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Testimony before the Senate Health and Human Services Committee

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Good afternoon Chair Jones, Vice-Chair Lehner, Ranking Member Tavares and members of the Senate Health and Human Services Committee. My name is Missy Craddock, Deputy Director for Public Affairs at the Ohio Department of Mental Health and Addiction Services. Today, I appreciate the opportunity to testify in support of Senate Bill 319, sponsored by Senator John Eklund. SB 319 is a Governor's Mid-Biennium Review bill designed to further our collective efforts to combat the opiate crisis.

Drug overdose deaths in Ohio reached an all-time high of 2,531 in 2014. Opiate-related deaths, which include both heroin and prescription painkillers, peaked at 2,020 deaths in 2014, up from 296 in 2003. With 503 fentanyl-related drug overdose deaths in Ohio in 2014, fentanyl was a significant contributor to the rise in drug overdose deaths. By comparison, in 2013 just 84 deaths involved fentanyl.

The Kasich Administration, along with our partners in the legislature, has made fighting opiates a priority. In 2011, early in his administration, the governor announced the establishment of the Governor's Cabinet Opiate Action Team (GCOAT) to fight opiate abuse in Ohio. GCOAT is comprised of directors from the multiple cabinet agencies that touch the opiate issue and is designed to foster collaborative efforts across public health, treatment, law enforcement, education, and other agencies in recognition that the problem is a complex one that needs attacked from many different angles. Together with our partners, we have successfully shut down pill mills, worked with the medical community to adopt prescribing guidelines for opiate medications, improved access to the life-saving overdose antidote naloxone, improved access to treatment through drug courts and in the state prisons, and placed an emphasis on preventing drug abuse before it starts in our youth through the Start Talking! program. Senate Bill 319 continues our efforts to move forward in several of these areas.

One of the challenges in tackling opiate addiction is the availability of treatment, specifically medication-assisted treatment. Some people travel hours on a daily basis to get a dose of methadone, a well-recognized and proven method of medication-assisted treatment. Methadone is a highly regulated substance, with oversight required by OhioMHAS, Board of Pharmacy, and the DEA. As a result, new providers have difficulty entering the market. In an effort to allow new methadone clinics to

open in the midst of an epidemic where additional treatment capacity is needed, Senate Bill 319 proposes allowing the director of OhioMHAS to issue a waiver to the current statutory requirement that a provider be certified in Ohio for two years prior to becoming a methadone clinic. This will allow new operations with experience in elsewhere to open for business, increasing the availability of treatment options while ensuring these new providers are able to provide a full array of treatment services.

Another type of medication-assisted treatment is Suboxone (or buprenorphine). Suboxone is a medication that can be part of an effective treatment plan for opiate dependence. Unfortunately, we have seen a handful of clinics open up that are operating on a cash basis in the prescribing of Suboxone. In some cases, these clinics may be leaving out the “treatment” part of medication-assisted treatment. In order to ensure Suboxone is appropriately prescribed and increase the success of this form of treatment, Senate Bill 319 proposes that facilities where prescribers treat 30 individuals or more will be subject to licensure by the Board of Pharmacy unless the facility is a licensed hospital or is already certified by OhioMHAS. We work closely with our partners at the Board of Pharmacy and believe they provide appropriate regulatory oversight and act quickly to stop bad actors.

Senate Bill 319 also proposes a slight change to the Addiction Treatment Program, which funds medication-assisted treatment through drug courts in Allen, Clinton, Crawford, Cuyahoga, Franklin, Gallia, Hamilton, Hardin, Hocking, Jackson, Marion, Mercer, Montgomery, Summit, and Warren counties. Currently, the temp law for this program requires funds to be used specifically for treatment. We have heard from several courts that they would like to be able to pay for other items that support a person’s recovery on a time-limited basis. An example might be an initial rent deposit for an apartment to ensure that a person in recovery has a safe roof over their head. These types of recovery supports are critical to a person’s sustained sobriety.

Senate Bill 319 also enhances access to the life-saving overdose antidote naloxone. The legislature has already taken steps to increase availability by granting appropriate immunity and making it available over the counter at a pharmacy through physician’s order. This bill would allow entities that intersect with individuals at risk of overdose, such as homeless shelters and community corrections, to be able to have naloxone on hand without licensure by the Board of Pharmacy. We know from our evaluation of the overdose deaths in Ohio that certain points of intersection, such as release from jail or prison or upon leaving a residential treatment center, are risk points for overdose. It is critical to have naloxone available at these risk points in order to save a life and encourage a person to enter treatment.

Additionally, OhioMHAS is working diligently with the Ohio Department of Health (ODH) to encourage the use of naloxone. We know that naloxone was administered 8,381 times by EMS in 2015, according to the Ohio Department of Public Safety. The state budget included \$500,000 annually for the dissemination of naloxone kits to first responders in communities across the state. For a variety of reasons, some first responders choose not to carry naloxone. In communities where this is not happening,

Senate Bill 319 would allow us to make these naloxone dollars available to Project DAWN programs run through local health departments. This is in line with a public awareness effort that ODH and OhioMHAS launched this week in 15 counties: Butler, Clark, Clermont, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Marion, Montgomery, Ross, Scioto, Stark, Summit and Warren. This campaign encourages family and friends to carry naloxone in the hopes of saving a life. These counties were chosen because they had the highest rates of death due to fentanyl in the 2014 overdose death data.

I thank you for your time and attention today. If you are interested in learning more about the state's efforts to combat the opiate crisis, I suggest visiting the GCOAT webpage at <http://mha.ohio.gov/gcoat>. I urge the passage of Senate Bill 319. I am open to any questions you may have at this time.