Ohio | Governor's Cabinet
Opiate Action Team

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John R. Kasich, *Governor*
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HEALTH RESOURCE TOOLKIT FOR ADDRESSING OPIOID ABUSE

MENTAL HEALTH & ADDICTION SERVICES | Ohio

Promoting Wellness and Recovery • mha.ohio.gov/gcoat

TABLE OF CONTENTS

INTRODUCTION	3
THE SCOPE OF THE PROBLEM	4
BUILD YOUR TEAM TO TAKE ACTION	5
PREVENT OVERDOSE DEATHS	6
PROMOTING RESPONSIBLE PRESCRIBING	8
EXPAND GENERAL TREATMENT CAPACITY	9
EXPAND TREATMENT CAPACITY FOR INDIVIDUALS WHO ARE JUSTICE INVOLVED	11
PREVENTION PRACTICES	12
COMMUNITY CASE STUDIES: LUCAS AND SUMMIT COUNTIES	12
STATE SUPPORT	14
CHECKLIST	15

INTRODUCTION

In January 2011, Governor John Kasich announced that his Administration would battle the prescription drug abuse epidemic on all fronts. The Governor's Cabinet Opiate Action Team (GCOAT) was formed to lead and coordinate the cross-systems effort necessary to address opioid addiction and the rising numbers of overdose deaths. This GCOAT ***Health Resource Toolkit for Addressing Opioid Abuse*** encourages communities to replicate the collaborative approach that exists in state government to increase the capacity of local partners to implement effective responses to opioid abuse and addiction.

It is understood that many communities are already working to address this problem, but each may be in a different place. Whether you are just becoming aware of the problem, already collaborating to tackle the issues or evaluating the progress you have made thus far, this toolkit is meant to be a supplement to existing local efforts. It informs communities of state programs and resources that address drug abuse – specifically of opioids – and the loss of life from overdose.

At a state level, a great deal of progress has been made in recent years to intervene on the opioid crisis.

Notable actions include:

- shuttering illegal pill mills across the state that were responsible for fueling the crisis;
- extending access to Medication Assisted Treatment through the Medicaid program, including the extension of benefits to Ohioans up to 138% of poverty;
- establishing prescriber guidelines to provide information to physicians and other prescribers;
- enhancing the Ohio Automated Rx Reporting System (OARRS) to give prescribers and pharmacists the ability to identify potential abusers of prescription drugs;
- increasing availability of the life-saving drug naloxone to families, friends and first responders who can take immediate action to reverse a life threatening overdose;
- launching the Start Talking! prevention program, an initiative of Governor and First Lady Kasich that encourages parents and responsible adults to discuss the dangers of drug use with kids;
- establishing the Addiction Treatment Program, which works with drug courts to use Medication Assisted Treatment and other wrap-around services to divert people from jail and into recovery;
- seizing record amounts of illegal drugs in 2014 (including 38,000 prescription pills and 14,150 grams of heroin by the State Highway Patrol); and
- piloting a program at four sites across the state to develop best practices for treating addicted mothers and address neonatal abstinence syndrome.

THE SCOPE OF THE PROBLEM

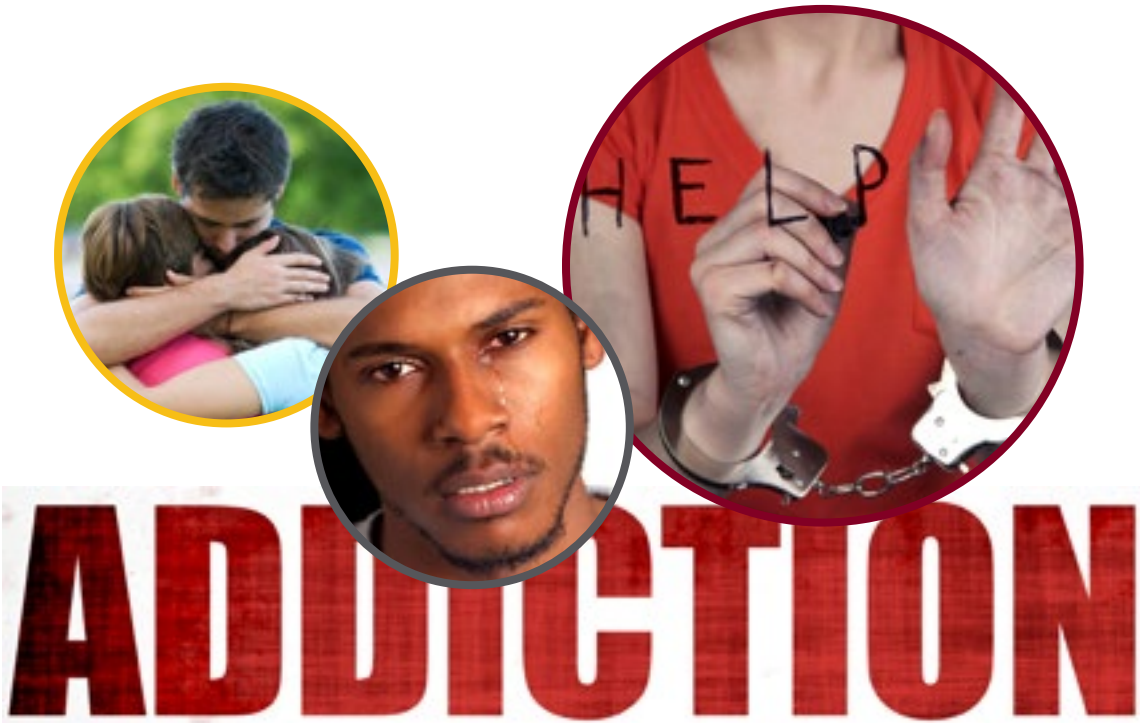
Not only in Ohio, but across the United States, drug abuse and addiction continues to be a pressing issue that costs the lives of many of our friends and family. However, in the last several years we have been confronted with the major epidemic of *prescription* drug abuse (including opioids) which can lead to heroin addiction and death.

Reflecting a continuing national trend, unintentional drug overdoses caused 2,110 deaths of Ohio residents in 2013. Records show there were about 196 more deaths in 2013 compared to 2012, according to a new report released by the Ohio Department of Health (ODH). Opioids, which include heroin and prescription painkillers, were culpable in more than 70 percent of overdose deaths.

Heroin-related deaths increased in 2013, significantly surpassing prescription opioids among unintentional overdose deaths. Heroin overdose deaths rose from 697 in 2012 to 983 in 2013. Prescription opioids remained a significant contributor to drug overdose deaths, increasing from 680 in 2012 to 726 in 2013.

State and local data on the opioid epidemic is available from many sources, such as:

- **Ohio Department of Mental Health and Addiction Services research:** ***mha.ohio.gov/Default.aspx?tabid=151***
- **Ohio Board of Pharmacy prescribing information/OARRS data:** ***https://www.ohiopmp.gov/Portal/Default.aspx***
- **Ohio Department of Health:** ***www.odh.ohio.gov/healthstats/dataandstats.aspx***
- **Ohio Department of Public Safety, Office of Criminal Justice Services:** ***ocjs.ohio.gov/resources_reports.stm***



BUILD YOUR TEAM TO TAKE ACTION

Local teams should be broad-based

It is critically important to have a constructive and inclusive local team. This group should be representative of the community, including government leaders, the faith community, schools and organizations that are well-positioned to engage specific at-risk groups. Examples are listed below. You are encouraged to be broad and creative in the composition of your team.

- Local elected officials
- Reentry coalition
- Sheriff's office
- Local police chiefs
- Alcohol, Drug Addiction Services and Mental Health board
- Children's Services
- Local treatment professionals
- Local health departments
- Prevention coalitions
- School Superintendents, PTO/PTA Presidents/School building principals/Guidance counselors
- Probation
- Common Pleas and municipal court judges
- Local prosecutor
- Adult Parole
- RECLAIM Ohio
- Jail administrators; Community-based correctional facilities; halfway houses
- Churches (Ministerial Association), Synagogues, Mosques
- County Job & Family Services (for contact with job training, child welfare, benefits)
- Local NAACP
- Local federally qualified health center, local free clinic, etc.
- Area hospital system
- Department of Youth Services and juvenile courts
- Local Urban Minority Alcoholism Drug Abuse Outreach Program (UMADAOP)
- Local Treatment Accountability for Safer Communities (TASC) Program
- Urban League
- Veteran's Administration/Veteran's Service Commission (county level entity)
- Local businesses (or Chamber of Commerce rep)
- Local service clubs (Rotary, Kiwanis, etc.)
- Parents, family members
- Pharmacists
- Local medical societies
- Senior centers/Area Agencies on Aging
- Local Universities/Community Colleges
- Veterans Affairs

Effective leadership for this team is essential

Everyone at the table must be willing to own and lead on this issue on behalf of the community. It is important to have a leader who has very effective communication skills, an ability to organize plans into action, and an ability to inspire the team to think outside the box and collaborate.

PREVENT OVERDOSE DEATHS

STRATEGY 1: Encourage providers, persons at high risk, family members and others to learn how to prevent and manage opioid overdose.

Providers should keep their knowledge current about evidence-based practices for the use of opioid analgesics to manage pain, as well as specific steps to prevent and manage opioid overdose. Federally funded Continuing Medical Education courses are available to providers at no charge at ***http://www.OpioidPrescribing.com*** (six courses funded by the Substance Abuse and Mental Health Services Administration) and on Medscape (two courses funded by the National Institute on Drug Abuse).

STRATEGY 2: Ensure ready access to naloxone.

Naloxone is a life-saving medication that, if administered during an overdose of an opioid-based drug (e.g., heroin, OxyContin®), can potentially reverse the overdose so the individual can be connected to emergency medical treatment. Naloxone is a narcotic antagonist that displaces opioids from receptor sites in the brain and reverses respiratory depression, which usually is the cause of overdose deaths. During the period of time when an overdose can become fatal, respiratory depression can be reversed by giving the individual naloxone. Naloxone injection has been approved by the FDA and used for more than 40 years by emergency medical services personnel to reverse opioid overdose and resuscitate people who otherwise might have died in the absence of treatment.

Many local health departments are Project DAWN (Deaths Avoided With Naloxone) participants. This program allows for individuals who are opioid-addicted or family members of the opioid-addicted individual to obtain a naloxone kit for free. There are currently 33 sites in Ohio. If your collaborative is interested in starting a Project DAWN site, contact Judi Mosely at the Ohio Department of Health at ***Judith.Moseley@odh.ohio.gov*** or (614) 728-8016. For questions regarding obtaining, dispensing or personally furnishing naloxone, contact Cameron McNamee at the State of Ohio Board of Pharmacy at ***Cameron.McNamee@pharmacy.ohio.gov*** or (614) 466-7322.

Through legislation, Ohio has expanded the list of licensed health professionals, emergency responders or peace officers who may prescribe or administer naloxone. Naloxone is now available to be dispensed by a pharmacist without a prescription under an authorization from a physician or a local board of health in accordance with a protocol developed by the State Board of Pharmacy. The law also allows for certain health professionals to provide nasal naloxone to any person, family member or friend of a person who is at risk of experiencing an opioid-related overdose. Persons who are permitted to prescribe, provide or administer naloxone, if acting in good faith and with reasonable care, are granted immunity from drug offenses, criminal prosecution, civil liability or professional disciplinary action. To learn more, a guidance document that can be accessed at: ***www.pharmacy.ohio.gov/naloxone***.

Ohio House Bill 4 (Sprague/Rezabek), signed in July 2015, provides immunity to a physician, pharmacist or board of health acting in good faith in the furnishing of naloxone. The legislation also allows for a board of health to make occasional sales of naloxone at wholesale rates to state or local law enforcement. These provisions are important steps in expanding the availability of naloxone statewide and saving lives.

In particular, studies indicate an increased risk of drug-related death soon after release from prison, particularly in the first two weeks. The transition from incarceration into the community is dangerous for drug-using offenders whose tolerance has been reduced by imprisonment.

To address overdose in this at-risk population, Project DAWN - Cuyahoga County started a pilot in the Cuyahoga County Jail during April 2015 that has funding for 500 overdose prevention kits to be

distributed to inmates who would like to have one. At the time of intake into the county jail and during their medical screening exam inmates are asked: "Would you like to have a Project DAWN opioid overdose prevention kit when you are released?" If the inmate gives a positive response, an order is placed in the electronic health record by the nurse practitioner and education is provided. At the end of each shift, the nurse practitioner removes the medication from a locked storage facility to label each dose and then places two labeled vials of naloxone into each pre-made kit for inmates enrolled during that shift. Each overdose prevention kit contains two doses of naloxone (2 mg/2mL each), two nasal atomizers, an educational guide and DVD (directed to the incarcerated population) and an airway barrier device. Completed kits are then taken by the nurse practitioner to be placed directly into a locked storage area containing the patient's belongings. The patients receive the overdose prevention kit with their belongings when they are released from jail.

To learn more about naloxone and other successful programs you can use the following information:

- ***www.healthy.ohio.gov/vipp/drug/ProjectDAWN.aspx***
- ***stopoverdose.org/faq.htm***
- ***www.drugs.com/naloxone.html***
- ***www.projectlazarus.org/***
- ***www.maclearinghouse.org***

STRATEGY 3: Provide opportunities for the disposal of unwanted or expired medication.

Two-thirds of people age 12 and older (68%) who have abused prescription opioids within the past year say they got them from a friend or relative. To prevent the diversion of these drugs, communities have several options to encourage the disposal of unwanted or expired prescription medications:

1. Organize a drug collection event. Work with local law enforcement to set up various sites around your community. These events help to raise awareness among citizens of the importance of disposing of prescription drugs that can be diverted and abused, especially by teens.
2. Promote permanent drug collection receptacles around your community. New federal regulations allow for drug collection receptacles to be placed in a number of locations around the community, including law enforcement agencies, pharmacies and hospitals.
3. Work with healthcare providers to promote all available options to dispose of unwanted prescription medications. This also includes the destruction of drugs in the home by mixing the drugs with substances such as coffee grounds or kitty litter.

One in 10 Ohio teens has used prescription painkillers such as Vicodin®, Percocet®, OxyContin® or codeine without a doctor's prescription.

Source: 2013 Ohio Youth Risk Behavior Survey

The State of Ohio Board of Pharmacy has developed a guidance document to assist with the implementation of drug-take-back events and the installation of drug-take-back receptacles. You can find it at: ***www.pharmacy.ohio.gov/takeback***.

To learn more about the disposal of unwanted or expired medications, you can also use the following information:

- ***www.deadiversion.usdoj.gov/drug_disposal/***
- ***www.healthy.ohio.gov/vipp/drug/p4pohio***
- ***rxdrugdropbox.org/map-search/***
- ***www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm***

PROMOTE RESPONSIBLE PRESCRIBING

STRATEGY 1: Promote the use of the Ohio Automated Rx Reporting System (OARRS) among prescribers and pharmacists in your community.

OARRS is a web-based system operated by the State of Ohio Board of Pharmacy that collects information on all outpatient prescriptions for controlled substances that are dispensed by Ohio licensed pharmacies and prescribed or personally furnished by licensed prescribers in Ohio. The information in OARRS is available to prescribers (or their delegates) when they treat patients, pharmacists (or their delegates) when presented with prescriptions from patients and law enforcement officers and health care regulatory boards during active investigations.

OARRS is a tool that can be used to address prescription drug diversion and abuse. It serves multiple functions, including: patient care tool; drug epidemic early warning system; and drug diversion and insurance fraud investigative tool. As the only statewide electronic database that stores all controlled substance prescribing and dispensing information, OARRS helps prescribers and pharmacists avoid potentially life-threatening drug interactions as well as identify individuals fraudulently obtaining controlled substances from multiple health care providers, a practice commonly referred to as "doctor shopping."

For more information on OARRS, please visit: ***www.ohiopmp.gov/Portal/Default.aspx.***

STRATEGY 2: Promote the adoption of opioid prescribing guidelines in your community.

To assist prescribers in improving patient care, the Governor's Cabinet Opiate Action Team (GCOAT) has developed the following guidelines for prescribing opioids:

Ohio's "Opioid Prescribing Guidelines for Treatment of Chronic, Non-Terminal Pain" uses 80 mg morphine equivalency dosing (MED) as a "trigger threshold," as the odds of an overdose are significantly higher above that dose. The clinical guidelines recommend that at the 80 MED range or above the clinician "press pause" and re-evaluate how to optimize therapy and ensure patient safety. This pause also is a good time to consider potential adverse effects of long-term opioid therapy. More information on these guidelines can be accessed at: ***www.opioidprescribing.ohio.gov/*.**

In addition, the Ohio "Emergency and Acute Care Facility Opioid and Other Controlled Substances Prescribing Guidelines" were developed to help emergency and other acute-care facilities reduce inappropriate prescribing of opioid pain medication while preserving their vital role of treating patients with emergent medical conditions. They are intended to provide appropriate clinical guidance for the prescribing of opioids and other controlled substances in the unique acute care environment where the treatment of pain is frequently indicated without the benefit of an established patient-doctor relationship. More information on these guidelines can be found at: ***www.healthy.ohio.gov/ed/guidelines.aspx***.

EXPAND GENERAL TREATMENT CAPACITY

STRATEGY 1: Medicaid

The following individuals may qualify for Medicaid coverage in Ohio:

- Children up to 19 years old
- Parents or caretaker relatives of children up to 19 years old
- Some 19 and 20 year olds
- Adults up to age 64 living at or below 138% FPL
- Pregnant women
- Some women with breast and/or cervical cancer
- Adults aged 65 and older
- People with disabilities, including blindness, as determined under the Social Security rules
- Some immigrants may be eligible for Medicaid

It is critical to make sure you have all items required in order to be enrolled in Medicaid. Please be certain that the individual you are enrolling has the following items prior to enrolling:

- Current driver's license or valid state ID
- Two pieces of mail addressed to the individual and with current address
- Proof of income
- If there are dependents in the home the individuals should have their names,

To check eligibility for Medicaid coverage and begin enrollment, visit: ***benefits.ohio.gov/***. To identify which services are covered by Medicaid, visit ***medicaid.ohio.gov/FOROHIOANS/CoveredServices.aspx***.

STRATEGY 2: Medication-Assisted Treatment

Medication-Assisted Treatment (MAT) is treatment for addiction that includes the use of medication along with counseling and other support. Treatment that includes medication is often the best choice for opioid addiction. If a person is addicted, medication allows him or her to regain a normal state of mind, free of drug-induced highs and lows. It frees the person from thinking all the time about the drug. It can reduce problems of withdrawal and craving. These changes can give the person the chance to focus on the lifestyle changes that lead back to healthy living.

Taking medication for opioid addiction is like taking medication to control heart disease or diabetes. Used properly, the medication does NOT create a new addiction.

Taking medication for opioid addiction is like taking medication to control heart disease or diabetes. It is NOT the same as substituting one addictive drug for another. Used properly, the medication does NOT create a new addiction. It helps people manage their addiction so that the benefits of recovery can be maintained.

There are three main choices for medication to treat opioid addiction. The two most common are methadone and buprenorphine. Occasionally, another medication called naltrexone is used. Methadone and buprenorphine trick the brain into thinking it is still getting the problem opioid. The person taking the medication feels normal, not high, and withdrawal does not occur. All of these medications have the same positive effect: they reduce problem addiction behavior.

People can safely take treatment medication as long as needed – for a few months, one or several years, or even for life. Sometimes people feel that they no longer need the medication and would like to stop taking it. Use of methadone and buprenorphine must be stopped gradually to prevent withdrawal. Stopping naltrexone does not cause withdrawal. Plans to stop taking any medication should ALWAYS be discussed with a doctor.

STRATEGY 3: Ohio Women's Treatment Network (OWTN)

The Ohio Women's Treatment Network, Inc., is a diverse group of professionals providing leadership toward gender-specific and gender-competent alcohol, tobacco and other drug rehabilitation programming for women. Goals of the OWTN are to improve identification and referral of women who are abusing substances by human services agencies, to assure women's access to clinically appropriate prevention and treatment, and to increase awareness of women's substance abuse issues and the effective treatment technologies. To learn how your agency can become a member, contact Jackie Doodley at ***Jacqueline.Doodley@mha.ohio.gov*** or (614) 752-6456.

STRATEGY 4: M.O.M.S. (Maternal Opiate Medical Support) Project

The M.O.M.S. Project is focused on assisting pregnant women who are addicted to or in the early stages of recovery from opioids. The pilot project has a primary goal of providing prenatal care that may include Medication-Assisted Treatment, and secondary goals to decrease the number of incidences of babies born with Neonatal Abstinence Syndrome (NAS) and the length of stay the newborn has in the Neonatal Intensive Care Unit. The coordination of services will result in early identification of M.O.M.S. providers and clients, streamlined consent process between site and plan, timely approval and service delivery for M.O.M.S. clients, integrated care coordination with health plan care managers participating in M.O.M.S. care team meetings. Currently the M.O.M.S. Project is being piloted in Athens, Cincinnati, Cleveland and Columbus. To access other guidelines for establishing efficient and proper treatment protocols, contact Matt Loncaric at ***Matthew.Loncaric@mha.ohio.gov*** or (614) 466-9982.

STRATEGY 5: Recovery housing

Recovery housing is characterized as a safe and healthy living environment that promotes abstinence from alcohol and other drugs and enhances participation and retention in traditional clinical treatment. Residents benefit from peer support and accountability, and gain valuable relapse prevention, case management and employment skills training as they transition to living independently and productively in the community. On November 7, 2014, OhioMHAS announced $10 million in funding to strengthen and expand housing options for Ohioans seeking a fresh start in recovery from addiction. The funding, comprised of $5 million in operating funds set aside in the Mid-Biennium Review, House Bill 483, and another $5 million appropriated in the State Fiscal Year 2015-16 Capital Budget Bill, will expand Ohio's recovery housing capacity by nearly 660 beds. These funds are a result of working with members of the legislature to prioritize funding for recovery housing in response to a need clearly identified in communities. For more information on recovery housing please contact Alisia Clark at ***Alisia.Clark@mha.ohio.gov*** or (614) 644-8428.

EXPAND TREATMENT CAPACITY FOR INDIVIDUALS WHO ARE JUSTICE INVOLVED

STRATEGY 1: Specialty dockets – Drug courts

Specialized docket programs are problem-solving courts that may focus on specific crimes such as domestic violence or drunk driving, a specific diagnosis of mental illness or addiction, or a specific population such as military service courts. They may utilize intensive probation, community support and treatment services, or sanctions and rewards that are determined by a treatment team that includes the presiding judge, clinicians, and probation or peer-support representatives. These dockets are reviewed and monitored for fidelity by the Supreme Court of Ohio.

Currently, the Ohio Department of Mental Health and Addiction Services provides funding for six Addiction Treatment Program courts that also provide Medication-Assisted Treatment. These courts are partially funded by the state, with coordination from the Supreme Court of Ohio, local ADAMHS boards and behavioral health care providers. It is possible to start a specialized docket in your local community. To learn more, contact the Supreme Court of Ohio at 614-387-9426 or ***specdocs@sc.ohio.gov*** or visit: ***www.supremecourt.ohio.gov/JCS/specDockets/***.

STRATEGY 2: Grant opportunities

The Bureau of Community Sanctions within the Ohio Department of Rehabilitation and Correction provides funding opportunities to common pleas and municipal courts. Two such opportunities are the Probation Improvement and Incentive Grants and SMART Ohio grants. Both are intended to enhance probation services, including local treatment options. Grantees for each of these programs are able to use funds for a wide array of expenses. This includes costs associated with personnel (salaries and fringe benefits), general operating expenses, treatment expenses, program expenses (nonresidential or residential) and equipment. Essentially, the dollars associated with these grants can be used broadly as a means to create or enhance existing community services.

Courts receiving funding through these programs that have realized success have used the funds in a variety of ways, all of which are permissible under the parameters of the grant. Examples include starting or supporting expansion of drug courts and other specialty dockets, purchasing kiosks to supplement supervision activities, increasing mental health and substance abuse treatment options (including Medication-Assisted Treatment), purchasing residential treatment (including detox services), creating regional probation treatment services in rural areas, and providing collaborative training opportunities for staff and local treatment providers.

These grant funds supplement community corrections and provide Ohio communities with more options to address the nonviolent and addicted offender. To learn more, visit: ***www.drc.ohio.gov/web/BCS.htm***.

Strategy 3: Swift, certain and fair community supervision approach

The swift, certain and fair (SCF) approach, first implemented as Hawaii Opportunity Probation with Enforcement (HOPE), employs a concentration of resources and a direct communication of deterrent threats to likely offenders. The SCF approach to community supervision reduces re-offending, arrest and incarceration by delivering reliable sanctions to high-risk probationers, announced in advance. Using community supervision is much more cost effective than a prison sentence or jail term, allowing for offenders to work and care for their families and pay taxes. Several states have begun piloting this approach to supervision in an attempt to replicate the success realized in Hawaii. For more information on the SCF approach, visit: ***http://nnscommunities.org/our-work/strategy/swift-certain-fair***.

PROMISING PREVENTION PRACTICES

Strategy 1: Start Talking!

Free resources are available for communities looking to prevent drug abuse among Ohioans. Start Talking! is an initiative of Governor John Kasich and First Lady Karen Kasich that offers a variety of tools for parents, guardians, educators, businesses and community leaders to start the right conversations about drugs. To learn more, visit ***starttalking.ohio.gov*** or contact Sarah Smith, Start Talking! coordinator, ***Sarah.Smith@mha.ohio.gov***.

Strategy 2: Develop community coalitions and youth-led efforts

Every community should have an active drug prevention coalition that includes a youth-led focus. We know that youth are heavily influenced by their peers and one key initiative is getting kids to realize that if they choose to be drug-free, they are in the majority. If you are interested in starting a locally led prevention coalition and learning how to get youth involved, contact the Drug-Free Action Alliance at ***www.drugfreeactionalliance.org***. To find Strategic Prevention Framework tools, visit ***mha.ohio.gov/Default.aspx?tabid=643***.

Strategy 3: Developing culturally relevant health communications

Identify the population segments and tailor messages to incorporate the audiences' beliefs and values. For example, for many young people, taking a pill, whether prescribed or not, is not "bad" because pills are legal and marijuana and cocaine are not. Choose words that show respect for the patient's culture as well as their individual goals. Some cultures may respond to treatment if it is emphasized as "important" rather than "helpful."

Collaborate with other organizations like your local Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP) or youth-serving agencies to make sure the language you are using in materials is culturally sensitive and appropriate. Use graphics, pictures and examples that reflect the target audience. Field test materials for comprehension and cultural acceptance. Translate items into the language(s) of the population(s) served. Involve members of the population you look to serve in developing strategies and materials. For guidance on creating culturally competent materials, contact Jamoya Cox at ***Jamoya.Cox@mha.ohio.gov*** or visit ***mha.ohio.gov/Default.aspx?tabid=769***.

COMMUNITY CASE STUDY – LUCAS COUNTY

For several years, numerous partners in Lucas County have been collaborating to address the opioid epidemic on different fronts: prevention, treatment (including MAT), access to the life-saving medication naloxone, and development of recovery supports such as community housing. Efforts were made to establish the opioid crisis as a community-wide issue, so the involvement of partners from the local ADAMHS board, the board of health, treatment providers, law enforcement and the community as a whole was essential.

Prevention efforts have been enhanced, including school- and community-based interventions that increasingly focus on heroin and prescription drugs. At the other end of the age spectrum, senior prevention programs focus on healthy living and drug disposal is promoted as a means to decrease the risk that young people will become exposed to addictive medications obtained from the medicine cabinets of family or friends.

Treatment resources have been increased by capitalizing on Medicaid expansion and utilizing levy funding to expand capacity in collaboration with existing providers and provider networks. Options

include use of MAT – methadone, buprenorphine, and increasingly, naltrexone products – which are demonstrated to improve recovery rates. One specific project involves providing an injection of long-acting naltrexone to opioid-dependent individuals prior to leaving an incarcerate setting because they are particularly vulnerable to lethal overdose at this time. Also important is linkage to continuing treatment following release. Additionally, recovery housing has been expanded with almost 100 new beds being added in 2015 to support individuals receiving treatment that is tailored to their particular needs.

As part of an initiative of the Lucas County Health Department, primary responders in Lucas County are trained in the use of naloxone to reverse the effects of opioid overdose. The Lucas County Sheriff assists in identifying suppliers of the drug and follows up to help the person who overdosed enter treatment promptly. People who have survived overdoses are identified as "priority patients" and frequently enter treatment for addiction the day they are released from the general hospital.

While much work needs to be done, Lucas County is an example of how a determined community with involvement of a diverse group of partners can impact this devastating problem.

COMMUNITY CASE STUDY – SUMMIT COUNTY

The Summit County ADM Board took a comprehensive community-based approach inclusive of multiple departments, agencies, providers, law enforcement, court system, family members and interested parties to address many facets of the opioid epidemic, including prevention, treatment, recovery supports and other life-saving interventions. Key among these activities was the creation of the Summit County Opiate Task Force during February 2014. In one year, the task force grew to include 177 members, including 15 physicians, five pharmacists, seven faith leaders, eight judges, two prosecutors, four police chiefs, two school superintendents, and multiple agency leaders, public health officials, elected representatives, Board staff and concerned citizens. Learn more at: ***www.summitcountyopiatetaskforce.org***.

First, Summit County used data such as the Youth Risk Behavior Survey (YRBS) and the local overdose rates to best inform strategic interventions. In 2013, a YRBS was completed of 19,338 local youth. Results indicated one in six high school youth had used a prescription opioid medication without a prescription, while almost one in 20 had tried heroin; the latter is two times the state and national averages. To help curtail the problem, the Board invested in school-based prevention, peer-led prevention, and opioid-related public awareness activities. New treatment services in 2015 include ambulatory detox services for opioid-involved youth.

Opioid-related overdose rates were also alarming. In 2014, Akron EMS reported an average of 1.5 opioid overdose reversals daily. The county now has two naloxone (Project DAWN) clinics funded through the Board, and multiple law enforcement agencies are now equipped with overdose reversal kits.

Other new programs and interventions launched since 2012 include:

- ***Fixed low-dose Suboxone® with counseling*** – Launched three separate pilot projects in 2012 for low-dose, time-limited Suboxone® with counseling. Key to this program are induction of a low dose (8 mg or below) of Suboxone®, coordinated high-intensity counseling, and a plan to reduce or discontinue the medication within one year. Two of the three initial pilots are still funded.
- ***Vivitrol®*** – Created a linkage program at the county jail for opioid-involved persons being returned to the community. There often were service delays between jail release and connection with a behavioral health care program. This is where many people would relapse. We now offer opportunity for injection of a 30-day antagonist (Vivitrol®) at release to minimize this relapse risk.

- ***Reversal Coordination*** – Launched a program in 2015 where a crisis coordinator could be deployed to emergency rooms after a person is on-site from a naloxone involved overdose reversal. The crisis coordinator would offer a brief screening and referral opportunity at the critical times following these events.
- ***Increase in recovery supportive housing***

These new services and collaborations are in addition to an already robust array of treatment services including residential treatment, outpatient services, methadone programming, jail based services, drug courts, sub-acute detox, and recovery support services.

Summit County has a rich history of supporting treatment of addictions, dating to the founding of Alcoholics Anonymous in Akron in the 1930s. This collaboration among numerous stakeholders has been essential for the current progress and is even more important for future efforts.

STATE SUPPORT

State staff can play a supporting role for your local team through the provision of technical assistance. Please note the following contacts:

- **Jennifer Biddinger**, Drug Abuse Awareness Outreach Program Coordinator, Office of the Attorney General, ***Jennifer.Biddinger@ohioattorneygeneral.gov***
- **Andrea Boxill**, Deputy Director of the Governor's Cabinet Opiate Action Team, OhioMHAS, ***Andrea.Boxill@mha.ohio.gov***
- **Alisia Clark**, Housing Policy and Resource Administrator, OhioMHAS, ***Alisia.Clark@mha.ohio.gov***
- **Bradley DeCamp**, Chief of Behavioral Health Policy and Program Implementation and State Opioid Treatment Authority, OhioMHAS, ***Bradley.DeCamp@mha.ohio.gov***
- **Chris Galli**, Chief of the Bureau of Community Sanctions, DRC, ***Christopher.Galli@odrc.state.oh.us***
- **Kristen Gilbert**, Children's Justice Act Coordinator, JFS, ***Kristen.Gilbert@jfs.ohio.gov***
- **Cameron McNamee**, Director of Policy and Communications, State of Ohio Board of Pharmacy, ***Cameron.McNamee@pharmacy.ohio.gov***
- **Karhlton Moore**, Executive Director, Ohio Office of Criminal Justice Services, DPS, ***kmoore@dps.state.oh.us***
- **Amy O'Grady**, Director of Criminal Justice Initiatives, Office of the Attorney General, **Amy.O'Grady@ohioattorneygeneral.gov**
- **Colonel Paul Pride**, Assistant Superintendent of the Ohio State Highway Patrol, DPS, ***ppride@dps.state.oh.us***
- **Sarah Smith**, Start Talking! Coordinator, OhioMHAS, ***Sarah.Smith@mha.ohio.gov***
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CHECKLIST

The items on this list are neither exhaustive nor required for every community. This list is intended to increase awareness of the proven tools that can be developed to assist in combating the opioid crisis.

Has Your Community:

- ✔ Worked with the county coroner to evaluate number of deaths due to drug overdose over recent years and to develop a system to communicate the latest data to partners?
- ✔ Discussed the aggregate opioid prescribing data for the county that is available through the OARRS website?
- ✔ Established a local coalition to work across systems to combat the opioid crisis?
- ✔ Disseminated information to local prescribers and pharmacies about the state's prescribing guidelines?
- ✔ Ensured ready access to the life-saving drug naloxone through a Project DAWN program and first responders?
- ✔ Made the local community aware of opportunities for the proper disposal of unwanted or expired prescription medication?
- ✔ Worked to ensure a full continuum of treatment is available to those seeking treatment for opioid and other addictions?
- ✔ Embraced locally the use of Medication-Assisted Treatment?
- ✔ Discussed the need for other supports such as sober housing to promote sustained recovery?
- ✔ Established a specialty-docket drug court program?
- ✔ Embraced community-based supervision options, such as the swift, certain, and fair (SCF) approach encouraged by the Ohio Department of Rehabilitation and Correction?
- ✔ Developed culturally relevant information and materials about drug abuse?
- ✔ Coordinated with local school districts to ensure the use of evidence-based prevention programming, including the dissemination of the Know! tips for parents that are available free-of-charge through the state's Start Talking! program?
- ✔ Supported a local drug prevention coalition?
- ✔ Established on-going mechanisms for information sharing across systems to evaluate the progress in fighting the opioid crisis?
- ✔ Worked with children's services to evaluate the number of families that are impacted by opioid addiction and placed in custody outside the home as a result?

Ohio | Governor's Cabinet
Opiate Action Team

Ohio Mental Health & Addiction Services