

Ohio

Governor's Cabinet
Opiate Action Team



Promoting Wellness and Recovery

John R. Kasich, Governor
Tracy J. Plouck, Director

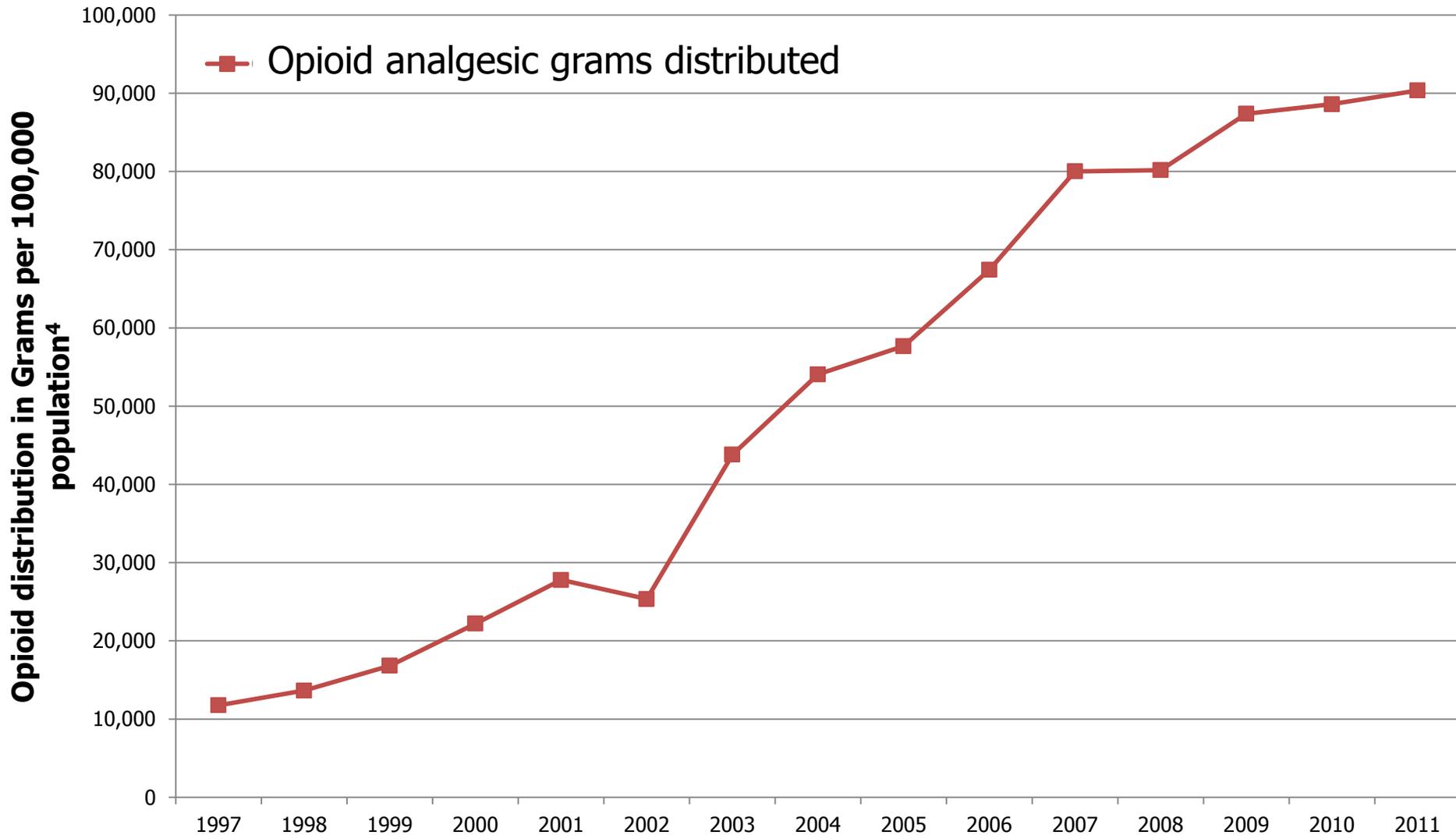
Ohio's Opiate Epidemic

Partners for Ohio's Families

August 20, 2014

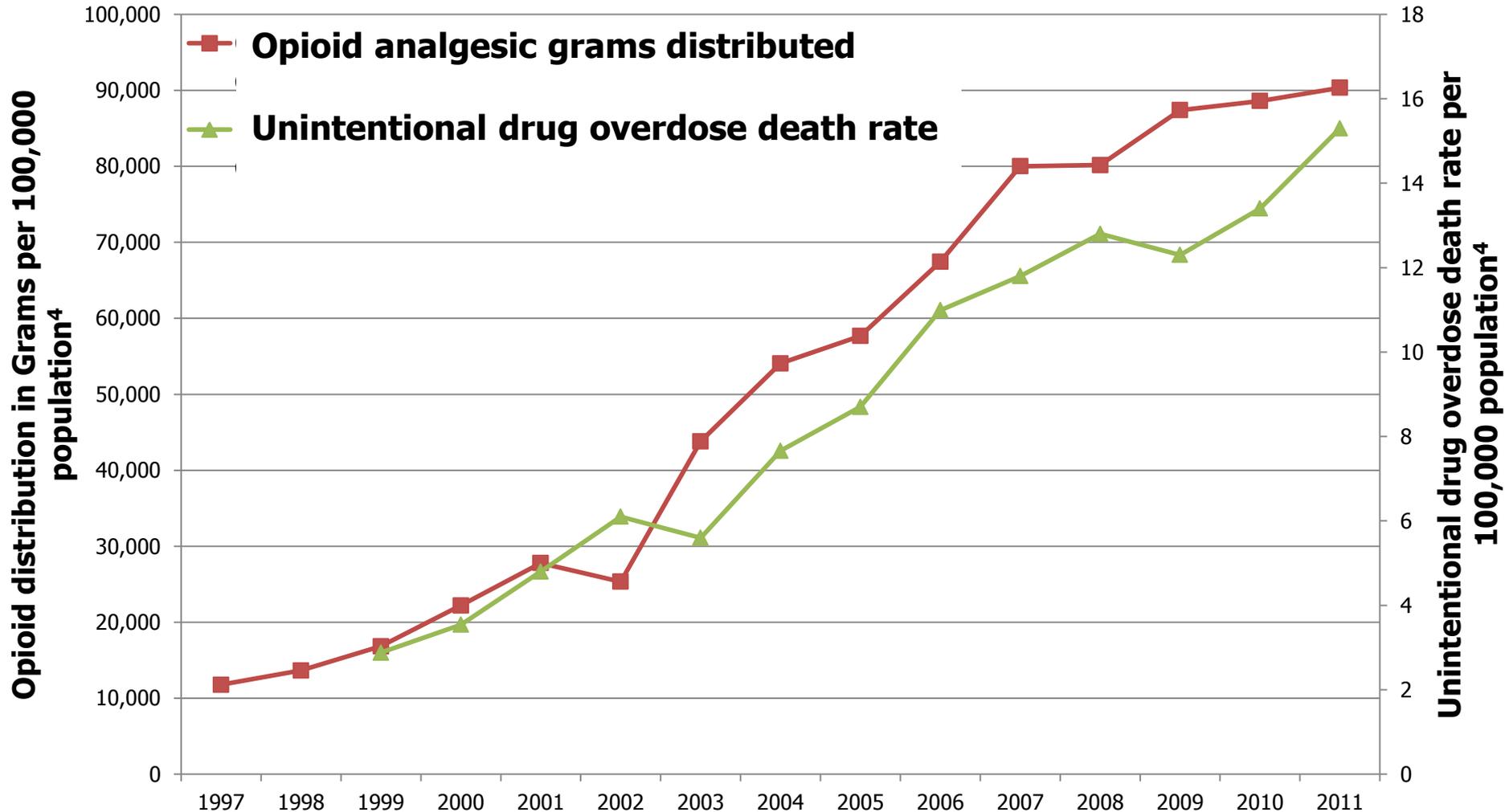
Orman Hall, Director
Governor's Cabinet Opiate Action Team

Distribution Rates of Prescription Opioids in Grams per 100,000 population, Ohio, 1997-2011¹⁻³



Sources: 1. Ohio Vital Statistics; 2. DEA, ARCOS Reports, Retail Drug Summary Reports by State, Cumulative Distribution Reports (Report 4) Ohio, 1997-2011 http://www.deadiversion.usdoj.gov/arcos/retail_drug_summary/index.html; 3. Calculation of oral morphine

Unintentional Drug Overdoses & Distribution Rates of Prescription Opioids in Grams per 100,000 population, Ohio, 1997-2011¹⁻³



Sources: 1. Ohio Vital Statistics; 2. DEA, ARCOS Reports, Retail Drug Summary Reports by State, Cumulative Distribution Reports (Report 4) Ohio, 1997-2011 http://www.deadiversion.usdoj.gov/arcos/retail_drug_summary/index.html; 3. Calculation of oral morphine

Prescription Opioid Doses per Capita

Ohio's Automated Rx Reporting System - 2013

Legend

 ADAMHS Board

Doses Per Capita

 22.0 - 61.2

 61.3 - 84.0

 84.1 - 117.6

Map Information:

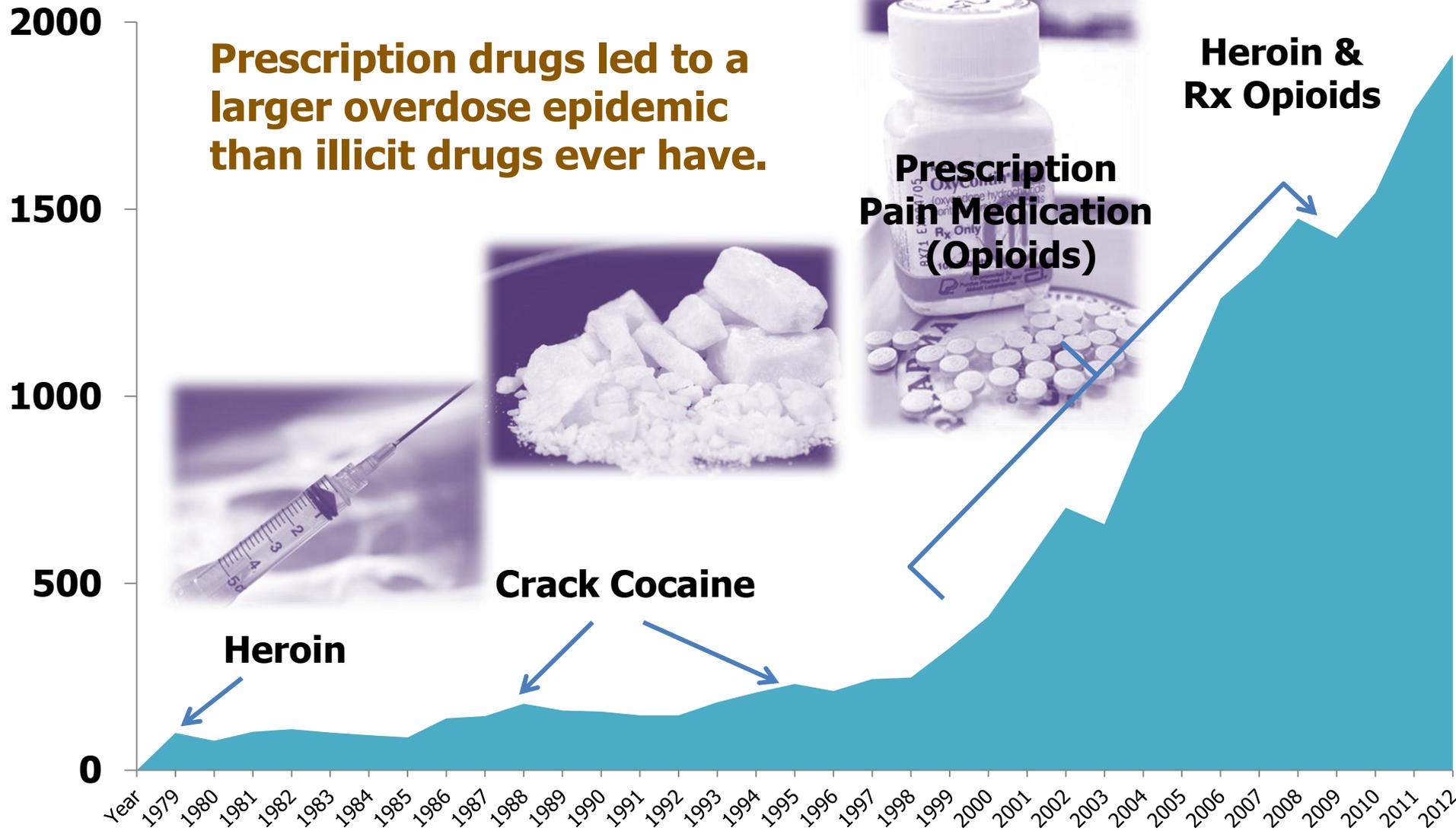
This map displays per capita prescription opioid consumption. In 2013, the statewide average per capita dosage rate was 64.9 doses for every man, woman and child. Counties with the highest per capita rates were Jackson (117.6), Perry (106.1) and Vinton (105.9). Counties with the lowest per capita dosage rates were Holmes (22.0), Mercer (38.5) and Geauga (41.8). Per capita rates are based on oral solids and transdermal patches. All opioid solutions and most buprenorphine combinations are excluded from the analyses except for Butrans, which is primarily used for pain management and not medication assisted treatment.

Note: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.

Data Source:
Data adapted by OhioMHAS from
The Ohio State Board of Pharmacy
Map produced May 2014



Epidemics of Unintentional Drug Overdoses in Ohio, 1979-2012^{1,2,3}



Source: ¹WONDER (NCHS Compressed Mortality File, 1979-1998 & 1999-2005) ²2006-2011 ODH Office of Vital Statistics, ³Change from ICD-9 to ICD-10 coding in 1999 (caution in comparing before and after 1998 and 1999)

Treatment Admissions



Unduplicated Admissions for Opiate Abuse and Dependence

Ohio MACSIS Data - State Fiscal Year (SFY) 2003

Legend

 ADAMHS Board

Opiate Addicts (%)

 0.0% - 3.0%

 3.1% - 6.7%

 6.8% - 16.3%

Map Information:

This map represents the percentage of clients in treatment with an opiate-related diagnosis (heroin and prescription opioid). On average, 8.6 percent of client admissions statewide were associated with a primary diagnosis of opiate abuse or dependence in SFY 2003. The highest concentrations of opiate admissions were in Cuyahoga (16.3%), Mahoning (15.8%) and Montgomery (14.9%) counties. Paulding, Putnam and Wyandot counties did not have residents with any opiate-related admissions in the public behavioral health system.

Note: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.

Data Source:
Data from Multi Agency Community Information Systems (MACSIS)
Map produced March 2014



Unduplicated Admissions for Opiate Abuse and Dependence

Ohio MACSIS Data - State Fiscal Year (SFY) 2005

Legend

 ADAMHS Board

Opiate Addicts (%)

 1.0% - 3.0%

 3.1% - 6.7%

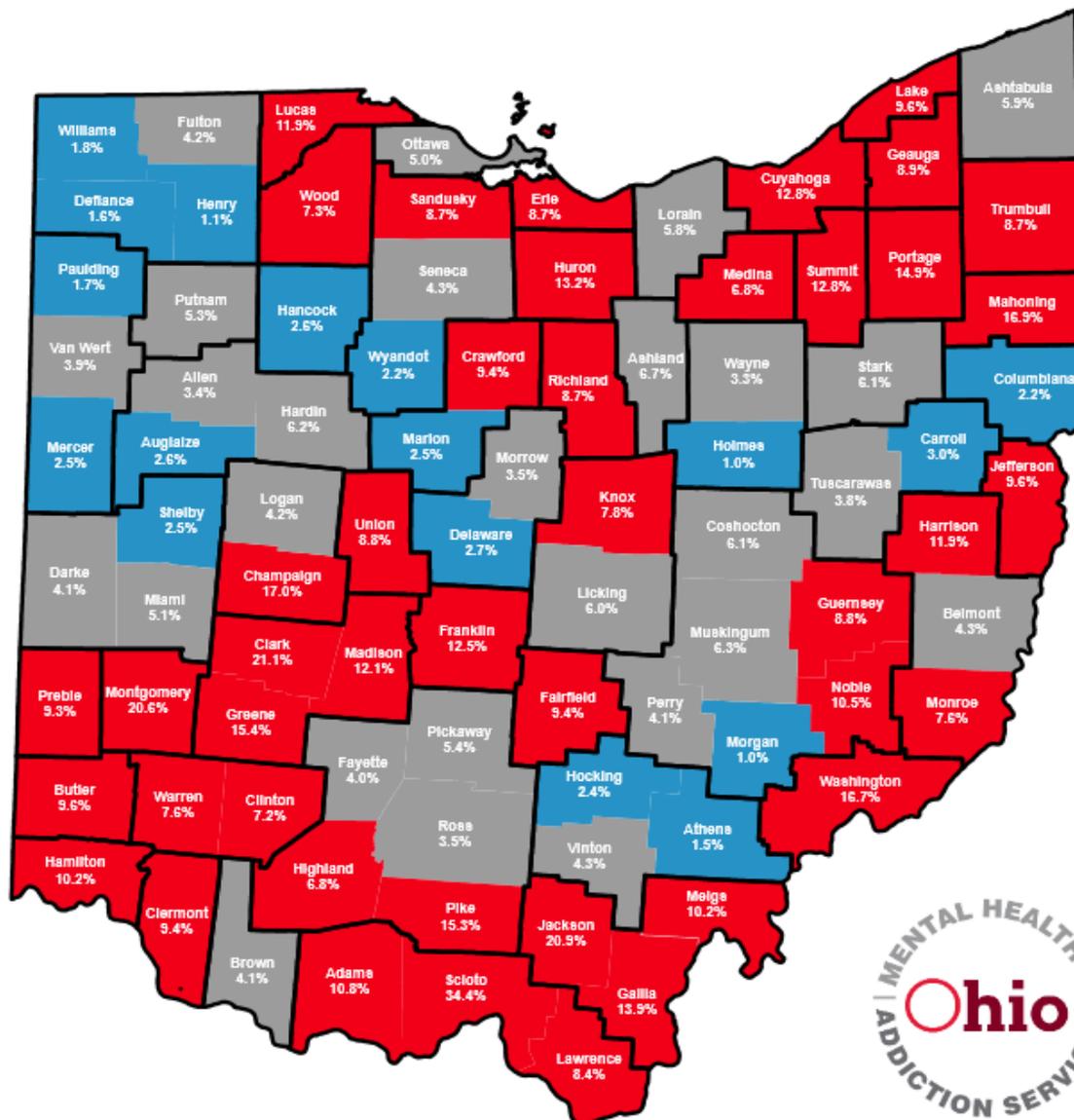
 6.8% - 34.4%

Map Information:

This map represents the percentage of clients in treatment with an opiate-related diagnosis (heroin and prescription opioid). On average, 10.6 percent of client admissions statewide were associated with a primary diagnosis of opiate abuse or dependence in SFY 2005. The highest concentrations of opiate admissions were in Scioto (34.4%), Clark (21.1%) and Jackson (20.9%) counties. The counties with the lowest concentrations of opiate-related admissions were Holmes (1.0%), Morgan (1.0%) and Henry (1.1%).

Note: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.

Data Source:
Data from Multi Agency Community
Information Systems (MACSIS)
Map produced March 2014



Unduplicated Admissions for Opiate Abuse and Dependence

Ohio MACSIS Data - State Fiscal Year (SFY) 2009

Legend

 ADAMHS Board

Opiate Addicts (%)

 2.3% - 3.0%

 3.1% - 6.7%

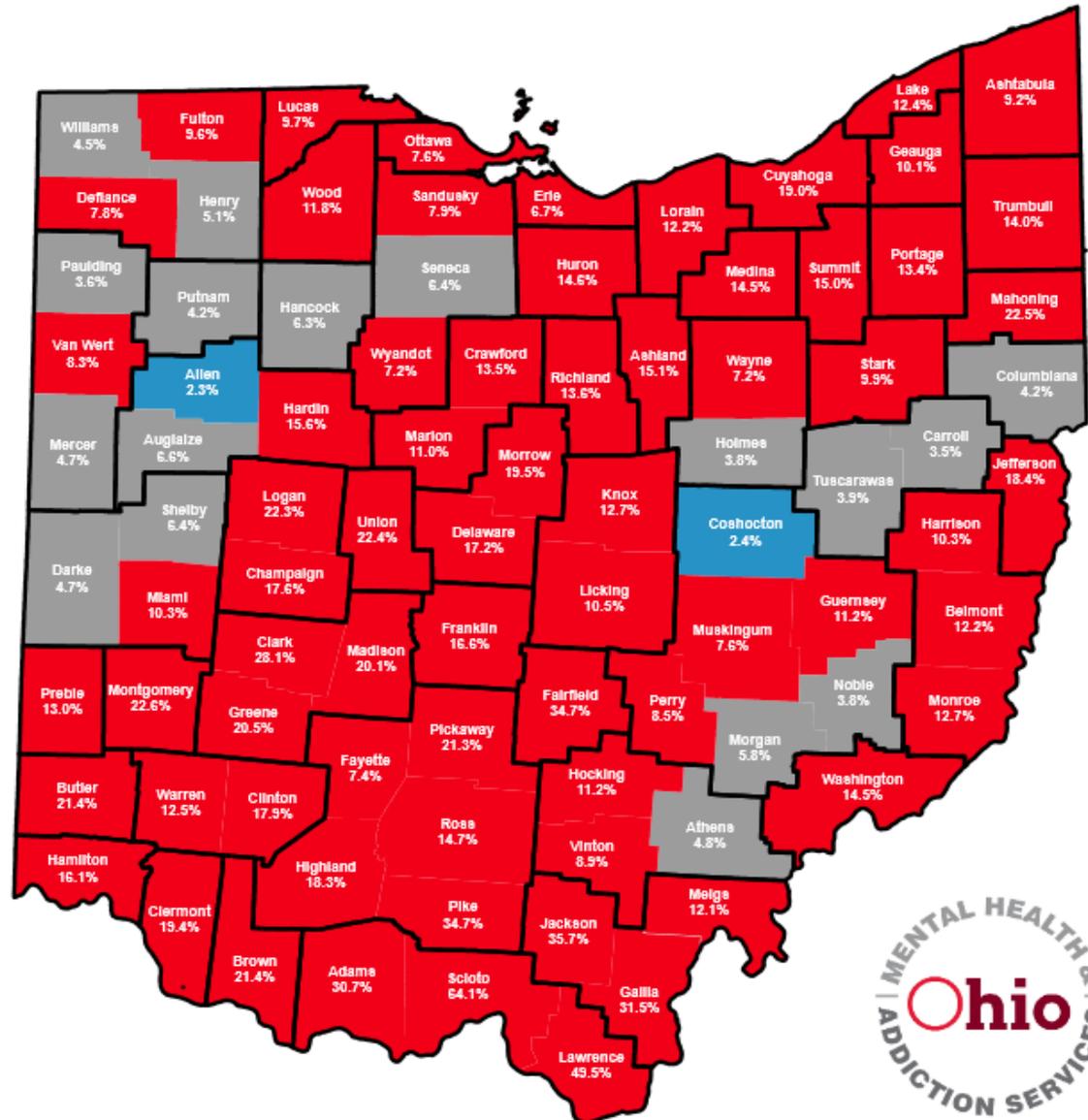
 6.8% - 64.1%

Map Information:

This map represents the percentage of clients in treatment with an opiate-related diagnosis (heroin and prescription opioid). On average, 15.4 percent of client admissions statewide were associated with a primary diagnosis of opiate abuse or dependence in SFY 2009. The highest concentrations of opiate admissions were in Scioto (64.1%), Lawrence (49.5%) and Jackson (35.7%) counties. The counties with the lowest concentrations of opiate-related admissions were Allen (2.3%), Coshocton (2.4%) and Carroll (3.5%).

Note: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.

Data Source:
Data from Multi Agency Community
Information Systems (MACSIS)
Map produced March 2014



Unduplicated Admissions for Opiate Abuse and Dependence

Ohio MACSIS Data - State Fiscal Year (SFY) 2011

Legend

 ADAMHS Board

Opiate Addicts (%)

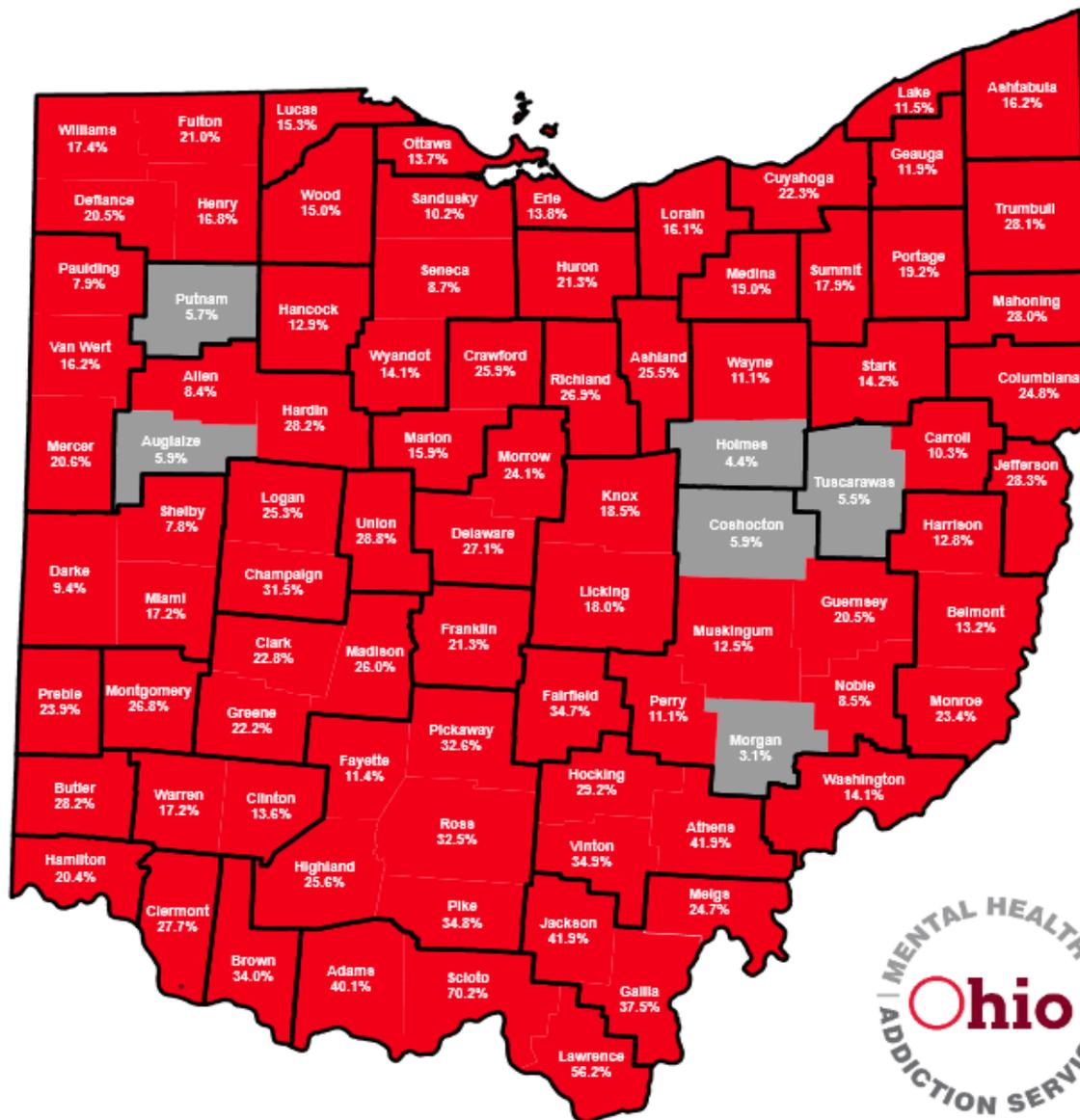
 3.1% - 6.7%

 6.8% - 70.2%

Map Information:

This map represents the percentage of clients in treatment with an opiate-related diagnosis (heroin and prescription opioid). On average, 21.3 percent of client admissions statewide were associated with a primary diagnosis of opiate abuse or dependence in SFY 2011. The highest concentrations of opiate admissions were in Scioto (70.2%), Lawrence (56.2%) and Athens (41.9%) counties. The counties with the lowest concentrations of opiate-related admissions were Morgan (3.1%), Holmes (4.4%) and Tuscarawas (5.5%).

Note: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.



Data Source:
Data from Multi Agency Community Information Systems (MACSIS)
Map produced March 2014

Unduplicated Admissions for Opiate Abuse and Dependence

Ohio MACSIS Data - State Fiscal Year (SFY) 2012

Legend

 ADAMHS Board

Opiate Addicts (%)

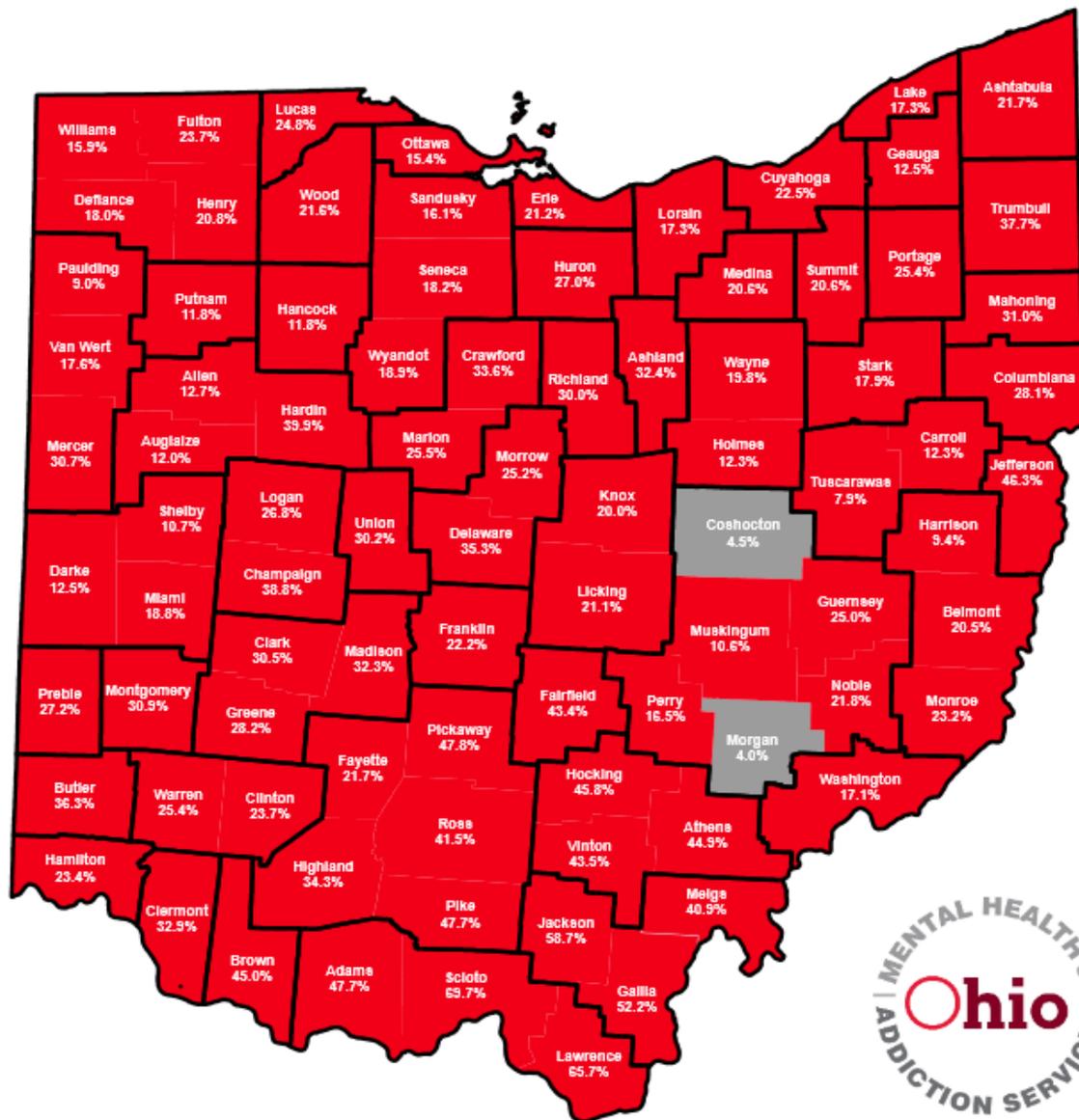
 4.0% - 6.7%

 6.8% - 69.7%

Map Information:

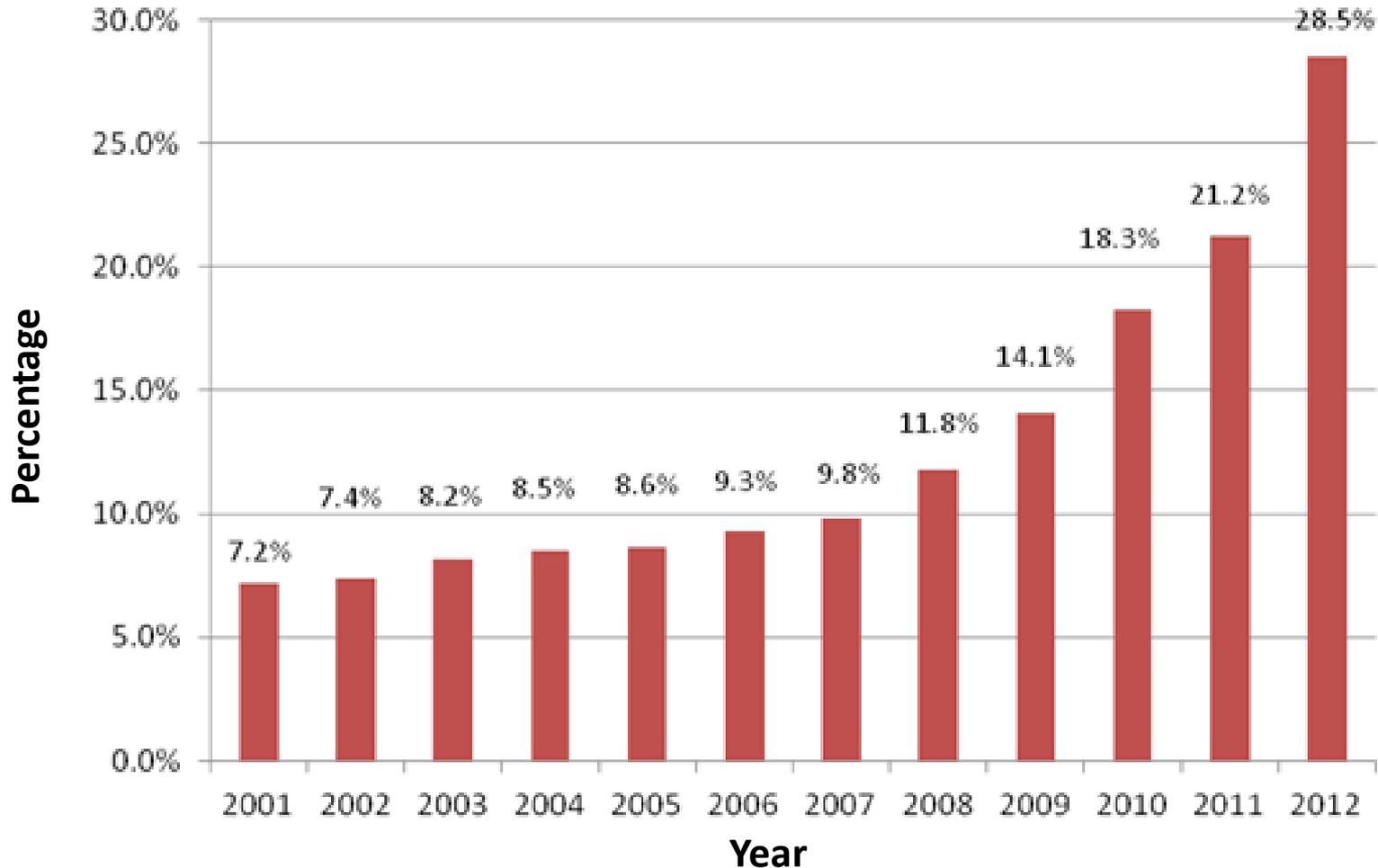
This map represents the percentage of clients in treatment with an opiate-related diagnosis (heroin and prescription opioid). On average, 25.2 percent of client admissions statewide were associated with a primary diagnosis of opiate abuse or dependence in SFY 2012. The highest concentrations of opiate admissions were in Scioto (69.7%), Lawrence (65.7%) and Jackson (58.7%) counties. The counties with the lowest concentrations of opiate-related admissions were Morgan (4.0%), Coshocton (4.5%) and Tuscarawas (7.9%).

Note: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.



Data Source:
Data from Multi Agency Community
Information Systems (MACSIS)
Map produced March 2014

Percentage of AoD Clients with an Opiate Diagnosis: SFY 2001 through SFY 2012



Data Source: Multi-Agency Community Services Information System (Claims), SFY 2001-SFY2010, Note: SFY 2011 and SFY 2012 data are preliminary

Hot Spot Analysis by Zip Code - Prescription Opioids

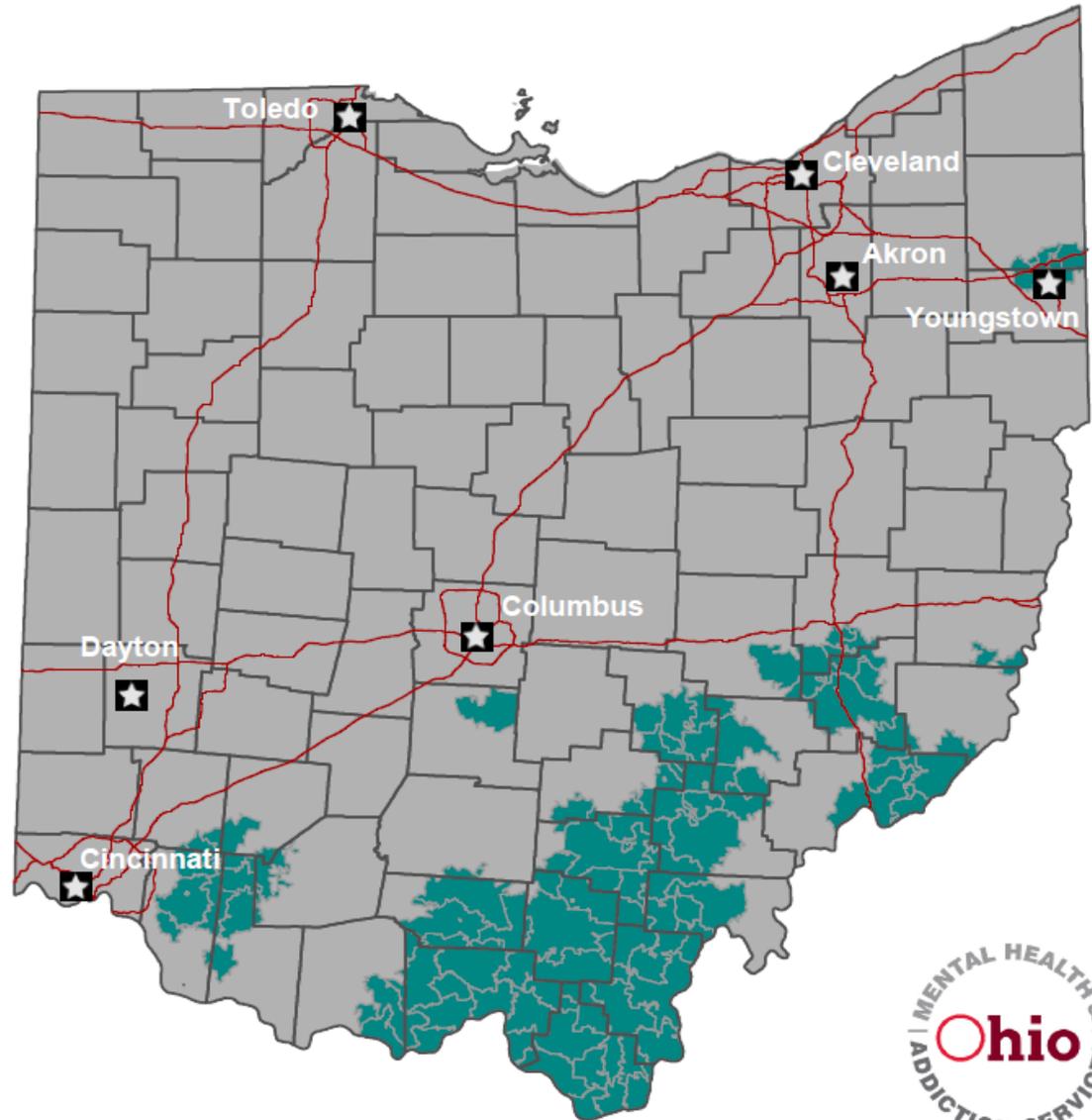
Unique Clients per 10,000 Persons - State Fiscal Year 2010

Legend

- Interstate
- Rx Opioid Cluster
- No Cluster

Map Information:

This map uses hot spot analysis to display the rate of unique clients who list prescription opioids as a primary, secondary or tertiary drug of choice per 10,000 persons. Hot spots represent clusters of statistically high values and are colored teal. The highest rates of unique clients per 10,000 persons are in zip codes from Portsmouth (45662; 81.07), Portsmouth (45663; 63.59), Wellston (45692; 54.71), Jackson (45640; 51.38) and Oak Hill (45656; 49.71). Zip codes with rates based on fewer than 25 clients are not included in this list for purposes of confidentiality.



Hot Spot Analysis by Zip Code - Prescription Opioids

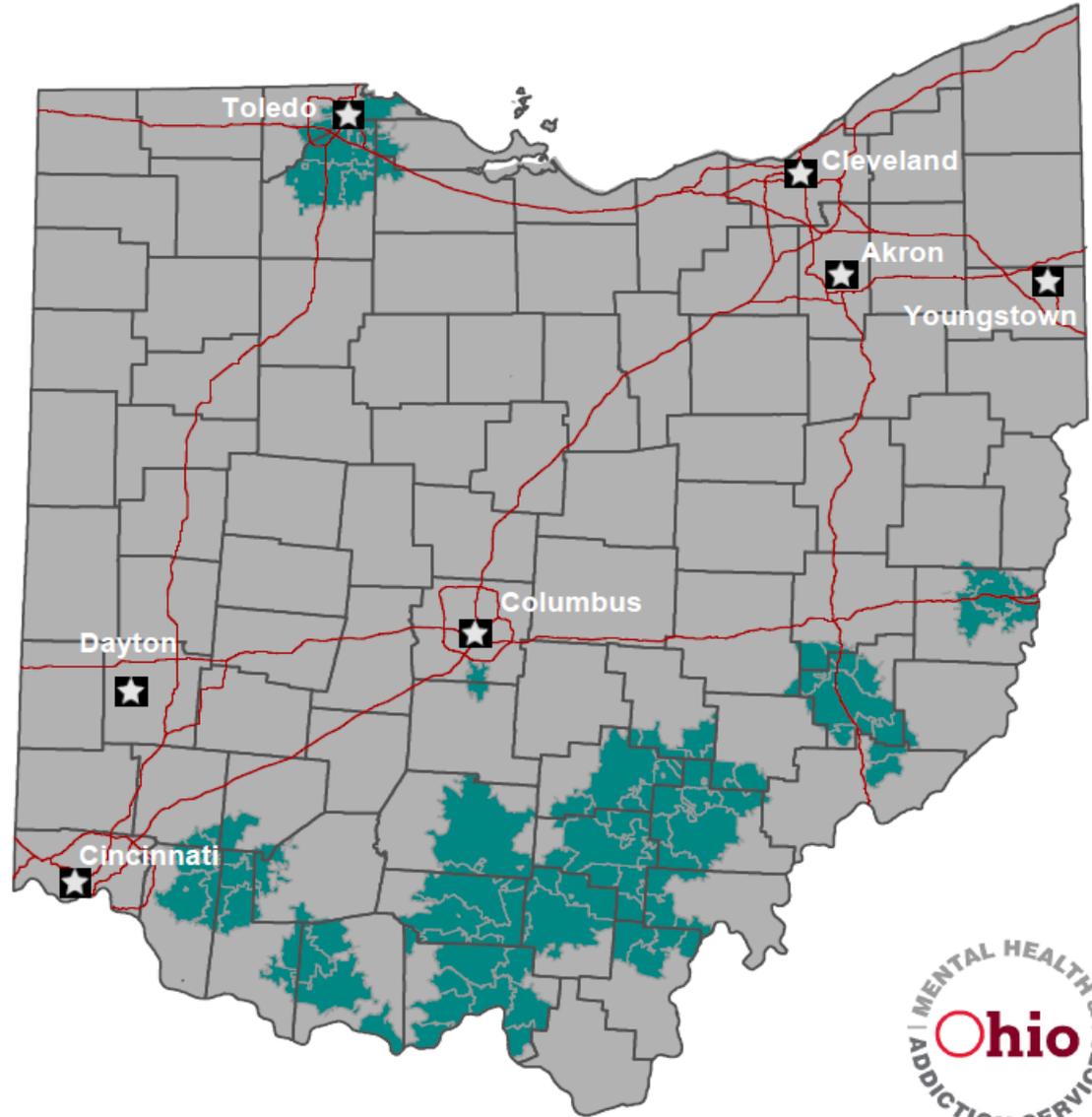
Unique Clients per 10,000 Persons - State Fiscal Year 2012

Legend

- Interstate
- Rx Opioid Cluster
- No Cluster

Map Information:

This map uses hot spot analysis to display the rate of unique clients who list prescription opioids as a primary, secondary or tertiary drug of choice per 10,000 persons. Hot spots represent clusters of statistically high values and are colored teal. The highest rates of unique clients per 10,000 persons are in zip codes from Canton (44702; 246.91), Portsmouth (45662; 120.45), Wellston (45692; 109.43), McArthur (45651; 84.34) and Jackson (45640; 83.33). Zip codes with rates based on fewer than 25 clients are not included in this list for purposes of confidentiality.



Hot Spot Analysis by Zip Code - Heroin

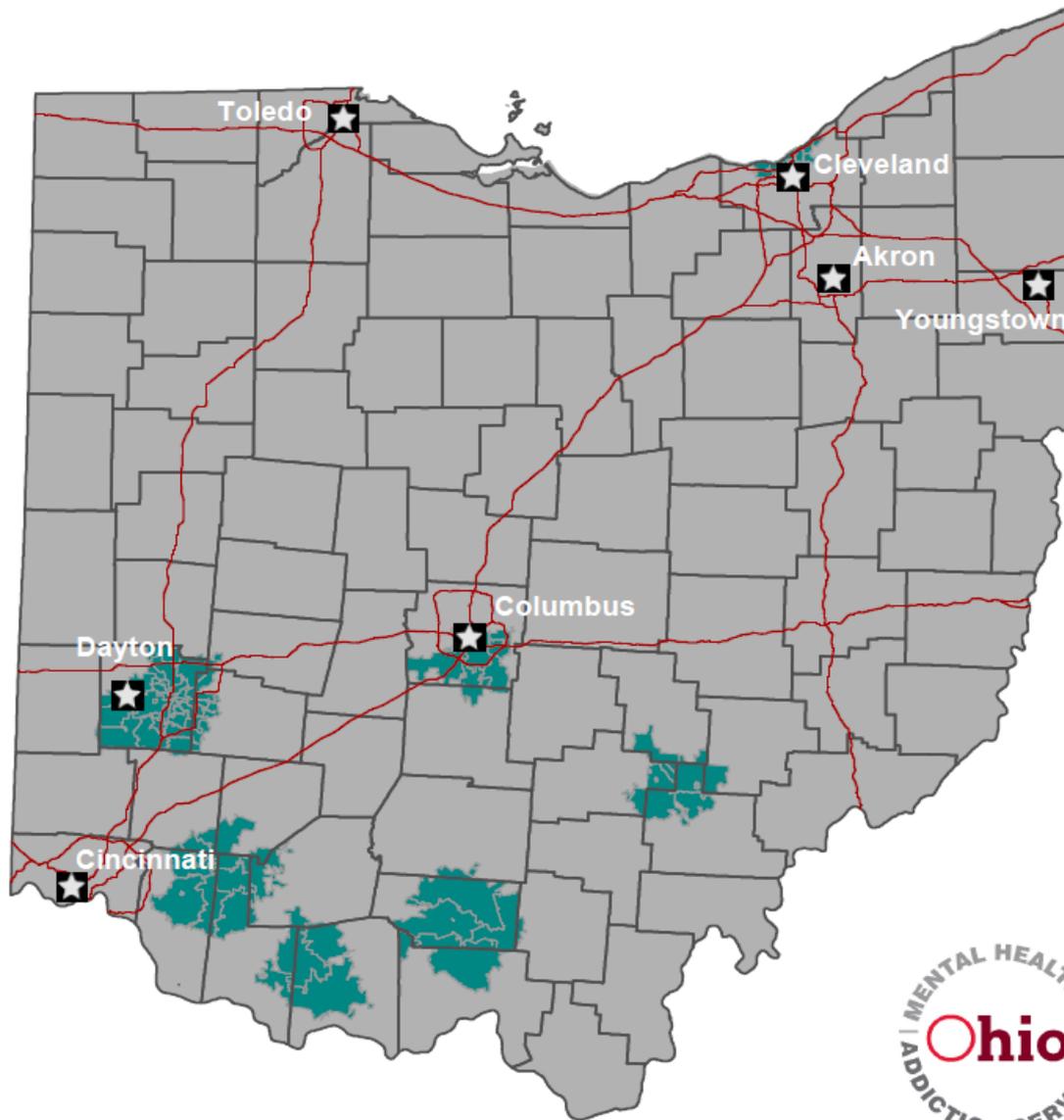
Unique Clients per 10,000 Persons - State Fiscal Year 2010

Legend

- Interstate
- Heroin Cluster
- No Cluster

Map Information:

This map uses hot spot analysis to display the rate of unique clients who list heroin as a primary, secondary or tertiary drug of choice per 10,000 persons. Hot spots represent clusters of statistically high values and are colored teal. The highest rates of unique clients per 10,000 persons are in zip codes from Cincinnati (45202; 58.77), Dayton (45403; 49.98), Cleveland (44114; 49.76), Dayton (45410; 48.89) and Cleveland (44113; 45.80). Zip codes with rates based on fewer than 25 clients are not included in this list for purposes of confidentiality.



Hot Spot Analysis by Zip Code - Heroin

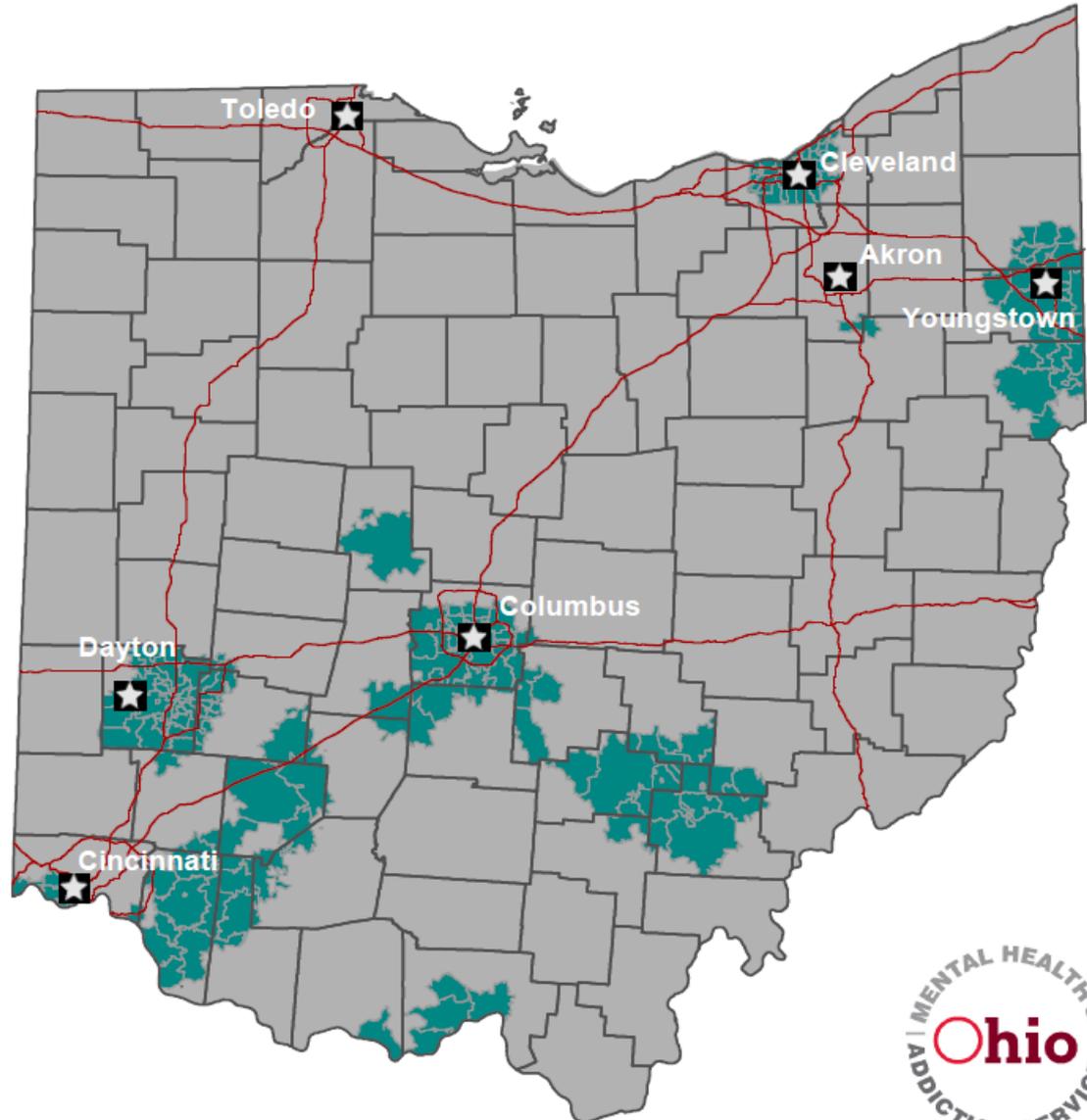
Unique Clients per 10,000 Persons - State Fiscal Year 2012

Legend

- Interstate
- Heroin Cluster
- No Cluster

Map Information:

This map uses hot spot analysis to display the rate of unique clients who list heroin as a primary, secondary or tertiary drug of choice per 10,000 persons. Hot spots represent clusters of statistically high values and are colored teal. The highest rates of unique clients per 10,000 persons are in zip codes from Dayton (45403; 99.29), Cincinnati (45202; 91.71), Dayton (45410; 89.31), Dayton (45404; 87.70) and Cleveland (44114; 72.73). Zip codes with rates based on fewer than 25 clients are not included in this list for purposes of confidentiality.



Neonatal Abstinence Syndrome

Maternal Opiate Medical Support (MOMS) Project

In Ohio, the majority of opioid dependent pregnant women are not engaged in prenatal treatment, though evidence-based treatment practices are known. Interventions to increase prenatal treatment will improve outcomes for the mother and child and reduce the cost of Neonatal Abstinence Syndrome (NAS) to Ohio's Medicaid program by shortening length of stay in the Neo-Natal Intensive Care Unit (NICU) for an NAS baby.

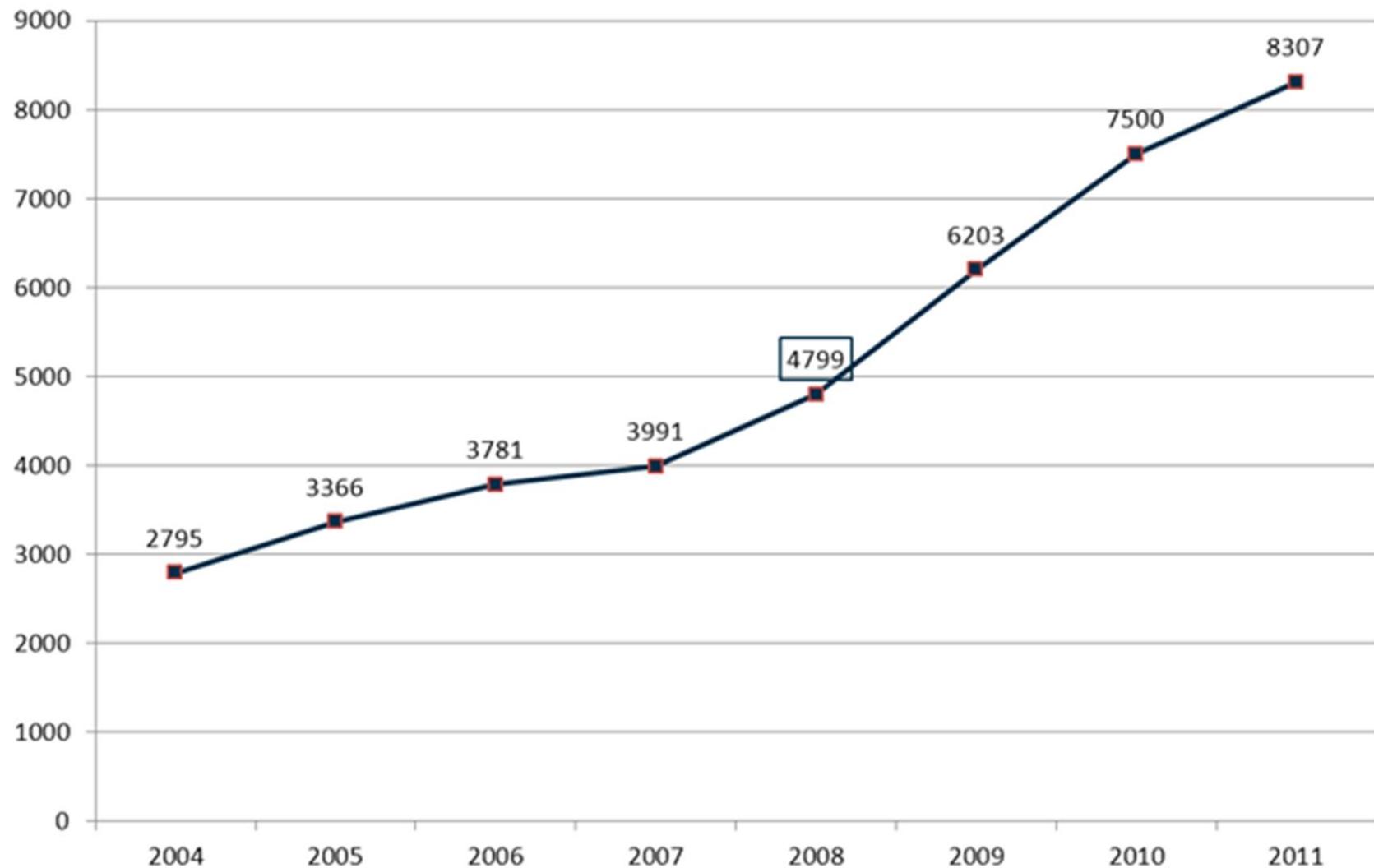
Neonatal Abstinence Syndrome

Maternal Opiate Medical Support (MOMS) Project Primary Goals:

1. Develop an integrated maternal care practice model with timely access to appropriate mental health and addiction services that extend postpartum, including intensive home-based or residential treatment.
2. Identify best practices for obstetrical services relating to medication-assisted treatment, before, during and after delivery and develop a toolkit to support clinical practice.
3. Conduct a pilot and evaluation with promising practices at 4 sites that will integrate this model into their practice.

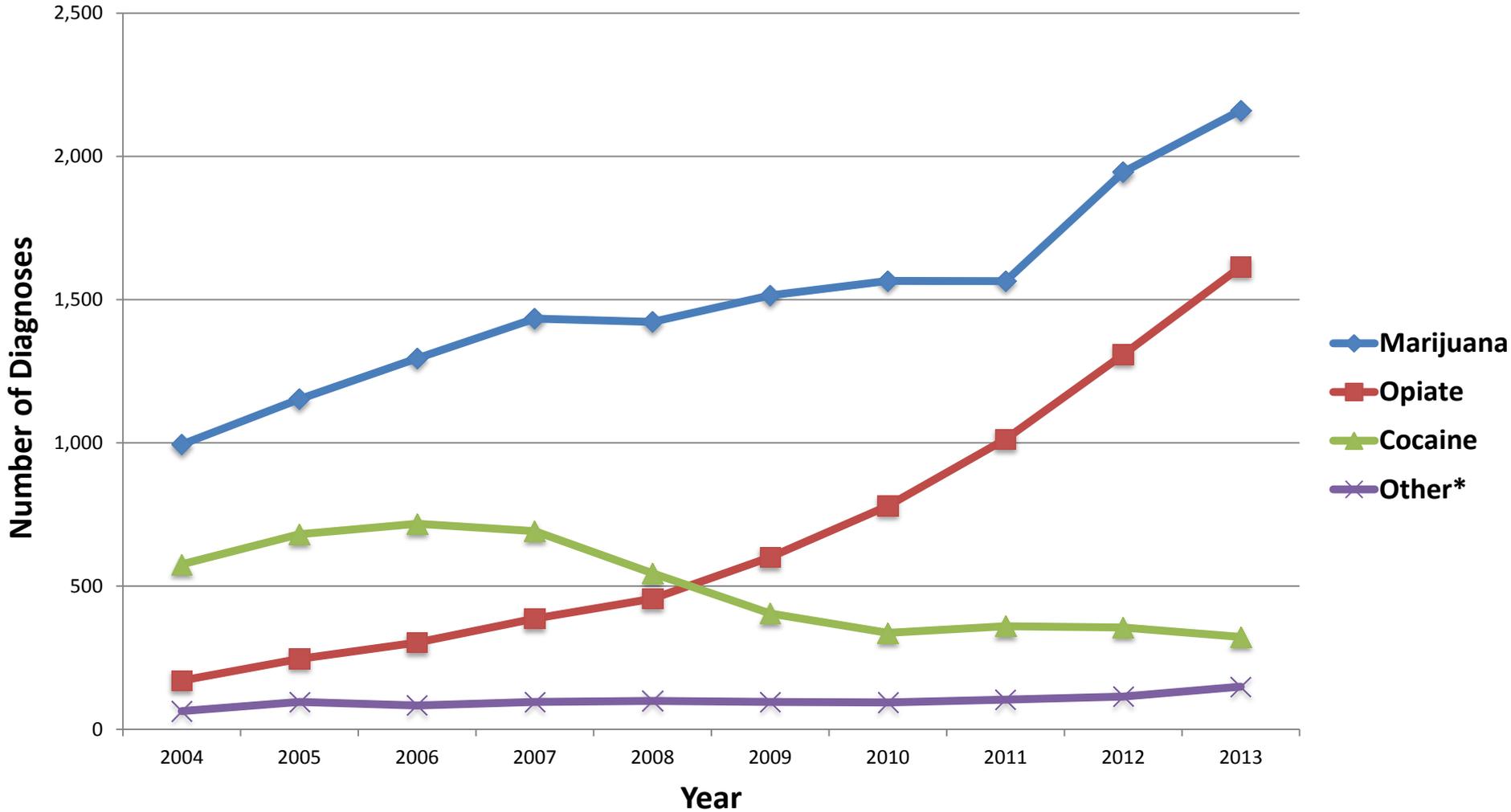
Total program budget: \$4.2 million dollars. Project partners include the Ohio Department of Health, Ohio Medicaid, and the Office of Health Transformation.

Opiate Diagnosis of Female Clients who are Pregnant or Parenting at Admission, SFY 2004-SFY 2011



Data Source: Multi-Agency Community Services Information System (MACSIS) Billing and Behavioral Health Module Data, SFY 2004-2011. Primary, secondary, or tertiary opiate diagnosis, abuse or dependence.

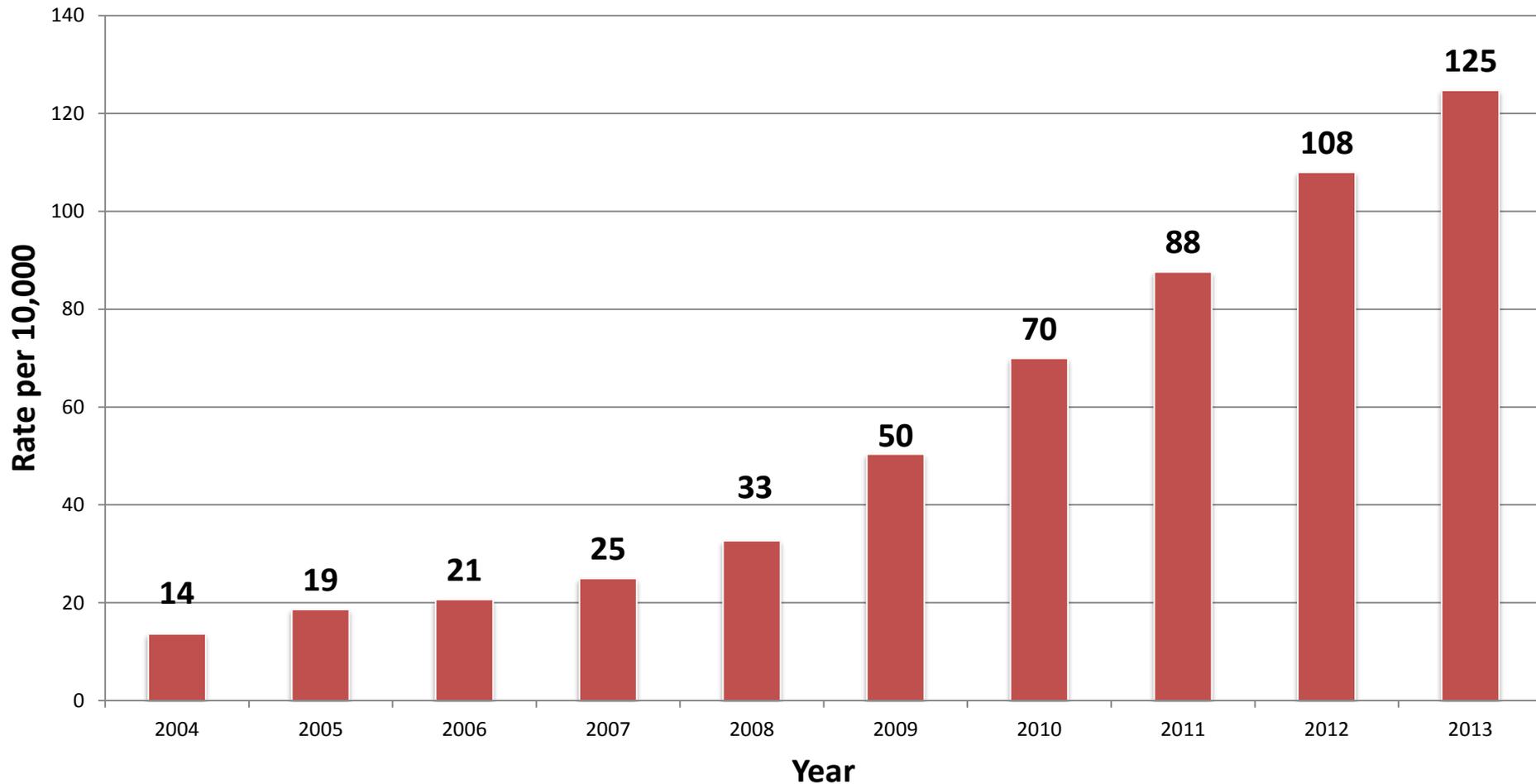
Diagnosis of Drug Abuse or Dependence at Time of Delivery, 2004-2013



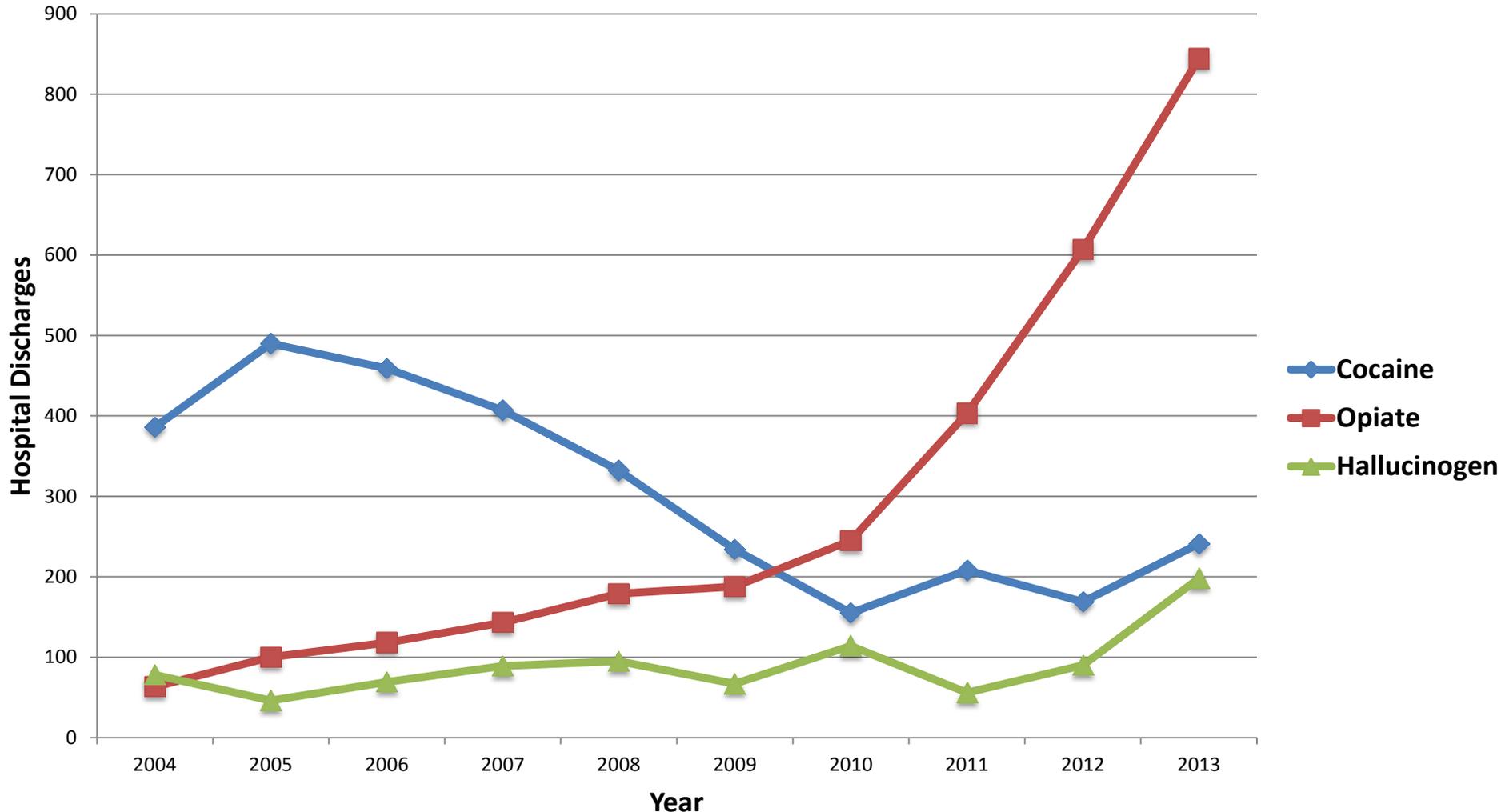
**Other refers to drugs like sedative hypnotics and amphetamines*

Source: Ohio Hospital Association

NAS Inpatient Hospitalization Rate per 10,000 Live Births, Ohio, 2004-2013



Number of Inpatient Hospitalizations Resulting from Exposure to Noxious Substances through Breast Milk or Placenta by Substance, Ohio, 2004-2013



The Importance of Medication-Assisted Treatment



Buprenorphine & Suboxone®

Buprenorphine

- Partial opioid agonist
- Forms: daily sublingual tablet
- DEA Schedule III drug; FDA-approved in 2002

Suboxone®

- Partial opioid agonist–combination of buprenorphine & naloxone
- Forms: daily sublingual tablet or film
- DEA Schedule III drug; FDA-approved in 2002
- Office-based availability: May be prescribed and dispensed by waived physicians in treatment settings other than the traditional Opioid Treatment Program (methadone clinic) setting
- Target population: Individuals aged 16 and over with short histories of opioid dependence

Naltrexone & Vivitrol®

Naltrexone

- Approved for opioid addiction treatment in 1984
- Only pure opioid antagonist
- Forms: oral and injectable

Vivitrol®

- First approved to treat alcohol dependence in 2006
- Approved to treat opiate dependence in 2010
- Form: monthly injectable
- Most useful for motivated patients who have undergone detoxification and need support to avoid relapse
- Helps some patients in beginning stages of opioid use & addiction
- Can be prescribed by any healthcare provider who is licensed to prescribe medications- no special training required

The Importance of MAT & Treatment

NIDA Principles of Effective Drug Addiction Treatment: A Research-Based Guide:

- Effective treatment attends to multiple needs of the individual.
- Counseling and other behavioral therapies are critical components of effective treatment.
- **Medications, especially combined with behavioral therapies, are an important element of treatment for many patients.**

Recovery Supports Housing: Why Housing is Essential

- Housing saves the system
- Essential to reducing the needless cost of homelessness and institutional recidivism
- Prevents cost shifting to settings such as prisons, jails, shelters, and the ER
- Reduces costly cycling through crisis-driven systems like foster care, emergency rooms, psychiatric hospitals, emergency domestic violence shelters, detoxification centers, and jails for many persons in poverty
- Essential to facilitating recovery
- Provides ability to better participate in the workforce
- Helps increase financial stability
- Creates a stronger foundation for the development & education of Ohio's children
- Contributes to the success of children and youth in school
- When children have a stable home, they are more likely to succeed socially, emotionally, and academically

Recovery Supports Housing Initiatives

- Partnership with the Ohio Council of Behavioral Health & Family Services Providers, the Dept. of Rehabilitation & Correction & the Coalition on Homelessness & Housing in Ohio
- Bureau of Housing & Recovery Supports was created to address the recovery needs of persons with substance use disorders through planning, development & the implementation of housing initiatives & activities statewide.

Work completed:

- Environmental scan of Ohio's recovery housing
- Ohio's first Recovery Housing Conference
- Quarterly Recovery Housing resource meetings
- Emerging affiliate to the National Alliance of Recovery Residences (NARR)

Important Opiate Projects Underway

- **80 mg MED Opioid Prescribing Guidelines**
- **Southern Ohio Treatment Center**
- **Addiction Treatment Pilot Program**
- **Neonatal Abstinence Syndrome Protocol**
- **Buprenorphine Protocol**
- **Additional MAT Protocol**

OPIATE PAINKILLER MISUSE, ABUSE & ADDICTION



“It's something that a lot of people don't understand. They don't even know that it's out there. But it is as significant and dangerous as heroin addiction.”

-- Ohio Governor John R. Kasich

Contact information

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