Ohio's Current Drug Overdose Prevention and Harm Reduction Efforts

Ohio Department of Health

Sierra Dantzler, MPH, CPH
Program Manager
Ohio Department of Health, Violence and Injury Prevention Section

HHS Region 5 PTTC: Overdose Disparities Series
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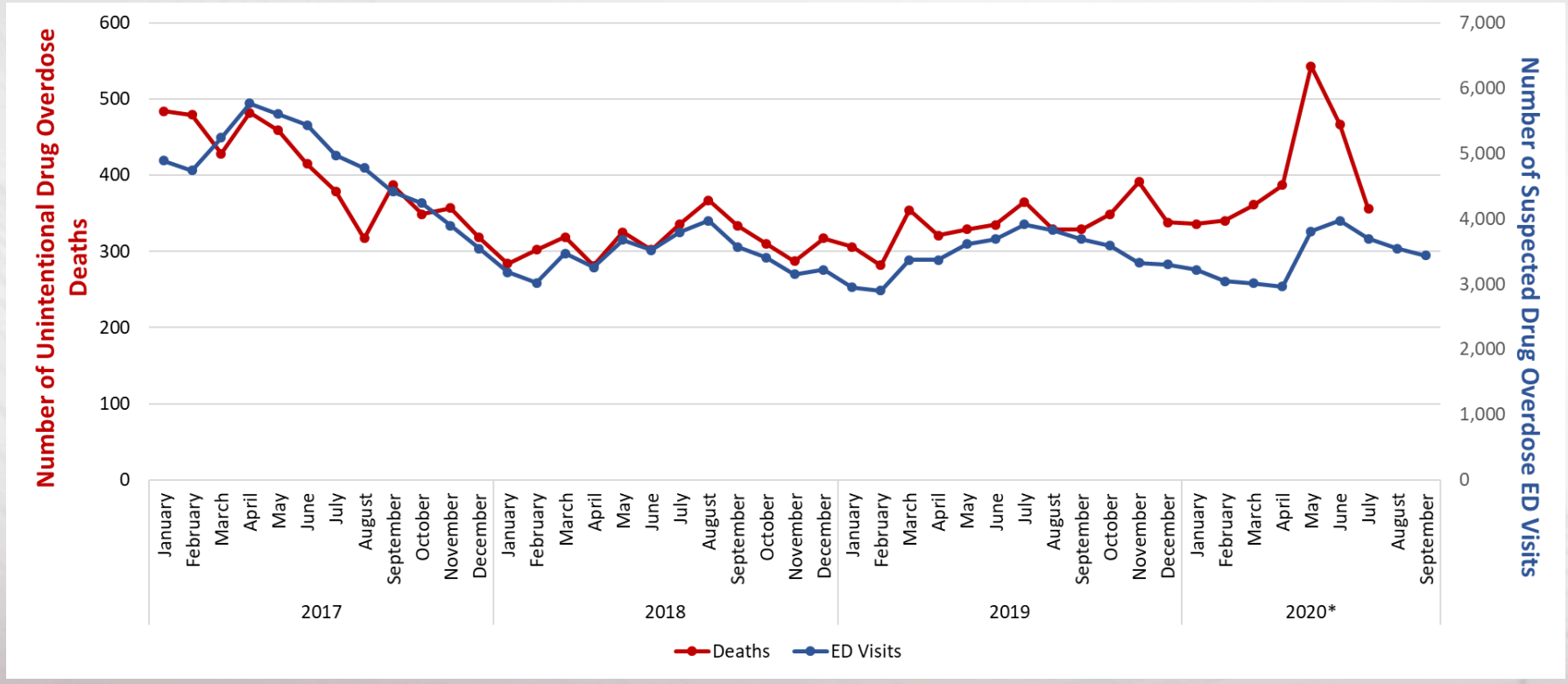
Topics for Today

1. Overdoses in Ohio
2. Ohio naloxone efforts
3. Bloodborne pathogen prevention/syringe service programs
4. Drug Overdose Prevention (DOP) Grants
5. Ohio Overdose Prevention Network (Ohio OPN)
6. OH Against OD
7. Next Steps
8. Q&A

OVERDOSES IN OHIO

Overdose Morbidity Data: ED Visits vs. Deaths



Source: Ohio Department of Health, Bureau of Vital Statistics and EpiCenter. Analysis: ODH Violence and Injury Prevention Section. *2020 data is preliminary. Data as of Oct. 22, 2020.

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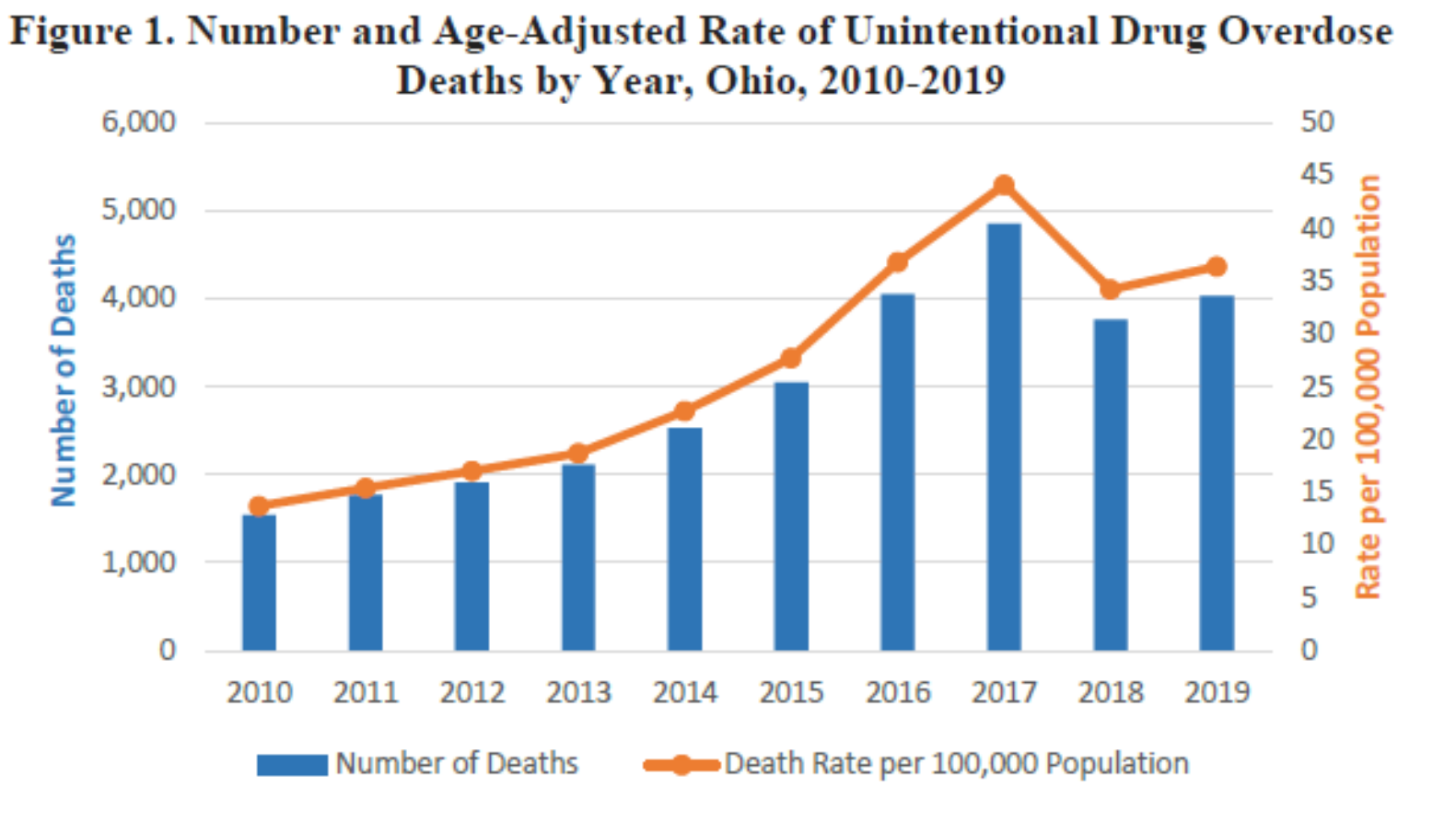
Overdose Mortality Data



Source: Ohio Department of Health, Bureau of Vital Statistics. Analysis: ODH Violence and Injury Prevention Section. Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44).

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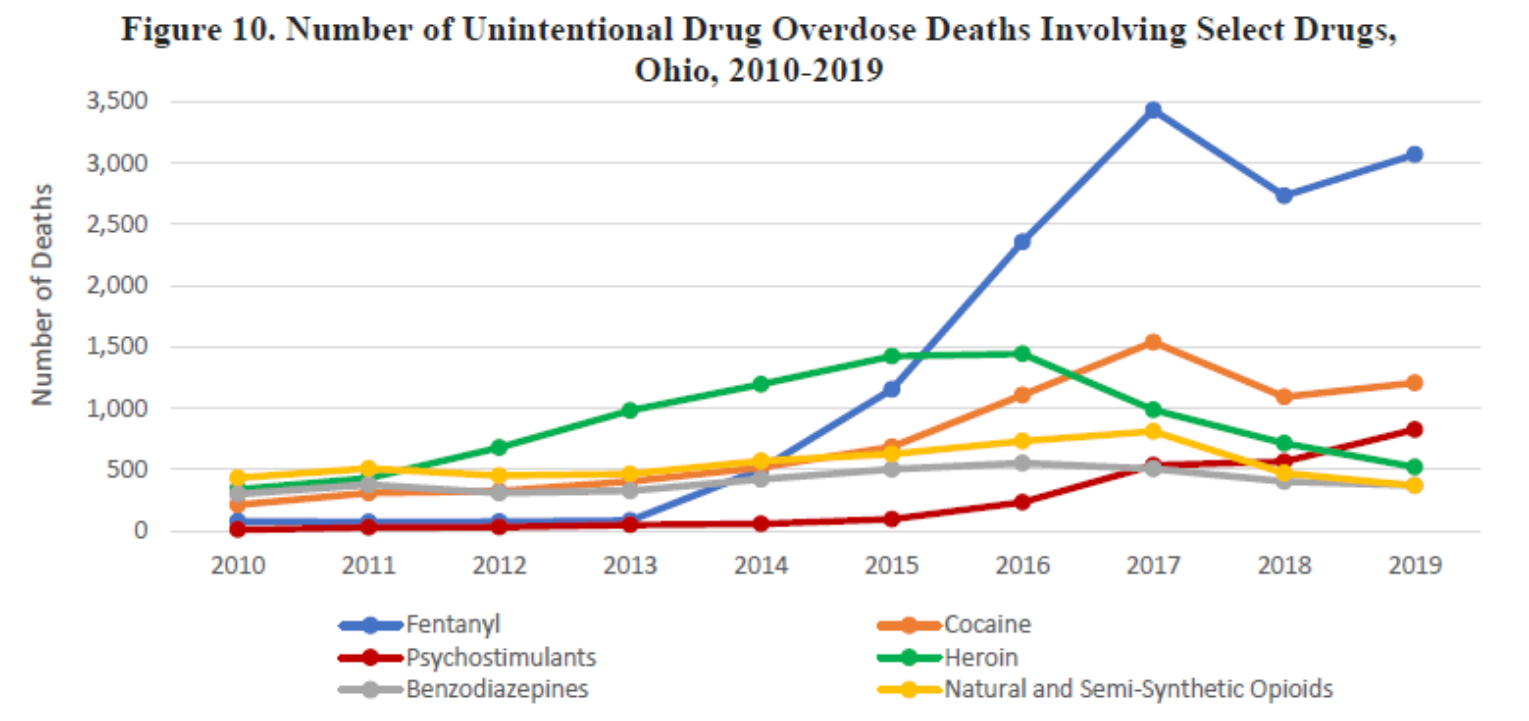
Overdose Mortality Data

- 76% of deaths involved fentanyl.
  - Carfentanil involved in 16.5% of fentanyl-related deaths.
- Psychostimulant-related deaths had the largest increase.



Source: Ohio Department of Health, Bureau of Vital Statistics. Analysis: ODH Violence and Injury Prevention Section. Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44).

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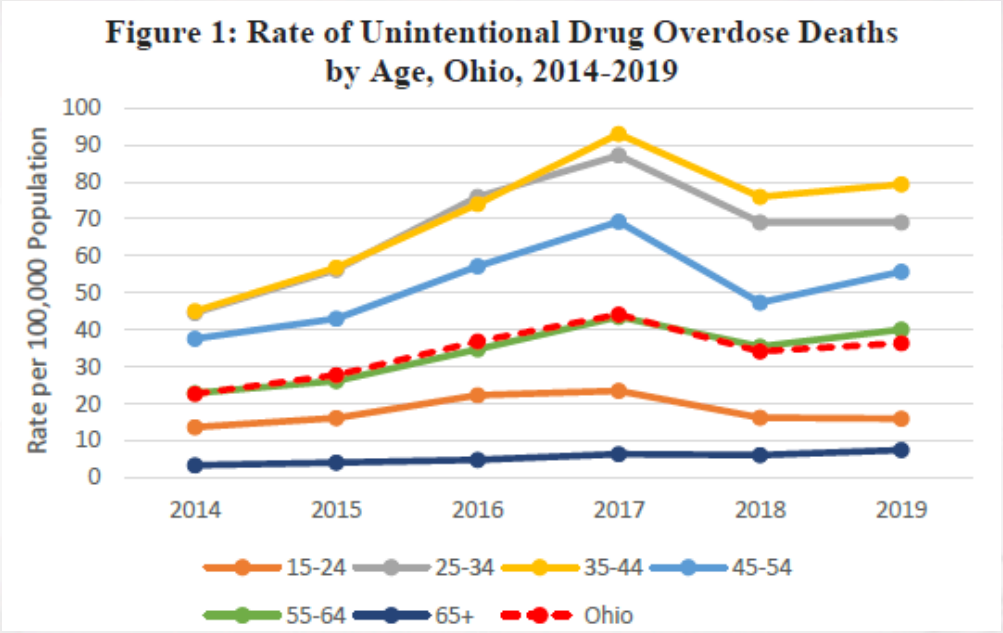
Overdose Mortality Data: Age

- In 2019, the 35-44 age group had the highest rate of unintentional overdose deaths, followed by the 25-34 age group.
- Illicit fentanyl involved in majority of deaths among all ages.
  - Percentage of fentanyl-involved deaths decreased as age increased.



Source: Ohio Department of Health, Bureau of Vital Statistics. Analysis: ODH Violence and Injury Prevention Section. Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44).

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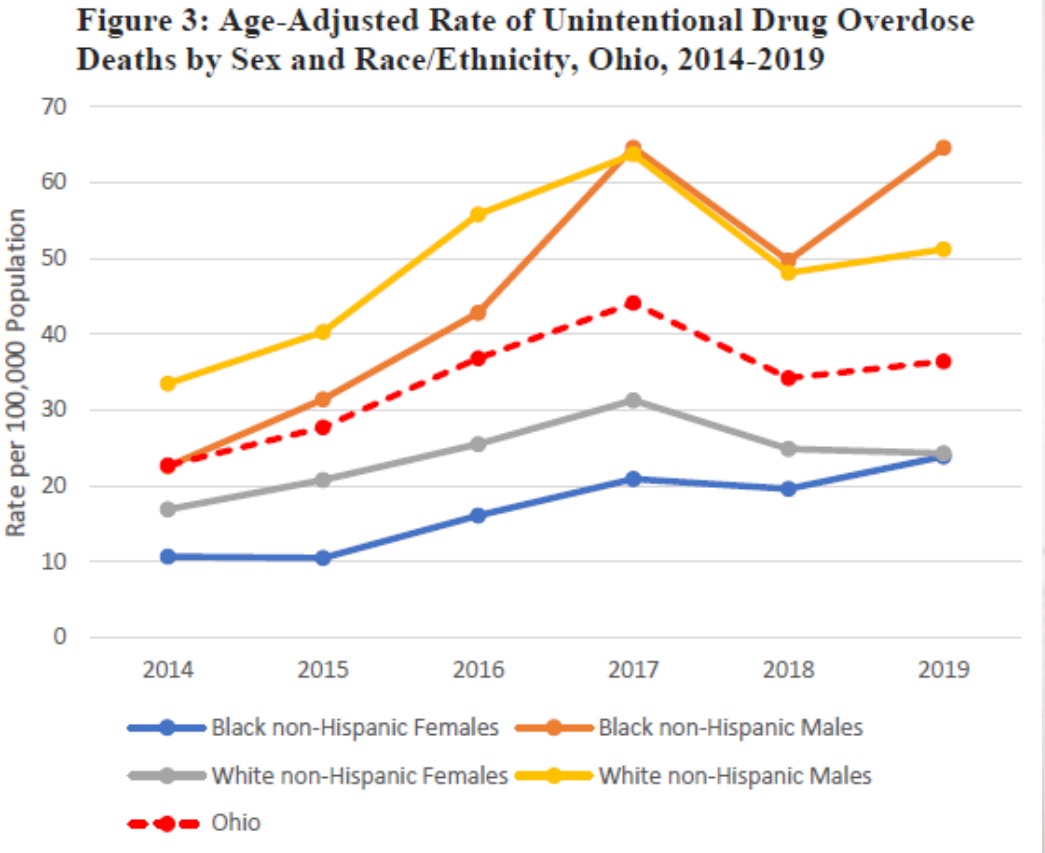
Overdose Mortality Data: Race/Ethnicity

- Black males have had highest rate since 2017.
- The rate among black females increased in 2019 to nearly the same rate as white females.



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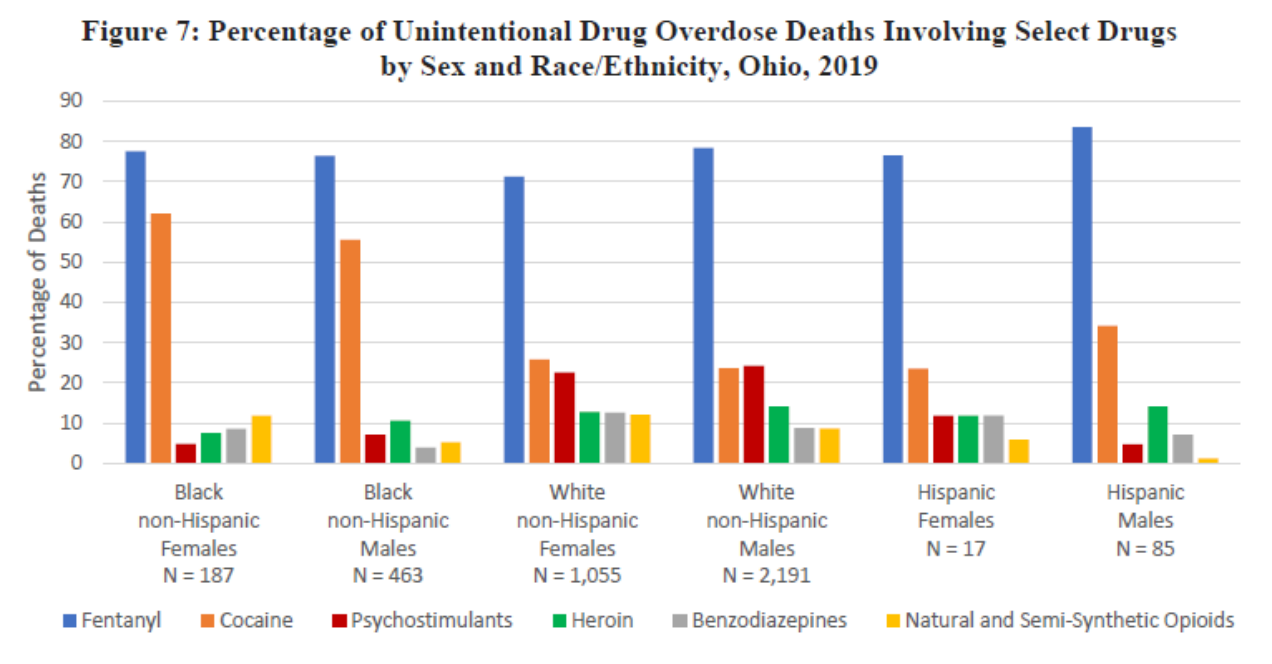
Overdose Mortality Data: Race/Ethnicity

- Fentanyl was involved in most overdose deaths among all sex and race/ethnicity groups.
- Deaths involving a combination of fentanyl and cocaine were particularly high for black male and females.



Source: Ohio Department of Health, Bureau of Vital Statistics. Analysis: ODH Violence and Injury Prevention Section. Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44). Natural and semi-synthetic opioids (e.g., oxycodone, hydrocodone) correspond to code T40.2. Multiple drugs are usually involved in overdose deaths. Individual deaths may be reported in more than one category. Other age groups not represented due to small numbers.

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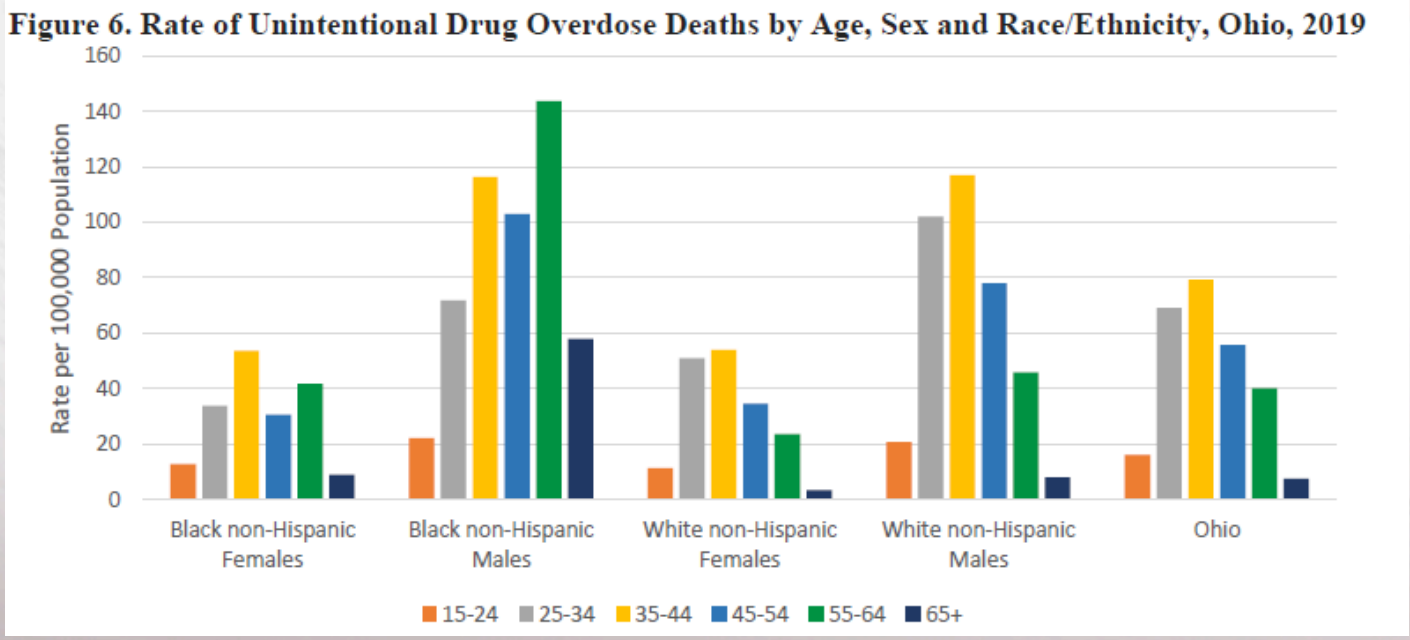
Overdose Mortality Data: Race/Ethnicity & Age

- Black males were the only sex and race/ethnicity group with the highest overdose rate in the 55-64 age group.



Source: Ohio Department of Health, Bureau of Vital Statistics. Analysis: ODH Violence and Injury Prevention Section. Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44). Other race and ethnicity groups not represented due to small numbers.

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NALOXONE

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Ohio Naloxone Policies

- House Bill 4, July 2015: Allows naloxone to be dispensed without a prescription via a protocol.
- House Bill 341, September 2020:
  - Expands access to naloxone by removing the requirement of licensure to procure, distribute, and/or administer naloxone.
  - Authorizes APRNs and PAs to authorize naloxone protocols.
  - Expands civil liability for laypersons.

PROJECT DAWN

(Deaths Avoided With Naloxone)

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Origin of Project DAWN Programs

- Leslie struggled with addiction for many years before passing away from a witnessed overdose in 2009.
- The first Project DAWN site was established in Leslie's hometown of Portsmouth, Ohio, in 2012.
- Any program that provides free naloxone and training to community members is a Project DAWN.
- Using state funds, ODH provides free naloxone kits to programs.

Project DAWN Today

- 85 “lead” agencies and 230 distribution sites in 67 counties (out of 88 counties).
- May or may not be open to the public.
- Programs must register to receive ODH-funded kits.
- Not restricted to city/county jurisdiction; some programs offer service statewide.

Naloxone Distribution Models

Project DAWN lead agencies:

- Local health departments.
- Mental health and recovery boards.
- Behavioral health facilities.
- Substance use treatment facilities.
- Hospital systems.
- Syringe service programs.
- Harm reduction organizations.

Naloxone Distribution Models

Training and distribution locations:

- Permanent Project DAWN sites.
- Community outreach and training events.
- Mobile medical coaches.
- Correctional facilities.
- Residences (via quick response teams).

Project DAWN kit

Standard kit:

- Storage pouch.
- 2 doses of 4mg Narcan®.
- Training DVD.
- Reference materials.
- Face shield (for rescue breathing).
- (New) face mask.

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Project DAWN Reporting

- Monthly Distribution Logs
  - Aggregate data.
  - Number of kits distributed, funding source, number of people trained, number of reported reversals.
- Naloxone Intake Form
  - Voluntary.
  - Individual-level data.
  - Distribution setting, demographic info, history of IV-drug use, use of last kit, etc.

Project DAWN: Integrated Naloxone Access and Infrastructure (IN) Grant

- Started in July 2019.
- SOR funding in partnership with Ohio Mental Health and Addiction Services (Ohio MHAS).
- Supports new and existing Project DAWNs to implement, expand, and/or strengthen access to naloxone.
  - Integrate naloxone into existing direct services.
  - Innovative, effective strategies.
- Required grant activities:
  - Targeted evaluation.
  - Outreach plan focusing on health equity and reaching underserved populations.

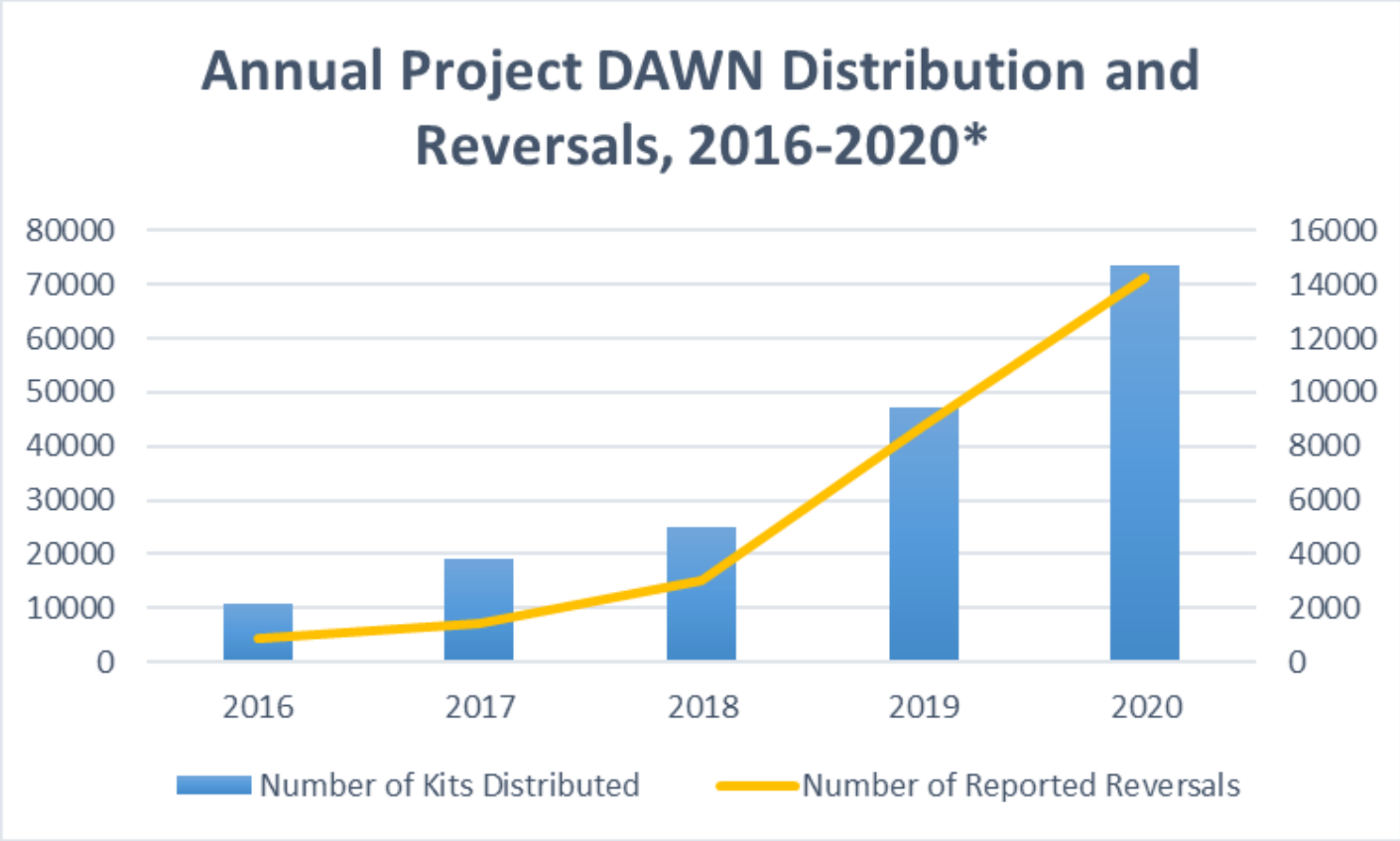
Project DAWN: Integrated Naloxone Access and Infrastructure (IN) Grant

- Cycle 1 (July 1, 2019 – Sept. 28, 20): 38 Project DAWNs.
- Cycle 2 (Sept. 29, 2020 – Aug. 31, 2022): 42 Project DAWNs.
- New strategies/partnerships:
  - Faith-based organizations.
  - Corrections and court systems.
  - Domestic violence and sex-trafficking survivor organizations.
  - Peer volunteer networks.
  - Emergency departments.
  - EMS leave-behind.
  - Online/mail-order systems.

Project DAWN and COVID-19

- In March 2020, most sites suspended operation or modified program for contact-less distribution.
- Shift to understand priority naloxone needs.
- Program/strategy modifications.
  - Ohio MHAS and ODH Partnered with largest online mail-order program, Harm Reduction Ohio to reduce gap in services.
  - Online/mail-order options increased.
  - Jails.
  - Virtual training.
  - Drive-through.
  - Mobile delivery.
  - Scheduled pick-up.
  - Community “hot spots.”
  - Leveraging existing partnerships.
- Contingency plan for IN subrecipients.
- Additional naloxone kit option with face mask.

Project DAWN: The Numbers



*2020 data reflects information reported Jan 1, 2020 - October 31, 2020. Data subject to change.

Source: Ohio Department of Health Violence and Injury Prevention Section, Project DAWN.

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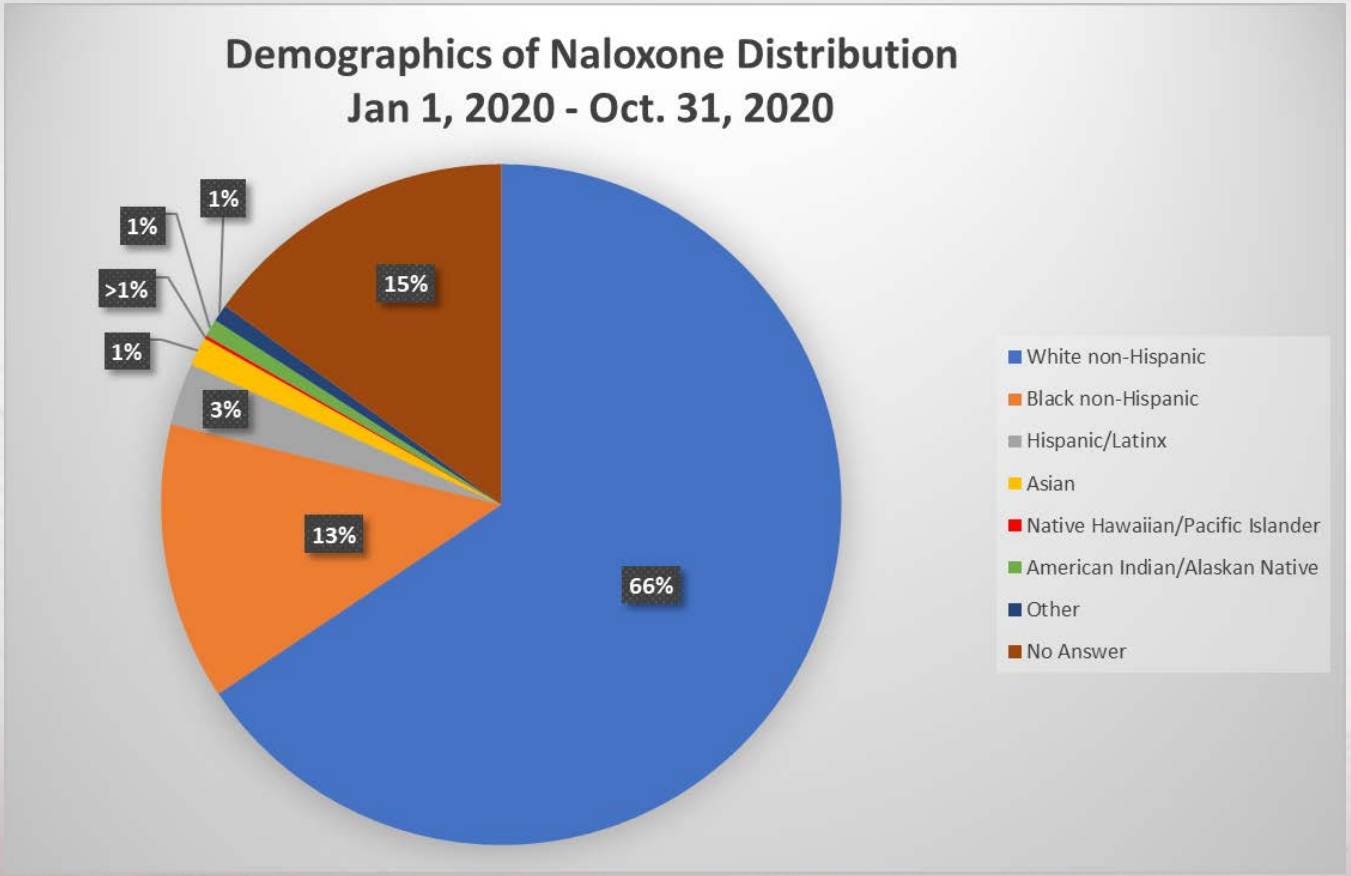
Project DAWN: The Numbers (Who?)



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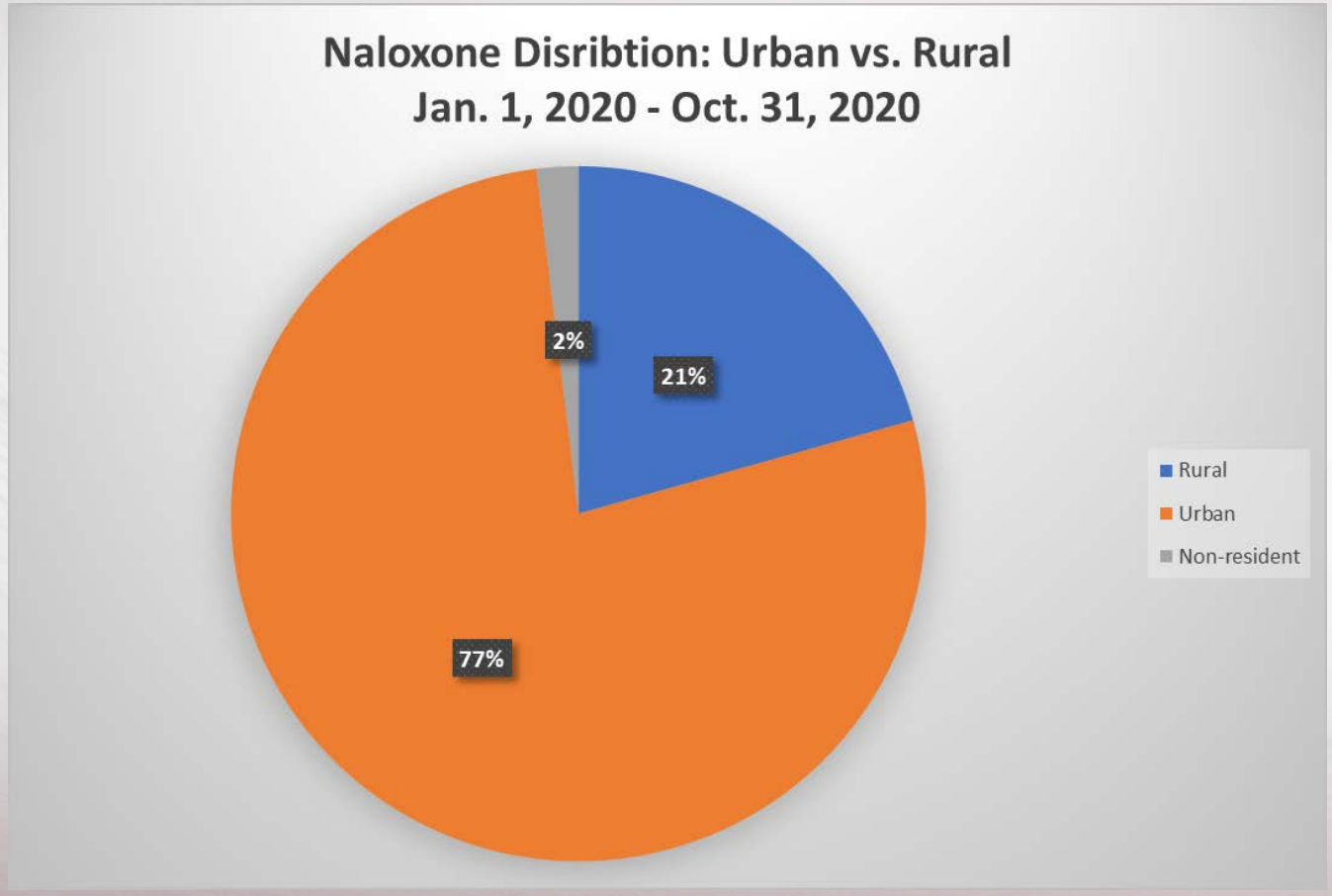
Project DAWN: The Numbers (Where?)



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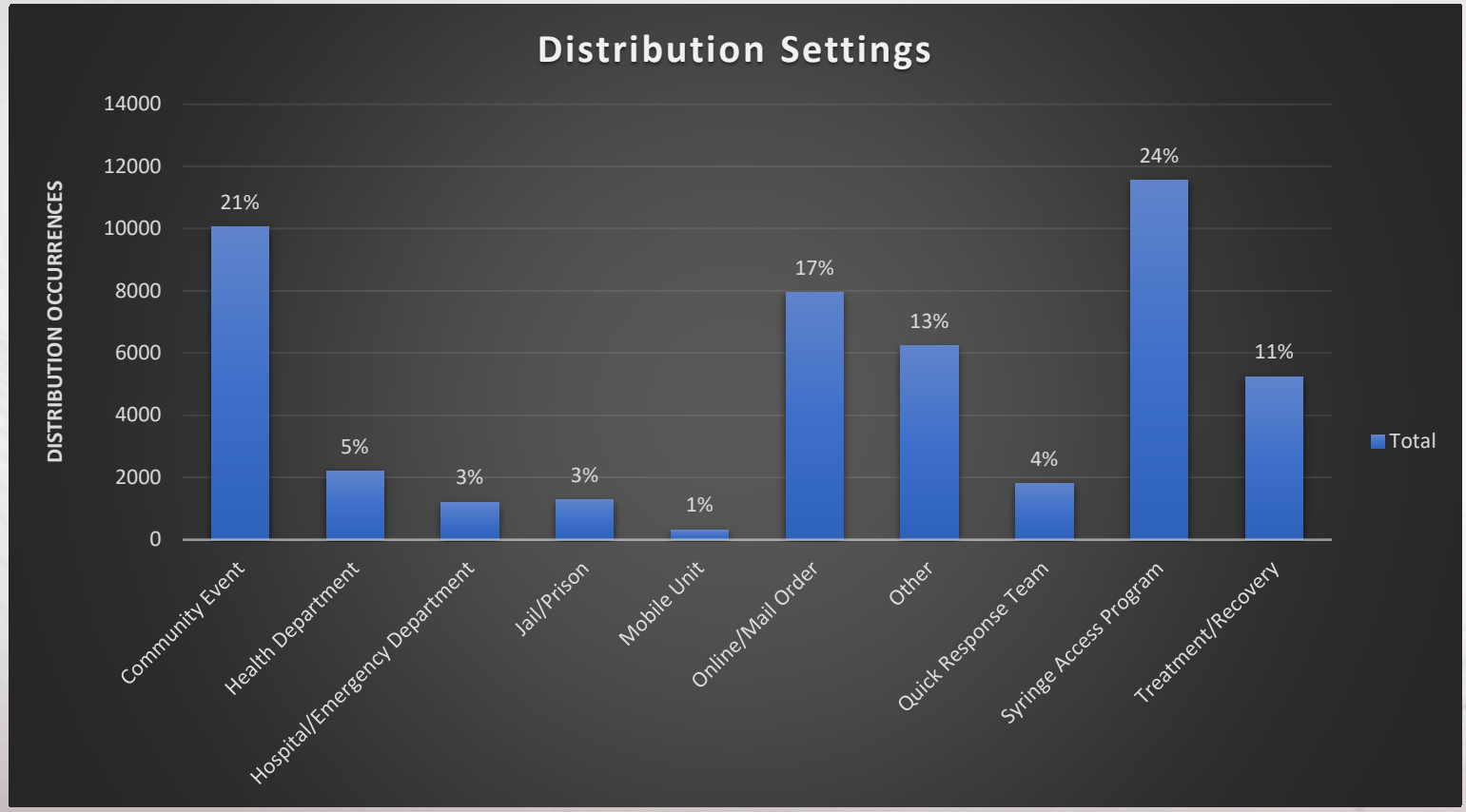
Project DAWN: The Numbers (How?)



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Bloodborne Pathogen Prevention Programs (BPPPs)/Syringe Service Programs (SSPs)

Ohio BPPP/SSP Policy

- House Bill 92, March 2015: permits local board of health to establish a syringe exchange program.
  - Boards can contract with a private, non-profit organization.

BPPP/SSP Funding

- Ohio has 23 **known** programs.
- State budget allows ODH to help support SSP programs.
  - $50,000 available for local health departments only.
  - Cap at $15,000 per agency.
- Allocated $30,000 via Ohio OPN mini-grant.
- Remaining $20,000 allocated to other LHDs (14) to purchase OD surge materials during COVID-19.

DRUG OVERDOSE PREVENTION (DOP) GRANTS

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DOP Grants

- CDC OD2A funding.
- Provide increased resources to high-burden counties.
- Align state and local drug overdose prevention efforts.

DOP Grants

- 21 counties.
- Activities:
  - Community coalitions.
  - Strategic planning.
  - Overdose fatality reviews.
  - Awareness campaigns.
  - Comprehensive, sustainable systems.

DOP Grants

Comprehensive, sustainable systems

- Implement policies, protocols, supporting systems, and environmental changes.
- Link at-risk populations to community supports and appropriate services.
  - Healthcare: hospitals, clinics, FQHCs.
  - Public Safety and Public Service: court systems, correctional facilities, job and family services.
  - Harm Reduction: syringe service programs, naloxone.

OHIO OVERDOSE PREVENTION NETWORK (Ohio OPN)

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Ohio OPN

- Action group of state coalition, Ohio Injury Prevention Partnership.
- Identify and implement actions for the prevention of drug misuse, abuse, and overdose.
- Consortium of stakeholders from across the state – many are ODH grant subrecipients.
- Develop state-level recommendations and strategies to increase capacity for response.

Ohio OPN

- Four subcommittees:
  - Data.
  - Harm Reduction.
  - Pain Management.
  - Policy.

Ohio OPN

- **Harm Reduction Subcommittee**
  - Support BPPPs/SSPs.
    - Research, guidance, technical assistance.
  - Increase naloxone access.
    - Innovative models, settings.
  - Harm reduction program sustainability.
    - Research and provide guidance on sustainability and funding diversity.
  - Educate high-risk individuals on harm reduction practices.
    - Promote ODH's awareness campaign.

Ohio OPN & COVID-19

Mini-grant for SSPs:

- State harm reduction funding.
- Awarded two SSPs at $15,000 each.
- Funding enabled programs to re-open and continue providing services.

OH AGAINST OD

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OH Against OD

- Increase awareness about harm reduction, naloxone access, and adulterated drug supply.
- Coming soon: comprehensive website with educational materials and resources.
- Ad materials shared with local programs for co-branding and promotion of services.

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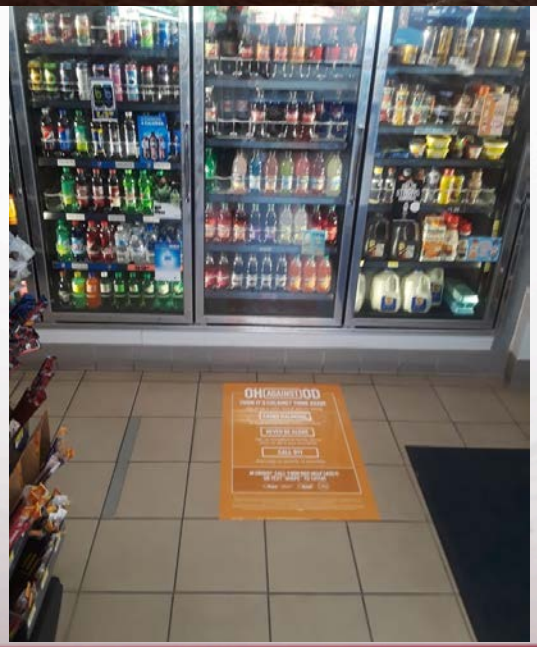

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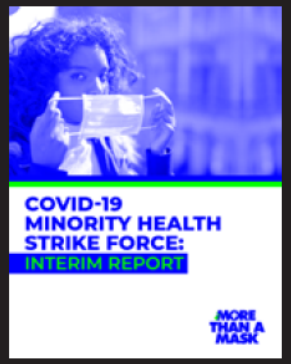
NEXT STEPS

Minority Health Strike Force Interim Report

- Purpose: eliminate racial and ethnic disparities in COVID-19 and other health outcomes.
- 34 recommendations.
  - Healthcare and Public Health.
  - Social and Economic Environment.
  - Physical Environment.
  - Data, Implementation, and Accountability.

COVID-19 Minority Health Strike Force Interim Report



Released in May 2020, the Strike Force's interim report provided recommendations for state, local, and community officials to act immediately to:

- Stop the progression of COVID-19.
- Evaluate and document the impact of COVID-19.
- Remedy factors that contribute to the spread.
- Procure resources to prevent a resurgence of COVID-19.

The Governor's Office is working to implement the recommendations in the interim report.

https://coronavirus.ohio.gov/static/MHSF/MHSF-Blueprint.pdf

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Applying MHSF Recommendations

- Expansion of OH Against OD campaign.
  - Target minority populations.
  - Develop additional, culturally sensitive messaging.
- Strengthen connection to SSPs.
  - Additional funding for SSPs using SOR funds for formal grant opportunities.
- Require the utilization of ODH ‘Place Matters’ instrument in grant opportunities.

Contact Information

Sierra Dantzler, MPH, CPH

Program Manager

Community Naloxone Distribution/Project DAWN

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sierra.dantzler@odh.ohio.gov

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QUESTIONS?
COMMENTS?
SUGGESTIONS?