Overdose Fatality Report (CCOFR) Cuyahoga County 2022 Annual Report

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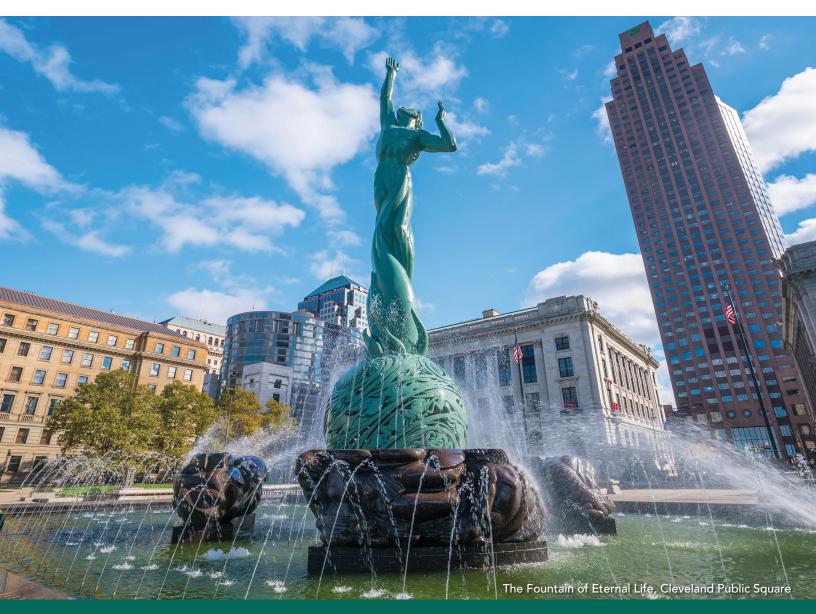












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Cuyahoga County Overdose Fatality Review Workgroup¹

Under the leadership of Dr. Thomas Gilson, the Cuyahoga County Overdose Fatality Review (CCOFR) is co-coordinated between the Cuyahoga County Medical Examiner's Office (CCMEO) and the Cuyahoga County Board of Health (CCBH). Beginning in 2012, the CCOFR reviewed all fatal overdoses occurring in Cuyahoga County, Ohio. However, due to the increase in drug-overdose fatalities, a transition was made in 2019 to employ a selective overdose fatality review that examines exemplar cases.

The **purpose** of the CCOFR is to meet bimonthly to review decedent cases in order to identify missed intervention opportunities and create written recommendations that agencies will commit to implementing.

The **goal** is to use in-depth, data-driven case reviews of system touch points to facilitate the implementation of public health intervention and policy recommendations in order to reduce future fatalities while respecting and honoring the lives of the individuals involved in case reviews and strive to learn from those who lost their lives to overdose.

Case Selection: Cases are chosen for review based on information available to the CCMEO using autopsy and medico-legal death investigations. Consideration is given to reviewing emerging or reoccurring trends in fatalities noted at the CCMEO or by other agencies who are on the committee.

Trend/Data Analysis:

Trends reviewed as a part of CCOFR are then compared to all overdose decedent populations to understand the scope.

Case Review Meeting:

The CCOFR aims to review 3 cases bimonthly. A presentation and timeline are created for each decedent that shows interaction points with different systems or major life events. Discussion is focused on possible intervention points and the development of recommendations. Data sources typically include: Department of Child and Family Service records, Drug Addiction and Mental Health Service records, Ohio's Automated Rx Reporting System, law enforcement records, decedent medical history and next of kin interviews.



CCOFR Representation

Representatives from participating agencies agree to the following expectations:

- Obtain case information from team leadership
- Query respective agency data systems, paper files, etc.
- Relay information to the team, either before or during the team meeting
- Attend meetings, share agency-specific protocols, provide input on potential prevention efforts
- Identify ways in which the representative can make changes in to their agency to better serve people at risk for overdose deaths
- Identify areas for improved coordination with other agencies
- Maintain confidentiality of the team's proceedings
- · Commit to implementing recommendations within the agency's purview



Seventeen different agencies comprise the CCOFR, including:

- Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County (ADAMHSBCC)
- Case Western Reserve University, Begun Center for Violence Prevention and Research Education (CWRU)
- Cleveland Department of Public Health (CDPH)
- Cleveland Division of Police Heroin Involved Death Investigation Team (HIDI)
- Cuyahoga County Board of Health (CCBH)
- Cuyahoga County Department of Child and Family Services (DCFS)
- Cuyahoga County Common Pleas Court
- Cuyahoga County Medical Examiner's Office (CCMEO)
- MetroHealth Medical Center, Office of Opioid Safety, Project DAWN (MH)
- Ohio Automated Rx Reporting System (OARRS)
- Parma Police Department
- Southwest General Health Center
- St. Vincent Charity Health Campus Sisters of Charity
- The Woodrow Project
- University Hospitals Cleveland
- Louis Stokes Cleveland Department of Veterans Affairs Medical Center
- Westshore Enforcement Bureau (WEB)

CCOFR Data Findings²

Cuyahoga County Overdose Fatalities

In 2022, Cuyahoga County had 642 overdose fatalities, which was a 5% decrease in drug overdose deaths during 2021. Deaths involving fentanyl remained high at 501 deaths. 2023 is following similarly to 2022 trends with fentanyl continuing to be the driver of overdose fatalities.

TABLE 1Of the 642 fatal overdose cases ruled for 2022:

Type of death	Cases
Total unintentional drug overdose deaths	610
Total unintentional drug overdose deaths involving opioids	515
Total number of unintentional deaths reviewed	18
Total number of unintentional deaths involving opioids reviewed	18
Total number of unintentional deaths involving opioids not reviewed	624

https://cuyahogacounty.us/medical-examiner/resources/overdose-statistics

Most Common Drugs:

In 2022 deaths due to fentanyl and its analogs remained high throughout the year, with most deaths occurring due to a combination of fentanyl and/or a fentanyl analog with other drugs.

CHART 1

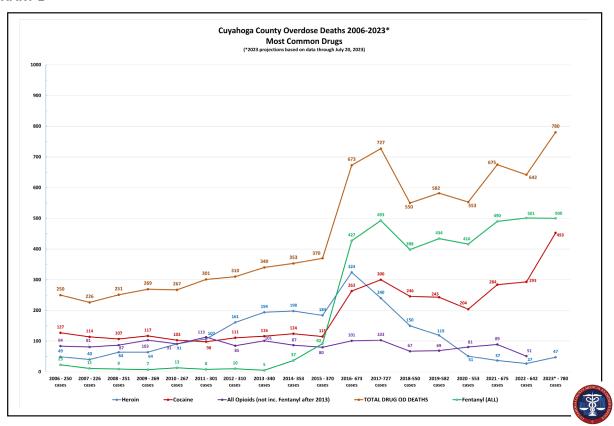
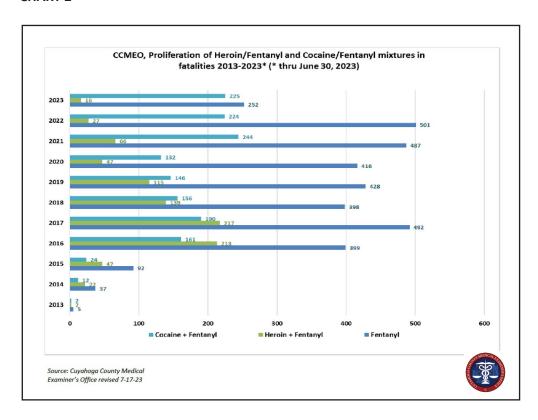


CHART 2



Emerging Trends³

In 2020 and 2021, several synthetic opioid substances called benzimidazoles (or nitazene compounds) started being trafficked and used due to their opioid-like effects. As compared to morphine, these chemicals can be anywhere from 5 to 200 times more potent. These substances are often being produced from unregulated sources making it at health and safety risk for users.

In 2021, there were 49 cases involving benzimidazole-opioids compared to 2 cases in 2020. These 49 cases included:



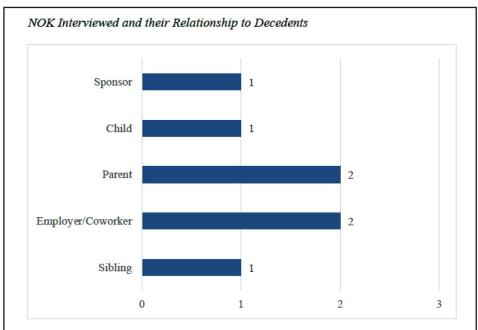
1 overdose death involving etodesnitazene, 28 involving isotonitazene, and 20 involving metonitazene. In a majority of the cases involving nitazene compounds, fentanyl was also present. In 2022, Cuyahoga County saw a decrease in the nitazene compounds and had 25* nitazene-related overdose deaths, all in combination with fentanyl.

Next of Kin Interviews⁴

The Alcohol Drug Addiction and Mental Health Services Board of Cuyahoga County (ADAMHSBCC) provides support and assistance to the Cuyahoga County Medical Examiner's Office (CCMEO) in overdose fatality reviews. The Opioid Use Disorder (OUD) Specialist at the ADAMHSBCC receives the names of the decedent's next-of-kin (NOK) and, when possible conducts interviews prior to the CCOFR for those consenting to be interviewed. Based on the family interview, the OUD Specialist presents information about the decedent during the case review-

During a one-year time period (9/1/21-8/31/22), 37 individuals were approached for interviews, 17 consented, and seven were completed. All interviews were conducted by phone and participants received a \$40.00 gift card. Chart 3 summarizes the NOK's relationships to the decedent.

CHART 3



Interview Themes

Decedents' NOK were asked a series of questions by the OUD Specialist and their responses to the questions revealed a number of common themes. Interview questions probed the decedents' substance use history (including treatment), level of education, childhood experiences, education, mental health and medical histories, relationships at time of death, justice system involvement, and history of homelessness and any events that may have occurred shortly before the fatal overdose. All of the information provided by the decedents' NOK, is to the best of their knowledge.

Theme 1: Prior Involvement with the Criminal Justice System

• Most decedents were involved with the criminal justice system at some point in their life.



Theme 2: Relationships and Adverse Childhood Experiences (ACES)

- All decedents' parents were divorced.
- Several decedents were abused as children, including one who was abused by siblings and witnessed domestic violence.
- Several decedents had children of their own.
- One decedent lost one of their children at the age of two due to a medical issue.
- One decedent was estranged from one of their adult children because the decedent left their family while their children were young.
- One decedent had an abortion before they were 18 years old.



Theme 3: Education

- Most decedents did not complete high school
- One decedent had an advanced degree

Theme 4: Substance Use and Recovery History

- Most decedents had multiple attempts at recovery and most of them experienced a nonfatal overdose prior to death.
- Decedents began using opioids at different stages of their lives, some as early as high school.
- One decedent had no history of opioid use prior to overdose but was known to use alcohol and marijuana.
- One decedent was sober for more than 8 years.
- One decedent had a long history of receiving liquid methadone but no history of any system touchpoints (detox, IOP, etc.)

Theme 5: Physical and Mental Health

- Most decedents smoked cigarettes
- One decedent was diagnosed with Multiple Sclerosis
- One decedent had a history of surgery and chronic pain from which likely resulted in their initial opiate dependency. The decedent throughout their life suffered from multiple health issues, including cancer, COPD and diabetes.
- COVID-19 had a negative impact for most decedents' health and recovery.
- One decedent started a small in-person recovery group to support others when many agencies were only providing meetings online.

Theme 6: Employment

- Many decedents were unemployed, although some decedents experienced extended periods of employment.
- Several decedents were terminated from employment due to substance use.
- One decedent was a licensed social worker working in the recovery field and may have felt stigma since they relapsed.

Some discussions with the NOK revealed unique experiences involving the decedent. One decedent experienced multiple non-fatal overdoses prior to the fatal overdose. The decedent was treated at two local hospitals within a few weeks of each other, identifying a potential gap in the system for missed touch points.

There were several barriers and successes identified in conducting NOK interviews over the past year.

NOK Interview Barriers:

- NOK contact and/or case information was inaccurate, incomplete, or delayed
- Inability to reach NOK due to disconnected numbers, no forwarding addresses, or voicemails that do not include any identifying information
- Some NOK initially agreed to an interview but did not return a completed consent form or respond to follow-up contact attempts
- Some interviews took place eventually, but it may have been weeks to months after the initial contact

NOK Interview Successes:

- Opportunity for family members to feel like they are still helping their loved ones and to share the decedent's life story.
- Provide resources (grief, harm reduction, educational) to the NOK
- Identify system gaps:
 - o Managing pain for patients in recovery post-surgery
 - o Treatment for chronic diseases
 - o Support for those who live with and work in recovery

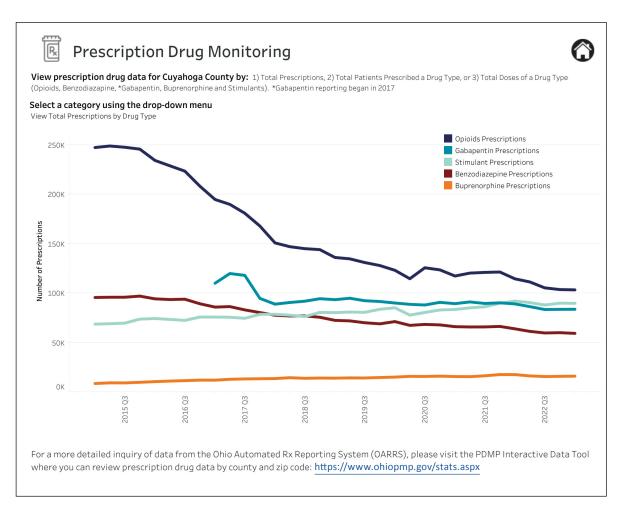


Ohio Automated Prescription Reporting System (OARRS)⁵

OARRS data is often reviewed during the CCOFR to understand a particular decedents' prescription history and to obtain their OARRS overdose risk score. Surveillance is also conducted on the total prescriptions for Cuyahoga County and typically reported on the Cuyahoga County Overdose Data Dashboard. There has been a 9.2% decrease in opioid doses prescribed from Q1 and Q4 2022.

TABLE 2

Total Prescriptions by Drug Type (2022)	Q1	Q2	Q3	Q4
Opioids	114,170	110,220	105,390	103,660
Benzodiazepines	40,750	60,940	59,770	60,050
Stimulants	58,290	89,710	88,050	89,880
Buprenorphine	11,540	16,190	15,670	15,890
Gabapentin	57,070	85,890	83,470	83,640



6 https://www.ccbh.net/overdose-data-dashboard/

Drug-Related Emergency Department Visits7

Access to nonfatal overdose data is a necessity to better understand the true burden of drug-related overdoses in Cuyahoga County. EpiCenter data is used to better understand nonfatal drug injuries by tracking and classifying Emergency Department (ED) visits due to drug-related injuries (including opioids, heroin and stimulants). Annually, these visits account for approximately 32.5% of all ED visits due to drugs.

TABLE 3

ED visits by month (2022)	Number of ED visits due to drugs (n)	Number of ED visits due to specific drug* (n)	Percentage of ED visits due to specific drugs per month (%)
January	291	100	7.3
February	262	69	6.6
March	303	104	7.6
April	309	87	7.8
May	371	122	9.4
June	363	128	9.2
July	358	107	9.0
August	362	135	9.1
September	341	119	8.6
October	358	118	9.0
November	327	97	8.2
December	321	102	8.1
Total	3966	1288	32.5

^{*}Specific Drug - opioid, heroin and/or stimulant classifier

Adults aged 25-49 years of age accounted for the majority of the ED visits related to drugs in 2022.

Table 4

ED visits by age group (2022)	Number of ED visits due to drugs by age (n)	Percentage of ED visits due to drugs by age (%)	Number of ED visits due to specific drug* by age (n)	% of ED visits due to specific drugs by age (%)
Under 12 years	191	4.8	12	0.9
12-17 years	193	4.9	8	0.6
18-24 years	441	11.1	70	5.4
25-34 years	981	24.7	386	30.0
35-49 years	1062	26.8	436	33.9
50-64 years	663	16.7	235	18.2
65 years and over	435	11.0	141	10.9

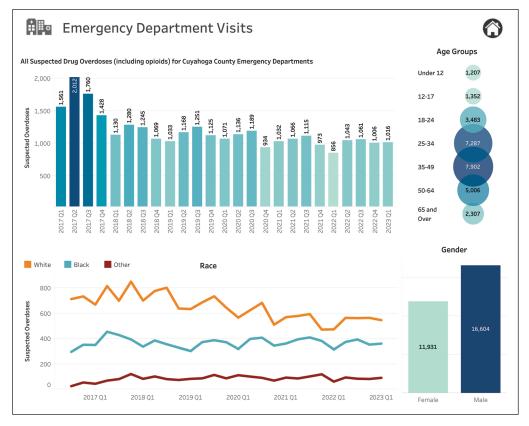
Males were seen in the ED at twice the rates of females for all drug-related visits in 2022.

*Specific Drug - opioid, heroin and/or stimulant classifier

Table 5

ED visits by gender (2022)	Number of ED visits due to drugs by gender (n)	Percentage of ED visits due to drugs by gender (%)	Number of ED visits due to specific drug* by gender (n)	% of ED visits due to specific drugs by gender (%)
Male	2227	56.2	842	65.4
Female	1731	43.6	443	34.4
Unknown	8	0.2	3	0.2
Total	3966	100	1288	100

^{*}Specific Drug – opioid, heroin and/or stimulant classifier



⁶https://www.ccbh.net/overdose-data-dashboard/

Recommendations of the Cuyahoga County Overdose Fatality Review Committee¹

The recommendations of the CCOFR committee are based upon case reviews of fatal overdose deaths in Cuyahoga County. The recommendations are not meant to be exhaustive nor do they encompass all efforts that are being done in Cuyahoga County for the prevention and intervention of overdose-related deaths.

2022 CUYAHOGA COUNTY OFR RECOMMENDATIONS		
GOAL 1: HARM REDUCTION		
Objective 1.1 Increase knowledge and awareness of harm reduction efforts		
Activity 1.1.1	Support outreach/grassroots efforts for making fentanyl test strip (FTS) and naloxone available within local communities and targeted hot spots	
Activity 1.1.2	Advocate training for DCFS staff regarding naloxone distribution to families in need	
Activity 1.1.3	Advocate naloxone training for kinship families through Project DAWN	
Activity 1.1.4	Support outreach out to the culturally diverse populations (e.g. Croatian / Russian) to discuss acceptance and availability of suboxone / MAT	
Activity 1.1.5	Advocate for providers to prescribe naloxone when prescribing an opioid	
Objective 1.2	Increase availability of harm reduction tools (naloxone, fentanyl test strips, syringes, Naloxbox, etc.)	
Activity 1.2.1	Support and expand access to fentanyl test strips to encourage testing drug supplies for fentanyl and fentanyl analogs (e.g. public libraries, drug court)	
Activity 1.2.2	Over 70% of overdose deaths occur when a decedent is using drugs while alone. In order to address this phenomenon it could be helpful to explore innovative harm reduction interventions such as: 1. Explore the feasibility of supervised consumption sites from multidisciplinary partners include those who use drugs, public health, treatment providers and public safety. 2. Explore the distribution of harm reduction kits upon release from correctional faculties and treatment facilities. 3. Explore the impacts of positional asphyxia on drug overdose death, and the	
	implementation of educational campaigns stating to use drugs on a reclining chair, not leaning forward to decrease the chances of positional asphyxia when using drugs.	
Objective 1.3	Support the implementation of the Naloxbox program in Cuyahoga County	
Activity 1.3.1	Advocate for installation of naloxboxes in various locations (e.g. Project DAWN service entities)	
Activity 1.3.2	Support facilitation of training on the use of the naloxboxes	

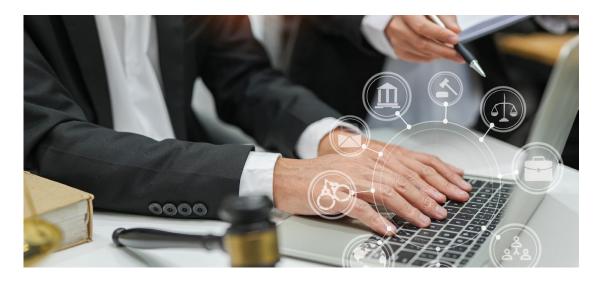


GOAL 2: MEDICAL PREVENTION AND TREATMENT		
Objective 2.1	Increase the number of Medication-Assisted Treatment (MAT) providers	
Activity 2.1.1	Promote education around prescribing MAT and how to access mandatory training requirements	
Activity 2.1.2	Encourage providers to refer clients to walk in MAT clinics as more become available	
Activity 2.1.3	Disseminate list of walk-in MAT clinics to partner agencies	
Objective 2.2	Support education and training of medical providers on the illicit use of prescription medications	
Activity 2.2.1	Focus education efforts on the illicit use of prescription medications	
Activity 2.2.2	Focus education efforts on appropriate prescribing with chronic pain and co- occurring SUD or co-occurring mental health diagnosis	
Activity 2.2.3	Encourage academic detailing programs adoption by healthcare systems a. Focus education efforts on multiple drug interactions (illicit and prescription) from providers to patients. b. Focus education efforts on appropriate prescribing with chronic pain and co- occurring SUD or co-occurring mental health or pain diagnoses c. Encourage providers to educate patients on SUD when prescribing medical marijuana; d. Update academic detailing program/curriculum to add multiple prescription interactions for those with multiple diagnoses, other substances with potential for misuse (e.g. medical marijuana, psychoactive substances, gabapentin), and limitations on drug court management of valid prescriptions e. Explore academic detailing program expansion and adoption by other agencies	
Activity 2.2.4	Research existing academic detailing to gain an understanding if providers are encouraged to look at out of state provider prescriptions in OARRS	
Activity 2.2.5	Provide education on safer prescribing practices	
Activity 2.2.6	Encourage providers (including dentists) to ask patients about SUD in order to ensure proper prescribing to persons in active use or recovery (SBIRT screens)	



GOAL 3: LINKAGE	TO CARE
Objective 3.1	Advocate for increased availability for peer support programs to provide outreach to high-risk populations (e.g. previous nonfatal overdose, diagnosed with SUD, or at risk for substance use disorder)
Activity 3.1.1	For ED's with existing peer support programs, consider combining the efforts of peer support staff and social workers to address clients' needs in a more holistic approach (e.g. California Bridge model)
Activity 3.1.2	Encourage specialty court dockets to adopt peer support programs
Objective 3.2	Encourage collaborations among first responders and treatment providers to improve linkages to treatment for individuals experiencing a nonfatal overdose
Activity 3.2.1	Support utilization of quick response teams (QRT) outreach/capacity and encourage QRT/CIT/outreach teams to be established/used in every jurisdiction
Activity 3.2.2	Support utilization of the Cuyahoga County Diversion Center and Office of Reentry (Oriana House)
Activity 3.2.3	Explore how multiple LE touchpoints can be utilized
Activity 3.2.4	Identify and support patients who are utilizing ED for primary care especially with known trauma
Objective 3.3	Support linkage to MAT and recovery housing/sober living appropriate to a person's needs
Activity 3.3.1	Encourage discussion about HR efforts at County meetings (CCOTF)

GOAL 4: EDUCATIO	ON
Objective 4.1	Advocate for increased eligibility for drug court
Activity 4.1.1	Support continuing education for public defenders, lawyers, and judges on individuals appropriate for drug court
Objective 4.2	Support the enhancement of substance use education and prevention initiatives including the progression of addiction, polysubstance use, addressing adverse childhood experiences
Activity 4.2.1	Increase understanding among the business sector (food service, hotel/motel, trades industry, retail) on the impact substance use can have on employees, patrons and property; promote the implementation of Ohio's BWC drug-free safety program
Activity 4.2.2	Promote bereavement interventions utilizing healthy coping mechanisms after exposure to traumatic experiences
Objective 4.3	Promote appropriate and targeted communication efforts to increase public awareness regarding existing and emerging substances
Activity 4.3.1	Support media and awareness campaigns on emerging trends (e.g. fentanyl adulterating all drug supplies; gabapentin increase in prescribing, illicit use, etc.)
Objective 4.4	Advocate for increased support/outreach to those who are working for recovery services agencies
Activity 4.4.1	Encourage leadership at recovery houses/agencies to utilize available recovery services and support their employees in recovery (e.g. share Thrive warm line information)
Objective 4.5	Encourage outreach to funeral directors related to death certificate data
Activity 4.5.1	Educate funeral directors on the importance of identifying the occupation that person did the majority of their life for the death certificate



GOAL 5: BUILDING	SYSTEM CAPACITIES
Objective 5.1	Enhance SUD treatment for incarcerated / recently incarcerated returning citizens
Activity 5.1.1	Explore how local correctional institutions utilize MAT and release with naloxone
Activity 5.1.2	Increase awareness of the Diversion Center and Office of Reentry as resources for individuals with SUD coming out of incarceration
Activity 5.1.3	Explore opportunities for peer support relationship with community based correctional facility and jails (upon release)
Objective 5.2	Promote timely communication systems to notify appropriate agencies of non-fatal overdose events
Activity 5.2.1	Improve communication between hospice agencies and CCMEO on reporting of fatal ODs
Objective 5.3	Advocate for uniform practices and policies for providing individuals upon release from incarceration at both private and public facilities with treatment resources and harm reduction materials
Objective 5.4	Advocate for providers to use OARRS and improve system access/data available
Activity 5.4.1	Advocate for MAT prescriptions to be tracked in OARRS
Activity 5.4.2	Advocate for the consistent reporting of methadone in OARRS
Activity 5.4.3	Explore OARSS access for non-prescribers to include adjacent state data.
Activity 5.4.4	Promote MAT and methadone tracking in OARRS to help detect patients that may have an SUD.
Activity 5.4.5	Support outreach to medical marijuana providers and use of OARRS



GOAL 6: COMMUN	IITY OUTREACH
Objective 6.1	Promote outreach to community agencies regarding the importance of relapse and recovery plan review, wrap-around services, and accessibility for support group meetings
Activity 6.1.1	Provide support for children when parent has a SUD and/or has a fatal OD
Activity 6.1.2	Conduct NOK interviews to gain insight into fatal overdose prevention, missed opportunities for intervention, etc.
Objective 6.2	Support community outreach to vulnerable populations (including homeless populations)
Activity 6.2.1	Provide resources and information on drug toxicity in applicable locations such as trade schools, community colleges, food service, barbershops/hair/nail salons, local gyms, RTA, community centers and through social media platforms. These efforts should be especially focused on populations at increased risk, including the African American community and the 18-24 year-old (no college) populations
Activity 6.2.2	Promote appropriate educational initiatives in schools and universities to increase awareness of the emerging circulation of substances in the community including education and awareness around stigma
Activity 6.2.3	Revisit areas soon after initial outreach efforts are made by community organizations to keep people engaged

GOAL 7: SURVEILLANCE AND DISSEMINATION	
Objective 7.1	Routinely disseminate trends reviewed from the OFR along with supporting data
Activity 7.1.1	Examine the changes in the purity levels of fentanyl over the last 6 years with DEA
Activity 7.1.2	Encourage utilization of the Cuyahoga County Data Dashboard and associated surveillance products
Objective 7.2	Engage stakeholders to review recommendations and call for action
Activity 7.2.1	Disseminate trends at quarterly stakeholder meetings
Objective 7.4	Explore opportunities to improve existing hospital laboratory systems to enhance surveillance
Activity 7.4.1	Encourage hospital labs to expand toxicology screenings on all ODs
Activity 7.4.2	Recommend hospital laboratory systems to flag specimens from a non-fatal and/or fatal OD so they can be retained for a longer time period further testing

CCOFR Noteworthy Activity Updates for 2022

These highlights do not include all activities being done in our community towards reducing both non-fatal and fatal overdoses. Activities conducted by stakeholders may include various types and sources of funding.

GOAL 1: HARM REDUCTION

Objective: Increase knowledge and awareness of harm reduction efforts

Activity Update: In 2022, the Alcohol Drug Addiction and Mental Health Services Board of Cuyahoga County (ADAMHSCC) provided community outreach and grassroots efforts to distribute 100,000 fentanyl test strips and 1,700 naloxone kits. They also worked with MetroHealth's Project DAWN program to determine and install over 100 naloxboxes throughout various locations in Cuyahoga County, including outdoor boxes. Additionally, they purchased and installed five harm reduction vending machines, overdose buttons and sensors, 447 additional emergency access naloxone cabinets, Narcan (4 mg) and Kloxxado (8 mg) to fill the vending machines and initiated the localization of an overdose response app called Brave. The Board also ran two multi-media public awareness campaigns. One campaign targeted high risk overdose communities and zip codes and provided information about fentanyl awareness and how to access harm reduction tools. The other was a four-phase campaign that targeted the general public in Cuyahoga County and addressed substance use disorder prevention, connection to treatment, stigma reduction and celebrating recovery.

GOAL 2: MEDICAL PREVENTION AND TREATMENT

Objective: Support education and training of medical providers on the illicit use of prescription medications

Activity Update: The preliminary results of MetroHealth Academic Detailing (AD) program showed significant decreases in the number of opioid pills prescribed, the number of opioid prescriptions prescribed, and the number of benzodiazepine/opioid prescriptions prescribed. The Center for Health Affairs (CHA) provided web-based access to a range of opioid training materials and resource guides via various outlets, including the Northeast Ohio Hospital Consortium. A presentation, referred to as "BrightTALK", was offered which covered all aspects of the AD program and the availability of training and technical assistance through CHA and MetroHealth to assist organizations in developing and implementing AD in their agencies. CHA also explored innovative ways to promote training and launched a Prescribing Clinicians Course as part of their educational portal. The CHA AD toolkit has been downloaded 30 times. CHA also has a Prescriber's course and between 9/1/21-8/31/22, 31 prescribers took the course.

GOAL 3: LINKAGE TO CARE

Objective: Encourage collaborations among first responders and treatment providers to improve linkages to treatment for individuals experiencing a nonfatal overdose

Activity Update: Between 9/1/21 and 8/31/22, MetroHealth's Quick Response Team (QRT) made contact with 252 individuals who experienced a nonfatal overdose or were a family member / friend of the individual who had experienced a nonfatal overdose. QRT outreach provided resources and referral information in hopes of linking people with treatment. Around 23% of those contacted were linked with services.

GOAL 4: EDUCATION

Objective: Promote appropriate and targeted communication efforts to increase public awareness regarding existing and emerging substances

Activity Update: In 2022, the Cuyahoga County Board of Health (CCBH) created a Harm Reduction Outreach Campaign containing two messages aimed at harm reduction and drug supply toxicity, and two messages regarding supporting recovery. A Facebook interview with the Cuyahoga County Medical Examiner, Dr. Thomas Gilson, was conducted to highlight how drug overdose deaths in the county are significantly affecting communities of color.

Additionally, representatives from MetroHealth, The Centers, and CCBH collaborated to create an overview of harm reduction for communities and presented the information at a Cuyahoga County Mayors and City Managers Association meeting.

Project White Butterfly provides education through outreach about the toxicity of drug supply in Cuyahoga County. They distribute postcards with information for the Never Use Alone Hotline, The SOAR Initiative deadly batch alert, and The Brave App to help people stay safe while using and informed about toxic drugs.

GOAL 5: BUILDING SYSTEM CAPACITIES

Objective: Advocate for providers to use OARRS and improve system access/data available

Activity Update: The OFR coordinator extended an invitation for an OARRS representative to join the OFR and has worked in coordination with the representative to address system level activities. Additionally, the coordinator extended an invitation for a physician to join OFR to provide insight into prescribing practices.

GOAL 6: COMMUNITY OUTREACH

Objective: Conduct NOK interviews to gain insight into fatal overdose prevention, missed opportunities for intervention, etc.

Activity Update: The following trends and system gaps were identified through 2022 NOK Interviews: Trends: all decedents experienced major trauma; substance use disorder (SUD) started in their early teens; most were diagnosed with mental illness; most dropped out of high school; most had children; most had encounters with law enforcement.

System gaps: one decedent had two non-fatal overdoses shortly before the fatal overdose and were treated at local hospitals; one decedent worked in the SUD field and may have felt stigma regarding the need to seek treatment; one decedent lost custody of their child and was not permitted visitation which may have led to their overdose.

Objective: Support community outreach to vulnerable populations (including homeless populations)

Activity Updates: Project White Butterfly visits locations in the County on a monthly basis to provide naloxone, fentanyl test strips, condoms, and other resources. Additionally, an Educational Gallery Display by Project White Butterfly, made possible with funding from the ADAMHS Board of Cuyahoga County, presents statistics, science, and real life stories to help reduce stigma and break down the barriers of shame and judgement for all people touched by substance use disorder in the community. In 2022 Dispelling Stigma Gallery was shared at: Holy Name High School (approximately 500 students), Solon Treatment Services (approximately 75 clients), Planting Awareness Event for Overdose Awareness Day (160 individuals) Federal Reserve Bank of Cleveland (approximately 950 employees), John Carroll University (approximately 2,700 students), ADAMHS Board Roads to Recovery Conference (280 attendees), Cleveland Public Library (30 people), and Olmsted Falls High School (1,300 students).

GOAL 7: SURVEILLANCE AND DISSEMINATION

Objective: Engage stakeholders to review recommendations and call for action

Activity Updates: The Cuyahoga County Overdose Fatality Review (CCOFR) coordinator hosted quarterly stakeholder meetings with additional interested partners in order to present relevant trends and recommendations that agencies can utilize in their respective line of work. These meetings include attendees from over 40 different agencies. Meetings consisted of reviewing cases at a deidentified aggregate level, reviewing current trends or areas of concern reviewing recommendations, and discussion about how to implement recommendations.

Additionally, the Overdose Data to Action (OD2A) surveillance team improved and updated various maps which were shared only with harm reduction partners to plan upcoming outreach events and distribute naloxone and fentanyl test strips. These maps identified high-burden areas (based on fatal and nonfatal overdoses and included demographic data based on American Community Survey estimates. The demographic information was specifically requested to help partner agencies identify areas where they should be prepared to provide materials in Spanish. The Geospatial analysis and interactive dashboards shared by the surveillance team were used to influence policy change. Thrive Peer support approached Cleveland City Council with a request to distribute harm reduction supplies (i.e., naloxone) on Cuyahoga Metropolitan Housing Authority properties.

Next Steps

The CCOFR continues to monitor membership to ensure richer representation from various agencies. Potential new members are either invited to a particular meeting or asked to become a permanent member of the review committee (as appropriate).

In 2022, Cuyahoga County was invited by the Institute for Intergovernmental Research under the Bureau of Justice Assistance's (BJA) Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) to participate in the Overdose Fatality Review (OFR) Mentor Program for 2022/2023. The purpose of the program is to elevate, communicate, and leverage OFR best promising practices while building bridges between nascent teams and those with demonstrated success. The OFR Mentor Program provides a unique opportunity to learn the application and practice of OFR from experienced peers.

Resources

Comprehensive treatment and harm reduction resources can be found at www.drughelp.care, a website created by Cleveland State University for the community affected by the opioid crisis. The website contains real-time data on treatment centers with open beds, harm reduction resource locations, and locations to obtain peer and family support. The site is fully searchable, and quickly and efficiently matches substance users with the best available treatment services.





Data Sources

- 1. Cuyahoga County Board of Health. Overdose Fatality Review. https://www.ccbh.net/overdose-fatality-review/
- Cuyahoga County Medical Examiner's Office. Heroin/Fentanyl/Cocaine Related Deaths in Cuyahoga County. Mid-year report July 20, 2023. https://cuyahogacounty.us/medical-examiner/resources/overdose-statistics
- 3. Drug Enforcement Agency. Diversion Control Division. Drug and Chemical Evaluation Section. Benzimidazole-Opioids. November 2022 https://www.deadiversion.usdoj.gov/drug_chem_info/benzimidazole-opioids.pdf
- 4. Case Western Reserve University. Begun Center for Violence Prevention Research and Education. Cuyahoga County Overdose Data to Action Initiative (OD2A). Year Three Comprehensive Evaluation Report.
- 5. Ohio Department of Health. Ohio Automated Prescription Reporting System (OARRS). https://www.ohiopmp.gov/stats.aspx
- 6. Cuyahoga County Board of Health. Overdose Data Dashboard. https://www.ccbh.net/overdose-data-dashboard/
- 7. Cuyahoga County Board of Health uses EpiCenter, a web-based surveillance tool administered through the Ohio Department of Health. Data Notes: Data pulled using EpiCenter Classifiers: Suspected Drug Overdose, suspected overdose involving any opioid, suspected overdose involving heroin

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