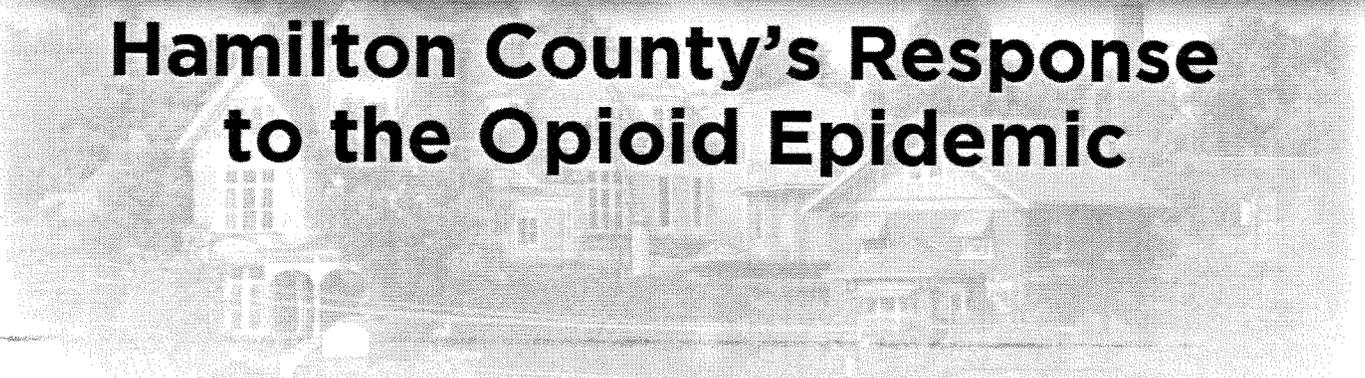


REVERSING THE TIDE



Hamilton County's Response to the Opioid Epidemic

MARCH 2015

TABLE OF CONTENTS

Acknowledgements	4
Executive Summary	5
Background.....	10
■ Getting People the Treatment They Need.....	19
■ Reducing Harm Caused by the Opioid Epidemic	24
■ Preventing Opioid Misuse	30
■ Cutting the Supply of Opioids in Hamilton County	38
What You Can Do Now.....	38
Endnotes	39

ACKNOWLEDGEMENTS

This plan was made possible through the efforts and dedication of the following members of the Hamilton County Response to the Opioid Epidemic (ROE) Workgroup:

Carol Baden	Community Recovery Project
Ann Barnum	Interact for Health
Richard Bozian, MD	SMART Recovery
Camisha Chambers	IV-CHARIS
Heather Dobbins	Hamilton County Sheriff's Office
David Elkins	Jimmy Heath House
William Ebelhar	Talbert House
Steve Englender, MD, MPH	Cincinnati Health Department
Bill Epps	Central Community Health Board
Ivan Faske	Greater Cincinnati Recovery Resource Collaborative
Judith Feinberg, MD	University of Cincinnati
Cameron Foster	Addiction Services Council
John Francis	Talbert House
Nan Franks	Addiction Services Council
Linda Gallagher	Hamilton County Mental Health and Recovery Services Board
Mary Haag	PreventionFIRST!
Libby Harrison	Cincinnati Exchange Project
Aaron Haslam	Frost Brown Todd
Kathy Hill	Cincinnati Children's Hospital Medical Center
Karla Holmes	Cincinnati Union Bethel
Jim Howarth	Delhi Township Police
David Logan	Prospect House
Leslie Mitchell	Planned Parenthood of Southwest Ohio
Jan O'Hair	Cincinnati Health Department
Maryann O'Malley	First Step Home
Elizabeth Osinbowale	Crossroads Center
Todd Rademaker	Hamilton County Public Health
Adam Reilly	Planned Parenthood of Southwest Ohio
John Roberts	Hamilton County Mental Health and Recovery Services Board
Andrew Ruffner	University of Cincinnati
Shawn Ryan, MD	University of Cincinnati
Jan Scaglione	Cincinnati Children's Hospital Medical Center
Jim Schwab	Interact for Health
Linda Seiter	Caracole
Kathi Strouse	University of Cincinnati
Sonya Strunk	Brighton Center
Maria Sulcer	Gateways Recovery Center
Deb Ulrich, ILCD-III	Retired Hamilton County probation officer
Angela Vance	City of Cincinnati Police Department
Steve Walkenhorst	Center for Chemical Addictions Treatment
Bart West	Green Township Police
Erin Winstanley	University of Cincinnati
Katrina Wyche	Prevention consultant
Tyrone K. Yates	Hamilton County Municipal Court
Roger Zellars	Prospect House

EXECUTIVE SUMMARY

An opioid epidemic has shattered families and frayed the fabric of Hamilton County communities on an unprecedented scale. Evidence of the epidemic is overwhelming. Consider the following:

- Someone dies from a heroin overdose in Hamilton County every other day. Heroin overdose deaths in the county increased by 72% from 2007 to 2012.¹ Of the 259 people who died from an overdose in 2013, a record 182 tested positive for heroin.²
- From 2008 to 2012, Hamilton County had Ohio's 2nd highest rate of county residents diagnosed with opiate abuse, dependence, or poisoning at the time of discharge from the emergency room. The county's rate was 2 times higher than the state average.³
- Hepatitis C cases in Hamilton County rose from 721 in 2009 to 1,136 in 2013, a 58% increase.⁴ Most of this increase is attributed to the rise of injection heroin use during that time. University Hospital spent almost \$6 million on heroin treatment and hepatitis C care during a 10-month period in 2013.⁵
- The number of babies born dependent on drugs in the Cincinnati area rose from 11 per 1,000 births in 2009 to 36 per 1,000 births in 2012.⁶

- A survey of 9,000 clients at addiction treatment centers across the U.S. found that 90% of heroin users were white men and women. Their average age was 23. The data for Cincinnati look very similar.

The economic impact is profound. Local governments across the U.S. spend about 9% of their local budgets on issues related to substance abuse and addiction of all types.⁸ HIV can be transmitted through shared needles, and the estimated lifetime cost to treat one person living with HIV is \$379,668 in 2010 dollars.⁹ A 2013 article described hepatitis C as "a public health and health care expense time bomb."¹⁰ The average lifetime cost to treat one patient is approximately \$100,000.¹¹ This figure excludes the cost of a liver transplant or Harvoni, the once-a-day pill that just received FDA approval. At the time of this writing, Harvoni cost \$1,125 a pill, or \$94,500 for a 12-week treatment regimen.¹²

Several factors fuel the epidemic. Opiate painkillers such as OxyContin and Vicodin are much harder to obtain due to cost and to law enforcement efforts to curtail prescription drug abuse. Conversely, heroin is cheap, very potent, and readily available. Ac-

Someone dies from a heroin overdose in Hamilton County every other day.

According to the most recent Ohio Substance Abuse Monitoring Network Report, heroin is “highly available” in the Cincinnati region, with black tar and brown powdered heroin being the most available heroin types.¹³

Yet, while the epidemic grew, public funding for addiction treatment dropped. In fiscal year (FY) 2009, the Hamilton County Mental Health and Recovery Services

Board had \$18.9 million available to support addiction treatment for county residents regardless of their ability to pay. By FY 2014, this amount dropped to \$13.2 million. This reduction was due in part to Medicaid funding being elevated to the state. It is hoped that across the state, Medicaid expansion and the Affordable Care Act (ACA) will be used to help offset this reduction. House Bill 483, signed by Governor Kasich in June 2014, requires local officials to work with the

Ohio Dept. of Mental Health and Addiction Services to ensure the availability of services for addicted Ohio residents.

However, Medicaid will not help individuals who need addiction treatment programs, but are not covered by Medicaid. Even with the ACA, many people will not receive sufficient behavioral health benefits to cover their addiction treatment costs, particularly residential treatment. Therefore,

other sources of public funding are still greatly needed to assist Hamilton County residents who will not benefit significantly or at all from the ACA and Medicaid. Prevention, harm reduction, housing for individuals in recovery, and supply reduction efforts are under-funded as well.

HAMILTON COUNTY'S RESPONSE

The Hamilton County Response to the Opioid Epidemic Workgroup (“ROE Workgroup”) was founded in 2013 to identify and implement evidence-based solutions. This collaborative comprises professionals, several organizations, and concerned citizens from all walks of life.

The ROE Workgroup is already carrying out activities to reverse the tide in Hamilton County. To curb the explosion of hepatitis C, syringe exchange efforts are underway in Mount Auburn and Northside. Interact for Health, a Cincinnati area non-profit, recently awarded grants to increase the availability of naloxone in Hamilton County. Naloxone (a.k.a. Narcan®) is a medication available in injectable or intranasal forms that can reverse heroin overdoses. Providers of treatment and prevention continue to make their services accessible despite severe funding cuts.

Public funding for addiction treatment dropped from \$18.9 million in 2009 to \$13.2 million in 2014.

To guide current and future activities, the ROE Workgroup is proposing a comprehensive plan to counter the epidemic through four broad areas:

**GETTING
PEOPLE THE
TREATMENT
THEY NEED**

**REDUCING
HARM**

**PREVENTING
OPIOID
MISUSE**

**CUTTING
THE SUPPLY**

1) GETTING PEOPLE THE TREATMENT THEY NEED: To curtail the epidemic in Hamilton County, more resources must be deployed to sustain existing treatment services, increase capacity, and add new approaches. In addition to increasing capacity, removing barriers to county residents getting help they need must include, but not be limited to:

- Enhancing addiction treatment services through the

continued use of evidence-based counseling practices and by making Medication Assisted Treatment (MAT) more available in conjunction with treatment services.

- Strengthening collaborations with mutual help groups such as Narcotics Anonymous and SMART Recovery.
- Increasing the availability of recovery housing for Hamilton County residents.

2) REDUCING HARM: Harm reduction activities in Hamilton County have two main purposes – to stop the spread of infectious diseases and to keep people alive so they can eventually benefit from behavioral health care. To this end, harm reduction activities will include, but not be limited to:

- Adding 10 naloxone distribution sites in Hamilton County to reduce overdose deaths;
- Expanding the Cincinnati Exchange Program to five Hamilton County locations to remove dirty needles from public places and reduce the transmission of infectious diseases; and
- Advocating for the passage of the syringe exchange bill, which will allow local boards of health to authorize or establish syringe exchanges in their jurisdictions.

3) PREVENTING OPIOID

MISUSE: To reduce the burden on Hamilton County’s treatment resources, immediate steps must be taken to prevent residents of all ages from becoming addicted, or progressing toward full-blown addiction in the first place. The required steps include, but are not limited to:

- Informing the public about opiate issues through social media, public service announcements, educational materials and other means;

- Promoting prescription take-back boxes at designated locations to remove dangerous prescription drugs from our community; and
- Increasing the availability of evidence-based prevention programs, policies, and practices.

4) CUTTING THE SUPPLY:

The unintended consequences of shutting down the “pill mills” in southern Ohio and overprescribing of pain medication throughout Ohio was the up-surge in heroin usage. Hamilton County’s heroin epidemic is attributed partly to its location on the interstate highway system to the trafficking that follows. Recommended activities that cut the supply of illegal opioids and unneeded prescription pain medication include:

- Increasing enforcement of current opioid laws and regulations with a focus on large scale dealers,
- Increasing adherence to prescription drug monitoring programs, and
- Announcing through local media “Take Back” days for unused prescriptions.

Addiction knows no boundaries. As the epidemic has revealed, opioid addiction can happen to people from every conceivable race, ethnicity, income level, and religious background.

Fully implementing this plan will require \$12,444,500 for one year.

Countering this powerful disease requires ongoing collaboration and sufficient funding. Fully implementing this plan will require an investment of at least \$12,444,500 for one year. Adequately investing in addressing this problem will produce a cost savings to the community, in addition to saving lives and restoring our families. Every \$1 spent on addiction treatment alone will save Hamilton County taxpayers anywhere from \$4 to \$15, depending on the number of factors taken into consideration.¹⁴ Every \$1 spent on prevention can

save Hamilton County taxpayers up to \$18 in costs stemming from substance use, misuse and addiction.

This plan is a living document. The efforts of the workgroup will continue to prioritize, strengthen, advocate for and revise the strategies contained in this plan.

We are grateful to all who have supported this planning effort since its inception. We look forward to collaborating with many more as we collectively address Hamilton County's most urgent public health crisis.



Ann Barnum

Senior Program Officer, Healthy Choices about Substance Use Interact for Health

To solve a public problem like the current opioid epidemic, it is essential to have a comprehensive plan. Such a plan allows everyone to have a voice. Such a plan takes time to develop and committed individuals who are determined to improve the health of their community. Such a plan provides every person in the community with an action step that they can take to make a difference. All of us are affected by the opioid epidemic. All of us have a role to play in the solution.



Katrina Wyche, M.Ed., OCPS I, ICPS

Wellness and Prevention Services Manager, Urban Minority Alcoholism and Drug Abuse Outreach Program

What we're seeing with heroin has been more explosive than in the past. The Hamilton County ROE Workgroup Plan is a good way to strategically address this issue and to get more organizations on board to support the effort.

■■■■ BACKGROUND

How Opioids Work

An “opiate” is a narcotic analgesic that depresses the central nervous system. Natural opiates are derived from opium poppy (*Papaver somniferum*), the species of plant from which opium and poppy seeds are derived. Synthetic opiates, on the other hand, are manufactured drugs designed to mimic the effects of a naturally derived opiate. Together, natural and synthetic opiates are known as “opioids.” Today’s most common opioids include morphine, codeine, heroin, and prescription painkillers such as Vicodin, Percocet, and OxyContin.

Opioids act by attaching to proteins found in the brain, spinal cord, and other parts of the body. Opioids act on the limbic system, which controls emotions. Here, opiates can cause feelings of pleasure and relaxation. When acting on the spinal cord, opioids can reduce feelings of pain. When acting on the brainstem, if ingested in sufficient quantities, opioids can depress respiration and cause death.

Opioids of all kinds are the focus here. However, the public has been particularly concerned about heroin due to its illegality, its prevalence, its high potential for addiction, and its role in the transmission of hepatitis C and HIV. Heroin is known by

nicknames such as Big H, Black Tar, Horse, and Dog. Derived from morphine, heroin can be injected via a needle, smoked in a water pipe, mixed into marijuana or a tobacco cigarette, or snorted nasally¹⁵ Heroin often comes in small packages, and sometimes in small balloons. Since it is frequently mixed with materials and other drugs, buyers do not know exactly what they are buying, which makes the situation even more life threatening.

What Caused the Current Epidemic?

A unique set of factors have converged to fuel the epidemic. A recent *New Republic* article put forth this blunt analysis, “Heroin epidemics don’t come and go randomly...They have clearly identifiable causes - and in this case, by far the largest cause is doctor-prescribed pills.”¹⁶ Indeed, opiate painkillers are the gateway drugs to heroin - approximately 80% of recent heroin addicts originally used prescription pain pills before turning to heroin.¹⁷

The increased prescribing of opioid painkillers can be attributed in part to a realization that physicians were under-treating chronic pain, causing unnecessary suffering among patients.¹⁸ A 2000 Joint Commission on Hospital Accreditation report strongly reinforced the concept

of “pain as the 5th vital sign,” which had the unintended consequence of many more people being offered opiates than needed them. Around the same time, pharmaceutical companies actively promoted their prescription opioids. The powerful OxyContin prescription painkiller was “marketed [by PurduePharma] in a way unlike any narcotic painkiller before it.”¹⁹

Numerous people became addicted to these prescription drugs. In response, pharmaceutical companies made their painkillers more difficult to crush or dissolve, and government and law enforcement agencies cracked down on the use and distribution of prescription painkillers. This, in turn, caused the price of black market prescription painkillers to rise. One milligram of OxyContin can be sold for as much as \$1 on the black market, which means a single 80 mg tablet can cost \$80.

Not surprisingly, illegal drug cartels flooded the U.S. with cheap potent heroin, available for a mere \$10-\$30 per dose (1/10 gram). As a result, the number of people addicted to heroin and other opioids grew rapidly within a few years.²⁰

Hamilton County, the state of Ohio, and the Opioid Epidemic

The Hamilton County Response to the Opioid Epidemic (ROE) Collaborative was founded in 2013. This is a collaboration of organizations, professionals, and concerned citizens working together to address the rise in opiate misuse, overdoses, and related infections such as HIV and hepatitis C in Hamilton County, Ohio. The group’s mission is to create a safer, healthier and more informed community.

A number of troubling trends in Hamilton County and in the state of Ohio as a whole have been noted by The State Epidemiological Work Group of the Ohio Department of Mental Health and Addiction Services (OH MHAS).²¹

Opioid Related Poisonings - Hamilton County vs. the state of Ohio

Table 1 below includes fatal poisonings involving opioids, methadone, and other synthetic narcotics. Hamilton County showed a significantly higher incidence of opioid related poisonings from 2003-2011.

Table 1: Opioid-related Poisonings per 100,000 population, Hamilton County vs. Ohio²²

	2003	2004	2005	2006	2007	2008	2009	2010	2011
Hamilton County	5.43	5.43	6.02	6.14	7.36	8.67	7.37	11.22	14.96
Ohio	2.59	3.75	4.27	4.81	5.50	6.37	6.78	8.49	10.00

Source: State Epidemiological Work Group of the Ohio Dept. of Mental Health and Addiction Services

The State Epidemiological Work Group did not have data available beyond 2011 at the time of this writing. However, from 2008 to 2012, Hamilton County had Ohio's 2nd highest rate (28.3 ER discharges per 10,000 people) of county residents diagnosed with opiate abuse, dependence, or poisoning at the time of discharge from the emergency room. The county's rate was 2 times higher than the state average of 14 ER discharges per 10,000 people falling into this category.²³

Unintentional drug overdoses have accounted for the highest percentage of deaths in Ohio since 2007.²⁴ Drug overdoses among Ohio women have risen 448% from 2000 to 2012, and the rate of drug overdoses among Ohio men quadrupled during the same time period.²⁵ Officials attribute many of these deaths to opiates.

Heroin Poisonings - Hamilton County vs. State

Again, compared to the rest of the state, Hamilton County had a significantly higher rate of fatal heroin poisonings through 2011. See Table 2 below.

Hepatitis C

Hepatitis C is an infection of the liver caused by the hepatitis C virus. It can result in a serious lifelong illness that may involve cirrhosis and cancer. The hepatitis C virus is spread primarily through contact with the blood of an infected person. Most people with an acute hepatitis C infection go on to develop chronic hepatitis C. An estimated 3.2 million people in the United States are infected with the chronic form.

According to the National Institute on Drug Abuse, people who use injection drugs are the group with the highest risk for contracting the hepatitis C infection. They contract hepatitis C primarily through sharing infected needles with other people who use injection drugs. Hepatitis C can also be sexually transmitted. Each injection drug user infected with hepatitis C is likely to infect 20 additional people.²⁷ As Table 3 on page 13 reveals, the overall incidence of hepatitis C in Hamilton County has risen every year since 2009. Among county residents ages 15-34, the infection rate increased by 187% from 2003 to 2013. These are the new users of injection

Table 2: Heroin Poisonings per 100,000 population, Hamilton County vs. Ohio²⁶

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Hamilton County	.94	1.42	1.06	1.53	.83	2.37	3.28	3.16	5.86	8.72
Ohio	.95	.76	1.14	1.14	1.02	1.27	2.02	2.45	2.93	3.69

Source: State Epidemiological Work Group of the Ohio Dept. of Mental Health and Addiction Services

Table 3: Reported Incidence of New Cases of hepatitis C Among Hamilton County, Ohio, Residents by Age Group and Year of Report – 2003-2013^{*28}

	Year											Total	
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013		
Age													
< 5	4	3	6	4	7	2	4	9	8	9	7	63	
5-14	2	7	4	1	2	0	0	5	2	4	5	32	
15-24	41	49	53	44	62	50	52	94	100	177	166	888	
25-34	114	110	95	115	113	109	126	173	249	267	280	1,751	
35-44	396	259	220	172	188	124	97	121	130	152	158	2,017	
45-54	731	523	577	363	427	332	208	266	239	219	229	4,114	
55-64	172	161	214	151	218	186	176	227	206	241	223	2,175	
65-74	68	40	27	37	35	39	29	37	32	38	53	435	
75-84	24	11	18	20	23	11	12	3	8	11	7	148	
85 +	2	5	1	2	5	2	1	3	3	4	1	29	
Total	1,554	1,168	1,215	909	1,080	855	705	938	977	1,122	1,129	11,652	

*Confirmed, probable & suspected cases; as reported in the Ohio Disease Reporting System (ODRS) -- data accessed 2/24/14. Age not reported for 248 (2.1%) cases.

Source: Hamilton County Public Health

drugs, not those who could have contracted hepatitis C earlier in their lives.

In addition to the tremendous health implications, hepatitis C has a far reaching economic impact. A 2013 article described hepatitis C as “a public health and health care expense time bomb.”²⁹ The average lifetime cost to treat one patient is approximately \$100,000.³⁰ This figure excludes the cost of a liver transplant or Harvoni, the once-a-day pill that just received FDA approval. At the time of this writing, Harvoni cost \$1,125 a pill, or \$94,500 for a 12-week treatment regimen.³¹

A study of almost 340,000 workers found that employees with hepatitis C had significantly more work days lost than other employees, resulting in lost productivity.³² Furthermore, all

healthcare benefit costs were significantly higher (\$8,352 per year) for infected employees than for non-infected employees.³³

Endocarditis

Injection drug use is a significant factor for developing endocarditis, an infection (usually from bacteria) of the inner lining of the heart chambers and heart valves. Endocarditis cases increased in Hamilton County from 1999-2009.³⁴ It is a serious disease requiring weeks of treatment with high dose antibiotics. Even with treatment, endocarditis has an 18% in-hospital mortality rate. People who use injection drugs develop endocarditis due to using needles contaminated with bacteria. The incidence of endocarditis among people who use injection drugs in the United States ranges

from 1%-5% annually. Among people who use injection drugs, endocarditis accounts for 5%-20% of hospitalizations and 5%-10% of total deaths.³⁵

in 2012.³⁷ Seven Cincinnati area hospitals documented a six-fold increase in drug exposed infants from fiscal year 2009 through fiscal year 2014, as shown in Graph 1 below.³⁸

Unfortunately, there is no delicate way to describe how maternal heroin addiction affects newborn babies. As a nurse told a reporter in 2012, “They are just agitated. They are screaming. They have tremors. Their faces – you have the grimace. They’re in pain. Sometimes, the babies have seizures. We hate it. It breaks my heart to see these babies go through withdrawal.”³⁹ Intensive hospital care may take weeks. Although physical symptoms improve after 1-6 weeks, long-term outcomes, particularly those related to learning, health and behavior are currently unknown but assumed to be problematic.

Neonatal abstinence syndrome

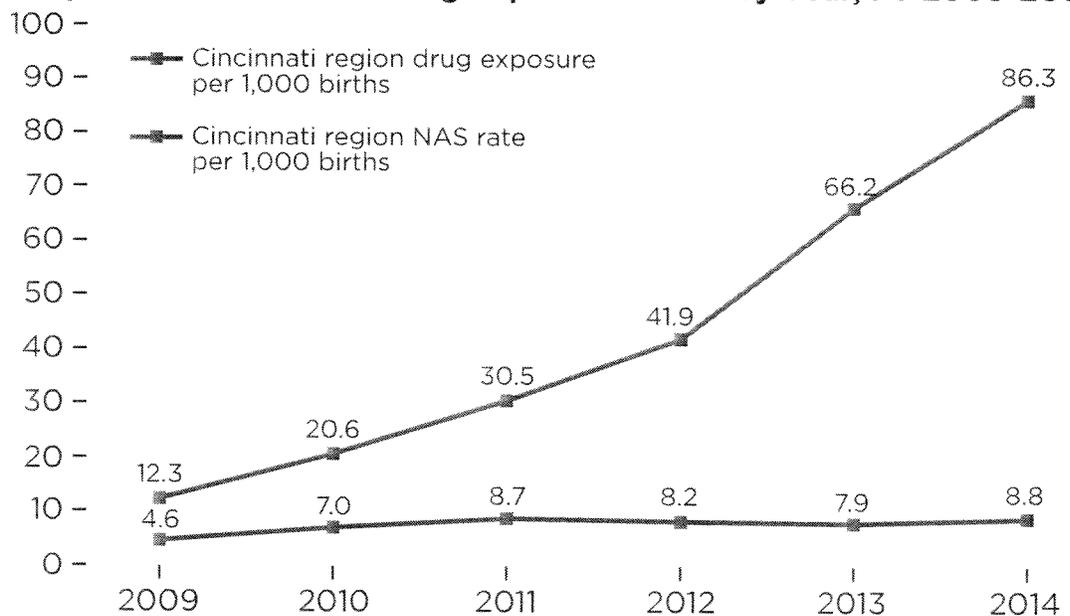
Neonatal abstinence syndrome (NAS) is the term used to define a group of behavioral and physiological symptoms that occur in newborn infants born addicted to substances the mother used while pregnant. Between 2004 and 2011, the number of newborns hospitalized in the state of Ohio for NAS increased by a staggering 529%.³⁶ Locally, the Cincinnati area has seen the number of babies born dependent on

drugs rise from 11 per 1,000 births in 2009 to 36 per 1,000 births

In this area, babies born dependent on drugs rose from 11 per 1,000 births in 2009 to 36 per 1,000 births in 2012.

Opioids and first responders

Graph 1: Rates of Infant Drug Exposure & NAS by Year, FY 2009-2014



Source: Newborn Care Associates (Cincinnati Children's)

The opioid epidemic has placed an incredible strain on overburdened law enforcement agencies, criminal justice systems, and fire and rescue departments statewide and locally.

Hamilton County law enforcement agencies face a number of challenges relating to curtailing the influx of heroin into the county. Heroin is typically transported, distributed, and sold in small quantities. The severity of the criminal charge faced by a suspect is based on the amount of heroin bought or seized. Less than one gram of heroin is a 5th degree felony, the least severe felony charge classification. A 4th degree felony involves up to 5 grams of heroin. Both a felony 5 and a felony 4 carry the assumption of probation unless other criminal charges are involved. Due to the small quantities in which heroin is frequently distributed and sold, it can be difficult for law enforcement to build a case for at least a 3rd degree felony charge.

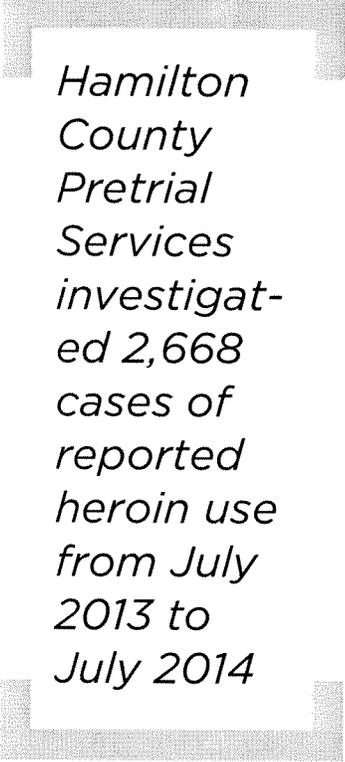
Organized criminals and crime organizations are heavily involved in the heroin trade. Dealers in this category are often not users of heroin or other opioids. For them, the heroin trade is strictly business, and they readily use violence in the course of carrying out their activities.

However, a significant amount of heroin is transported and/or sold by small-time dealers who do use heroin. Often, they are selling

part of their heroin supply and keeping the rest for their own use or to share with other users. This type of offender poses a dilemma for law enforcement and criminal justice entities. On one hand, they are selling a drug that can and does kill people. On the other hand, they are often selling to support their own drug habit and need addiction treatment.

According to the Hamilton County Adult Probation Department, there were 51 offenders on community supervision for heroin trafficking in 2013. Just in the first 6 months of 2014, there were 59 offenders placed on supervision for this reason. Hamilton County Pretrial Services investigated 2,668 cases of reported heroin use from 7/1/13 to 7/1/14.

Hamilton County inmates are disproportionately represented in Ohio Department of Rehabilitation and Correction (DRC) institutions, at least in part due to addiction and drug related offenses. In 2013, Hamilton County represented 9.21% of the total commitments to the Ohio DRC⁴⁰ but during that same year, Hamilton County represented only 6.95% of Ohio's total population. More than 25% of Ohio DRC inmates from Hamilton County in 2013 were committed because of drug trafficking or drug possession



*Hamilton
County
Pretrial
Services
investigated
2,668
cases of
reported
heroin use
from July
2013 to
July 2014*

offenses.⁴¹

Of Ohio offenders under some form of Community Corrections Act supervision (i.e., prison diversion or jail diversion) in 2013, 36.4% had drug offenses.⁴² These statistics do not include cases where opioids were a factor in a non-drug offense.

Between 11% and 22% of adults assessed for child maltreatment had a diagnosis of opiate dependence or abuse.

The epidemic affects law enforcement officers in other ways, too. A study conducted before the onset of the opioid epidemic found that almost 30% of officers surveyed had been stuck by a needle.⁴³ Risk factors that lead to police officers suffering needlestick injuries include working the evening shift, pat-down searches, and patrol duties.

The opioid epidemic has also burdened the time and resources of fire and EMS departments. In 2013, the Blue Ash Fire Department administered naloxone 20 times to overdose victims. But in the first 6 months of 2014, they had already administered naloxone on 17 occasions.⁴⁴ The Cincinnati Fire Department has been administering naloxone, on average, four times per day.

Child Welfare

According to the Ohio Department of Job and Family Services (JFS), heroin was a

factor in 6,827 Ohio child custody cases in 2013, an 83% increase from 2010 when there were 3,726 such cases.⁴⁵ The average length of time children stay in foster care is 70 days, but when parents are addicted to alcohol or other drugs, that number increases to 300 days.⁴⁶ Furthermore, the words “heroin” and “cocaine” appeared in over 17,000 child welfare case reports in 2013.⁴⁷

From February through July 2014, anywhere from 11% to 22% of adults assessed for child maltreatment by Hamilton County Jobs and Family Services (JFS) had a diagnosis of opiate dependence or opiate abuse. Although alcohol and marijuana are more likely to be the problem in the families assessed, the Hamilton County JFS office reports that opiate addiction cases tend to pose the highest safety risk for children.⁴⁸

Prescription Opioids

Prescription opioid misuse and addiction remains problematic despite the best efforts of health care professionals, law enforcement, and others to curtail it.

Many people continue to view legally obtained prescription drugs as “safe,” especially in comparison to street drugs. However, opium based painkillers such as Percocet, OxyContin, and Vicodin kill approximately 17,000 Americans annually.⁴⁹ Overdoses of these prescription drugs cause

more deaths each year in Ohio than traffic accidents do.⁵⁰ More than 12 million people reported using prescription painkillers for non-medical reasons in 2010.⁵¹ These numbers are likely to remain high in the foreseeable future. U.S. health care providers wrote 259 million prescriptions for painkillers in 2012. This is enough for every American adult to have a prescription.⁵²

The Ohio Bureau of Worker's Compensation (BWC), the state's insurance program for injured workers, has increased its monitoring of prescription drugs. The BWC will not cover the cost of controlled substance prescriptions for chronic care unless the healthcare provider enrolls in the Ohio Automated Rx Reporting System (OARRS), which monitors the potential misuse of prescriptions.⁵³ In 2013, the BWC spent approximately one-third of its pharmacy budget on 357,970 opioid prescriptions to 39,028 claimants.⁵⁴ At least 70% of injured workers are prescribed opium-based medications.⁵⁵

In their 2014 Drug Use Survey of students in grades 7-12, the Coalition for a Drug Free Cincinnati found that 4.3% of the students surveyed had used prescription drugs not prescribed to them in the 30 days prior to the survey. Of those who admitted to misusing a prescription drug, the average age of students' first use of a substance was 13.3.⁵⁶ The

average age of students saying they had misused prescription drugs was 13.3.⁵⁷ Almost 20% of University of Cincinnati students report using prescription drugs not prescribed to them, and prescription painkillers are among the medications most abused by UC students.⁵⁸

Since it can be tempting for children to try substances that are already in their homes, or in others' homes, police departments in Cincinnati, Norwood, Loveland, Springfield Township, Reading, and St. Bernard now offer drop boxes where citizens may discard their unused prescription medications. Syringes and liquids cannot be put in the drop boxes, though.

Moving Forward

The Hamilton County ROE Collaborative is working to create a safer, healthier and more-informed community.

This plan is a collective response from multiple agencies, entities, and individuals who play a key role in health care, mental health, substance abuse prevention, harm reduction, treatment, public health, law enforcement, and the business community. Through this plan, we aim to strengthen and expand our community resources to advance our mission so that Hamilton County residents

In a 2014 survey, 4.3% of students in grades 7-12 had used prescription drugs not prescribed to them in the prior month.

stop getting sick and harming themselves as a result of opioid misuse.

Implementing the actions outlined in this plan will require ongoing, long-term collaboration between professionals, legislators, law enforcement officials, and concerned Hamilton County citizens. Hopefully, some of the recommended steps will have an immediate effect on reducing the number of overdoses or curtailing the spread of infectious diseases. The implementation of other recommended steps may require more time to make a difference. In any case, carrying out a comprehensive, evidence-based plan of action like the one outlined in this plan will have much more effect than

implementing only some, but not all of the recommended steps.

To accomplish our mission, this plan is organized around four broad groups of activities to counter the opioid epidemic in Hamilton County. These four areas are:

1. Getting people access to the treatment they need in a timely fashion;
2. Reducing the harm caused by the opioid epidemic;
3. Preventing opioid misuse; and
4. Cutting the supply of opioids in Hamilton County.

The steps for each area are described in more detail in the subsequent pages of this plan.

From a friend of the Serenity House

The disease of addiction for me seemed purely as a curse while in active addiction and even for a time while in recovery. Today, my perspective is as follows: The disease is considered by me as a blessing...

Using heroin intravenously was the preferred substance and ritual I was consumed by. It led me to lying, violence, crime ... not to mention the complete and

utter desperation, hopelessness, and disgust I was imprisoned in. Narcotics Anonymous has been the only solution offered that has worked for me. It has allowed me to open my eyes to the truth about addiction and has changed and continues to change my life for the better as long as I am willing. ...This program has done things for me and my loved ones I had never thought possible.

GETTING PEOPLE THE TREATMENT THEY NEED

Treatment Outcomes:

- More Hamilton County residents will achieve long-term recovery as a result of addiction treatment and related services.
- Fewer Hamilton County residents will overdose on opioids

TREATMENT STRATEGIES

- Increase the capacity of all levels of addiction treatment care, particularly for indigent and underinsured Hamilton County residents.
- Enhance addiction treatment services through the continued use of evidence-based counseling practices and by making Medication Assisted Treatment (MAT) more available in conjunction with treatment services.
- Increase the number of sober housing units available for Hamilton County residents.
- Strengthen treatment providers' collaborations with mutual help groups such as Narcotics Anonymous, Alcoholics Anonymous, and SMART Recovery.
- Make peer mentoring and support more available to people in recovery and for providers of Medication Assisted Treatment.



GETTING PEOPLE THE TREATMENT THEY NEED

Our treatment recommendations are rooted in two assumptions:

#1 - ADDICTION IS A

TREATABLE DISEASE: Addiction to alcohol or other drugs, including opiates, is a complex disease, although many still

believe addiction is caused by a lack of willpower or by one's morals. Quitting drug use is hard, even if the person wants to quit. This is partly because substance abuse changes the functioning and structure of the brain. In turn, this greatly affects the person's behavior and judgment, and continues to do so long after the person has stopped using drugs.

Like many other diseases, there are identifiable risk factors for addiction and there are evidence-based methods for screening and intervention. In this plan, the ROE Workgroup

identifies evidence-based practices to meet the needs of those affected by the opioid epidemic.

#2 - TREATMENT IS A SOUND

INVESTMENT: For every \$1 spent on treatment, taxpayers save \$4 to \$15, depending on the number of factors studied.⁵⁹ Also, most clients need at least 90 days in treatment to significantly reduce or stop substance use, and the

odds of better outcomes improve with even longer involvement in treatment.⁶⁰

The consequences of failing to invest in treatment can be disastrous for taxpayers. In 2005, for every \$100 of government spending on substance abuse and addiction, Ohio spent a mere \$2.21 on treatment, prevention and research *combined*, while spending a staggering \$90.44 to deal with the damage caused by substance misuse and addiction.⁶¹

How many people need help?

Based on data from the Substance Abuse and Mental Health Services Administration⁶², there are approximately 48,789 Hamilton County residents who are either dependent on or abusing alcohol, and approximately 19,807 who are dependent on or abusing illicit drugs. Heroin and other opiates were the primary drug of choice for almost 30% of those admitted to Ohio's publicly funded treatment programs in 2012. Based on this statistic, at least 5,942 county residents need some form of treatment for their opioid use and, of these, at least 446 (7.5%) will need residential services.

Providing treatment to 5,942 people would cost a staggering \$47,392,000 annually. Of course, there are not enough public funds

At least 5,942 county residents need treatment for opioid use. At least 446 (7.5%) will need residential services.

available to meet the entire need, and many of the people needing treatment at any given time are not ready or willing to get help.

Therefore, the recommendations set forth are based on meeting 25% of the identified need to treat opioid addiction in Hamilton County. This is a modest target, but one that will save lives in the short term and hopefully reverse the epidemic's trajectory over time.

Goal: More Hamilton County residents achieve long-term recovery as a result of addiction treatment, related services, and sober support groups.

Specifically we hope to have:

- **more county residents achieve long-term recovery**
- **fewer residents overdose on opioids**

STRATEGY #1: Increase the capacity of all levels of addiction treatment care, particularly for indigent and underinsured Hamilton County residents.

Meeting 25% of the identified need to treat opioid addiction in Hamilton County will require increasing the capacity of all levels of care. At minimum, increasing capacity will require this annual investment:

This is the estimated annual cost of increasing Hamilton County treatment providers' capacities to serve an additional 111 residential clients per year and an additional 1,374 intensive outpatient and traditional outpatient client per year. This does *not* include the cost of existing residential and outpatient services in Hamilton County.

These recommendations are consistent with the most recent plan issued by the Hamilton County Mental Health and Recovery Services Board.⁶³ The Board identified these challenges detracting from achieving this plan:

- Timely access to addiction treatment is a challenge due to insufficient resources (in terms of funding and credentialed providers) to meet the need in Hamilton County.
- Detoxification is available on a limited basis for indigent clients, which leads to delays. Many of those seeking help refuse it once a bed becomes available, if too much time has passed between inquiry and availability.
- Specialized programs for pregnant women and women with children are available, but have limited capacity

Level of Care	Average Cost Per Client	Total Estimated Cost
Residential services x 111 clients (Residential detoxification, residential treatment, recovery housing)	\$20,000/yr.	\$2,220,000/yr.
Outpatient treatment x 1,374 clients Intensive outpatient, traditional outpatient	\$7,000/yr.	\$9,618,000/yr.
TOTAL		\$11,838,000/yr.

STRATEGY #2: Enhance addiction treatment services through the continued use of evidence-based counseling

practices and by making Medication Assisted Treatment (MAT) more available in conjunction with treatment services.

Medication Assisted Treatment uses approved medications such as Suboxone and Methadone to treat substance use disorders.

Medication Assisted Treatment (MAT) is the use of approved medications such as Suboxone and Methadone to help treat substance use disorders. Research shows that opioid addiction is a medical disorder that can be effectively treated when MAT is administered in conjunction with counseling.⁶⁴ The Hamilton County ROE Workgroup supports the use of MAT under the following conditions:

- When MAT is used in conjunction with some form of counseling. The ROE Workgroup does not support the use of MAT as the sole intervention for opioid addiction.
- When a client has undergone a comprehensive assessment that indicates MAT is appropriate for that particular client. Not all clients addicted to opioids are appropriate for MAT.

The benefits of MAT include increased patient retention in treatment, decreased drug use,

and decreased transmission of infectious diseases. MAT is also cost effective. Every dollar invested in methadone treatment generates an estimated return of \$3 to \$4.⁶⁵ Consistent with the most recent plan issued by the Hamilton County Mental Health and Recovery Services Board,⁶⁶ the ROE Workgroup has identified making MAT available to indigent and/or underinsured county residents as a priority. Indeed, MAT is expensive even if insurance covers some of the costs.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), there are 77 physicians with Cincinnati or Harrison addresses who have a waiver to prescribe Suboxone.⁶⁷ However, some of the doctors listed are not providing MAT at this time, or they may only see patients of a particular treatment program. Plus, doctors with a waiver may treat only 30 patients in Year 1 and 100 patients annually in subsequent years.

However, a U.S. Senate bill co-sponsored by Senator Sherrod Brown (D-OH) proposes to increase the number of Year 1 patients from 30 to 100. Doctors with additional training could see even more patients in later years. Nurses who complete required training would also be able to write prescriptions.

STRATEGY #3: Increase the number of recovery housing units available for Hamilton County residents.

Recovery housing facilities offer alcohol and drug free living arrangements for people in recovery from addiction. This housing can be in the form of a group home or individually leased apartments at one or more sites. In many cases, recovery housing serves as a permanent home if the person lacks family support or would otherwise have to live in a neighborhood not conducive to recovery. The ROE Workgroup has identified the following as a high priority:

- Increasing the availability of recovery housing for people on Medication Assisted Treatment (MAT); and
- Increasing the availability of recovery housing for women.

STRATEGY #4: Increase peer support for people in recovery and for providers of Medication Assisted Treatment.

Treatment providers have a long history of collaborating with 12-Step fellowships such as Alcoholics Anonymous and Narcotics Anonymous to get their clients the long-term support they need to remain sober. Clients needing an alternative form of sober support now have options such as SMART Recovery® available in Hamilton County. Mutual help groups and peer support networks have played a vital role in helping many people remain sober and must remain available and easily accessible to all who need them.

In addition, the ROE Workgroup recommends exploring the feasibility of establishing peer support networks for physicians who provide Medication Assisted Treatment. Such networks will reduce the professional isolation that physicians may feel while providing a forum for the sharing of ideas and expertise.

**From
"Mrs A"**

I started in the Crossroads Center Outpatient Suboxone Program in 2013. This program saved my life. I was taught how to maintain and focus on my sobriety through my involvement in the relapse prevention group therapy and individual counseling. I have been successful in maintaining clean urine drug screens since beginning the treatment program.

In the beginning, it was a challenge because my husband was still using. He would bring it into the house and have it around me. ...I am now stronger than ever and I feel empowered. With the help of my awesome therapist, I am free from the hold heroin had on me. I always say "MY GOAL" is much larger than my addiction.

REDUCING HARM CAUSED BY THE OPIOID EPIDEMIC

Harm Reduction Outcomes:

- Decrease the number of new Hepatitis C, HIV, and other infections caused by intravenous drug use
- Decrease the number of unintentional overdoses due to opioid use
- Decrease the transmission of Hepatitis C, HIV, and other infections through accidental needle sticks.

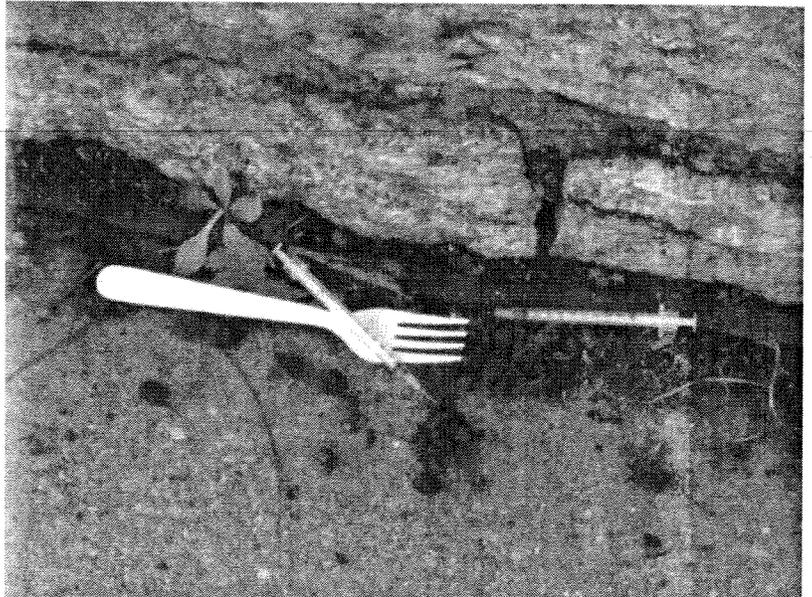
HARM REDUCTION STRATEGIES

- Increase community based Naloxone distribution
- Expand syringe exchange programs in Hamilton County
- Increase community support and education efforts
- Increase access to healthcare for intravenous drug users
- Provide overdose education and prevention services throughout Hamilton County.

REducing Harm Caused By the Opioid Epidemic

“Harm reduction” refers to a set of practices and strategies designed to reduce the negative consequences associated with drug use. One of the main goals of harm reduction is to keep people alive long enough to eventually benefit from addiction treatment or medical care. Harm reduction practices and strategies are guided by the following principles and beliefs:

- Harm reduction strategies strive to minimize the harmful effects of licit and illicit drug use rather than ignoring or condemning them.
- Harm reduction acknowledges that some ways of using drugs are safer than others.
- Providing services and resources in a non-judgmental, non-coercive manner benefits people who use drugs and the communities in which they live.
- The realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm.
- While striving to minimize the harmful physical effects of drugs, harm reduction strategies are not meant to trivialize or deny the tragic harm that licit and illicit drug brings



Response to Opioid Epidemic Facebook page

to those who use drugs and to those who love them.

- Significant harm is done to others as a byproduct of addiction. Harm reduction protects others in the community from some of these consequences of addiction in our midst.

These used syringes were found in Fairview Park in Cincinnati.

Goal: *To reduce the harmful effects of intravenous drug use and to decrease the public health risk to the community. Specifically, we hope to:*

- 1. Decrease the transmission of hepatitis C, HIV and other infections through accidental needle sticks;*
- 2. Decrease the number of new hepatitis C, HIV and other infections caused by intravenous drug use; and*
- 3. Decrease the number of unintentional overdoses due to opiate use.*



Harm Reduction Coalition/ Nabarun Dasgupta

Wider distribution of naloxone kits such as this one would help reverse more opioid overdoses.

In order to decrease opiate related deaths in Hamilton County by 20% and to decrease the rate of new hepatitis C infections by 25%, the following strategies must be sustained or implemented by 2016.

STRATEGY #1: Community based naloxone distribution. Naloxone is a prescription medication that can reverse opioid overdoses. It can be injected into the victim or sprayed into the nose. For many years, it was administered only by emergency medical personnel, but is now more available to police officers, to the loved ones of those addicted to opioids, and to opioid addicts themselves. There is no evidence that administering naloxone enables or encourages anyone to continue misusing opioids. The ROE Workgroup proposes the following steps to increase the availability of naloxone in

Hamilton County:

Distribution

- Increase availability of naloxone to community at large by expanding existing programs and establishing new ones. By 2016, add an additional 10 distribution sites in Hamilton County at a cost of \$125,000.
- Supply naloxone to all first responders and Downtown Cincinnati Inc. workers and provide training to them. Make naloxone available on all Hamilton County ambulances by 2016.
- Provide naloxone to all Justice Center medical staff
- Make at least one naloxone kit available in each pod at the Justice Center

Advocacy

- Lobby to get laws changed so that naloxone can be dispensed over the counter by 2016.

Education

- Train and supply naloxone to 50 organizations by 2016 who serve those with a high overdose potential.
- Establish a stronger relationship with the Court Clinic to provide overdose education and naloxone to staff and clients
- Provide overdose education and prevention services to all Justice Center staff and inmates.

The total expected cost of naloxone distribution for one year



Cincinnati Exchange Project

is \$175,000. Some of the cost will be covered by insurance.

STRATEGY #2: Syringe Exchange. Although controversial, syringe exchange is an effective harm reduction strategy supported by the Centers for Disease Control.⁶⁸ Injection drug use accounts for approximately 20% of all HIV infections and the majority of hepatitis C cases.⁶⁹ Accordingly, Scioto County in southern Ohio has experienced a drop in hepatitis C attributed partly to syringe exchange and education for people who use injection drugs.⁷⁰

In Hamilton County, the Cincinnati Exchange Project (CEP) began operations in early 2014. The CEP is an advocacy organization that promotes education and the harm

reduction model. The program allows IV drug users to exchange used needles for clean ones, since hepatitis C can remain infectious on inanimate surfaces for up to 9 weeks. Participants receive information about addiction treatment, health care services, and other topics. Pregnancy testing and rapid HIV and hepatitis C testing are available.

The CEP can serve up to 500 people annually with a budget of \$74,000 once the program is in continuous operation. In contrast, the estimated lifetime cost of treating a single HIV infected person is \$379,668.⁷¹ As of 9/30/14, the CEP had served 106 people. Of these, 9 have gone on to addiction treatment, 8 have been revived with naloxone kits distributed by CEP, and 2 died.

Staff members of the Cincinnati Exchange Project can provide participants with a clean syringe for every "dirty" one. They also educate about safer sex, safer injection use and where to get drug treatment.

The CEP has also trained police in Cincinnati's central business district to use naloxone.

The ROE Workgroup recommends taking the following steps related to syringe exchange:

Exchange

- Expand the Cincinnati Exchange Program (CEP) locations to five in Hamilton County (within city and outside of city) by 2016.
 - Offer syringe exchange services 5 days a week by 2016.
 - Increase the CEP by 50% by 2015 and an additional 50% in 2016.
 - Test 75% of CEP clients for HIV and hepatitis C infections.
 - Expand access to the CEP through local hospital emergency departments.
 - Expand CEPs memorandum of understanding list to include more partner organizations
- Establish relationships with healthcare providers to make hepatitis A & B vaccines more readily available
- Continue to strengthen relationships with Cincinnati City Council, community councils, and Hamilton County commissioners to increase support for the CEP
- Increase the number of HIV and hepatitis C tests conducted with this population by 50% (cost = \$7,500)

The estimated cost to carry out all harm reduction activities is \$256,500 for one year.

Advocacy

- Continue to advocate for syringe exchange and harm reduction at the local level with village, city, and county reps.
- Advocate for the passage of the syringe exchange bill in the Ohio legislature. Attend lobby days such as the HIV/AIDS, drug treatment providers, and social services days.
- Continue to partner with treatment facilities to reduce the barriers to access treatment
- Expand relationship with the Off the Streets program. Off the Streets helps women escape from prostitution

Education

- Provide information about addiction treatment and other services to 100% of CEP clients.
- Engage local communities in education/prevention efforts through forums and educational sessions. Provide 20 educational forums by 2016.
- Provide education on safer sex/injection practices to 80% of CEP participants.

STRATEGY #3: Community support and education. Naloxone distribution and syringe exchange programs must be supplemented by organized efforts to collect and discard dirty needles plus other activities to increase the effectiveness of a harm reduction

approach. At the time of this writing, the CEP had collected 70 discarded needles.

The ROE Workgroup recommends the following activities:

- Spend 20 hours per month spent cleaning up syringes and other intravenous drug use equipment in targeted high risk neighborhoods
- Have representatives from the Hamilton County ROE group and the CEP attend 20 community clean ups in 2014/15 to track how many syringes are found.
- Help the intravenous drug user population access health care and treatment through obtaining insurance for which they are eligible.

The total estimated cost of carrying out all the harm reduction activities for one year is \$256,500.



Judith Feinberg, MD

Professor of Clinical Medicine, the University of Cincinnati

Medical Director, the Cincinnati Exchange Project

The whole purpose of the Cincinnati Exchange Project is to keep people alive and healthy until they're ready for recovery and treatment. Sooner or later, people do come in and say, "I've had it, help me." My hope is that the

plan put forth by the Hamilton County ROE Workgroup allows the Cincinnati Exchange Project to save more lives while decreasing the rate of Hepatitis C and HIV in Hamilton County.

PREVENTING OPIOID MISUSE

Prevention Outcomes:

- Fewer people begin misusing prescription opiates
- Fewer people begin using heroin and other illegal opioids

PREVENTION STRATEGIES

- Provide information by educating the public and professionals about heroin and prescription drug issues.
- Build skills, connected to trust and communication
- Improve the safety of the physical environment
- Advocate for policies that increase the availability of permanent drop boxes and education about SBIRT and pain management practices.

■■■■ PREVENTING OPIOID MISUSE

Research shows that \$1 spent on school-based substance use prevention programs can potentially save an estimated \$18 in costs stemming from substance use.⁷² Preventing drug use from occurring in the first place is the most cost effective method for promoting safer and healthier communities. For prevention efforts to have an effect, they must be comprehensive, offer a coordinated message to target audiences, and provided on a large enough scale to make a difference among Hamilton County residents of all ages.

School-based prevention programs have been, and will continue to be an important part of prevention efforts in Hamilton County. However, reversing the epidemic requires prevention and outreach activities affecting county residents of all ages.

Effective prevention efforts are comprehensive, address all forms of drug misuse or abuse, and address both individual and environmental influences associated with drug abuse.

We can create and promote a culture conducive to Hamilton County residents making healthier choices of all kinds. Fortunately, there are already several existing prevention programs in Hamilton County doing this work here.

To guide the future work of the ROE Workgroup and prevention programs in Hamilton County,

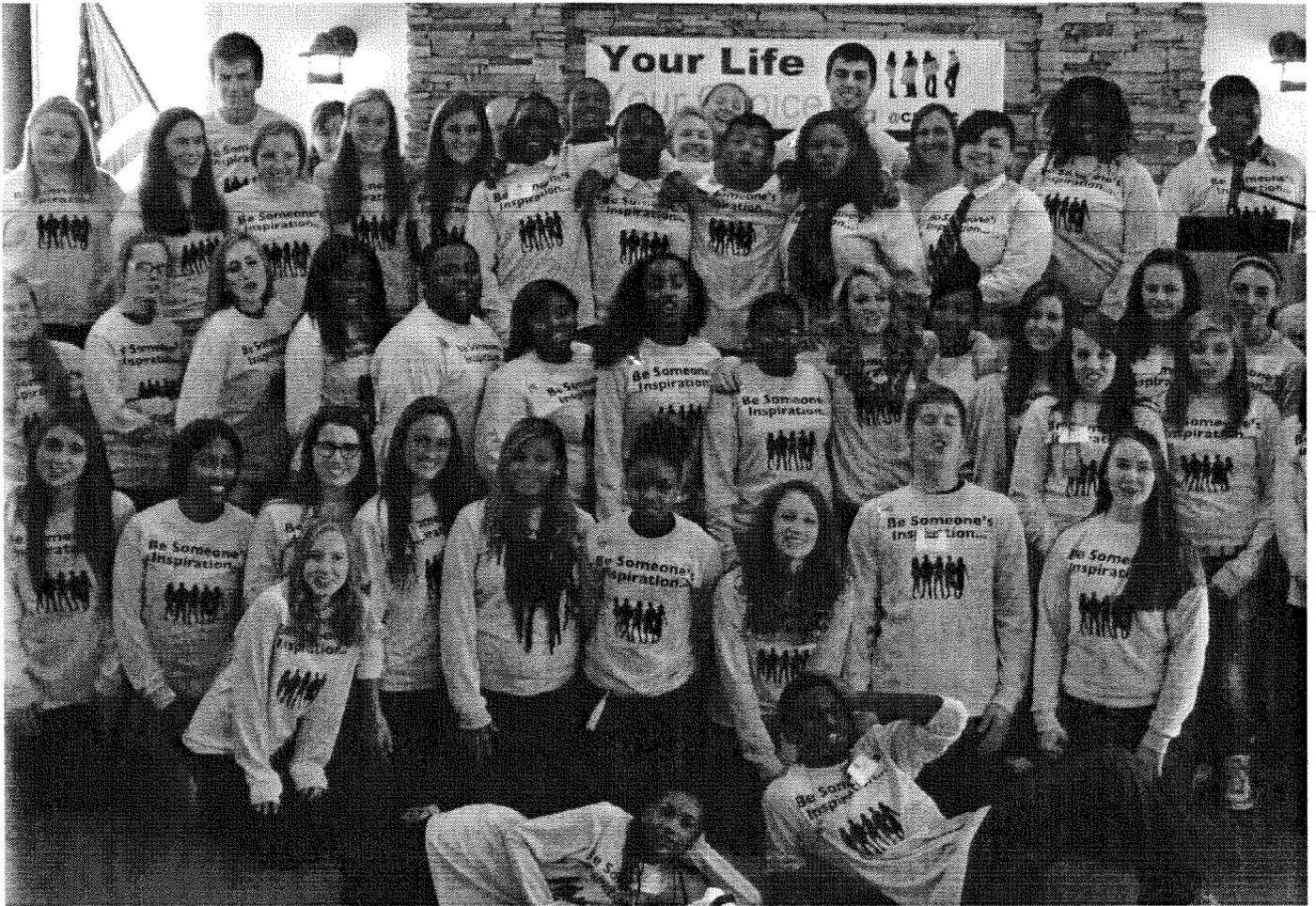
we offer the following plan, based on the Seven Strategies of Community Change from the Community Anti-Drug Coalitions of America⁷³:

Goal: To build the capacity of Hamilton County to identify, develop, and implement strategies that promote healthy behaviors.

1. To increase education in the community on the harmful effects of opioid abuse.
2. To increase community awareness of the risk of addiction and other pain management resources.
3. To connect the community to available resources in the community.
4. To increase implementation of effective evidence-based practices and programs.
5. To reach children of current users and abusers.

STRATEGY #1: Provide information to the public and professionals about heroin and prescription drug issues. Too many people misuse their own prescription drugs or others' prescription medications. Up to 50% of medications are not taken as prescribed.⁷⁴ Furthermore, this is often not perceived as

Effective prevention efforts are comprehensive and address all forms of drug misuse or abuse and individual and environmental influences.



The Coalition for a Drug-Free Greater Cincinnati

The Coalition for a Drug-Free Greater Cincinnati holds a youth summit to foster the prevention of drug misuse among teenagers.

a problem in the first place. According to the Coalition for a Drug Free Cincinnati, almost 18% of students in grades 7-12 said that using someone else's prescription drugs was not harmful or only somewhat harmful.⁷⁵ The Mayo Clinic identifies a lack of knowledge about prescription drugs as a risk factor for prescription drug abuse.⁷⁶ The ROE Workgroup recommends the following activities related to this strategy:

- Inform the public about prescription drug misuse and heroin issues through social media, public service announcements, community forums, website, and print materials.
- Provide information to improve patient compliance with use of prescription drugs and improve awareness of the risk of addiction to opiates
- Disseminate available drop box, Rx Take Back Days, and Mobile Van information.
- Write OpEds related to prescription drug abuse
- Disseminate information to parents via pharmacists on proper ways to store and dispose prescription drugs
- Partner with organizations to educate women of childbearing age, particularly those who are pregnant, about the dangers of

prescription drug misuse and heroin abuse.

STRATEGY #2: Build skills.

Providing information is necessary, but not sufficient by itself. To reduce the incidence of opioid misuse in Hamilton County, providers of prevention services must build the skills of professionals, parents, youth, and others in the community. Here, areas of focus will include Developmental Assets⁷⁷, Screening, Brief Intervention, and Referral to Treatment (SBIRT), and alternative pain management practices.

In 1990, the Search Institute identified 40 Developmental Assets that adolescents need to succeed in life. These include external assets, such as family support and a caring school climate, and internal assets such as interpersonal competence and skills to resist negative peer pressure. The ROE Workgroup encourages services and activities that promote the development of these assets in Hamilton County youth.

SBIRT is an evidence-based approach to intervening at an earlier stage with people who are misusing substances or who are at risk for doing so. SBIRT can be offered in nearly any setting, but is typically seen in emergency rooms and primary care settings. It is designed to assist patients whose presenting issue may be something other than substance use or misuse. SBIRT is a prevention-based service because it reduces the odds that someone

will go on to develop a diagnosable substance use disorder.

Alternative pain management practices can include non-traditional interventions such as biofeedback, chiropractic services, and acupuncture. Many such practices were widely disregarded by mainstream medical practitioners in the past, but are now commonly used at pain centers.⁷⁸

The ROE Workgroup recommends the following activities:

- Increase the number of educational opportunities to heighten family members' and community members understanding of addiction and help resources.
- Collaborate with medical practitioners to improve awareness of the risk of addiction and other pain management resources.
- Work with service providers to implement Developmental Assets and other related evidence-based programs and practices.
- Promote the use of the SBIRT evidence-based approach to assist patients in healthcare settings.
- Partner with the Academy of Medicine to provide medical professionals with educational opportunities about the use of alternative pain management practices, the best opiate prescribing practices, and the disease of addiction.

- Develop and/or support youth-led prevention efforts.
- Provide educational opportunities for youth and families around opioid and other drug prevention.

STRATEGY #3: Improve the safety of the physical environment.

Individual prevention activities often focus on changing people’s behavior. However, prevention services can and should be offered in tandem with efforts to change our immediate physical environment, since our environment affects us all individually. To this end, the ROE Workgroup recommends:

- Participating in Community Beautification Campaign to clean up needles and other drug paraphernalia.
- Partnering with community councils, churches, and/or

coalitions to address lighting and other risk factors that lead to risky behaviors of the community.

STRATEGY #4: Modify policies and broader systems.

Policy and system changes are frequently more effective in creating long-term impact. Prevention efforts that support healthy community norms and readiness to implement prevention activities are essential to a comprehensive prevention plan. The ROE Workgroup recommends:

- Advocating for permanent drop boxes in locations other than law enforcement facilities.
- Working with medical boards to require SBIRT and pain management practices education.

Estimated Cost of carrying out the prevention plan: \$350,000 in 2015



**Mary Haag,
RN, BSN,
OCPSII,
ICPS**

President/
CEO/Execu-
tive Director,
Coalition for
a Drug Free
Greater
Cincinnati

If we're going to get ahead of the epidemic, we need to put more emphasis on prevention. One of the biggest risk factors for addiction is early onset of use. To interrupt that, we need to offer prevention early and

frequently. This is critical because of the effect drugs have on the young person's developing brain. My hope is this plan will get a wider variety of people involved in solving this problem.

CUTTING THE SUPPLY OF OPIOIDS IN HAMILTON COUNTY

Supply Reduction Outcomes:

- Reduce the supply of heroin in Hamilton County
- Less diversion of prescription opiates

SUPPLY REDUCTION STRATEGIES

- Enforce current laws and regulations
- Collaborate with others to educate the public
- Explore the feasibility of implementing harm reduction measures on a larger scale

■■■■ CUTTING THE SUPPLY OF OPIOIDS IN HAMILTON COUNTY

Goal: *To reduce the supply of illegal prescriptions and illegal drugs with the following outcomes:*

- *Reduced availability of heroin in Hamilton County; and*
- *Less diversion of prescription opiates.*

Promoting unused prescription drug “take-back days” and drop-box locations in Hamilton County can help reduce the supply of opioids.

STRATEGY #1: Enforce current laws and regulations

Street level officers in Hamilton County have the most direct exposure to people’s drug-related behavior as it occurs in real time, and they are often the first to experience and note the overall drug-related trends in the county as they unfold. Although some suburban neighborhoods or areas

generate a disproportionate share of opiate-related calls or arrests, officers have seen firsthand that opiates know no boundaries in terms of income, race, gender, or religion.

Activities to advance this strategy will include the following activities:

- Street-level officers will continue to enforce existing laws pertaining to heroin and prescription drug misuse at every opportunity.
- Work with the harm reduction, treatment, and prevention efforts to help get individuals who are ill, treated and individuals who are criminals, incarcerated.
- Apply for grants to sustain and/or expand supply reduction initiatives.
- Share information about drug related trends in Hamilton County as appropriate with the Hamilton County ROE Workgroup, law enforcement agencies, and the general public.

STRATEGY #2: Educate the public

The opioid epidemic affects every county resident, whether or not they misuse opiates or have a loved one who does. In addition to the direct effects of opiates, the epidemic affects us



freeimages.com

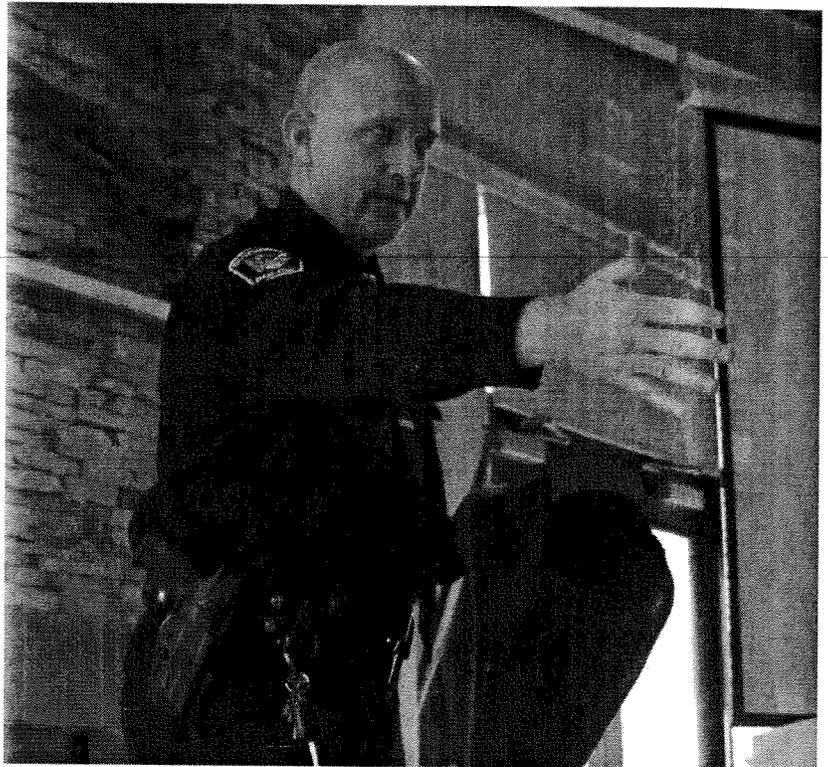
all in any number of ways – goods costing more due to shoplifting, increased health-related costs, and the fear and lack of trust that follows. Hamilton County’s law enforcement agencies remain committed to educating the public about heroin and related issues. Activities related to this objective will include the following:

- Continue to collaborate with organizations and citizens through forums such as the Hamilton County ROE Workgroup.
- Partner with community organizations and churches to educate the general public and elected officials about heroin and its long-term public safety consequences.

STRATEGY #3: Explore the feasibility of implementing harm reduction measures on a larger scale.

Street level officers are often the first to come into contact with someone who has overdosed on heroin or other opiates. To this end, the Cincinnati Exchange Project (CEP) has recently trained police in Cincinnati’s central business district to administer naloxone to people who have overdosed on opiates. Additional activities to advance this strategy include the following

- Explore the feasibility of equipping more police cruisers in Hamilton County with naloxone
- Equip more police cruisers



The Coalition for a Drug-Free Greater Cincinnati

with protective gloves and safe disposal receptacles to facilitate the collection of discarded needles found in public places.

- Collaborate with local media outlets and others to promote unused prescription “take-back days” and drop-box locations in Hamilton County.

Hamilton County’s law enforcement agencies remain committed to educating the public about heroin and related issues.

■■■■ WHAT YOU CAN DO NOW

This plan describes a lot of the consequences resulting from the opioid epidemic. But until this point, we have not addressed one of the biggest consequences of all...

Fear.

Fear such as the epidemic is too big to do much about it...or that one of our loved ones will become addicted...or that a loved one who is already addicted will not live long enough to get help. And so on.

Fear is a useful emotion that alerts us to possible danger. This epidemic is fraught with danger. But fear becomes the danger itself when it results in a failure to take action.

By writing this plan, the ROE Workgroup has provided a framework through which Workgroup participants can take immediate action, or to continue actions already underway.

But to reverse the course of the epidemic, we need the help of every Hamilton County resident. Here are four of many actions you can take now:

- **Talk to your children** about the dangers of illegal drugs,

and about the dangers of drugs in your medicine cabinet. Chances are they know more than you think they do. But they need to hear it from you anyway.

- **Join.** The Hamilton County ROE Workgroup is open to all county residents. Email us at roe@interactforhealth.org to find out more. Or, you can join another coalition that is combating the epidemic in some way. Email the Coalition for a Drug Free Greater Cincinnati at info@drugfreecincinnati.org to find out if your neighborhood already has a coalition.
- **Support.** Most of the providers of harm reduction, prevention, and treatment services are 501(c)3 nonprofits that depend on financial donations and volunteer support to carry out their missions. Check out one of these organizations today.
- **Provide** support for those in recovery from addictive disorders and believe there is hope for change.

Thank you for your interest in helping us combat this public health epidemic.

ENDNOTES

¹ Hamilton County Public Health

² Hamilton County Coroner's Office, 2013 Annual Report

³ Data adapted by OhioMHAS from the Ohio Hospital Association. Map produced March 2014. http://mha.ohio.gov/Portals/0/assets/Research/Maps/Ohio_ER_Discharges_2008_to_2012_v1.pdf

⁴ Smith CB. "Needle exchange marches on after getting the boot." *Cincinnati Enquirer*, 4/5/14.

⁵ Pennebaker H, Law J. (2014, May 12). "Heroin to kill hundreds of Hamilton County residents in 2014, nearly 1,000 statewide." Retrieved from <http://www.wcpo.com/news/local-news/heroin-the-cause-of-death-for-hundreds-of-people-in-hamilton-county-in-recent-years>

⁶ Taylor K. "Tri-state hospitals drug testing mothers prior to delivery." <http://www.fox19.com/story/23344359/cincinnati-area-sees-increase-in-babies-born-addicted-to-drugs>

⁷ Singh M. "Today's heroin addict is young, white and suburban." <http://www.npr.org/blogs/health/2014/05/28/316673753/todays-heroin-addict-is-young-white-and-suburban>

⁸ "Shoveling Up II: The Impact of Substance Abuse on Federal, State, and Local Budgets." National Center on Addiction and Substance Abuse at Columbia University, May 2009.

⁹ <http://www.cdc.gov/hiv/prevention/ongoing/costeffectiveness/>

¹⁰ Marmor and Miller, 2013. A public health and healthcare spending time bomb: Hepatitis C. *Forbes Magazine*, as retrieved from <http://www.forbes.com/sites/henrymiller/2013/06/19/a-public-health-and-healthcare-spending-time-bomb-hepatitis-c>

¹¹ The C. Everett Koop Institute, Dartmouth Medical School. <http://www.epidemic.org/thefacts/theepidemic/USHealthCareCosts/>

¹² Pollack A. "Harvoni, a Hepatitis C drug from Gilead, wins F.D.A. approval." *New York Times*. 10/10/14. http://www.nytimes.com/2014/10/11/business/harvoni-a-hepatitis-c-drug-from-gilead-wins-fda-approval.html?_r=1

¹³ Ohio Substance Abuse Monitoring Network. "Drug Abuse Trends in the Cincinnati Region," OSAM Drug Trend Report June 2013 - January 2014.

¹⁴ Institute for Research, Education, and Training in Addictions. *Addictions Treatment: When Knowing the Facts Can Help*. <http://files.ireta.org/today/05.pdf>

¹⁵ Heroin. (n.d.). In The Partnership at DrugFree.org. Retrieved from <http://www.drugfree.org/drug-guide/heroin>.

¹⁶ Wood G. 2014. Drug dealers aren't to blame for the heroin boom. Doctors are. *New Republic*. 3/19/14. <http://www.newrepublic.com/article/116922/what-makes-heroin-crisis-different-doctor-prescribed-pills>

¹⁷ Muhuri PK, Gfroerer M, Davies C. "Associations of nonmedical pain reliever use and initiation of heroin use in the United States." *SAMHSA CBHSQ Data Review*. August 2013.

¹⁸ Wood G. 2014. Drug dealers aren't to blame for the heroin boom. Doctors are. *New Republic*. 3/19/14. <http://www.newrepublic.com/article/116922/what-makes-heroin-crisis-different-doctor-prescribed-pills>

¹⁹ Interview with Barry Meier, author of *A World of Hurt: Fixing Pain Medicine's Biggest Mistake, Join Together*, September, 213. As retrieved from: http://www.drugfree.org/join-together/addiction/problems-with-long-term-opioid-use-how-we-got-here?utm_source=Join%20Together%20Daily&utm_campaign=8fe7682375-JT_Daily_News_Problems_With_Long_2013&utm_medium=email&utm_term=0_97f4d27738-8fe7682375-221298449.

²⁰ Pilcher J, Bernard-Kuhn L. "Across the US, an explosion of addiction. *Cincinnati Enquirer*. 6/15/14.

²¹ <https://prod.ada.ohio.gov/SEOWPublic/FileList.aspx?County=hamilton>

²² <https://prod.ada.ohio.gov/ControlledReports/?ReportFolder=SeowReports&ReportName=ParameterLine&Id=1172&Parameter=hamilton>

²³ Data adapted by OhioMHAS from the Ohio Hospital Association. Map produced March 2014. http://mha.ohio.gov/Portals/0/assets/Research/Maps/Ohio_ER_Discharges_2008_to_2012_v1.pdf

²⁴ <http://www.healthy.ohio.gov/vipp/drug/dpoison.aspx>

²⁵ Poturalski H. "Drug overdose rate among women skyrockets. *Dayton Daily News*, posted 8/4/14.

²⁶ <https://prod.ada.ohio.gov/ControlledReports/?ReportFolder=SeowReports&ReportName=ParameterLine&Id=1328&Parameter=hamilton>

²⁷ <http://www.drugabuse.gov/publications/research-reports/heroin/why-are-heroin-users-special-risk-contracting-hiv-aids-hepatitis-b-c>

²⁸ Hamilton County Public Health

²⁹ Marmor and Miller, 2013. A public health and healthcare spending time bomb: Hepatitis C. *Forbes Magazine*, as retrieved from <http://www.forbes.com/sites/henrymiller/2013/06/19/a-public-health-and-healthcare-spending-time-bomb-hepatitis-c>

³⁰ The C. Everett Koop Institute, Dartmouth Medical School. <http://www.epidemic.org/thefacts/theepidemic/USHealthCareCosts/>

³¹ Pollack A. "Harvoni, a Hepatitis C drug from Gilead, wins F.D.A. approval." *New York Times*, 10/10/14. http://www.nytimes.com/2014/10/11/business/harvoni-a-hepatitis-c-drug-from-gilead-wins-fda-approval.html?_r=1

³² Su J, Brook RA, Kleinman NL, Corey-Lisle P. 2010. The impact of hepatitis C virus infection on work absence, productivity, and healthcare benefit costs. *Hepatology*, 52(2): 436-42.

³³ Ibid

³⁴ Minutes from the Cincinnati Board of Health meeting, 2/28/12 <http://www.cincinnati-oh.gov/health/linkservid/497C7414-A6A5-0A78-AB65606EA3C1678C/showMeta/0/>

³⁵ Haverkos HW, Lange WR. (1990) Serious infections other than human immunodeficiency virus among intravenous drug abusers. *Journal of Infectious Diseases*. 161: 894-902. Miro JM, del Rio A, Mestres CA (2001. Infective endocarditis in intravenous drug abusers and HIV-1 infected patients. *Infectious Disease Clinics of North America*. 16: 273-295.

³⁶ Law J. "'I'm pregnant and I'm a heroin addict.' Cincinnati mother describes struggle to get clean." <http://www.wcpo.com/news/local-news/i-team/im-pregnant-and-im-a-heroin-addict>

³⁷ Taylor K. "Tri-state hospitals drug testing mothers prior to delivery." <http://www.fox19.com/story/23344359/cincinnati-area-sees-increase-in-babies-born-addicted-to-drugs>

³⁸ Perinatal News & Events (newsletter of the Cincinnati Children's Perinatal Outreach Program). July 2014, Vol VIII, Issue 4.

³⁹ Ungar L. "Kentucky sees surge in addicted infants." *The Louisville Courier-Journal*, updated 8/27/12, retrieved from <http://usatoday30.usatoday.com/news/health/story/2012-08-26/kentucky-babies-addiction/57331390/1>

⁴⁰ Ohio Department of Rehabilitation and Correction. <http://www.drc.ohio.gov/web/Snapshots/>

hamilton%202013.pdf

⁴¹ Ibid

⁴² Ibid

⁴³ Lorentz J, Hill L, Samimi B. (2000). Occupational needlestick injuries in a metropolitan police force. *American Journal of Preventive Medicine*, 18(2): 146-50

⁴⁴ Email correspondence with City of Blue Ash Fire Department

⁴⁵ "Heroin use soars in Ohio child custody cases," Associated Press, 5/14/14. <http://www.wlwt.com/news/heroin-use-soars-in-ohio-child-custody-cases/25976910>

⁴⁶ Ibid

⁴⁷ Letter to the editor from Gayle Channing Tenenbaum, Public Children Services Association of Ohio. "Bill brings some help for opiate addiction, but more is needed." *Columbus Dispatch*, 5/17/14. <http://www.dispatch.com/content/stories/editorials/2014/05/17/bill-brings-some-help-for-opiate-addiction-but-more-is-needed.html>

⁴⁸ Email correspondence with Hamilton County Jobs and Family Services

⁴⁹ Essex R. "Here's how to get Rx drugs off the streets." *Cincinnati Enquirer*, 3/12/14.

⁵⁰ Ibid

⁵¹ <http://www.cdc.gov/homeandrecreationalsafety/rxbrief/>

⁵² <http://www.cdc.gov/vitalsigns/opioid-prescribing/>

⁵³ Bischoff LA. "BWC works to curb opiate abuse: Controlled substance prescriptions for chronic care won't be covered unless provider participates in tracking system." *Norwalk Reflector*, 1/31/14. <http://www.norwalkreflector.com/article/4084196>

⁵⁴ Ibid

⁵⁵ Ibid

⁵⁶ Coalition for a Drug Free Greater Cincinnati. <http://www.drugfreecincinnati.org/pages/coalitionstrategies/subcat/11/>

⁵⁷ Coalition for a Drug Free Greater Cincinnati. <http://www.drugfreecincinnati.org/pages/coalitionstrategies/subcat/11/>

⁵⁸ http://www.uc.edu/wellness/topic_areas/drugs.html

⁵⁹ Institute for Research, Education, and Training in Addictions. *Addictions Treatment: When Knowing the Facts Can Help*. <http://files.ireta.org/today/05.pdf>

⁶⁰ National Institute on Drug Abuse (2012). *Principles of Drug Addiction Treatment: A Research-Based Guide (3rd edition)*. NIH Publication No. 12-4180. http://www.drugabuse.gov/sites/default/files/podat_.pdf

⁶¹ National Center on Addiction and Substance Abuse at Columbia, 2009. *Shoveling Up II: The Impact of Substance Abuse on Federal, State, and Local Budgets*.

⁶² Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Ohio, 2013*. HHS Publication No. SMA-13-4796OH. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

⁶³ Community Plan submitted by the Hamilton County Mental Health and Recovery Services Board to the Ohio Department of Mental Health and Addiction Services. <http://mha.ohio.gov/>

Portals/0/assets/Planning/CommunityPlan/2014/Hamilton%202014%20Community%20Plan.pdf

⁶⁴ Center for Substance Abuse Treatment. *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs*. Treatment Improvement Protocol (TIP) Series 43. HHS Publication No. (SMA) 12-4214. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.

⁶⁵ National Institute on Drug Abuse. *Medication-Assisted treatment for Opioid Addiction*, revised April 2012 as retrieved from: <http://www.drugabuse.gov/publications/topics-in-brief/medication-assisted-treatment-opioid-addiction>

⁶⁶ Community Plan submitted by the Hamilton County Mental Health and Recovery Services Board to the Ohio Department of Mental Health and Addiction Services. <http://mha.ohio.gov/Portals/0/assets/Planning/CommunityPlan/2014/Hamilton%202014%20Community%20Plan.pdf>

⁶⁷ http://buprenorphine.samhsa.gov/bwns_locator/

⁶⁸ http://www.cdc.gov/idu/facts/aed_idu_syr.pdf

⁶⁹ Ibid

⁷⁰ Allen W. "County Hepatitis C rates down in 2012." *Portsmouth Daily Times*, 7/30/14. http://portsmouth-dailytimes.com/news/home_top-news/50117569/County-Hepatitis-C-rates-down-in-2012#.U_28-dm9LCQ

⁷¹ <http://www.cdc.gov/hiv/prevention/ongoing/costeffectiveness/>

⁷² Miller T, Hendrie D. *Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis*, DHHS Pub. No. (SMA) 07-4298. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2008.

⁷³ <http://www.cadca.org/files/SevenStrategies4CommunityChange.pdf>

⁷⁴ <http://www.theatlantic.com/health/archive/2012/09/the-289-billion-cost-of-medication-noncompliance-and-what-to-do-about-it/262222/>

⁷⁵ Coalition for a Drug Free Greater Cincinnati, 2012 CDFGC Online Community Survey

⁷⁶ <http://www.mayoclinic.org/diseases-conditions/prescription-drug-abuse/basics/risk-factors/con-20032471>

⁷⁷ <http://www.search-institute.org/research/developmental-assets>

⁷⁸ http://www.webmd.com/pain-management/chronic-pain-11/alternative_treatments

