



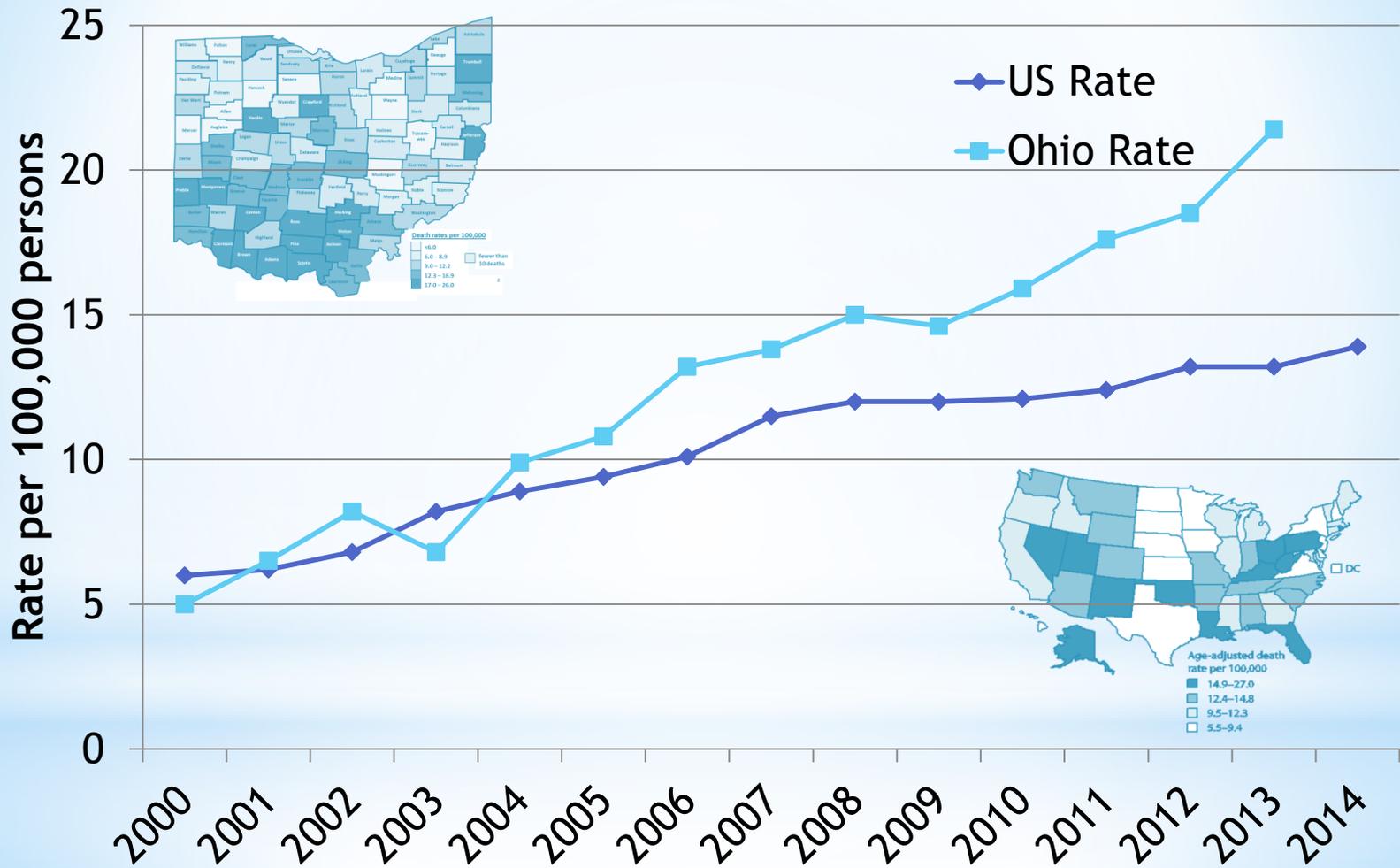
# Ohio's Drug Overdose Epidemic

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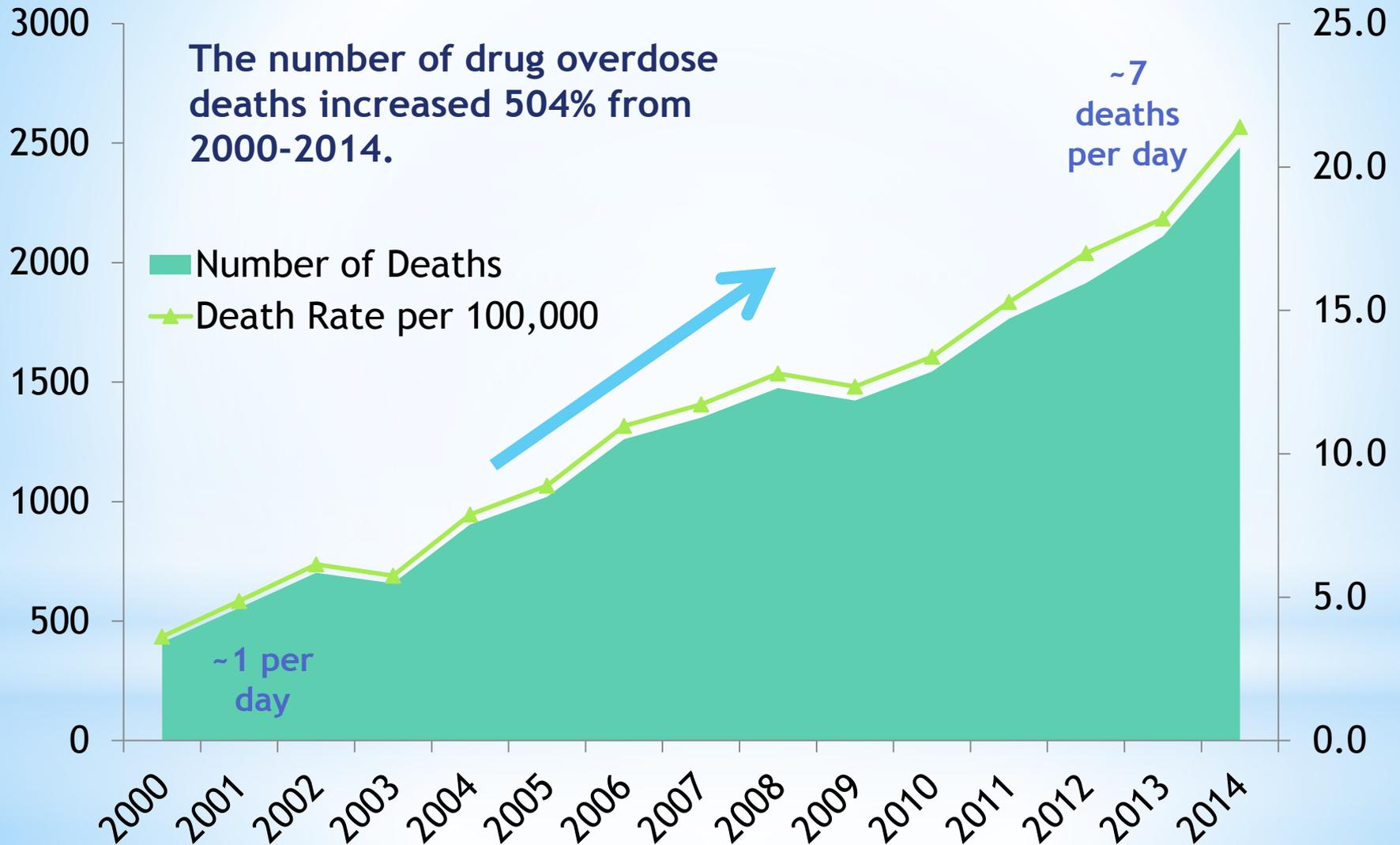
Franklin County Heroin and Opiate Summit  
March 23, 2016

# Death Rates Per 100,000 for Drug Poisoning (All Manner), by Year, Ohio vs. US, 2000-2014

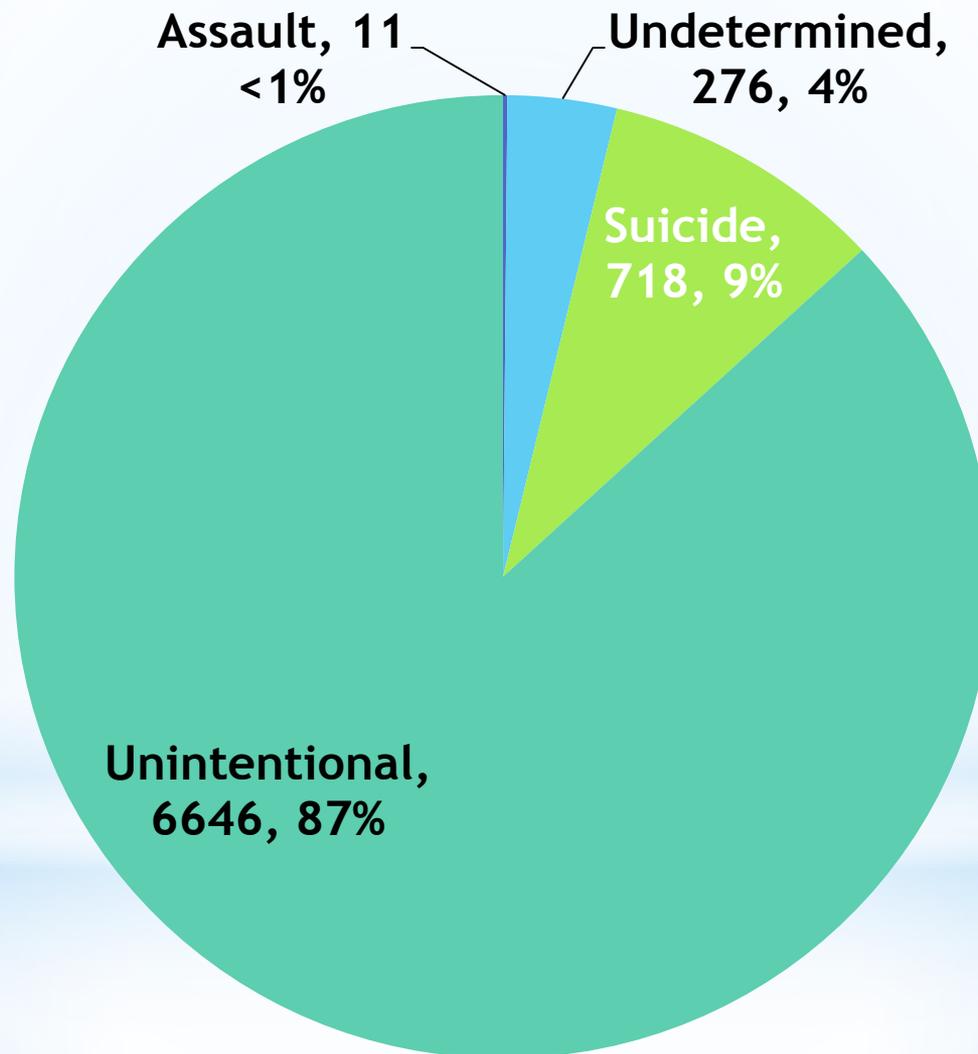


Source: ODH Office of Vital Statistics

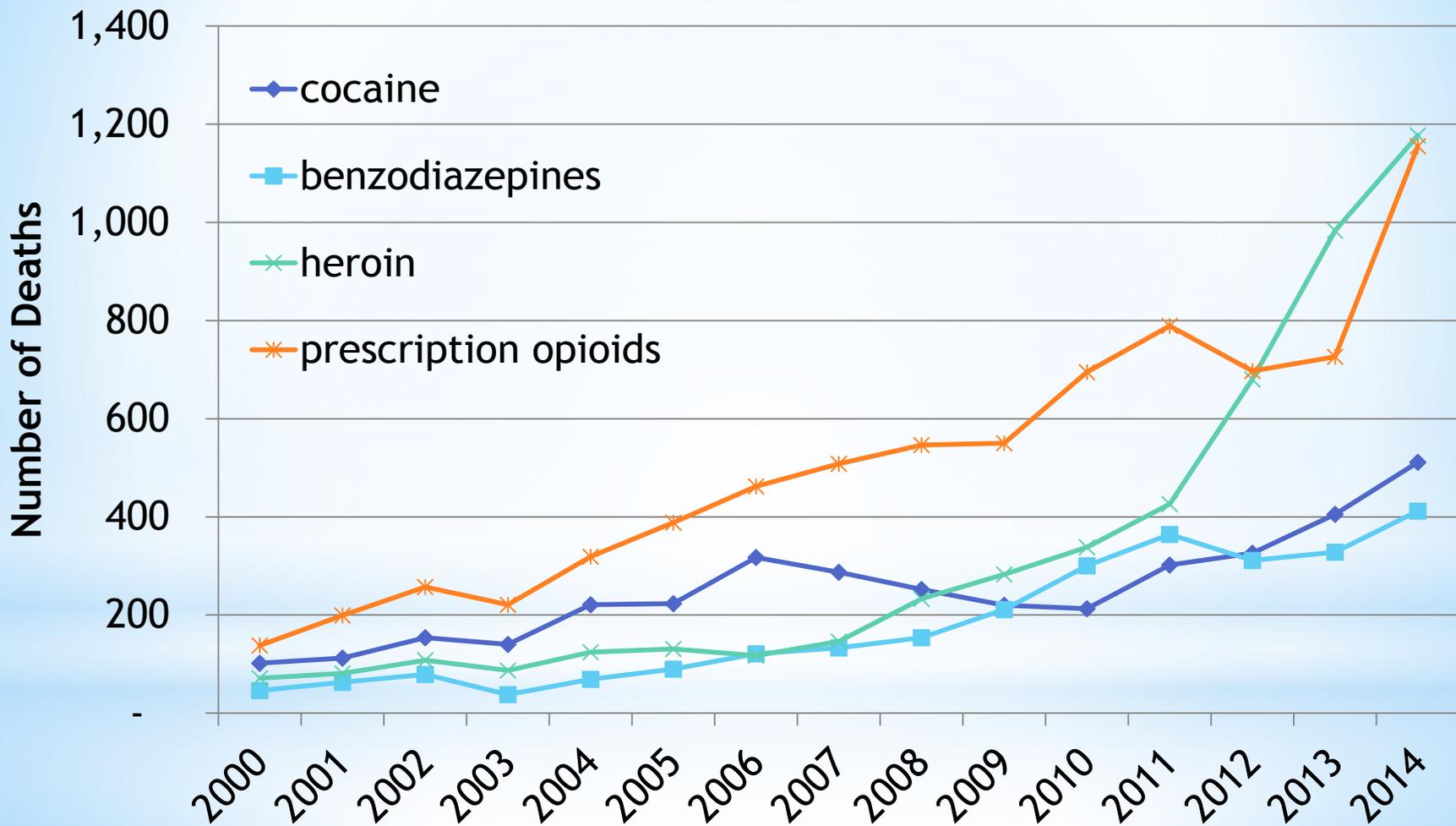
# Ohio Deaths and Death Rates per 100,000 Due to Unintentional Drug Overdose by Year, 2000-2014



# Ohio Fatal Drug Overdose by Intent, 2009-12



# Unintentional Drug Overdose Deaths of Ohio Residents by Specific Drug(s) Involved, by Year, 2000-2014<sup>1,2</sup>

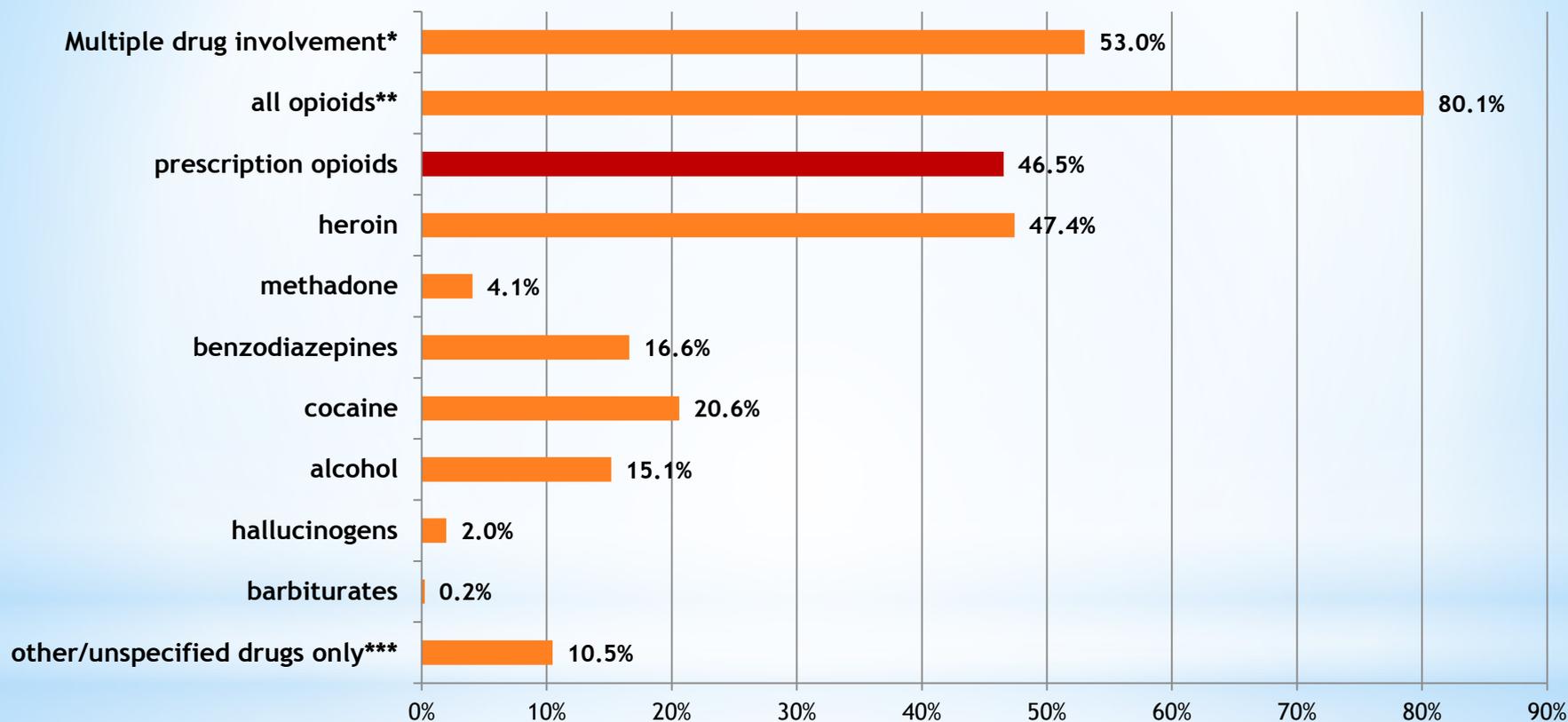


<sup>1</sup>Source: ODH Office of Vital Statistics

<sup>2</sup>Multiple substances are usually involved in one death.

# Proportion of All Unintentional Drug Overdose Deaths Involving Selected Drugs, Ohio, 2014<sup>1,2</sup>

Proportion of drug overdoses among Ohio residents involving selected drugs, 2014



\* Includes only deaths where the number of substances was specified; number unspecified in 10% of 2014 overdose deaths.

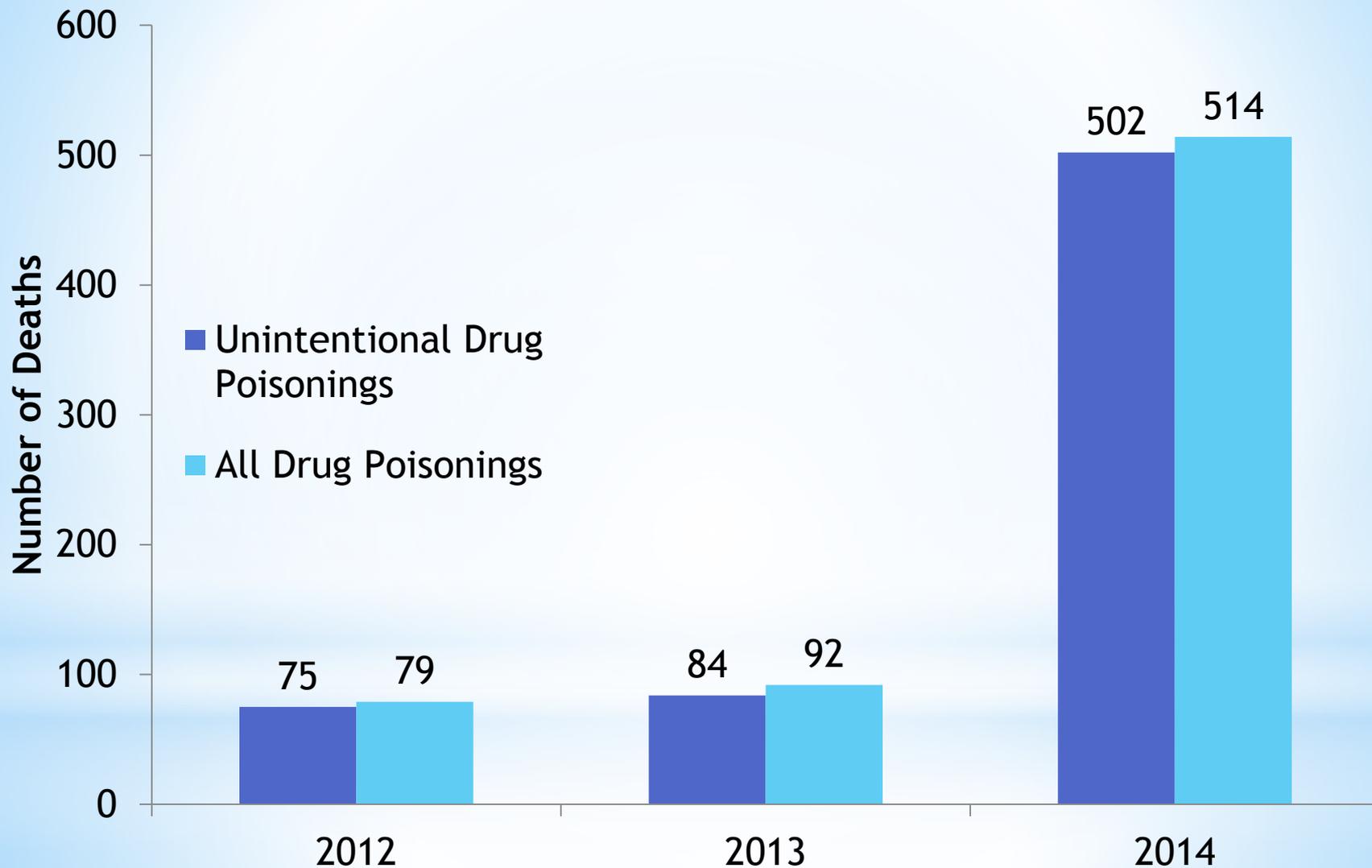
\*\*Includes involvement of prescription opioids and/or heroin.

\*\*\*No specific drug was identified

<sup>1</sup>Source: ODH Office of Vital Statistics

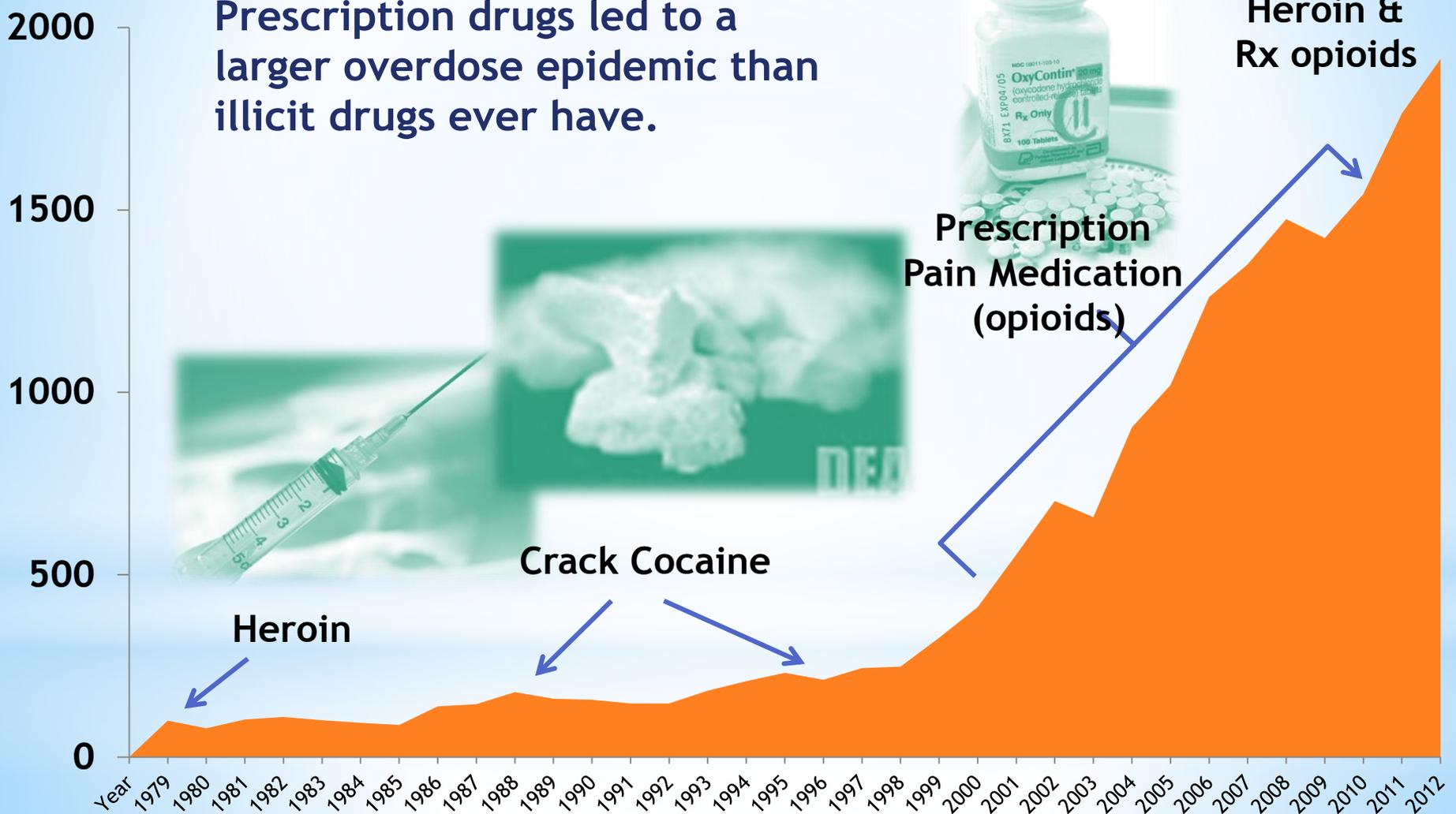
<sup>2</sup>Multiple substances are usually involved in one death.

# Fentanyl-related Drug Overdoses, Ohio, 2012-2014



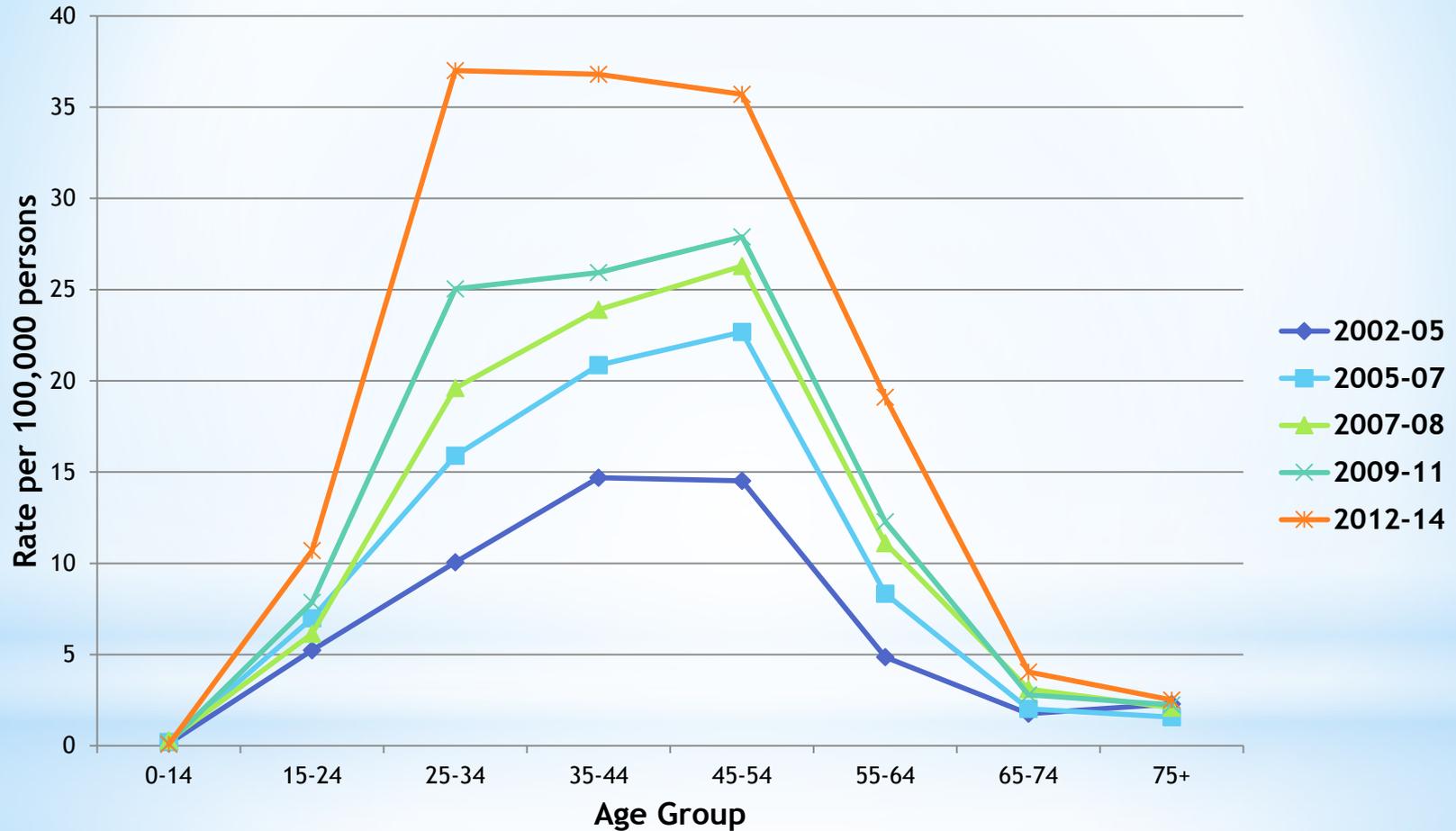
# Epidemics of Unintentional Drug Overdoses in Ohio, 1979 - 2012<sup>1,2,3</sup>

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

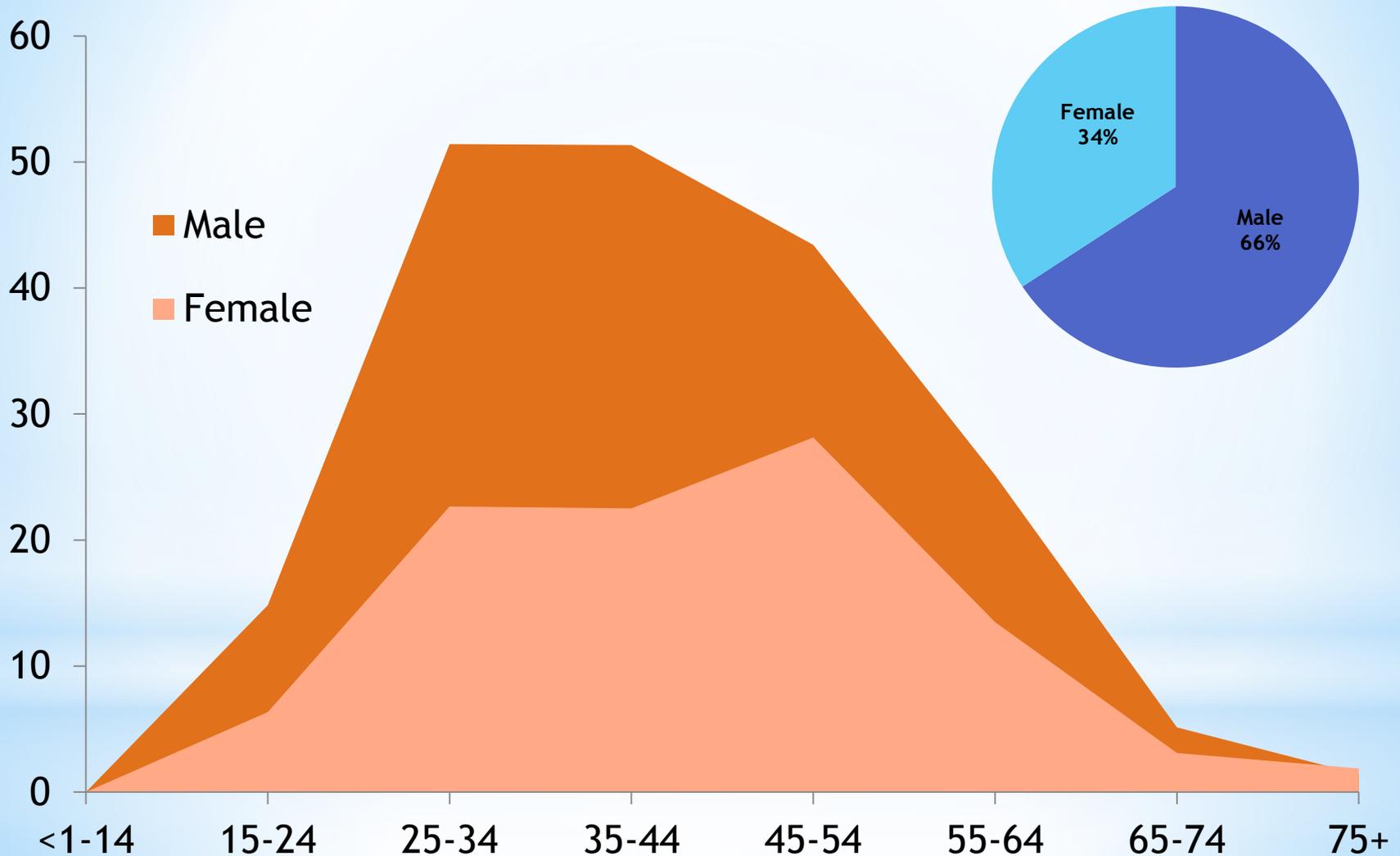


Source: <sup>1</sup>WONDER (NCHS Compressed Mortality File, 1979-1998 & 1999-2005) <sup>2</sup>2006-2011 ODH Office of Vital Statistics, <sup>3</sup>Change from ICD-9 to ICD-10 coding in 1999 (caution in comparing before and after 1998 and 1999)

# Average Unintentional Drug Overdose Death Rate By Age Group, Over Time, Ohio Residents, 2002-2014

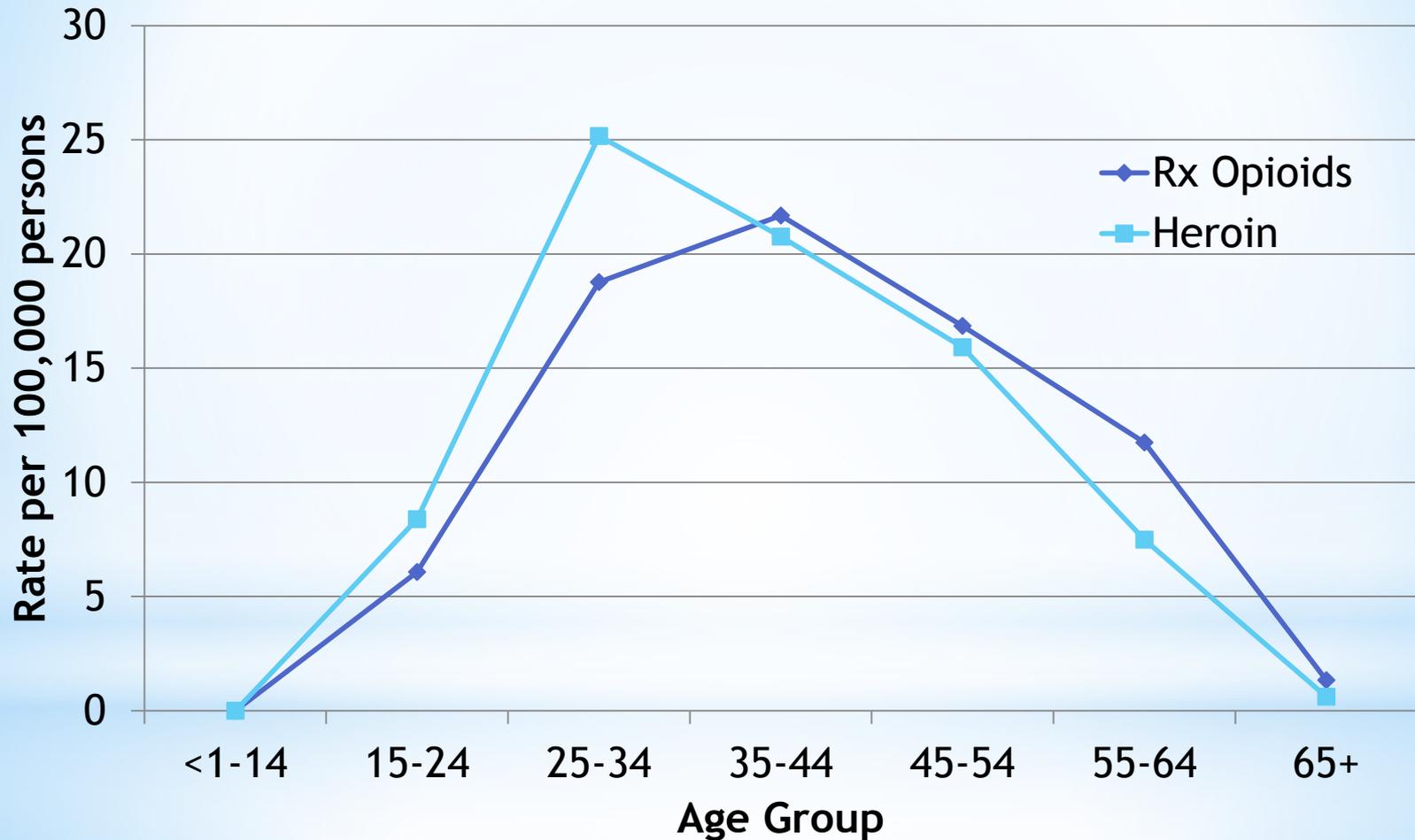


# Average Annual Unintentional Fatal Overdose Rate by Sex, Age Group, Ohio, 2012-14



Source: ODH Office of Vital Statistics

# Death Rates from Unintentional Overdose Involving Heroin and Prescription Opioids, by Age Group, Ohio, 2014





# Estimated Average Annual Costs of Unintentional Drug Overdose Death in Ohio, 2012

Category	Deaths
Medical Cost	\$5.7 million
Work Loss Cost	\$2.0 billion
<b>Total Cost</b>	<b>\$2.0 Billion</b>

Source: CDC WISQARS Cost of Injury Reports, based on 2012 Ohio Overdose Incidents

# Ohio's Opioid Epidemic



**How did  
this  
Occur?**

# Contributing Factors

**Supply**



**Demand**

## “Legal”

- Growth in Overall Rx Drug Use
- New Clinical Rx Pain Management Guidelines
- Aggressive marketing of new extended-release opioids
- General over prescribing
- Pressure to satisfy “customers” in HC

## “Illegal”

- Widespread Diversion of Rx Drugs through multiple channels:
  - Internet “pharmacies”
  - “Pill mills” and unscrupulous prescribers

## Perceived Safety of Prescription Drugs

- Substance Misuse/Abuse
  - Diversion
  - Doctor Shopping

## HC Consumers Seen as “Customers”

# Factors Responsible For Increased Demand in Managing Chronic Pain

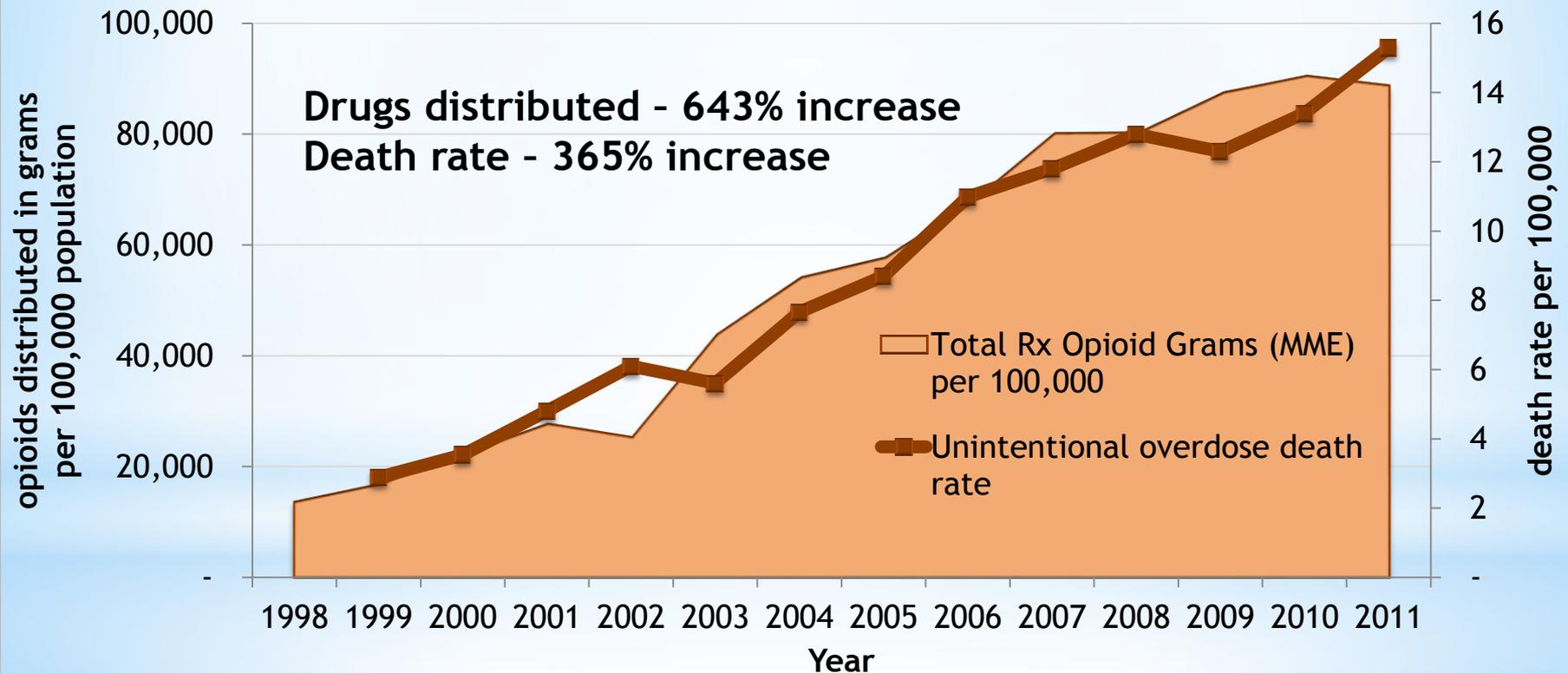
- Pharmaceutical companies expanding marketing
- Numerous organizations providing clinical pain management guidelines
- Patient advocacy groups are working to:
  - Enact patient's bill of rights in many states
  - Promote patient's right to pain relief
- Prescription drugs increasingly perceived as safe and legitimate
- Prescription drugs alternatively available through:
  - Internet sites
  - "Pill Mill" operations
  - Street-level drug dealers

# Contributing Factors

\* Ohio Data

There is a *strong* relationship between increases in exposure to prescription opioids and fatal unintentional overdose rates.

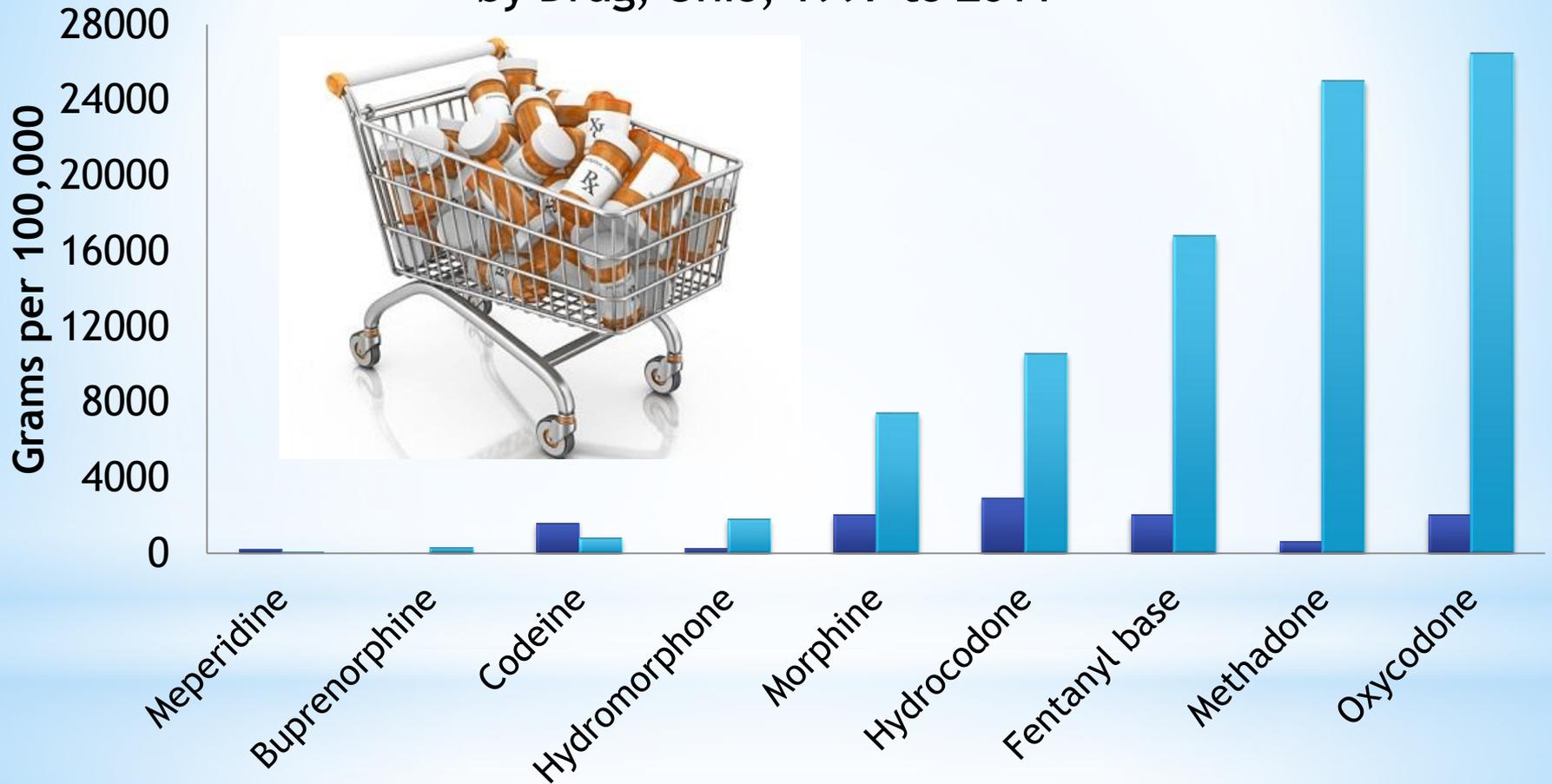
Unintentional drug overdose death rates and distribution rates of prescription opioids in grams per 100,000 population by year, Ohio, 1997-2011<sup>1-3</sup>



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](http://www.deadiversion.usdoj.gov/arcos/retail_drug_summary/index.html); 3. Calculation of oral morphine equivalents used the following assumptions: (1) All drugs other than fentanyl are taken orally; fentanyl is applied transdermally; (2) 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; 4. US Census Bureau, Ohio population estimates 1997-2007; 5. preliminary data for 2007.

# Contributing Factors

Distribution of Opioids<sup>1</sup> to Retail Pharmacies in Grams per 100,000 by Drug, Ohio, 1997 to 2011<sup>2</sup>



<sup>1</sup>In oral morphine equivalents using the following assumptions: (1) All drugs other than fentanyl are taken orally; fentanyl is applied transdermally; (2) 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; and meperideine: 300 mg.

<sup>2</sup>Source: DOJ, DEA, ARCOS reports

# Some Good News

## Opioid Prescribing Declines in Ohio

- The Ohio State Board of Pharmacy report released in February 2016: Opioid prescribing in Ohio continued to decline in 2015 based on data from the State Ohio Automated Rx Reporting System (OARRS).
- In 2015, the total doses of opioids dispensed to Ohio patients decreased to 701 million from a high of 793 million in 2012, a drop of *11.6 percent*.
- The number of opioid prescriptions provided to Ohio patients decreased by 1.4 million during the same time period.
- OARRS data also showed a 71 percent decrease in the amount of people engaged in the practice of doctor shopping since 2010.

# Examples of ODH Activities

## Violence and Injury Prevention Program (VIPP)

- Partnering with the Governor's Cabinet Opiate Action Team (GCOAT) on opioid prescribing guidelines - 3 sets issued:
  - ED Guidelines/2012; Chronic Pain/2013; Acute Care/2016
- Funding local agencies to implement comprehensive prescription drug overdose prevention programs (2014-2018); Funding source: CDC PHHSBG
- Offering informational webinars
- Implementing Project DAWN
- Coordinating the Prescription Drug Abuse Action Group (PDAAG), an action group of the Ohio Injury Prevention Partnership (OIPP): Policy recommendations

# For More Information

Violence and Injury Prevention Program (VIPP)

Data and Publications webpage -

<http://www.healthy.ohio.gov/vipp/data/rxdata.aspx>

- 2014 Drug Overdose Report
- County Breakdown
- Presentations
- Archived Reports and Factsheets
- Phone: 614-466-2144 and ask for the VIPP
- Jolene Defiore-Hyrmer, Program Administrator at [Jolene.DHyrmer@odh.ohio.gov](mailto:Jolene.DHyrmer@odh.ohio.gov)
- Judi Moseley, Public Health Consultant at [judi.moseley@odh.ohio.gov](mailto:judi.moseley@odh.ohio.gov)