



# OHIO'S OPIOID DRUG OVERDOSE EPIDEMIC:



CUYAHOGA COUNTY  
**Opiate Task Force**  
Collaborating for Prevention • Treatment • Recovery

## ***CONTRIBUTING FACTORS AND ONGOING PREVENTION EFFORTS***

CUYAHOGA COUNTY  
BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

# DEFINITIONS

- **Opiate-** originate from naturally-occurring elements found in the opium poppy plant. These drugs are best known for their ability to relieve pain symptoms. Opiate drug types include heroin, opium, morphine and codeine.
- **Opioid-** any chemical that resembles morphine. Can be natural or synthetic. Examples include oxycodone (OxyContin), fentanyl, methadone, hydrocodone (Vicodin)
- **Fentanyl-** a powerful opioid that is 30-50 times more potent than heroin.
- **Carfentanil-**a synthetic opioid that is 100 times more potent than fentanyl and up to 10,000 times more potent than morphine.
- **Naloxone-**also known as Narcan, is a medication that can reverse an overdose caused by an opioid drug.

# OVERVIEW OF DRUG RELATED DEATHS IN OHIO

- **Accidental Drug Overdose continues to be the leading cause of injury related death in Ohio**
- **Opioid pain relievers are responsible for about 75% of all Rx drug overdose deaths**
- **Deaths involving opioids have quadrupled since 1999**
- **Steps taken to reduce Rx abuse may have caused a shift towards heroin use**
- **Heroin use has skyrocketed in Cuyahoga County**
- **Fentanyl use has significantly increased fatalities**

2010

Enough prescription opioids were prescribed to medicate every American Adult around the clock for a month.

2011

Nearly five Ohioans died each day to a drug overdose.

2013 & 2014

Cuyahoga County lost 340 residents to opioids in 2013 with an increase to 352 deaths in 2014.

2015

Number of deaths from heroin and prescription drugs decreases, but deaths from fentanyl are on the rise.

# CUYAHOGA COUNTY OPIATE TASK FORCE

## **MISSION:**

To serve the residents of Cuyahoga County by actively working to raise public awareness, promote community action, and provide education related to the dangers and devastating effects of drug abuse.

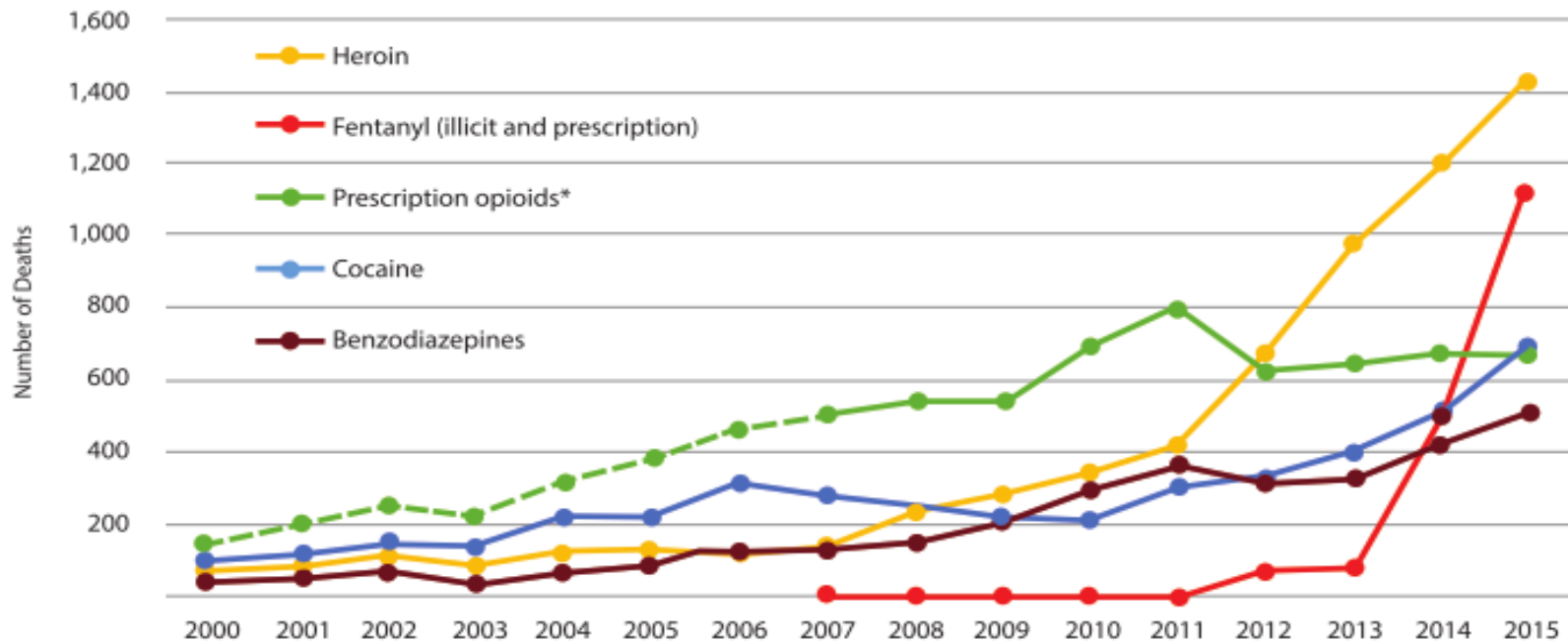
## **VISION:**

To create a healthier community by reducing accidental fatalities associated with opiate abuse through collaborative partnerships that focus on prevention, treatment, and recovery.



# Unintentional drug overdose deaths of Ohio residents by specific drug(s) involved, by year, 2000-2015

Figure 5. Number of Unintentional Overdose Involving Selected Drugs, by Year, Ohio, 2000-2015



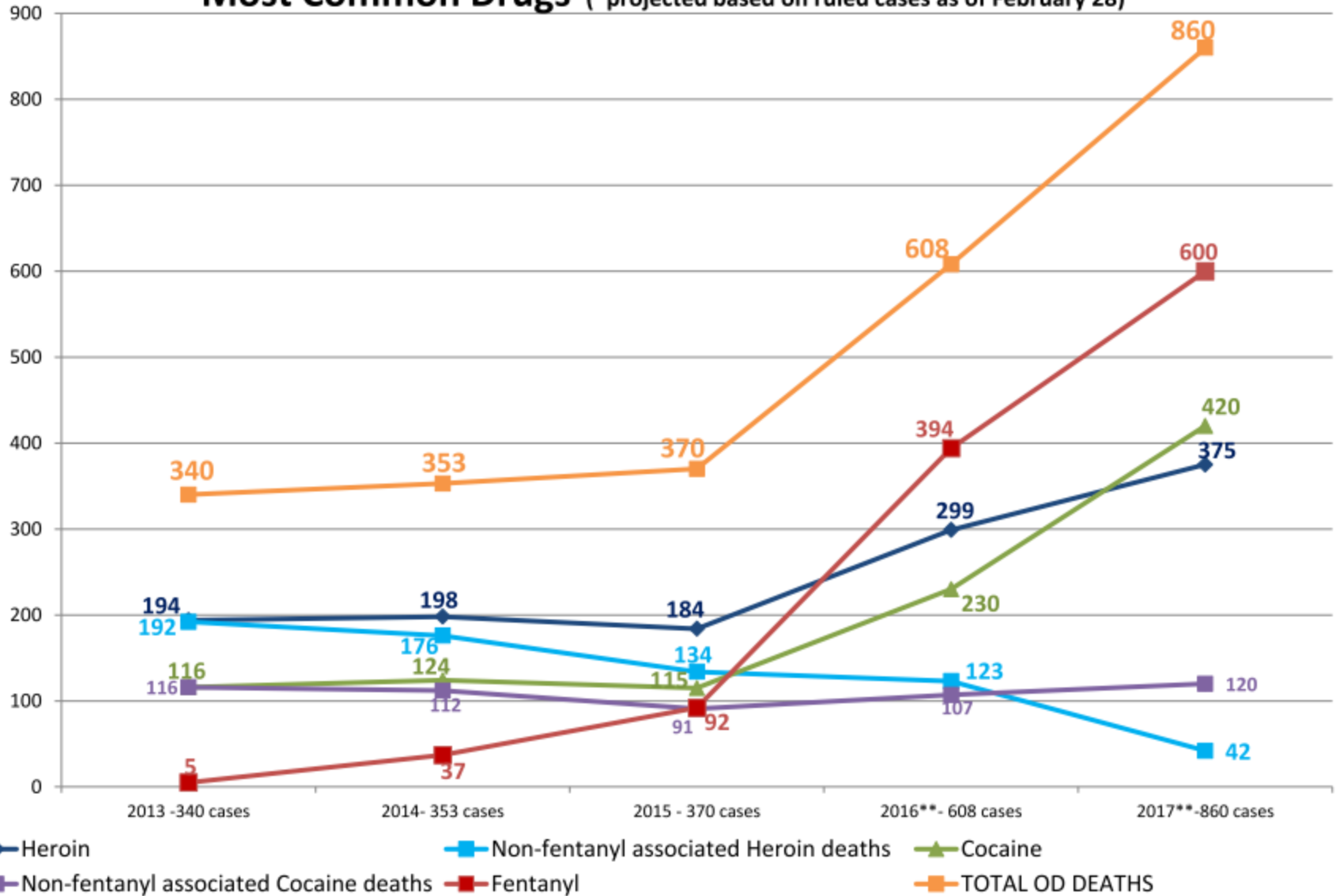
\* Prescription opioids not including fentanyl; fentanyl was not captured in the data prior to 2007 as denoted by the dashed line.

Source: Ohio Department of Health, Bureau of Vital Statistics; Analysis Conducted by ODH Injury Prevention Program.

Multiple drugs are usually involved in overdose deaths. Individual deaths may be reported in more than one category.

# Cuyahoga County Overdose Deaths 2006-2017\*

## Most Common Drugs (\*projected based on ruled cases as of February 28)



# NATIONAL DATA: PUBLIC HEALTH IMPACT OF OPIOID OVERDOSE

In 2008, there were **14,800** prescription painkiller deaths.<sup>4</sup>

For every **1** death there are...



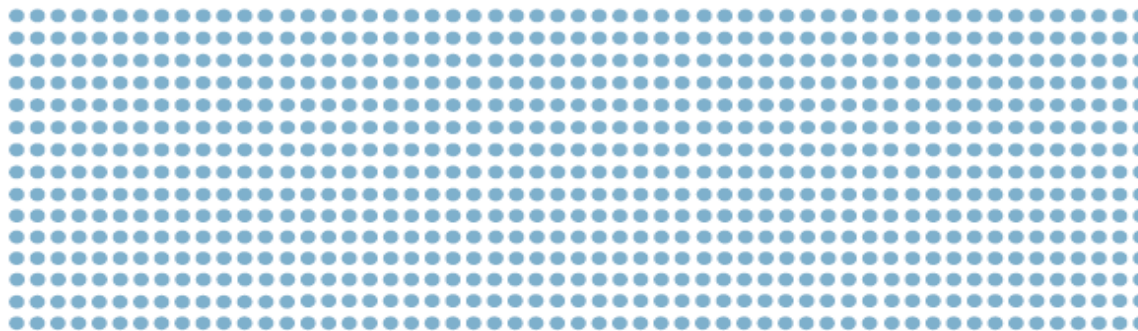
**10** treatment admissions for abuse<sup>9</sup>



**32** emergency dept visits for misuse or abuse<sup>6</sup>



**130** people who abuse or are dependent<sup>7</sup>

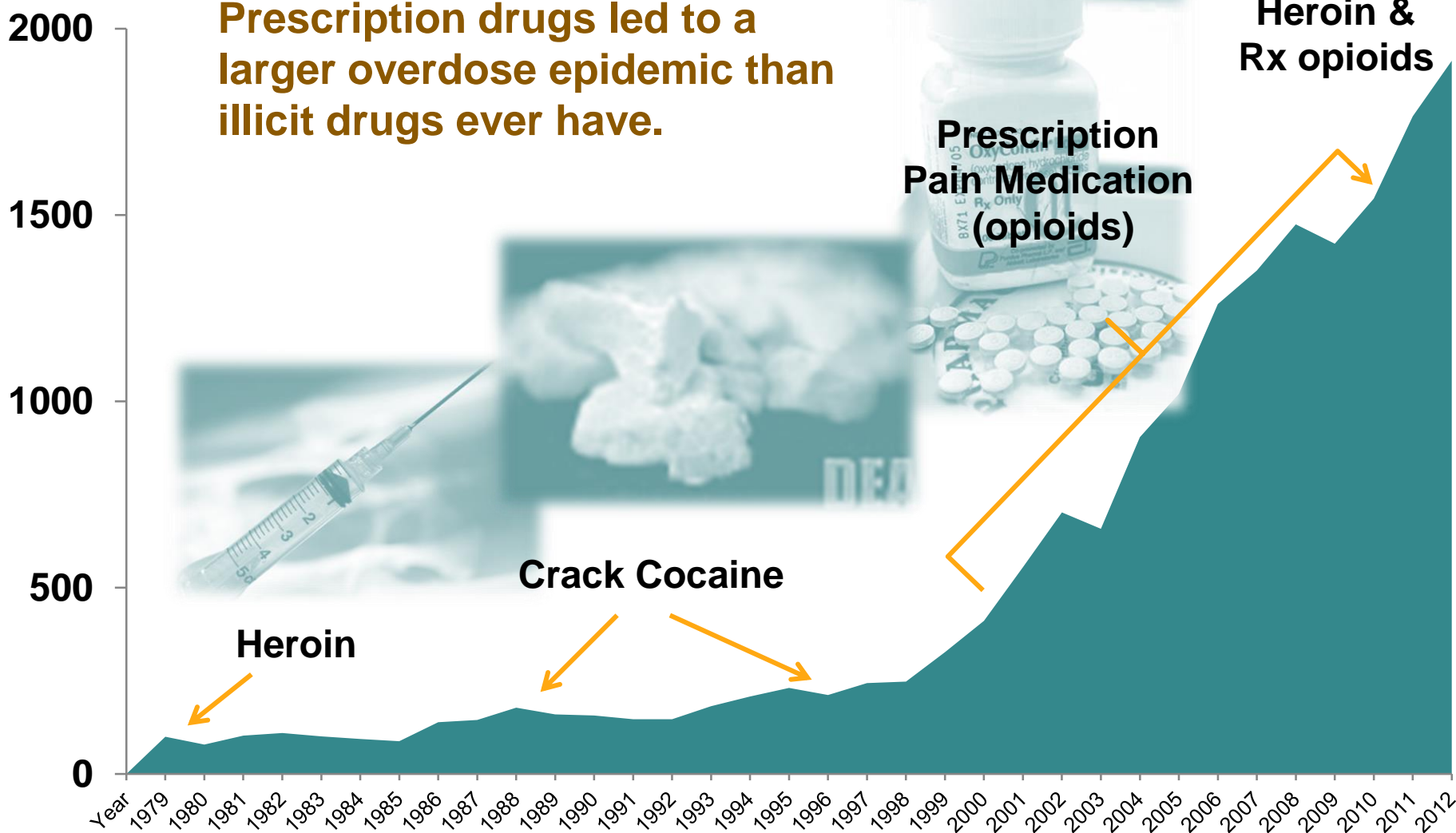


**825**  
nonmedical  
users<sup>7</sup>

Sources: <sup>1</sup>SAMHSA Treatment Episode Data Set (TEDS); <sup>2</sup>Drug Abuse Warning Network (DAWN); <sup>3</sup>National Survey of Drug Use in Households (NSDUH)

# EPIDEMICS OF UNINTENTIONAL DRUG OVERDOSES IN OHIO, 1979-2012<sup>1,2,3</sup>

Prescription drugs led to a larger overdose epidemic than illicit drugs ever have.



Source: <sup>1</sup>WONDER (NCHS Compressed Mortality File, 1979-1998 & 1999-2005) <sup>2</sup>2006-2011 ODH Office of Vital Statistics, <sup>3</sup>Change from ICD-9 to ICD-10 coding in 1999 (caution in comparing before and after 1998 and 1999)



# OHIO'S OPIOID EPIDEMIC

## WHO IS IMPACTED?



# HIGH RISK GROUPS FOR OPIOID ABUSE AND DEATH

**White males ages 25-54**

**Females 45-54**

**Pregnant Females**

**Adolescents 19-28**

**Shift towards younger population**

**Medicaid populations**

**Rural populations**

**Mentally ill**

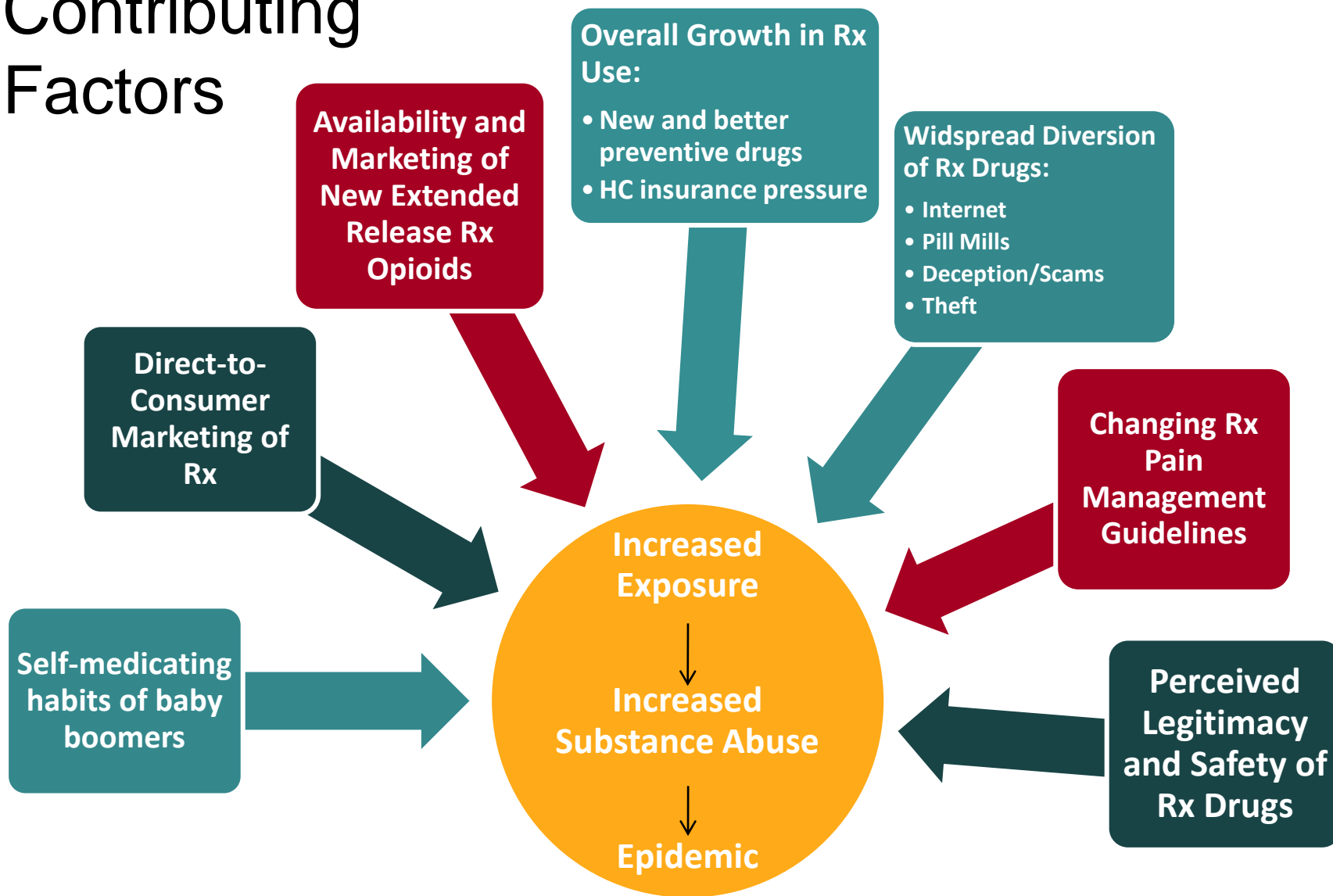


# OHIO'S OPIOID EPIDEMIC

**HOW DID  
THIS  
OCCUR?**



# Contributing Factors



# ADDICTION IS LIKE OTHER DISEASES...

- It is preventable
- It is treatable
- It changes biology
- If untreated, it can last a lifetime

# HEROIN & FENTANYL

**TYPICALLY SOLD AS WHITE OR BROWN POWDER OR AS A STICKY BLACK SUBSTANCE KNOWN AS “BLACK TAR”**

**ABUSED BY INJECTING, SNORTING, OR SMOKING**

**ILLICIT FENTANYL HAS MADE A SIGNIFICANT IMPACT LOCALLY AND ACROSS OHIO**



# **POISON DEATH REVIEW COMMITTEE**

## **Demographics**

**Male:Female 73:27**

**White:Non-White 85:15**

## **Ages**

- 19-29 25%
- 30-44 31%
- 45-60 40%

**Urban (Cleveland)/Suburban (non-Cleveland) 50:50**

## **Historical data**

- Previous history of illicit drug use 95%
- OARRS report on file 73%
- History of intravenous drug use 62%
- Period of abstinence prior to death 31%
- Mental health history 45%
- Veteran status 12%
- Physical labor and trades 40% (current vs. prior employment?)

# HEROIN OVERDOSE DEATHS

## Typical 2007 Case Profile

- Male 85%
- White 75%
- Age 45-60 50%
  - Age 19-29 only 7.5% of overdose deaths
- City of Cleveland or Suburban equal 42.5%; rest out of county

## Typical 2016 Heroin Case Profile

- Male 76%
  - Female use up 28% from 2007
- Caucasian 88%
- Age 30-44 37%
  - 19-29 22%
  - Over 60 10%
- CLE 42% vs Suburban Residents 45%
  - Out of County case 12%
- 7 in 10 cases mixed with Fentanyl
  - 1 in 6 heroin alone



# FENTANYL IS DRIVING THIS CRISIS

## 2016 Fentanyl Case Profile

- Male 73%
  - Female use over 26%
- Caucasian 84%
  - African American use at 15%
- Age 30-44 nearly 40%
  - Younger profile than heroin
  - 19-29 at 21%
- CLE 45% vs Suburban 44%
- 7 in 10 mixed with heroin, cocaine or both
  - 1 in 4 fentanyl or analogue

## 2016 Heroin Case Profile

- Male 76%
  - Female use up 28% from 2007
- Caucasian 88%
- Age 30-44 37%
  - 19-29 22%
  - Over 60 10%
- CLE 42% vs Suburban Residents 45%
  - Out of County case 12%
- 7 in 10 cases mixed with Fentanyl
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## CURRENT PUBLIC HEALTH CRISIS

### At least 24 fatalities since February 1, 2017

Fatal Cases due to heroin/fentanyl in January—at least **46** (11 cases pending additional testing)

#### Carfentanil: 33 CONFIRMED CASES TO DATE in 2016

23 - City of Cleveland Residents

23 - Suburban Residents- Beachwood, Berea, Cleveland Hts., East Cleveland, Euclid, Garfield Hts., Independence, Lakewood (3), Maple Hts., Middleburgh Hts., Newburgh Hts., Olmsted Twp., Parma with (8) Out of County – Brunswick, Canal Fulton, Columbia Station, Concord, New London, North Ridgeville (2), Wickliffe.

#### VICTIMS

Victims' ages range from 23 – 67

32 Male victims; 14 Female victims

13 African American victims; 33 Caucasian victims (1 hispanic)

#### TRENDS

At least **517** victims died from heroin/fentanyl or in combination in 2016, more than double the 228 from 2015. Cocaine deaths are projected to have doubled from 115 to 225 or 230 in 2016.

January also saw 31 cocaine related deaths, with 19 being mixed with Fentanyl, Heroin or both.



# PROJECT DAWN

## DEATHS AVOIDED WITH NALOXONE



### *Community Walk-In Clinics*

#### **Thomas F. McCafferty Health Center**

4242 Lorain Ave., Cleveland, OH  
Walk-in hours: Thursdays, 4pm-8pm

#### **The Cuyahoga County Board of Health**

5550 Venture Dr., Parma, OH  
Walk-in hours: Fridays, 9am-12pm

#### **The Free Medical Clinic of Greater Cleveland**

12201 Euclid Ave., Cleveland, OH  
Walk-in hours: Fridays, 1pm-5pm

#### **City of Cleveland-EMS**

##### **Headquarters**

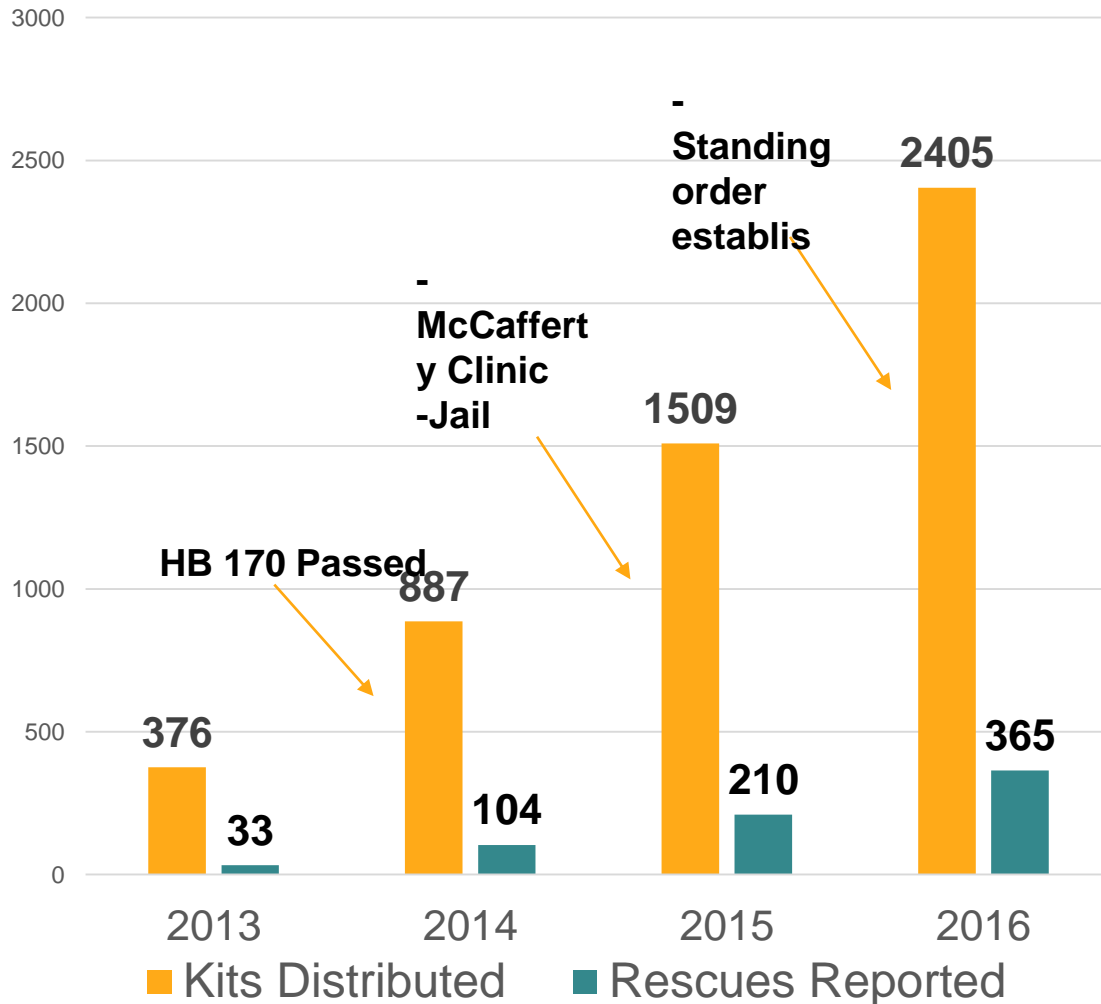
1701 Lakeside Ave., Cleveland, OH  
Walk-in hours: Monday-Friday 9-4

- Cuyahoga County Project DAWN has registered nearly **7000** individuals (at-risk registrants and third party registrants) and has **700** documented overdose reversals.
- Currently have 47 local law enforcement agencies carrying naloxone, with over 100 overdose reversals.

It is believed that the actual number of reversals is higher due to program participant underreporting.



# PROJECT DAWN KIT DISTRIBUTION AND RESCUE REPORTS 2013-2016



Total Lay Responder Rescues Reported to Project DAWN (2013-Today):

**790 Rescues**

Unknown Date of Rescue:

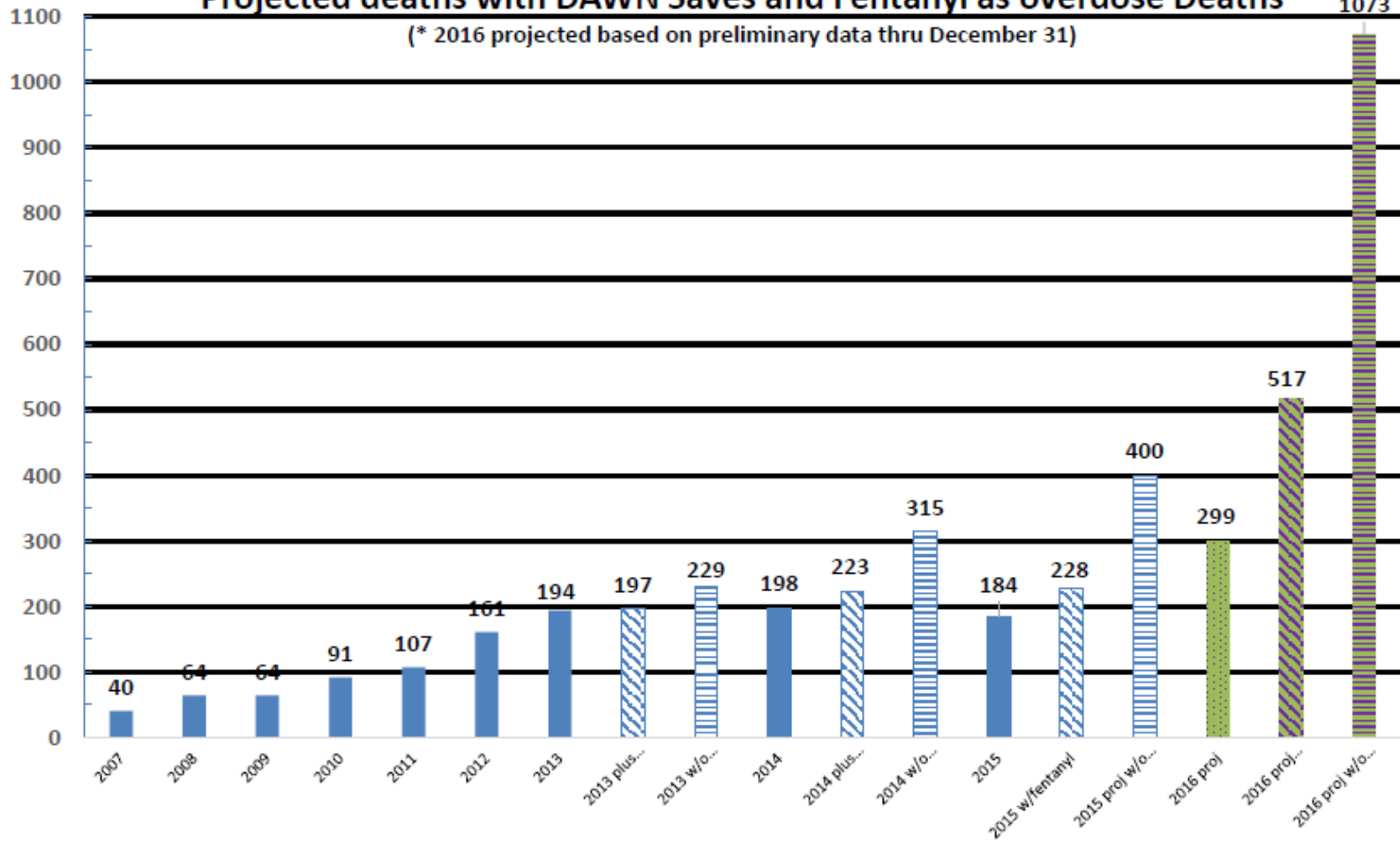
**56 Rescues**

2017 Reported Rescues:

**22 Rescues**

## Cuyahoga County Heroin Related Overdose Deaths 2007-2016\*

### Projected deaths with DAWN Saves and Fentanyl as overdose Deaths



Source: Cuyahoga County Medical Examiner's Office revised 1-11-17

DAWN includes all documented naloxone saves through DAWN including police reversals. Does not include EMS administration (nearly 1,000 in 2015).



# CHALLENGES

- **Stigma**
  - Individuals made a decision to use
  - Moral view that substance abuse is a sin
- **Prescribing Practices**
  - A pill for everything culture
- **Treatment Availability**
  - Resources & beds are limited
  - New treatment options for those dealing with opioid abuse
- **Limited education on addiction medicine**
  - Increase awareness for physicians on the impact of current prescribing practices
  - Understanding that chronic pain is a valid medical issue that need to be addressed
- **Today is opioids**
  - Maybe we should have a comprehensive view of addiction
    - <https://addiction.surgeongeneral.gov/>



# CHALLENGES OF THIS EPIDEMIC

## Stigma

- Thinning the herd!
  - What if that herd included someone you cared about?
  - What if that person who EMS/Law Enforcement had responded to 5 times was your son or daughter?
  - Many of the families I have worked with never thought that this disease would impact their families.
  - Addiction is a family disease!
  - Why don't we treat people who use tobacco with the same negative thoughts as we do people dealing with the illness of addiction.



# CHALLENGES OF THIS EPIDEMIC

## “Not my Kid, Not my Community”

- Colleagues across Ohio continue to express their concern that families/communities unwilling to understand that these powerful drugs are available in their neighborhoods are at risk.
- Heroin/Fentanyl are now considered mainstream
  - Are we going to see a shift where adolescents are going straight to heroin/fentanyl and Rx pain pills are no longer the connection?
  - Will heroin be a drug of the past because fentanyl can be mass produced in a warehouse?

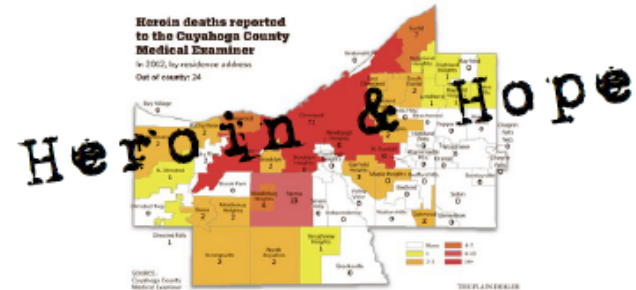
# CHALLENGES OF THIS EPIDEMIC

## East Liverpool

- Photo's taken by officers responding to a call regarding two adults unconscious in a car with young boy in the back seat.
  - East Liverpool Safety Director/Police Chief decided to post the photo without covering the young boys face in the back seat of the car.
  - The women was clearly dying from an overdose while law enforcement was taking photos.
  - In the interview with the Safety Director and Chief of Police they felt that this was the best way to increase awareness to the problem.
    - Has shame ever worked in changing behaviors?
    - Has this ever working in reducing the impact of other chronic diseases?



# Family & Community Involvement



Coming Together as ONE for Our Community

**Wednesday, March 11th 6:30pm**

at Lakewood Methodist Church

15700 Detroit Ave. Lakewood, OH 44107

*FREE Parking Available*

*Limited Free Childcare Available // Please Call- Jessica Parker (216) 529-5018*

#### EVENT OVERVIEW:

**6:30p-7:00p // 8:00p-8:30p — Open Community Resource Room**

*Several local community organizations and programs present to offer resource options for treatment, recovery, advocacy & prevention.*

**7:00p-8:00p — three featured speakers -Rachel Dissell, Vince Caraffi and Aaron Marks**

*Speakers will offer their insights and answer questions from the audience.*

**8:00p-8:45p — Project DAWN Naloxone Training & Kit Distribution**

*MetroHealth's Project DAWN is an opioid overdose education & naloxone distribution program. Program participants are educated on the risk factors of opioid overdose, how to recognize an opioid overdose, and how to respond to an opioid overdose.*

*Eligible participants are given FREE naloxone kits containing 2 vials of naloxone hydrochloride medication*



# **FENTANYL UPDATE- OARRS**

**February 2017  
Update**

- **55 fentanyl overdose deaths**
- **Previously have not looked at fentanyl deaths separately**
- **Ongoing research to compare this population with heroin overdose data**

# **FENTANYL UPDATE- OARRS**

**OARRS (OHIO AUTOMATED RX REPORTING SYSTEM) MONITORS PRESCRIPTION DRUGS/CONTROLLED SUBSTANCES- MANDATORY REPORTING SINCE 4/15 (PHYSICIANS) AND 4/16 (PHARMACISTS)**

**LOOK BACK NOW 3 YEARS**

**PREVIOUS OARRS DATA ARE AVAILABLE FOR HEROIN OVERDOSE DEATHS**

**FENTANYL DATA FROM WORSENING DRUG EPIDEMIC IN 2016 TO BE EXAMINED- FOCUS NOW ON MOST RECENT DATA (FEB 2017)**

# FENTANYL UPDATE- OARRS

**41/55 FENTANYL OVERDOSE DECEDENTS HAD AN OARRS FILE (75%)**

**37/41 WITH A FILE HAD AT LEAST ONE PRESCRIPTION FOR OPIATES (90%)**

**16/41 WITH A FILE HAD A PRESCRIPTION FOR A BENZODIAZEPINE (39%)**

**7/41 MET CRITERIA FOR DOCTOR-SHOPPING (17%) INCLUDING 5 WHO RECEIVED AT LEAST ONE OPIATE PRESCRIPTION SINCE MANDATORY REPORTING FOR PHARMACISTS**

# **FENTANYL UPDATE- OARRS**

**5/41 (12%) RECEIVED AT LEAST ONE OUT-OF-STATE PRESCRIPTION**

**11/41 (27%) HAD RECEIVED A PRESCRIPTION FOR BUPRENORPHINE AND WERE NOT COUNTED IN THE “DOCTOR SHOPPING” GROUP BASED ON THIS**



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