HPIO Addiction **Evidence** Project

Health **Policy** Brief

Taking action to strengthen Ohio's addiction response

Over the past 20 years, Ohioans have pulled together to address the complex challenges of addiction in unprecedented ways. For example, policymakers have passed hundreds of laws to support prevention, treatment and recovery. First responders have reversed thousands of overdoses. People in recovery have reached out to help others overcome barriers to treatment. Families have supported their loved ones, understanding that addiction is a chronic disease.

Now, with pending opioid settlements on the horizon, there is an opportunity to evaluate the effectiveness of Ohio's efforts to date and plan for what should happen next. In the past decade, Ohio has learned a great deal about what is needed to prevent drug use, overdose deaths and other drug harms for individuals and families. In the next decade, policymakers can build upon this knowledge to address addiction in a comprehensive way (see figure 9 on page 8).

From 2018 to 2020, the Health Policy Institute of Ohio has cataloged and assessed state-level policy changes and identified strengths, gaps and opportunities for improvement on a range of substance use topics. This final policy brief of the **Addiction Evidence Project** provides:

- An update on where Ohio stands on addiction-related trends
- A summary of Ohio's addiction policy strengths, gaps, challenges and opportunities
- A prioritized set of policy recommendations (see figure 1)

3 key findings for policymakers

- **Ohio has a strong foundation for future action.** Public and private partners from across the state have implemented many policies and programs to address addiction. Strategic investments of opioid settlement dollars can strengthen Ohio's prevention-treatment-recovery continuum.
- **More can be done to prevent overdoses.** Changes in the drug supply and other factors have led to more overdose deaths. Intensified prevention and harm reduction strategies can save lives.
- **Criminal justice reform is critical to progress.** Changes to the criminal justice system can help more Ohioans sustain addiction recovery, employment and housing.

Figure 1. **Policy goals and recommendations**
See page 6 for more specific recommendations

		Time frame
1	**Save lives by ending fentanyl overdoses** • Remove all barriers to overdose reversal • Increase drug checking, such as rapid fentanyl testing • Decrease lethality of the drug supply	Immediate
2	**Reform the criminal justice system to support recovery and employment** • Reduce incarceration • Remove barriers to housing and jobs for people involved in the criminal justice system • Collect and report criminal justice data	Next two years
3	**Continue to strengthen Ohio's prevention-treatment-recovery continuum** • Invest opioid settlement funds to maximize long-term effectiveness • Increase treatment capacity through telehealth and workforce development • Guarantee access to Medication-Assisted Treatment (MAT) and recovery housing	Long term

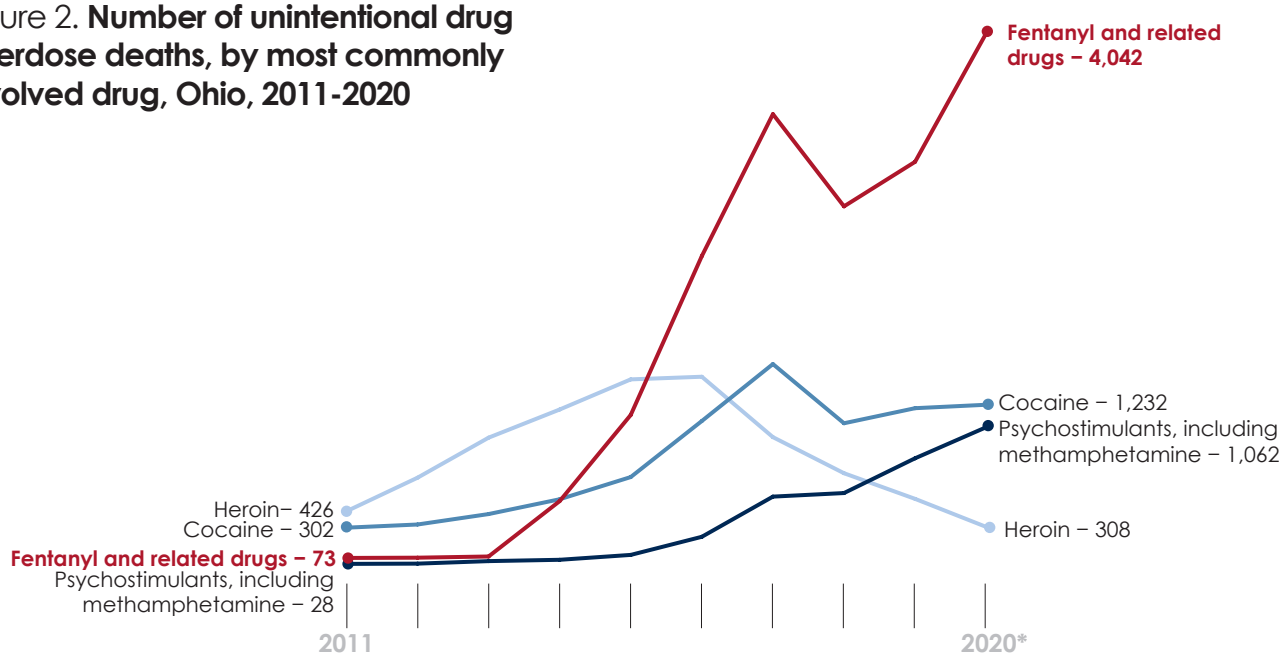
Where are we now?

The proportion of Ohioans with substance use disorder has remained steady in recent years and is similar to the U.S. overall.[1] However, recent trends in downstream harms of addiction indicate that more can be done to reduce these and other negative outcomes:

- **The overdose death rate** rose 177% from 2010 to 2020, largely driven by changes in the lethality of the drug supply (see figure 2). In 2019, the death rate for Black Ohioans exceeded the rate for white Ohioans for the first time since 2006[2], as combinations of cocaine and fentanyl became a more common driver of overdose deaths among Black Ohioans.[3]
- **The drug crime arrest rate** rose 59% between 2011 and 2018 and then decreased 46% from 2018 to 2020 (see figure 3).
- **The number of children removed from the home** due to parental substance use/abuse rose 67% from 2011 to 2018 and then decreased 20% from 2018 to 2020 (see figure 4).

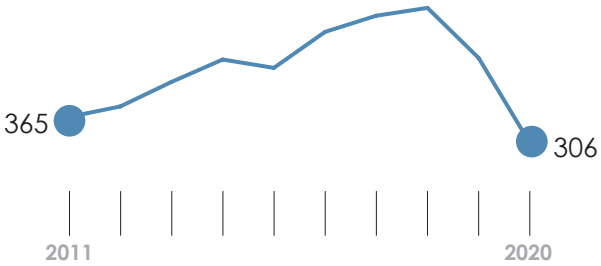
See page 3 for information about Ohio's policy strengths that may have contributed to these recent downward trends. See the **Refocusing Ohio's Approach to Overdose Deaths** fact sheet for detail on overdose death trends.

Figure 2. **Number of unintentional drug overdose deaths, by most commonly involved drug, Ohio, 2011-2020**



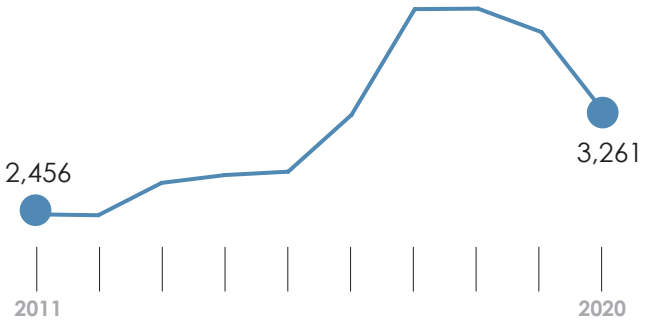
Source: 2011-2019 data from the 2019 Ohio Drug Overdose Data: General Findings, Ohio Department of Health. *2020 data is preliminary and was accessed from the Ohio Public Health Data Warehouse, Sept. 7, 2021.

Figure 3. **Drug crime arrest rate per 100,000 population, Ohio, 2011-2020**



Source: HPIO analysis of data from the Ohio Incident-Based Reporting System provided by the Ohio Department of Public Safety, Aug. 11, 2021.

Figure 4. **Number of children removed from home due to parental substance use/abuse, Ohio, 2011-2020**



Note: Substance use/abuse may be one of multiple reasons for removal.
Source: Data provided by the Ohio Department of Job and Family Services, Aug. 23, 2021.

What are the strengths of Ohio's response to addiction?

Key strengths of Ohio's response to the addiction crisis are listed below. See the **Addiction Evidence Project policy scorecard reports** for additional detail on these and other strengths.

Robust policy leadership and priorities

The Ohio General Assembly has prioritized addiction prevention and treatment in state budgets and other legislation over the past several sessions. The Kasich and DeWine administrations have elevated behavioral health and the impacts of addiction through the **Governor's Cabinet Opiate Action Team** (GCOAT), **RecoveryOhio** and the **Governor's Children's Initiative**. State agencies have led collaborative efforts. For example, the Ohio Department of Health (ODH) prioritized prevention of youth drug use and drug overdose death in its 2020-2022 **State Health Improvement Plan**, and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) has leveraged federal grants (e.g., the **21st Century CURES Act** and **State Opioid Response** funding) to implement a comprehensive set of evidence-informed prevention and treatment strategies.

Impactful cross-sector partnerships

Ohioans have taken an all-hands-on-deck approach to responding to the addiction crisis. Strong partnerships have been developed across many sectors to prevent drug use and improve outcomes for Ohioans struggling with addiction. For example, local prevention coalitions have brought together partners from schools, businesses, civic and religious organizations and other sectors to work toward common, measurable goals, such as reduced youth drug use.

Improved addiction treatment access

Policymakers and other stakeholders invested in evidence-informed addiction treatment, including increasing access to MAT. From 2006 to 2020, distribution of two cost-effective forms of MAT, methadone and buprenorphine, increased by 11% and 2,896%, respectively (see figure 5). In 2020, OhioMHAS and the Ohio Department of Medicaid further increased treatment access by **removing barriers to telehealth**, such as restrictions on audio-only appointments and requirements for an in-person visit before a virtual visit.

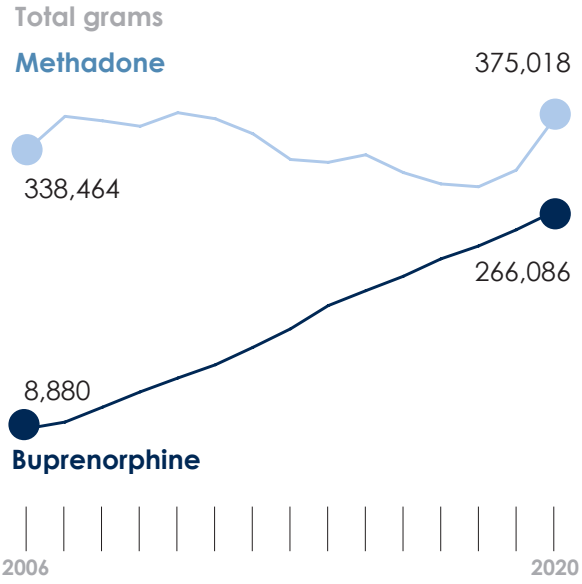
Strong focus on overdose reversal

State policymakers implemented several policy changes designed to increase use of naloxone—the overdose reversal medication—including allowing lay people to distribute naloxone without a distributors license and expanding ODH's **Project DAWN**. Figure 6 shows the increase in naloxone kits distributed by Project DAWN from 2014 to 2020, as well as the number of reported overdose reversals linked to those kits. Additionally, as part of **Overdose Awareness Day**, RecoveryOhio, ODH and OhioMHAS partnered with public and private organizations to distribute large quantities of naloxone kits (2,000 doses per agency per month) from August to September 2021.

Support for Ohioans through criminal justice and family-focused programs

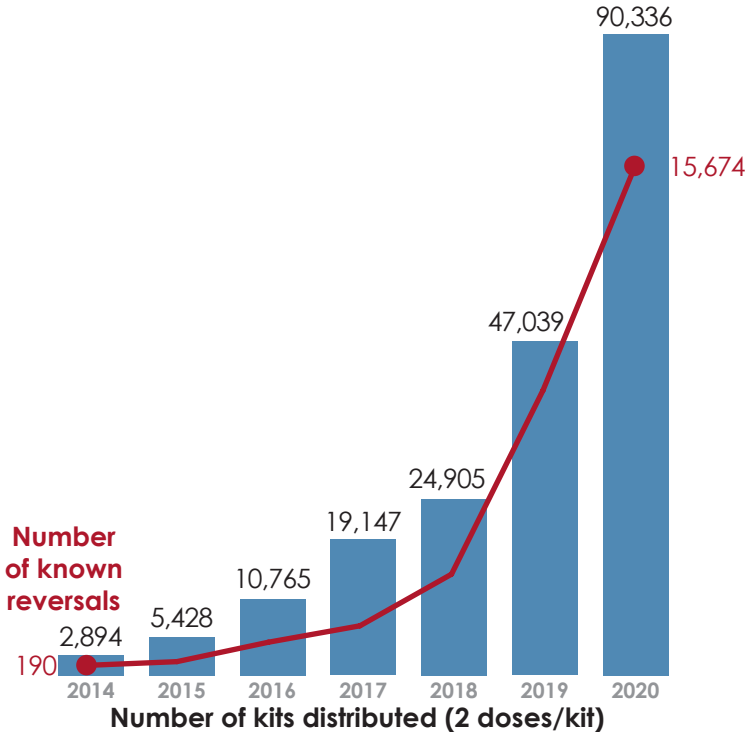
Policymakers expanded the availability of pretrial diversion for criminal defendants with substance use disorder, including expanded eligibility for **Intervention in Lieu of Conviction** and an increased number of treatment courts (including over 180 **drug courts**[4]). Additionally, law enforcement has engaged in innovative cross-sector programs to respond to overdoses and connect people to treatment, such as the **Overdose Detection Mapping Application Program** (ODMAP) and **Quick Response Teams** (QRT). Ohio policymakers also invested in programs for families struggling with addiction, including **Ohio START** (Sobriety, Treatment and Reducing Trauma) and **MOMS** (Maternal Opiate Medical Supports).

Figure 5. **Retail distribution of methadone and buprenorphine in Ohio, 2006-2020**



Note: Number of grams reflects dosing, not number of individual patients.
Source: Automation of Reports and Consolidated Orders System, U.S. Drug Enforcement Agency, accessed Aug. 13, 2021.

Figure 6. **Project DAWN naloxone distribution and number of known overdose reversals in Ohio, 2014-2020**



Source: Data provided by the Ohio Department of Health, Aug. 6, 2021.

What are the gaps in Ohio's response to addiction and what challenges remain?

The following challenges stand out as concerns that remain most relevant in 2021 and beyond. See the **Addiction Evidence Project policy scorecard reports** for additional detail on these and other gaps.

Uneven access to naloxone and other forms of harm reduction

The increase in drug overdose deaths in 2019 and 2020 indicates that more naloxone is still needed. Harm reduction gaps exist in some rural counties due, in part, to stigma and limited funding (see **Geography** fact sheet for details). The sharp increase in overdose deaths among Black Ohioans signals unmet need for overdose reversal in communities of color (see **Race** fact sheet for details). Grassroots groups face barriers to distributing adequate amounts of naloxone, safe injection supplies and fentanyl test strips. Finally, a limited Good Samaritan law restricts bystanders from intervening, due to fear of prosecution if they call for help during an overdose.[5]

Increasingly deadly drug supply

Ohio has implemented many policies designed to decrease the availability of prescription opioids for nonmedical use and illicit drugs, including "pill mill" closures, law enforcement drug seizures, interdiction tasks forces and stricter sentences for drug trafficking. Despite these well-intentioned efforts, drugs in the illicit market became more lethal, and the spread of more-deadly drugs like heroin and fentanyl led to more and more deaths[6] (see figure 2). More research is needed about the impact of drug supply restriction policies[7] and the complex factors that have driven different waves of the overdose epidemic.[8]

Criminal justice system policies and practices that hinder recovery and equity

Ohio has a higher incarceration rate than most other states, and many people in jails and prisons struggle with addiction.[9] Despite reforms to divert people with mental illness and substance use disorder from jail, not all offenders who could benefit from diversion programs and drug courts have access to them. For example, only 17% of treatment court participants are Black, while Black Ohioans make up 45% of the state prison population.[10] The money bail system creates further inequities in pretrial detention. Once in jail, people detained or incarcerated often lack access to treatment.

Unmet needs for children at risk of trauma

Parental addiction and incarceration can harm children in many ways. Two significant gaps stand out as critical for preventing child abuse and trauma and building family resilience. First, more Ohio families must be reached by early childhood evidence-based prevention programs, such as home visiting and publicly-funded early childhood education.

Second, local public children services are stretched thin by the increasingly complex needs of children in foster care, rising placement costs and burnout and secondary trauma among caseworkers. Several major reforms are currently underway to address these challenges, including implementation of the **Family First Prevention Services Act**.

Inadequate behavioral health treatment and recovery system capacity and workforce

Stakeholders report a need for additional mental health and addiction services system capacity. Although MAT use has expanded (see figure 5), Ohioans in some parts of the state still have limited access to evidence-based treatment options. For example, 62 counties do not have a methadone provider.[11] In addition, too few Ohioans are reached by recovery services, such as peer support and recovery housing. For example, there are 42 counties with no certified recovery housing, and most recovery houses do not accommodate families with children.[12]

Workforce shortages and inadequate insurance coverage drive these treatment capacity gaps. Ohio had an estimated shortage of 1,760 addiction counselors in 2016.[13] Insufficient enforcement and awareness of the federal parity law for equal insurance coverage means that health insurance does not always cover needed treatment services.

Lack of data and evaluation

Policymakers need adequate data to effectively inform their addiction policy decisions. Basic questions about behavioral health treatment capacity still cannot be answered.[14] Data gaps are most significant in the areas of law enforcement and criminal justice, largely reflecting the absence of standardized data collection at the local level.

Finally, legislators and state agencies have more work to do to prioritize evaluation. Among the 463 policies and programs inventoried by the **Addiction Evidence Project**, only 69 (15%) included a clear reference to an evaluation component or some other provision for tracking implementation or outcomes.[15] More information is critical to determine which programs and policies have been most effective in Ohio and which should be discontinued.

What are the most important addiction policy priorities to address now?

HPIO developed and prioritized the following policy recommendations in consultation with the **Addiction Evidence Project Advisory Group**. To increase the effectiveness of these strategies and advance equitable outcomes, implementation of these recommendations should be informed by the experiences of people who use drugs, people in recovery, people of color, low-income Ohioans and families affected by addiction.

Immediate: Save lives by ending fentanyl overdoses

1. **Remove all barriers to overdose reversal.** Extend the RecoveryOhio **Overdose Awareness Day naloxone access program** through 2021 and 2022, including outreach to grassroots organizations in low-income, Appalachian and Black communities. Improve Ohio's Good Samaritan law by removing limitations related to parole or probation status, treatment requirements, paraphernalia and the number of times a bystander can receive immunity.

2. **Increase drug checking, such as rapid fentanyl testing.** Maximize the capacity of Syringe Services Programs (SSPs) to provide drug checking services by legalizing fentanyl test strips, investing in drug checking machines and increasing state funding for SSPs and drug checking technology.

3. **Decrease lethality of the drug supply.** Assess the impact of interdiction and other drug supply restrictions on overdose deaths in Ohio. Ensure that any future strategies that aim to interrupt the drug supply do not have the unintended consequence of increasing the prevalence of more dangerous substances, such as carfentanil.

Next 2 years: Reform the criminal justice system to support recovery and employment

4. **Reduce incarceration.** Replace the money bail system with comprehensive pretrial services programs to assess release and detention options. Increase access to treatment courts and pretrial diversion programs for criminal defendants with substance use disorders by reducing the number of factors that make offenders ineligible for diversion programs.

5. **Remove barriers to housing and jobs for people involved in the criminal justice system.** Eliminate excessive collateral sanctions that prevent people with criminal records from finding housing and getting jobs, expand the use of **Certificates of Qualification for Employment** and increase the number of **Ohio Recovery Housing**-certified houses across the state.

6. **Collect and report criminal justice data.** Require and provide funding for criminal justice partners to collect and report data, including requiring all law enforcement agencies to report crime data to the Ohio Incident-Based Reporting System (OIBRS), instituting a standard data collection system across Ohio jails and collecting information about race, ethnicity, income, education and other demographics across the criminal justice system to assess the impact of policies and programs on different groups of Ohioans.

Long term: Continue to strengthen Ohio's prevention-treatment-recovery continuum

7. **Invest opiate settlement funds to maximize long-term effectiveness.** Ensure that the statewide foundation established by the **OneOhio plan** is an independent entity designed to sustain long-term investments in a coordinated continuum of evidence-based prevention, harm reduction, treatment and recovery services, including multi-generational approaches designed to prevent and mitigate **adverse childhood experiences**.

8. **Increase treatment capacity through telehealth and workforce development.** Continue Ohio's leadership in telehealth by updating all state professional licensure board standards to support open access to all forms of telehealth. Additionally, build upon the OhioMHAS Community Innovation to Support Workforce Development Initiative to establish a long-term, sustained state commitment to recruiting and retaining behavioral health providers. Specific approaches include tuition reimbursement, loan repayment and pipeline programs to strengthen capacity in underserved communities.

9. **Guarantee access to Medication-Assisted Treatment (MAT) and recovery housing.** Build upon recent progress to ensure that Ohioans living in all counties can choose the form of MAT that works best for them and have access to certified **recovery housing**.

Ohioans most at risk

Substance use disorder is a concern across Ohio, and people from any community can be affected by addiction. However, the downstream harms of drug use, such as overdose deaths and incarceration, are more likely to impact Ohioans with lower levels of education, those who live in Appalachian or urban communities and Black Ohioans. These downstream harms are heavily influenced by economic conditions, access to treatment, childhood trauma, stigma, racism and other factors.

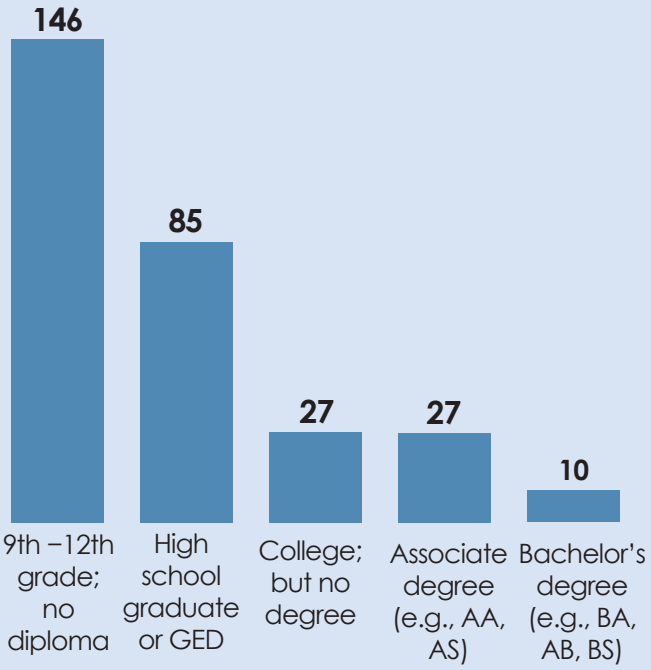
The Insights on Addiction and **Race** and **Geography** fact sheets offer solutions to close these gaps, including ways to build upon community strengths to ensure that every Ohioan has the protective factors and resilience needed to be healthy.

Examples of how community conditions contribute to the burden of downstream harms for different groups include:

- **Education level.** In 2019, the overdose death rate for Ohioans who have less than a high school degree was 15 times higher than Ohioans with a bachelor's degree (see figure 8).[16]
- **Race.** In 2020, Black Ohioans were arrested for drug crimes at a rate 2.4 times higher than white Ohioans.[17]
- **Geography.** In 2019, children living in urban and Appalachian counties were 1.6 times more likely to be removed from the home due to parental substance use/abuse than children living in suburban counties.[18]

Figure 8. **Overdose death rates by education level**

Number of unintentional drug overdose deaths per 100,000 population (crude rate) in Ohio, by highest level of educational attainment, 2019



Source: HPIO analysis of unintentional overdose death data from the Ohio Department of Health Public Health Data Warehouse (accessed 8/17/2021) and educational attainment population data from the U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates.

Notes

1. 7.6% of Ohioans age 12+ had substance use disorder in 2018-2019, largely unchanged from 7.88% in 2015-2016. In 2018-2019, the U.S. prevalence of substance use disorder was 7.41%; data from the National Survey on Drug Use and Health, as compiled by the Substance Abuse and Mental Health Services Administration (SAMHSA). "Behavioral Health Barometer: Ohio, Volume 6." SAMHSA. Accessed July, 2021. **https://www.samhsa.gov/data/sites/default/files/reports/rpt32852/Ohio-BH-Barometer_Volume6.pdf**
2. Data from the Centers for Disease Control and Prevention (CDC) WONDER Online Database, as compiled by the CDC, National Center for Health Statistics. "Underlying Cause of Death 1999-2019." CDC. Accessed August 12, 2021. **http://wonder.cdc.gov/ucd-icd10.html**
3. *2019 Ohio Drug Overdose Data: Demographic Summary*. Columbus, OH: Ohio Department of Health, 2020. **https://odh.ohio.gov/wps/wcm/connect/gov/7a9869db-1d59-4b99-a88c-d6d29f316cd4/2019+Demographic+Report+11.06.20.pdf**
4. There are several types of specialized dockets included in the drug court category. Adult and juvenile drug courts, human trafficking dockets, operating a vehicle under the influence (OVI) courts, substance abuse mental illness (SAMI) courts, family drug courts and veteran's treatment courts all fall under the national umbrella of drug courts.
5. Ohio's Good Samaritan law has several exceptions, such as a limit on the number of times a person can seek help without prosecution. Stakeholders report that these restrictions cause bystanders to be fearful of calling 911.
6. A 2021 study estimated that 93% of the change in unintentional drug overdose deaths in Ohio from 2009 to 2018 was explained by changes in the lethality of the drug supply. Hall, Orman E., O. Trent Hall, John L. Eadie, Julie Teater, Joe Gay, Meelee Kim, Dennis Cauchon, and Rita K. Noonan. "Street-drug lethality index: A novel methodology for predicting unintentional drug overdose fatalities in population research." *Drug and alcohol dependence* 221 (2021): 108637. doi: 10.1016/j.drugalcdep.2021.108637
7. Research on the impact of pill mill closures, Prescription Drug Monitoring Programs and law enforcement interdiction on overdose deaths and transition to heroin use is limited and mixed. While there is some evidence that the 2009 abuse-deterrent reformulation of OxyContin contributed to an increase in heroin overdose deaths (Alpert, Abby, David Powell, and Rosalie Liccardo Pacula. "Supply-Side Drug Policy in the Presence of Substitutes: Evidence from the Introduction of Abuse-Deterrent Opioids." *American Economic Journal: Economic Policy* 10, no. 4 (2018): 1-35. doi: 10.1257/pol.20170082; see also Dart, Richard C., et al. "Trends in Opioid Analgesic Abuse and Mortality in the United States." *The New England Journal of Medicine* 372, no. 3 (2015): 241-248. doi: 10.1056/NEJMsa1406143; see also Unick, George Jay, Daniel Roseblum, Sarah Mars, and Daniel Ciccarone. "Intertwined Epidemics: National Demographic Trends in Hospitalizations for Heroin- and Opioid-Related Overdoses, 1993-2009." *PLOS One* 8, no. 2 (2013): e54496. doi: 10.1371/journal.pone.0054496), the rise in heroin use preceded many policy changes aimed at decreasing non-medical opioid prescription drug use (Compton, Wilson M., Christopher M. Jones, and Grant T. Baldwin. "Relationships between Nonmedical Prescription-Opioid Use and Heroin Use." *The New England Journal of Medicine* 374, no. 2 (2016): 154-163. doi: 10.1056/NEJMra1508490) and drug market changes such as pricing and regional supply patterns appear to play an important role in overdose risk (Mars, Sarah G., Philippe Bourgois, George Karandinos, Fernando Montero, and Daniel Ciccarone. ""Every 'Never' I Ever Said Came True": Transitions from opioid pills to heroin injecting." *International Journal of Drug Policy* 25, no. 2 (2014): 257-266. doi: 10.1016/j.drugpo.2013.10.004).
8. "Three Waves of Opioid Overdose Deaths." CDC. Accessed Sept. 6, 2021. https://www.cdc.gov/opioids/basics/epidemic.html#three-waves
9. Health Policy Institute of Ohio. "Connections between criminal justice and health," June 2021.
10. Ibid.
11. Data provided by the Ohio Department of Mental Health and Addiction Services. Provided 8/25/2021.
12. Data provided by Ohio Recovery Housing. Provided 8/10/2021.
13. *State-Level Projections of Supply and Demand for Behavioral Health Occupations*: 2016-2030. Rockville, MD: U.S. Department of Health and Human Services, 2018. **https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/state-level-estimates-report-2018.pdf**
14. For example, we do not know the "penetration rate" of substance use disorder treatment services for the state overall (the total number of people who have received services compared to the total number who need services), or the impact of Behavioral Health Redesign on substance use disorder treatment access or quality. See Health Policy Institute of Ohio. "**Ohio Addiction Policy Scorecard: Prevention, Treatment and Recovery**," April 2018.
15. See evaluation section in each Addiction Evidence Project policy scorecard: **https://www.healthpolicyohio.org/tools/addiction-evidence-project/**
16. 2019 unintentional overdose death data from the Ohio Department of Health Public Health Data Warehouse. Accessed August 17, 2021; educational attainment population data from the 2019 American Community Survey 1-Year Estimates, as compiled by the U.S. Census Bureau. Accessed August 11, 2021.
17. Data provided by the Ohio Department of Public Safety via email. Provided August 13, 2021.
18. Data provided by the Ohio Department of Job and Family Services via email. Provided Aug. 23, 2021.

Addiction Evidence Project

HPIO launched the **Addiction Evidence Project** in 2017 to provide policymakers and other stakeholders with information needed to evaluate and improve Ohio's policy response to addiction. Drawing upon guidance from a **multi-sector Advisory Group**, this project has explored a comprehensive range of topics (see figure 9) to produce:

- Policy scorecard reports that identify 30 opportunities for improvement
- Policy inventories that document 463 policy changes enacted from 2013 to 2019
- Evidence resource pages that provide links to 299 credible sources on what works to address addiction

Figure 9. **Key elements of a comprehensive policy response to addiction**

Prevention	Treatment	Recovery	Overdose reversal	Harm reduction	Law enforcement	Criminal justice	Children, youth and families	Data and evaluation

Across the life course, including caregiving and family support

Source: Health Policy Institute of Ohio adapted from Addiction Policy Forum (2017).

Acknowledgements

Authors
Amy Bush Stevens, MSW, MPH
Hailey Akah, JD, MA
Jacob Santiago, MSW

Contributors
Amy Rohling McGee, MSW
Reem Aly, JD, MHA
Carrie Almasi, MPA
Lexi Chirakos, PhD
Zach Reat, MPA

Graphic design and layout
Nick Wiselogel, MA

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