

Public Health Analyst



Orman Hall

Orman Hall served as the Director of the Ohio Governor's Cabinet Opiate Action Team, Director of the Ohio Department of Alcohol and Drug Addiction Services, and is a former executive director of Fairfield County Alcohol, Drug Addiction and Mental Health Board.

After retiring from the Ohio executive branch, Mr. Hall spent two years at the Supreme Court of Ohio overseeing the certification of drug courts and other specialized dockets. He is currently working on the Ohio High Intensity Drug Trafficking Area's, Heroin Response Strategy, A national program funded by the ONDCP. Hall has over 30 years of experience in managing, planning, monitoring, and evaluating public mental health and substance abuse services.

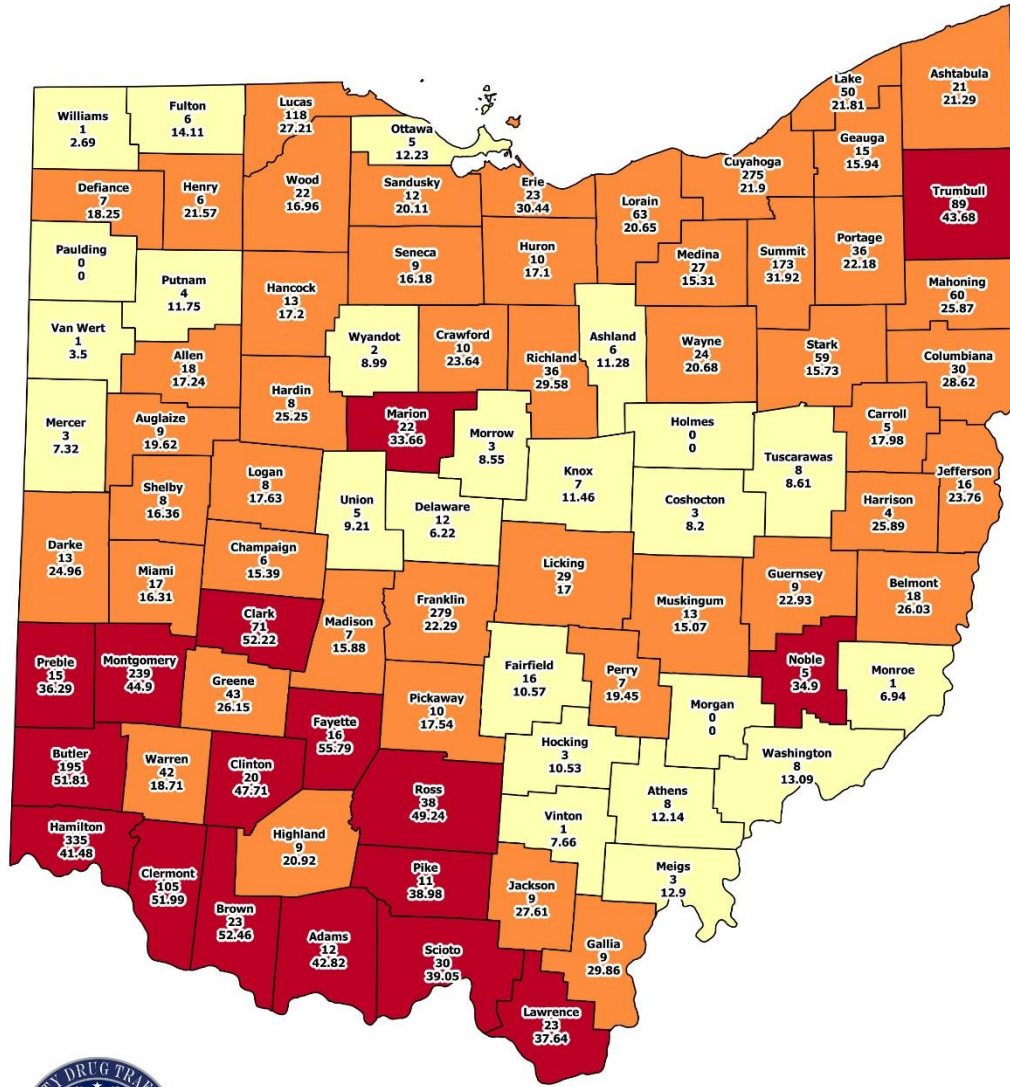
KEY SUCCESSES - HIDTA HRS

1. Acquisition of datasets for statistical analysis and geo-mapping
2. Development of state and local reporting tools
3. Introductory meetings with state and federal partners
4. Targeted Community Project launched

Needs

1. More timely reporting of overdose deaths
2. Strong state vision on how to tackle the emerging challenge of Fentanyl
3. Routine linkage of non-fatal overdoses by first responders to treatment and public health officials
4. Better coordination between justice, law enforcement and treatment officials
5. Improved uptake of best practice treatment and harm reduction approaches (MAT, needle exchange, etc.)
6. Improved inter-state notification of drug arrests

Crude Death Rate Per 100,000 Population Ohio, 2015

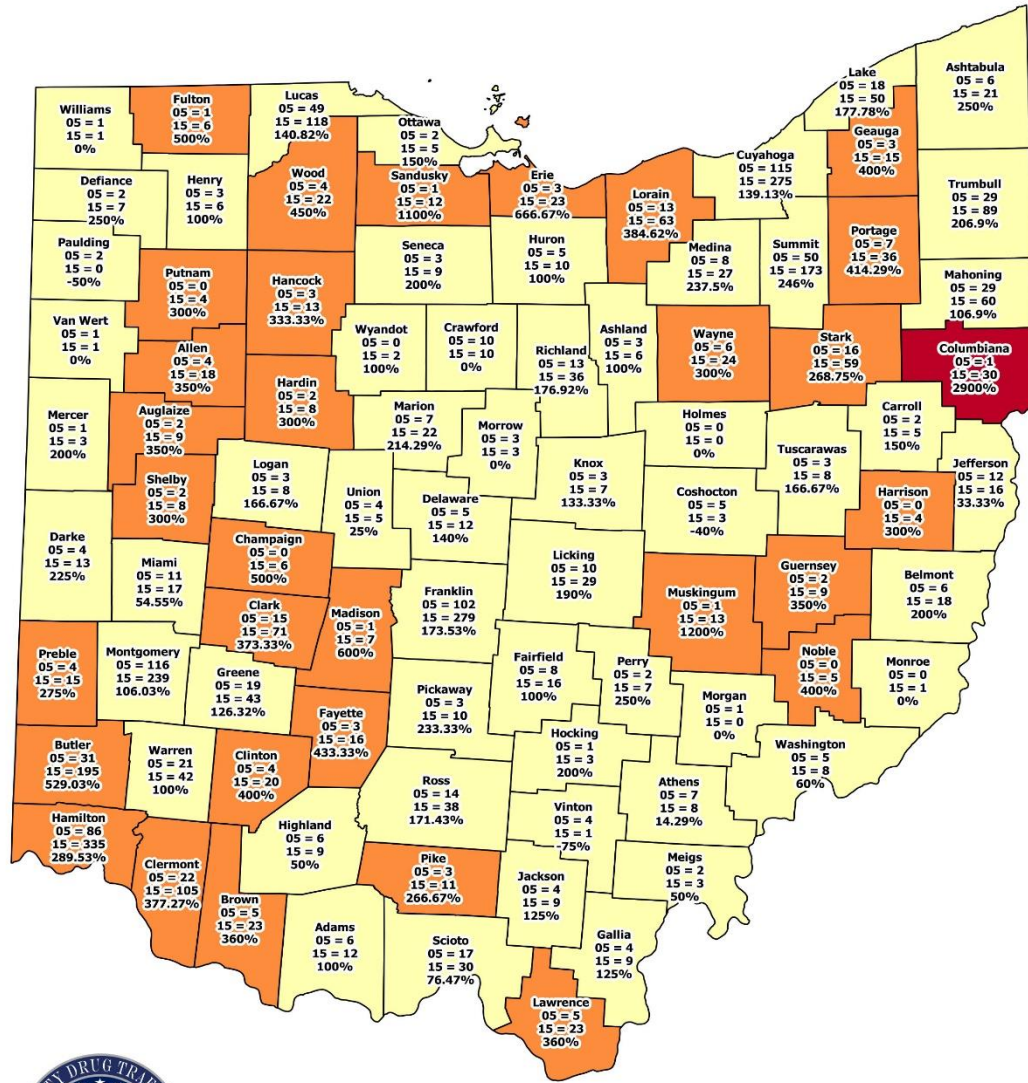


Counties depicted in dark red experienced the highest per-capita overdose death rate. Most of those counties are in the southwest, an area which has also seen the greatest number of Fentanyl related fatalities.



Source: Ohio Department of Health, Bureau of Vital Statistics, 2015 Ohio Death Certificate File
 These data were provided by the Ohio Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.

Change in Total Overdoses by County 2005 - 2015



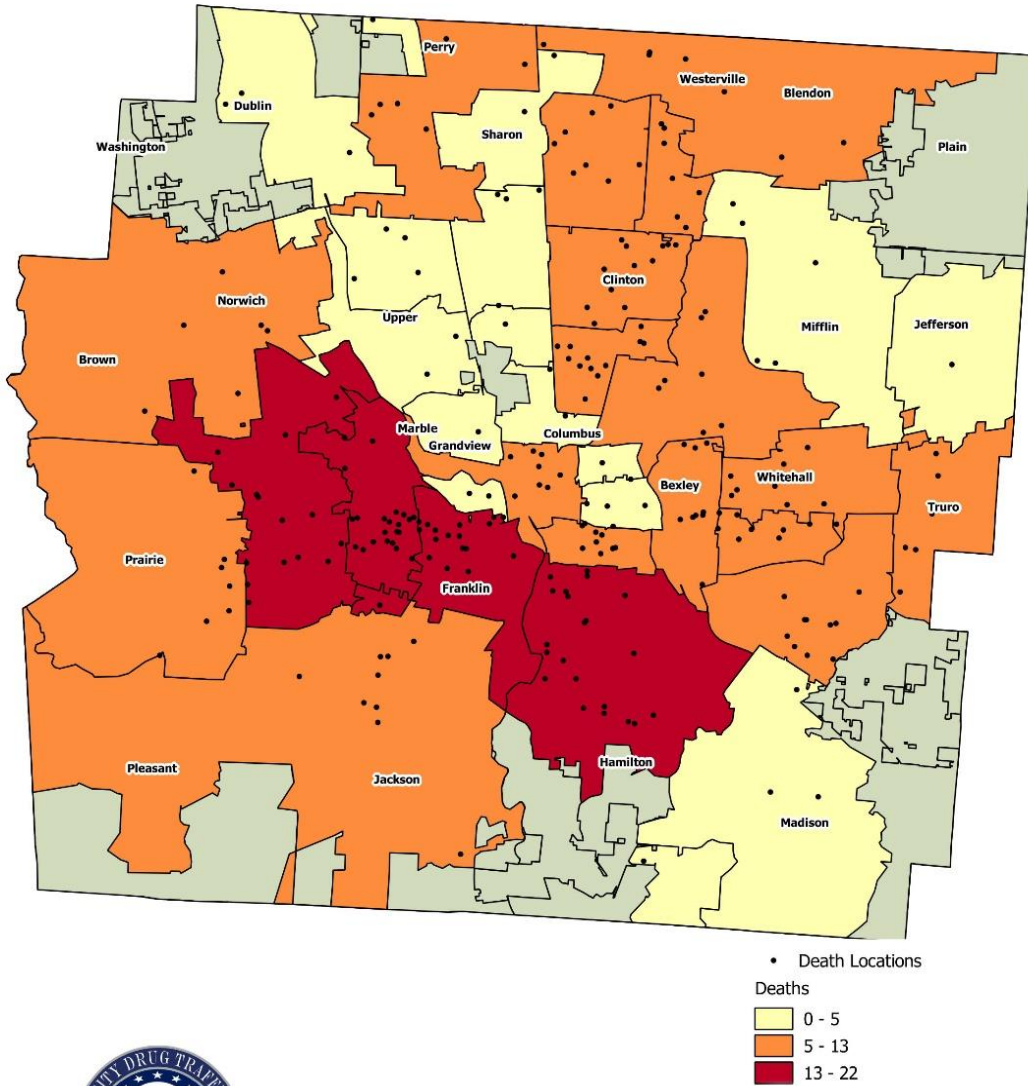
Ohio experienced 3,050 overdose deaths in 2015. An all-time high in our state and one of the highest death rates per 100,000 in the U.S. All indications point to deaths increasing again in 2016.



Source: Ohio Department of Health, Bureau of Vital Statistics, 2015 Ohio Death Certificate File
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Overdose Deaths by Zipcode - 2015 Franklin County, Ohio

Overdose deaths in Franklin County tend to be concentrated in the Columbus zip codes. Several of the outlying zip codes also experienced significant overdose death activity.

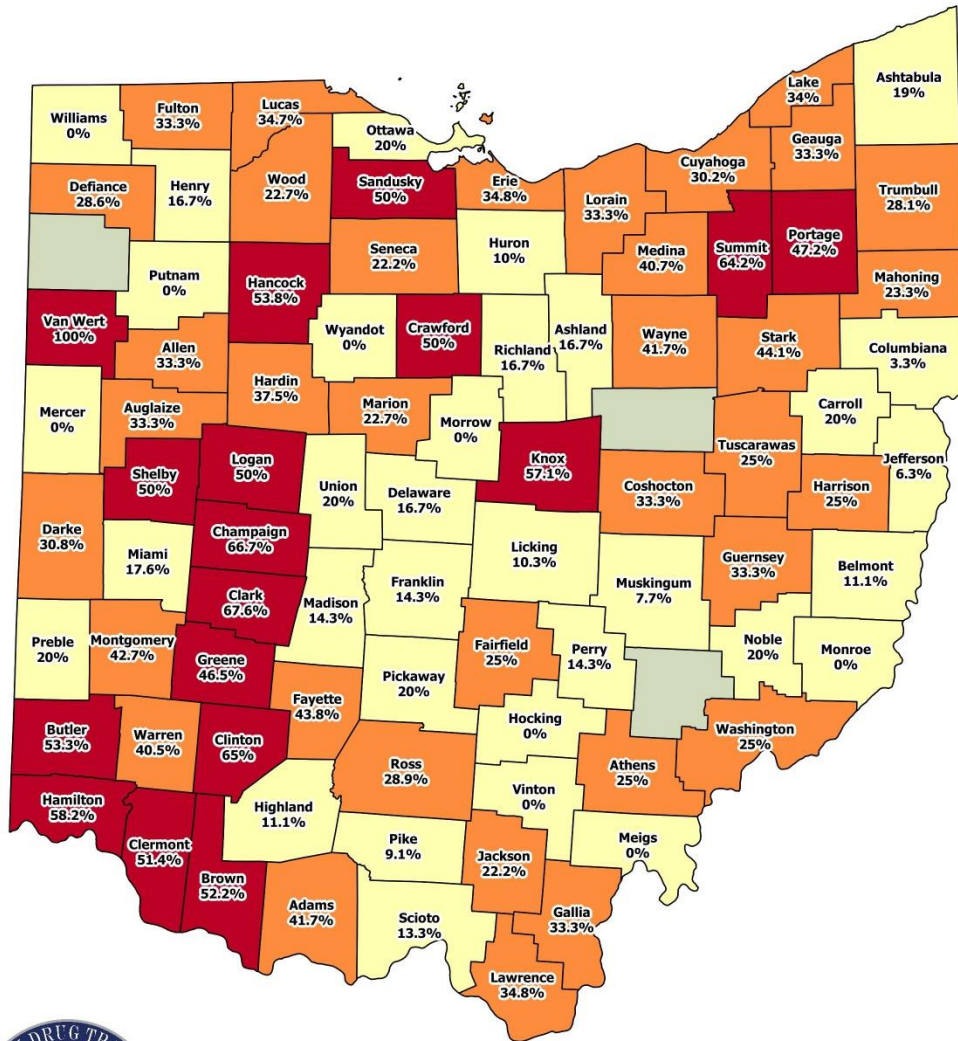


Why Fentanyl?



Source: Ohio MHAS, OSAM-O-GRAM, March 2017

Percentage of Overdose Deaths with a Fentanyl Mention Ohio - 2015



There was significant variability in the rate of fentanyl overdose deaths across Ohio with southwest and northeast Counties seeing the greatest number of fentanyl mentions. Early results from Hamilton and Cuyahoga County suggest that fentanyl related fatalities will increase in 2016.



Source: Ohio Department of Health, Bureau of Vital Statistics, 2015 Ohio Death Certificate File These data were provided by the Ohio Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.

Prepared by Ohio HIDTA

Overdose Deaths by Selected Drug Mention

2015

Drug	Death Mention	Percent of Mentions
Opiates RX	1799	59.0%
Heroin	1424	46.7%
Fentanyl	1155	37.9%
Cocaine	685	22.5%
Benzodiazepine	504	16.5%
Ethanol	315	10.3%
Methadone	108	3.5%
Hallucinogen	61	2.0%
Meth/Amphetamine	1	0.0%
Total	3050	100.0%

Source: Ohio Department of Health

Fentanyl mentions in the Overdose database increased from 84 in 2013 to 1,155 in 2015. This is an approximate 1300% increase during the three year reporting period. Counties with higher rates of fentanyl mentions tend to have significantly higher rates of death. Indications from several urban Ohio counties suggest that fentanyl could overtake heroin and prescription drugs as the most prevalent cause of death in 2016.

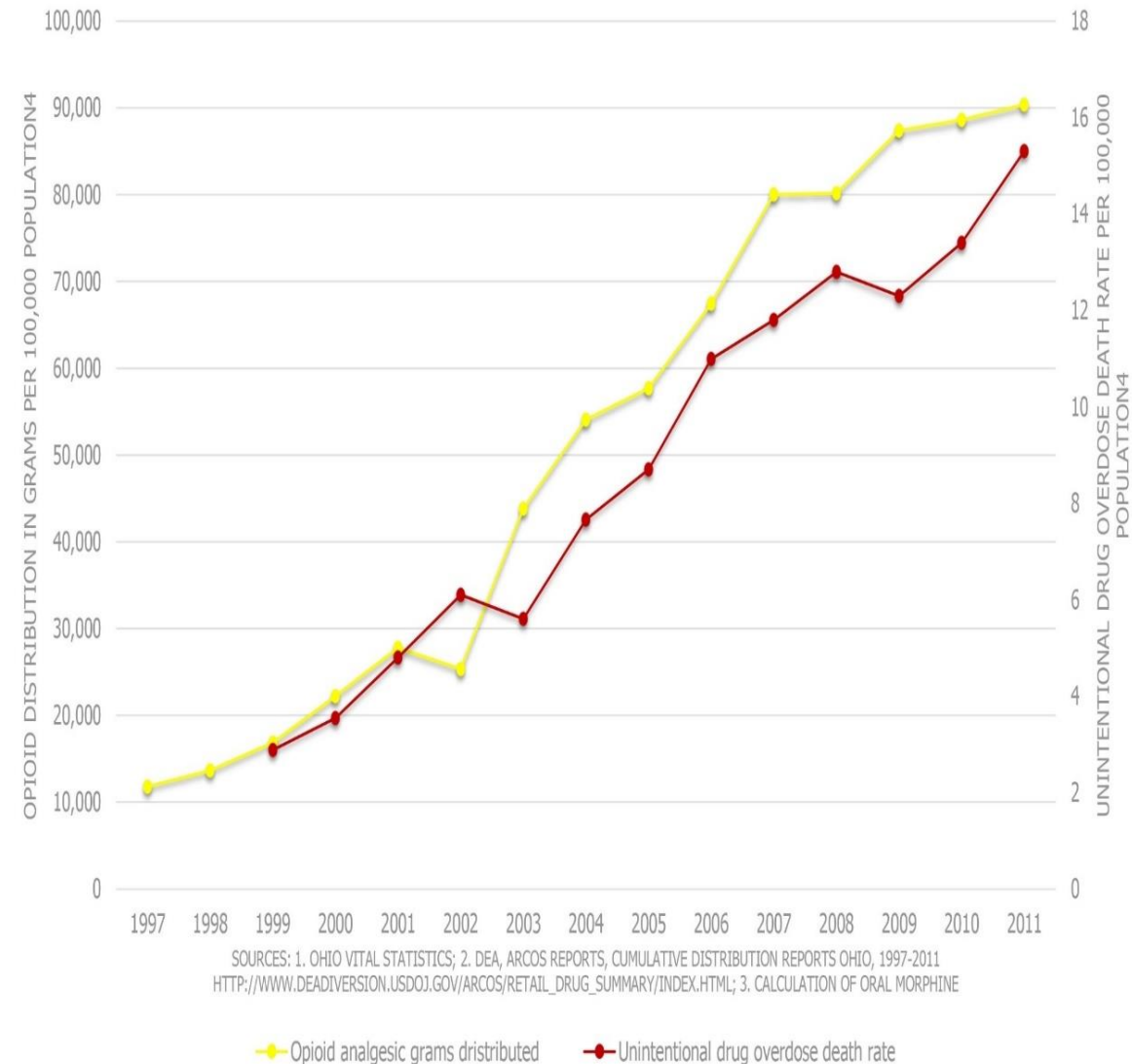
**Ohio Specimens Tested by American Court Services
October, 2016**

Drug	Screened Tests	Percent Specimens tested
THC	6,386	97.0%
Cocaine	6,377	96.9%
Opiates/Oxycodone	6,349	96.4%
Benzodiazepine	6,232	94.7%
Meth/Amphetamine	6,230	94.6%
Buprenorphine	6,218	94.5%
Methadone	6,210	94.3%
Phencyclidine (PCP)	5,800	88.1%
Ethanol	3,294	50.0%
EtG/EtS	2,963	45.0%
Tramadol	264	4.0%
Glucose	45	0.7%
Spice/K2	21	0.3%
Bath Salts	4	0.1%
Barbiturates	2	0.0%
Fentanyl	2	0.0%
Ectasy	1	0.0%
LSD	1	0.0%
Total	6,583	100.0%

Detection is an important deterrent. The vast majority of treatment agencies, drug courts and probation departments, as of late 2016 were not screening for fentanyl or fentanyl analogues. A factor which may be encouraging additional use.

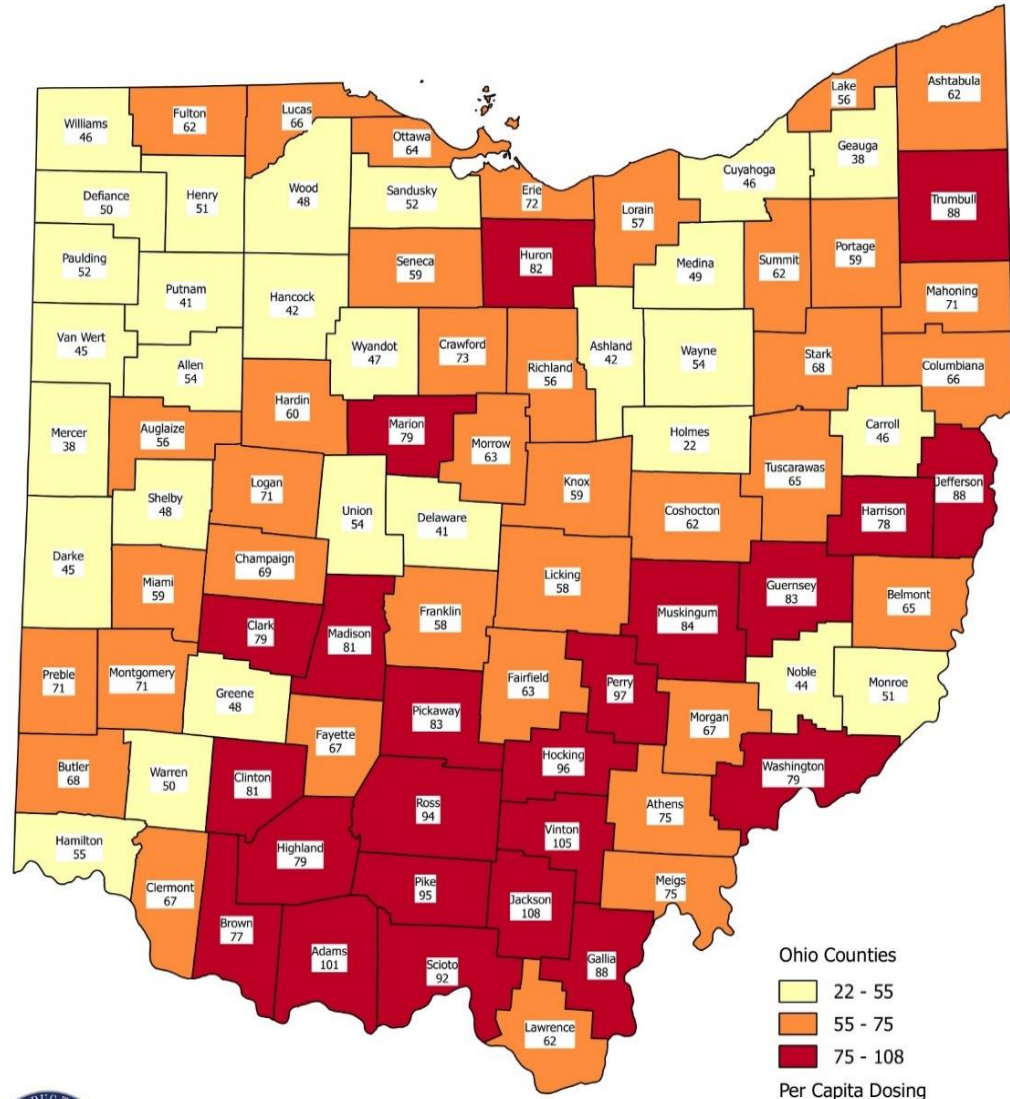
Source: American Court Services

Ohio Drug Overdoses & Distribution Rates of Prescription Opioids in Grams per 100,000 population - Ohio, 1997-2011¹⁻³



Since the early 1990's, the American health care system has seen an unprecedented increase in the use of prescription opioids. Here in Ohio, opioid prescribing has increased from around 11,000 grams of opioids per 100,000 population to 90,000 grams of opioids per 100,000. The statistical relationship between the increase in opioids dispensed and overdose deaths between 1997 and 2011 was staggering ($r = .97$).

Per Capita Opioid Dosing - 2015

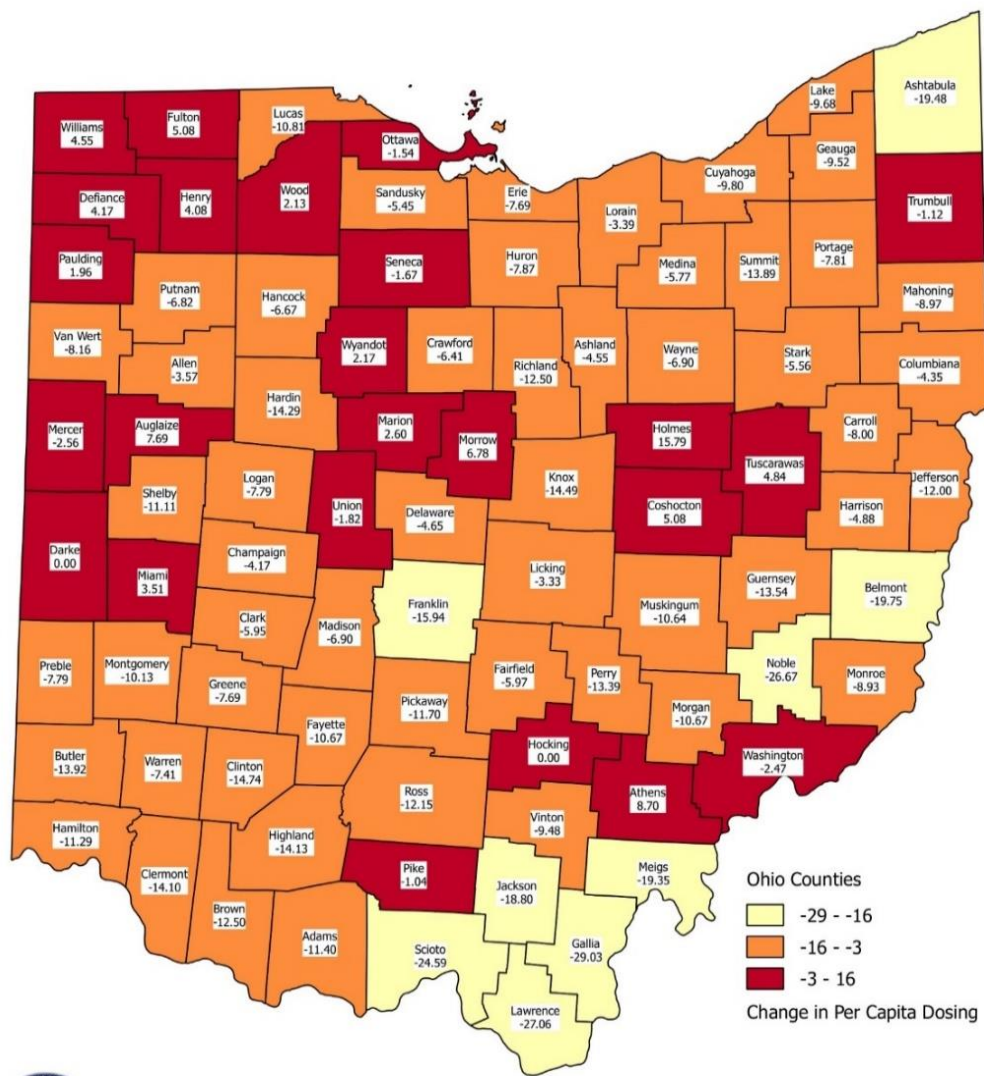


In 2015, the Ohio State Board of Pharmacy reported there were 701,227,524 opioid doses dispensed to Ohio residents, this is equal to 60.8 doses per Ohio Resident



Note: OARRS collects information on all outpatient prescriptions for controlled substances dispensed by Ohio-licensed pharmacies and personally furnished by licensed prescribers in Ohio.

Change in Per Capita Opioid Dosing 2010 - 2015

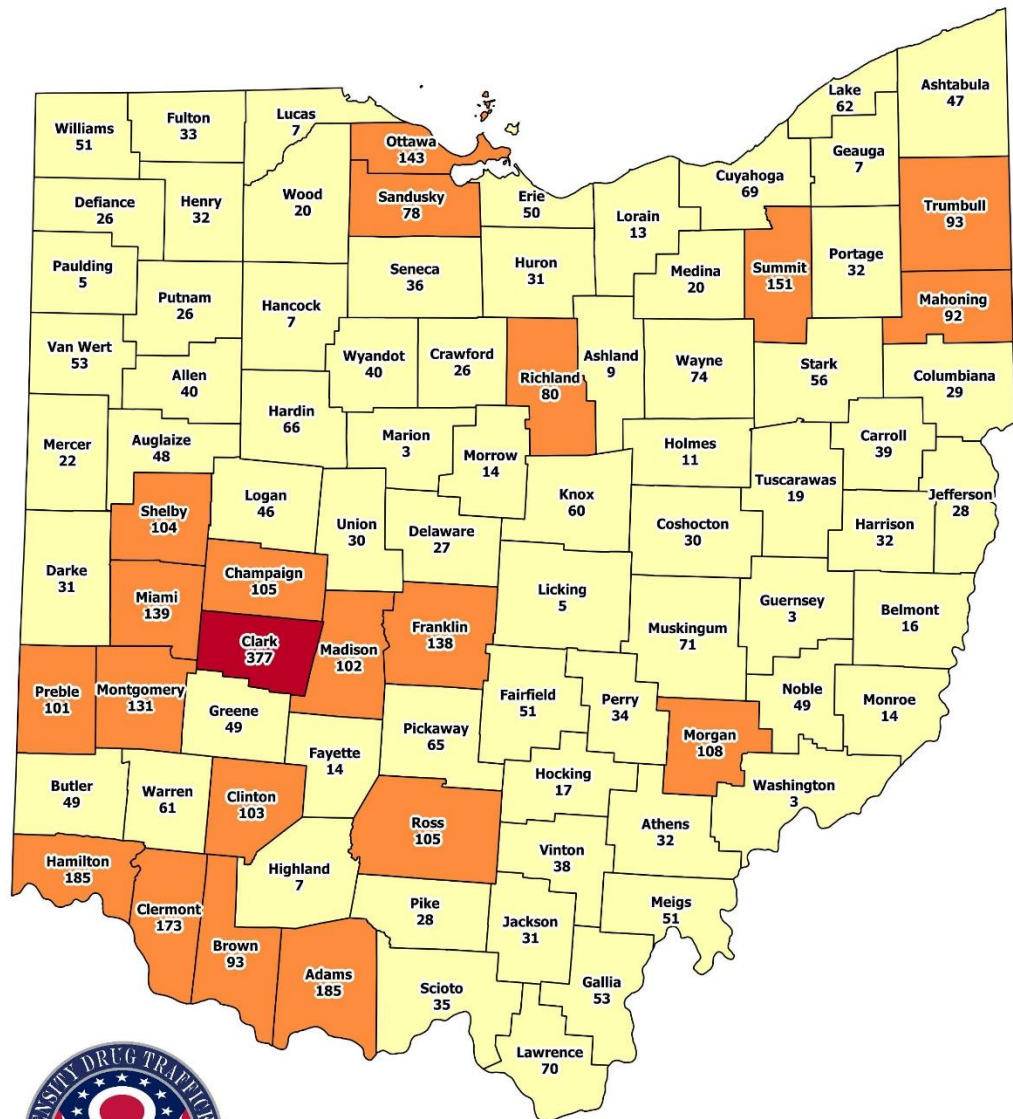


The good news is that Ohio's healthcare system is using fewer prescription drugs. Between 2010 and 2015 there were 76,957,094 fewer pills dispensed through Ohio's healthcare providers. Additional declines were recorded for 2016. Franklin County experienced a 15.94% decline through 2015. This was the largest decrease among Ohio's urban counties.



Note: OARRS collects information on all outpatient prescriptions for controlled substances dispensed by Ohio-licensed pharmacies and personally furnished by licensed prescribers in Ohio.

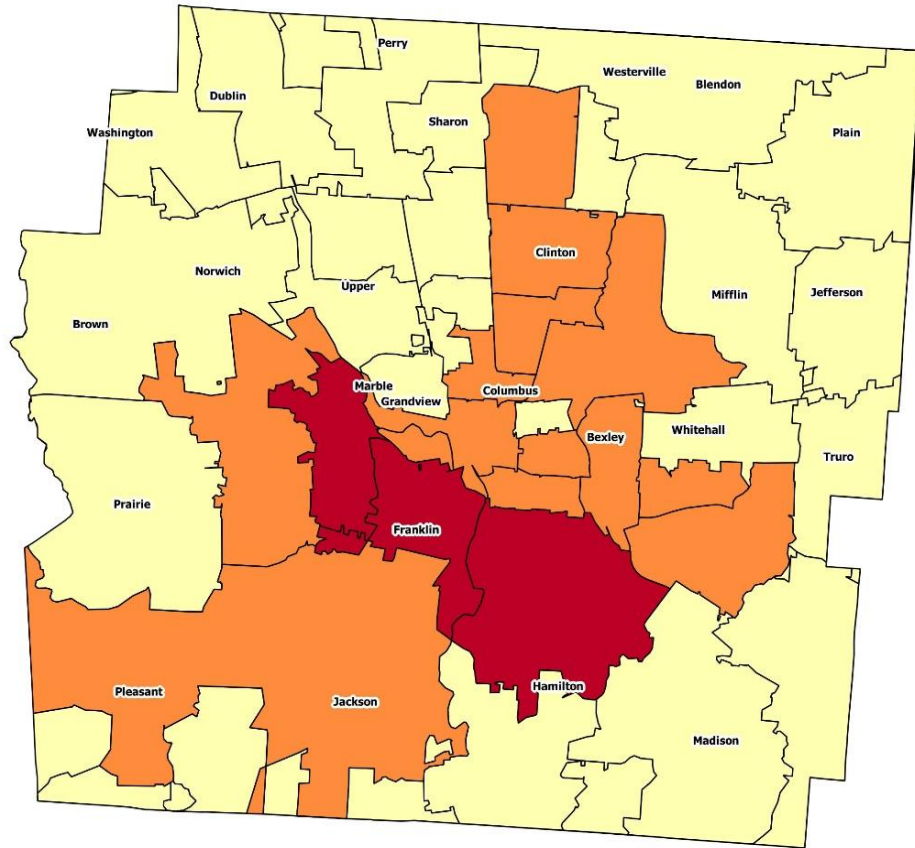
Rate Per 100,000 Naloxone Administrations by Emergency Responders Ohio - 2015



Naloxone (also known as Narcan) is an important protective factor that is being increasingly used by family members and first responders. Doses dispensed through emergency responders are tracked by the Ohio EMISIRS managed by the Ohio Department of Public Safety. There was significant variability in the number of doses reported by county. The number of doses per 100,000 population for Franklin County in 2015 was 138.

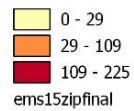


Naloxone Administrations by Zipcode - 2015 Franklin County, Ohio



Naloxone administrations in Franklin County, closely mirrors the location of overdose deaths. This is a sign that Franklin County's deployment of Naloxone is targeted towards areas that are at greatest risk.

Naloxone Administrations



Drug Intelligence Officer



Shawn Bain



Retired Captain Franklin County Sheriff's Office – Columbus, Ohio

22 years of career spent working drug investigations

Last 5 years of career – Commander of the Franklin County HIDTA DTF

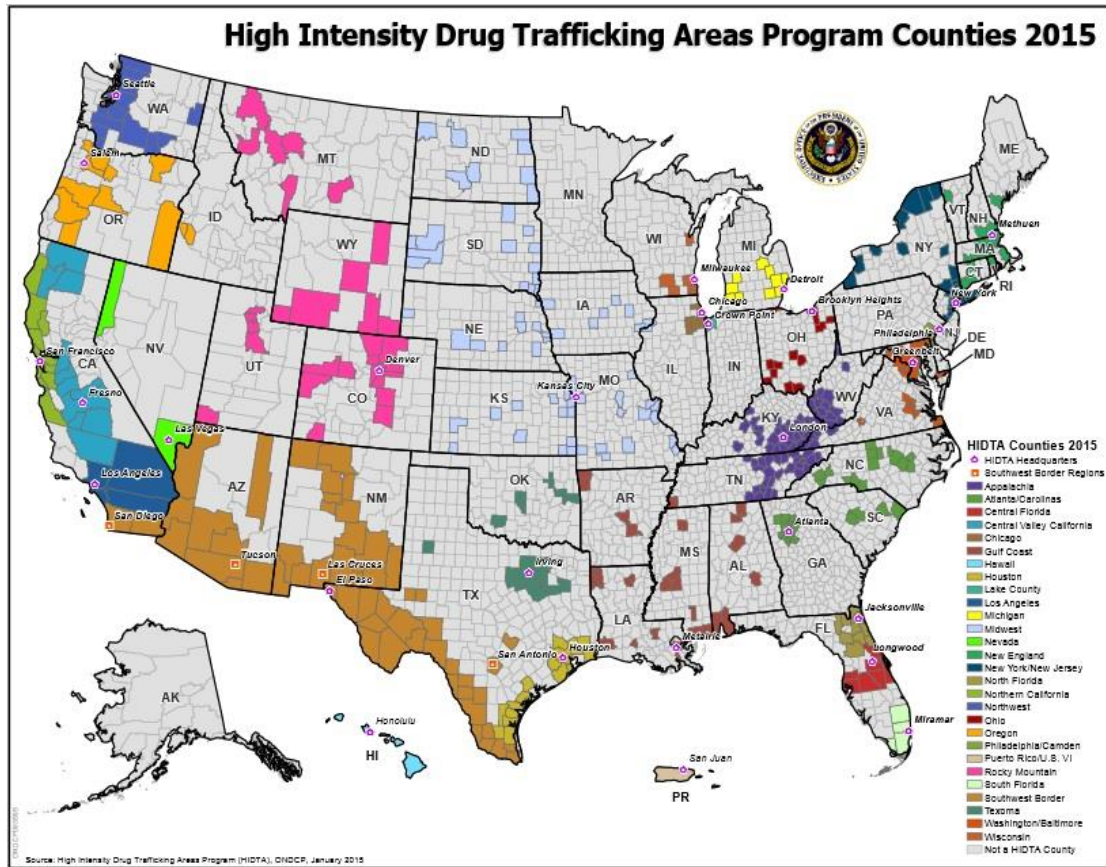
Graduate of the 218th session of the FBI National Academy

Graduate of the DEA's Drug Unit Commanders Academy

Certified Drug Prevention Specialist – Ohio Chemical Dependency Board

Licensed with the Ohio Department of Mental Health and Addictions Services to conduct drug prevention education in Ohio.

Heroin/Fentanyl Response Strategy Overview



Eight HITDA's – Appalachia, New England, New York/New Jersey, Philly/Camden, Wash/Balt., Michigan, Ohio, and Atlanta Carolina's.

Twenty States involved

Heroin/Fentanyl Response Strategy Overview

The HRS exemplifies an effort to combine prevention, education, intelligence, and enforcement resources to thwart the region's greatest drug threat.

The HRS is a fusion of public health and public safety efforts.

Creates a Drug Intelligence Officer and Public Health Analyst for each state.

Duties of DIO Position

Drug Intelligence Officer (DIO) – One for each of the 20 HRS States (Collocation with local DEA office, state police, or ISC, if possible)

Implement the Hidden Trafficker Program: track drug felony arrests of out-of-state residents and notify appropriate law enforcement agencies. Use media clips to make links between jurisdictions when possible as well.

Ad hoc projects, analyses, RFIs, and emerging trend reports, often in collaboration with the Analyst.

Duties of DIO Position con't

Establish contacts and serve as point of light, connecting: local/state law enforcement agencies, other state DIOs, and the Analyst.

Compile and disseminate Intelligence Reports on major drug crimes, cross-jurisdictional incidents, emerging drug trends, and major trends in abuse.

Promote use of and utilize database resources to answer cross-jurisdictional requests for information such as: license plate readers, driver's license photos, heroin stamps, and drug seizures.

Ohio DIO Assignment

Office space with Ohio HIDTA Deputy Director and DEA at 500 S. Front St. Columbus, Ohio – DIO does have flexibility to work from home.

Day to day supervisor is Eric Brown, Dep. Director

Key Projects – working with Ohio AG's Office for central repository for drug arrest information

Work with Ohio PHA to better streamline efforts of public safety and public health.

Continue efforts to conduct community drug awareness/prevention presentations across Ohio.

DIO and PHA work together on a regular basis attending meetings and conferences throughout the state.

Ohio Success Stories

July '16 Akron Ohio experienced over 200 overdoses and 17 deaths involving CarFentanyl.

August 15, 2016 Huntington West Virginia experienced 28 overdoses and 2 deaths involving CarFentanyl.

Ohio and WV DIO's made contact and discussed the similar issues involving these two cities. DIO's connected LE officials in those jurisdictions and they discovered the same supplier of the drug from Akron was responsible for the issues in both communities.

LE made an arrest on this supplier.

Ohio Success Stories

On August 12th, a traffic stop in Michigan resulted in the seizure of 318 Oxycodone pills and the arrest of two Ohio residents.

Michigan DIO Bob Kerr sent Shawn Bain a FAN referencing the case. Bain reached out to the local PD in Kenton, Ohio. From reading the investigative reports, it was discovered that they were going to Michigan to get their supply “on the front” and returning to Ohio to deal and earn the money to repay their supplier.

Bain spoke to the Kenton, Ohio investigators and learned that they had a Confidential Informant (C.I.) who had told them about these individuals. The Kenton PD was unaware of the arrest until they received our notification.

The Lead provided by HRS DIOs corroborates the C.I.’s information and supports Kenton’s investigations.

Ohio Success Stories

On 9-15-16, Ohio DIO Bain sent a FAN to NY/NJ HIDTA in reference to a traffic stop made by Ohio State Patrol Troopers resulting in the seizure of 6 kilograms of Cocaine.

On 9-21-16, DIO Bain received a call from Buffalo DEA informing him that one of the individuals arrested out of the Ohio traffic stop was soon to be federally indicted in a cocaine conspiracy case in New York.

Because of the FAN sent, Buffalo DEA was able to add these 6 kilograms of cocaine from Ohio to their federal conspiracy case, thus strengthening their case.

Ohio Success Stories

On November 21, 2016 Ohio DIO Bain sent Michigan DIO Kerr a FAN in reference to 2 individuals from Detroit, MI who were arrested in Ohio for poss. Of 40g of heroin and 27g of Meth.

DIO Kerr forwarded info to DEA and DEA advised that this case connects to a current DEA case and registered owner of vehicle involved is an associate of the main target of the Federal Case.

On January 27, 2017 Kentucky DIO Al Katcher sent Ohio DIO Bain an email in reference to the arrest of an Urbana, Ohio resident arrested in Ft. Wright, Ky. The individual from Urbana, OH was arrested for possession of user amounts of Heroin. Interestingly, also found in the individuals vehicle were numerous credit cards, checkbooks, passports, and mail from several Ohio residents. DIO Bain forwarded this information to Det. Glenn Kemp of the Champaign County Sheriff's Office which is the county where Urbana is located. Det. Kemp was thrilled with this information stating he had been working a "multi-subject theft ring" in which this subject was involved and he had been trying to locate this individual for several days. Det. Kemp went on to say that this information and the evidence collected by the Ft. Wright KY P.D. will help him potentially solve numerous theft, forgery, and aggravated burglary cases in the Champaign County area.

2017 Ohio Drug Trends

Progress continues to implement the Medical Marijuana Law. Must be fully operational by September 2018

Opioids continue to plague our state. Black Tar Heroin on the decline and Powder on the rise (due to Fentanyl).

Neurontin (Gabapentin) – abuse in skyrocketing. Most prescribed drug in Dec. 16. Second was Opioids and Neurontin beat them by 30%

Stimulants on the rise (Cocaine and Methamphetamine)

Medical Marijuana in Ohio



Effective in September, 2016

Law requires rules and regulation regarding the program to be adopted by the Ohio Medical Marijuana Advisory Committee by September 8, 2017

Program must be operational by September 8, 2018

Who's involved?

Ohio Department of Commerce: Cultivators, processors how to make and package marijuana products, testing labs

Ohio State Board of Pharmacy: Dispensaries, patient and caregiver registry, how much marijuana patients can possess and how they can consume it

Ohio State Medical Board: Certifying physicians, reviewing petitions to add qualifying medical conditions

Qualifying Conditions

Aids/HIV

Alzheimer's disease

ALS

Cancer

Chronic traumatic encephalopathy

Crohn's disease

Epilepsy

Fibromyalgia

Glaucoma

Pain (either chronic and severe pain or
intractable pain)

Inflammatory bowel disease

Multiple sclerosis

Ulcerative colitis

Parkinson's disease

PTSD

Sickle cell anemia

Spinal cord disease or injury

Tourette's syndrome

Traumatic brain injury

How will it be legally consumed?

Oils and tinctures – Up to 70% THC

Plant material - Up to 35% THC

Edibles

Patches

Cannot smoke, but can “vape”

Cannot be in any form that is “attractive to children”



Doctors: Recommendations v. Prescriptions

- 30% of Ohio doctors say they will recommend MJ
- 45% say they will NOT recommend MJ

Insurance companies not covering marijuana










Employee / Employer relationship

- A lot of employees are required to disclose to their employers certain medications they're prescribed
- Employers can terminate employees for using medical marijuana – and person is not eligible for BWC benefits
- Pre-employment – Don't have to hire

Reported Increase in Methamphetamine in Major Ohio Cities in Last 6 Months

<u>Region</u>	<u>Current Availability</u>	<u>Availability Change</u>
Akron-Canton	High	INCREASE
Athens	High	INCREASE
Cleveland	High	INCREASE
Cincinnati	High	INCREASE
Columbus	High	INCREASE
Dayton	Moderate to High	INCREASE
Toledo	High	NO CHANGE
Youngstown	High	INCREASE

From 2nd half 2015 to 1st half of 2016 Ohio Counties reported 3,265 Meth cases statewide this is a 20.7% increase

<u>Region</u>	<u>July-December 2015</u>	<u>January-June 2016</u>
Akron-Canton	256	429 
Athens	197	334 
Cincinnati	575	653 
Cleveland	370	497 
Columbus	464	492 
Dayton	503	514 
Toledo	146	148 
Youngstown	195	198 
Total Number of Ohio Cases	2,706	3,265 

QUESTIONS?

