Taking action to strengthen Ohio's addiction response

NOVEMBER 16, 2021

Vision

Ohio is a model of health, well-being and economic vitality.

Mission

HPIO is an independent and nonpartisan organization. Our mission is to advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.

HPIO core funders

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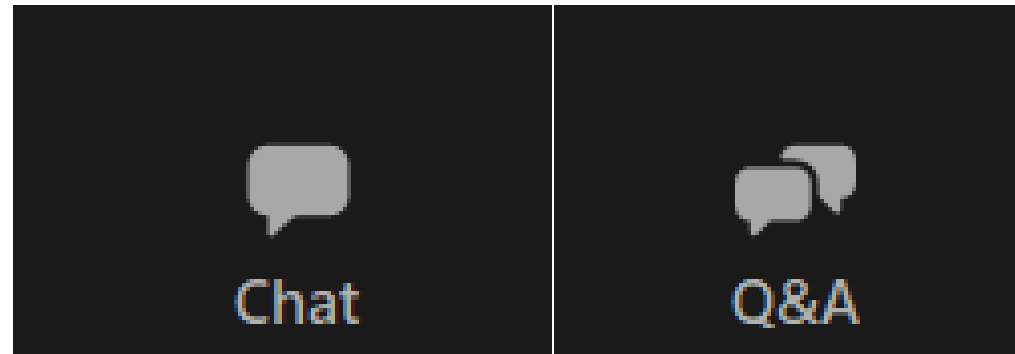
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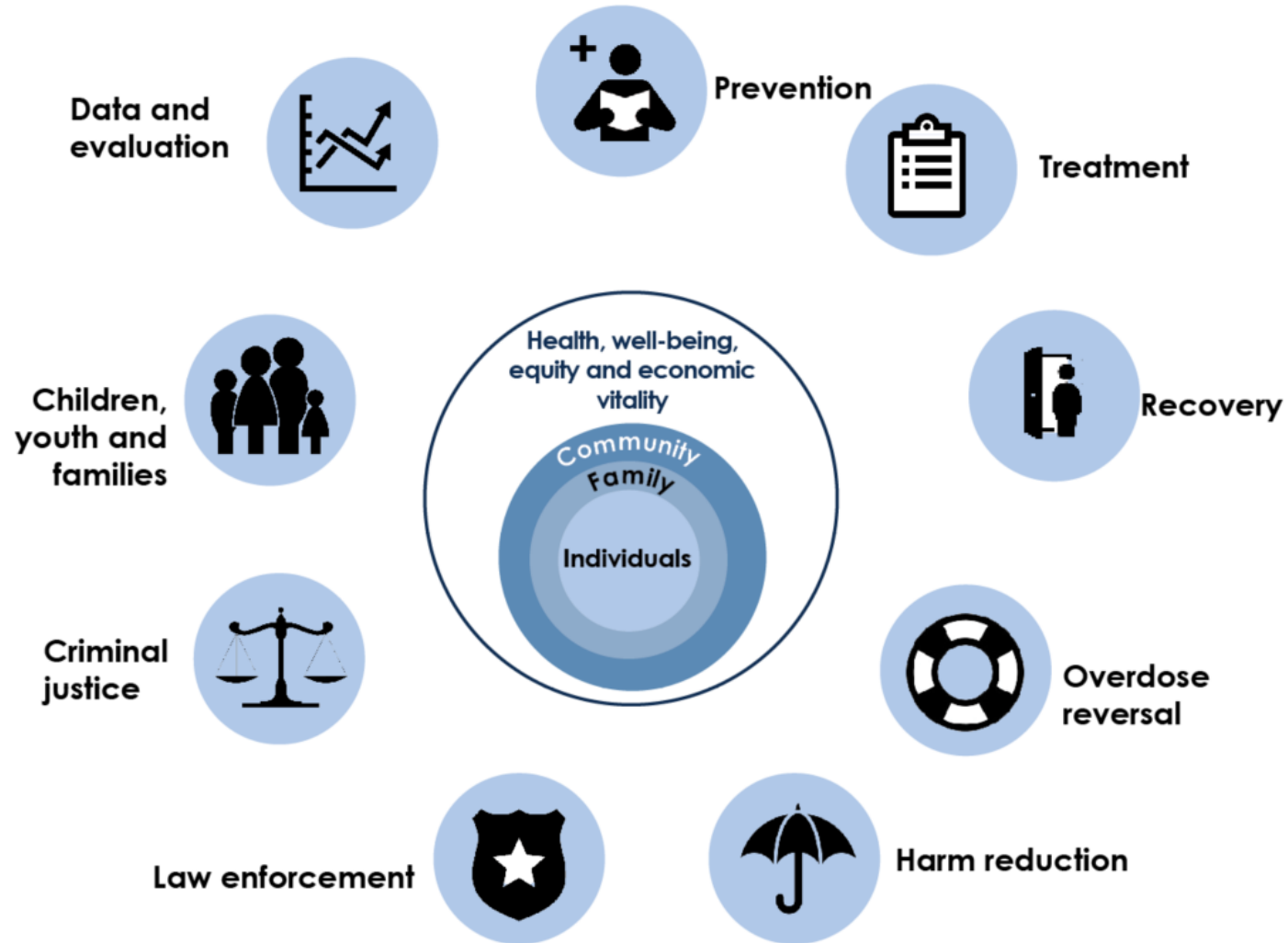Download slides and resources from today's webinar on the event page at

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Taking action to strengthen Ohio's addiction response

NOVEMBER 16, 2021

Key elements of a comprehensive policy response to addiction

Addiction Evidence Project (2018-2020)

30
Opportunities for improvement

Opportunities for Ohio to address gaps in the policy response to addiction in both the public and private sector

463
Policies listed in the inventories

Inventories of policy changes enacted in Ohio from 2013 to 2019, including legislation, rules/regulations and state agency initiatives, programs, system changes and guidelines

255
Evidence-Informed resources

Online hubs for credible evidence on what works to address addiction

HPIO **Addiction** Project

December 2017 — **Addiction overview and project description**

April 2018 — **Prevention, treatment and recovery**

November 2018 — **Overdose reversal and other forms of harm reduction**

November 2019 — **Law enforcement and the criminal justice system**

November 2020 — **Children, youth and families**

September 2021 — **Taking action to strengthen Ohio's addiction response**

September 2021 — **Fact sheet: Insights on addiction and race**

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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.
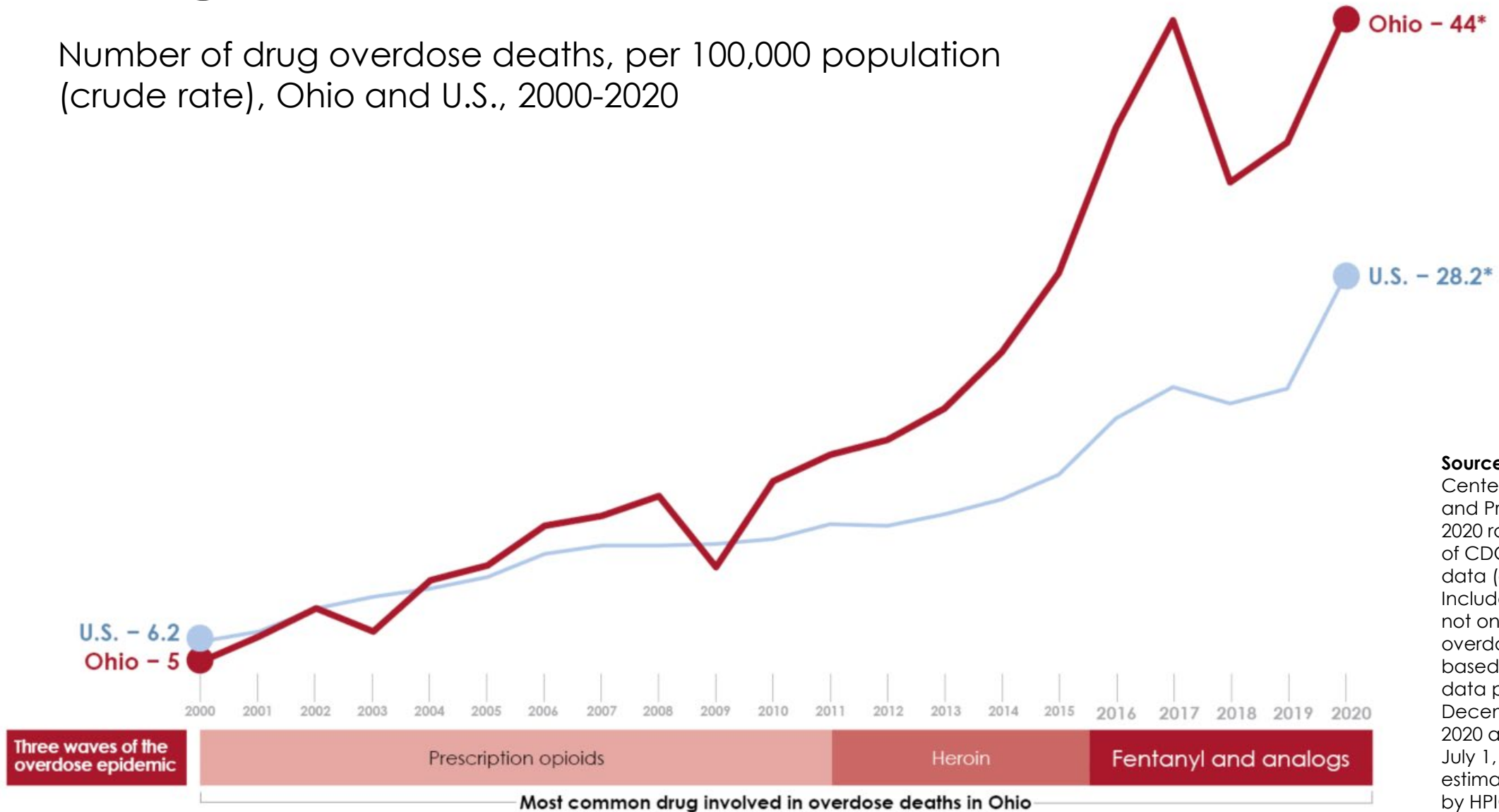
Key findings

1. Ohio has a strong foundation for future action
2. More can be done to prevent overdoses
3. Criminal justice reform is critical to progress
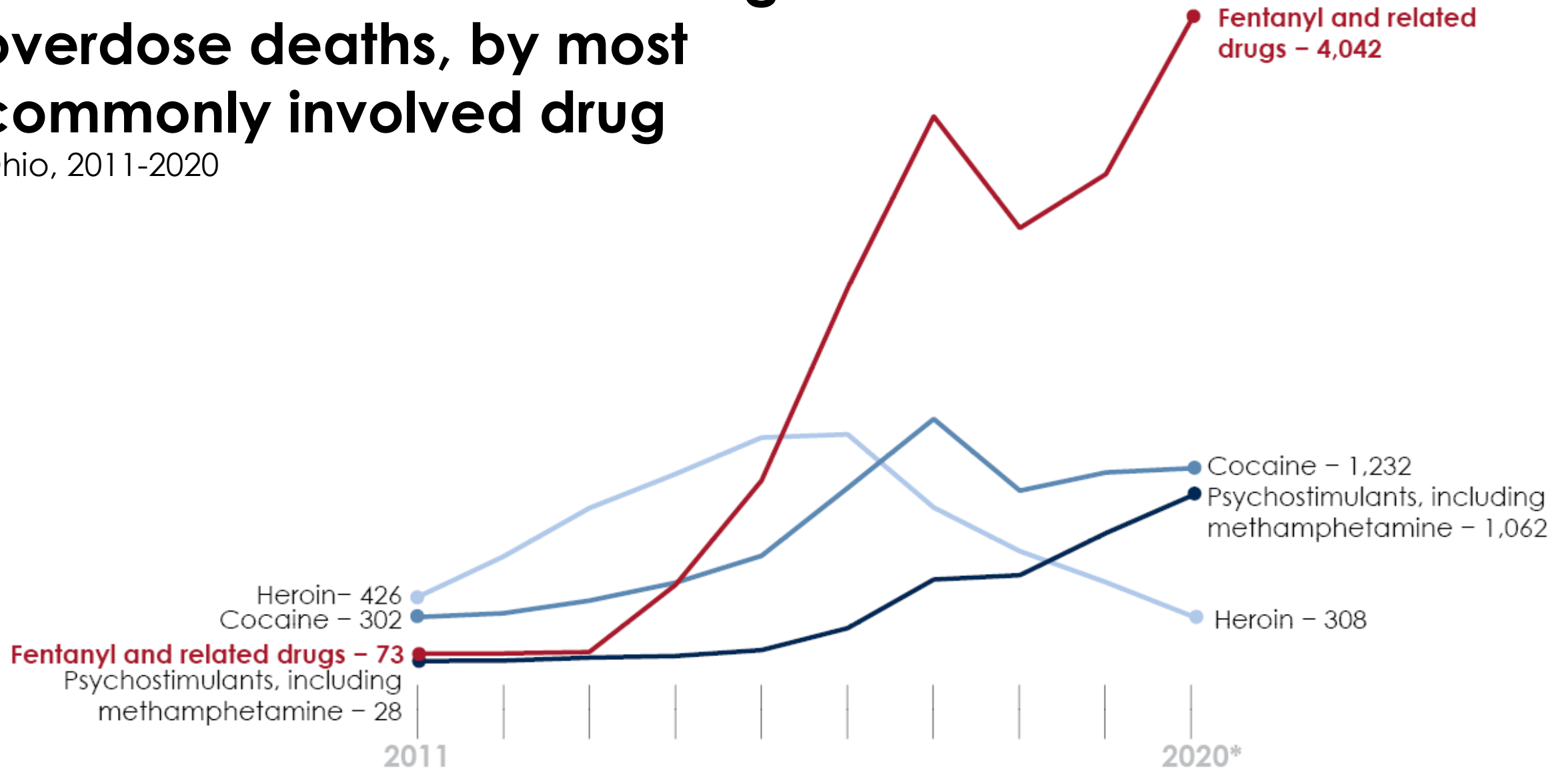
14

Where are we now?

Drug overdose death rate

Number of drug overdose deaths, per 100,000 population
(crude rate), Ohio and U.S., 2000-2020

Ohio – 44*

U.S. – 28.2*

U.S. – 6.2

Ohio – 5

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

Three waves of the overdose epidemic

Prescription opioids

Heroin

Fentanyl and analogs

— Most common drug involved in overdose deaths in Ohio —

Source: 2000-2019 rates from Centers for Disease Control and Prevention, WONDER. 2020 rate from HPIO analysis of CDC and Census Bureau data (as described above). Includes all overdose deaths, not only unintentional overdose deaths. *2020 rate is based on provisional deaths data provided by CDC for December 2019 - November 2020 and U.S. Census Bureau July 1, 2020 Population estimates. Additional analysis by HPIO.

Number of unintentional drug overdose deaths, by most commonly involved drug

Ohio, 2011-2020

Fentanyl and related drugs − 4,042

Cocaine − 1,232

Psychostimulants, including methamphetamine − 1,062

Heroin− 426
Cocaine − 302

Heroin − 308

Fentanyl and related drugs − 73
Psychostimulants, including methamphetamine − 28

2011

2020*

Drug crime arrest rate per 100,000 population
Ohio, 2011-2020
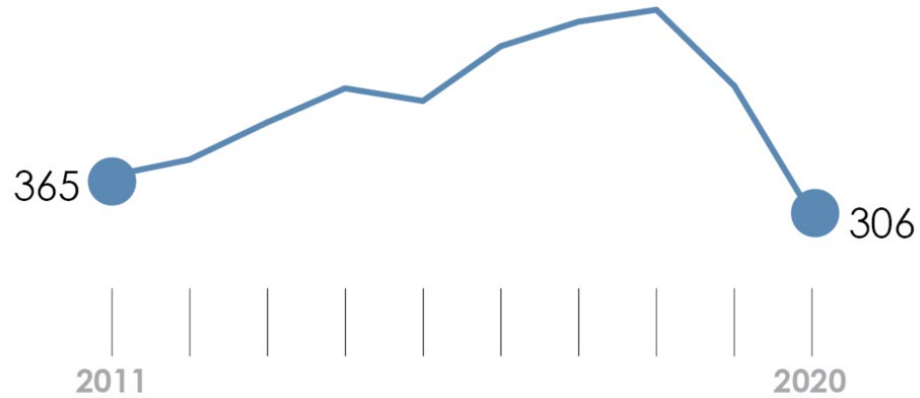
365

306

2011

2020

Number of children removed from home due to parental substance use/abuse
Ohio, 2011-2020
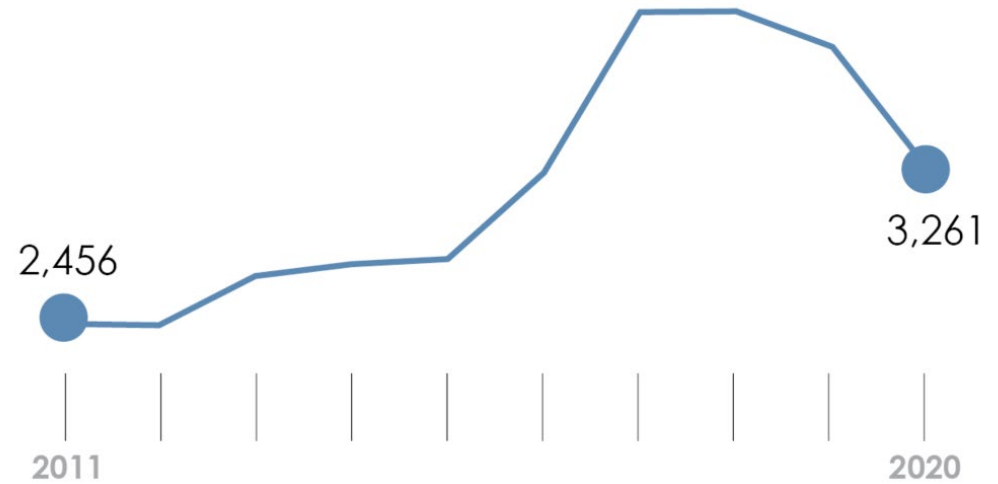
2,456

3,261

2011

2020

Strengths, gaps and challenges

Strengths

- Robust policy leadership and priorities
- Impactful cross-sector partnerships
- Improved addiction treatment access
- Strong focus on overdose reversal
- Support for Ohioans through criminal justice and family-focused programs

"**Four years ago, it was a 6-8 week wait for a methadone clinic admission, and now it seems like people have access to [MAT] within 24-72 hours.**"

– Ohio treatment client

"**Before they just locked everyone up, now you see them sending people to treatment more and more, which is good because jail doesn't solve addiction.**"

– Ohio treatment client

Quote source: Ohio Department of Mental Health and Addiction Services (OhioMHAS) (2020) (OSAM TRI report)

Retail distribution of methadone and buprenorphine in Ohio

2006-2020

Total grams

Methadone 375,018

338,464

266,086

8,880

Buprenorphine

2006   2020
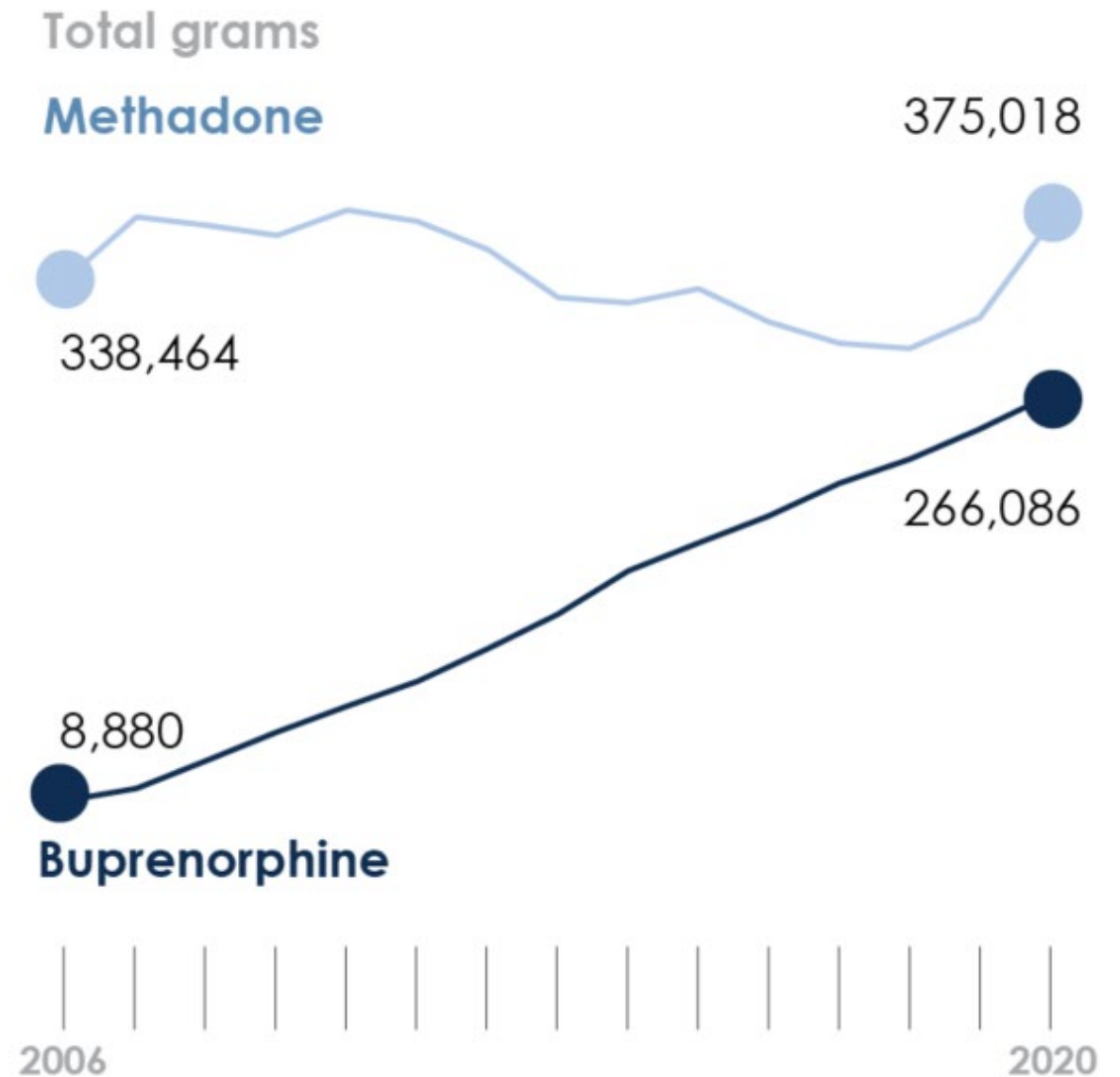
Note: Number of grams reflects dosing, not number of individual patients.
Source: Automation of Reports and Consolidated Orders System, U.S. Drug Enforcement Agency, accessed Aug. 13, 2021.

"Since everyone is finding out about [naloxone], there have been less deaths. There are kids today who know how to use [naloxone] … [to prevent] losing their parents to overdose; I think it's a good thing … [naloxone] is helping to save lives."

– Ohio treatment client

Project DAWN naloxone distribution and number of known overdose reversals in Ohio

2014-2020

Number of known reversals

90,336 — 15,674

47,039

24,905

19,147

10,765

5,428

2,894

190

2014 2015 2016 2017 2018 2019 2020

Number of kits distributed (2 doses/kit)
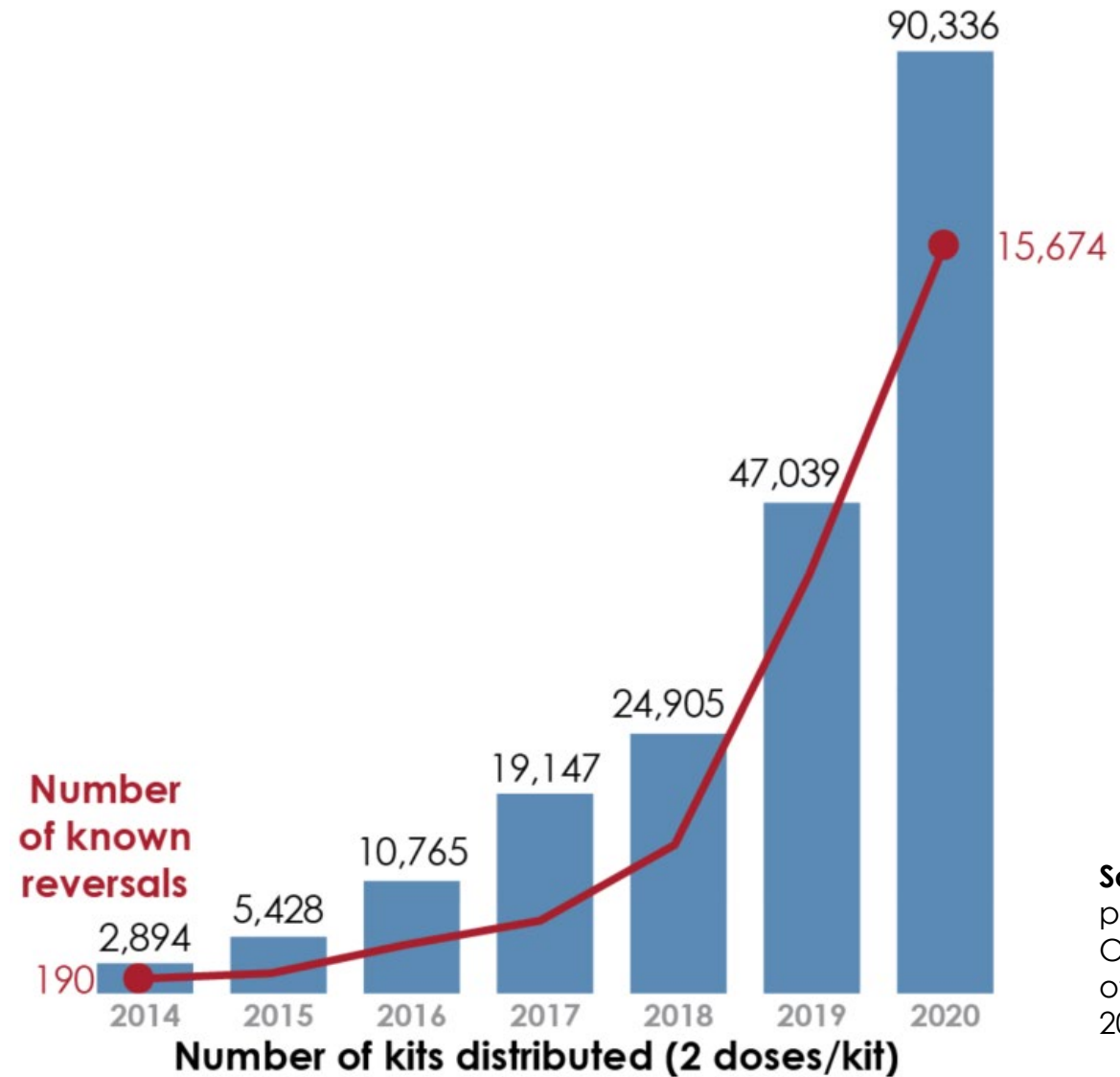
Source: Data provided by the Ohio Department of Health, Aug. 6, 2021.

Gaps and challenges

- Uneven access to naloxone and other forms of harm reduction
- Increasingly deadly drug supply
- Criminal justice system policies and practices that hinder recovery and equity
- Unmet needs for children at risk of trauma
- Inadequate behavioral health treatment and recovery system capacity and workforce
- Lack of data and evaluation

"It's like Russian Roulette… you don't know what you are getting"
– Ohio community treatment provider

Quote source: OhioMHAS. (2020) (OSAM TRI report)

"When I got out of treatment, I was homeless…. I had to go back to the [homeless shelter] …

it's hard not to relapse when all of the things (drugs, triggers to use) are around me."

– Ohio treatment client

Quote source: OhioMHAS (2019) (OSAM TRI report)

Policy goals and recommendations

How did we prioritize?

- Advisory Group input
- Equity
- State policy change relevance
- Cost effectiveness
- Momentum and alignment
- Realistic (political and logistical feasibility)
- Unique role for HPIO

30

Policy goals and 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

Save lives by ending fentanyl overdose

- Remove all barriers to overdose reversal
- Increase drug checking, such as rapid fentanyl testing
- Decrease lethality of the drug supply

SAVES. SYRINGE ACCESS SAVES. ENDING STIGMA
SAVES. COMMUNITY DISTRIBUTION SAVES. ENDING THE WAR ON DRUGS
SAVES. LOVING PEOPLE WHO USE DRUGS SAVES. NALOXONE
HARM REDUCTION SAVES. ENDING STIGMA SAVES.

NALOXONE
SAVES TOUR.

A JUSTICE MOVEMENT THAT HEALS.

In honor of International Overdose Awareness Day, we are embarking on a Ohio tour of a worship service called Naloxone Saves. This Christian service celebrates the power of resurrection by training people to recognize and respond to an opiate overdose and supporting the community distribution of naloxone. Everyone in attendance will leave with a free naloxone kit. Naloxone can reverse an opiate overdose. It has the power to save lives.

OUR COMMUNITIES KNOW IT BEST

#NaloxoneSaves

CLEVELAND, OH | AUGUST 25 AT 10 A.M.
AMISTAD CHAPEL UNITED CHURCH OF CHRIST
700 Prospect Ave E, Cleveland, OH 44115

lcome! We warmly invite people who use drugs and their loved ones to
judgmental, service. You do not need to be Christian,

Fentanyl test strips

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

NOW HIRING
APPLY WITHIN

Continue to strengthen Ohio's prevention-treatment-recovery continuum

- Invest opiate 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

Ohio reaches $808 million settlement with opioid distributors

Ohio, drug distributors finalize $808 million opioid settlement

Opioid distributors sign $808M settlement with Ohio

Ohio reaches settlement agreement with opioid distributors, says state Attorney General Dave Yost

Delivering Behavioral Health Services Via Telehealth

OhioMHAS Certified Community Behavioral Health Centers (CBHCs)

April 1, 2020
April 2, 2020

Ohio | Department of Medicaid

Ohio | Department of Mental and Addiction Services

List 2: Services NEWLY Available via Telehealth

Service	Code	Service	Code	Service	Code	Service	Code	Service	Code
Psychotherapy for Crisis	90839 90840 90832 KX	Individual Therapeutic Behavioral Services	H2019	MH LPN Nursing	H2017	Screening, Brief Intervention and Referral to Treatment	G0396 G0397	Assertive Community Treatment	H0040
				MH RN Nursing	H2019				
		Psychosocial Rehabilitation	H2017	SUD LPN Nursing	T1003			Intensive Home-Based Treatment	H2015
				SUD RN Nursing	T1002				

Service	Code	Service	Code	Service	Code	Service	Code	Service*	Code
SUD Peer Recovery Support	H0038	SUD Intensive Outpatient & Partial Hospitalization	H0015	SUD Residential Treatment	H2034 H2036	Specialized Recovery Services	H2023 H2025 T1016	Therapeutic Behavioral Services Group – Hourly	H2012
								Therapeutic Behavioral Services Group – Per Diem	H2020

Added per Mar. 31st MITS Bits

55

Equity

Factors driving disparities

- **Racism and the criminal justice system**
- **Childhood adversity and trauma**
- **Economic opportunity**
- **Stigma**
- **Access to harm reduction, treatment and recovery**

Downstream harms

- **Incarceration**
- **Hepatitis C**
- **Overdose deaths**

HPIO Addiction Evidence Project

Health **Policy** Fact Sheet

Taking action to strengthen Ohio's addiction response

Insights on addiction and race

Ohio has taken many steps to prevent addiction and improve treatment access for people with substance use disorder (see a summary of Ohio's strengths on page 3 of Taking Action to Strengthen Ohio's Addiction Response). However, addiction remains a concern across the state, affecting people from every community and inequitably impacting Ohioans of color. Unjustly punitive and unfair policies, practices and beliefs about addiction have led to large racial and ethnic differences in addiction-related outcomes and have made it more difficult for Ohioans of color to begin and sustain recovery.

This fact sheet provides data and information on differences in addiction outcomes by race, and the factors that drive those differences, with a focus on Black Ohioans. (And while other Ohioans of color may also be disparately impacted by unjustly punitive and unfair policies, practices and beliefs, a lack of data prevents these differences from being fully explored.) This fact sheet also presents opportunities to improve outcomes through criminal justice reform, supports for child health and well-being and better access to addiction treatment.

What factors drive differences in addiction outcomes by race?

There are many factors that drive differences in outcomes by race, including:

Racism and the criminal justice system

Historical and modern-day criminal justice policies continue to negatively and disproportionately impact people of color.[1] The War on Drugs, a "tough on crime" approach to drug policy, started in the 1960s and focused on incarceration as the solution to drug use and addiction. For example, harsher drug sentencing laws led to longer prison sentences for people convicted of drug possession, use or sale. Enforcement of these laws has been centered on urban areas, low-income communities and communities of color.[2] Although there has been interest among Ohio policymakers in re-classifying non-violent drug possession offenses from felonies to misdemeanors, recent efforts have been unsuccessful.[3]

Beyond drug sentencing, racial biases in overall criminal justice policies and practices lead to poor outcomes for people of color. Research finds that Black people are more likely to be stopped by the police, detained pretrial, charged with more serious crimes and sentenced more harshly than white people.[4] Not only do these biases lead to disproportionate incarceration for Black Ohioans (in 2020, Black Ohioans were 5.4 times more likely to be incarcerated than white Ohioans[5]), but formerly incarcerated people experience greater barriers to addiction treatment and recovery once they return to the community.[6]

In 2020...

Black Ohioans were **5.4 times more likely to be incarcerated** than white Ohioans

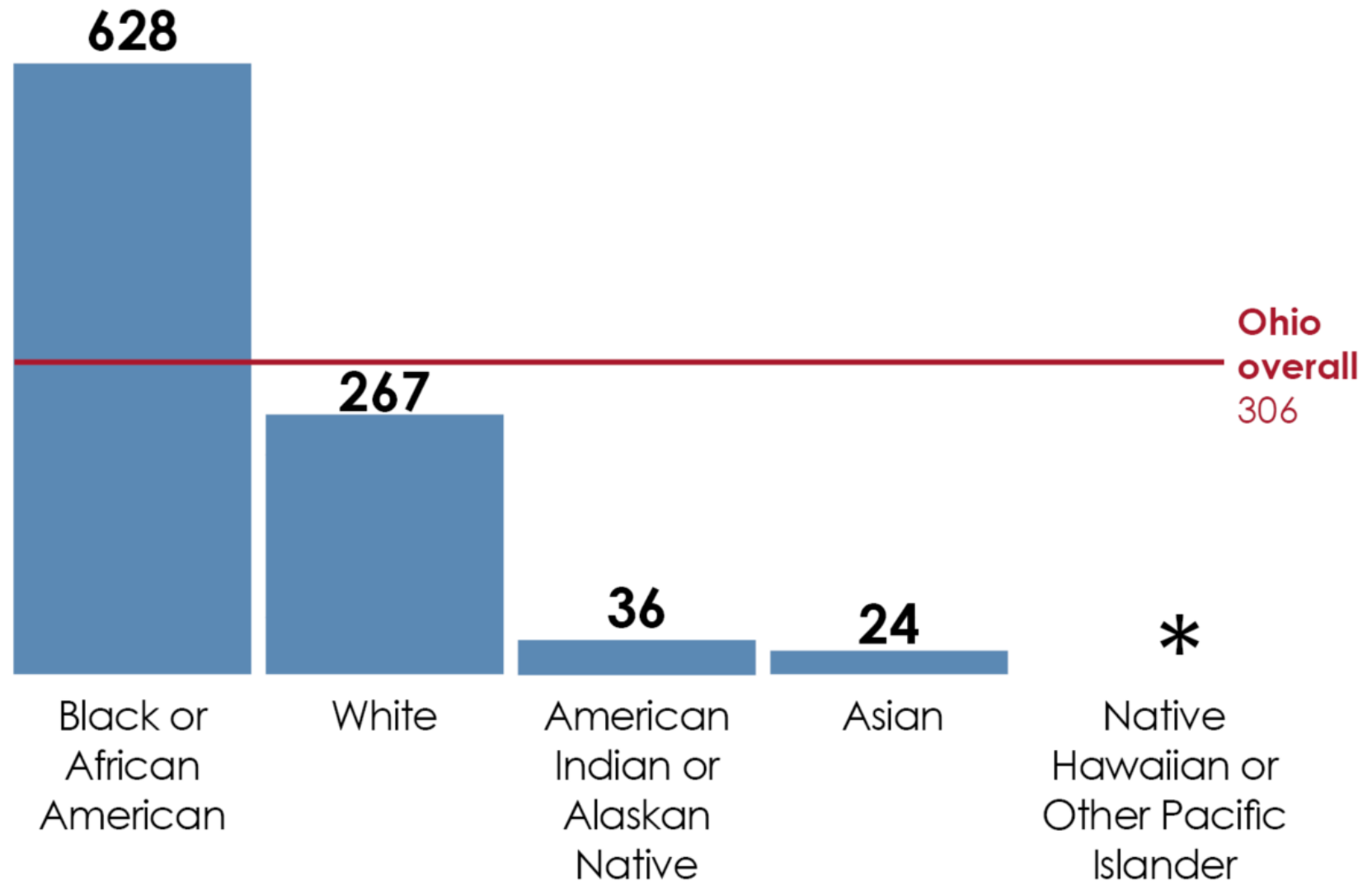Black children were **1.8 times more likely to experience an ACE** than white children

Key drivers of addiction disparities for Black Ohioans

1. Racism and the criminal justice system
2. Childhood adversity and trauma
3. Access to harm reduction, treatment and recovery services

44

Drug crime arrest rate, by race

per 100,000 population, Ohio, 2020

628 — Black or African American
267 — White
36 — American Indian or Alaskan Native
24 — Asian
* — Native Hawaiian or Other Pacific Islander

Ohio overall 306

*Suppressed due to arrest count <10.
Note: Population counts for each race group estimated based on the percent of the population in law enforcement jurisdictions that report to the Ohio Incident-Based Reporting System.
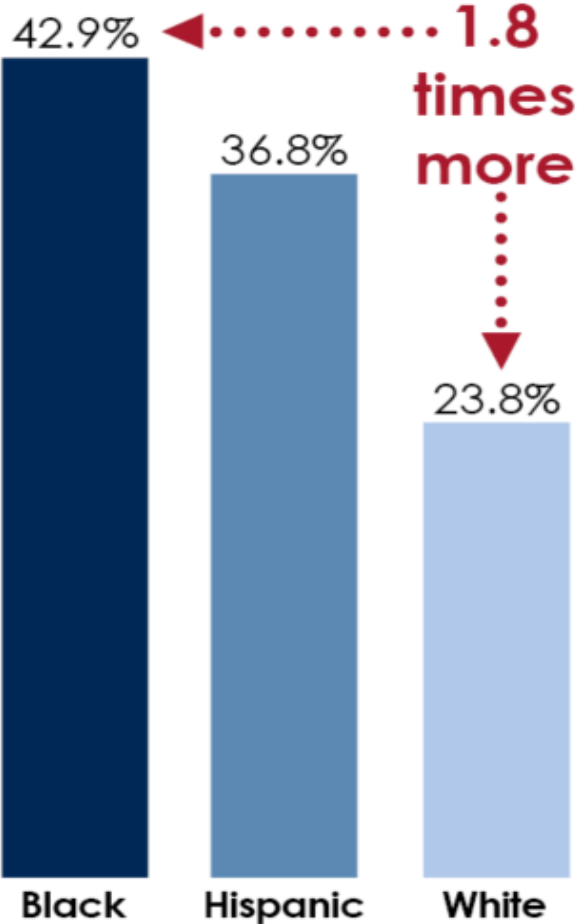**Source:** HPIO analysis of data from the Ohio Incident-Based Reporting System provided by the Ohio Department of Public Safety. 2019 population estimates from the U.S. Census Bureau.

Adverse childhood experiences

Percent of children who experienced two or more ACEs

Ohio, 2016-2019

By race/ethnicity

42.9%

36.8%

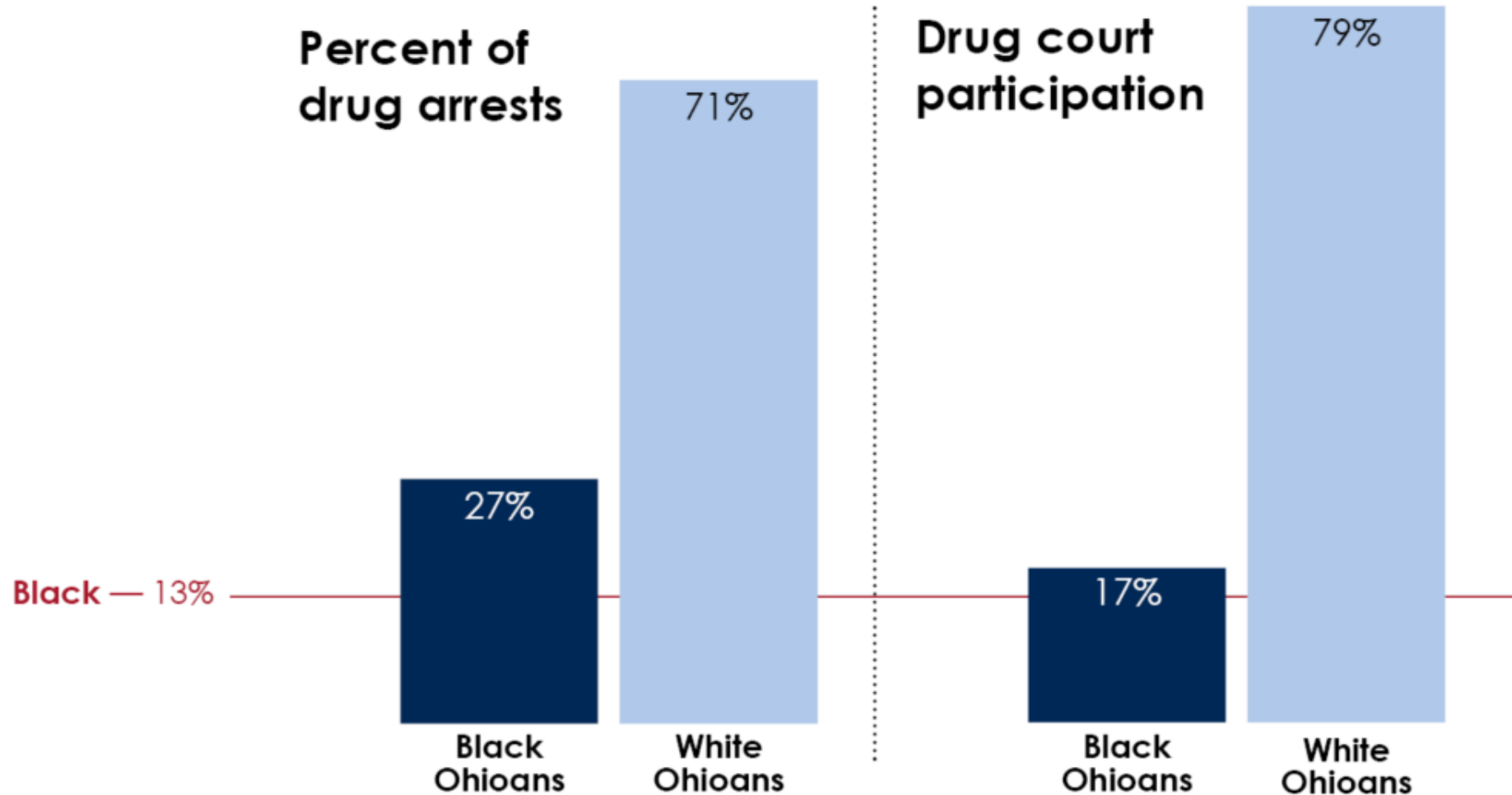23.8%

1.8 times more

Black   Hispanic   White

Source: Health Policy Institute of Ohio, 2021 *Health Value Dashboard*

Drug arrests compared to drug court participation, by race

Compared to Ohio's population, by race, 2020

Overall percent of Ohio population

White — 82%

Black — 13%

Percent of drug arrests

Black Ohioans 27%
White Ohioans 71%

Drug court participation

Black Ohioans 17%
White Ohioans 79%

Drug arrest source: Data provided by the Ohio Department of Public Safety. Drug arrests by race spreadsheet. Provided August 13, 2021. **Drug court source:** Health Policy Institute of Ohio. "Connections between Criminal Justice and Health," June 2021

Unintentional drug overdose death rate (age-adjusted)

By race/ethnicity, per 100,000 population, Ohio, 2010-2019

Black, non-Hispanic – 42.9
White, non-Hispanic – 37.7
Overall – 36.4

Hispanic – 24.3

White, non-Hispanic – 15
Overall – 13.7
Black, non-Hispanic – 9.9
Hispanic – 7.7

2010 2011 2012 2013 2014 2015 2016 2017 2018 2019
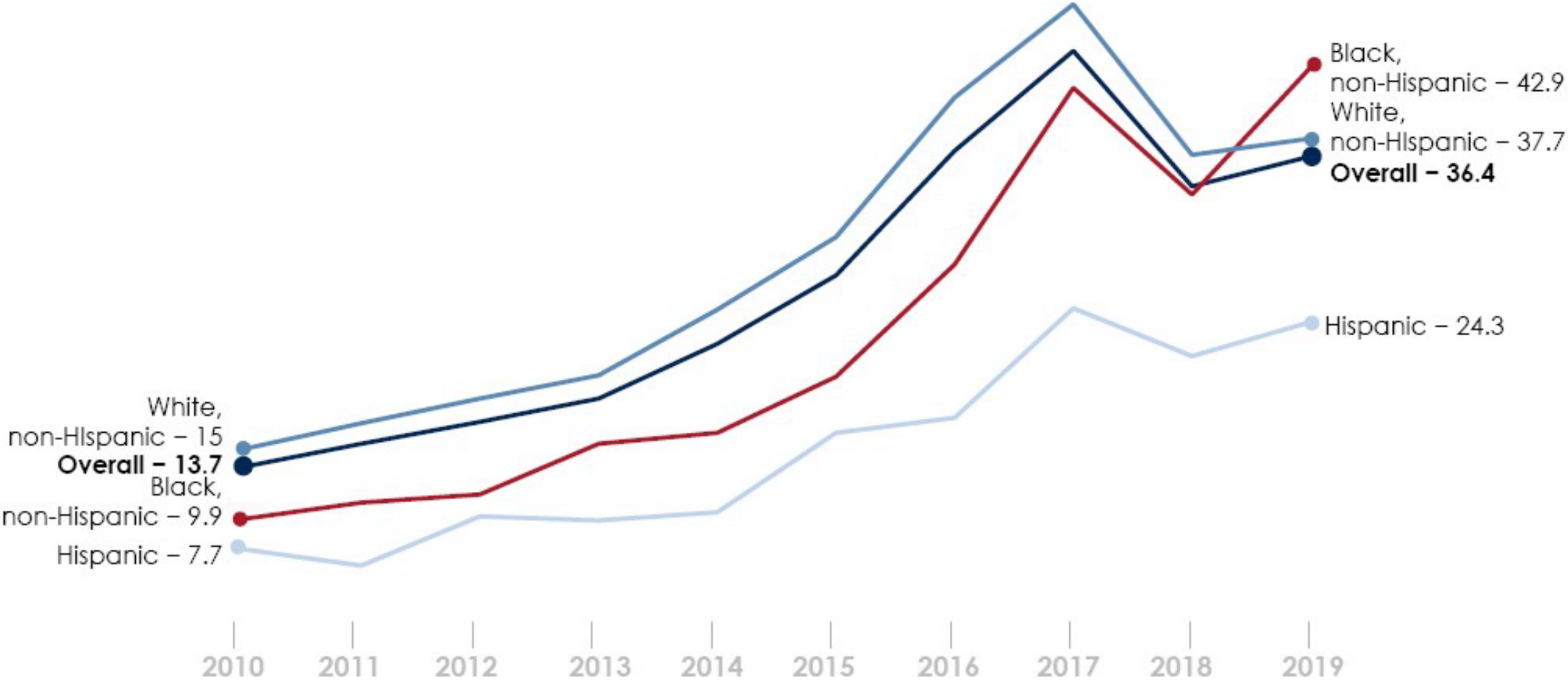
Source: Ohio Department of Health, Ohio Public Health Information Warehouse. Accessed May 20, 2021.

Opportunities for improvement

1. Reform and revise criminal justice policies to support addiction recovery
2. Reduce childhood adversity and trauma
3. Increase access to treatment and harm reduction services

HPIO
Addiction
Evidence
Project

Health **Policy** Fact Sheet

## Taking action to strengthen Ohio's addiction response

Insights on addiction and geography

Every Ohioan should have access to the services and supports needed to prevent and overcome addiction. Ohio has made an effort to treat substance use disorder as a chronic disease and increase access to treatment services. However, addiction-related harms remain a concern across the state and there are clear regional disparities in economic conditions and access to life-saving services that exacerbate those harms. Going forward, Ohio can do more to ensure that where someone lives does not increase the likelihood they will die of a drug overdose.

This fact sheet presents information about differences in downstream addiction-related harms, and the factors driving those differences, across Ohio communities based on:
- **Region**: Southwest, southeast, northwest, northeast and central[1]
- **County type**: Appalachian, metropolitan, suburban and rural, non-Appalachian[2]

Ohio regions and county types

- Appalachian
- Metropolitan
- Suburban
- Rural, non-Appalachian
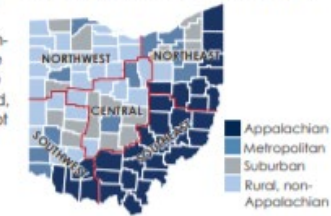
What factors drive differences in addiction by region?
There are many factors that drive differences in outcomes by region, including:
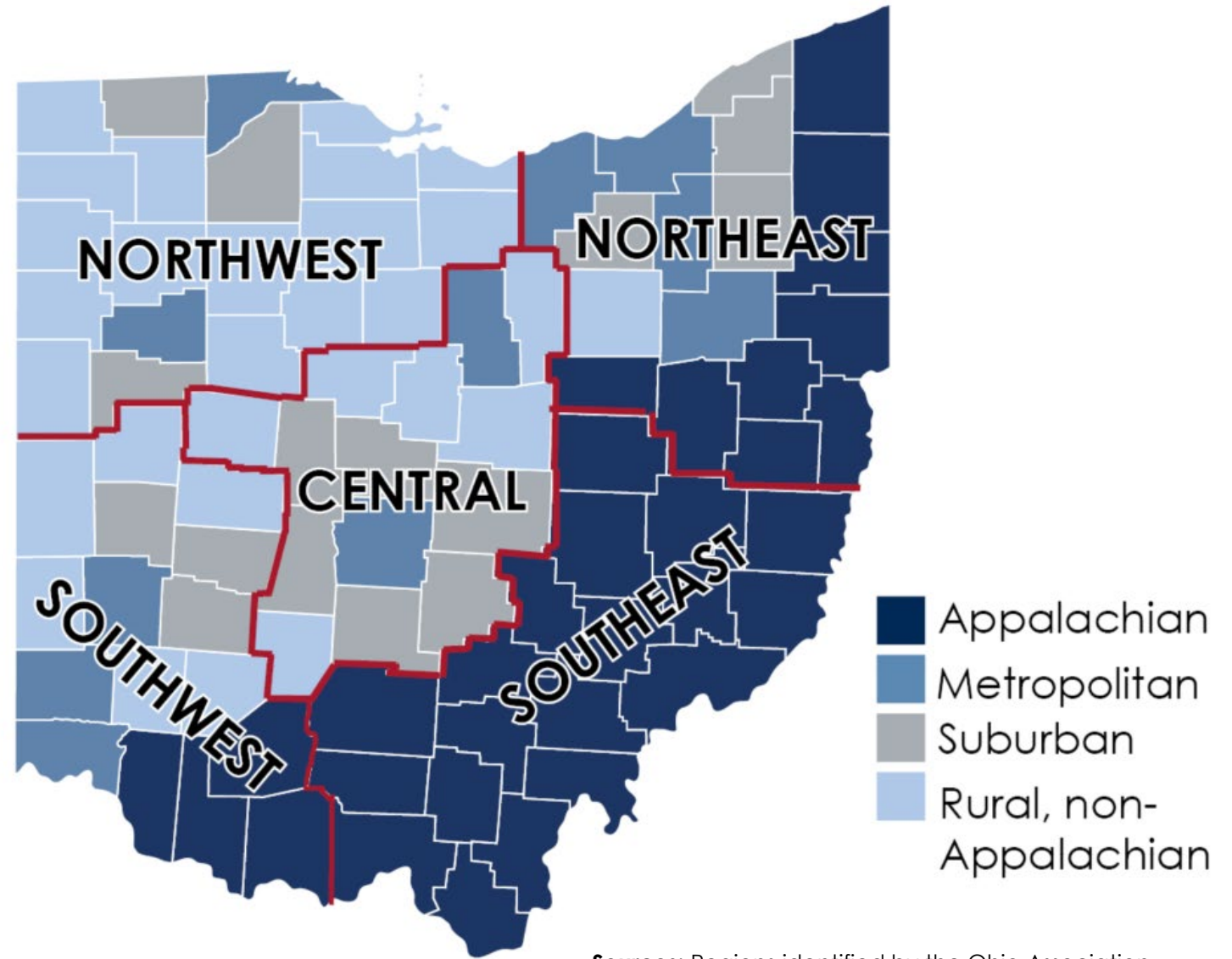
Economic opportunity

Economically vibrant communities generally have better health outcomes.[3] Challenges related to poverty, job loss, wages and transportation may therefore contribute to higher rates of overdose death and other addiction-related harms in communities with less economic opportunity. While overdose death rates for different income levels are not available, large disparities by education level — closely related to income — indicate that lack of economic and educational opportunity contribute to higher overdose death rates in Appalachian and urban communities. On average, Appalachian counties have the lowest percentage of residents with at least a high school diploma or equivalent.[4]

In 2018-2019, urban school districts had the lowest 4-year high school graduation rates.[5] Given that the overdose death rate is 15 times higher for Ohioans with less than a high school degree compared to those with a bachelor's degree[6], strengthening educational opportunities and pathways to employment in these communities would likely improve health.

In addition, housing stability is critical for recovery.[7] Housing affordability is a significant challenge in Appalachian and urban communities. On average, 13% of households in metropolitan counties and 11% of households in Appalachian counties spend more than 50% of their annual income on housing costs (rent, mortgage, utilities, etc.), which is higher than the average in suburban (9%) and rural, non-Appalachian (8%) counties.[8] Access to safe and affordable housing is necessary to support health in every Ohio community.

1

Ohio regions and county types

Appalachian
Metropolitan
Suburban
Rural, non-Appalachian

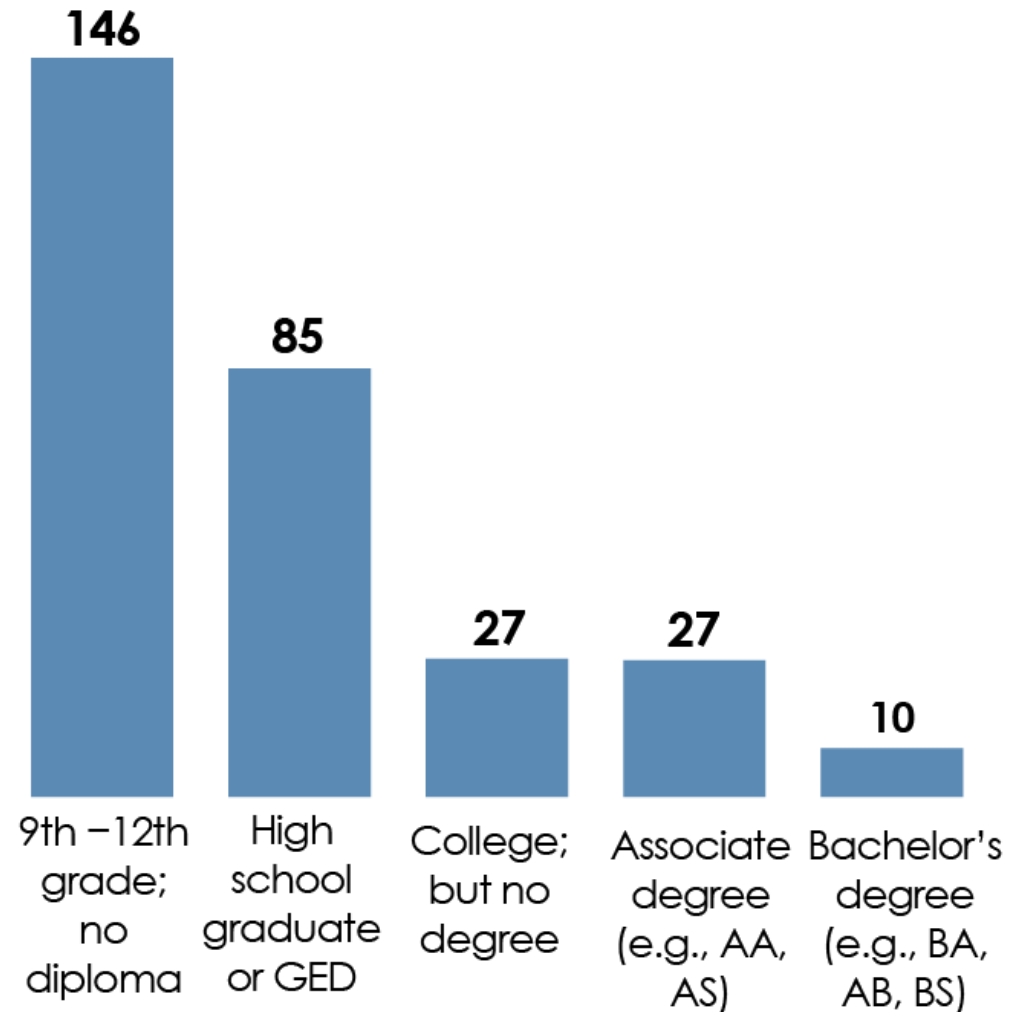# Key drivers of regional disparities

1. Economic opportunity
2. Stigma
3. Access to harm reduction, treatment and recovery services

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Overdose death rate by education level

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

146 — 9th –12th grade; no diploma
85 — High school graduate or GED
27 — College; but no degree
27 — Associate degree (e.g., AA, AS)
10 — Bachelor's degree (e.g., BA, AB, BS)

Stigma
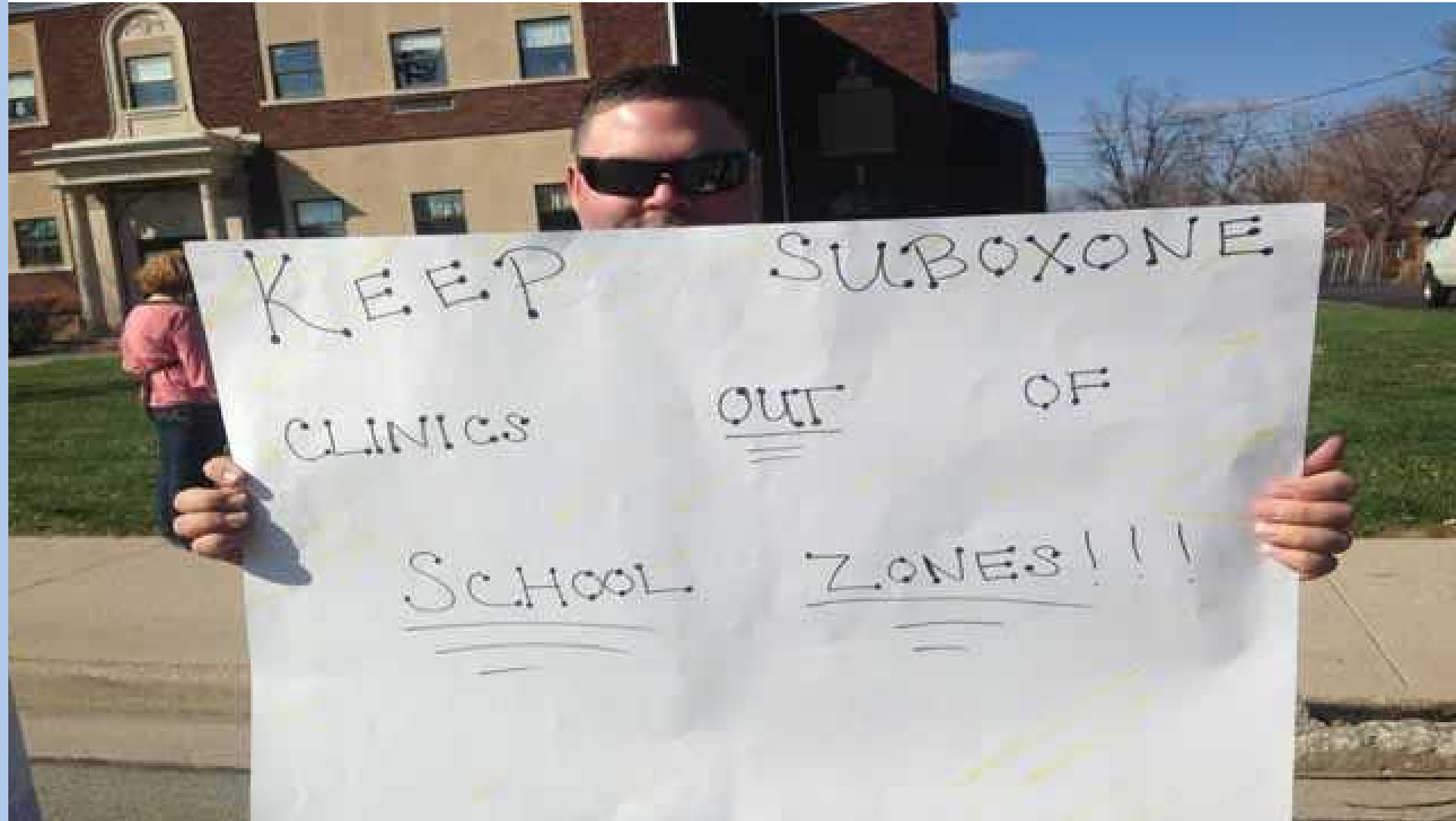
Figure 1. Total hepatitis C case rate, per 100,000 population, by county, Ohio, 2019

Top quartile (29.5 – 80.5)

Second quartile (81.4 – 112.8)

Third quartile (113.3 – 153.5)

Bottom quartile (153.7 – 450.1)

● = County with one or more syringe services programs

Note: County rates exclude cases diagnosed in state correctional facilities. Data includes all hepatitis C cases, "acute," "chronic," and "perinatal" in 2019.

Source: Hepatitis C data is from the Ohio Department of Health Hepatitis Surveillance Programs, reported as of Nov. 19, 2019. Syringe services programs location information from Harm Reduction Ohio, May 26, 2021.

Figure 2. **Average unintended overdose death rates, per 100,000 population, Ohio, by county type, 2007-2019**

Metropolitan – 43.1
Appalachian – 40.7
Rural* – 31.4
Suburban – 26.5

Appalachian – 16.8
Metropolitan – 12.4
Rural* – 12.4
Suburban – 10.1

2007 – 2010   2011 – 2013   2014 – 2016   2017 – 2019
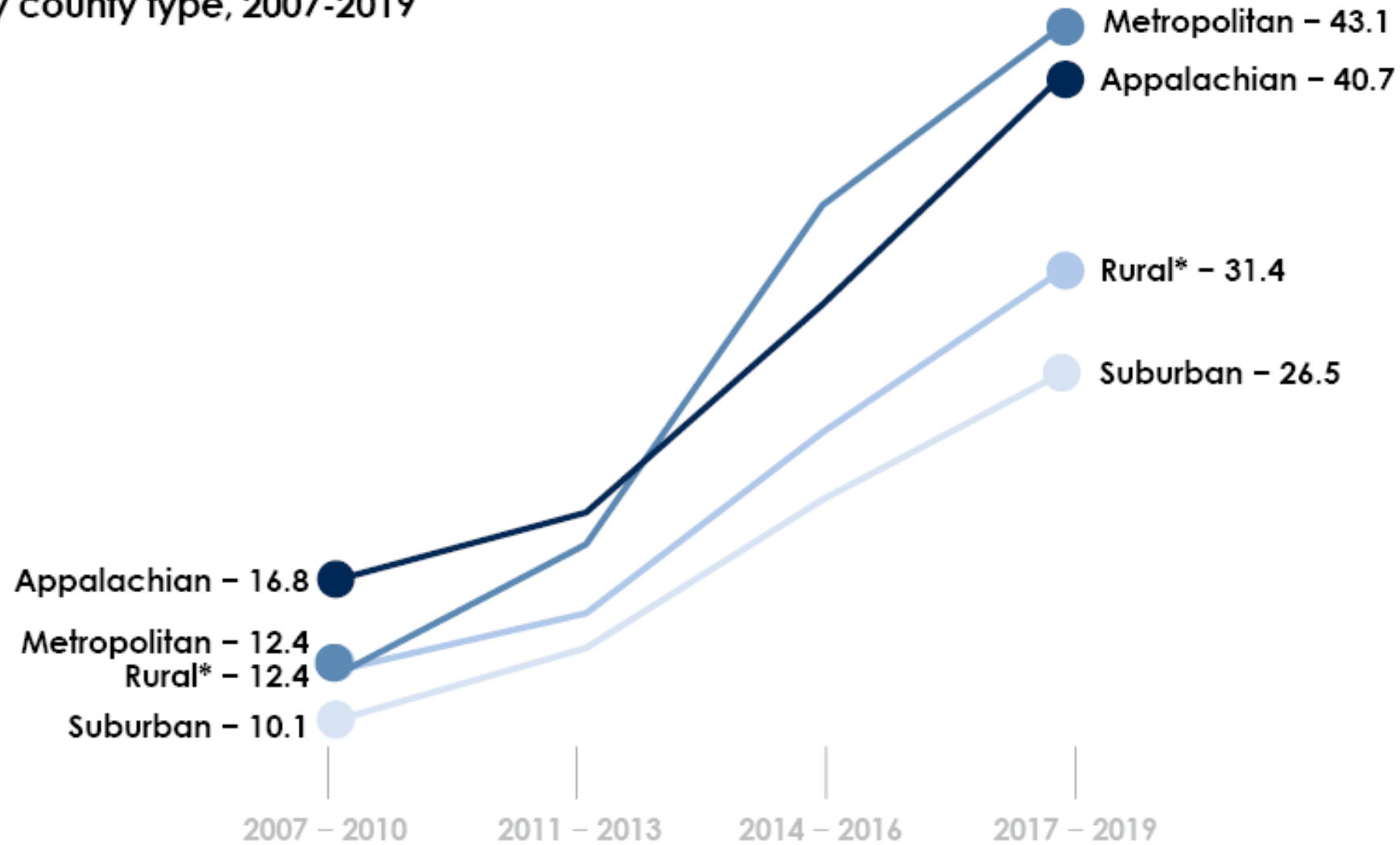
* Non-Appalachian
Source: HPIO analysis of data from the Ohio Public Health Data Warehouse accessed on 9/9/2021. Ohio resident specific cause of death, accidental poisoning by and exposure to drugs and other biological substances, average age-adjusted rate by county of residence.

Opportunities for improvement

1. Increase economic opportunity
2. Build upon community strengths to address stigma
3. Increase access to treatment and harm reduction services

How can we improve?

Common themes to advance equity:

- Reform criminal justice policies

- Reduce childhood adversity and trauma

- Increase economic opportunity

- Build upon community strengths to address stigma

- Increase access to treatment and harm reduction services

Ways to influence policy

- Write letters, emails or make phone calls
- Provide district specific data
- Provide analysis of a bill
- Provide testimony at a legislative hearing
- Provide a one-page fact sheet
- Organize community partners to visit key policymakers
- Invite policymakers to visits your organization or speak at a meeting you host

Policy change on the horizon

- House Bill 122: Telehealth expansion
- House Bill 328: Office of Drug Policy
- House Bill 456: Fentanyl test strips
- "Beat The Stigma" campaign
- OneOhio Plan: Opioid settlement funds

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October 2021 — **Fact sheet: Refocusing Ohio's approach to overdose deaths**

Questions?

Download all materials from the Addiction Evidence Project at:
www.hpio.net/tools/addiction-evidence-project/

POLL QUESTION

Download slides and resources from today's forum on the event page at

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