



Federal Reserve Bank of Cleveland
2017 Policy Summit

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Important Features of Opioid Addiction

Opioids mimic endorphins and produce analgesia, respiratory depression, and intense euphoria

The onset of tolerance for opioids grows rapidly, with continued exposure causing significantly increased use over short periods of time

The tolerance ceiling for opioids is very high, with most addicts using amounts that would be lethal for non-opioid tolerant persons

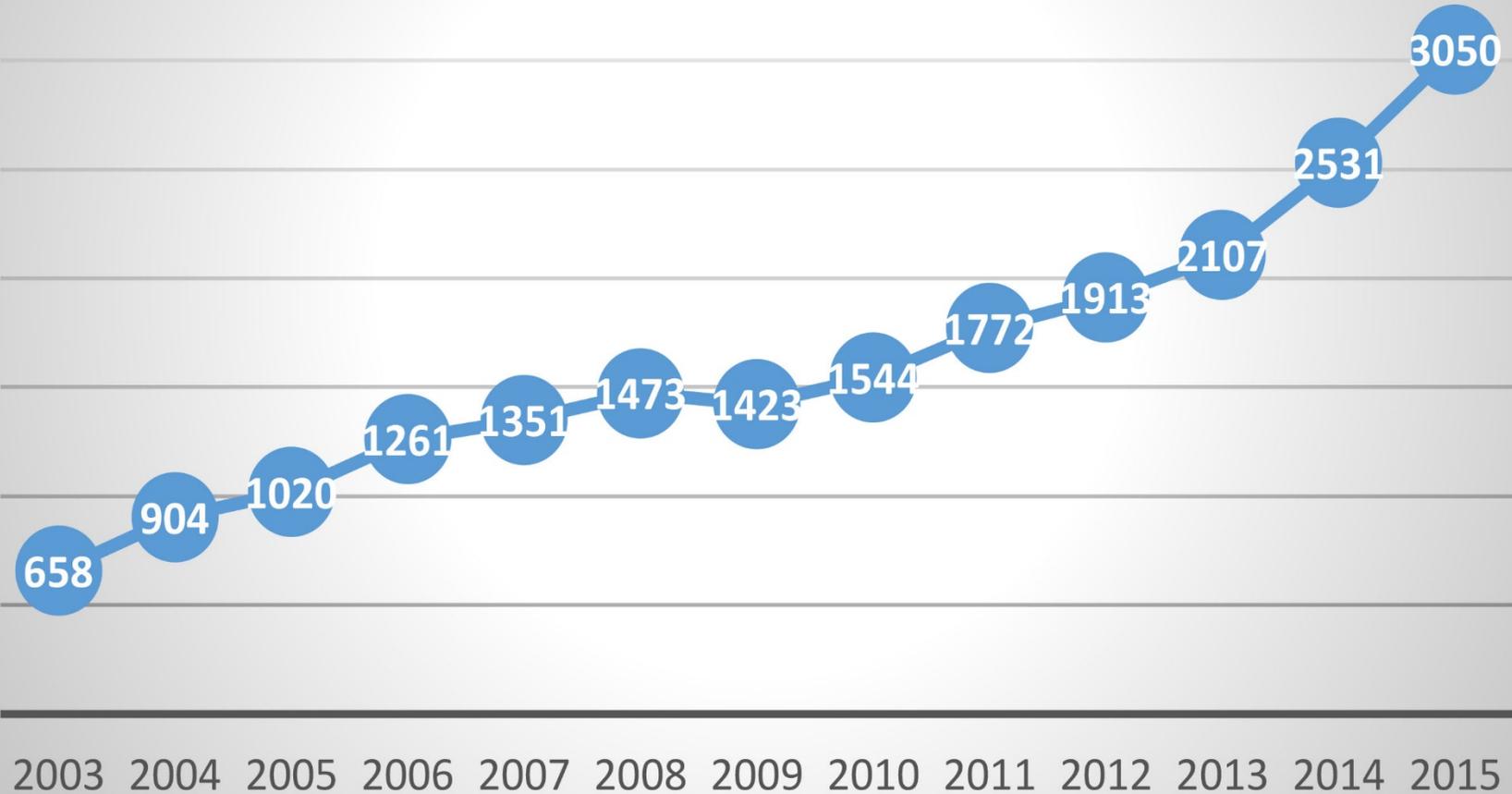
Tolerance for opioids declines rapidly after discontinued use, resulting in addicts who have been incarcerated or participants in abstinence based programs being highly vulnerable to overdose and death

Primary withdrawal symptoms of opioid addiction typically last about a week and are the inverse of primary effects

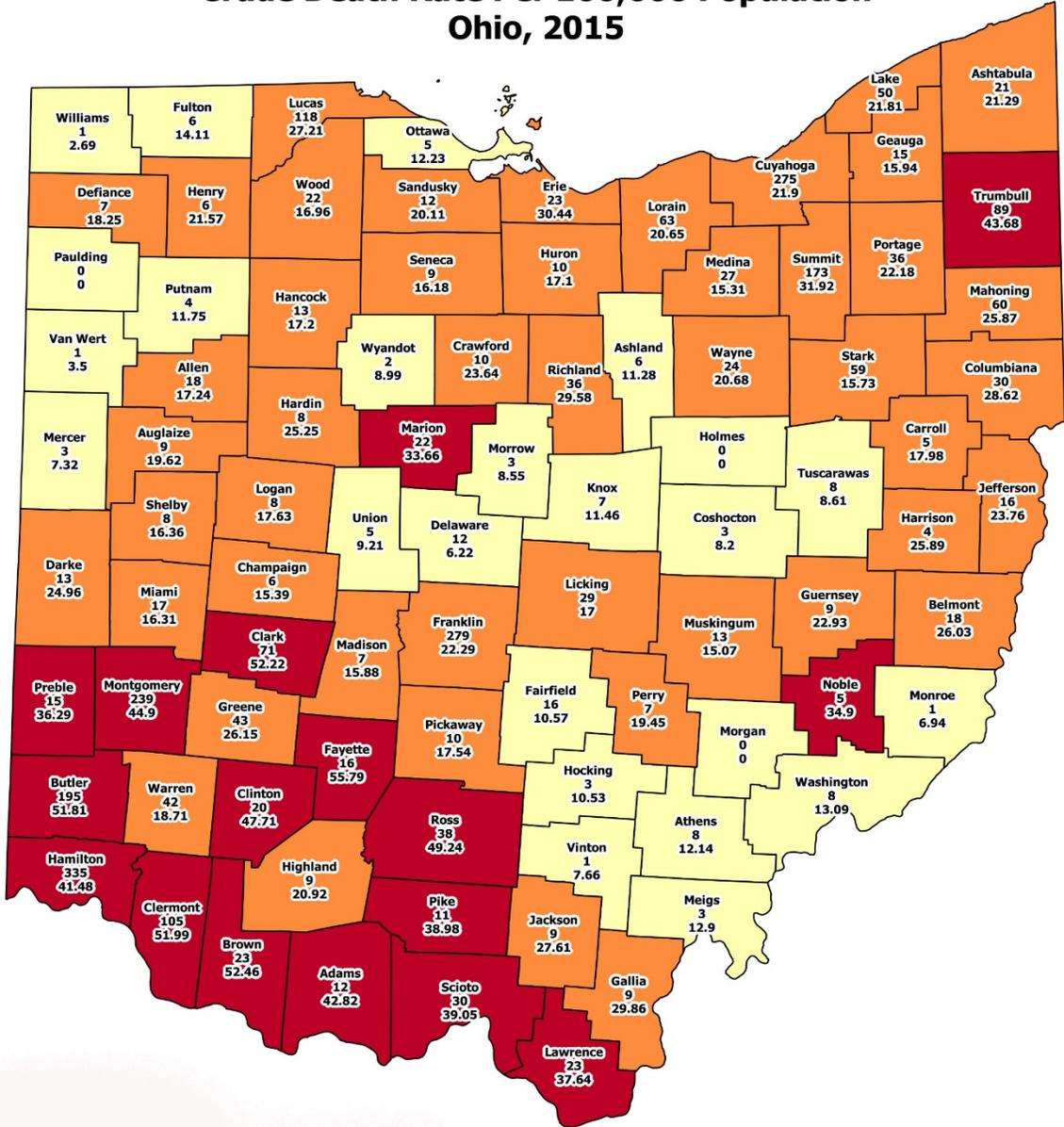
Extended withdrawal can last for months
and is characterized by depressed
dopamine levels

Relapse rates routinely exceed 90%

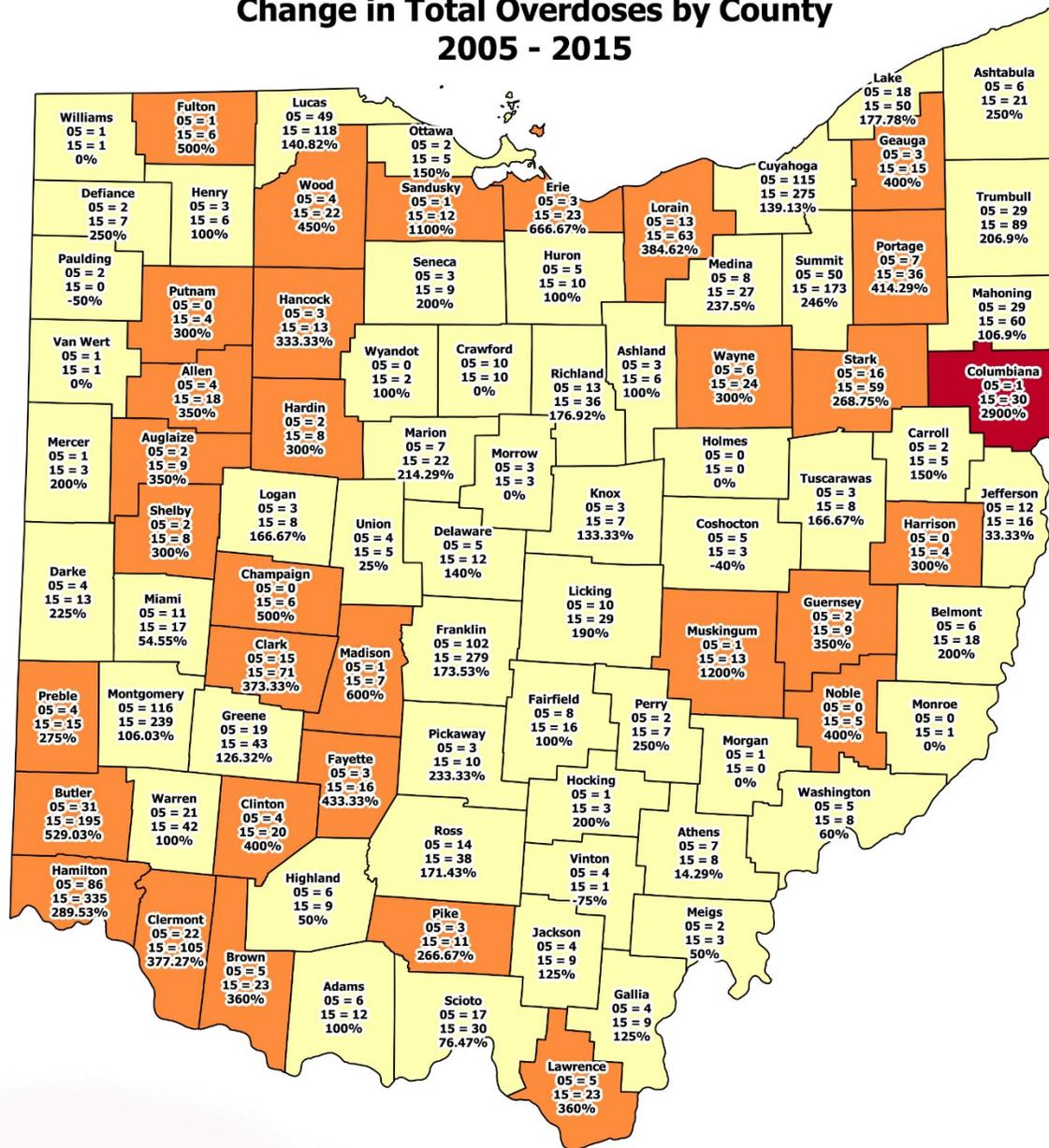
Ohio Overdose Deaths by Year



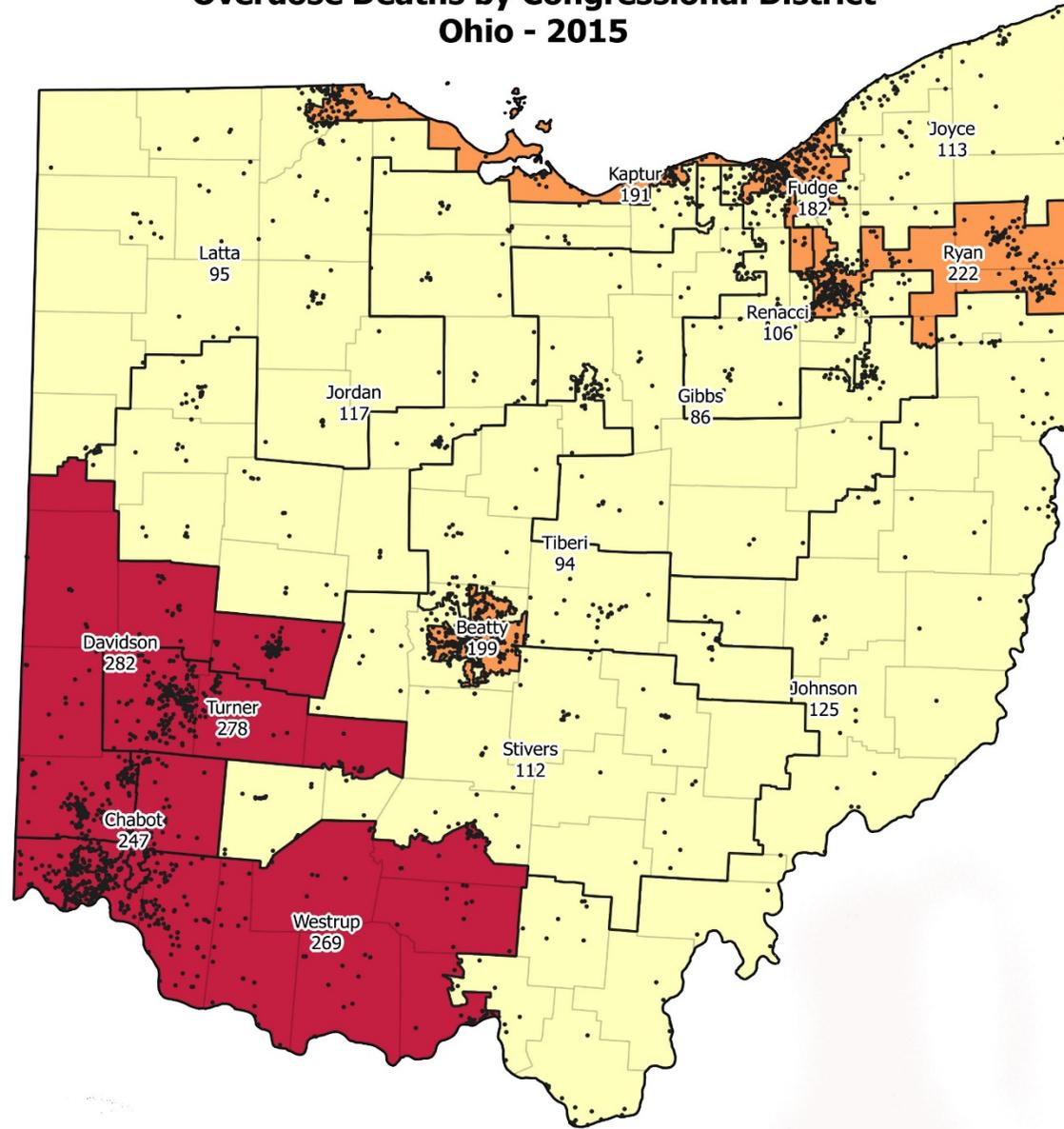
Crude Death Rate Per 100,000 Population Ohio, 2015



Change in Total Overdoses by County 2005 - 2015



Overdose Deaths by Congressional District Ohio - 2015

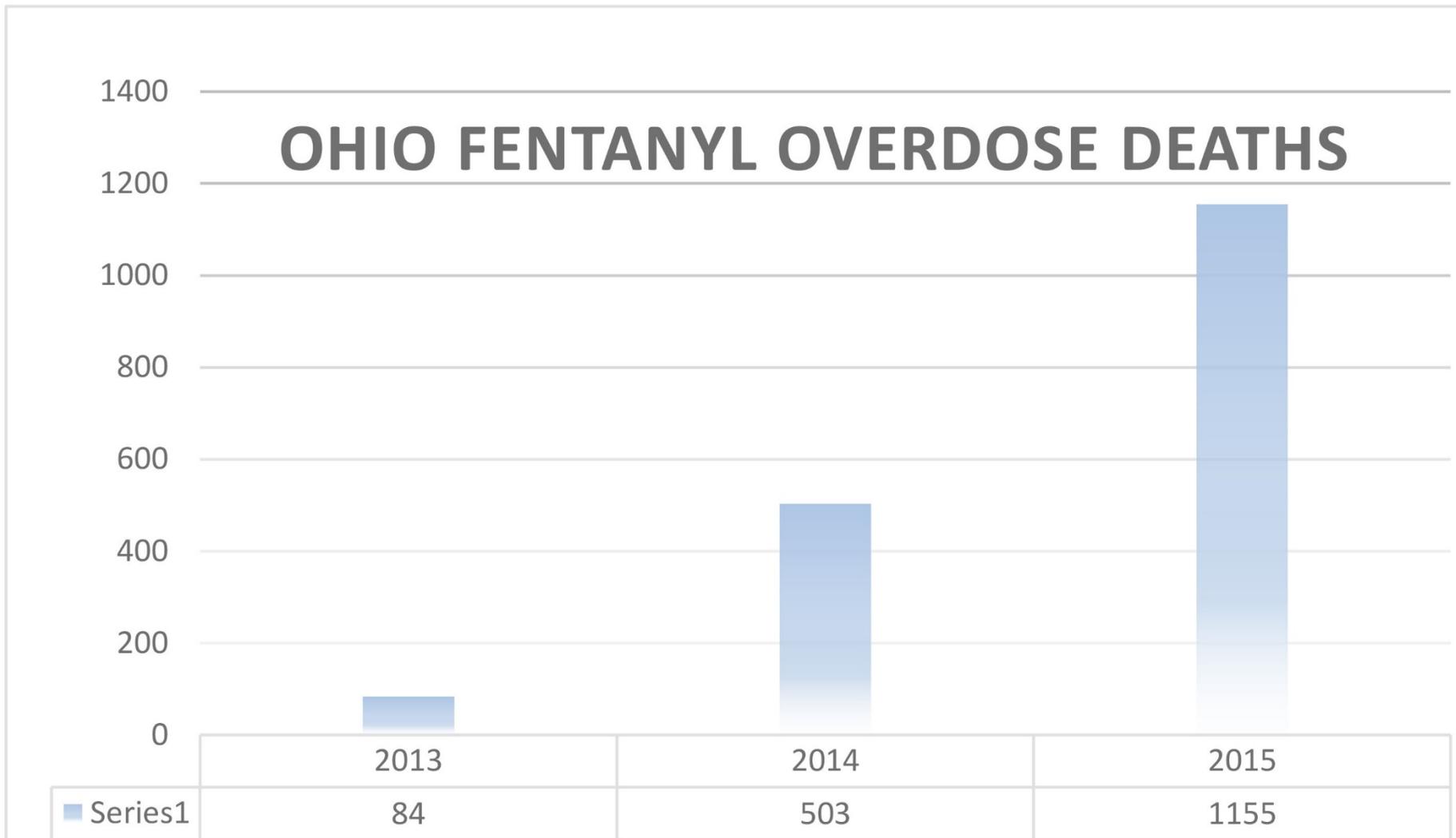


Overdose Deaths by Selected Drug Mention

2015

Drug	Death Mention	Percent of Mentions
Opiates RX	1799	59.0%
Heroin	1424	46.7%
Fentanyl	1155	37.9%
Cocaine	685	22.5%
Benzodiazepine	504	16.5%
Ethanol	315	10.3%
Methadone	108	3.5%
Hallucinogen	61	2.0%
Meth/Amphetamine	1	0.0%
Total	3050	100.0%

Source: Ohio Department of Health



Between 2013 and 2015 Ohio experienced a 1,275 percent increase in overdose deaths with Fentanyl mentioned as a contributing cause of death.

Fentanyl, and the Deadlier Carfentanil, Outpace Heroin



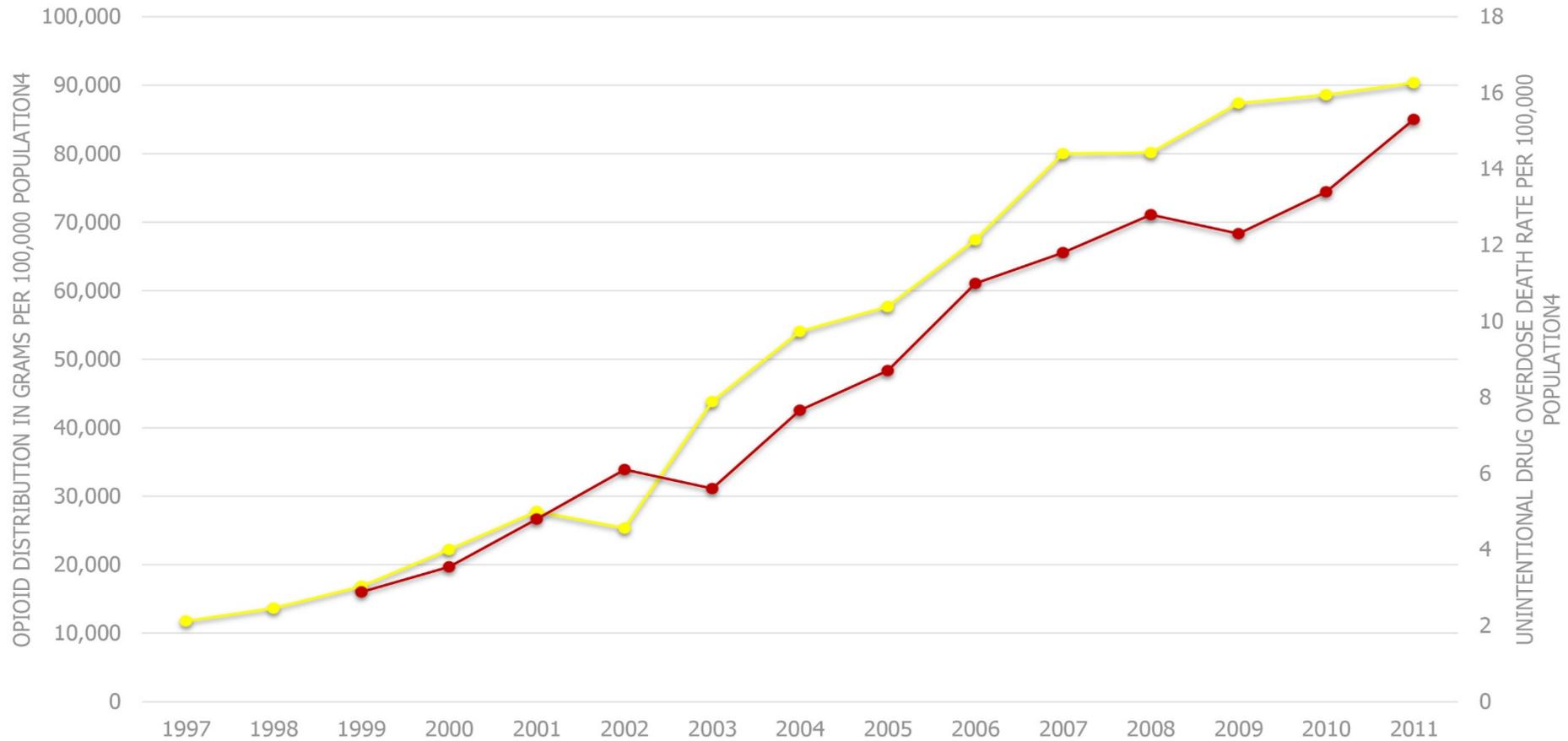
Source: Ohio MHAS, OSAM-O-GRAM, March 2017

**Ohio Specimens Tested by American Court Services
October, 2016**

Drug	Screened Tests	Percent Specimens tested
THC	6,386	97.0%
Cocaine	6,377	96.9%
Opiates/Oxycodone	6,349	96.4%
Benzodiazepine	6,232	94.7%
Meth/Amphetamine	6,230	94.6%
Buprenorphine	6,218	94.5%
Methadone	6,210	94.3%
Phencyclidine (PCP)	5,800	88.1%
Ethanol	3,294	50.0%
EtG/EtS	2,963	45.0%
Tramadol	264	4.0%
Glucose	45	0.7%
Spice/K2	21	0.3%
Bath Salts	4	0.1%
Barbiturates	2	0.0%
Fentanyl	2	0.0%
Ectasy	1	0.0%
LSD	1	0.0%
Total	6,583	100.0%

Source: American Court Services

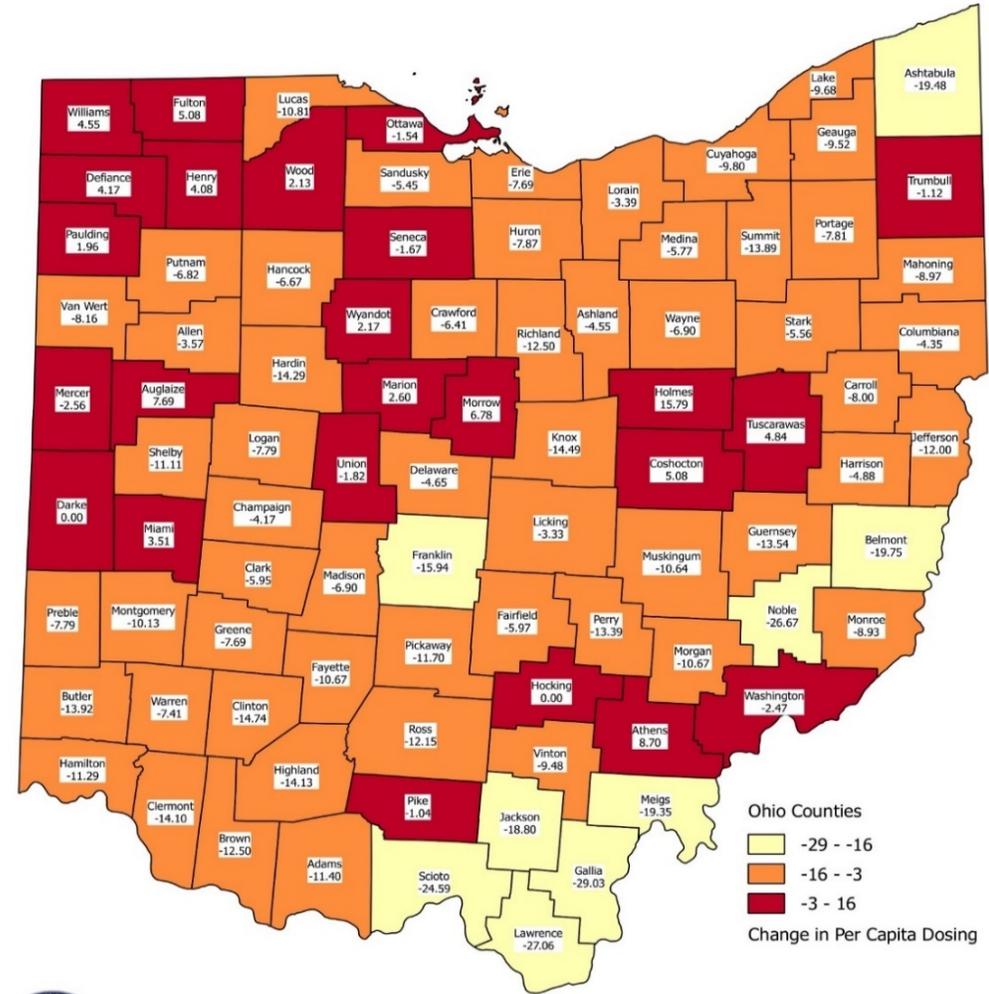
Ohio Drug Overdoses & Distribution Rates of Prescription Opioids in Grams per 100,000 population - Ohio, 1997-2011¹⁻³



SOURCES: 1. OHIO VITAL STATISTICS; 2. DEA, ARCOS REPORTS, CUMULATIVE DISTRIBUTION REPORTS OHIO, 1997-2011
[HTTP://WWW.DEADIVERSION.USDOJ.GOV/ARCOS/RETAIL_DRUG_SUMMARY/INDEX.HTML](http://www.deadiversion.usdoj.gov/arcos/retail_drug_summary/index.html); 3. CALCULATION OF ORAL MORPHINE

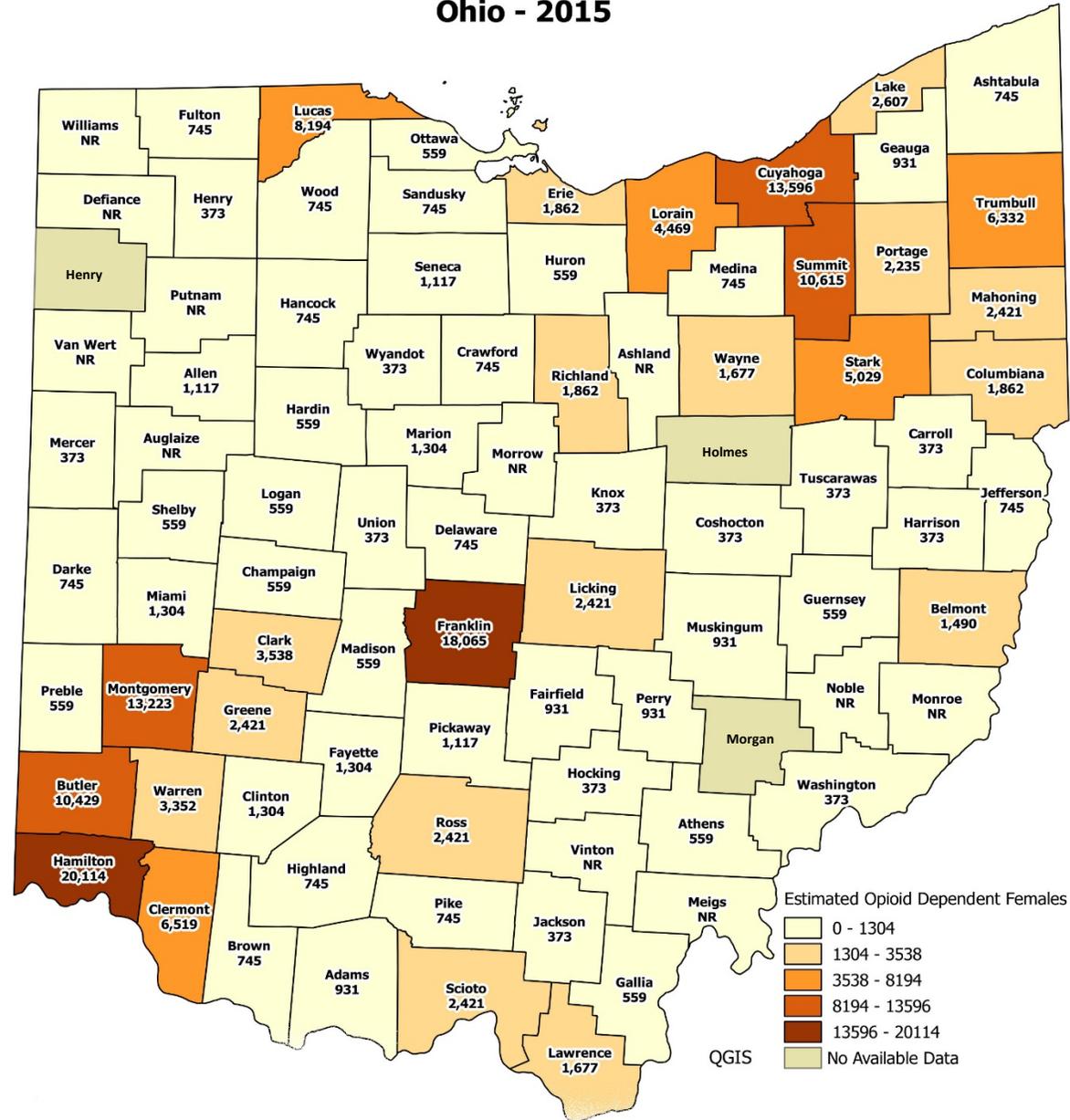
● Opioid analgesic grams distributed
 ● Unintentional drug overdose death rate

Change in Per Capita Opioid Dosing 2010 - 2015



Note: OARRS collects information on all outpatient prescriptions for controlled substances dispensed by Ohio-licensed pharmacies and personally furnished by licensed prescribers in Ohio.

Estimated Number of Opioid Dependent Females by County Ohio - 2015



Estimated Opioid Dependent Females

- 0 - 1304
- 1304 - 3538
- 3538 - 8194
- 8194 - 13596
- 13596 - 20114
- No Available Data

QGIS

Cross Tabulation of Opioid Present by Women of Child Bearing Age

	No Opioid Present	Opioid Present	Total
Not a woman of child bearing age	407 15.08%	2292 84.92%	2699 100.00%
Woman of child bearing age	30 8.55%	321 91.45%	351 100.00%
Total	437 14.33%	2613 85.67%	3050 100.00%

Table: Chi-square tests.

Statistic	Value	df	Sig. (2-tailed)
Pearson Chi-Square	10.8	1	0.001
Likelihood Ratio	12.15	1	0
Fisher's Exact Test			
Continuity Correction	10.27	1	0.001
Linear-by-Linear Association	10.8	1	0.001
N of Valid Cases	3050		

State Policy Considerations

- More timely reporting of overdose deaths
- Strong state vision on how to tackle the emerging challenge of Fentanyl
- Routine linkage of non-fatal overdoses by first responders to treatment and public health officials
- Better coordination between justice, law enforcement and treatment officials
- Improved uptake of best practice treatment and harm reduction approaches (MAT, needle exchange, etc.)
- Improved inter-state notification of drug arrests

Child Welfare considerations

- State and local officials must understand that young, poor families experience elevated rates of opioid addiction and that additional resources are needed to address the problem.
- Child Welfare agencies must improve their detection and data reporting capabilities to demonstrate the impact of opioid addiction on child welfare system.
- Improved detection should include uniform screening using the UNCOPE or GAIN-SS.
- Child Welfare agencies should use best practice urine screening to detect relapse or ongoing use (random, frequent, observed).
- Fentanyl and fentanyl analogs screens should be included in all urine screen panels.