Ohio addiction policy inventory and scorecard: Prevention, treatment and recovery

Amy Bush Stevens and Hailey Akah
What’s next in the addiction crisis? HPIO forum
June 26, 2018
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Percent change in number of drug overdose deaths
12-month period ending in November 2016 to 12-month period ending in November 2017

Note: Based on provisional counts, which may not include all deaths that occurred during a given time period. Numbers are subject to change.

Source: National Center for Health Statistics, Vital Statistics Rapid Release, Provisional Drug Overdose Death Counts, as of June 18, 2018
Key takeaways

1. The Addiction Policy Inventory and Scorecard is a tool you can use to prioritize next steps and advocate for policy change.

2. There are many opportunities to scale up, spread, evaluate and sustain what works.

3. Our region needs a comprehensive, long-term approach.
How you can use the Policy Inventory and Scorecard Report

• Identify strengths and gaps in your state or local community
• Prioritize next steps and resource allocation
• Identify evidence-based strategies
• Share with legislators and other leaders
Addiction overview and project description

Summary
Addiction is a complex problem at the root of many of Ohio’s greatest health challenges, including drug overdose deaths. Ohio policymakers have responded to the addiction crisis with many policy changes, primarily focusing on opiate addiction.

HPIO’s launching the Addiction Evidence Project to provide policymakers and other stakeholders with information needed to evaluate Ohio’s policy response to the opiate crisis, and accelerate and continually improve strategies to address substance use disorders in a comprehensive, effective and efficient way. This project brief sets the foundation for the project by describing the basics of addiction and a framework for a comprehensive policy response.

HPIO plans to post these types of tools on the HPIO Addiction Evidence Project website:

- Evidence resource pages: Tools for clinical standards and guidelines, expert consensus statements and recommendations, model policies and evidence registers.
- Policy inventories: Lists of Ohio legislation, regulations, funding allocation amounts, practice guidelines, state agency initiatives, and legislative initiatives.
- Policy scorecards: Analysis of strengths and gaps in Ohio’s policy response to addiction.

Addiction and health
Addiction, also known as substance use disorder, is a chronic, relapsing brain disease characterized by compulsive drug seeking and use, despite harmful consequences. Addiction is influenced by genetic, behavioral and environmental factors, and can negatively affect physical, mental, social and spiritual health and well-being.

Addiction often starts with occasional use of substances such as alcohol, tobacco, marijuana or prescription opioids, but then progresses to more problematic and frequent use, including:
- Continued use, even when it causes problems with relationships, employment, parenting, etc.
- Wanting to cut down or stop using, but having difficulty or being able to abstain.

Addiction is at the root of many of Ohio’s greatest health and health care spending challenges. The HPIO 2017 Health Value Dashboard found that Ohio ranked in the bottom quartile of states for drug overdose deaths, adult smoking and children exposed to secondhand smoke. Addictions to opioids (including prescription opioids, heroin and fentanyl) and nicotine are direct contributors to these challenges.
Evidence resource pages
Hubs for:
- Clinical standards and guidelines
- Expert consensus statements and recommendations
- Model policies
- Evidence registries

Policy inventories
Lists of Ohio:
- Legislation
- Rules and regulations
- New or expanded state agency initiatives and programs

Policy scorecards
Analysis of:
- Strengths
- Gaps
- Opportunities for improvement
Key elements of a comprehensive policy response to addiction

- Prevention
- Treatment
- Recovery
- Harm reduction
- Surveillance and evaluation
- Overdose reversal
- Criminal justice reform
- Law enforcement
- Children services
- Health, wellbeing, equity and economic vitality
  - Community
  - Family
  - Individuals

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

Number of addiction-related policy changes in Ohio, by topic, 2013-2017

- **Prevention**
  - Appropriate use of, and access to, prescription opioids: 55
  - Child or family-focused prevention: 12
  - Other community-based prevention: 23

- **Treatment**
  - Screening and early intervention: 8
  - Treatment services: 75
  - Treatment system: 12

- **Recovery services**: 24

**Note:** See Appendix B for further description of these categories.

**Source:** HPIO review of Ohio legislation, regulations, Governor's Cabinet Opiate Action Team timeline and other policy summaries.
# Scorecard

<table>
<thead>
<tr>
<th>Topic</th>
<th>Subtopic</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>Appropriate use of, and access to, prescription opioids: Prescribing and dispensing</td>
<td>Strong</td>
</tr>
<tr>
<td></td>
<td>Appropriate use of, and access to, prescription opioids: Non-opioid pain management</td>
<td>Weak</td>
</tr>
<tr>
<td></td>
<td>Child and family-focused prevention</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>Other community-based prevention</td>
<td>Weak</td>
</tr>
<tr>
<td>Treatment</td>
<td>Screening and early intervention</td>
<td>Weak</td>
</tr>
<tr>
<td></td>
<td>Treatment services</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>Treatment system access and coverage</td>
<td>Strong</td>
</tr>
<tr>
<td></td>
<td>Treatment system capacity and workforce</td>
<td>Weak</td>
</tr>
<tr>
<td>Recovery</td>
<td>Recovery services</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

*Note: Rating based on evidence alignment and implementation reach*
Key findings: Strengths

- Leadership and priorities
- Cross-sector partnerships
- Decreased opioid prescribing
- Medication-Assisted Treatment
- Medicaid eligibility
- Evidence alignment
Leadership, priorities and cross-sector partnerships
Number of opioid solid doses dispensed (in millions) to Ohio patients, 2011-2017

Source: State of Ohio Board of Pharmacy, Ohio Automated Rx Reporting System 2017 Annual Report
Prescription opioids dispensed per 1,000 population, by state, 2016

Note: Data year is the 12 months ending June 30, 2016
Source: IMS PayerTrak, IMS National Prescription Audit, June 2016; Centers for Disease Control and Prevention, as reported in “Use of Opioid Recovery Medications,” IMS Institute for Healthcare Informatics
Medication-Assisted Treatment

Methadone

Buprenorphine (Suboxone, Subutex)

Naltrexone (Vivitrol, Revia, Depade)
Uninsured rate of Ohioans, ages 18-64 (2011-2016)

Source: U.S. Census Bureau, American Community Survey

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Evidence alignment
Key findings: Gaps

- Too few Ohioans reached
- Poor pain management
- Patchwork approach to prevention
- Inadequate treatment capacity
- Limited outcome measurement
- Minimal policy focus on:
  - Tobacco/nicotine and alcohol
  - Recovery
  - Health disparities
  - Social determinants of health
Too few Ohioans reached

MOMs locations in Ohio
Patchwork approach to prevention
Inadequate MAT capacity

Ratio of certified buprenorphine providers to opioid overdose deaths, by state, 2016

Sources:
Avalere analysis of SAMHSA Opioid Treatment Program Directory and Centers for Disease Control and Prevention (CDC) WONDER, 2016

Fewer buprenorphine providers relative to need
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Opportunities for improvement

1. Build upon strong framework for appropriate opioid prescribing
2. Increase use of non-opioid pain management therapies
3. Strengthen the effectiveness and reach of addiction prevention activities
4. Ensure that evidence-based addiction treatment and recovery services are available to all Ohioans in need
5. Reduce health disparities and address the social determinants of health
6. Increase use of data and evaluation to drive improvement
Overdose rate by income

Percentage of Ohio adults, by income, who have family members or friends who have experienced problems as a result of...

...abusing prescription drugs
- 138% FPG or less: 28%
- 138% FPG-200% FPG: 26%
- More than 200% FPG: 30%

...using heroin
- 138% FPG or less: 31%
- 138% FPG-200% FPG: 22%
- More than 200% FPG: 22%

...using methamphetamine
- 138% FPG or less: 18%
- 138% FPG-200% FPG: 13%
- More than 200% FPG: 11%

Source: Ohio Health Issues Poll 2017
Opportunities for improvement

7. Strengthen clinical-community linkages and connections between sectors
8. Develop a coordinated, long-term approach to serve the needs of children exposed to ACEs
9. Develop a comprehensive plan for addressing potential consequences of medical marijuana legalization
What’s next in the addiction crisis?
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Potential threats and changes on the horizon

1. Changes in substances being abused
2. Disruption caused by change in administration
3. Decreased federal and/or state funding
4. Increased uninsured rate
5. Increased number of children exposed to ACEs
6. Increased number of older adults
Adverse childhood experiences

Psychological, physical or sexual abuse

Witnessing violence against the mother

Living with household member who has:
- Substance abuse or mental health conditions
- Attempted or committed suicide
- Ever been imprisoned

Source: Adapted from Felitti, Vincent J. et al. (1988)
Ohio’s Children Services System Is Strained

More children are entering foster care at alarmingly higher rates than ever before

Children in Foster Care on a Given Day

23% increase overall; 13% increase in 15 months

Drug overdose deaths

Substance use disorder
Drug overdose deaths

Substance use disorder

Depression, anxiety and suicide

Pain

Lack of access to behavioral health treatment

Poor academic performance

Family conflict, abuse and neglect

Incarceration

Community economic distress (unemployment, poverty, etc.)

Community disorganization, crime, violence and trauma
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Contact

Amy Bush Stevens, MSW, MPH
astevens@hpio.net

Hailey Akah, JD, MA
hakah@hpio.net
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