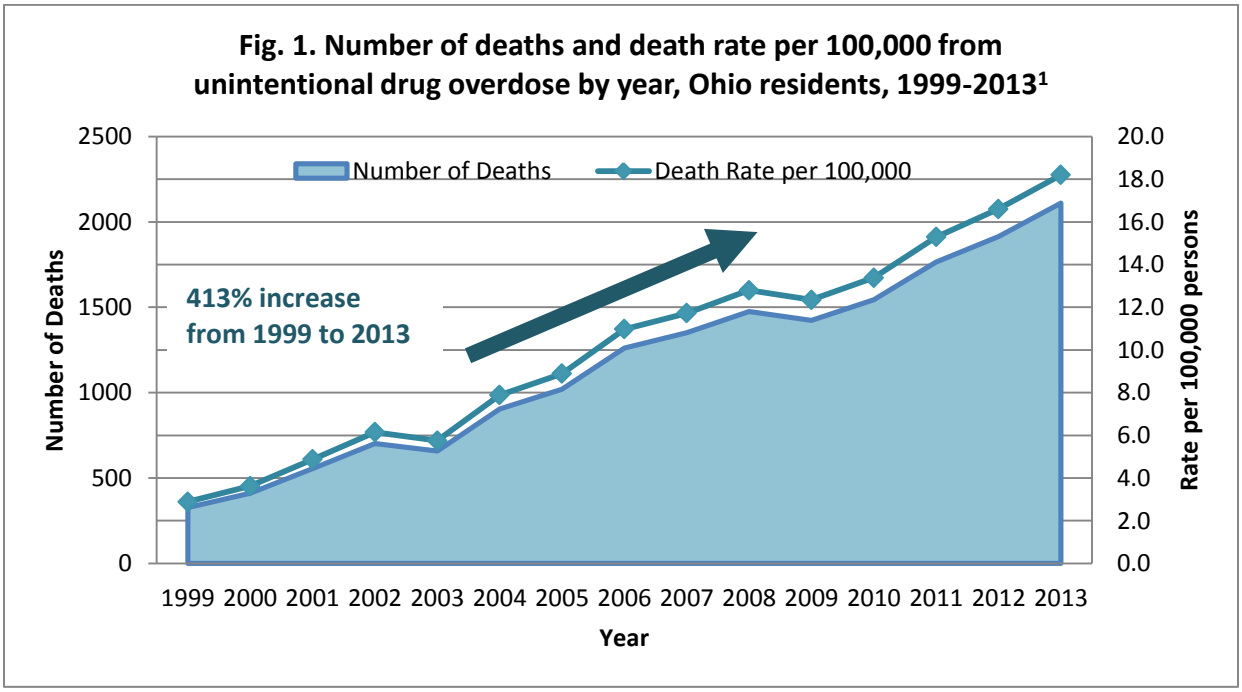
Ohio Department of Health

2013 Ohio Drug Overdose Data: General Findings[1]

Drug overdose deaths continue to be a public health crisis in Ohio with a 413 percent increase in the number of deaths from 1999 to 2013. (*See Figure 1.*)

- Unintentional drug overdoses caused **2,110** deaths to Ohio residents based on data in 2013. **This is the highest number of deaths on record for drug overdose** and surpasses the previous highest number (1,914) in 2012 by 10.2 percent.
- In 2013, nearly six (5.8) Ohioans died every day from unintentional drug overdose, or one every four hours.
- Unintentional drug overdose continues to be the leading cause of injury-related death in Ohio, ahead of motor vehicle traffic crashes, suicide and falls. This trend began in 2007 and continues through 2013.
- **Opioids (prescription or heroin) remain the driving factor behind the unintentional drug overdose epidemic in Ohio**. Nearly three-quarters (1,539; 72.9 percent) of the drug overdoses involved any opioid in 2013, higher than in 2012 (1,272; 66.5 percent). (See Table 1.)
- **Heroin related deaths continued to increase in 2013, significantly surpassing prescription opiates among unintentional overdose deaths. However, prescription opiates remain** a prominent contributor to many of the unintentional drug overdoses.
- **Multiple drug use is the largest contributors to the epidemic.** (*See Table 1)* In 2013, nearly half (48.1) of overdose deaths (where the number of drugs was specified) involved more than one drug.

Fig. 1. Number of deaths and death rate per 100,000 from unintentional drug overdose by year, Ohio residents, 1999-2013[1]

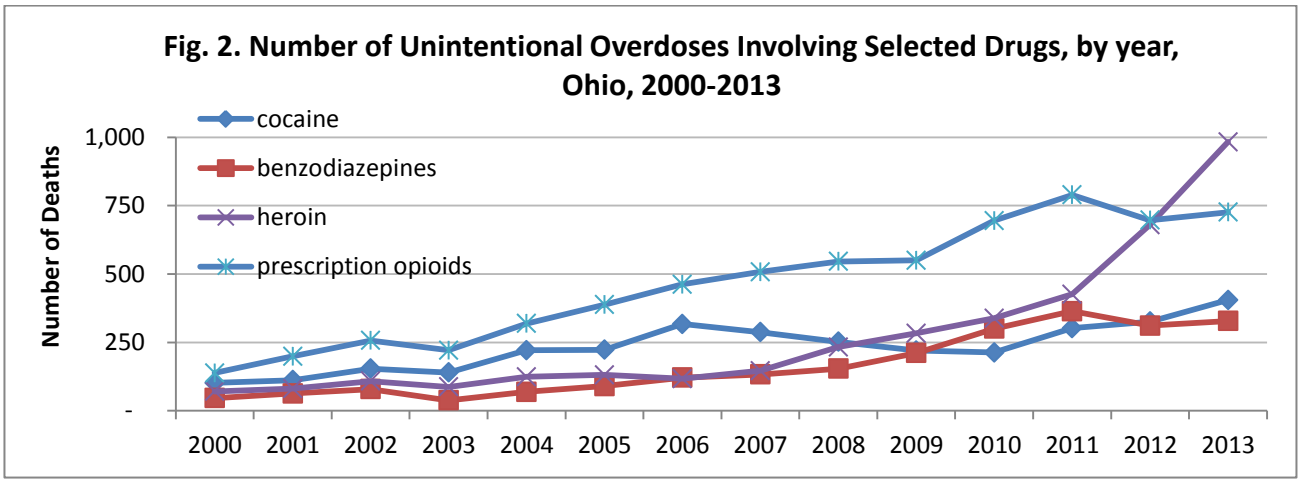


[1] Source: Ohio Department of Health; Office of Vital Statistics, Analysis Conducted by Injury Prevention Program

Additional data, resources and background information are available at: http://www.healthy.ohio.gov/vipp/data/rxdata.aspx

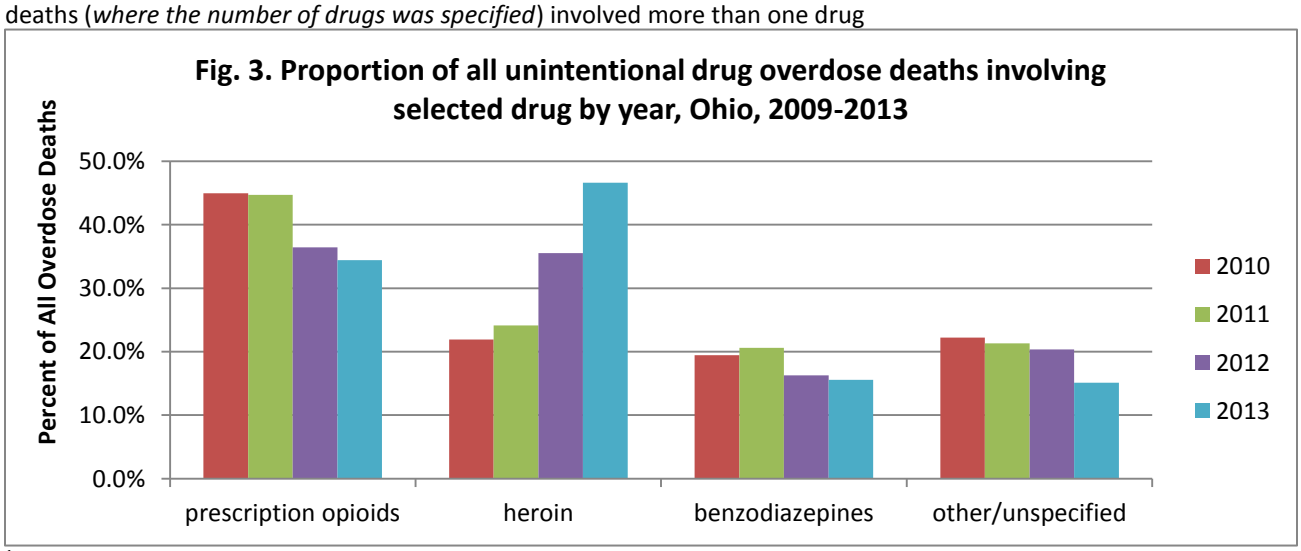
2013 Ohio Drug Overdose Data: Specific Drug Involvement

- **Analysis of the substances involved in the deaths reveals increasing heroin use, significantly surpassing prescription opioid-related deaths.** Heroin-involved deaths have increased from 16 percent (233) in 2008 to a high of 46.6 percent (983) of all drug overdoses in 2013. Heroin was associated with more than twice as many fatal overdoses as cocaine.
- **Although heroin accounts for the majority of overdose deaths in 2013, prescription opiates remain a significant contributor to the overdose problem.** More than a third (34.4 percent) of fatal unintentional overdoses involved prescription opioids in Ohio in 2013, a decrease from 2012 (see Figure 2).
    - Nearly one-fourth (464; 22 percent) of the overdoses involved certain commonly-prescribed opioids such as oxycodone, hydrocodone and morphine (data not shown).
    - Five percent of the overdoses involved methadone (prescription opioid) (see Table 1), demonstrating a reduction from 2012 (10 percent).



Deaths involving benzodiazepines have also increased from 212 (15 percent) in 2009 to 328 (16 percent) in 2013.

Multiple drug use is a major contributing factor to the overdose epidemic. In 2013, 57 percent of overdose deaths (*where the number of drugs was specified*) involved more than one drug



[1] Source: Ohio Department of Health; Office of Vital Statistics, Analysis Conducted by Injury Prevention Program

[2] Multiple drugs are usually involved in overdose deaths.

***No specific drug was identified

In more than one-sixth (17 percent) of the cases, no specific drug is identified in the death certificate data. As such, reported drugs are likely under-estimates of their true contribution to the burden of fatal drug overdose in Ohio.

2013 Ohio Drug Overdose Data: Specific Drug Involvement

Table 1. Unintentional drug overdose deaths of Ohio residents involving specific drug(s), as mentioned on the death certificate, by year, 2002-2013[1-3]

Drug Category[4]	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	% of 2013 deaths
all opioids*	344	296	429	489	551	631	735	783	979	1,154	**1,272**	**1,539**	**72.9%**
prescription opioids	257	221	319	388	462	508	546	550	694	789	**680**	**726**	**34.4%**
heroin	108	87	124	131	117	146	233	283	338	426	**697**	**983**	**46.6%**
benzodiazepines	79	38	69	90	121	133	154	211	300	364	**311**	**328**	**15.5%**
cocaine	154	140	221	223	317	287	252	220	213	302	**326**	**405**	**19.2%**
alcohol	43	40	38	58	89	135	181	173	195	221	**282**	**304**	**14.4%**
methadone	47	55	116	144	161	176	170	169	155	157	**123**	**112**	**5.3%**
hallucinogens	7	7	8	8	10	13	14	9	26	30	**31**	**43**	**2.0%**
barbiturates	6	5	3	5	3	7	3	5	13	11	**6**	**10**	**0.5%**
other/unspecified drugs only**	186	154	256	289	378	453	475	396	343	376	**389**	**319**	**15.1%**
Multiple Drug Involvement									888[5]	980[6]	1,016[7]	1,014[8]	
Total unintentional poisoning deaths	702	658	904	1,020	1,261	1,351	1,475	1,423	1,544	1,765	1,914	2,110	
Crude annual death rate per 100,000	6.1	5.7	7.9	8.9	11.0	11.7	12.8	12.3	13.4	15.3	16.6	18.2	

1. Source: ODH, Office of Vital Statistics, Analysis by Injury Prevention Program
2. Total includes out-of-state deaths of Ohio residents for all years.
3. Individual drugs do not add up to totals as more than one drug may be listed on the death certificate for one death. Drug categories are not mutually exclusive.
4. Data completeness varies from year to year for residents who died out of state; approximately 2% of the fatal overdoses on average each year.
5. 343 deaths in 2010 involved an unknown number of drugs.
6. 376 deaths in 2011 involved an unknown number of drugs; multiple drug involvement count is based on 1,389 deaths with known number of drugs included on death certificate.
7. 382 deaths in 2012 involved an unknown number of drugs; multiple drug involvement count is based on 1,525 deaths with known number of drugs included on death certificate.
8. 319 deaths in 2013 involved an unknown number of drugs; multiple drug involvement count is based on 1,791 deaths with known number of drugs included on death certificate.

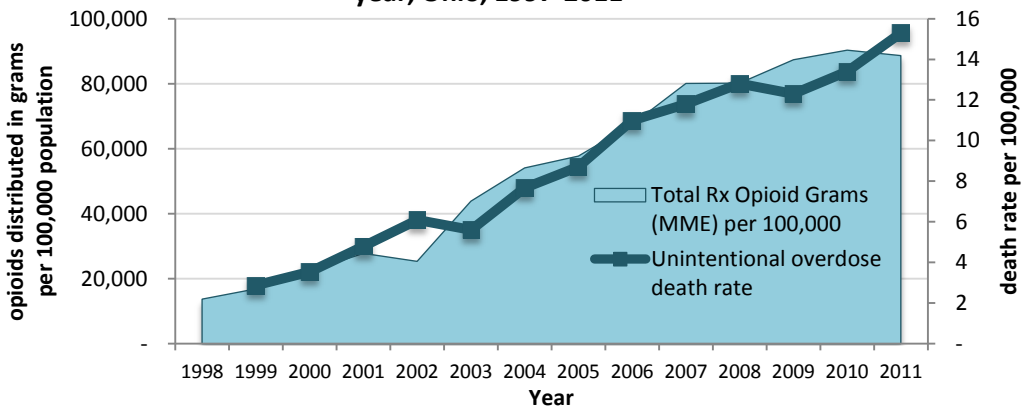
* Includes prescription opioids and heroin.

**Includes only those instances where no other drug than T50.9 (other/unspecified) is included as contributing to death.

CONTRIBUTING FACTORS TO THE OPIOID OVERDOSE EPIDEMIC

- Key factors leading to this epidemic include 1) **changes in clinical pain management guidelines** in the late 1990s (i.e., Federation of State Medical Boards releases *Model Guidelines for the Use of Controlled Substances for the Treatment of Pain;* Ohio Revised Code 4731.21 Drug Treatment of Intractable Pain) and 2) **aggressive marketing by pharmaceutical companies** of new, extended-release prescription opioids to physicians (*Source: FDA Warning Letters)*. These factors initially led to rapidly increasing use of prescription opioids.
- From 1997 to 2011, there was a 643 percent increase in the amount of prescription opioid grams per 100,000 population distributed to retail pharmacies in Ohio *(Source: DEA ARCOS)*.

Fig. 4. Unintentional drug overdose death rates and distribution rates of prescription opioids in grams per 100,000 population by year, Ohio, 1997-2011[1-3]



Sources: 1. Ohio Vital Statistics; 2. DEA, ARCOS Reports, Retail Drug Summary Reports by State, Cumulative Distribution Reports (Report 4) Ohio, 1997-2007 http://www.deadiversion.usdoj.gov/arcos/retail_drug_summary/index.html; 3. Calculation of oral morphine equivalents used the following assumptions: (a) All drugs other than fentanyl are taken orally; fentanyl is applied transdermally. (b) These doses are approximately equianalgesic: morphine: 30 mg; codeine 200 mg; oxycodone and hydrocodone: 30 mg; hydromorphone; 7.5 mg; methadone: 4 mg; fentanyl: 0.4 mg; meperidine: 300 mg.

- In 2012, there was an average of 67 doses of opioids dispensed for every Ohio resident. *(Source: Ohio Board of Pharmacy, Ohio Automated Rx Reporting System)*
- Additional societal and medical trends that contributed to this complex problem include marketing of medications directly to consumers, over-prescribing, substance abuse, widespread diversion of medications, deception of providers including doctor shopping and prescription fraud, illegal online "pharmacies," unscrupulous providers (e.g., "pill mills"), overmedication and mixing medications, and improper storage and disposal of excess medications.
- Contributing factors to the recent rise in heroin-related overdose in Ohio include a growing opioid-addicted population, shutdown of southern Ohio's pill mills, additional recent scrutiny around prescribed opioids, tamper-resistant prescription opioid formulations, increasing quantity and purity of heroin and decreasing cost of heroin compared to prescription opioids.

NATIONAL DATA:

- 38,329 people died from a drug overdose in the United States in 2010, up from 37,004 deaths in 2009.[1]
- Overdose deaths involving opioid pain medications have shown a similar increase. Starting with 4,030 deaths in 1999, the number of deaths increased to 15,597 in 2009 and 16,651 in 2010.[1]
- The quantity of prescription painkillers sold to pharmacies, hospitals, and doctors' offices was four times larger in 2010 than in 1999.[2]
- Enough prescription opioids were prescribed in 2010 to medicate every American adult around-the-clock for a month.[2]

1 Jones C, Mack K, Paulozzi L. Pharmaceutical Overdose Deaths, United States, 2010. JAMA. 2013;309(7):657-659.
2 Centers for Disease Control and Prevention. Vital Signs: Prescription Painkiller Overdoses in the US. November 2011. http://www.cdc.gov/Vitalsigns/pdf/2011-11-vitalsigns.pdf

COMBATTING THE OPIATE CRISIS IN OHIO

In 2011, Gov. John R. Kasich announced the establishment of the Governor's Cabinet Opiate Action Team (GCOAT) to fight opiate abuse in Ohio. Ohio is combatting drug abuse through many initiatives on several fronts at the state and local levels involving law enforcement, public health, addiction and treatment professionals, healthcare providers, educators, parents and many others. Many of these initiatives were launched in 2013 or later, and it will take some time for their full impact to be reflected in reducing the number of drug overdose deaths.

Cracking Down on Illegal Pill Mills and Trafficking

- 2011: Gov. Kasich signs HB 93 into law to shut down "pill mill" pain clinics that fuel Ohio's opiate crisis.
- 2012: Ohio hosts first statewide Opiate Summit, drawing more than 1,000 addiction, law enforcement, policy and medical professionals.
- 2013: A partnership with local law enforcement is strengthened by investing $3 million through local jails to reduce recidivism.
- 2013: Ohio Attorney General Mike DeWine establishes the Attorney General's Heroin Unit, which assists local law enforcement in investigating and prosecuting upper-level drug traffickers in Ohio.
- 2014: Ohio Attorney General Mike DeWine awards more than $500,000 to law enforcement in Allen County to combat the flow of heroin along I-75.
- 2014: The Ohio Attorney General's Office launches Heroin Recognition and Investigation Training for law enforcement through the Ohio Peace Officer Training Academy.
- 2014: The Ohio Highway Patrol reports that it has seized more than 38,000 prescription pills and 14,150 grams of heroin in calendar year 2014.
- 2011-2014: The Ohio Attorney General's Office, working in conjunction with the State Medical Board of Ohio, revokes the licenses of 61 doctors and 15 pharmacists for violations involving improper prescribing or dispensing of prescription drugs.
- 2011-2015: The Ohio Attorney General's Office criminally convicts 117 people who were sources of improper prescribing, dispensing, and diversion of prescription drugs

Preventing Youth Drug Use Before it Starts

To help prevent youth drug use before it starts, Gov. Kasich launched *Start Talking!* in January 2011. *Start Talking!* is a statewide youth drug prevention initiative that brings together proven prevention strategies to promote conversations between kids and their parents and other trusted adults.

- Children whose parents talk with them about the risks of drugs are 50 percent less likely to use drugs than kids who do not have these critical conversations with their parents.
- *Start Talking!* features five components designed to complement one another and reach kids and families in key environments: *Know!, Parents360-Rx*, *5 Minutes for Life*, *Building Youth Resiliency* and *Start Talking! BIZ (Business Enterprise Zone) Tips*. Visit "starttalking.ohio.gov" for details.

Since launching: More than 60,000 parents, teachers and employers have subscribed to Know!/TEACHable Moments and BIZ Tips, nearly 28,500 students have participated in more than 315 *5 Minutes for Life* programs, and more than 800 youth have volunteered to lead peer-led discussions as ambassadors and dozens of town-hall style discussions have been held in communities and schools across Ohio.

Encouraging Appropriate Use and Availability of Pain Medication

- 2012: The Ohio Attorney General's Office, the Ohio Department of Health (ODH), the Ohio Department of Mental Health and Addiction Services (OhioMHAS), and Drug Free Action Alliance launch the Ohio Prescription Drug Drop Box Program by providing secure disposal bins to more than 60 law enforcement agencies. In the first two years of the program, more than 12 tons of unwanted prescription drugs were collected and destroyed.
- 2012: GCOAT rolls out opioid prescribing guidelines for emergency room and acute care facilities.
- 2013: GCOAT introduces prescribing guidelines for Ohio's opioid prescribers for safe management of chronic, non-terminal pain.
- 2014: An analysis of data from the Ohio Automated Rx Reporting System (OARRS) shows a 40 percent reduction in the number of prescription opioids dispensed at rates equal to or greater than 80 mg Morphine Equivalent Daily Dose "trigger point" established by Ohio's prescriber guidelines.
- 2014-18: ODH begins funding local prescription drug overdose prevention projects in Cuyahoga County, Clermont County and the City of Portsmouth with a grant from the Centers for Disease Control and Prevention. The projects include coalition development, healthcare prescriber education and healthcare system changes for safer prescribing practices.

Saving Lives by Expanding Access to Overdose Antidote

Ohio has taken steps to prevent even more tragic overdose deaths with the expanded availability and use of the overdose reversal drug naloxone. Ohio's naloxone efforts also serve to educate persons who are addicted on available treatment options. Naloxone was administered by Ohio EMS personnel 12,256 times in 2013 and 15,493 times in 2014.

- 2012: ODH provides seed funding for a pilot naloxone education and distribution program called Project DAWN (Deaths Avoided with Naloxone) in Scioto County.
- 2013: ODH funds additional Project DAWN sites in Ross, Stark and Hamilton Counties. Once implemented, these sites would join existing sites in Cuyahoga, Scioto and Montgomery counties. OhioMHAS state hospital facilities also begin distribution of naloxone.
- 2013: Gov. Kasich signs SB 57 into law establishing a one-year naloxone pilot project in Lorain County that permits first responders to administer naloxone.
- 2014: Gov. Kasich signs HB 170 into law, expanding the use of naloxone so that first responders can administer the drug, and allowing family and friends to get prescriptions for loved ones at risk of overdosing on opioids.
- 2014: The Ohio Attorney General's Office develops an online training course for law enforcement and an educational video for the public regarding the administration of naloxone.

- 2015: Ohio Attorney General Mike DeWine negotiates an agreement with naloxone manufacturer Amphastar Pharmaceuticals, Inc. regarding rebates for public entities that purchase Amphastar naloxone.
- 2015: If passed by the Ohio General Assembly, HB 4 will further expand access to naloxone by permitting pharmacists to dispense without a prescription this life-saving drug that has the potential to reverse drug overdoses.

Creating Pathways to Treatment and Recovery

Opiate addiction now accounts for approximately one-third of all Ohioans in publicly funded addiction treatment. Making sure that Ohioans have access to treatment – including Medication-Assisted Treatment in combination with traditional counseling – along with key recovery supports such as stable housing, employment services, relapse prevention and more has been a critical focus in Ohio.

- 2011: Gov. Kasich signs Executive Order authorizing the expanded use of Medication-Assisted Treatment (buprenorphine, vivitrol, methadone) in responding to the state's opiate crisis.
- 2012: Ohio Medicaid introduces coverage of Medication-Assisted Treatment services.
- 2012: The Mid-Biennium Budget Review (MBR) includes $3 million for opiate addiction treatment.
- 2013: OhioMHAS receives a $10 million federal grant to support implementation of a screening and wellness tool for physicians called SBIRT (Screening, Brief Intervention and Referral to Treatment). SBIRT also becomes a billable service under Ohio Medicaid.
- 2013: New Southern Ohio Addiction Treatment Center is established in Jackson County, addressing a gap in local services for individuals who are opioid-dependent.
- 2014: Extension of Medicaid coverage in Ohio begins, making addiction treatment services available to more individuals.
- 2014: OhioMHAS partners with Ohio Medicaid to launch the Maternal Opiate Medical Support (MOMS) pilot project to develop best practices for treating addicted mothers and for addressing neonatal abstinence syndrome among newborns.
- 2014: The Mid-Biennium Budget Review (MBR) includes funding for drug prevention ($6.5 million), recovery housing ($10 million), and drug courts ($4.4 million).
- 2014: GCOAT announces an Addiction Treatment Pilot Project to provide Medication-Assisted Treatment to drug court participants in six counties.
- 2014-15: Ohio Attorney General Mike DeWine awards a total of $800,000 to Lucas County to develop a pilot program aimed at helping those suffering from heroin addiction get the assistance they need to move towards recovery. The University of Toledo will study and evaluate the effectiveness of the program for its potential use as a model for recovery in other communities across the state.
- 2015: Gov. Kasich's proposed executive budget for the 2016-17 biennium includes investments in naloxone; calls for the Ohio Department of Rehabilitation and Correction and OhioMHAS to expand the availability of treatment within state prisons and upon release; and provides another $5 million to expand the Addiction Treatment Pilot Project in additional drug courts.