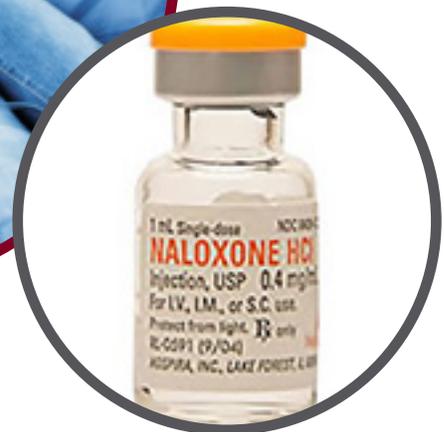




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John R. Kasich, Governor  
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# HEALTH RESOURCE TOOLKIT FOR ADDRESSING OPIOID ABUSE



Promoting Wellness and Recovery • [mha.ohio.gov/gcoat](http://mha.ohio.gov/gcoat)



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## 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;
- enacting Ohio's "Good Samaritan" provision that provides immunity from prosecution to those who seek emergency help for the victim of an 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(including prescription pills and heroin) by the State Highway Patrol);
- developing best practices for treating addicted mothers and addressing neonatal abstinence syndrome;
- developing web resources and marketing campaign at [stopoverdoses.ohio.gov](http://stopoverdoses.ohio.gov) to educate the public on how to access and administer naloxone;
- requiring school districts to provide education about prescription medication and opiate abuse; and
- consulting with the Centers for Disease Control and Prevention to enhance prescription drug monitoring programs and educate patients and health care professionals.

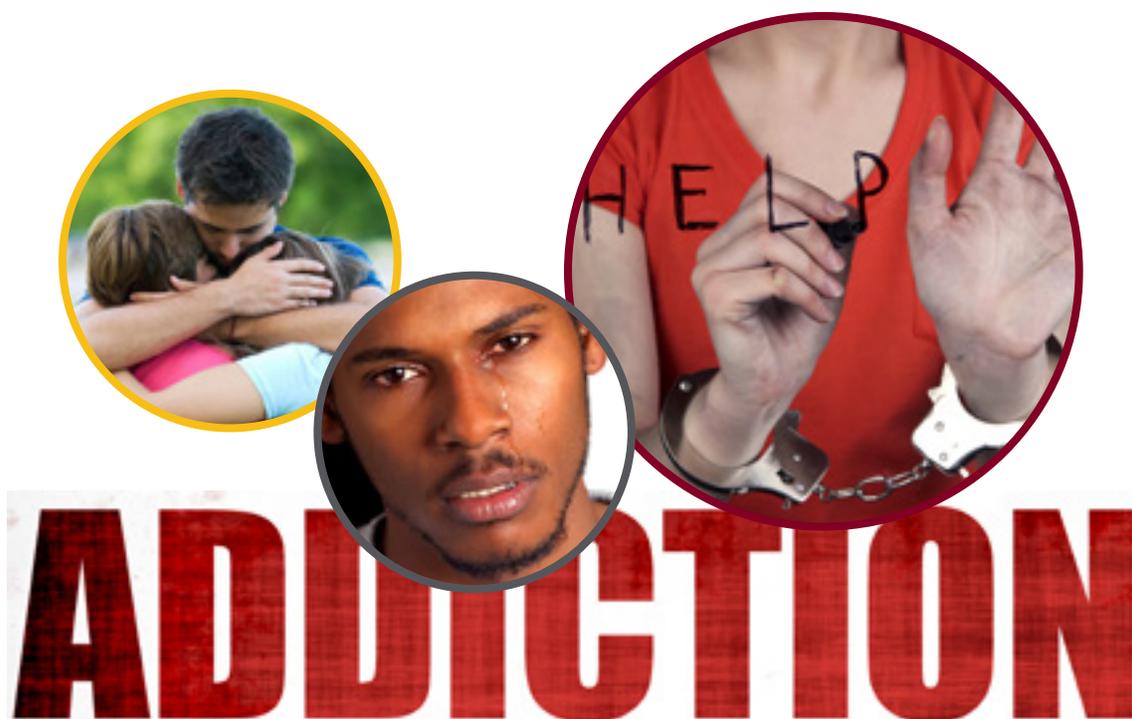
## THE SCOPE OF THE PROBLEM

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 members. During 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 have been climbing in Ohio, causing 3,050 deaths of Ohio residents in 2015. Opioids, which include heroin and prescription painkillers, were culpable in a significant majority of overdose deaths. Even more alarming is the rise in heroin additives such as fentanyl, which are even more potent and deadly.

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](http://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](http://www.odh.ohio.gov/healthstats/dataandstats.aspx)
- Ohio Department of Public Safety, Office of Criminal Justice Services: [ocjs.ohio.gov/resources\\_reports.stm](http://ocjs.ohio.gov/resources_reports.stm)



## BUILD YOUR TEAM TO TAKE ACTION

### Local teams should be broad-based and have effective leadership

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. 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 can inspire the team to think outside the box and collaborate. With collective resources and effective leadership, a coordinated, community-wide coalition can respond to issues, influence policy and effect long-term social change.

Coalitions must:

- Identify the gaps in services and develop plans to meet community needs;
- Act as a communication resource to ensure that information regarding advocacy, treatment, recovery and supports is accurate and available throughout the community;
- Construct a plan of action for significant or disturbing trends or incidents involving overdoses; and
- Develop innovative initiatives that can be sustained through grassroots funding and organization.

You are encouraged to be broad and creative in the composition of your local team.

#### Government

- Elected officials
- Sheriff and police chief
- Prosecutor
- Coroners and medical examiner
- Common pleas and municipal court judges
- Reentry coalition
- County Job and Family Services
- Children's Services
- Department of Youth Services and juvenile courts
- Jail administrators
- Community-Based Correctional Facilities; halfway houses
- Parole and probation professionals
- VA/Veteran's Service Commission (county level entity)
- Veterans Affairs

#### Treatment and Prevention

- Alcohol, Drug Addiction Services and Mental Health Services board
- Doctors, Social Workers and other Clinicians
- Health department
- Prevention coalitions

- Local federally qualified health center, free clinic, etc.
- Area hospital system
- Local Urban Minority Alcoholism Drug Abuse Outreach Program (UMADAOP)
- Local Treatment Accountability for Safer Communities (TASC) Program
- Pharmacists
- Local medical societies
- Parents, family members and people in recovery

#### Educators and Community

- School superintendents, principals, guidance counselors
- PTO/PTA presidents
- Universities/community colleges
- Churches, synagogues, mosques
- Local NAACP
- Urban League
- Business owners (or Chamber of Commerce)
- Local service clubs (Rotary, Kiwanis, etc.)
- Senior centers/Area Agencies on Aging

## PREVENT OVERDOSE DEATHS

Coalitions may want to consider the following efforts to prevent further 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 and participate in Project DAWN.**

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. If your coalition is interested in starting a Project DAWN site, contact the Ohio Department of Health at [HealthyOhio@odh.ohio.gov](mailto:HealthyOhio@odh.ohio.gov) or (614) 466-2144. 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](mailto:Cameron.McNamee@pharmacy.ohio.gov) or (614) 466-7322.

In 2015, Ohio enacted legislation that provides immunity to a physician, pharmacist or board of health acting in good faith in the furnishing of naloxone. Per the bill, 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. It 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. These provisions are important steps in expanding the availability of naloxone statewide and saving lives. To learn more, a guidance document that can be accessed at: [www.pharmacy.ohio.gov/naloxone](http://www.pharmacy.ohio.gov/naloxone)

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. This risk also exists for people who are leaving treatment programs. To address overdose in this at-risk population, distribution of naloxone kits to prison or jail inmates upon release and to people completing treatment is essential.

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

- [www.healthy.ohio.gov/vipp/drug/ProjectDAWN.aspx](http://www.healthy.ohio.gov/vipp/drug/ProjectDAWN.aspx)
- <http://www.odh.ohio.gov/odhprograms/naloxone/stopoverdoses>
- [www.drugs.com/naloxone.html](http://www.drugs.com/naloxone.html)
- [www.projectlazarus.org/](http://www.projectlazarus.org/)
- [www.maclearringhouse.org](http://www.maclearringhouse.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.

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](http://www.pharmacy.ohio.gov/takeback).

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

- [www.deadiversion.usdoj.gov/drug\\_disposal/](http://www.deadiversion.usdoj.gov/drug_disposal/)
- [www.healthy.ohio.gov/vipp/drug/p4pohio](http://www.healthy.ohio.gov/vipp/drug/p4pohio)
- [rxdrugdropbox.org/map-search/](http://rxdrugdropbox.org/map-search/)
- [www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm](http://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](http://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 three 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.

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.

The Ohio "Opioid Prescribing Guidelines for Treatment of Acute Pain Outside of Emergency Departments" encourages non-opioid therapies and pain medications – when appropriate – for the management of acute pain expected to resolve within 12 weeks. These guidelines also urge prescribers to check the Ohio Automated Rx Reporting System to see a patient's other prescriptions for controlled medications, to encourage clinicians to prescribe the minimum quantity of opioid pills needed, to discourage automatic refills of opioid prescriptions, to help reduce the number of leftover opioids that could be diverted or abused, and to recommend the reevaluation of patients prescribed opioids at certain checkpoints.

More information on these guidelines can be accessed at: [www.opioidprescribing.ohio.gov/](http://www.opioidprescribing.ohio.gov/).

## **ADOPT PROMISING PREVENTION PRACTICES**

### **Strategy 1: Start Talking!**

Start Talking! is an initiative of Governor John Kasich and First Lady Karen Kasich that encourages parents, guardians, educators, businesses and community leaders to start the right conversations about drugs. Free resources and more information is available at [starttalking.ohio.gov](http://starttalking.ohio.gov) or by contacting Sarah Smith, Start Talking! coordinator, [Sarah.Smith@starttalking.ohio.gov](mailto:Sarah.Smith@starttalking.ohio.gov).

### **Strategy 2: Generation Rx**

Since 2009, the College of Pharmacy at The Ohio State University and the Cardinal Health Foundation have partnered to provide open source educational materials that anyone can use to help prevent the misuse of prescription drugs. These ready-to-use resources are designed to provide everything you need to make a presentation or offer a program in your community, school or college. Access the materials at <http://www.generationrx.org/>.

### **Strategy 3: 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, contact the Drug-Free Action Alliance at [www.drugfreeactionalliance.org](http://www.drugfreeactionalliance.org). To find Strategic Prevention Framework tools, visit [mha.ohio.gov/Default.aspx?tabid=643](http://mha.ohio.gov/Default.aspx?tabid=643).

#### Strategy 4: 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](mailto:Jamoya.Cox@mha.ohio.gov) or visit [mha.ohio.gov/Default.aspx?tabid=769](http://mha.ohio.gov/Default.aspx?tabid=769).

## EXPAND AWARENESS OF TREATMENT/RECOVERY RESOURCES

### 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/](http://benefits.ohio.gov/). To identify which services are covered by Medicaid, visit [medicaid.ohio.gov/FOROHIOANS/CoveredServices.aspx](http://medicaid.ohio.gov/FOROHIOANS/CoveredServices.aspx).

Communities are encouraged to direct those leaving incarceration in a jail or prison who have a substance use disorder to apply for benefits that can provide access to treatment. This would involve collaboration between law enforcement and the county Job and Family Services office.

## 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. 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.

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***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.***

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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](mailto:Jacqueline.Doodley@mha.ohio.gov) or (614) 752-6456.

## STRATEGY 4: Building teams for healthy moms and babies

By assisting pregnant women who are addicted to or in the early stages of recovery from opioids with appropriate prenatal care (that may include Medication-Assisted Treatment), communities may 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. Visit <http://momsOhio.org/> to learn more.

## 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. Ohio has expanded housing options for Ohioans seeking a fresh start in recovery from addiction. The state investment is 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](mailto:Alisia.Clark@mha.ohio.gov) or (614) 644-8428.

### **STRATEGY 6: 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.

The Ohio Department of Mental Health and Addiction Services provides funding for 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](mailto:specdocs@sc.ohio.gov) or visit: [www.supremecourt.ohio.gov/JCS/specDockets/](http://www.supremecourt.ohio.gov/JCS/specDockets/).

### **Strategy 7: 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>.

## **COMMUNITY CASE STUDY – WOOD COUNTY**

An effective coalition requires a clear organizational structure, members that can not only contribute ideas and insight but can also execute a work plan, and the development of strong leadership with a plan of succession. The Wood County Opiate Task Force (WCOTF) has exemplified these principals and built its approach around cross-system collaboration since 2015. The task force membership includes representatives from all Wood County court systems, treatment provider agencies, community members, individuals in recovery, educators, first responders (police and fire), representation from the Wood County Commission, and family members of a young man who died of an overdose.

WCOTF started by educating the community about opioids through town hall meetings held in churches and schools, or via social media outlets and podcasts. Family members of those already addicted to opioids, friends overwhelmed with the disease, and grandparents who are raising grandchildren as a result of their own children's addiction or death, came out to share stories, give support and to invoke a call to action.

As a result, a Medication Assisted Treatment program was started within the courts; Intensive Collaborative Adult Recovery and Empowerment (I-CARE) was designed to offer up to 40 hours of

outpatient services per week for those waiting for residential treatment availability; the 211 Recovery Helpline Service was implemented; and both Bowling Green State University and Wood County Hospital hosted a lecture series for faculty and employees to know the signs, symptoms and referral process for treatment of individuals diagnosed with the disease of addiction.

The work of the WCOTF continues through a social media page ([https://www.facebook.com/WCOTF/?ref=py\\_c](https://www.facebook.com/WCOTF/?ref=py_c)) that provides information and resources for people trying to access treatment, obtain naloxone, or learn about recent legislation such as HB110, the “Good Samaritan Law.”

## 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 Medication Assisted Treatment), 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 to support individuals receiving treatment.

The Lucas County Health Department trains primary responders 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.

## COMMUNITY CASE STUDY – SUMMIT COUNTY

Summit County 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, Alcohol, Drug Addiction and Mental Health Services Board staff and concerned citizens. Learn more at: [www.summitcountyopiatetaskforce.org](http://www.summitcountyopiatetaskforce.org).

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, such as ambulatory detox, were added for opioid-involved youth.

Alarmed by opioid-related overdose rates, the county added Project DAWN clinics funded through the Board and equipped law enforcement agencies with overdose reversal kits. Other new programs and interventions were launched, including Medication Assisted Treatment options, county jail treatment linkages for opioid-involved persons being returned to the community, crisis coordination in emergency rooms to screen individuals after a naloxone-involved overdose reversal and provide a treatment referral opportunity, and an increase in recovery housing.

Summit County has a rich history of supporting treatment of addictions, dating to the founding of Alcoholics Anonymous in Akron in the 1930s. 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.

## 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**, Director of Drug Abuse Awareness Outreach Initiatives, Office of the Attorney General, [Jennifer.Biddinger@ohioattorneygeneral.gov](mailto:Jennifer.Biddinger@ohioattorneygeneral.gov)
- **Andrea Boxill**, Deputy Director of the Governor's Cabinet Opiate Action Team, OhioMHAS, [Andrea.Boxill@mha.ohio.gov](mailto:Andrea.Boxill@mha.ohio.gov)
- **Alisia Clark**, Housing Policy and Resource Administrator, OhioMHAS, [Alisia.Clark@mha.ohio.gov](mailto:Alisia.Clark@mha.ohio.gov)
- **Chris Galli**, Chief of the Bureau of Community Sanctions, DRC, [Christopher.Galli@odrc.state.oh.us](mailto:Christopher.Galli@odrc.state.oh.us)
- **Kristin Gilbert**, Children's Justice Act Coordinator, JFS, [Kristin.Gilbert@jfs.ohio.gov](mailto:Kristin.Gilbert@jfs.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 and joined your Opioid Regional Alliance 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?

