

Executive summary

In 2016, 4,050 Ohioans died because of unintentional drug overdoses, and preliminary 2017 data indicates that the number of deaths has continued to rise. The [overview and project description](#) for HPIO's Addiction Evidence Project provides additional information about drug trends and the factors driving this epidemic.

The 2017 Ohio Health Issues Poll found that 27 percent of Ohio adults had a family member or friend who had problems as a result of using prescription pain drugs and 23 percent knew someone who had problems with heroin.

The consequences of addiction are widespread. For example, the number of babies born with neonatal abstinence syndrome (NAS) increased 500 percent in the past ten years and thousands of children living in families struggling with addiction experience trauma. Employers report difficulty hiring drug-free workers, and researchers estimate that the opioid crisis cost Ohio \$3,385 per capita in healthcare and criminal justice spending and reduced worker productivity in 2015.

Public and private stakeholders have worked hard to understand and address the crisis. Policy changes advanced by the executive and legislative branches have led to implementation of many evidence-based programs in Ohio, reduced the amount of opioid prescriptions dispensed and increased health insurance coverage and treatment access for thousands of Ohioans through expanded Medicaid eligibility.

In order to provide policymakers and other stakeholders with the information needed to take stock of the policy response, this report reviews state-level policy changes related to addiction prevention, treatment and recovery enacted in Ohio from 2013-2017. It includes:

- **An inventory** of policy changes (legislation, rules, regulations and state agency initiatives, programs and systems changes) (see figure ES 1)
- **A scorecard** that indicates the extent to which Ohio is implementing strategies that are proven effective by research evidence (see figure ES 2)
- **Opportunities for improvement** in both the public and private sectors

3 key findings for policymakers

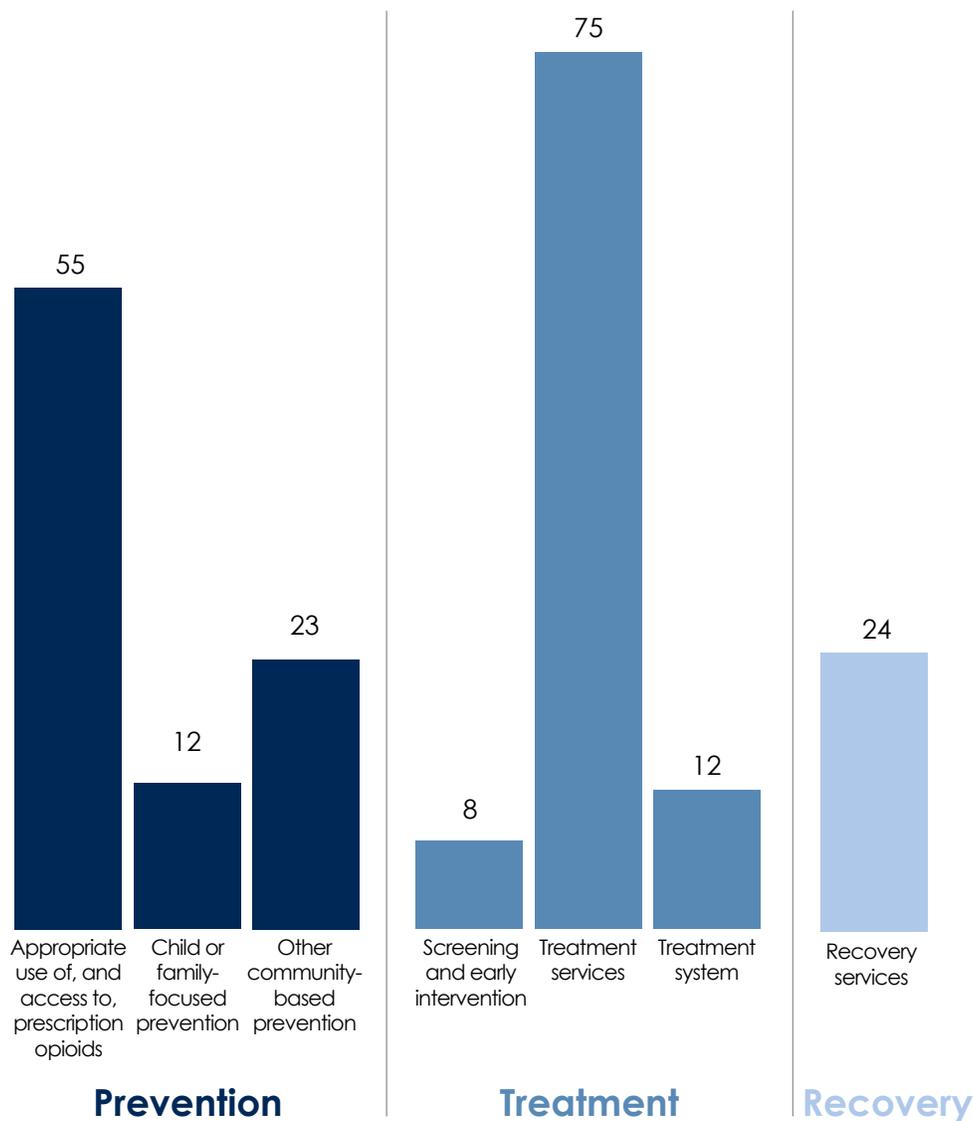
- **Progress to build on.** Policy changes advanced by the governor, state agencies and the General Assembly have led to implementation of many evidence-based programs, reduced the number of opioid prescriptions dispensed, and increased health insurance coverage and treatment access for thousands of Ohioans through expanded Medicaid eligibility.
- **Gaps that need more action.** Going forward, policymakers and others must address the underlying drivers of demand for drugs, expand the reach of effective programs that currently serve small numbers of Ohioans, strengthen the behavioral health treatment system and support long-term wellbeing for the thousands of Ohioans who are in recovery.
- **Data to drive improvement.** Policymakers need better information to evaluate the effectiveness and cost of strategies, while understanding that some will not yield immediate results.

What are the strengths of Ohio's policy response?

The Ohio General Assembly, Governor's Cabinet Opiate Action Team (GCOAT) and the Ohio Attorney General's Office are leading a wide range of activities to address the opiate crisis. The following strengths stand out:

- **Leadership and priorities.** Overdose deaths and behavioral health prioritized in state budgets and mid-biennium review bills
- **Cross-sector partnerships.** Strengthened partnerships between behavioral health, health care, public health, law enforcement and other sectors
- **Decreased opioid prescribing.** Policies that have successfully decreased opioid prescribing, including the Ohio Automated Rx Reporting System (OARRS), Ohio's Prescription Drug Monitoring Program (PDMP) and a series of prescribing guidelines for providers

Figure ES 1. **Number of addiction-related policy changes in Ohio, 2013-2017**



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

- **Medication-Assisted Treatment (MAT).** Evidence-aligned approach to MAT and strong efforts to increase MAT capacity
- **Medicaid eligibility.** Increased number of Ohioans with health insurance coverage, an important source of payment for addiction treatment, primarily through expanded Medicaid eligibility

What are the gaps in Ohio’s policy response?

Despite these strengths, Ohio continues to struggle with rising drug overdose death rates and the many challenges that result from addiction. Urgent action is needed to save lives. The following gaps remain:

- **Too few Ohioans reached.** Evidence-aligned programs and services are often limited to a small number of counties or participants

- **Poor pain management.** Limited patient and provider use of, and insurance coverage for, evidence-based non-opioid pain management therapies
- **Patchwork approach to prevention.** Lack of a sustained, long-term approach to child, family and community-based prevention resulting in a patchwork of uncoordinated programs that fail to reach many Ohioans
- **Inadequate treatment capacity.** Need for more providers of MAT, psychosocial treatment and recovery services, as well as more useful and comprehensive data on behavioral health treatment system capacity and workforce
- **Limited outcome measurement.** Difficulty assessing the effectiveness of programs and policies due to limited use of program evaluation and lack of measurable policy goals specified in legislation

In addition, there has been minimal policy focus on:

- Tobacco and nicotine, even though tobacco-related diseases continue to kill far more Ohioans every year than opioids
- Recovery, even though addiction is a chronic, relapsing disease and requires ongoing chronic disease management
- Health disparities and social determinants of health, even though low educational attainment and difficult economic conditions are risk factors for overdose death

Opportunities for improvement

The public and private sectors in Ohio can work together to:

1. Build upon the strong framework for appropriate opioid prescribing to continue to drive down opioid use rates

- a) Sustain and continually improve OARRS, including increased provider integration with electronic health records and ongoing enforcement of OARRS requirements
- b) Enforce, monitor and evaluate the impact of recently implemented prescribing limits and, based on evaluation results, consider tightening limits to three to five days as some other states have done
- c) Offer education, technical assistance and other support to providers to operationalize and implement prescribing limits and guidelines

2. Increase use of non-opioid pain management therapies, such as acupuncture, physical therapy and chiropractic care, through:

- a) Patient and provider education
- b) Improved insurance coverage for these services
- c) Partnerships across sectors (healthy aging,

chronic disease prevention, behavioral health, etc.) to promote widespread availability of non-pharmacologic approaches, such as tai chi, yoga and stress reduction

3. Strengthen the effectiveness and reach of addiction prevention activities

- a) Increase sustained sources of funding for evidence-based prevention strategies for children, families and communities
- b) Explore development of an addiction prevention wellness trust funded by future potential legal settlement proceeds
- c) Support a comprehensive approach to prevention of all forms of substance use disorder (including opioids, methamphetamines, alcohol, tobacco, etc.) across the life span, including adults over age 18
- d) Improve coordination, monitoring and evaluation of school-based prevention activities
- e) Increase coordination between state agencies so that local communities receive consistent and coordinated support from the state regarding community and school-based prevention

4. Ensure that evidence-based addiction treatment and recovery services are available for all Ohioans in need

- a) Actively promote awareness of state and federal parity laws and strengthen monitoring and enforcement
- b) Evaluate the impact of Behavioral Health Redesign on addiction treatment system capacity and treatment outcomes and make continuous improvements based on the results
- c) Collect quantitative data regarding treatment gaps and publicly report the

Figure ES 2. **Summary scorecard rating**

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

Note: Rating based on evidence alignment and implementation reach

number of patients receiving evidence-based treatment (including MAT) in state-certified facilities and through county ADAMH board funding

- c) Strengthen the behavioral health workforce through increased reimbursement rates, enhancing the Behavioral Health Workforce Initiative and continuing to build integration with physical health care

5. Reduce health disparities and address the social determinants of health

- a) Ensure that resources and strategies are more aggressively directed toward populations at greatest risk of overdose deaths and incarceration
- b) Improve social and economic conditions in struggling Ohio communities

6. Increase use of data and evaluation to drive improvement

- a) Include measurable policy goals in legislation and integrate tools to track implementation and outcomes into the policymaking process
- b) Increase the transparency and usefulness of evaluation findings, such as by posting all evaluation results on state agency websites

In addition, the following steps would boost the effectiveness of Ohio's response to current and future addiction challenges:

- 7. Strengthen clinical-community linkages and connections between sectors. For example, ensure that hospital emergency departments, law enforcement and community behavioral health providers work together to make sure that people in need of treatment do not fall through the cracks
- 8. Develop a coordinated, long-term approach to serve the needs of children exposed to Adverse Childhood Experiences (ACEs) as a result of the addiction crisis, including sustained investments in early childhood home visiting and education, parenting education, trauma-informed care and education, the child welfare system and other evidence-based interventions
- 9. Develop a comprehensive plan for addressing potential positive and negative consequences of medical marijuana legalization, including impact on pain management, employers, adolescents and motor vehicle safety

About the HPIO Addiction Evidence Project

This report is part of HPIO's **Addiction Evidence Project**, which provides policymakers and other stakeholders with information needed to address substance use disorders in a comprehensive, effective and efficient way. This inventory and scorecard addresses three topics: prevention, treatment and recovery. Future reports will address the other topics listed below, including overdose reversal (naloxone).

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

Download the complete "Ohio Addiction Policy Scorecard: Prevention, Treatment and Recovery" at

<http://bit.ly/2qFhZA2>

