

Ohio Substance Abuse Monitoring Network

Heroin Abuse Continues to Rise in Ohio

June 2013



John R. Kasich, Governor
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Heroin Overdose Increasing among Young, White Females

According to 2011 Ohio Drug Overdose Data published by Ohio Department of Health in April 2013 (<http://www.healthyohioprogram.org/vipp/data/rxdata>), unintentional drug overdose deaths rose 440 percent from 327 deaths in 1999 to 1,765 deaths in 2011 (the highest number of overdose deaths on record for a single year); and of overdose deaths in 2011, greater than two-thirds were associated with opiates (44.7% prescription opioids and 24.1% heroin).

As of January 2013, prescription opioids and heroin continued to remain highly available throughout Ohio. OSAM data indicates heroin availability continuing to increase in most regions (see Table 1), while the high availability of prescription opioids has remained the same (see Table 2). Participants continued to note changes to the formulation of some prescription opioids, aimed at making them more difficult to abuse, as causing users to switch to heroin. Treatment providers note the fact that heroin is cheaper than prescription opioids as the reason for the increase in popularity and availability of heroin. Many participants with experience using heroin report using prescription opioids first which seemingly led to heroin use; treatment providers also mentioned the glut of prescription opioids and the pill progression from prescription opioids to heroin users often undergo.

Table 1. Change in Heroin Availability by OSAM Region and Reporting Period*

Region	Jan-11	Jul-11	Jan-12	Jul-12	Jan-13
Akron/Canton	↑	↑	↑	↑	↑
Athens	↑	↑	↑	↑	↑
Cincinnati	↑	↑	↑	↑	↑
Cleveland	↑		↑	↑	↑
Columbus	↑			↑	↑
Dayton	↑	↑	↑	↑	
Toledo	↑	↑	↑	↑	↑
Youngstown	↑	↑	↑	↑	

* The symbol ↑ indicates increased availability of heroin; no symbol indicates that availability remained the same (highly available).

Table 2. Change in Prescription Opioid Availability by OSAM Region and Reporting Period*

Region	Jan-11	Jul-11	Jan-12	Jul-12	Jan-13
Akron/Canton	↑		↓	↑	
Athens		↑			
Cincinnati					
Cleveland	↑				
Columbus	↑	↑	↓		
Dayton	↑		↓		
Toledo					
Youngstown	↑			↑	

* The symbol ↑ indicates increased availability of prescription opioids, while the symbol ↓ indicates decreased availability; no symbol indicates that availability remained the same (highly available).

According to the 2012 Heroin Overdose Death Report recently published by the Medical Examiner's Office of Cuyahoga County (<http://medicalexaminer.cuyahogacounty.us>), heroin is involved in more deaths in Cuyahoga County than homicide. Heroin overdose deaths went from 40 in 2007 to 160 in 2012; heroin now accounts for 50 percent of overdose deaths in Cuyahoga County.

As reported by OSAM participants and community professionals, heroin overdose is a common occurrence throughout regions. A Miami Valley Regional Crime Lab representative (Dayton Region) reported, "Our number of overdose is more than I ever remember. I mean it's through the roof." Participants and community professionals reflected on the link between periods of abstinence and overdose. A community professional reported, "They [heroin users] get out of treatment ... or get released from jail and two days later ... you are dead [from an overdose]." Reportedly, this trend is especially rampant among young females. A community professional stated, "Young, White females ... that's who's hitting the obituaries right now [overdosing and dying on heroin]."

While the Medical Examiner's Office of Cuyahoga County reported that the vast majority of overdose victims remain White males, White females now account for 25 percent of victims. In addition, users aged 19-29 years currently account for 25 percent of fatalities, the majority of overdose deaths occur in suburban communities, and overdose appears to be associated with a period of abstinence (either victim was incarcerated or participated in drug treatment prior to overdosing). Diminished tolerance is likely the cause of many overdose deaths. A Cuyahoga County Medical Examiner's staff member reported, "People coming out of rehab go back to using opiates at the same level they were using before they went in. A day or two after coming out of rehab, they're dead."

Most OSAM participants have lost a friend or family member to overdose or have personally overdosed. A community professional commented, "If it weren't for Narcan® [naloxone - opiate antidote], there'd be a whole lot more [overdoses]." Indicative of the increasing occurrence of overdose, the number of naloxone administrations by Ohio's Emergency Medical Services (EMS) has also increased since 2011 (see Table 3). Note preliminary data for the first half of 2013 indicates an increase in naloxone administrations of 133 percent for the Columbus Region from July 2012. Another hot spot in EMS data is Lorain County (Cleveland Region) where the number of naloxone administrations increased 217 percent from 86 in July 2012 to 187 thus far for the first half of 2013.

Table 3. Naloxone Administrations by OSAM Region and Reporting Period*

Region	Jan-11	Jul-11	Jan-12	Jul-12	Jan-13**
Akron/Canton	408	450	443	422	223
Athens	150	143	115	94	27
Cincinnati	1163	1104	1704	1653	1123
Cleveland	851	793	705	692	507
Columbus	488	481	760	984	1308
Dayton	841	893	841	894	297
Toledo	212	226	226	285	166
Youngstown	223	260	277	323	163

* Data Source: Ohio Department of Public Safety, Division of Emergency Medical Services, EMS Incident Reporting System.

**Data collection for the January 2013 reporting period is currently ongoing. Therefore, case numbers are incomplete.

Naloxone saves lives—overdose can be reversed. Project DAWN (Deaths Avoided With Naloxone), sponsored by the Ohio Department of Health, provides free naloxone kits to opiate users. Currently, naloxone kits are furnished to users at two Project DAWN sites: The Free Clinic of Greater Cleveland (www.thefreeclinic.org) and the Portsmouth City Health Department (Scioto County) (www.portsmouthhealthdept.org). Potential Project DAWN sites include: Lorain, Montgomery and Stark Counties (<http://bit.ly/projectdawn>).

Users need to understand the heightened danger of opiate use after a period of abstinence.

Naloxone needs to be accessible to those at risk for overdose.