



Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor – Boyd Rutherford, Lt. Governor – Van Mitchell, Secretary

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DATA REPORT

DRUG AND ALCOHOL-RELATED EMERGENCY DEPARTMENT VISITS IN MARYLAND 2008-2014

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INTRODUCTION

This report contains data on drug and alcohol-related emergency department visits for Maryland residents who visited a Maryland emergency facility or specialty hospital during the period 2008-2014. Trends are examined by age, race/ethnicity, sex, county of residence, and type of substance.

Data on drug and alcohol-related emergency department visits were obtained from the Maryland Health Services Cost Review Commission's (HSCRC) outpatient discharge files. The State charges the HSCRC with regulating the rates and revenues of Maryland's 46 acute care and five specialty hospitals. HSCRC collects discharge medical records containing information on patient demographics, diagnoses, services, resident location, and charges for each of Maryland's approximately 2 million emergency department visits annually.

METHODS

All data in this report are based on emergency department visits made by Maryland residents as identified by zip code of residence. Records were excluded if they contained an International Classification of Diseases, 9th Revision (ICD-9) code in any diagnosis position for attempted suicide or self-harm, or for assault by drugs, substances, or gases/vapors.

Rates were age-adjusted to eliminate the confounding effect of differences in age distributions so that rates would be comparable across populations. Age distributions and weights based on the 2000 U.S. standard population were used to calculate age-adjusted rates. In the maps section, County rates were compared to the State rate to test for statistical differences.

A drug and alcohol-related emergency department visit was defined as a visit to a Maryland emergency facility or specialty hospital for which a drug or alcohol ICD-9 code was found in any diagnosis position on the record. Each record has one ICD-9 code in the primary diagnosis position, representing the primary medical condition treated during the visit, and up to 28 ICD-9 codes in the secondary diagnosis position (up to 15 codes for records prior to 2013), representing any other medical condition(s) treated during the visit.

Regardless of the position in the record where a drug or alcohol ICD-9 code appears, the presence of one of these codes indicates a diagnosis of an intoxication, poisoning, accidental poisoning, or toxic effect.

Substances were grouped into the six categories below. Since an emergency department visit may involve more than one substance, counts of visits related to specific substances do not sum to the total number of drug and alcohol-related visits in this report.

- **Drug and alcohol-related emergency department visits**
Includes records containing one or more ICD-9 codes for alcohol, benzodiazepines, cocaine, heroin, opioids or other potential substances of abuse.
- **Alcohol-related emergency department visits**
Includes records with one or more ICD-9 codes for alcohol intoxication, toxic effects, or poisoning.
- **Benzodiazepine-related emergency department visits**
Includes records with one or more ICD-9 codes for benzodiazepine poisoning.
- **Cocaine-related emergency department visits**
Includes records with one or more ICD-9 codes for cocaine poisoning. Cocaine was not coded in records prior to 2011, so cocaine-related visits can only be tracked from 2011 to present.
- **Heroin-related emergency department visits**
Includes records with one or more ICD-9 codes for heroin poisoning.

- **Prescription opioid-related emergency department visits**

Includes records with one or more ICD-9 codes for opium, methadone, or other opiates and related narcotics, not including heroin.

LIMITATIONS

HSCRC files do not contain records for Maryland resident emergency department visits that occur outside Maryland; therefore, the counts and rates presented in this report underestimate the actual figures. This limitation is more pronounced in county-level data for areas in close proximity to accessible facilities outside of Maryland. For example, Montgomery and Prince George's Counties are in close proximity to several emergency department facilities in DC; therefore, counts and rates for Montgomery and Prince George's Counties should be interpreted with caution.

HSCRC changed race data collection methods at the start of fiscal year 2014. All comparisons of race-specific data between 2014 and previous years should be interpreted with caution.

HSCRC has a data suppression policy to prevent any potential identification of individuals from the data. Numbers and rates based on counts of 10 or less are suppressed in this report and designated with an asterisk.

SUMMARY OF TRENDS 2008-2014

Total drug and alcohol-related emergency department visits

- There were 11,242 drug and alcohol-related emergency department visits among Maryland residents in 2014. From 2008 to 2014, the age-adjusted rate for drug and alcohol-related emergency department visits increased by 37.5%.
- Rates of drug and alcohol-related emergency department visits were generally highest among non-Hispanic whites, men, and individuals aged 45-64.
- From 2010 through 2014, drug and alcohol-related emergency department visits occurred more frequently among individuals covered by Medicaid compared to other health care coverage categories.
- Baltimore City residents had the highest rate of drug and alcohol-related visits, which was more than two times higher than the State average.

Alcohol-related emergency department visits

- There were 5,103 alcohol-related emergency department visits among Maryland residents in 2014. From 2008 to 2014, the age-adjusted rate for alcohol-related emergency department visits increased by 21%.
- Alcohol-related emergency department visits were more than three times higher among men than women. Almost half of all alcohol-related emergency department visits were among individuals aged 45-64.
- Calvert County residents had the highest rate of alcohol-related visits, which was nearly three times higher than the State average.

Benzodiazepine-related emergency department visits

- There were 601 benzodiazepine-related emergency department visits among Maryland residents in 2014. From 2008 to 2014, the age-adjusted rate for benzodiazepine-related emergency department visits increased by 51%.
- Rates of benzodiazepine-related emergency department visits were generally highest among non-Hispanic whites and individuals aged 25-44.
- Cecil County residents had the highest rate of benzodiazepine-related visits, which was nearly three times higher than the State average.

Cocaine-related emergency department visits

- There were 251 cocaine-related emergency department visits among Maryland residents in 2014. From 2008 to 2014, the age-adjusted rate for cocaine-related emergency department visits decreased by 11%.
- From 2011 through 2014, cocaine-related emergency department visits occurred more frequently among individuals covered by Medicaid compared to other health care coverage categories.
- Baltimore City residents had the highest rate of cocaine-related visits, which was nearly six times higher than the State average.

Heroin-related emergency department visits

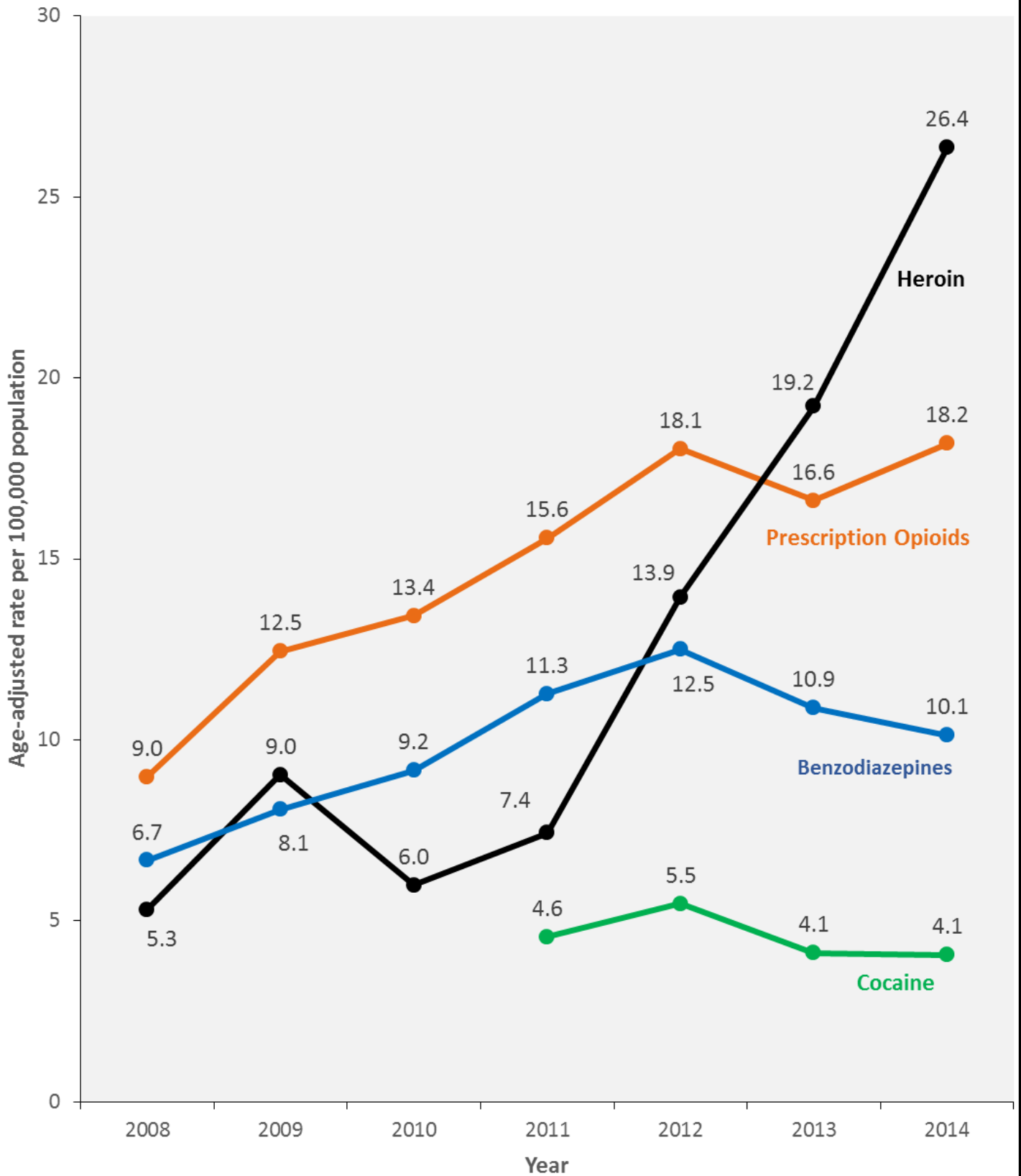
- There were 1,564 heroin-related emergency department visits among Maryland residents in 2014. From 2008 to 2014, a five-fold increase occurred in the age-adjusted rate for heroin-related emergency department visits, from 5.3 to 26.4 per 100,000 population.
- The rates of heroin-related emergency department visits were highest among men and non-Hispanic whites, and, since 2009, among individuals aged 15-24.
- Total charges for heroin-related emergency department visits increased nearly seven-fold between 2008 and 2014.
- From 2008 through 2014, nearly 74% of heroin-related emergency department visits occurred among individuals covered by Medicaid or without any health care coverage.
- Five Counties (Anne Arundel, Baltimore City, Baltimore, Calvert, and Cecil) had heroin-related visit rates that were significantly higher than the State average.

Prescription opioid-related emergency department visits

- There were 1,101 prescription opioid-related emergency department visits among Maryland residents in 2014.
- From 2008 through 2014, the age-adjusted rate for prescription opioid-related emergency department visits doubled and was highest among men, non-Hispanic whites, and, from 2009 to 2014, among individuals aged 25-44.
- Total charges for prescription opioid-related emergency department visits nearly quadrupled between 2008 and 2014.
- Between 2008 and 2014, Baltimore City and Cecil County had the highest average age-adjusted rates, which were more than twice the State average.

CHARTS

Figure 1. Age-Adjusted Rates for Drug-Related Emergency Department Visits by Selected Substances: Maryland, 2008-2014



**DRUG AND ALCOHOL-RELATED
EMERGENCY DEPARTMENT VISITS
2008-2014**

Figure 2. Total Number of Drug and Alcohol-related Emergency Department Visits: Maryland, 2008-2014

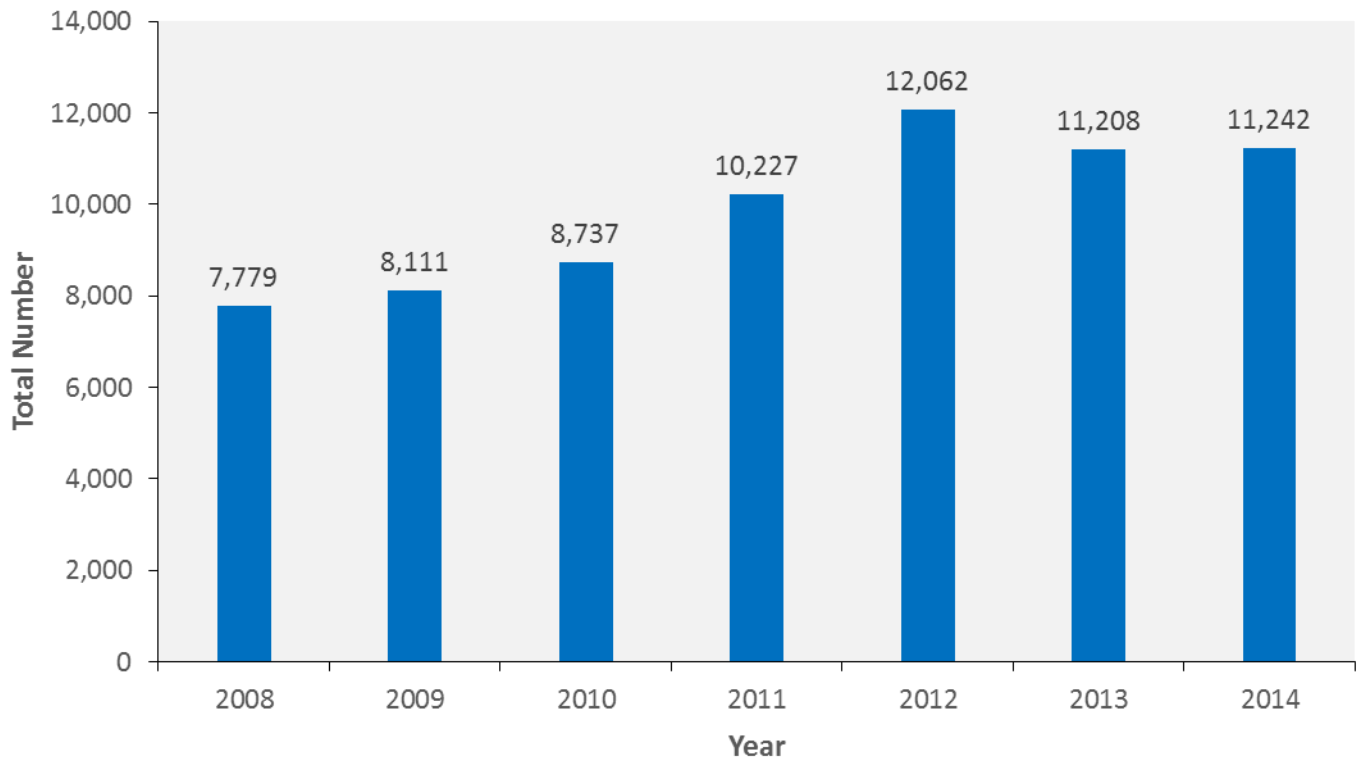


Figure 3. Age-Adjusted Rates for Drug and Alcohol-related Emergency Department Visits: Maryland, 2008-2014

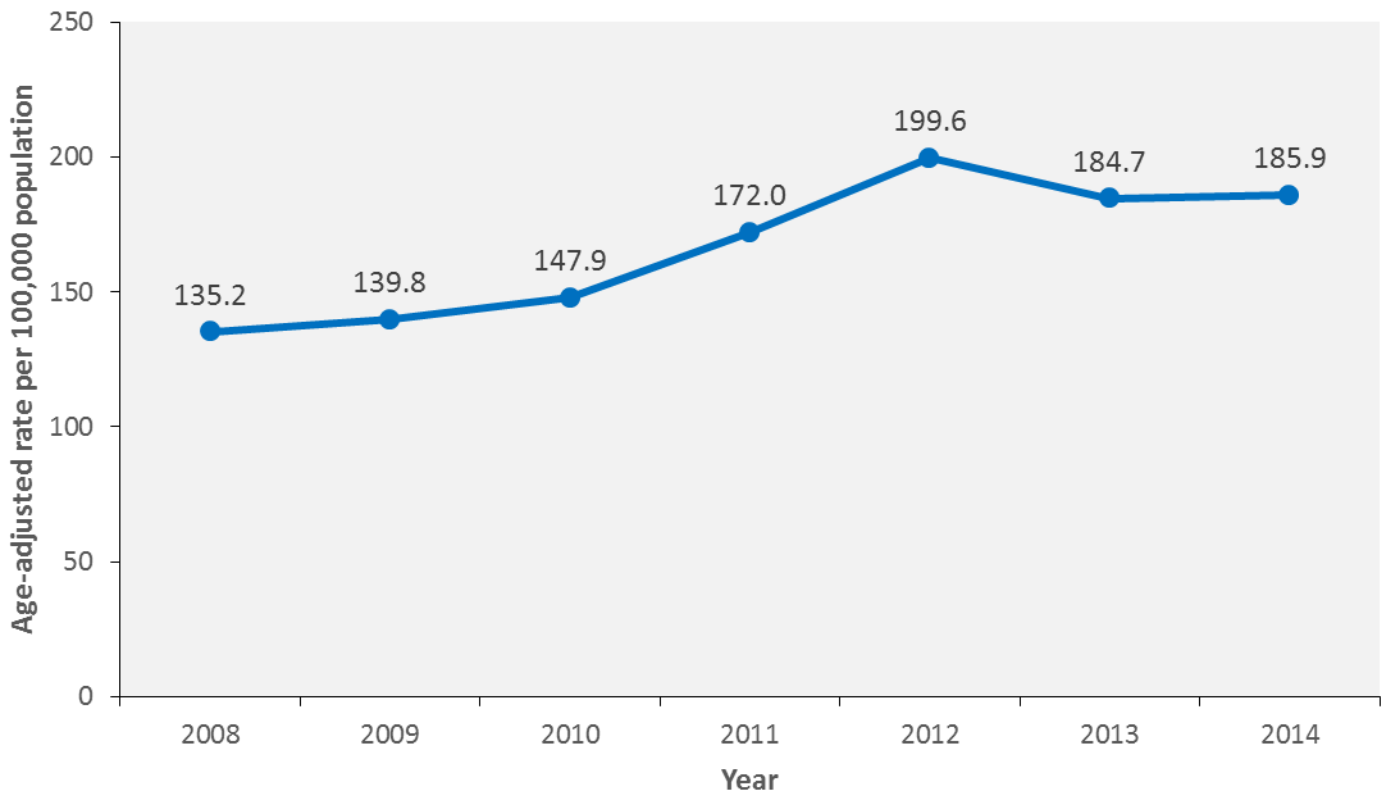
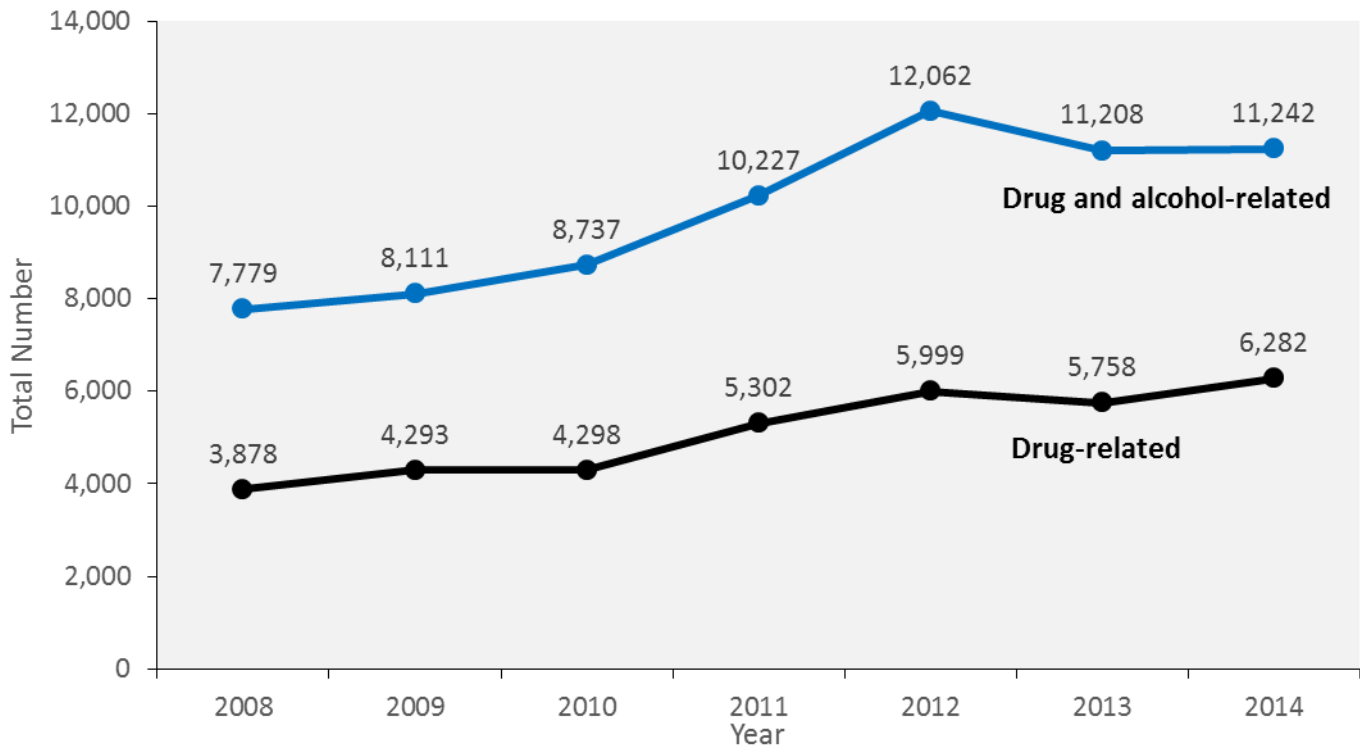


Figure 4. Total Number of Drug-related Emergency Department Visits with and without Alcohol: Maryland, 2008-2014



Summary of Figure 4.

The majority of drug and alcohol-related emergency department visits involve alcohol intoxication. Figure 4 displays the number of emergency department visits involving alcohol either alone or in combination with other drugs, and visits involving drugs other than alcohol. Since such a large number of visits are alcohol-related, these visits are a major factor influencing the total number of drug and alcohol-related visits.

For example, there was a decrease in the total number of drug and alcohol-related visits from 2012 to 2013. This trend is reflective of a decrease in the alcohol-related visits from 2012 to 2013. When alcohol-related visits are excluded from the total, the decrease in the number drug-related visits from 2012 to 2013 is less pronounced. Additionally, the total number of drug and alcohol-related visits remained stable from 2013 to 2014. However, the number of drug-related visits increased when alcohol-related visits were excluded.

It is important to understand that alcohol-related visits have a major impact on the total number of drug and alcohol-related visits, since drug and alcohol abuse are known to be comorbid conditions. In 2014, 53% of the alcohol-related intoxication deaths in Maryland occurred in combination with heroin.¹

¹ Drug and Alcohol-related Intoxication Deaths in Maryland, 2014. Maryland Department of Health and Mental Hygiene, May 2015.

Figure 5. Number of Drug and Alcohol-related Emergency Department Visits by Sex: Maryland, 2008-2014

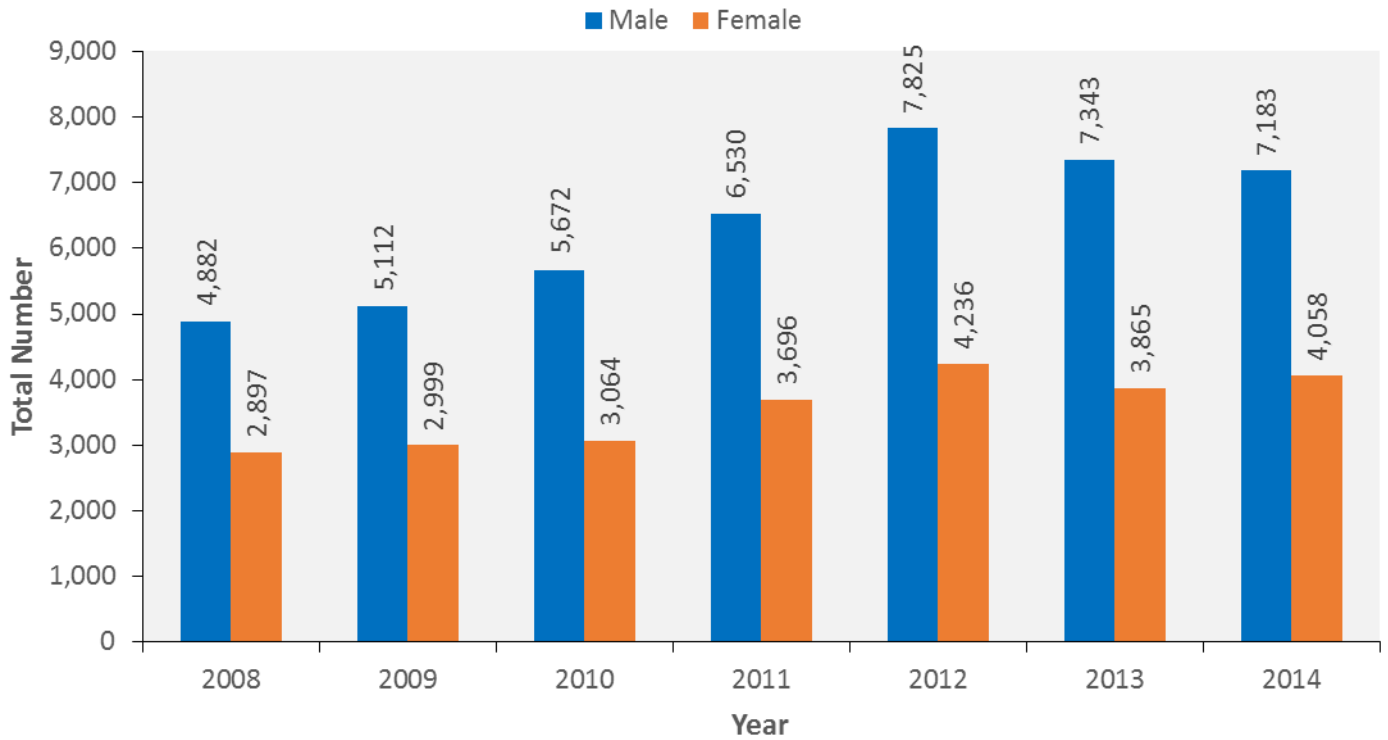


Figure 6. Age-Adjusted Rates for Drug and Alcohol-related Emergency Department Visits by Sex: Maryland, 2008-2014

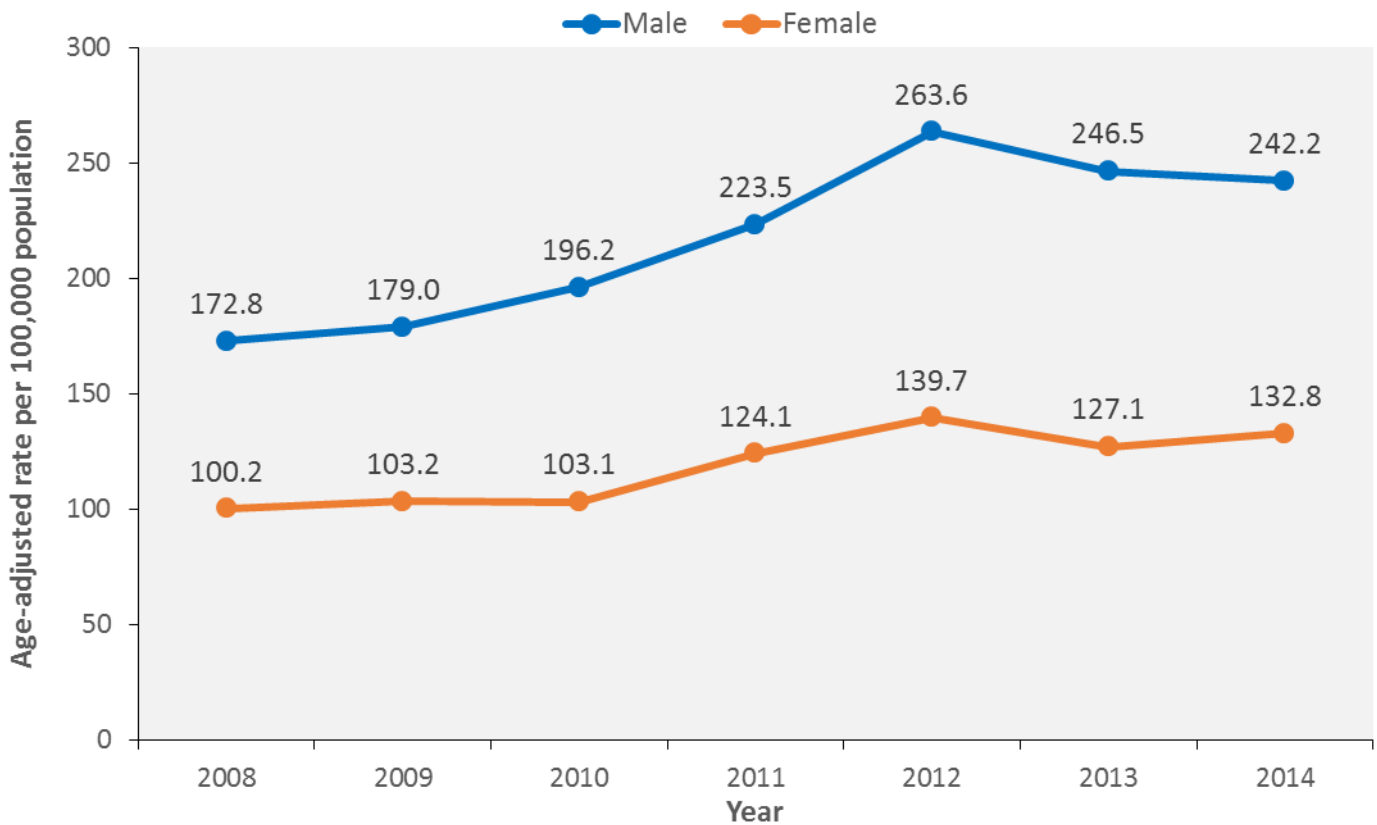


Figure 7. Number of Drug and Alcohol-related Emergency Department Visits by Race/Ethnicity: Maryland, 2008-2014

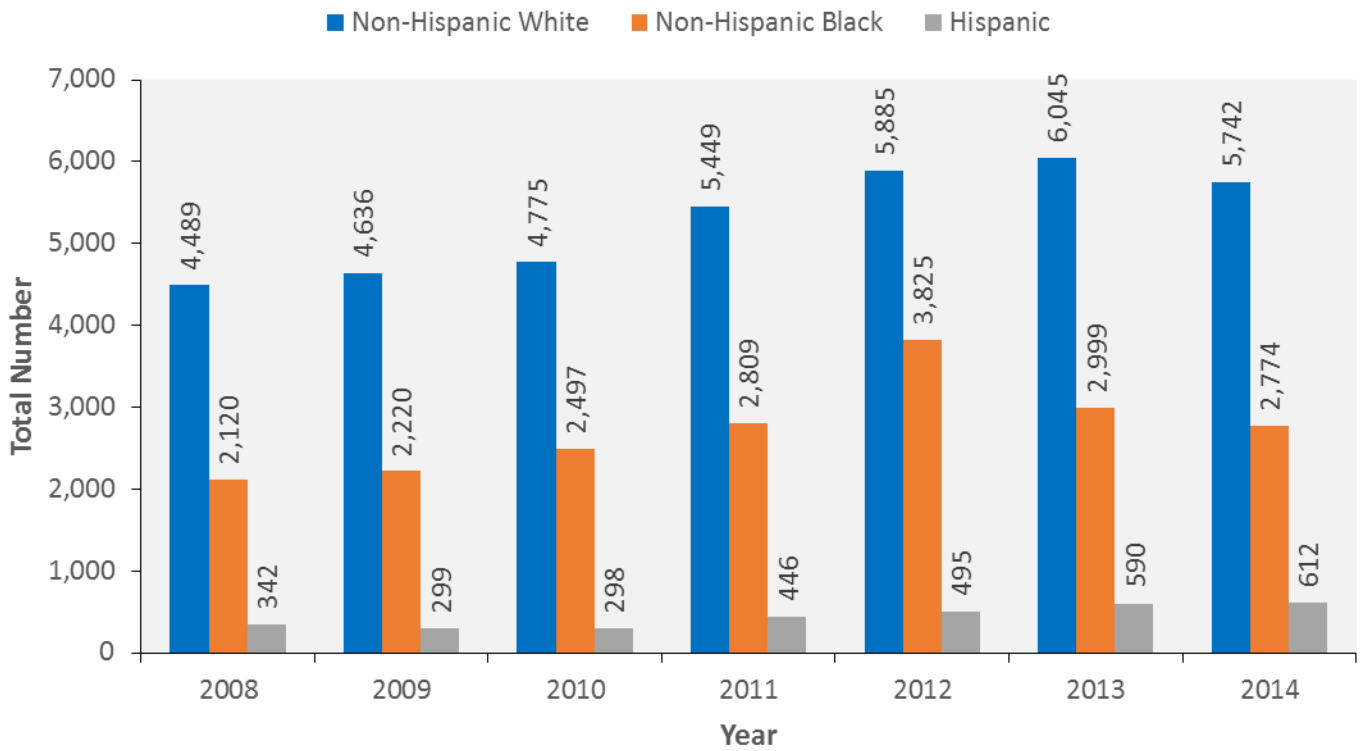


Figure 8. Age-Adjusted Rates for Drug and Alcohol-related Emergency Department Visits by Race/Ethnicity: Maryland, 2008-2014

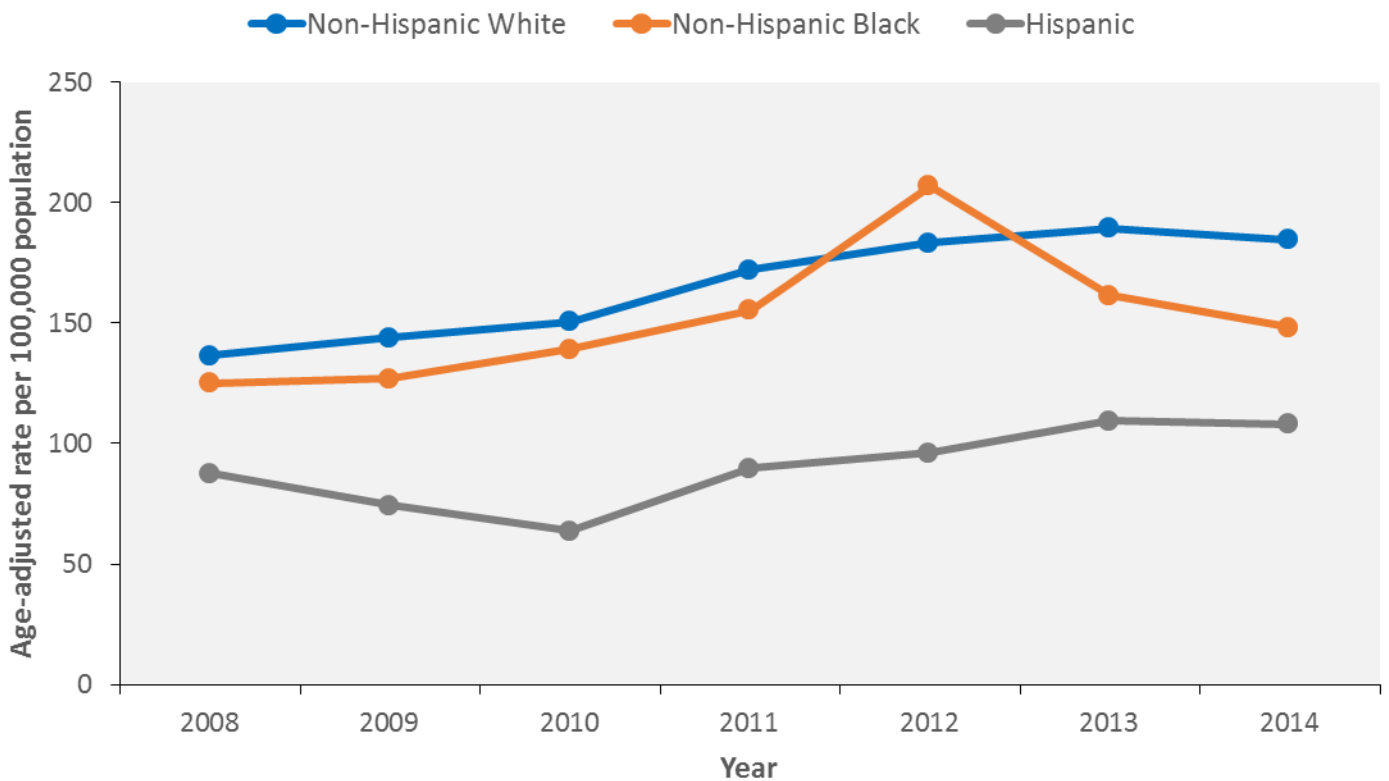


Figure 9. Number of Drug and Alcohol-related Emergency Department Visits by Age Group: Maryland, 2008-2014

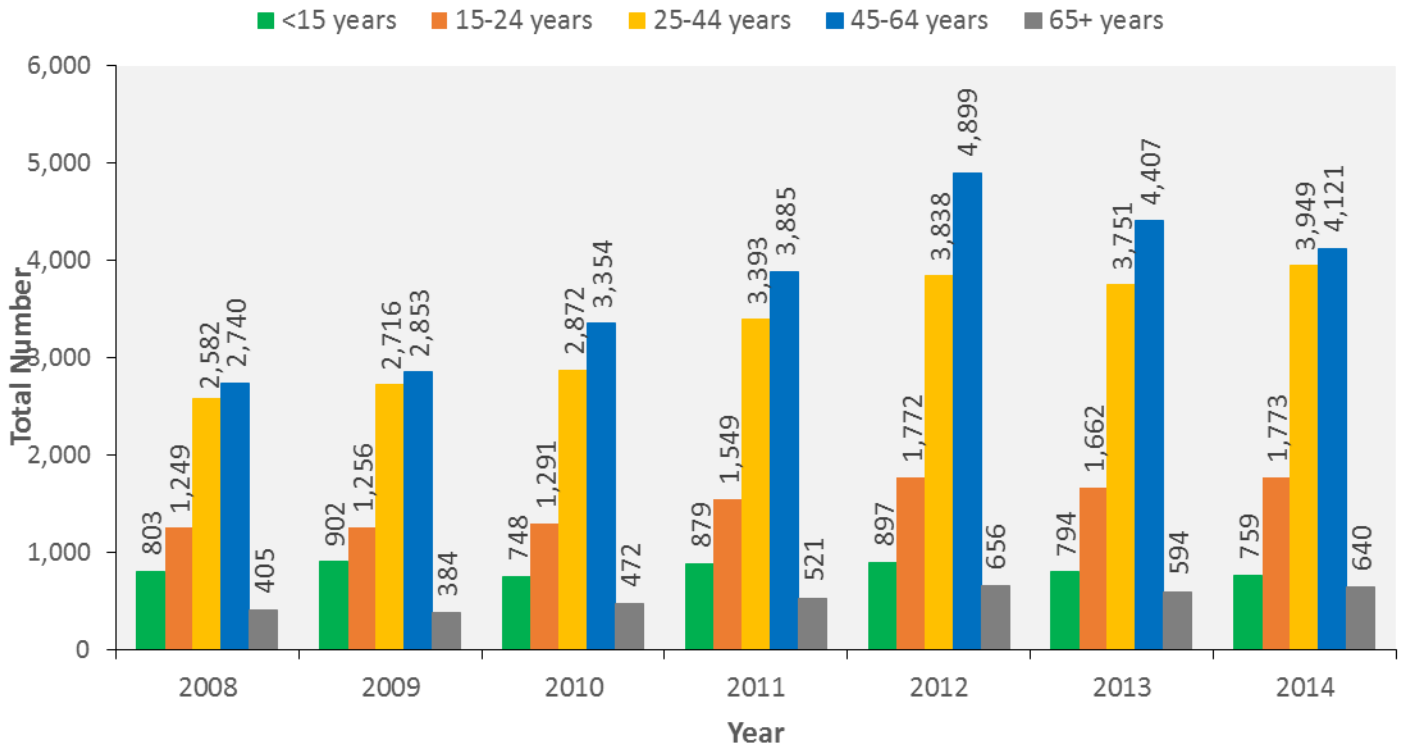


Figure 10. Crude Rates for Drug and Alcohol-related Emergency Department Visits by Age Group: Maryland, 2008-2014

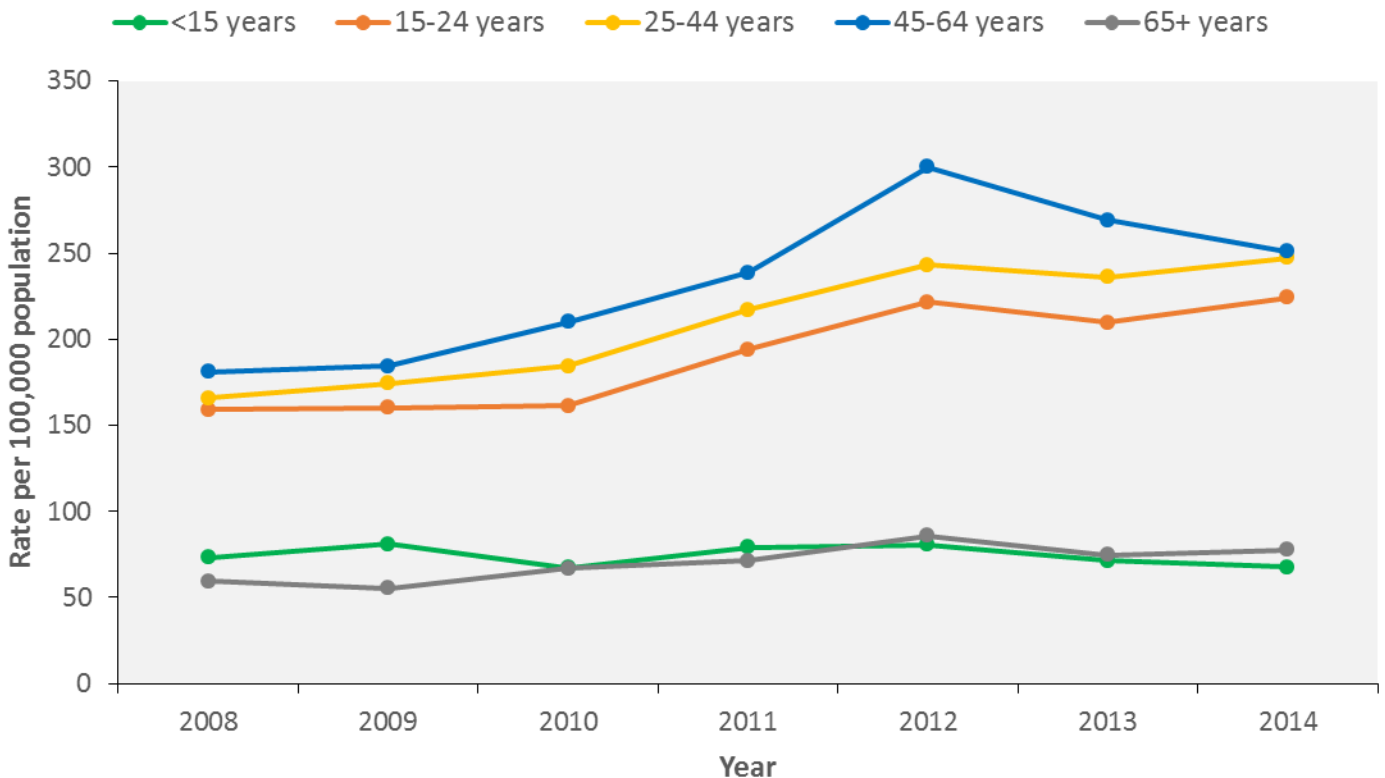


Figure 11. Total Charges for Drug and Alcohol-related Emergency Department Visits: Maryland, 2008-2014

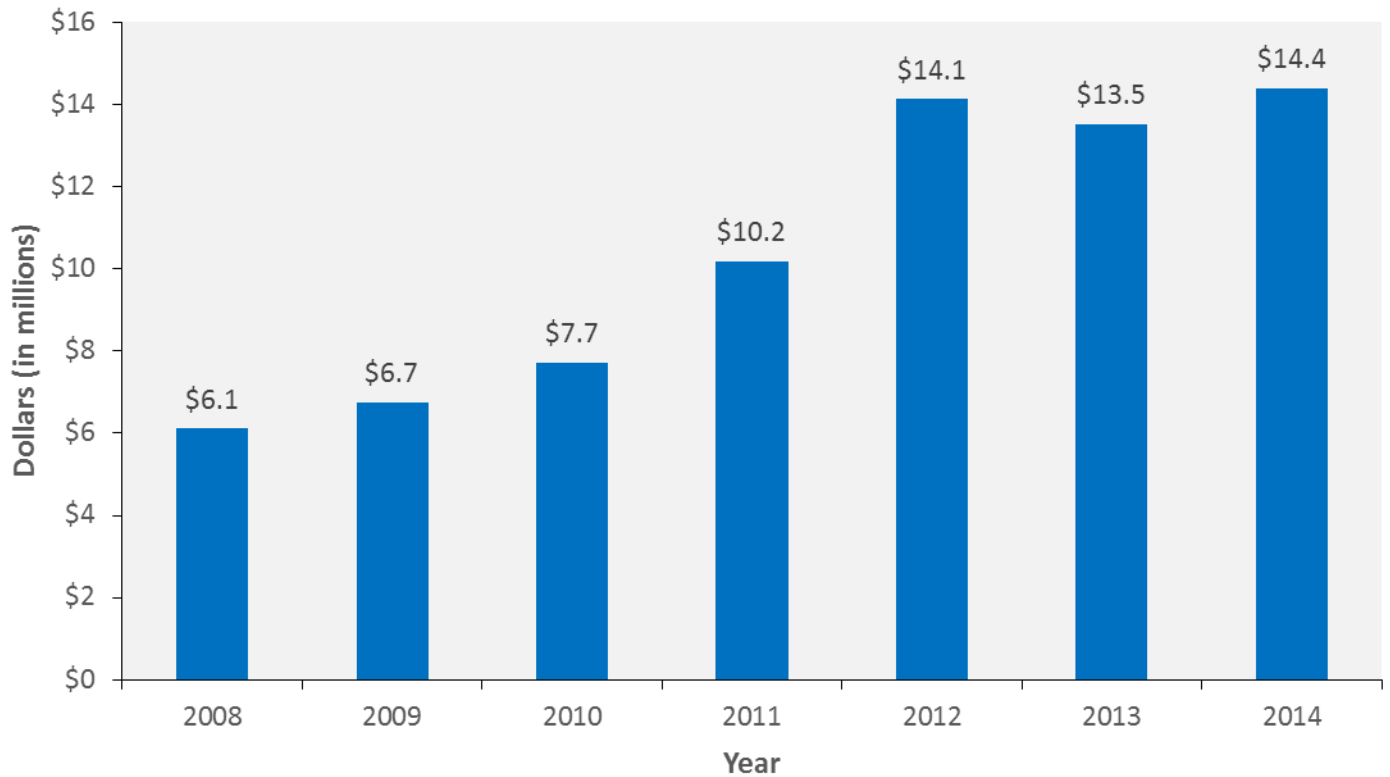


Figure 12. Expected Payer for Drug and Alcohol-related Emergency Department Visits: Maryland, 2008-2014

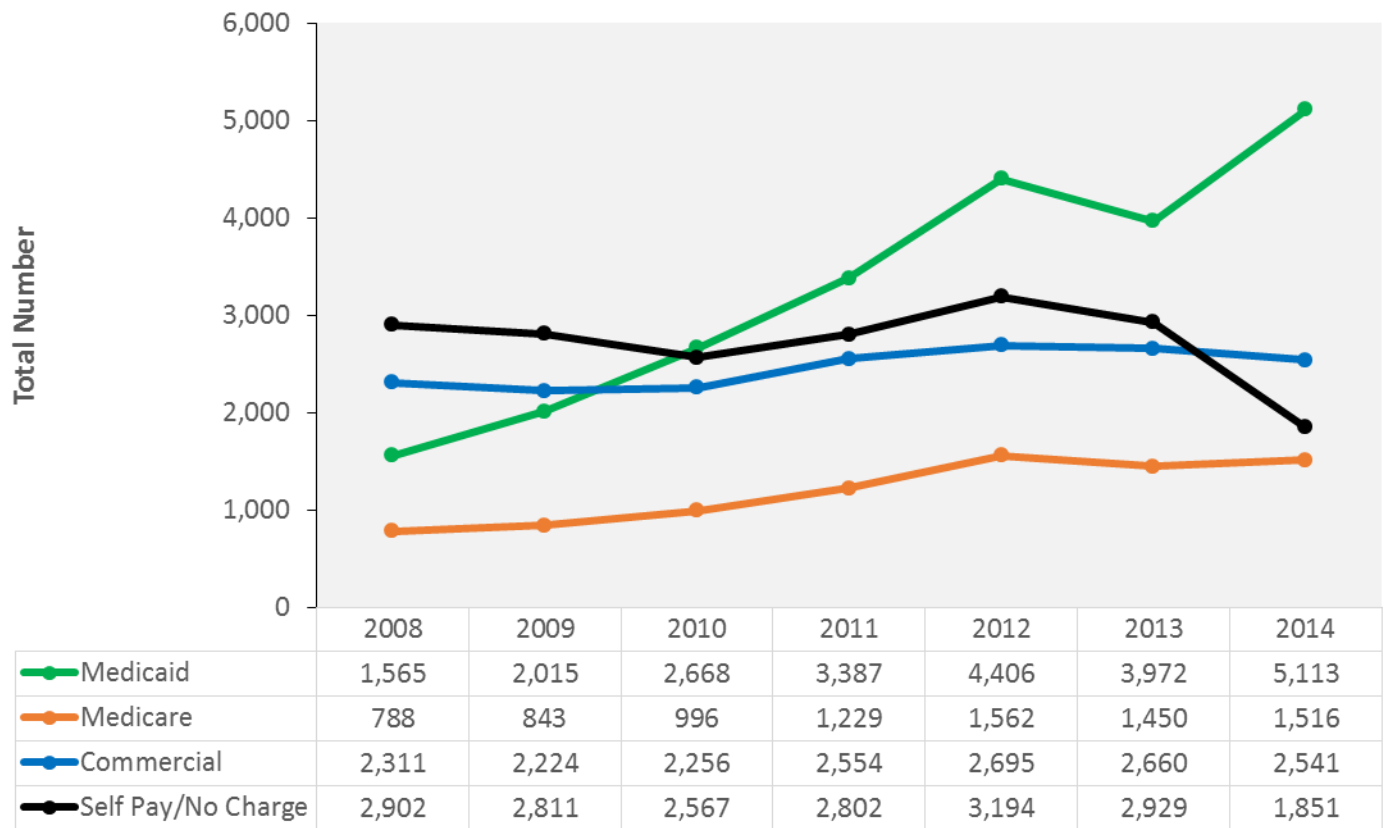


Figure 13. Number of Drug and Alcohol-related Emergency Department Visits by Place of Residence: Maryland, 2008-2014

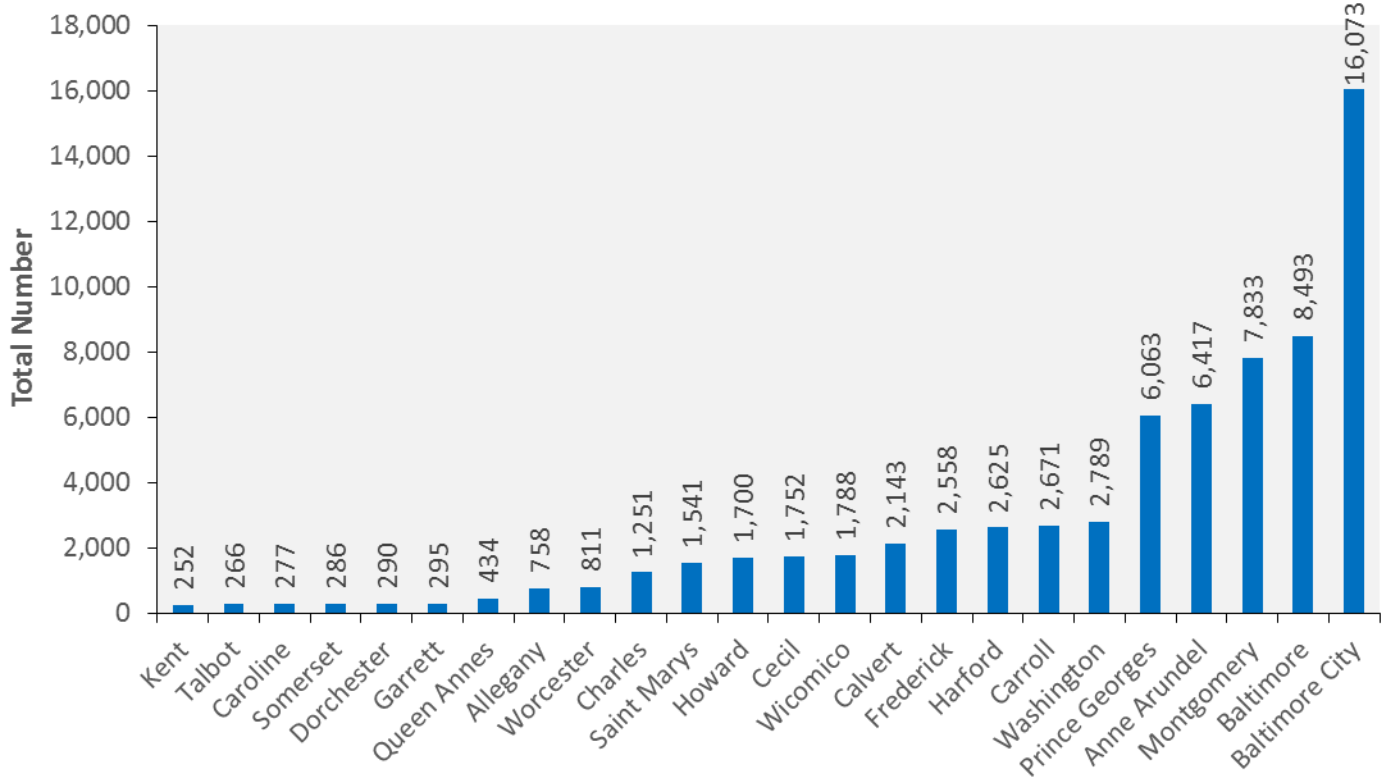
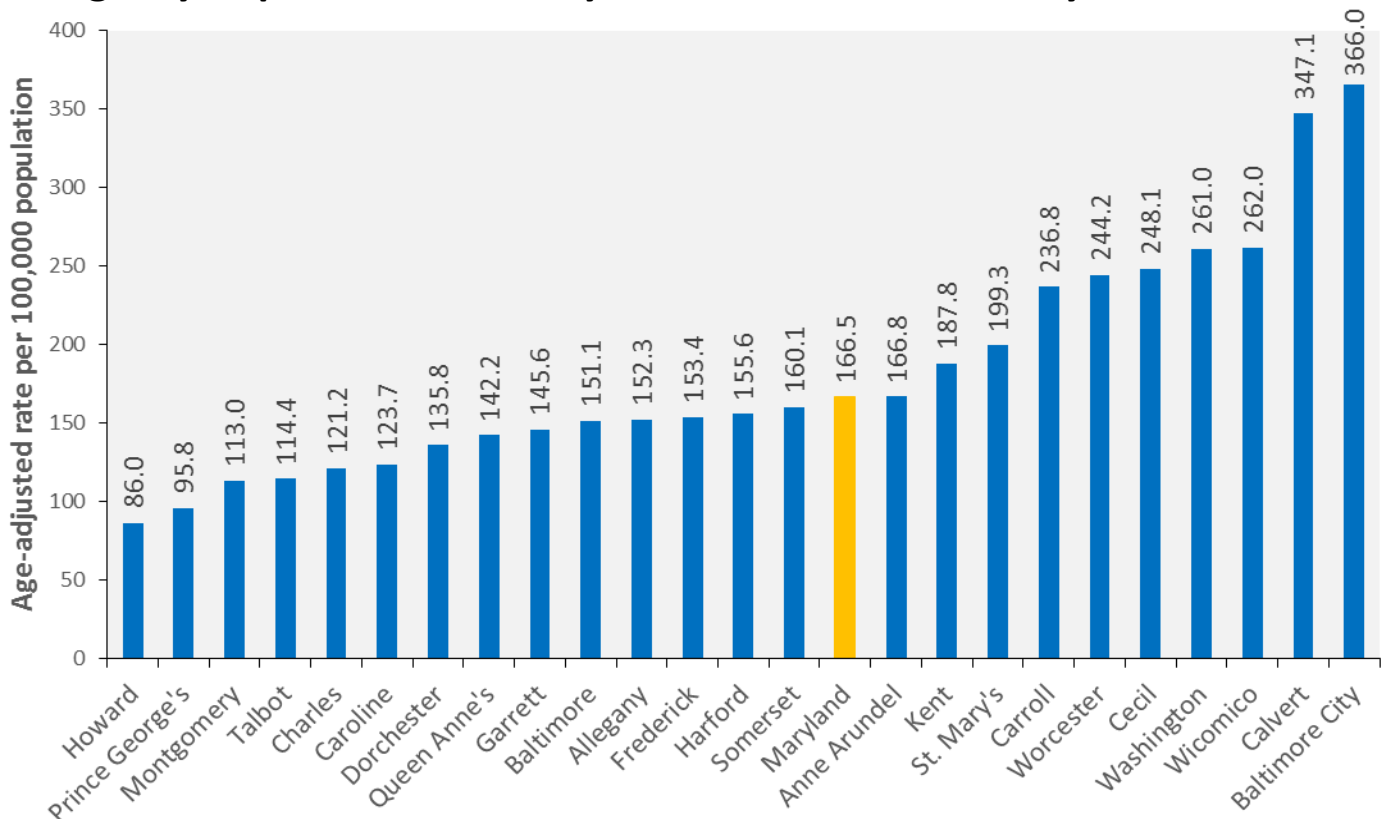


Figure 14. Average Age-Adjusted Rates for Drug and Alcohol-related Emergency Department Visits by Place of Residence: Maryland, 2008-2014



**ALCOHOL-RELATED EMERGENCY
DEPARTMENT VISITS
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Figure 15. Total Number of Alcohol-related Emergency Department Visits: Maryland, 2008-2014

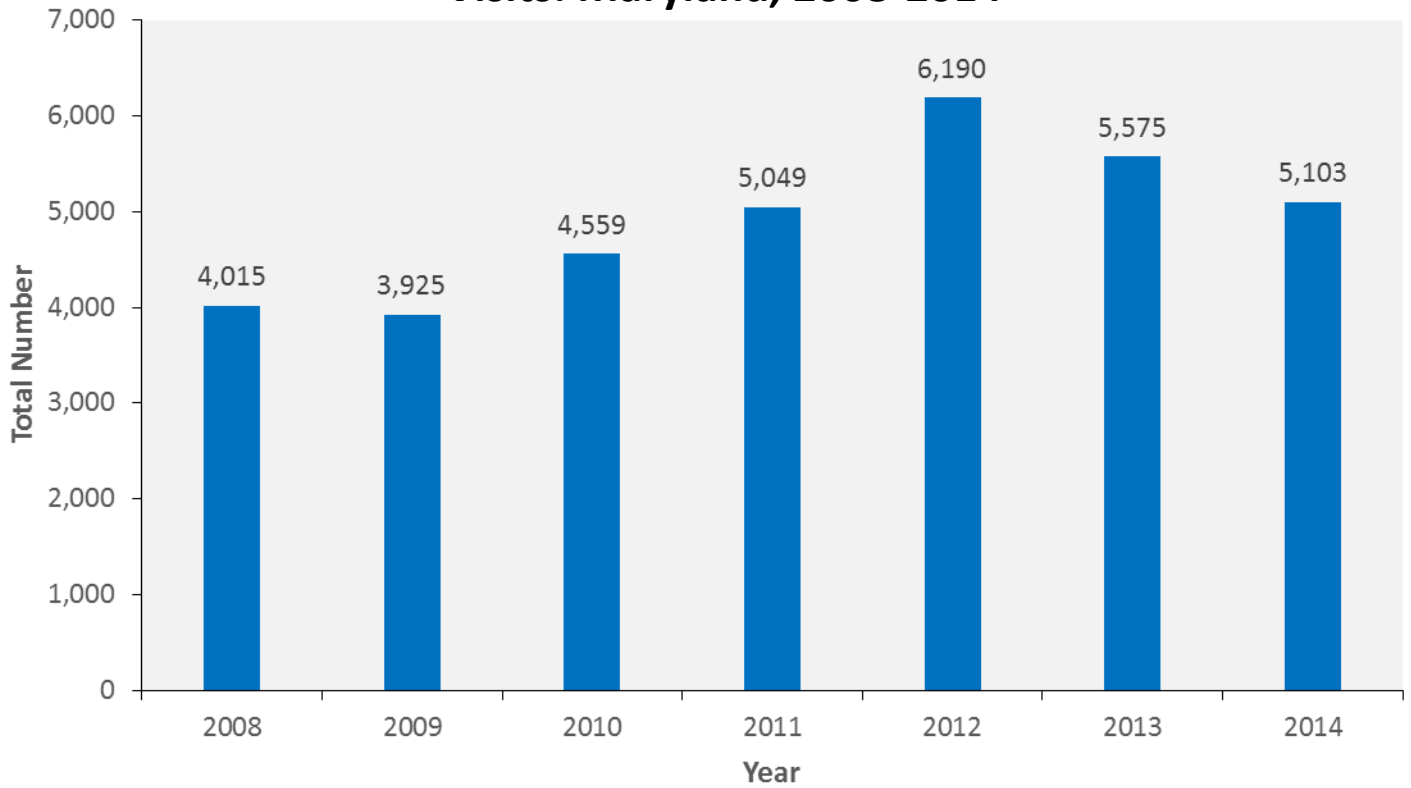


Figure 16. Age-Adjusted Rates for Alcohol-related Emergency Department Visits: Maryland, 2008-2014

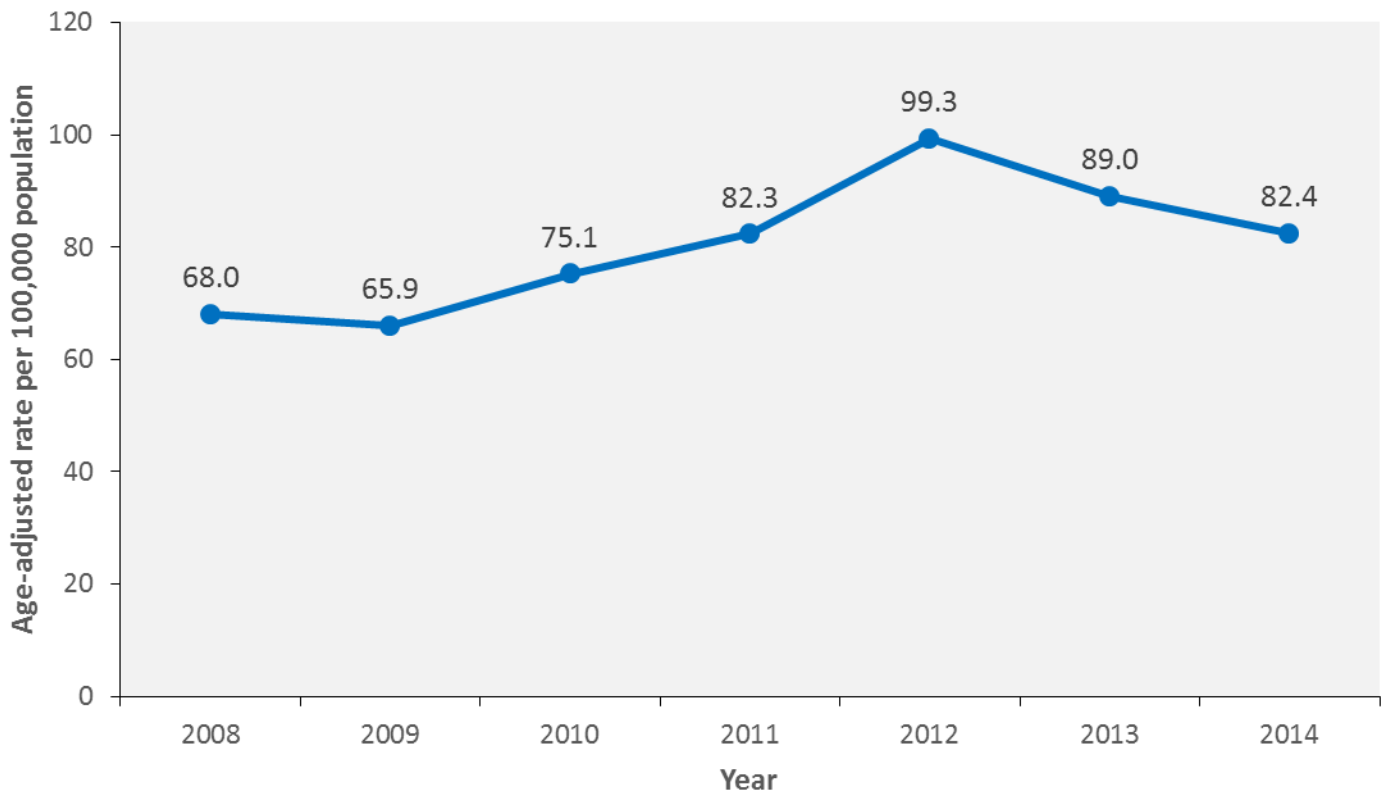


Figure 17. Number of Alcohol-related Emergency Department Visits by Sex: Maryland, 2008-2014

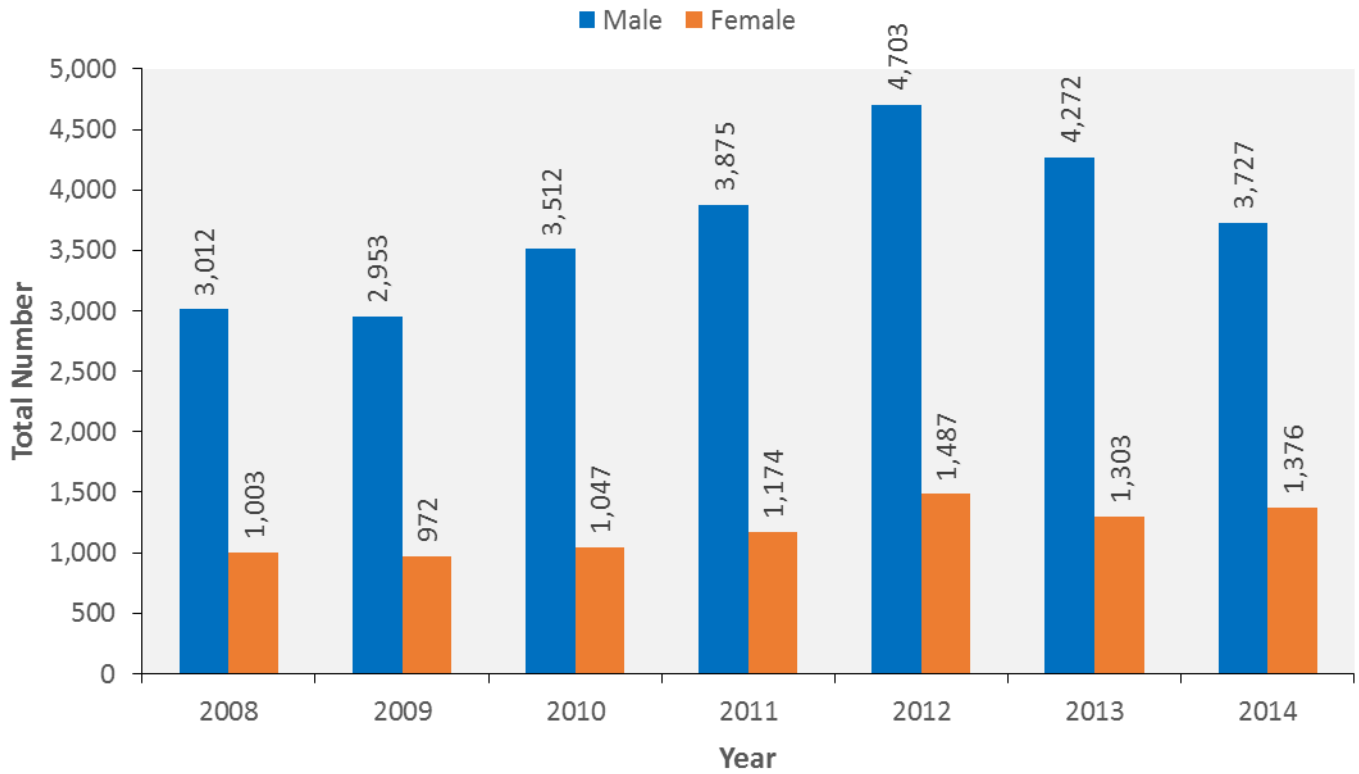


Figure 18. Age-Adjusted Rates for Alcohol-related Emergency Department Visits by Sex: Maryland, 2008-2014

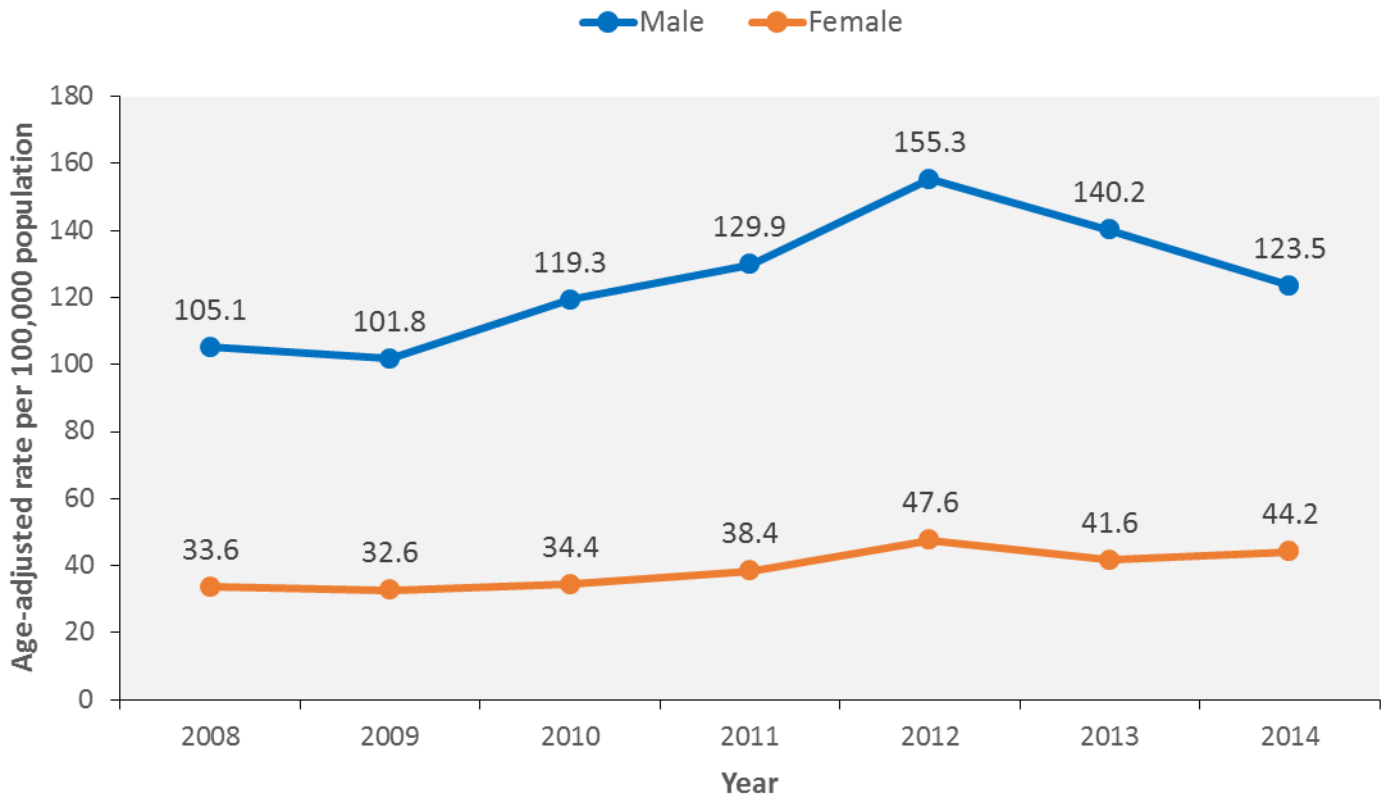


Figure 19. Number of Alcohol-related Emergency Department Visits by Race/Ethnicity: Maryland, 2008-2014

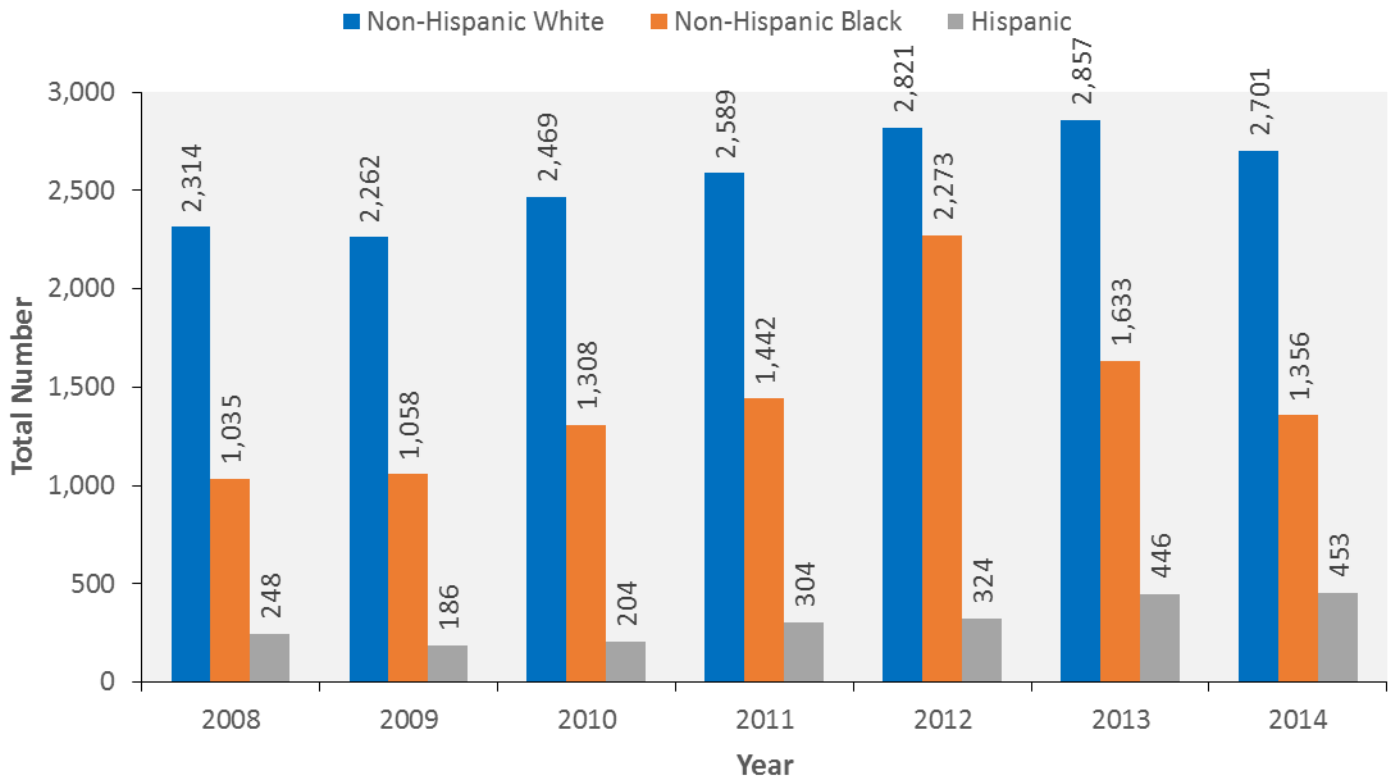


Figure 20. Age-Adjusted Rates for Alcohol-related Emergency Department Visits by Race/Ethnicity: Maryland, 2008-2014

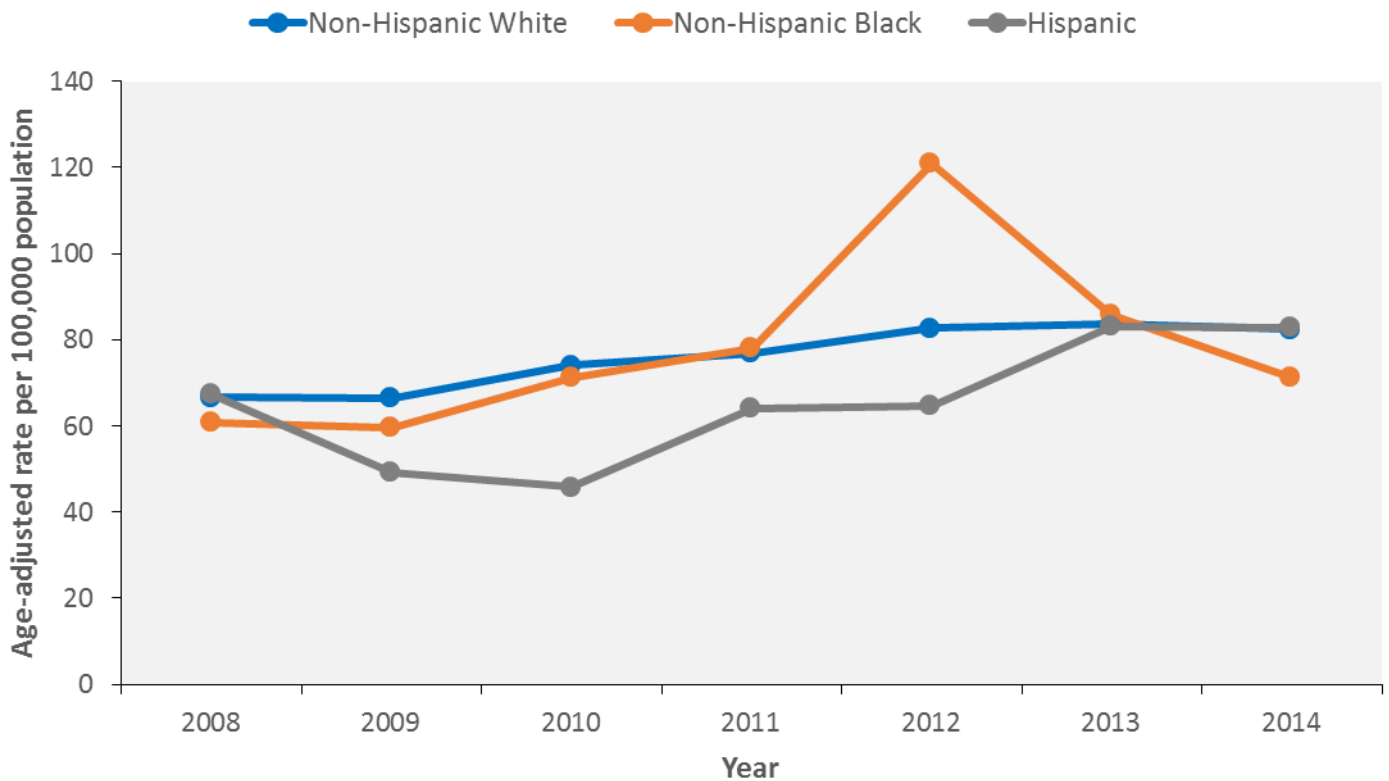


Figure 21. Number of Alcohol-related Emergency Department Visits by Age Group: Maryland, 2008-2014

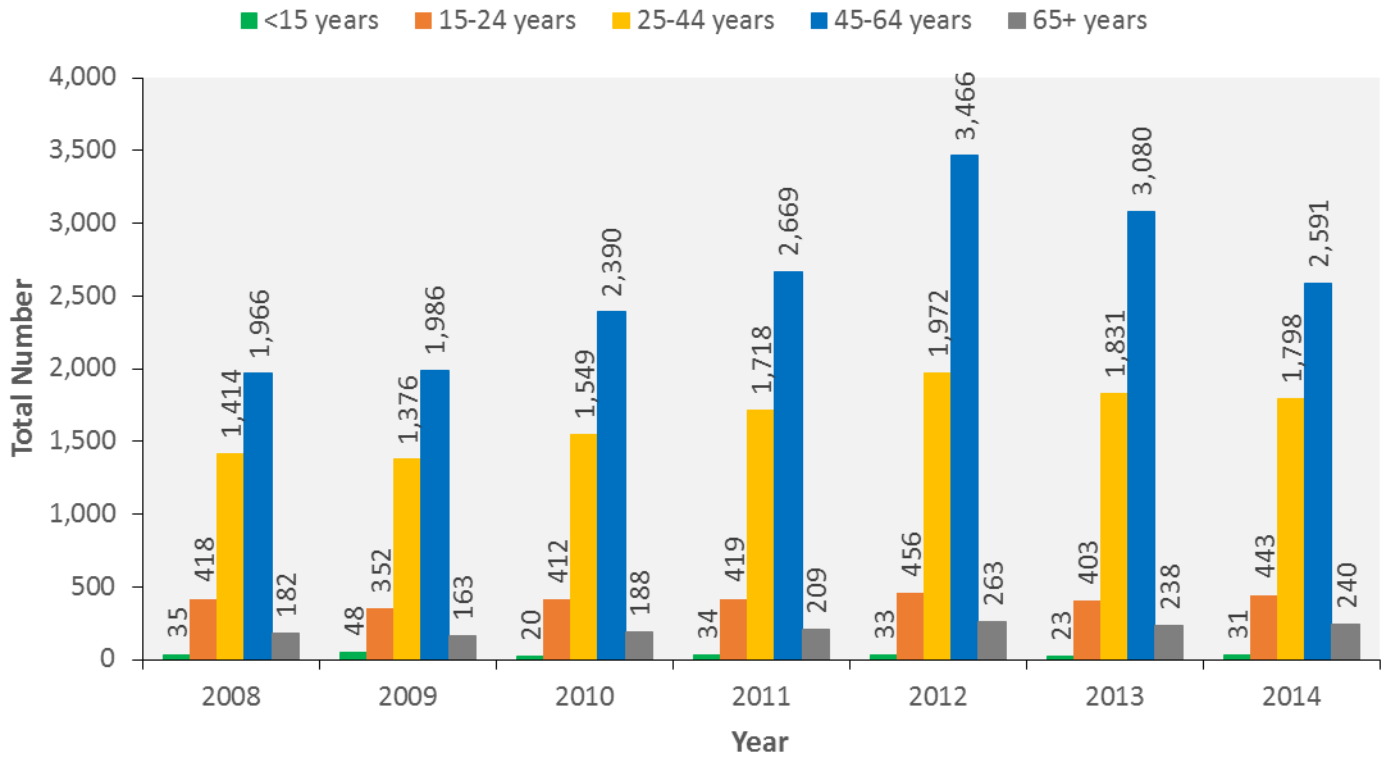


Figure 22. Crude Rates for Alcohol-related Emergency Department Visits by Age Group: Maryland, 2008-2014

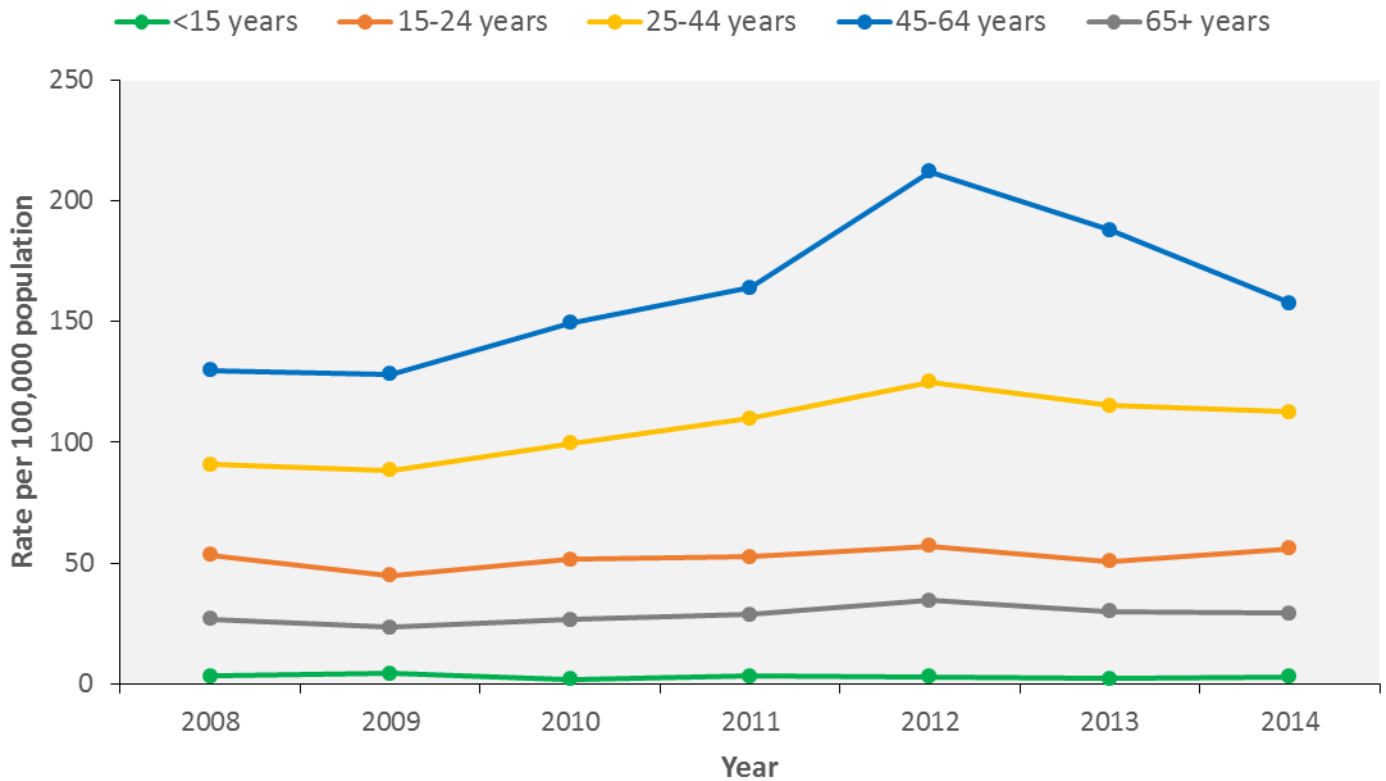


Figure 23. Total Charges for Alcohol-related Emergency Department Visits: Maryland, 2008-2014

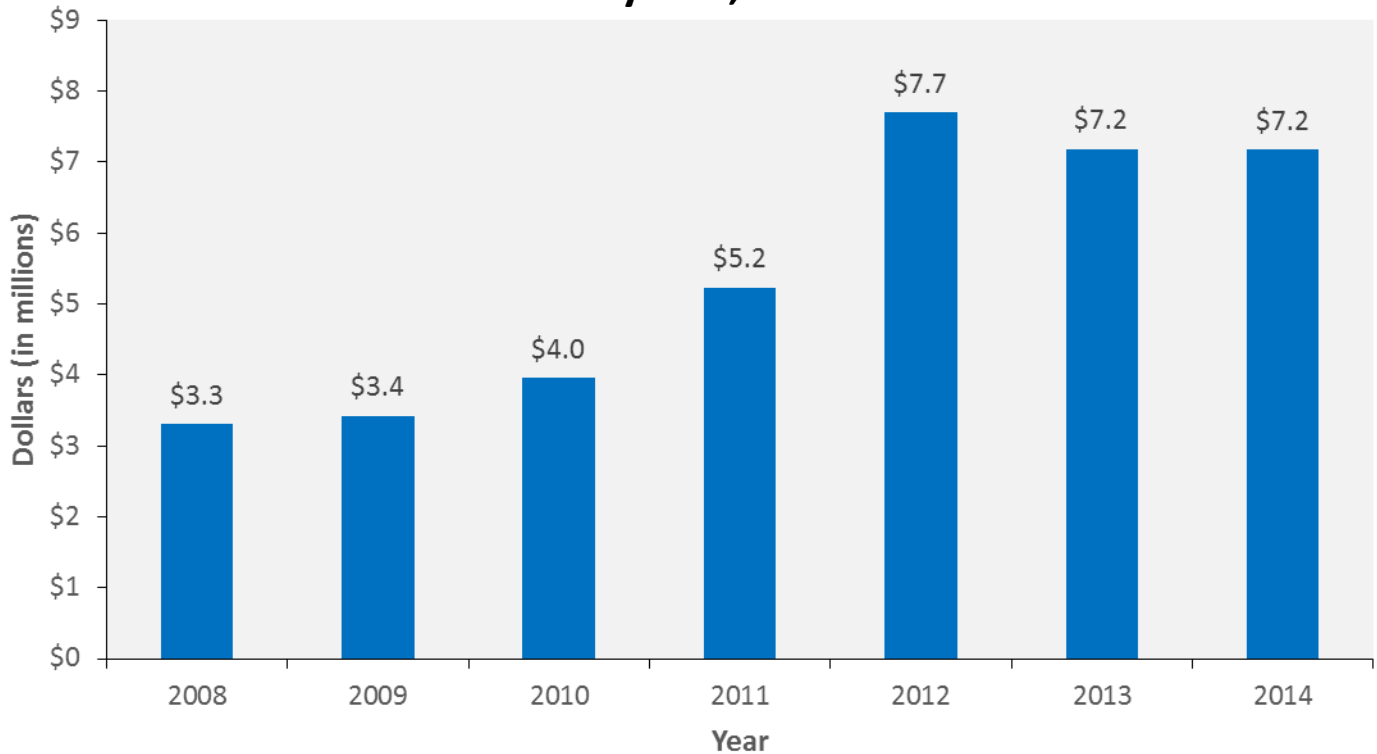


Figure 24. Expected Payer for Alcohol-related Emergency Department Visits: Maryland, 2008-2014

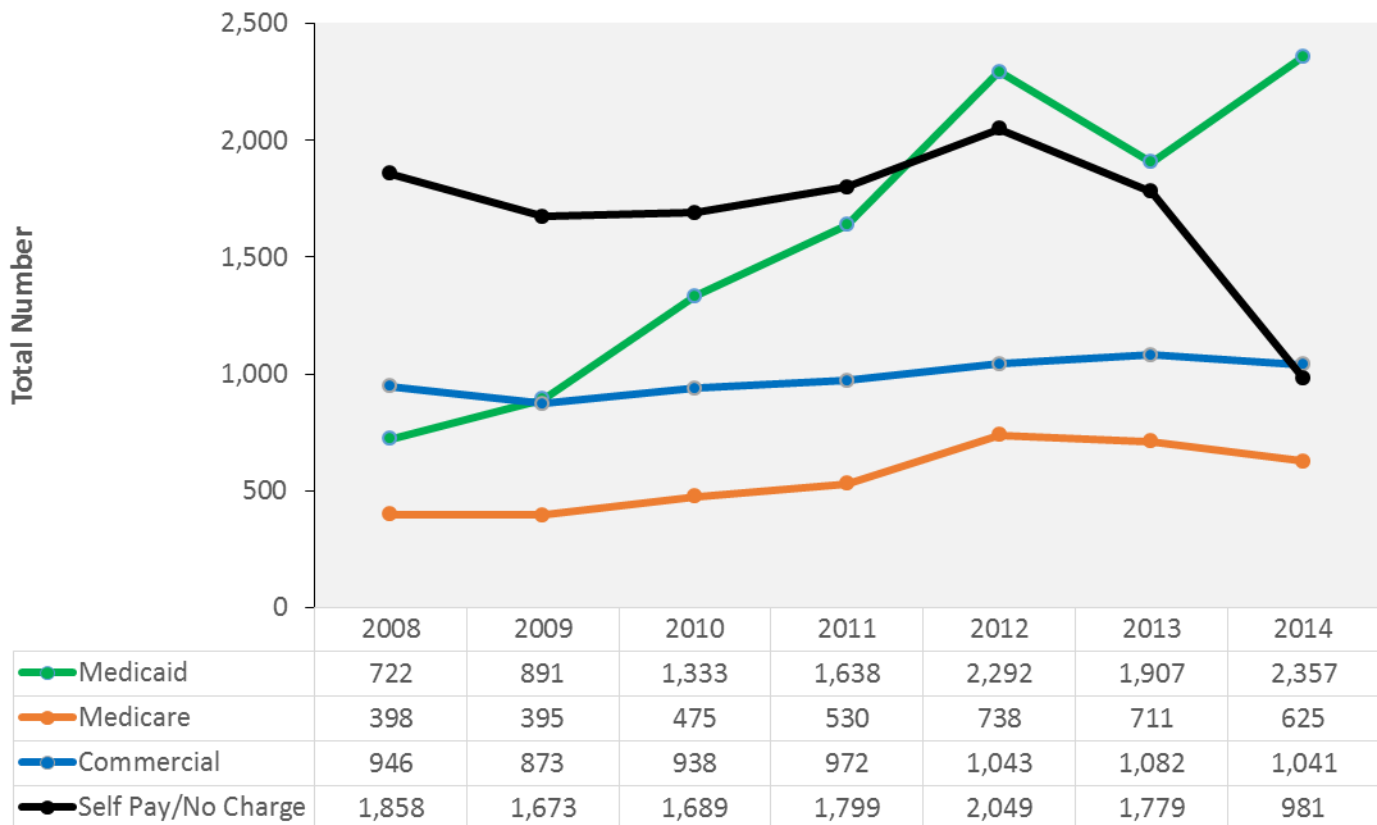


Figure 25. Number of Alcohol-related Emergency Department Visits by Place of Residence: Maryland, 2008-2014

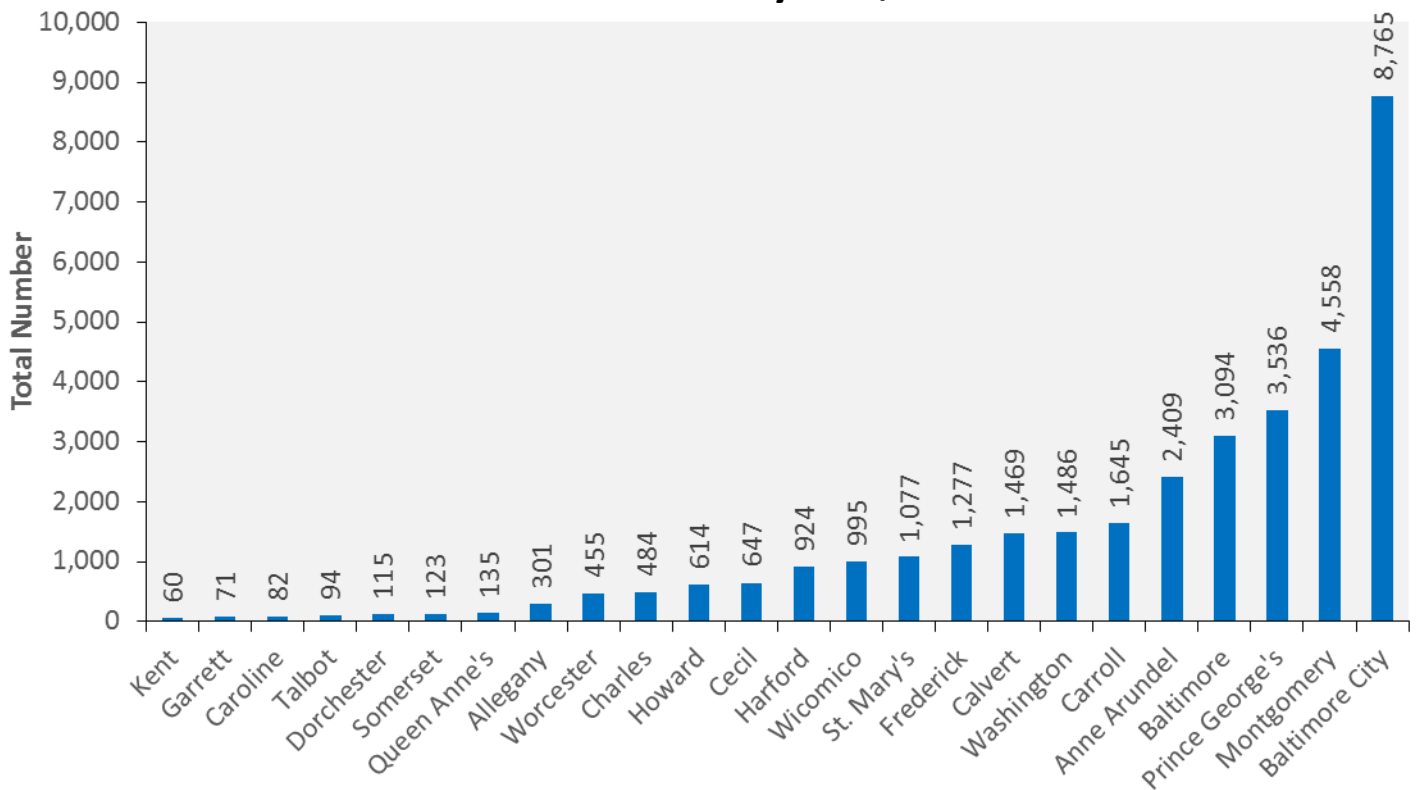
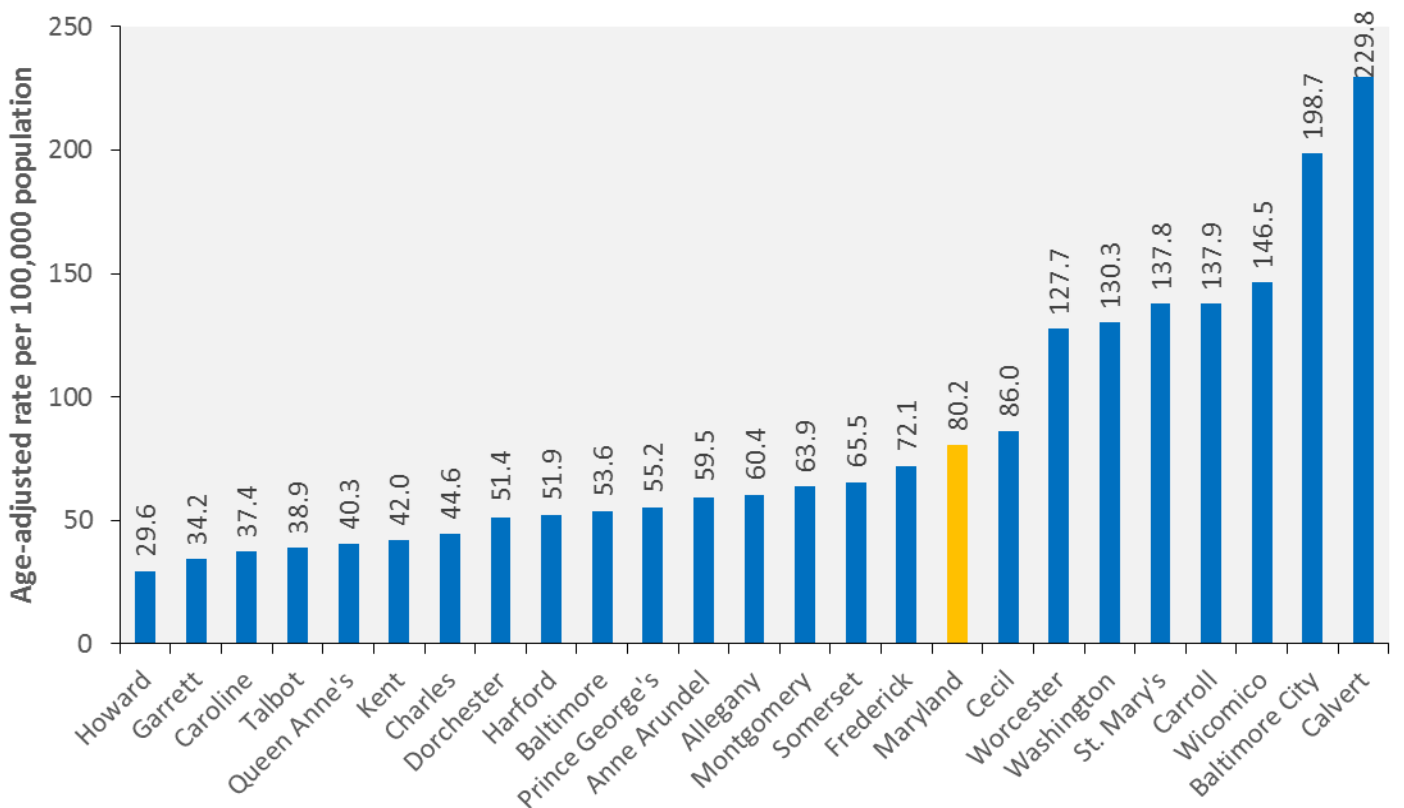


Figure 26. Average Age-adjusted Rates for Alcohol-related Emergency Department Visits by Place of Residence: Maryland, 2008-2014



**BENZODIAZEPINE-RELATED EMERGENCY
DEPARTMENT VISITS
2008-2014**

Figure 27. Total Number of Benzodiazepine-related Emergency Department Visits: Maryland, 2008-2014

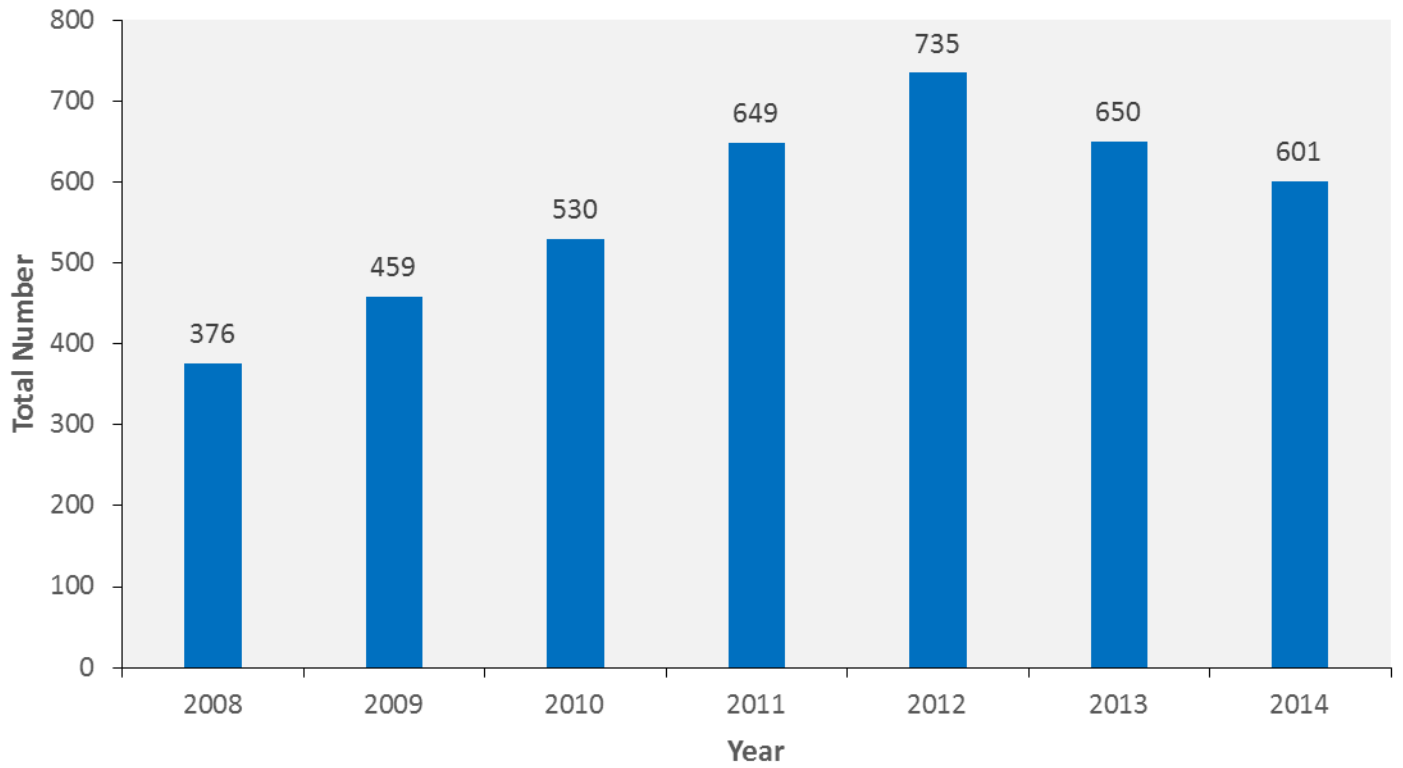


Figure 28. Age-Adjusted Rates for Benzodiazepine-related Emergency Department Visits: Maryland, 2008-2014

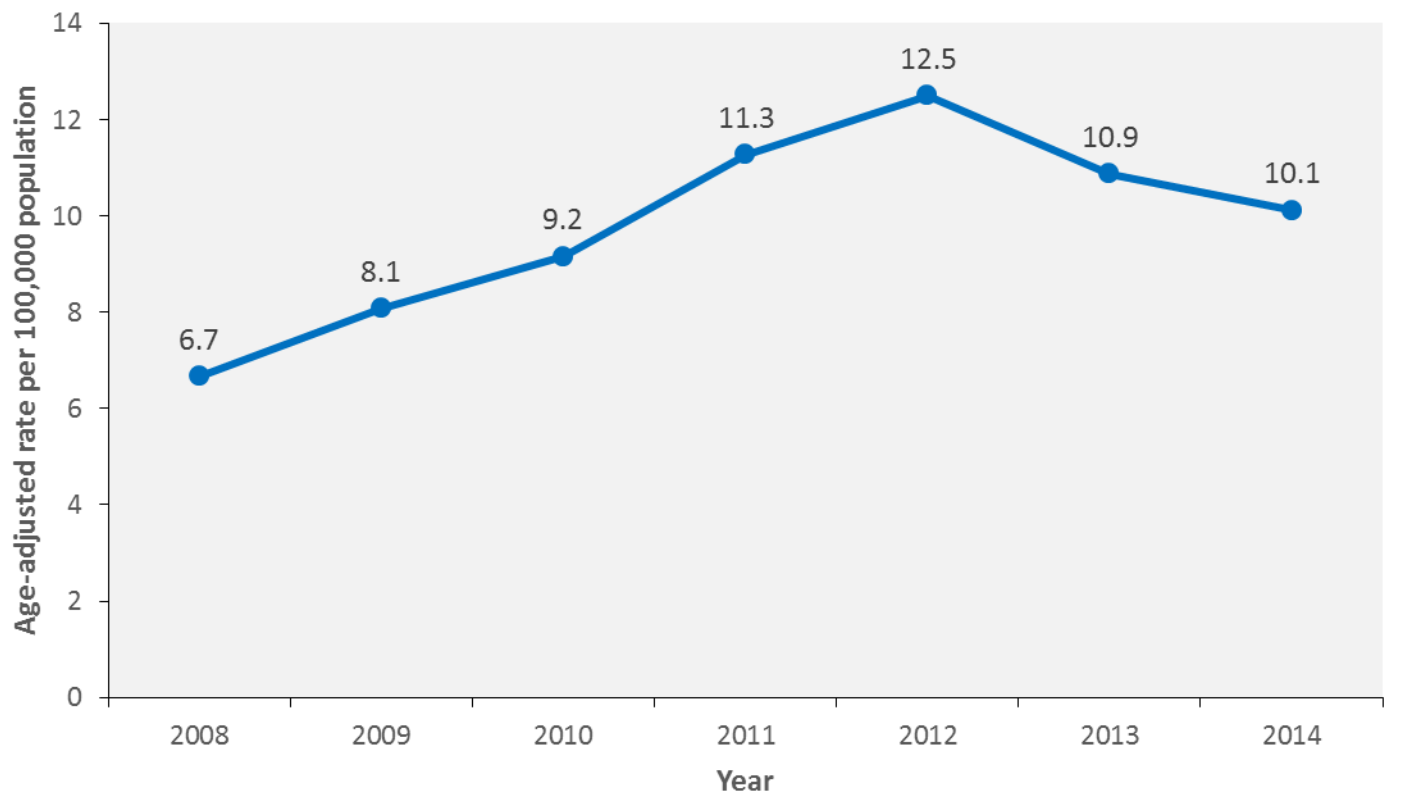


Figure 29. Number of Benzodiazepine-related Emergency Department Visits by Sex: Maryland, 2008-2014

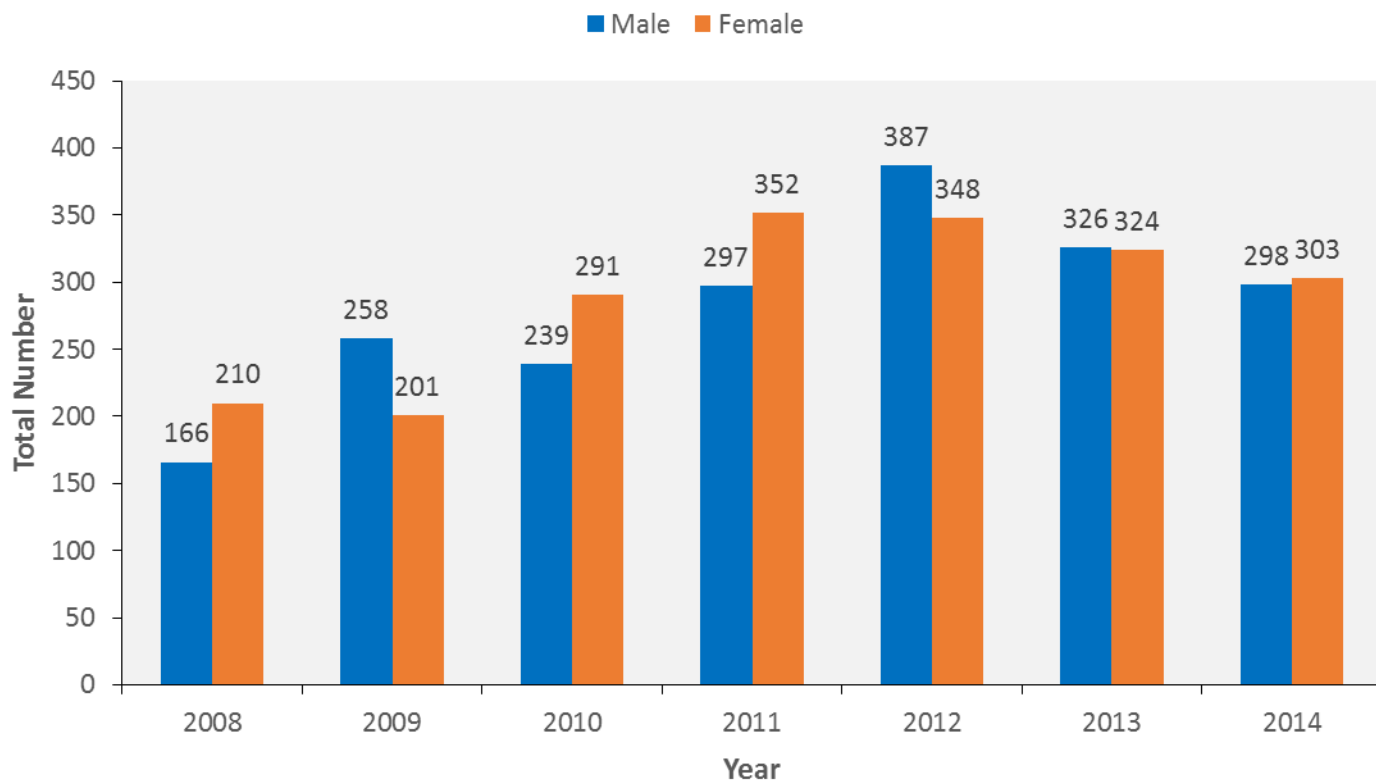


Figure 30. Age-Adjusted Rates for Benzodiazepine-related Emergency Department Visits by Sex: Maryland, 2008-2014

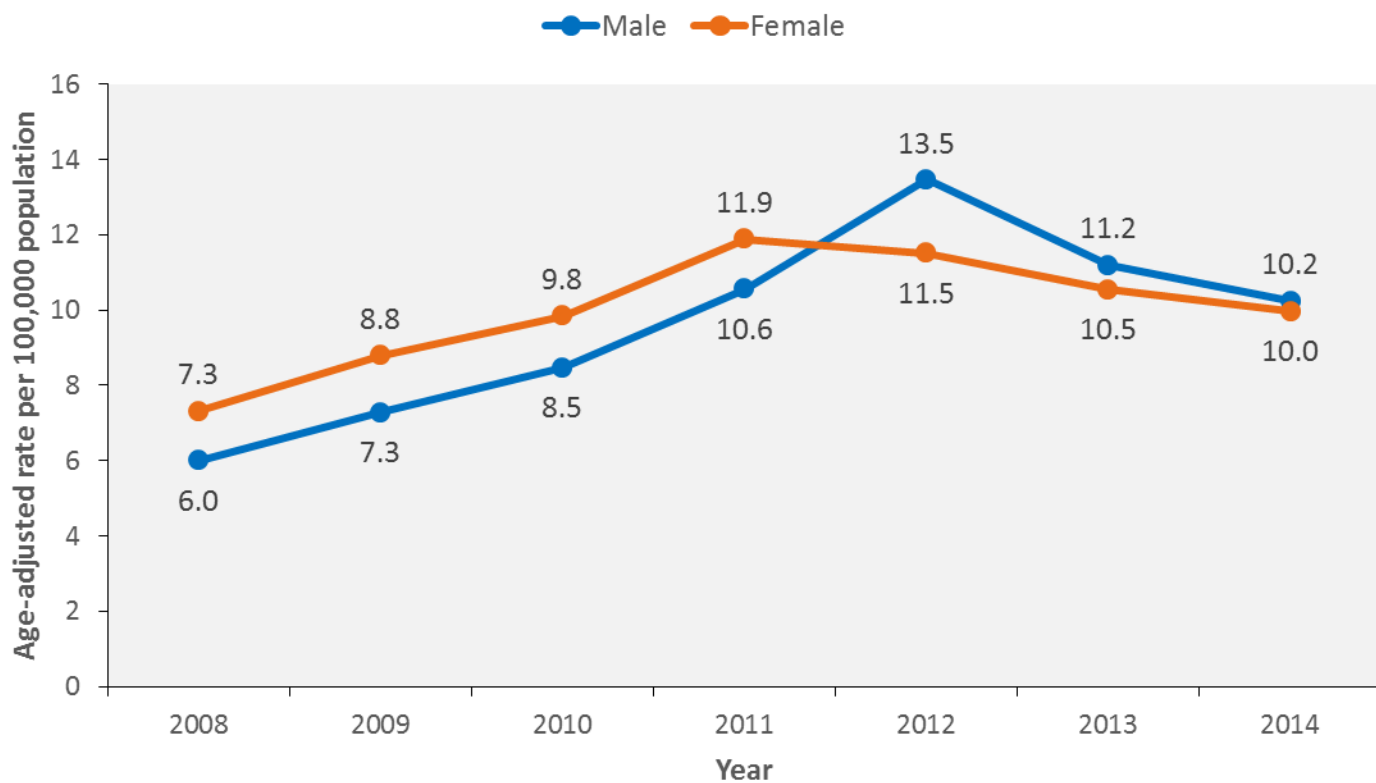


Figure 31. Number of Benzodiazepine-related Emergency Department Visits by Race/Ethnicity: Maryland, 2008-2014*

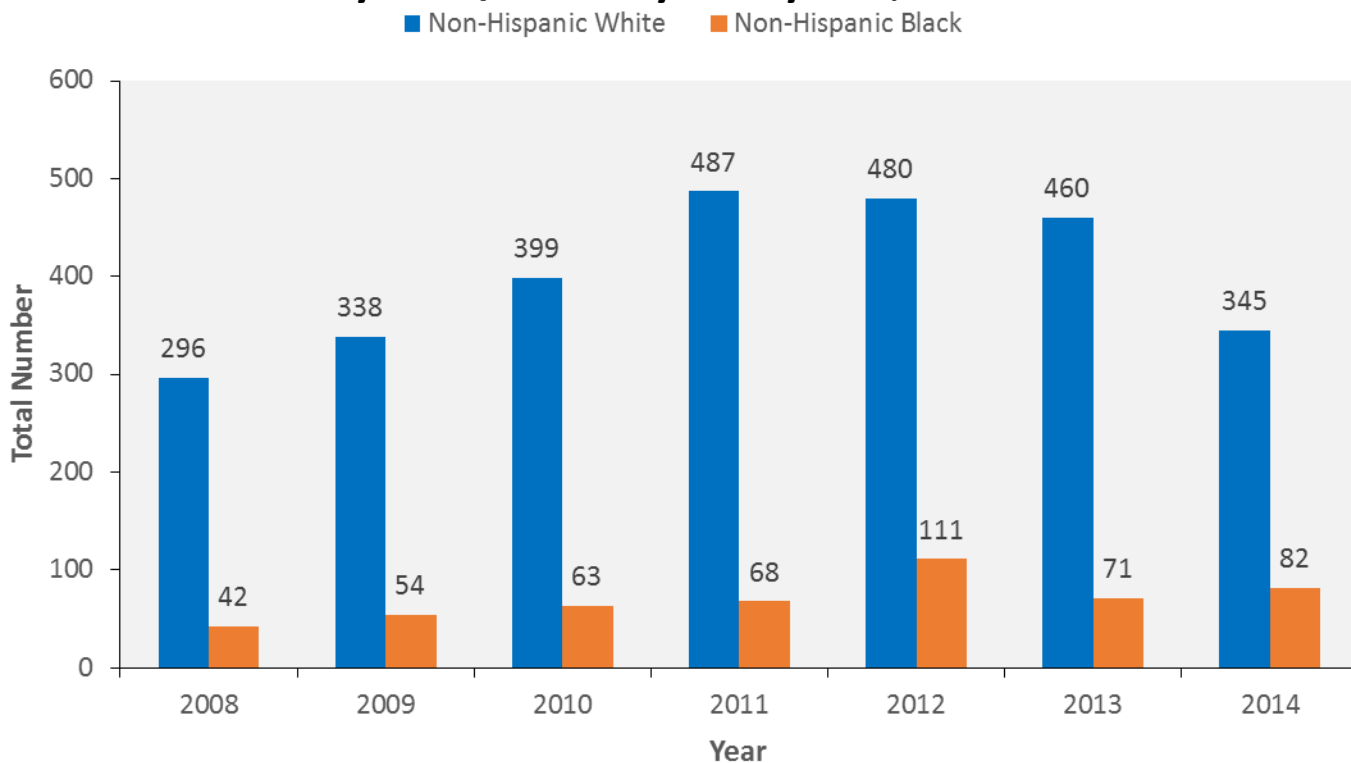
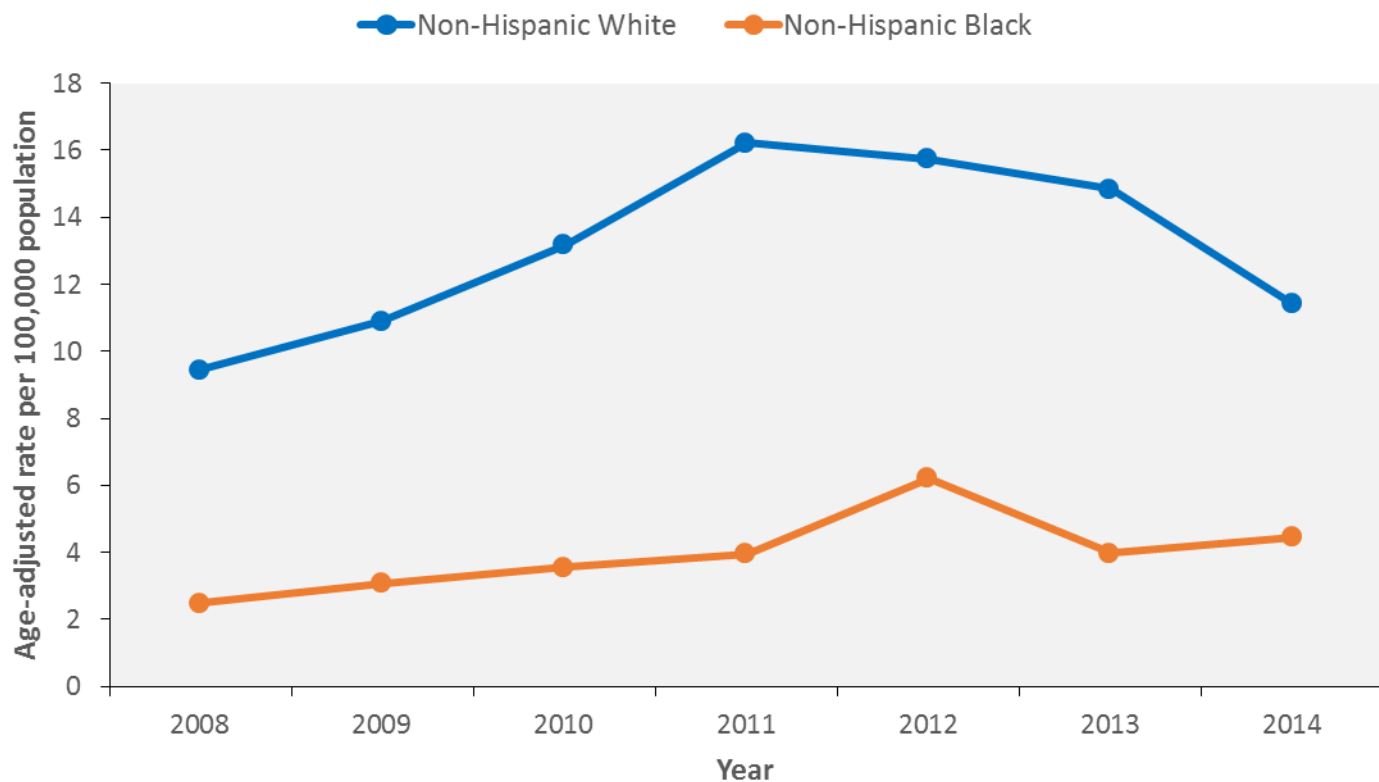


Figure 32. Age-Adjusted Rates for Benzodiazepine-related Emergency Department Visits by Race/Ethnicity: Maryland, 2008-2014*



*Counts less than or equal to 10 are suppressed; therefore, Hispanic ethnicity is not displayed.

Figure 33. Number of Benzodiazepine-related Emergency Department Visits by Age Group: Maryland, 2008-2014

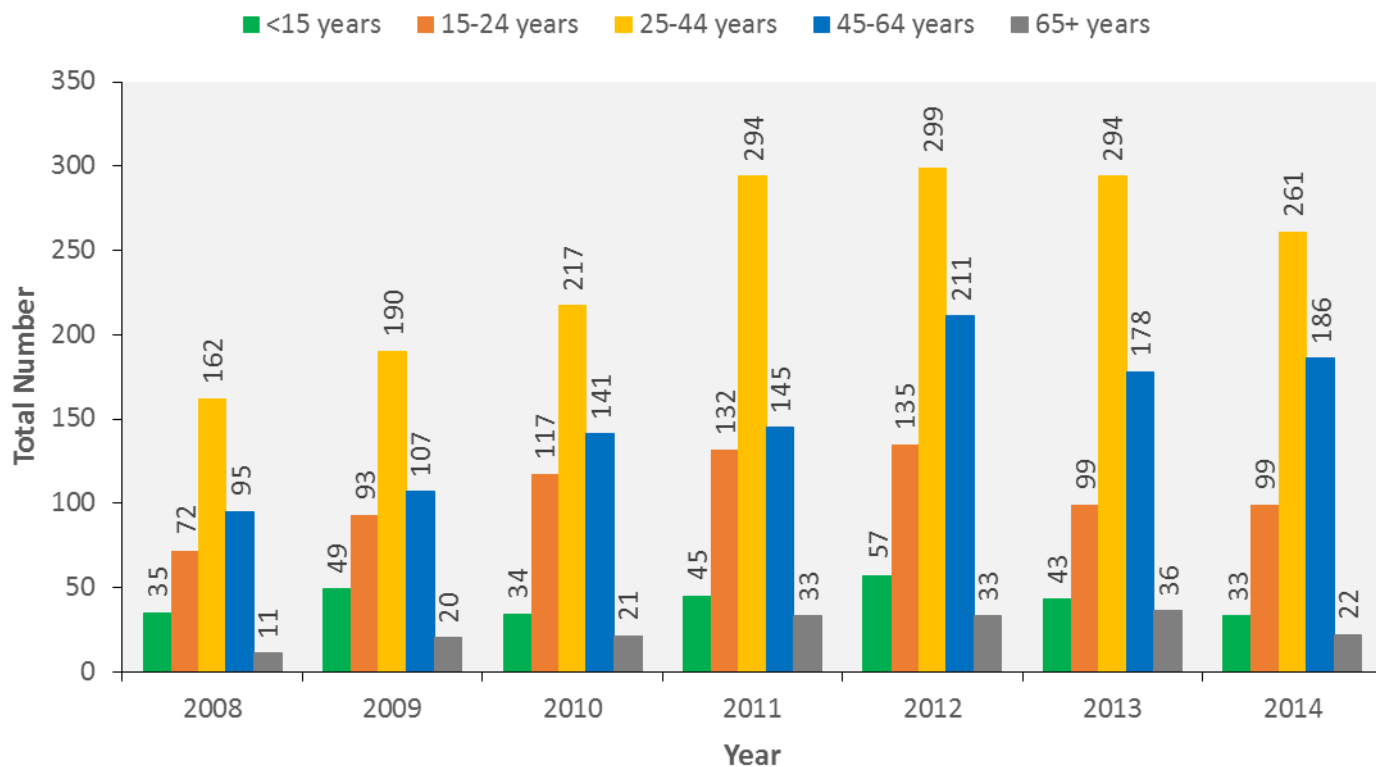


Figure 34. Crude Rates for Benzodiazepine-related Emergency Department Visits by Age Group: Maryland, 2008-2014

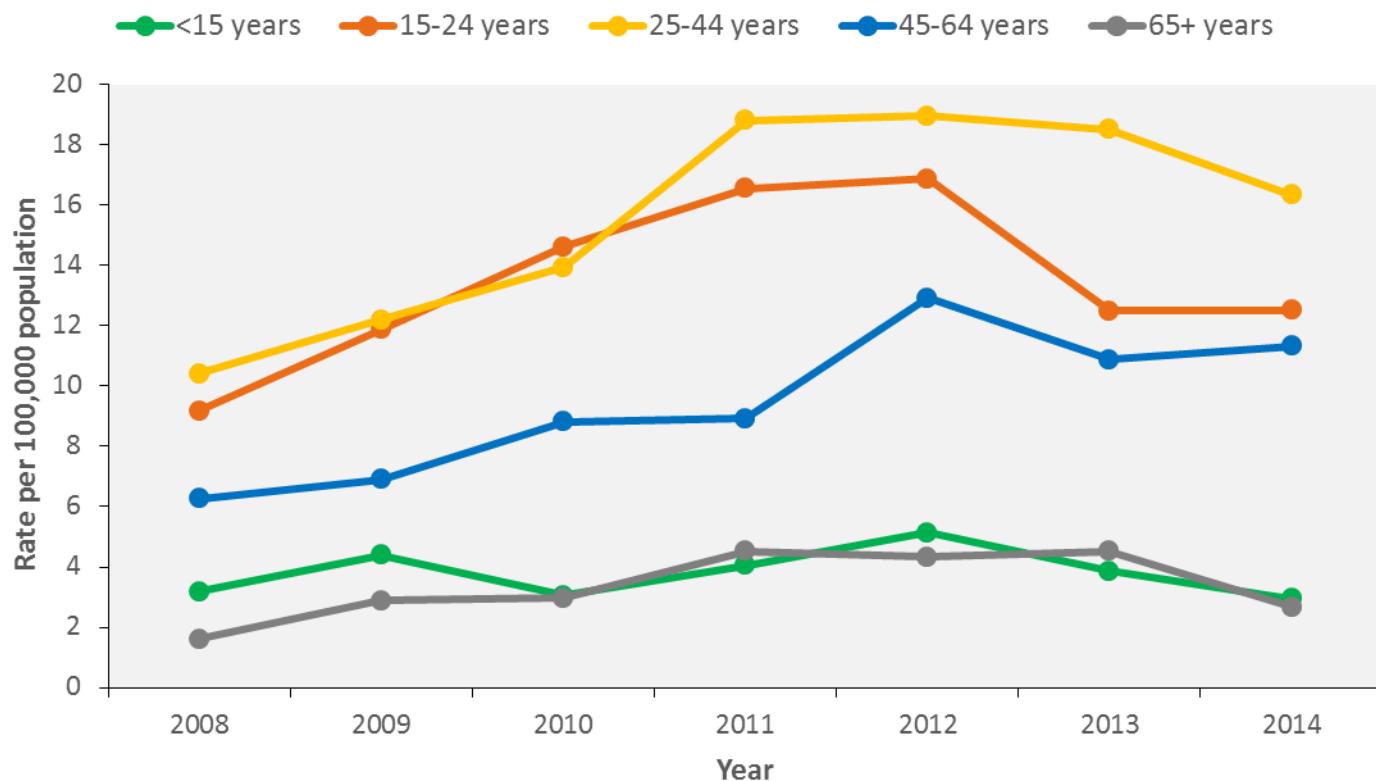


Figure 35. Total Charges for Benzodiazepine-related Emergency Department Visits: Maryland, 2008-2014

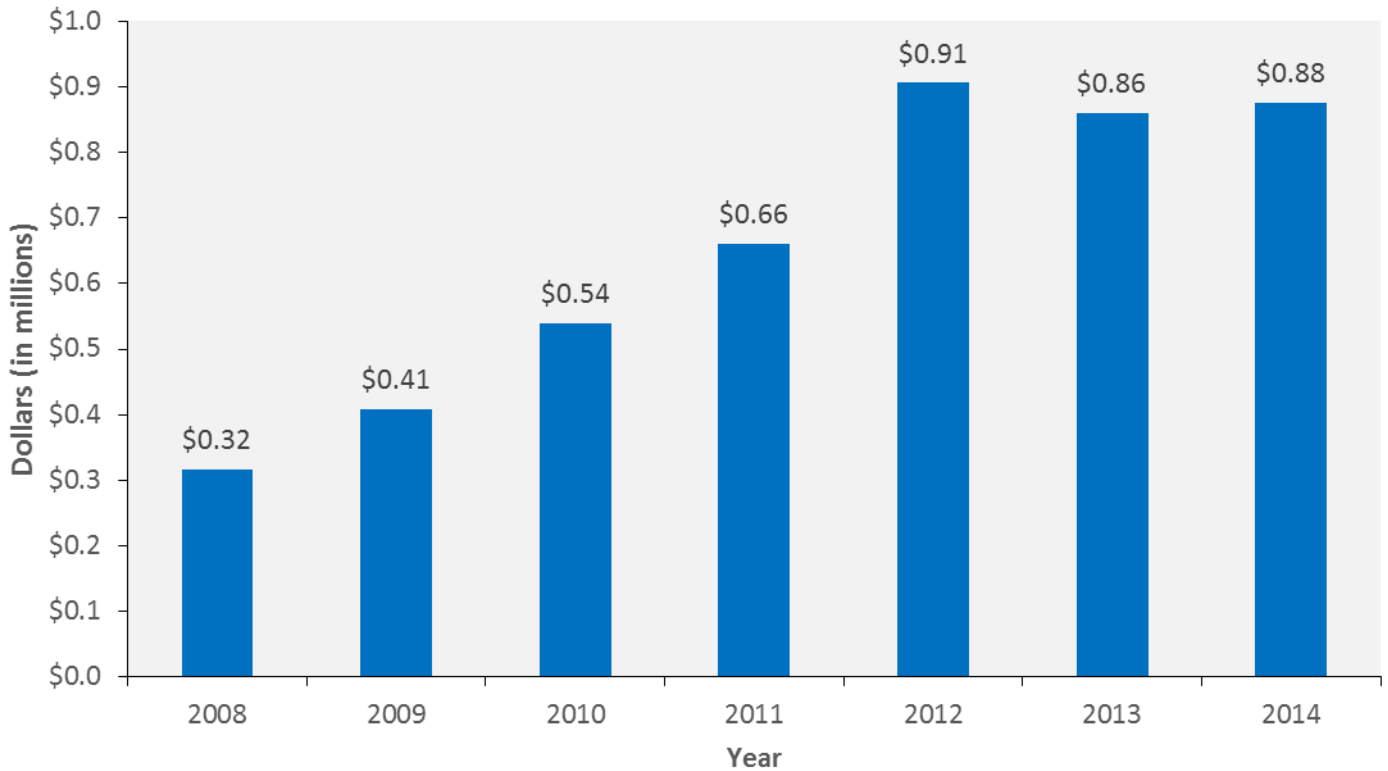


Figure 36. Expected Payer for Benzodiazepine-related Emergency Department Visits: Maryland, 2008-2014

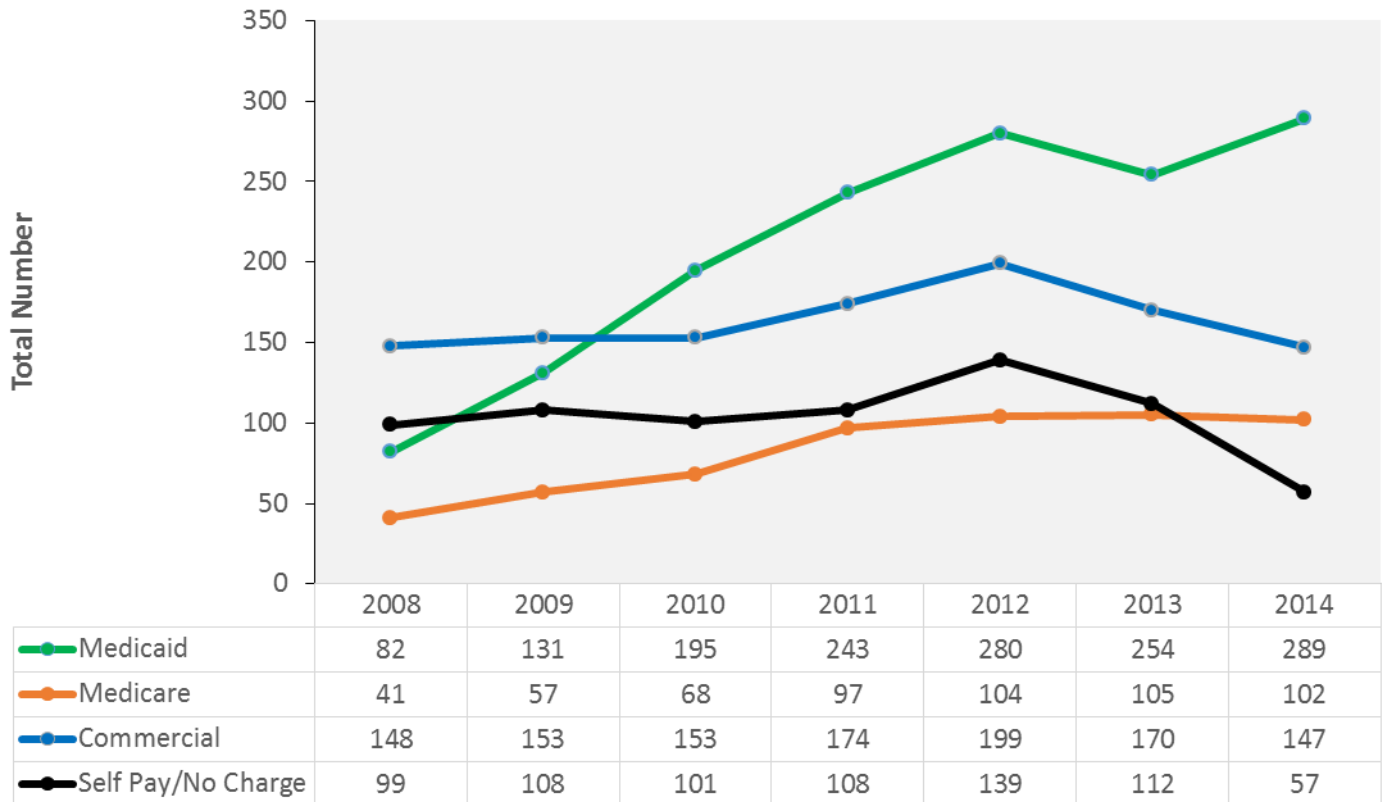


Figure 37. Number of Benzodiazepine-related Emergency Department Visits by Place of Residence: Maryland, 2008-2014

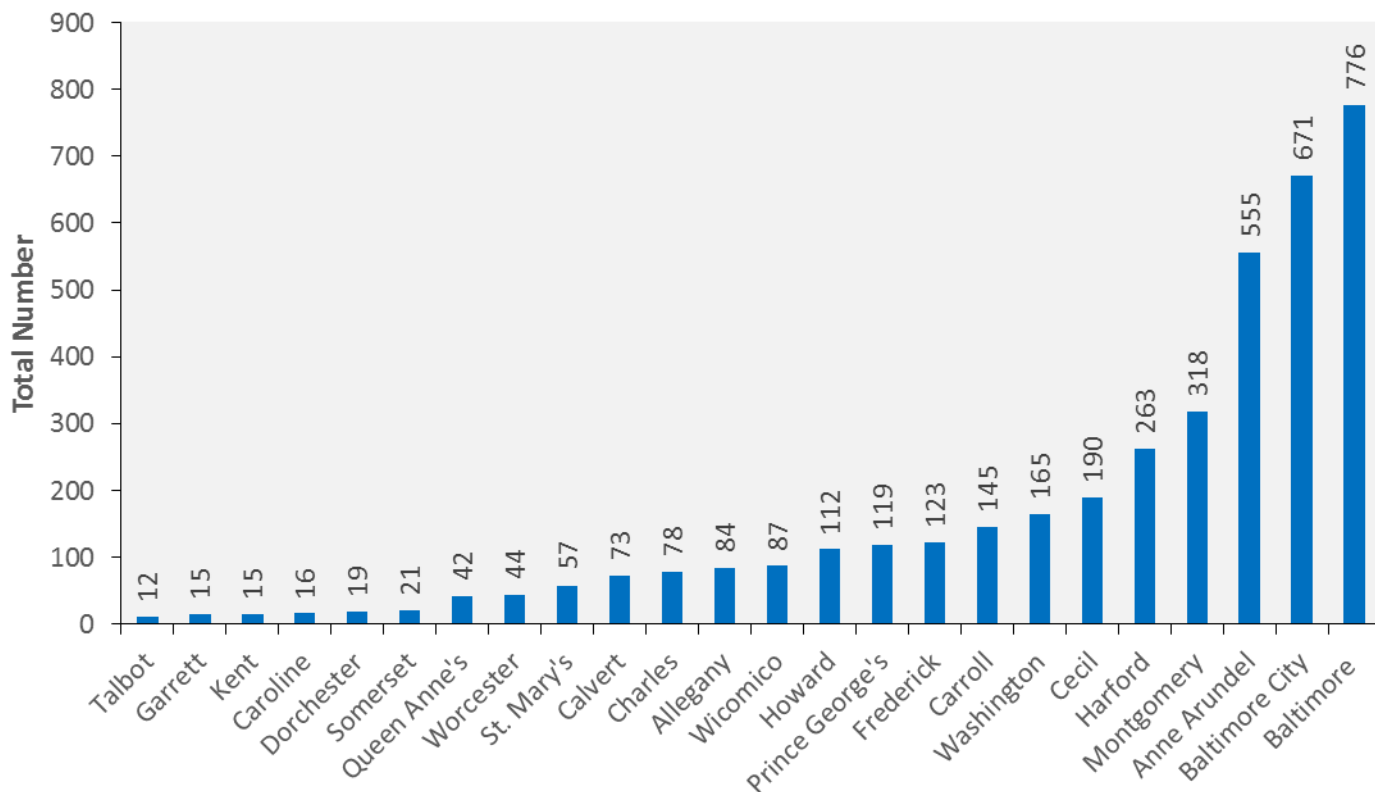
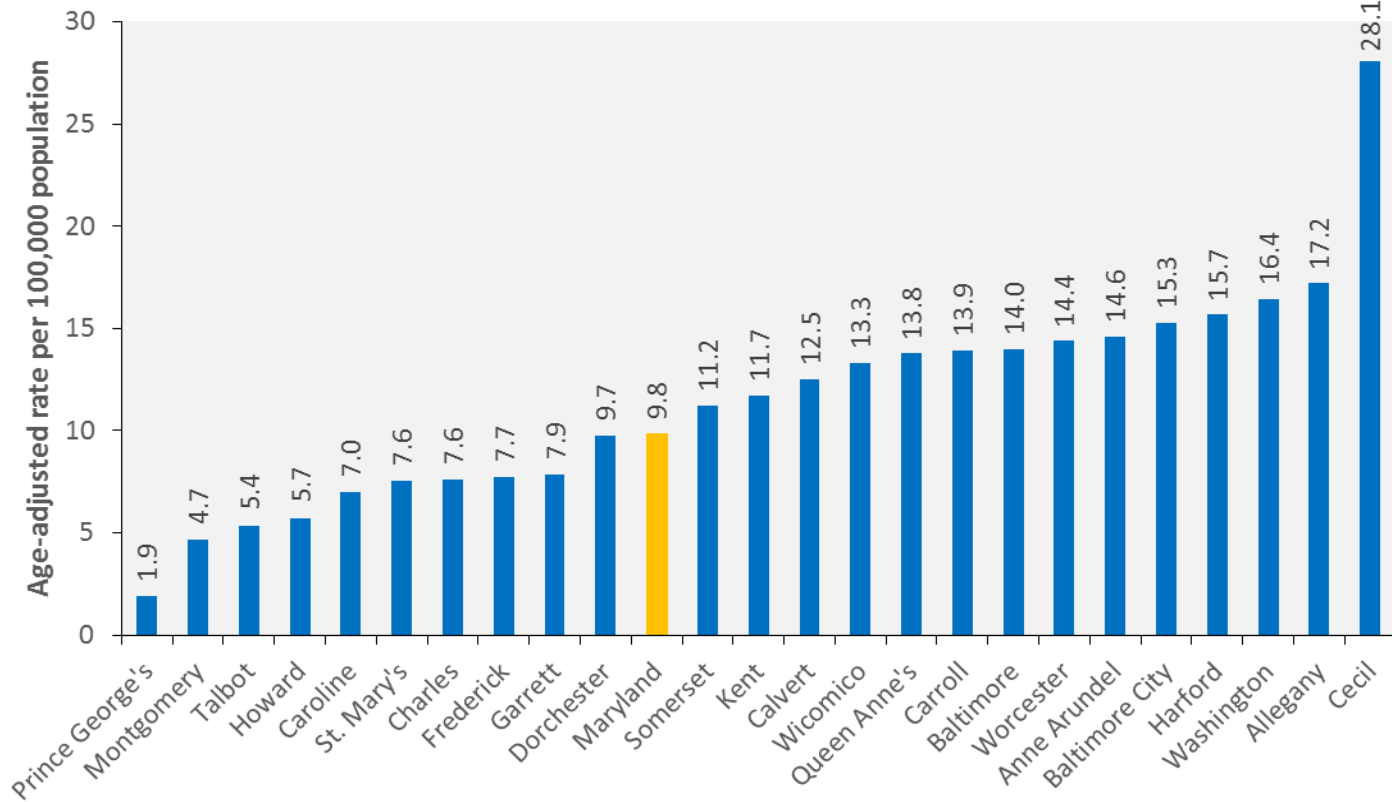


Figure 38. Average Age-adjusted Rates for Benzodiazepine-related Emergency Department Visits by Place of Residence: Maryland, 2008-2014



**COCAINE-RELATED EMERGENCY
DEPARTMENT VISITS
2008-2014**

Figure 39. Total Number of Cocaine-related Emergency Department Visits: Maryland, 2011-2014

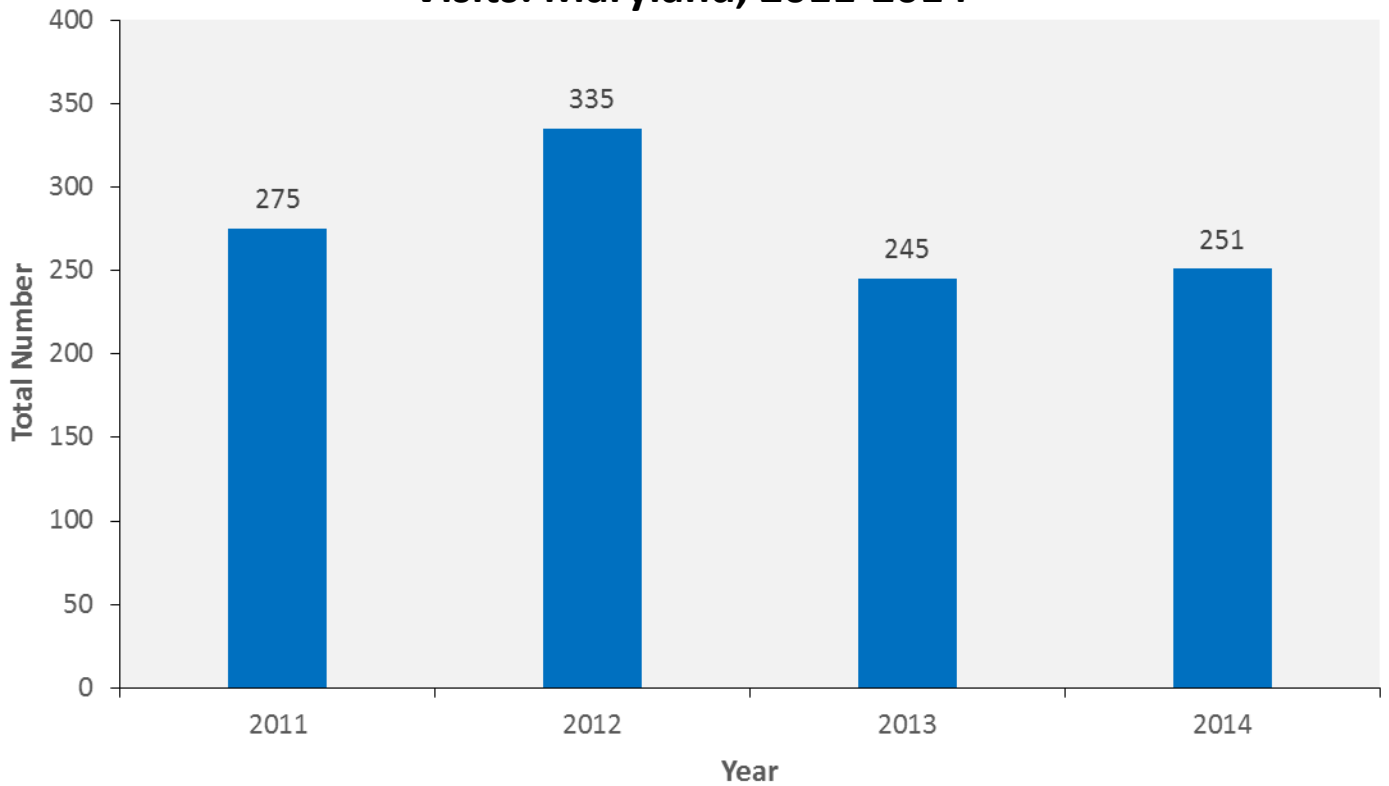


Figure 40. Age-adjusted Rates for Cocaine-related Emergency Department Visits: Maryland, 2011-2014

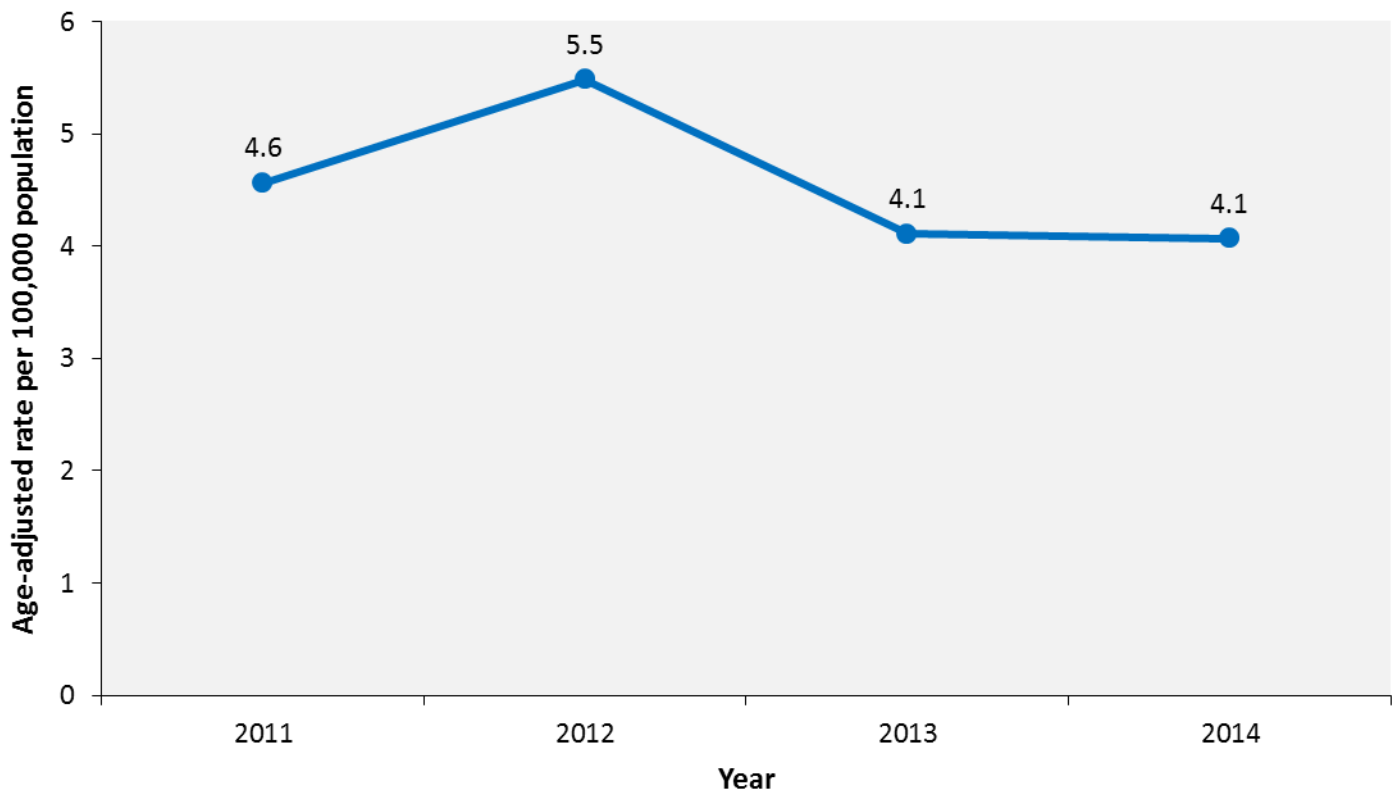


Figure 41. Number of Cocaine-related Emergency Department Visits by Sex: Maryland, 2011-2014

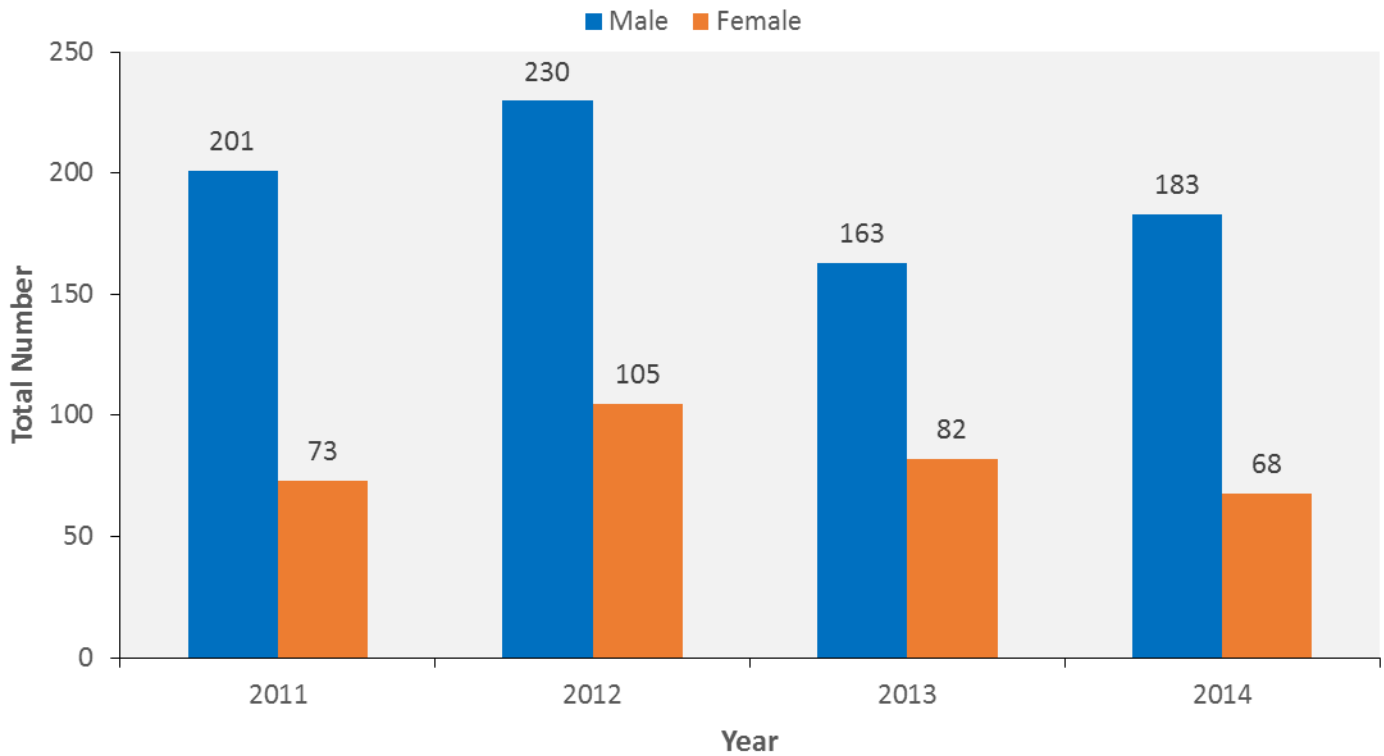


Figure 42. Age-adjusted Rates for Cocaine-related Emergency Department Visits by Sex: Maryland, 2011-2014

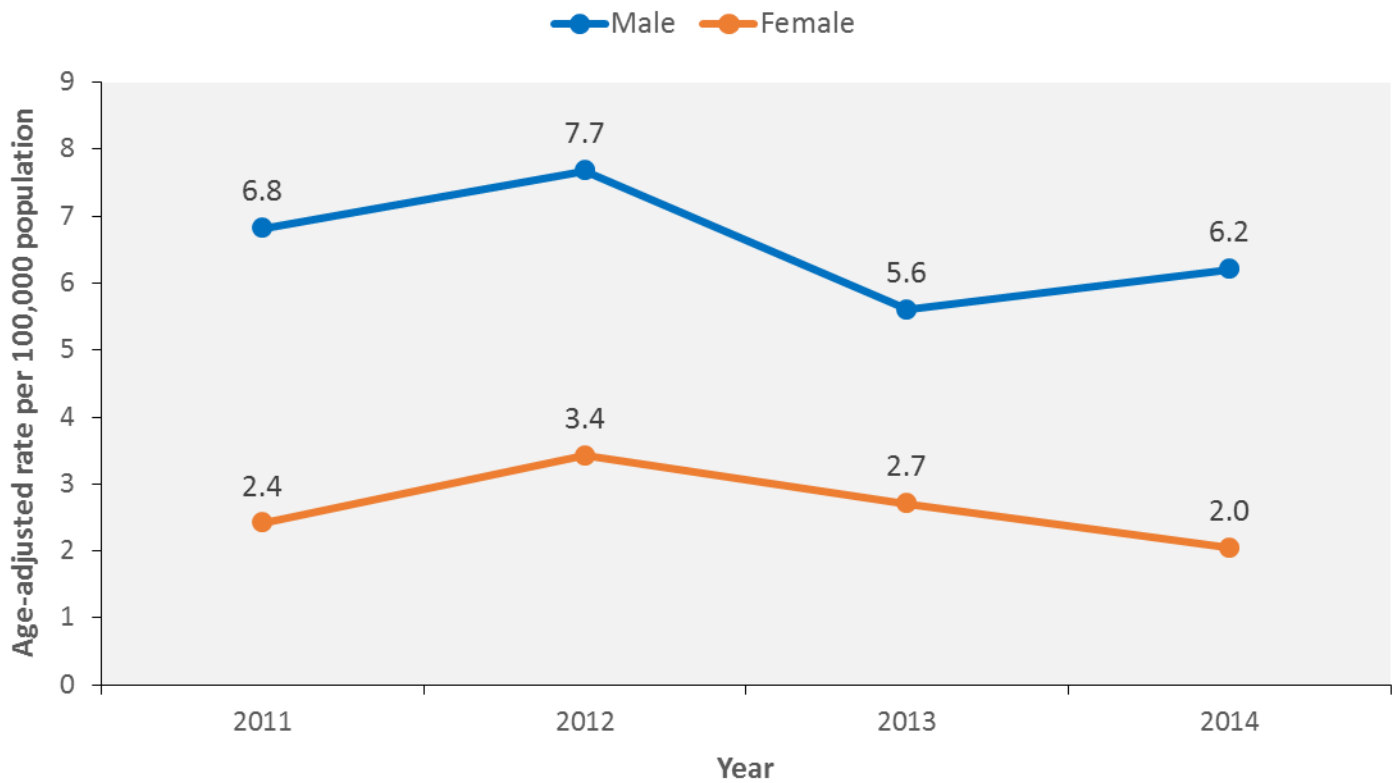


Figure 43. Cocaine-Related Emergency Department Visits by Race/Ethnicity: Maryland, 2011-2014*

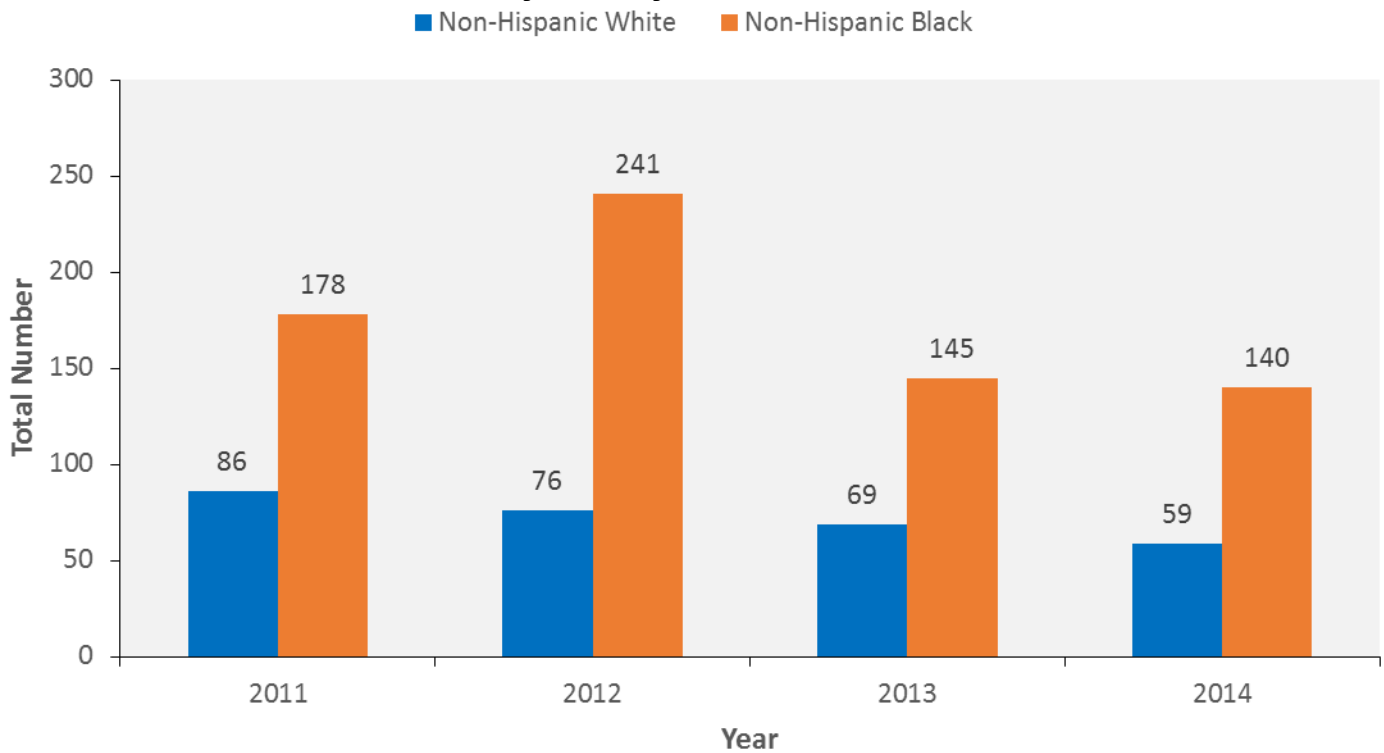
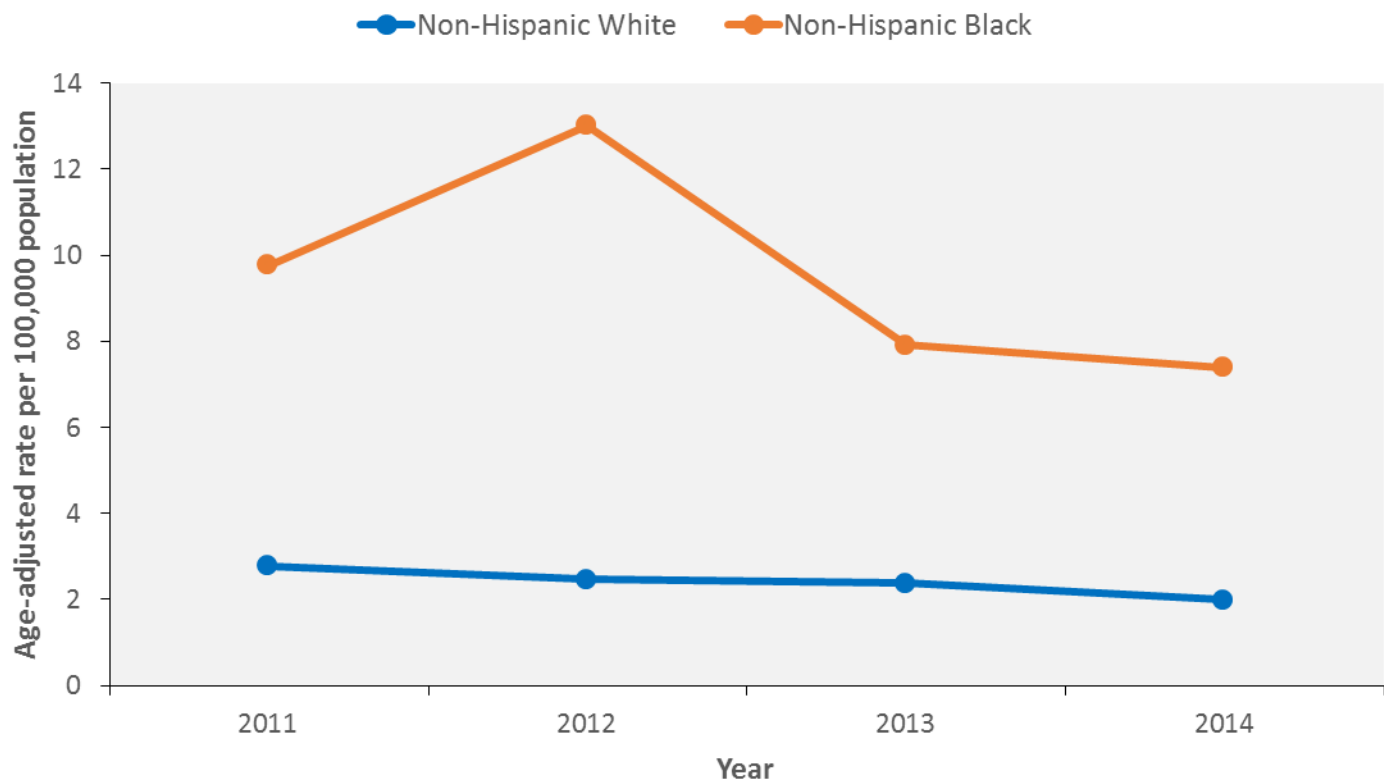


Figure 44. Age-adjusted Rates for Cocaine-related Emergency Department Visits by Race/Ethnicity: Maryland, 2011-2014*



*Counts less than or equal to 10 are suppressed; therefore, Hispanic ethnicity is not displayed.

Figure 45. Number of Cocaine-related Emergency Department Visits by Age Group: Maryland, 2011-2014*

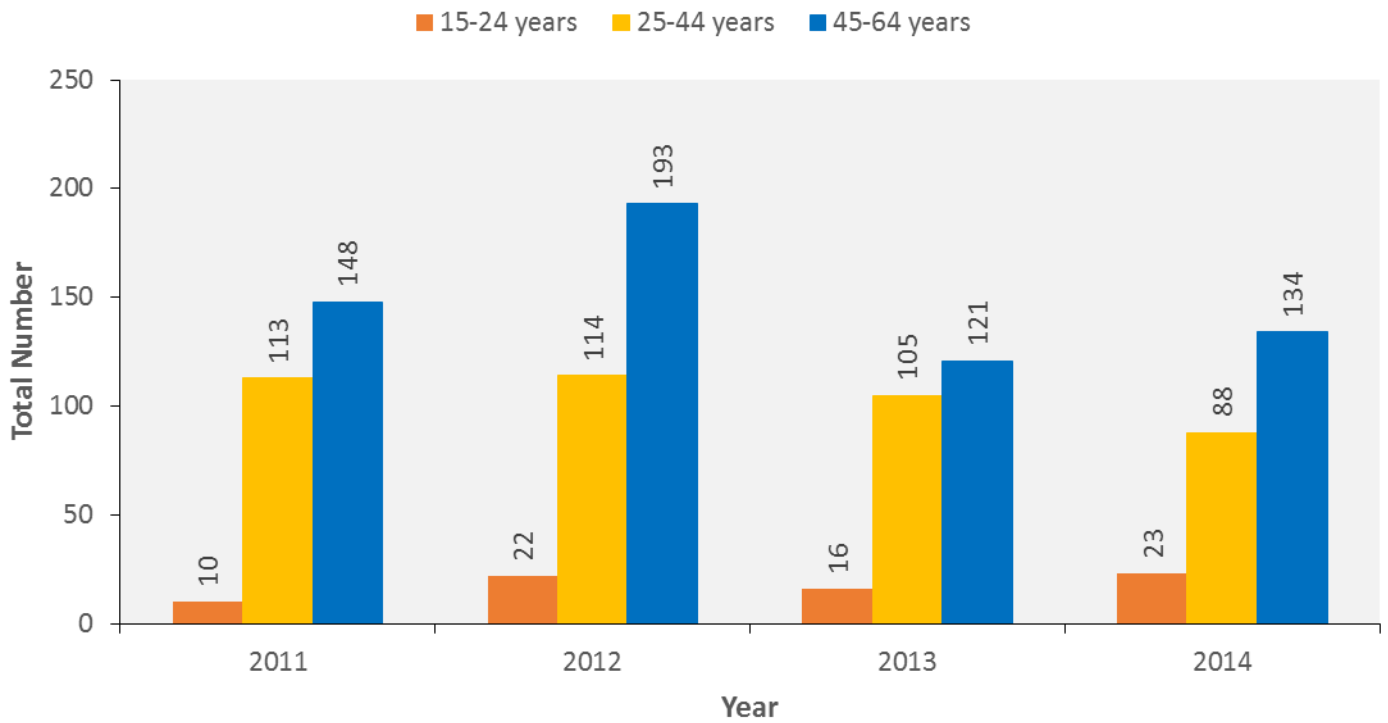
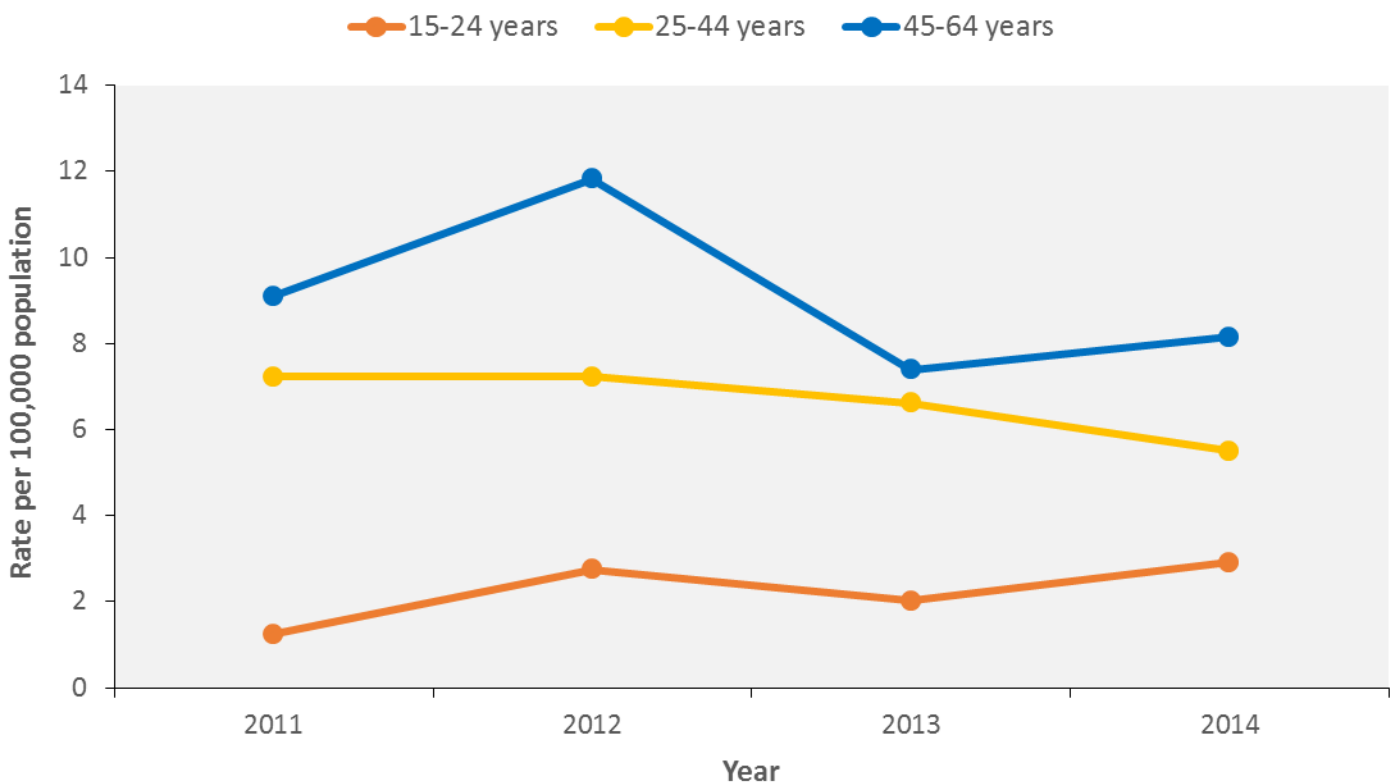


Figure 46. Crude Rates for Cocaine-related Emergency Department Visits by Age Group: Maryland, 2011-2014*



*Counts less than or equal to 10 are suppressed; therefore, <15 years and 65+ years are not displayed.

Figure 47. Total Charges for Cocaine-related Emergency Department Visits: Maryland, 2011-2014

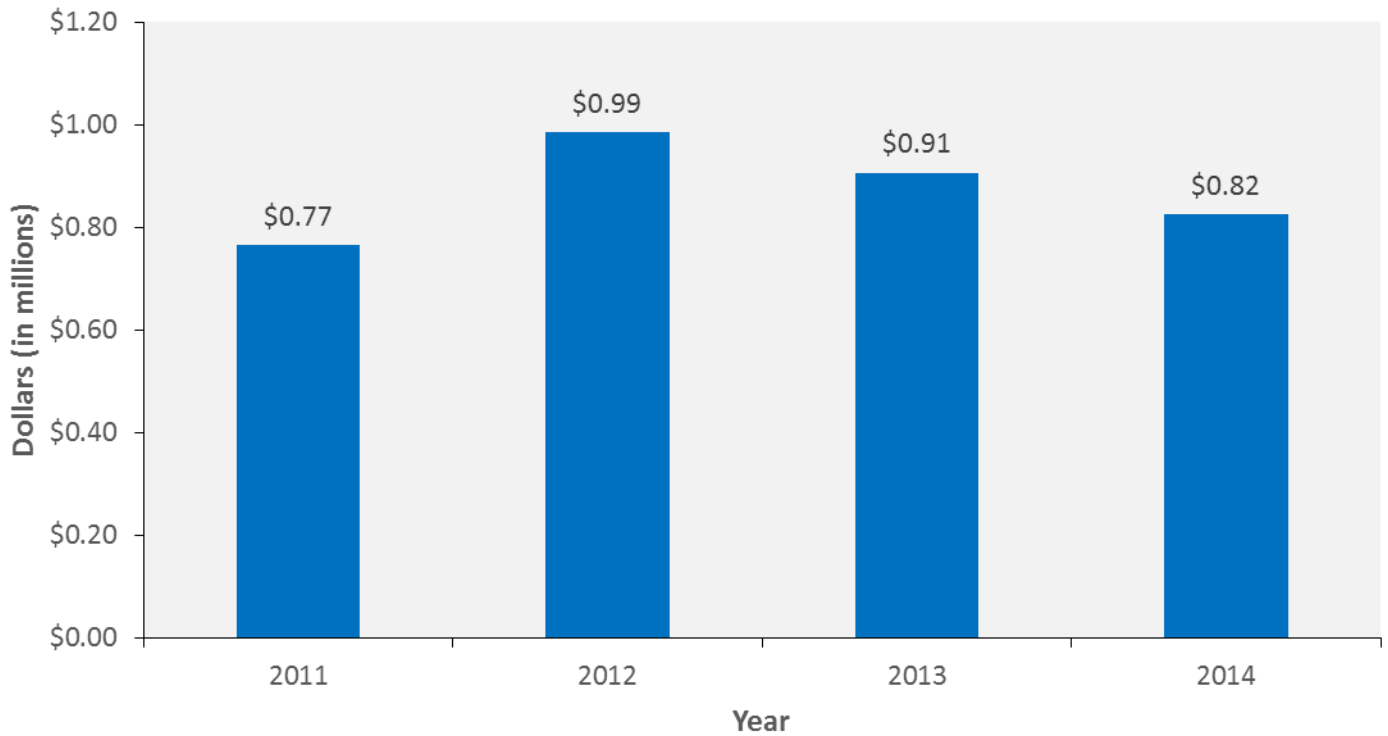


Figure 48. Expected Payer for Cocaine-related Emergency Department Visits: Maryland, 2011-2014

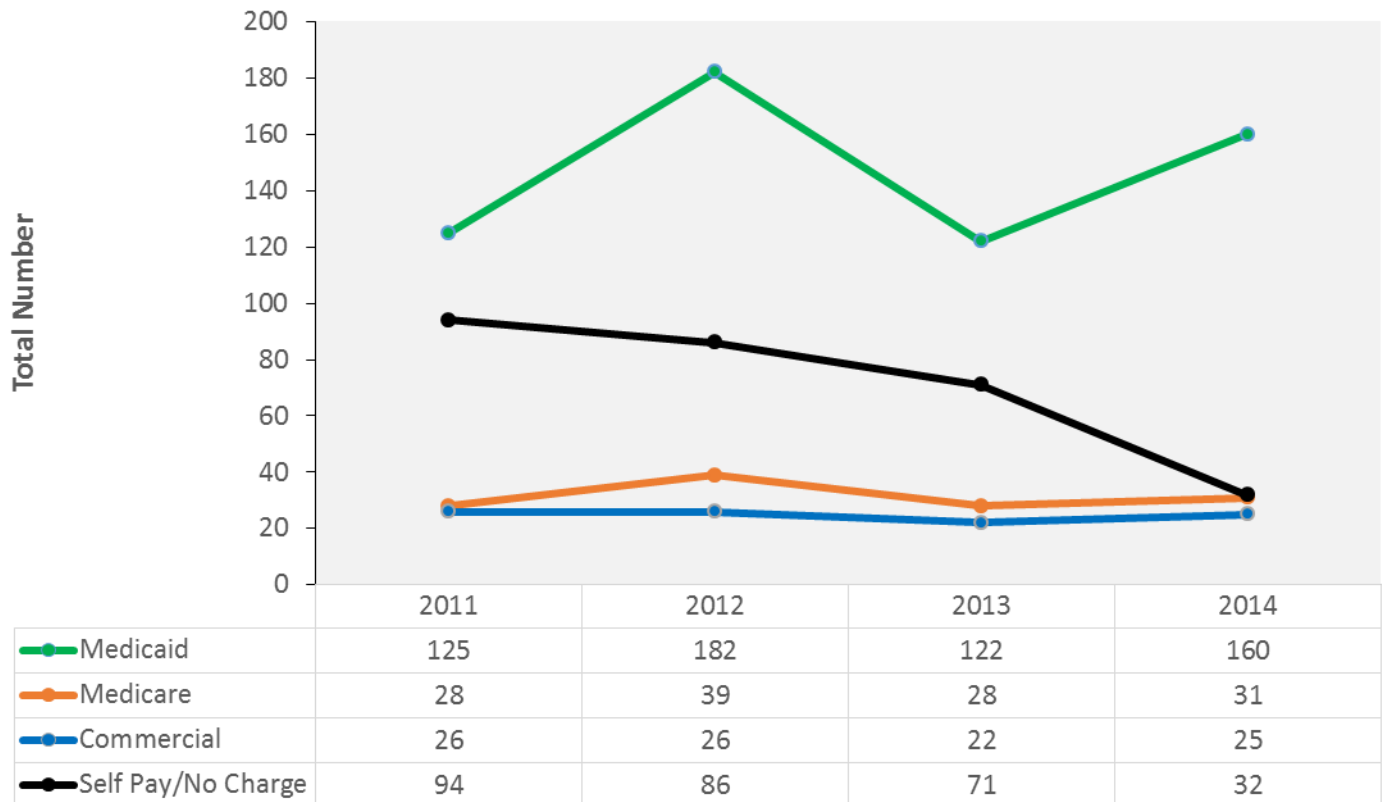


Figure 49. Number of Cocaine-related Emergency Department Visits by Place of Residence: Maryland, 2011-2014*

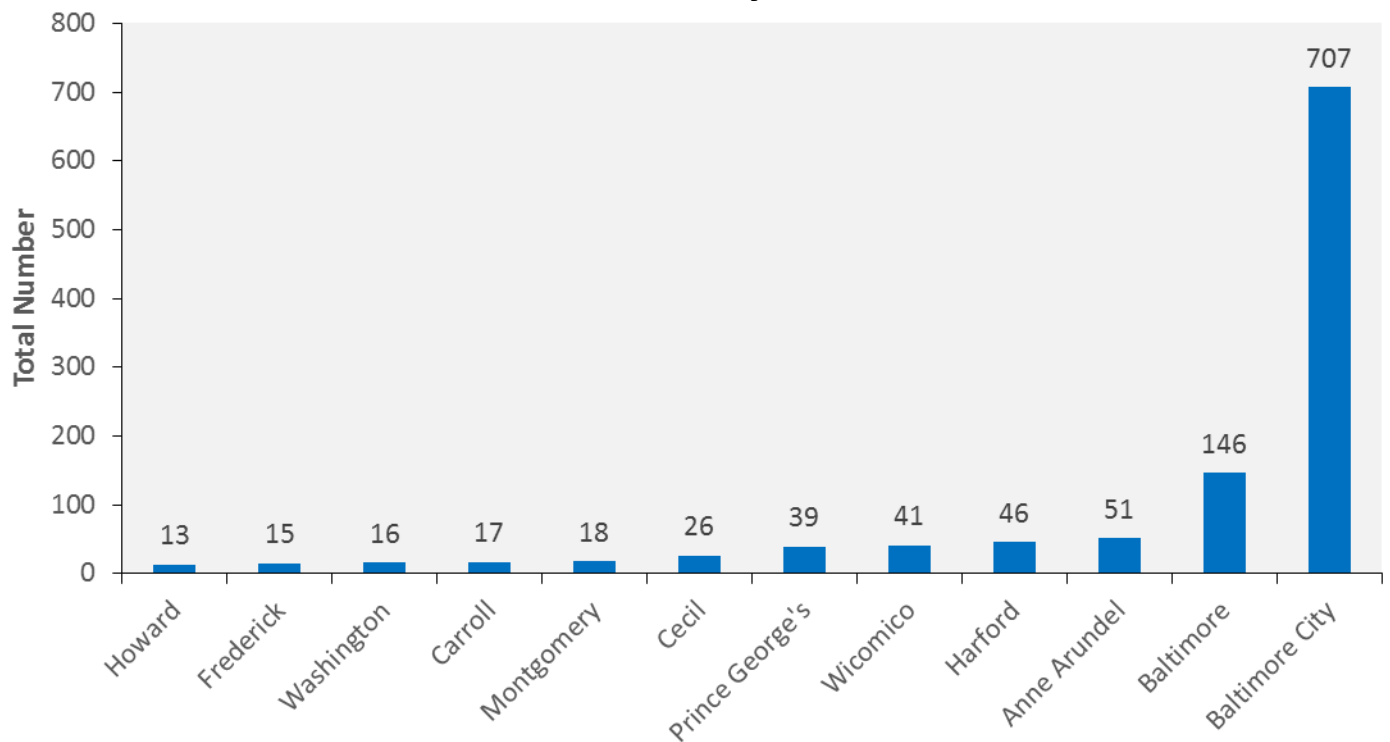
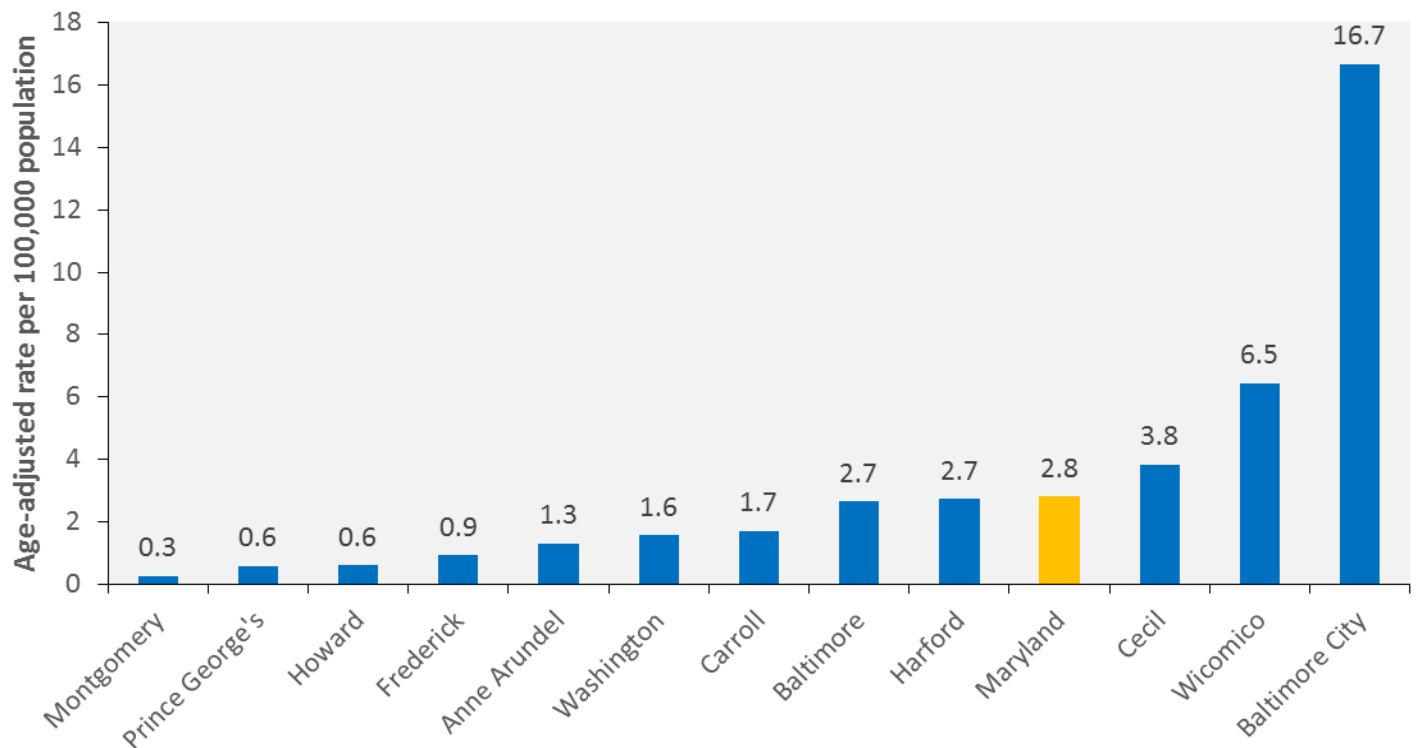


Figure 50. Average Age-adjusted Rates of Cocaine-related Emergency Department Visits by Place of Residence: Maryland, 2011-2014*



*Counts less than or equal to 10 are suppressed; therefore, some counties are not displayed.

**HEROIN-RELATED EMERGENCY
DEPARTMENT VISITS
2008-2014**

Figure 51. Total Number of Heroin-related Emergency Department Visits: Maryland, 2008-2014

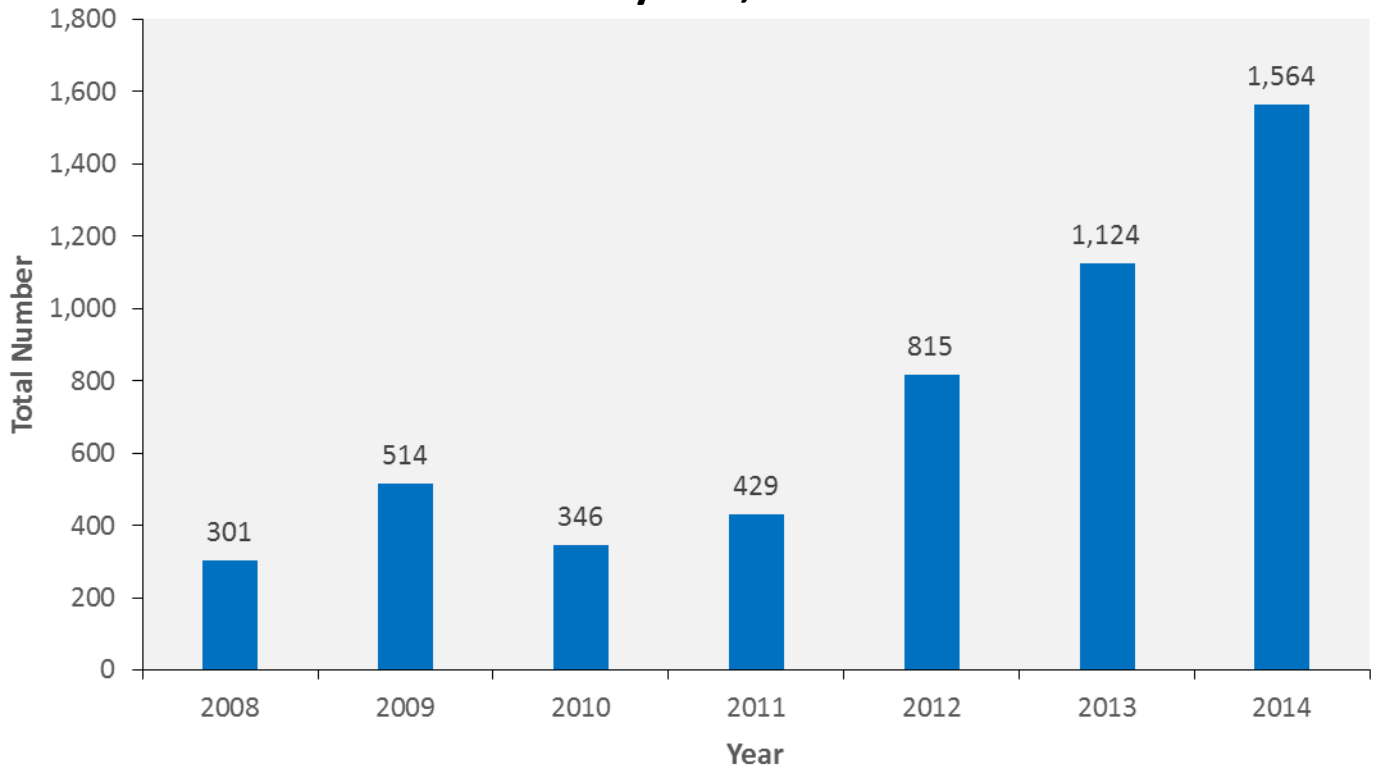


Figure 52. Age-adjusted Rates for Heroin-related Emergency Department Visits: Maryland, 2008-2014

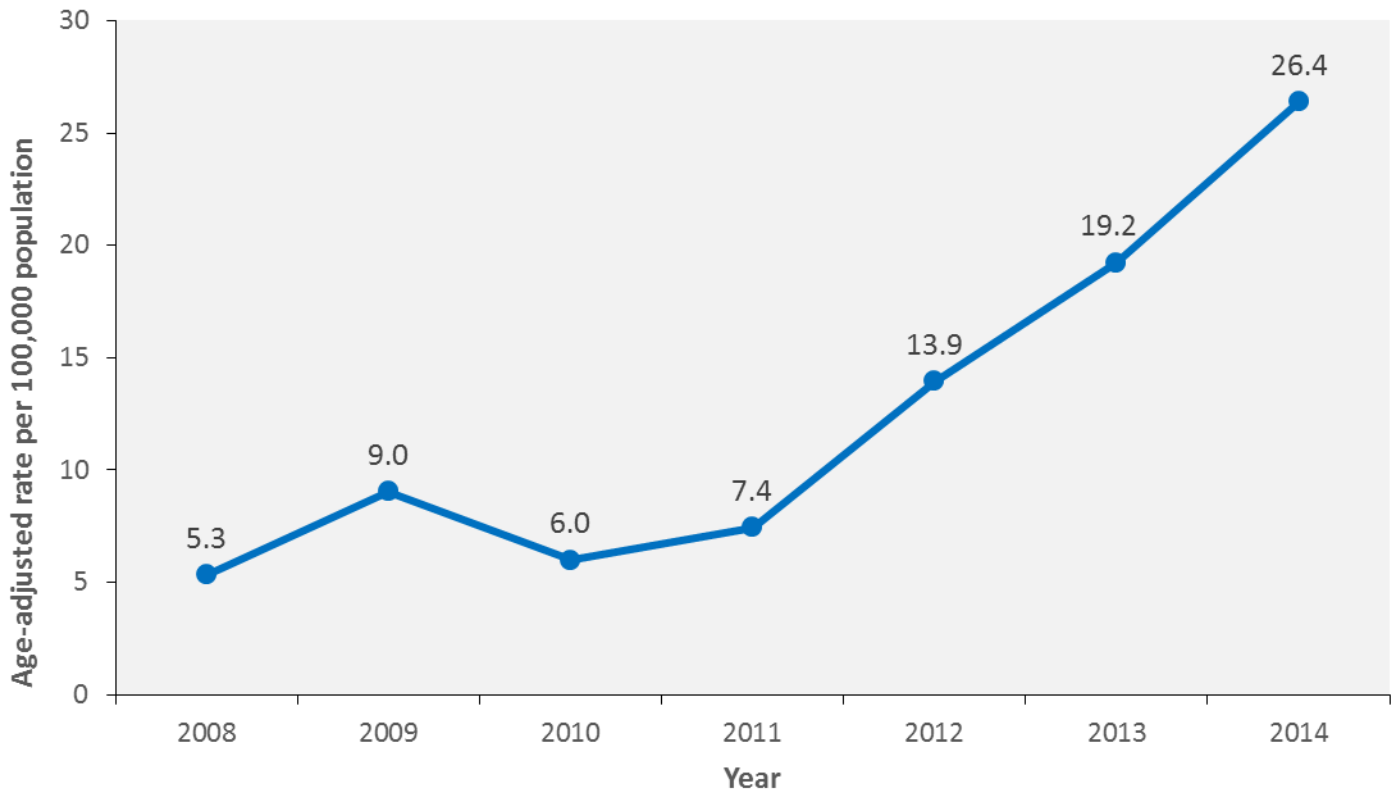


Figure 53. Number of Heroin-related Emergency Department Visits by Sex: Maryland, 2008-2014

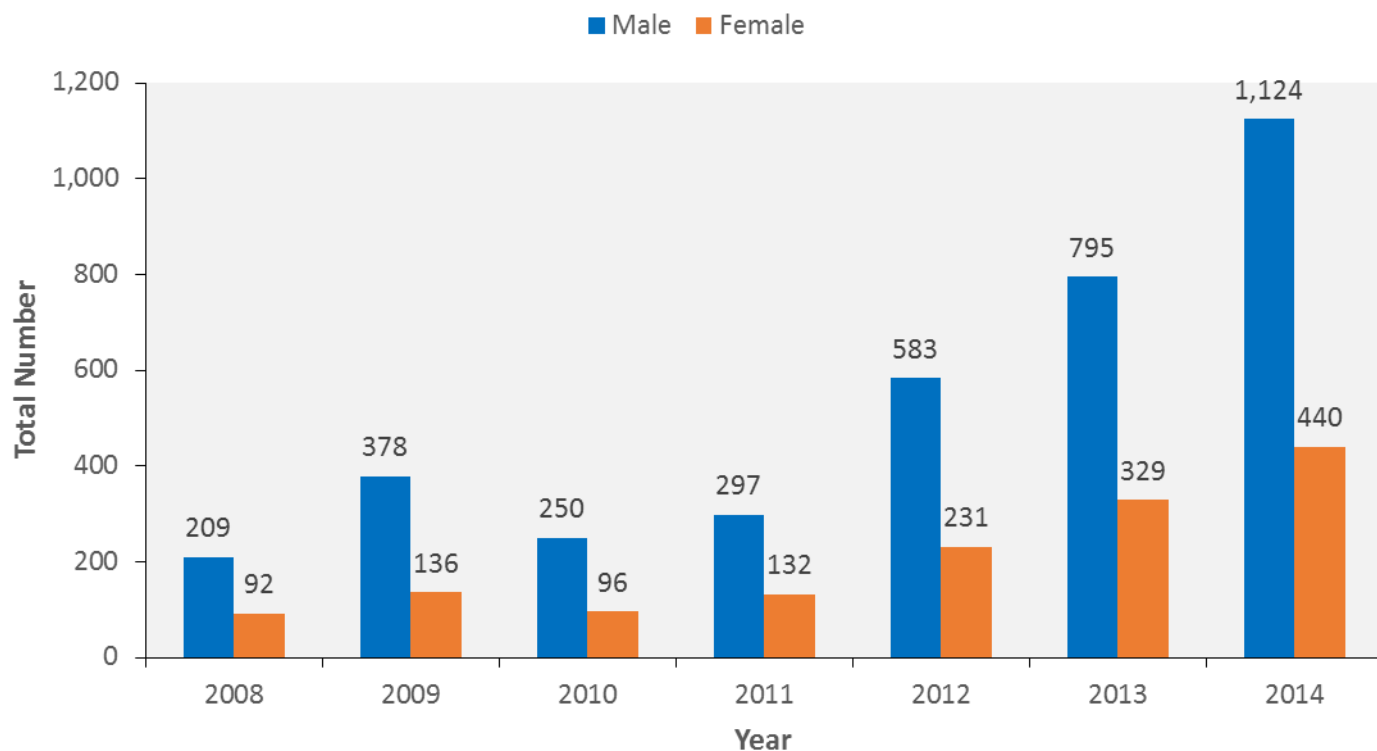


Figure 54. Age-adjusted Heroin-Related Emergency Department Visit Rates by Sex: Maryland, 2008-2014

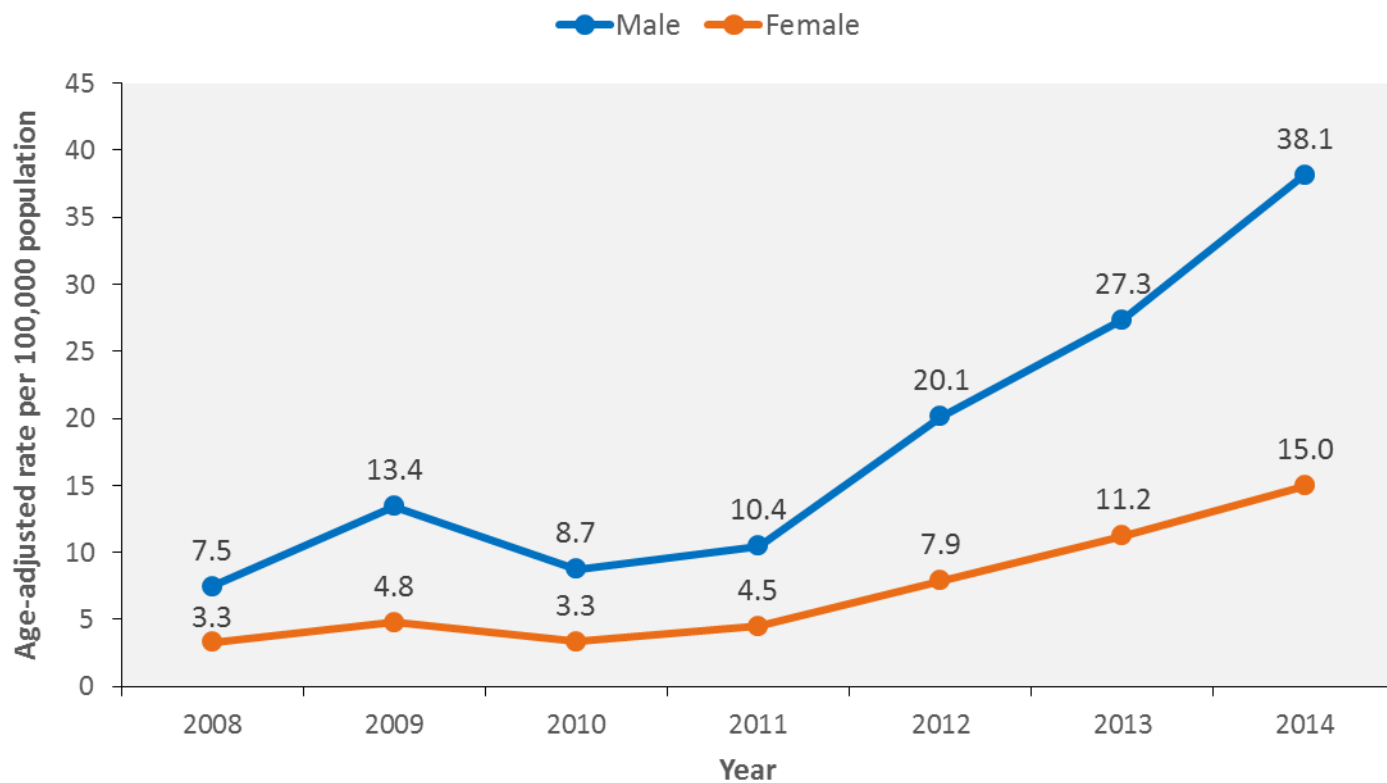


Figure 55. Number of Heroin-related Emergency Department Visits by Race/Ethnicity: Maryland, 2008-2014*

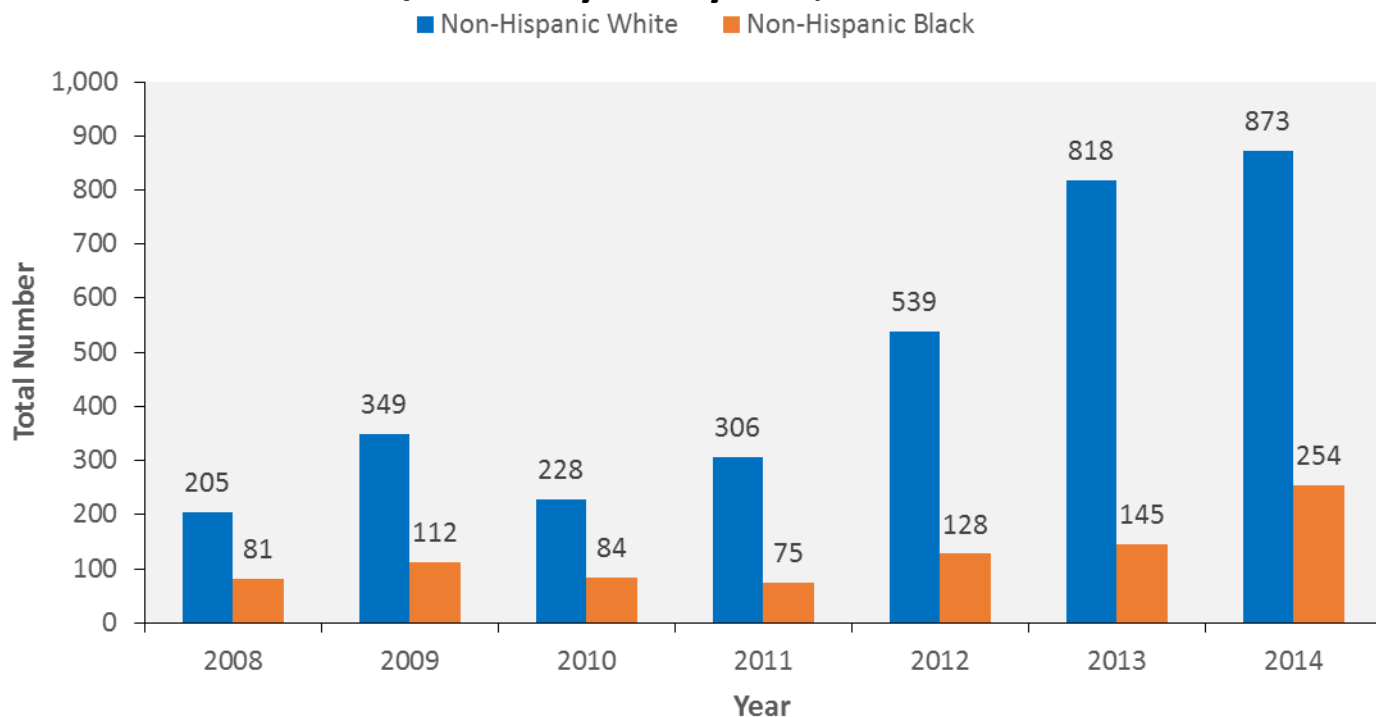
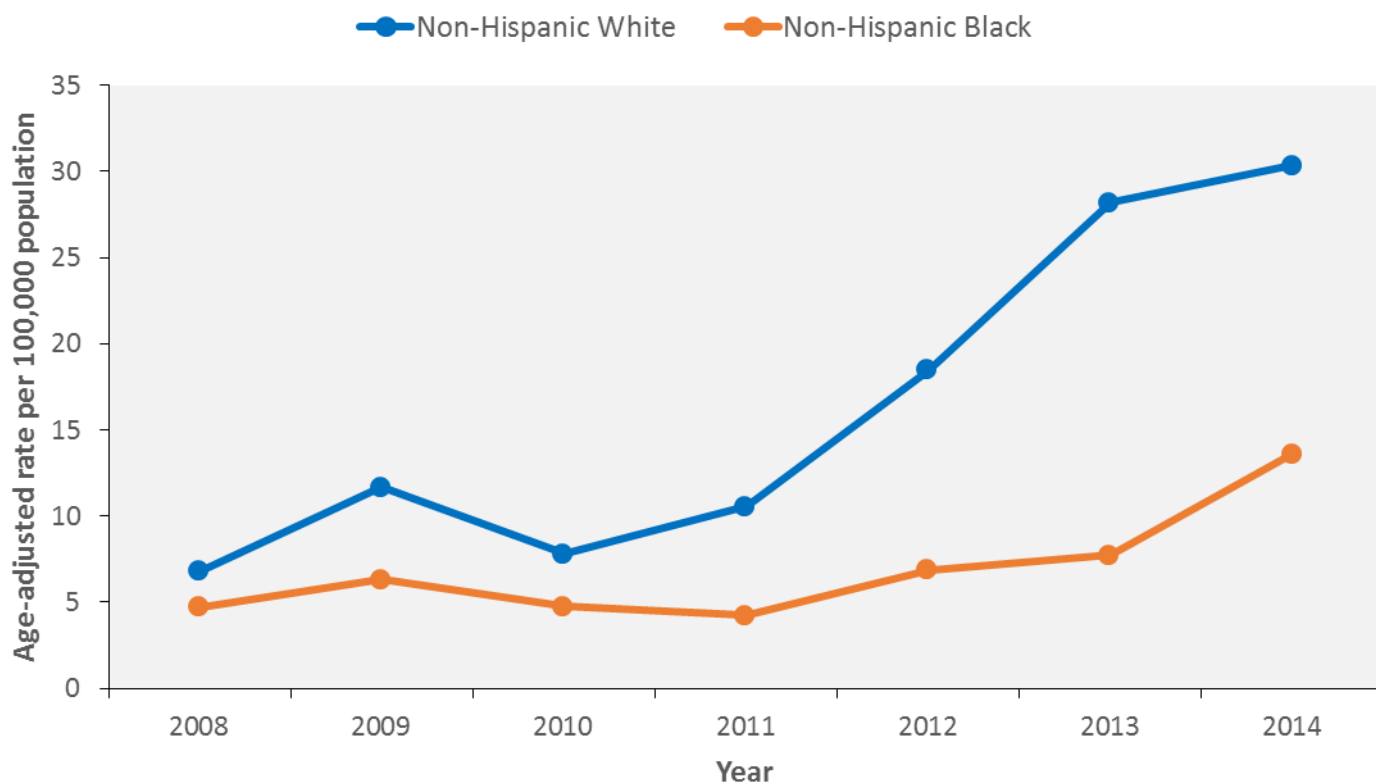


Figure 56. Age-adjusted Rates for Heroin-related Emergency Department Visits by Race/Ethnicity: Maryland, 2008-2014*



*Counts less than or equal to 10 are suppressed; therefore, Hispanic ethnicity is not displayed.

Figure 57. Number of Heroin-related Emergency Department Visits by Age Group: Maryland, 2008-2014*

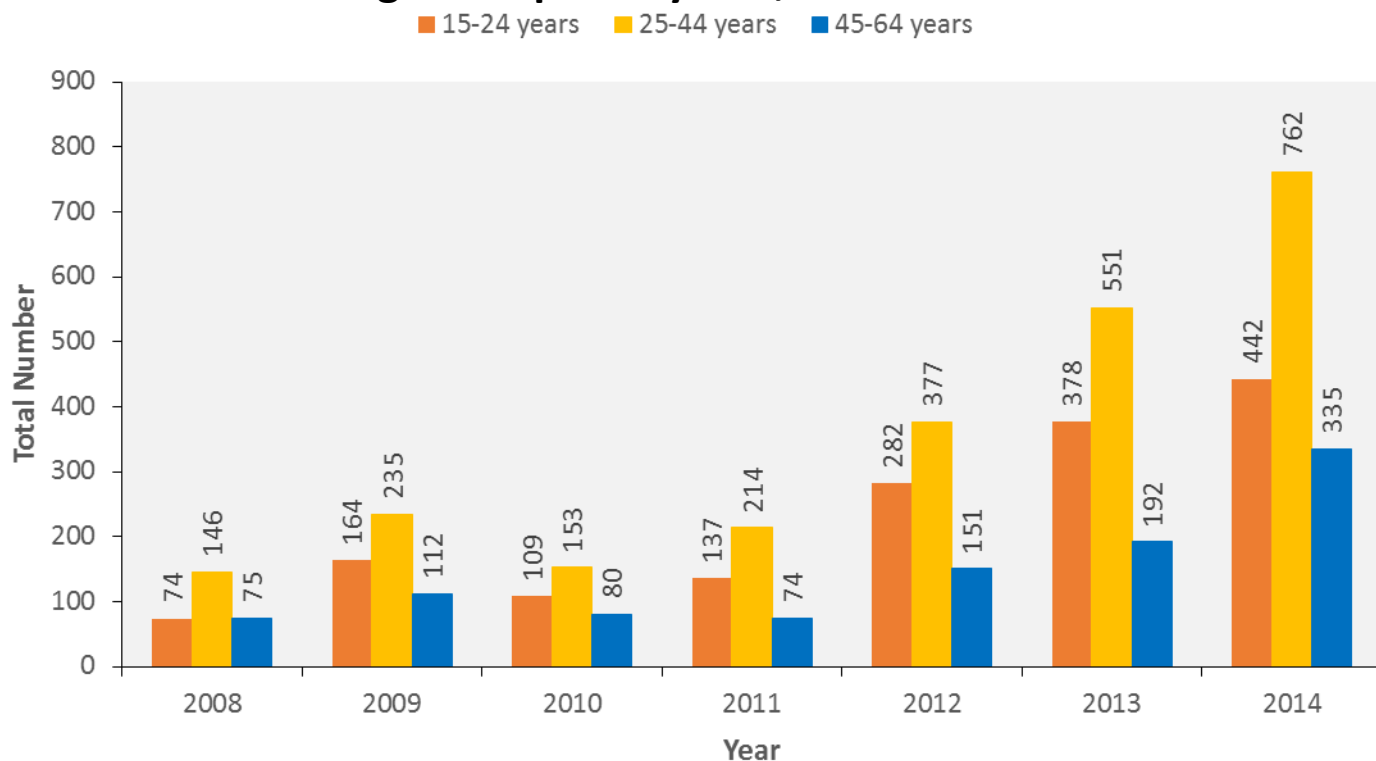
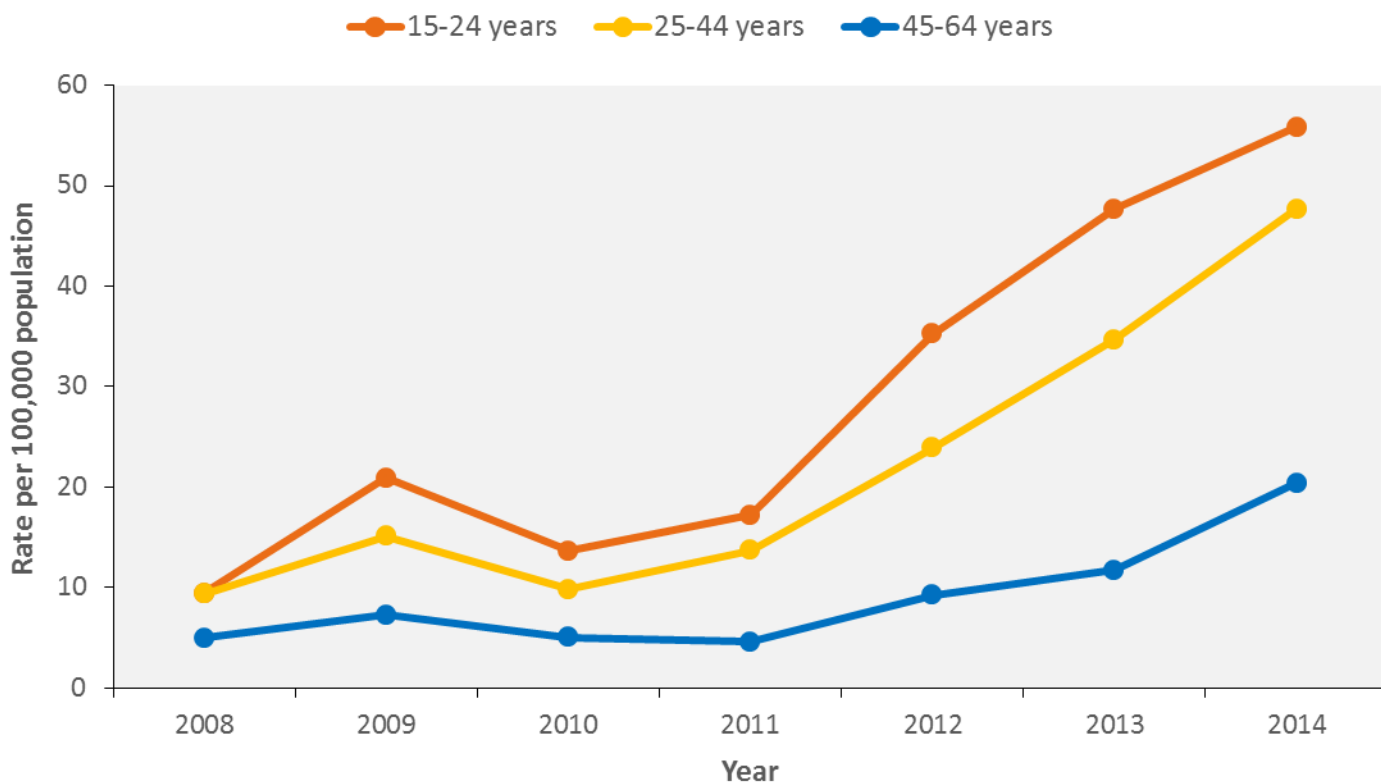


Figure 58. Crude Rates for Heroin-related Emergency Department Visits by Age Group: Maryland, 2008-2014*



*Counts less than or equal to 10 are suppressed; therefore, <15 years and 65+ years are not displayed.

Figure 59. Total Charges for Heroin-related Emergency Department Visits: Maryland, 2008-2014

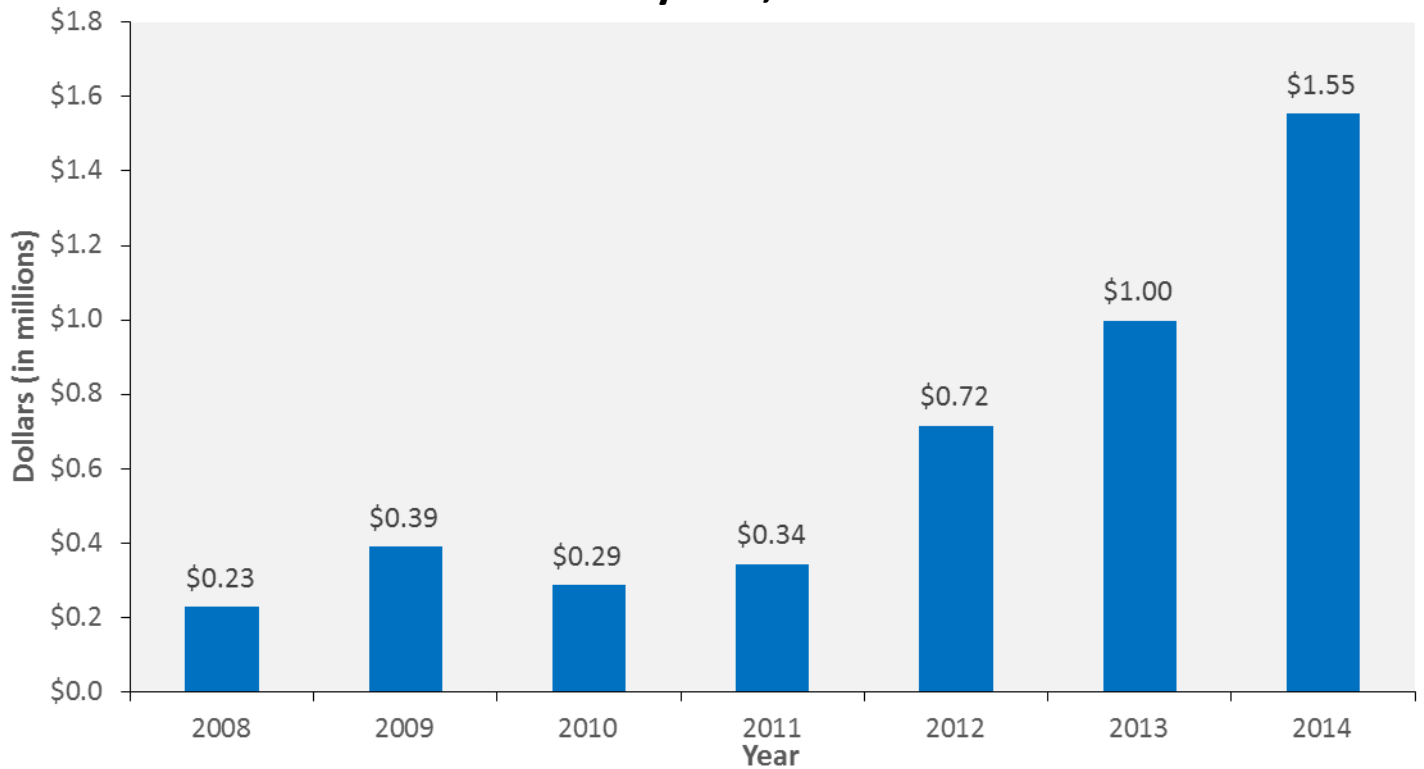
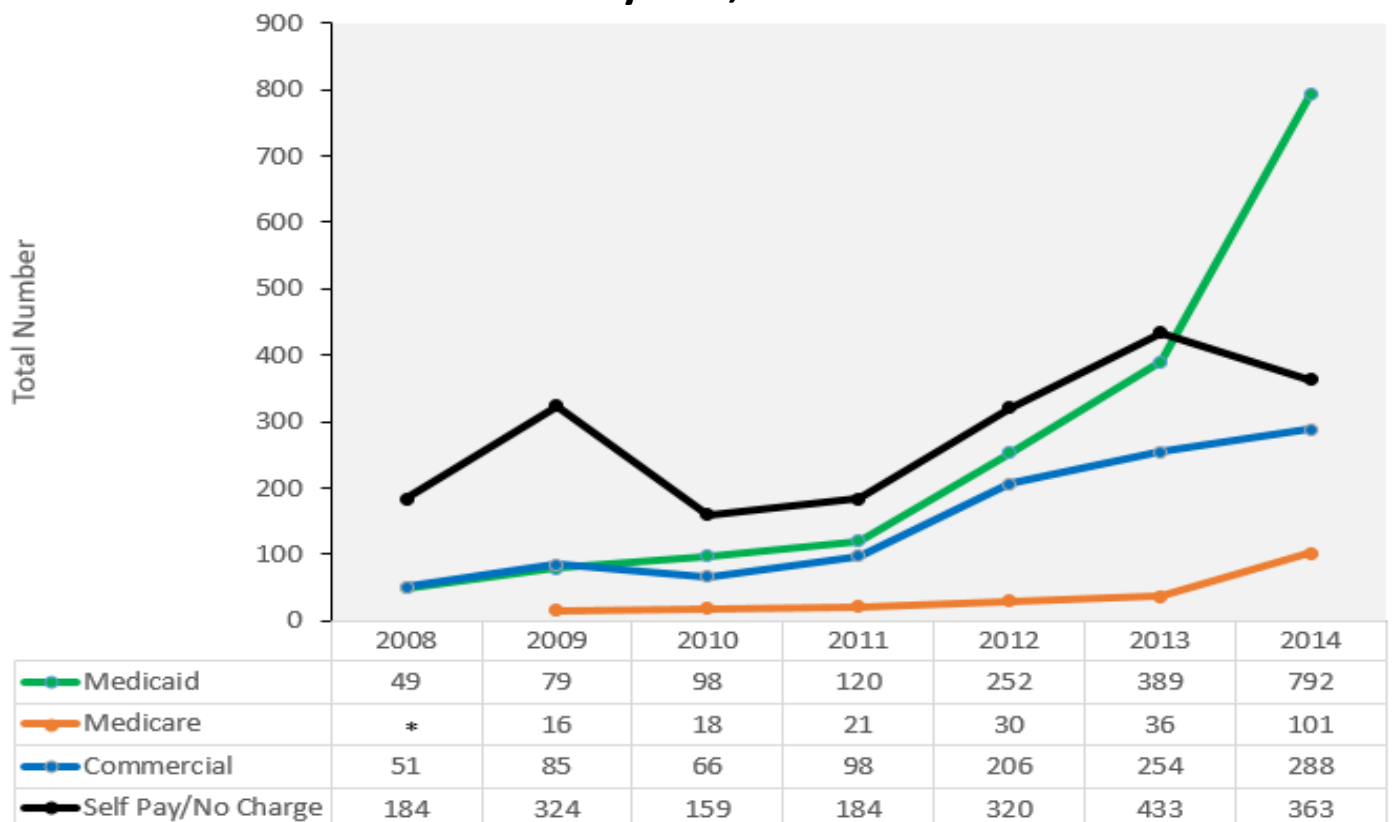


Figure 60. Expected Payer for Heroin-related Emergency Department Visits: Maryland, 2008-2014*



*Counts less than or equal to 10 are suppressed.

Figure 61. Number of Heroin-related Emergency Department Visits by Place of Residence: Maryland, 2008-2014*

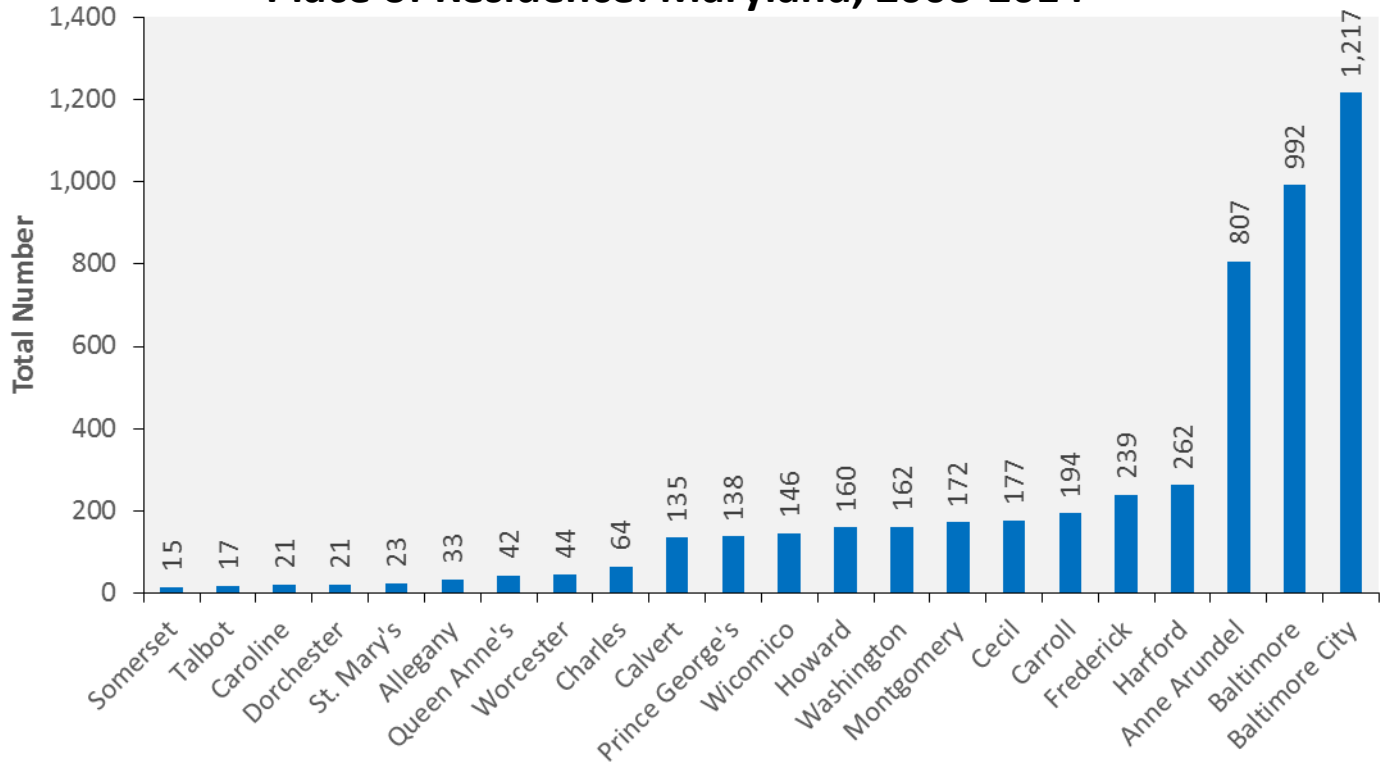
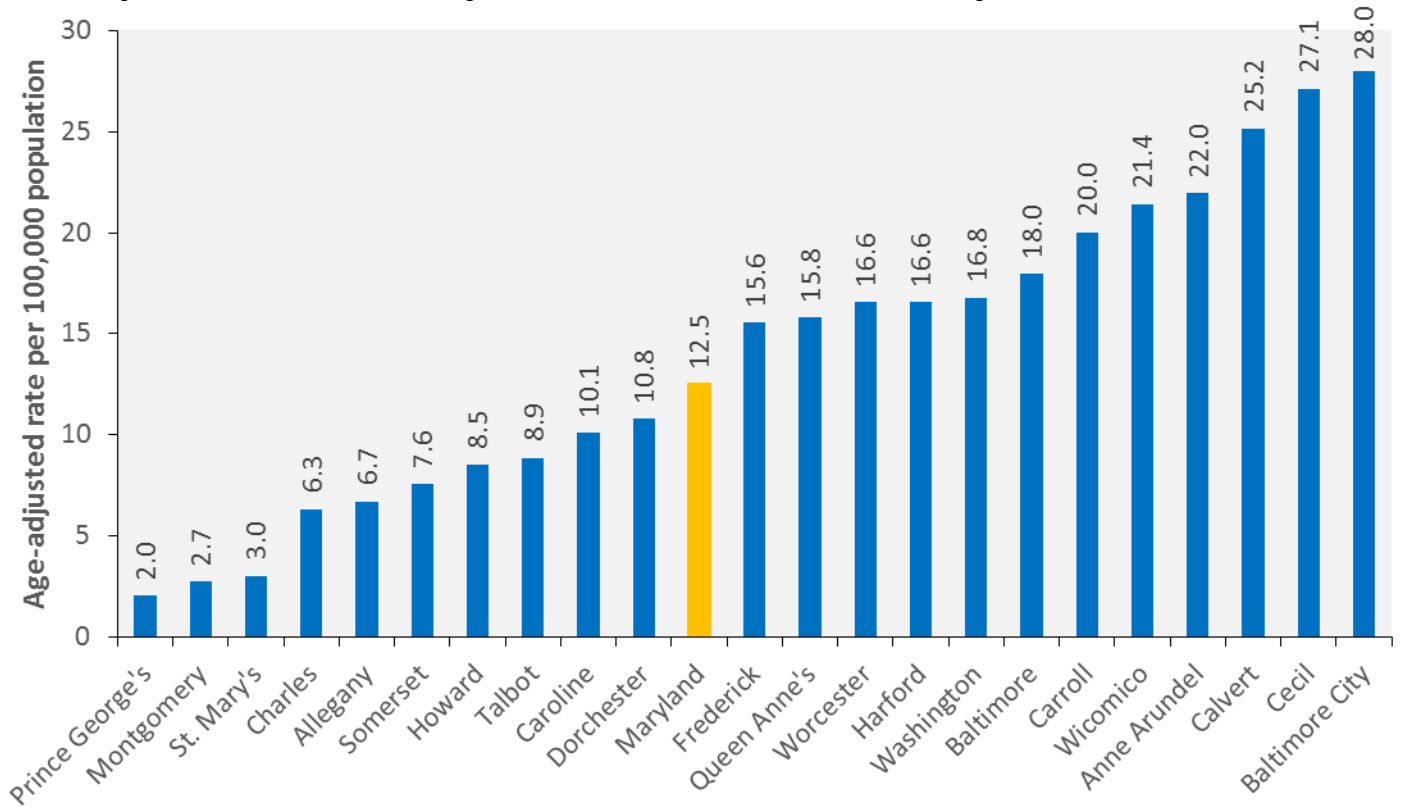


Figure 62. Average Age-adjusted Rates for Heroin-related Emergency Department Visits by Place of Residence: Maryland, 2008-2014*



*Counts less than or equal to 10 are suppressed; therefore, some counties are not displayed.

**PRESCRIPTION OPIOID-RELATED
EMERGENCY DEPARTMENT VISITS
2008-2014**

Figure 63. Total Number of Prescription Opioid-related Emergency Department Visits: Maryland, 2008-2014

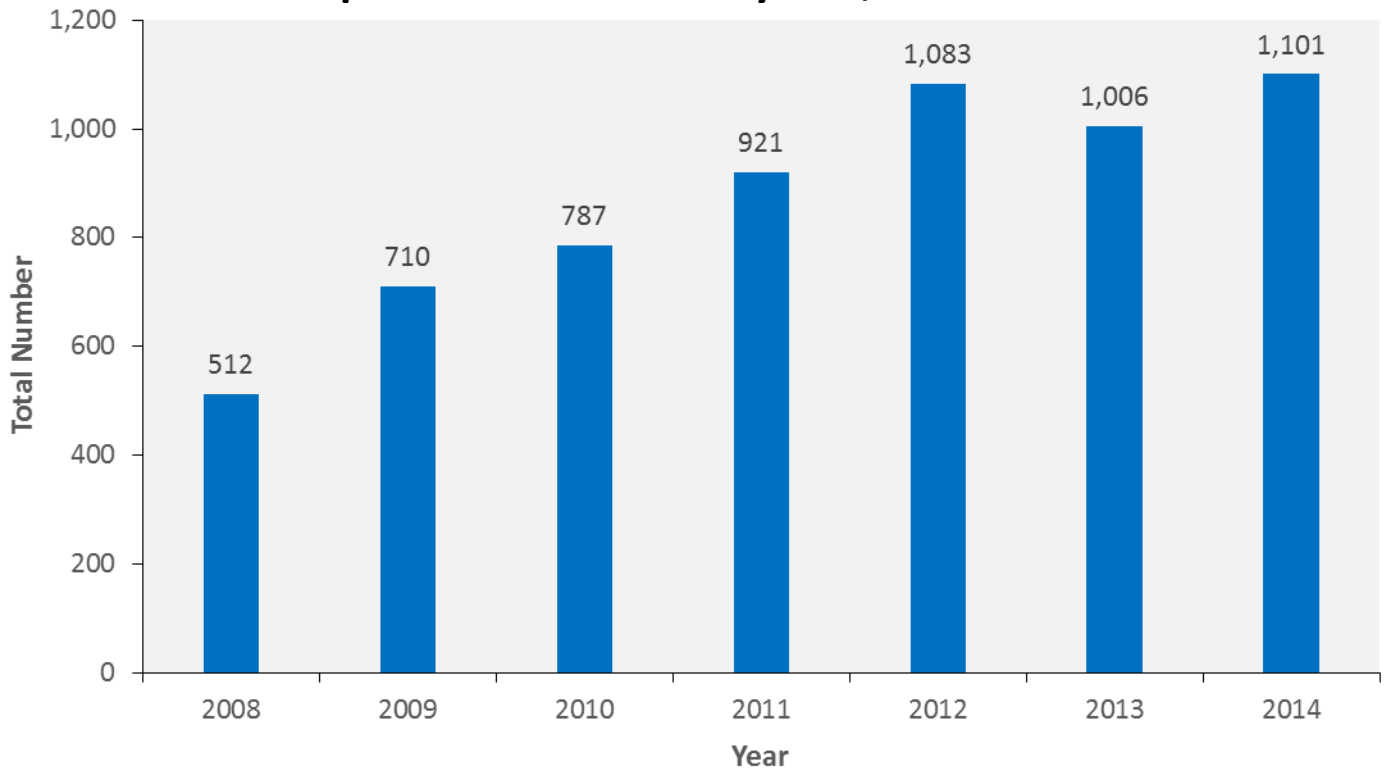


Figure 64. Age-Adjusted Rates for Prescription Opioid-related Emergency Department Visit Rates: Maryland, 2008-2014

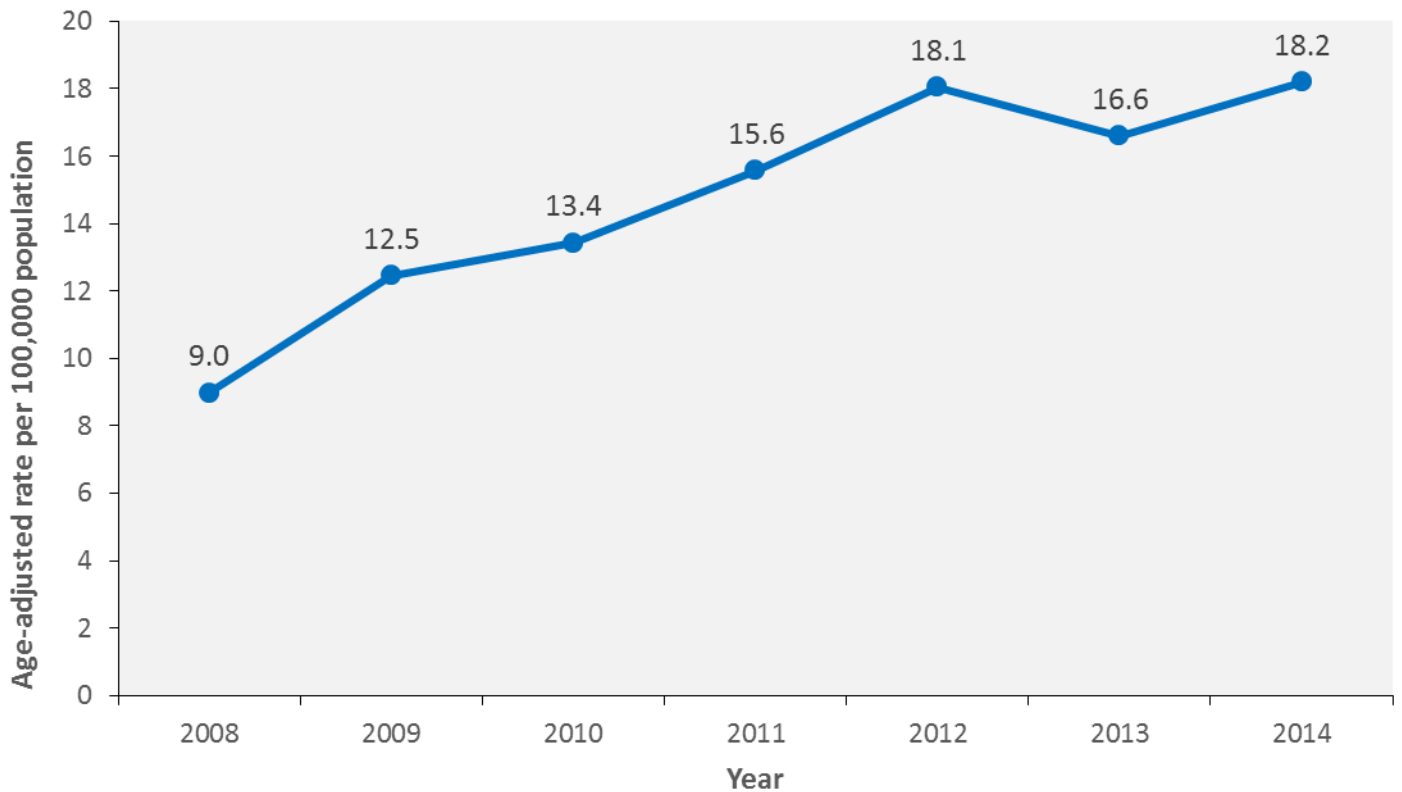


Figure 65. Number of Prescription Opioid-related Emergency Department Visits by Sex: Maryland, 2008-2014

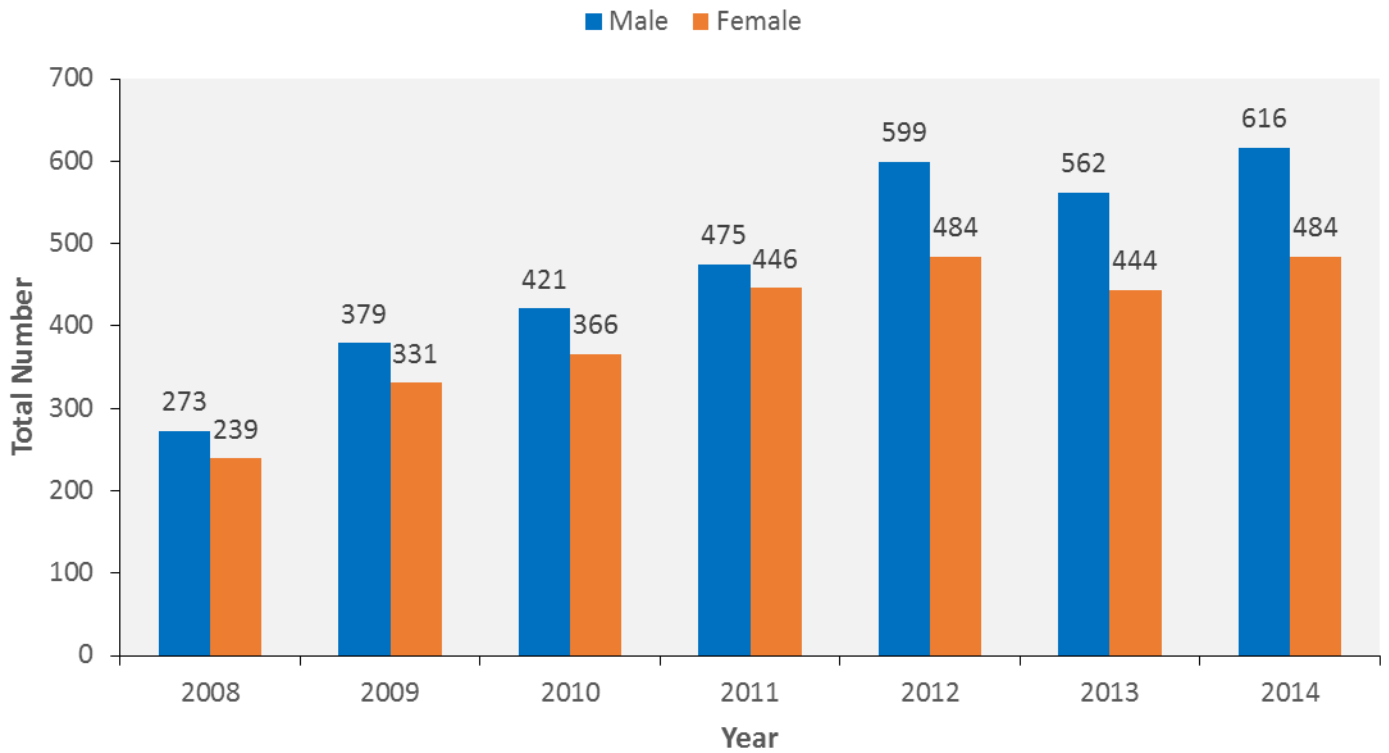


Figure 66. Age-Adjusted Rates for Prescription Opioid-related Emergency Department Visits by Sex: Maryland, 2008-2014

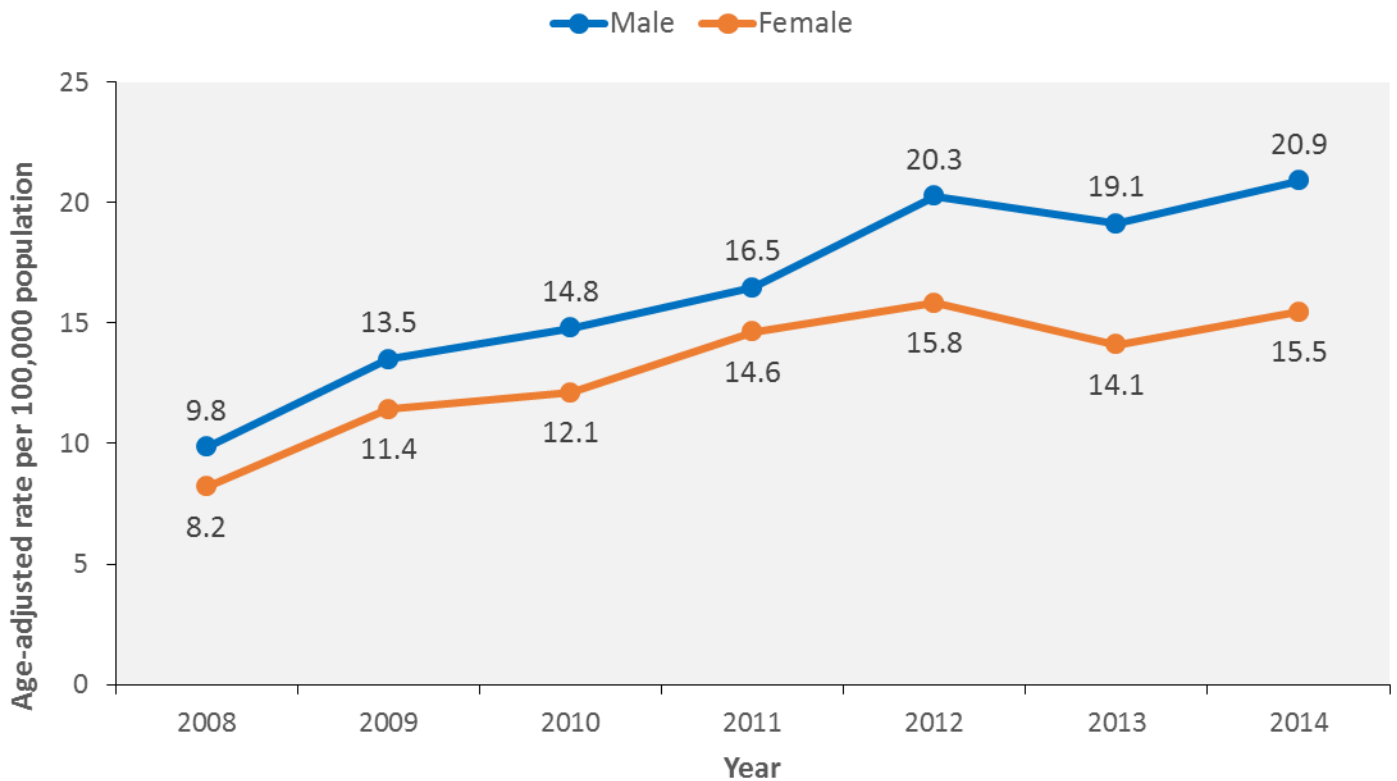


Figure 67. Number of Prescription Opioid-related Emergency Department Visits by Race/Ethnicity: Maryland, 2008-2014*

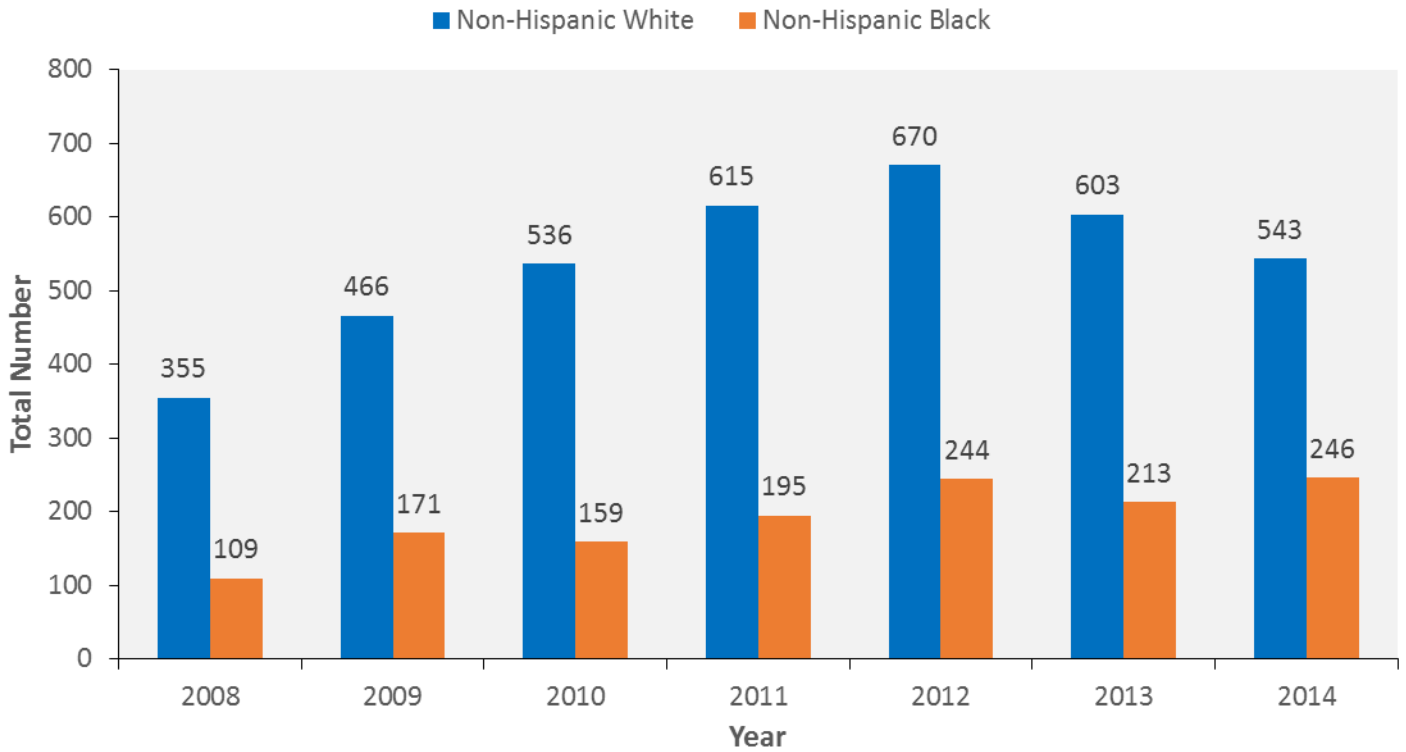
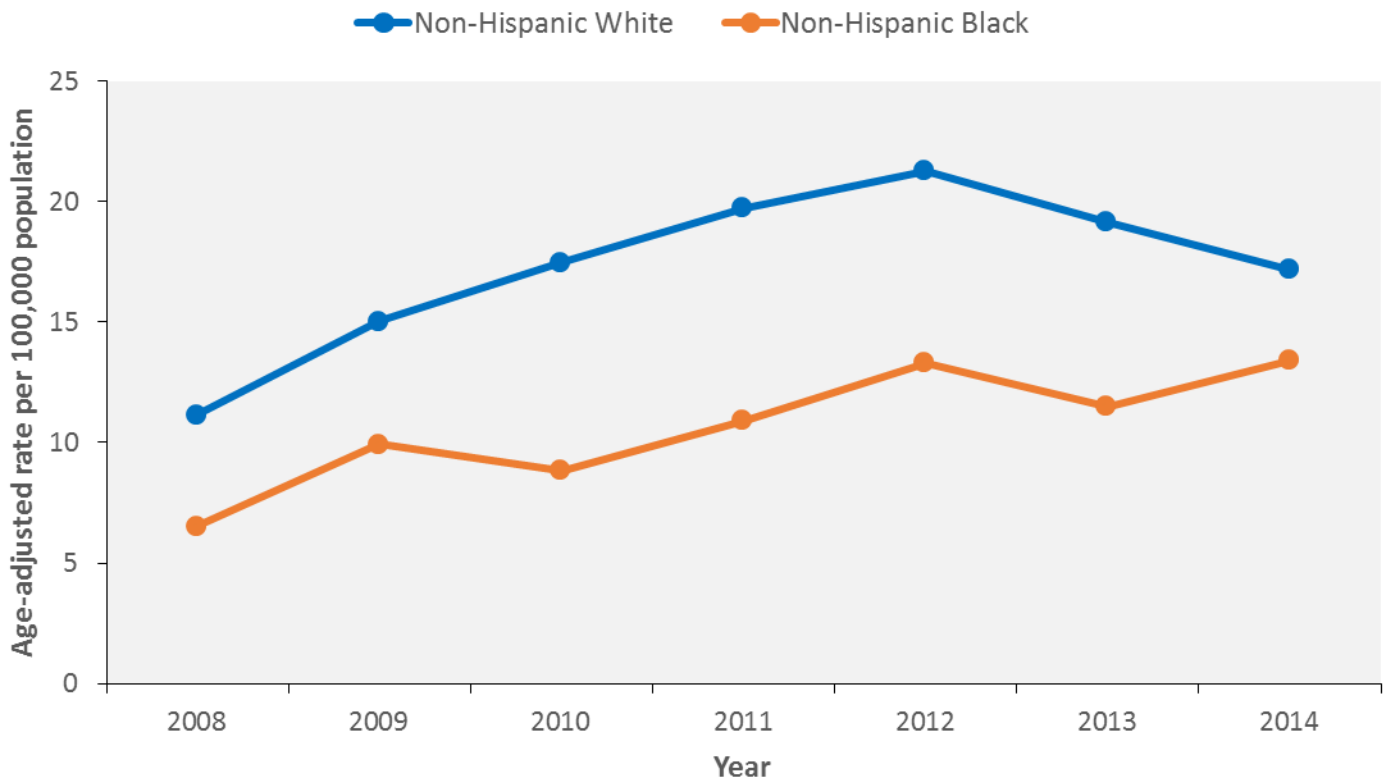


Figure 68. Age-Adjusted Rates for Prescription Opioid-related Emergency Department Visits by Race/Ethnicity: Maryland, 2008-2014*



*Counts less than or equal to 10 are suppressed; therefore, Hispanic ethnicity is not displayed.

Figure 69. Number of Prescription Opioid-related Emergency Department Visits by Age Group: Maryland, 2008-2014

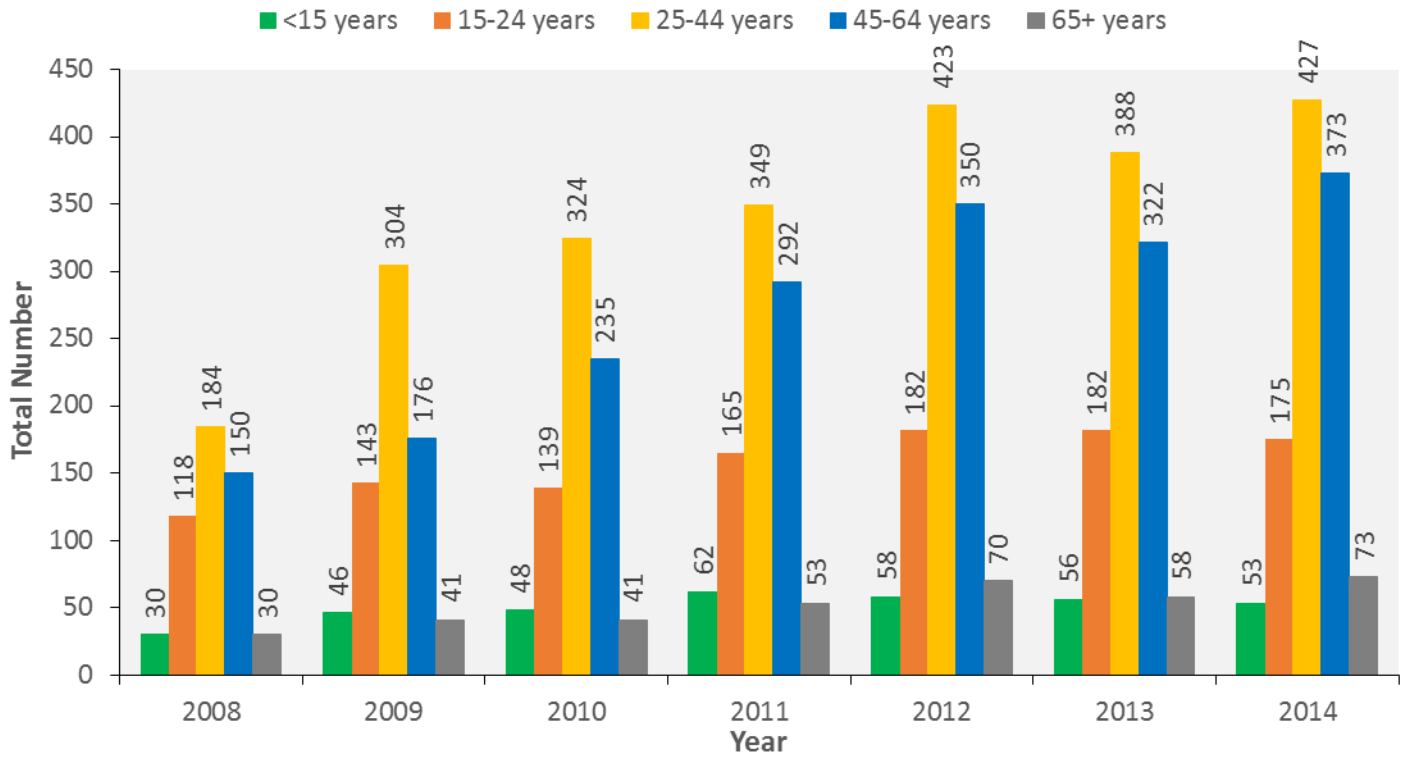


Figure 70. Crude Rates for Prescription Opioid-related Emergency Department Visits by Age Group: Maryland, 2008-2014

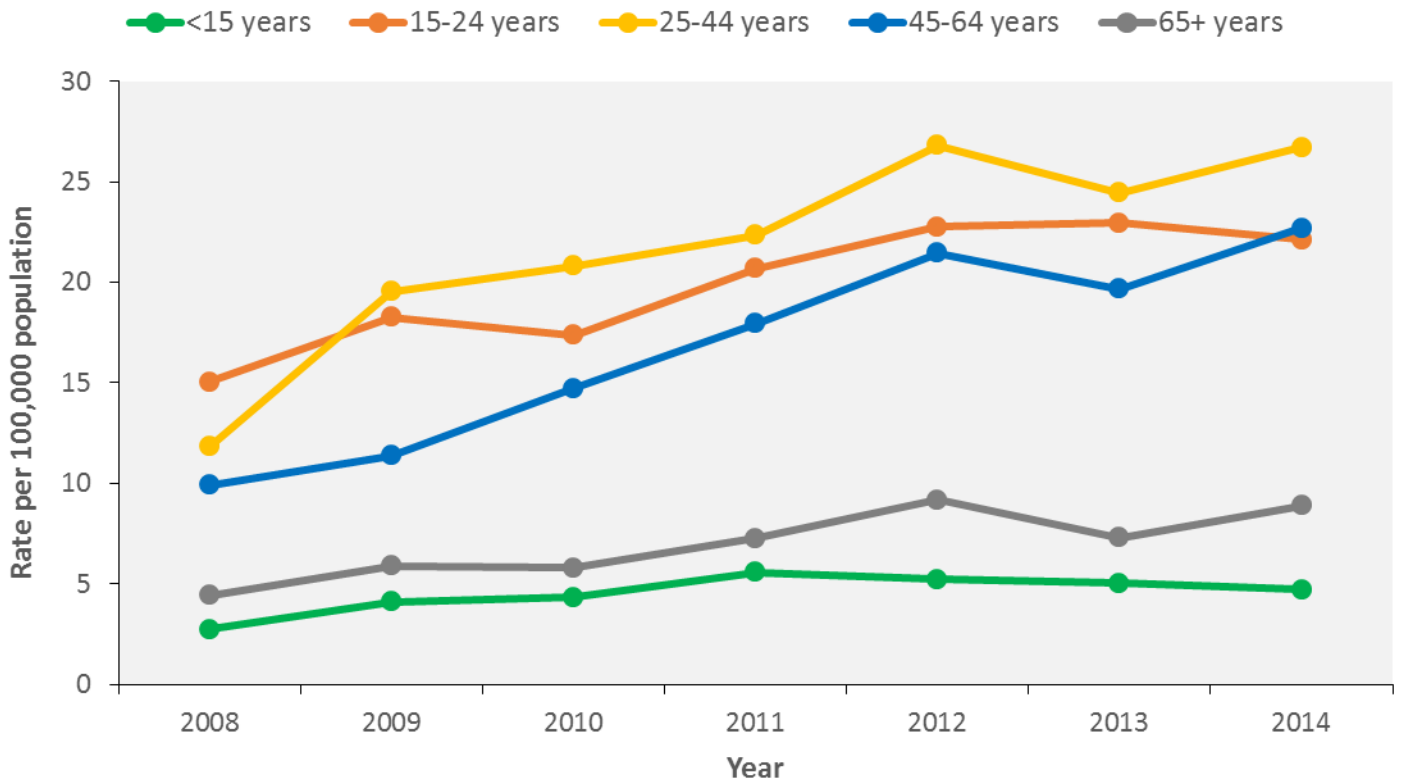


Figure 71. Total Charges for Prescription Opioid-related Emergency Department Visits: Maryland, 2008-2014

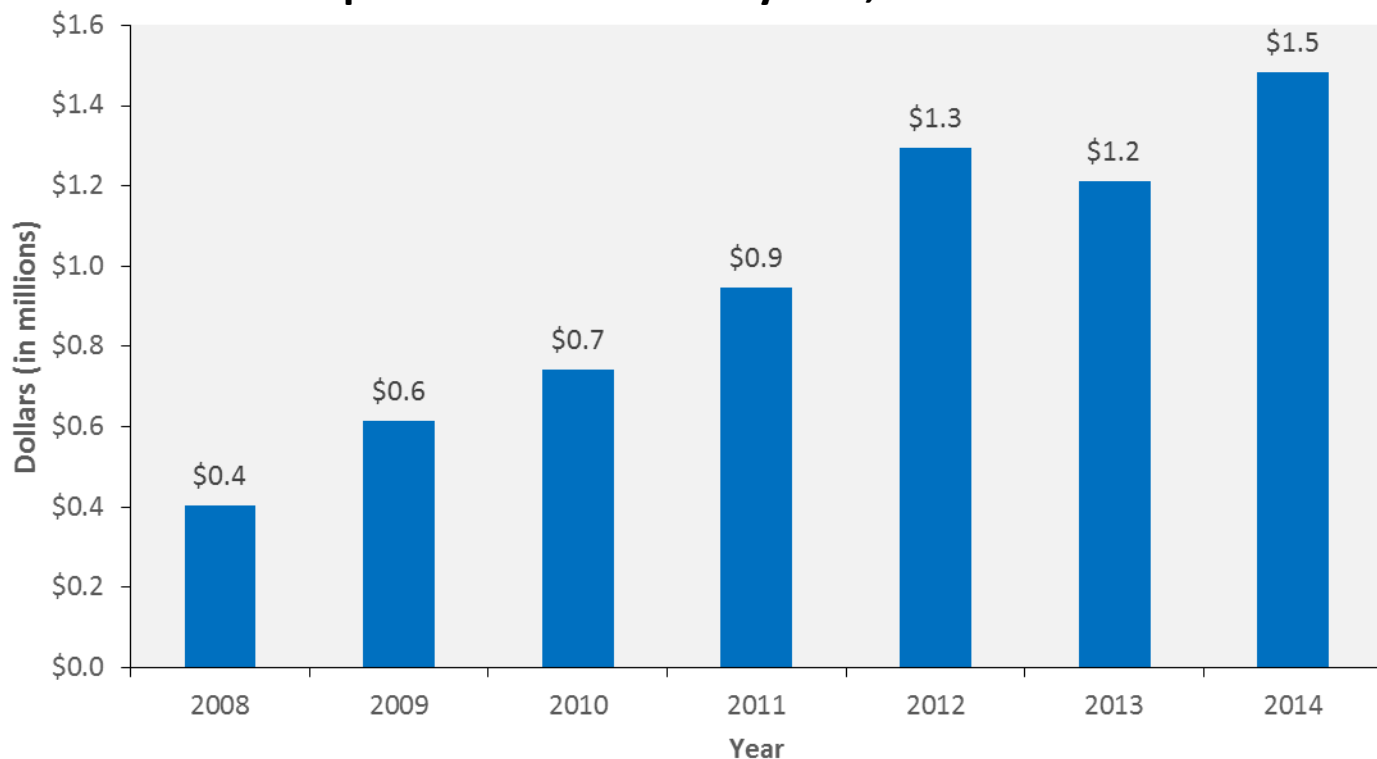


Figure 72. Expected Payer for Prescription Opioid-related Emergency Department Visits: Maryland, 2008-2014

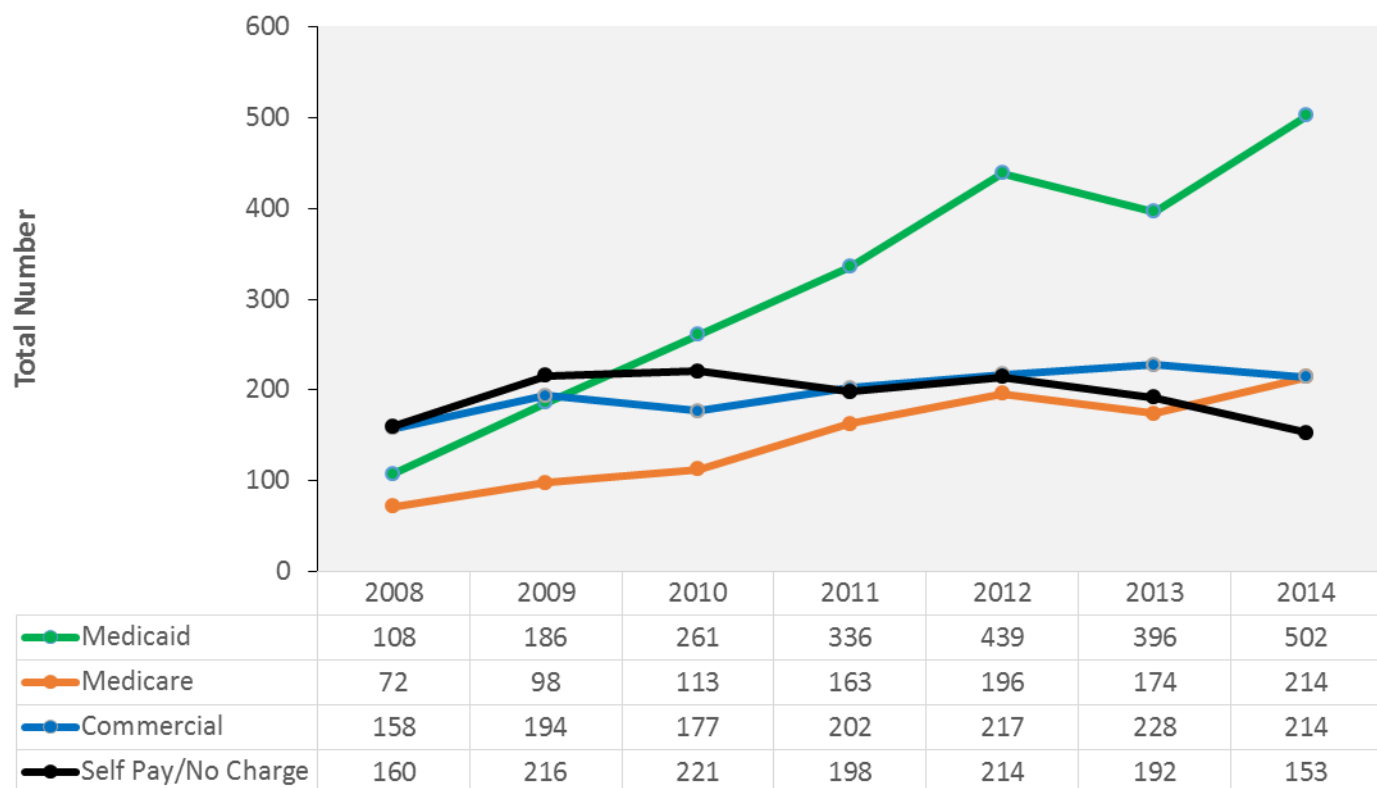


Figure 73. Number of Prescription Opioid-related Emergency Department Visits by Place of Residence: Maryland, 2008-2014

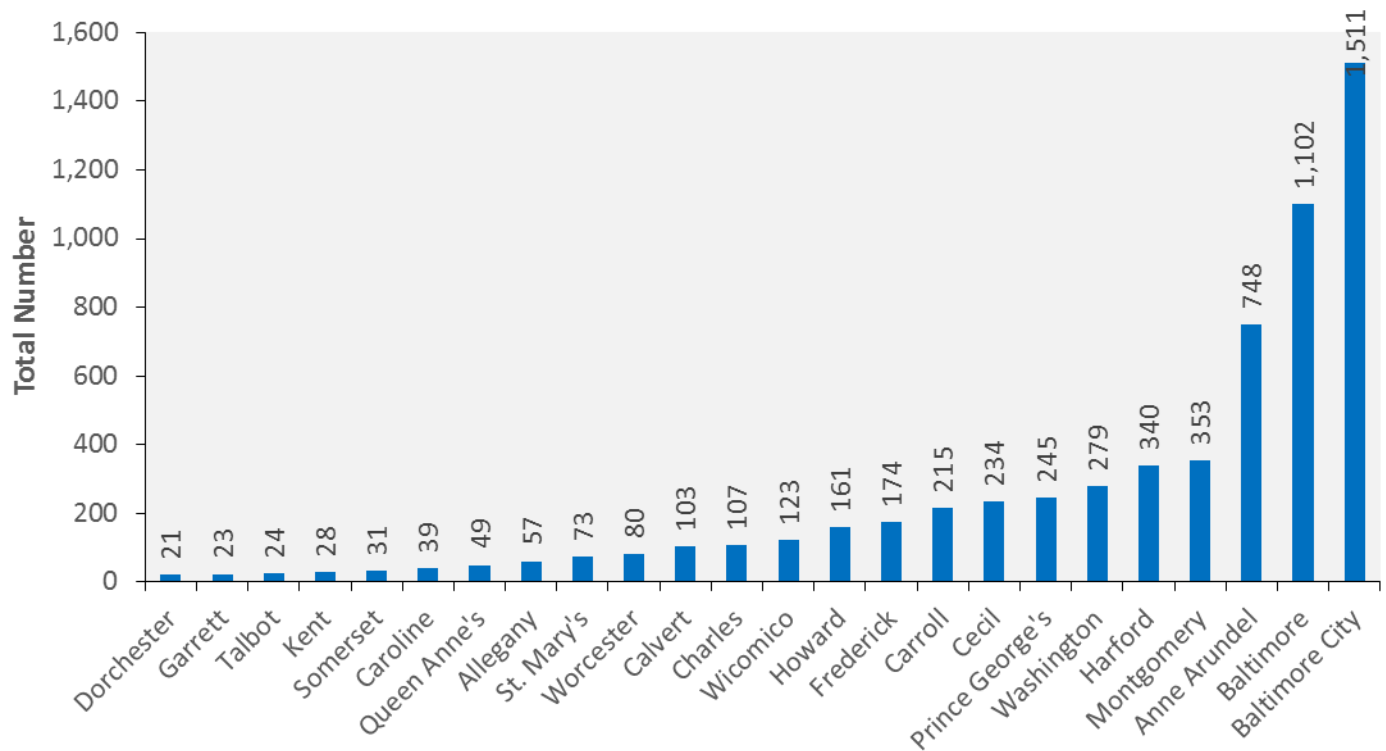
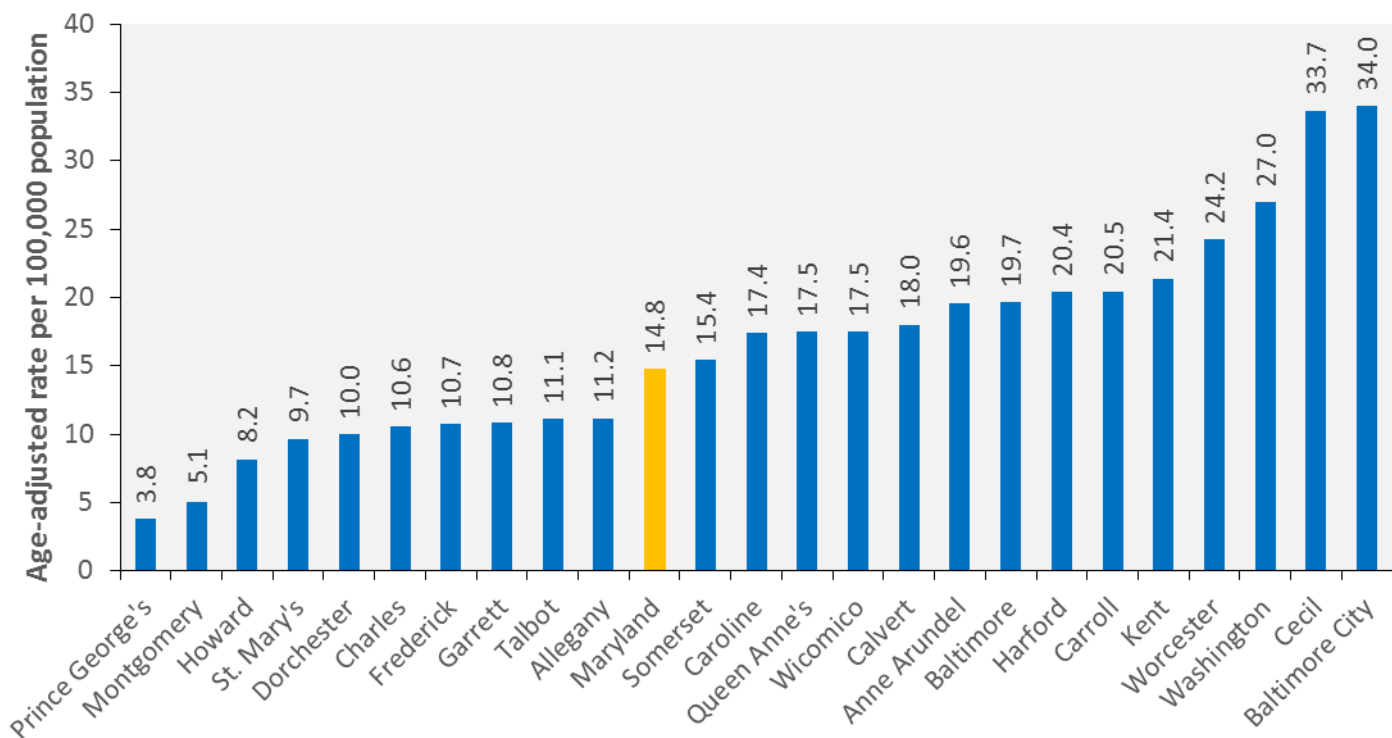
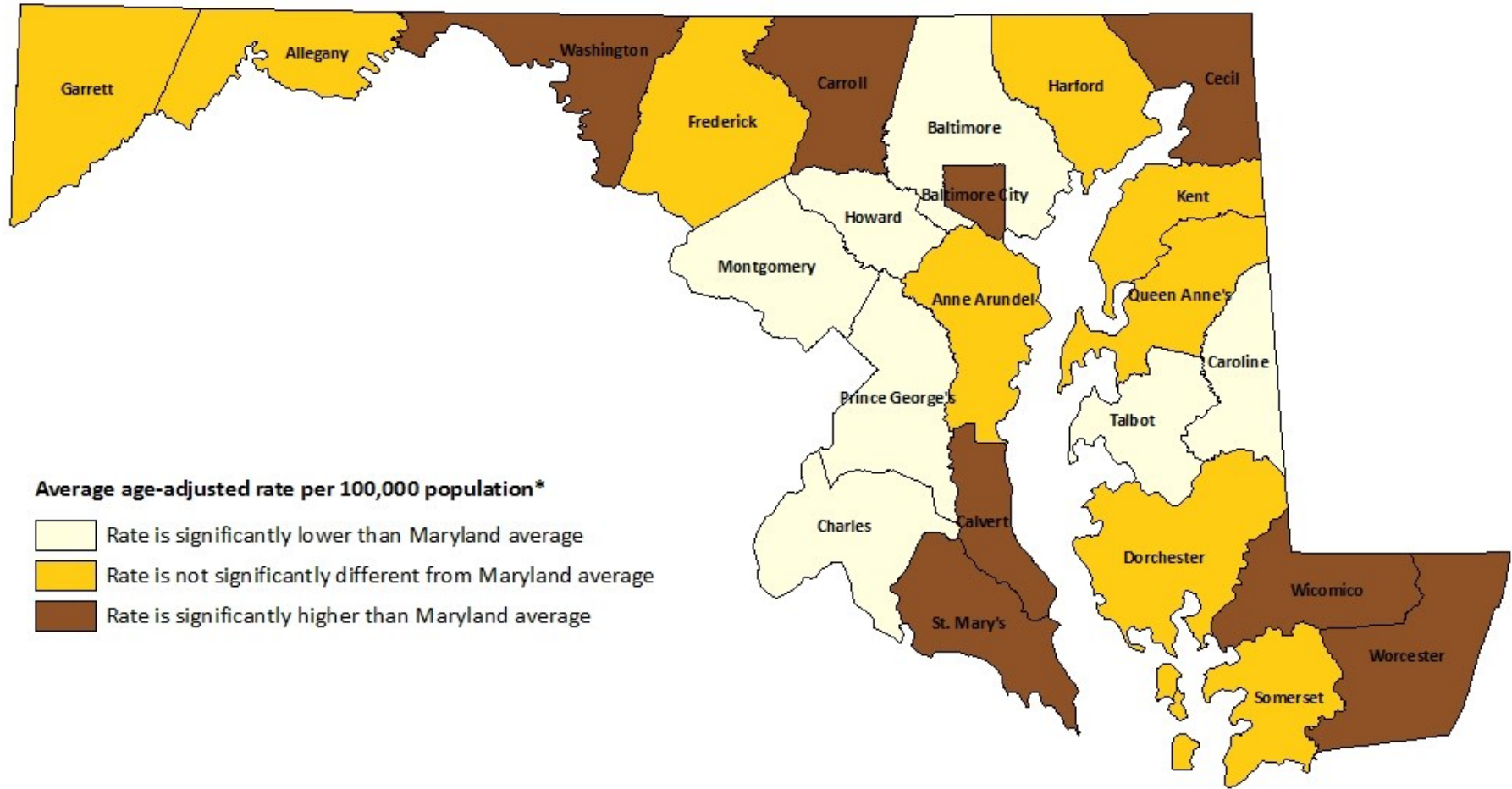


Figure 74. Average Age-Adjusted Rates for Prescription Opioid-related Emergency Department Visits by Place of Residence: Maryland, 2008-2014



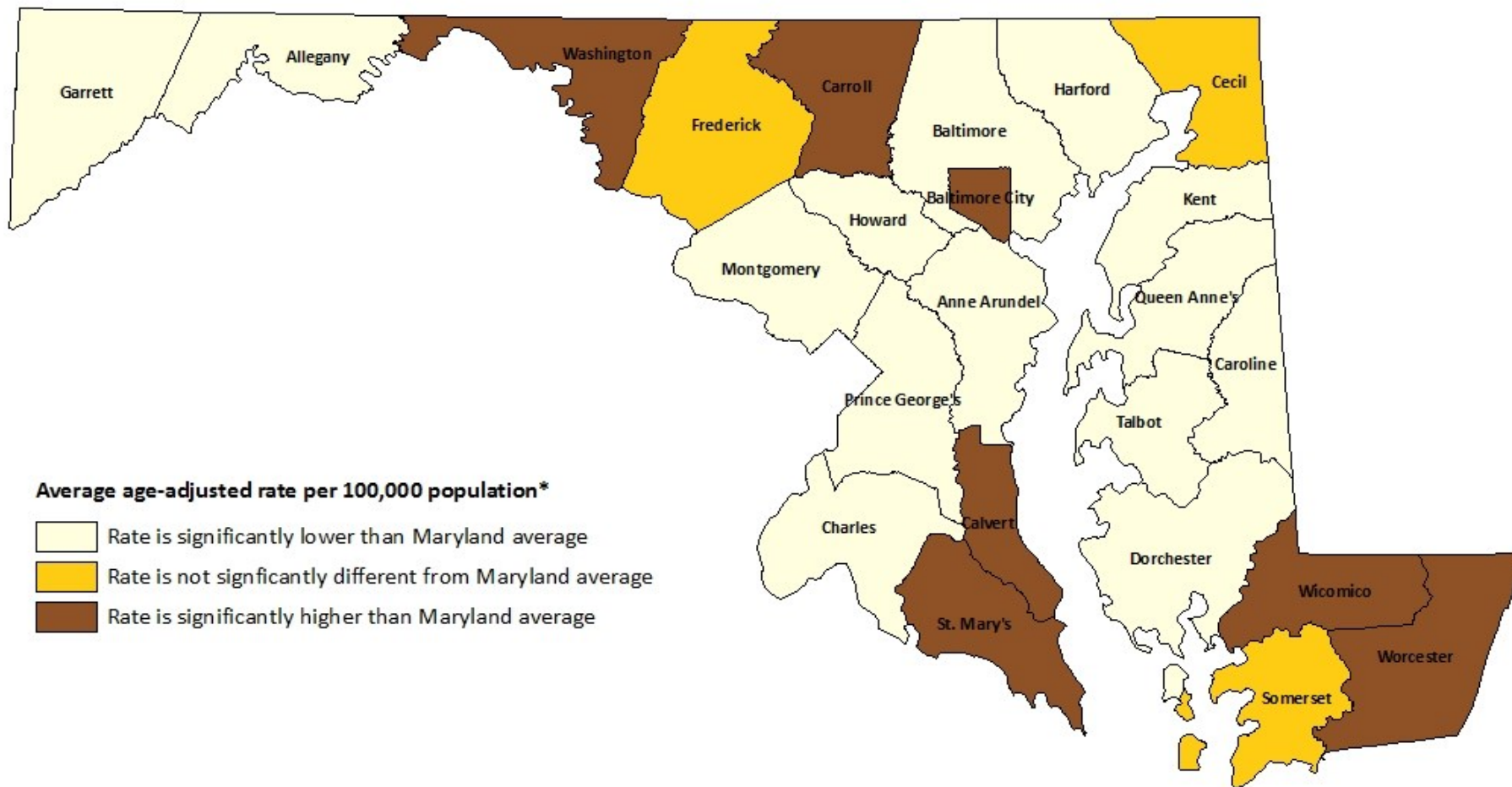
MAPS

Map 1. Comparison of County Age-Adjusted Rates for Drug and Alcohol-Related Emergency Department Visits with Maryland State Average, 2008-2014



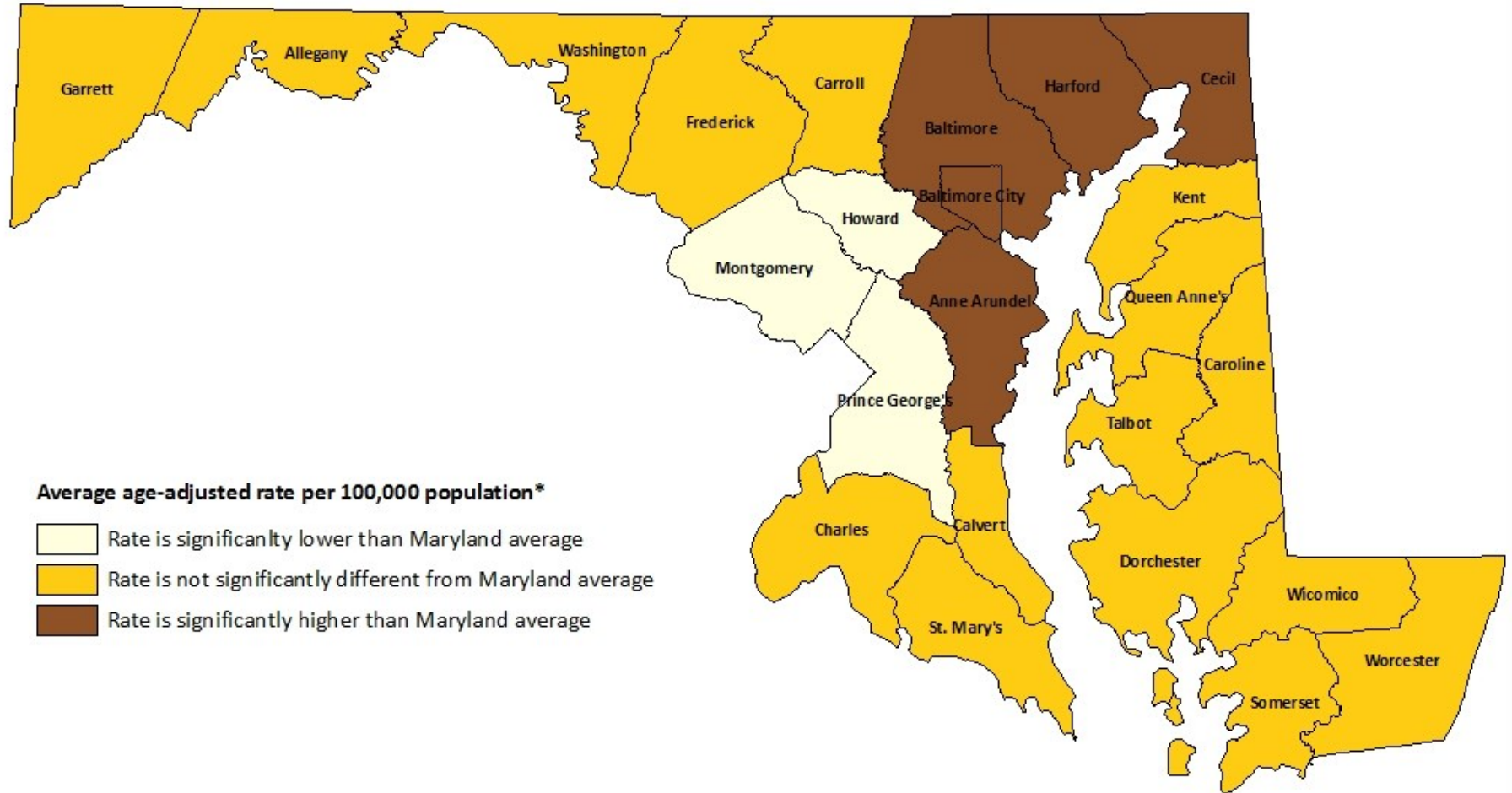
**Data represent Maryland resident visits occurring in Maryland – data may be underreported in counties contiguous to DC (Prince George's, Montgomery).

Map 2. Comparison of County Age-Adjusted Rates for Alcohol-Related Emergency Department Visits with Maryland State Average, 2008-2014



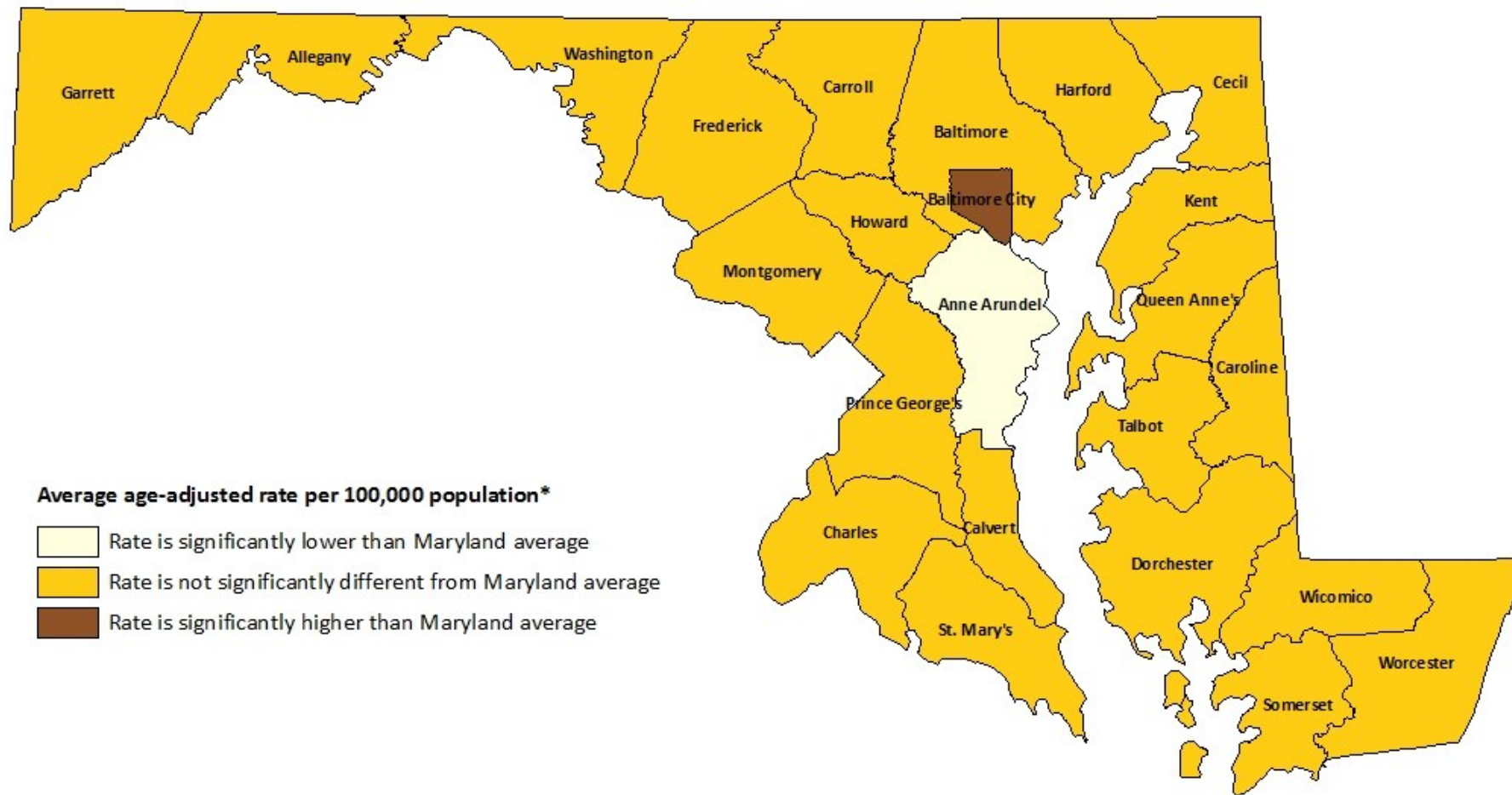
**Data represent Maryland resident visits occurring in Maryland – data may be underreported in counties contiguous to DC (Prince George's, Montgomery).

Map 3. Comparison of County Age-Adjusted Rates for Benzodiazepine-Related Emergency Department Visits with Maryland State Average, 2008-2014



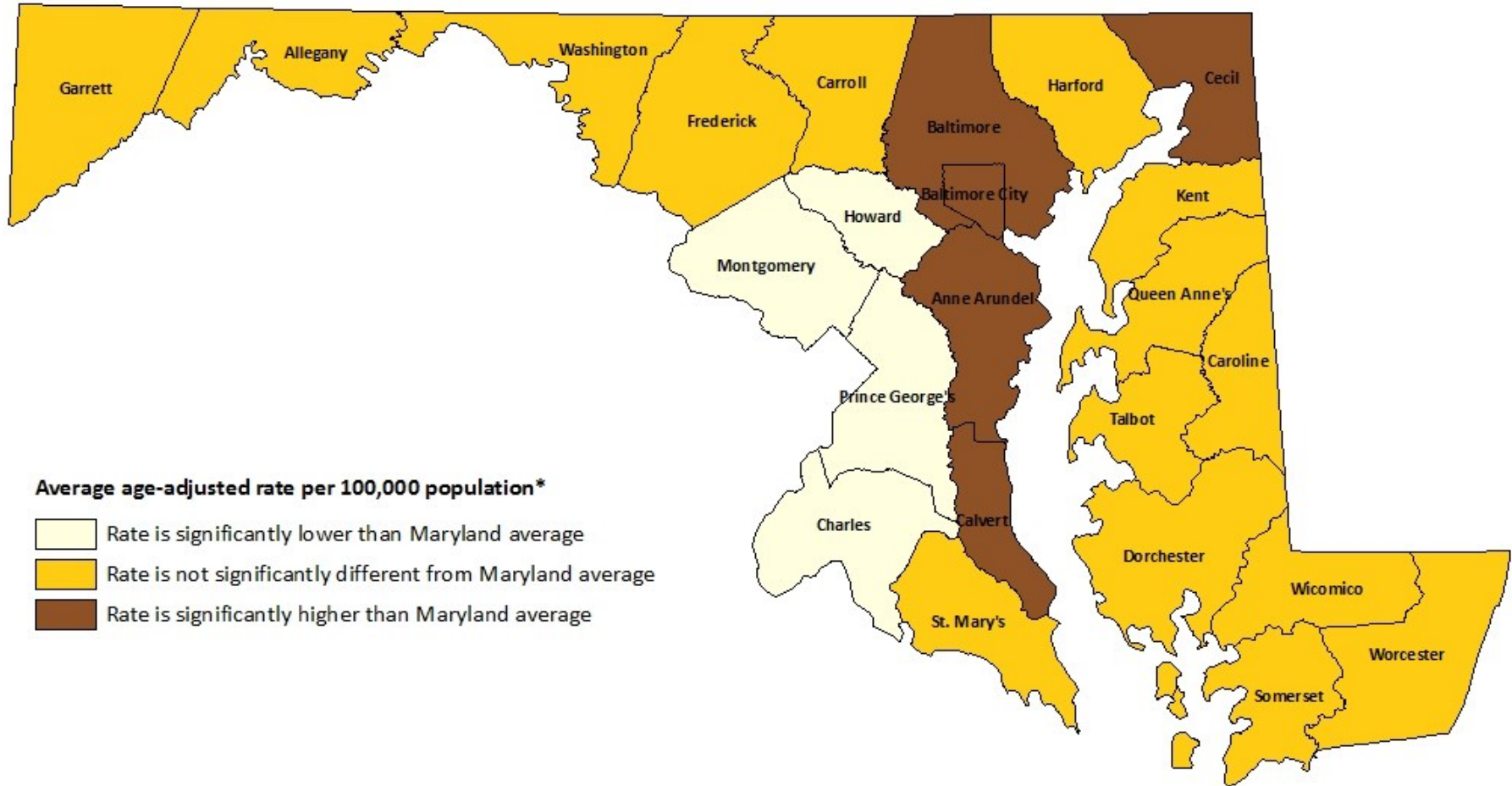
**Data represent Maryland resident visits occurring in Maryland – data may be underreported in counties contiguous to DC (Prince George's, Montgomery).

Map 4. Comparison of County Age-Adjusted Rates for Cocaine-Related Emergency Department Visits with Maryland State Average, 2011-2014



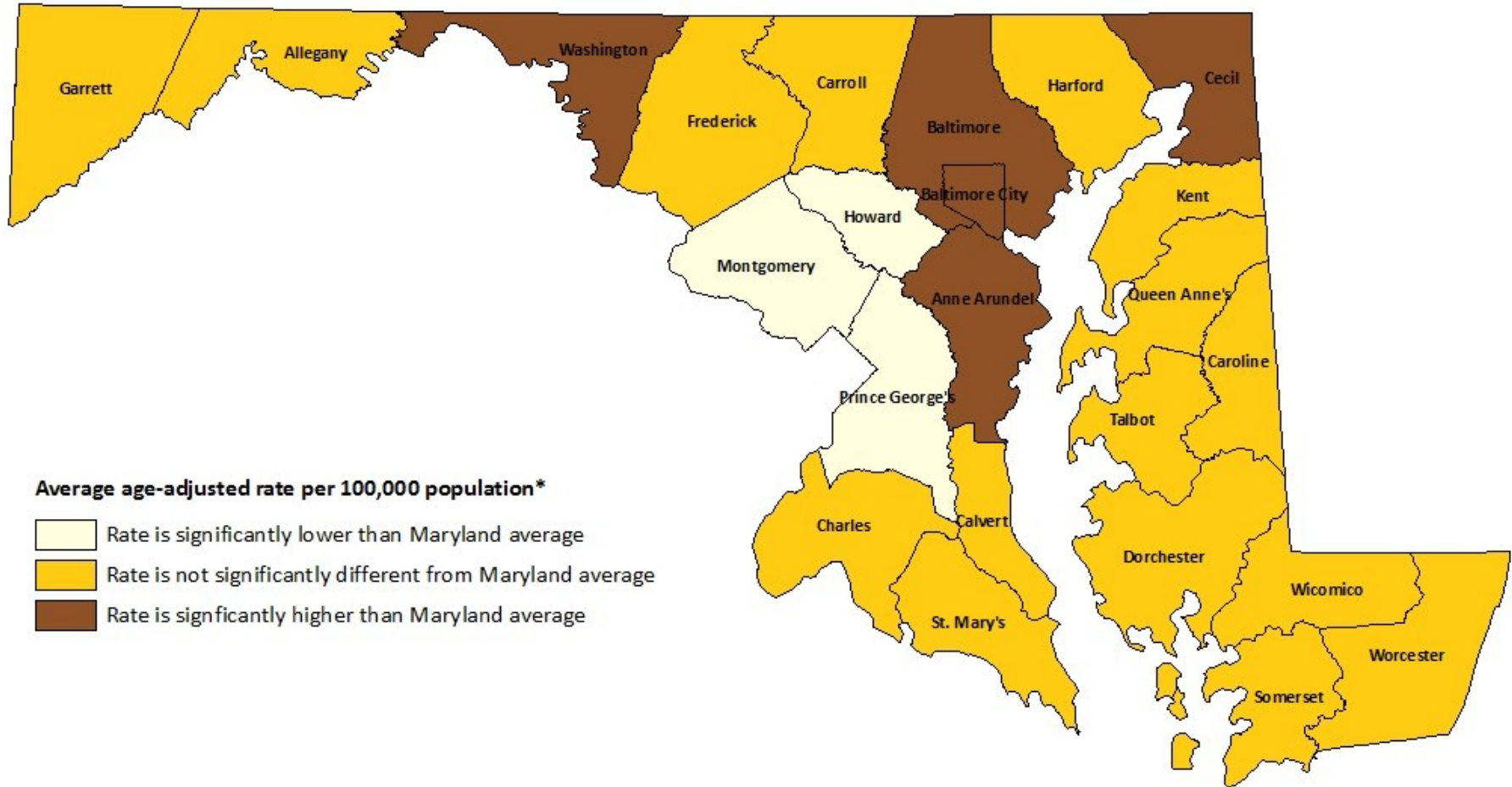
**Data represent Maryland resident visits occurring in Maryland – data may be underreported in counties contiguous to DC (Prince George's, Montgomery).

Map 5. Comparison of County Age-Adjusted Rates for Heroin-Related Emergency Department Visits with Maryland State Average, 2008-2014



**Data represent Maryland resident visits occurring in Maryland – data may be underreported in counties contiguous to DC (Prince George's, Montgomery).

Map 6. Comparison of County Age-Adjusted Rates for Prescription Opioid-Related Emergency Department Visits with Maryland State Average, 2008-2014



**Data represent Maryland resident visits occurring in Maryland – data may be underreported in counties contiguous to DC (Prince George's, Montgomery).

TABLES

Table 1. Number of Drug and Alcohol-related Emergency Department Visits by County of Residence, 2008-2014

REGION AND POLITICAL SUBDIVISION	DRUG AND ALCOHOL-RELATED EMERGENCY DEPARTMENT VISITS							
	2008	2009	2010	2011	2012	2013	2014	TOTAL
MARYLAND	7,779	8,111	8,737	10,227	12,062	11,208	11,242	69,366
WESTERN AREA								
GARRETT	63	51	47	44	30	22	38	295
ALLEGANY	148	100	82	94	83	116	135	758
WASHINGTON	255	313	313	442	478	467	521	2,789
FREDERICK	333	277	236	306	421	455	530	2,558
MONTGOMERY	885	935	1,109	1,302	1,263	1,193	1,146	7,833
CENTRAL AREA								
BALTIMORE CITY	1,724	1,795	2,064	2,361	3,320	2,429	2,380	16,073
BALTIMORE COUNTY	1,007	1,026	1,029	1,220	1,482	1,400	1,329	8,493
ANNE ARUNDEL	719	801	832	882	1,082	972	1,129	6,417
CARROLL	338	350	366	455	462	381	319	2,671
HOWARD	189	227	199	252	275	265	293	1,700
HARFORD	305	309	338	343	409	473	448	2,625
SOUTHERN AREA								
CALVERT	214	282	308	353	339	339	308	2,143
CHARLES	173	141	139	163	214	203	218	1,251
ST. MARY'S	97	123	197	261	248	324	291	1,541
PRINCE GEORGE'S	646	648	706	837	871	1,115	1,240	6,063
EASTERN SHORE AREA								
CECIL	228	232	186	301	256	286	263	1,752
KENT	19	36	27	32	43	51	44	252
QUEEN ANNE'S	47	49	45	60	86	83	64	434
CAROLINE	36	36	31	34	53	41	46	277
TALBOT	37	32	19	37	38	54	49	266
DORCHESTER	34	27	30	38	50	50	61	290
WICOMICO	167	199	289	261	334	298	240	1,788
SOMERSET	43	39	40	28	43	57	36	286
WORCESTER	72	83	105	121	182	134	114	811

*Counts less than or equal to 10 are suppressed.

Table 2. Number of Alcohol-related Emergency Department Visits by County of Residence, 2008-2014

REGION AND POLITICAL SUBDIVISION	ALCOHOL-RELATED EMERGENCY DEPARTMENT VISITS							
	2008	2009	2010	2011	2012	2013	2014	TOTAL
MARYLAND	4,015	3,925	4,559	5,049	6,190	5,575	5,103	34,416
WESTERN AREA								
GARRETT	*	*	19	13	*	*	17	71
ALLEGANY	91	44	26	32	21	40	47	301
WASHINGTON	164	172	142	223	264	241	280	1,486
FREDERICK	212	153	76	117	196	246	277	1,277
MONTGOMERY	520	495	711	794	659	698	681	4,558
CENTRAL AREA								
BALTIMORE CITY	938	1,010	1,201	1,268	2,058	1,310	980	8,765
BALTIMORE COUNTY	420	317	339	491	591	518	418	3,094
ANNE ARUNDEL	326	333	387	301	369	307	386	2,409
CARROLL	243	241	247	314	291	194	115	1,645
HOWARD	70	85	73	82	101	95	108	614
HARFORD	123	95	113	116	160	178	139	924
SOUTHERN AREA								
CALVERT	116	203	264	239	225	238	184	1,469
CHARLES	72	54	75	50	77	90	66	484
ST. MARY'S	39	54	146	185	177	252	224	1,077
PRINCE GEORGE'S	330	339	359	419	507	724	858	3,536
EASTERN SHORE AREA								
CECIL	112	93	73	125	75	84	85	647
KENT	*	11	*	*	15	12	*	60
QUEEN ANNE'S	17	18	18	20	29	19	14	135
CAROLINE	15	*	*	*	12	19	12	82
TALBOT	15	13	*	*	11	25	18	94
DORCHESTER	14	*	*	13	22	21	27	115
WICOMICO	121	119	191	141	194	143	86	995
SOMERSET	18	15	18	13	17	31	11	123
WORCESTER	34	40	54	68	114	80	65	455

*Counts less than or equal to 10 are suppressed.

Table 3. Number of Benzodiazepine-related Emergency Department Visits by County of Residence, 2008-2014

REGION AND POLITICAL SUBDIVISION	BENZODIAZEPINE-RELATED EMERGENCY DEPARTMENT VISITS							
	2008	2009	2010	2011	2012	2013	2014	TOTAL
MARYLAND	376	459	530	649	735	650	601	4,000
WESTERN AREA								
GARRETT	*	*	*	*	*	*	*	15
ALLEGANY	14	13	12	12	*	19	*	84
WASHINGTON	*	18	16	28	39	25	32	165
FREDERICK	12	16	13	20	27	16	19	123
MONTGOMERY	33	37	44	58	59	41	46	318
CENTRAL AREA								
BALTIMORE CITY	42	55	85	111	145	106	127	671
BALTIMORE COUNTY	81	90	122	117	147	118	101	776
ANNE ARUNDEL	45	75	66	87	111	94	77	555
CARROLL	13	24	21	20	18	26	23	145
HOWARD	15	10	16	18	13	22	18	112
HARFORD	26	34	49	35	39	41	39	263
SOUTHERN AREA								
CALVERT	*	*	*	12	*	20	11	73
CHARLES	*	*	*	*	19	16	16	78
ST. MARY'S	*	*	13	14	*	*	*	57
PRINCE GEORGE'S	12	11	16	24	18	22	16	119
EASTERN SHORE AREA								
CECIL	27	21	16	43	26	32	25	190
KENT	*	*	*	*	*	*	*	15
QUEEN ANNE'S	*	*	*	*	13	*	*	42
CAROLINE	*	*	*	*	*	*	*	16
TALBOT	*	*	*	*	*	*	*	12
DORCHESTER	*	*	*	*	*	*	*	19
WICOMICO	*	*	13	15	19	19	11	87
SOMERSET	*	*	*	*	*	*	*	21
WORCESTER	*	*	*	*	*	*	*	44

*Counts less than or equal to 10 are suppressed.

Table 4. Number of Cocaine-related Emergency Department Visits by County of Residence, 2008-2014

REGION AND POLITICAL SUBDIVISION	COCAINE-RELATED EMERGENCY DEPARTMENT VISITS				
	2011	2012	2013	2014	TOTAL
MARYLAND	275	335	245	251	1,106
WESTERN AREA					
GARRETT	*	*	*	*	*
ALLEGANY	*	*	*	*	*
WASHINGTON	*	*	*	*	14
FREDERICK	*	*	*	*	13
MONTGOMERY	*	*	*	*	18
CENTRAL AREA					
BALTIMORE CITY	159	200	147	157	663
BALTIMORE COUNTY	39	40	29	28	136
ANNE ARUNDEL	*	19	13	*	48
CARROLL	*	*	*	*	16
HOWARD	*	*	*	*	13
HARFORD	*	14	11	11	42
SOUTHERN AREA					
CALVERT	*	*	*	*	*
CHARLES	*	*	*	*	*
ST. MARY'S	*	*	*	*	*
PRINCE GEORGE'S	18	*	*	*	38
EASTERN SHORE AREA					
CECIL	18	*	*	*	38
KENT	*	*	*	*	*
QUEEN ANNE'S	*	*	*	*	*
CAROLINE	*	*	*	*	*
TALBOT	*	*	*	*	*
DORCHESTER	*	*	*	*	*
WICOMICO	*	13	*	*	37
SOMERSET	*	*	*	*	*
WORCESTER	*	*	*	*	*

*Counts less than or equal to 10 are suppressed.

Table 5. Number of Heroin-related Emergency Department Visits by County of Residence, 2008-2014

REGION AND POLITICAL SUBDIVISION	HEROIN-RELATED EMERGENCY DEPARTMENT VISITS							
	2008	2009	2010	2011	2012	2013	2014	TOTAL
MARYLAND	301	514	346	429	815	1,124	1,564	5,093
WESTERN AREA								
GARRETT	*	*	*	*	*	*	*	*
ALLEGANY	*	*	*	*	*	*	20	33
WASHINGTON	*	*	*	20	21	36	61	162
FREDERICK	*	13	11	14	47	63	85	239
MONTGOMERY	*	13	14	22	33	41	42	172
CENTRAL AREA								
BALTIMORE CITY	105	158	103	106	182	192	371	1,217
BALTIMORE COUNTY	67	127	74	81	154	201	288	992
ANNE ARUNDEL	42	82	61	61	142	180	239	807
CARROLL	12	14	*	15	30	53	60	194
HOWARD	*	18	*	21	22	39	44	160
HARFORD	14	22	14	25	45	67	75	262
SOUTHERN AREA								
CALVERT	*	13	*	11	30	33	37	135
CHARLES	*	*	*	*	*	19	24	64
ST. MARY'S	*	*	*	*	*	*	*	23
PRINCE GEORGE'S	*	19	15	13	17	33	34	138
EASTERN SHORE AREA								
CECIL	*	*	*	*	22	49	78	177
KENT	*	*	*	*	*	*	*	*
QUEEN ANNE'S	*	*	*	*	*	13	11	42
CAROLINE	*	*	*	*	*	*	*	21
TALBOT	*	*	*	*	*	*	*	17
DORCHESTER	*	*	*	*	*	*	*	21
WICOMICO	*	*	*	14	23	57	46	146
SOMERSET	*	*	*	*	*	*	*	15
WORCESTER	*	*	*	*	11	*	15	44

*Counts less than or equal to 10 are suppressed.

Table 6. Number of Prescription Opioid-related Emergency Department Visits by County of Residence, 2008-2014

REGION AND POLITICAL SUBDIVISION	PRESCRIPTION OPIOID-RELATED EMERGENCY DEPARTMENT VISITS							
	2008	2009	2010	2011	2012	2013	2014	TOTAL
MARYLAND	512	710	787	921	1,083	1,006	1,101	6,120
WESTERN AREA								
GARRETT	*	*	*	*	*	*	*	23
ALLEGANY	*	*	*	*	*	15	16	57
WASHINGTON	18	25	42	33	50	58	53	279
FREDERICK	19	23	24	17	34	29	28	174
MONTGOMERY	36	41	38	58	73	52	55	353
CENTRAL AREA								
BALTIMORE CITY	108	156	180	240	285	240	302	1,511
BALTIMORE COUNTY	97	147	143	155	204	183	173	1,102
ANNE ARUNDEL	61	90	100	116	129	119	133	748
CARROLL	14	20	29	33	40	30	49	215
HOWARD	15	23	21	29	24	27	22	161
HARFORD	33	45	46	48	40	66	62	340
SOUTHERN AREA								
CALVERT	*	*	*	22	22	16	20	103
CHARLES	*	15	*	13	13	20	33	107
ST. MARY'S	*	*	*	17	*	13	13	73
PRINCE GEORGE'S	22	28	40	38	39	39	39	245
EASTERN SHORE AREA								
CECIL	24	26	29	45	32	42	36	234
KENT	*	*	*	*	*	*	*	28
QUEEN ANNE'S	*	*	*	*	12	*	*	49
CAROLINE	*	*	*	*	*	*	*	39
TALBOT	*	*	*	*	*	*	*	24
DORCHESTER	*	*	*	*	*	*	*	21
WICOMICO	*	13	16	16	30	17	24	123
SOMERSET	*	*	*	*	*	*	*	31
WORCESTER	*	*	13	12	15	14	*	80

*Counts less than or equal to 10 are suppressed.