



John R. Kasich, Governor
Tracy J. Plouck, Director

Community Courage: **Battling the Disease of Addiction**

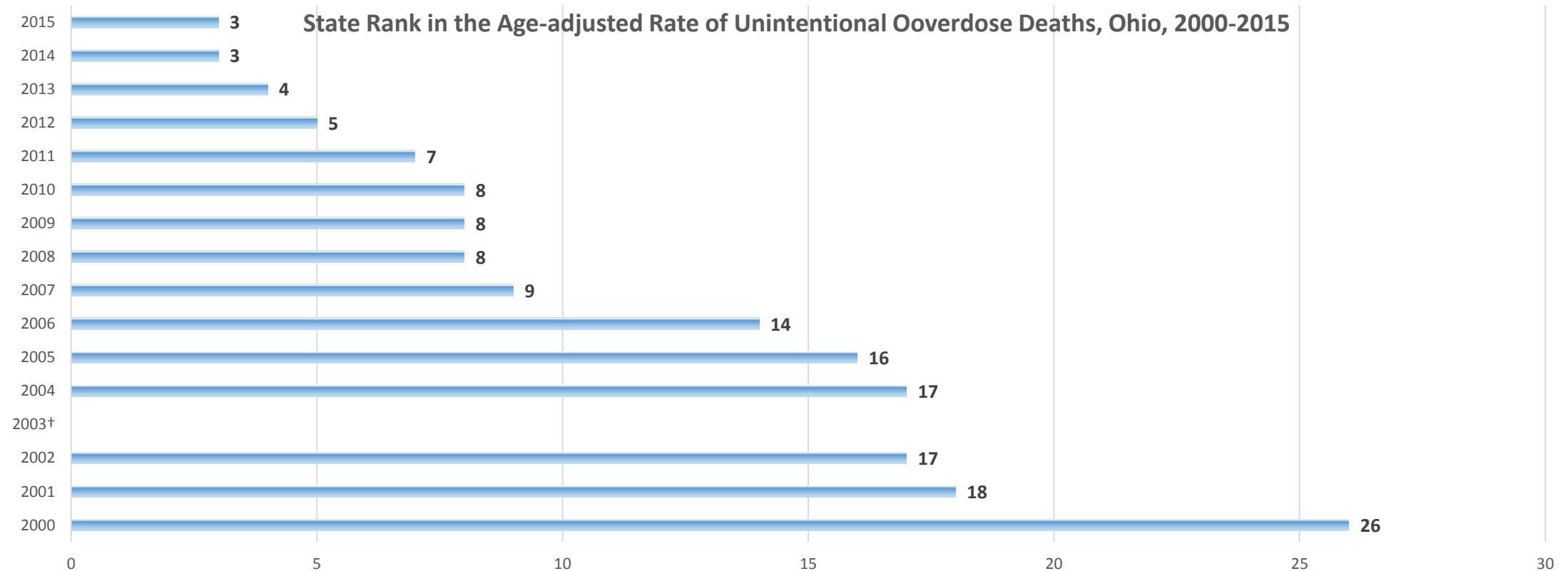
Andrea Boxill, MA

Governor's Cabinet Opiate Action Team, GCOAT

Our goal is to help reduce and eliminate misuse and abuse of all drugs and to prevent addiction and deaths from opioid drugs in Ohio.



State Rank in the Age-adjusted Rate of Unintentional Drug Overdose Deaths, Ohio, 2000 - 2015



Data to inform our decisions:

Unintentional overdose **deaths** in Ohio

2012 = 1,914 (36% from heroin/ 3% from Fentanyl)

2013 = 2,110 (46% from heroin/ 3% from Fentanyl)

2014 = 2,482 (47% from heroin/ 20% from Fentanyl)

2015 = 3,050 (46% from heroin/ 36% from Fentanyl)

*2016 = 4,159 (36% from heroin/ 58% from Fentanyl)

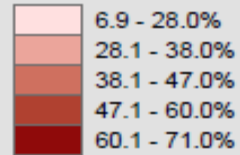


Treatment Admissions



Legend

Percentage of clients



■ Fewer than 25 clients

▨ Between 25 and 49 clients

□ ADAMHS Boards

Map Information:

This map represents the percentage of unduplicated clients with a primary diagnosis of opiate use disorder (OUD) served in each county during SFY 2011. The average rate of clients with a primary diagnosis of OUD across counties was 24.8%. The highest rates were found in Scioto county (71.0%), Lawrence county (60.4%), and Pike county (53.2%). The lowest rates were found in Tuscarawas county (7.0%), Darke county (10.2%), and Allen county (12.6%).

Counties that reported fewer than 25 clients are signified by gray, and no rate is given. Counties with 25-49 clients are signified by diagonal lines.

County borders are outlined in gray. ADAMHS Boards areas are outlined in black, and may overlap county borders.

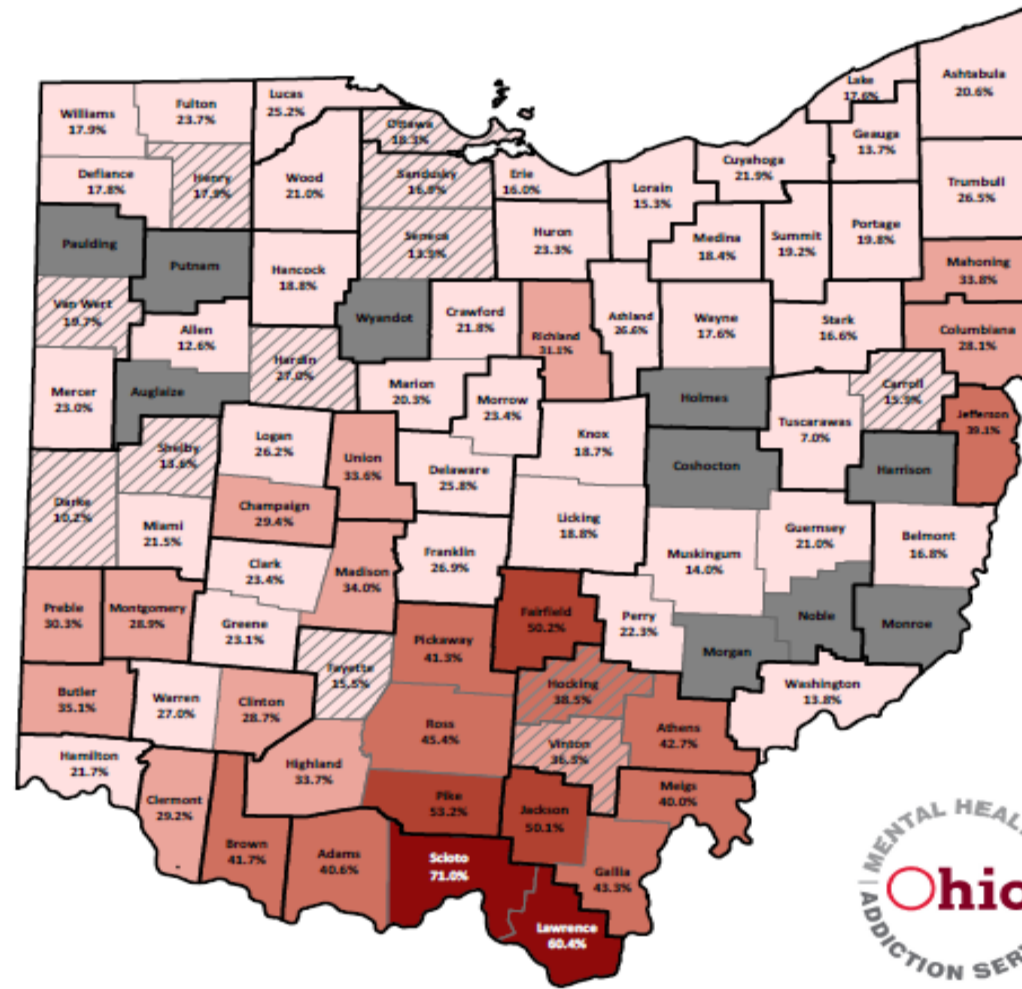
Map produced February 2018

Jessica Linley, PhD & Laura Potts, MA

Data Source: Multi Agency Community Information Systems (MACSIS) and Medicaid Information Technology System (MITS)

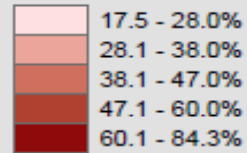
Treatment for Opiate Use Disorder

Percentage of Unduplicated Clients in SFY 2011



Legend

Percentage of clients



Between 25 and 49 clients

ADAMHS Boards

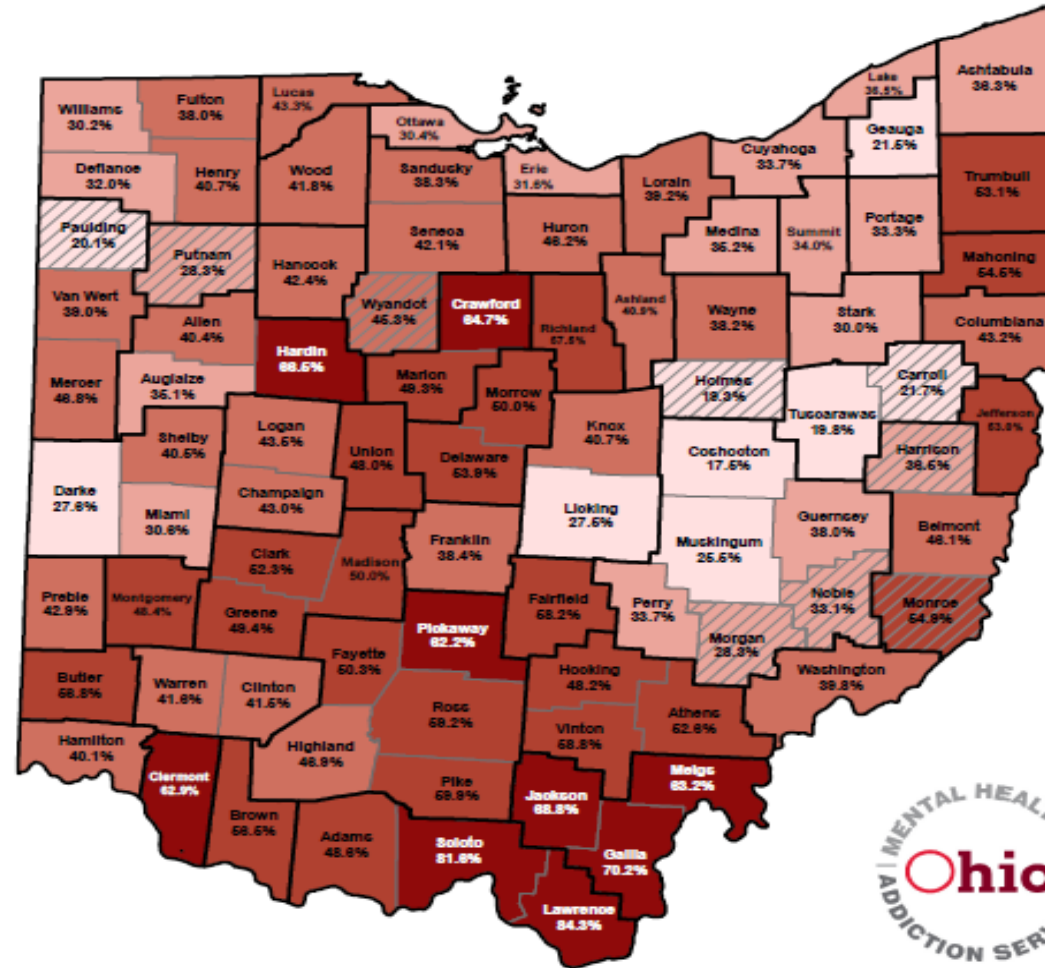
Map Information:

This map represents the percentage of unduplicated clients with a primary diagnosis of opiate use disorder (OUD) served in each county during SFY 2015. The average rate of clients with a primary diagnosis of OUD across counties was 43.7%. The highest rates were found in Lawrence county (84.3%), Scioto county (81.6%), and Gallia county (70.2%), all located in the southern tip of the state. The lowest rates were found in Coshocton county (17.5%), Holmes county (19.3%), and Tuscarawas county (19.8%), all located in the eastern central area of the state.

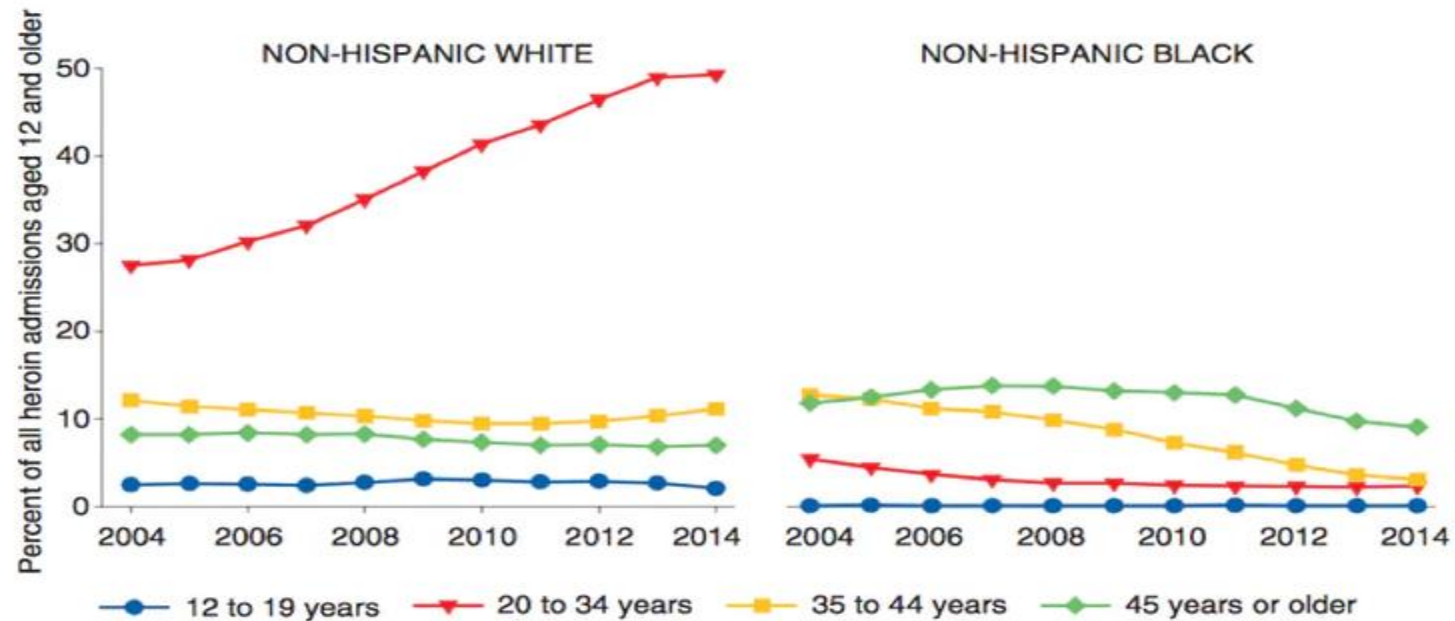
All counties reported 25 or more clients. Counties with 25-49 clients are signified by diagonal lines. County borders are outlined in gray. ADAMHS Boards areas are outlined in black, and may overlap county borders.

Map produced October 2017
 Jessica Linley, PhD & Laura Potts, MA
 Data Source: Multi Agency Community Information Systems (MACSIS) and Medicaid Information Technology System (MITS)

Treatment for Opiate Use Disorder Percentage of Unduplicated Clients in SFY 2015



Ethnicity



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 02.01.16.

Substance Abuse and Mental Health Services Administration

How Did We Get Here?



The Perfect Storm:

FDA

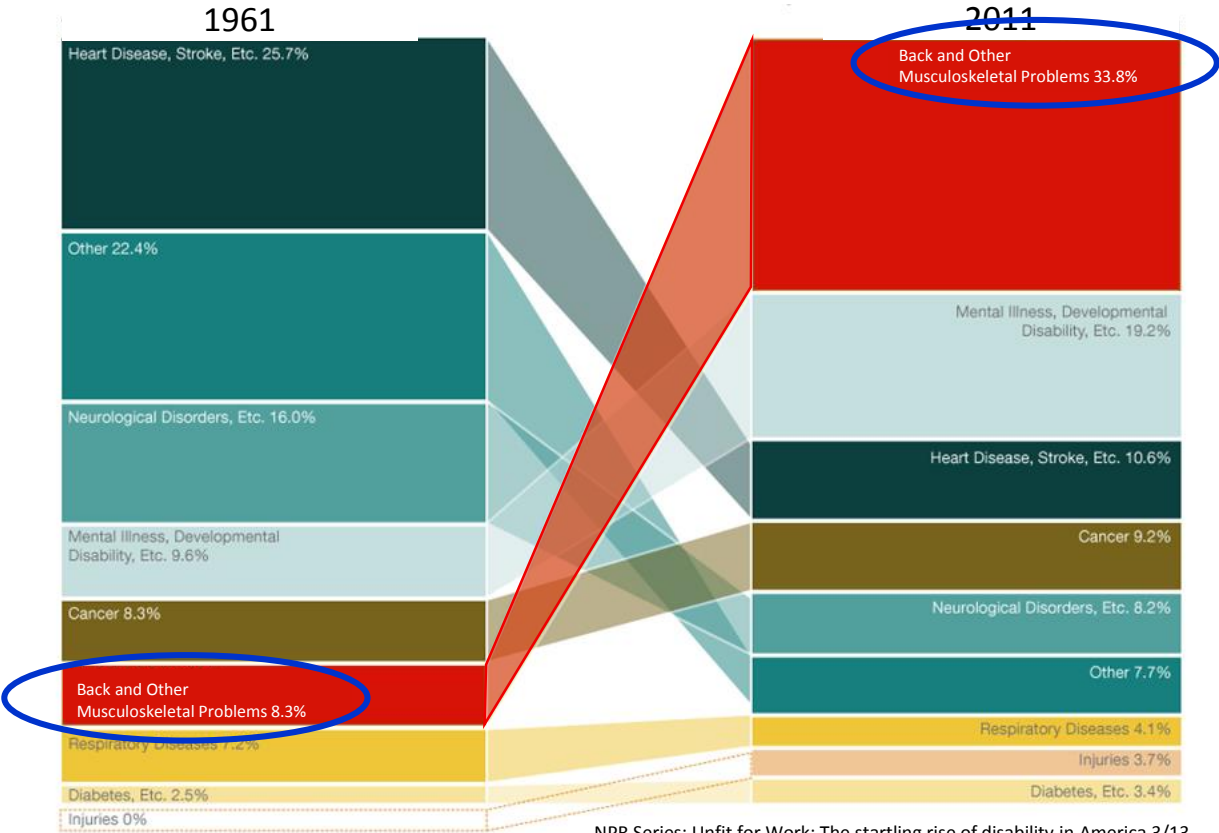
Marketing by Purdue Pharma

Press Ganey

Level of Prescribing

Policy Making

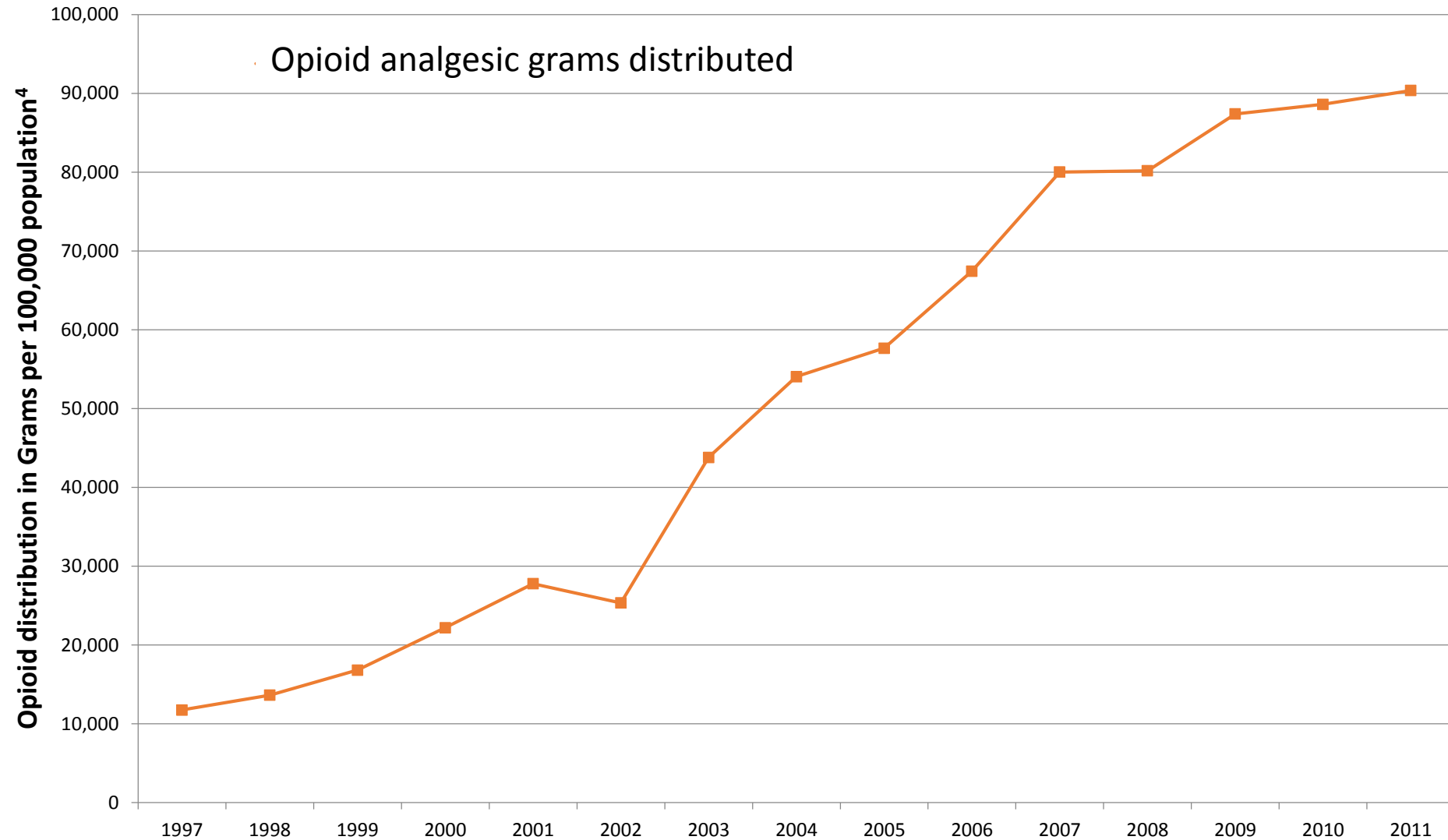
Is There a Societal Benefit from Chronic Opioid Treatment of Benign Pain?



<http://apps.npr.org/unfit-for-work/>

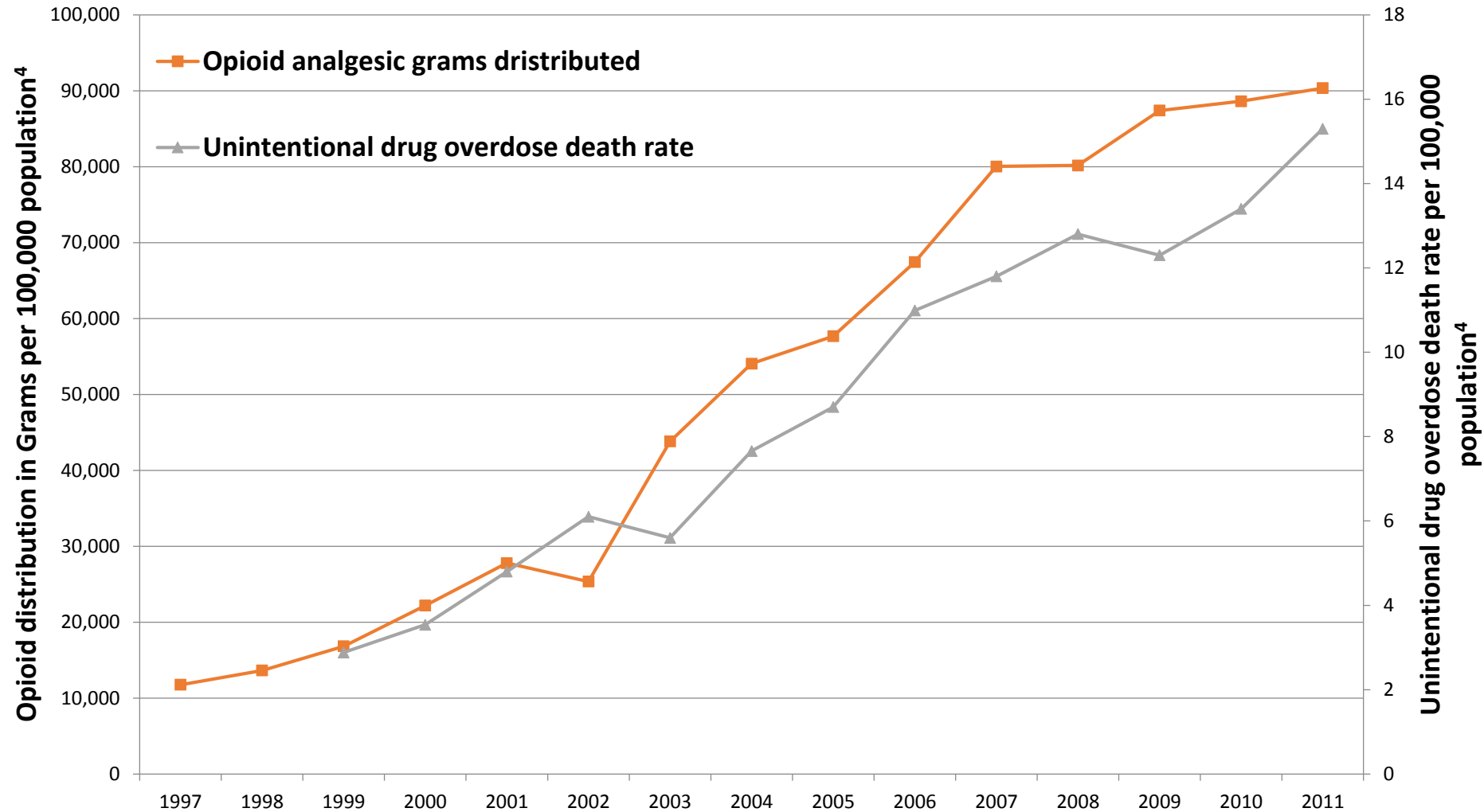
NPR Series: Unfit for Work: The startling rise of disability in America 3/13
Data from Social Security Administration

Distribution Rates of Prescription Opioids in Grams per 100,000 population, Ohio, 1997-2011¹⁻³



Sources: 1. Ohio Vital Statistics; 2. DEA, ARCOS Reports, Retail Drug Summary Reports by State, Cumulative Distribution Reports (Report 4) Ohio, 1997-2011
http://www.dea diversion.usdoj.gov/arcos/retail_drug_summary/index.html; 3. Calculation of oral morphine

Unintentional Drug Overdoses & Distribution Rates of Prescription Opioids in Grams per 100,000 population, Ohio, 1997-2011¹⁻³

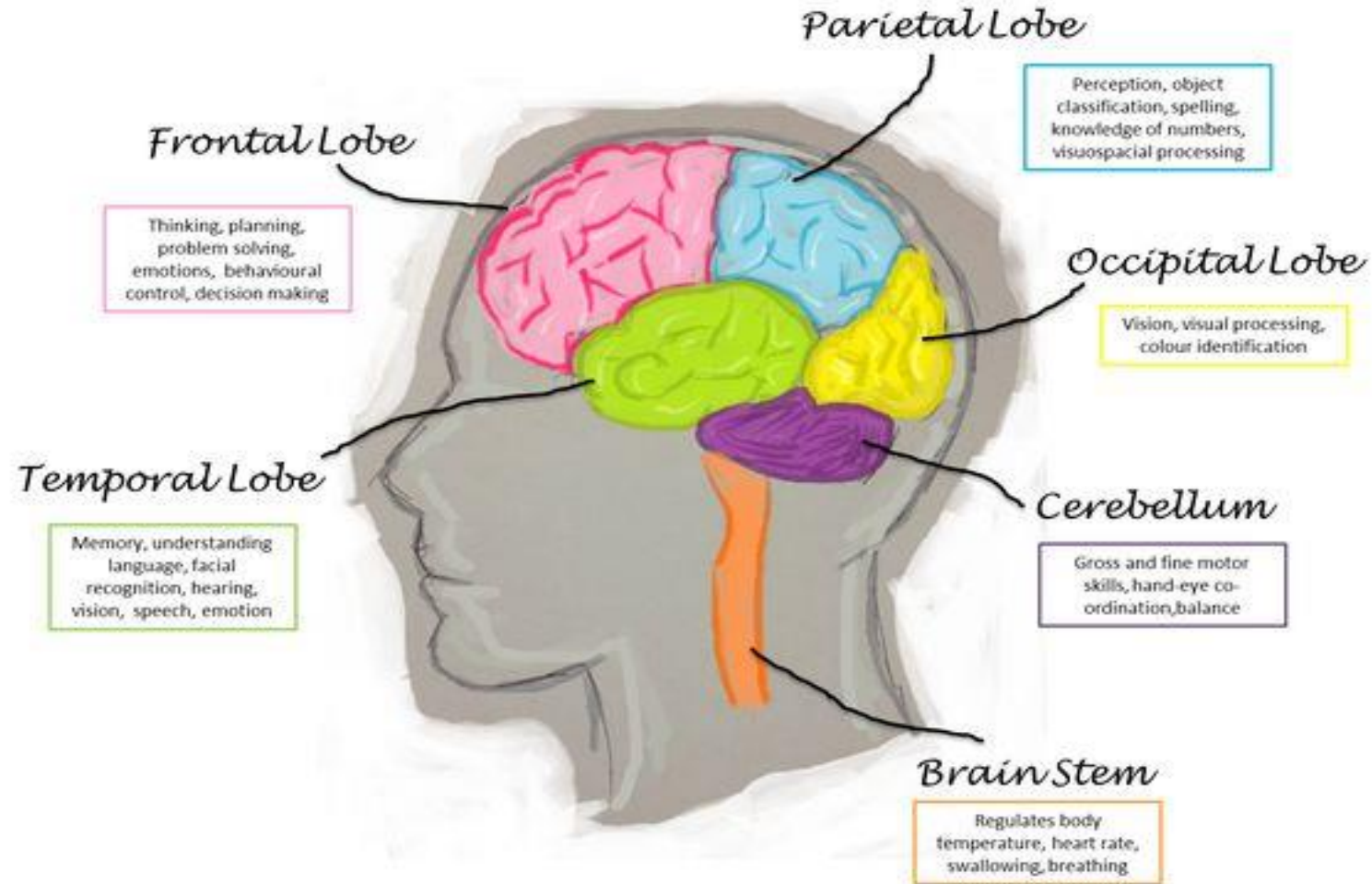


Sources: 1. Ohio Vital Statistics; 2. DEA, ARCOS Reports, Retail Drug Summary Reports by State, Cumulative Distribution Reports (Report 4) Ohio, 1997-2011
http://www.dea diversion.usdoj.gov/arcos/retail_drug_summary/index.html; 3. Calculation of oral morphine

For Many Addicted to Opioids it Starts Here



What's does the Brain Have to do With Addiction?

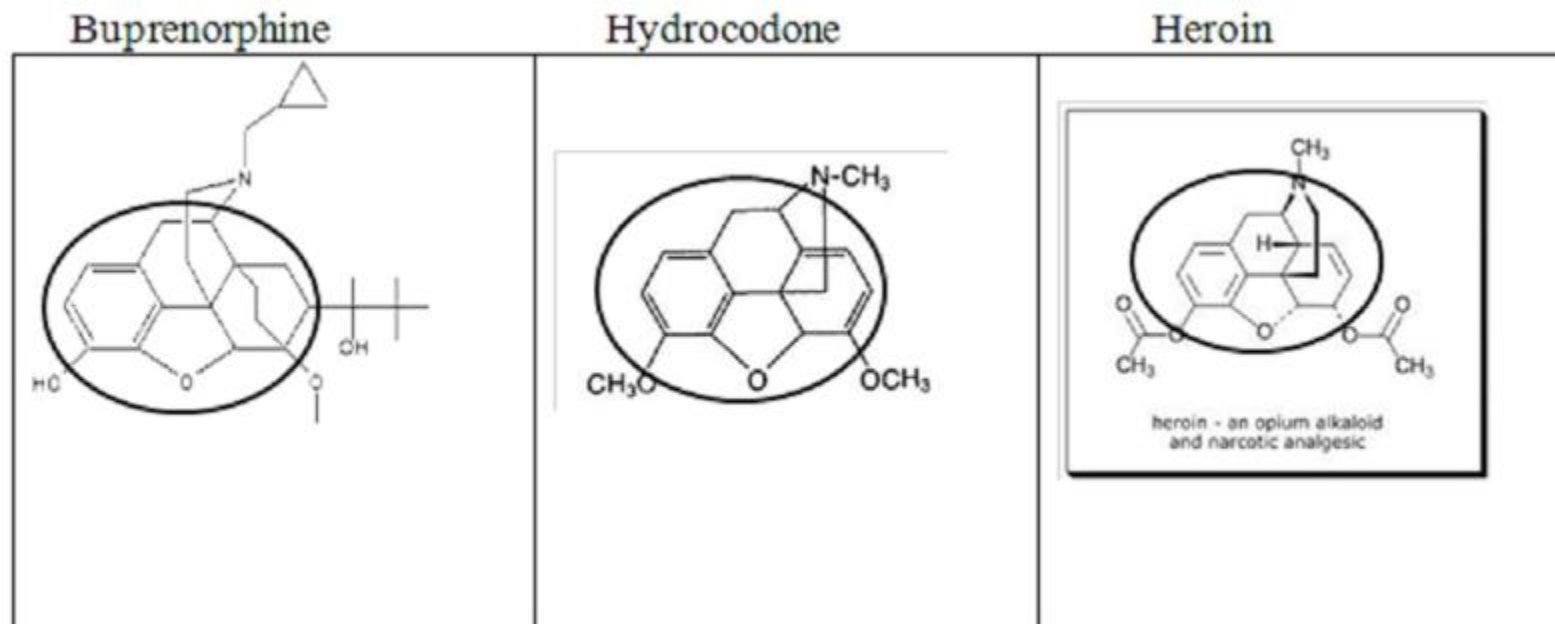


Adverse Childhood Experiences

The ACE pyramid represents the conceptual framework for the ACE Study. The Ace Study has uncovered how ACEs are strongly related to development of risk factors for disease, and well-being throughout the life course.



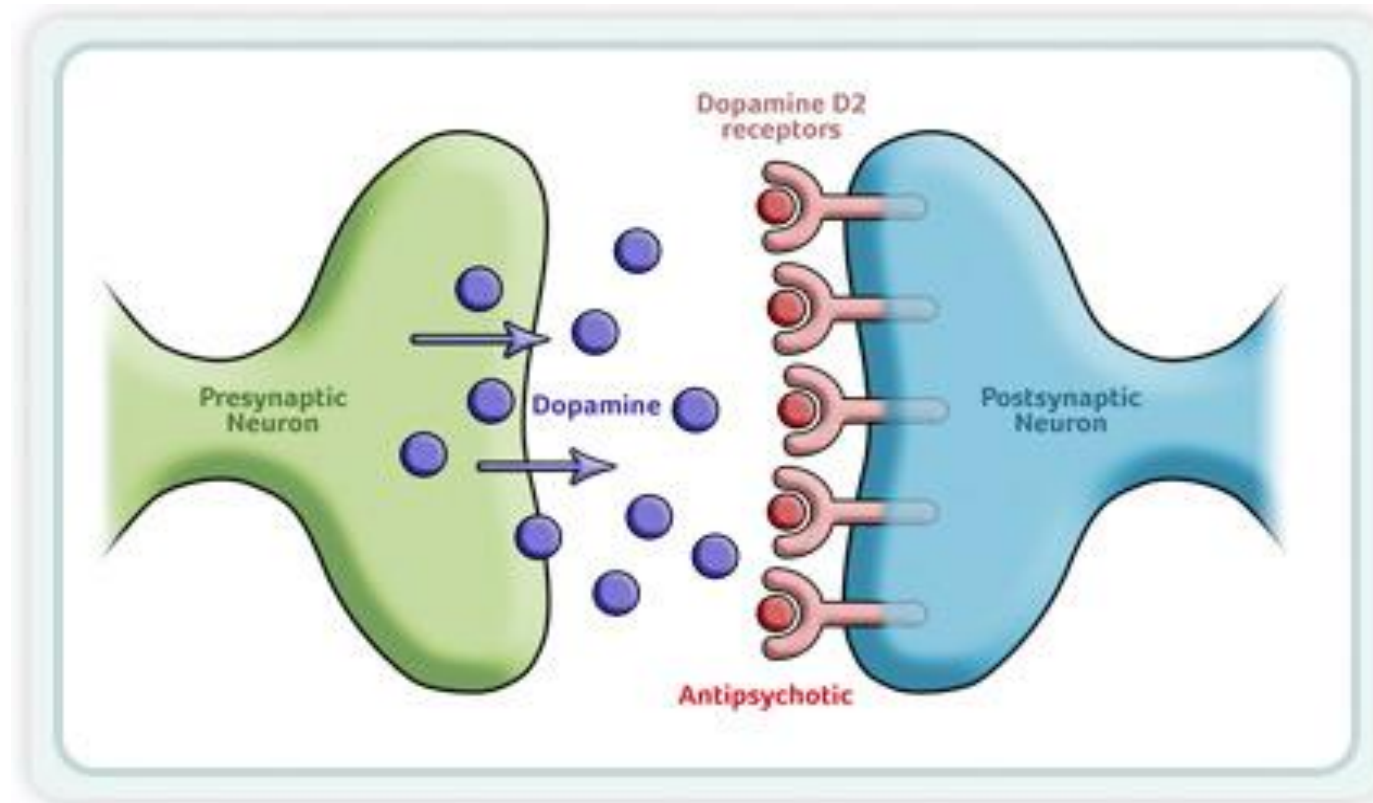
What is an Opioid? What is Heroin?



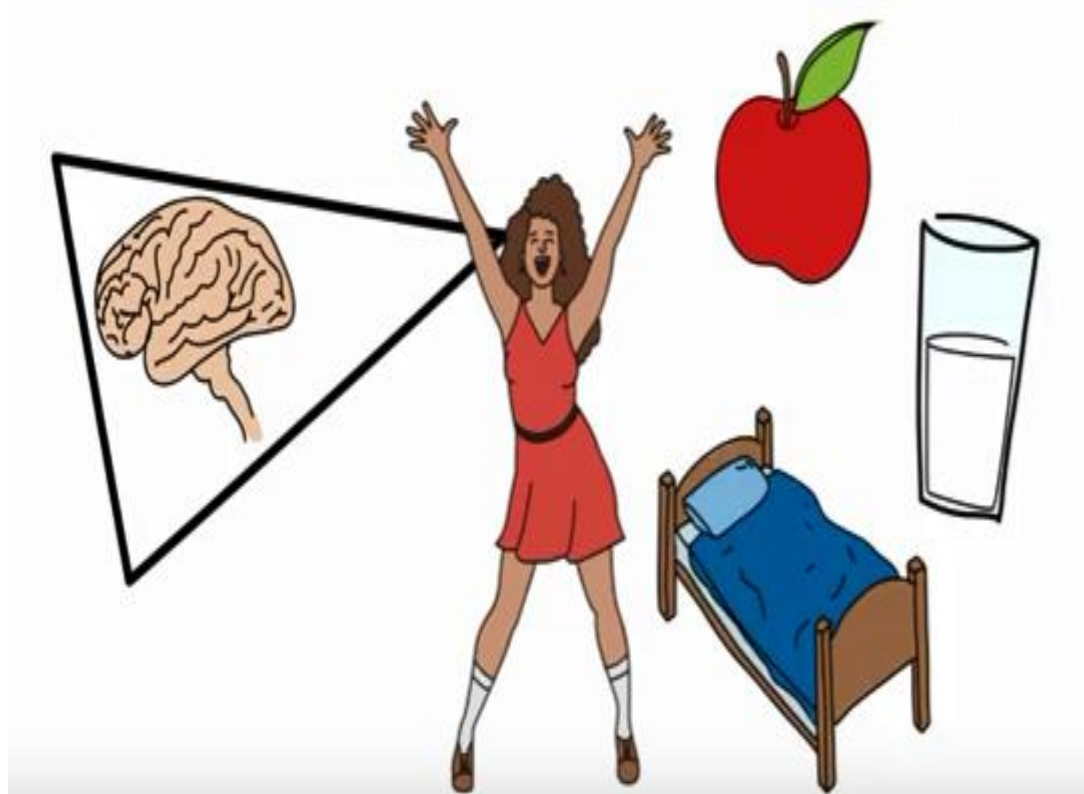
Whatever You Do is Result of Messages in the Brain



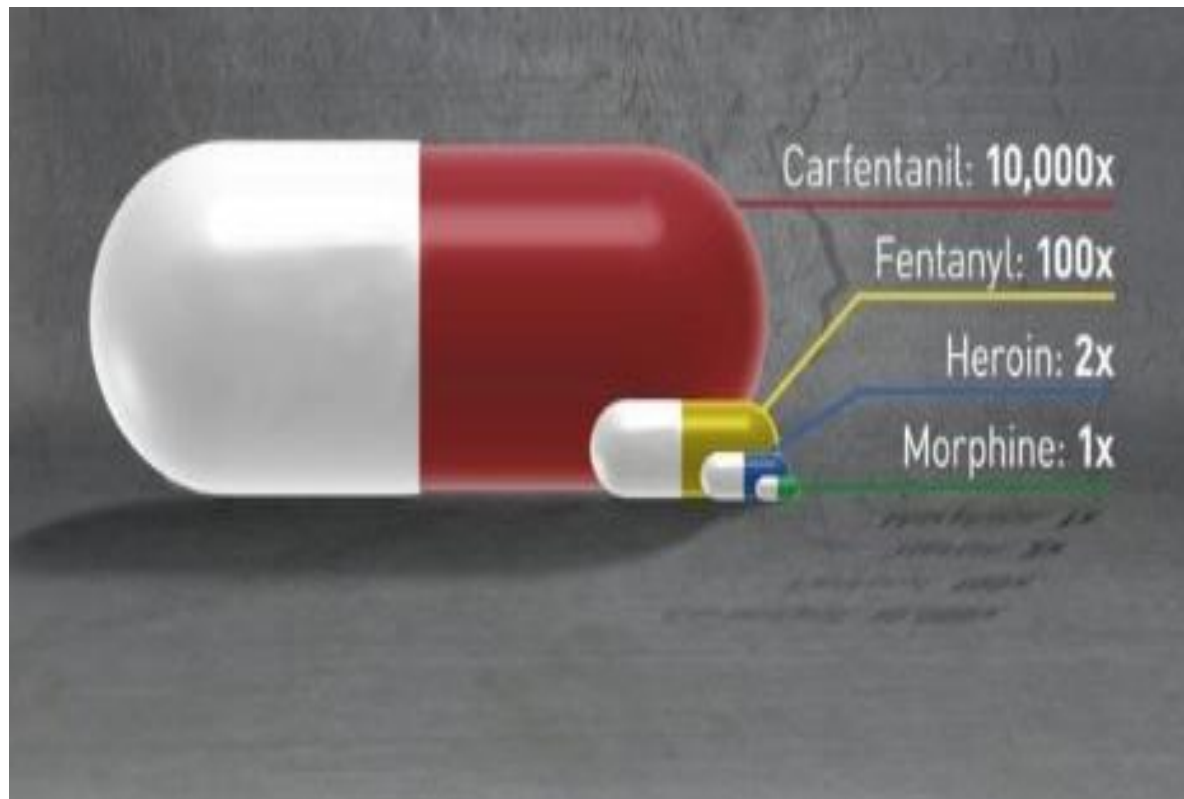
Clogging Up The Message Center



Message Center



Don't be Deceived



Behavioral Signs and Symptoms

Frequently late or absent from work

Lack of motivation or energy

Increased secrecy

Irritable and fits of anger

Mistakes being made or forgetfulness

Physical appearance changes as though there is no interest in presentation

I

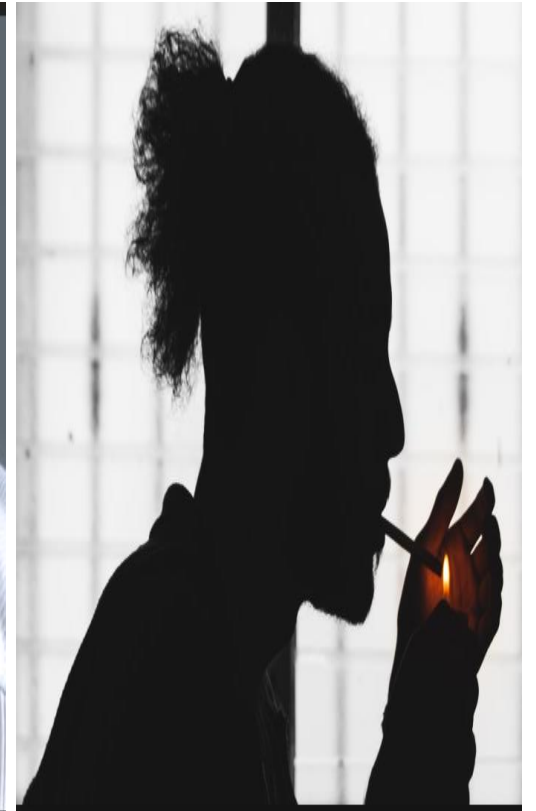
Compulsive behaviors

Inability to concentrate, lack of focus

Increased smoking

Not meeting social or family obligations

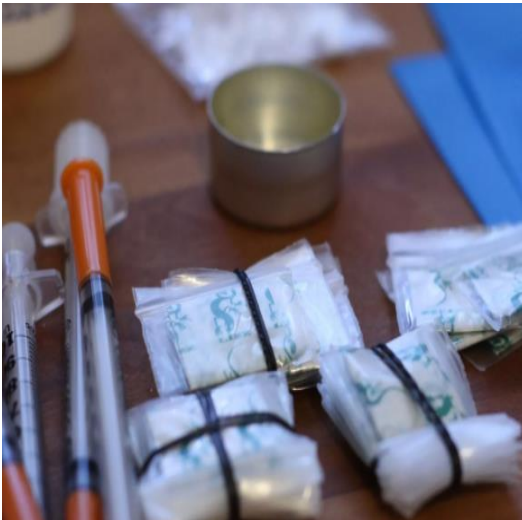
Anxiety and impatient: awaiting phone calls



Environmental Signs and Symptoms

*Aluminum Foil/Tin Foil balls
Burnt spoons
Broken pens and cut straws
Cut Cigarette filters
Stolen credit cards or lots of credit cards
Plastic bottle caps
Burn marks in the carpet in the car or house*

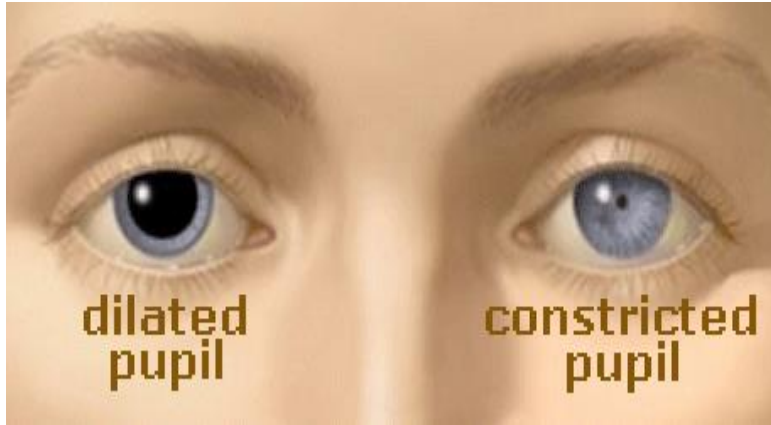
*Vent screws missing
Folded receipts or lottery papers
Q-tip running out quickly
Small plastic bag corners ties up
Disguised heroin kits
Blood stains on bedding and clothes
Black smudge marks on the wall from the fingers*



Environmental Signs and Symptoms

Long sleeves in warm weather
Fever
Constricted pupils
Sores are on arms, legs, neck
Blackened fingers
Raspy Voice
Slurred speech

Pale
Sudden loss of hair
Vomiting
Itching, scratching, bruises
Loss of appetite
Drowsiness
Needle marks



The Costs to Doing Business

If one in five Americans reports having a family member addicted to painkillers, then chances are your place of employment has an employee that is addicted.

- Absenteeism increases costing American employers \$1.1 billion per year.
 - Healthcare costs related to addiction indicate that private health insurance claims related to opioid dependence soared by 3,204% from 2007-2014.
 - Turnover results in having to pay to hire and train a new employee which also causes slower productivity.
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What Is the State Doing?

- “Start Talking!” “KnowTips”
- Medicaid Expansion
- Recovery Requires a Community, (Housing)
- Interdiction that Includes Treatment: Quick Response Teams:



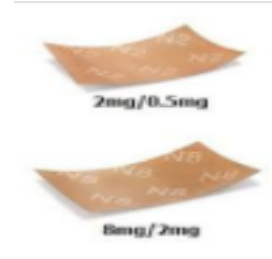
What Is the State Doing?

- Prescribing Protocols Guidelines for prescribers in EDs, chronic care facilities and treatment and acute care settings
- Ohio Automated RX Reporting System Prescription Drug Monitoring Program
- Opioid Action Guideline
- Epi-Alerts from the Ohio Department of Health
- Social marketing campaign geared towards prescribers, caregivers and patients.



What Is the State Doing?

- Addiction Treatment Program:
Drug courts in 21 counties (39 courts) that have funding to support Medication Assisted Treatment



- Maternal Opiate Medical Support, MOMS
A systemic change in addressing pregnant moms that struggle with opioid use. It involves wrap around services with detailed algorithms for the team to assist mom in her recovery and the delivery of a healthy baby.

The State's Strategies

- Increase access to Medication Assisted Treatment
- Provide recovery support services through peer support specialists, access to recovery housing, and recovery support services
- Provide services to families that are comprehensive and focus on both the caregiver(s) and the children
- Increase judicial oversight with specialized court docket programs
- Collaborate with all systems; the local health department, educational service centers, Alcohol, Drug and Mental Health Boards and law enforcement
- Establish programming and infrastructure that looks at short-term and long-term goals.



What Does the Brain Have to Do With Addiction?



- Naloxone Access:
\$750,000 allocated to local health departments to provide to first responders that do not otherwise carry the medication.
 - Passed HB 4 making Naloxone available for purchase over the counter.
-

Call 9-1-1 and Administer



Substance Use Disorders Are Treatable

- Over a million Ohioans are currently or have previously experienced a substance use disorder
- Addiction is a chronic, bio-behavioral disease that requires chronic bio-behavioral treatment
- Successful treatment addresses the biological, and social aspects of the disease in a comprehensive manner and generally requires both non-medication and medication treatments
- Recovery is not only possible, it is likely in motivated patients receiving appropriate and consistent treatment



Contact Information



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