

Health Policy Fact Sheet

Taking action to strengthen Ohio's addiction response

Refocusing Ohio's approach to overdose deaths

Drug overdose deaths are preventable and there are many ways to deter and reverse overdoses. Recent upward trends in overdose deaths are troubling. Without a comprehensive policy response that takes into consideration the many factors that contribute to overdose, Ohioans will continue to die, leaving behind grieving families and untapped potential.

Through a multi-pronged approach that maximizes support and encouragement, rather than stigma and punishment, communities can build paths to recovery that minimize the unsafe conditions that lead to overdoses. This fact sheet:

- Presents a framework to describe the factors that contribute to overdose deaths
- Provides considerations for how Ohio can refocus addiction policies through a pragmatic approach that respects the dignity of people who use drugs and acknowledges the complex reality of the current phase of the overdose epidemic

3 key findings for policymakers

- **Overdose deaths are not inevitable**, and there are many ways communities can strengthen prevention, treatment and recovery.
- **Fentanyl and related drugs** are driving a third wave of overdose deaths in Ohio, and intensified harm reduction efforts are needed.
- **A comprehensive approach** to overdose prevention that addresses supply, demand and environment factors would save lives.

What drives overdose deaths?

Figure 1 outlines the factors that contribute to overdoses. This framework is informed by research¹ and input gathered from HPIO's [Addiction Evidence Project Advisory Group](#).

The direct causes of overdose death are unsafe drug use, drug use conditions and drug supply. This includes, for example, frequent use, using alone, lack of access to naloxone and the presence of fentanyl in the drug supply. These direct causes are influenced by contributing factors in demand, the environment and the drug supply, including limited access to treatment, social isolation, stigma and illicit drug market dynamics. An effective policy response addresses all of these contributing factors in a comprehensive way.

Why do overdose deaths continue to increase?

Though many lives have been saved by naloxone and other efforts, the number of Ohioans who died from an overdose rose 54% from 2015 to 2020.² Why?

The primary reason appears to be the increased presence of synthetic opioids (such as fentanyl and carfentanil) in the drug supply.³ Since 2016, fentanyl and related drugs have been the most common drugs present in unintentional overdose deaths in Ohio.⁴ A 2021 study estimated that 93% of the change in unintentional drug overdose deaths in Ohio from 2009 to 2018 was explained by changes in the lethality of the drug supply.⁵ As shown in figure 2, this rise of fentanyl-related deaths represents the third wave of the overdose epidemic and requires an intensified response to overdose prevention.

Figure 1. **Factors driving drug overdose deaths**

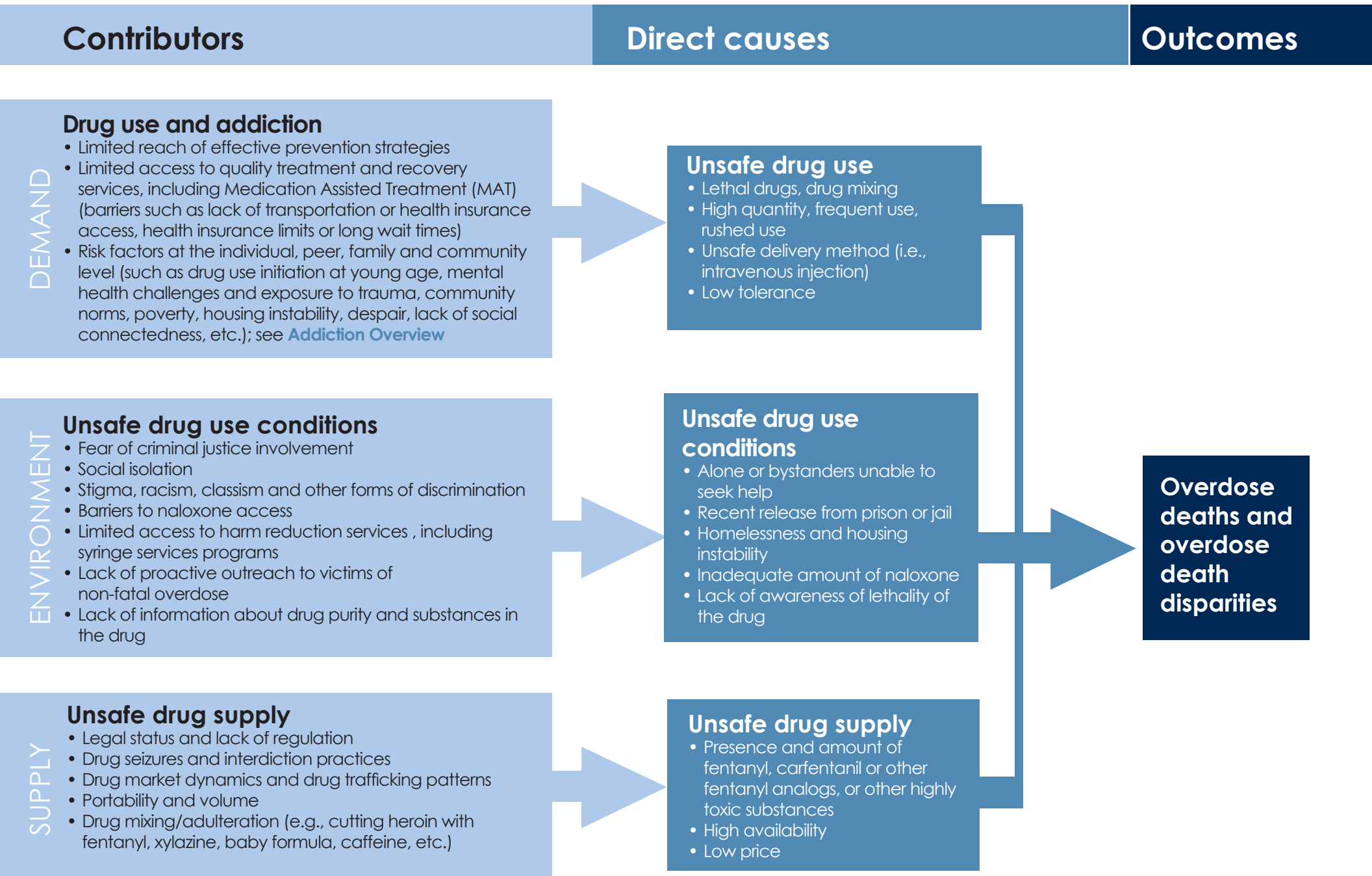
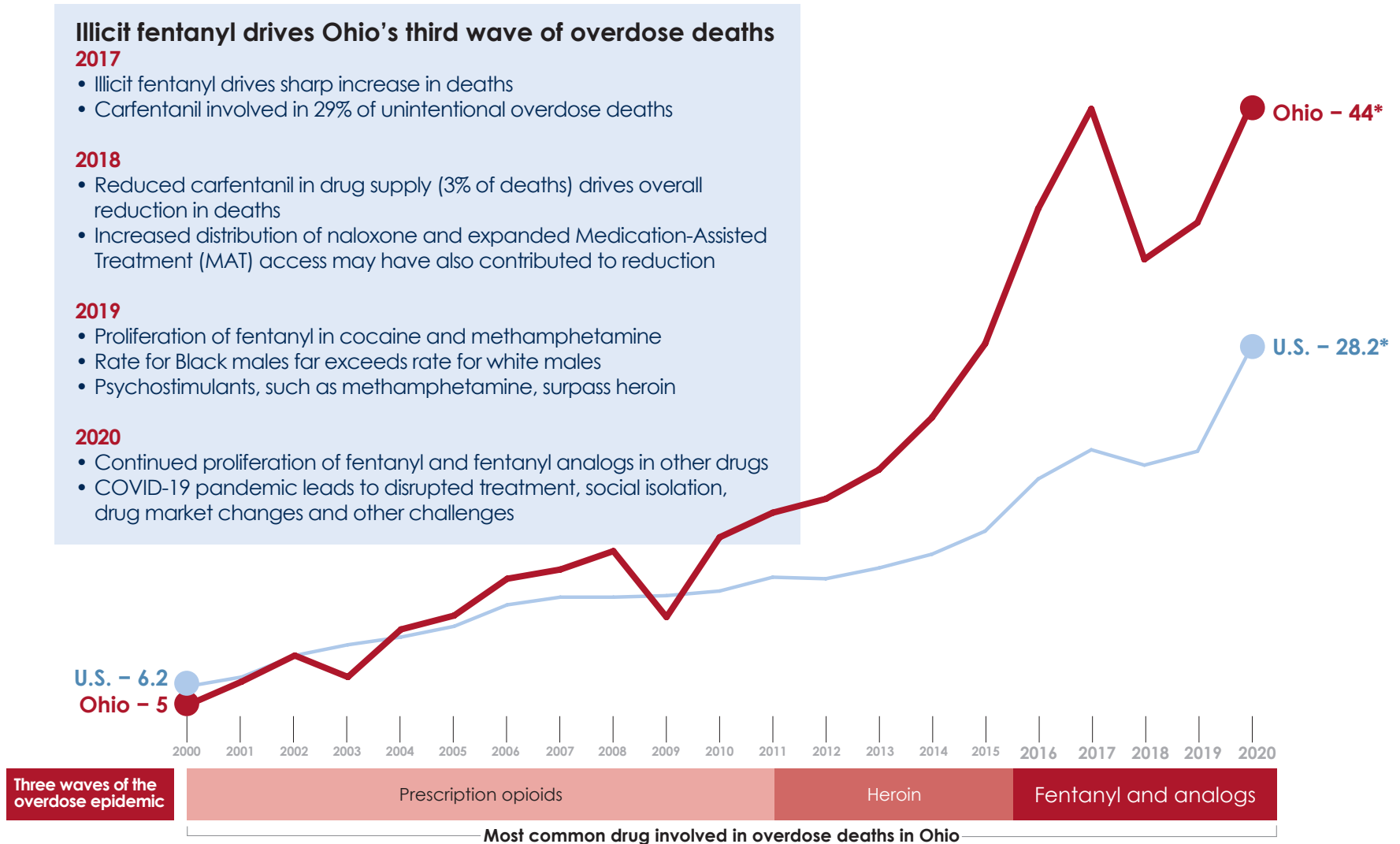


Figure 2. Drug overdose death rate

Number of drug overdose deaths, per 100,000 population (crude rate), Ohio and U.S., 2000-2020



Trend graph source: 2000-2019 rates from Centers for Disease Control and Prevention, WONDER. 2020 rate from HPIO analysis of CDC and Census Bureau data (as described above). Includes all overdose deaths, not only unintentional overdose deaths. *2020 rate is based on provisional deaths data provided by CDC for December 2019 - November 2020 and U.S. Census Bureau July 1, 2020 Population estimates. Additional analysis by HPIO.

Text box source: Refers to Ohio unintentional drug overdoses, as described in Ohio Department of Health annual drug overdose death reports (2014-2020).

Another reason for the increase in deaths may be the need for a more effective state policy response to the **environment** and **supply** factors driving overdose deaths. While Ohio policymakers have invested heavily in efforts to reduce **demand** through prevention and treatment, less attention has been paid to drug use conditions, which can be improved through harm reduction⁶, or to risk factors that drive demand, such as poverty and housing instability.

In addition, some policies designed to reduce the drug supply (such as drug seizures by law enforcement) may alter illicit drug markets in ways that unintentionally contribute to the shift toward more deadly and compact drugs.⁷ Fentanyl, for example, is being added to other drugs because it is easier to transport while avoiding law enforcement detection.

What can Ohio do to improve overdose prevention?

Policymakers can refocus Ohio's approach to addiction by deploying an intensified and comprehensive approach that addresses all overdose drivers:

- **Decrease demand for drugs:** Continue to strengthen Ohio's prevention-treatment-recovery continuum. Build protective factors that can prevent addiction, such as social connectedness, housing stability and economic opportunity. **Housing First** programs, **peer support**, **trauma-informed care** and **recovery housing** can foster connections to treatment and long-term recovery.
- **Reduce risky drug use conditions:** Implement harm reduction services, such as community-based naloxone and **fentanyl test strip** distribution and **syringe services programs**. Improve Ohio's Good Samaritan law by removing limitations related to parole or probation status, treatment requirements, paraphernalia and the number of times a bystander can receive immunity. Replace stigma and punishment with criminal justice reforms that reduce incarceration and remove barriers to housing and jobs.
- **Decrease lethality of the drug supply:** Assess the impact of interdiction and other drug supply restrictions on overdose deaths in Ohio. Ensure that any future strategies that aim to interrupt the drug supply do not have the unintended consequence of increasing the prevalence of more dangerous substances, such as carfentanil.

Recent increases in cocaine, methamphetamine and other psychostimulant-related deaths (often mixed with fentanyl and analogs; see figure 2) highlight the importance of remaining vigilant and deploying a wide range of tools to address addiction. This comprehensive approach can help Ohio end the third wave of the overdose epidemic and prevent a fourth wave of overdose deaths.

For additional recommendations, see the **HPIO Addiction Evidence Project: Taking Action to Strengthen Ohio's Addiction Response**. For strategies to address stigma, racism, trauma, community conditions and disparities, see the Insights on Addiction and **Race** and **Geography** fact sheets.

Notes

1. Nguyen, Tribesty, and Jane A. Buxton. "Pathways between COVID-19 public health responses and increasing overdose risks: a rapid review and conceptual framework." *International Journal of Drug Policy* (2021): 103236. doi: 10.1111/1468-0009.12470 See also: Park, Ju Nyeong, Saba Rouhani, Leo Beletsky, Louise Vincent, Brendan Saloner, and Susan G. Sherman. "Situating the continuum of overdose risk in the social determinants of health: a new conceptual framework." *The Milbank Quarterly* 98, no. 3 (2020): 700-746. doi: 10.1111/1468-0009.12470 See also: Joudrey, Paul J., Maria R. Khan, Emily A. Wang, Joy D. Scheidell, E. Jennifer Edelman, D. Keith McInnes, and Aaron D. Fox. "A conceptual model for understanding post-seizure opioid-related overdose risk." *Addiction science & clinical practice* 14, no. 1 (2019): 1-14. doi: 10.1186/s13722-019-0145-5
2. 2015 rate is from CDC WONDER. 2020 rate is based on provisional deaths data provided by CDC for Dec., 2019 - Nov., 2020 and U.S. Census Bureau July 1, 2020 population estimates. Additional analysis by HPIO.
3. Drug trend reports from the Ohio Substance Abuse Monitoring (OSAM) Network document the change in the availability of prescription opioids, heroin, fentanyl and other drugs from 2000 to 2020: <https://mha.ohio.gov/Researchers-and-Media/Workgroups-and-Networks/Ohio-Substance-Abuse-Monitoring-Network/Drug-Trend-Reports#15441383-2020>
4. Ohio Department of Health, Drug overdose death reports, 2016-2019: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/injury-data/injury-data>
5. Hall, Orman E., O. Trent Hall, John L. Eadie, Julie Teater, Joe Gay, Meelee Kim, Dennis Cauchon, and Rifa K. Noonan. "Street-drug lethality index: A novel methodology for predicting unintentional drug overdose fatalities in population research." *Drug and alcohol dependence* 221 (2021): 108637. doi: 10.1016/j.drugalcdep.2021.108637
6. The **Addiction Evidence Project policy inventories** documented 185 demand-related policy changes (primarily prevention, treatment and recovery). By contrast, the inventories documented 71 environment-related policy changes (primarily harm reduction).
7. Toth, Alexander G., and Ojmarh Mitchell. "A qualitative examination of the effects of international counter-drug interdictions." *International Journal of Drug Policy* 55 (2018): 70-76. doi: 10.1016/j.drugpo.2018.02.012 See also: Ciccarone, Daniel. "The triple wave epidemic: supply and demand drivers of the US opioid overdose crisis." *The International Journal on drug policy* 71 (2019): 183. doi: 10.1016/j.drugpo.2019.01.010 See also: Beletsky, Leo, and Corey S. Davis. "Today's fentanyl crisis: Prohibition's Iron Law, revisited." *International Journal of Drug Policy* 46 (2017): 156-159. doi: 10.1016/j.drugpo.2017.05.050
8. **Fact Sheet: Fentanyl and Synthetic Opioids**. New York, NY: Drug Policy Alliance, 2021. <https://drugpolicy.org/resource/fentanyl-and-synthetic-opioids>
9. U.S. Department of Veterans Affairs. What are Fentanyl and Carfentanil? https://www.pbm.va.gov/AcademicDetailingService/Documents/Pain_Patient_FentanylCarfentanil_IB101137.pdf

What is fentanyl?

Fentanyl is a synthetic opioid originally developed as a treatment for chronic pain. Fentanyl and related drugs (analogs) are increasingly being produced in illicit laboratories and added to heroin, cocaine, methamphetamine and other drugs.⁸ These illicit synthetic opioids are inexpensive to make and easy to transport because a small volume is highly potent. Fentanyl is 50-100 times more potent than morphine, and carfentanil (a fentanyl analog) is 100 times more potent than fentanyl.⁹