

News Release

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Public Health
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Dayton & Montgomery County

April 30, 2013

For Immediate Release

Unintentional Drug Overdose Deaths Poison Death Review for 2012

In 2012, there were 162 unintentional drug overdose deaths, the highest number on record in Montgomery County. The number of unintentional deaths involving prescription opioids decreased significantly. However, the number of accidental deaths associated with heroin use increased greatly over the last 2 years.

These findings come from the 2012 Poison Death Review (PDR), a study conducted by the Center for Interventions, Treatment and Addictions Research at the Wright State University Boonshoft School of Medicine (CITAR) in collaboration with the Montgomery County Coroner's Office. The designation of unintentional death (accident), as compared to intentional death (suicide) is made by the Coroner's Office. The PDR indicates that of the 162 unintentional deaths in 2012, 145 were residents of Montgomery County, 15 were residents of other Ohio counties, and two were out-of-state residents. The three age groups with the highest proportion of deaths were 45-54 year olds (33%), 25-34 year olds (28%), and 35-44 year olds (19%); together accounting for 80% of the decedents, which is unchanged from 2011. However, there were noteworthy changes in the proportions among these groups: the 35-44 year old group decreased 7% from 2011 and the 25-34 year old group increased 6%. The majority of the decedents were male (60%) and white (85%). In terms of education, about 97% had a high school education or less.

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Prescription opioids (drugs used to treat pain as well as “get high”) were found in 45% of the cases in 2012, down from 62% in 2011 and 74% in 2010. **These are consequential and significant decreases.** Nevertheless, prescription opioids remain a major factor in unintentional drug overdose deaths. The prescription opioids mentioned most frequently in toxicology reports were: oxycodone (15%); methadone (12%); and hydrocodone (9%). The number of methadone mentions is down significantly from previous years. (Note: the methadone identified in toxicological analyses had almost certainly been prescribed for pain, *not* diverted from drug abuse treatment programs.)

Heroin was present in 59% of the decedents. **This is a large and significant increase** from 2011 when heroin was found in 35% of the decedents. It is notable that the increase in heroin mentions was initially seen in the last quarter of 2011. In addition, 23% of all who died with heroin mentions also had prescription opioids in their systems.

Sedatives (drugs used to treat anxiety as well as “get high”) were mentioned in 54% of the cases, a significant decrease from the 74% in 2011. Still, sedatives are a major factor in unintentional drug overdose deaths. Benzodiazepines accounted for 80% of the sedative drug mentions in toxicology reports.

- Cocaine was present in 30% of the cases, a decrease from 41% in 2011.
- Alcohol was mentioned in 28% of the cases, an increase from 23% in 2011.
- Anti-depressants were mentioned in 26% of the cases, a decrease from 32% in 2011.

Two-thirds of the decedents had two or more central nervous system (CNS) depressant drugs in their systems at the time of death. It is well-established that the concurrent or simultaneous use of drugs that depress the CNS, such as opioids, benzodiazepines and alcohol, can be extremely hazardous and result in death from profound respiratory depression. Nevertheless, some drugs, like the opioids, are capable of causing death by respiratory depression in the absence of other CNS depressants. In 2012, 19% of the drug overdose decedents had heroin and no other CNS depressants in their systems. This is a significant increase over previous years.

In order to educate the public and prevent additional deaths, Public Health, the Coroner’s Office, and Wright State University CITAR have created a “Prevent Drug Overdose” poster. It addresses overdose symptoms, prevention, how to reduce your risk, and how to help someone during an overdose. The poster will be widely distributed throughout the county at local businesses, nightclubs, and community organizations, targeting those areas with the most significant problems. Some of the areas targeted for the poster campaign include parts of Dayton, Miamisburg, West Carrollton, and other areas identified as having high-risk populations. In addition, the Greater Dayton RTA will be displaying the poster on 200 buses within Montgomery County. For more information about the poster or to obtain additional posters, contact the WSU OD Prevention Project by calling 775-2066 or by emailing rxdrugs@wright.edu.

Montgomery County Health Commissioner Jim Gross explains, “As we continue to gain a greater understanding of the problem of accidental drug overdoses in our community, we can more effectively target our prevention efforts. We have developed a prevention poster and are excited because the initial response we’ve received from the community has been very positive. We believe that many people will see the poster and act on the information, which may ultimately save lives.”

The PDR is conducted by the WSU Boonshoft School of Medicine Center for Interventions, Treatment & Addictions Research, in collaboration with the Montgomery County Coroner's Office, under contract with Public Health - Dayton & Montgomery County, with support from the Ohio Department of Health (ODH). The PDR is part of the Preventing Unintentional Drug Poisoning Project, which is funded by Public Health – Dayton & Montgomery County and the ODH with injury prevention block grant funds from the U.S. Centers for Disease Control and Prevention.

POISONING DEATH REVIEW SUMMARY REPORT, 2012					
		162		2011 Cases: 130	2010 Cases: 127
DEMOGRAPHICS					
Characteristic					
	Category	Freq	Percent	2011 Percent	2010 Percent
Age Group	<15 years	0	0%	0%	0%
	15-24 years	6	4%	5%	14%
	25-34 years	46	28%	22%	22%
	35-44 years	31	19%	26%	28%
	45-54 years	53	33%	32%	18%
	55-64 years	22	14%	14%	16%
	65-74 years	4	2%	1%	2%
	75+ years	0	0%	0%	0%
Gender	Male	98	60%	59%	57%
	Female	64	40%	41%	43%
Race	White	137	85%	87%	90%
	Black	24	15%	13%	10%
	Other	1	1%	0%	0%
Hispanic	Hispanic/Latino	1	1%	0%	0%
Education	<High School	44	27%	28%	20%
	HS graduate	111	69%	69%	76%
	College graduate	4	2%	2%	2%
	Post-graduate	1	1%	1%	1%
	Unknown	2	1%		
Marital Status	Single	76	47%	39%	41%
	Married	25	15%	31%	29%
	Divorced	49	30%	25%	26%
	Separated	0	0%	3%	2%
	Widowed	12	7%	2%	2%

Military	Ever in US Armed Forces	14	9%	4%	13%
HEALTH					
Characteristic					
		Freq	Percent	2011 Percent	2010 Percent
Physical Disability/Illness		132	81%	74%	79%
Heart Disease		94	58%	56%	65%
Mental Disability/Illness		34	21%	23%	27%
HISTORY OF SUBSTANCE ABUSE					
	Total Cases Jan 1-Dec 31, 2012	162		2011 Cases: 130	2010 Cases: 127
Substance Abuse					
		Freq	Percent	2011 Percent	2010 Percent
Any history		127	78%	82%	75%
Alcohol		27	17%	18%	13%
Cocaine		19	12%	17%	12%
Marijuana		4	2%	2%	5%
Heroin		51	31%	26%	26%
Prescription opioids		10	12%	27%	27%
Benzodiazepines		11	7%	16%	15%
Other Prescription Medications		1	1%	5%	3%
Over-the-Counter Medications		0	0%	0%	0%
DEATH INVESTIGATION					
Characteristic	Category				
		Freq	Percent	2011 Percent	2010 Percent
Location of death	Decedent's home	81	50%	53%	68%
	Relative's home	2	1%	0%	2%
	Friend's home	18	11%	16%	14%
	Place of work	0	0%	1%	0%
	School	0	0%	0%	0%
	Hospital	48	30%	22%	9%
	Drug tx facility	1	1%	0%	0%

	Jail/detention area	1	1%	0%	0%
	Public area	4	2%	2%	2%
	Other	7	4%	6%	4%
911 called	Yes	152	94%	98%	96%
Person reporting death	Coroner	0	0%	0%	1%
	Hospital physician	53	33%	23%	17%
	Mortician	0	0%	0%	0%
	EMS/Police	109	67%	75%	82%
Possible prevention by use of opioid antagonist?		41	25%	14%	11%
TOXICOLOGY REPORT					
	Total Cases Jan 1-Dec 31, 2012	162		2011 Cases: 130	2010 Cases: 127
Characteristic	Category	Freq	Percent	2011 Percent	2010 Percent
	Alcohol	46	28%	23%	23%
	Cocaine	49	30%	41%	30%
	Methamphetamine	4	2%	2%	1%
	Heroin	95	59%	35%	31%
Prescription Opioids	Any	73	45%	62%	74%
	Oxycodone	25	15%	19%	23%
	Hydrocodone	15	9%	15%	24%
	Methadone	20	12%	33%	32%
	Fentanyl	9	6%	6%	7%
	Tramadol	9	6%	4%	6%
	Hydromorphone	0	0%	0%	1%
	Morphine	10	6%	8%	9%
	Other	2	1%	3%	4%
Anti-Depressants	Any	42	26%	32%	38%
Sedatives (Including Benzodiazepines)	Any	88	54%	74%	76%
Benzodiazepines	Any	70	43%	65%	70%
Any Prescription Opioid + Any Benzodiazepine		43	27%	49%	57%
Two or more of the following CNS depressants: alcohol, heroin, prescription opioids, sedatives		107	66%	82%	85%
Heroin + Any Other CNS Depressant		65	40%	31%	27%

Heroin without Any Other CNS Depressant		30	19%	5%	4%
Heroin + Any Prescription Opioid		22	14%	10%	13%
Any Opiate		146	90%	88%	92%
Other Prescription	Any	49	30%	37%	39%
Over-The-Counter	Any	32	20%	19%	20%
Verifiable Valid Prescription for Controlled Drugs in Toxicology Report		109	36%	37%	33%
Indication of IV Drug Use + Presence of Heroin in Tox Report		41	25%		
PRESCRIPTION OPIOIDS		Cases with Prescription Opioids Jan 1-Dec 31, 2012		2011 Cases with Prescription Opioids	2010 Cases with Prescription Opioids
Decedents with Postmortem Prescription Opioids:		73	45%	62%	74%
Age	<15 years	0	0%	0%	0%
	15-24 years	3	4%	7%	13%
	25-34 years	18	25%	21%	23%
	35-44 years	14	19%	22%	27%
	45-54 years	26	36%	35%	19%
	55-64 years	11	15%	15%	17%
	65-74 years	1	1%	0%	1%
	75+ years	0	0%	0%	0%
Gender	Male	38	52%	49%	53%
	Female	35	48%	51%	47%
Race	White	65	89%	90%	93%
	Black	8	11%	10%	7%
Hispanic	Hispanic/Latino	0	0%	0%	0%
Education	<High School	17	24%	29%	22%
	HS graduate	50	69%	69%	74%
	College graduate	4	6%	0%	3%
	Post-graduate	1	1%	1%	1%
	Unknown	1	1%		
Marital Status	Single	28	38%	32%	39%

	Married	13	18%	37%	34%
	Divorced	24	33%	26%	23%
	Separated	0	0%	2%	1%
	Widowed	8	11%	2%	2%
Military	Ever in US Armed Forces	6	8%	2%	11%
Verifiable Physical Illness	Any	65	89%	74%	83%
Heart Disease		43	59%	56%	67%
Verifiable Valid Prescription			36%	37%	33%