

# The Heroin and Opioid Epidemic in Northeast Ohio: One Year Report to the Community



THE UNITED STATES ATTORNEY'S OFFICE  
NORTHERN DISTRICT *of* OHIO



Public Health  
Prevent. Promote. Protect.



Cleveland Clinic



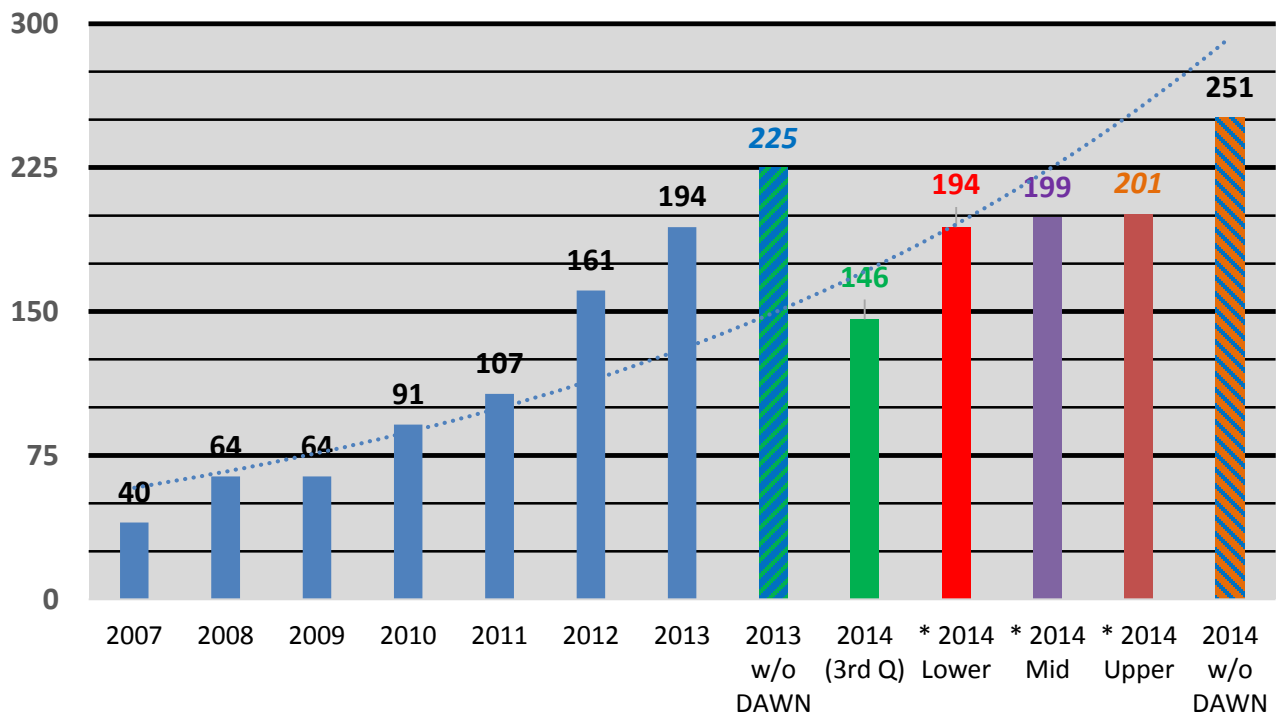
# **The Heroin and Opioid Epidemic in Northeast Ohio: One Year Report to the Community**

**November 2014**

## **INTRODUCTION**

The Heroin Summit, held November 2013 at the Cleveland Clinic, signaled a major call to action to address the growing public health emergency presented by heroin use and overdose deaths. Despite the year-long focus, deaths due to heroin and opioids, in part or in full, continue to proliferate in Cuyahoga County, around Ohio and across the nation. Despite the disappointing and tragic number of deaths, a wide variety of measures have been undertaken or are in development, without which, we believe the death toll may have been higher.

## Cuyahoga County Heroin Related Overdose Deaths 2007-2013; Projections for 2014 based upon 3rd Qtr.



Source: Cuyahoga County Medical Examiners Office November 20, 2014

### Cuyahoga County Heroin Initiative Strategies and Tactics

Following the November 2013 Heroin Summit, several working groups continued to meet and focus on the development or expansion of existing strategies to combat the heroin and opioid crisis. Major strategies and accompanying tactics are organized under the four working group areas but many are cross-jurisdictional and multi-disciplinary in nature. Also, some strategies and tactics were more immediate while others remain longer term and require additional resources and development.

Part One includes tactics already implemented and on-going efforts to improve the health of Cuyahoga County's communities and families by reducing heroin-related deaths, abuse and the opioid prescription drug misuse that leads to greater heroin use and the consequences associated with this public health epidemic.

Part Two are the tactics that are proposed and require longer term attention and additional resources for effective implementation.

## PART ONE

### **Strategy 1: Reduce Illicit Acquisition of Heroin and Diversion of Prescription Drugs** **PREVENTION & EDUCATION**

- Proper storage and disposal options of prescription opiates and appropriate accompanying public messaging (e.g., permanent drop boxes, take-back events). *46 drop boxes exist in 41 communities in Cuyahoga County and drop off events continue to be held and publicized. To date, more than 13,000 pounds of pills have been collected from the drop box program and at various prescription drop off events.*

### **HEALTH CARE POLICY**

- Increased use of the Prescription Drug Monitoring Program OARRS (sign-up, use). *To date, legislative action by State of Ohio, in the form of HB341, has added some conditions for increased required use of OARRS, to require patient charts to be updated with OARRS reports and to extend to dentists, nurse practitioners and optometrists when prescribing schedule II drugs like opioids.*
- Provide for the cost of and training for Naloxone distribution for first responders. *Project DAWN has nearly 1,000 registrants and has documented nearly 100 reversals since inception with the support of Metro Hospitals and Cuyahoga County. Passage of HB 170 was key to allowing a wider distribution of naloxone for first responders especially. Cuyahoga County and CCMEO providing funds for a variety of regional cooperative law enforcement groups to purchase initial supply of naloxone for officer use.*
- Enforce compliance of present standards for Admin Rule 4731.21. *Existing administrative rules require patient notification and understanding of the risks of prescription opioids.*

### **LAW ENFORCEMENT**

- Federal/State/Local law enforcement will continue to use all assets to prosecute heroin trafficking organizations in the Northern Ohio area.
  - The goal will remain to prosecute, where appropriate, culpable heroin traffickers for manslaughter in state court or to seek mandatory minimum sentences based on a death specification at the federal level. *Currently three federal death-spec cases prosecuted or in process with sentences ranging from 12 to 20 years. Cuyahoga County prosecutors have filed eight heroin-related manslaughter indictments since the summit.*
- The Heroin Involved Death Investigation initiative is being deployed in Cuyahoga County in response to the high number of deaths. Other localities are encouraged to develop similar initiatives.
  - The Cuyahoga County Sheriff, Prosecutor and Medical Examiner, the Cleveland Division of Police and the United States Attorney's Office will continue to work together on heroin overdose death investigations. *Five large scale operations resulted in 129 people indicted.*
  - Includes additional specialized/enhanced training – *To date, trainings held cover 26 LE agencies representing 90 percent of heroin related deaths in County.*
- Heroin Involved Death Investigation protocols are in place for all suspected heroin related deaths. *Details of which are law enforcement sensitive investigatory materials and not for public dissemination, but heroin overdose deaths are being investigated for possible criminal charges where appropriate.*

### **Strategy 3: Enhance Rx drug practice and policies in law enforcement.**

#### **HEALTH CARE POLICY**

- Improve coding structure of data management systems for tracking Rx crimes.
- Promote uniformity of practice through State Coroners Association and State of Ohio to identify heroin deaths specifically where possible, as well as deaths caused by other opiate/opioids *State-wide data is now collected by state agencies such as Ohio Attorney General and Ohio Department of Health on a regular basis. Discussion among coroner/medical examiners offices continue to work towards uniformity of practice.*
- Promote greater and sustained coordinated efforts between government, medical, treatment, and law enforcement communities to utilize data to combat the heroin crisis. *A number of forums and discussions have taken place in the past year, with multiple jurisdictions outside of Cuyahoga County, to provide insight into strategies employed here. Summit, Franklin, Hamilton and Montgomery Counties in particular as well as presentation at Attorney General's Statewide Law Enforcement Conference.*

### **Strategy 4: Increase public awareness and patient education about the risks of Heroin and Rx drug misuse and pain management expectations.**

#### **PREVENTION AND EDUCATION**

- Establish a community education plan that highlights the dangers and warning signs of heroin use and overdose death; treatment options; and support groups, resources and prevention opportunities.
  - Utilize social media to provide information about the epidemic, stressing the connection between prescription pills and heroin. *Nearly all partners have engaged use of their collective web presence to provide greater access to information and to raise public awareness.*
  - Media dissemination to create a sense of urgency about the Heroin and Rx misuse and abuse problem in Cuyahoga County. *A number of mass media efforts have been undertaken, by ADAMHS (billboard and radio ads) and County Prosecutor (video), as well as a greater overall push for news media stories. # spent and # impressions estimated.*
  - Town Hall meetings/community forums in different municipalities. *To date, speakers have visited nearly 100 events to speak on the heroin crisis.*

#### **HEALTH CARE POLICY**

- Support legislation to promote disclosure of addiction risks of opiates and other schedule II controlled substances. *OAC 4731.21 established guidelines for risk disclosures to patients. Needs to be strengthened.*

#### **LAW ENFORCEMENT**

- Law enforcement will continue to encourage community involvement in addressing the heroin epidemic. Involvement begins with educating the community regarding the heroin problem and identifying how individuals and organizations can assist law enforcement. *Members have attended dozens of appearances at schools, churches, community centers.*

## **Strategy 5: Enhance assessment and referral to substance abuse treatment**

### **HEALTH CARE POLICY**

- Additional drug courts and more coordination with treatment. *Addition of another drug court judge in Cuyahoga County planned for 2015. Drug Court has graduated 59 people this year.*

### **LAW ENFORCEMENT**

- For heroin users, law enforcement will continue to work with the courts to seek diversion and treatment as an alternative to incarceration.
  - Drug abuse charges will be used to focus attention on an individual's addiction and recognize a developing problem for both the addict and his/her family and encourage court interventions to extend any monitoring period or supervision of heroin users to keep them accountable. *Cuyahoga County referred 100 people to Drug Court this year.*
  - Law enforcement also will explore options to provide information to heroin users for immediate treatment options and resources.

Part Two are the tactics that are proposed and require longer term attention and additional resources for effective implementation.

## **PART TWO**

### **Strategy 1: Reduce Illicit Acquisition of Heroin and Diversion of Prescription Drugs**

#### **PREVENTION & EDUCATION**

- Proper storage and disposal options of prescription opiates and appropriate accompanying public messaging (e.g., permanent drop boxes, take-back events)
- Conduct pilot prevention programs in high-risk areas.
  - Identify high-risk areas and develop intensive plan targeting those areas.
  - Establish community task force to take the lead on implementation.

#### **HEALTH CARE POLICY**

- Increased use of the Prescription Drug Monitoring Program OARRS (sign-up, use)
- Promote mandatory medical student education to include additional training requirements on pain management and opiate use.
- Establish some mandatory requirement for adding continuing medical education (CME) on opiate use.
- Enforce compliance of present standards for Admin Rule 4731.21 and advocate that they be updated and revised to include:
  - 100 MED limit; special form explaining need to exceed 100 MED; sent to pharmacy and renewed every six months.
  - Mandatory OARRS review every three months.
  - Compliance checklist, renewed every six months, for opiate preauthorization filled out and sent to pharmacy.

**Strategy 2: Promote responsible prescribing of Rx opioids, benzodiazepines and other schedule II controlled substances.**

**PREVENTION & EDUCATION**

- Develop a Patient Education module
  - Collaborate with pharmacies to inform customers of proper prescription drug disposal.
  - Meet with officials from Wal-Mart, Target and other retail chains that offer pharmacy services.
  - Distribute Prescriber's Toolkit.
  - Work with other groups that frequently confront prescription drugs, including embalmers, hospice providers and other local businesses.

**HEALTH CARE POLICY**

- Adopt uniform chronic benign pain management guidelines, especially for Emergency Departments, thus strengthening the Ohio Opioids and Other Controlled Substances guidelines to include
  - Acute pain prescriptions only in 10-day increments.
  - Photo ID requirement.
  - Underage parental consent for opiate/opioid treatment of pain.
  - Special license or permit for pain management clinics.

**TREATMENT**

- Balance competing priorities of pain management, addiction and patient satisfaction scores

**Strategy 3: Enhance Rx drug practice and policies in law enforcement.**

**HEALTH CARE POLICY**

- Advocate for drafting and passage of Good Samaritan Law (no harm/liability for reporting overdoses) by 2015.

**LAW ENFORCEMENT**

- Educate law enforcement partners regarding federal forfeiture in drug trafficking cases for equitable sharing purposes and return of money to localities to assist law enforcement in addressing this problem

**Strategy 4: Increase public awareness and patient education about the risks of Heroin and Rx drug misuse and pain management expectations.**

**PREVENTION AND EDUCATION**

- Establish a community education plan that highlights the dangers and warning signs of heroin use and overdose death; treatment options; and support groups, resources and prevention opportunities.
  - Produce materials to distribute to local school boards, PTA/O meetings, places of worship, community centers and local colleges.

- Initiate a dialogue with the Greater Cleveland Partnership and Downtown Cleveland Alliance to raise awareness of the prevalence of prescription drug and heroin abuse.
- Engage instructors who train health, social service and education professionals.

## **LAW ENFORCEMENT**

- Law enforcement will continue to encourage community involvement in addressing the heroin epidemic. Involvement begins with educating the community regarding the heroin problem and identifying how individuals and organizations can assist law enforcement.

## **TREATMENT**

- Educate the treatment community about MAT to increase support for its use.

## **Strategy 5: Enhance assessment and referral to substance abuse treatment**

### **HEALTH CARE POLICY**

- Commitment to increased local treatment capacity.
- Enforcement of parity rules for treatment providing for:
  - Partial hospitalization.
  - Detoxification.
  - Intensive outpatient.

### **TREATMENT**

- Create a model for MAT that assists the community toward a combination of MAT, treatment, and 12-step programs.
- Increase public and private funding for treatment slots in the following settings:
  - Detoxification.
  - Suboxone clinics.
  - Methadone clinics.
  - Intensive outpatient treatment.
  - Residential treatment.
  - Sober housing.
- Work with public and private insurance companies to gain true parity for addiction treatment.
- Work with Medicaid to turn on the SBIRT codes in Ohio.
- Train clinicians in SBIRT (Screening, Brief Intervention and Referral to Treatment) so they can recognize the disease of addiction/substance use disorder.
- Train clinicians in Motivational Interviewing so they can respond effectively to clients who are not-yet-ready to change behavior.
- Increase the number of addiction psychiatrists and addiction medicine doctors working in treatment agencies.