MD-EDDS *Bulletin*

Center for Substance Use, Addiction, and Health Research (CESAR) at the University of Maryland

Maryland Emergency Department Drug Surveillance (MD-EDDS) Program — July 9, 2024

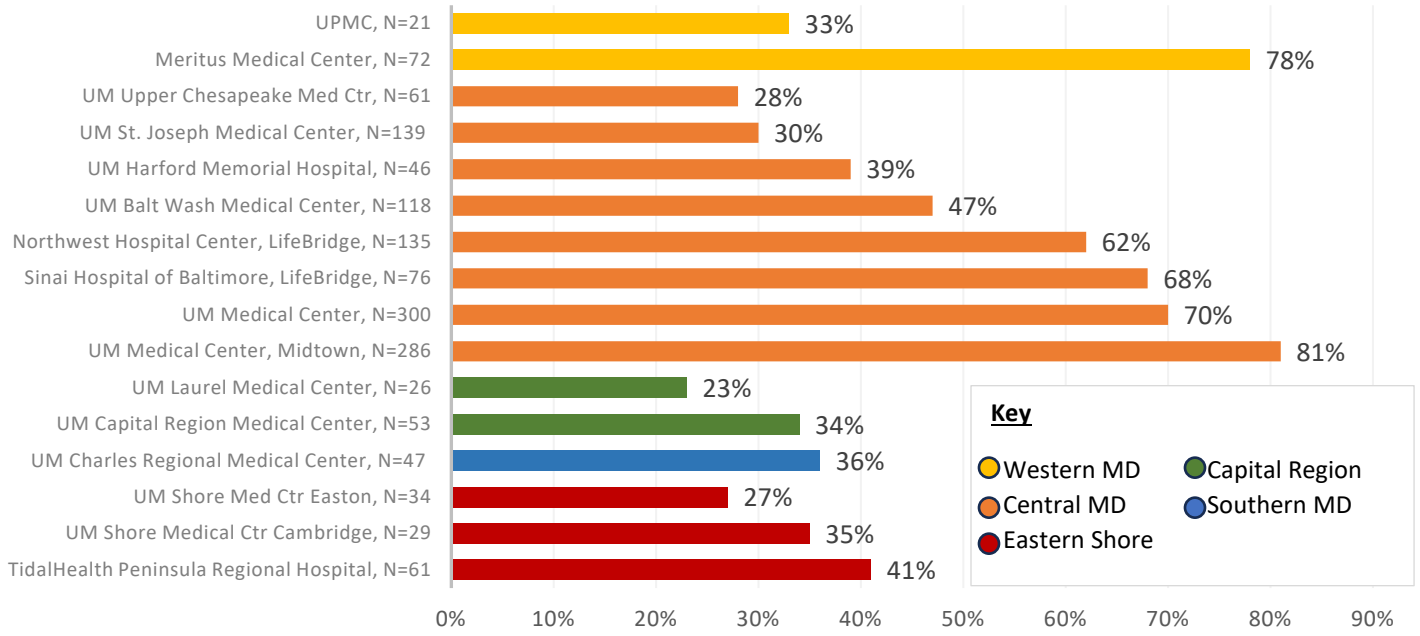
Josh Siems Act in Action: MD-EDDS Finds 23-81% of Overdose Patients in 16 Hospitals Across Maryland Tested Positive for Fentanyl

Figure 1 shows the wide range of fentanyl positives reported in hospitals across Maryland. The percentage of specimens positive for fentanyl in 2023 ranged from 23% in Laurel in Prince George's County to 81% in Baltimore City. In four hospitals, 68% or more of the specimens tested were positive for fentanyl. The lowest percentages positive were reported by hospitals in Harford, Prince George's, and Talbot counties and the highest in Baltimore City/County and Meritus Medical Center in Washington County.

Fentanyl Testing in Maryland Hospitals

In compliance with the Josh Siems Act passed during the 2023 legislative session, Maryland hospitals are now including fentanyl in their routine test. In Figure 1, the number of specimens tested varies depending upon when each hospital began testing for fentanyl. Only the 16 hospitals with 20 or more reported fentanyl test results are included in Figure 1. Figure 2 shows the other drugs detected along with fentanyl in the 8 hospitals that reported 20 or more specimens positive for fentanyl in 2023.

Figure 1: Percentage of ED Overdose Patients in 16 Hospitals that Tested Positive for Fentanyl in 2023



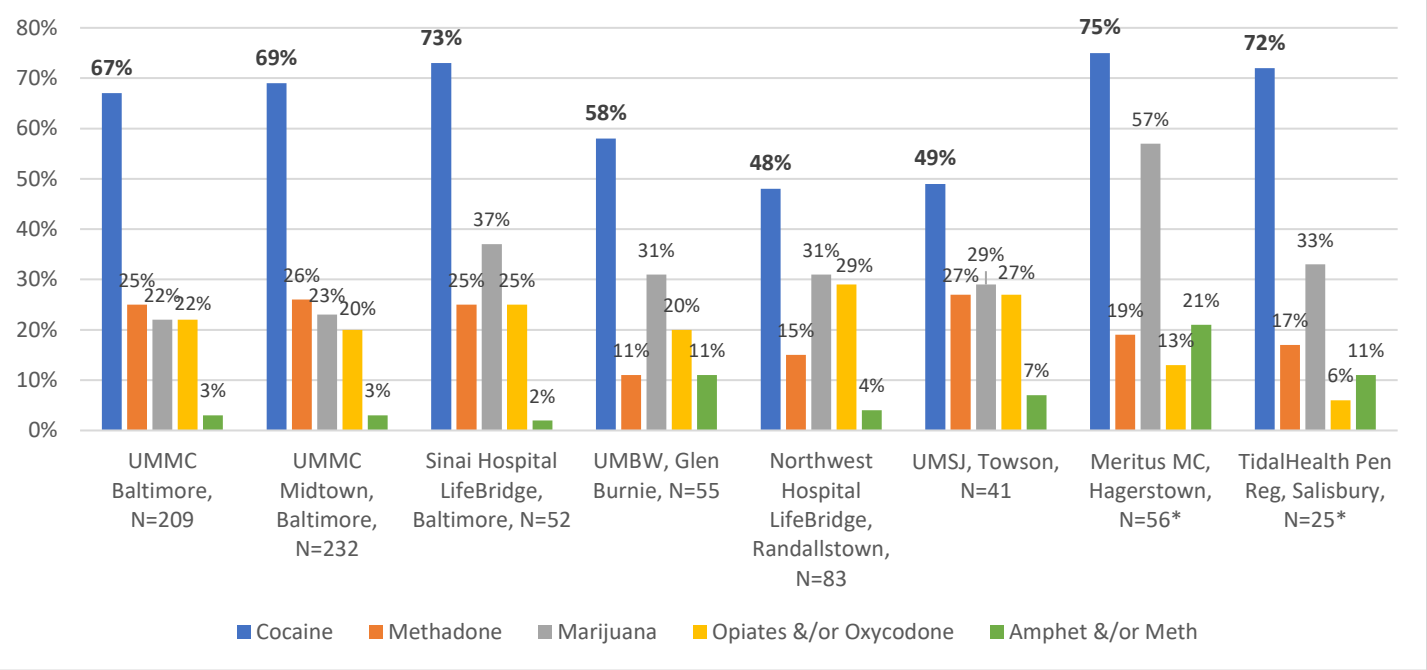
N=Number tested for fentanyl. Source: CESAR, MD-EDDS, June 2024

Other Drugs Detected with Fentanyl

Fentanyl is typically detected along with other drugs in patients. Figure 2 shows that cocaine was the most frequent other drug detected along with fentanyl in the eight hospitals studied. Cocaine was detected in 48% to 75% of fentanyl positive patients.

Other drugs often detected along with fentanyl include marijuana (22-57%), opiates and/or oxycodone (6-29%), and amphetamine/ methamphetamine (2-21%).

Figure 2: Cocaine was Found in 48%-75% of Fentanyl Positive Drug Overdose Patients, 2023



*N=Number testing positive for fentanyl. Ns by drug vary slightly because of missing data.
Source: CESAR, MD-EDDS, June 2024

Summary. Fentanyl was detected in specimens from ED overdose patients in all of hospitals studied, and 48%-75% of fentanyl positive specimens also tested positive for cocaine. The mandated testing for fentanyl provides valuable information to uncover drug trends throughout the State. Marylanders should be informed that cocaine may increase their risk of being exposed to fentanyl. Additional results will be made available on the CESAR website, www.cesar.umd.edu.

Limitations. Sufficient data for analysis was not available for all hospitals because of the date they began testing for fentanyl. Future reports will have sufficient test results for all MD-EDDS hospitals.

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We would like to thank the administrators, physicians, and staff at each of the MD-EDDS hospitals for their support in making this study possible.

MD-EDDS

In 2023, Maryland's Office of Overdose Response (MOOR) re-funded MD-EDDS as a grant to CESAR to continue the first statewide EDDS program in the nation. MD-EDDS is a new tool for identifying and tracking the drugs to which ED patients have been exposed

Twenty hospitals across the state now participate in MD-EDDS. Each hospital provides bi-annual de-identified extracts of patients' electronic health records for patients 18 years or older treated in the hospital ED for a drug overdose related complaint and a one-time sample of deidentified urine specimens that tested positive for at least one drug by the hospitals' screens which MD-EDDS re-tests for more than 200 substances.

Additional information and results from MD-EDDS may be found at: https://cesar.umd.edu/landingtopic/maryland-edds.

Source:
MD-EDDS, Center for Substance Use, Addiction and Health Research (CESAR), April 2024. Supported by a grant from the State of Maryland's Office of Overdose Response (MOOR). The views presented here are those of the grantee organization and not necessarily those of the MOOR, its Executive Director, or its staff.