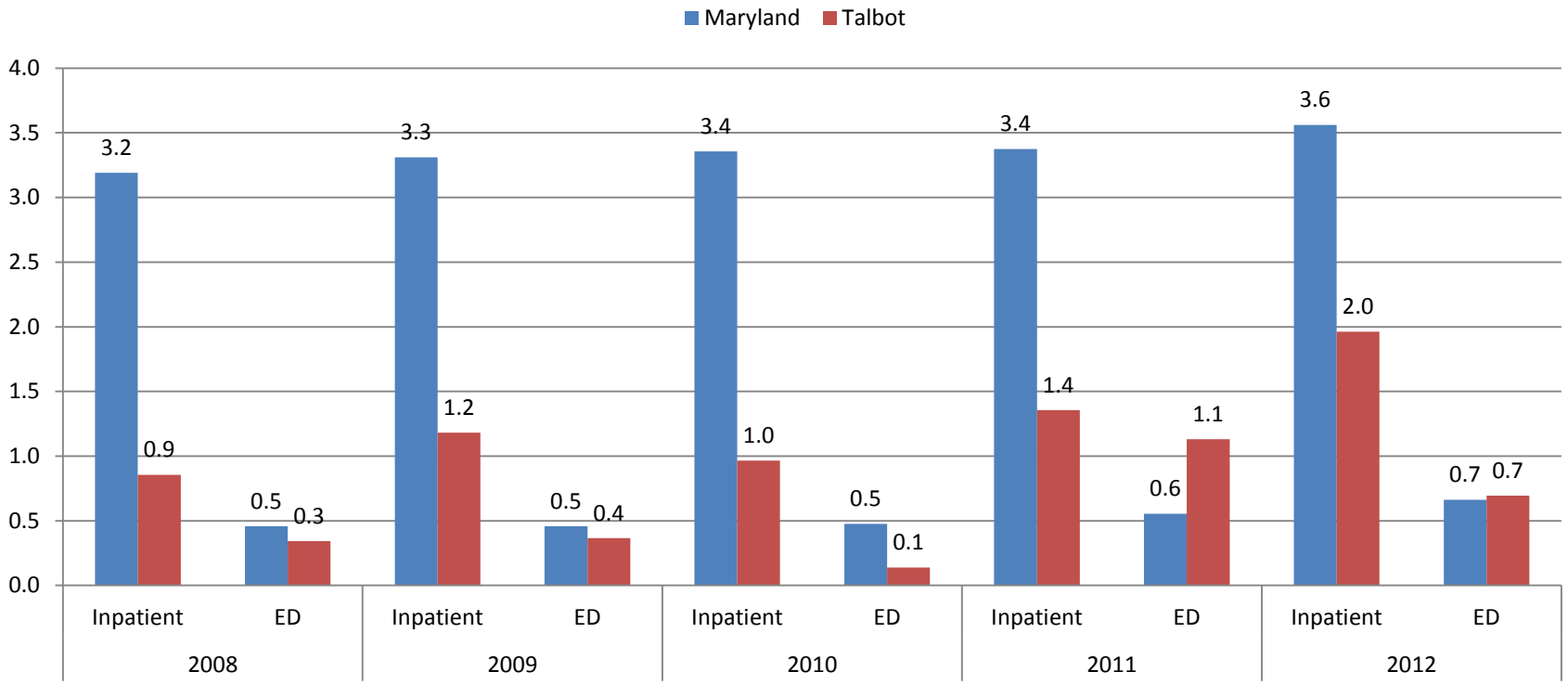
Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events



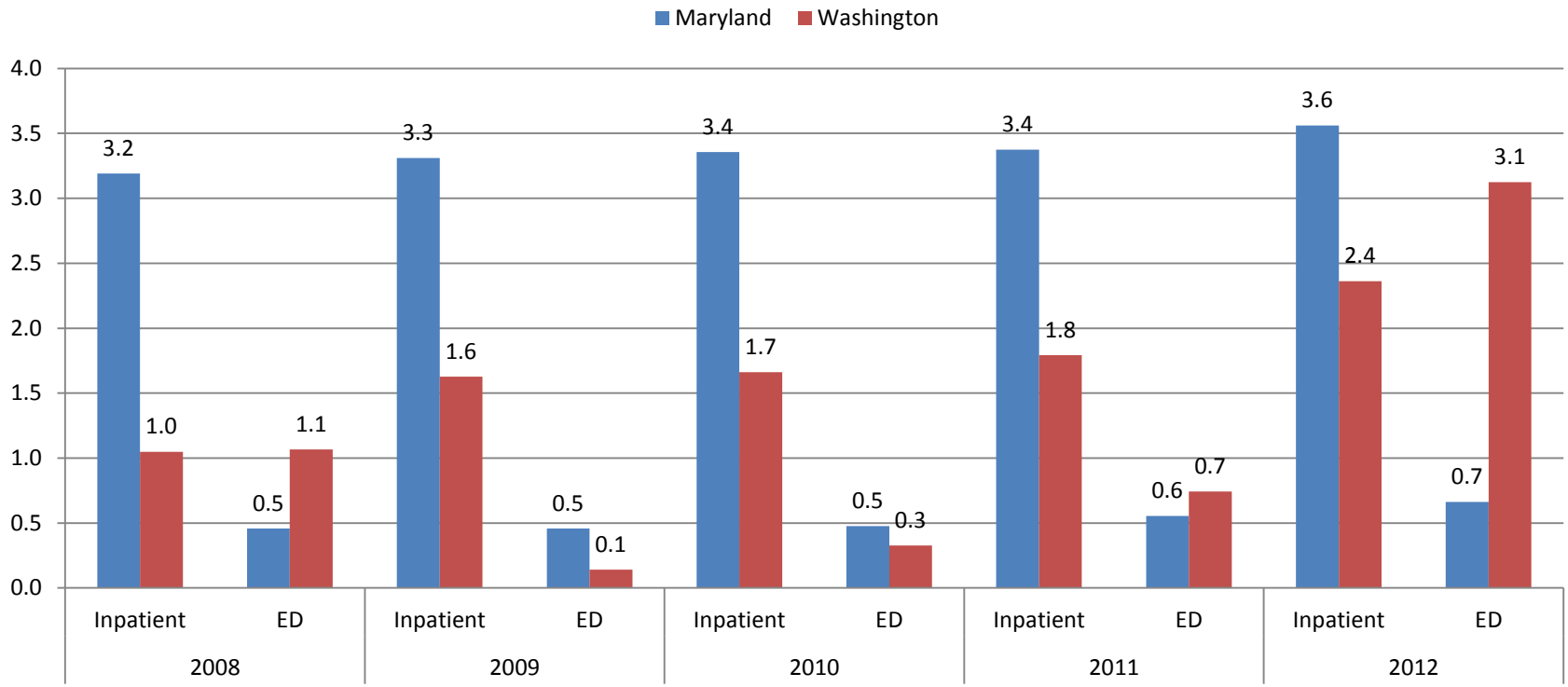
Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events



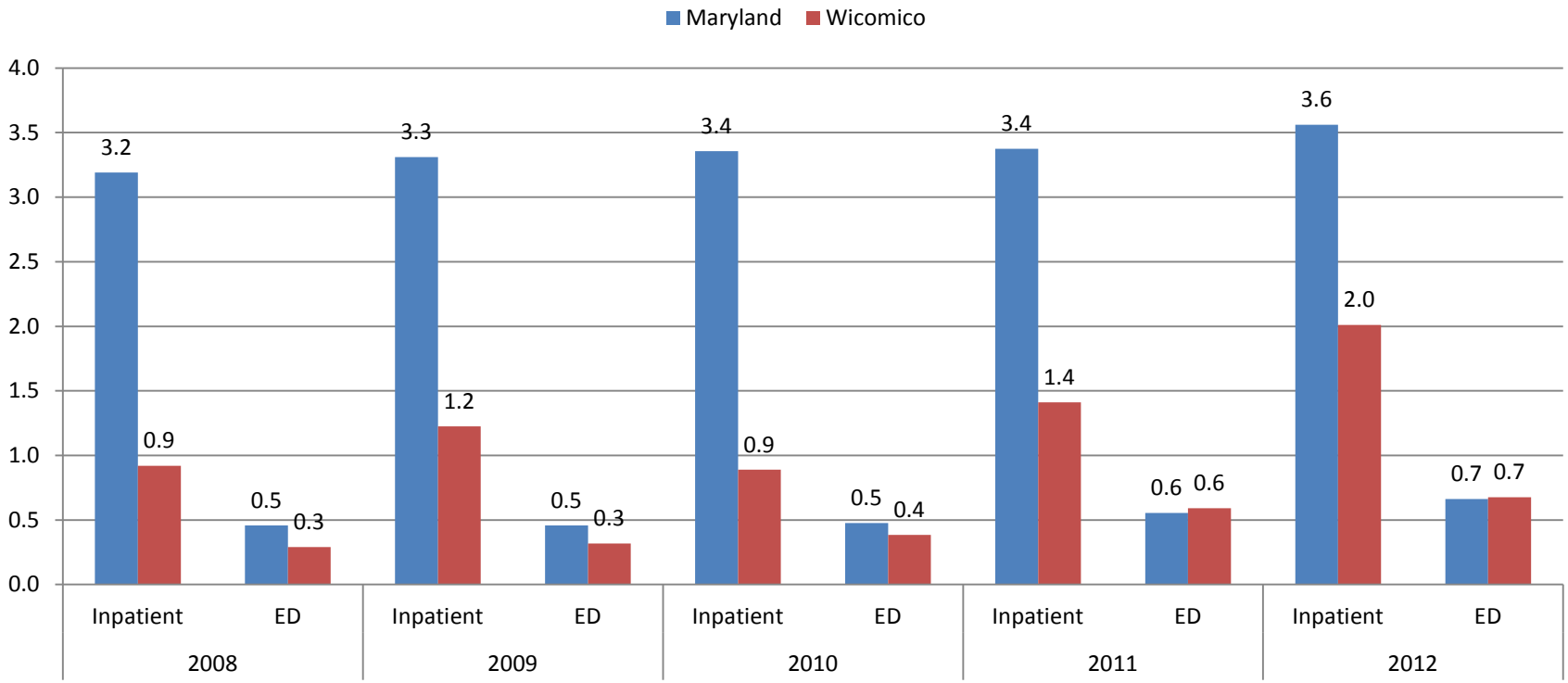
Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events



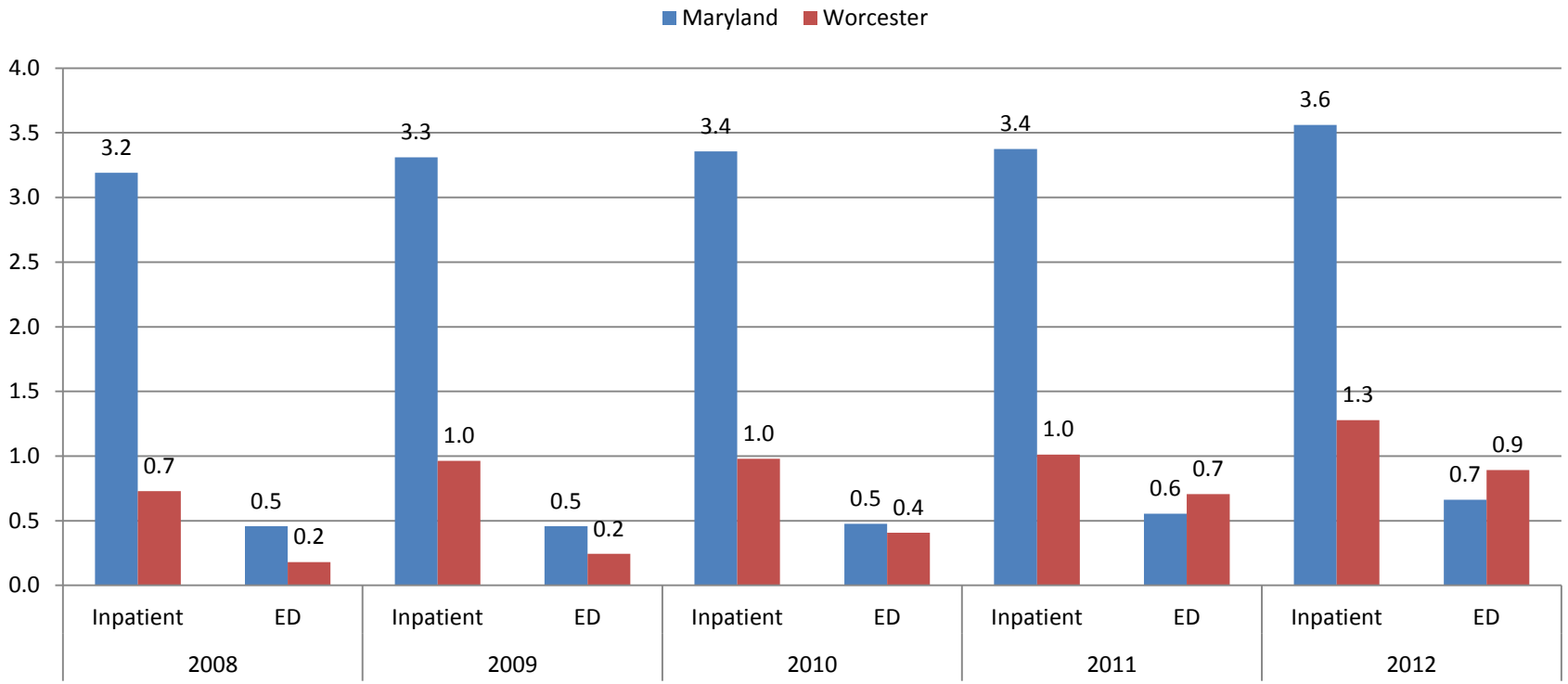
Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events



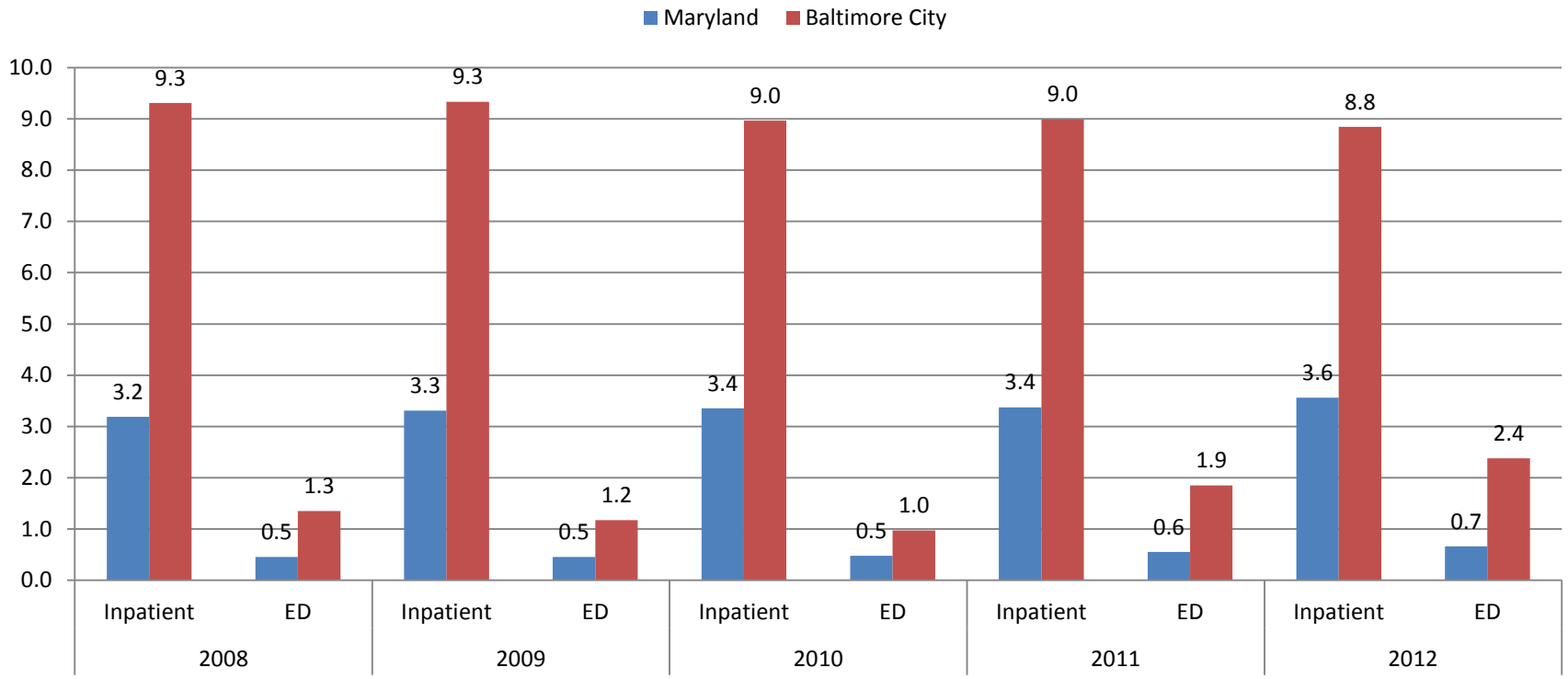
Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events



Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events

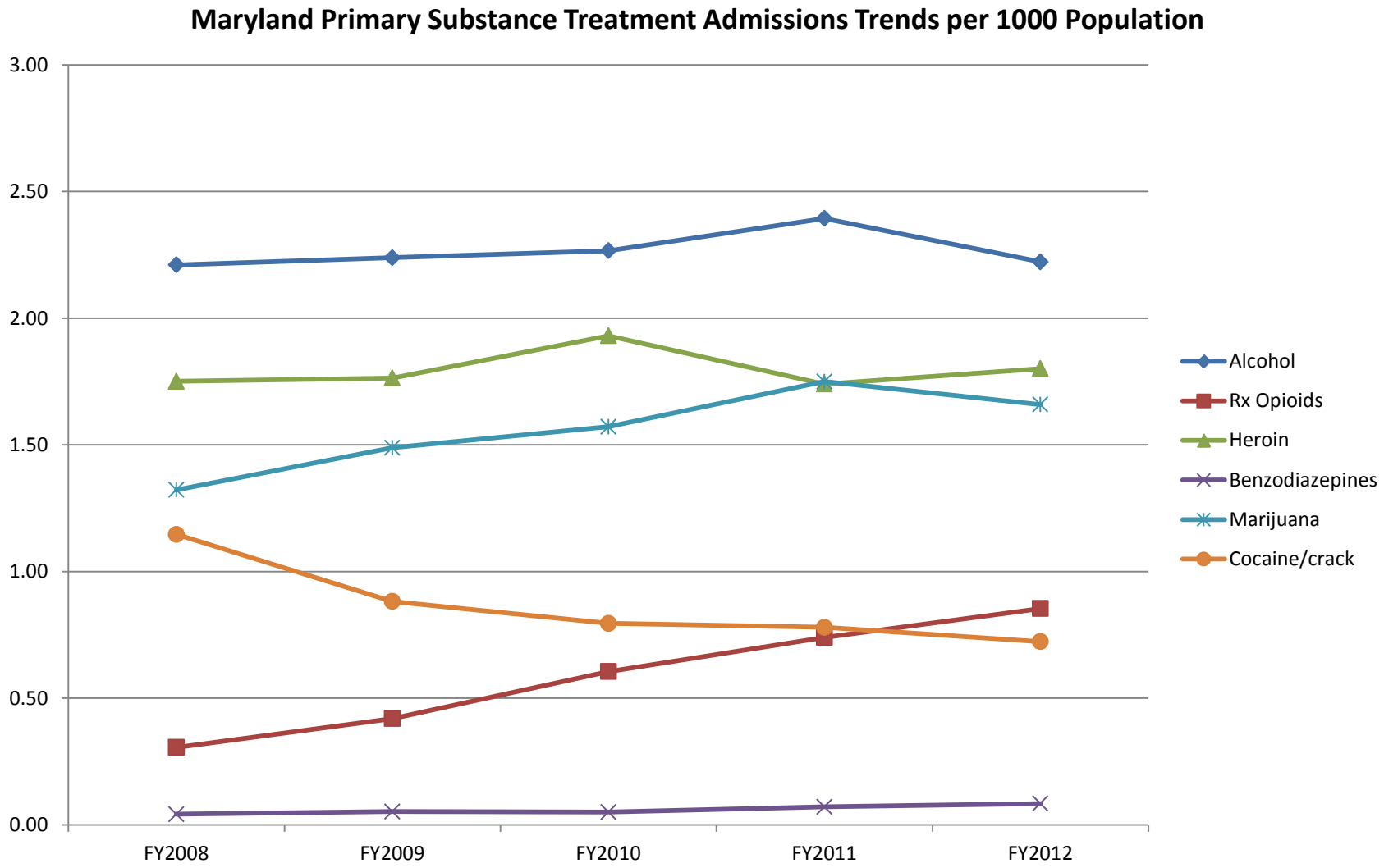


Rate of Opioid-related Inpatient Hospitalizations and ED Visits per 100 Events

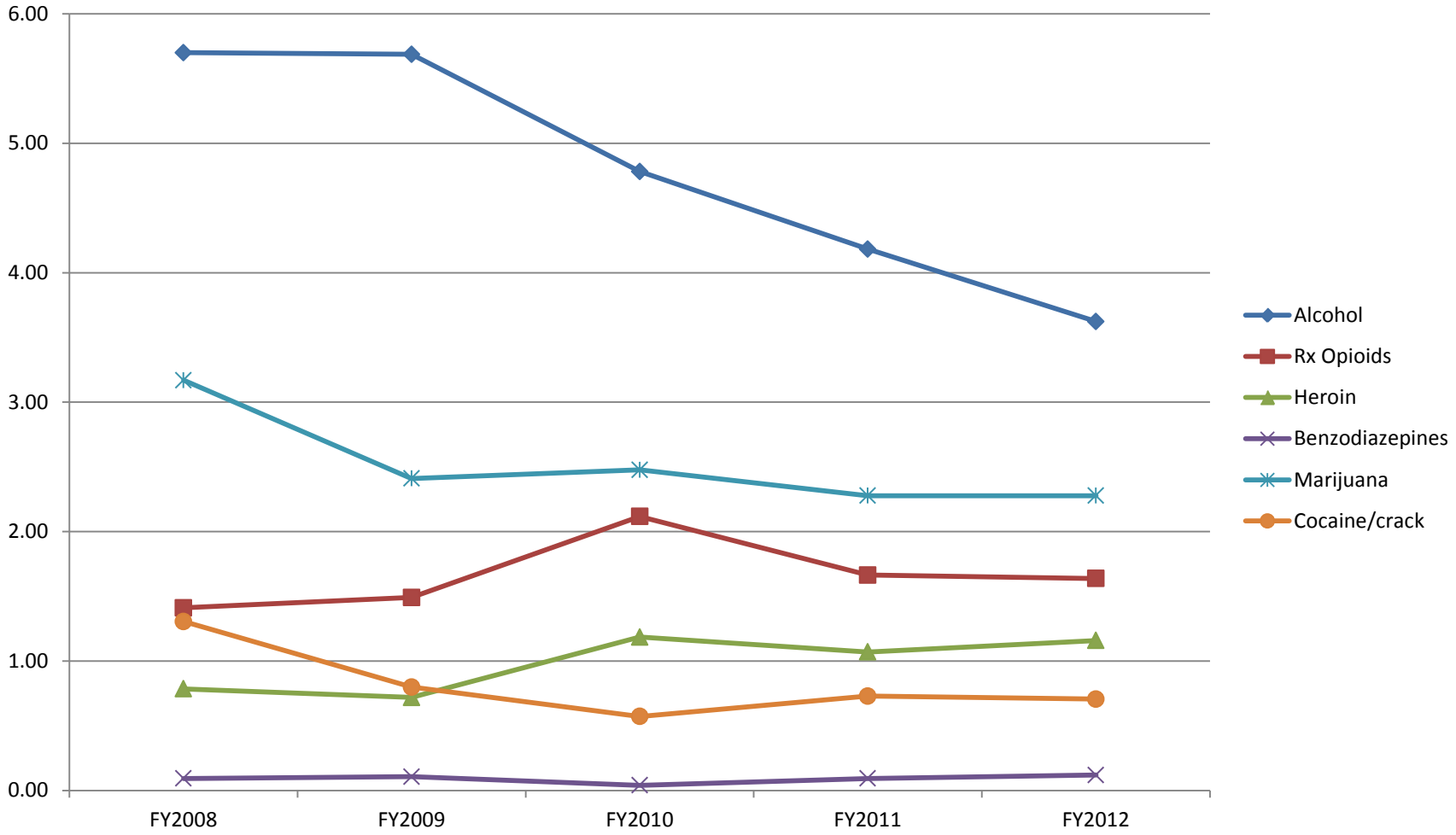


Substance Use Treatment Admissions

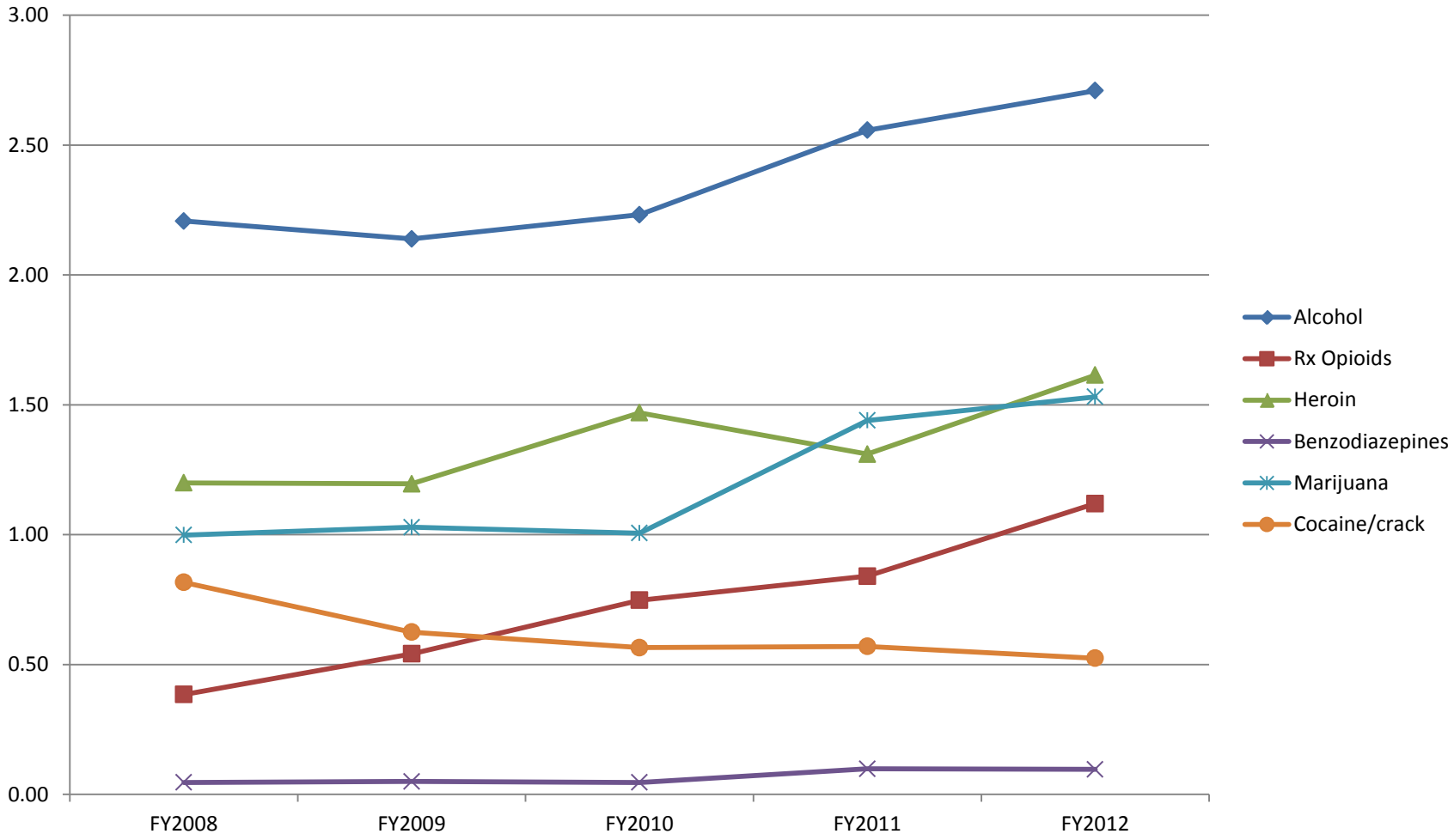
Data Source: State of Maryland Automated Records Tracking (SMART)



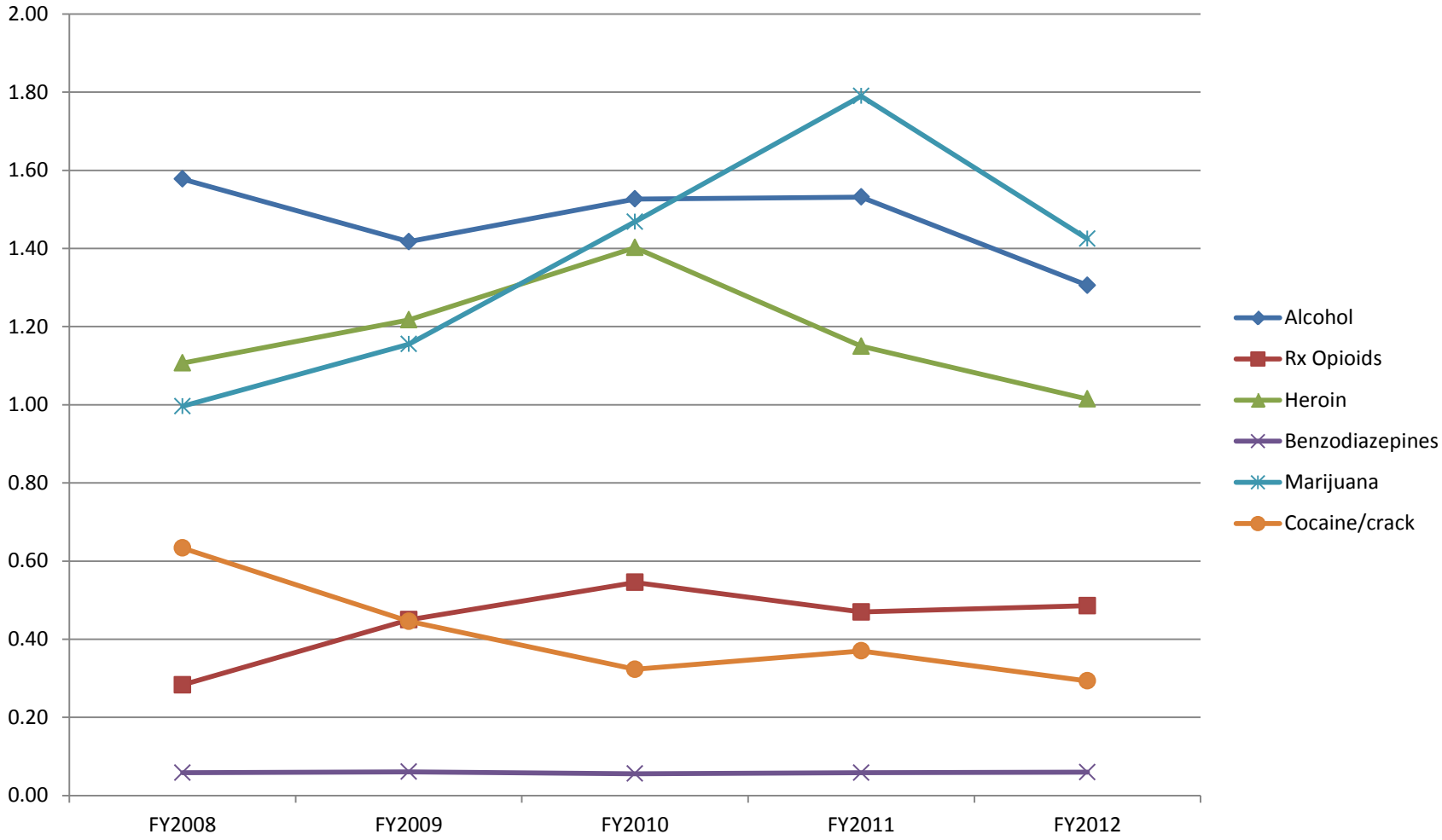
Allegany County Primary Substance Treatment Admissions Trends per 1000 Population



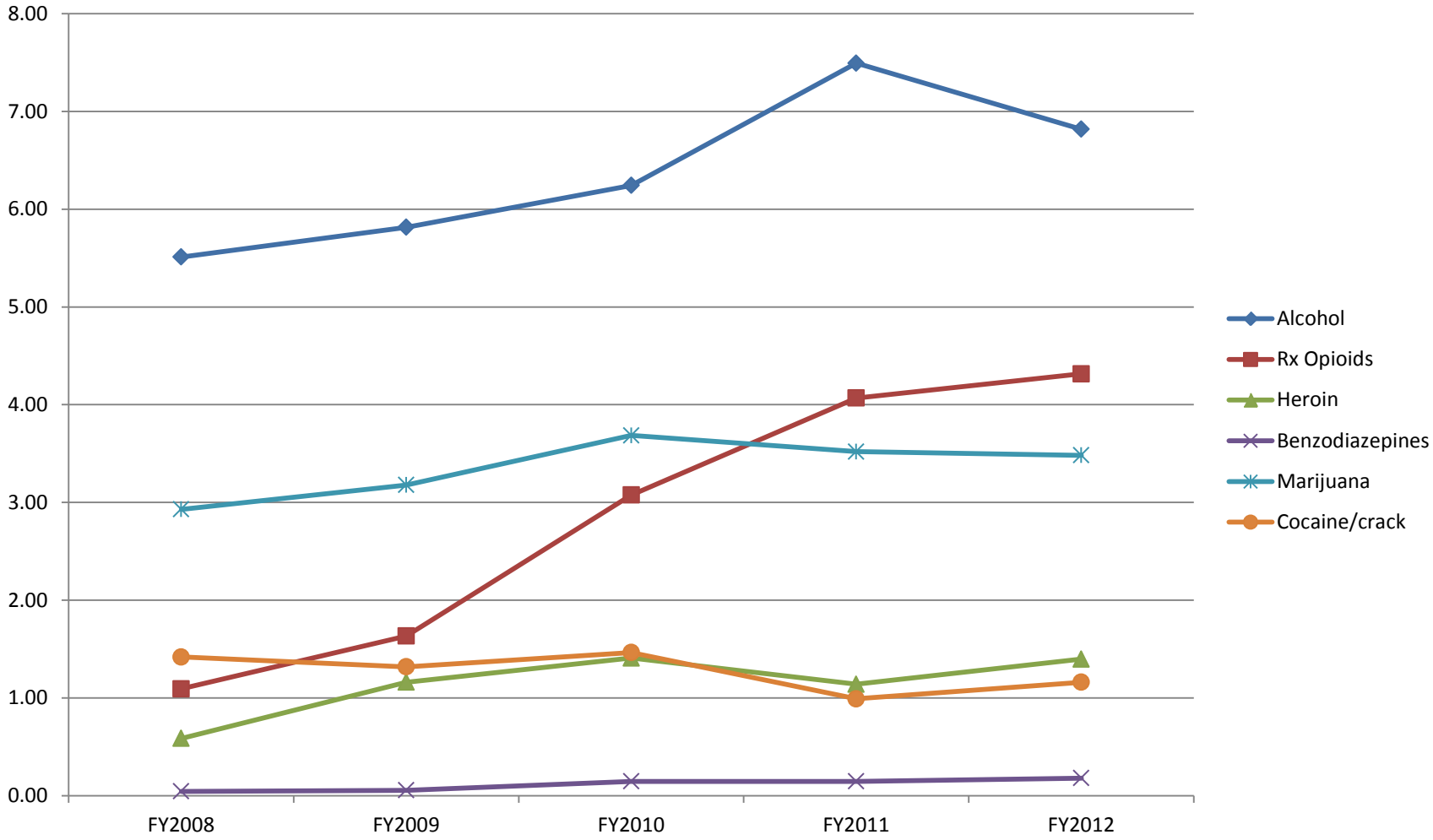
Anne Arundel County Primary Substance Treatment Admissions Trends per 1000 Population



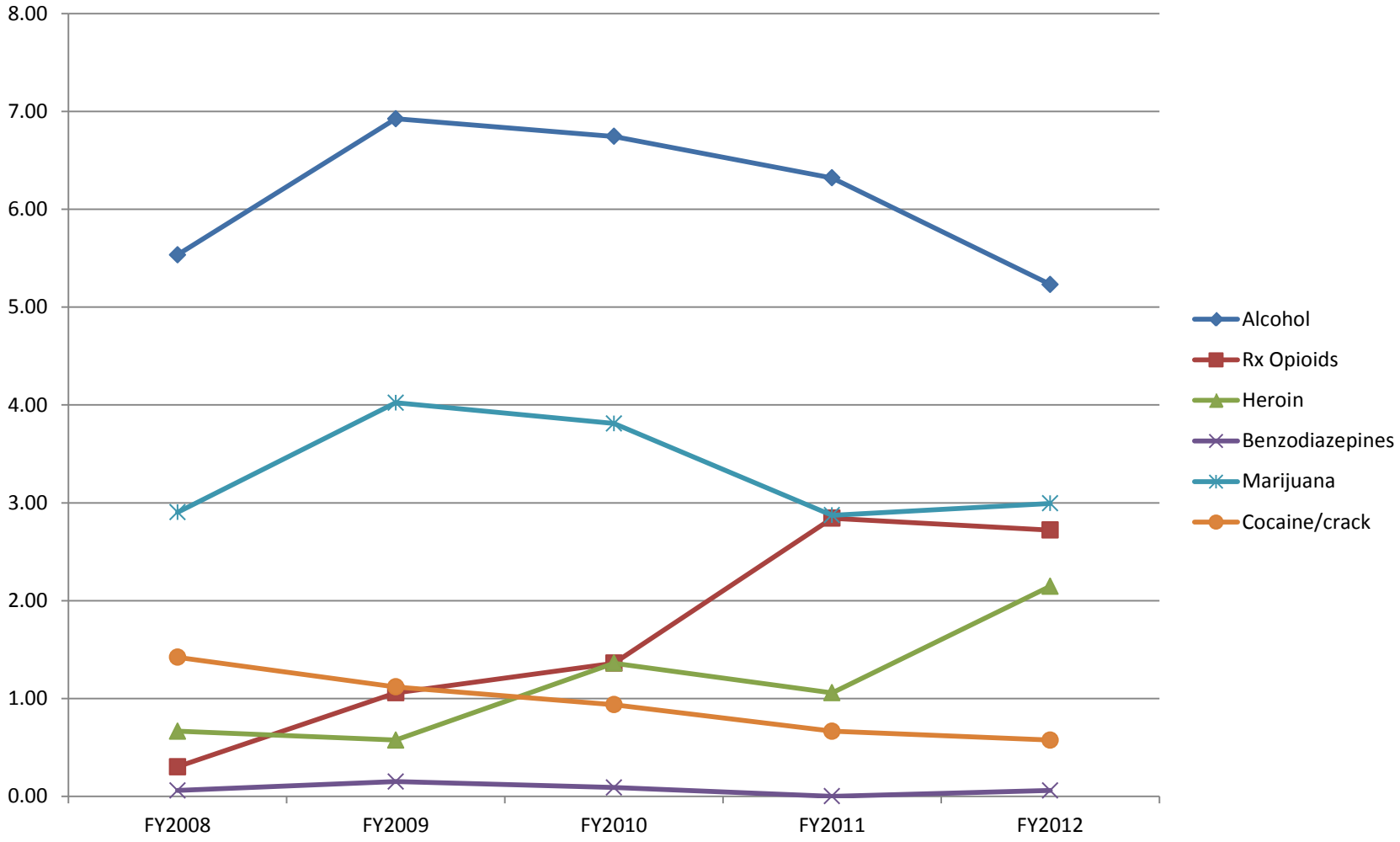
Baltimore County Primary Substance Treatment Admissions Trends per 1000 Population



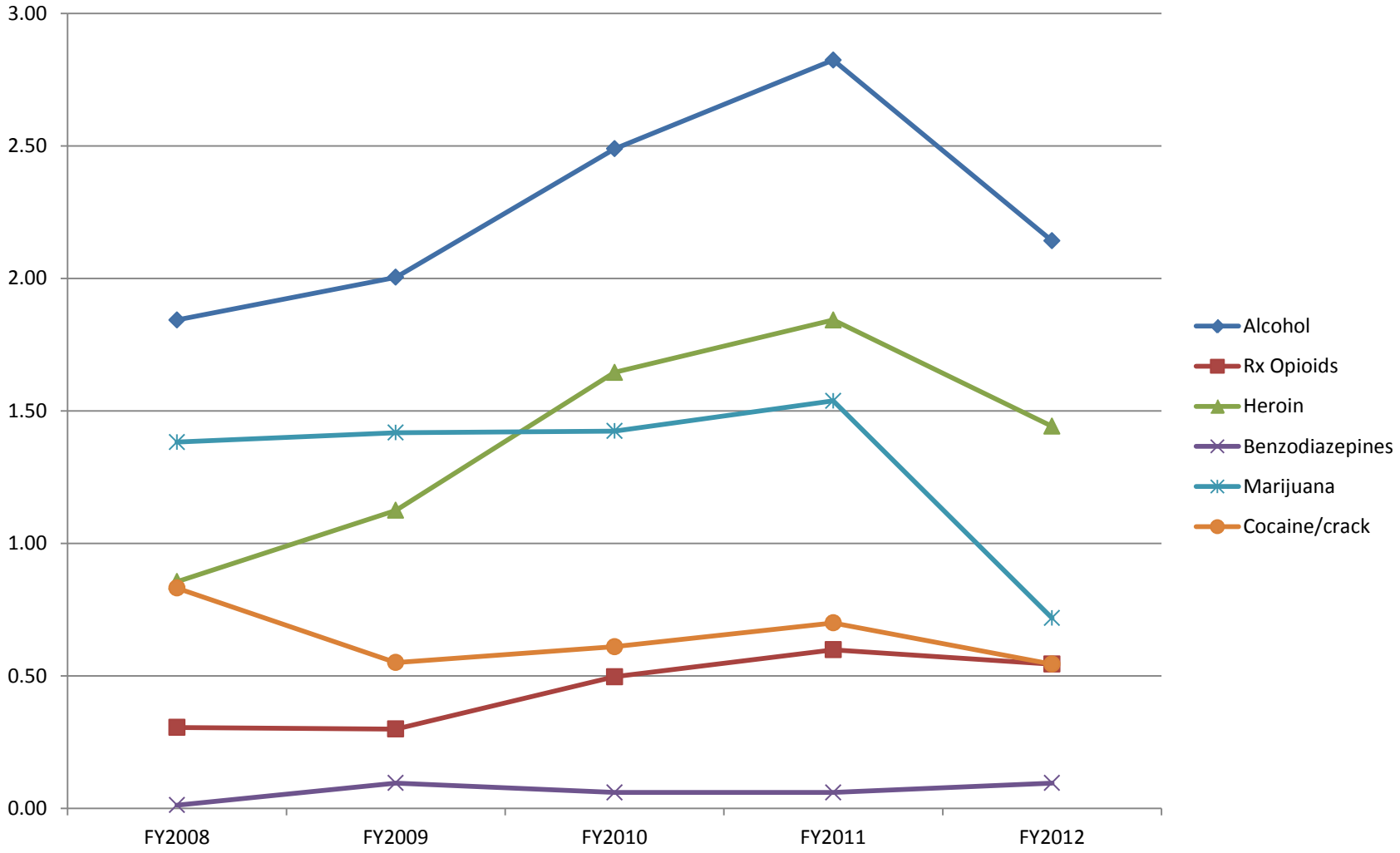
Calvert County Primary Substance Treatment Admissions Trends per 1000 Population



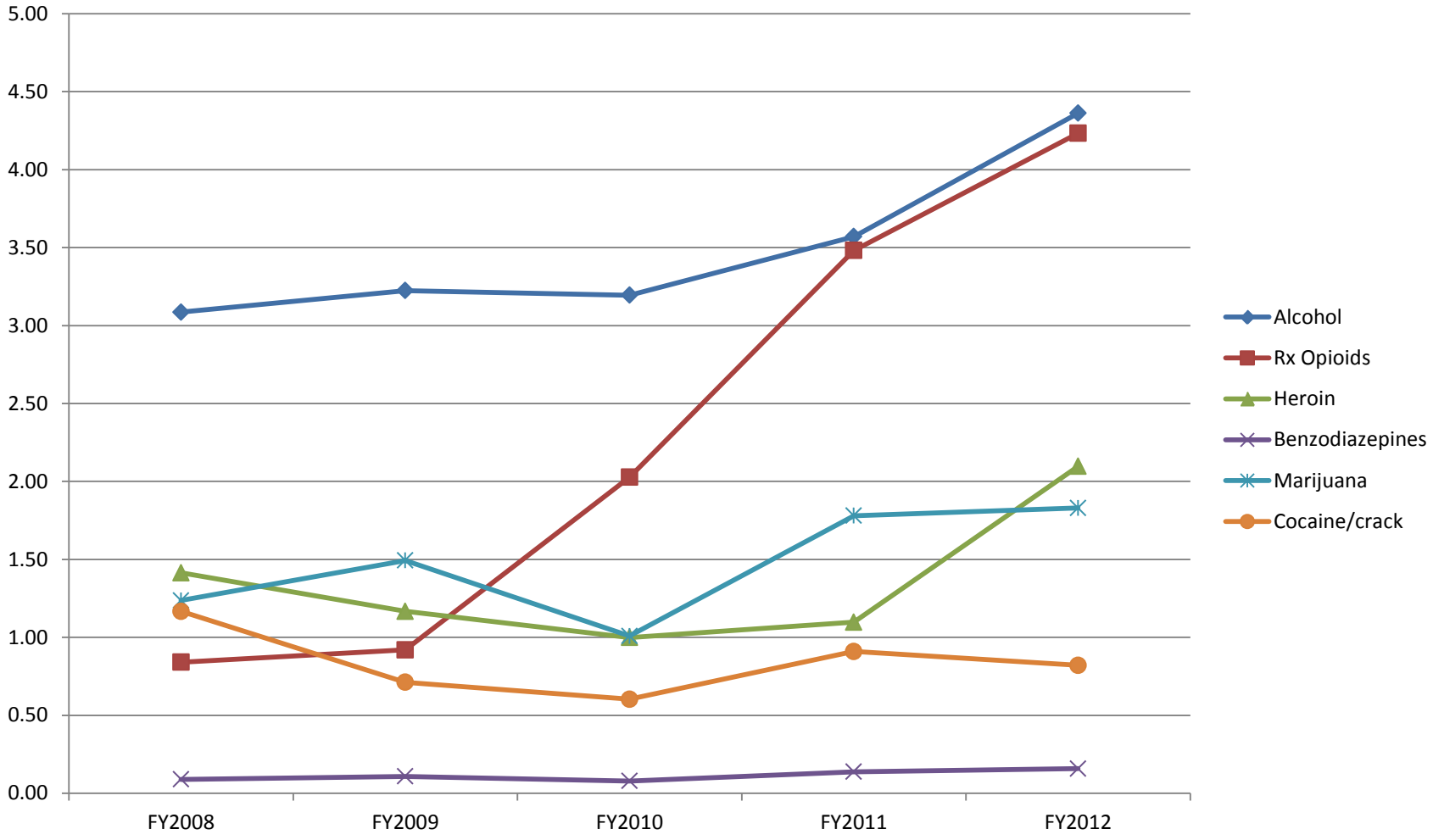
Caroline County Primary Substance Treatment Admissions Trends per 1000 Population



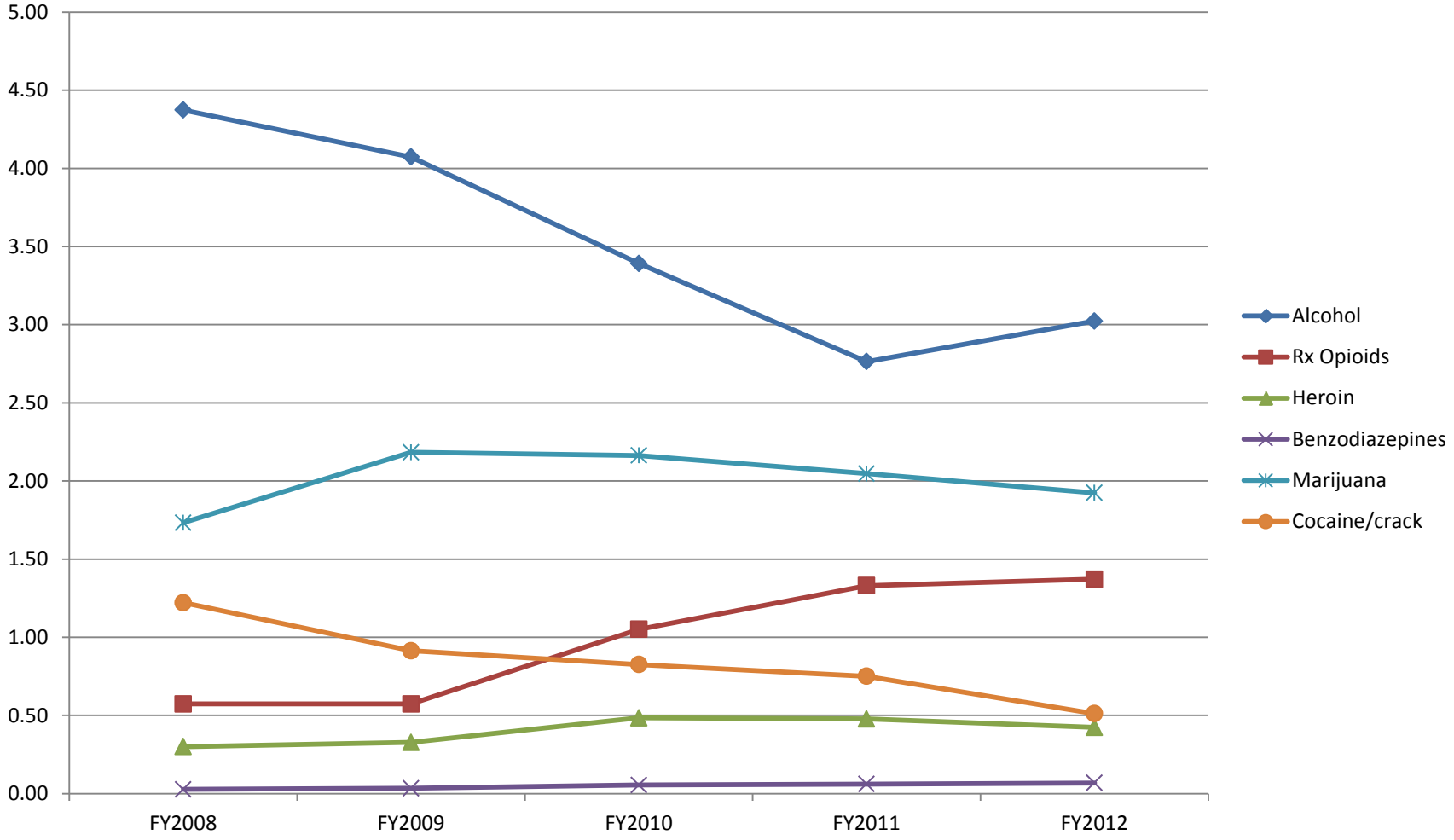
Carroll County Primary Substance Treatment Admissions Trends per 1000 Population

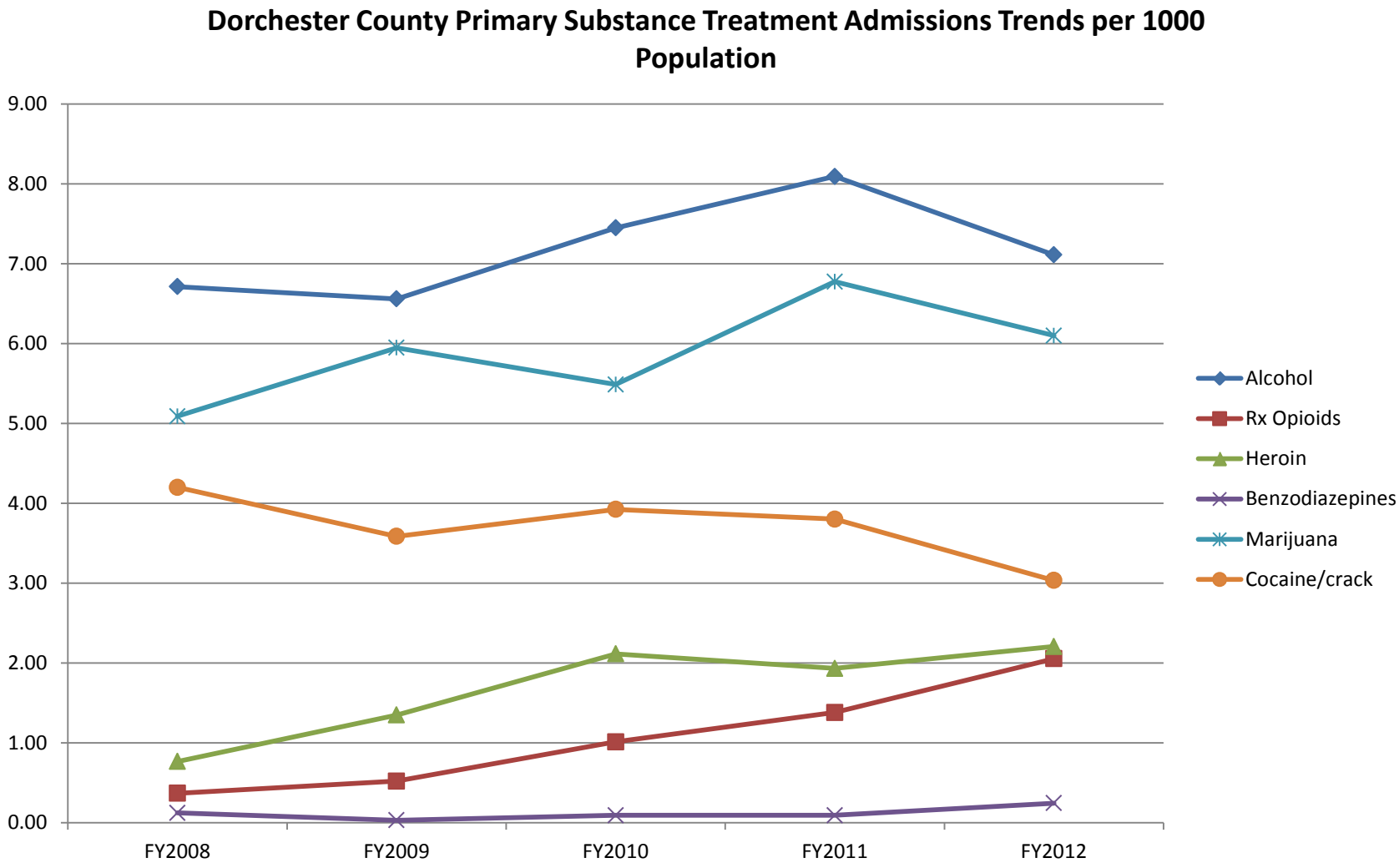


Cecil County Primary Substance Treatment Admissions Trends per 1000 Population

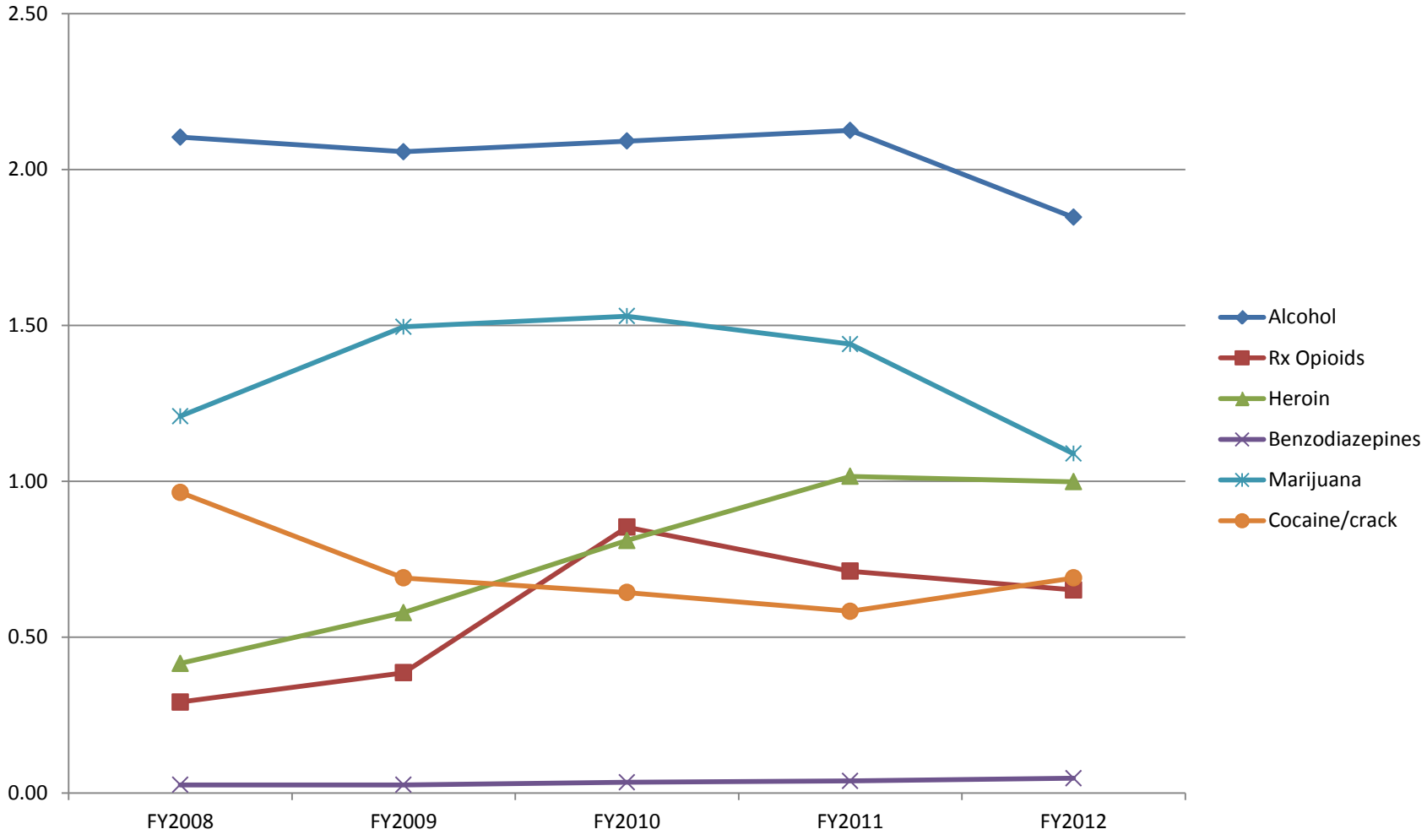


Charles County Primary Substance Treatment Admissions Trends per 1000 Population

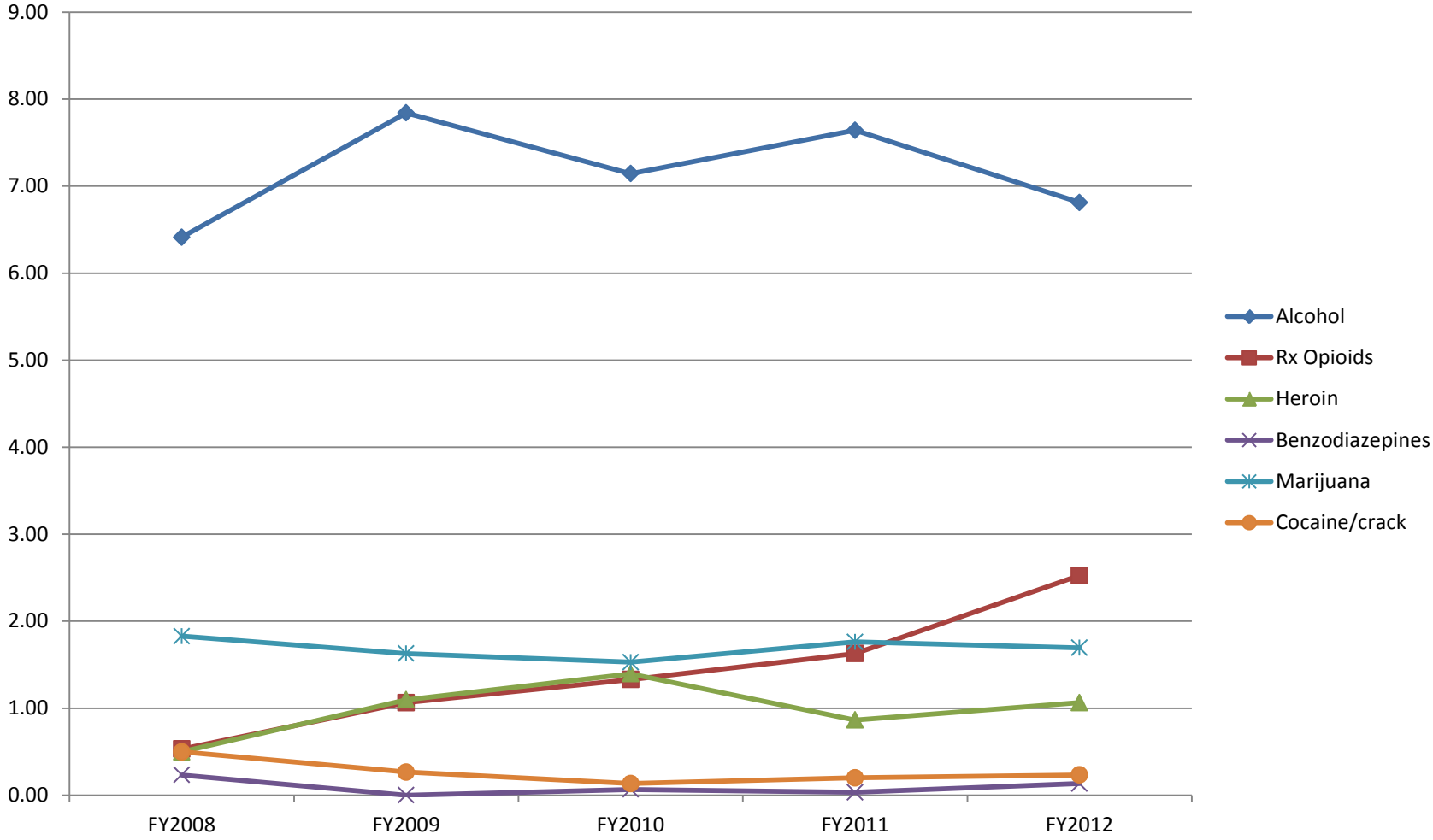



Dorchester County Primary Substance Treatment Admissions Trends per 1000 Population
9.00
8.00
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
FY2008
FY2009
FY2010
FY2011
FY2012
Alcohol
Rx Opioids
Heroin
Benzodiazepines
Marijuana
Cocaine/crack

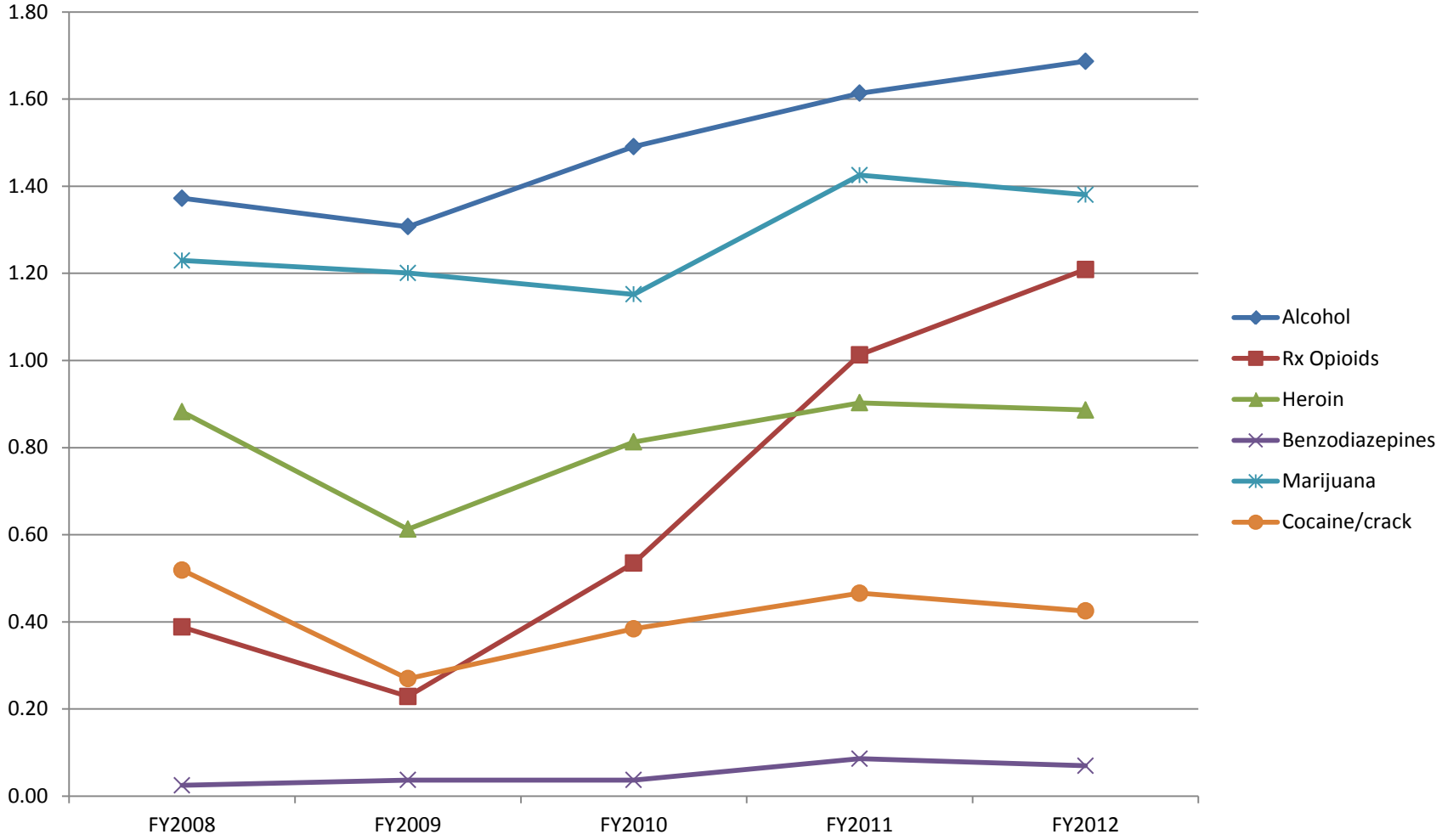
Frederick County Primary Substance Treatment Admissions Trends per 1000 Population



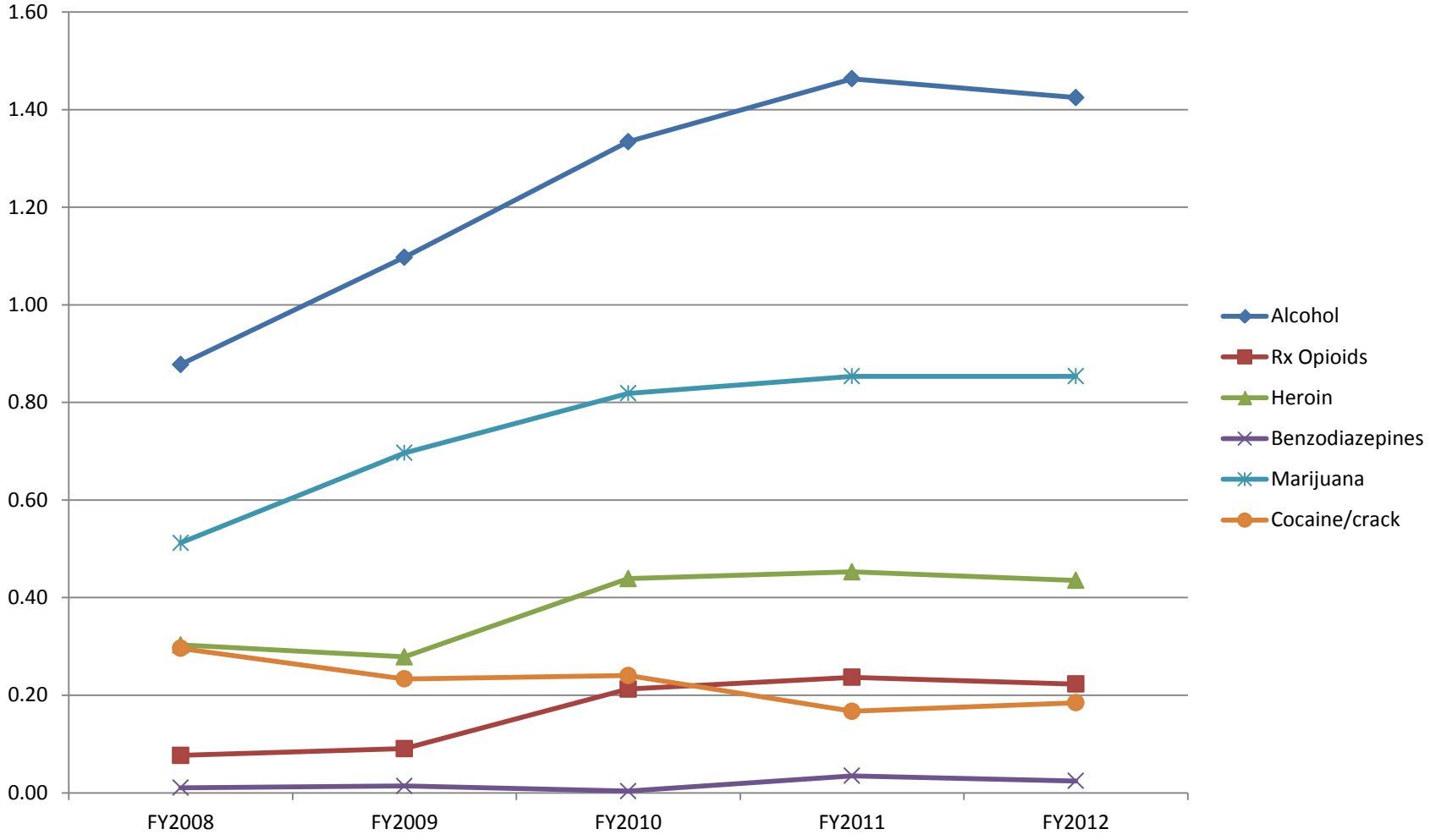
Garrett County Primary Substance Treatment Admissions Trends per 1000 Population



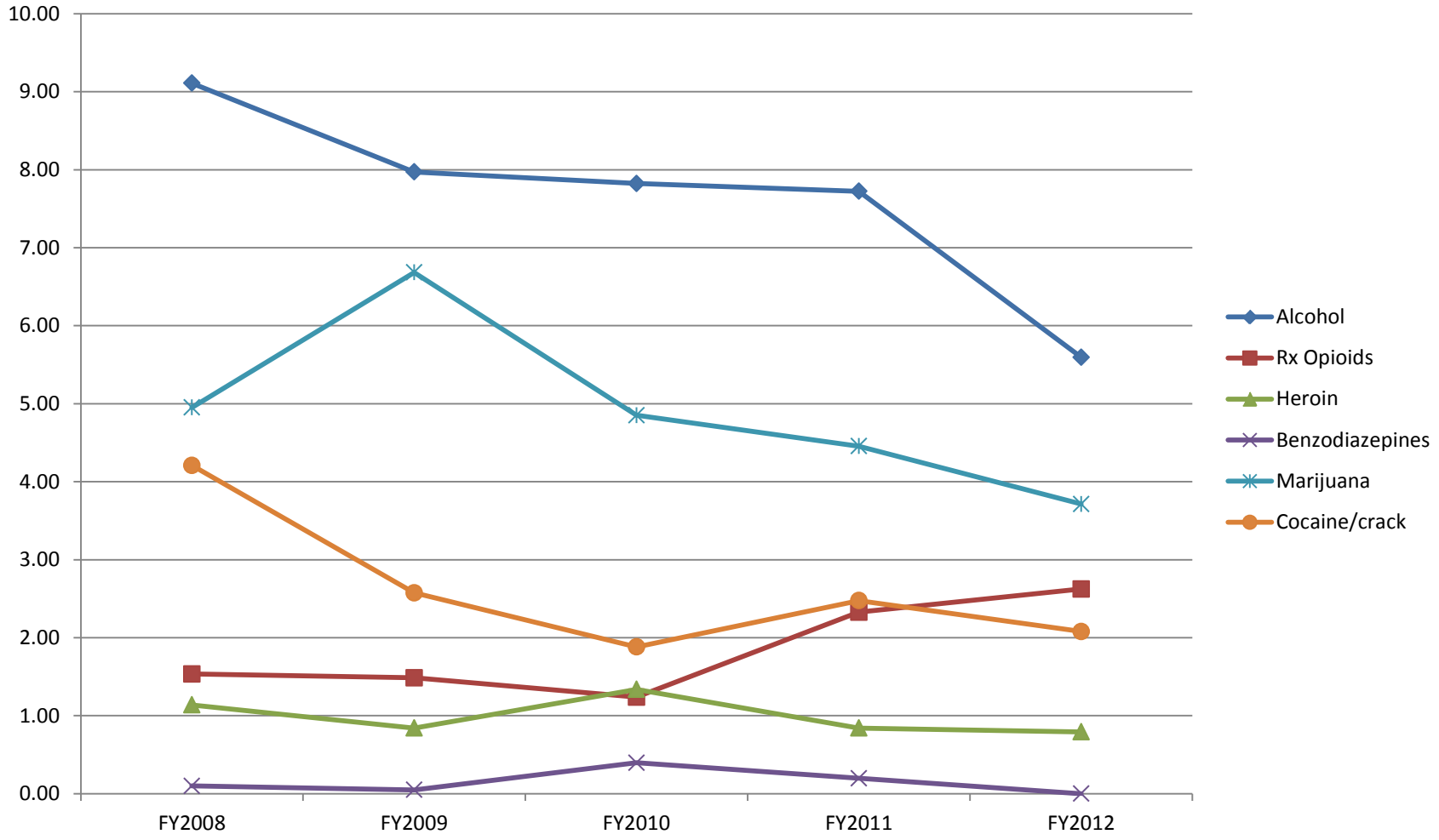
Harford County Primary Substance Treatment Admissions Trends per 1000 Population



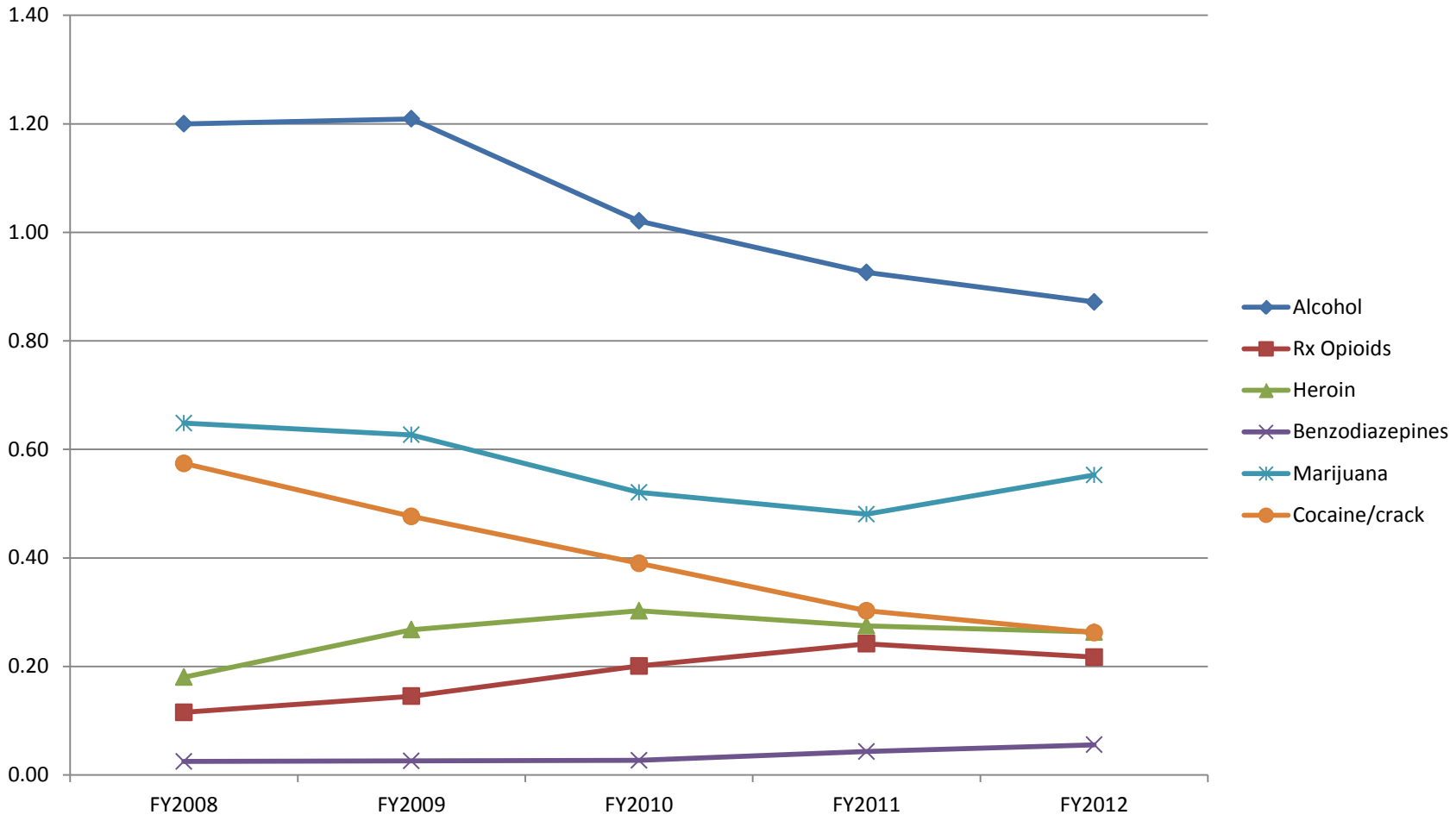
Howard County Primary Substance Treatment Admissions Trends per 1000 Population

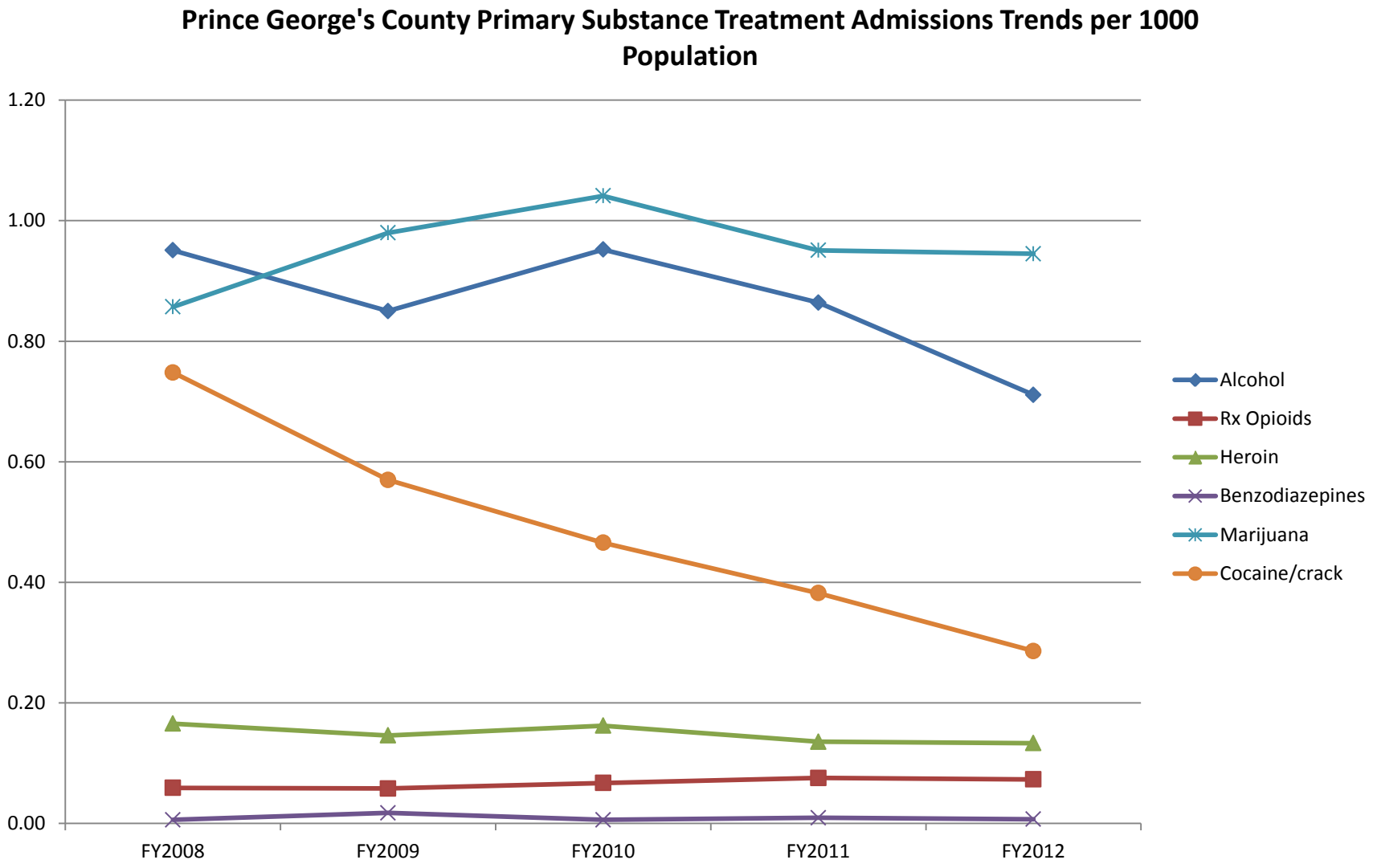


Kent County Primary Substance Treatment Admissions Trends per 1000 Population

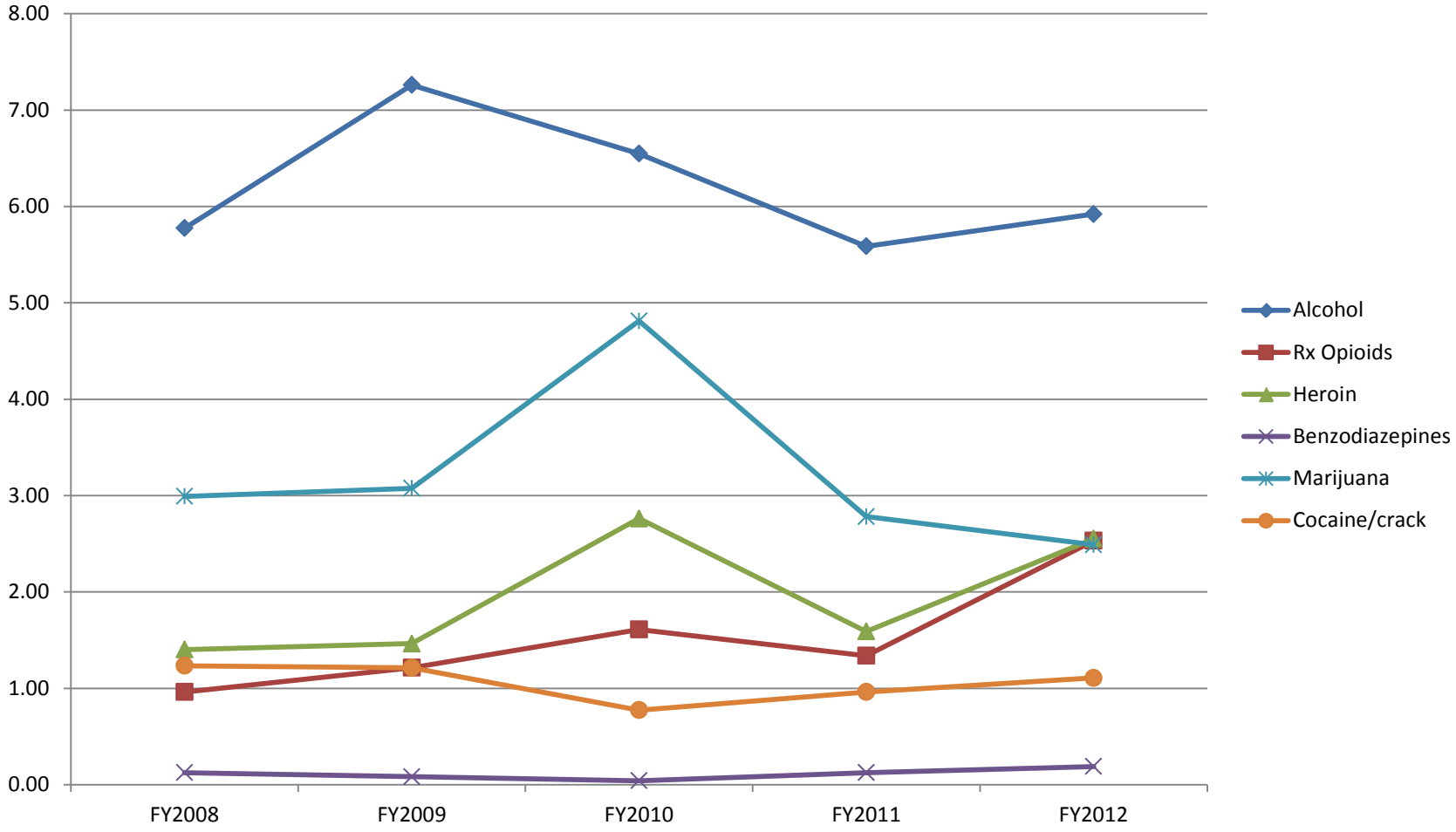


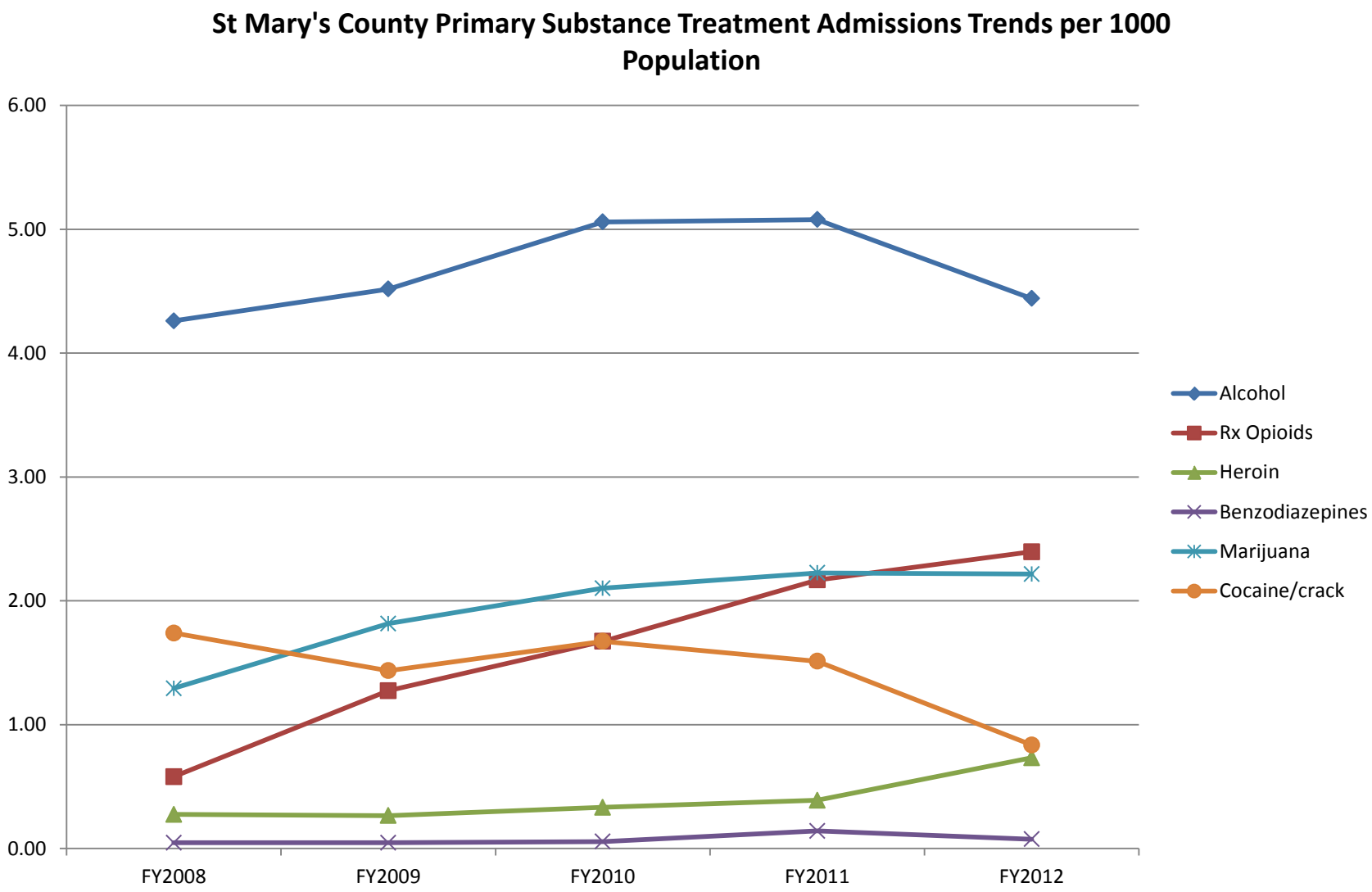
Montgomery County Primary Substance Treatment Admissions Trends per 1000 Population

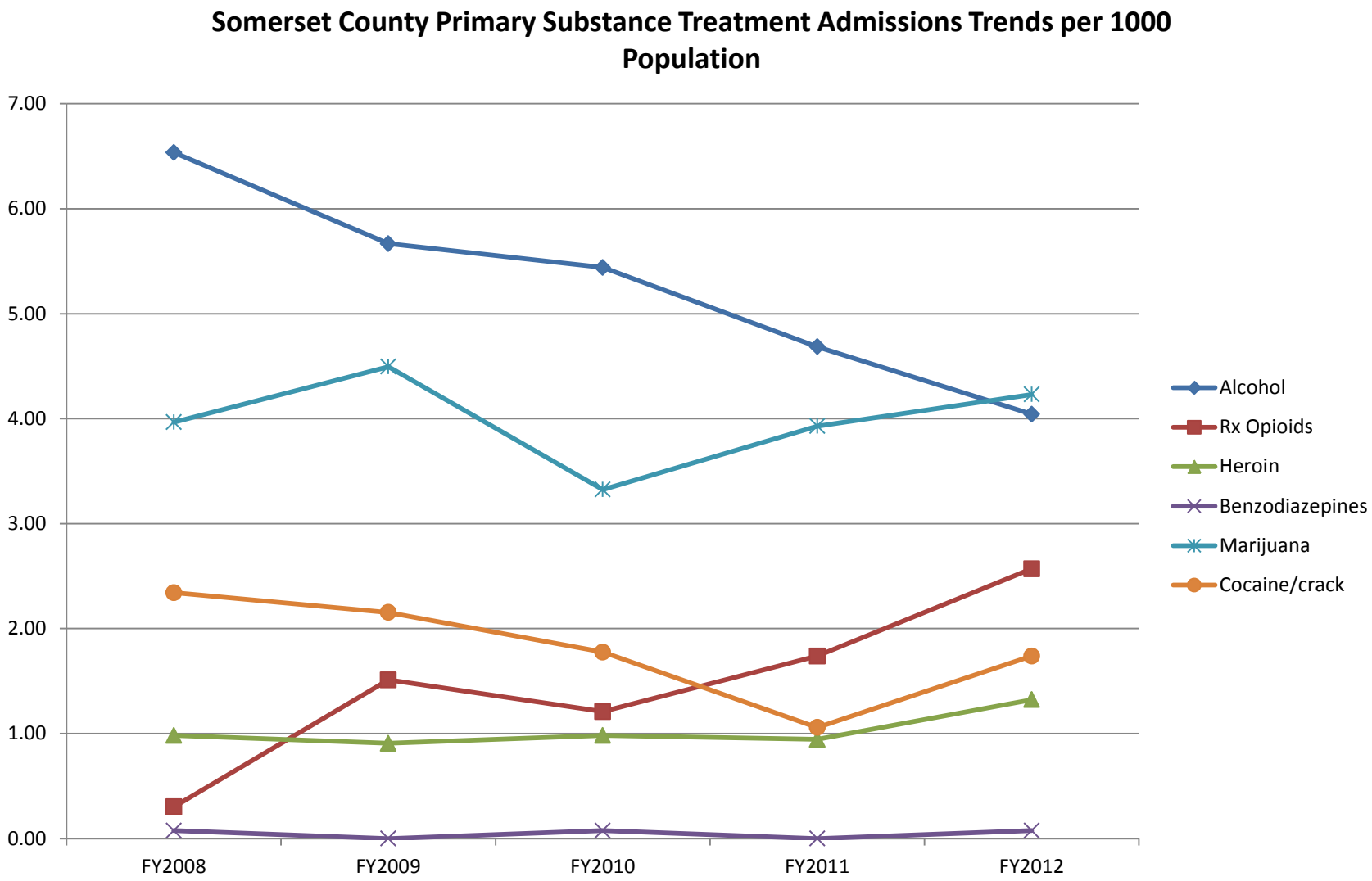



Prince George's County Primary Substance Treatment Admissions Trends per 1000 Population
1.20
1.00
0.80
0.60
0.40
0.20
0.00
FY2008
FY2009
FY2010
FY2011
FY2012
Alcohol
Rx Opioids
Heroin
Benzodiazepines
Marijuana
Cocaine/crack

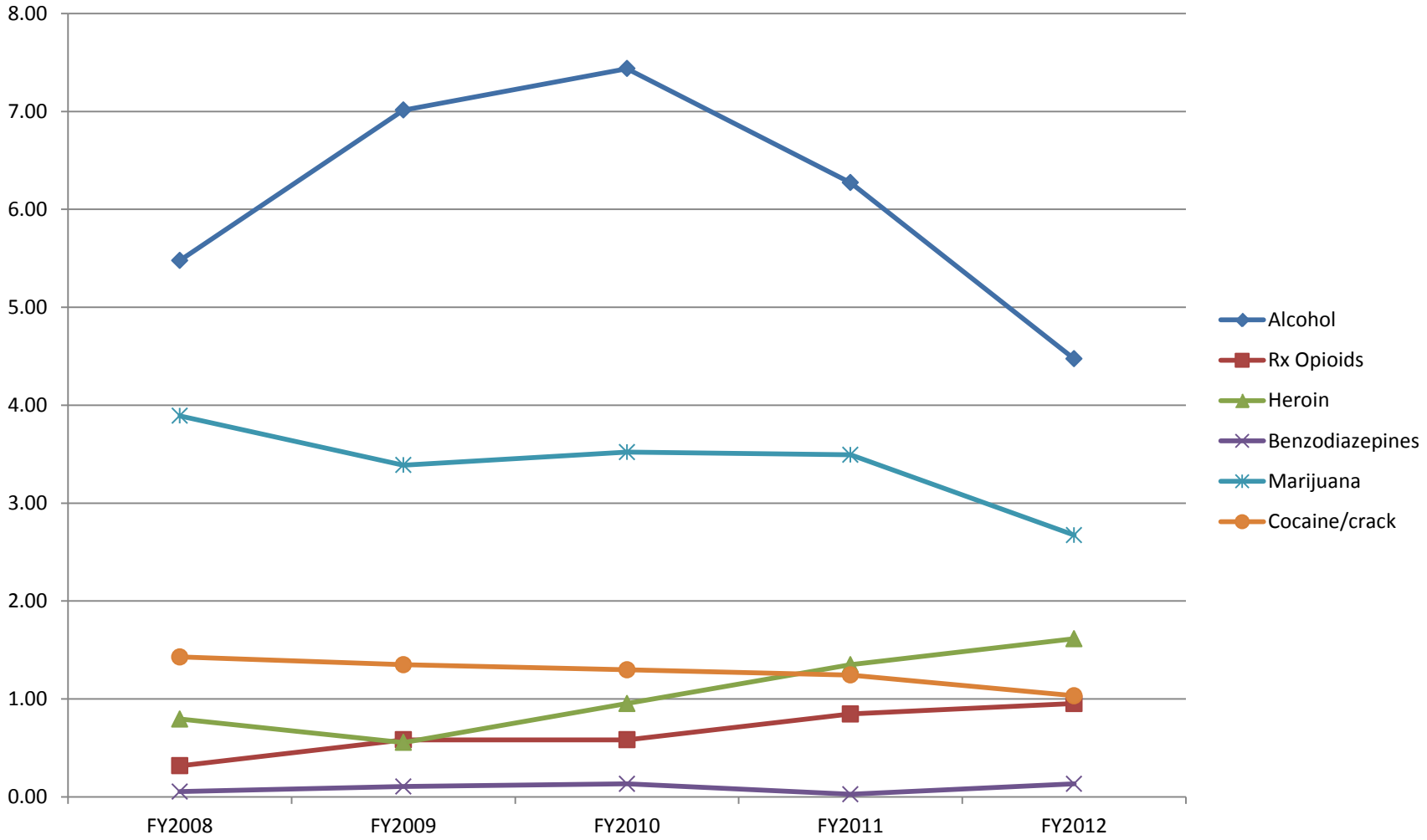
Queen Anne's County Primary Substance Treatment Admissions Trends per 1000 Population

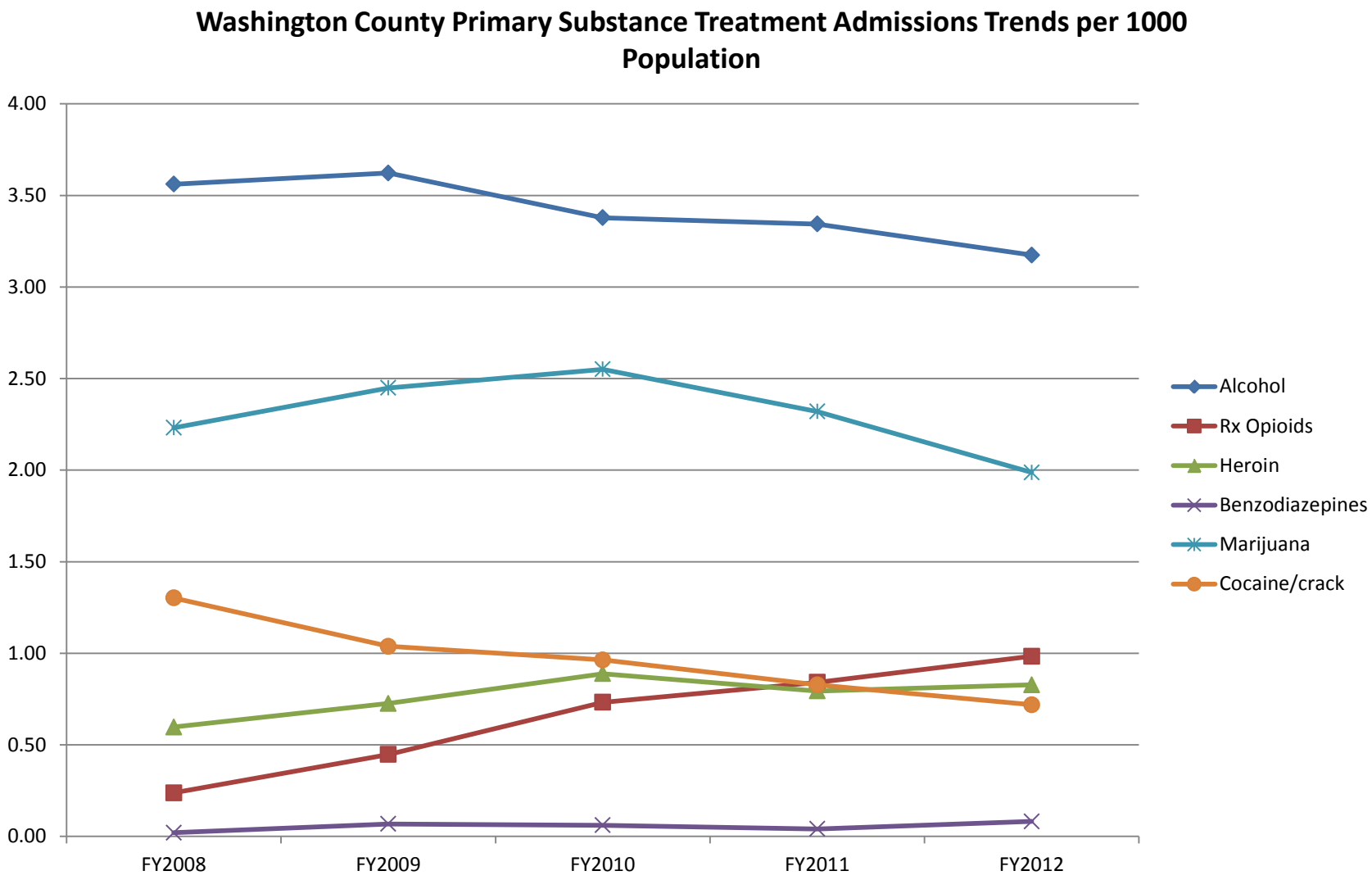



St Mary's County Primary Substance Treatment Admissions Trends per 1000 Population
6.00
5.00
4.00
3.00
2.00
1.00
0.00
FY2008
FY2009
FY2010
FY2011
FY2012
Alcohol
Rx Opioids
Heroin
Benzodiazepines
Marijuana
Cocaine/crack

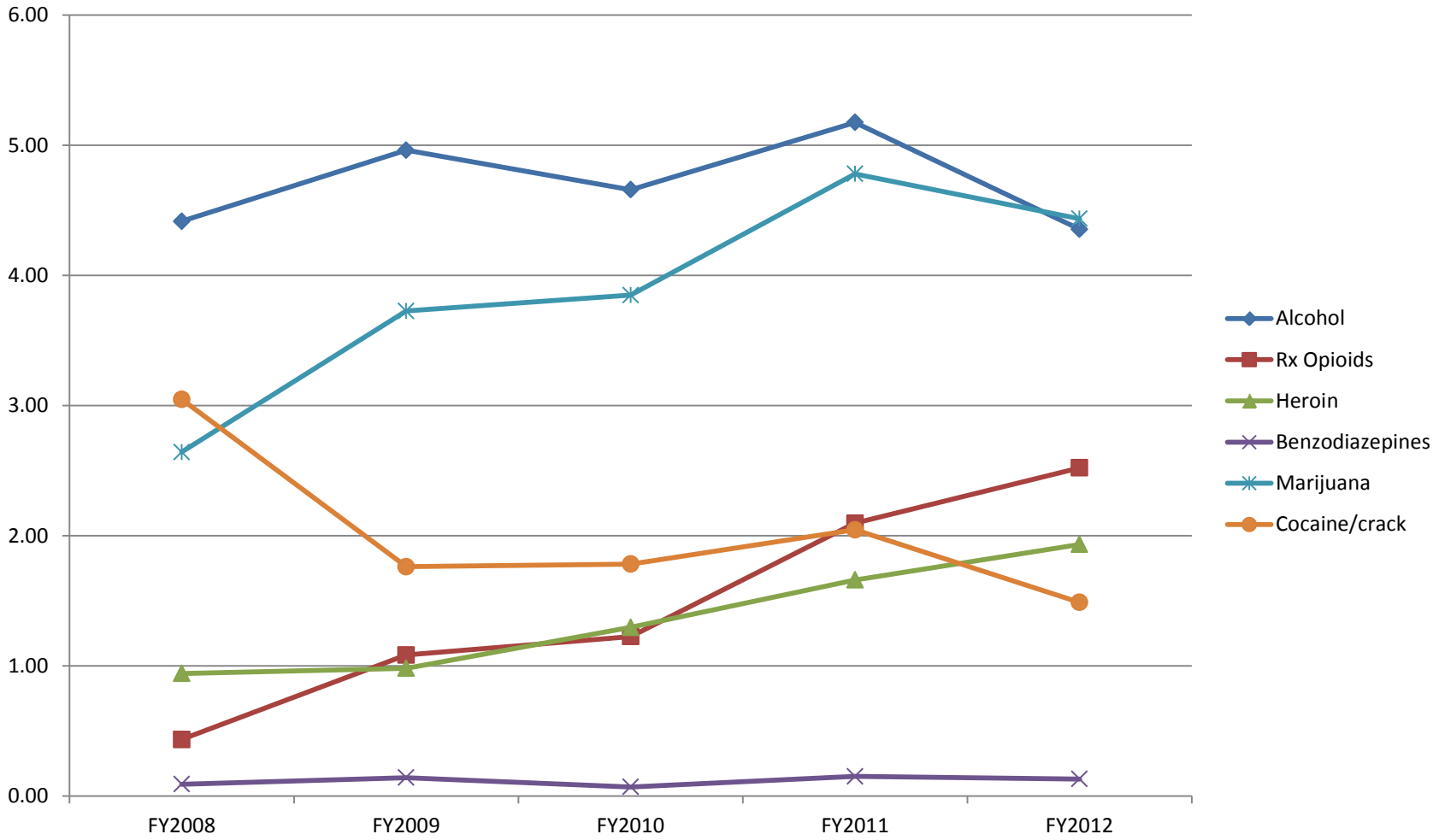

Somerset County Primary Substance Treatment Admissions Trends per 1000 Population
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
FY2008
FY2009
FY2010
FY2011
FY2012
Alcohol
Rx Opioids
Heroin
Benzodiazepines
Marijuana
Cocaine/crack

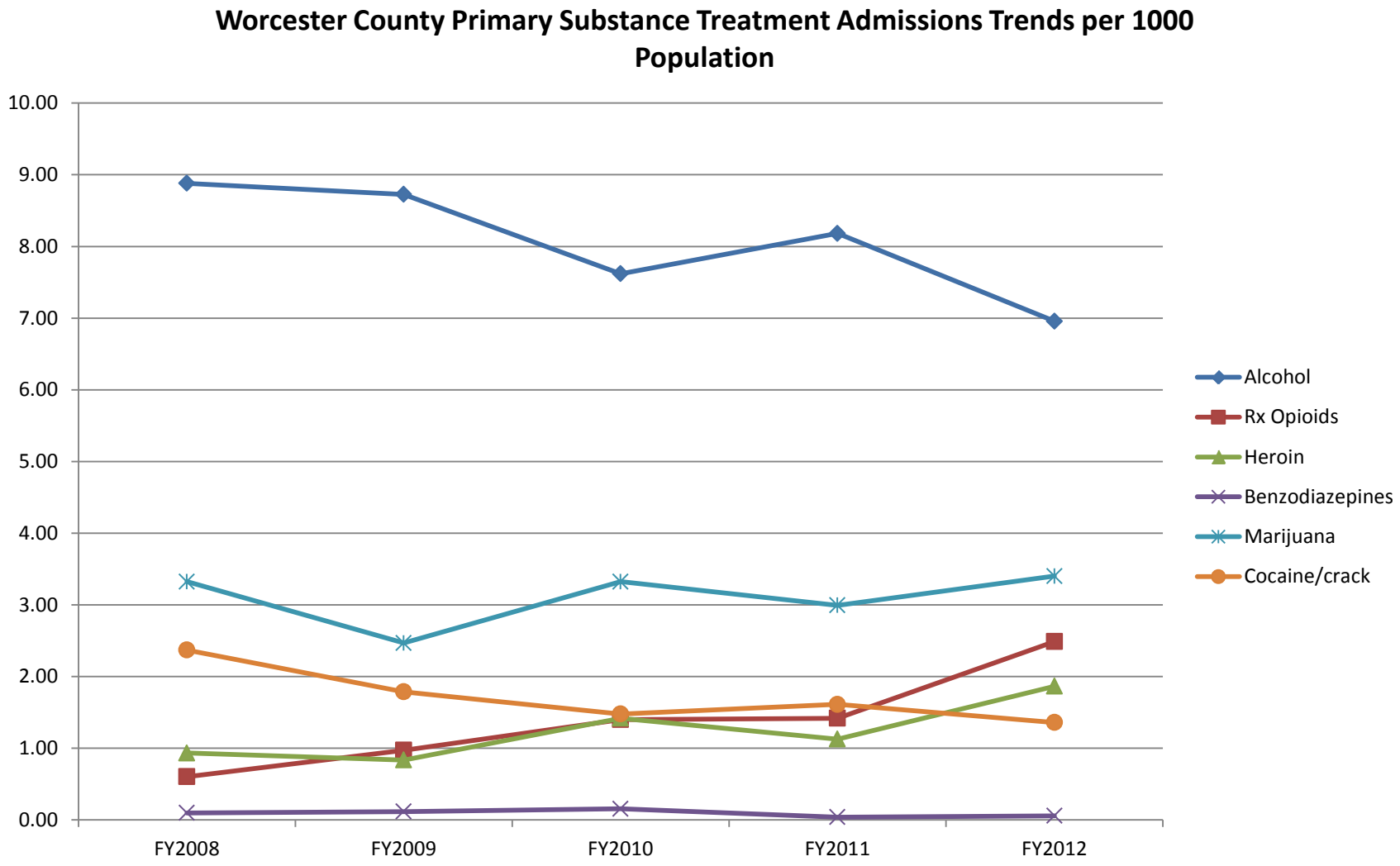
Talbot County Primary Substance Treatment Admissions Trends per 1000 Population



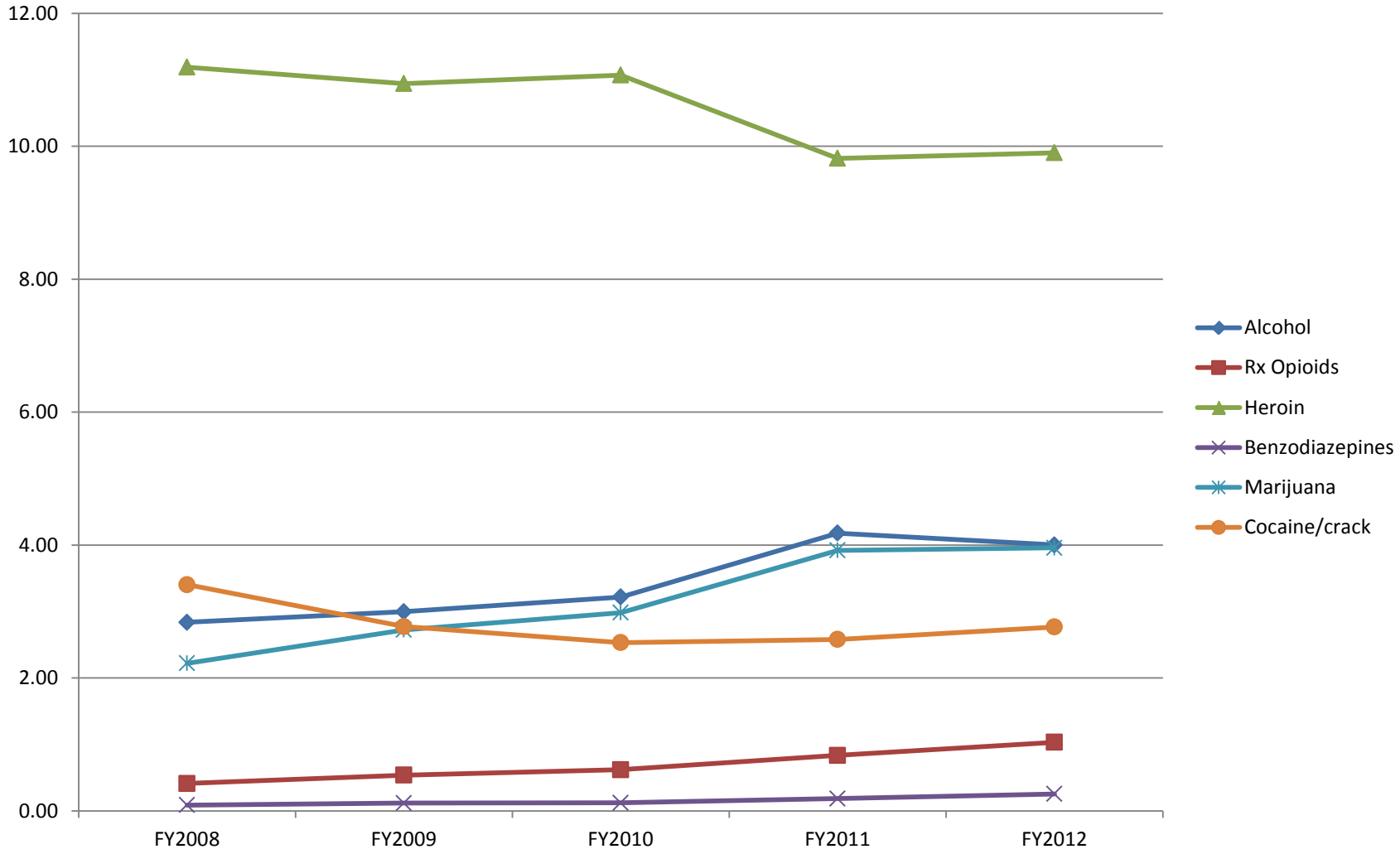

Washington County Primary Substance Treatment Admissions Trends per 1000 Population
4.00
3.50
3.00
2.50
2.00
1.50
1.00
0.50
0.00
FY2008
FY2009
FY2010
FY2011
FY2012
Alcohol
Rx Opioids
Heroin
Benzodiazepines
Marijuana
Cocaine/crack

Wicomico County Primary Substance Treatment Admissions Trends per 1000 Population



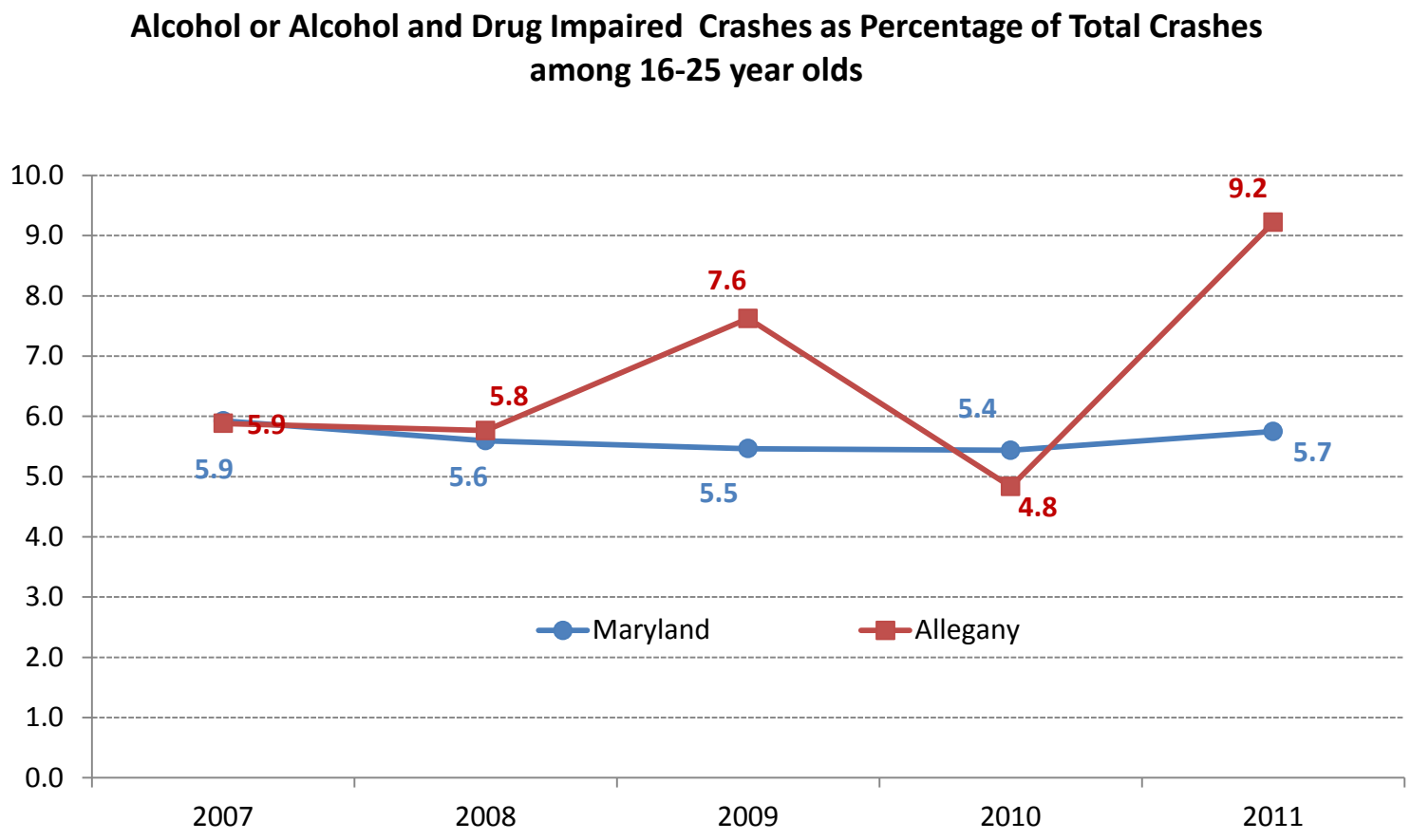

Worcester County Primary Substance Treatment Admissions Trends per 1000 Population
10.00
9.00
8.00
7.00
6.00
5.00
4.00
3.00
2.00
1.00
0.00
FY2008
FY2009
FY2010
FY2011
FY2012
Alcohol
Rx Opioids
Heroin
Benzodiazepines
Marijuana
Cocaine/crack

Baltimore City Primary Substance Treatment Admissions Trends per 1000 Population

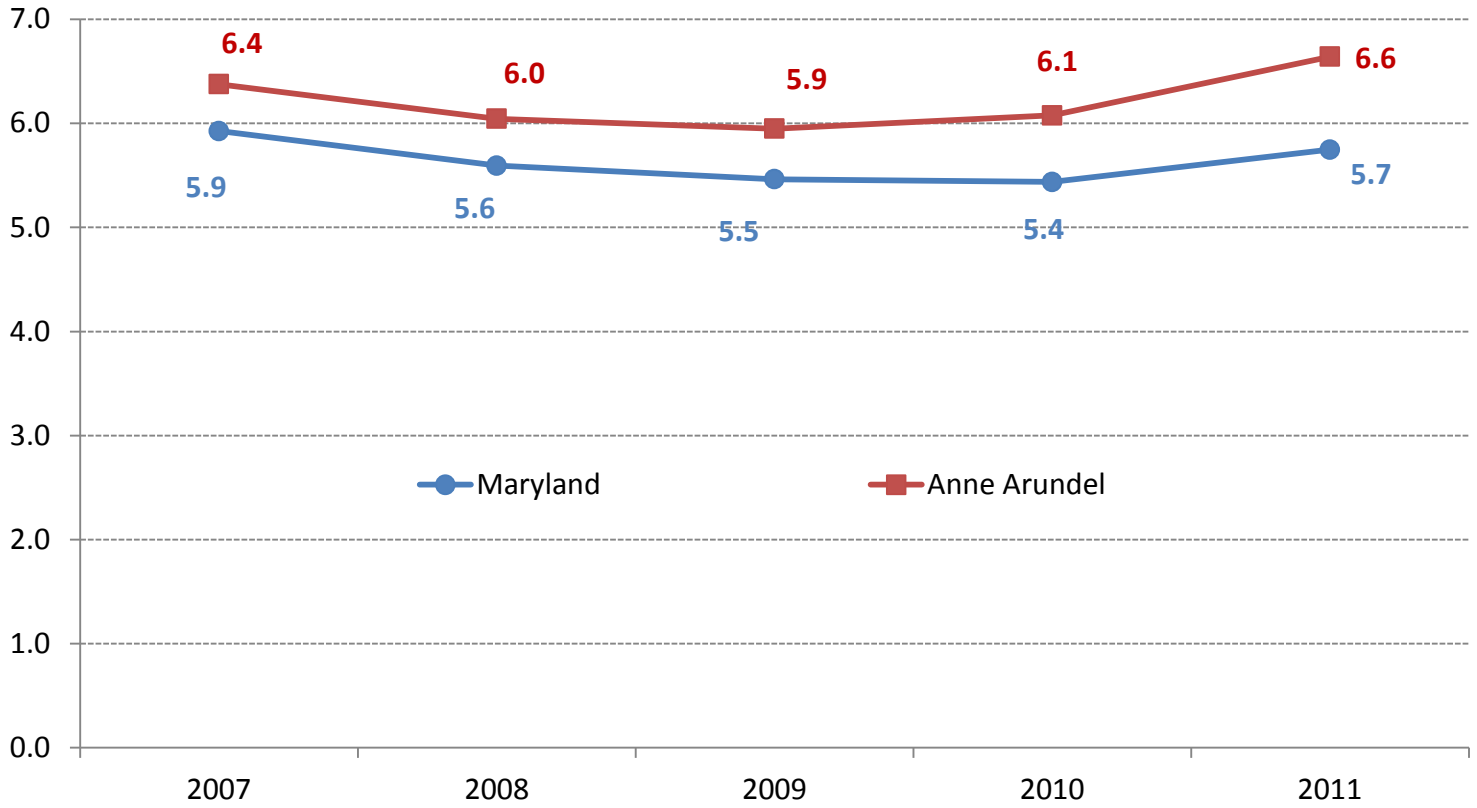


Motor Vehicle Crashes among Residents Aged 16-25 Years

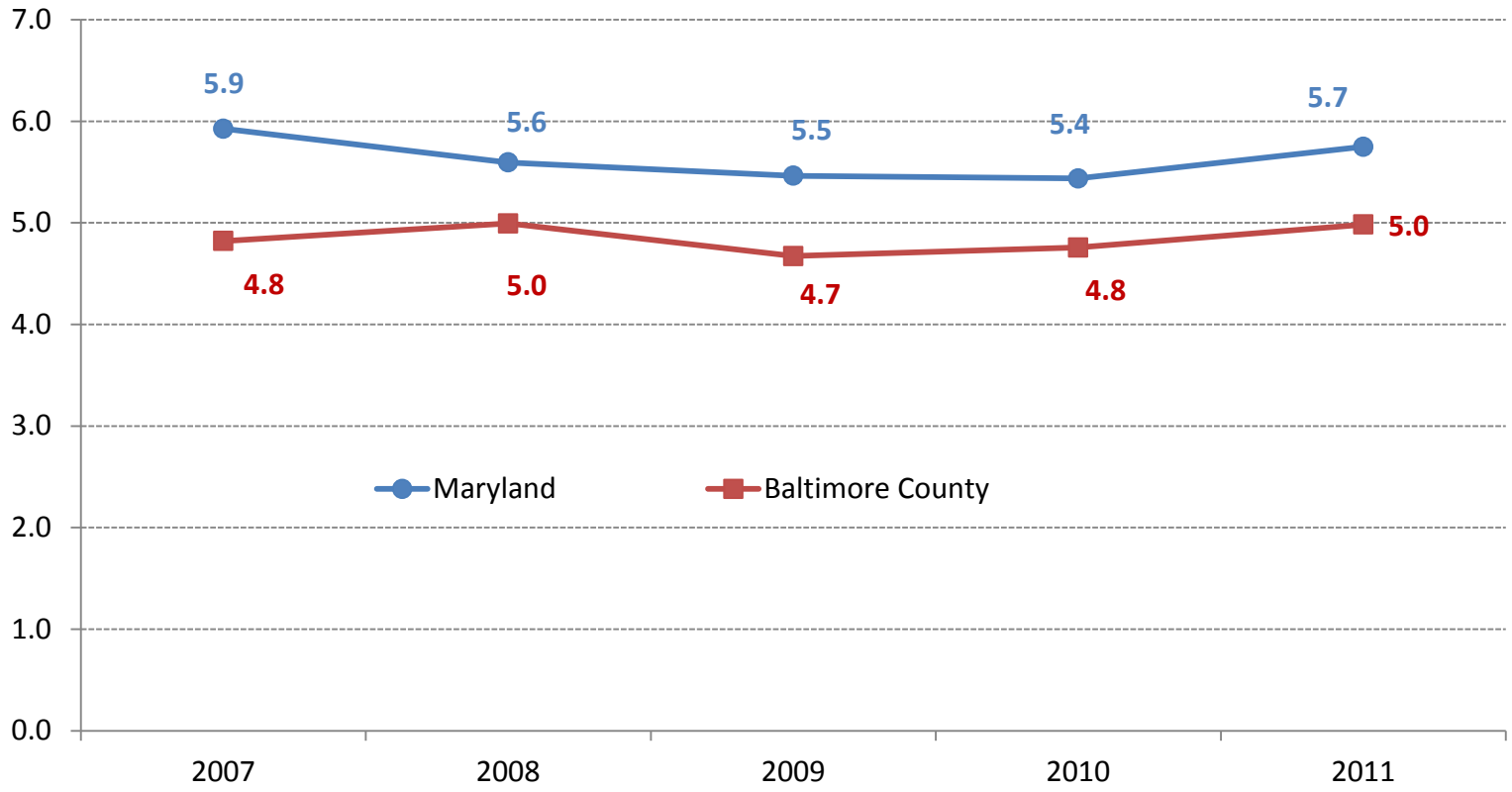
Data source: Maryland Automated Accident Reporting System (MAARS)



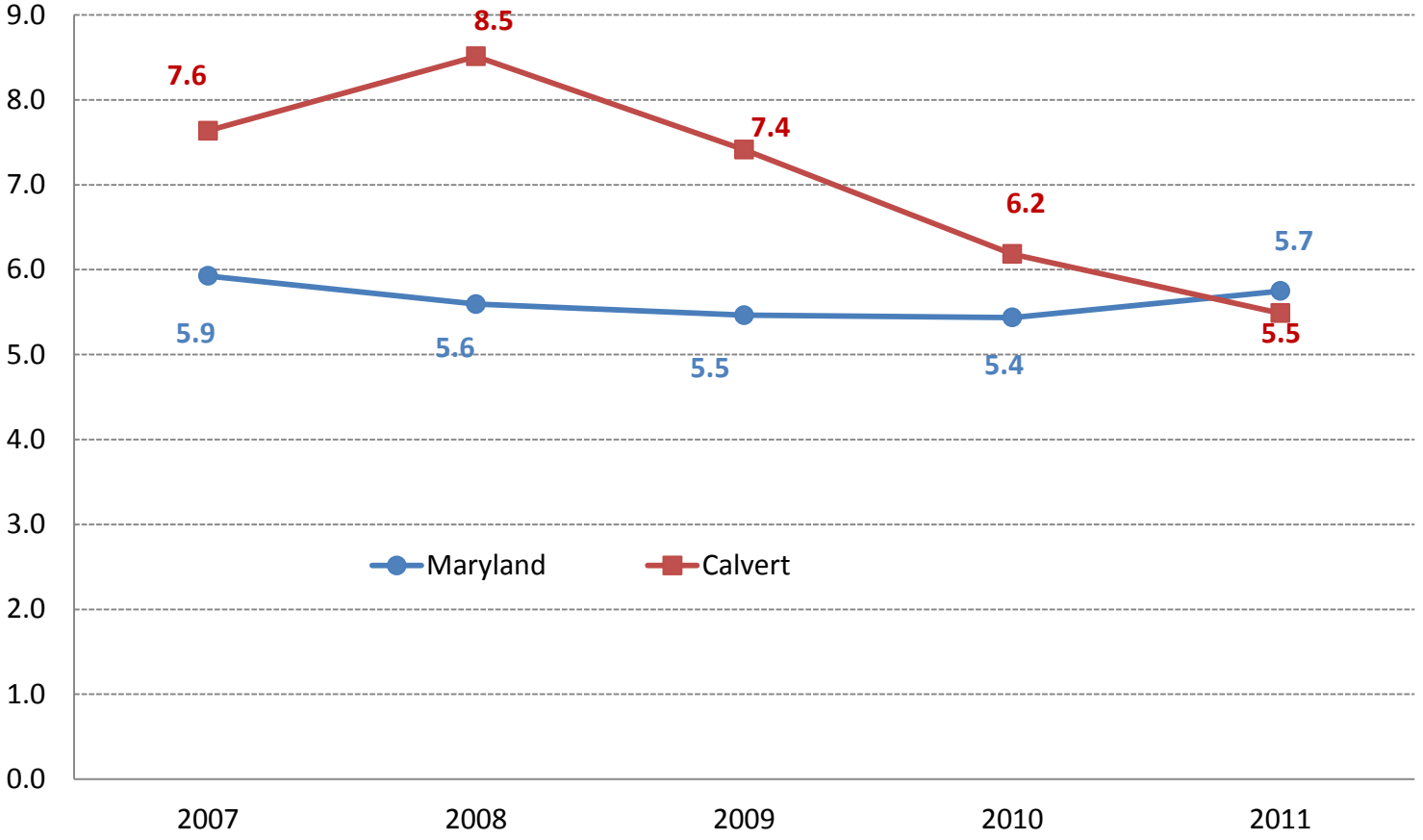
Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



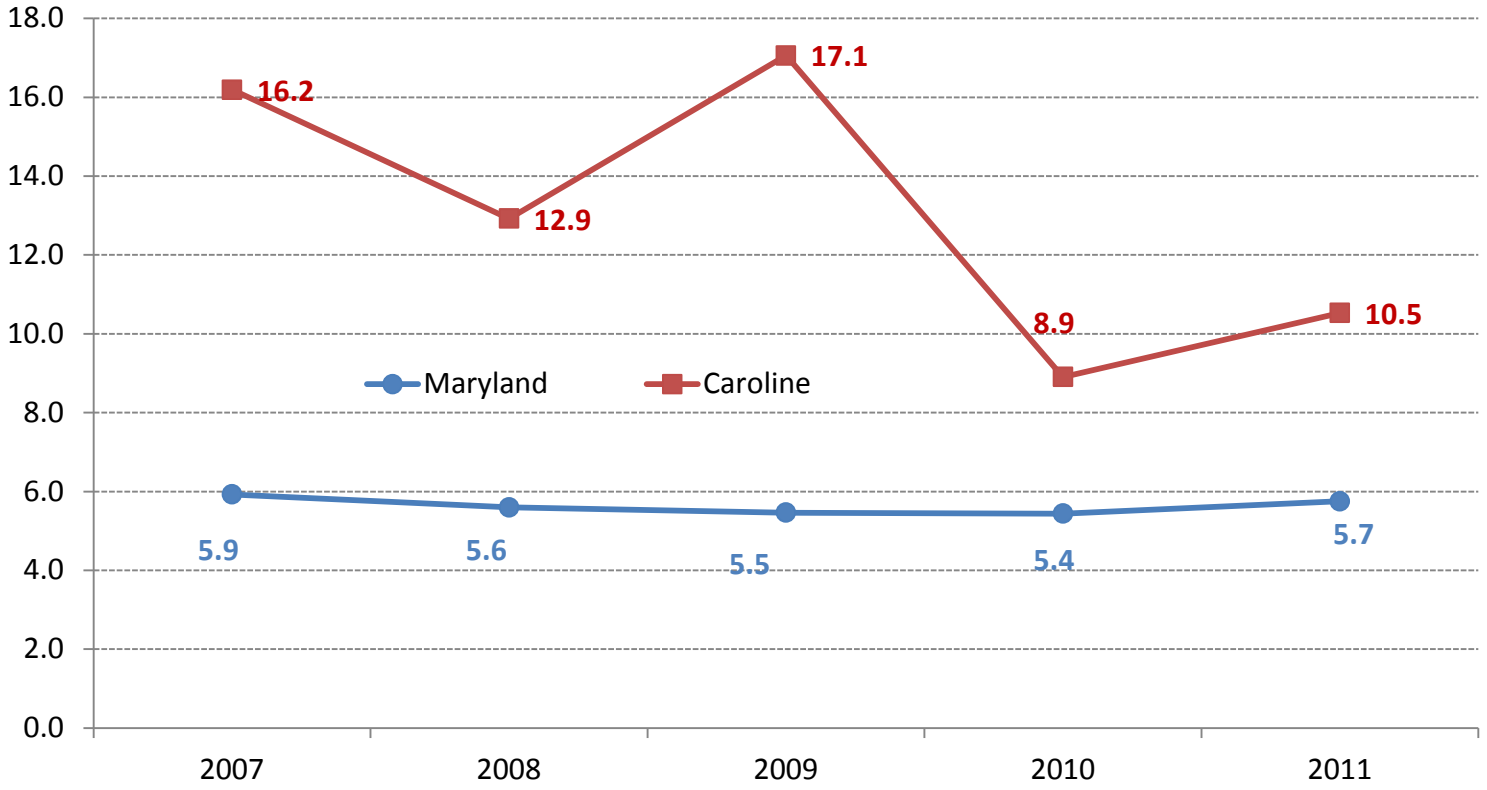
Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



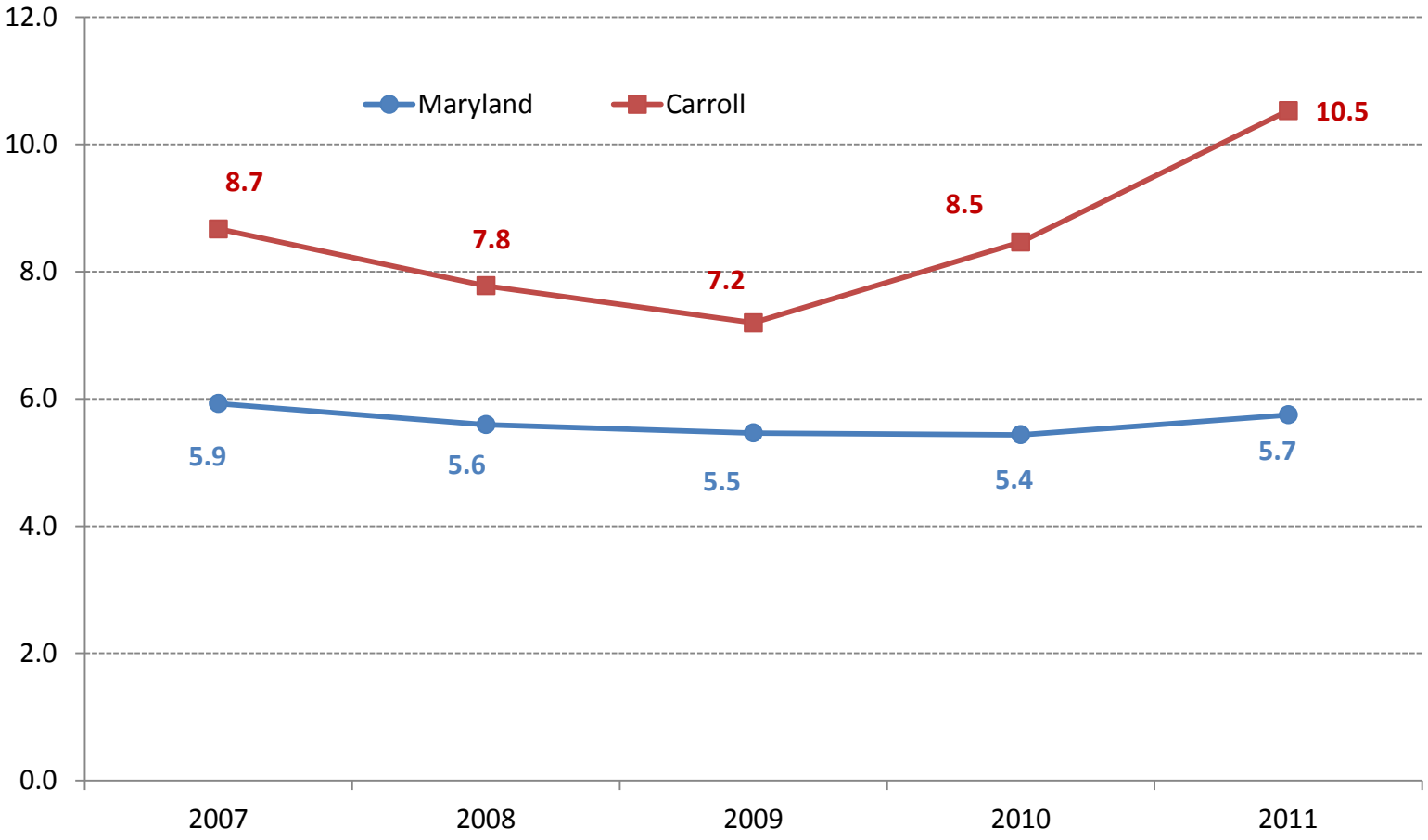
Alcohol or Drug & Alcohol-Impaired Crashes as a Percentage of Total Crashes among 16-25 year olds



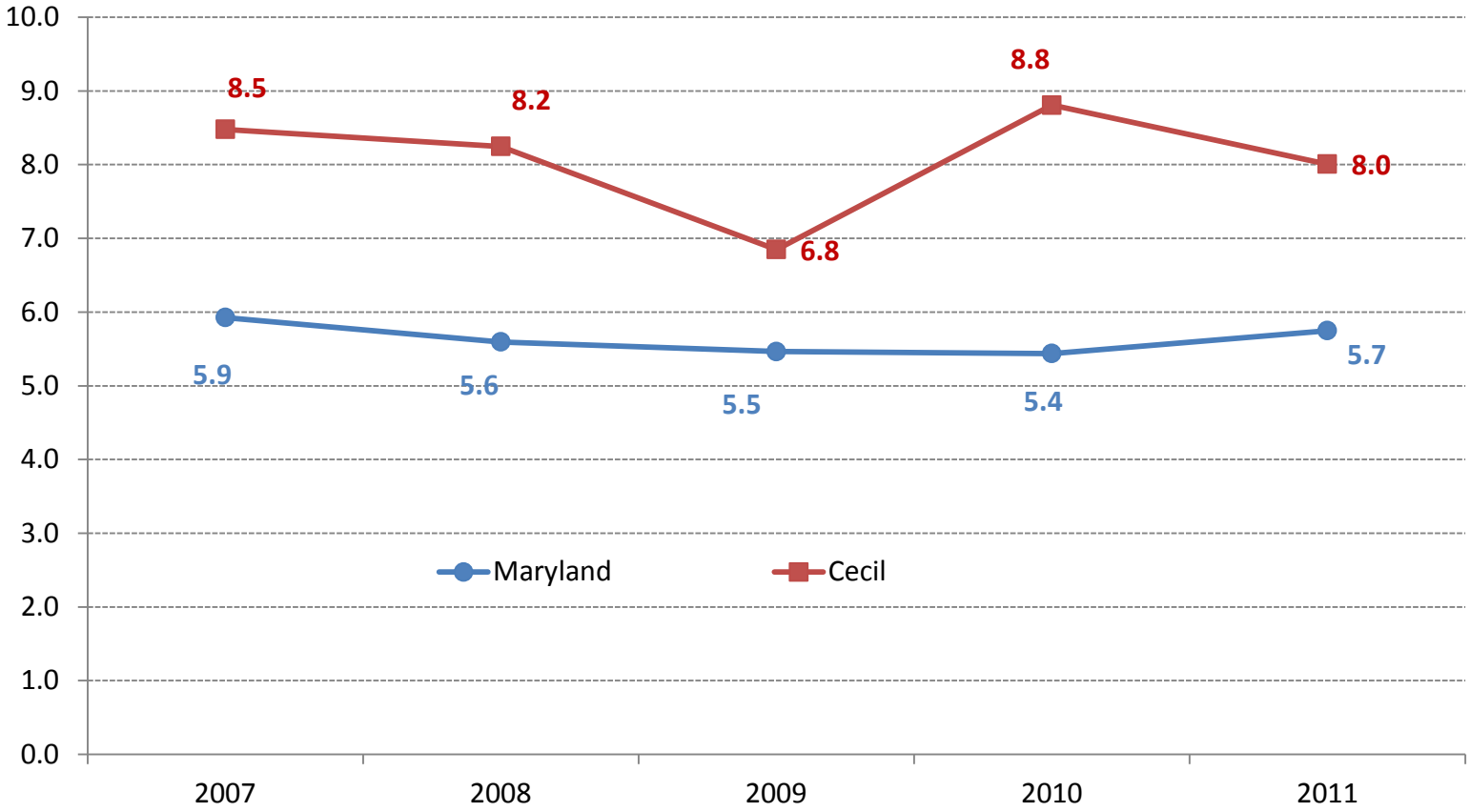
Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



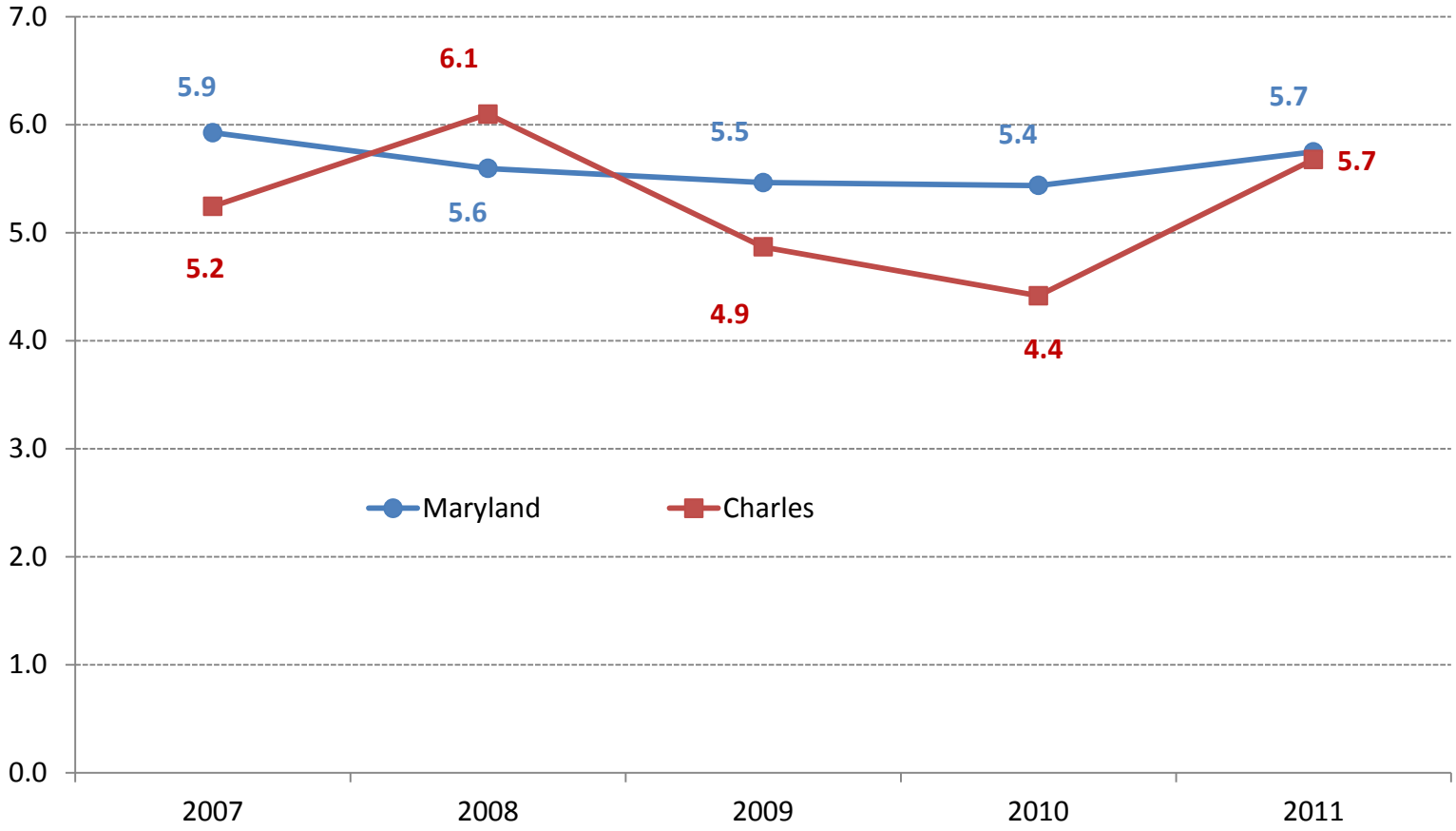
Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



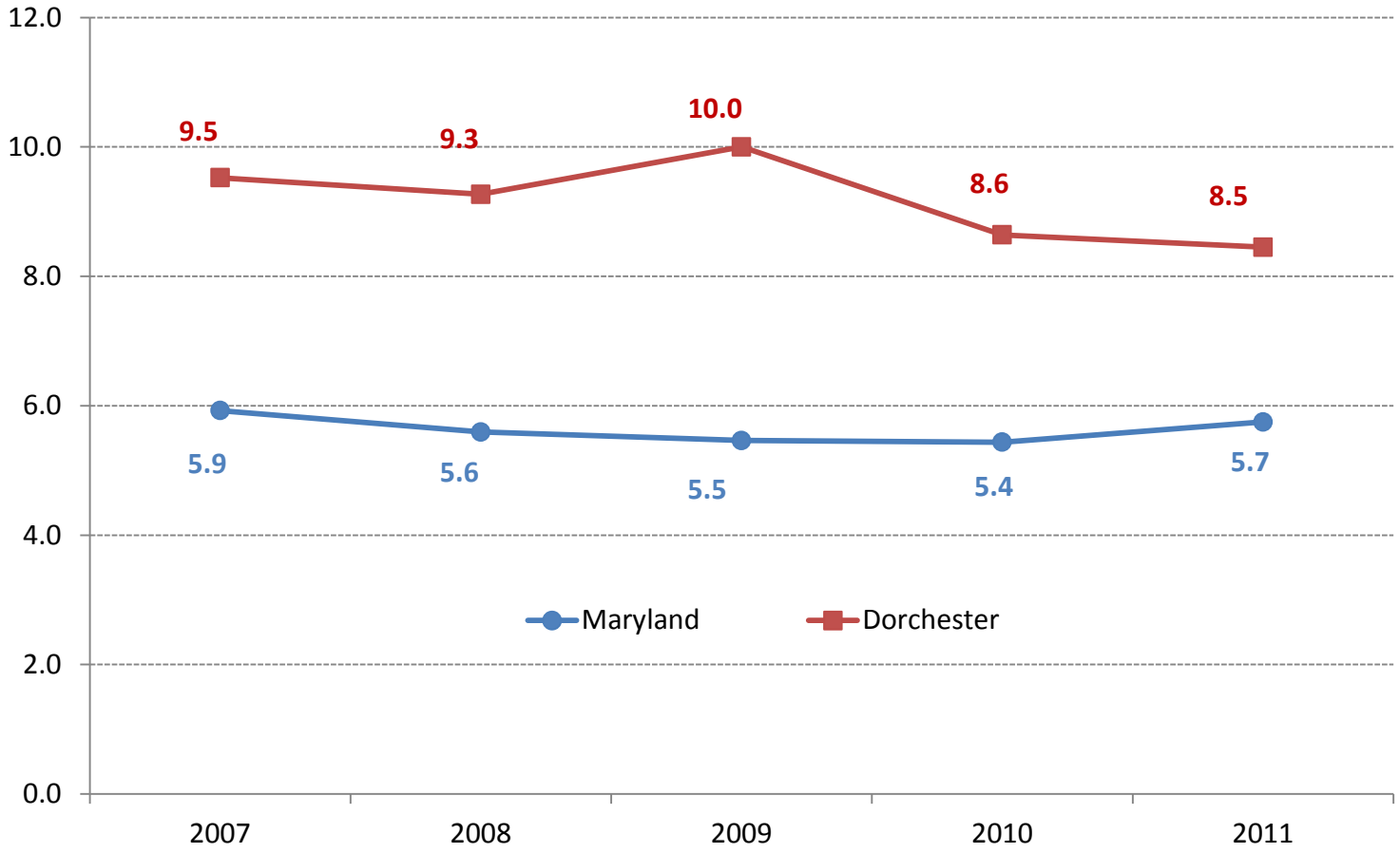
Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



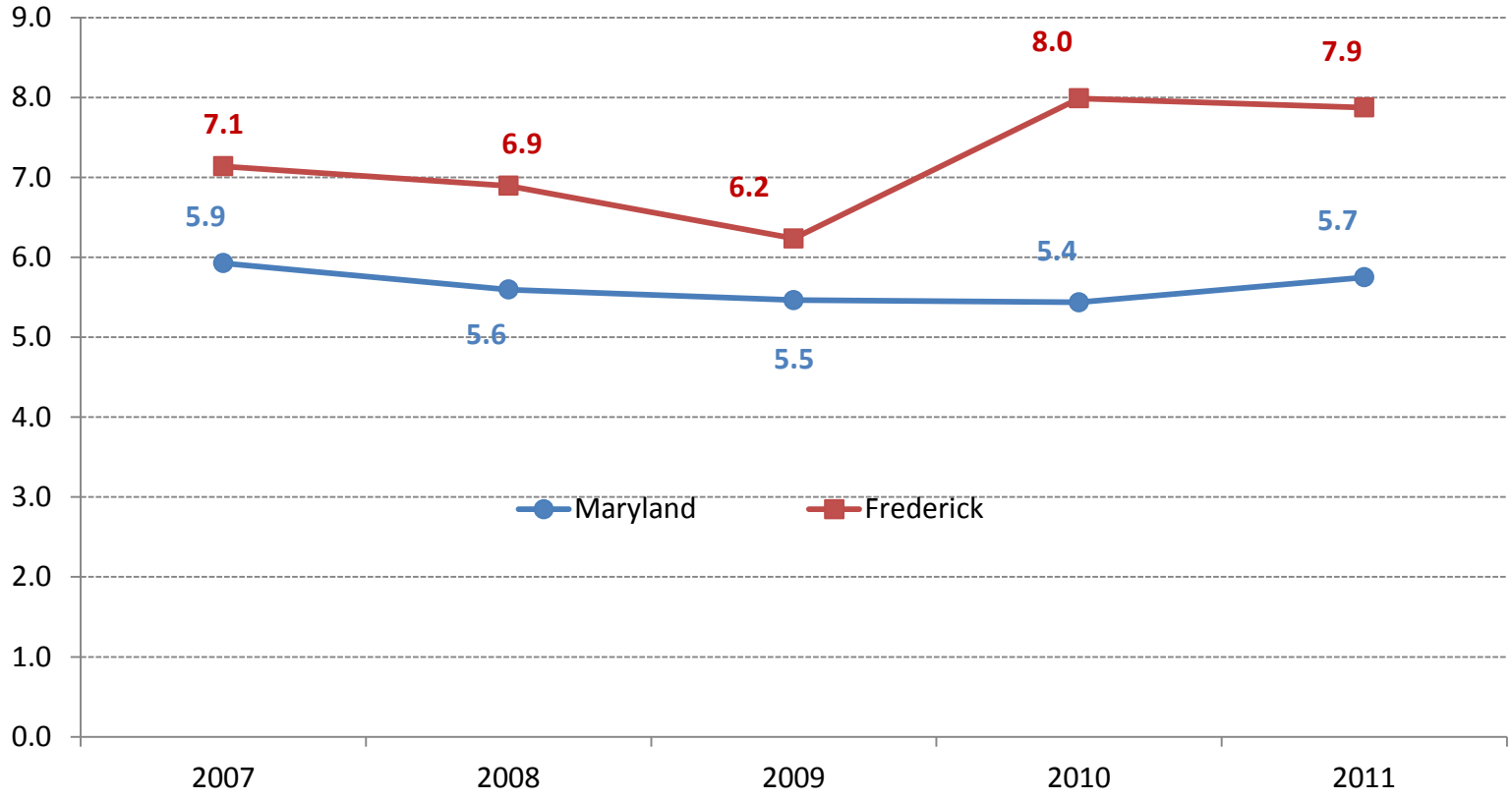
Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



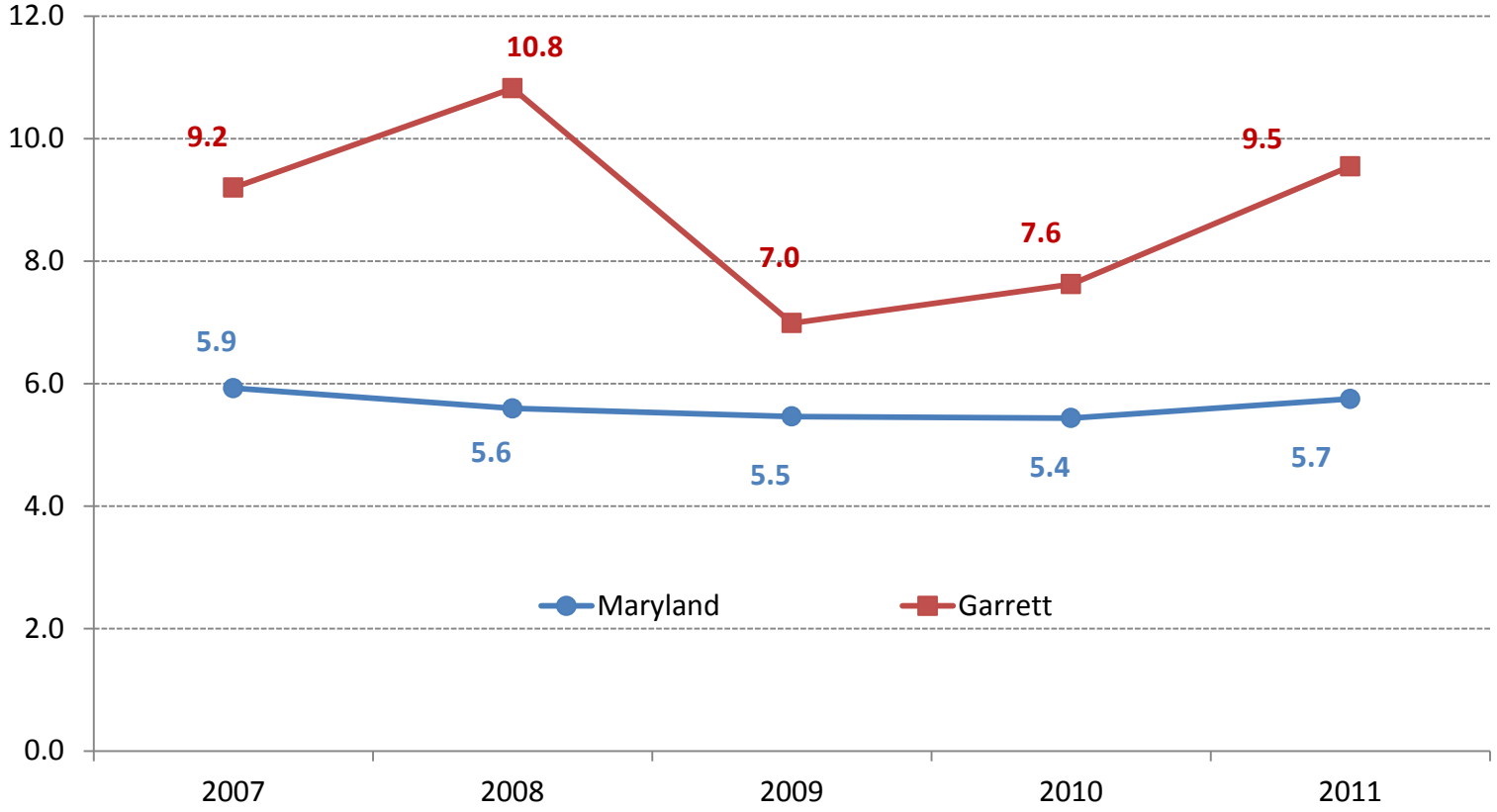
Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



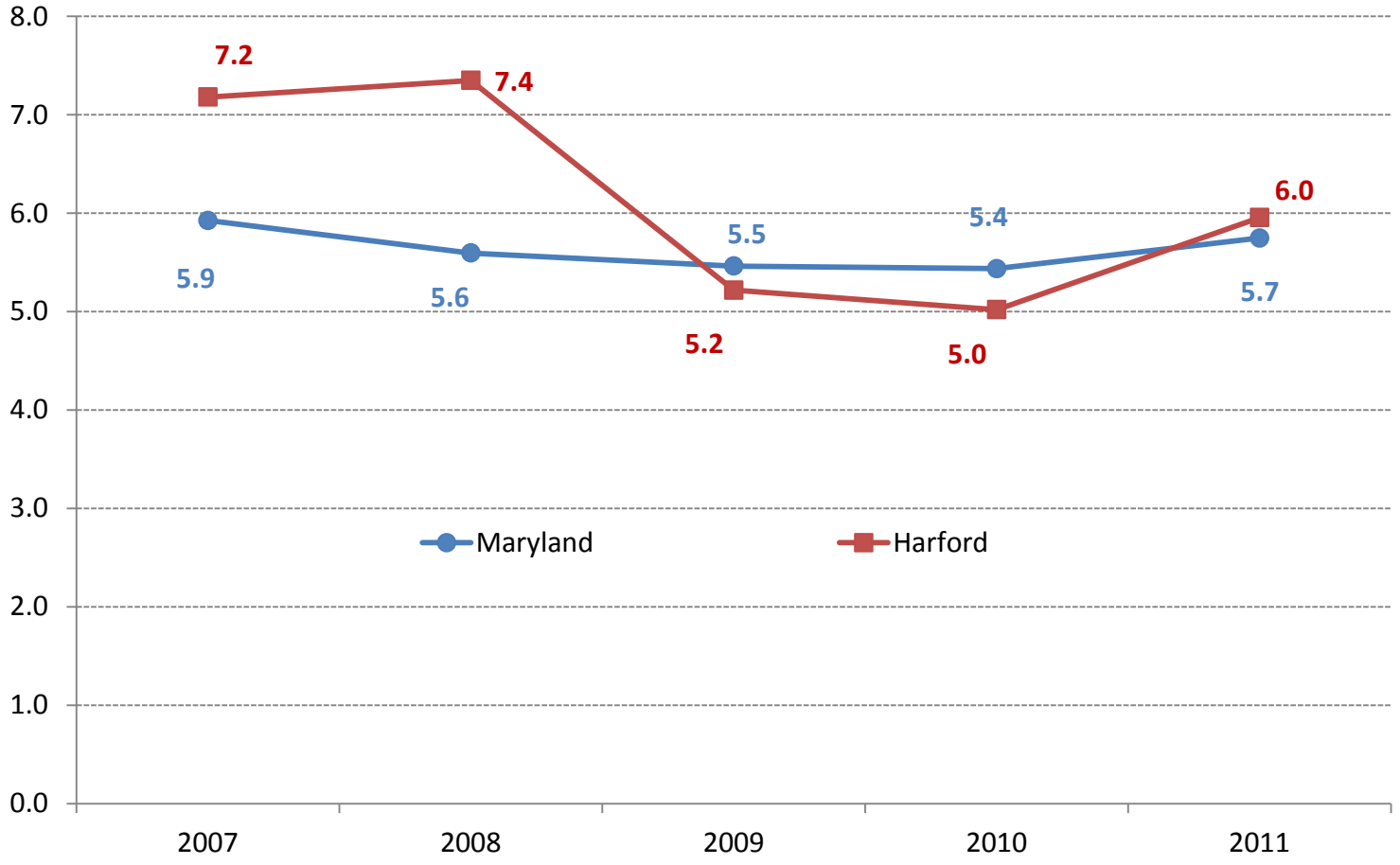
Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



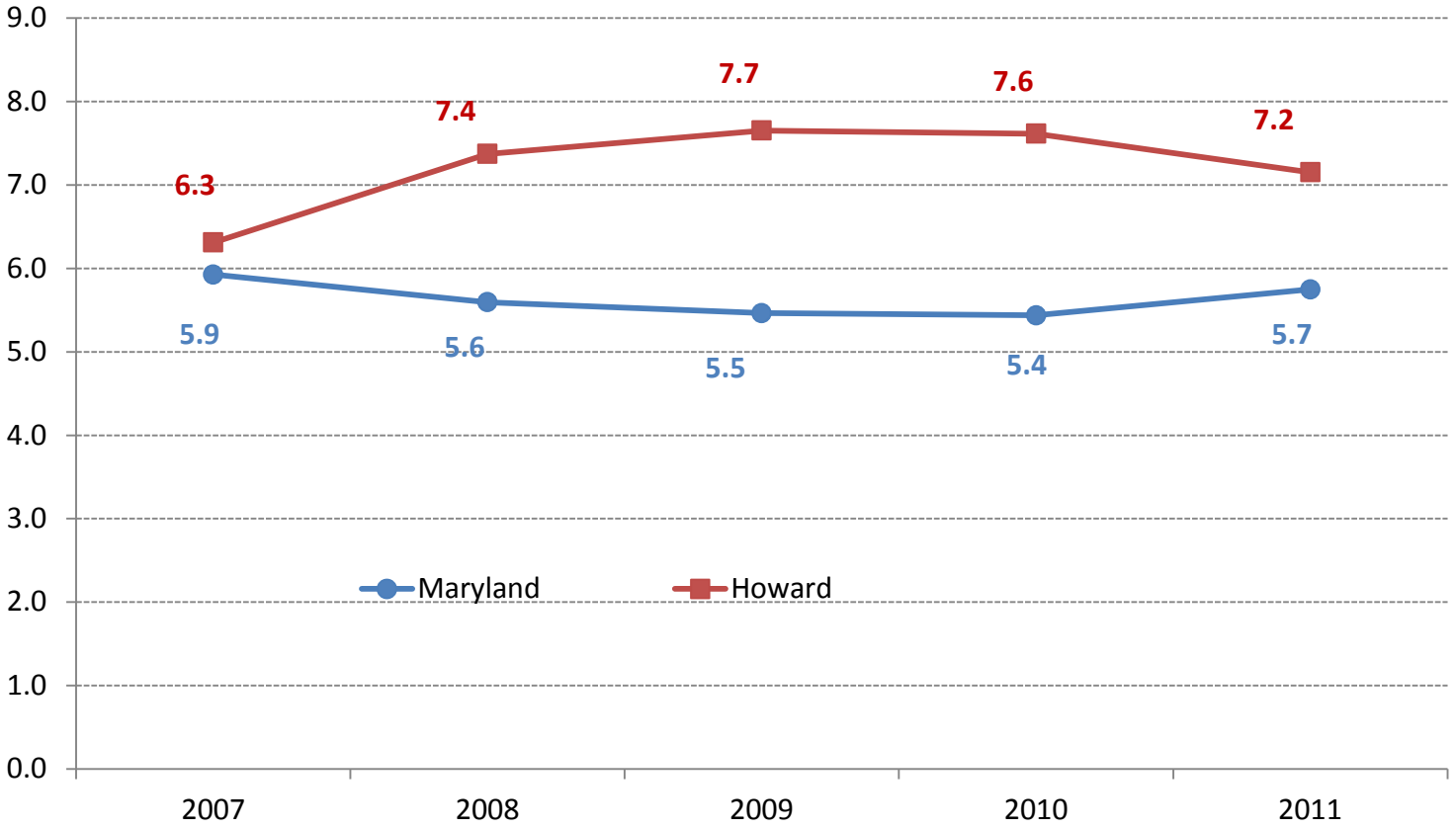
Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



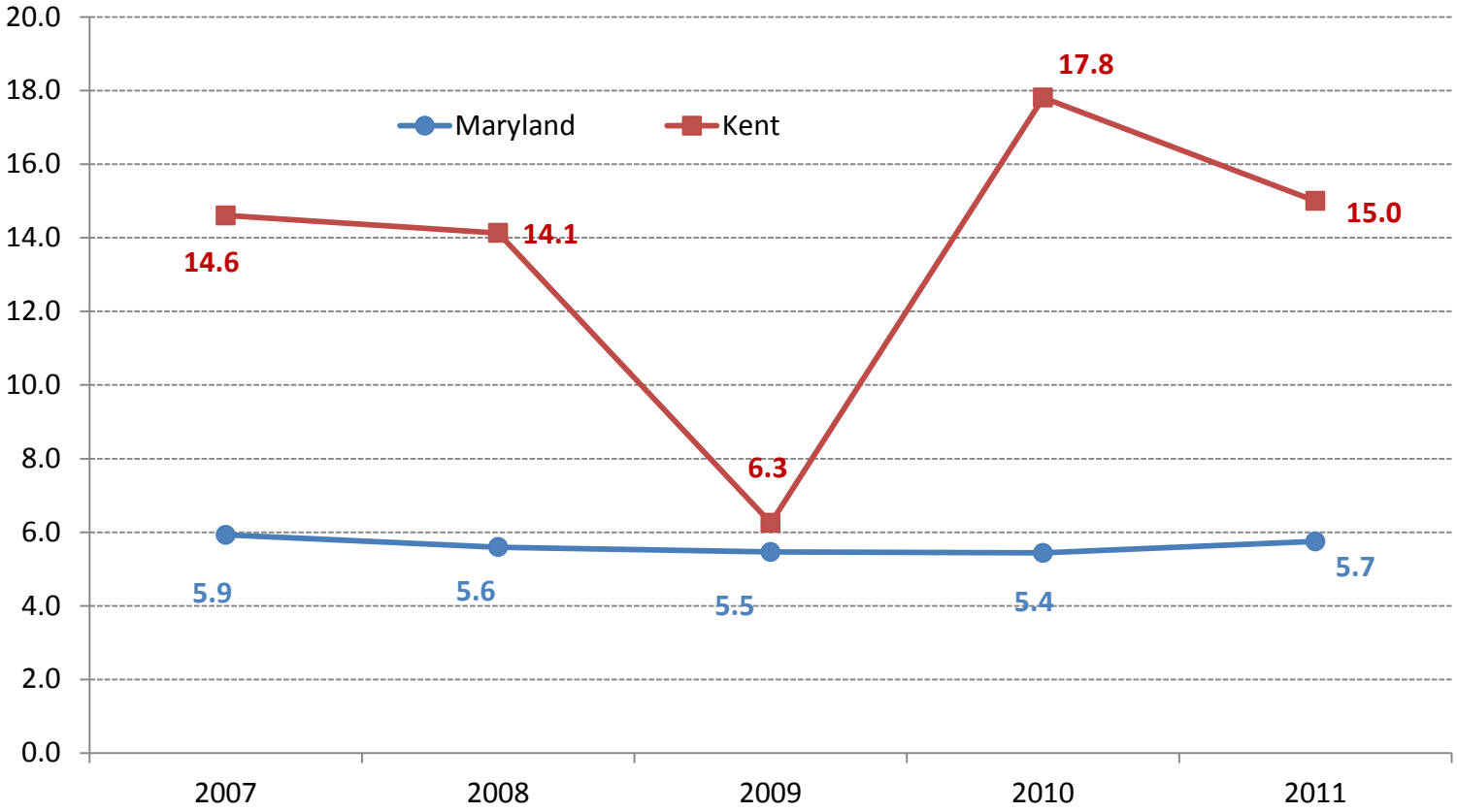
Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



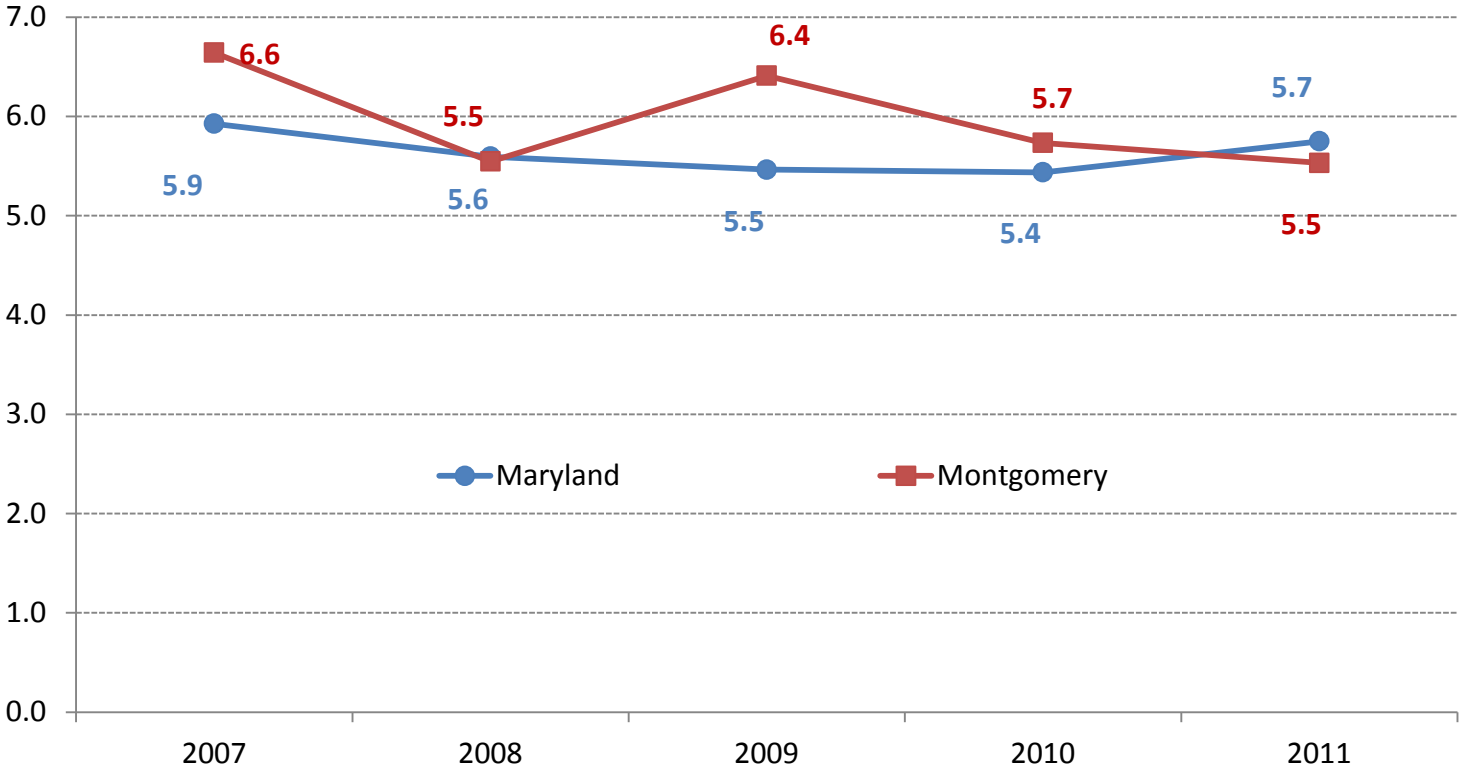
Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



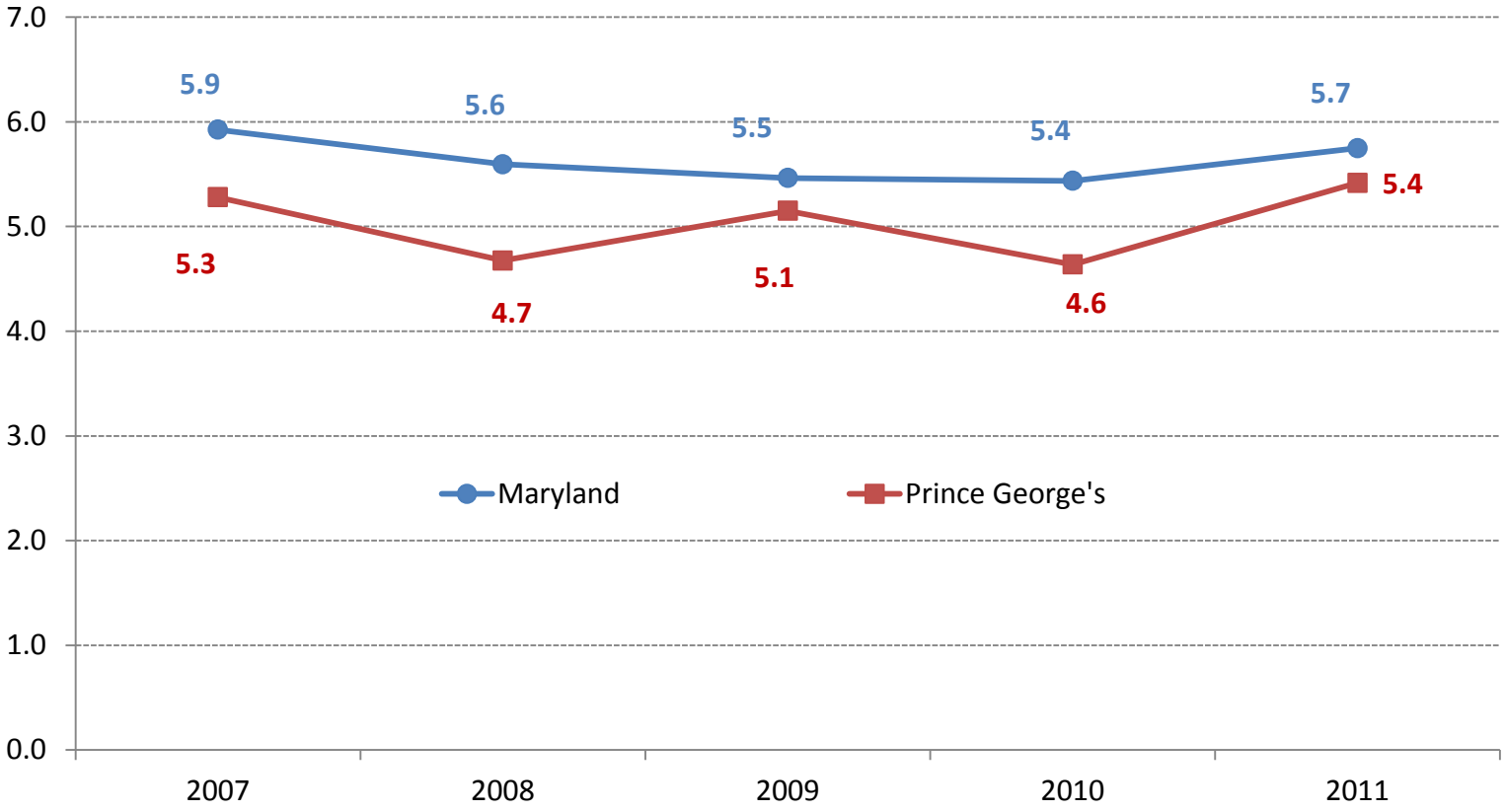
Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



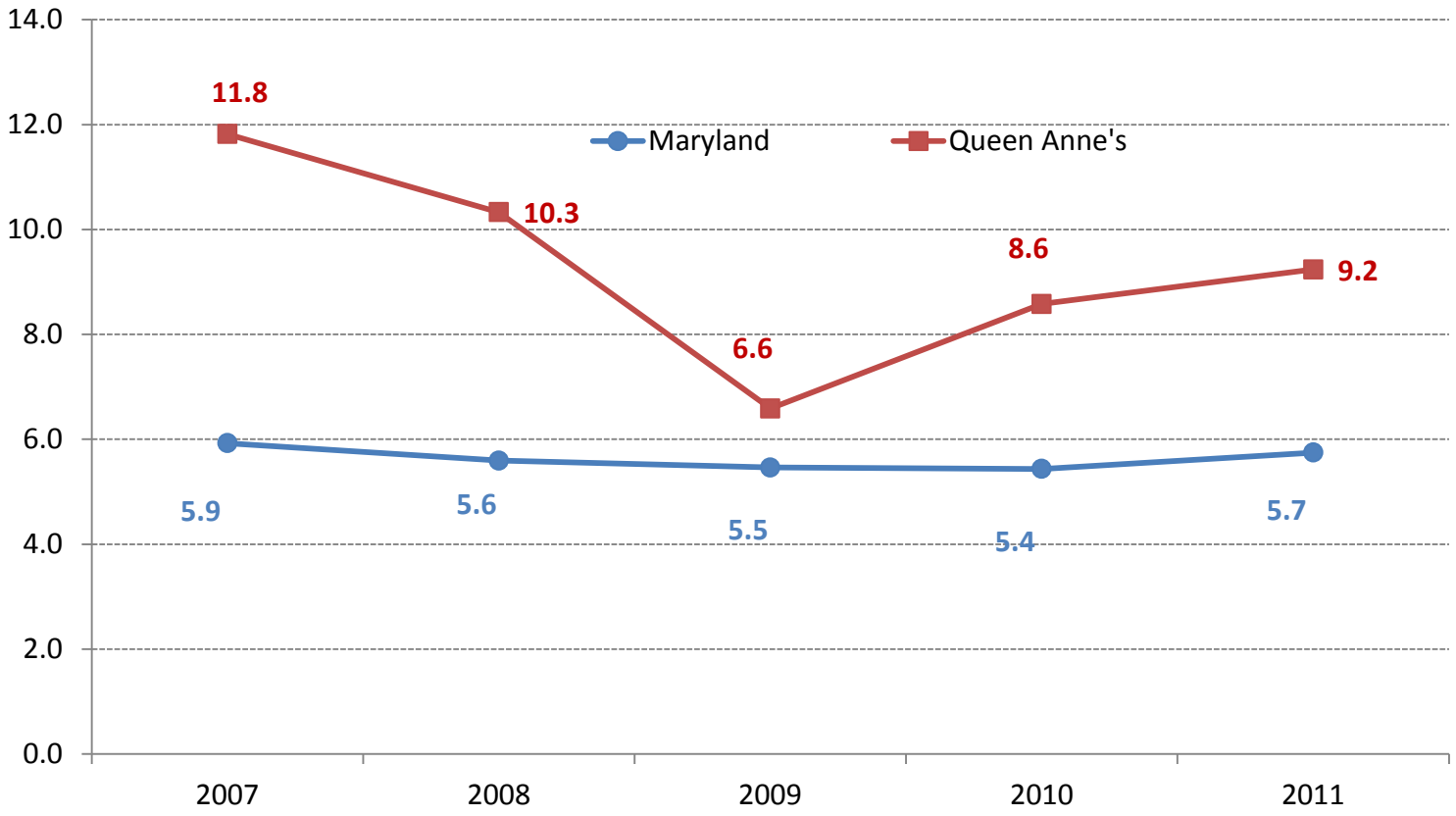
Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



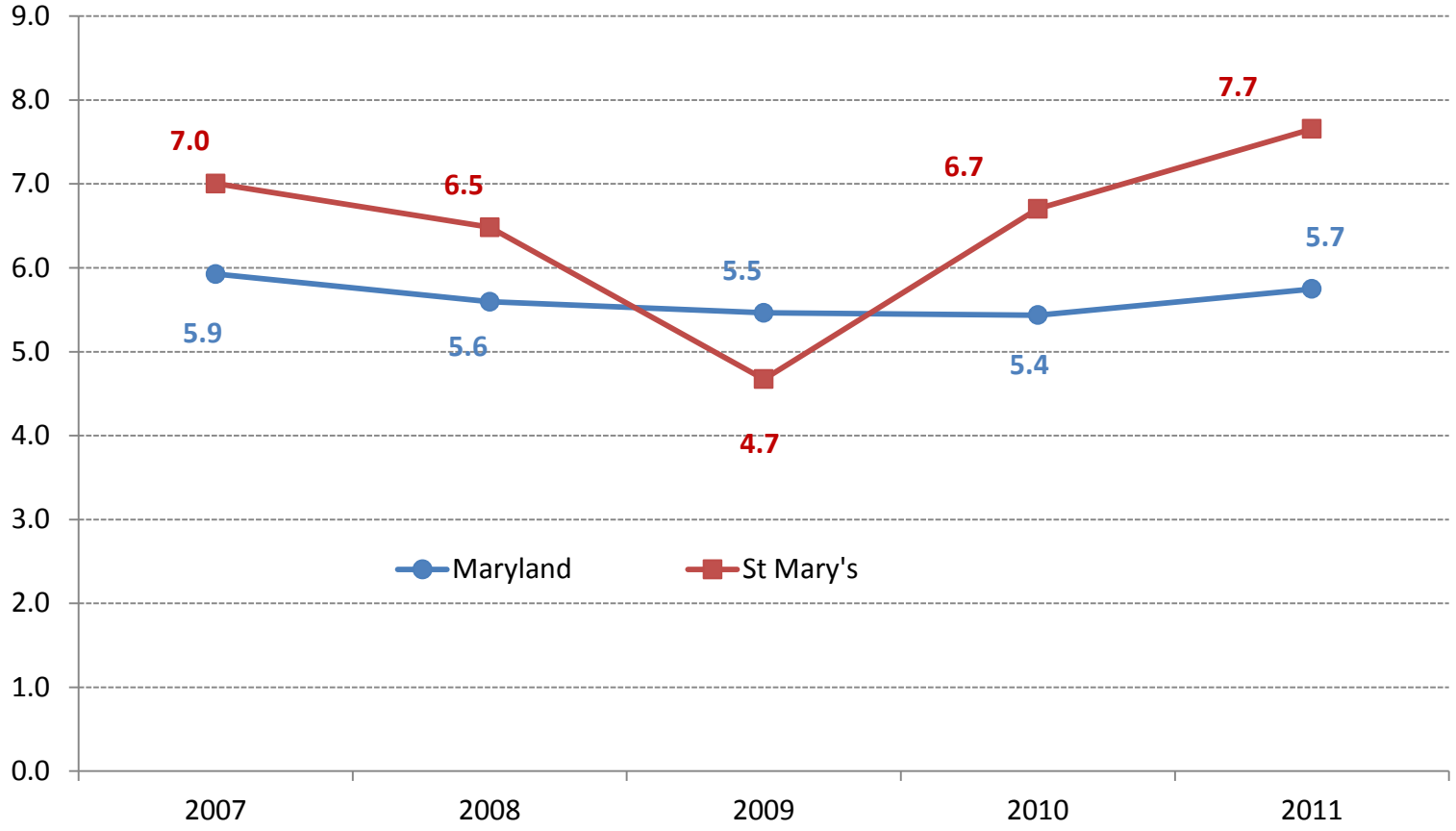
Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



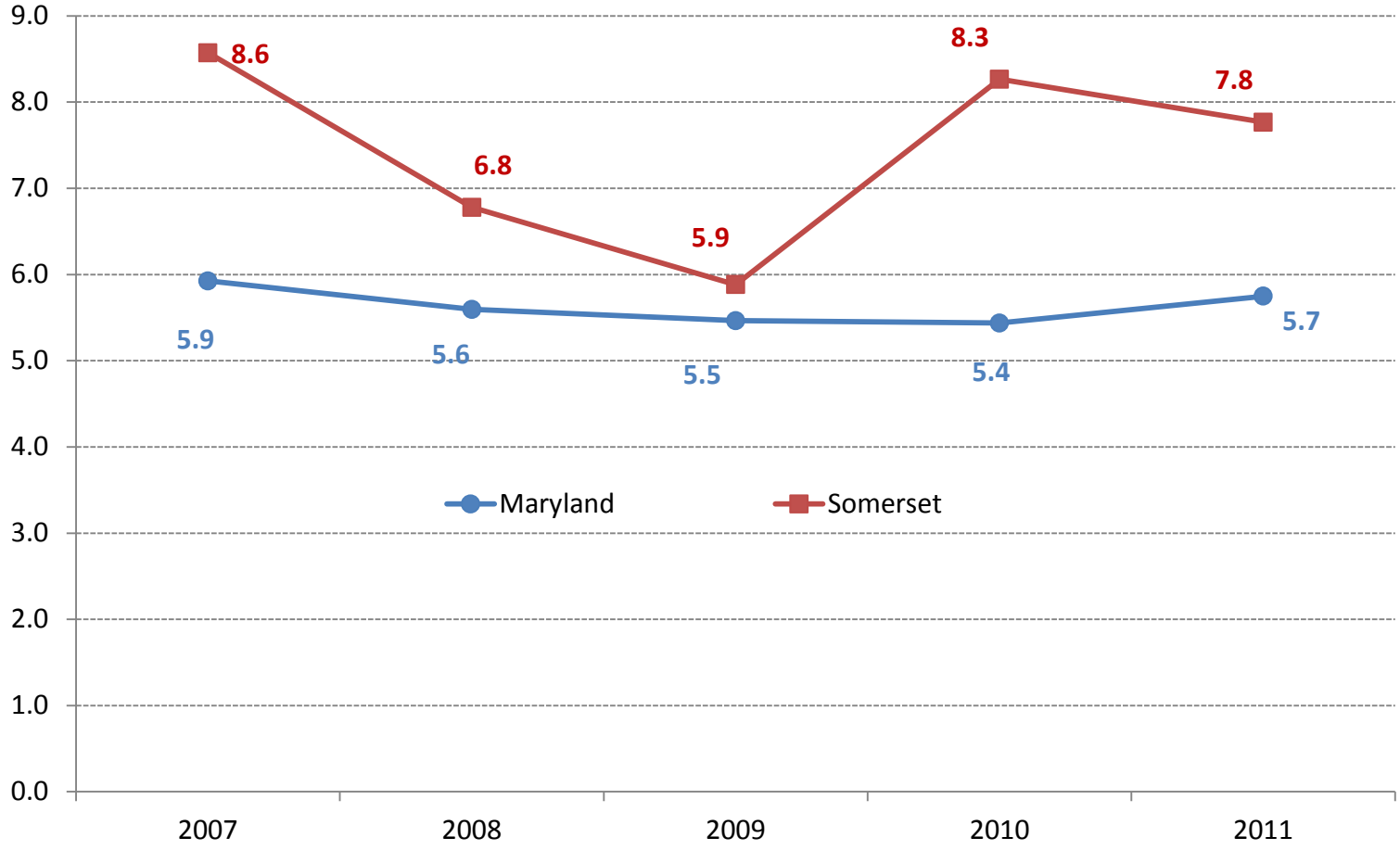
Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



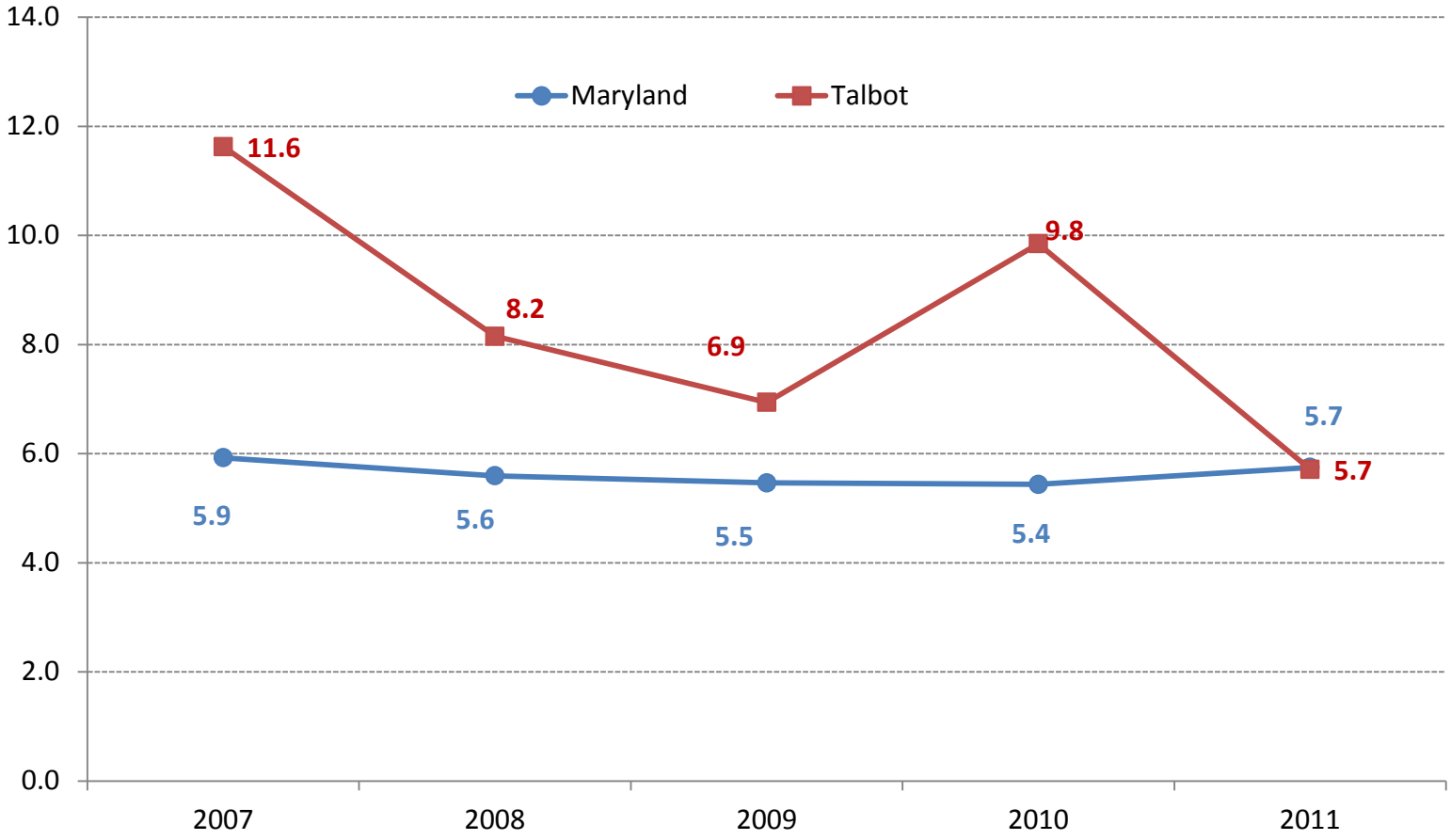
Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



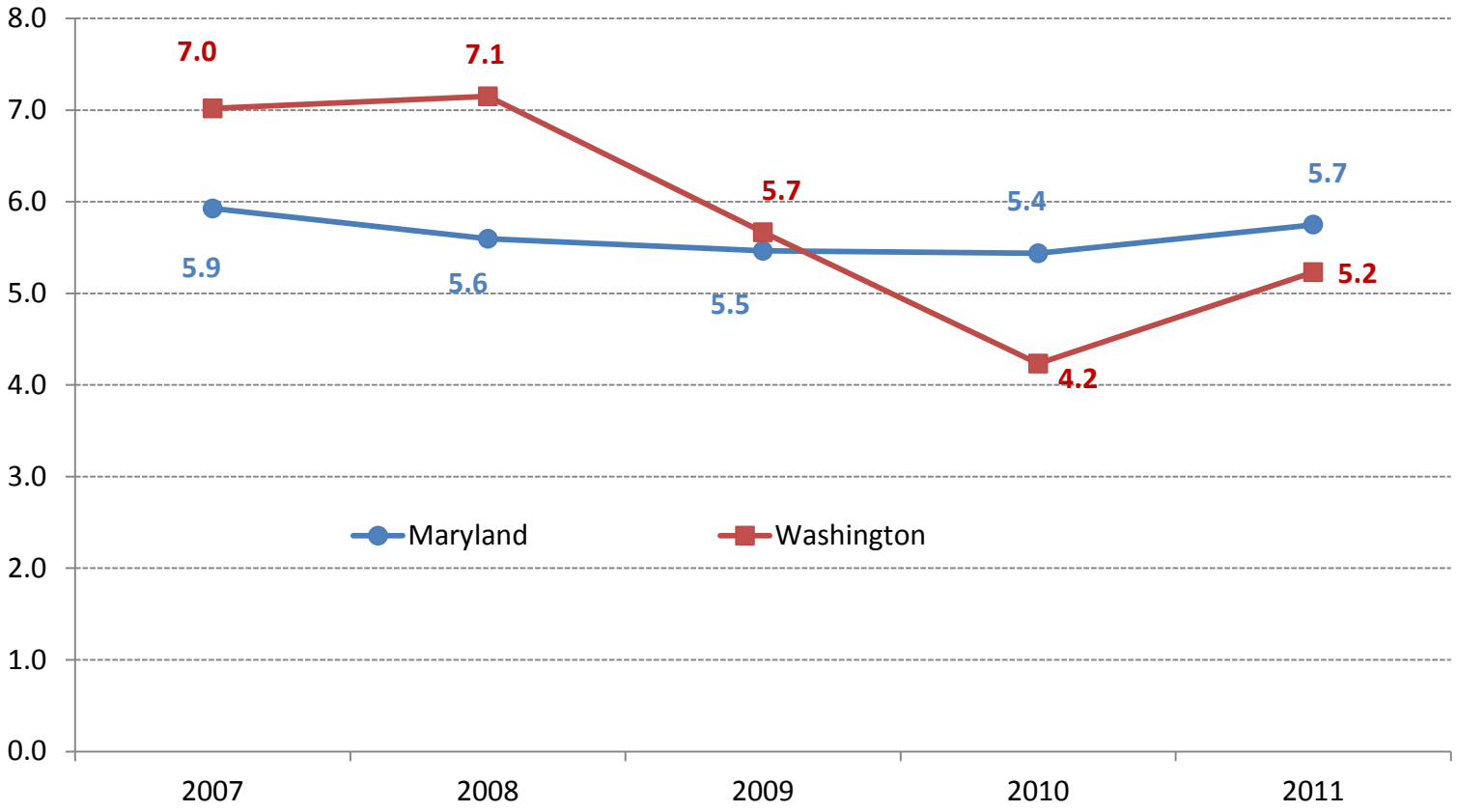
Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



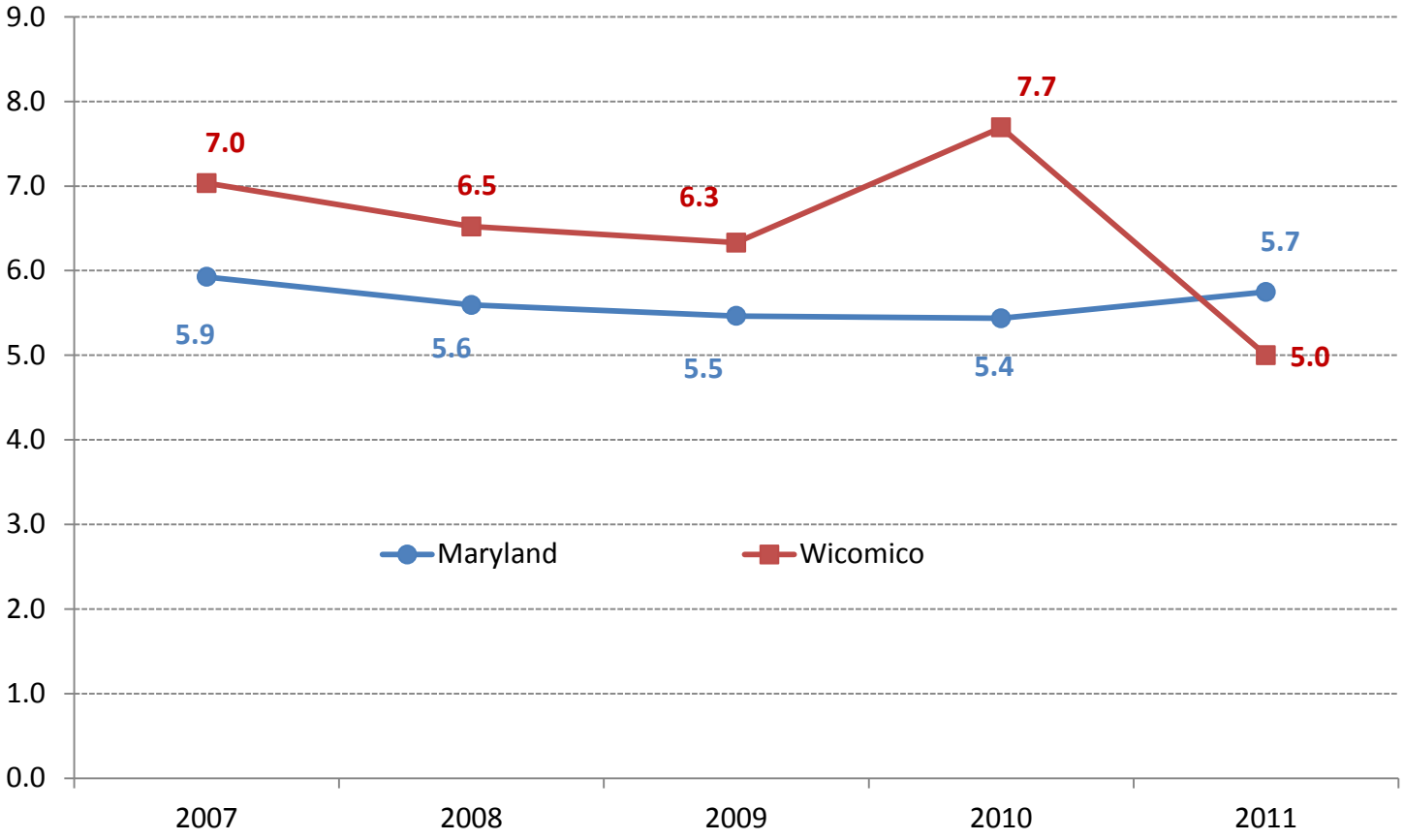
Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



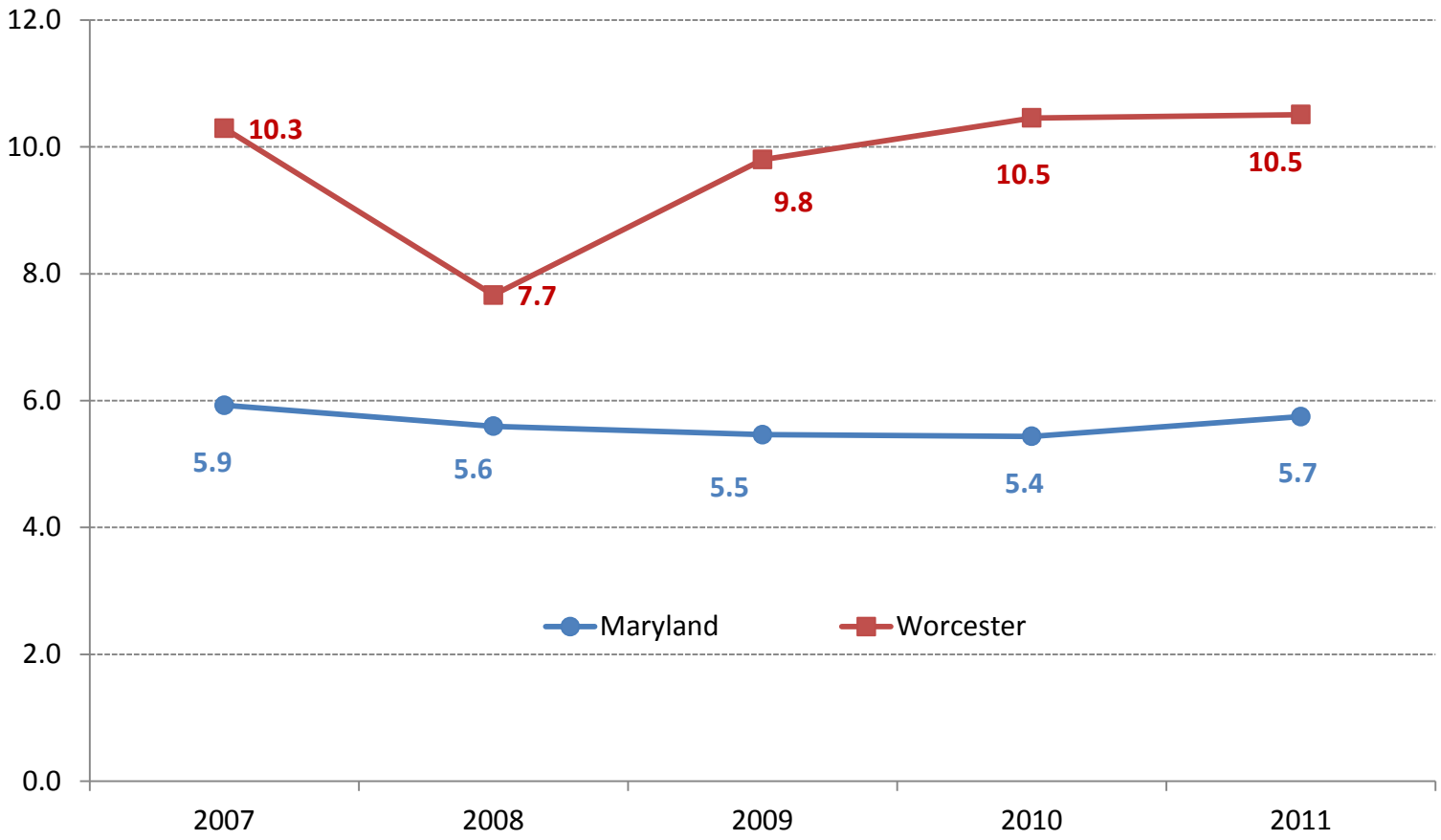
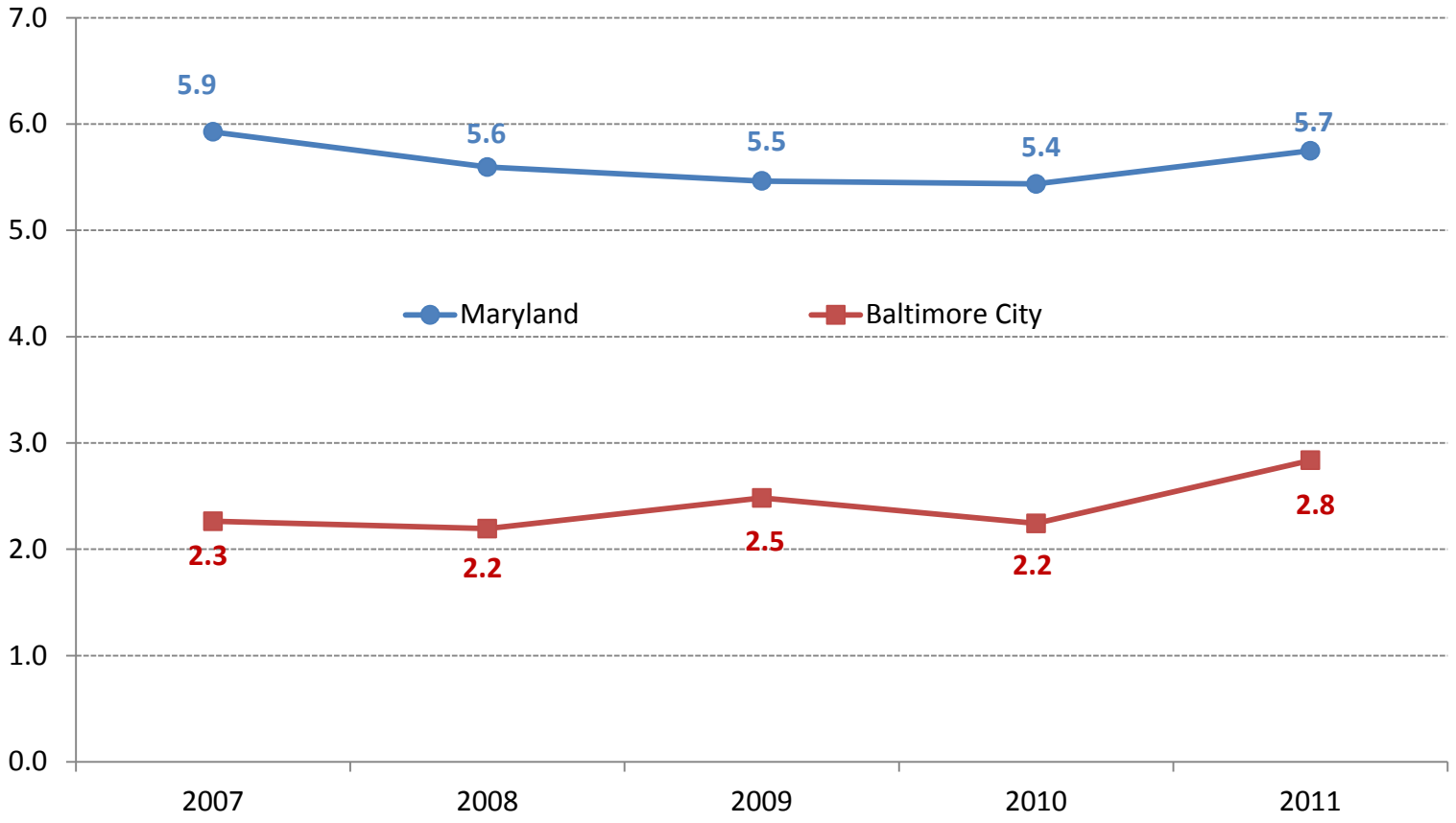
Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds



Alcohol or Alcohol and Drug Impaired Crashes as Percentage of Total Crashes among 16-25 year olds