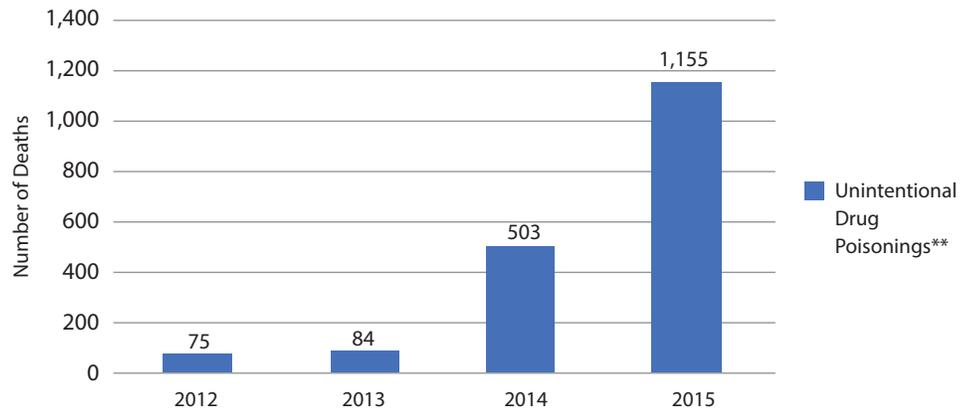


2015 Ohio Drug Overdose Data At A Glance

- The number of unintentional drug overdose deaths increased from 2014 to 2015, driven by a significant rise in fentanyl-related overdose deaths. Data suggest that the vast majority of such deaths are the result of illegally produced and trafficked fentanyl.
- Of all unintentional drug overdose deaths, the percentage of prescription opioid-related deaths declined for the fourth straight year, and the number of these deaths have begun to level off. This decline corresponds with efforts to reduce the prescription pill supply available for diversion and abuse by stepping up law enforcement efforts, working with medical professionals to establish opioid prescribing guidelines, and empowering prescribers and pharmacists to prevent opiate abuse using Ohio's prescription drug monitoring system (Ohio Automated Rx Reporting System).
- There were 81 million fewer opioid doses dispensed to Ohio patients in 2015 compared to 2011, reducing the number of leftover prescriptions available for diversion and abuse.

Fentanyl-Related Drug Overdoses, Ohio, 2012-2015*

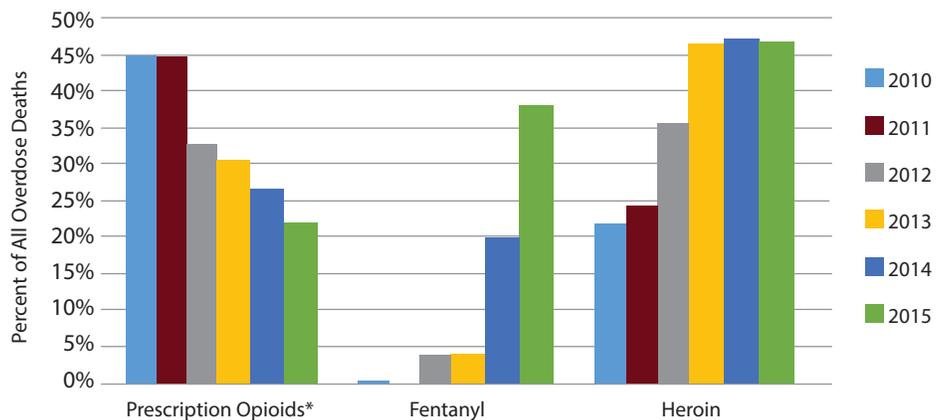


* Unintentional Drug Poisoning Death include deaths with manner on the death certificate listed as "accidental".

** Does not include intentional (homicide and suicide) and undetermined fentanyl related deaths; Additional 4 in 2012, 8 in 2013, 12 in 2014, and 22 in 2015.

Source: Ohio Department of Health, Bureau of Vital Statistics; Analysis Conducted by ODH Injury Prevention Program.

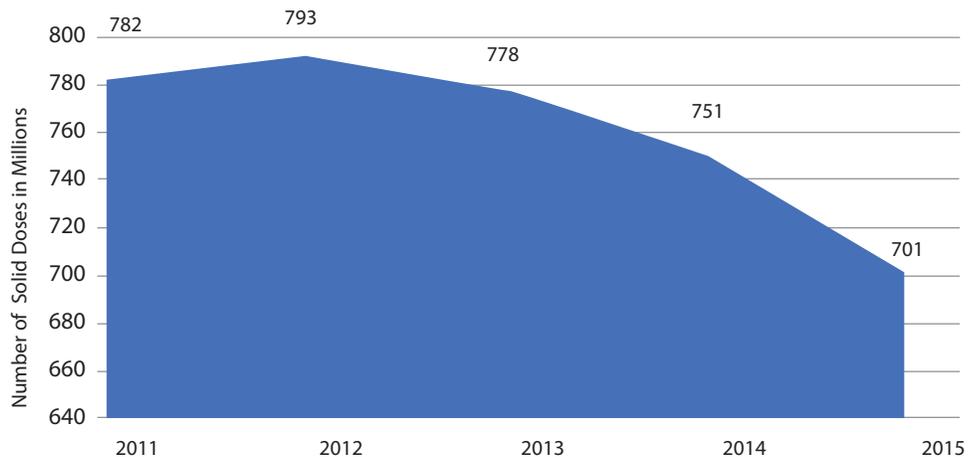
Percentage of all Unintentional Drug Overdose Deaths Involving Selected Drug by Year, Ohio, 2010-2015



* Prescription Opioids not including fentanyl.

Source: Ohio Department of Health, Bureau of Vital Statistics, Analysis Conducted by ODH Injury Prevention Program.

Number of Opioid Doses* Dispensed to Ohio Patients, 2011-2015



Source: State of Ohio Board of Pharmacy, Ohio Automated Rx Reporting System.

* Does not include liquid doses.

Ohio's Key Initiatives to Fight Opiate Abuse and Save Lives

Governor's Cabinet Opiate Action Team – In January 2011, Governor John R. Kasich formed the Governor's Cabinet Opiate Action Team (GCOAT) to lead the state's efforts to combat opiate abuse and save lives. Today, Ohio has one of the most aggressive and comprehensive approaches in the country to fighting the opiate epidemic. GCOAT serves as a strike team of experts from addiction and treatment professions, public health, healthcare and law enforcement – all committed to the goal of swiftly finding new ways to respond to changes in the evolving opiate epidemic.



Start Talking! Preventing Youth Drug Use Before It Starts – Governor Kasich and First Lady Karen W. Kasich launched the Start Talking! statewide youth drug prevention initiative in January 2014 to give parents, guardians, educators and community leaders the tools needed to help prevent drug use before it starts. Research shows that kids whose parents talk to them about the dangers of alcohol and other drugs are up to 50 percent less likely to ever use than children who do not have these critical conversations with a trusted adult. Since launching, nearly 60,000 parents and educators have subscribed to receive free, bi-weekly tips by e-mail; nearly 88,000 students have participated in "Five Minutes for Life" presentations conducted by State Highway Patrol and Ohio National Guard members before or after sports practices; and nearly 1,900 "student ambassadors" have been recruited to talk with their peers about refusing to use drugs.



Encouraging Appropriate Use and Availability of Opioid Pain Medications – Because prescribers of opioid pain medications are on the front lines of fighting opiate abuse in Ohio, GCOAT has released opioid prescribing guidelines for emergency departments and acute care facilities, as well as for healthcare professionals who treat patients with chronic pain and acute pain. All three guidelines were developed in conjunction with clinical professional associations, healthcare providers, state licensing boards and state agencies. The prescribing guidelines are designed to make sure that patients receive the pain medication they need while reducing leftover opioids available for diversion and abuse. Given the fact that 73 percent of overdose deaths in 2015 had a history in the Ohio Automated Rx Reporting System (OARRS), the opioid prescribing guidelines also encourage prescribers to check OARRS before prescribing an opioid to see what other controlled medications a patient might already be taking. There were 81 million fewer opioid doses dispensed to Ohio patients in 2015 compared to 2011. Also, the percentage of prescription opioid-related deaths compared to all unintentional overdose deaths declined for the fourth straight year in 2015.



Expanding Availability and Use of Opiate Overdose Reversal Drug Naloxone – Naloxone is a life-saving drug that can be administered as nasal spray and has the potential to reverse overdoses caused by opiates. The state has made significant strides in making naloxone widely available, passing a law in 2014 enabling first responders to administer the drug, and allowing family and friends to get prescriptions for loved ones at risk of overdosing. The 2016-17 state budget includes \$1 million for first responders to obtain naloxone through local health departments. In 2015, EMS providers administered 19,782 doses of naloxone. The state further expanded access to naloxone in 2015 by permitting pharmacists to dispense naloxone without a prescription. Today, more than 900 pharmacies in 79 counties offer naloxone without a prescription.



Creating Pathways to Addiction Treatment and Recovery – The state has invested \$16 million to date to support specialty docket court programs in 13 counties that provide addiction treatment, including medication-assisted treatment, to non-violent adult offenders with a dependence on opioids, alcohol, or both. According to a Case Western Reserve University evaluation of the program, past-month drug use among program participants decreased 69 percent, while crimes committed dipped to 3.7 percent. At the same time, employment increased 114 percent, and stable housing increased by nearly 29 percent.