National Institute on Drug Abuse (NIDA)
Ohio Opioid Summary

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https://www.drugabuse.gov
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Opioid-Involved Overdose Deaths

In 2017, Ohio had the second highest rate of drug overdose deaths involving opioids in the U.S. There were 4,293 reported deaths—a rate of 39.2 deaths per 100,000 persons, compared to the average national rate of 14.6 deaths per 100,000 persons. In 2011, prescription opioids were the main underlying cause of overdose deaths in Ohio, with a total of 710 deaths reported that year. The number of deaths continued to grow and by 2017, prescription drugs accounted for 947 reported deaths.

The greatest increase of deaths, however, involved synthetic opioids other than methadone (predominantly fentanyl) with a nearly twenty-fivefold increase from 139 deaths in 2012 to 3,523 deaths in 2017 (Figure 1). Heroin-involved deaths also rose during the same period to a peak of 1,478 in 2016. In 2017, however, the number fell to 1,000 deaths, a decrease of 32 percent.

Figure 1. Number of overdose deaths involving opioids in Ohio, by opioid category. Source: CDC WONDER.
Opioid Pain Reliever Prescriptions

In 2017, Ohio providers wrote 63.5 opioid prescriptions for every 100 persons (Figure 2) compared to the average U.S. rate of 58.7 prescriptions (CDC). This represents a 38 percent decrease from a peak of 102.4 opioid prescriptions per 100 persons in 2010.

The rate of overdose deaths involving opioid prescriptions rose steadily from 0.7 deaths per 100,000 persons in 1999 to a peak of 8.4 deaths per 100,000 persons in 2017 (Figure 2).

![Figure 2. Ohio rate of overdose deaths involving prescription opioids and the opioid prescribing rate. Source: CDC and CDC WONDER.](image)

Neonatal Abstinence Syndrome (NAS)

NAS or neonatal opioid withdrawal syndrome (NOWS) may occur when a pregnant woman uses drugs such as opioids during pregnancy. A recent national study revealed a fivefold increase in the incidence of NAS/NOWS between 2004 and 2014, from 1.5 cases per 1,000 hospital births to 8.0 cases per 1,000 hospital births. This is the equivalent of
one baby born with symptoms of NAS/NOWS every 15 minutes in the United States. During the same period, hospital costs for NAS/NOWS births increased from $91 million to $563 million, after adjusting for inflation (Figure 3).

To date, there is no standard in NAS/NOWS provider and hospital coding practices (CDC). As a result, the trends and the rates reported by states varies. The rate of NAS/NOWS in Ohio rose from 2 cases per 1,000 hospital births in 2006 to 14 cases per 1,000 hospital births in 2017 (Ohio Department of Health).

Figure 3. NAS/NOWS Incidence rate and hospital costs for treatment in the United States. Source: T.N.A. Winkelman, et al., 2018.

**HIV Prevalence and HIV Diagnoses Attributed to Injection Drug Use (IDU)**
U.S. Incidence: In 2016, 9 percent (3,480) of the 39,589 new diagnoses of HIV in the United States were attributed to IDU. Among males, 6.3 percent (2,530) of new cases were transmitted via IDU or male-to-male contact and IDU. Among females, 2.3 percent (950) were transmitted via IDU (CDC).

U.S. Prevalence: In 2016, 991,447 Americans were living with a diagnosed HIV infection—a rate of 306.6 cases per 100,000 persons. Among males, 19.9 percent (150,4661) contracted HIV from IDU or male-to-male contact and IDU while 21 percent (50,154) of females were living with HIV attributed to IDU (CDC).

State Incidence: Of the new HIV cases in 2016, 969 occurred in Ohio. Among males, 9.3 percent of new HIV cases were attributed to male-to-male contact and IDU. Among females, 20.7 percent of new HIV cases were attributed to IDU (Figure 4) (AIDSVu).

State Prevalence: In 2015, an estimated 20,709 persons were living with a diagnosed HIV infection in Ohio—a rate of 307 cases per 100,000 persons. Of those, 11 percent of male cases were
attributed to IDU or male-to-male contact and IDU. Among females, 16.7 percent were living with HIV attributed to IDU (AIDSVu).

**Hepatitis C (HCV) Prevalence and HCV Diagnoses Attributed to Injection Drug Use\(^1\)**

- **U.S. Incidence:** In 2016, there were an estimated 41,200 new cases of acute HCV\(^2\) (CDC). Among case reports that contain information about IDU, 68.6 percent indicated use of injection drugs (CDC).

- **U.S. Prevalence:** An estimated 2.4 million Americans are living with HCV based on 2013-2016 annual averages (CDC).

- **State Incidence:** There were approximately 187 new cases of acute HCV (1.6 per 100,000 persons) reported in Ohio in 2016 (CDC).

- **State Prevalence:** In Ohio, there are an estimated 90,600 persons living with Hepatitis C (2013-2016 annual average), a rate of 1,010 cases per 100,000 persons (HepVu).

**National Institutes of Health-Funded Research**

The National Institute on Drug Abuse (NIDA), in partnership with the Appalachian Regional Commission (ARC) are supporting services planning research grants to address a dramatic increase in adverse outcomes associated with increased opioid injection drug use in Appalachia. The grants will help develop an epidemiologic understanding of opioid injection drug use, HIV and hepatitis C virus (HCV) infection risk, and other adverse health consequences of drug use in any of the 420 Appalachian counties (http://www.arc.gov/counties).

**Additional Resources**

- Ohio Department of Health, [Drug Overdose in Ohio](http://www.arc.gov/counties)
Centers for Disease Control and Prevention, Opioid Overdose

FY2018 NIH-funded projects related to opioid use and use disorder in Ohio: 15

Find treatment in Ohio (SAMHSA)

Notes

1. Not all states collect or report data on the incidence or prevalence of Hepatitis C or on how Hepatitis C is transmitted. When available, the data will be included.

2. Actual acute cases are estimated to be 13.9 times the number of reported cases in any year.