Substance Use and Consequences in **Harford County**

Maryland State Epidemiological Outcomes Workgroup

ADAA Maryland Alcohol and Drug Abuse Administration

University of Maryland School of Pharmacy

County Demographics (2010 U.S. Census)

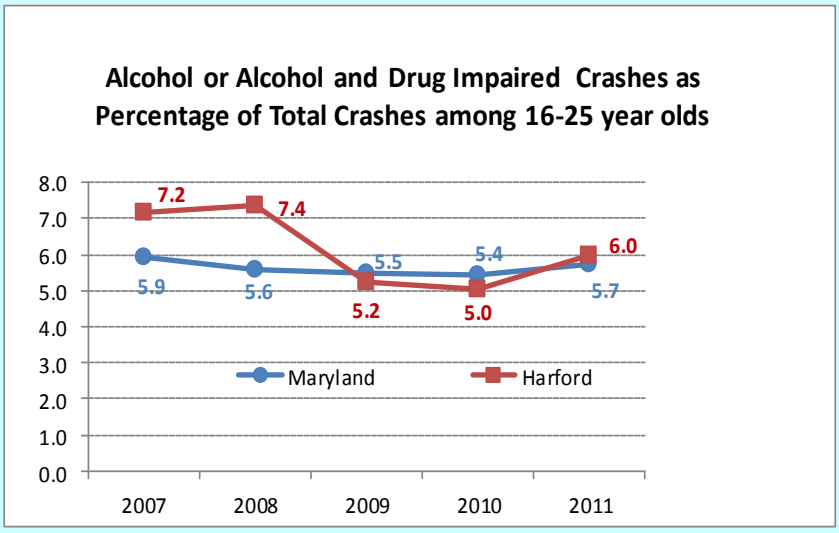
- Population: 244,826
- Racial mix: 12.7% black, 81.2% white, 2.4% Asian, 3.7% other
- Below poverty level: 8.3%
- Unemployed (2013): 6.7%
- Median household income (2011): $77,095
- High school graduation rate: 88.4%

This report highlights recent information on the consumption and consequences of alcohol, opioids and other prescription medications, tobacco, and illicit substances in Harford County, Maryland.

ALCOHOL

Compared to the state average, the proportion of crashes among 16- to 25-year-olds that were alcohol or alcohol/drug impaired was noticeably higher among Harford County residents in 2007 and 2008. Impaired driver crashes decreased from 7.4% in 2008 to 5.0% in 2010 then rose to 6.0% in 2011.

Figure 1. Data Source: Maryland Automated Accident Reporting System (MAARS)



OPIOIDS

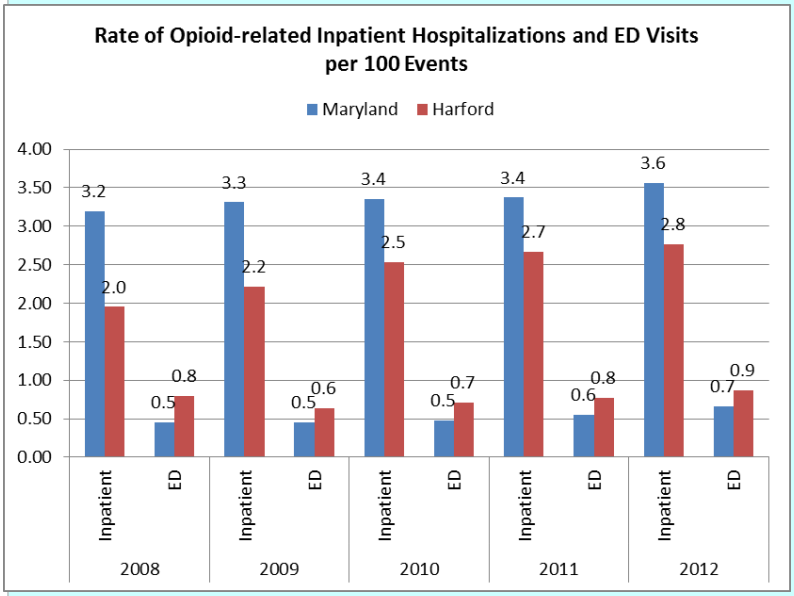


Figure 2. Data Source: Maryland Health Services Cost Review Commission (HSCRC)

Opioid-related events are defined as hospital admissions or emergency department (ED) visits with a diagnosis of accidental opioid poisoning, opioid dependence or nondependent opioid abuse. Both prescription opioids and heroin are included in these results. From 2008 to 2012, opioid-related hospitalizations among Harford County residents increased from 2.0% to 2.8%. Throughout this period, the rate of opioid-related hospitalizations among Harford County residents remained lower than the average rate for Maryland, which ranged from 3.2% to 3.6%. Overall, there was little change in the rates of opioid-related ED visits in Harford County; 0.8% ED visits in 2008 versus 0.9% in 2012. In comparison, opioid-related ED visits in Maryland grew from 0.5% in 2008 to 0.7% in 2012. Opioid-related ED visits for Harford County surpassed the Maryland rates in each year from 2008 to 2012.

The Maryland SEOW is led by Dr. Linda Simoni-Wastila at the University of Maryland Baltimore School of Pharmacy, lsimoniw@rx.umaryland.edu. Visit the Maryland SEOW website http://www.pharmacy.umaryland.edu/programs/seow/ for more information on this and other Maryland jurisdictions.

Substance Use and Consequences in **Harford County**

Maryland State Epidemiological Outcomes Workgroup

ADAA Maryland Alcohol and Drug Abuse Administration

University of Maryland School of Pharmacy

MARIJUANA

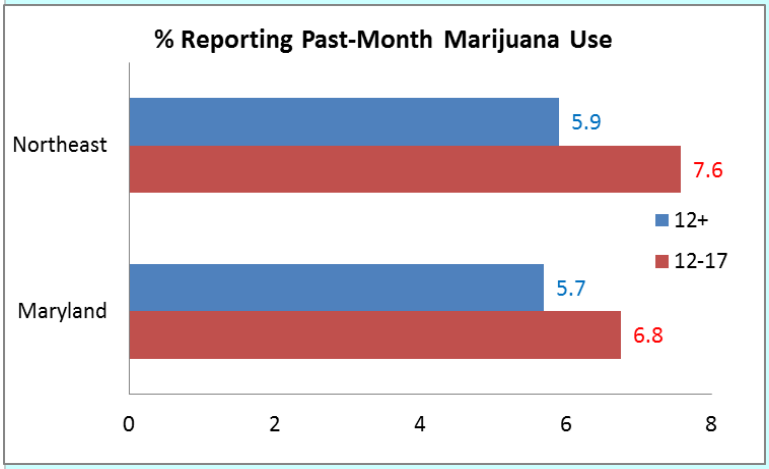


Figure 3. Data Source: NSDUH 2008-2010

Harford County is part of the northeastern Maryland region, the "Northeast" under the National Survey on Drug Use and Health (NSDUH), along with Caroline, Cecil, Kent, Queen Anne's and Talbot counties. Data from the 2008-2010 NSDUH suggest that, compared to the Maryland average, the Northeast had a slightly higher past-month marijuana use among individuals 12 years old and older (5.9% vs. 5.7% state average) as well as among adolescents aged 12 to 17 (7.6% vs. 6.8% state average).

ILLICIT SUBSTANCES

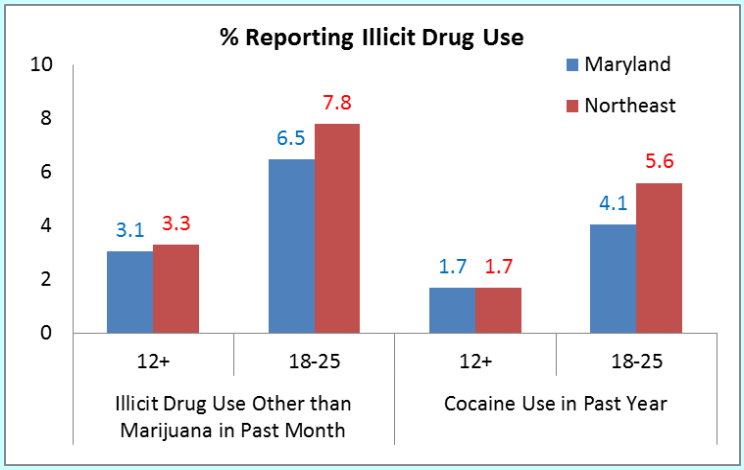


Figure 4. Data Source: NSDUH 2008-2010

Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants and prescription-type psychotherapeutics used nonmedically. The 2008-2010 NSDUH results showed that young adults aged 18-25 in the Northeast reported higher past-month illicit drug use other than marijuana (7.8% vs. state average 6.5%) and past year cocaine use (5.6% vs. state average 4.1%) compared to Maryland.

SUBSTANCE USE TREATMENT ADMISSIONS

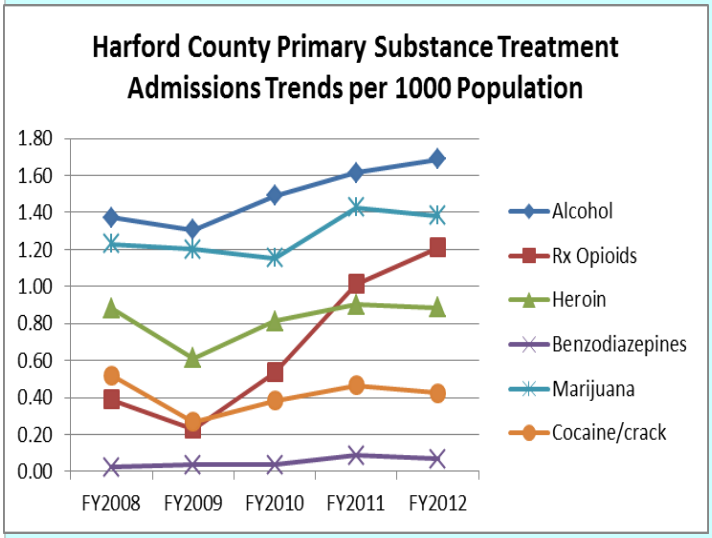


Figure 5. Data Source: State of Maryland Automated Record Tracking (SMART)

Alcohol was the most common primary substance of use for treatment admissions among Harford County residents. Alcohol treatment admissions increased from a rate of 1.4 to 1.7 per 1,000 Harford County residents between 2008 and 2012. Treatment admissions for marijuana increased from 1.2 to 1.4 per 1,000 residents from 2008 to 2012. Overall, the rate of treatment admissions for heroin primary substance use remained steady, except for the temporary decrease in 2009. The rate of admissions in which cocaine was the primary substance of abuse declined from 0.5 to 0.4 per 1,000 residents from 2008 to 2012. The rate of admissions for treatment of prescription opioid substance abuse quadrupled from 0.4 to 1.2 per 1,000 residents between 2008 and 2012. Admissions involving benzodiazepines as the primary substance of use occurred at a very low rate; however there was an increase from 0.02 to 0.07 per 1,000 residents from 2008 to 2012.