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MEDICAL EXAMINER'S OFFICE

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2013 Heroin Overdose Death Report

Comparison of Heroin Overdose Deaths: Cuyahoga County, OH	2012 Overall Deaths, N=160	2013 Overall Deaths, N= 194
INCIDENT INFORMATION, n(%)		
Using drugs with others	19 (11.9%)	23 (11.9%)
Others present but not using	94 (58.8%)	113 (58.3%)
EMS response	152 (95.0%)	191 (98.5%)
Naloxone administered	36 (22.5%)	54 (27.8%)
Paraphernalia present	81 (50.6%)	103 (53.1%)
BACKGROUND INFORMATION, n(%)		
Previous illicit drug use	129 (80.6%)	185 (95.4%)
Intravenous drug use	78 (48.8%)	120 (61.9%)
Period of abstinence	46 (28.8%)	60 (30.9%)
Veteran	---	23 (11.9%)
Previous medical treatment	75 (46.9%)	125 (64.4%)
Previous mental health history	---	88 (45.4%)
Previous detoxification treatment	49 (30.6%)	93 (47.9%)
Previous incarcerations	29 (18.1%)	78 (40.2%)
Previous arrests	32 (20.0%)	83 (42.8%)
Previous law enforcement contact	23 (14.4%)	73 (37.6%)
Enrolled in Drug Court	---	6 (3.1%)
OARRS report on file	---	141 (72.7%)
History of doctor shopping	---	51 (36.2%)
RECOMMENDATIONS, n(%)		
Education	97 (60.6%)	145 (74.7%)
Project DAWN	96 (60.0%)	120 (61.9%)
OARRS	---	51 (26.3%)

Since 2012, more people died in Cuyahoga County from drug overdoses than from motor vehicle accidents, homicides or suicides. Aside from falls, heroin related overdose deaths account for the highest cause of accidental deaths in Cuyahoga County. The rise in prescription opiate pain reliever use has mirrored a rise in overdose deaths. Steps taken to reduce opiate pain reliever use and diversion 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 194 in 2013. Heroin now accounts for nearly sixty percent of overdose deaths in the County, compared to eighteen percent in 2007.

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 single or divorced (86%), middle aged - from 45-60 years old (40%), Caucasian (85%) males (73%) but female cases have roughly doubled, from fifteen to twenty-seven percent since 2007. Also, those working in the physical labor and trades comprise nearly 40% of the occupations of the victims of heroin related overdose deaths in 2012 and 2013.

Individuals between the ages nineteen and twenty-nine account for nearly a quarter of all heroin related cases today, compared with a little over 7 percent in 2007. Heroin mortality is also not strictly an urban problem; a majority of heroin overdose deaths are suburban. More than half of the 2013 heroin overdoses 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 the final 2013 heroin overdoses, with reference to the 2012 overall statistics. Statistical trends seem to hold for the most part from 2012 to 2013. Any major differences suggest that better point of contact information was gathered due to primary source informants from medical and law enforcement communities.

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Data was abstracted from Medical Examiner case files for the record 194 overdose deaths files that occurred in 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 uniformly 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" (defined as 5 or more prescribing physicians within 1 year) 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 history 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 factors may contribute to this trend, it may provide some evidence for continued support of the Project DAWN initiative. Use of this data also was provided in testimony to the Ohio State legislature, which passed HB 170 to allow naloxone distribution by first responders and family members.

Improved data collection methodology for 2013 also details an increased number of decedents who may have benefitted from educational intervention. These data 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 data continue to suggest several potential intervention strategies and point to the need for further and improved data collection.