



**Clermont County**  
**Public Health**  
Prevent. Promote. Protect.

# CDC FENTANYL REPORT CLERMONT COUNTY OPIATE TASK FORCE MAY 12, 2016

Prepared by: Michelle Lydenberg, MS  
Injury Prevention Coordinator, Clermont County Public Health

# CDC Investigation

- In the Fall of 2015, Ohio Department of Health requested CDC's assistance to investigate fentanyl overdose deaths
- Investigators were deployed to Ohio from October to November 2015
- The report of their findings “Undetermined Risk Factors for Fentanyl-related Overdose Deaths – Ohio, 2015” was released in March 2016

# Data Collection and Analysis

- ❑ State wide analyses were conducted on death certificate, emergency department and EMS data
- ❑ More in depth analyses were conducted in 14 high burden counties: Butler, Clark, Clermont, Cuyahoga, Fayette, Hamilton, Lucas, Miami, Montgomery, Ross, Scioto, Stark, Summit, and Warren
- ❑ Data collection included both qualitative and quantitative data

# Data Collection and Analysis

- ❑ Data sources included death certificates, coroner/medical examiner reports, toxicology reports, emergency department visit data, EMS data, OARRS data for deaths occurring between Jan 1, 2014 and December 31, 2014
- ❑ Key stakeholder interviews were conducted in Cuyahoga, Hamilton, Montgomery and Scioto counties

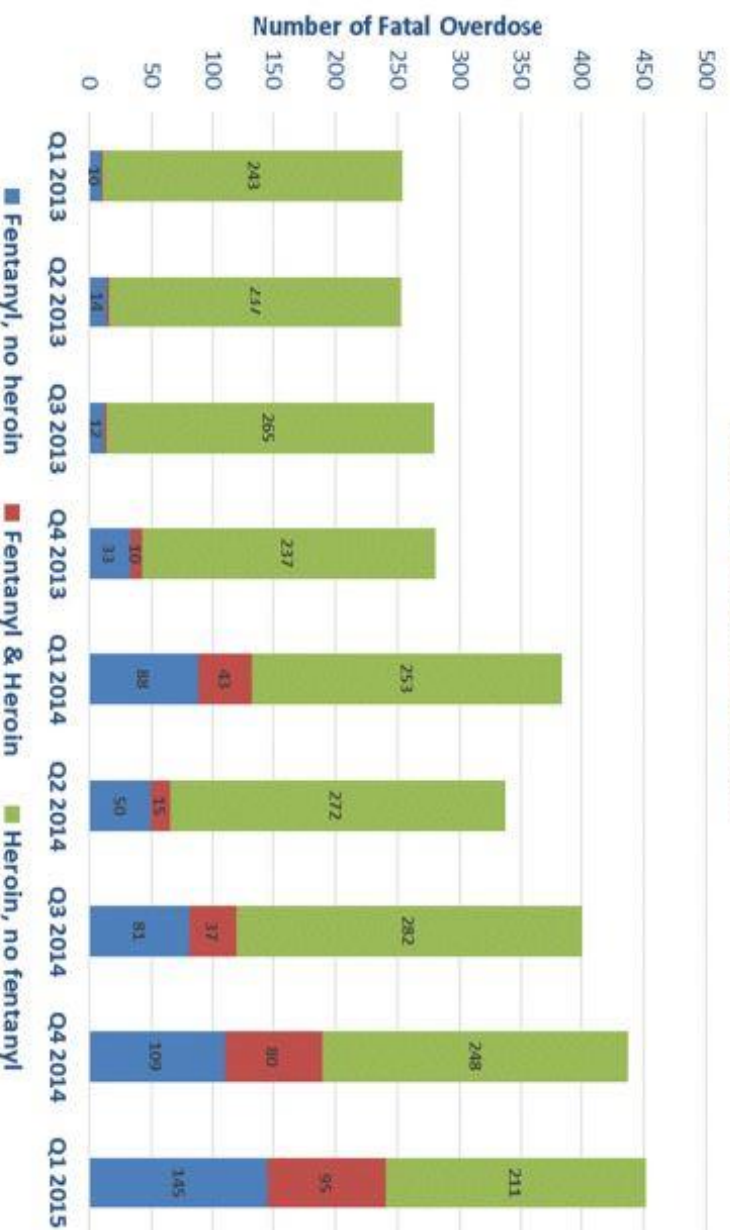
# Major Findings

- ❑ Fentanyl is rapidly acting and highly potent synthetic opioid
- ❑ In 2015, the DEA noted an increase in illicit fentanyl throughout the United States
- ❑ From 2013 to 2014 there was a 500% increase in fentanyl-related deaths in Ohio
- ❑ In 2014, fentanyl accounted for 20% of drug poisoning deaths in Ohio

# Major Findings

- ❑ The 14 counties in this study accounted for 73% of fentanyl-related overdose deaths in Ohio from Jan 2014-May 2015

Figure 3: Heroin and Fentanyl-Related Deaths by Quarter:  
January 2013 to March 2015



# Major Findings

- ❑ Overall, the population experiencing fentanyl-related deaths are similar to the population experiencing heroin-related deaths
  - ❑ ~62% of all fentanyl and heroin decedents had an opioid Rx in the 7 years prior to death
  - ❑ 27.6% of people had received an opioid Rx within one month of death
  - ❑ Younger, more likely to be single and male than the population experiencing Rx opioid related deaths

# Major Findings

- ❑ Risk Factors for fentanyl-related overdose death:
  - ▣ Male
  - ▣ White
  - ▣ Some college education or less
  - ▣ History of substance abuse problem
  - ▣ Current diagnosed mental health problem
  - ▣ Recent release from institution
  - ▣ History of opioid Rx/misuse of opioid

# Major Findings

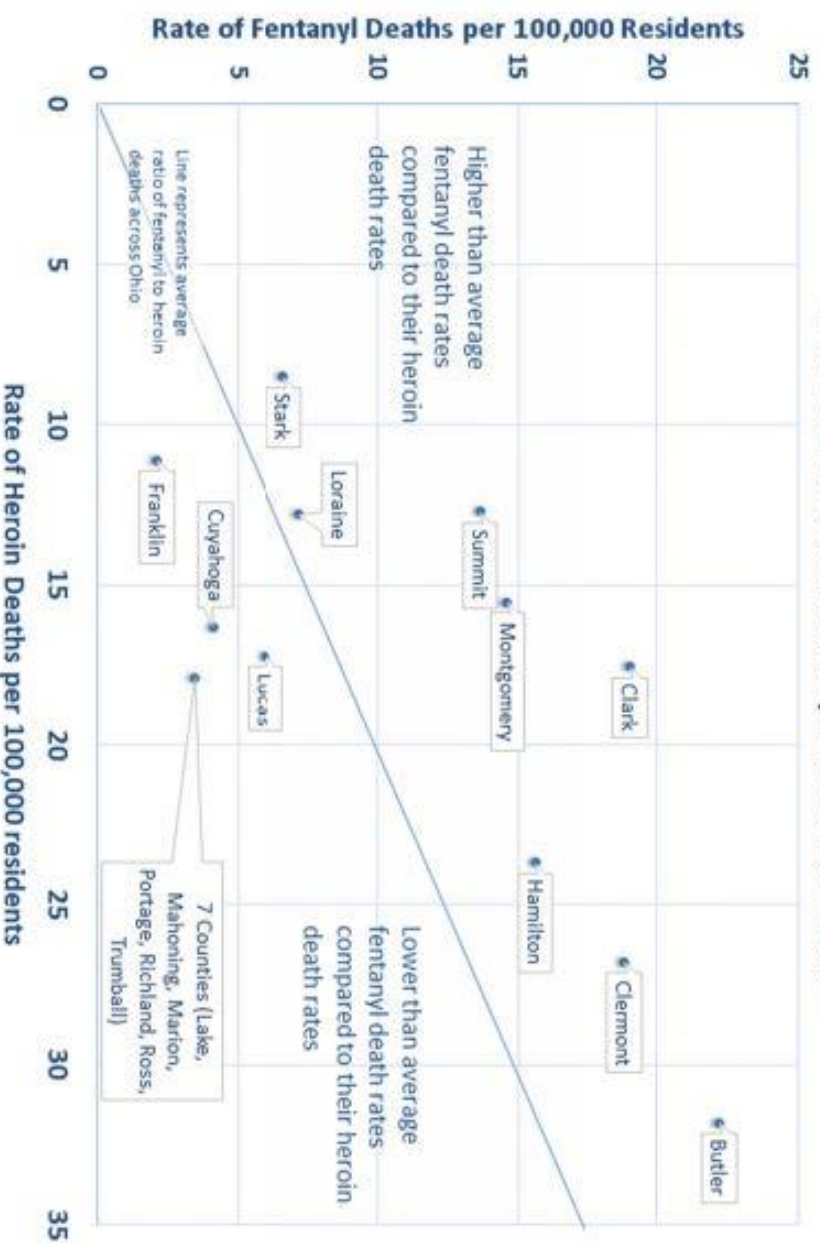
- ❑ In 72.3% of deaths, at least one bystander present
- ❑ In 82.2% of deaths EMS present at time of death
- ❑ In 40.8% of deaths, naloxone was administered - the person most likely died before EMS got there
- ❑ In 50% of cases, 2-3 substances were identified in the toxicology screen

# Major Findings

- ❑ The increase in fentanyl-related deaths appears to be linked to the mixing of illicitly produced fentanyl with heroin and an influx of illicit fentanyl in Ohio
- ❑ There are similar increases in heroin related deaths in counties that are not currently experiencing high rates of fentanyl-related deaths which could create vulnerability to a future increase

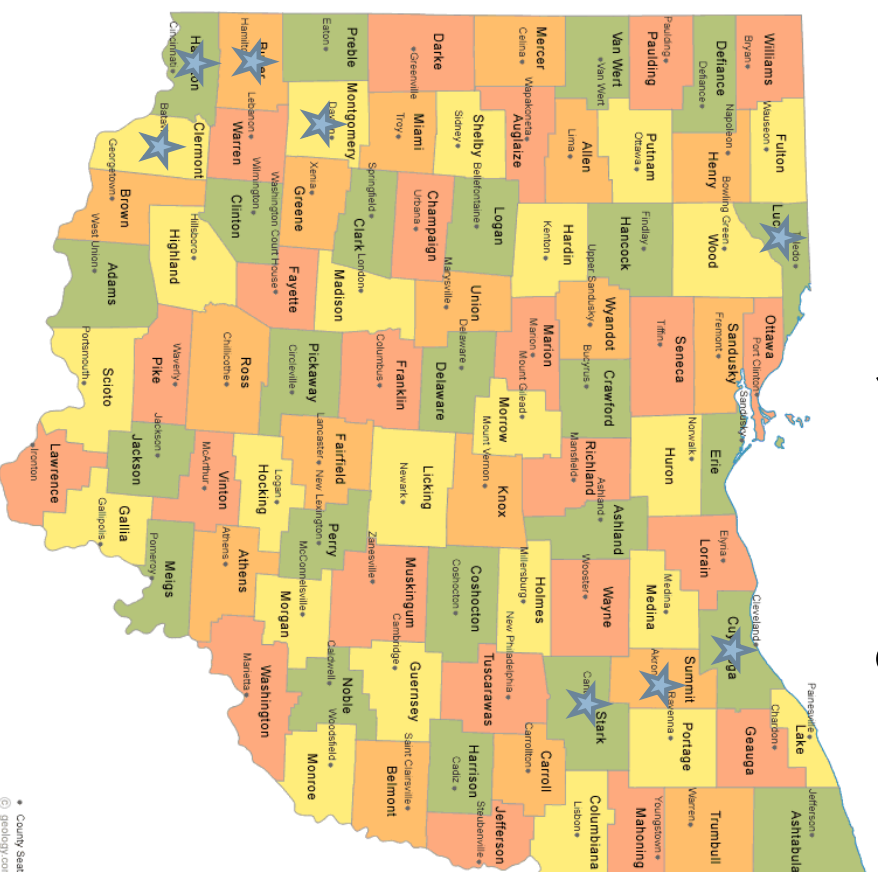
# Major Findings

Figure 4: Rate of Fentanyl and Heroin Deaths per 100,000 for 18 Counties with 20 or More Heroin Deaths: January 2014 to March 2015



# Major Findings

- ❑ Two-thirds of fentanyl-related deaths occurred in 4 large metropolitan counties and 4 moderately sized metropolitan counties (including Clermont)



# Major Findings

- ❑ High prevalence of stigma and discrimination creates a challenge to increasing treatment and harm reduction services
- ❑ Improved data collection from multiple sources and risk factor identification will increase coordination of messaging and prevention efforts
- ❑ Improved access to evidence-based treatment services is needed

# Recommendations

- ❑ The CDC developed the following recommendations:
  - ▣ Improve public health surveillance
  - ▣ Target public health response to high burden counties and risk groups
  - ▣ Facilitate and enhance EMS response to fentanyl-related overdose
  - ▣ Facilitate and enhance layperson response to fentanyl-related overdose

# Recommendations

- ▣ Improve prescribing practices and referral of patients abusing opioids to treatment
- ▣ Work to reduce stigma around substance abuse
- ▣ Integrate prevention services