A National Association of Medical Examiner's (N.A.M.E.) accredited office

MEDICAL EXAMINER'S OFFICE

Thomas P. Gilson, M.D.

11001 Cedar Avenue

Cleveland, Ohio 44106

2013 Mid-Year Heroin Overdose Death Report: January- June

Since 2012, more people died in Cuyahoga County from drug overdoses than from motor vehicle accidents and heroin has been involved in more deaths than homicide. The rise in prescription opiate pain reliever use has mirrored a rise in overdose deaths. Steps taken to reduce opiate pain reliever use may have inadvertently produced a rise in heroin use. Since 2007, the County has seen a dramatic rise in heroin mortality from 40 deaths to 160 in 2012. In the first 6 months of 2013, the County has witnessed 97 heroin overdose deaths. Heroin now accounts for over fifty percent of overdose deaths in the County, compared to eighteen percent in 2007.

Comparison of Heroin Overdose Deaths: Cuyahoga County, OH	2012 Overall Deaths, N=160	2013 January-June Deaths , N= 97
INCIDENT INFORMATION, n(%)		
Using drugs with others	19 (11.9%)	10 (10.3%)
Others present but not using	94 (58.8%)	51 (52.6%)
EMS response	152 (95.0%)	94 (96.9%)
Naloxone administered	36 (22.5%)	22 (28.9%)
Paraphernalia present	81 (50.6%)	48 (49.5%)
BACKGROUND INFORMATION, n(%)		
Previous illicit drug use	129 (80.6%)	90 (92.8%)
Intravenous drug use	78 (48.8%)	59 (60.8%)
Period of abstinence	46 (28.8%)	30 (30.9%)
Veteran	---	10 (10.3%)
Previous medical treatment	75 (46.9%)	57 (58.8%)
Previous mental health treatment	---	40 (41.2%)
Previous detoxification treatment	49 (30.6%)	46 (47.4%)
Previous incarcerations	29 (18.1%)	38 (39.2%)
Previous arrests	32 (20.0%)	37 (38.1%)
Previous law enforcement contact	23 (14.4%)	34 (35.1%)
Enrolled in Drug Court	---	5 (5.2%)
OARRS report on file	---	69 (71.1%)
History of doctor shopping	---	25 (28.8%)
RECOMMENDATIONS, n(%)		
Education	97 (60.6%)	71 (73.2%)
Project DAWN	96 (60.0%)	55 (56.7%)

The rise in heroin mortality over the past six years has been accompanied by some changes in the demographics of overdose victims. The vast majority of victims are still middle aged - from 40-65 years old (40%), Caucasian (85%) males (75%) but female cases have roughly doubled, from fifteen to twenty-eight percent since 2007. Individuals

between the ages nineteen and twenty-nine account for roughly twenty-five percent of cases today compared with a little over 7 percent in 2007. Heroin mortality is also not strictly and urban problem; a majority of heroin overdose deaths are suburban. More than half of the 2013 heroin overdoses thus far occurred outside the City of Cleveland and more than half of the overdose victims lived outside the city limits.

The table above details the results of a review of 2013 heroin overdose deaths from January to June, with reference to the 2012 overall statistics. Data was abstracted from Medical Examiner case files for the 97 overdose death files that occurred in the first 6 months of 2013. In addition to the data abstraction process, the data was presented to the Poison Death Review Committee (PDRC) who collaborated in the data collection process by contributing data which before had not been available to the Medical Examiner staff. Together, this coalition of stakeholders has been working to identify points of intervention for public education and treatment. In 2013, members of the Medical Examiner's staff were granted access to the Ohio Automated Prescription Reporting System (OARRS). Data was collected prospectively to examine the number of decedents with active OARRS reports and those exhibiting "doctor shopping" behavior. Percentages are as shown. The Poison Death Review Committee will continue to augment this data collection going forward.

The inclusion of heroin overdose stakeholders through the PDRC has likely led to a more accurate depiction of decedent background information in 2013. Following the collection of data in 2012, PDRC members recommended expanding the data collection process to include veteran status, previous mental health treatment, and drug court enrollment.

As of March 2013, Project DAWN began enrolling patients in overdose prevention training through naloxone administration. To date, no heroin overdose decedents have been enrolled in Project DAWN. While a number of confounding factors may contribute to this trend it may provide evidence for continued support of the Project DAWN initiative. Improved data collection methodology for 2013 also details an increased number of decedents who may have benefitted from educational intervention. This data may suggest the need to re-examine educational material and dissemination methods moving forward. The availability of OARRS data highlights the immediate need to inform and educate the medical community on the role that opiate prescribing practices may have in heroin overdose fatality.

These preliminary data continue to suggest several potential intervention strategies and point to the need for further data collection.