



*for the*

Third Quarter 2014

# RECORD

NEWS FOR THE OHIO COURTS

## REMARKS FROM THE INCOMING CHAIR

I do not consider myself a packrat, but it’s amazing to discover the things that you think are important enough to hold onto. They may sit on your desk for a week or two, find their way into a desk drawer, and you find them when it’s time to clean out that desk. With the retirement of one of our judges, I have decided to move courtrooms, so I was forced to clean out that desk. Imagine my surprise when I found a Report from the Ohio Judicial Conference from 2000, when Judge William Wolff was bidding his farewell and Judge Phil Rose outlined his goals as the incoming Chair.



Judge John M. Durkin

I compared my remarks from the Fall Conference to those of Judge Wolff and Judge Rose. As we know, the more things change, the more they stay the same. Judge Rose spoke of the General Assembly increasingly recognizing the value of the Conference. He mentioned the leadership of the Director, and the never-ending efforts of the staff. Although the faces have changed, I must also recognize the leadership, the professionalism and the talent of Mark Schweikert and our staff.

Judge Wolff stated that “we can only hope that the legislature will soon see fit to raise its own, and our, compensation...to [make it] comparable to that earned by judges in Illinois, Michigan and Pennsylvania. The Conference will also continue to advocate for an independent judicial salary commission.” Hopefully the issue of compensation is something that finally changes in the very near future.

The officers of the Conference had our annual retreat in July, and during that retreat we had an opportunity to review our strategic plan. One of the areas that need improvement, and one of my goals, is to do a better job educating Ohio judges about the Ohio Judicial Conference; who we are and what we do. There are still many judges who do not know the difference between the Ohio Judicial College, the Commissions, the Task Forces and the work of this Conference.

I am honored and I am humbled to assume this position. I would like to thank and recognize Judge Jim James for his efforts and accomplishments as our immediate past-chair. I thank all of the judges who give so much of their time and talent to serve on our committees, and especially the judges who serve on the Executive Committee and my fellow officers. Finally, I urge all Ohio judges to consider getting involved with the Conference, to meet our statutory charge of “promoting an exchange of experience and suggestions respecting the operation of the judicial system.”

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# OHIO JUDICIAL CONFERENCE NEWS

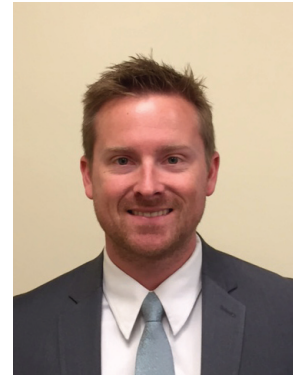
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## Welcome Justin Long!

Justin Long joined the Ohio Judicial Conference as Legislative Services Assistant on September 17, 2014.

Justin is a graduate of Miami University where he studied Exercise Science and Management Information Systems. Justin gained most of his significant legislative experience while working at the Ohio Department of Public Safety as a Legislative Liaison for 3.5 years.



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## Ohio Judicial Conference 2015 Annual Meeting

September 3 - 4  
Hilton Columbus at Easton

*Save the Date!*

A background image showing a city skyline at dusk or dawn, with several skyscrapers illuminated. A bridge with a steel truss structure is visible in the foreground.

# OJC GOVERNANCE CHANGES

After his recent election, Mahoning County Common Pleas Court Judge John M. Durkin will begin a two-year term as chair of the Ohio Judicial Conference on October 1.

He was among six judges elected as officers of the conference. The others include:

- Clermont County Probate/Juvenile Court Judge James A. Shriver as chair elect.
- Twelfth District Court of Appeals Judge Stephen W. Powell as first vice chair.
- Fairfield Municipal Court Judge Joyce A. Campbell as second vice chair.
- Stark County Family Court Judge Jim D. James as immediate past chair.
- Ohio Supreme Court Chief Justice Maureen O'Connor as honorary chair.

Judge Durkin has served as an officer of the conference and is the chair of its Specialized Dockets committee. Since 1997, he has been on the Mahoning court bench. He established the court's felony drug docket, which has been recognized as a "mentor court" by the U.S. Department of Justice.

The graphic features a large blue circular logo on the left with the text 'OJC CONFERENCE' and 'EST. 1963'. To the right, a list of officers is displayed against a background of a city skyline. The text is as follows:

**Effective October 1, 2014**

*Chair*  
**Judge John M. Durkin**

*Chair-Elect*  
**Judge James A. Shriver**

*1st Vice Chair*  
**Judge Stephen W. Powell**

*2nd Vice Chair*  
**Judge Joyce A. Campbell**

*Immediate Past Chair*  
**Judge Jim D. James**

*Honorary Chair*  
**Chief Justice Maureen O'Connor**

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# THE DRUG OVERDOSE EPIDEMIC

## DRUG ABUSE RELATED DEATHS IN OHIO AND THE COUNTIES OF THE 11TH DISTRICT COURT OF APPEALS

JUDGE DIANE V. GREDELL  
11TH DISTRICT COURT OF APPEALS

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Drug abuse is an often-discussed and well-publicized problem throughout the United States. While drug abuse causes devastating consequences for individuals, families, and communities, an even greater impact results when the drug abuse ends in death. To fully appreciate the repercussions of illegal and dangerous drug use in our communities, it is important to consider the statistics relating to drug abuse/overdose deaths. This information can help us to understand the types of drugs being used, the risks associated with these drugs, and could potentially provide workable solutions to the problem. Such information can also assist communities in allocating resources to the areas of present and future concern.

A review of the drug abuse/overdose situation in this article includes those occurring in the State of Ohio, with a specific focus on the five counties in Northeast Ohio comprising the jurisdiction of the Eleventh District Court of Appeals: Ashtabula, Geauga, Lake, Portage, and Trumbull. As a judge in this community, who considers appeals from drug-related cases, the rising body count is a genuine concern.

### Ohio Drug Overdoses and Abuse

According to the Ohio Department of Health's (ODH) Violence and Injury Prevention Program, there has been a 366 percent increase in the number of deaths by drug overdoses in Ohio from 2000 to 2012. In 2012, 1,914 deaths resulted from unintentional drug overdoses. This is the highest number of drug overdose deaths on record.<sup>1</sup>

In 2012, one Ohioan died every five hours from an unintentional drug overdose. Such drug overdoses are the leading cause of injury-related death in Ohio, a trend that began in 2007 and has continued through 2012. Multiple drug use is one of the biggest causes of drug overdose deaths, referred to by the ODH as an "epidemic" and a "public health crisis." *Id.*

The 2012 ODH Ohio Drug Overdose Death report provides that the most frequent cause of drug deaths in 2012

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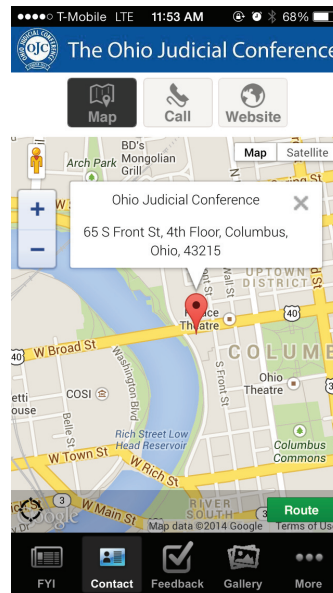
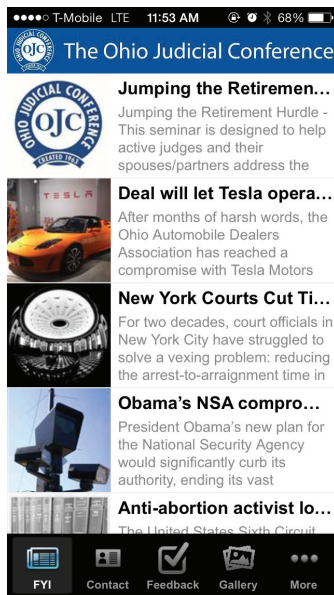
1 . Ohio Department of Health Violence and Injury Prevention Program, *2012 Ohio Drug Overdose Deaths*, [http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/injury%20prevention/2012%20overdose%20data/1finalCB\\_2012\\_Bullets%20for%20reporters%20on%20drug%20related%20poisoning.ashx](http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/injury%20prevention/2012%20overdose%20data/1finalCB_2012_Bullets%20for%20reporters%20on%20drug%20related%20poisoning.ashx), March 2014.

*Continued on next page...*



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*Continued from previous page...*

was associated with the use of opioids. Opioids are drugs derived from the poppy flower in a substance best known as opium. Nine-tenths of the world's production of opium occurs in Afghanistan, with the highest levels of production occurring since 2006, driven both by high demand and prices.<sup>2</sup>

Opium is available in a multitude of forms. Legally, opium is marketed as prescription pain relievers, such as morphine, codeine, hydrocodone, oxycodone, and tramadol. Illegally, opium is sold as heroin. Ironically, Ohio's current drug overdose epidemic began, not with a rise in the use of heroin, but primarily with the abuse of prescription pain medications. Sadly, with drug overdoses of opioids being the most prevalent form of drug overdose, one in five Ohio high school students reported using a prescription drug without a doctor's prescription at least one time in 2011, with about 13 percent stating they had done so in 2013, confirming concerns that such drug overdose deaths will continue in the future.<sup>3</sup>

*Continued on next page...*

2 . United Nations Office on Drugs and Crime, *Afghanistan Opium Survey 2013*, [http://www.unodc.org/documents/crop-monitoring/Afghanistan/Afghan\\_report\\_Summary\\_Findings\\_2013.pdf](http://www.unodc.org/documents/crop-monitoring/Afghanistan/Afghan_report_Summary_Findings_2013.pdf), July 2014.

3 . Ohio Department of Health, *Ohio Youth Risk Behavior Survey 2013*, <http://www.odh.ohio.gov/~/>

## **The History of an Epidemic**

Before considering the impact of the opioid epidemic and drug overdoses in general within the Eleventh District counties, it is important to consider how the present situation came to exist.

Beginning in the late 1990s, the number of deaths from unintentional drug overdose began to rise exponentially, both in Ohio and nationally. Initially, this rise reflected increased overdoses as the result of prescription drug abuse. In the early years of the epidemic, the number of drug overdose deaths in Ohio involving a prescription opioid exceeded the number of overdose deaths involving heroin and cocaine combined.<sup>4</sup> This trend continued until the year 2012.

Several forces came together in the late 1990s to make prescription opioids more available in Ohio. In 1995, the FDA approved the sale of one of the most popular, and notorious, opium-based painkillers, OxyContin. At this time also, pharmaceutical companies began more aggressive marketing of opioid painkillers to doctors and directly to consumers.

In addition to these national trends, in 1997 the Ohio Intractable Pain Treatment Act went into effect. This Act was passed to allow physicians greater freedom in the treatment and management of pain. The Act defined “intractable pain” as “pain that is determined, after reasonable medical efforts have made to relieve the pain or cure its cause, to have a cause for which no treatment or cure is possible or for which none has been found.”<sup>5</sup> When a diagnosis of intractable pain was made, the physician could “treat the pain by managing it with dangerous drugs in amounts or combinations that may not be appropriate when treating other medical conditions,” without being “subject to disciplinary action \* \* \* solely because the physician treated the intractable pain with dangerous drugs.”<sup>6</sup>

The result of these trends was an increase in the distribution of prescription opioids in the late 1990s, essentially mirroring the rise in drug overdose deaths at the same time. The increased pain relief prescriptions were issued both by well-meaning physicians who were not aware of the risk of addiction associated with opioids as well as some unscrupulous physicians who took advantage of the lucrative and relatively unregulated market for prescription painkillers. A typical pattern involved physicians opening pain-management clinics, often referred to as “pill mills,” where diagnoses of intractable pain were made with little examination and where the medication was dispensed directly at the clinic, often on a cash-only basis.

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media/ODH/ASSETS/Files/chss/adolescent%20health/2013%20illegal%20and%20prescription%20drugs%20ppt.ashx.

4 . Ohio Prescription Drug Abuse Task Force, Final Report 2010, <http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/web%20team/features/drug%20overdose/opdatffinalreport.ashx>, July 2014.

5 . Former R.C. 4731.052(A)(2).

6 . Former R.C. 4731.052(C) and (D).

The majority of these clinics were located in southern Ohio, a circumstance reflected in the fact that southwest Ohio has had the highest rates of drug overdose deaths. In Scioto County, located along the Ohio River, about a dozen such clinics distributed over 35 million pain relief pills a year or roughly 460 pills per year for each resident of the county.<sup>7</sup> These “legally” prescribed opioid pills would be diverted throughout Ohio where they contributed to an illicit trade in opioid medication. Among the counties comprising the Eleventh District, only Trumbull County has seen an overdose rate comparable to that of the southern Ohio counties.

As early as 2002, state agencies began to notice a connection between prescription opioids and heroin addiction. The Ohio Substance Abuse Monitoring Network reported that “young, new heroin abusers seeking treatment reported OxyContin abuse prior to becoming addicted to heroin,” and that “several individuals reported resorting to heroin when their OxyContin habits became too expensive or when the drug became difficult to obtain.”<sup>8</sup> It would take almost a decade before the truth of these observations manifested itself. Overdose deaths from heroin steadily climbed throughout the 2000s, a generation of addicts arising out the abuse of prescription medications. In 2011, the number of deaths from prescription drug overdoses peaked as legislative efforts to regulate the pill mills and overprescribing of opioid medications took effect. When deaths from prescription drug overdoses declined for the first time in 2012, the decline was more than offset by the increase in the number of heroin deaths for the same year.

What have been the effects of this disturbing trend within the Eleventh District counties?

### **A Five County Review**

It is valuable to evaluate how the drug overdose statistics in Ohio, at large, compare with the overdose rates in the counties that comprise the Eleventh Appellate District, including whether the trend toward opioid use (in the form of prescription medication or heroin) is present and at what level. This assists in determining the causes of local overdose deaths and in fully understanding the gravity and complexity of the problem within this area.

From 2007 through 2012, the Ohio age-adjusted number of unintentional drug overdose deaths was 13.9 per 100,000 residents.<sup>9</sup> Unfortunately, within the Eleventh District, multiple counties are at or higher than this average. Trumbull County averaged 23.2 deaths, which is the sixth highest in the state. The remaining counties are lower on the list, but no less concerning, with Ashtabula County having 15.2 deaths per 100,000, Lake County with 13.9, Geauga

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7 . [http://www.cleveland.com/open/index.ssf/2011/02/prescription\\_drug\\_epidemic\\_bri.html](http://www.cleveland.com/open/index.ssf/2011/02/prescription_drug_epidemic_bri.html).

8 . Quoted in the Final Report of the Ohio Prescription Drug Abuse Task Force.

9 . Ohio Department of Health, *Unintentional Drug Death Overdose Rates for Ohio Residents by County, 2007-2012*, <http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/injury%20prevention/2012%20overdose%20data/CountyDrugData%202012.ashx>, March 2014.

County with 7.2, and Portage County with 7.0.

Trumbull County, then, poses the area of greatest concern. According to statistics provided by the Trumbull County Coroner's Office, from 2006 to 2013, there were 380 deaths resulting from drug overdoses. During those years, there has been a shift in the types of drugs leading to overdose deaths. For example, in 2006 and 2007, the leading cause of drug overdose deaths by an individual drug was methadone, with a total of 22 deaths in those years. In 2010, the majority of drug-related deaths were caused by oxycodone. More recently, in 2011-2013, the highest number of deaths have been caused by heroin, with 41 overdoses in that time period.

The male to female death ratio in Trumbull County for overdoses is generally around 2 to 1, although in 2012, the female deaths exceeded those of males. The age of those who overdose in Trumbull County typically ranges from 22-46, although the age varies, sometimes based on the type of drug that was used.

According to statistics from the Lake County General Health District, in 2013, there were 18.2 unintentional drug related deaths per 100,000 residents, with a total of 42 deaths, higher than Trumbull County's drug deaths in that year. This was an increase in Lake County from the previous three years, when the rate was between 15 and 16 deaths per 100,000 people. In 2013, 69 percent of drug overdoses in Lake County involved males. In that year, Lake County documented a decrease in the number of prescription opioid deaths, while it noted an increase in heroin deaths, from 17 in 2012 to 22 in 2013. Opioid-related deaths far exceeded any other overdose deaths. The next leading cause of death was benzodiazepines, a prescribed medication often used as a sedative or to treat anxiety. In 2013, 45 percent of drug-related overdoses in Lake County occurred from a combination of prescription and illicit drugs.

Statistics from the Ashtabula County Coroner's Office show a total of 59 unintentional drug overdose deaths during the period from 2007 to 2011. Almost every individual who died of a drug overdose during this period was under the influence of multiple drugs, although the combination of the drugs was not always the cause of the overdose. In 2013, 17 overdose deaths occurred, eight of which were caused by heroin. Through the first three months of 2014, four of the six drug overdoses were caused by heroin.

Twelve of the 17 individuals who died from overdoses in 2013 were males. In 2012, 14 of 22 were males, and a similar proportion has generally applied in the preceding years as well. The ages of those who overdose fell in a wide range, with several individuals each in their 20s, 30s, and 40s.

Information provided by the Geauga County Health District shows that there were 35 deaths related to unintentional drug overdoses from 2009 to June of 2014. As of that point in 2014, there were four drug overdose deaths, two resulting from heroin overdoses and all involving opioids. Similarly, in 2013, half of the eight overdose deaths resulted



from the effects of heroin, combined with other drugs, with several overdoses resulting from the use of oxycodone and methadone. Similar use patterns occurred in the six deaths in 2012.

From 2009 through the first half of 2014, the vast majority of deaths occurred in males. Approximately half of the deaths in females during that time period resulted from the use of prescription opiates. The age range of those who overdosed varied widely, ranging from 17 to 67.

In Portage County, the number of drug related deaths has varied greatly from year to year in the time period from 2006 to present. According to statistics provided by the Portage County Coroner's Office, while there were four deaths in 2011, this increased dramatically to 15 in 2012 and then escalated again to 22 in 2013. Four deaths were attributed specifically to heroin from 2006 to 2011, while deaths documented to have occurred from heroin, or a combination of drugs including heroin, totaled six in 2012 and 14 in 2013. Other drugs leading to overdose deaths in 2013 included oxycodone, cocaine, and difluoroethane, a chemical often found in canned cleaning spray, which is "huffed" or inhaled by users. Several deaths in 2013 were also attributed to a combination of heroin and cocaine use.

### **Trends in Drug Use and Overdose Deaths in the Eleventh District Counties**

As is apparent from the foregoing statistics, the trend in drug overdose deaths among the five counties that comprise the Eleventh District Court of Appeals reflect the wider trends in Ohio. The rise in pain management clinics and more frequent prescribing of opioid medications in the late 1990s led to a corresponding rise of overdose deaths from prescription medication and, later, to an increase in illegal heroin use. As the ODH has observed, in Ohio, there has been a 16 percent rise in heroin deaths since 2008 and such deaths now constitute over 35 percent of drug overdose fatalities. The foregoing statistics from the individual counties within the Eleventh District are consistent with this trend, with the counties generally seeing recent increases in heroin overdose deaths. The Lake County General Health District has noted that heroin is a regional problem.

This shift in the types of drugs being used and abused also helps to determine the type of individuals at risk. For example, given the trend toward the use of heroin in Northeast Ohio, there has been a change in the age of those who overdose, since younger males aged 25-34 are the most likely to die of a heroin overdose, while prescription opioid deaths have been considered a high risk for individuals aged 45-54.<sup>10</sup> This corresponds with overdose statistics in Trumbull County in 2013, which reveal that the majority of heroin deaths occurred in users between 21 and 36, while the deaths resulting from hydrocodone or oxycodone were in individuals aged in their 40s and 50s.

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10 . Ohio Governor's Cabinet Opiate Action Team, *Increasing Heroin Overdoses in Ohio: Understanding the Issue*, <http://mha.ohio.gov/Portals/0/assets/Research/Reports/HeroinOverdoseReportFIN43014.pdf>, March 2014.

Trumbull County Coroner, Dr. **Humphrey Germaniuk**, has also explained that increased heroin deaths often result from the availability of higher quality heroin. The purity of heroin results in a drug user effectively taking a larger dose. Portage County Sheriff's Lieutenant Greg Johnson has noted that when users inject "the same amount as normal, \* \* \* they end up overdosing because it's a stronger concentration," which ultimately may have contributed to the number of overdose deaths in Portage County.<sup>11</sup>

Other trends throughout the counties in the Eleventh District's jurisdiction include the risk of dying from a drug overdose when multiple drugs are used. Each county's statistics show that a large number of deaths occurred in such a manner. According to the Trumbull County Coroner's Office, many of the "polydrug" overdoses are the result of a combination of drugs such as heroin and cocaine. Mixing drugs like these, with cocaine acting as a stimulant and heroin as a depressant, is referred to as "speedballing." These drugs are combined to increase their impact on the user, but also present a higher risk of an accidental overdose death.

### **Cost and Impact of Drug Overdose Deaths on Society**

The clear cost of drug overdose deaths is the impact it has on the lives of the individuals who overdose, as well as their families and communities. This, of course, cannot be overstated.

Not only did overdose deaths accompany the increase in opioid prescriptions, but also a rise in the sort of crime typically associated with other drug epidemics. This result should not be surprising, given that the active ingredient in OxyContin is the same as in heroin. As one physician has observed, "[a]ll these drugs are opioids, and activate the same systems in the brain and the rest of the body. From a practical perspective, there really isn't much difference between heroin addiction and addiction to any other opioid."<sup>12</sup> What is true of the drugs' effect on the body has proved equally true of the drugs' effect on society.

A more easily quantifiable cost is financial. According to the Trumbull County Coroner's office, the cost of autopsies to determine the cause of death in drug overdoses is high. An individual autopsy costs approximately \$1,500 and the cost associated with all drug overdoses in Trumbull County that occurred from 2006 to 2013 was approximately \$570,000.

The ODH has also noted the high direct and indirect costs associated with overdoses, which it estimated cost Ohioans \$2 billion in 2012 in medical and work loss costs; non-fatal, hospital-admitted drug poisonings totaled an ad-

11 . Dave O'Brien, *Drug Overdose Deaths in Portage so far in 2013 Exceed 2012 Level*, Aurora Advocate, <http://www.auroraadvocate.com/news%20local/2013/10/09/drug-overdose-deaths-in-portage-so-far-in-2013-exceed-2012-level>.

12 . Petros Levounis, Director of the Addiction Center of New York, quoted in *Prescription Drug Abuse: Who Gets Addicted and Why?*, <http://www.webmd.com/mental-health/addiction/features/prescription-drug-abuse-who-gets-addicted-and-why>.

ditional \$39.1 million. This created an average of \$5.4 million *each day* in medical and work loss costs in Ohio.<sup>13</sup>

Drug overdoses and drug abuse also create a burden on both the Ohio Legislature and the judicial system. The Legislature is continually seeking solutions to the drug abuse/overdose problem based on the changing trends in drug use and methods that will be more effective in preventing overdose deaths and abuse that can ultimately result in overdose deaths. The courts' resources are expended in criminal cases and appeals relating to drug use and sales, as well as juvenile court actions placing the children of drug abusers into the custody of county children services agencies. The cost of such placements is borne by county taxpayers.

### **Responding to the Epidemic**

Due to the drug overdose deaths and drug abuse outlined above, a variety of responses have been implemented throughout Ohio and at the local level.

Legislative efforts in Ohio have focused on the prescription drug epidemic, seeking to regulate the dispensing of prescription opioids and closing the "pill mills" (as distinguished from legitimate pain management clinics). In 2011, Ohio House Bill 93 became law. That Bill modified certain provisions of the Intractable Pain Treatment Act and enacted regulations regarding the distribution of prescription medications. For example, licensure by the State Board of Pharmacy was required for pain management clinics; limits were placed on the amount of opioids that could be furnished directly by physicians; and criminal penalties were established for misuse of Ohio's Automated Rx Reporting System.

In 2013, Ohio Senate Bill 301 was passed into law. In the words of one of the Bill's sponsors, Senator Capri Cafaro of Trumbull County, Senate Bill 301 was meant to "truly strengthen and take even further the steps we have already made by implementing HB 93."<sup>14</sup> The Senate Bill increased the list of medical facilities subject to licensure as pain management clinics and increased the State Medical Board's authority to inspect facilities suspected of operating as pain management clinics without a license.

Ohio House Bill 170 was signed into law in March 2014 as a way to directly reduce the number of deaths from opioid overdose, whether by prescription drug or heroin. The Bill makes the opioid overdose antidote, naloxone, available to first responders such as police officers and paramedics as well as friends and families of those with opioid addiction. Naloxone, if properly and timely used, has the ability to reverse the fatal effects of a heroin drug overdose

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13 . Ohio Department of Health, Drug Overdose in Ohio, <http://www.healthy.ohio.gov/vipp/drug/dpoison.aspx>.

14 . *Prescription Drug Abuse Remains Target of Local Lawmaker*, Akron Legal News (April 26, 2012), <http://www.akronlegalnews.com/editorial/3568>

in seconds.<sup>15</sup> The Bill was passed unanimously by both the Ohio House and Senate.<sup>16</sup>

On a more local level, Trumbull County, given the serious problem it faces when compared to other counties of the Eleventh District, has implemented different responses. The Trumbull County Mental Health and Recovery Board is involved with various programs targeted at drug abuse, which include involvement on an Opiate Task Force and funding for detox, treatment, and recovery programs. They also have supported legislation such as that outlined above.

The Geauga County Juvenile Court has implemented drug education for juveniles and parents and a drug intervention program aimed at expediting drug assessments and rehabilitation for addicted parents. To date, the program has shown promise.

Gauga County also has an Opiate Task Force, which seeks to increase public awareness of the existing drug problem in an attempt to prevent opiate abuse in the future.<sup>17</sup> These, however, are just a small sample of the various programs and efforts that have been initiated to combat the rapid increase in drug abuse and related deaths.

## **Conclusion**

As the information provided in this article reveals, there are clear patterns in drug overdose deaths and drug abuse in Ohio and the counties within the Eleventh District. The rise in prescription opioid use and overdose deaths inspired the Ohio Legislature to act to decrease the availability of such opioid drugs. Heroin then moved in to fill the drug abuse void. Understanding the genesis of the current heroin/drug abuse “epidemic” should allow individual counties, agencies, and the state the means to continue to develop plans to combat this drug abuse crisis.

While these trends can help in understanding drug overdose deaths and the drug abuse problem, information, by itself, cannot solve the current drug problem. The information, however, can help aid in determining the best way to use available funds and resources to target, educate, and rehabilitate the populations at risk. The serious impact this drug epidemic has had in our communities requires such actions.

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15 . However, there are disturbing reports that some heroin addicts are misusing their naloxone for “Lazarus parties.” At such “parties,” a heroin addict will take an increased heroin hit seeking a greater high while counting on another addict to bring him or her back from the brink of death by injecting the naloxone. The first addict will then return the naloxone injection favor after the second addict takes an increased heroin hit.

16 . *First responders in Ohio can now carry life-saving heroin overdose antidote*, The Plain Dealer (March 11, 2014), [http://www.cleveland.com/metro/index.ssf/2014/03/first\\_responders\\_in\\_ohio\\_can\\_n.html](http://www.cleveland.com/metro/index.ssf/2014/03/first_responders_in_ohio_can_n.html).

17 . *Gauga County task force will target prescription drug abuse, heroin*, <http://www.news-herald.com/general-news/20120222/geauga-county-task-force-will-target-prescription-drug-abuse-heroin> (Feb. 22, 2012).



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- 'Soft on Crime' TV Ads Affect Judges' Decisions, Not Just Elections
- Are Law Schools Getting Less Gloomy About the Future?



##### STATE NEWS:

- Cleveland, Maple Heights voters smack down red-light cameras
- French, Kennedy retain seats on Supreme Court
- Unofficial Judicial Election Results
- Ohio State psychologist says drug addicts are no longer the people you love

## Citizens Guide Brochure Series

The Ohio Judicial Conference has created a series of brochures to help judges inform the public about Ohio's judicial system. The series consists of eight tri-fold brochures with general information regarding aspects of the judicial system as well as one 25-page guide to small claims court.



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**Note:** Listed judicial conduct hours are projections. Refer to course announcements for final and approved CLE/CJE hours. Judicial conduct credit hours will apply toward the professional conduct requirement for magistrates.

<u>DATE</u>	<u>COURSE</u>	<u>FOR</u>	<u>LOCATION</u>
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### September 2014

3	<i>Wed</i>	Probation Officer Training Program: Introduction to Cognitive Behavioral Interventions (015)	Probation Officers	Dayton/Beavercreek
9	<i>Tue</i>	Probation Officer Training Program: Introduction to Offender Behavior Management (018)	Probation Officers	Toledo
9	<i>Tue</i>	Guardian ad Litem Pre Service Course (7 of 9)	Guardians ad Litem	Cleveland
10 - 12	<i>Wed - Fri</i>	Court Management Program (CMP) 2014 Scarlet Class: Purposes and Responsibilities of Courts	CMP Class of 2014 A	Columbus
12	<i>Fri</i>	Abuse, Neglect & Dependency (1:00 - 3:45 p.m.)	Judges & Magistrates	Video Teleconference
12	<i>Fri</i>	Criminal Procedure By the Numbers: Part II	Judges & Magistrates	Columbus
16	<i>Tue</i>	Probation Officer Training Program: Introduction to Cognitive Behavioral Interventions (015)	Probation Officers	Akron
17	<i>Wed</i>	Guardian ad Litem Continuing Education Course (1:00 - 4:30 p.m.)	Guardians ad Litem	Dayton
17 - 19	<i>Wed - Fri</i>	Court Management Program (CMP) 2016 Class: Fundamentals of Caseflow Management	CMP 2016 Class	Columbus
18	<i>Thu</i>	Guardian ad Litem Continuing Education Course (8:30 - noon)	Guardians ad Litem	Dayton
19	<i>Fri</i>	Acting Judge Essentials 2014: Domestic Violence & Traffic Issues (2 of 4)	Judges, Magistrates & Acting Judges	Dayton
23	<i>Tue</i>	Probation Officer Training Program: Introduction to Offender Behavior Management (018)	Probation Officers	Columbus
24	<i>Wed</i>	Interpreter Course (includes 3.0 judicial conduct hours)	Judges, Magistrates & Court Personnel	Columbus
25	<i>Thu</i>	Clerk's Course	Court Clerks	Columbus

### October 2014

1 - 3	<i>Wed - Fri</i>	Ohio Association of Magistrates (OAM) Fall Conference (includes 2.5 judicial conduct hours)	Magistrates*	Columbus
2	<i>Thu</i>	Sex Offender Management Course	Probation Officers	Columbus

**October 2014**

3	<i>Fri</i>	Evidence-Based Pretrial Services and Ohio Law	Judges & Court Personnel	Columbus
7	<i>Tue</i>	Probation Officer Training Program: Introduction to Motivational Interviewing (016)	Probation Officers	Dayton/Beavercreek
7	<i>Tue</i>	Guardian ad Litem Continuing Education Course (1:00 - 4:30 p.m.)	Guardians ad Litem	Toledo
7	<i>Tue</i>	Leadership Series (1 of 2)	Court Personnel	Columbus
8	<i>Wed</i>	Leadership Series (2 of 2)	Court Personnel	Columbus
8	<i>Wed</i>	Guardian ad Litem Continuing Education Course (8:30 - noon)	Guardians ad Litem	Toledo
8 - 10	<i>Wed - Fri</i>	Court Management Program (CMP) 2014 Gray Class: Managing Human Resources	CMP Class of 2014 B	Columbus
9	<i>Thu</i>	U.S. Constitutional Law	Judges & Magistrates	Cleveland
10	<i>Fri</i>	Judicial Conduct Seminar (includes 3.0 judicial conduct hours)	Judges	Cleveland
14	<i>Tue</i>	Probation Officer Training Program: Introduction to Assessment & Case Planning (013)	Probation Officers	Toledo
16	<i>Thu</i>	Basic Defensive Tactics (2 of 2)	Probation Officers	London
16	<i>Thu</i>	Acting Judge Essentials 2014: Domestic Violence & Traffic Issues (3 of 4)	Judges, Magistrates & Acting Judges	Cleveland
17	<i>Fri</i>	Advanced Defensive Tactics (2 of 2)	Probation Officers	London
17	<i>Fri</i>	Juvenile Traffic (1:00 - 3:45 p.m.)	Judges & Magistrates	Video Teleconference
21	<i>Tue</i>	Probation Officer Training Program: Introduction to Motivational Interviewing (016)	Probation Officers	Akron
22	<i>Wed</i>	Guardian ad Litem Pre Service Course (8 of 9)	Guardians ad Litem	Youngstown
24	<i>Fri</i>	Bankruptcy Issues in Municipal/Common Pleas Courts (1:00 - 3:45 p.m.)	Judges, Magistrates & Acting Judges	Video Teleconference
28	<i>Tue</i>	Probation Officer Training Program: Introduction to Assessment and Case Planning (013)	Probation Officers	Columbus
28	<i>Tue</i>	Guardian ad Litem Continuing Education Course (1:00 - 4:30 p.m.)	Guardians ad Litem	Cleveland
29	<i>Wed</i>	Guardian ad Litem Continuing Education Course (8:30 - noon)	Guardians ad Litem	Cleveland

**November 2014**

4	<i>Tue</i>	Probation Officer Training Program: Introduction to Offender Skill Building (017)	Probation Officers	Dayton/Beavercreek
7	<i>Fri</i>	Paternity, Custody & Child Support (1:00 - 3:45 p.m.)	Judges & Magistrates	Video Teleconference
13	<i>Thu</i>	Acting Judge Essentials 2014: Domestic Violence & Traffic Issues (4 of 4)	Judges, Magistrates & Acting Judges	Columbus

## November 2014

13	Thu	Probation Officer Training Program: Professional Communication: Oral and Written Communication Skills (014)	Probation Officers	Toledo
14	Fri	Evidence	Judges & Magistrates	Columbus
18	Tue	Probation Officer Training Program: Introduction to Offender Skill Building (017)	Probation Officers	Akron
18	Tue	Guardian ad Litem Continuing Education Course (1:00 - 4:30 p.m.)	Guardians ad Litem	Cincinnati
18 - 19	Tue - Wed	Court Executive Team Seminar Part II	Judges & Court Personnel	Columbus
19	Wed	2014 Probate Course (1:00 - 3:45 p.m.)	Judges & Magistrates	Video Teleconference
19	Wed	Probation Officer Training Program: Professional Communication: Oral and Written Communication Skills (014)	Probation Officers	Columbus
19	Wed	Guardian ad Litem Continuing Education Course (8:30 - noon)	Guardians ad Litem	Cincinnati

## December 2014

2	Tue	Guardian ad Litem Pre Service Course (9 of 9)	Guardians ad Litem	Columbus
2	Tue	Probation Officer Training Program: Introduction to Offender Behavior Management (018)	Probation Officers	Dayton/Beavercreek
2	Tue	Ohio Association of Domestic Relation Judges (OADRJ) Winter Seminar (includes 1.5 judicial conduct hours)	Judges*	Columbus
3 - 5	Wed - Fri	Ohio Common Pleas Judges Association (OCPJA) Winter Meeting (includes 1.5 judicial conduct hours)	Judges*	Columbus
4 - 5	Thu - Fri	Ohio Association of Juvenile Court Judges (OAJCJ) Winter Meeting (includes 1.5 judicial conduct hours)	Judges*	Columbus
5	Fri	Judicial & Professional Conduct (1:00 - 4:15 p.m.) (includes 3.0 judicial conduct hours)	Judges & Magistrates	Video Teleconference
8 - 12	Mon - Fri	New Judges Orientation Part I (includes judicial conduct hours)	New Judges	Columbus
12	Fri	Probation Officer Training Program: Introduction to Cognitive Behavioral Interventions (015)	Probation Officers	Toledo
16	Tue	Guardian ad Litem Continuing Education Course (1:00 - 4:30 p.m.)	Guardians ad Litem	Columbus
16	Tue	Probation Officer Training Program: Introduction to Offender Behavior Management (018)	Probation Officers	Akron
17	Wed	Guardian ad Litem Continuing Education Course (8:30 - noon)	Guardians ad Litem	Columbus
17	Wed	Probation Officer Training Program: Introduction to Cognitive Behavioral Interventions (015)	Probation Officers	Columbus



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