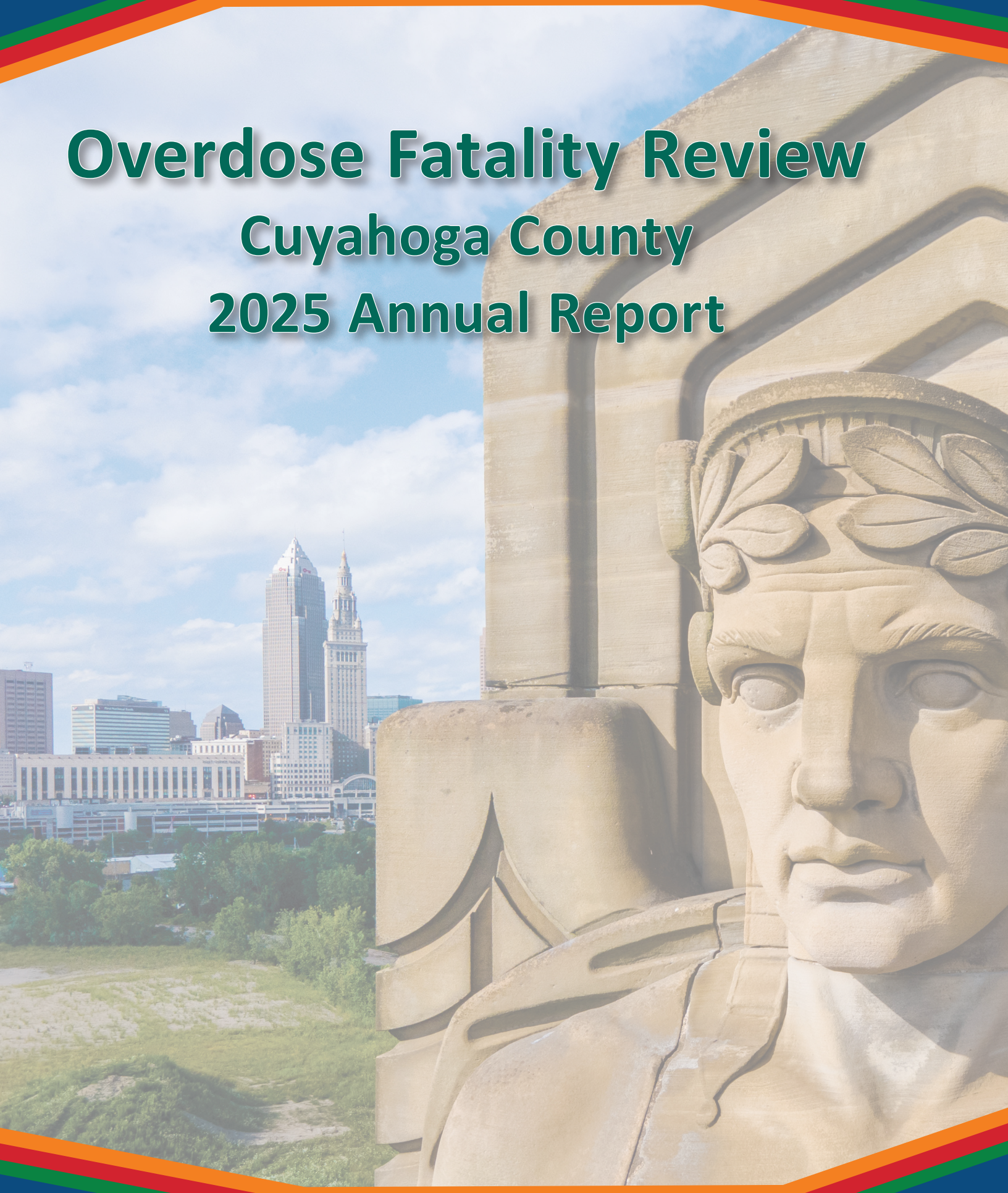
Overdose Fatality Review

Cuyahoga County

2025 Annual Report



Overdose Fatality Review (CCOFR) Partners

OARRS | OHIO AUTOMATED RX REPORTING SYSTEM

CASE WESTERN RESERVE UNIVERSITY
Jack, Joseph and Morton Mandel School of Applied Social Sciences
Begun Center for Violence Prevention Research and Education

THE CENTERS
Health. Family. Work. H.O.P.E.

ADAMHS BOARD OF CUYAHOGA COUNTY
ALCOHOL, DRUG ADDICTION & MENTAL HEALTH SERVICES

THRIVE
PEER RECOVERY SERVICES

MetroHealth

CCBH CUYAHOGA COUNTY BOARD OF HEALTH
Your Trusted Source For Public Health Information

Southwest General
Partnering with University Hospitals

Cuyahoga County Division of Children & Family Services

CITY OF CLEVELAND
Mayor Justin M. Bibb
PUBLIC HEALTH

Contents

Cuyahoga County Overdose Fatality Review Workgroup[1]

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 (OFR) that examines exemplar cases.

The **purpose** of the CCOFR is to meet bimonthly to review decedent cases to identify missed intervention opportunities and create written recommendations that agencies can 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 the CCOFR are then compared to all overdose decedent populations to understand the scope.

Case Review Meetings:

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 and criminal records, decedent medical history and next of kin interviews.

Desk Review Meetings:

The CCMEO was funded by BJA's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) in 2023 for a three- year project to expand the OFR by oversampling trends, adding randomization to the OFR case selection process, and disseminating findings. A multidisciplinary team, including the CCMEO, CCBH, Case Western Reserve University (CWRU) Begun Center for Violence Prevention Research and Education, and the ADAMHS Board reviews an additional 36 OFR cases per year. These additional reviews aim to support the findings of the OFR committee and disseminate new knowledge to the public through an educational campaign (15PBJA-23-GG-02323-COAP).

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, and provide input on potential prevention efforts
- Identify ways in which the representative can make changes in 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

The following agencies and individuals comprised the 2025 CCOFR, including:

- Addiction treatment providers
- Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County
- Case Western Reserve University (CWRU), Begun Center for Violence Prevention and Research Education
- Cleveland Department of Public Health (CDPH)
- 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)
- Southwest General Health Center
- The Centers
- The Woodrow Project
- Thrive Peer Recovery Services
- Westshore Enforcement Bureau (WEB)

Executive Summary

In 2025, Cuyahoga County had 363 overdose fatalities, a 13% decrease from the 419 drug overdose deaths in 2024. The majority of overdose decedents were white, non-Hispanic, males, between 25-64 years old.

Table 1 shows the types of death among the 363 Fatal Overdose Cases ruled for 2025.

TABLE 1

Type of death	Cases (n=363)	%
Total unintentional drug overdose deaths	334	92%
Total unintentional drug overdose deaths involving opioids	160	44%
Total number of unintentional deaths reviewed	52	14%
Total number of unintentional deaths involving opioids reviewed	40	11%
Total number of unintentional deaths not reviewed	282	78%
Total number of unintentional deaths involving opioids not reviewed	120	33%

Overdose deaths continued to decline in 2025, and cocaine outpaced fentanyl as the most prevalent drug identified in overdose fatalities. See the Brief Report published in Public Health Reports by the Cuyahoga County Medical Examiner's Offices. Most deaths occurred due to a combination of drugs.

Drug overdose deaths in Ohio for 2025 reached their lowest level in nearly a decade, since before fentanyl was introduced. A data brief, prepared by CWRU Begun Center for Violence Prevention Research and Education, outlines the trajectory of key metrics and important considerations for 2025.

Fifty-two overdose fatalities were reviewed by the CCOFR. Themes included non-fentanyl related overdoses, transgender decedents, next of kin interviews, overdose prevention touchpoints, cocaine (only) listed in the cause of death, Hispanic decedents and female decedents with trauma. Based on the cases reviewed,

- Most decedents had a known history of substance use disorder (SUD) or diagnosis.
- Most decedents had co-occurring pain and SUD.
- Most decedents had co-occurring mental health condition(s) and SUD.
- Some decedents had a known emergency department (ED) visit for withdrawal.
- Most decedents appeared to be using drugs while alone.
- More than half of decedents were known to have criminal justice and/or law enforcement encounters that resulted in incarceration.

In addition, seventeen next of kin interviews were completed for fourteen of decedent cases reviewed by the COFR (several cases included more than one family interview). The findings from these interviews support conclusions from the data gathered by the OFR committee. Based on the NOK interviews conducted,

- Most decedents were involved with the criminal justice system at some point in their lives.
- Half of the decedents' parents were never married or were divorced.
- Half of the decedents witnessed or experienced abuse within their household as children.
- Most decedents had multiple attempts at recovery and half of them experienced multiple non-fatal overdoses prior to death.
- All decedents used marijuana at some point.
- All decedents had a history of mental health issues, including depression, anxiety, schizophrenia, bi-polar disorder, and/or suicide ideation.
- Nearly half of the decedents had significant ongoing health issues.
- Most decedents experienced periods of steady employment usually in the service industry or as laborers. Two decedents worked for Fortune 500 companies.
- Most decedents had a family history (including parents, siblings and grandparents) of SUD and/or MH issues.

The following priorities were identified for 2026:

- Advocate for more educational opportunities for providers on treating patients with co-occurring substance use disorder, mental health disorder and pain.
- Advocate more educational opportunities for providers on treating patients with Stimulant Use Disorder. Increase access to Contingency Management (CM) programs in the county and advocate for Medicaid coverage for CM programs.
- Advocate for peer support programs in all settings to provide outreach to high-risk populations.
- Educate people who use drugs or are in recovery on the decreased tolerance following periods of sobriety, especially when people leave a sober living environment.

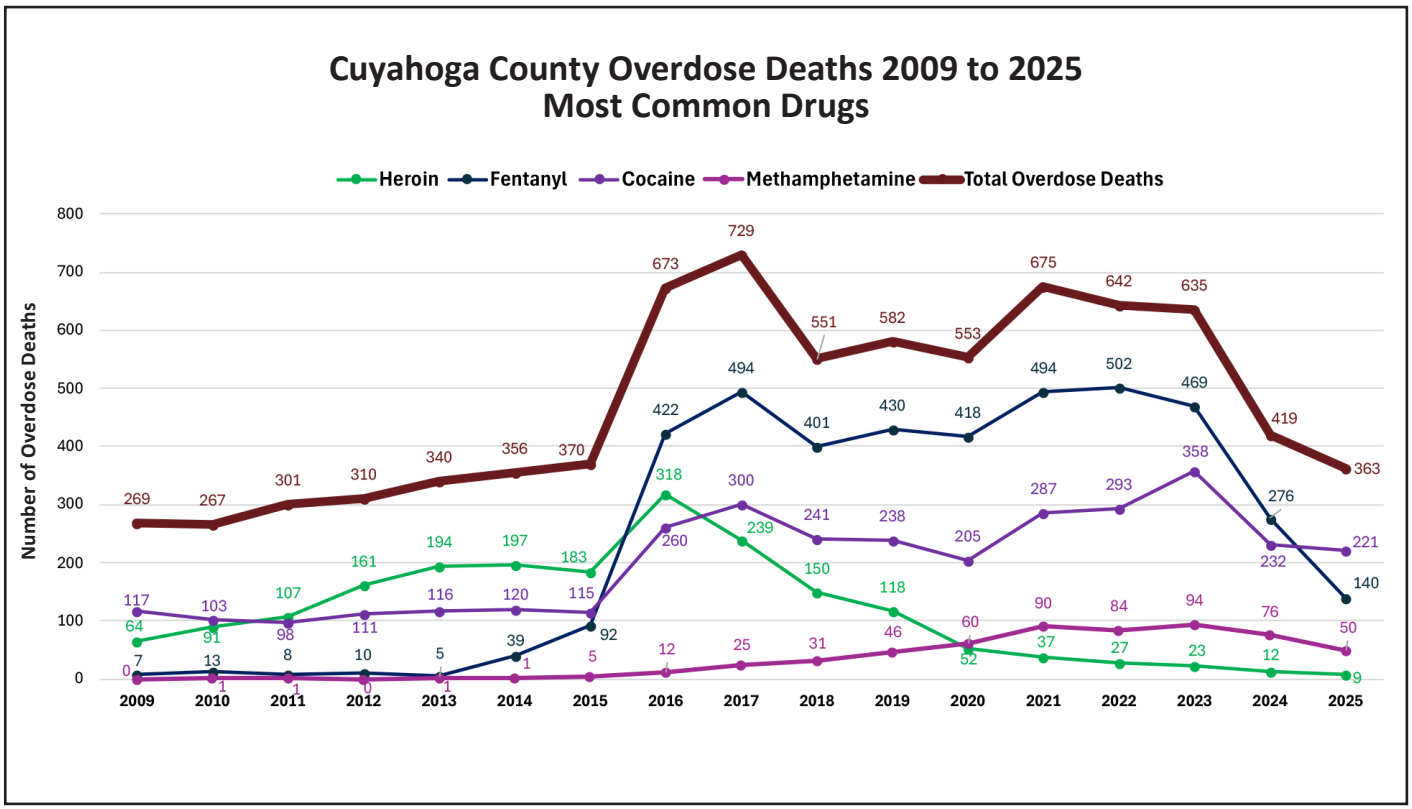
CCOFR Data Findings[2]

Surveillance Metrics for Cuyahoga County

CCMEO Data

Figure 1 shows the most common drugs identified in overdose deaths from 2009-2025.

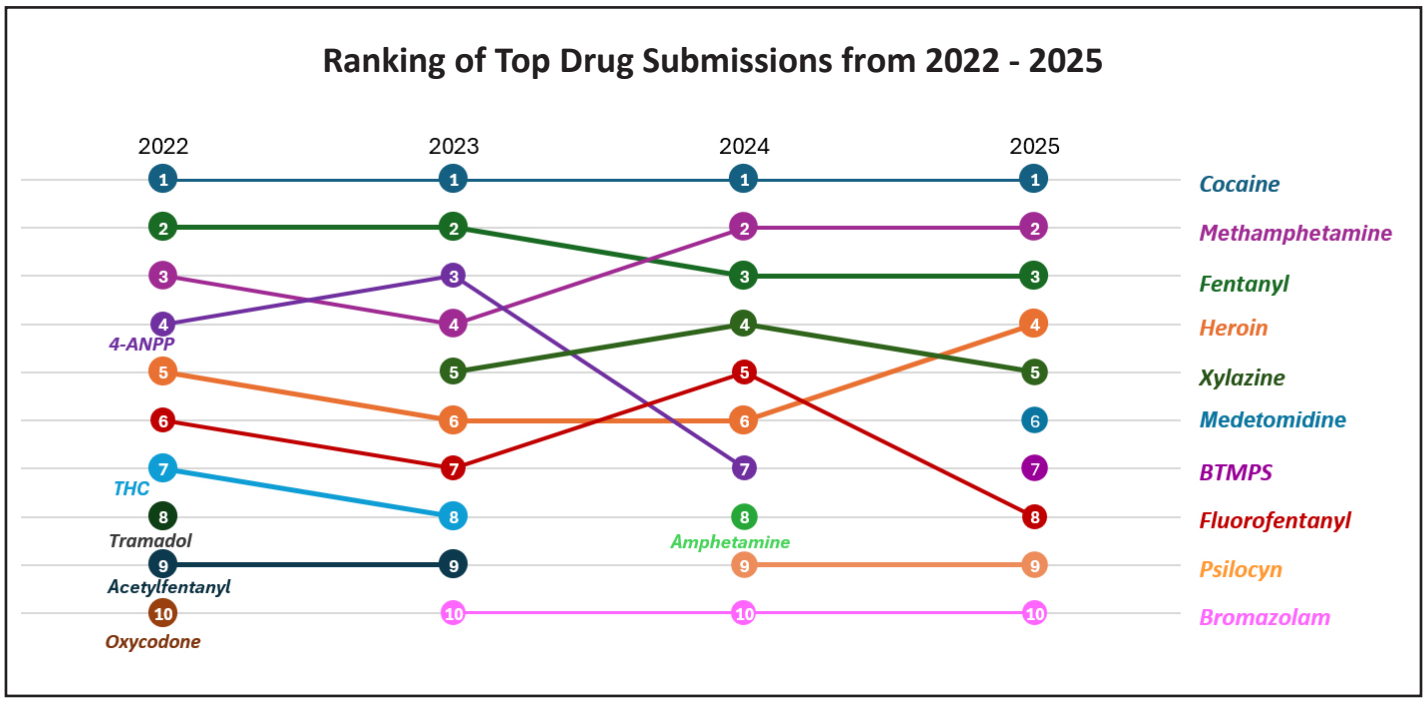
FIGURE 1



Data Source: CCMEO & Cuyahoga County Regional Forensic Science Laboratory (CCRFSL) accredited by the National Association of Medical Examiners. The CCRFSL, accredited by the American Board of Forensic Toxicology, provides forensic analytical testing of specimens. The detection of substances by the laboratory may not necessarily be the ultimate cause of death as determined by the pathologist; therefore data are provisional and subject to change. *Drug categories are not mutually exclusive, as most deaths are attributed to multiple drugs. All 2025 cases are finalized.

Figure 2 shows the top ten drug submissions to Cuyahoga County Regional Forensic Science Laboratory of drug seizures from 2022-2025.

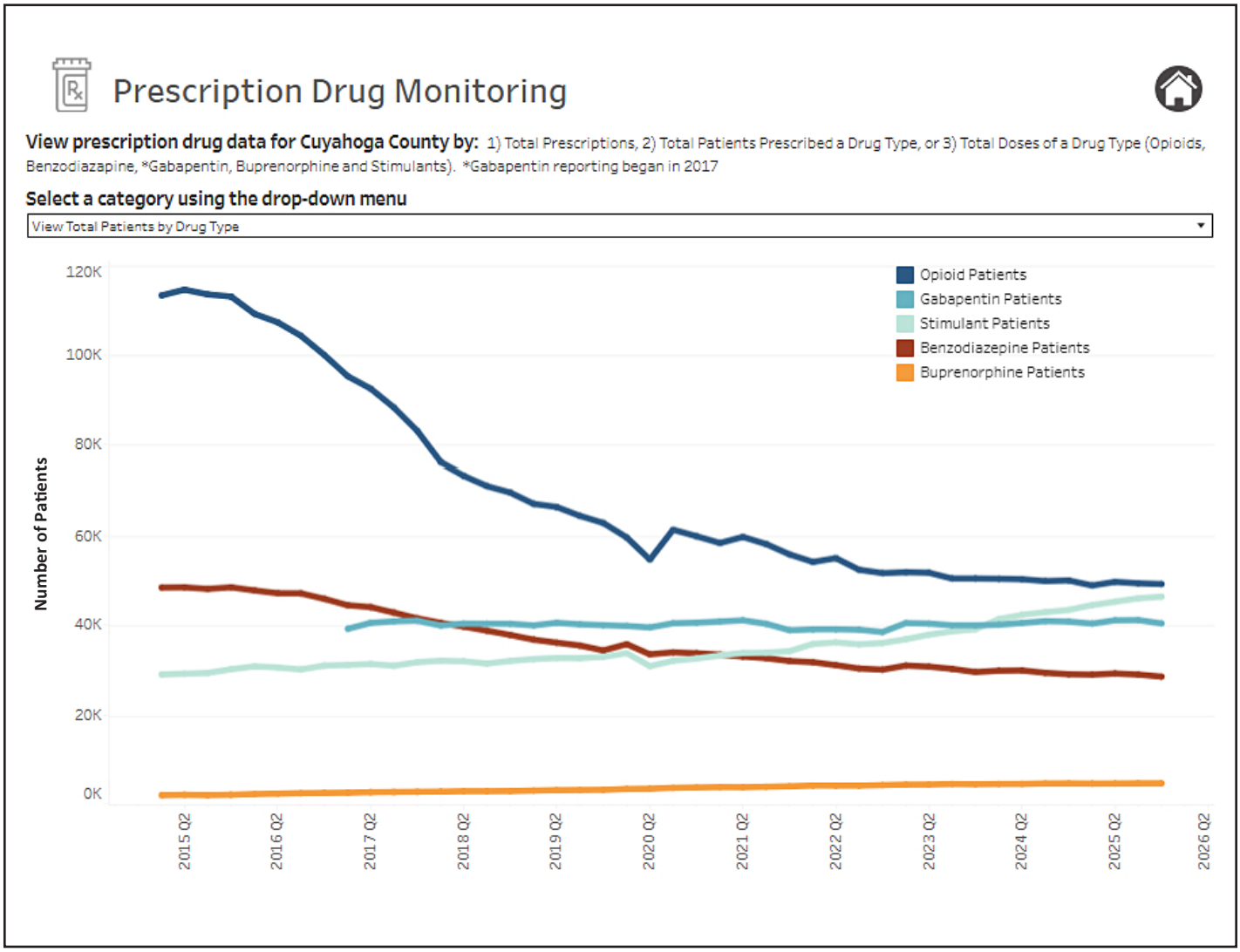
FIGURE 2



Ohio Automated Prescription Reporting System (OARRS)

OARRS data is often reviewed during the CCOFR to understand a particular decedent's prescription history and to obtain their OARRS overdose risk score. Surveillance is also conducted on the total prescriptions for Cuyahoga County and is typically reported on the Cuyahoga County Overdose Data Dashboard, as seen in **Figure 3**. There was a 49.7% decrease in opioid doses prescribed from Q1 (n=97,990) to Q4 (n=49,240) in 2025.

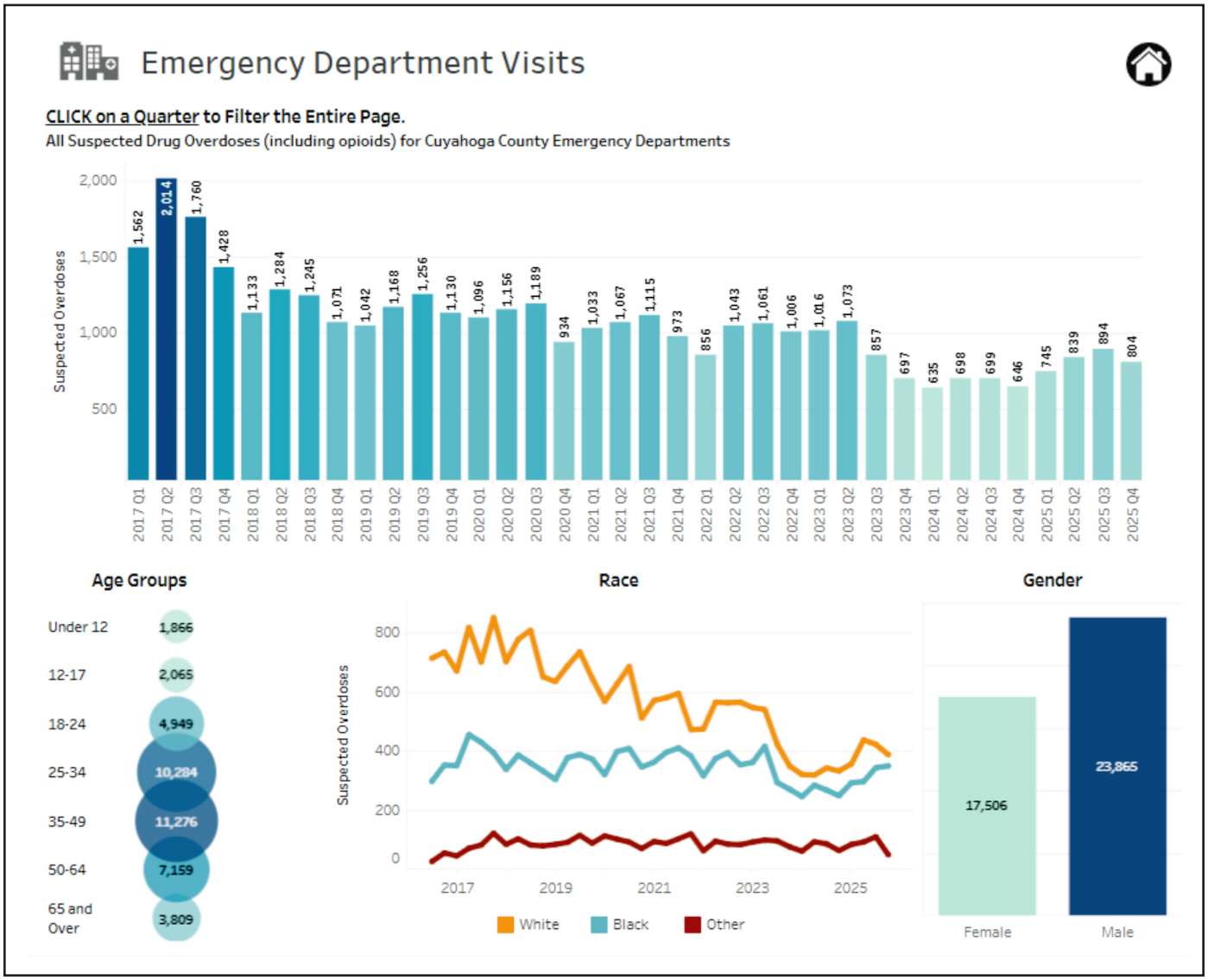
FIGURE 3



Drug-Related Emergency Department Visits

Access to non-fatal overdose data is necessary to understand the true burden of drug-related overdoses in Cuyahoga County. EpiCenter data, as seen in **Figure 4**, is used to better understand non-fatal 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 14.0% of all ED visits due to drugs.

FIGURE 4



Cuyahoga County Pilot Drug Checking Program

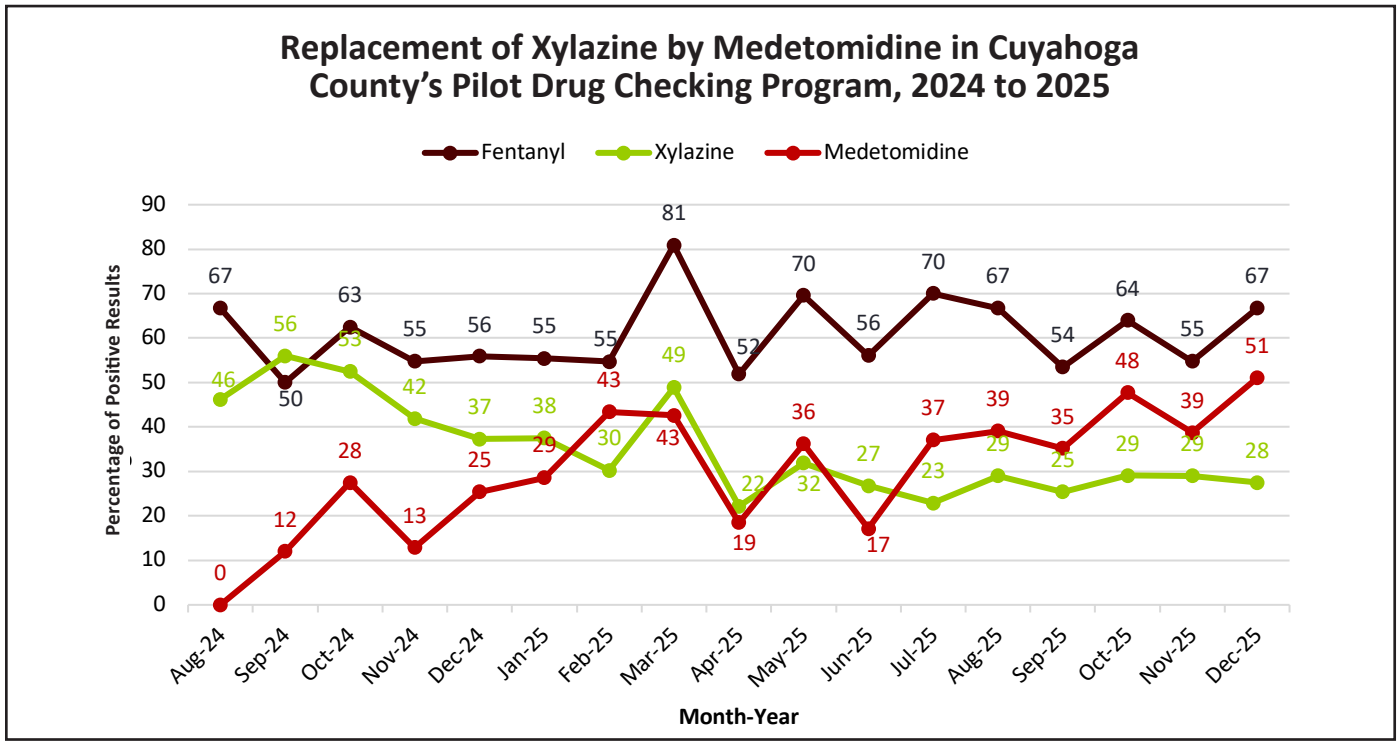
The drug checking program that started in Cuyahoga County in August of 2024, funded by CDC's OD2A Local grant, continues to test used paraphernalia collected by the overdose prevention sites (OPS) operated by MetroHealth System and The Centers. After testing syringes for about one year, the program expanded to include paraphernalia such as pipes and cookers for testing, beginning September 2025. The collected paraphernalia is tested at the Cuyahoga County Regional Forensic Sciences Laboratory. The Begun Center conducts the data analysis and program evaluation. Test results are shared with the OPS, the individuals who submitted the paraphernalia and via a dashboard on the county website. The major aims of this county-wide program are to understand the local drug supply, drug use patterns and emerging trends, and to find the gap between users' perceptions and actual drugs used.

From January through December 2025, a total of 698 samples (687 syringes, 3 pipes and 8 cookers) were collected. A majority of the clients submitting paraphernalia were non-Hispanic (n=639, 92%), white (n=625, 90%) males (n=380, 54%) with an average age of 42 years. A client could expect one or more drugs in the submitted sample, and a sample could test positive for more than one substance. The most expected drugs by clients were heroin (n=400, 57%) and fentanyl (n=302, 43%). It is important to note that clients may use these terms interchangeably or as a general term. Illicit fentanyl and analogs (n= 436, 63%) remained the most detected drugs upon testing, followed by cocaine (n=264, 38%), medetomidine (n=258, 37%), heroin (n=233, 33%), xylazine (n=207, 30%), and methamphetamine (n=154, 22%). BTMPS (n=132, 18%), tetracaine (n=9, 1%), benzocaine (n=6, 1%) and MDMA (n=5, 1%) were also detected. Diphenhydramine, caffeine and quinine were among the active adulterants, and mannitol and inositol were among inactive adulterants detected in the paraphernalia tested .

Emerging Trends

Xylazine and Medetomidine are two veterinary sedatives that have frequently shown up in the Cuyahoga County Pilot Drug Checking Program in combination with fentanyl. Since July 2025, medetomidine continues to displace xylazine in the Cuyahoga County drug supply as seen in **Figure 5**. This shift warrants close monitoring as medetomidine is potentially 100-200 times more potent than xylazine and is often associated with prolonged withdrawal symptoms. In 2025, there were 8 xylazine deaths and 2 medetomidine deaths reported in Cuyahoga County. The CCMEO continues to monitor these emerging substances.

FIGURE 5



OFR Reviews

TABLE 2 compares the demographic characteristics of all 2025 overdose fatalities against those selected for Overdose Fatality Review (OFR).

TABLE 2

	All Drug Overdose Deaths in 2025 (n=63)		Cases Reviewed by OFR (n=52)	
Age	**OD decedents**	**%**	**OD decedents**	**%**
0-14	1	0.3%	0	0%
15-24	6	2%	0	0%
25-34	45	12%	10	19%
35-44	56	15%	19	37%
45-54	85	23%	6	12%
55-64	90	25%	12	23%
65+	80	22%	5	10%
Sex	**OD decedents**	**%**	**OD decedents**	**%**
Male	254	70%	32	62%
Female	109	30%	20	38%
Race/Ethnicity	**OD decedents**	**%**	**OD decedents**	**%**
Hispanic	21	6%	6	12%
Unknown/Unknown	0	0%	0	0%
Black Non-Hispanic	166	46%	15	29%
White Non-Hispanic	173	48%	31	60%
Asian/Pacific Islander Non-Hispanic	3	1%	0	0%
American Indian Non-Hispanic	0	0%	0	0%
Race/Ethnicity/Sex	**OD decedents**	**%**	**OD decedents**	**%**
Hispanic Male	17	5%	4	8%
Hispanic Female	4	1%	2	4%
Black Non-Hispanic Male	122	34%	8	15%
Black Non-Hispanic Female	44	12%	7	13%
White Non-Hispanic Male	113	31%	20	38%
White Non-Hispanic Female	60	17%	11	21%
Asian/Pacific Islander Non-Hispanic Male	2	1%	0	0%
Asian/Pacific Islander Non-Hispanic Female	1	0%	0	0%
American Indian Non-Hispanic Male	0	0%	0	0%
American Indian Non-Hispanic Female	0	0%	0	0%

Table 3 compares the most prevalent drugs identified in toxicology of all OD decedents vs. those reviewed in the 2025 OFR.

TABLE 3

Top Drug*	All Drug Overdose Deaths in 2025 (n=363)		Cases Reviewed by OFR (n=52)	
Fentanyl (including fentanyl analogs)	140	39%	37	71%
All Opioids	168	46%	40	77%
Cocaine	221	61%	34	65%
Methamphetamine	50	14%	14	27%
Heroin	9	2%	2	4%
Cocaine and Fentanyl	85	23%	23	44%
Cocaine without Fentanyl	136	37%	11	21%
Cocaine Only	69	19%	9	17%

*Drug categories are not mutually exclusive, as most deaths are attributed to multiple drugs. For example, cocaine without fentanyl can include any other drug excluding fentanyl. The only category with a single drug is “cocaine only”.

Table 4 compares the demographic and systemic trends among all overdose decedents to those specificlly selected for case review in 2025.

TABLE 4

Theme	All Drug Overdose Deaths in 2025 (n=363)		Cases Reviewed by OFR (n=52)	
Overdoses not related to fentanyl	223	61%	15	29%
Transgender decedents	*	*	3	6%
Next of Kin interview	*	*	13	25%
Overdose prevention in touchpoints	*	*	21	40%
Ocerdoses with only cocaine in cause of death	69	19%	9	17%
Hispanic decedents	21	6%	6	12%
Female decedents with trauma	*	*	16	31%

* Information not yet available for all drug overdose deaths in 2025.

2025 OFR data findings (n=52)

Substance Use Disorder (SUD) or diagnosis among decedents (n=46)

- 46 (89%) decedents had a known history of substance use disorder or diagnosis. The most common substances known to be used by these decedents were:
    - alcohol (n=36, 78%)
    - cocaine (n=36, 78%)
    - marijuana (n=34, 74%)
    - prescription opioids (n=28, 61%)
    - heroin (n=27, 59%)
- For 29 decedents, where information about age at first known use of substances was available, the average age of first known use was 16 years (Range – 8 to 27 years)
- 20 (43%) decedents had a history of one or more known non-fatal overdoses
- 30 (65%) decedents were known to have received treatment for substance use disorder in their adulthood
- 3 (7%) of decedents were known to have visited their mental health provider in the last 12 months

Co-occurring pain and substance use disorder (SUD) among decedents (n=48, 92%)

- All 48 decedents with a known history of pain were reported to have pain in their adulthood
- 43 (90%) were known to receive medical care or treatment for pain
- 36 (75%) were known to receive treatment for acute pain
- 30 (63%) reportedly received treatment for chronic pain. Among these, 34 (71%) were known to receive an opioid prescription for pain relief.

Co-occurring mental health condition and SUD among decedents (n=42, 81%)

- Among the 42 decedents with a known mental health condition/diagnosis, the most common diagnoses were:
    - depressive disorders (n=34, 81%)
    - anxiety disorders (n=34, 81%)
    - trauma (n=31, 74%)
    - stress-related disorders (n=15, 36%)
- 34 (81%) decedents had a known visit to mental health provider in their adulthood

ED visits among decedents

- 10 (19%) decedents had a known emergency department (ED) visit for withdrawal
- 11 (21%) had a known ED visit related to non-fatal overdose across their lifetime
- 16 (31%) decedents were known to have at least 1 ED visit in the 12 months prior to death. The most common reasons for the most recent ED visit for these 16 decedents were acute illness (n=5, 31%), and injury (n=4, 25%).

Prescription data from OARRS among decedents (n= 34)

- Of the 34 of the decedents that had medications entered into OARRS within two years prior to death 23 (68%) were prescribed opioids
    - 6 (18%) were prescribed benzodiazepines
    - 2 (6%) had concurrent opioid and benzodiazepine prescriptions
    - 20 (59%) had multiple prescribers and multiple pharmacies

Using drugs while alone among decedents

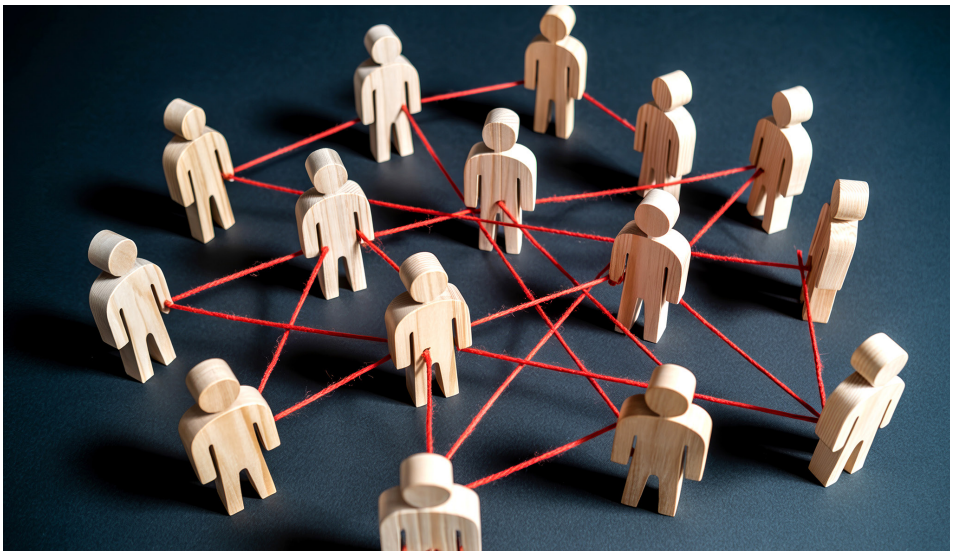
- 51 (98%) decedents had EMS called to the scene
- 43 (84%) decedents had NO presence of a pulse when EMS arrive
- 12 (23%) decedents had naloxone administered
- 4 (8%) decedents were witnessed using the drug use that resulted in the fatal overdose

Criminal Justice /Law Enforcement encounters (n=41)

- 41 (79%) decedents had a known history of one or more arrests
- 30 (58%) decedents were known to be incarcerated at least once
- 29 (56%) decedents were known to have community supervision.
- 3 (6%) decedents had a known touchpoint with post-adjudication program or specialty court

Social services received (n=29)

- 11 (21%) decedents received Medicaid
- 9 (17%) decedents received Child Protective Services
- 8 (15%) decedents received Supplemental Security Income



Next of Kin Interviews

The Alcohol Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County provides support and assistance to the CCMEO in OFRs. The Opioid Use Disorder (OUD) Specialist at the ADAMHS Board receives the names of the decedent's next-of-kin (NOK) and, when possible, conducts interviews prior to the CCOFR and Desk Review meetings for those consenting to be interviewed. Based on the family interview, the OUD Specialist presents information about the decedent during the case review. The case criteria expanded to include all overdose deaths, not just from opioids.

During a one-year period (1/01/25-12/31/25), contact was attempted with NOK for 52 decedents, 21 NOK consented, and 17 interviews were completed for 14 decedents (several cases included more than one family interview.) Of the completed interviews, 10 decedents were male, four were female. All interviews were conducted by phone or via video chat and participants received a $40.00 gift card.

Interview Themes

Decedents' NOK were asked a series of questions by the OUD Specialist. NOK responses revealed a number of common themes. Interview questions probed the decedents' substance use history (including treatment), level of education, childhood experiences, mental health and medical histories, relationships at time of death, justice system involvement, 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

- 10 (71%) decedents were involved with the criminal justice system at some point in their life. Most of the charges involved DUI's and/or were related to drug possession. One decedent was charged with manslaughter for sharing substances that caused a fatal overdose.

A NOK shared, "The courts returned my son's license against my wishes after multiple DUIs. He died within 48 hours of getting his license back".

Theme 2: Relationships and Adverse Childhood Experiences (ACEs)

"My sister never learned life skills — how to manage money, pay bills, be an adult, so when she was in active recovery, she was overwhelmed and couldn't maintain it." Decedent's NOK

- 7 (50%) decedents' parents were never married or divorced.
- 7 (50%) decedents had childhood trauma, including witnessed or experienced abuse within their household, death of a parent, parental abandonment and verbal, physical and sexual abuse from siblings or parental figures.
- 6 (42%) decedents had children of their own.
- 3 (50%) decedents were involved with Cuyahoga County Division of Child and Family Services as adults and several lost custody or gave up custody of their children due to their SUD and/or issues related to their mental health.

Theme 3: Education

- 11 (78%) decedents graduated from high school.
- 3 (21%) decedents dropped out of high school, 1 (33%) earned a GED after dropping out.
- 3 (27%) attended college and 2 (18%) graduated with degrees from a four-year college.

One of the NOK interviewed shared that her son was only able to maintain recovery while in highly structured recovery environments. He received treatment in private facilities all over the US but once he was away from that environment, he returned to use.

Theme 4: Substance Use and Recovery History

- 12 (85%) decedents had multiple attempts at recovery and 7 (50%) of them experienced at least one non-fatal overdose prior to death. One decedent had at least 9 non-fatal ODs.
- All decedents used marijuana at some point.
- 5 (41%) decedents were prescribed Suboxone.
- One decedent died shortly after being released from a long-term treatment program.
- 2 (14%) decedents had no SUD treatment history. According to the NOK, they never admitted they needed help.

"My brother was his own biggest barrier to treatment, he never admitted he had an issue." – NOK

Theme 5: Physical and Mental Health

- All decedents had a history of mental health issues, including depression, anxiety, schizophrenia, bi-polar disorder and/or suicide ideation.
- 2 (14%) decedents were diagnosed with ADHD as children and prescribed medication.
- 6 (42%) decedents had significant ongoing health issues, including diabetes, chronic pain, Hepatitis C, seizures, cancer, esophageal bleeding, hip and back surgeries, loss of mobility, low liver function, HIV+ and dental issues.
- 2 (50%) female decedents experienced the death of a child. One decedent lost a child at 3 weeks of age due to SIDS and one at 6 mos. of age. DCFS removed the remaining children from the custody of both female decedents. One male decedent had children removed from his custody due to AUD.

- 3 (21%) decedents expressed suicide ideation. 2 (11%) NOK stated they believed the decedent died by suicide even though the death was ruled accidental. This belief was based on the actions and statements made by the decedents shortly before death as well as previous suicide attempts.

Theme 6: Employment

- 10 (71%) decedents experienced periods of steady employment usually in the service industry or as laborers.
- Two decedents worked for fortune 500 companies.

Theme 7: Family history

- 13 (92%) decedents had a family history of SUD and/or MH issues, including parents, siblings and grandparents.

NOK Interview Barriers

- NOK contact and/or case information was inaccurate or incomplete.
- NOK unaware that the decedent died from an overdose or not aware of the decedent's substance use disorder.
- Inability to reach NOK due to reassigned or disconnected phone numbers, no forwarding addresses, and/or voicemails that are full or do not include any identifying information.
- NOK initially agreed to an interview but did not respond to follow-up contact attempts.
- Some interviews took place eventually, but it may have been weeks or months after the initial contact.

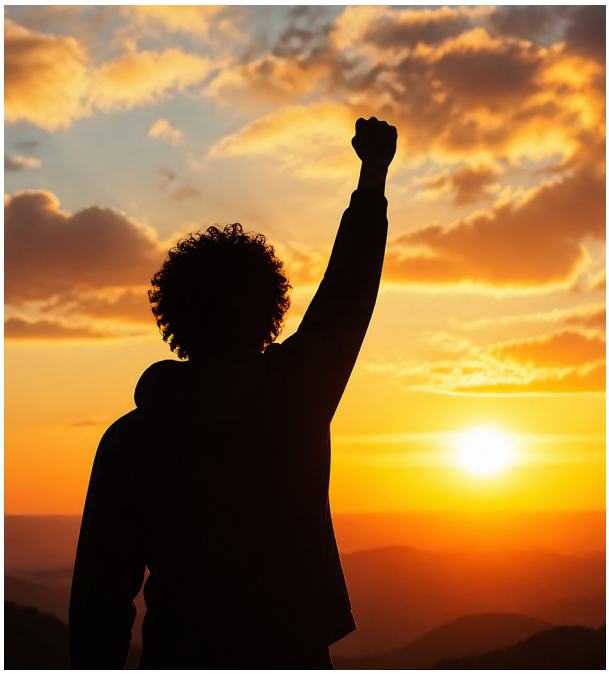
NOK Interview Successes

- Interviews provided an opportunity for family members to feel like they are still helping their loved ones and to share the decedent's life story.
- Provided resources (grief, overdose prevention, educational) to the NOK
- Identified system gaps:
- Decedents with chronic pain sought illicit substances because their pain was not addressed by the healthcare system.
- Decedents denied access to detox treatment due to ongoing health issues.
- Decedents who moved back to Ohio had limited access to MAT after living in states where MAT is widely accessible.
- Courts do not consider feedback from parents before restoring driving rights after multiple DUIs.

Recommendations of the Cuyahoga County Overdose Fatality Review Committee[1]

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 being made in Cuyahoga County for the prevention and intervention of overdose-related deaths.

- Advocate for more educational opportunities for providers on treating patients with co-occurring substance use disorder, mental health disorder and pain.
- Advocate more educational opportunities for providers on treating patients with Stimulant Use Disorder.
- Advocate for peer support programs in all settings to provide outreach to high-risk populations.
- Educate people who use drugs or are in recovery on the decreased tolerance following periods of sobriety, especially when people leave a sober living environment.



CCOFR Success Story from 2025

During a case review meeting, there was discussion about the impact of fentanyl use (vs. opioids and other substances) and non-fatal overdose patients seen in local emergency departments. It was noted that some providers were potentially missing a patient's fentanyl use or unintentional exposure because not all healthcare systems in Cuyahoga County included fentanyl in their toxicology screenings on suspected overdoses. The discussion resulted in a recommendation for all hospital labs to expand their toxicology screening protocols to always include fentanyl. In less than a month's time, a committee member was able to connect with healthcare leaders to successfully add fentanyl to all routine urine drug screens across all healthcare system in the county. It is anticipated that this will increase the likelihood of engagement with addiction treatment and recovery services for individuals that use drugs.

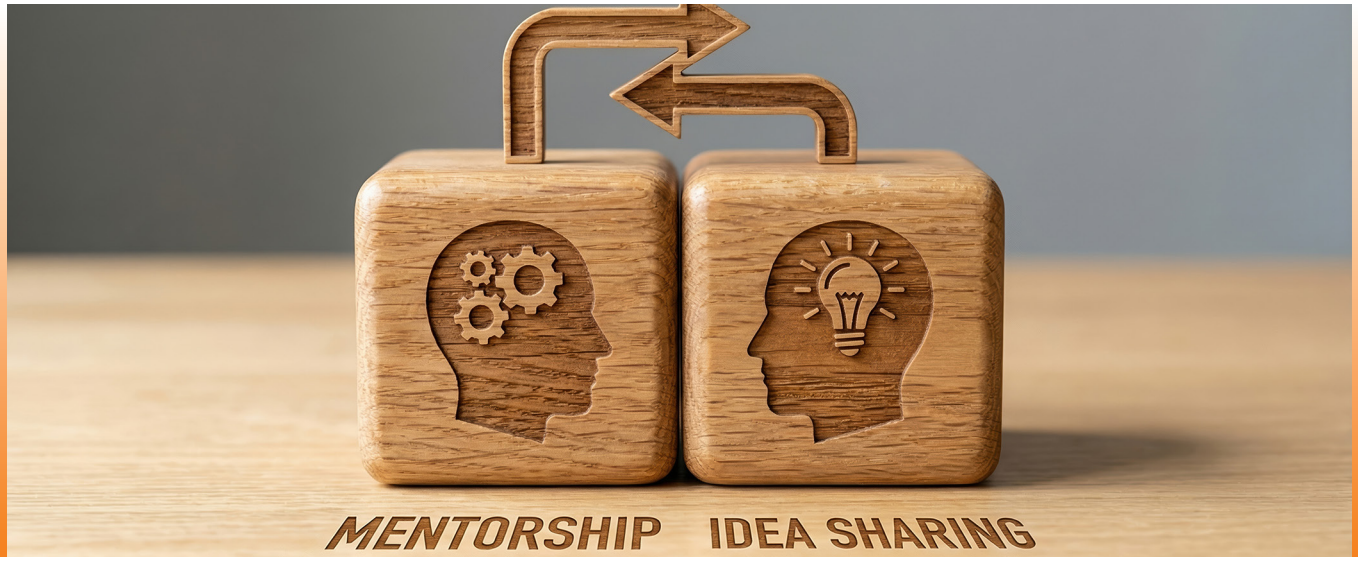
Next Steps

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 2025, Cuyahoga County continued to participate as a mentor site for the Institute for Intergovernmental Research under the Bureau of Justice Assistance's (BJA) Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) OFR Mentor Program. 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. The following jurisdictions were mentored in 2025: Kane County (Illinois), Erie County (Pennsylvania), and Mecklenburg County (North Carolina).

Resources

Comprehensive treatment and overdose prevention resources can be found at Drughelp.care, a free website created by Cleveland State University for the community affected by the opioid crisis. The site allows drug treatment providers to list the number of open treatment slots daily. It is fully searchable, and quickly and efficiently matches substance users with the best available treatment services including assessment, outpatient treatment, intensive outpatient treatment, partial hospitalization, residential treatment, inpatient treatment, sober living, overdose prevention, and peer and family support.



Data Sources

1. Cuyahoga County Board of Health. Overdose Fatality Review, 2025. https://www.ccbh.net/overdose-fatality-review/
2. Cuyahoga County Medical Examiner's Office. Overdose Statistics, 2025. https://cuyahogacounty.gov/medical-examiner/resources/overdose-statistics
3. Ohio Department of Health. Ohio Automated Prescription Reporting System (OARRS), 2025. https://www.ohiopmp.gov/stats.aspx
4. Cuyahoga County Board of Health. Overdose Data Dashboard, 2025. https://www.ccbh.net/overdose-data-dashboard/
5. Cuyahoga County Board of Health uses EpiCenter, a web-based surveillance tool administered throughthe Ohio Department of Health. Data Notes: Data pulled using EpiCenter Classifiers: Suspected DrugOverdose, suspected overdose involving any opioid, suspected overdose involving heroin.
6. Bhullar, M. K., Franks, S. D., & Gilson, T. P. (2026). Decline in Fentanyl-Related Overdose Deaths and Subsequent Change in Decedent Demographic Characteristics: Trends in Cuyahoga County, Ohio, 2023-2025. Public Health Reports®, 00333549261435474.

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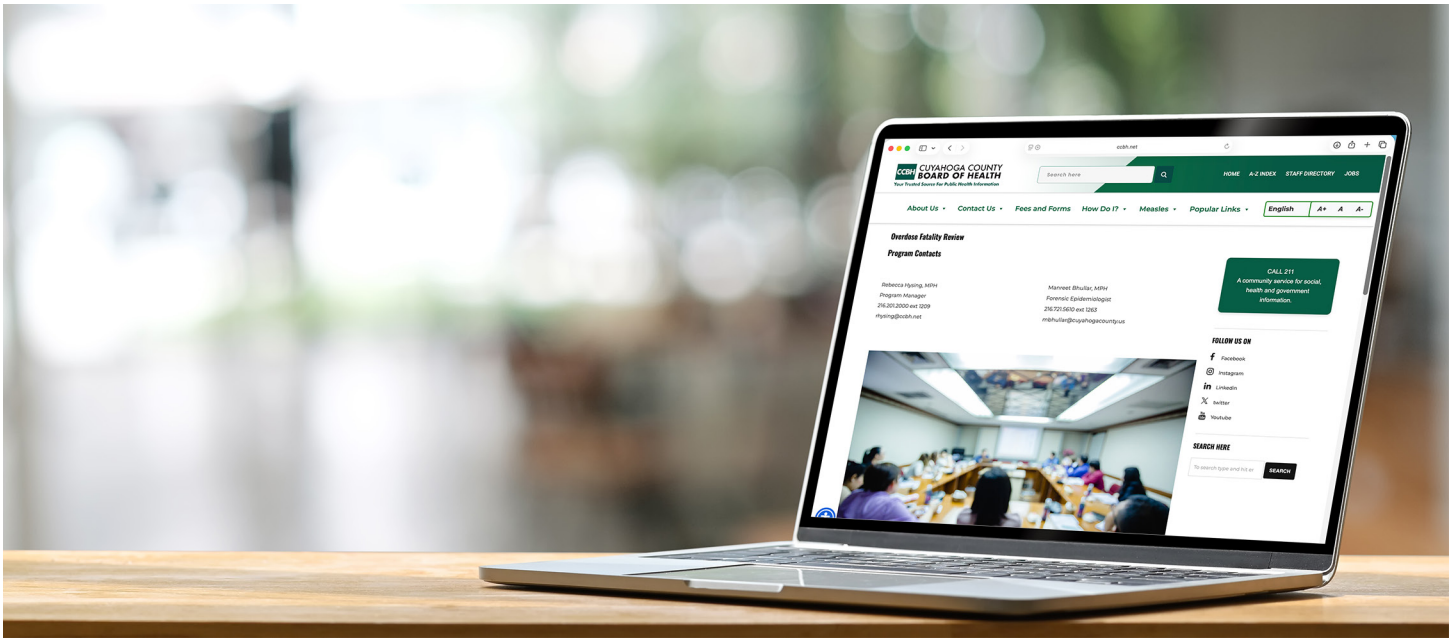
Cuyahoga County Board of Health. (2025). Overdose Fatality Review (CCOFR) Cuyahoga County 2025 Annual Report. https://ccbh.net/overdose-data-dashboard/



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