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UMD Researchers Providing Better Tools for Better ER Overdose Outcomes

College Park, Md.—The [Center for Substance Abuse Research \(CESAR\)](#) at the University of Maryland has been at the forefront of the national opioid use disorder crisis since the early days of increases in heroin—and then prescription opioids, and now synthetic opioids (fentanyl). Led by director Dr. Eric Wish, CESAR advises policymakers, doctors, nurses, hospitals and treatment centers about opioid trends, treatments, and resources.

CESAR recently won a competitive award from the Office of National Drug Control Policy (ONDCP) to expand CESAR's innovative Emergency Department Drug Surveillance (EDDS) program, a drug overdose surveillance system.

EDDS has proven to be effective in identifying substances used by patients and providing guidance for local testing programs. Hospitals provide selected de-identified electronic health record information to CESAR each quarter. EDDS also offers each hospital one-time free testing of up to 150 de-identified urine specimens for 490 drugs.

“EDDS data can be used by hospitals to gain a fuller understanding of the drugs recently used by patients, update routine testing protocols, analyze how COVID-19 has affected drug-related emergency department visits, and more,” said Wish, who serves as the project's Principal Investigator.

Over the past several years, the effort was funded by The University of Maryland Strategic Partnership: MPowering the State's Opioid Use Disorders Initiative. MPower funding was used to initiate EDDS in seven Maryland hospitals. This pilot project revealed that fentanyl was being missed by the drug screen at several Baltimore hospitals and subsequently resulted in the addition of fentanyl to their routine drug testing panel.

This new ONDCP funding will enable CESAR, in a next step, to expand EDDS to five hospitals outside of Maryland.

Site selection is under way for the new EDDS. Results from eventual implementation are expected in Summer 2021, and will be released on a CESAR operated website and data dashboard.

EDDS enables hospitals to learn about trends in the drugs used by their emergency department patients and to update their test panels. EDDS serves multiple constituencies, including physicians, first responders, hospital administrators, researchers, and local public health and law enforcement officials.

“EDDS fills a vital need for current information on drug-related emergency department visits, and will enable timely surveillance of the ongoing opioid crisis and the identification of newly emerging drugs,” Wish said. “We hope to reach local hospitals and federal and local policymakers. This program will create the first near-real time drug trend information from de-identified emergency department patient information and offers one-time expanded urinalyses of up to 150 de-identified patient urine specimens to identify drugs recently used by their patients.”

In addition to Wish, the EDDS team includes Amy Billing, Erin Artigiani, and Ebonie Massey, as well as student interns Mackensie Horn and Rhea Rakheja. CESAR collaborates with an independent laboratory for the expanded testing of urine specimens.

Ultimately, the research team hopes to secure additional funding to create a national system of EDDS, with a national dashboard to display findings and trends.

“Our research has shown that because of the huge proliferation of drugs now available, most people do not know what they are actually taking and cannot accurately self-report use. Only through urinalysis can recent drug use be objectively identified,” said Artigiani, who serves as CESAR’s deputy director for policy. “In addition, most large drug surveys and databases are dated by the time they are released. EDDS will be releasing updated drug trend information every calendar quarter.”

For more about the currently active EDDS sites, [visit the CESAR website](#).