Maryland Epidemiological Profiles on Alcohol- and Drug- Related Hospitalizations

Jurisdiction Profiles
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Data Sources & Considerations for Use

Maryland Health Services and Cost Review Commission (HSCRC): HSCRC provides inpatient and outpatient data abstracted from the medical record of each of Maryland’s approximately 625,000 inpatient discharges and 5.5 million outpatient visits annually. HSCRC contributes to the State Inpatient Databases (SID), a dataset consisting of about 90 percent of inpatient discharges nationally. SID is facilitated by Healthcare Cost and Utilization Project (HCUP), while HSCRC is an independent agency within the Maryland Department of Health. HSCRC is charged with regulating hospital rates for all payers and is responsible for maintaining both the inpatient and outpatient datasets for the state.

HSCRC data from 2016, 2017, and 2018 were analyzed to explore changes in alcohol- and drug-related hospital events in each jurisdiction in Maryland over this time. The profiles build on previous analyses of the Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) and the MDH. Jurisdiction reports were distributed to public health officials and stakeholders identified by the MDH in the state of Maryland. Recipients were encouraged to share the documents, and utilize the information for needs assessments and planning. The SEOW team welcomes any questions, feedback, and suggestions that arise from the review of these profiles.

Important considerations regarding HSCRC data:

- HSCRC data are ‘event-level’ meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event.
- Jurisdiction refers to the patient’s residence, thus it does not necessarily correspond to the jurisdiction in which the event took place.
- The data only captures events involving hospitalizations or emergency department visits and likely underestimates the frequency of alcohol- and drug-related events among residents.
- The analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event.

For more information visit: https://hscrc.state.md.us/Pages/data.aspx
Allegany County

**SUMMARY**— The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Allegany County residents:

- On average, 74% of all alcohol- and drug–related hospitalizations involved a drug other than alcohol only.
- On average, 58% of all alcohol- and drug–related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol– and drug–related hospitalizations.
- 1,218 drug–related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol– and drug–related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug-related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents, and hallucinogens.

### Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Allegany County also decreased by 373 (0.4%) (Figure 1).

The number of alcohol- and/or drug–related events increased in the State of Maryland during the same time by 6,197 (2.3%). Allegany County also saw an increase in alcohol– and/or drug–related events by 139 (3.7%). By the year 2018, alcohol- and/or drug–related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 4.5% in Allegany County (Figures 2 and 3).
Alcohol– and/or Drug– Related Hospitalizations

Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 1.4% (n=10,990) of these total events involved Allegany County residents, where 64% (n=7,097) of events involved only drugs, 26% (n=2,832) involved only alcohol, and 10% (n=1,061) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Allegany County residents differed in their patterns of alcohol– and drug– related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 42% (n=1,462) of alcohol and/or drug events involved alcohol only. Events involving only drugs were more common among residents aged 25 to 44 years; 76% (n=4,127) of these events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, more than 50 Allegany County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 2% of these fatalities statewide (Figure 7).

Among Allegany County residents, events involving only drugs accounted for a larger proportion of alcohol– and/or drug– related fatalities compared to statewide (48.1% vs 46.8%, respectively). Conversely, Allegany County residents experienced fewer alcohol-only related fatalities than the State as a whole (40.4% vs. 41.9%, respectively) (data not displayed).
Between 2016 and 2018, the number of alcohol- and/or drug-related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed on 18.1% of alcohol- and/or drug-related events statewide and in 17.8% of such events in Allegany County. In Allegany County, anxiety diagnoses were observed in 16.8% of alcohol- and/or drug-related events, more than the statewide percentage for anxiety diagnoses among alcohol- and/or drug-related events during the same interval (Figure 10).

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 8.8% drug poisonings in Allegany County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).
The majority of alcohol– and/or drug–related events involving Allegany County residents were coded as abuse or dependence (88.3%, n=9,702). Events involving only poisonings accounted for 5.4% (n=591). Events involving poisonings and abuse dependence accounted for 6.3% (n=693) (Figure 11).

The figures below illustrate three common substances involved in events among Allegany County residents. The opioid category includes prescription opioids, heroin, and methadone. Opioids were the most common substance, and almost 14.4% of opioid-related events involved at least one other substance. Alcohol was the second most common substance; 13.6% of alcohol-related events involved at least one other substance. Of 8,845 total events, 101 (1%) involved all three categories. Events involving two categories accounted for 727 (8%) of the total. The majority of events, 8,017 (91%), involved one category (data not displayed).

Between 2016 and 2018, Allegany County saw several notable changes in events involving polysubstance use. Alcohol + opioids was the polysubstance use category with the largest decrease in alcohol- and/or drug-related events (18%), followed by alcohol only (10%). Events corresponding to the cocaine only category were associated with a 94% increase from 2016 to 2018, followed by opioids + cocaine, which had a 60% increase in the same interval (Figure 14).

Between 2016 and 2018, Allegany County residents experienced 1,284 poisoning events, of which 54% (n=697) involved only one drug, 36% (n=462) involved 2 drugs, and 8% (n=104) involved three or more drugs (Figure 15).

Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 6 poisoning events involving a single drug occurred for every event that involved three. Intentional poisonings account for a larger proportion of poisonings as poly-substance involvement increases.
SUMMARY—The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Anne Arundel County residents:

- On average, 67% of all alcohol- and drug–related hospitalizations involved a drug other than alcohol only.
- On average, 46% of all alcohol- and drug–related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol– and drug–related hospitalizations.
- 5,571 drug–related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol– and drug–related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug- related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents, and hallucinogens.

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Anne Arundel County also decreased by 12,825 (2.8%) (Figure 1).

The number of alcohol- and/or drug- related events increased in the State of Maryland during the same time by 6,197 (2.3%). Anne Arundel County also saw an increase in alcohol– and/or drug– related events by 639 (3.5%). By the year 2018, alcohol- and/or drug- related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 4.2% in Anne Arundel County (Figures 2 and 3).
Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 6.9% (n=55,486) of these total events involved Anne Arundel County residents, where 58% (n=32,373) of events involved only drugs, 33% (n=18,291) involved only alcohol, and 9% (n=4,822) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Anne Arundel County residents differed in their patterns of alcohol– and drug– related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 49% (n=9,014) of alcohol and/or drug events involved alcohol only. Events involving only drugs were more common among residents aged 25 to 44 years; 69% (n=17,001) of these events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, more than 250 Anne Arundel residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 11% of these fatalities statewide (Figure 7).

Between 2016 and 2018, more than 250 Anne Arundel residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 11% of these fatalities statewide (Figure 7).

Among Anne Arundel residents, events involving only drugs accounted for a smaller proportion of alcohol– and/or drug– related fatalities compared to statewide (44.3% vs 46.8%, respectively). Conversely, Anne Arundel residents experienced more alcohol-only related fatalities than the State as a whole (50.2% vs. 41.9%, respectively) (data not displayed).
Between 2016 and 2018, the number of alcohol– and/or drug– related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed on 18.1% of alcohol– and/or drug– related events statewide and in 23.8% of such events in Anne Arundel County.

In Anne Arundel County, anxiety diagnoses were observed on 22.4% of alcohol– and/or drug– related events, more than the statewide percentage for anxiety diagnoses among alcohol– and/or drug– related events during the same interval (Figure 10).

Polysubstance-Related Events and Poisonings

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 8.1% of drug poisonings in Anne Arundel County between 2016 and 2018. The proportion of intentional poisonings grew as more substances were involved (Figure 12).
The majority of alcohol– and/or drug– related events involving Anne Arundel County residents were coded as abuse or dependence (89.1%, n=49,417). Events involving only poisonings accounted for 7.5% (n=4,185). Events involving poisonings and abuse dependence accounted for 3.3% (n=1,848) (Figure 11).

The figures below illustrate three common substances involved in events among Anne Arundel County residents. The opioid category includes prescription opioids, heroin, and methadone. Alcohol was the most common substance, and almost 12.9% of alcohol–related events involved at least one other substance. Opiates were the second most common substance; 23.3% of opioid-related events involved at least one other substance. Of 42,963 total events 660 (2%) involved all three categories. Events involving two categories accounted for 4,786 (11%) of the total. The majority of events, 37,517 (87%), involved one category (data not displayed).

Between 2016 and 2018, Anne Arundel County saw several notable changes in events involving polysubstance use. Alcohol + opioids + cocaine was the polysubstance use category with the largest decrease in alcohol- and/or drug-related events (25%), followed by alcohol + opioids (18%). Events corresponding to the cocaine only category were associated with a 46% increase from 2016 to 2018, followed by opioids only, which had a 4% increase in the same interval (Figure 14).

Between 2016 and 2018, Anne Arundel County residents experienced 6,033 poisoning events, of which 74% (n=4,456) involved only one drug, 18% (n=1,069) involved 2 drugs, and 6% (n=380) involved three or more drugs (Figure 15).

Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 23 poisoning events involving a single drug occurred for every event that involved three. Proportionally, intentional poisonings involving three or more drugs accounted for roughly three times as many intentional poisonings involving one (21% vs 7%) (data not displayed).
SUMMARY—The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Baltimore City residents:

- On average, 80% of all alcohol- and drug-related hospitalizations involved a drug other than alcohol only.
- On average, 61% of all alcohol- and drug-related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol- and drug-related hospitalizations.
- 14,280 drug-related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol- and drug-related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug-related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Baltimore City also decreased by 95,451 (6.6%) (Figure 1).

The number of alcohol and/or drug related events increased in the State of Maryland during the same period by 6,197 (2.3%). Baltimore City also saw an increase in alcohol- and/or drug-related events by 3,810 (3.8%). By the year 2018, alcohol- and/or drug-related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 7.8% in Baltimore City (Figures 2 and 3).
Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 39% (n=310,773) of these total events involved Baltimore City residents, where 69% (n=213,087) of events involved only drugs, 20% (n=62,388) involved only alcohol, and 11% (n=35,298) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, more than 700 Baltimore City residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 28% of these fatalities statewide (Figure 7). Among Baltimore City residents, events involving only drugs accounted for a larger proportion of alcohol- and/or drug- related fatalities compared to statewide (57.7% vs 46.8%, respectively). Conversely, Baltimore City residents experienced fewer alcohol-only related fatalities than the State as a whole (27.9% vs. 41.9%, respectively) (data not displayed).
Between 2016 and 2018, the number of alcohol– and/or drug–related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders.

Diagnoses of comorbid depressive disorders were observed on 18.1% of alcohol– and/or drug–related events statewide and in 16.2% such events in Baltimore City.

In Baltimore City, anxiety diagnoses were observed in 11.1% of alcohol– and/or drug–related events, less than the statewide percentage for anxiety diagnoses among alcohol– and/or drug–related events during the same interval (Figure 10).

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 4.9% drug poisonings in Baltimore City between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).
The majority of alcohol– and/or drug–related events involving Baltimore City residents were coded as abuse or dependence (95%, n=295,748). Events involving only poisonings accounted for 3% (n=7,796). Events involving poisonings and abuse dependence accounted for 2% (n=6,982) (Figure 11).

The figures below illustrate three common substances involved in events among Baltimore City residents. The opioid category includes prescription opioids, heroin, and methadone. Opioids were the most common substance, and almost 27.3% of opioid-related events involved at least one other substance. Alcohol was the second most common substance; 25.6% of alcohol–related events involved at least one other substance. Of 242,076 total events, 6,917 (3%) involved all three categories. Events involving two categories accounted for 39,607 (16%) of the total. The majority of events, 195,552 (81%), involved one category (data not displayed).

Between 2016 and 2018, Baltimore City saw several notable changes in events involving polysubstance use. Alcohol + opioids was the polysubstance use category with the largest decrease among alcohol- and/or drug-related events (20%), followed by alcohol + opioids + cocaine (19%). Events corresponding to the cocaine only category were associated with a 49% increase from 2016 to 2018, followed by opioids only, which had a 10% increase in the same interval (Figure 14).

Between 2016 and 2018, Baltimore City residents experienced 14,778 poisoning events, of which 61% (n=8,960) involved only one drug, 26% (n=3,820) involved 2 drugs, and 12% (n=1,793) involved three or more drugs (Figure 15). Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 5 poisoning events involving a single drug occurred for every event that involved three. Proportionally, intentional poisonings involving three or more drugs accounted for roughly four times as many intentional poisonings involving one (11% vs 3%) (data not displayed).
SUMMARY—The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Baltimore County residents:

- On average, 75% of all alcohol- and drug- related hospitalizations involved a drug other than alcohol only.
- On average, 60% of all alcohol- and drug- related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol- and drug- related hospitalizations.
- 9,129 drug-related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol- and drug- related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug- related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Baltimore County also decreased by 33,748 (3.3%) (Figure 1).

The number of alcohol- and/or drug- related events increased in the State of Maryland during the same time by 6,197 (2.3%). Baltimore County saw a decrease in alcohol- and/or drug- related events by 1,377 (3.2%). By the year 2018, alcohol- and/or drug- related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 4.2% in Baltimore County (Figure 2 and 3).
Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 16% (n=128,910) of these total events involved Baltimore County residents, where 67% (n=86,361) of events involved only drugs, 25% (n=31,689) involved only alcohol, and 8% (n=10,860) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Baltimore County residents differed in their patterns of alcohol– and/or drug– related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 33% (n=16,676) of alcohol– and/or drug– related events involved alcohol only.

Events involving only drugs were more common among residents aged 25 to 44 years; 75% (n=39,217) of these events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, nearly 400 Baltimore County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 15.3% of these fatalities statewide (Figure 7).

Among Baltimore County residents, events involving only drugs accounted for a smaller proportion of alcohol– and/or drug– related fatalities compared to statewide (44.8% vs 46.8%, respectively). Conversely, Baltimore County experienced more alcohol-only related fatalities than the State as a whole (43.0% vs. 41.9%, respectively) (data not displayed).
Between 2016 and 2018, the number of alcohol– and/or drug– related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed in 18.1% of alcohol– and/or drug– related events statewide and in 18.6% of such events in Baltimore County.

In Baltimore County, anxiety diagnoses were observed in 16.9% of alcohol– and/or drug– related events, more than the statewide percentage for anxiety diagnoses among alcohol– and/or drug– related events during the same interval (Figure 10).

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 7.3% of drug poisonings in Baltimore County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).
The majority of alcohol– and/or drug– related events involving Baltimore County residents were coded as abuse or dependence (92.5%, n=119,146). Events involving only poisonings accounted for 5.0% (n=6,408). Events involving poisonings and abuse dependence accounted for 2.5% (n=3,206) (Figure 11).

The figures below illustrate three common substances involved in events among Baltimore County residents. The opioid category includes prescription opioids, heroin, and methadone. Opioids were the most common substance, almost 18.5% of opioid-related events involved at least one other substance. Alcohol was the second most common substance; 16.9% of alcohol–related events involved at least one other substance. Of 103,881 total events, 1,802 (2%) involved all three categories. Events involving two categories accounted for 11,632 (11%) of the total. The majority of events, 90,447 (87%), involved one category (data not displayed).

Between 2016 and 2018, Baltimore County saw several notable changes in events involving polysubstance use. Alcohol + opioids was the polysubstance use category with the largest decrease among alcohol and/or drug related events (30%), followed by alcohol only (11%). Events corresponding to the cocaine only category were associated with a 46% increase from 2016 to 2018, followed by opioids + cocaine, which had a 2% increase in the same interval (Figure 14).

Between 2016 and 2018, Baltimore County residents experienced 9,614 poisoning events, of which 72% (n=6,922) involved only one drug, 18% (n=1,773) involved 2 drugs, and 8% (n=745) involved three or more drugs (Figure 15).

Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 9 poisoning events involving a single drug occurred for every event that involved three. Proportionally, intentional poisonings involving three or more drugs accounted for roughly four times as many intentional poisonings involving one (19% vs 5%) (data not displayed).
SUMMARY—The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Calvert County residents:

- On average, 64% of all alcohol- and drug–related hospitalizations involved a drug other than alcohol only.
- On average, 36% of all alcohol- and drug–related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol– and drug–related hospitalizations.
- 777 drug–related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol– and drug–related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug-related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Calvert County also decreased by 5,981 (7.8%) (Figure 1).

The number of alcohol- and/or drug-related events increased in the State of Maryland during the same time by 6,197 (2.3%). Calvert County also saw an increase in alcohol– and/or drug–related events by 310 (13.6%). By the year 2018, alcohol- and/or drug–related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 3.6% in Calvert County (Figures 2 and 3).
Alcohol– and/or Drug– Related Hospitalizations

Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 1% (n=6,998) of these total events involved Calvert County residents, where 56% (n=3,929) of events involved only drugs, 36% (n=2,534) involved only alcohol, and 8% (n=535) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Calvert County residents differed in their patterns of alcohol– and drug– related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 54% (n=1,292) of alcohol and/or drug events involved alcohol only. Events involving only drugs were more common among residents aged 25 to 44 years; 66% (n=2,011) of these events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, more than 10 Calvert County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 0.7% of substance use fatalities statewide (Figure 7).

Among Calvert County residents, events involving only drugs accounted for a larger proportion of alcohol– and/or drug– related fatalities compared to statewide (52.9% vs 46.8%, respectively). Additionally, Calvert County residents experienced more alcohol-only related fatalities than the State as a whole (47.1% vs. 41.9%, respectively) (data not displayed).
Polysubstance-Related Events and Poisonings

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 8.2% drug poisonings in Maryland between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involve three or more substances (Figure 12).

Between 2016 and 2018, the number of alcohol– and/or drug–related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed in 18.1% of alcohol– and/or drug– related events statewide and in 22% of such events in Calvert County. (Figure 10)

In Calvert County, anxiety diagnoses were observed in 17.9% of alcohol– and/or drug– related events, more than the statewide percentage for anxiety diagnoses among alcohol– and/or drug– related events during the same interval.
The majority of alcohol– and/or drug–related events involving Calvert County residents were coded as abuse or dependence (88.5%, n=6,188). Events involving only poisonings accounted for 8.4% (n=588). Events involving poisonings and abuse dependence accounted for 3.1% (n=219) (Figure 11).

The figures below illustrate three common substances involved in events among Calvert County residents. The opioid category includes prescription opioids, heroin, and methadone. Alcohol was the most common substance, and almost 8.0% of alcohol-related events involved at least one other substance. Opioids were the second most common substance; 15.8% of opioid-related events involved at least one other substance. Of 5,065 total events, 31 (1%) involved all three categories. Events involving two categories accounted for 346 (7%) of the total. The majority of events, 4,688 (92%), involved one category (data not displayed).

Between 2016 and 2018, Calvert County saw several notable changes in events involving polysubstance use. Alcohol + opioids + cocaine was the polysubstance use category with the largest decrease among alcohol- and/or drug-related events (47%), followed by alcohol only (2%). Events corresponding to the cocaine only category were associated with a 54% increase from 2016 to 2018, followed by opioids + cocaine, which had a 51% increase in the same interval (Figure 14).

Between 2016 and 2018, Calvert County residents experienced 807 poisoning events, of which 77% (n=620) involved only one drug, 17% (n=138) involved 2 drugs, and 3% (n=28) involved three or more drugs (Figure 15). Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 22 poisoning events involving a single drug occurred for every event that involved three. Proportionally, intentional poisonings involving three or more drugs accounted for roughly as many intentional poisonings involving one (11% vs 8%) (data not displayed).
SUMMARY — The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Caroline County residents:

- On average, 66% of all alcohol- and drug–related hospitalizations involved a drug other than alcohol only.
- On average, 44% of all alcohol- and drug–related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol– and drug–related hospitalizations.
- 392 drug–related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol– and drug–related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug-related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Caroline County also decreased by 975 (3.3%) (Figure 1).

The number of alcohol- and/or drug–related events increased in the State of Maryland during the same time by 6,197 (2.3%). Caroline County saw a decrease in alcohol– and/or drug–related events by 269 (23%). By the year 2018, alcohol- and/or drug–related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 3.1% in Caroline County (Figures 2 and 3).
Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 0.4% (n=2,967) of these total events involved Caroline County residents, where 58% (n=1,728) of events involved only drugs, 33% (n=993) involved only alcohol, and 8% (n=246) involved both alcohol and drugs.

Between 2016 and 2018, Caroline County residents differed in their patterns of alcohol– and/or drug– related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 44% (n=454) of alcohol and/or drug events involved alcohol only.

Events involving only drugs were more common among residents aged 25 to 44 years; 68% (n=854) of these events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, more than 10 Caroline County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 0.5% of these fatalities statewide (Figure 7).

Among Caroline County residents, events involving only drugs accounted for a smaller proportion of alcohol– and/or drug– related fatalities compared to statewide (33.3% vs 46.8%, respectively). Conversely, Caroline County residents experienced more alcohol-only related fatalities than the State as a whole (58.3% vs. 41.9%, respectively) (data not displayed).
Between 2016 and 2018, the number of alcohol– and/or drug– related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed in 18.1% of alcohol– and/or drug– related events statewide and in 17.5% of such events in Caroline County. In Caroline County, anxiety diagnoses were observed on 20.6% of alcohol– and/or drug– related events, more than the statewide percentage for anxiety diagnoses among alcohol– and/or drug– related events during the same interval (Figure 10).

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 3.8% drug poisonings in Caroline County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).
Polysubstance-Related Events and Poisonings

The majority of alcohol– and/or drug–related events involving Caroline County residents were coded as abuse or dependence (86.1%, n=2,556). Events involving only poisonings accounted for 10.5% (n=311). Events involving poisonings and abuse or dependence accounted for 3.4% (n=100) (Figure 11).

The figures below illustrate three common substances involved in events among Caroline County residents. The opioid category includes prescription opioids, heroin, and methadone. Alcohol was the most common substance, and almost 11.5% of alcohol-related events involved at least one other substance. Opioids were the second most common substance; 15.4% of opioid–related events involved at least one other substance. Of 2,363 total events, 22 (1%) involved all three categories. Events involving two categories accounted for 202 (9%) of the total. The majority of events, 2,139 (90%), involved one category (data not displayed).

Between 2016 and 2018, Caroline County saw several notable changes in events involving polysubstance use. Opioids were the polysubstance use category with the largest decrease in alcohol-and/or drug-related events (44%), followed by opioids + cocaine (20%). Events corresponding to the alcohol + opioids + cocaine category were associated with a 75% increase from 2016 to 2018, followed by alcohol + cocaine, which had a 39% increase in the same interval (Figure 14).

Between 2016 and 2018, Caroline County residents experienced 411 poisoning events, of which 81% (n=334) involved only one drug, 13% (n=55) involved 2 drugs, and fewer than 11 involved three or more drugs (Figure 15).

Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 36 poisoning events involving a single drug occurred for every event that involved three. There were no intentional poisoning events involving 3 or more drugs between 2016 and 2018. Intentional poisoning events involving one drug represented roughly 3% of drug–related poisoning events in Caroline County.
SUMMARY—The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Carroll County residents:

- On average, 61% of all alcohol- and drug–related hospitalizations involved a drug other than alcohol only.
- On average, 43% of all alcohol- and drug–related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol– and drug–related hospitalizations.
- 2,019 drug–related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol– and drug–related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug-related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents, and hallucinogens.

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Carroll County also decreased by 5,874 (4.5%) (Figure 1).

The number of alcohol- and/or drug- related events increased in the State of Maryland during the same time by 6,197 (2.3%). Carroll County saw a decrease in alcohol– and/or drug–related events by 215 (4.6%). By the year 2018, alcohol- and/or drug- related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 3.6% in Carroll County (Figures 2 and 3).
Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 1.6% (n=13,268) of these total events involved Carroll County residents, where 52% (n=6,958) of events involved only drugs, 39% (n=5,162) involved only alcohol and 9% (n=1,148) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Carroll County residents differed in their patterns of alcohol– and/or drug– related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 57% (n=2,863) of alcohol and/or drug events involved alcohol only.

Events involving only drugs were more common among residents aged 25 to 44 years; 64% (n=3,445) of alcohol and/or drug events involved alcohol only.

Between 2016 and 2018, more than 30 Carroll County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 1.6% of these fatalities statewide (Figure 7).

Among Carroll County residents, events involving only drugs accounted for a smaller proportion of alcohol– and/or drug– related fatalities compared to statewide (30.0% vs 46.8%, respectively). Conversely, Carroll County residents experienced more alcohol-only related fatalities than the State as a whole (45.0% vs. 41.9%, respectively) (data not displayed).
Between 2016 and 2018, the number of alcohol– and/or drug–related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed in 18.1% of alcohol– and/or drug–related events statewide and in 26.6% of such events in Carroll County.

In Carroll County, anxiety diagnoses were observed in 25.4% of alcohol– and/or drug–related events, more than the statewide percentage for anxiety diagnoses among alcohol– and/or drug–related events during the same interval (Figure 10).

Polysubstance-Related Events and Poisonings

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 7.5% of drug poisonings in Carroll County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).
The majority of alcohol– and/or drug–related events involving Carroll County residents were coded as abuse or dependence (83.8%, n=11,046). Events involving only poisonings accounted for 11.8% (n=1,551). Events involving poisonings and abuse or dependence accounted for 4.4% (n=585) (Figure 11).

The figures below illustrate three common substances involved in events among Carroll County residents. The opioid category includes prescription opioids, heroin, and methadone. Alcohol was the most common substance, and almost 11% of alcohol–related events involved at least one other substance. Opioids were the second most common substance; 24% of opioid-related events involved at least one other substance. Of 10,746 total events 176 (2%) involved all three categories. Events involving two categories accounted for 1,076 (10%) of the total. The majority of events, 9,494 (88%), involved one category (data not displayed).

Between 2016 and 2018, Carroll County saw several notable changes in events involving polysubstance use. Alcohol + opioids was the polysubstance use category with the largest decrease in alcohol- and/or drug-related events (36%), followed by opioids only (19%). Events corresponding to the cocaine only category were associated with a 56% increase from 2016 to 2018, followed by alcohol + opioids + cocaine, which had a 5% increase in the same interval (Figure 14).

Between 2016 and 2018, Carroll County residents experienced 2,136 poisoning events, of which 76% (n=1,619) involved only one drug, 16% (n=339) involved 2 drugs, and 6% (n=131) involved three or more drugs (Figure 15).

Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 12 poisoning events involving a single drug occurred for every event that involved three. Proportionally, intentional poisonings involving three or more drugs accounted for roughly three times as many intentional poisonings involving one (19% vs 6%) (data not displayed).
SUMMARY — The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Cecil County residents:

- On average, 73% of all alcohol- and drug-related hospitalizations involved a drug other than alcohol only.
- On average, 52% of all alcohol- and drug-related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol- and drug-related hospitalizations.
- 1,390 drug-related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol- and drug-related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug-related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents, and hallucinogens.

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Cecil County also decreased by 3,377 (2.9%) (Figure 1).

The number of alcohol- and/or drug-related events increased in the State of Maryland during the same time by 6,197 (2.3%). Cecil County also saw an increase in alcohol- and/or drug-related events by 353 (8.4%). By the year 2018, alcohol- and/or drug-related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 4% in Cecil County (Figures 2 and 3).
Between 2016 and 2018, more than 30 Cecil County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 1.5% of these fatalities statewide (Figure 7).

Among Cecil County residents, events involving only drugs accounted for a larger proportion of alcohol- and/or drug-related fatalities compared to statewide (48.7% vs 46.8%, respectively). Conversely, Cecil County residents experienced fewer alcohol-only related fatalities than the State as a whole (41.0% vs. 41.9%, respectively) (data not displayed).
Between 2016 and 2018, the number of alcohol– and/or drug–related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed in 18.1% of alcohol– and/or drug–related events statewide and in 24.8% of such events in Cecil County.

In Cecil County, anxiety diagnoses were observed in 27.3% of alcohol– and/or drug–related events, more than the statewide percentage for anxiety diagnoses among alcohol– and/or drug–related events during the same interval (Figure 10).

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 6.4% of drug poisonings in Cecil County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).
The majority of alcohol– and/or drug–related events involving Cecil County residents were coded as abuse or dependence (89%, n=11,623). Events involving only poisonings accounted for 6.8% (n=886). Events involving poisonings and abuse or dependence accounted for 4.2% (n=550) (Figure 11).

The figures below illustrate three common substances involved in events among Cecil County residents. The opioid category includes prescription opioids, heroin, and methadone. Alcohol was the most common substance, and almost 18.5% of alcohol–related events involved at least one other substance. Opioids were the second most common substance; 20.6% of opioid-related events involved at least one other substance. Of 10,138 total events, 169 (2%) involved all three categories. Events involving two categories accounted for 1,180 (12%) of the total. The majority of events, 8,789 (87%), involved one category (data not displayed).

Between 2016 and 2018, Cecil County saw several notable changes in events involving polysubstance use. Alcohol + opioids + cocaine was the polysubstance use category with the largest decrease among alcohol and/or drug related events (19%), tied with alcohol + opioids (19%). Events corresponding to the opioids only category were associated with a 16% increase from 2016 to 2018, followed by opioids + cocaine, which had a 1% increase in the same interval (Figure 14).

Between 2016 and 2018, Cecil County residents experienced 1,436 poisoning events, of which 66% (n=954) involved only one drug, 25% (n=355) involved 2 drugs, and 7% (n=105) involved three or more drugs (Figure 15).

Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 9 poisoning events involving a single drug occurred for every event that involved three. Proportionally, intentional poisonings involving three or more drugs accounted for roughly five times as many intentional poisonings involving one (20% vs 4%) (data not displayed).
Charles County

**SUMMARY**— The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Charles County residents:

- On average, 54% of all alcohol- and drug–related hospitalizations involved a drug other than alcohol only.
- On average, 26% of all alcohol- and drug–related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol– and drug–related hospitalizations.
- 831 drug–related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol– and drug–related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug-related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

**Figure 1.**

**Figure 2.**

**Figure 3.**

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Charles County also decreased by 5,889 (6.0%) (Figure 1).

The number of alcohol- and/or drug- related events increased in the State of Maryland during the same time by 6,197 (2.3%). Charles County saw a decrease in alcohol– and/or drug–related events by 532 (15%). By the year 2018, alcohol- and/or drug-related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 3.3% in Charles County (Figures 2 and 3).
Alcohol– and/or Drug– Related Hospitalizations

Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 1.2% (n=10,047) of these total events involved Charles County residents, where 46% (n=4,627) of events involved only drugs, 46% (n=4,637) involved only alcohol, and 8% (n=783) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Charles County residents differed in their patterns of alcohol– and/or drug– related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 63% (n=2,312) of alcohol and/or drug events involved alcohol only. Events involving only drugs were more common among residents aged 25 to 44 years; 56% (n=2,405) of alcohol and/or drug events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, more than 40 Charles County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 1.8% of these fatalities statewide (Figure 7). Among Charles County residents, events involving only drugs accounted for a larger proportion of alcohol– and/or drug– related fatalities compared to statewide (50% vs 46.8%, respectively). Additionally, Charles County residents experienced more alcohol-only related fatalities than the State as a whole (45.7% vs. 41.9%, respectively) (data not displayed).
Between 2016 and 2018, the number of alcohol– and/or drug–related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed in 18.1% of alcohol– and/or drug–related events statewide and in 12.7% of such events in Charles County.

In Charles County, anxiety diagnoses were observed in 11% of alcohol– and/or drug–related events, less than the statewide percentage for anxiety diagnoses among alcohol– and/or drug–related events during the same interval (Figure 10).

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 9.3% of drug poisonings in Charles County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).
The majority of alcohol– and/or drug– related events involving Charles County residents were coded as abuse or dependence (91.2%, n=9,138). Events involving only poisonings accounted for 6.4% (n=645). Events involving poisonings and abuse or dependence accounted for 2.4% (n=240) (Figure 11).

The figures below illustrate three common substances involved in events among Charles County residents. The opioid category includes prescription opioids, heroin, and methadone. Alcohol was the most common substance, and almost 6.4% of alcohol-related events involved at least one other substance. Opioids were the second most common substance; 16.2% of opioid–related events involved at least one other substance. Of 7,500 total events 53 (1%) involved all three categories. Events involving two categories accounted for 405 (5%) of the total. The majority of events, 7,042 (94%), involved one category (data not displayed).

Between 2016 and 2018, Charles County saw several notable changes in events involving polysubstance use. Alcohol + opioids + cocaine was the polysubstance use category with the largest decrease in alcohol- and/or drug-related events (67%), followed by opioids only (49%). Events corresponding to the cocaine only category were associated with a 27% increase from 2016 to 2018, followed by opioids + cocaine, which had a 19% increase in the same interval (Figure 14).

Between 2016 and 2018, Charles County residents experienced 885 poisoning events, of which 79% (n=700) involved only one drug, 15% (n=133) involved 2 drugs, and 3% (n=25) involved three or more drugs (Figure 15).

Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 27 poisoning events involving a single drug occurred for every event that involved three. Proportionally, intentional poisonings involving three or more drugs accounted for roughly three times as many intentional poisonings involving one (24% vs 7%) (data not displayed).
SUMMARY—The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Dorchester County residents:

- On average, 63% of all alcohol- and drug–related hospitalizations involved a drug other than alcohol only.
- On average, 32% of all alcohol- and drug–related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol– and drug–related hospitalizations.
- 347 drug–related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol– and drug–related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug- related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Dorchester County also decreased by 988 (2%) (Figure 1).

The number of alcohol- and/or drug–related events increased in the State of Maryland during the same time by 6,197 (2.3%). Dorchester County saw a decrease in alcohol– and/or drug–related events by 255 (1.6%). By the year 2018, alcohol- and/or drug–related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 2.7% in Dorchester County (Figures 2 and 3).
Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 0.5% (n=4,409) of these total events involved Dorchester County residents, where 53% (n=2,328) of events involved only drugs, 37% (n=1,644) involved only alcohol, and 10% (n=437) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Dorchester County residents differed in their patterns of alcohol– and/or drug– related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 50% (n=955) of alcohol and/or drug events involved alcohol only.

Events involving only drugs were more common among residents aged 25 to 44 years; 68% (n=1,108) of alcohol and/or drug events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, more than 10 Dorchester County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 0.9% of these fatalities statewide (Figure 7).

Among Dorchester County residents, events involving only drugs accounted for a smaller proportion of alcohol– and/or drug– related fatalities compared to statewide (34.8% vs 46.8%, respectively). Conversely, Dorchester County residents experienced more alcohol-only related fatalities than the State as a whole (52.2% vs. 41.9%, respectively) (data not displayed).
Alcohol– and/or Drug– Related Mental Health Hospitalizations

Between 2016 and 2018, the number of alcohol– and/or drug– related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed on 18.1% of alcohol– and/or drug– related events statewide and in 17.8% such events in Dorchester County.

In Dorchester County, anxiety diagnoses were observed on 19.6% of alcohol– and/or drug– related events, more than the statewide percentage for anxiety diagnoses among alcohol– and/or drug– related events during the same interval (Figure 10).

Polysubstance-Related Events and Poisonings

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 3.7% of drug poisonings in Dorchester County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).
The majority of alcohol– and/or drug–related events involving Dorchester County residents were coded as abuse or dependence (91.5%, n=4,033). Events involving only poisonings accounted for 6.3% (n=276). Events involving poisonings and abuse or dependence accounted for 2.2% (n=99) (Figure 11).

The figures below illustrate three common substances involved in events among Dorchester County residents. The opioid category includes prescription opioids, heroin, and methadone. Alcohol was the most common substance, and almost 13.1% of alcohol-related events involved at least one other substance. Opioids were the second most common substance; 25% of opioid-related events involved at least one other substance. Of 3,462 total events, 38 (1%) involved all three categories. Events involving two categories accounted for 395 (11%) of the total. The majority of events, 3,029 (87%), involved one category (data not displayed).

Between 2016 and 2018, Dorchester County saw several notable changes in events involving polysubstance use. Alcohol + opioids was the polysubstance use category with the largest decrease in alcohol- and/or drug-related events (53%), followed by opioids + cocaine (42%). Events corresponding to the alcohol + cocaine category were associated with a 20% increase from 2016 to 2018 (Figure 14).

Between 2016 and 2018, Dorchester County residents experienced 375 poisoning events, of which 76% (n=286) involved only one drug, 15% (n=58) involved 2 drugs, and 5% (n=17) involved three or more drugs (Figure 15).

Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 16 poisoning events involving a single drug occurred for every event that involved three. Proportionally, intentional poisonings involving three or more drugs accounted for roughly four times as many intentional poisonings involving one (12% vs 3%) (data not displayed).
SUMMARY — The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Frederick County residents:

- On average, 54% of all alcohol- and drug–related hospitalizations involved a drug other than alcohol only.
- On average, 32% of all alcohol- and drug–related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol– and drug–related hospitalizations.
- 2,051 drug–related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol– and drug–related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug-related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Frederick County also decreased by 5,422 (3.6%) (Figure 1).

The number of alcohol- and/or drug- related events increased in the State of Maryland during the same time by 6,197 (2.3%). Frederick County saw a decrease in alcohol– and/or drug–related events by 20 (0.3%). By the year 2018, alcohol- and/or drug- related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 4.2% in Frederick County (Figures 2 and 3).
Alcohol– and/or Drug– Related Hospitalizations

Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 2.2% (n=17,952) of these total events involved Frederick County residents, where 44% (n=7,883) of events involved only drugs, 46% (n=8,324) involved only alcohol, and 10% (n=1,745) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Frederick County residents differed in their patterns of alcohol– and/or drug– related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 63% (n=4,209) of alcohol and/or drug events involved alcohol only. Events involving only drugs were more common among residents aged 25 to 44 years; 51% (n=3,827) of alcohol and/or drug events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, more than 60 Frederick County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 3% of these fatalities statewide (Figure 7).

Among Frederick County residents, events involving only drugs accounted for a smaller proportion of alcohol– and/or drug– related fatalities compared to statewide (35.5% vs 46.8%, respectively). Conversely, Frederick County residents experienced more alcohol-only related fatalities than the State as a whole (51.3% vs. 41.9%, respectively) (data not displayed).
Alcohol– and/or Drug– Related Mental Health Hospitalizations

Between 2016 and 2018, the number of alcohol– and/or drug– related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed on 18.1% of alcohol– and/or drug– related events statewide and in 27.6% such events in Frederick County.

In Frederick County, anxiety diagnoses were observed on 25.1% of alcohol– and/or drug– related events, more than the statewide percentage for anxiety diagnoses among alcohol– and/or drug– related events during the same interval (Figure 10).

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 13% of drug poisonings in Frederick County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).
The majority of alcohol– and/or drug– related events involving Frederick County residents were coded as abuse or dependence (87.8%, n=15,735). Events involving only poisonings accounted for 8.5% (n=1,517). Events involving poisonings and abuse or dependence accounted for 3.7% (n=670) (Figure 11).

The figures below illustrate three common substances involved in events among Frederick County residents. The opioid category includes prescription opioids, heroin, and methadone. Alcohol was the most common substance, and almost 9.5% of alcohol-related events involved at least one other substance. Opioids were the second most common substance; 23.6% of opioid–related events involved at least one other substance. Of 14,481 total events 191 (1%) involved all three categories. Events involving two categories accounted for 1,203 (8%) of the total. The majority of events, 13,087 (90%), involved one category (data not displayed).

Between 2016 and 2018, Frederick County saw several notable changes in events involving polysubstance use. Opioids only was the polysubstance use category with the largest decrease in alcohol- and/or drug- related events (26%), followed by alcohol only (4%). Events corresponding to the cocaine only category were associated with a 42% increase from 2016 to 2018, followed by alcohol + cocaine, which had a 23% increase in the same interval (Figure 14).

Between 2016 and 2018, Frederick County residents experienced 2,187 poisoning events, of which 77% (n=1,694) involved only one drug, 15% (n=323) involved 2 drugs, and 5% (n=106) involved three or more drugs (Figure 15).

Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 16 poisoning events involving a single drug occurred for every event that involved three. Proportionally, intentional poisonings involving three or more drugs accounted for roughly three times as many intentional poisonings involving one (29% vs 10%) (data not displayed).
SUMMARY — The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Garrett County residents:

- On average, 67% of all alcohol- and drug-related hospitalizations involved a drug other than alcohol only.
- On average, 52% of all alcohol- and drug-related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol- and drug-related hospitalizations.
- 222 drug-related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol– and drug– related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug- related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Garrett County also decreased by 2,805 (5.2%) (Figure 1).

The number of alcohol- and/or drug- related events increased in the State of Maryland during the same time by 6,197 (2.3%). Garrett County also saw a slight increase in alcohol- and/or drug- related events by 4 (0.5%). By the year 2018, alcohol- and/or drug- related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 1.5% in Garrett County (Figures 2 and 3).
Between 2016 and 2018, alcohol- and/or drug–related hospitalizations among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 0.3% (n=2,207) of these total events involved Garrett County residents, where 59% (n=1,296) of events involved only drugs, 33% (n=733) involved only alcohol, and 8% (n=178) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Garrett County residents differed in their patterns of alcohol–and/or drug–related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 47% (n=312) of alcohol and/or drug events involved alcohol only. Events involving only drugs were more common among residents aged 25 to 44 years; 66% (n=649) of alcohol and/or drug events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, several Garrett County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for less than 1% of these fatalities statewide (Figure 7). Among Garrett County residents, events involving only drugs accounted for a smaller proportion of alcohol–and/or drug–related fatalities compared to statewide (13% vs 46.8%, respectively). Conversely, Garrett County residents experienced more alcohol-only related fatalities than the State as a whole (75% vs. 41.9%, respectively) (data not displayed).
Alcohol– and/or Drug– Related Mental Health Hospitalizations

Between 2016 and 2018, the number of alcohol– and/or drug– related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed on 18.1% of alcohol– and/or drug– related events statewide and in 20.3% such events in Garrett County.

In Garrett County, anxiety diagnoses were observed on 20.3% of alcohol– and/or drug– related events, more than the statewide percentage for anxiety diagnoses among alcohol– and/or drug– related events during the same interval (Figure 10).

Polysubstance-Related Events and Poisonings

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 13.5% of drug poisonings in Garrett County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).
The majority of alcohol- and/or drug-related events involving Garrett County residents were coded as abuse or dependence (88.9%, n=1,961). Events involving only poisonings accounted for 6.5% (n=144). Events involving poisonings and abuse or dependence accounted for 4.5% (n=100) (Figure 11).

The figures below illustrate three common substances involved in events among Garrett County residents. The opioid category includes prescription opioids, heroin, and methadone. Opioids were the most common substance, and almost 8.6% of opioid-related events involved at least one other substance. Alcohol was the second most common substance; 7.6% of alcohol-related events involved at least one other substance. Of 1,829 total events fewer than 11 (< 1%) involved all three categories. Events involving two categories accounted for 83 (4.5%) of the total. The majority of events, 1,742 (95%), involved one category (data not displayed).

Between 2016 and 2018, Garrett County saw several notable changes in events involving polysubstance use. Alcohol only was the polysubstance use category with the largest decrease in alcohol- and/or drug-related events (21%), followed by alcohol + opioids (8%). Events corresponding to the cocaine only category were associated with a 150% increase from 2016 to 2018, followed by opioids + cocaine, which had a 20% increase in the same interval (Figure 14).

Between 2016 and 2018, Garrett County residents experienced 244 poisoning events, of which 70% (n=170) involved only one drug, 26% (n=63) involved 2 drugs, and fewer than 11 involved three or more drugs (Figure 15).

Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, the number of intentional poisoning cases involving three or more drugs were too few to calculate meaningful statistics from, but proportionally accounted for twice as many intentional poisonings than those involving one drug (33% vs 15%) (data not displayed).
SUMMARY—The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Harford County residents:

- On average, 70% of all alcohol- and drug-related hospitalizations involved a drug other than alcohol only.
- On average, 49% of all alcohol- and drug-related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol- and drug-related hospitalizations.
- 2,570 drug-related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital-based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol- and drug-related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug-related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Harford County also decreased by 9,939 (3.4%) (Figure 1).

The number of alcohol- and/or drug-related events increased in the State of Maryland during the same time by 6,197 (2.3%). Harford County also saw an increase in alcohol- and/or drug-related events by 88 (0.9%). By the year 2018, alcohol- and/or drug-related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 3.3% in Harford County (Figures 2 and 3).
Alcohol– and/or Drug– Related Hospitalizations

Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 3.5% (n=28,079) of these total events involved Harford County residents, where 58% (n=16,347) of events involved only drugs, 30% (n=8,494) involved only alcohol, and 12% (n=3,238) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Harford County residents differed in their patterns of alcohol– and/or drug– related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 45% (n=4,092) of alcohol and/or drug events involved alcohol only. Events involving only drugs were more common among residents aged 25 to 44 years; 66% (n=7,991) of alcohol and/or drug events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, more than 100 Harford County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 4% of these fatalities statewide (Figure 7).

Among Harford County residents, events involving only drugs accounted for a smaller proportion of alcohol– and/or drug– related fatalities compared to statewide (42.9% vs 46.8%, respectively). Conversely, Harford County residents experienced more alcohol-only related fatalities than the State as a whole (45.7% vs. 41.9%, respectively) (data not displayed).
Polysubstance-related events and poisonings

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 7.8% of drug poisonings in Harford County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).

Between 2016 and 2018, the number of alcohol- and/or drug-related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed on 18.1% of alcohol- and/or drug-related events statewide and in 26.5% of such events in Harford County.

In Harford County, anxiety diagnoses were observed on 19.2% of alcohol- and/or drug-related events, more than the statewide percentage for anxiety diagnoses among alcohol- and/or drug-related events during the same interval (Figure 10).
The majority of alcohol– and/or drug– related events involving Harford County residents were coded as abuse or dependence (90.3%, n=25,319). Events involving only poisonings accounted for 5.5% (n=1,540). Events involving poisonings and abuse or dependence accounted for 4.2% (n=1,173) (Figure 11).

The figures below illustrate three common substances involved in events among Harford County residents. The opioid category includes prescription opioids, heroin, and methadone. Alcohol was the most common substance, and almost 17.6% of alcohol-related events involved at least one other substance. Opioids were the second most common substance; 24.3% of opioid–related events involved at least one other substance. Of 22,129 total events, 545 (2%) involved all three categories. Events involving two categories accounted for 2,599 (12%) of the total. The majority of events, 18,985 (86%), involved one category (data not displayed).

Between 2016 and 2018, Harford County saw several notable changes in events involving polysubstance use. Alcohol + opioids + cocaine was the polysubstance use category with the largest decrease in alcohol- and/or drug-related events (16%), followed by alcohol + cocaine (14%). Events corresponding to the cocaine only category were associated with a 39% increase from 2016 to 2018, followed by alcohol + opioids, which had a 1% increase in the same interval (Figure 14).

Between 2016 and 2018, Harford County residents experienced 2,713 poisoning events, of which 64% (n=1,744) involved only one drug, 23% (n=626) involved 2 drugs, and 10% (n=278) involved three or more drugs (Figure 15).

Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 6 poisoning events involving a single drug occurred for every event that involved three. Proportionally, intentional poisonings involving three or more drugs accounted for roughly twice as many intentional poisonings involving one (13% vs 7%) (data not displayed).
Howard County

**SUMMARY**— The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Howard County residents:

- On average, 64% of all alcohol- and drug–related hospitalizations involved a drug other than alcohol only.
- On average, 38% of all alcohol- and drug–related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol– and drug–related hospitalizations.
- 1,728 drug–related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol– and drug–related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug–related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

### Alcohol– and/or Drug– Related Hospitalizations

**Figure 1.**

**Figure 2.**

**Figure 3.**

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Howard County also decreased by 12,250 (5.8%) (Figure 1).

The number of alcohol- and/or drug–related events increased in the State of Maryland during the same time by 6,197 (2.3%). Howard County also saw an increase in alcohol– and/or drug–related events by 213 (4.1%). By the year 2018, alcohol– and/or drug–related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 2.7% in Howard County (Figures 2 and 3).
Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 2.0% (n=15,865) of these total events involved Howard County residents, where 55% (n=8,689) of events involved only drugs, 36% (n=5,643) involved only alcohol, and 10% (n=1,533) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Howard County residents differed in their patterns of alcohol– and/or drug– related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 48% (n=2,224) of alcohol and/or drug events involved alcohol only.

Events involving only drugs were more common among residents aged 25 to 44 years; 58% (n=3,913) of alcohol and/or drug events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, more than 50 Howard County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 2% of these fatalities statewide (Figure 7).

Among Howard County residents, events involving only drugs accounted for a larger proportion of alcohol– and/or drug– related fatalities compared to statewide (49.2% vs 46.8%, respectively). Additionally, Howard County residents experienced more alcohol-only related fatalities than the State as a whole (45.8% vs. 41.9%, respectively) (data not displayed).
Between 2016 and 2018, the number of alcohol–and/or drug–related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed on 18.1% of alcohol–and/or drug–related events statewide and in 25.2% such events in Howard County. In Howard County, anxiety diagnoses were observed on 23.5% of alcohol–and/or drug–related events, more than the statewide percentage for anxiety diagnoses among alcohol–and/or drug–related events during the same interval (Figure 10).

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 8.9% of drug poisonings in Howard County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).
The majority of alcohol– and/or drug– related events involving Howard County residents were coded as abuse or dependence (88.2%, n=13,982). Events involving only poisonings accounted for 8.4% (n=1,324). Events involving poisonings and abuse or dependence accounted for 3.4% (n=538) (Figure 11).

The figures below illustrate three common substances involved in events among Howard County residents. The opioid category includes prescription opioids, heroin, and methadone. Alcohol was the most common substance, and almost 11.2% of alcohol-related events involved at least one other substance. Opioids were the second most common substance; 25.2% of opioid–related events involved at least one other substance. Of 11,657 total events, 169 (1%) involved all three categories. Events involving two categories accounted for 1,176 (10%) of the total. The majority of events, 10,312 (88%), involved one category (data not displayed).

Between 2016 and 2018, Howard County saw several notable changes in events involving polysubstance use. Alcohol + opioids was the polysubstance use category with the largest decrease in alcohol- and/or drug-related events (21%), followed by alcohol only (12%). Events corresponding to the cocaine only category were associated with a 35% increase from 2016 to 2018, followed by alcohol + opioids + cocaine, which had a 12% increase in the same interval (Figure 14).

Between 2016 and 2018, Howard County residents experienced 1,862 poisoning events, of which 78% (n=1,458) involved only one drug, 14% (n=255) involved 2 drugs, and 5% (n=90) involved three or more drugs (Figure 15).

Between 2016 and 2018, substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 16 poisoning events involving a single drug occurred for every event that involved three. Proportionally, intentional poisonings involving three or more drugs accounted for roughly as many intentional poisonings involving one (9% vs 8%) (data not displayed).
SUMMARY — The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Kent County residents:

- On average, 60% of all alcohol- and drug–related hospitalizations involved a drug other than alcohol only.
- On average, 39% of all alcohol- and drug–related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol– and drug–related hospitalizations.
- 244 drug–related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol– and drug–related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug- related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Kent County increased by 273 (0.7%) (Figure 1).

The number of alcohol- and/or drug- related events increased in the State of Maryland during the same time by 6,197 (2.3%). Kent County saw a decrease in alcohol– and/or drug– related events by 17 (2.4%). By the year 2018, alcohol- and/or drug-related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 1.8% in Kent County (Figures 2 and 3).
Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 0.3% (n=2,070) of these total events involved Kent County residents, where 50.3% (n=1,041) of events involved only drugs, 40.4% (n=837) involved only alcohol, and 9.3% (n=192) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Kent County residents differed in their patterns of alcohol– and/or drug– related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 53% (n=381) of alcohol and/or drug events involved alcohol only. Events involving only drugs were more common among residents aged 25 to 44 years; 63% (n=528) of alcohol and/or drug events involving only drugs (Figure 6).

Between 2016 and 2018, more than 10 Kent County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 0.5% of these fatalities statewide (Figure 7). Among Kent County residents, events involving only drugs accounted for a smaller proportion of alcohol– and/or drug– related fatalities compared to statewide (41.7% vs 46.8%, respectively). Conversely, Kent County residents experienced more alcohol-only related fatalities than the State as a whole (58.3% vs. 41.9%, respectively) (data not displayed).
Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 5.7% of drug poisonings in Kent County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).

Between 2016 and 2018, the number of alcohol– and/or drug–related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed in 18.1% of alcohol– and/or drug–related events statewide and in 21.1% of such events in Kent County.

In Kent County, anxiety diagnoses were observed in 22.9% of alcohol– and/or drug–related events, more than the statewide percentage for anxiety diagnoses among alcohol– and/or drug–related events during the same interval (Figure 10).
The majority of alcohol– and/or drug– related events involving Kent County residents were coded as abuse or dependence (87.6%, n=1,812). Events involving only poisonings accounted for 9.0% (n=187). Events involving poisonings and abuse or dependence accounted for 3.4% (n=70) (Figure 11).

The figures below illustrate three common substances involved in events among Kent County residents. The opioid category includes prescription opioids, heroin, and methadone. Alcohol was the most common substance, and almost 11.7% of alcohol-related events involved at least one other substance. Opioids were the second most common substance; 23.3% of opioid–related events involved at least one other substance. Of 1,699 total events 35 (2%) involved all three categories. Events involving two categories accounted for 150 (9%) of the total. The majority of events, 1,514 (89%), involved one category (data not displayed).

Between 2016 and 2018, Kent County saw several notable changes in events involving polysubstance use. Alcohol + opioids + cocaine was the polysubstance use category with the largest decrease in alcohol- and/or drug- related events (93%), followed by opioids + cocaine (30%). Events corresponding to the cocaine only category were associated with a 29% increase from 2016 to 2018, followed by opioids only, which had a 12% increase in the same interval (Figure 14).

Between 2016 and 2018, Kent County residents experienced 257 poisoning events, of which 77% (n=199) involved only one drug, 15% (n=38) involved 2 drugs, and 5% (n=14) involved three or more drugs (Figure 15).

Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 15 poisoning events involving a single drug occurred for every event that involved three. Proportionally, intentional poisonings involving three or more drugs accounted for roughly four times as many intentional poisonings involving one (23% vs 5%) (data not displayed).
SUMMARY — The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Montgomery County residents:

- On average, 47% of all alcohol- and drug–related hospitalizations involved a drug other than alcohol only.
- On average, 16% of all alcohol- and drug–related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol– and drug–related hospitalizations.
- 4,279 drug–related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol– and drug–related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol– and drug–related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Montgomery County also decreased by 17,615 (3.8%) (Figure 1).

The number of alcohol- and/or drug- related events increased in the State of Maryland during the same time by 6,197 (2.3%). Montgomery County saw a decrease in alcohol– and/or drug–related events by 193 (1%). By the year 2018, alcohol- and/or drug- related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 4.2% in Montgomery County (Figures 2 and 3).
Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 7.5% (n=60,381) of these total events involved Montgomery County residents, where 36% (n=21,588) of events involved only drugs, 53% (n=32,240) involved only alcohol, and 11% (n=6,553) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Montgomery County residents differed in their patterns of alcohol- and/or drug-related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 67% (n=12,221) of alcohol and/or drug events involved alcohol only. Events involving only drugs were more common among residents aged 25 to 44 years; 36% (n=8,662) of alcohol and/or drug events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, more than 200 Montgomery County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 9% of these fatalities statewide (Figure 7).

Among Montgomery County residents, events involving only drugs accounted for a smaller proportion of alcohol- and/or drug-related fatalities compared to statewide (37.6% vs 46.8%, respectively). Conversely, Montgomery County residents experienced more alcohol-only related fatalities than the State as a whole (55.0% vs. 41.9%, respectively) (data not displayed).
Between 2016 and 2018, the number of alcohol– and/or drug– related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed in 18.1% of alcohol– and/or drug– related events statewide and in 17.5% of such events in Montgomery County. In Montgomery County, anxiety diagnoses were observed in 15.3% of alcohol– and/or drug– related events, more than the statewide percentage for anxiety diagnoses among alcohol– and/or drug– related events during the same interval (Figure 10).

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 13.6% of drug poisonings in Montgomery County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).
The majority of alcohol– and/or drug– related events involving Montgomery County residents were coded as abuse or dependence (92.3%, n=55,631). Events involving only poisonings accounted for 5.7% (n=3,437). Events involving poisonings and abuse or dependence accounted for 2.0% (n=1,225) (Figure 11).

The figures below illustrate three common substances involved in events among Montgomery County residents. The opioid category includes prescription opioids, heroin, and methadone. Alcohol was the most common substance, and almost 5.3% of alcohol-related events involved at least one other substance. Opioids were the second most common substance; 20.5% of opioid–related events involved at least one other substance. Of 46,636 total events, 240 (0.5%) involved all three categories. Events involving two categories accounted for 2,261 (5%) of the total. The majority of events, 44,135 (95%), involved one category (data not displayed).

Between 2016 and 2018, Montgomery County saw several notable changes in events involving polysubstance use. Alcohol only was the category with the largest decrease in alcohol- and/or drug-related events (14%), tied with opioids only (14%). Events corresponding to the opioids + cocaine were associated with a 54% increase from 2016 to 2018, followed by cocaine only, which had a 53% increase in the same interval (Figure 14).
Prince George’s County

SUMMARY—The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Prince George’s County residents:

- On average, 61% of all alcohol- and drug–related hospitalizations involved a drug other than alcohol only.
- On average, 16% of all alcohol- and drug–related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol– and drug–related hospitalizations.
- 2,767 drug–related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol– and drug–related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug-related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

Alcohol– and/or Drug–Related Hospitalizations

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Prince George’s County also decreased by 20,108 (4.6%) (Figure 1).

The number of alcohol- and/or drug–related events increased in the State of Maryland during the same time by 6,197 (2.3%). Prince George’s County also saw an increase in alcohol– and/or drug–related events by 3,216 (17.9%). By the year 2018, alcohol- and/or drug–related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 5.1% in Prince George’s County (Figures 2 and 3).
Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 7.4% (n=59,649) of these total events involved Prince George's County residents, where 52% (n=30,784) of events involved only drugs, 39% (n=23,497) involved only alcohol, and 9% (n=5,368) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Prince George’s County residents differed in their patterns of alcohol– and/or drug– related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 51% (n=9,413) of alcohol and/or drug events involved alcohol only.

Events involving only drugs were more common among residents aged 25 to 44 years; 56% (n=15,017) of alcohol and/or drug events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, more than 200 Prince George’s County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 10% of these fatalities statewide (Figure 7).

Among Prince George’s County residents, events involving only drugs accounted for a smaller proportion of alcohol– and/or drug– related fatalities compared to statewide (43.3% vs 46.8%, respectively). Conversely, Prince George’s County residents experienced more alcohol-only related fatalities than the State as a whole (47.4% vs. 41.9%, respectively) (data not displayed).
Between 2016 and 2018, the number of alcohol– and/or drug–related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed in 18.1% of alcohol– and/or drug–related events statewide and in 11.2% of such events in Prince George's County. In Prince George's County, anxiety diagnoses were observed in 8.9% of alcohol– and/or drug–related events, less than the statewide percentage for anxiety diagnoses among alcohol– and/or drug–related events during the same interval (Figure 10).

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 11.1% of drug poisonings in Prince George's County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).
The majority of alcohol– and/or drug– related events involving Prince George’s County residents were coded as abuse or dependence (94.9%, n=56,587). Events involving only poisonings accounted for 3.7% (n=2,198). Events involving poisonings and abuse or dependence accounted for 1.4% (n=819) (Figure 11).

The figures below illustrate three common substances involved in events among Prince George’s County residents. The opioid category includes prescription opioids, heroin, and methadone. Alcohol was the most common substance, and almost 7.4% of alcohol -related events involved at least one other substance. Opioids were the second most common substance; 23.9% of opioid– related events involved at least one other substance. Of 36,810 total events, 226 (1%) involved all three categories. Events involving two categories accounted for 2,508 (7%) of the total. The majority of events, 34,076 (92%), involved one category (data not displayed).

Between 2016 and 2018, Prince George’s County saw several notable changes in events involving polysubstance use. Opioids only was the category with the largest decrease in alcohol- and/or drug- related events (24%), followed by alcohol + opioids (18%). Events corresponding to the cocaine only category were associated with a 38% increase from 2016 to 2018, followed by opioids + cocaine, which had a 28% increase in the same interval (Figure 14).

Between 2016 and 2018, Prince George’s County residents experienced 3,017 poisoning events, of which 78% (n=2,366) involved only one drug, 12% (n=366) involved 2 drugs, and 5% (n=152) involved three or more drugs (Figure 15).

Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 15 poisoning events involving a single drug occurred for every event that involved three. Proportionally, intentional poisonings involving three or more drugs accounted for roughly three times as many intentional poisonings involving one (30% vs 9%) (data not displayed).
SUMMARY—The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Queen Anne’s County residents:

- On average, 61% of all alcohol- and drug–related hospitalizations involved a drug other than alcohol only.
- On average, 40% of all alcohol- and drug–related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol– and drug–related hospitalizations.
- 421 drug–related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol– and drug–related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug-related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Queen Anne’s County also decreased by 630 (1.6%) (Figure 1).

The number of alcohol- and/or drug–related events increased in the State of Maryland during the same time by 6,197 (2.3%). Queen Anne’s County saw a decrease in alcohol– and/or drug–related events by 38 (3.1%). By the year 2018, alcohol- and/or drug–related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 3.0% in Queen Anne’s County (Figures 2 and 3).
Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 0.5% (n=3,681) of these total events involved Queen Anne’s County residents, where 52% (n=1,903) of events involved only drugs, 39% (n=1,426) involved only alcohol, and 9% (n=352) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Queen Anne’s County residents differed in their patterns of alcohol- and/or drug- related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 56% (n=648) of alcohol and/or drug events involved alcohol only. Events involving only drugs were more common among residents aged 25 to 44 years; 69% (n=1,082) of alcohol and/or drug events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, more than 10 Queen Anne’s County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 0.7% of these fatalities statewide (Figure 7).

Among Queen Anne’s County residents, events involving only drugs accounted for a smaller proportion of alcohol- and/or drug- related fatalities compared to statewide (31.6% vs 46.8%, respectively). Additionally, Queen Anne’s County residents experienced fewer alcohol-only related fatalities than the State as a whole (31.6% vs. 41.9%, respectively) (data not displayed).
Alcohol– and/or Drug– Related Mental Health Hospitalizations

Between 2016 and 2018, the number of alcohol– and/or drug– related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed in 18.1% of alcohol– and/or drug– related events statewide and in 21.5% of such events in Queen Anne’s County. In Queen Anne’s County, anxiety diagnoses were observed in 24.9% of alcohol– and/or drug– related events, more than the statewide percentage for anxiety diagnoses among alcohol– and/or drug– related events during the same interval (Figure 10).

Polysubstance-Related Events and Poisonings

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 5.5% of drug poisonings in Queen Anne’s County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).
The majority of alcohol– and/or drug–related events involving Queen Anne’s County residents were coded as abuse or dependence (87.8%, n=3,227). Events involving only poisonings accounted for 8.4% (n=308). Events involving poisonings and abuse or dependence accounted for 3.8% (n=141) (Figure 11).

The figures below illustrate three common substances involved in events among Queen Anne’s County residents. The opioid category includes prescription opioids, heroin, and methadone. Alcohol was the most common substance, and almost 12.5% of alcohol-related events involved at least one other substance. Opioids were the second most common substance; 22.3% of opioid-related events involved at least one other substance. Of 2,941 total events, 42 (1%) involved all three categories. Events involving two categories accounted for 295 (10%) of the total. The majority of events, 2,604 (89%), involved one category (data not displayed).

Between 2016 and 2018, Queen Anne’s County saw several notable changes in events involving polysubstance use. Alcohol + opioids + cocaine was the polysubstance use category with the largest decrease in alcohol- and/or drug-related events (36%), followed by opioids only (31%). Events corresponding to the cocaine only category were associated with a 71% increase from 2016 to 2018, followed by alcohol + cocaine, which had a 41% increase in the same interval (Figure 14).
SUMMARY — The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Saint Mary’s County residents:

- On average, 64% of all alcohol- and drug–related hospitalizations involved a drug other than alcohol only.
- On average, 33% of all alcohol- and drug–related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol– and drug–related hospitalizations.
- 838 drug–related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol– and drug–related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug- related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Saint Mary’s County also decreased by 11,150 (9.6%) (Figure 1).

The number of alcohol- and/or drug- related events increased in the State of Maryland during the same time by 6,197 (2.3%). Saint Mary’s County also saw an increase in alcohol– and/or drug– related events by 81 (2.5%). By the year 2018, alcohol- and/or drug- related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 3.2% in Saint Mary’s County (Figures 2 and 3).
Alcohol– and/or Drug– Related Hospitalizations

Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 1.2% (n=9,596) of these total events involved Saint Mary’s County residents, where 54% (n=5,218) of events involved only drugs, 36% (n=3,461) involved only alcohol, and 10% (n=917) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Saint Mary’s County residents differed in their patterns of alcohol– and/or drug– related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 53% (n=1,766) of alcohol and/or drug events involved alcohol only.

Events involving only drugs were more common among residents aged 25 to 44 years; 63% (n=2,643) of alcohol and/or drug events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, more than 20 Saint Mary’s County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 1% of these fatalities statewide (Figure 7).

Among Saint Mary’s County residents, events involving only drugs accounted for a smaller proportion of alcohol– and/or drug– related fatalities compared to statewide (44% vs 46.8%, respectively). Conversely, Saint Mary’s County residents experienced more alcohol-only related fatalities than the State as a whole (56% vs. 41.9%, respectively) (data not displayed).
Between 2016 and 2018, the number of alcohol– and/or drug–related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed in 18.1% of alcohol– and/or drug–related events statewide and in 25.3% of such events in Saint Mary’s County.

In Saint Mary’s County, anxiety diagnoses were observed in 23.5% of alcohol– and/or drug–related events, more than the statewide percentage for anxiety diagnoses among alcohol– and/or drug–related events during the same interval (Figure 10).

Alcohol– and/or Drug–Related Mental Health Hospitalizations

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 10.9% of drug poisonings in Saint Mary’s County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).
The majority of alcohol– and/or drug– related events involving Saint Mary’s County residents were coded as abuse or dependence (90.8%, n=8,713). Events involving only poisonings accounted for 6.3% (n=604). Events involving poisonings and abuse or dependence accounted for 2.9% (n=278) (Figure 11).

The figures below illustrate three common substances involved in events among Saint Mary’s County residents. The opioid category includes prescription opioids, heroin, and methadone. Alcohol was the most common substance, and almost 9.1% of alcohol-related events involved at least one other substance. Opioids were the second most common substance; 17.6% of opioid–related events involved at least one other substance. Of 7,065 total events, 43 (1%) involved all three categories. Events involving two categories accounted for 561 (8%) of the total. The majority of events, 6,461 (91%), involved one category (data not displayed).

Between 2016 and 2018, Saint Mary’s County saw several notable changes in events involving polysubstance use. Alcohol + opioids was the polysubstance use category with the largest decrease in alcohol- and/or drug- related events (24%), followed by alcohol opioids + cocaine and opioids only (19%). Events corresponding to the alcohol + cocaine category were associated with a 40% increase from 2016 to 2018, followed by cocaine only, which had a 30% increase in the same interval (Figure 14).

Between 2016 and 2018, Saint Mary’s County residents experienced 882 poisoning events, of which 71% (n=630) involved only one drug, 20% (n=172) involved 2 drugs, and 7% (n=60) involved three or more drugs (Figure 15).

Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 10 poisoning events involving a single drug occurred for every event that involved three. Proportionally, intentional poisonings involving three or more drugs accounted for roughly 1.5 times as many intentional poisonings involving one (15% vs 10%) (data not displayed).
SUMMARY — The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Somerset County residents:

- On average, 79% of all alcohol- and drug–related hospitalizations involved a drug other than alcohol only.
- On average, 61% of all alcohol- and drug–related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol– and drug–related hospitalizations.
- 254 drug–related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol– and drug–related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug- related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Somerset County also decreased by 1,025 (2.7%) (Figure 1).

The number of alcohol- and/or drug–related events increased in the State of Maryland during the same time by 6,197 (2.3%). Somerset County also saw an increase in alcohol– and/or drug–related events by 1,383 (98.6%). By the year 2018, alcohol- and/or drug- related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 7.5% in Somerset County (Figures 2 and 3).
Alcohol– and/or Drug– Related Hospitalizations

Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 0.9% (n=6,905) of these total events involved Somerset County residents, where 74% (n=5,095) of events involved only drugs, 20% (n=1,418) involved only alcohol, and 6% (n=392) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Somerset County residents differed in their patterns of alcohol– and/or drug– related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 31% (n=626) of alcohol and/or drug events involved alcohol only.

Events involving only drugs were more common among residents aged 25 to 44 years; 85% (n=3,252) of alcohol and/or drug events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, more than 10 Somerset County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 0.4% of these fatalities statewide (Figure 7).

Among Somerset County residents, events involving only drugs accounted for a smaller proportion of alcohol– and/or drug– related fatalities compared to statewide (45% vs 46.8%, respectively). Conversely, Somerset County residents experienced more alcohol-only related fatalities than the State as a whole (45% vs. 41.9%, respectively) (data not displayed).
Polysubstance-related events and poisonings

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 5.9% of drug poisonings in Somerset County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).

Between 2016 and 2018, the number of alcohol– and/or drug–related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed in 18.1% of alcohol– and/or drug–related events statewide and in 9.0% of such events in Somerset County.

In Somerset County, anxiety diagnoses were observed in 5.6% of alcohol– and/or drug–related events, less than the statewide percentage for anxiety diagnoses among alcohol– and/or drug–related events during the same interval (Figure 10).

Polysubstance-related events and poisonings

Alcohol- and/or Drug- Related
Events by Type, 2016-2018

- Poisoning Only: 80
- Abuse/Dependence Only: 194
- Poisoning & Abuse/Dependence: 6631

Intentional & Unintentional Poisonings, 2016-2018

- Unintentional
- Intentional

Figure 8.

Figure 9.

Figure 10.

Figure 11.

Figure 12.
Polysubstance-Related Events and Poisonings

The majority of alcohol– and/or drug–related events involving Somerset County residents were coded as abuse or dependence (96.0%, n=6,631). Events involving only poisonings accounted for 2.8% (n=194). Events involving poisonings and abuse or dependence accounted for 0.1% (n=80) (Figure 11).

The figures below illustrate three common substances involved in events among Somerset County residents. The opioid category includes prescription opioids, heroin, and methadone. Opioids were the most common substance, and almost 24.3% of opioid-related events involved at least one other substance. Alcohol was the second most common substance; 14.7% of alcohol–related events involved at least one other substance. Of 5,917 total events, 24 (0.4%) involved all three categories. Events involving two categories accounted for 985 (17%) of the total. The majority of events, 4,908 (83%), involved one category (data not displayed).

Between 2016 and 2018, Somerset County saw several notable changes in events involving polysubstance use. Alcohol + opioids + cocaine was the only polysubstance use category associated with a decrease in alcohol- and/or drug-related events (57%). Events corresponding to the cocaine only category were associated with a 449% increase from 2016 to 2018, followed by opioids + cocaine, which had a 398% increase in the same interval (Figure 14).

Between 2016 and 2018, Somerset County residents experienced 274 poisoning events, of which 75% (n=205) involved only one drug, 15% (n=41) involved 2 drugs, and 5% (n=13) involved three or more drugs (Figure 15).

Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 15 poisoning events involving a single drug occurred for every event that involved three. Proportionally, intentional poisonings involving three or more drugs accounted for roughly four times as many intentional poisonings involving one (15% vs 4%) (data not displayed).
SUMMARY — The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Talbot County residents:

- On average, 55% of all alcohol- and drug–related hospitalizations involved a drug other than alcohol only.
- On average, 33% of all alcohol- and drug–related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol– and drug–related hospitalizations.
- 437 drug–related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol– and drug–related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug-related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Talbot County also decreased by 1,618 (4.4%) (Figure 1).

The number of alcohol- and/or drug-related events increased in the State of Maryland during the same time by 6,197 (2.3%). Talbot County saw a decrease in alcohol– and/or ‘drug– related events by 290 (16.8%). By the year 2018, alcohol- and/or drug-related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 4.0% in Talbot County (Figures 2 and 3).
Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 0.6% (n=4,875) of these total events involved Talbot County residents, where 46% (n=2,223) of events involved only drugs, 45% (n=2,178) involved only alcohol, and 10% (n=474) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Talbot County residents differed in their patterns of alcohol– and/or drug– related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 58% (n=986) of alcohol and/or drug events involved alcohol only. Events involving only drugs were more common among residents aged 25 to 44 years; 57% (n=1,073) of alcohol and/or drug events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, more than 10 Talbot County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 0.5% of these fatalities statewide (Figure 7). Among Talbot County residents, events involving only drugs accounted for a smaller proportion of alcohol– and/or drug– related fatalities compared to statewide (30.8% vs 46.8%, respectively). Conversely, Talbot County residents experienced more alcohol-only related fatalities than the State as a whole (61.5% vs. 41.9%, respectively) (data not displayed).
Between 2016 and 2018, the number of alcohol– and/or drug–related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed in 18.1% of alcohol– and/or drug–related events statewide and in 15.8% of such events in Talbot County.

In Talbot County, anxiety diagnoses were observed in 18.8% of alcohol– and/or drug–related events, more than the statewide percentage for anxiety diagnoses among alcohol– and/or drug–related events during the same interval (Figure 10).

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 4.8% of drug poisonings in Talbot County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).
The majority of alcohol– and/or drug– related events involving Talbot County residents were coded as abuse or dependence (90.1%, n=4,392). Events involving only poisonings accounted for 7.2% (n=350). Events involving poisonings and abuse or dependence accounted for 2.7% (n=133) (Figure 11).

The figures below illustrate three common substances involved in events among Talbot County residents. The opioid category includes prescription opioids, heroin, and methadone. Alcohol was the most common substance, and almost 11.2% of alcohol-related events involved at least one other substance. Opioids were the second most common substance; 21.0% of opioid–related events involved at least one other substance. Of 4,125 total events, 38 (1%) involved all three categories. Events involving two categories accounted for 404 (10%) of the total. The majority of events, 3,683 (89%), involved one category (data not displayed).

Between 2016 and 2018, Talbot County saw several notable changes in events involving polysubstance use. Alcohol + cocaine was the polysubstance use category with the largest decrease in alcohol- and/or drug-related events (54%), followed by alcohol only and opioids only (22%). Events corresponding to the alcohol + opioids + cocaine category were associated with a 100% increase from 2016 to 2018, followed by cocaine only, which had a 56% increase in the same interval (Figure 14).
Washington County

SUMMARY — The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Washington County residents:

- On average, 60% of all alcohol- and drug-related hospitalizations involved a drug other than alcohol only.
- On average, 37% of all alcohol- and drug-related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol- and drug-related hospitalizations.
- 1,920 drug-related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol- and drug-related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug-related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

Alcohol- and/or Drug-Related Hospitalizations

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Washington County also decreased by 5,030 (4.4%) (Figure 1).

The number of alcohol- and/or drug-related events increased in the State of Maryland during the same time by 6,197 (2.3%). Washington County also saw an increase in alcohol- and/or drug-related events by 339 (5.9%). By the year 2018, alcohol- and/or drug-related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 5.7% in Washington County (Figures 2 and 3).
Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 2.3% (n=18,256) of these total events involved Washington County residents, where 48.8% (n=8,909) of events involved only drugs, 39.6% (n=7,236) involved only alcohol, and 11.6% (n=2,111) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Washington County residents differed in their patterns of alcohol– and/or drug– related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 59% (n=4,185) of alcohol and/or drug events involved alcohol only.

Events involving only drugs were more common among residents aged 25 to 44 years; 60% (n=4,496) of alcohol and/or drug events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, more than 50 Washington County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 3.3% of these fatalities statewide (Figure 7).

Among Washington County residents, events involving only drugs accounted for a smaller proportion of alcohol– and/or drug– related fatalities compared to statewide (42.9% vs 46.8%, respectively). Additionally, Washington County residents experienced fewer alcohol-only related fatalities than the State as a whole (41.7% vs. 41.9%, respectively) (data not displayed).
Between 2016 and 2018, the number of alcohol– and/or drug–related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed in 18.1% of alcohol– and/or drug–related events statewide and in 31.0% of such events in Washington County.

In Washington County, anxiety diagnoses were observed in 23.8% of alcohol– and/or drug–related events, more than the statewide percentage for anxiety diagnoses among alcohol– and/or drug–related events during the same interval (Figure 10).

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 8.7% of drug poisonings in Washington County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).
The majority of alcohol- and/or drug-related events involving Washington County residents were coded as abuse or dependence (89.0%, n=16,190). Events involving only poisonings accounted for 7.0% (n=1,282). Events involving poisonings and abuse or dependence accounted for 4.0% (n=721) (Figure 11).

The figures below illustrate three common substances involved in events among Washington County residents. The opioid category includes prescription opioids, heroin, and methadone. Alcohol was the most common substance, and almost 11.9% of alcohol-related events involved at least one other substance. Opioids were the second most common substance; 25.8% of opioid–related events involved at least one other substance. Of 14,419 total events, 188 (1%) involved all three categories. Events involving two categories accounted for 1,502 (10%) of the total. The majority of events, 12,729 (88%), involved one category (data not displayed).

Between 2016 and 2018, Washington County saw several notable changes in events involving polysubstance use. Alcohol + opioids was the polysubstance use category with the largest decrease in alcohol- and/or drug-related events (9%), followed by alcohol only and opioids only (7%). Events corresponding to the cocaine only category were associated with a 105% increase from 2016 to 2018, followed by alcohol + cocaine, which had a 94% increase in the same interval (Figure 14).

Between 2016 and 2018, Washington County residents experienced 2,003 poisoning events, of which 72% (n=1,443) involved only one drug, 18% (n=370) involved 2 drugs, and 7% (n=146) involved three or more drugs (Figure 15). Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 9 poisoning events involving a single drug occurred for every event that involved three. Proportionally, intentional poisonings involving three or more drugs accounted for roughly three times as many intentional poisonings involving one (20% vs 7%) (data not displayed).
SUMMARY— The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Wicomico County residents:

- On average, 70% of all alcohol- and drug–related hospitalizations involved a drug other than alcohol only.
- On average, 34% of all alcohol- and drug–related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol– and drug–related hospitalizations.
- 1,025 drug–related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol– and drug–related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug-related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Wicomico County also decreased by 4,693 (3.8%) (Figure 1).

The number of alcohol- and/or drug–related events increased in the State of Maryland during the same time by 6,197 (2.3%). Wicomico County saw a decrease in alcohol– and/or drug–related events by 501 (11.9%). By the year 2018, alcohol- and/or drug–related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 3.1% in Wicomico County (Figures 2 and 3).
Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 1.3% (n=11,175) of these total events involved Wicomico County residents, where 60% (n=6,769) of events involved only drugs, 30% (n=3,306) involved only alcohol, and 10% (n=1,100) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Wicomico County residents differed in their patterns of alcohol– and/or drug– related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 42% (n=1,621) of alcohol and/or drug events involved alcohol only. Events involving only drugs were more common among residents aged 25 to 44 years; 70% (n=3,191) of alcohol and/or drug events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, more than 30 Wicomico County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 1.7% of these fatalities statewide (Figure 7).

Among Wicomico County residents, events involving only drugs accounted for a larger proportion of alcohol– and/or drug– related fatalities compared to statewide (51.2% vs 46.8%, respectively). Conversely, Wicomico County residents experienced fewer alcohol-only related fatalities than the State as a whole (30.2% vs. 41.9%, respectively) (data not displayed).
Between 2016 and 2018, the number of alcohol- and/or drug-related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed in 18.1% of alcohol- and/or drug-related events statewide and in 14.8% of such events in Wicomico County.

In Wicomico County, anxiety diagnoses were observed in 12.1% of alcohol- and/or drug-related events, less than the statewide percentage for anxiety diagnoses among alcohol- and/or drug-related events during the same interval (Figure 10).

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 9.0% of drug poisonings in Wicomico County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).
The majority of alcohol– and/or drug– related events involving Wicomico County residents were coded as abuse or dependence (90.4%, n=10,101). Events involving only poisonings accounted for 6.9% (n=766). Events involving poisonings and abuse or dependence accounted for 2.7% (n=304) (Figure 11).

The figures below illustrate three common substances involved in events among Wicomico County residents. The opioid category includes prescription opioids, heroin, and methadone. Alcohol was the most common substance, and almost 14.0% of alcohol-related events involved at least one other substance. Opioids were the second most common substance; 18.0% of opioid–related events involved at least one other substance. Of 7,799 total events, 68 (1%) involved all three categories. Events involving two categories accounted for 828 (11%) of the total. The majority of events, 6,903 (89%), involved one category (data not displayed).

Between 2016 and 2018, Wicomico County saw several notable changes in events involving polysubstance use. Opioids only was the category with the largest decrease in alcohol- and/or drug- related events (35%), followed by alcohol + opioids + cocaine (28%). Events corresponding to the alcohol + cocaine category were associated with a 26% increase from 2016 to 2018, followed by cocaine only, which had a 14% increase in the same interval (Figure 14).

Between 2016 and 2018, Wicomico County residents experienced 1,070 poisoning events, of which 76% (n=816) involved only one drug, 17% (n=178) involved 2 drugs, and 5% (n=57) involved three or more drugs (Figure 15).

Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 14 poisoning events involving a single drug occurred for every event that involved three. Proportionally, intentional poisonings involving three or more drugs accounted for roughly three times as many intentional poisonings involving one (19% vs 7%) (data not displayed).
The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW) analyzed the 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) data for residents of Maryland. Among Worcester County residents:

- On average, 57% of all alcohol- and drug–related hospitalizations involved a drug other than alcohol only.
- On average, 37% of all alcohol- and drug–related hospitalizations involved opioids.
- Alcohol and opioids were the most common substances involved in alcohol– and drug– related hospitalizations.
- 490 drug–related poisonings involved hospitalizations.

The 2016, 2017, and 2018 Maryland Health Services and Cost Review Commission (HSCRC) is the source of data used for all charts. The data consists of approximately 625,000 inpatient discharges and 5.5 million emergency department and ambulatory hospital based clinic visits annually. Data used for these analyses are ‘event level’, meaning individual identifiers are unavailable and it is possible for the same person to be responsible for more than one event. Jurisdiction refers to the patient’s residence; thus, it does not necessarily correspond to the jurisdiction in which the event took place. Also, the data only captures events involving hospitalizations or ED visits and likely underestimates the frequency of all alcohol– and drug– related events among residents. Lastly, the analyses reflect any events involving the diagnostic codes utilized and should not be interpreted as the primary or sole reason for the event. Alcohol- and drug- related hospitalizations were defined as events with ICD-10-CM diagnostic codes for abuse, dependence, and/or poisonings involving alcohol, heroin, opioids, marijuana, cocaine, prescribed psychotherapeutic agents and hallucinogens.

Between 2016 and 2018, the total number of inpatient and outpatient events decreased in the State of Maryland by 270,685 (4.7%). The number of events in Worcester County also decreased by 13,192 (13.4%) (Figure 1).

The number of alcohol- and/or drug- related events increased in the State of Maryland during the same time by 6,197 (2.3%). Worcester County saw a decrease in alcohol– and/or drug– related events by 671 (25.5%). By the year 2018, alcohol- and/or drug- related events accounted for 4.9% of all inpatient and outpatient events across the State of Maryland and 2.3% in Worcester County (Figures 2 and 3).
Alcohol– and/or Drug– Related Hospitalizations

Between 2016 and 2018, 804,412 hospital events involving alcohol and/or drugs among Maryland residents were captured in the HSCRC data. Over 60% (n=487,764) of these events involved only drugs, nearly 30% (n=235,415) involved only alcohol, and 10% (n=81,233) involved both alcohol and/or drugs. Approximately 0.8% (n=6,798) of these total events involved Worcester County residents, where 50% (n=3,367) of events involved only drugs, 43% (n=2,938) involved only alcohol, and 7% (n=493) involved both alcohol and drugs (Figure 4).

Between 2016 and 2018, Worcester County residents differed in their patterns of alcohol– and/or drug– related events based on age. Events involving alcohol were more common among older residents. For example, among residents aged 45 to 64 years, 58% (n=1,539) of alcohol and/or drug events involved alcohol only.

Events involving only drugs were more common among residents aged 25 to 44 years; 69% (n=1,631) of alcohol and/or drug events among this age group involved only drugs (Figure 6).

Between 2016 and 2018, more than 20 Worcester County residents lost their lives during hospitalizations involving alcohol and/or drugs, accounting for approximately 1% of these fatalities statewide (Figure 7).

Among Worcester County residents, events involving only drugs accounted for a smaller proportion of alcohol– and/or drug– related fatalities compared to statewide (28.6% vs 46.8%, respectively). Conversely, Worcester County residents experienced fewer alcohol-only related fatalities than the State as a whole (66.7% vs. 41.9%, respectively) (data not displayed).
Between 2016 and 2018, the number of alcohol– and/or drug–related events that involved depressive mood disorders, as defined by ICD-10-CM diagnostic codes, were consistently greater than anxiety, adjustment, and other mood disorders. Diagnoses of comorbid depressive disorders were observed in 18.1% of alcohol– and/or drug–related events statewide and in 12.6% of such events in Worcester County. In Worcester County, anxiety diagnoses were observed in 13.9% of alcohol– and/or drug–related events, less than the statewide percentage for anxiety diagnoses among alcohol– and/or drug–related events during the same interval (Figure 10).

Polysubstance use is the intentional or unintentional consumption of more than one substance at once. Combinations of multiple drugs can impact potency and result in greater frequency of adverse outcomes. Intentional poisonings, defined as knowingly or deliberately consuming a dose of a substance that would result in overdose or death, accounted for roughly 11.6% of drug poisonings in Worcester County between 2016 and 2018. The proportion of intentional poisonings to drug poisonings was larger for those that involved three or more substances (Figure 12).
The majority of alcohol– and/or drug– related events involving Worcester County residents were coded as abuse or dependence (92.5%, n=6,286). Events involving only poisonings accounted for 5.2% (n=354). Events involving poisonings and abuse or dependence accounted for 2.3% (n=158) (Figure 11).

The figures below illustrate three common substances involved in events among Worcester County residents. The opioid category includes prescription opioids, heroin, and methadone. Alcohol was the most common substance, and almost 7.7% of alcohol-related events involved at least one other substance. Opioids were the second most common substance; 15.4% of opioid–related events involved at least one other substance. Of 5,678 total events, 22 (< 1%) involved all three categories. Events involving two categories accounted for 428 (8%) of the total. The majority of events, 5,228 (92%), involved one category (data not displayed).

Between 2016 and 2018, Worcester County saw several notable changes in events involving polysubstance use. Opioids + cocaine was the polysubstance use category with the largest decrease in alcohol- and/or drug- related events (54%), followed by opioids only (40%). Events corresponding to the alcohol + cocaine category were associated with a 29% increase from 2016 to 2018, followed by alcohol + opioids + cocaine, which had a 22% increase in the same interval (Figure 14).

Between 2016 and 2018, Worcester County residents experienced 512 poisoning events, of which 80% (n=408) involved only one drug, 16% (n=81) involved 2 drugs, and 4% (n=18) involved three or more drugs (Figure 15). Substantially fewer intentional and unintentional poisonings involved three or more drugs, compared to those involving a single drug. Across the three years, roughly 28 poisoning events involving a single drug occurred for every event that involved three. Proportionally, unintentional poisonings involving three or more drugs accounted for roughly as many intentional poisonings involving one (7% vs 10%) (data not displayed).