



July 9, 2015

St. Mary's County, MD

Local Qualitative Health Needs Assessment on
Substance Abuse Prevention and Response/Opioid
Misuse Prevention Assessment

Submitted to:

St. Mary's County Health Department



Health Resources in Action
Advancing Public Health and Medical Research

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INTRODUCTION

Background

Substance abuse has a major impact on individuals, families, and communities. As noted by Healthy People 2020, the effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems, including teen pregnancy, HIV/AIDS, crime and violence, motor vehicle crashes, suicide, and other concerns. Substance abuse is also one of the most complex health issues to address, given the complicated interplay between addiction, individual behavior, family and community environment, social attitudes, and the political and legal response to substance abuse-related issues.

In 2014, St. Mary's County engaged in a local health improvement process, which identified four top health priorities needing action: 1) Access to Care; 2) Behavioral Health; 3) Healthy Eating and Active Living; and 4) Tobacco-Free Living. Out of this process the Healthy St. Mary's Partnership developed and formed action teams that focus on each health priority.

The Commissioners of St. Mary's County allocated funds to address substance abuse issues affecting St. Mary's County residents. Community leaders assembled to identify possible initiatives to be supported with these funds and, with community feedback, selected a series of initiatives to pursue. One of these initiatives called for the county to engage in a qualitative local health needs assessment on the topic of substance abuse prevention and response.

Further, in early 2015, the Behavioral Health Administration of the Maryland Department of Health and Mental Hygiene awarded St. Mary's County grant funding to implement the Opioid Misuse Prevention Program in 2015. A portion of these funds were utilized to support a deeper assessment of opioid misuse in the county, to complement the qualitative local health needs assessment on substance abuse.

Purpose and Goals of St. Mary's County Substance Abuse Assessment

The experience of the county and local planning process have culminated in broad-based interest among community members and public health, health care, law enforcement, and government leaders to examine key drivers of the county's substance abuse issues, with an in-depth examination of opioid misuse. To this end, in November 2014 St. Mary's County Health Department hired Health Resources in Action (HRiA), a non-profit public health organization, to conduct a qualitative substance abuse assessment to inform and guide the planning and implementation of local efforts to address substance abuse issues in St. Mary's County. The assessment was later expanded to include a specific focus on opioid misuse. This report includes the findings from the assessment and aims to cover several goals:

1. Engage populations disproportionately affected by substance abuse to understand underlying causes of and experiences with substance abuse in St. Mary's County
2. Identify the perceptions, successes, and challenges to addressing substance abuse by eliciting qualitative feedback from community leaders, providers, and residents on these issues

3. Provide a portrait of the current situation in St. Mary’s County around opioid misuse by reviewing existing quantitative data
4. Informed by assessment participants, present a range of recommended strategies, approaches, or next steps relevant to St. Mary’s County

As will be discussed in this report, substance abuse is a complex issue that is affected by multiple factors at multiple levels – individual, family, community, and society. As such, some factors serve as **risk factors** (characteristics that precede or are associated with a higher likelihood of the problem) and some factors are **protective factors** (characteristics that are associated with a lower likelihood of the problem or that reduce the negative impact of a risk factor on the problem).

Figure 1 provides an overview of how the larger public health field presents prominent substance abuse risk and protective factors within multiple contexts or domains.

Figure 1: The Multiple Contexts of Substance Abuse Risk and Protective Factors



Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Prevention Training and Technical Assistance.

This report aims to examine many of these risk and protective factors within St. Mary’s County to understand the current issues and where there may be opportunities to reduce risk factors, leverage those that are protective, and foster a community and cultural environment that promotes health and well-being.

METHODOLOGY

A mixed-methods approach was used for this assessment combining the opioid misuse prevention assessment as part of a broader, qualitative health needs assessment on substance abuse. The assessment included a review of secondary data from a variety of state and local sources related to opioid misuse, interviews with community leaders and organizational staff across a range of sectors, and focus groups with a variety of community residents, including those disproportionately affected by opioid misuse and substance abuse more broadly. Combined, these data sources aimed to provide insight into the root causes of substance abuse in the county, current successes and challenges across

the substance abuse continuum, and opportunities for addressing these issues. This section provides a more detailed description of the data collection methods used in this study.

Interviews and Focus Groups

HRiA conducted interviews and focus groups with a wide cross-section of individuals in the county, including representatives from all of the sectors involved in substance abuse services: prevention, treatment, recovery, and enforcement. These types of conversations not only collect critical information on the “why” and “how” behind the data, but also identify the current level of readiness and political will for future strategies for action.

In total, 25 interviews and 7 focus groups were conducted with individuals from across St. Mary’s County. Interviews were conducted with 30 individuals representing a range of sectors. These included government officials, substance abuse treatment providers, other social service providers, health care providers, educational leaders, and representatives from the law enforcement and justice system. In addition, seven focus groups with a total of 69 individuals were held with a variety of community residents and stakeholders, including individuals in substance abuse recovery, middle and high school youth, college students, parents, and seniors. A total of 99 individuals participated in the focus groups and interviews.

Focus group and interview discussions explored perceptions of the substance abuse situation in St. Mary’s County, the community’s needs and strengths, challenges and successes of addressing these issues in St. Mary’s County, and perceived opportunities to address these needs in the future. Specific questions were asked to delve deeper into issues around opioid misuse. A semi-structured guide was used across all discussions to ensure consistency in the topics covered. Each focus group and interview was facilitated by a trained moderator, and detailed notes were taken during conversations. On average, interview and focus group discussions lasted 60-90 minutes.

Review of Secondary Data

Existing data on opioid misuse—and associated factors—were reviewed to understand the magnitude and severity of the problem within St. Mary’s County. In addition, data on social and economic factors such as housing, employment, and educational opportunities—the “social determinants of health”—were reviewed to provide context and help identify how these broader social and economic issues affect the prevalence of substance abuse, and opioid misuse specifically, in the county.

Secondary data sources include the U.S. Census, Youth Risk Behavior Survey (YRBS), Maryland Public Opinion Survey on Opioids, the Office of the Chief Medical Examiner, the St. Mary’s County Sheriff’s Office, Medstar St. Mary’s Hospital, Walden Sierra Behavioral Health, SMART, and the Health Services Cost Review Commission (HSCRC)/State Inpatient Database (SID). When available and appropriate, St. Mary’s County indicators were compared to neighboring Maryland counties (Calvert and Charles), and statewide data for Maryland.

Limitations

As with all data collection efforts, there are several limitations related to the assessment’s methods that should be acknowledged. There is a time lag for many large data surveillance systems such as SMART, the Statewide Maryland Automated Record Tracking, so data are not necessarily current for some indicators. Additionally, data based on self-reports should be interpreted with particular caution. In some instances, respondents may over- or underreport behaviors or conditions based on fear of social

stigma or misunderstanding the question being asked. In addition, respondents may be prone to recall bias—that is, they may attempt to answer accurately but remember incorrectly. Despite these limitations, most of the state or local self-report behavioral surveys benefit from large sample sizes and repeated administrations, enabling comparison over time.

Finally, while the focus groups and interviews conducted for this study provide valuable insights, results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size. Strong efforts were made to engage a cross-section of individuals on all sides of this issue; however, it is possible that not all sides of the issue were represented. Lastly, it is important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

ST. MARY’S COUNTY SOCIAL & ECONOMIC ENVIRONMENT

The health of a community is related to a number of factors, including who lives in the community, and the resources, services, and opportunities available. The sections that follow provide an overview of the social and economic environment of St. Mary’s County. Though factors such as age, income, and education influence the health of individuals, the distribution of these characteristics across the county may also affect overall community health and resources and services available. These social and economic characteristics of individuals and the county are the underlying social determinants of substance abuse.

Population Size

According to the U.S. Census, it is estimated that St. Mary’s County had an estimated population of 107,079 residents over the 2009 to 2013 period (Table 1). The population size of St. Mary’s County is intermediate to that of Calvert County (89,332 residents) and Charles County (148,957 residents). Key informants who represent public health and governmental organizations characterized the population size of St. Mary’s County as manageable and fostering a small town feel because it is not too large. As one respondent explained: *“St. Mary’s County is a nice size community in comparison to Baltimore County. It is a manageable size county to govern and provide services for.”*

Table 1. Total Population, by State and County, 2009-2013

Geography	Population
Maryland	5,834,299
Calvert County	89,332
Charles County	148,957
St. Mary's County	107,079

DATA SOURCE: US Department of Commerce, Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

As shown in Table 2, St. Mary’s County has experienced a 22.0% increase in the population over the past 10 years, which is more than double the percent increase in the population throughout Maryland (9.0%) over this period. In addition, this growth in the population in St. Mary’s County is similar to, but higher than the rate of growth experienced by neighboring counties, Calvert County (19.0%) and Charles County (21.6%) from 2000 to 2010.

Table 2. Percent Population Change, by State and County, 2000 and 2010

Geography	2000	2010	% Change
Maryland	5,296,486	5,773,626	9.0%
Calvert County	74,563	88,737	19.0%
Charles County	120,546	146,551	21.6%
St. Mary's County	86,211	105,151	22.0%

DATA SOURCE: US Department of Commerce, Census Bureau, 2000 and 2010

This growth in the population in St. Mary’s County is reflected in residents’ characterizations of social and economic changes in the county over the last two decades that has “*changed the face of the county.*” One respondent described:

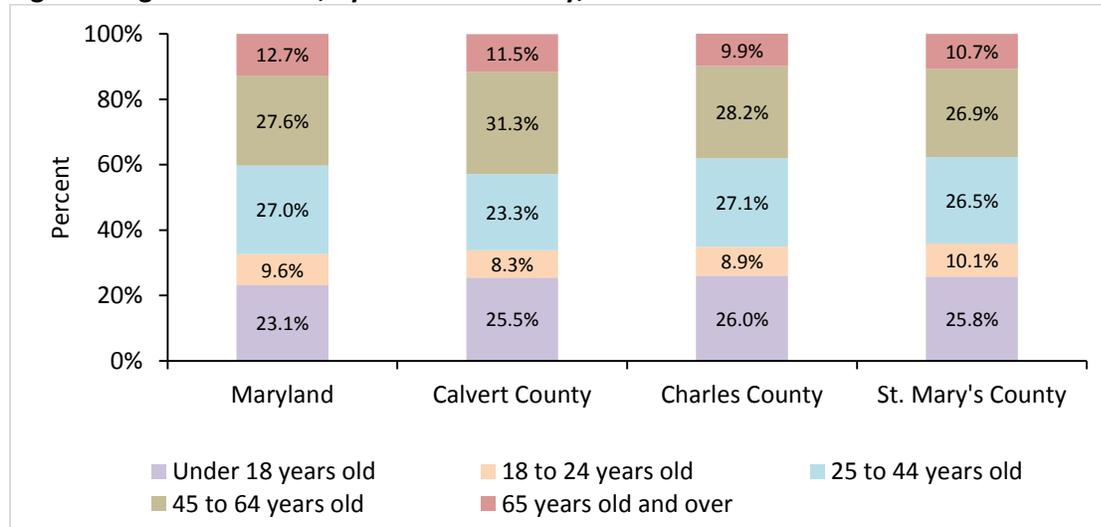
“Over the last 20 years the county has changed dramatically because of the navy... There’s not a huge number of military people, but a huge number of contractors... the population swelled from 80,000 to 110,000 residents.” – Key Informant

Residents attributed this growth to an increase in the number of contractors working at the naval air base, and the movement of families affiliated with the base to the county.

Age, Sex, and Racial/Ethnic Composition of the Population

Compared to neighboring counties, a smaller proportion of residents in St. Mary’s County is 45 to 64 years of age (26.9%; Figure 2). Relative to Calvert and Charles County, St. Mary’s County has the highest proportion of residents ages 18 to 24 years, with one in ten residents being in this age group. Though some residents cited “*a large community of elderly fixed-income*” residents in the county, 10.7% of residents in St. Mary’s County are age 65 or older, a proportion that is smaller than that for the State (12.7%).

Figure 2. Age Distribution, by State and County, 2009-2013



DATA SOURCE: US Department of Commerce, Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

As illustrated in Table 3, half of St. Mary’s County residents identify as female (50.2%) or male (49.8%), similar to the sex distribution in the State and in neighboring counties.

Table 3. Sex Distribution, by State and County, 2009 -2013

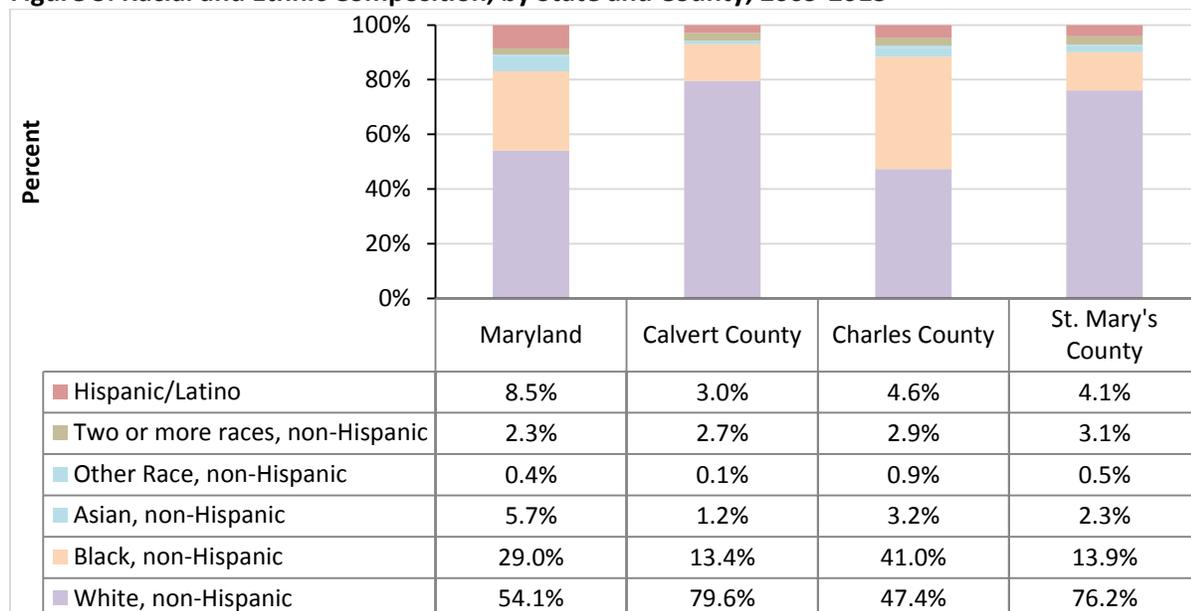
Geography	Male	Female
Maryland	48.4%	51.6%
Calvert County	49.4%	50.6%
Charles County	48.3%	51.7%
St. Mary's County	49.8%	50.2%

DATA SOURCE: US Department of Commerce, Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

As shown in Figure 3, according to Census estimates 76.2% of St. Mary’s County residents identified as White non-Hispanic, 13.9% as Black non-Hispanic, 2.3% as Asian non-Hispanic, and 4.1% as Hispanic. The proportion of White non-Hispanic residents in St. Mary’s County (76.2%) exceeds that for the State (54.1%). **While the percent of Hispanic residents in St. Mary’s County (4.1%) is lower than that for the State (8.5%), a few key informants referenced a growth in the Hispanic population in St. Mary’s County in recent years, explaining that “we have a larger Hispanic population than we ever had.”** One service provider explained that as the Hispanic population grows in the county, the Hispanic community may encounter challenges in accessing social and health care services:

“Among our Hispanic population, which is growing, there are some challenges in accessing services. They’re fairly new to the community as an emerging ethnic group. That’s a small portion of our population but they experience access issues.” – Key Informant

Figure 3. Racial and Ethnic Composition, by State and County, 2009-2013



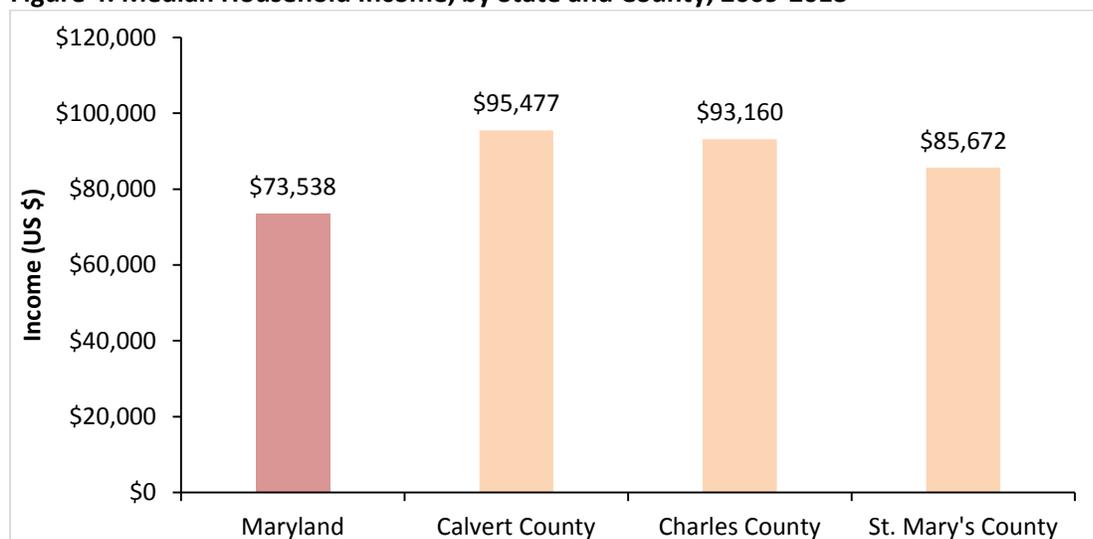
DATA SOURCE: US Department of Commerce, Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

NOTE: White, Black, Asian, and Other include only individuals who identify as one race; Hispanic/Latino include individuals of any race

Unemployment, Income, and Poverty

As demonstrated in Figure 4, the median household income in St. Mary's County (\$85,672) is greater than that for the State (\$73,538), but lower than the median household income for neighboring Calvert (\$95,477) and Charles (\$93,160) Counties.

Figure 4. Median Household Income, by State and County, 2009-2013



DATA SOURCE: US Department of Commerce, Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

NOTE: Household income in the past 12 months

In contrast to these estimates, one service provider explained that the *“income is pretty high, especially compared to other rural areas.”*

Residents described stressors such as lower income, poverty, and unemployment as underlying contributors to substance abuse. As one service provider explained:

“Money is a big factor here. Among adults, stress is related to a lack of money. That leads to some self-medication with whatever substance.” – Key Informant

Though many respondents linked lower income, poverty, and unemployment with risk of substance abuse as a way of coping with income-related stressors, several residents also noted that higher-income residents are not immune from risk of substance abuse.

A shifting economic base also contributes to and provides a backdrop for substance abuse in St. Mary's County. St. Mary's County has been transitioning from a predominantly rural and agrarian community to one that also includes higher-income residents affiliated with the naval air base.

“It was poor farmer agrarian. Now it's a naval test center. I think now we have the pocket in Lexington Park where the working poor are. And now we have one of the #1 school districts in the state. So we've got a lot of changes in the community. – Focus Group Participant

Several respondents described the median household income in St. Mary's County as increasing over the past 20 years. They attributed this increase in income in the predominantly rural county to the migration

of higher-income residents who are contractors affiliated with the naval air base. One focus group participant perceived:

“If the base wasn’t here, we wouldn’t have half the population and we wouldn’t have one of the highest median incomes in the country.” – Focus Group Participant

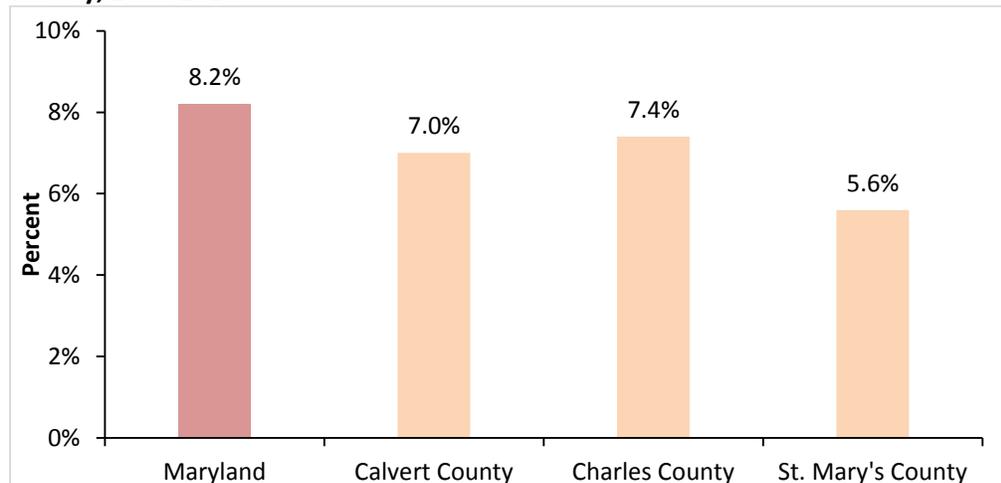
Respondents also described another segment of the population as those with fewer occupational opportunities and lower incomes. They noted that lower-income residents were predominantly employed in the service sector or had ties to the farming industry. As one service provider explained:

“On paper our economic situation looks really good because of the technical jobs associated with the naval base. However, our largest sector with respect to jobs is service. This means that individuals try to live in a community that is more focused on the larger portion – the median income and higher income kind of prices. Rental costs are high. Living costs are high. It’s hard in the service sector and non-base side...” – Key Informant

Several respondents explained that St. Mary’s County residents who are not employed by the base must navigate increases in costs of living associated with an increase in the household income in the area. As will be discussed, this is seen as a cause of stress that leads to substance abuse.

Reflecting respondents’ characterizations of employment patterns in the county, as shown in Figure 5, only 5.6% of residents in St. Mary’s County were unemployed over the 2009 to 2013 period, compared to higher unemployment rates for the State (8.2%), Calvert County (7.0%), and Charles County (7.4%; Figure 5). Respondents offered several explanations for the unemployment patterns in the county.

Figure 5. Percent of Unemployed Individuals 16 Years or Older in Civilian Labor Force, by State and County, 2009-2013



DATA SOURCE: US Department of Commerce, Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

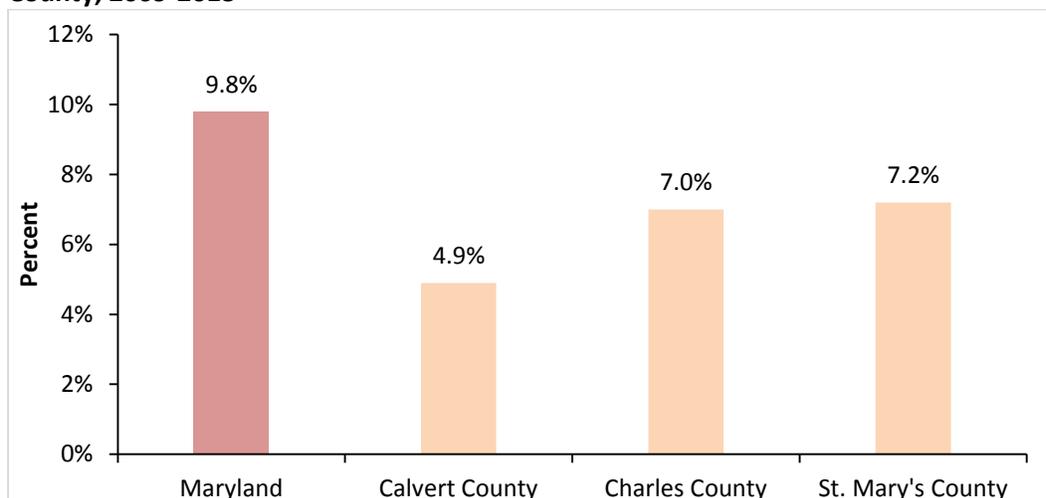
A few key informants explained that the low unemployment rate in the county may be attributed to some residents moving through multiple lower-income jobs. As one service provider perceived, *“There is low unemployment in the county, but people are cycling through some lower skill jobs.”* Additionally, a few key informants and focus group participants characterized a general *“sense of hopelessness”* in the

county among lower-income residents. Thus, it is possible that this lower unemployment rate in St. Mary's County reflects the exit of some residents from the labor force given challenges in obtaining and maintaining jobs in the area. Additionally, several focus group participants described needing to commute to northern communities to find employment. Reflecting reports from service providers and residents, one focus group participant noted, *"Jobs are tough here. If you don't work on base it's hard to find a good paying job."*

Alternatively, this low unemployment rate may be attributed to the presence of the naval base as a major employer in the area. A few key informants expressed concern over the economic implications if the naval air base were to be closed or reduced, with one noting that people *"stress over if the naval base were to be closed."* The base is not only a major employer in the county, but also driver of economic growth in St. Mary's County as it *"brings good business to the county."*

As shown in Figure 6, the percent of individuals in St. Mary's County (7.2%) that have incomes below the federal poverty level is lower than that for Maryland (9.8%), but greater than that for neighboring Calvert (4.9%) and Charles (7.0%) Counties.

Figure 6. Percent of All Individuals Whose Income is Below the Federal Poverty Level, by State and County, 2009-2013



DATA SOURCE: US Department of Commerce, Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

NOTE: Poverty in the past 12 months

Though the poverty rate in St. Mary's County is lower than that in the state, several participants noted *"there are lots of poor people."* ***Residents linked poverty with stress. As one key informant described, "poverty certainly plays a role in terms of underlying stress." Many respondents noted that substance use and abuse is a strategy that some residents engage to cope with poverty.***

Several respondents linked limited employment opportunities that pay a living wage to poverty rates in the county. As one key informant explained:

"There is a lack of jobs that pay a decent wage that you can live on. A large segment of the population is really struggling." – Key Informant

Several respondents perceived that the prevalence of poverty in the county may be masked by the prosperity of residents affiliated with the naval air base. One key informant described:

“Because of the base St. Mary’s County looks like a prosperous county, yet there are 14,000 people using food stamps.” – Key Informant

One service provider characterized these differences as *“a great divide between those who have and those who don’t.”* Indeed, some residents characterized income dynamics in the county as reflecting income inequalities between those employed by the naval air base and residents with jobs tied to the service economy in the area or to agricultural or marine industries.

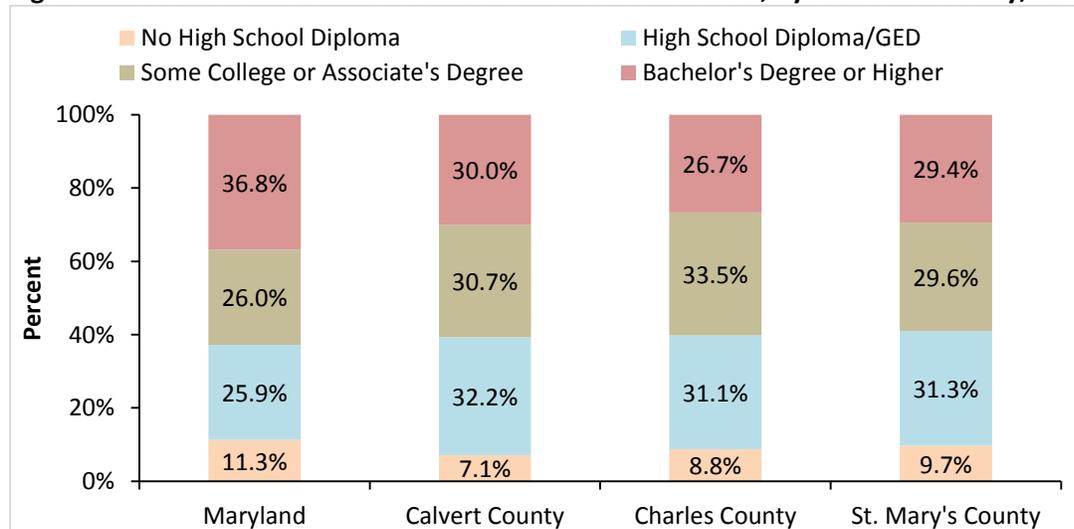
Additionally, respondents described the distribution of poverty in St. Mary’s County as unequal. Lexington Park was cited as an area with a higher poverty rate than other communities due to the affordability of housing in that region and the availability of subsidized housing. As one key informant noted, *“There are pockets of poverty. People think of Lexington Park, but there are other areas of concentrated poverty that get less attention.”* Several respondents perceived that this geographic variation in poverty rates is tied to differences in housing affordability across the county:

“St. Mary’s County has reduced income housing and HUD housing. Because these are in one specific area of our county, it produces a pocket area that draws from other counties. We have a primary area of significant poverty.” – Key Informant

Educational Attainment

As shown in Figure 7, three in ten residents of St. Mary’s County have a bachelor’s degree or higher (29.4%), which is lower than the percent of college-educated residents in the State (36.8%), but on par with that for Calvert County (30.0%), and above that for Charles County (26.7%). Approximately three in ten residents have some college or an Associate’s degree (29.6%) or a high school diploma (31.3%), whereas one in ten residents have no high school diploma (9.7%).

Figure 7. Educational Attainment of Adults 25 Years and Older, by State and County, 2009-2013



DATA SOURCE: US Department of Commerce, Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

As with income disparities, focus group participants and key informants also described disparities in educational attainment among St. Mary’s County residents. Though several key informants characterized St. Mary’s County as “an educated county,” other residents and service providers elaborated that the level of educational attainment in St. Mary’s County has increased over the past several years. As one key informant noted:

“There has been an influx of people with college degrees and young families. Previously there was a less educated population of mainly farmers and watermen.” – Key Informant

Several respondents attributed this increase in the college-educated population in the county to growth of high-tech job opportunities affiliated with the base and the in-migration of new residents to meet these demands. In contrast, focus group participants and some key informants described more limited educational attainment among residents who have generational ties to St. Mary’s County. Indeed, one focus group participant noted that there is *“not great educational attainment of those who have lived in the county for generations.”* Thus, residents with generational ties to St. Mary’s County may be over-represented in less educated segments of the population. **Several residents described a “sense of hopelessness” and weakened aspirations, especially among long-term residents, in St. Mary’s County that is linked with a lack of secondary or higher education, and seen as connected to substance use.**

Additionally, several respondents cited the strong public school system and, *“opportunities for education”* including primary and secondary education and undergraduate training in the area as assets. However, some focus group respondents in the recovery community cited limited higher education opportunities and schools that *“are not very big”* in the county as barriers to educational and occupational advancement for some residents.

Housing and Homelessness

Several focus group participants and key informants cited the high costs of housing in the area as a major challenge and stressor for lower-income residents in the area. As one focus group participant explained:

“Housing here is really expensive. I want to move out because I can’t afford rent.” – Focus Group Participant

Respondents characterized housing availability as catering to higher-income residents *“who come to work on the base, rather than the people who are wait staff at restaurants or clerks in stores.”* Another focus group participant explained that these limited housing options for lower-income residents mean that they have to live in stressful environments:

“If you want something affordable here, you’re going to be living in a more dangerous area. And that puts more stress on people- financial, emotional, environmental.” – Focus Group Participant

Key informants explained that subsidized housing, homeless shelters, social service agencies, and lower income households are concentrated in Lexington Park, near the base, and Leonardtown. A few key informants and focus group participants described a need to improve housing options for the *“large homeless population,”* older residents, and persons with disabilities, citing *“there are very few group homes”* in the area. As discussed in the following sections, several residents in recovery from substance

abuse cited housing costs and housing instability as putting “a lot of stress on you,” or a stressor with which they contend as they work towards remaining sober.

As shown in Table 4, one quarter (24.7%) of residents in St. Mary’s County rent their residence, which is below that for the State (30.0%), but above the percent of renters in Calvert (16.2%) and Charles (19.3%) Counties.

Table 4. Percent of Total Population Who are Owners and Renters of Housing Units, by State and County, 2009-2013

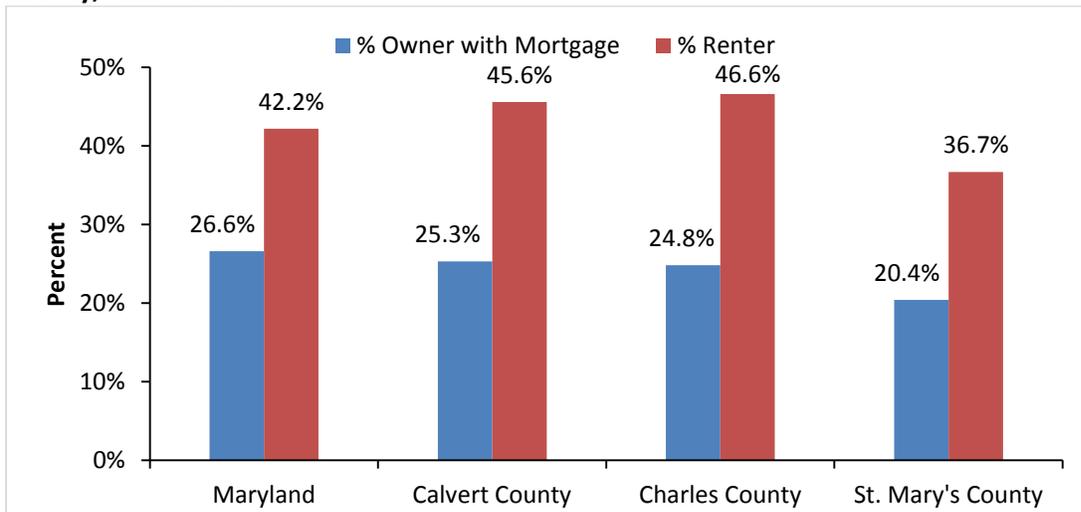
Geography	% Owner	% Renter
Maryland	70.0%	30.0%
Calvert County	83.8%	16.2%
Charles County	80.7%	19.3%
St. Mary's County	75.3%	24.7%

DATA SOURCE: US Department of Commerce, Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

NOTE: Owners not specified whether or not with mortgage

As demonstrated in Figure 8, housing costs account for more than 35% of the household income among 36.7% of renters in St. Mary’s County, compared to only 20.4% of residents who own their home. Across all geographies presented, housing costs are a larger burden on renters. However, the proportion of housing costs that are 35% or more for renters and owners in St. Mary’s County is less than that for Maryland and Calvert and Charles Counties.

Figure 8. Percent of Housing Costs that are 35% or More of Residents' Household Income, by State and County, 2009-2013



DATA SOURCE: US Department of Commerce, Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

Transportation

Limited public transportation in this predominantly rural county poses a challenge to accessing goods, services, and substance abuse treatment. Based on Census estimates, in St. Mary’s County approximately one in ten (12.9%) residents have one vehicle in their household, four in ten (39.4%),

residents have two vehicles, and four in ten have three or more vehicles (45.0%; Table 5). In contrast, 2.7% of residents do not have a vehicle available to their household. Compared to the State, a smaller proportion of St. Mary’s County residents do not have any vehicles available (Maryland: 4.4%, St. Mary’s County: 2.7%), and a greater proportion of residents have three or more vehicles available (Maryland: 33.4%, St. Mary’s County: 45.0%).

Table 5. Number of Available Vehicles for Individuals 16 Years and Older Per Household, by State and County, 2009-2013

Geography	No Vehicle	One Vehicle	Two Vehicles	Three or More Vehicles
Maryland	4.4%	21.5%	40.7%	33.4%
Calvert County	1.2%	10.7%	33.9%	54.1%
Charles County	1.5%	14.4%	38.6%	45.5%
St. Mary's County	2.7%	12.9%	39.4%	45.0%

DATA SOURCE: US Department of Commerce, Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

Respondents characterized public transportation in the county as limited, an unreliable mode of transit, and one that takes significant time to utilize. These challenges are linked to St. Mary’s County being a predominantly rural community. As one key informant explained,

“Transportation is terrible here. You have to wait for a bus for a long time. If you have to use public transportation you are at a disadvantage. You have to find wheels here.” – Key Informant

Indeed, one key informant explained that the public transit system involves a *“minibus and runs on limited schedules to limited places.”* Several focus group participants and key informants characterized the lack of transportation as affecting certain segments of the population, such as lower-income, youth and elderly residents. Additionally, some respondents explained that public transit options served a limited number of communities in the county. As one resident explained:

“If you live in Ridge or Clemens, you’re off the beaten path as far as transportation is concerned.” – Focus Group Participant

A few service providers and residents linked the limited public transit locally and between counties as a barrier to substance abuse treatment. One service provider noted:

“A challenge to getting treatment elsewhere is the transportation system. And kids have to have their parents drive them out of the county.” – Key Informant

Indeed, residents explained that limited public transit compounded the difficulties of accessing substance abuse treatment locally or outside of St. Mary’s County.

As shown in Table 6, based on Census estimates 84.4% of St. Mary’s County residents drove a vehicle alone to work, followed by 7.9% of residents who carpooled, 3.6% who used another method of transportation, 2.1% who used public transit, and 2.0% who walked to work. The proportion of St. Mary’s County (84.4%) residents who drove a vehicle alone to work exceeded that for Maryland (73.5%), Charles County (78.3%), and Calvert County (80.8%). This pattern may be attributed to the relatively

rural landscape in the area, location of St. Mary’s County on a peninsula, and the limited public transportation infrastructure.

Table 6. Means of Transportation to Work for Individuals 16 Years and Older, by State and County, 2009-2013

Geography	Car, Truck, or Van (Alone)	Car, Truck, or Van (Carpool)	Public Transit (Excluding Taxis)	Walk	Other
Maryland	73.5%	10.0%	8.9%	2.4%	5.3%
Calvert County	80.8%	10.4%	3.2%	0.8%	4.8%
Charles County	78.3%	11.0%	6.5%	0.9%	3.4%
St. Mary's County	84.4%	7.9%	2.1%	2.0%	3.6%

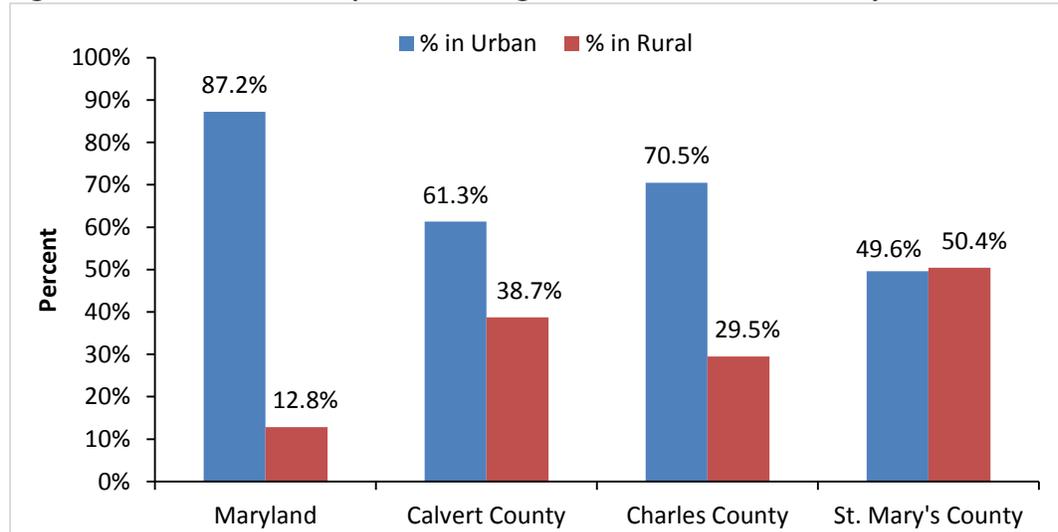
DATA SOURCE: US Department of Commerce, Census Bureau, American Community Survey 5-Year Estimates, 2009-2013

NOTE: Other includes by bicycle, taxi, motorcycle, other means, or worked at home

Geography and Urbanicity

Respondents characterized St. Mary’s County as historically rural, with a recent growth in suburban areas, creating a mix of suburban and rural areas. Reflecting this variation, one key informant described the county as ranging from “Amish buggies to the newest jets, all in one county.” Substantiating these descriptions of areas of development throughout the county, 50.4% of residents in St. Mary’s County live in areas that are considered rural and 49.6% reside in areas classified as urban (Figure 9). The percent of St. Mary’s County residents that live in rural areas (50.4%) exceeds that of the State (12.8%), Calvert County (38.7%), and Charles County (29.5%).

Figure 9. Percent of Total Population Living in Urban and Rural Areas, by State and County, 2010



DATA SOURCE: US Department of Commerce, Census Bureau, 2010

Several key informants and a few focus group participants explained that St. Mary’s County is a peninsula “surrounded by water, where there are only two ways out.” A few focus group participants explained that this offers the opportunity for water-based recreational activities and described the

county's location on a peninsula as an asset to the community. However, several respondents cited the county's location on a peninsula as a challenge in developing jobs in the area.

Additionally, several key informants emphasized that St. Mary's County's location on a peninsula and rural characteristics pose challenges for recruiting mental health providers to the county. As one service provider explained:

"There are concerns regarding being a peninsula. The behavioral health doctors want to be near a city." – Key Informant

Thus, while County leadership recognizes a need to recruit providers to St. Mary's County to address mental health needs underlying substance abuse patterns, these geographical factors pose a significant barrier.

Younger residents cited the rural characteristics of St. Mary's County and sizable distance to recreational activities as factors that contribute to use of substances among youth and young adults. As one resident described:

"People use because they're bored. What do people do on the weekend?" – Focus Group Participant

Indeed several young adults mentioned "you're driving 30 minutes to do anything" such as going to a movie theater, mall, or bowling alley.

The location of St. Mary's County on a peninsula contributes to perceptions of limited or delayed integration with state-level initiatives. As one key informant explained:

"We're at the end of the peninsula, forgotten about, forgotten in some initiatives." – Key Informant

Thus, the geographic characteristics of St. Mary's County contribute to the social and economic environment that underlies substance abuse patterns among residents in St. Mary's County. Additionally, the county's rural and peninsular features affect the policy, social service, and health care service initiatives intending to address and treat substance abuse among residents in St. Mary's County.

Community Resources

Assessment participants were also asked to describe community resources in St. Mary's County. These included a "rich culture" and organized community events such as concerts or fairs that make the county an attractive place to live and "a great place to raise a family."

A few key informants and focus group participants cited the "great school system" and local colleges as assets for the county. Several respondents described efforts to incorporate healthy living, such as walking paths and bike trails, into the built environment as an asset. However, these were often reported in newly developed communities within St. Mary's County.

In contrast to reports of several recreational opportunities, a few focus group participants characterized St. Mary's County as having limited recreational options. One key informant reflected on these variations in perception:

"There's a lot to do, but there are people who claim there's nothing to do. The variety of people are an asset. I think St. Mary's County has lots of groups of people and activities for them to do."
– Key Informant

Several residents characterized the culture and feel of the community as evolving with the social and economics that have unfolded in the county. One key informant characterized this as a *"watering down of native culture and rural feel of the community."*

Weakening of Social Connectedness

Some key informants and a few focus group participants described a "break down of families and social connectedness" in the area. Residents characterized this weakening of social connectedness as contributing to substance abuse patterns and undermining support for those struggling with substance use. Some attributed this breakdown to the growth of the population and sense that fewer residents know each other. As one focus group participant noted:

"There are so many new people here now. You don't know your neighbors now. So there's not as much accountability or comfort. There are more people in this county who came here than were born here." – Focus Group Participant

Another key informant cited busy lives and a tendency to rely on the internet rather than interacting with fellow residents as contributing to substance abuse issues in St. Mary's County.

"As a whole we don't communicate with one another as a community like we used to. Sometimes it's easier to work our job, come home, close our door, and not know what's going on in the community around us. You're running around trying to fix your issue when someone else has already gone through that. There is a lack of communication from people within the community from the neighborhood on up to really help each other out. People are too reliant on the internet and other resources other than one another." – Key Informant

Another service provider explained that the naval air base contributes to a sense that residents affiliated with the base come and go, and are not committed to the community here. Thus, several residents perceived transience among employees contracted with the naval air base and a social distance between residents affiliated with the base and those not affiliated with the base. Several service providers cited this transience or the possibility thereof as affecting the investment in social relationships in the area and leaving a social loss for those residents who remain in St. Mary's County.

Spirit of Collaboration across Agencies

Despite some perceived social disconnect between residents, several service providers perceived a spirit of collaboration across agencies in St. Mary's County with respect to service delivery and community planning. As one key informant characterized, *"because the community is smaller there is much better communication. There's a good effort to work together."* Another service provider expressed pride that *"even though there are siloed conditions, on the front line service providers are able to work together."*

Several key informants characterized the spirit of collaboration as a process that is developing. As one key informant explained:

“Our health department is proactive in bringing the community together and taking an integrative approach. This has been in the last 1.5 years. Our agencies are still very much independent of one another and have not come together to act as a united effort. The health department is very helpful in bringing agencies together.” – Key Informant

A few respondents explained that the growth in collaboration is linked with the county health improvement process facilitated by the health department. Others cited the recent drug summit as fostering the development of several community collaborations.

“The open dialogue is here. The summit has helped. Bridges have been built between Walden and community. Bridges have been built between health department and sheriff’s department and schools” – Key Informant

Additionally, several key informants cited an effort to reduce duplication between organizations, and a commitment to positive change and building community partnerships as motivations for collaborative processes.

SUBSTANCE ABUSE: THE MAGNITUDE AND SEVERITY OF THE ISSUE

Use of Substances

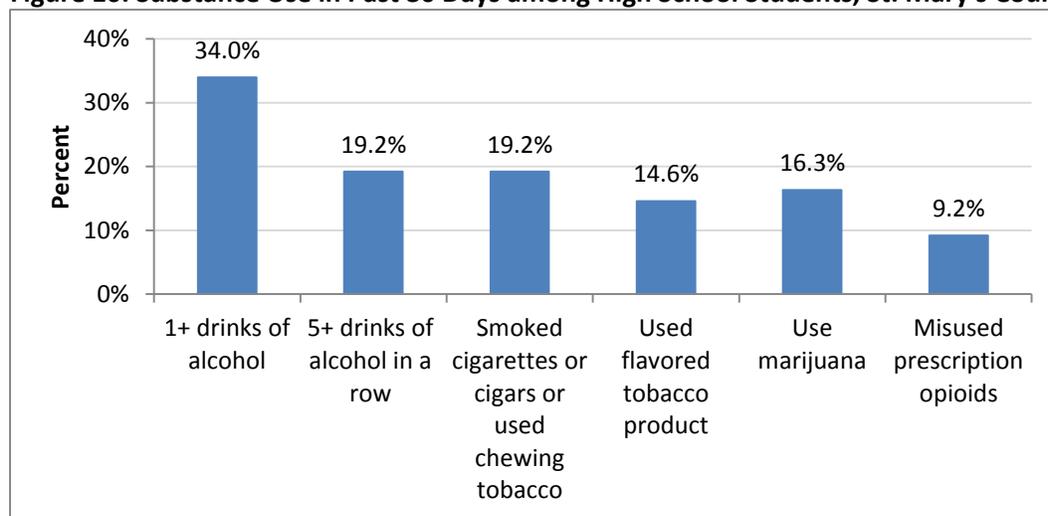
Most respondents perceived substance abuse as a prevalent issue in St. Mary’s County, which is reflected in quantitative data. Focus group participants and key informants were asked to identify the pressing health issues in the county. Often, respondents cited substance misuse and abuse as major health concerns in the area. One focus group participant explained that it *“feels like everyone here is using,”* reflecting perceptions that substance abuse is highly prevalent. Key informants and focus group participants described a general sense that substances are very visible, as one focus group participant explained, *“It’s big. You can’t go anywhere without seeing someone who’s high or drunk.”*

Residents characterized alcohol as the most prevalent substance that is used and abused, followed by tobacco. Respondents across the treatment and recovery community, law enforcement, and public health institutions described an increase in opioid misuse and abuse in the area as a major concern. While residents and a few service providers perceived opioid misuse as being *“out of control,”* several service providers emphasized that opioid misuse and abuse are increasingly prevalent, but alcohol and tobacco remain among the most abused substances in the county.

Some residents and service providers tempered this sense of substance use being a new phenomenon in St. Mary’s County. For example, one service provider explained, *“There’s always been drugs and alcohol in this community, so it’s always been around.”* Another resident in recovery explained, *“When I came here as a teenager, we didn’t have heroin, but the other stuff was here. It’s just not hidden anymore.”* Thus, increased awareness and shifts in substance abuse patterns may contribute to perceptions of increases in substance abuse in the county.

These qualitative reports are reflected in quantitative data. Among high school students surveyed as part of the Youth Risk Behavior Survey in 2013, alcohol and tobacco are the most prevalent substances that students reported misusing or abusing in the past 30 days (Figure 10). Over that period, three in ten (34.0%) high school students reported having one or more alcoholic beverage, two in ten (19.2%) reported drinking five or more drinks in a row, and two in ten (19.2%) smoked cigarettes. Additionally, 16.3% of high school students reported that they used marijuana in the past 30 days and 14.6% reported using flavored tobacco in the past 30 days. One in ten high school students reported misusing prescription drugs over this same period. Current (past 30 day) heroin use is not asked about in the YRBS, but lifetime use will be discussed later in the report.

Figure 10. Substance Use in Past 30 Days among High School Students, St. Mary's County, 2013



DATA SOURCE: 2013 Youth Risk Behavior Survey

Alcohol and Tobacco Use

Alcohol, tobacco, and marijuana are perceived as commonly used and socially acceptable substances in St. Mary's County. Service providers and focus group participants characterized alcohol as *“the main drug of choice in the area”* and *“part of the St. Mary's County culture.”* Indeed, several participants cited estimates that St. Mary's County has high alcohol consumption rates relative to other counties. Respondents also attributed high levels of alcohol abuse in St. Mary's County to *“a strong cultural history around the watermen and the farmers. It was their entertaining.”* Thus, historical, social, and policy factors contribute to perceived acceptance of alcohol use and abuse in the county.

Several key informants and residents described a social acceptance of alcohol abuse and a sense that *“it was okay to drink”* for residents regardless of whether they were of legal age. Respondents cited these as factors that contribute to early initiation of alcohol use and alcohol abuse among residents. Others noted a susceptibility to peer pressure among teenagers as contributing to alcohol misuse and abuse among youth. One focus group participant explained, *“Among teenagers, drinking alcohol is something they need to do to be popular.”*

One service provider cautioned, *“there are functional alcoholics in the community who go to work all day but don't seek treatment or show up in the numbers that are collected.”* Thus, quantitative estimates of the prevalence of alcohol abuse may not fully capture the prevalence.

Tobacco also emerged as one of the most commonly abused substances among residents in St. Mary's County. Some key informants linked the cultural acceptance and high prevalence of tobacco use in the County to the historical presence of local tobacco farms that were recently purchased.

"St. Mary's County used to have tobacco farms. If you didn't work the water, you worked in tobacco, or you did both. But then about 20 years ago there was a sell-off. They paid people not to grow tobacco." – Focus group participant

Several service providers and residents in recovery explained that while opioids have received much attention and concern recently, the high prevalence of tobacco use in the area and use of tobacco as a gateway drug to opioids cannot be overlooked in understanding and addressing substance abuse patterns in the county. As one key informant described:

"Our rates of tobacco use are significantly higher than some other counties in the state. We talk about substance abuse and everyone pops over to the big drugs and forgets about tobacco and forgets about the roles of that. You're getting the nicotine, which is changing brain chemistry to make it more likely that you will use other drugs." – Key Informant

In addition to cigarettes, vapor pens emerged as an increasingly prevalent smoking practice among young people in St. Mary's County, as reported by a handful of focus group participants. As one youth focus group participant explained, *"People our generation don't smoke tobacco so much, but hooka and vape pens are getting more popular."* One focus group participant explained that users are uncertain about the health risks of vapor pens, but perceive them to have fewer risks than traditional cigarettes:

"We don't know what's in vape pens, but I don't think they have nicotine. So aren't they better than cigarettes?" – Focus Group Participant

Several youth focus group participants explained that vapor pen use is so common that students are smoking in the school bathrooms.

Marijuana Use

Respondents described greater social acceptance of marijuana use following marijuana decriminalization policies across the country as a contributing factor to the prevalence of marijuana use in St. Mary's County. One key informant expressed concern about messages that marijuana decriminalization policies may send to community members:

"Decriminalization of marijuana hasn't helped. I'm adamantly opposed because my experience is that once you start you're always looking for the next and better high." – Key Informant

Another key informant warned that the decriminalization of marijuana would enhance the difficulty of measuring the prevalence of marijuana use among younger residents in St. Mary's County:

"It's going to be harder to determine the extent of problems with juvenile marijuana use. If they're not being forced to interact with authorities, we won't have as good of data in terms of severity and cost." – Key informant

With respect to access to marijuana, one key informant explained that some residents are growing marijuana and others are ordering it from places such as Colorado. As one focus group participant noted, and many others reinforced:

“They grow marijuana here. People don’t care. They just grow it on their property.” – Focus Group Participant

Several respondents reported seeing K2 or synthetic marijuana among users. They cited this pattern as a cause for concern given the greater potency of K2 and the possibility for short-term memory loss.

Alcohol, Tobacco, and Marijuana are Gateway Drugs to Opioids

Service providers and residents reported that alcohol, tobacco, and marijuana serve as gateway drugs to prescription painkillers and/or heroin. As one focus group participant explained, *“I used alcohol and marijuana as a teenager, and then it led to other drugs.”* For example, participants explained that some residents turn to opioids after abusing alcohol and/or marijuana as they seek substances to help sustain a high that has leveled off from other substances. One key informant described this pattern:

“You still see youth first try tobacco or alcohol, then marijuana and then move on to heroin and other substances. Yes, in the treatment population you’re seeing those harder drugs, but tobacco and alcohol are gateway drugs.” – Key informant

Though this key informant cited this pattern for youth, residents also described this pattern among some adults as well.

Cocaine Use

A handful of service providers also cited crack cocaine as a substance that residents have used historically in the county, noting *“crack cocaine has been prevalent for a while.”* However, alcohol, tobacco, and opioids were the main substances that emerged in discussions of substance misuse and abuse patterns in the county.

Opioid Use

Opioid use and abuse is perceived as an increasingly prevalent health concern in St. Mary’s County. However, perceptions differ for residents relative to treatment and other service providers. There is a perception that everybody is using heroin, but use is not showing up in treatment or police statistics.

Several respondents explained that the prevalence of opioid misuse and abuse has escalated in recent years in St. Mary’s County. As one key informant described, *“I’ve definitely noticed there’s been a rise in prescription medication misuse. There is lots of prescription pain killer abuse.”* Multiple respondents, namely residents, characterized opioid use as *“out of control,” “off the charts,”* or an *“epidemic”* relative to previous periods. As one focus group participant stated, *“Opioid use is out of control around here. There are a lot of people addicted in this area.”*

Statistics from treatment providers and law enforcement agencies document an increase in opioid use in St. Mary’s County, but these statistics indicate that the increase is not of the magnitude reported by residents. As will be discussed later in this section, treatment admissions for prescription opiates and heroin have increased since 2007 but declined in the past few years.

One focus group participant characterized this gap between residents' perceptions and data to which County leadership refer:

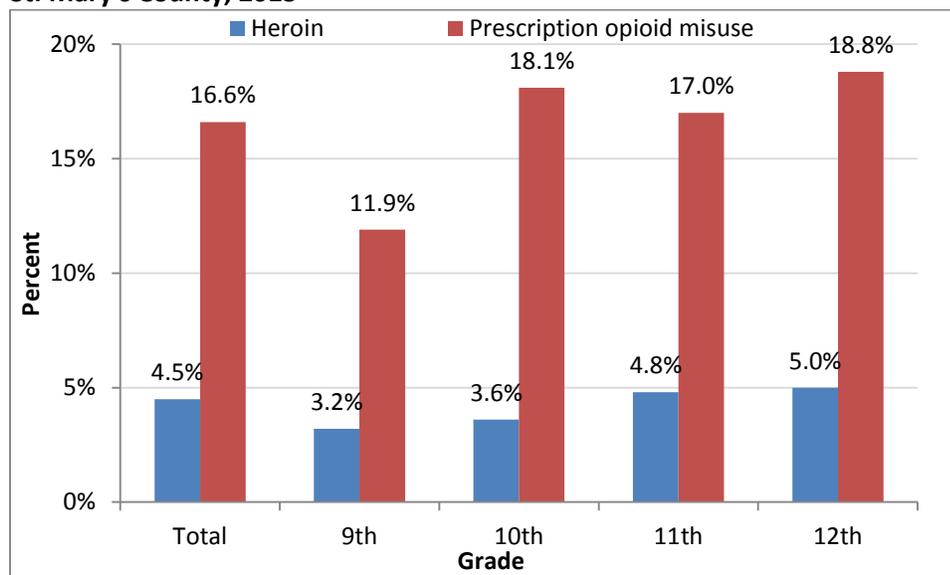
"The police officers say it's not been that many deaths that show up in the stats, but there are so many people I know who use. There are lots of people strung out on pills. It's unreal. They're not dead yet, and they're not in treatment, so they don't show up in the statistics." – Focus Group Participant

As shown in the quote below, assessment participants knowledgeable about the school environment and student population have not seen opioid misuse as a serious issue among school-age youth.

"Students are not caught at high numbers, nor do we have high numbers of students having or distributing drugs on campus." – Key Informant

Youth Risk Behavior Survey data show that opioid use among St. Mary's County public high school students is low. As illustrated in Figure 10, 9.2% of high school students surveyed in 2013 indicated that they had misused a prescription painkiller in the past 30 days. As shown in Figure 11, below, 4.5% of high school students reported using heroin in their lifetime, compared to 16.6% of high school students who reported misusing prescription painkillers in their lifetime. Student reports of heroin use increased slightly with increasing grade in high school. Reported lifetime heroin use ranged from 3.2% among 9th grade students to 5.0% among 12th grade students. Prescription painkiller misuse also increased with increasing grade. However, this increase across grades was of a greater magnitude than the increase in reports of heroin use. Specifically, 11.9% of 9th graders reported lifetime misuse of prescription painkillers, compared to 18.8% of 12th graders. These numbers are higher among Hispanic high school students, but these students represent a small percentage of the population.

Figure 11. Lifetime Use of Heroin or Misuse of Prescription Pain Killers among High School Students, St. Mary's County, 2013



DATA SOURCE: 2013 Youth Risk Behavior Survey

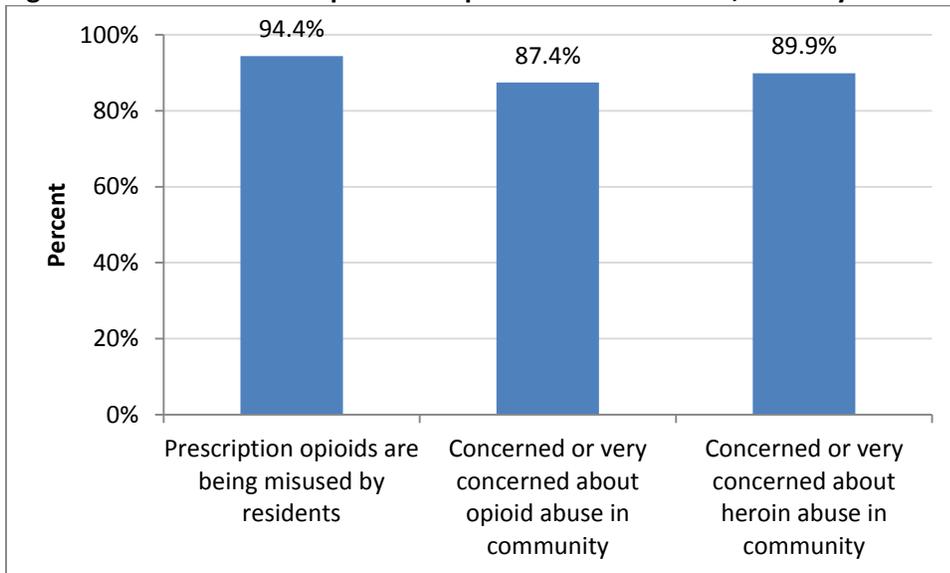
While there was general consensus among respondents regarding increases in heroin use among the adult population in the county over the past few years, several service providers cautioned that while

the consequences of heroin use can be acute, the magnitude of heroin use may not be as large as perceived among residents. As one key informant explained, the number of opioid overdoses in St. Mary's County is lower than that for neighboring counties:

“Calvert County has opioid overdoses constantly, and of Charles, St. Mary’s, Calvert, and Anne Arundel, St. Mary’s constantly has the lowest numbers.” – Key informant

The Maryland Public Opinion Survey on Opioids (MPOS) indicates that in 2015 94.4% of St. Mary's County respondents believed that prescription opioids are being misused by County residents (Figure 12). Further, and 87.4% of MPOS respondents were concerned or very concerned about opioid abuse in general. Nine in ten (89.9%) of respondents were concerned or very concerned about heroin use in general.

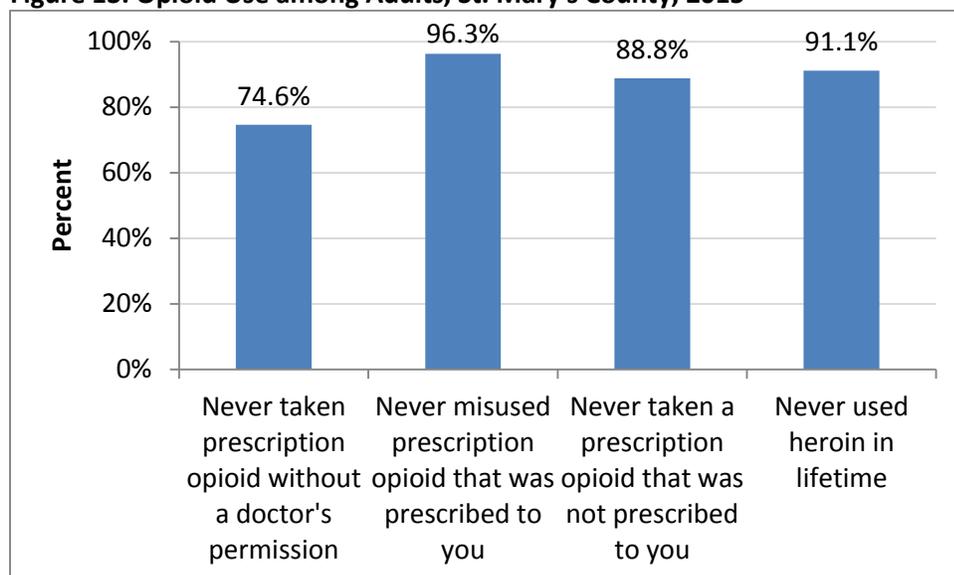
Figure 12. Residents' Perceptions of Opioid Misuse or Abuse, St. Mary's County, 2015



DATA SOURCE: Maryland Public Opinion Survey on Opioids, 2015

However, as shown in Figure 13, quantitative data demonstrate that opioid use is not common among St. Mary's County residents, as indicated by the MPOS. The MPOS indicates 74.6% of residents reported that they have never taken a prescription opioid without a doctor's permission, 96.3% have never misused a prescription opioid that was prescribed by them, and 88.8% have never taken a prescription opioid that was not prescribed to them. Additionally, 91.1% of respondents reported that they have never used heroin in their lifetime.

Figure 13. Opioid Use among Adults, St. Mary's County, 2015



DATA SOURCE: Maryland Public Opinion Survey on Opioids, 2015

Some key informants perceived that residents' reporting of increases in opioid abuse may be linked with greater awareness among residents of substance abuse issues in the county. As one service provider explained:

"We have had forums to educate people about opioid use. The more we educate people, the more it seems like it's a bigger problem. I do think we're out there getting more opportunities to get training and be aware of opioid misuse and abuse." – Focus Group Participant

Indeed, several key informants mentioned the drug summit as a turning point in community awareness and prioritization of opioid misuse.

Further, treatment providers and County leadership representing law enforcement, educational, and public health institutions described the prevalence and increase in opioid use and abuse in St. Mary's County as a local pattern that reflects national trends. As one key informant explained:

"What we are seeing on some level is what's happening nationally. If heroin is increasing nationally, you're going to see it locally." – Key Informant

Similarly, citing local and national statistics regarding the prevalence of opioid misuse and overdoses, several other key informants emphasized, *"It is not just St. Mary's County facing these issues."*

Residents, providers, and County leadership characterized trends in opioid use in St. Mary's County as related to the history of prevalent alcohol use and abuse and other drug use in the county. As one focus group participant explained:

"Alcohol is still our number one drug in St. Mary's County. But the introduction of prescription pills and heroin has really changed the pattern in different ways." – Focus Group Participant

Another key informant characterized opioid misuse and abuse within larger substance abuse patterns, explaining, *“Opioids are the flavor of the month.”*

Respondents described a recent progression in opioid misuse and abuse, from prescription painkillers to heroin. As one focus group participant described, *“Heroin use has gotten worse in the past few years.”* Service providers and residents cited substance users’ need for a greater high, increased restrictions on access to prescription painkillers, and the lower cost of heroin as factors contributing to this shift from prescription drugs to heroin. For example, one key informant noted:

“What has been happening throughout the state is that as more and more physicians are prescribing addictive opioid painkillers, people are starting to use those or kids are taking them from neighbors, family members or whatever. ... Once that source dries up or runs out you have to turn elsewhere. That’s where word gets out and heroin comes to the area and heroin is very cheap.” – Key Informant

According to some respondents, heroin is generally used in shared environments due to a need to access a low-cost opioid to sustain the opioid addiction. Some residents, providers, and public health representatives characterized heroin use as occurring in less isolated situations than prescription painkillers. For example, some respondents described use of prescription painkillers among some residents as initiating in isolation. In contrast, some providers characterized heroin use as occurring in small groups, particularly in circumstances in which residents may pool their money to purchase heroin or may share needles.

“The opioid use usually begins with prescription medication and then moves from there. So the initial use is prescribed more alone and not done at parties. But heroin use occurs in small groups because of needle sharing and heroin sharing.” – Key Informant

One resident described the perception that engaging in opioid use in social settings may facilitate a sense that the user is not addicted to opioids. As one focus group participant explained, *“There’s that stereotype that ‘I’m not an addict if I don’t use alone,’ so people use in groups.”*

In contrast to these characterizations of social patterns in opioid use primarily reported by service providers, recovering opioid users characterized opioid use as done in isolation. Recovering opioid users explained that whereas they may have started to use opioids in social settings, such as with friends, they often used opioids by themselves once they were addicted, as at that point *“you only worry about yourself.”* As one focus group participant in recovery explained:

“My drug use started out with friends, but I ended up by myself. When you’re a big enough junkie there’s only enough for you. You can stand by me but you can’t have my drugs.” – Focus Group Participant

Several former users explained that they used opioids in isolation or in settings in which there are others. However, they distinguish that the focus is on their opioid use, which is not shared with others, rather than the backdrop in which their use occurs. As one focus group participant who is in recovery described:

“A drug addict will use anywhere. I didn’t care who saw me. I would sit on the roof and get high. I would stand anywhere on the street and get high. I would get high in your house or in bars. In a

store. In a bathroom. Pretty much anywhere. If you're out there and strung out, you don't have to be in a secluded area to get high." – Focus Group Participant

At Risk Populations

There is a perception among residents that substance use and abuse "cuts across social classes and all groups of people," though treatment and law enforcement data suggest that particular subgroups are affected. Many residents and several service providers explained that no one is immune from substance abuse. Indeed, one focus group participant described, *"It feels like everybody here is using substances."* Another explained that substance use is common among groups that residents would not expect:

"There are a lot of people using who you wouldn't expect. Kids in sports and extracurriculars, people on base. It's not just gangs or poor people." – Focus Group Participant.

Despite several statements that substance abuse does not discriminate by social status, respondents identified several population groups at particular risk. These include youth, in particular Hispanic youth, seniors, LGBT residents, and people who work on base. With respect to alcohol abuse, some key informants explained that *"Alcohol misuse is highest among middle aged residents."* Residents also described alcohol abuse as common among youth before they escalate to opioids. Thus, while substance use may be common across groups, the type of substance used may vary systematically and depending upon the life course stage.

Providers and representatives of law enforcement and public health agencies cited Hispanic residents, higher-income residents, and residents affiliated with the naval air base – all populations that have experienced demographic growth in St. Mary's County in recent years – as sub-populations that may also experience opioid misuse and abuse. Respondents explained that these subgroups are not necessarily represented in treatment data. Service providers emphasized this, noting that "Hispanic adults and the population that works on base have limited representation in the treatment and law enforcement data. Thus, participants cited concern regarding reaching these populations for substance abuse prevention and treatment.

One key informant expressed:

"[It's a] perfect storm. The underlying opioid crisis is waiting to explode with higher income individuals." – Key informant

Additionally, several key informants alluded to substance use and abuse challenges among residents affiliated with the naval air base given the closed culture, concern over appearances, and consequences for job security and clearance. For example, one service provider explained that *"there is more drug and alcohol abuse among base folks than what is visible."*

Providers and County representatives cited concern arising from disproportionate use of gateway drugs reported among Hispanic youth in the Youth Risk Behavior Survey as a risk factor for opioid misuse and abuse among this population. As one key informant noted:

"Substance abuse is perceived as an issue among certain communities that public health leadership has struggled to reach out to, such as Hispanic residents and residents affiliated with the military base." – Key informant

When looking at youth substance use data by race/ethnicity, Hispanic youth report current (past 30 day) and lifetime use rates higher than their peers. Nearly 16% of Hispanic youth reported using heroin ever in their lives compared to 6.7% of Black non-Hispanic youth and 2.8% of White non-Hispanic youth. This pattern was also seen for prescription drug misuse, which is inclusive of opioids. 27.4% of Hispanic youth reported ever misusing a prescription drug, compared to 16.4% of White non-Hispanic youth and 13.9% of Black non-Hispanic youth.

Looking specifically at opioids, a description of subgroups affected was more common during discussions with residents and key informants. Several residents explained their perception that no one is immune from risk of addiction to opioids. As one service provider explained:

“Unlike crack, which is a low-income, lower-class issue, you look at heroin addiction, and you have people from mothers to GS-13 on base. You just don’t know who’s an addict, who’s abusing, who’s not. It’s a huge spectrum.”– Key Informant

Though residents characterized opioid abuse as a risk factor for residents regardless of social status, providers and representatives from law enforcement and public health institutions identified several sub-populations that are disproportionately represented in opioid treatment statistics based on estimates from treatment providers and law enforcement. The majority characterized opioid use as prevalent among residents ranging from 16 to 30 years of age who are White non-Hispanic. These estimates were often based on data regarding substance use treatment and estimates of substance use among residents in detention. As one key informant noted, *“Opioids are off the wall; it’s really our young 18-28 year olds that it is.”* While one service provider explained that substance use is *“seen across sex and race/ethnicity,”* some service providers drew on treatment and detention center data in noting that young white women have been using heroin or other opioids. As one key informant reported:

“We’ve seen rising numbers of women addicted to opioids, but I think it’s hung around that age group, 20s and 30s, in detention.” – Key informant

The disconnect between residents’ perception of the high prevalence of misuse, abuse, or high risk of abuse with those from providers and County leadership of specific segments of the population abusing opioids may reflect the data sources from which these provider assessments were drawn. These sources – namely treatment and law enforcement – may not reflect the entire population, but may capture residents most acutely touched by opioid misuse and abuse.

Though some residents reported heroin use among persons age 16 to 30 years old, one key informant representing law enforcement explained, *“[I am] not aware of heroin usage among our kids. A few are using prescription opioids, but it’s not as big as other drugs.”* These variations in reports of heroin use among younger residents may be due to limitations of availability of drug use data, which are mostly available at the point of treatment or detention. Indeed, one service provider issued caution in drawing too many conclusions about at-risk populations from treatment data:

“In the treatment data, we see young white women with heroin. But that’s treatment data. That’s only a snapshot of what you see because people don’t have access, don’t know how to access, or won’t access. That’s the demographic that everyone keeps talking about. I’m hesitant to rely on that demographic because we might lose sight of other demographics that we need to pay attention to.”– Key Informant

Thus, differences in residents' and service providers' reports of the populations that are affected by substance abuse consider that data available to service providers pertain to residents who have encountered law enforcement and medical institutions. Treatment data will be discussed further in the next section on consequences of substance abuse.

Consequences of Substance Abuse

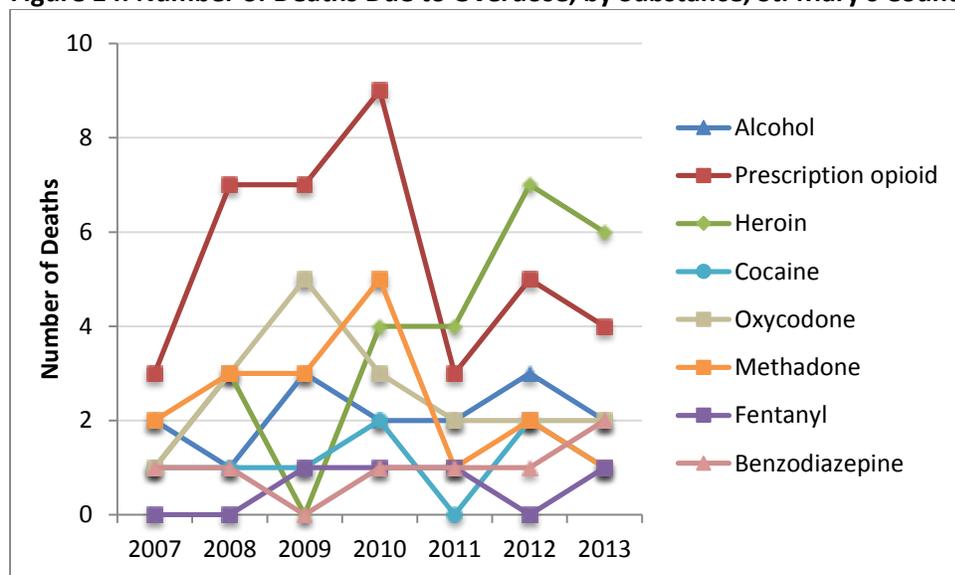
Substance abuse affects not only individuals, but also their family and networks in which they are embedded and the broader community. The following section reviews the consequences of substance abuse as identified by focus group participants and key informants. These consequences include overdose deaths; hospitalizations and substance abuse treatment; other health risks; crime, violence, and imprisonment; homelessness or housing instability; and job loss.

Overdose Deaths

Some key informants and residents cited opioid-related overdose deaths as an extreme consequence of opioid use and misuse. One service provider linked opioid-related overdose deaths to heroin rather than prescription painkillers.

As shown in Figure 14, mortality data from the Office of the Chief Medical Examiner indicate that prescription opioid intoxication deaths in St. Mary's County have been decreasing since 2010. Additionally, the number of prescription opioid-related deaths in St. Mary's County is lower compared to neighboring counties (Calvert and Charles) during that period (not shown). Heroin-related intoxication deaths in St. Mary's County rose from 2009 to 2012, but have decreased between 2012 and 2014. Again, St. Mary's County has the lowest number of heroin-related intoxication deaths in 2014 compared to Calvert and Charles Counties (not shown). Whereas methadone and oxycodone contributed to a large proportion of overdose-related deaths in 2009 and 2010, in 2013 they joined alcohol, cocaine, fentanyl, and benzodiazepine as the least common substances attributed to overdose deaths.

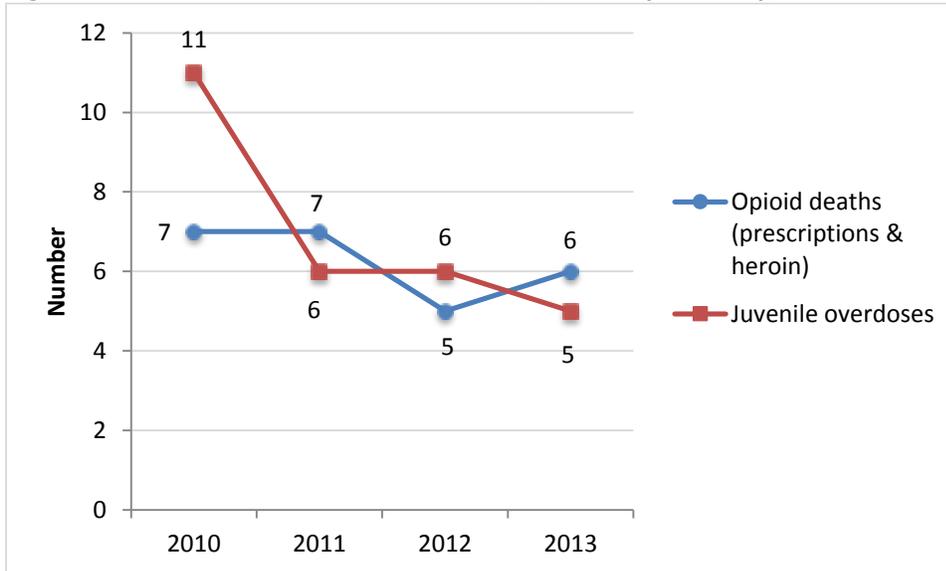
Figure 14. Number of Deaths Due to Overdose, by Substance, St. Mary's County, 2007-2013



DATA SOURCE: Office of the Chief Medical Examiner, 2007-2013

Quantitative data from the St. Mary's County Sheriff's Office indicate that opioid deaths and juvenile overdoses declined over the 2010 to 2013 period (Figure 15). In particular, fatal overdoses from opioids decreased from 2010 to 2013. From 2010 to 2013, St. Mary's County has seen a decrease in the number of juvenile opioid overdoses from 2010 to 2013.

Figure 15. Number of Deaths and Overdoses, St. Mary's County, 2010-2013

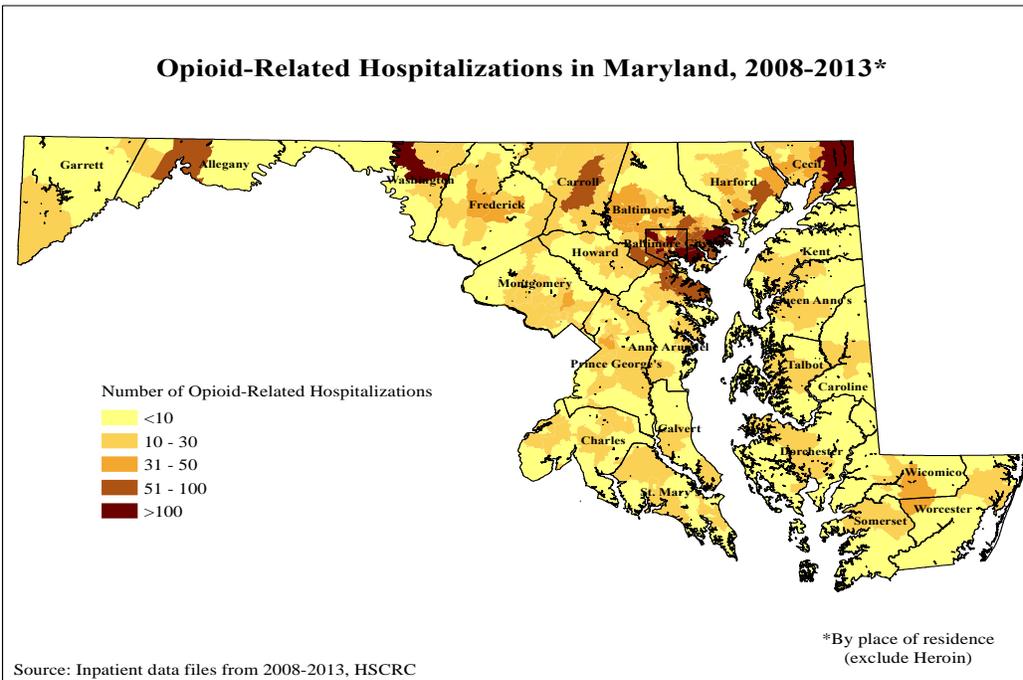


DATA SOURCE: St. Mary's County Sheriff's Office, 2010-2013

Hospitalizations and Treatment for Substance Abuse

Hospitalizations due to overdose also emerged as a consequence of substance abuse. Reflecting these statements, Figure 16 shows that opioid-related hospitalizations are largely distributed throughout St. Mary's County. Though the distribution of these hospitalizations is more diffuse in St. Mary's County than in neighboring counties, the number of opioid-related hospitalizations in the county is lower than that for other counties across Maryland.

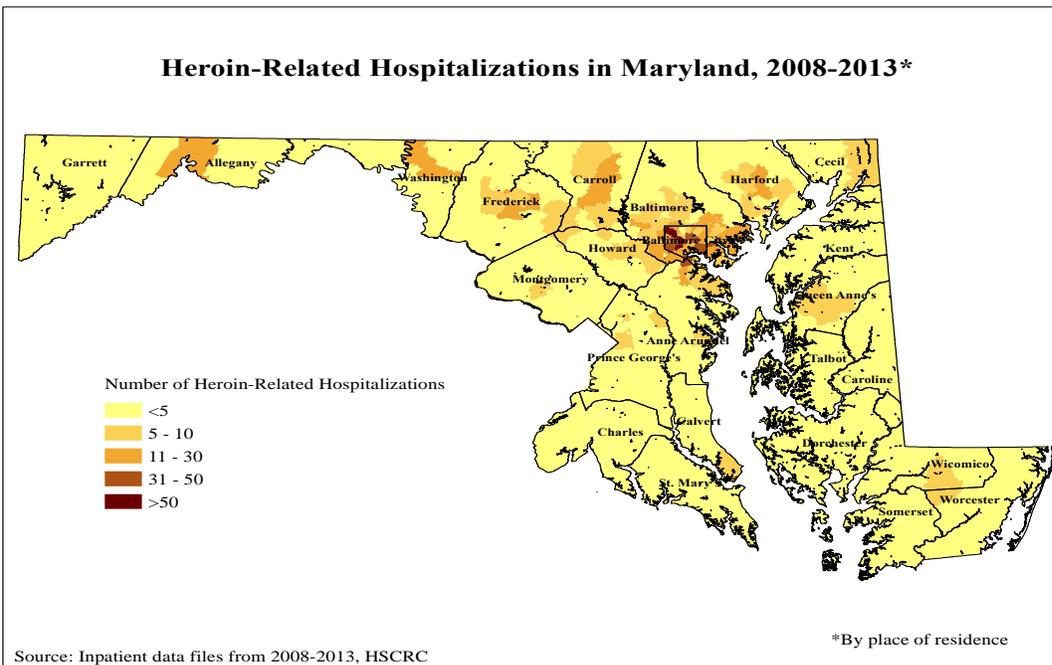
Figure 16. Number of Opioid-Related Hospitalizations (Excluding Heroin), Maryland, 2008-2013



DATA SOURCE: Health Services Cost Review Commission (HSCRC), 2008-2013

Reflecting some service providers' descriptions of a low prevalence of heroin use evidenced by treatment data, as shown in Figure 17, from 2008 to 2013 there were fewer than 5 heroin-related hospitalizations in most regions of St. Mary's County.

Figure 17. Number of Heroin-Related Hospitalizations in Maryland, 2008-2013



DATA SOURCE: Health Services Cost Review Commission (HSCRC), 2008-2013

Additional hospitalization and emergency department data from the Health Services Cost Review Commission (HSCRC) indicate that opioid-related hospitalizations and emergency department (ED) visits have increased slightly but steadily in St. Mary's County from 2008 to 2012. Opioid-related hospitalizations and ED visits were nearly three times higher among Whites compared to Blacks, and higher among men than women. Data for other races and ethnicities were not available.

Other sources of quantitative data reinforce the differing perceptions of the severity and magnitude of opioid misuse in St. Mary's County. As hospitalization data offer one snapshot of the prevalence of substance use among residents of St. Mary's County, enrollment in substance use treatment programs indicates that the prevalence of substance use is higher than that captured solely by hospitalization estimates.

In terms of treatment, St. Mary's County data from SMART show that oxycodone has consistently been the most common substance among opioid-related admissions. The number of admissions for oxycodone increased three-fold from 2007 to 2012, but has since decreased. In comparison to oxycodone, heroin accounts for less than half as many treatment admissions in St. Mary's County. The number of heroin-related admissions has risen in the past years (2007-2012), but decreased in 2014.

As shown in Table 7, from 2012 to 2014 the most common substances for which residents were admitted to treatment centers included alcohol, oxycodone, and marijuana. In 2014, prescription opioids comprised 22.2% of treatment admissions among St. Mary's County residents, and heroin constituted 14.1% of admissions.

Table 7. Number and Percent of Residents Admitted to Reporting Maryland Substance-Related Disorder Treatment Programs, among St. Mary's County Residents, 2012-2014

Primary Substance Problem	Fiscal Year of Admission					
	2012		2013		2014	
	N	%	N	%	N	%
Alcohol	471	41.0	389	38.7	137	38.0
Crack	57	5.0	32	3.2	9	2.5
Other Cocaine	34	3.0	33	3.3	6	1.7
Marijuana	242	21.1	212	21.1	60	16.6
Heroin	82	7.1	100	9.9	51	14.1
Non-Rx Methadone	7	0.6	6	0.6	3	0.8
Oxycodone	216	18.8	188	18.7	70	19.4
Codeine	6	0.5	2	0.2	1	0.3
Hydrocodone (Vicodin)	12	1.0	10	1.0	7	1.9
Hydromorphone (Dilaudid)	3	0.3	2	0.2	2	0.6
Propoxyphene	0	0.0	1	0.1	0	0.0
PCP	3	0.3	2	0.2	1	0.3
Hallucinogens	1	0.1	2	0.2	0	0.0
Other Amphetamines	3	0.3	2	0.2	0	0.0
Stimulants	0	0.0	5	0.5	2	0.6
Alprazolam (Xanax)	8	0.7	8	0.8	3	0.8
Clonazepam (Klonopin, Rivotril)	0	0.0	2	0.2	1	0.3
Inhalants	0	0.0	0	0.0	1	0.3
Over the Counter	1	0.1	2	0.2	2	0.6
Synthetic Cannabinoids	0	0.0	4	0.4	3	0.8
Other	3	0.3	4	0.4	2	0.6
Total	1149	100.0	1006	100.0	361	100.0

DATA SOURCE: SMART, 2012-2014

Treatment admission data from Maryland indicate that approximately 70% of heroin admissions to treatment centers in 2012 to 2014 were among St. Mary's County residents aged 30 or younger (Table 8).

Table 8. Number and Percent of St. Mary's County Residents with Prescription Opioid Problems Admitted to Reporting Maryland Substance-Related Disorder Treatment, 2012-2014

Admission Measure	Fiscal Year of Admission					
	2012		2013		2014	
Age at Admission	N	%	N	%	N	%
Under 18	7	1.9	5	1.4	2	1.6
18 to 20	45	12.4	34	9.4	9	7.0
21 to 25	115	31.6	106	29.2	41	31.8
26 to 30	86	23.6	97	26.7	39	30.2
31 to 40	63	17.3	81	22.3	25	19.4
41 to 50	29	8.0	26	7.2	10	7.8
51 to 60	17	4.7	14	3.9	3	2.3
Over 60	2	0.5	0	0.0	0	0.0
Total	364	100.0	363	100.0	129	100.0

DATA SOURCE: SMART, 2012-2014.

Infectious Disease and Neonatal Conditions

A few respondents identified infectious diseases as a consequence of substance use and abuse. For example, one key informant noted, “Hep C numbers are up HIV numbers are up, especially within the jail.” Several service providers cited intravenous drug use as the main mode of transmission of infectious diseases among persons using or abusing substances. In addition, one focus group participant explained that users may also engage in unprotected sex, which further increases their risk of infectious disease. Another key informant cited the “increased number of children born with substance exposure” that coincides with reported increases in substance abuse. Thus, the health effects of substance abuse spillover to affect other users and generations within households.

Crime, Violence, and Imprisonment

Several respondents discussed the correlation between substance use and crime, particularly as users seek avenues to fund their addiction. Additionally, some respondents described “theft related to opioids is going through the roof,” coinciding with an increase in opioid use. One key informant explained:

“There has been an increase in crime in order to get money for drugs. People are selling things to purchase drugs. There are break-ins during the day. There is an increase in forgeries and people trying to obtain prescriptions.” – Key Informant

Several commented that thefts include opioids from pharmacies and copper and construction materials. One law enforcement representative characterized the type of substance use-related crime as shifting alongside the rising income levels in the county:

“There has been a transition in crimes now with the median income rising. We’re seeing fraud and theft instead of street crime.” – Key Informant

Another key informant explained that areas with concentrated substance use are also areas where crime or accident levels have increased or are high:

“You can really tell the pockets of where this is happening as far as levels of crime increase. There’s been an increase in accidents. It’s really negatively affecting the county.”

Another key informant explained that criminal activity is a strategy engaged by lower income residents, rather than wealthier residents as they seek a way to purchase opioids. Thus, those who use substances and end up in the criminal justice system likely reflect lower-income users. Data from the St. Mary’s County Sheriff’s Office indicate that the percentage of detention center inmates receiving outpatient treatment has decreased over the past two years, from 44.1% receiving treatment in 2013 to 32.3% in 2014.

As will be discussed in the risk and protective factors section, mental health issues also relate to the use of substances. Law enforcement representatives characterized the County jail as the largest behavioral health institution in the county. Indeed, one key informant explained:

“Many people in jail are there because they have a mental health or substance abuse issue. Our sheriff has talked about how they don’t have the resources to adequately treat those who are incarcerated. So they are incarcerated, released, and then returning for the same issue.” – Key Informant

Homelessness or Housing Instability

A few residents representing the recovery community explained that homelessness is a challenge that substance users confront. As one resident described:

“Over the past 10 years I’ve been chronically homeless due to renting or leasing apartments. It’s extremely expensive. Even though I’m in residential treatment, I worry every day where I’ll go and sleep at night. It’s much harder to stay sober without a home.”

As this resident and some others noted, housing instability poses a significant stressor, which may compound their recovery process.

Job Loss

Several respondents also commented that job loss or employment instability is a consequence of substance use and abuse. One key informant noted that *“people who use substances miss work, lose jobs and are unable to support themselves.”* One focus group participant explained that their mental illness and substance use affected their ability to maintain a job: *“Due to my mental issues I’ve lost jobs because of acting out or alcoholism, which prevented me from going to work.”*

RISK AND PROTECTIVE FACTORS OF SUBSTANCE ABUSE IN ST. MARY’S COUNTY

St. Mary’s County residents described several risk and protective factors associated with substance abuse, including social and community norms and perceptions of risk; stigma and understanding addiction; intergenerational patterns of addiction; stress and trauma; limited positive youth development activities; a sense of hopelessness; and social and commercial access to substances. The following section discusses several of these themes that emerged regarding factors that influence substance abuse patterns in the county.

Community Norms and Perceptions of Risk

Many residents' general perception that "it was okay to drink" regardless of legal age is an indicator of the general social acceptance of alcohol use and abuse in St. Mary's County. As will be discussed further related to social and commercial access, respondents indicated that the community is generally accepting of alcohol use. Tobacco and marijuana use was also noted as generally accepted. However, people felt more strongly about heroin.

Residents and service providers characterized residents' perceived risk of harm of substance abuse as varying by substance. Respondents reported that alcohol and tobacco use were perceived as less harmful than opioids and other illicit drugs. Some respondents explained the general feeling that alcohol is not a drug. As one service provider described:

"The general misconception is that alcohol is not a drug. A lot of our clients see nothing wrong with drinking heavily and winding up in the ER because of it." – Key Informant

Indeed, residents linked this misconception or hesitancy to consider alcohol as a drug to the high prevalence of alcohol use and abuse in the county and ties of drinking to maritime activities characteristic of the region.

Residents perceived a limited understanding of the health implications of opioid misuse and abuse, particularly with respect to prescription misuse and abuse. For example, one key informant explained:

"I think the general public understands the risk of opioids because of the historic significance of heroin. IV drug use seems so much worse. Heroin users may initially have qualms. In contrast, people are accustomed to pills and they may even do illegal things like steal or falsify a prescription to stay on pills because of the perception." – Key Informant

Some participants explained that the prescribed nature of some opioids contributed to perceptions that there are minimal, if any, adverse health implications of misusing or abusing opioids.

Youth in particular perceive substance use as having limited health consequences. Several service providers and focus group participants perceived that young people feel invincible to the health and social consequences of substance abuse. Residents cited a feeling of invincibility to health risks of substances as common during youth development and contributing to these perceptions of limited risk. For example, one key informant perceived, "People are aware of the dangers, but that teenage group has an egocentric, 'it can't happen to me' mindset. [It's] developmentally appropriate but that's what happens." Several respondents explained that this sense of invincibility to the harms of substance abuse among young people is developmentally appropriate, but a major risk factor for experimentation and an escalation to substance abuse. In addition, respondents noted that "younger people experience peer pressure," which heightens their risk of substance use and leads them to eventually abuse substances.

Reduced tolerance for pain, coupled with the over prescription of painkillers contributes to the prevalence of prescription drug misuse and abuse. Some participants described reduced tolerance for pain following injuries or medical interventions as contributing to the misuse and abuse of prescription

drugs. They described this shift in patient tolerance for pain as coinciding with more liberal prescription of painkillers by providers. One focus group participant noted:

“It seems to be a culture with an unrealistic expectation on how much discomfort or pain you should experience. ERs are in a difficult spot where they’re prescribing too much pain medicine, but the patients are in too much pain.”

Indeed, a few respondents explained that recently tolerance for pain has decreased, while expectations for prescription remedies have increased. Respondents acknowledged that physicians may struggle to differentiate which patients are seeking prescriptions for pain and which are addicted to prescription opioids.

Recovering users and providers described opioids as highly addictive. In contrast to perceptions that new users of opioids may perceive opioids as having limited health consequences, some recovering users and providers described opioids as highly addictive. As one focus group participant noted:

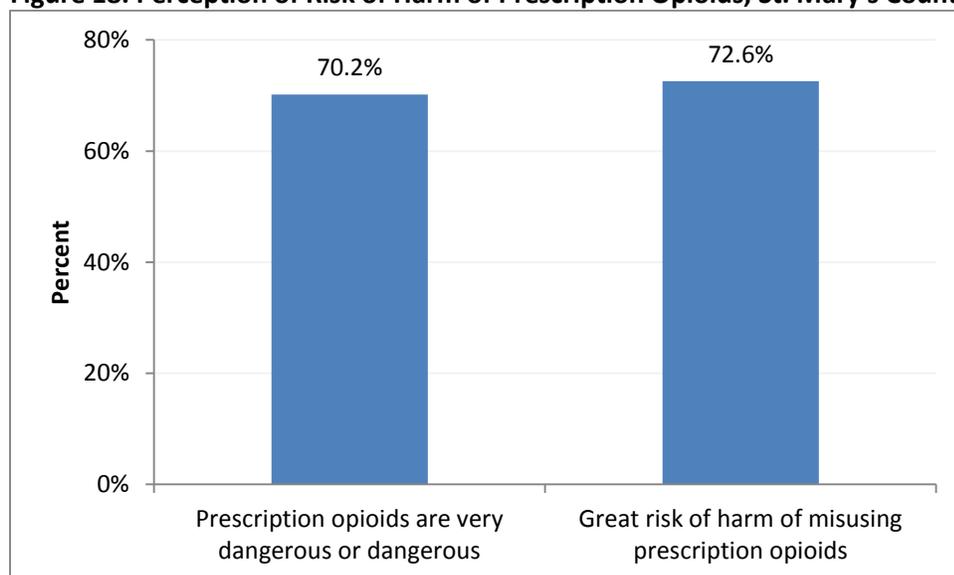
“Opioids are very addictive. What got me hooked was the cheapness of it. You have no control. It feels like you’ll do anything to get it. – Focus Group Participant

Respondents in recovery described the addiction as spiraling, with users turning to other opioids as a source of a continued or accelerated high. Residents who are recovering from opioid abuse explained that this pattern occurs as users contend with the high costs of obtaining prescription opioids in an environment of increased regulation of opioids and improved access to and lower costs of heroin.

Several key informants characterized public understanding of the harms of opioid misuse and abuse as increasing. One key informant noted, *“public awareness has increased because of efforts of schools, the sheriff’s office, and the health department.”*

While the YRBS does not ask youth about perceived risk of harm related to opioids, the MPOS indicates that more than 70% of MPOS respondents believe that prescription opioids are dangerous or very dangerous and there is great risk of harm to misusing these substances (Figure 18).

Figure 18. Perception of Risk of Harm of Prescription Opioids, St. Mary's County, 2015



DATA SOURCE: Maryland Public Opinion Survey on Opioids, 2015

Stigma and Understanding of Addiction

Understandings of substance addiction varied according to whether respondents were referring to the beliefs among service providers or other members of their networks, such as family and friends.

Several service providers offered their understanding of substance addiction as a disease. For example, one substance abuse treatment provider characterized addiction to substances as a chronic illness, *“we’re dealing with a chronic illness and relapse is a part of it.”*

Generally, respondents characterized public understanding of substance misuse and abuse as a personal choice. This perceived public understanding of addiction contributes to several participants’ characterization of substance abuse as stigmatized. Participants explained that public perception of the causes of substance abuse inform acceptance of and access to treatment.

Another respondent explained that there are generational divides in understanding of addiction:

“People are in both camps. There’s an older population that believes addiction to substances is a character flaw. There are a lot more people now who understand addiction is a disease that requires treatment. The older generation assigns it as an issue associated with class or lifestyle.”
– Key Informant

Several focus group participants representing the recovery community cited stigma as an important underlying factor to substance abuse and difficulties of maintaining recovery. One respondent noted, *“Stigma is the biggest barrier here. It’s the biggest barrier to getting better, whether it’s addiction or mental health. Most people don’t understand addiction.”* Some respondents characterized the stigma towards addiction as more acute for opioids such as heroin and prescription painkillers rather than alcohol and marijuana.

Stress, Trauma, and Mental Health

Several respondents explained that trauma or adverse childhood experience(s) heighten risk of substance abuse as a coping response. As one key informant cited:

“Stressful environments in early years, such as before age 5 caused these teens to be constantly on guard and has changed their brain development. It’s not all of a sudden that these kids turn bad. It’s a function of their home environment. It’s about what young families are living in and what that is doing to children’s brains that helps them make choices in life.” – Key Informant

Residents explained that persons coping with adverse childhood experiences in turn model their coping strategies on *“how their parents cope with things.”* Several respondents noted that these traumas are often not singular, but that they see *“childhoods full of trauma, not just one.”* Given these perceived patterns, respondents cited a need for substance abuse interventions that consider the family unit, not just individuals.

Many respondents perceived that substance use and abuse and mental health issues are co-occurring.

Indeed, one key informant’s explanation that *“mental health is leading to substance abuse”* was a common theme that emerged across interviews and focus groups. Several respondents characterized substance use as a way to *“self-medicate”* as they coped with mental health issues. In addition to traumas and adverse childhood experiences affecting mental health and risk of substance abuse, residents also cited stressors of day-to-day life, economic hardship, and underlying mental health conditions as factors that contribute to use of alcohol, marijuana, or opioids as a form of self-medication. For example, one resident explained:

“For me the stress is about the poverty that I live in and the homelessness I face. I just look for a way out so that I don’t have to think about it.” – Focus Group Participant

Several focus group participants explained that their day-to-day stressors regarding housing, work, and social relationships and responsibilities contributed to use and challenged their recovery.

Intergenerational Addiction

Providers, public health practitioners, and residents perceived an intergenerational nature to substance abuse, citing households in St. Mary’s County in which multiple generations had abused a substance. One focus group participant’s observation that *“we see three generations of addicts, all in one roof,”* reflected reports among other respondents. Alcohol and prescription drugs emerged as substances that were abused within households.

Some respondents explained that while substance use may be common within households, the substance that is abused may vary by generation within households. For example, one focus group participant recalled:

“The substance used may be different, but entire households may contend with substance misuse and abuse.” – Focus Group Participant

In addition, some respondents characterized substance abuse as related to adverse childhood experiences:

“What I see is that adverse childhood experiences are the cause of many of these substance abuse issues. Whether the father is an alcohol, the mother ran off with the coke dealer, the uncle abused the niece for years. I saw these kids growing up. I know what their stories are. Of course this is going to happen.” – Focus Group Participant

These explanations of the causes and consequences of substances abuse indicate the cyclical and interactive nature of this public health issue.

Limited Positive Youth Development Activities

There is also a perception that younger residents use substances because they are bored. Several residents characterized substance use and abuse patterns among young people in St. Mary’s County as arising from boredom among young people in the area attributed to limited opportunities for youth development, education, and employment opportunities. One youth focus group participant lamented:

“Boredom- there’s nothing to do here for young people. A lot of it’s determined by where you come from, what you’re influenced by in your family. What does your social network do?” – Focus Group Participant

In contrast to reports of limited positive and developmentally appropriate activities for youth, some key informants dismissed this report from young people. For example, one key informant noted, *“Kids all talk about there being nothing to do down here for entertainment, but there’s a lot.”* Despite a few key informants questioning this perception, providers and public health leadership generally reinforced this concern among youth.

Indeed, several participants described the lack of positive youth development programs or after-school activities for youth outside of organized or school-based sports. These differences in perceptions of availability of activities for youth may reflect differences in perspectives based on age. Additionally, these different perceptions may reflect the availability of activities to certain segments of the youth population, such as those involved in sports. Indeed, several youth noted that there’s not a mall, movie theater, or bowling alley at which they could socialize with friends. As one young person explained:

“That’s one of the big issues about substance abuse. There’s not a lot of options for things to do so people gravitate toward substances.” – Focus Group Participant

Often, respondents characterized substance use among young people as a component of social activities among social networks with few alternative options for social activities.

Sense of Hopelessness

Several respondents described a “sense of hopelessness” that was linked to limited secondary and higher education, employment opportunities, and stress/trauma and enhanced residents’ risk of substance abuse. As one key informant explained:

“Some kids are abusing substances because they don’t have other options in life. People look around and see that this is all there is.” – Key Informant

Indeed, respondents linked discouragement and free time associated with limited job and educational opportunities with initiation and maintenance of substance use and abuse. As one focus group

participant elaborated: *“It’s hard to get jobs here, so there’s a lot of stress and free time. So people start using to feel better.”*

Social and Commercial Access

Social Access

Residents perceived alcohol, tobacco, and opioids as easy to obtain or purchase from other residents or distributors. Access to alcohol and opioids was most frequently discussed among respondents. Respondents described young people’s easy access to alcohol through their households and parties.

Respondents characterized opioids as readily accessible outside of providers’ offices. Theft or exchange of prescription opioids from within households or families is one source of opioids.

Prescription painkillers prescribed to family members or abused by family members is one avenue of accessing opioids cited among residents, providers, law enforcement representatives, and public health practitioners. Indeed, one focus group participant characterized the ease of access to prescription drugs within the household:

“Theft is always an option. People don’t count their pills or their liquor. It goes unnoticed in the parental house because it goes unnoticed. That was my thing. It was always in the house.” – Focus Group Participant

Indeed, respondents explained that prescription drugs are not often monitored within households and/or perceptions of minimal risk of prescription drugs may contribute to sharing or limited concern regarding the use drugs from other household members. As one focus group participant described, *“Prescription painkillers have been easily accessible from social sources such as mom and dad’s medicine cabinet. This is how it starts.”*

Access to non-prescribed prescription opioids also ranged from purchase from distributors on the street or in parking lots, to distributors that may be known within social networks, or via the internet. One focus group participant explained the ease of accessing opioids from people in public spaces:

“Then I switched to pills. People say, ‘yeah I can get you that.’ Then you save their number on their phone and have that connection.” – Focus Group Participant

Respondents perceived that often these connections are established in parking lots outside of pharmacies and other stores and on the street. Respondents characterized the sale of opioids as non-clandestine, as one focus group participant explained that *“People buy and sell in the open, during the day or night.”* Participants also reported opioids are easily trafficked from Baltimore or Annapolis to St. Mary’s County. One participant’s mention that *“there are always cops”* at a notorious source of opioid distribution highlights that areas of high use can also be access points.

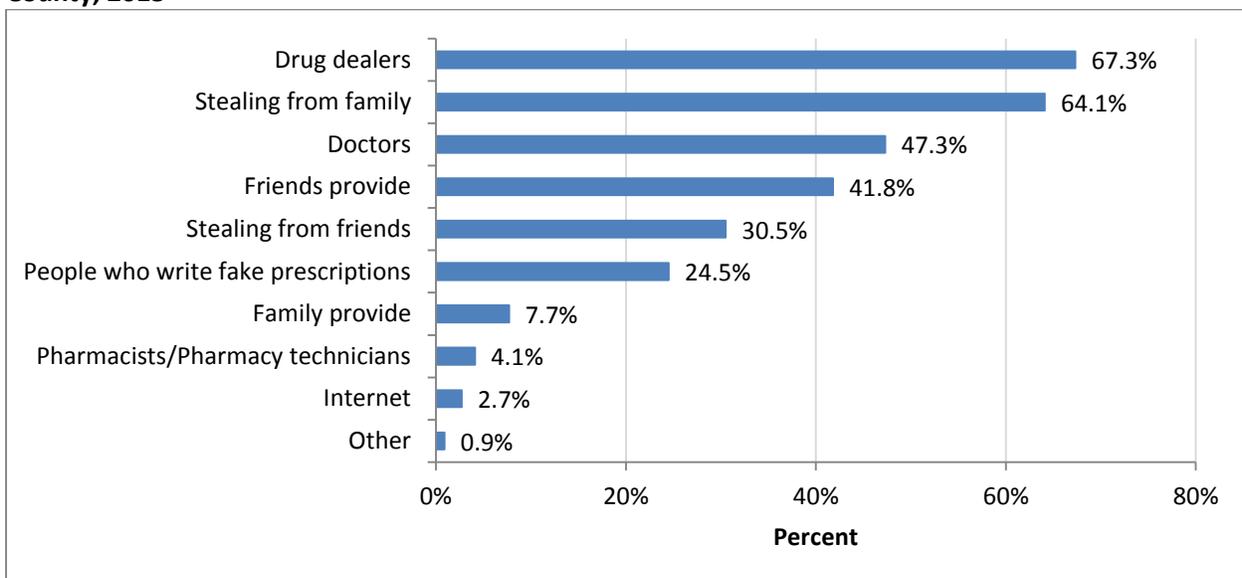
Once addicted to prescription opioids, residents turn to heroin, a less expensive and more accessible opioid. As with prescription opioids, respondents characterized heroin as easily accessible, as one focus group respondent noted *“You can just ask someone. You see people standing outside and you know they’re selling [heroin].”* Participants characterized heroin as less expensive to acquire than prescription opioids. As one focus group participant explained,

“Pills have moved to heroin. Pills are too expensive now. People can’t buy it as cheaply as heroin, so they switch.” – Focus Group Participant

According to residents, providers, and public health leaders, once residents become addicted to prescription drugs they turn to heroin, a less expensive, more accessible, and less regulated opioid. One focus group participant noted, *“Finances are an issue around here, so people go with what’s cheap. That’s why people have moved to heroin.”* This lower cost of heroin also facilitates users’ access to the quantity and frequency of opioids needed to sustain their high.

As shown in According to the MPOS, two-thirds (67.3%) of adult respondents perceived that prescription opioid users obtain this substance from drug dealers, followed by stealing from family members (47.3%), obtaining this substance from doctors (47.3%), obtaining prescription opioids from friends (41.8%), or stealing from friends (20.5%). One quarter (24.5%) reported perceptions that prescription opioid users obtain prescription opioids from persons who write fake prescriptions. It is important to note that a limited proportion of MPOS respondents reported using opioids. Thus, these reports of where other residents obtain prescription opioids should be interpreted with caution.

Figure 19. Perceived Availability of Prescription Opioids That are Misused or Abused, St. Mary's County, 2015



DATA SOURCE: Maryland Public Opinion Survey on Opioids, 2015

Commercial Access

Residents cited the high number of alcohol vendors in the county as contributing to alcohol misuse and abuse among St. Mary’s County residents. With respect to access to alcohol, some key informants explained that limited alcohol regulations in St. Mary’s County contribute to easy commercial access to alcohol and patterns of alcohol abuse in the area. Several service providers cited estimates that the number of alcohol vendors and distributors per square mile in St. Mary’s County exceeds that for other areas in Maryland. Indeed, many residents perceived that alcohol is readily accessible. As one resident elaborated, *“it seems like there’s a liquor store on every corner.”* In addition, some respondents reported that drive-through liquor stores, opportunities to purchase alcohol late at night, and the availability of

alcohol at carnivals or other community events throughout the county contribute to the easy availability of alcohol in the area and sense that alcohol consumption is part of the local culture.

For some opioid users, opioid use begins with use of a prescription drug from doctors that were legitimately prescribed to them for pain. Though participants identified several mechanisms by which residents may use or abuse prescription drugs (e.g., via gateway drugs), a unique mechanism by which some residents come to abuse opioids is through initial use of prescription drugs to treat physical pain. Residents and public health practitioners explained that some residents become addicted to opioids through treatment for physical injury or condition or after a medical intervention such as a surgery. One focus group participant described:

“Some people who get hooked on prescription meds are legitimately prescribed [these medications] when they’re in the hospital.” – Focus Group Participant

Residents, providers, and public health leaders characterized prescription opioids as easily accessed and over-prescribed by physicians. Respondents representing providers, residents, and recovering users characterized prescription drugs as “readily accessible” from physicians when patients present under the auspices of treating pain, regardless of whether the patient needs the medication. As one focus group participant explained:

“If someone didn’t live in this area and wanted to get prescription drugs they would go to a doctor and say they had pain.” – Focus group participant

Respondents also described a general culture among physicians in which they overprescribe prescription opioids on a regular basis.

“A lot of doctors sign off on narcotics like it’s candy and they wonder why people are misusing them.” – Focus Group Participant

While residents perceived a general ease of obtaining a prescription for opioids from physicians, some respondents cited particular physicians as being “pill mills” or primary sources of overprescribed painkillers in the community. As one key informant noted:

“A few years ago there was a doctor who was a pill mill. That’s when it all started in the county. People got hooked and it went from there. Now people go to pain management doctors who are prescribing opioids and continuing the problem.” – Key Informant

Respondents’ description of relatively easy commercial access to prescription opioids through physicians reflects concerns about limited regulation of prescription practices among providers. In addition to citing the role of physicians, a few service providers mentioned pharmacists’ practices as related to the easy access to prescription opioids. One focus group participant described, “*The elephant in the room is the pharmacists. We have to balance between giving just enough for pain and not giving too much.*”

Respondents also moved up the health care ladder and cited the pharmaceutical industry as contributing to and “pushing” painkillers on residents as pharmaceutical companies develop new drugs and attempt to sustain and grow pharmaceutical markets.

Regulation of prescriptions issued by dentists and podiatrists emerged as an area of concern among some participants. Access to prescription opioids emerged among a few providers and public health representatives as a potential source of prescription opioids that are misused or abused. These respondents explained that prescriptions issued by dentists currently fall outside of current initiatives to restrict access to opioids. Concerns about dentists were not widely discussed across all participants.

“It’s not only in the ER, but it’s also dentists. They really need to be monitored. Tooth pain shouldn’t need 50 pills of Vicodin.” – Focus Group Participant

Indeed, some service providers cited a need to direct attention to prescribing practices and prescription monitoring among dentists and podiatrists.

Regulation of prescription drugs contributes to residents seeking opioids from other distributors. Residents and representatives of providers, law enforcement, and public health institutions perceived that heightened regulation of prescription opioids has contributed to a shift in opioid use to heroin.

“The epidemic here now is heroin. When I first got hooked on prescription opiates 11 years ago, they were giving them out like tic-tacs. Now they’re tightening the ropes, and people are turning to heroin, which is cheaper and more accessible.” – Focus group participant

That is, tighter regulation of prescription painkillers has reduced the supply among distributors, contributing to a shift in opioid use from prescription opioids to heroin.

SUBSTANCE ABUSE PREVENTION IN ST. MARY’S COUNTY

A limited number of existing substance misuse and prevention strategies emerged from interviews and discussions with service providers and residents. These prevention strategies emerged into the themes of education about substance abuse, prescription drug collection, and intervening with substance use treatment for cases that reach the drug courts.

Education

Some service providers and residents cited education about the harms of substance abuse, namely through school-based programs such as DARE as a substance abuse prevention strategy. While several service providers cautioned that *“DARE gets mixed reviews,”* a few others explained the challenges that face DARE, namely that the program needs to be extended to younger grade levels and repeated year to year:

“DARE does work. The issue was that it wasn’t a sustainable message. From 3rd grade on, there needs to be an education component because it’s a daily issue for many students.” – Key Informant

Screening, brief intervention, and referral to treatment (SBIRT) was also mentioned as a more recent strategy deployed by Walden Sierra in the school setting as well as with primary care providers. SBIRT is an evidence-based practice used to identify, prevent and reduce problematic use, abuse, and dependence on alcohol and illicit drugs.

Prescription Drug Collection

Providers and representatives of law enforcement and public health institutions cited prescription drug collection as a successful and innovative opioid misuse prevention and enforcement strategy in the county. Several residents, providers, and County leaders cited the recent prescription drug takeback program as a successful effort to reduce access to opioids. They described this program as highly successful. As one law enforcement representative highlighted:

“We did a pill intake. We averaged about 6,000 pills in 7 hours. We’re working with the Department of Aging to administer a program where we can collect the pills from elderly people so they don’t become a victim of crime. From my perspective in counting the pills, we get a sense of what’s being prescribed and over prescribed and not needed. 380,000 pills were diverted from the street last year.” – Focus Group Participant

The sizable number of pills collected – which includes opioids and non-opioids – provides a sense of the challenge of over-prescription of opioids in the county.

SUBSTANCE ABUSE TREATMENT AND RECOVERY IN ST. MARY’S COUNTY

The majority of residents and service providers described an insufficient supply of mental health providers in the county to address underlying mental health issues that contribute to substance abuse. As one service provider noted:

“Mental health issues aren’t being addressed because there are no physicians because there’s such low pay.” – Key Informant

There are very few psychiatrists, and those that do exist are private. Residents encounter long wait lists and it’s difficult to get in.” – Key Informant

Residents cited St. Mary’s County’s distance from cities, location along the peninsula, and the inability to pay mental health providers a wage that would incentivize them to practice in St. Mary’s County as reasons for the limited supply of and difficulty in recruiting mental health providers. A few residents described telemedicine services, but explained that mental health and substance abuse therapy is more effective through in-person sessions.

Residents perceived Walden as the main source of substance abuse treatment in St. Mary’s County, which is contracted with the county to provide substance abuse treatment. As one service provider described:

“Walden is good for walk-in services but there’s a wait for inpatient services, which fluctuates seasonally. They easily engage people in their services through walk-in and community presence, but detox requires a wait” – Key Informant

There was variation in residents’ and service providers’ assessment of the quality of substance abuse treatment services through Walden. Several service providers spoke favorably about substance abuse treatment. As one service provider explained:

“The quality of treatment at Walden is outstanding. I have every confidence in them. The issue is they’re not given enough resources or support.” – Key Informant

Other residents and service providers had *“mixed reactions to treatment at Walden.”* As this key informant expressed:

“Walden does okay. For those who go through their services and really work at it, they do a good job. However, there are a group of individuals who do not benefit from their services for whatever reason. They probably have a 50% success rate in essence. ” –Key Informant

Residents cited several factors that may contribute to these mixed experiences with substance abuse treatment from Walden. These include that there is a need for “some local competition in the county,” an insufficient number of beds, long wait lists, and limited funding for substance abuse treatment. These conditions leave some with perceptions that:

“Walden is so crowded that the patients don’t feel like they’re getting the individual time with who they need to get individual time with.” – Key Informant

Several other providers perceived that *“Walden has diluted the work they do. Because there are not enough staff to do substance abuse, mental health, and domestic violence.”* Walden’s focus on these three issues may reflect the intersection between them. Another explained that *“You have to wait 2-3 months to get in and by then you may have lost your motivation for sobriety.”* Others cited that these less favorable assessments of Walden may be due to the challenges of treating addiction.

“Part of it is that people don’t understand addiction. It’s not something that just gets cured. There are relapses, and those may or may not have to do with the treatment provided. But Walden is the county-sponsored treatment provider. Are they held accountable for their outcomes? How is the County government measuring their success?” – Key Informant

Further, some residents perceived a need for longer-term substance abuse treatment options and a transitional treatment plan as those recovering from substance abuse transition from treatment back into the community. As one focus group participant explained:

“I’m not sure how effective the treatment is. They treat them for a short period of time and then throw them back into an environment that bombards them with negative influences. ” – Focus Group Participant

ENFORCEMENT IN ST. MARY’S COUNTY

Providers and law enforcement representatives have also engaged the drug courts in strategies to integrate treatment and drug enforcement. Residents and community leaders cited a need for substance use enforcement to be coupled with more comprehensive treatment for substance use and abuse and underlying mental health issues. Representatives from provider, law enforcement, and public health institutions described their ongoing and successful strategy of educating the courts regarding the relationship between charges that are under the jurisdiction of the court and substance abuse patterns. These discussions, centered on the need to consider treatment for substance abuse in rulings for cases

that involve substance abuse. This effort has contributed to the development of strategies to integrate treatment of substance use and drug enforcement in court decisions in an effort to address this public health issue. As one key informant described:

“Drug court is working well. They now have relationships where drug court calls sheriff’s office and discusses individual cases. Drug court though needs to be realistic with their numbers about success rate- many people drop out.” – Key informant

However, respondents cautioned that behavioral health treatment must meet the demand in order for the drug court strategy to be effective:

“You lock them up through court order and let them out for meetings, but we need more in-patient, more residential treatment for them.” – Focus Group Participant

Residents characterized enforcement of substances as confusing and strict. For example, one resident cited confusion in marijuana enforcement policies:

“There’s some confusion over what happens if you’re caught with marijuana.”

Others described a feeling that “cops profile us.” One focus group participant characterized policing of substances as a zero tolerance policy:

“Community policing has taken a zero tolerance approach to carrying a can of beer or peeing on the sidewalk. On the one hand, that gets someone in front of a judge who might direct them into treatment, but do we have the tools to do anything about it, to treat them?” – Focus Group Participant

Just as several law enforcement agents explained “we’re not going to arrest our way out” of substance abuse, residents also questioned the effectiveness of policing strategies as solutions to the prevalence of substance abuse in St. Mary’s County.

Providers and representatives from law enforcement and public health cited a need for prevention-focused enforcement strategies to prevent access to opioids. They explained that current strategies to prevent access to opioids need to be bolstered, such as the successful prescription drug takeback program, and new strategies need to be implemented. These respondents explained that the Prescription Drug Monitoring Program (PDMP) is a promising systems-level intervention. However, restriction of this program to the jurisdiction of the state and the lack of mandated participation pose barriers to the successful implementation of this program and the regulation of access to prescription opioids. One service provider explained the current limitations of the PDMP:

“The Prescription Drug Monitoring Program is great, but it’s not efficient or mandatory. Also it doesn’t talk to surrounding jurisdictions.” – Key informant

Respondents cited a need for other alternative approaches to opioid distribution and abuse enforcement other than arrests and opioid detox in the jails, which are ill-equipped as treatment facilities. As one key informant explained, *“Jail is where detox happens. Jail isn’t set up to hold females, to deal with people detoxing.”*

STAKEHOLDER RECOMMENDATIONS

Assessment participants suggested a range of recommendations for addressing and preventing substance misuse and abuse in St. Mary's County. These included applying a public health prevention approach to this issue, integration of substance abuse and mental health services, addressing the social determinants of substance misuse and abuse, addressing mental health issues that may underlie substance abuse patterns through a life course approach, investing in positive youth development, building life skills to prevent uptake of substances, enhancing the PDMP program, improving the supply of providers, and increasing treatment options.

Applying a Public Health Prevention Approach to Substance Misuse and Abuse

Several service providers emphasized that current approaches addressing substance abuse in St. Mary's County were not actually prevention. Instead, a public health approach to prevention involves primary prevention through policy, systems, and environmental change. As one key informant explained:

"I think we're doing a lot with education, but not prevention. But that's what people can get their hands around. Evidence suggests that education is not that efficacious. That's what policy makers will support because it shows that we're doing something." – Key Informant

Another key informant explained that other intervention strategies such as designated driver programs are also not preventing the issue of substance abuse:

"We need a revamping of prevention. I just think that we think too small in terms of prevention activities. I think it needs to be a cradle to grave approach to it. I just saw something about getting designated drivers for the Tiki Bar as a prevention activity. It bothers me that our own prevention activity is designated drivers. Is that really prevention? What is prevention? Is that something that we should do as the County government?" – Key Informant

Thus, some respondents perceived that current approaches to substance abuse, such as educational approaches were limited by the understanding of how to address the issue.

Service providers noted that a system/policy approach necessitates county-level leadership on the issue. They recognized that *"The local policy issues are the harder issues,"* but cautioned that unless the county implements a policy approach to substance abuse, the county will not make significant progress on this issue. For example, one key informant expressed his vision for the future:

"I would like to see buy-in from the elected officials. The elected officials have to realize that jails are costing them a lot of money and if you want to reduce that to use that money elsewhere you're gonna have to spend a little to get a little. Prevention is cheaper than treatment. People are more productive when they're out in the workforce working than sitting behind bars because they've been stealing." – Key Informant

Address the Social Determinants of Health of Substance Misuse and Abuse

Several service providers and residents cited a need to address the social determinants of health as factors that underlie substance abuse. For example, several respondents raised the need to improve

jobs to reduce stress and improve material needs and financial stability, risk factors for substance abuse characterized by residents. One key informant suggested:

“Bring in lower- to middle-class solid jobs to provide solid opportunities for individuals so that they don’t feel disenfranchised and start using drugs. There have been some efforts to address social determinants but they’ve not been sustained.” – Key Informant

Another service provider noted the need to improve transportation to promote health and reduce risk of substance abuse:

“We need to figure out a way for a transportation system that’s available to people to get people to where they need to go. I know ADA service is only to the doctor and home. And then you’re left with, ‘How do I get my prescription? How do I get to support groups that my doctor has recommended if I don’t have transportation?’” – Key Informant

Respondents also emphasized a need to improve housing affordability and accessibility, including temporary housing for homeless residents to prevent substance abuse and support recovery.

Address Mental Health Issues That May Underlie Substance Abuse Patterns from a Life Course Perspective

Many residents described mental health as an underlying condition that increases risk for substance abuse. Several service providers noted the need to address mental health needs among residents to prevent residents from turning to substances to self-medicate. One key informant noted a need to promote mental health and address mental health needs across the life course:

“From the public health perspective, if you look at different stages of the spectrum, like prevention, I know we’re not having enough attention in the maternal and child health area, like early childhood intervention, and early childhood issues related to mental health. It’s important not just to talk about the acute problem, but also have that long-term perspective.” – Key Informant

Several of these recommendations were embedded within a life course and systems approach to prevention, noting a need for a cradle-to-grave approach. Additionally, service providers cited a need for a “wrap-around community treatment model.”

“ACT model is an evidence-based program that would be mental health and substance abuse, supportive living, job training, care to individuals who aren’t able to access typical services. There are rural and urban models. – Key Informant

Indeed, several service providers and residents noted a need to integrate families into mental health and substance abuse treatment and to embed these services into community settings, before residents’ mental health and substance abuse needs escalate to a level that requires admission to a substance abuse treatment center.

Along the lines of a wrap-around approach, several service providers suggested that the County leadership continue to integrate systems that address substance abuse and mental health needs in the county:

“Locally we need to make sure that our detention center, law enforcement and legal community are coordinated and making sure people are connected with and continue treatment. Some of that is investing local dollars to the detention centers.” – Key Informant

Invest in Positive Youth Development

Several respondents, particularly young people in St. Mary’s County, characterized the county as having limited developmentally appropriate recreational activities for students outside of school and sports. Along these lines, several respondents noted a need to work with younger residents to improve opportunities for positive youth development and promote the involvement of youth in community planning initiatives. One key informant suggested:

“We need to take a look at what we can do with our youth population from environmental change to drugs, and other ways to spend their energies outside of school sports. Those are the options: School sports or nothing. We need to diversify so youth feel like there are things to do.” – Key Informant

Others offered recommendations for creating recreational spaces for young people:

“A YMCA or Boys and Girls Club to help us with the out-of-school time aspects. Less idol time off to do whatever. More enrichment activities for our youth also. We’re trying to minimize or counteract the time aspects of drug use in essence by getting them involved in multiple things and being successful in that way. ... Bringing more entertainment aspects so that they don’t start availing themselves of living on an island.” – Key Informant

Recommendations for recreational spaces included a YMCA or Boys and Girls Club, mall, movie theater, arcade, and paintball location. Several service providers also referenced planning for a youth summit around drug use that has been driven by young people as an example of a positive youth development opportunity that could be expanded.

Build Life Skills to Prevent Uptake of Substances

Several service providers cited the need to build life skills among youth to resist peer pressure to try drugs. As one public health practitioner explained:

“Youth need to know how to say no, to navigate the conversations about using substances, deal with the peer pressure, feel confident, and build their own self efficacy so that they don’t feel the need to use substances. Those are important lessons that we haven’t imparted enough. Those need to happen at the 6th grade, minimum.” – Key Informant

Additionally, some providers and residents in recovery emphasized the need to develop skills among persons recovering from substance abuse to enable them to transition back into a job and to function outside of substance abuse treatment facilities.

Enhance Enforcement Strategies Such as the Prescription Drug Monitoring Program

Providers and representatives from law enforcement and public health cited a need for prevention-focused enforcement strategies to prevent opioid misuse and abuse. Providers and representatives

from law enforcement and public health institutions acknowledged the important role of law enforcement in addressing opioid misuse. They explained that current prevention-related strategies need to be bolstered and new strategies need to be implemented to prevent access to opioids. These respondents explained that the Prescription Drug Monitoring Program is a promising systems-level intervention. **Several service providers explained that the prescription drug monitoring program has demonstrated success in restricting unnecessary access to prescription opioids. Other providers noted that this program needs to be enhanced in order to be truly effective.** As one key informant described:

“PDMP has been a good strategy recently. If more providers were required to use it that would really help to know patient history and what they’re using.” – Key Informant

Another key informant explained that this program rolled out along with the health information exchange. This timing of the implementation of the PDMP resulted in limited prioritization of the PDMP in the context of other systems level changes. Additionally, respondents cited that the restriction of this program to the jurisdiction of the state and the lack of mandated participation pose barriers to the successful implementation of this program and the regulation of access to prescription opioids:

“PDMP [Prescription Drug Monitoring Program] is great, but not efficient or mandatory or useful. Also it doesn’t talk to surrounding jurisdictions.” – Key informant

Improve the Supply of Providers

Service providers and residents emphasized the need to increase the supply of behavioral health providers to address the mental health and substance abuse needs of residents. Several respondents explained that the supply of behavioral health providers does not meet the demand. Under these conditions, behavioral health needs escalate from a mild mental health condition to more severe mental illness and substance abuse. Additionally, some service providers and residents cited a need for mental health services for adolescents. One key informant noted:

“Increase adolescent mental health services. We have very few clinicians for youth to see. If you want to see a psychiatrist you have to leave the county to see a child psychiatrist.” – Key Informant

Increase Substance Abuse Treatment Options

Respondents cited a need to increase substance abuse treatment options. Several noted that Walden was the main substance abuse provider in the county. Respondents acknowledge that relapse is a part of substance abuse treatment. However, they emphasized that when there is only one substance abuse treatment provider and if users relapse, it is difficult to return to the same provider after relapse.

They also suggested additions such as equipping law enforcement agents with Narcan to address opioid overdoses, having providers who prescribe suboxone as part of opioid treatment, improving and supporting substance abuse and mental health treatment in the detention center. One key informant explained the need for improved and comprehensive treatment among the detention center population:

“You need to have (a) a proper structure in your detention center for rehabilitation – no longer lock them in and throw away the key. And you have to have folks that follow up and make sure that they stay on the straight and narrow street when they get out. All the folks in the jail are

also soaking up the resources on the outside when they're not outside. These folks can't be seen on the outside because they don't have access to those resources be it transportation to get there. They have to have a job to meet their family's need – they can't get there. We can't get assurance that they won't relapse.” – Key Informant

Embedded in this suggestion is a wrap-around approach that integrates the resources of the detention center and community-based services to populations at risk of detention and who may cycle in and out of detention due to underlying mental health or substance abuse needs. Several law enforcement key informants echoed the concern that *“If we don't provide the treatment, the revolving door will continue.”*

A few other service providers expressed a vision for identifying other evidence-based models of substance abuse and mental health treatment:

“Look for leaders to spearhead new organizations or new models of doing substance abuse and mental health prevention and treatment.” – Key Informant

CONCLUSION

From discussions with stakeholders from a range of different sectors and populations, it is clear there are numerous challenges ahead at the individual, family, community, and societal levels that have an impact on substance abuse in St. Mary's County. While these challenges are significant, there has been increased interest and engagement by community members as well as coordination and collaboration among County leadership.