Combating the Opiate Crisis in Ohio

In 2011, Governor John R. Kasich announced the establishment of the Governor’s Cabinet Opiate Action Team to fight opiate abuse in Ohio. Ohio is combating drug abuse through many initiatives on several fronts at the state and local levels involving law enforcement, public health, addiction and treatment professionals, health care providers, educators, parents and many others. It will take some time for the full impact of more recent initiatives to be reflected in reducing the number of drug overdose deaths.

For more information, visit http://mha.ohio.gov/gcoat.

Law Enforcement: Cracking Down on Drug Trafficking

Interdiction by law enforcement is a necessary intervention in combating the opiate epidemic. Yet, the opiate issue is one of the more complex drug challenges that law enforcement has ever faced. Coordination across jurisdictions and with regulatory boards is a critical step.

• **2011:** Governor Kasich signs HB 93 into law to shut down “pill mill” pain clinics that fuel Ohio’s opiate crisis.

• **2011:** The Ohio State Highway Patrol seizes more than 38,000 prescription pills and 16,400 grams of heroin during calendar year 2011.

• **2012:** Ohio hosts first statewide Opiate Summit, drawing more than 1,000 addiction, law enforcement, policy and medical professionals.

• **2012:** The Ohio State Highway Patrol seizes more than 39,900 prescription pills and 34,800 grams of heroin during calendar year 2012.

• **2013:** A partnership with local law enforcement is strengthened by investing $3 million in behavioral health programs through local jails to reduce recidivism.

• **2013:** Ohio Attorney General Mike DeWine establishes the Attorney General’s Heroin Unit, which assists local law enforcement in investigating and prosecuting upper-level drug traffickers in Ohio.

• **2013:** The Ohio State Highway Patrol seizes more than 54,200 prescription pills and 46,200 grams of heroin during calendar year 2013.

• **2014:** Ohio Attorney General Mike DeWine awards more than $500,000 to law enforcement in Allen County to combat the flow of heroin along I-75.

• **2014:** The Ohio Attorney General’s Office launches Heroin Recognition and Investigation Training for law enforcement through the Ohio Peace Officer Training Academy.

• **2014:** The Ohio State Highway Patrol seizes more than 37,900 prescription pills and 14,100 grams of heroin during calendar year 2014.

• **2015:** The State of Ohio Board of Pharmacy trains local law enforcement agencies on how to conduct drug overdose investigations, including the use of the Ohio Automated Rx Reporting System.

• **2015:** The Ohio State Highway Patrol seizes more than 34,000 prescription pills and 18,300 grams of heroin.

• **2015:** The State of Ohio Board of Pharmacy links data from the Ohio Automated Rx Reporting System to overdose death data provided by the Ohio Department of Health to identify prescribers linked to drug overdose deaths. The Pharmacy Board also works closely with prescriber regulatory boards to conduct joint investigations of prescribers for violations of criminal and administrative law.
• **2015:** The Ohio Department of Public Safety releases the 2016–2018 Drug Interdiction, Disruption and Reduction Plan, which builds on the successes achieved since 2011 with the development of a new phase in coordination involving Ohio’s 41 drug task forces, in association with the Ohio National Guard and the Ohio Department of Mental Health and Addiction Services, and in cooperation with international, national, state and local agencies.

• **2015-16:** Inappropriate opiate prescribing continues to be one of the top reasons the State Medical Board of Ohio takes action on a physician’s license, with more than 165 prescribing complaints results in State Fiscal Year 2016.

• **2016:** The Ohio State Highway Patrol seizes 173 pounds of heroin and 64,471 opioid pills. Arrests for illegal drugs increase 136 percent from 2010 (5,643) to 2016 (13,334).

• **2016:** The Ohio State Highway Patrol crime lab encounters a significant increase in fentanyl submissions: 175 submissions in 2016 compared to 103 in 2015.

• **2016:** The State of Ohio Board of Pharmacy works with Governor Kasich to obtain emergency authorization to make a synthetic opiate known as U-47700 a Schedule I controlled substance and subject to criminal drug penalties. U-47700, which is nearly eight times stronger than morphine, is linked to several non-fatal overdoses and at least one death in Northeast Ohio. By taking immediate action, Ohio becomes the first state in the nation to specifically ban this lethal substance.

• **2016:** The U.S. Department of Justice selects the State of Ohio Board of Pharmacy to receive a $400,000 grant to hire additional agents specifically assigned to review the Ohio Automated Rx Reporting System data for violations of criminal and administrative law.

• **2016:** Troopers with the Ohio State Highway Patrol begin carrying naloxone to treat overdoses.

• **2011-2018:** The State Medical Board of Ohio takes disciplinary action against more than 300 medical licenses (doctors and physician assistants) for violations involving improper prescribing of prescription drugs.

• **2016-2017:** During State Fiscal Year 2017, the Ohio Department of Public Safety Office of Criminal Justice Services provides more than $5.5 million in funding to support 40 local drug task forces throughout Ohio.

• **2017:** The Drug Incident Summary Collection Overview system is announced. This data collection partnership between Ohio’s 41 drug task forces and the El Paso Intelligence Center provides Ohio task force commanders and federal law enforcement leaders with accurate, real-time statistics to support effective deployment of resources.

• **2017:** The first Drug Interdiction, Disruption & Reduction Symposium is held to enhance collaboration and response among law enforcement, public safety advocates, prevention and treatment providers.

• **2017:** The Ohio State Highway Patrol seizes more than 32,000 opioid pills and 165 pounds of heroin. State Troopers also make more than 16,000 illegal drug arrests, a 25 percent increase compared to 2016.

• **2017:** The 2018-19 state budget contains $2 million to be distributed by the Ohio Department of Health to reimburse Ohio coroners for toxicology testing performed as part of drug overdose death investigations. Toxicology testing is performed to identify the type and amount of drugs in a person’s body to help determine cause of death. Drug overdose death data provided to the state by county coroners helps inform Ohio’s efforts to combat drug overdoses and save lives.

• **2017-2018:** The Ohio Department of Public Safety’s Office of Criminal Justice Services continues to collect Ohio Incident-Based Reporting System data on drug-trafficking and possession arrests.

• **2017-2018:** Additional funding administered by the Ohio Department of Public Safety’s Office of Criminal Justice Services makes it possible for drug task forces to exist in all 88 counties.
• **2017-2018:** The Ohio Department of Public Safety’s Office of Criminal Justice Services provides more than $7 million in funding to support 40 local drug task forces throughout Ohio.

• **2018:** In the first eight months of 2018, State Troopers have seized 131 pounds of heroin and more than 14,000 opioid pills.

**Preventing Youth Drug Use Before it Starts**

To help prevent youth drug use before it starts, Governor Kasich launched *Start Talking!* in January 2014. *Start Talking!* is Ohio’s statewide youth drug prevention initiative that brings together proven prevention strategies to promote the importance of having drug-free conversations with our youth. Research shows that children whose parents or other trusted adults talk with them about the risks of drugs are up to 50 percent less likely to use drugs. Combining a variety of already-proven outreach tools and programs, *Start Talking!* has engaged more than 182,000 students and has provided parent tips to more than 60,000 adults. Visit the *Start Talking!* website at [http://starttalking.ohio.gov](http://starttalking.ohio.gov) for details.

• **2013-14:** More than 16,500 high school student-athletes participate in *5 Minutes for Life* sessions held before or after practice, during which Ohio state troopers, local law enforcement officers and Ohio National Guard members talk about responsible decision-making, leadership and encouraging their peers to live a drug-free lifestyle.

• **2014:** An additional 6,400 parents, teachers and employers sign up for *Know!* tips and *TEACHable Moments*, with a total reach of more than 40,000 as a result of organizations sharing the information. They join a subscriber base of more than 60,000.

• **2014:** An overview of *Start Talking!* is presented to approximately 500 nurses at three Ohio Department of Health Regional School Nurse Conferences.

• **2014:** Governor Kasich signs HB 367 into law, requiring school districts to provide education about prescription medication and opiate abuse.

• **2014-2015:** More than 17,700 student-athletes participate in *5 Minutes for Life* sessions held during practices.

• **2014-2015:** *Start Talking!* awards 22 grants totaling $1.5 million to communities to help strengthen school-based prevention and resiliency programming for at-risk youth.

• **2015:** The Ohio Department of Health releases results of the Ohio Youth Risk Behavior Survey, which indicates a 50 percent decrease in the number of Ohio teens who used a prescription painkiller without a doctor’s prescription.

• **2015:** *Start Talking!* is displayed at the Ohio Department of Health’s annual New School Nurse Orientation.

• **2015-2016:** The *5 Minutes for Life* program is expanded in 2015 to be available year-round. During the 2015-16 school year, more than 53,000 students participate in program presentations.

• **2016:** More than 60,000 parents and teachers receive bi-weekly *Know!* parent tips and *TEACHable Moments*.

• **2017:** Total student attendance across nearly 1,100 *5 Minutes for Life* presentations since the program was created tops 180,000. In addition, a total of 2,800 students became ambassadors promoting healthy lifestyles among their peers.

• **2017:** 800 teachers and 200 partners from school districts across Ohio trained in the nationally-recognized PAX Good Behavior Game to support the implementation of this evidence-based practice that produces prevention results in the classroom and increases academic achievement.
• **2017-2018:** Ohio develops the Health and Opioid Abuse Prevention Education (HOPE) Curriculum for students in grades K-12. Curriculum materials and professional development training are available at no charge for Ohio school districts. To date, more than 30 professional development trainings for teachers and school administrators have been held.

**Encouraging Appropriate Use and Availability of Pain Medication**

Ohio officials have worked diligently with the medical community to find the right balance between making sure pain interventions are available to patients who need it while taking important steps to limit the number of opiate prescription medications that are diverted and sold on the street for illicit use.

• **2011:** The Governor’s Cabinet Opiate Action Team develops low-dose protocol for buprenorphine and Suboxone.

• **2012:** The Ohio Attorney General’s Office, the Ohio Department of Health, the Ohio Department of Mental Health and Addiction Services, and Drug Free Action Alliance (now the Prevention Action Alliance) launch the Ohio Prescription Drug Drop-Box Program by providing secure disposal bins to more than 60 law enforcement agencies.

• **2012:** The Governor’s Cabinet Opiate Action Team rolls out opiate prescribing guidelines for hospital emergency departments and acute care facilities.

• **2013:** The Governor’s Cabinet Opiate Action Team introduces prescribing guidelines for Ohio's opiate prescribers for safe management of chronic, non-terminal pain.

• **2014:** The Ohio Department of Health provides seed funding for local prescription drug overdose prevention projects in Cuyahoga County, Clermont County and the City of Portsmouth with a grant from the Centers for Disease Control and Prevention. The projects include coalition development, health care prescriber education and health care system changes for safer prescribing practices.

• **2014:** The State of Ohio Board of Pharmacy adopts rules authorizing pharmacies to accept unused or expired prescription controlled substances from the public.

• **2014:** The State of Ohio Board of Pharmacy receives a $386,000 federal grant to make enhancements to improve the use of the Ohio Automated Rx Reporting System.

• **2014:** To improve care to veterans and reduce prescription drug abuse, the State of Ohio Board of Pharmacy completes a project that allows the Veterans Health Administration to report all prescription controlled substances dispensed from their Ohio facilities to the Ohio Automated Rx Reporting System.

• **2014:** An analysis of data from the Ohio Automated Rx Reporting System shows a 10.8 percent reduction in the number of Ohio patients receiving prescription opiates (excluding Suboxone) at doses greater than the 80 mg Morphine-Equivalent Daily Dose since the establishment of Ohio’s opiate prescribing guidelines in October 2013.

• **2015:** The Governor’s Cabinet Opiate Action Team releases a Health Resource Toolkit for health care providers to address opiate abuse.

• **2015:** Use of the Ohio Automated Rx Reporting System continues to increase — Ohio prescribers and pharmacists make more than 13 million requests for patient information in the drug monitoring system.

• **2015:** The State of Ohio Board of Pharmacy provides health care regulatory boards with the names of more than 15,500 clinicians who violated Ohio laws by prescribing opiates and benzodiazepines and not checking the Ohio Automated Rx Reporting System.

• **2015:** Prescription drug take-back targeted at state employees nets more than 100 pounds of unused, expired or unwanted prescription medications (roughly 95,000 pills).
• **2015:** The Centers for Disease Control and Prevention selects Ohio among 16 states to receive between $750,000-$1 million a year over four years to combat prescription drug overdoses. The funding is used to enhance prescription drug-monitoring programs; educate providers and patients about the risks of prescription drug overdose; work with health care systems, insurers and professionals to help them make informed decisions when prescribing pain medication; and respond to new and emerging drug overdose issues.

• **2015:** The U.S. Department of Justice selects the State of Ohio Board of Pharmacy to receive a $200,000 grant to develop educational resources on prescription drug monitoring for health care schools, colleges and medical residency programs.

• **2015:** Governor Kasich announces an investment of up to $1.5 million a year to integrate the Ohio Automated Rx reporting System directly into electronic medical records and pharmacy dispensing systems across the state, allowing instant access for prescribers and pharmacists.

• **2015:** The number of opiate doses dispensed to Ohio patients decreased by almost 92 million from 2012 to 2015.

• **2015:** The number of individuals “doctor shopping” for opiates decreased from 2,493 in 2010 to 720 in 2015, according to data from the State of Ohio Board of Pharmacy’s Ohio Automated Rx Reporting System.

• **2015:** The State Medical Board adopts office-based opiate treatment rules to provide uniform standards for treating patients with opiate addiction using buprenorphine.

• **2016:** The Governor’s Cabinet Opiate Action Team launches guidelines for the management of acute pain outside hospital emergency departments and acute care facilities. The guidelines address treatment without drugs, non-opiate drug treatment and safe opiate drug treatment.

• **2016:** Data from the Ohio Automated Rx Reporting System finds that doctor shopping for prescription opiates has decreased more than 78 percent since 2012.

• **2016:** The State of Ohio Board of Pharmacy issues updated rules requiring increased use of the Ohio Automated Rx Reporting System by pharmacists prior to dispensing controlled substance medications.

• **2016:** The State Medical Board of Ohio develops an online education video to promote the new prescribing guidelines for acute pain outside of hospital emergency departments and acute care facilities. More than 11,000 health care professionals complete the video, including the pre- and post-questions. Participation includes dentists and optometrists — segments that have not traditionally been included in opiate education.

• **2016:** To ensure compliance with laws requiring prescriber use of the Ohio Automated Rx Reporting System, the State of Ohio Board of Pharmacy begins sending monthly referrals to licensing boards of prescribers who may have failed to use the system as required.

• **2016:** In response to Ohio Automated Rx Reporting System data provided by the State of Ohio Board of Pharmacy, the State Medical Board of Ohio begins monthly communications to licensees who may not have complied with Ohio law requiring the use of the drug monitoring system. These communications result in the increased use of the system by Medical Board licensees.

• **2016:** The Ohio Department of Public Safety’s Office of Criminal Justice Services received nearly $20,000 in grant funding through the Harold Rogers Prescription Drug Monitoring Program to work with the State of Ohio Board of Pharmacy to evaluate the impact of the Ohio Automated Rx Reporting System integration in pharmacies.

• **2016-17:** The Ohio Department of Health is awarded a four-year federal grant totaling $8.2 million to combat prescription drug overdoses. The department awards funds to high-burden counties to implement comprehensive prescription drug overdose prevention programs focusing on coalition development, prescriber education, increasing prescriber use of the Ohio Automated Rx Reporting System and connecting people at risk of a drug overdose, such as individuals released from jail, with naloxone and other community resources.
• **2017:** The Ohio Automated Rx Reporting System reports a record high of 265,242 requests by prescribers and pharmacists in a single day. By comparison, the single day high in 2016 was 86,129 prescriber and pharmacist requests.

• **2017:** Ohio becomes the first state in the Midwest to offer acupuncture as a covered service through the Ohio Department of Medicaid as an evidence-based, non-opioid alternative treatment.

• **2017:** Ohio's Opiate Mid-biennium Budget Review package (SB 319) ends an exemption in Ohio law that had allowed sole proprietors — medical doctors, veterinarians, dentists and other health care professionals in private practices — to distribute controlled substances to their patients without any oversight from the State of Ohio Board of Pharmacy.

• **2017:** Efforts by the State of Ohio Board of Pharmacy to integrate the Ohio Automated Rx Reporting System into electronic health records and pharmacy dispensing systems result in more than 1,700 pharmacists and 12,000 prescribers having immediate access to the drug monitoring system.

• **2017:** The Ohio Dental Association and Ohio State Dental Board survey dentists' opioid prescribing habits and offer multiple educational opportunities to members to promote safe prescribing.

• **2017:** New rules effective in August limit the amount of opiates that can be prescribed for acute pain to seven days for adults and five days for minors.

• **2017:** The Ohio Bureau of Workers’ Compensation announces that since the creation of the its first-ever formulary and other pharmacy-management efforts, opiate prescriptions have steadily fallen, and the number of injured workers clinically-dependent on opioids has dropped 54 percent.

• **2017:** The Ohio Board of Pharmacy upgrades OARRS to Appriss Health's NarxCare® platform. Ohio healthcare providers now have access to new tools, including scores that calculate a patient’s possible risk of overdose and addiction, red flags to alert prescribers of a potential patient safety issue, interactive visualization of prescription data, a messaging option to communicate with other healthcare providers and the ability to search for local addiction treatment providers.

• **2017:** Ohio drug court programs gain access to OARRS providing judges with additional means of verifying compliance with court ordered treatment.

• **2017:** The Ohio Board of Pharmacy makes considerable progress in promoting integration of OARRS into electronic health records and pharmacy dispensing systems. Because of these efforts, nearly 20,000 pharmacists and prescribers have direct access to OARRS as part of their workflow.

• **2017:** The Ohio Board of Pharmacy rules make Ohio the first state in the country to require all prescribers to include a diagnosis code on opiate prescriptions. This data will be used to enforce new limits on opiate prescribing and to better inform future prescribing interventions.

• **2017:** The American Medical Association declares: "Ohio is leading the nation" when it comes to checking the prescription drug monitoring program (PDMP/OARRS) before prescribing a controlled substance.

• **2017-2018:** The Ohio Department of Health launches a public awareness campaign called “Take Charge Ohio” to encourage and empower prescribers, their patients and the public to safely manage pain and prevent pain medication abuse. The campaign gives prescribers tools and resources to use with their patients, including brochures, fliers and posters, available on the campaign website at TakeChargeOhio.org.
• **2017-2018:** The Ohio Department of Public Safety’s Office of Criminal Justice Services continues to use grant funding through the Harold Rogers Drug Monitoring Program to work with the State of Ohio Board of Pharmacy to evaluate the impact of the Ohio Automated Rx Reporting System integration in pharmacies.

• **2018:** The Ohio Department of Health awards funding to local health departments and other community organizations to build capacity in additional high-burden counties to pursue prescription drug overdose prevention initiatives.

• **2018:** The Ohio Board of Pharmacy announces new regulations to create uniform guidelines for drug wholesalers.

• **2018:** Ohio announces rules that will support safer and more responsible opioid prescriptions for the treatment of chronic (12+ weeks) and sub-acute (6-12 weeks) pain. Our anticipated effective date is in November 2018.

• **2018:** In June 2018, the Ohio Automated Rx Reporting System (OARRS) averaged 500,000 inquiries per weekday. This is more than a 13-fold increase since 2014, when the average was 38,000 requests per weekday.

**Saving Lives by Expanding Access to Overdose Antidote**

Ohio has taken steps to prevent drug overdose deaths through the expanded availability and use of the opiate overdose reversal drug naloxone. Ohio’s naloxone efforts also serve to educate individuals who are addicted on available treatment options.

• **2012:** The Ohio Department of Health provides seed funding for a pilot naloxone education and distribution program called Project DAWN (Deaths Avoided with Naloxone) in Scioto County.

• **2013:** The Ohio Department of Health funds additional Project DAWN sites in Ross, Stark and Hamilton Counties. These sites joined existing sites in Cuyahoga, Scioto and Montgomery counties.

• **2013:** The Ohio Department of Mental Health and Addiction Services begins offering Project DAWN kits to patients leaving state psychiatric hospitals who are at-risk of overdose.

• **2013:** Governor Kasich signs SB 57 into law establishing a one-year naloxone pilot project in Lorain County that permits first responders to administer naloxone.

• **2013:** Ohio EMS personnel administer naloxone 12,533 times.

• **2014:** Gov. Kasich signs HB 170 into law, expanding the use of naloxone so that first responders can administer the drug, and allowing family and friends to get prescriptions for loved ones at risk of overdosing on opiates.

• **2014:** The Ohio Attorney General’s Office develops an online training course for law enforcement and an educational video for the public regarding the administration of naloxone.

• **2014:** Ohio EMS personnel administer naloxone 16,545 times.

• **2014:** Fourteen Project DAWN programs provide 2,894 naloxone kits with 190 overdose reversals/lives saved.

• **2015:** Thirty-four Project DAWN community sites operate in 27 counties, and 16 sites operate in drug addiction treatments centers and hospital emergency departments.

• **2015:** Ohio Attorney General Mike DeWine negotiates an agreement with naloxone manufacturer Amphastar Pharmaceuticals, Inc., regarding rebates for public entities that purchase Amphastar naloxone.

• **2015:** Governor Kasich signs HB 4 into law, further expanding access to naloxone by permitting pharmacists to dispense it without a prescription.
- **2015:** To assist pharmacies in the implementation of HB 4, the State of Ohio Board of Pharmacy develops a dedicated web page, [www.pharmacy.ohio.gov/naloxone](http://www.pharmacy.ohio.gov/naloxone), which features helpful resources, including a guidance document, sample protocol and a listing of all participating pharmacies. The Pharmacy Board also offers printed, no-cost patient educational materials to any participating pharmacy.

- **2015:** Ohio EMS personnel administered naloxone 19,670 times.

- **2015:** The State Fiscal Year 2016-17 budget includes an investment of $500,000 per year to purchase naloxone for distribution to law enforcement by local health departments. County health departments utilize this funding to purchase more than 26,500 naloxone doses in SFY 2016 and 2017, resulting in more than 8,700 lives saved.

- **2015:** More than 900 Ohio pharmacies in 79 counties offer naloxone without a prescription.

- **2016:** The Centers for Disease Control and Prevention issues a report based on a team’s visit to Ohio at the Ohio Department of Health’s request to help examine the state’s increase in fentanyl-related drug overdose deaths. The report recognizes Ohio’s comprehensive response to combating the opiate crisis and makes recommendations, including further expanding access to and use of naloxone.

- **2016:** Training videos are posted on the Ohio Department of Public Safety’s EMS website to assist providers with the intranasal and auto-injector administration of naloxone.

- **2016:** The Ohio Department of Health provides funding for new Project DAWN sites in five high-risk counties.

- **2016:** Governor Kasich signs HB 110 which includes Ohio’s "Good Samaritan" provision that will provide immunity from prosecution to those who seek emergency help for the victim of an overdose.

- **2016:** The Ohio Departments of Health and Mental Health and Addiction Services launch a multi-media awareness campaign educating the public in 29 high-burden counties about the signs of a drug overdose and urging family and friends of people who use drugs to carry naloxone and where to get it. The campaign includes billboards, a radio spot and a web page at [stopoverdoses.ohio.gov](http://stopoverdoses.ohio.gov).

- **2016:** Project DAWN programs dispense 10,477 naloxone kits resulting in 907 known overdose reversals.

- **2016:** The State of Ohio Board of Pharmacy issues guidance to hospitals on providing naloxone to patients upon discharge.

- **2016:** Ohio EMS personnel administer naloxone 31,832 times.

- **2017:** The State of Ohio Board of Pharmacy issues guidance to EMS organizations on providing naloxone to individuals treated for an opiate overdose.

- **2017:** The State of Ohio Board of Pharmacy issues a resolution permitting law enforcement and first responder agencies to transfer naloxone between agencies to avoid the expiration of this lifesaving drug.

- **2017:** Project DAWN programs expand to include 65 sites in 52 counties.

- **2017:** More than 1,600 Ohio pharmacies in 87 counties offer naloxone without a prescription.

- **2017:** Ohio’s Opiate Mid-Biennium Budget Review package (SB 319) allows facilities that regularly interact with high-risk individuals to have on-site access to naloxone. Facilities benefiting from this measure include homeless shelters, halfway houses, schools and treatment centers.

- **2017:** The Ohio Department of Health produces a toolkit that local communities can use to implement Project DAWN programs. The toolkit covers such topics as protocols for providing naloxone, sample policies and procedures, sample forms, naloxone grants for counties, and staff training.
• **2017:** The 2018-19 State Budget includes a total investment of $2 million to expand access to and use of naloxone in communities with unmet needs by starting or expanding local Project DAWN programs.

• **2017:** Ohio EMS personnel administer naloxone 47,274 times.

• **2017:** The Ohio Department of Public Safety's Division of Emergency Medical Services (EMS) begins updating naloxone administration data submitted by local EMS agencies on its website weekly.

• **2017:** The Ohio Department of Public Safety's Division of Emergency Medical Services (EMS) establishes a program to assist EMS providers and other first responders with opioid response by acquiring and sharing state and federal opioid response guidance through email notifications and on its website.

• **2017:** The State of Ohio Board of Pharmacy issues new policy to expand access to naloxone by allowing Project DAWN programs to supply naloxone through the mail.

• **2018:** The Ohio Department of Health awards state funding to 17 local health departments and other healthcare and community organizations to start 23 new Project DAWN sites in underserved areas to increase access to and use of naloxone. Funding is allocated for Project DAWN expansion in the 2018-19 State Budget.

### Creating Pathways to Treatment and Recovery

Making sure that Ohioans have access to treatment – including medication-assisted treatment in combination with traditional counseling – along with key recovery supports such as stable housing, employment services, relapse prevention and more has been a critical focus in Ohio.

• **2011:** Governor Kasich signs Executive Order authorizing the expanded use of medication-assisted treatment (buprenorphine, Vivitrol, methadone) in responding to the state’s opiate crisis.

• **2012:** The Ohio Department of Medicaid introduces coverage of medication-assisted treatment services, and removes the requirement for prior authorization on the medication Vivitrol, so that health care professionals can administer the treatment without administrative burden.

• **2012:** The Mid-biennium Budget Review includes $3 million for opiate addiction treatment.

• **2012:** The Office of the Governor awards $2.1 million to Ohio’s children’s hospitals to fund several research projects. Of that total, $1 million was set aside for the development of a standardized treatment protocol for addressing neonatal abstinence syndrome in newborns.

• **2013:** The Ohio Department of Mental Health and Addiction Services receives a $10 million federal grant to support implementation of a screening and wellness tool for physicians called SBIRT (Screening, Brief Intervention and Referral to Treatment). SBIRT also becomes a billable service under Ohio Medicaid.

• **2013:** The new Southern Ohio Addiction Treatment Center is established in Jackson County, addressing a gap in local services for individuals who are opiate-dependent.

• **2014:** Extension of Medicaid coverage in Ohio begins, making addiction treatment services available to more individuals.

• **2014:** The Ohio Department of Mental Health and Addiction Services partners with Ohio Department of Medicaid to launch the Maternal Opiate Medical Support pilot project to develop best practices for treating addicted mothers and for addressing neonatal abstinence syndrome among newborns.

• **2014:** The Mid-biennium Budget Review includes funding for drug prevention, recovery housing and drug courts.

• **2014:** The Ohio Department of Mental Health and Addiction Services launches an Addiction Treatment Project to provide medication-assisted treatment to drug-court participants in six counties.
• 2014: Governor Kasich speaks to teams from across Ohio at a Judicial Symposium to encourage collaborative efforts to fight drug abuse and promote the drug-court model.

• 2014: The Ohio Department of Medicaid and the Ohio Department of Rehabilitation and Correction launch a Medicaid Pre-Release Enrollment Program to help people with behavioral health needs enroll into Medicaid and gain immediate access to needed services and treatment as they transition from prison back into the community.

• 2014-15: Ohio Attorney General Mike DeWine awards a total of $800,000 to Lucas County to develop a pilot program aimed at helping those suffering from heroin addiction get the assistance they need to move toward recovery. The University of Toledo will study and evaluate the effectiveness of the program for its potential use as a model for recovery in other communities across the state.

• 2015: The Ohio Department of Mental Health and Addiction Services participates with the Ohio State Highway Patrol in successful SHIELD details by helping connect drug users intercepted by law enforcement to treatment.

• 2016: The Ohio Departments of Rehabilitation and Correction and Mental Health and Addiction Services expand the availability of treatment within state prisons and upon release, continue to invest in recovery housing, and use appropriated funding to expand the Addiction Treatment Pilot Project to additional counties.

• 2016: The Ohio Department of Public Safety Office of Criminal Justice Services directs $244,000 to help fund five drug treatment projects through the Federal Residential Substance Abuse Treatment Program, which funds addiction treatment in prisons, jails and after-care facilities.

• 2016: The Ohio Bureau of Workers’ Compensation creates a rule requiring physicians to employ current best medical practices when treating injured workers with opioids, including the development of an individualized treatment plan, risk assessment and monitoring of the progress and improvement in the function of the worker.

• 2016: A new rule allows the Ohio Bureau of Workers’ Compensation to provide injured workers with treatment for opiate dependence, including psychological counseling and medication-assisted treatment for recovery.

• 2016: Governor Kasich’s 2016 Mid-biennium Budget Review strengthens oversight by the State of Ohio Board of Pharmacy, and encourages responsible treatment to prevent opiate overdoses. The legislation eliminates outdated requirements that excluded certain qualified providers from operating in Ohio and revises the opiate treatment program rules so they are focused on promotion of national standards set by the American Society of Addiction Medicine. This will allow new operations with experience in other states to open for business here, increasing the availability of treatment options while ensuring these new clinics are under state regulatory control.

• 2016-17: All 27 Ohio prisons offer the Medicaid Pre-Release Enrollment Program and more than 15,000 Ohioans transitioning from prison to the community have been enrolled in a Medicaid managed care plan.

• 2016-2018: The Ohio Department of Public Safety’s Office of Criminal Justice Services continues to support the Heroin Partnership Project, which focuses on opiate overdose prevention and addiction treatment in Ross County.

• 2017: As of March, the Ohio Department of Mental Health and Addiction Services’ Addiction Treatment Program partners with 37 drug or family dependency courts in 22 counties. Since its roll out in January 2016, the program has reached 942 eligible drug-court clients with treatment services and recovery supports.

• 2017: The Ohio Departments of Rehabilitation and Correction and Mental Health and Addiction Services launch a pilot program to deliver medication-assisted treatment for inmates prior to release from prison. This voluntary program provides inmates an initial dose of naltrexone prior to release and linkage to health care providers to ensure continuity of care within the community.

• 2017: To improve patient access, the State of Ohio Board of Pharmacy develops rules permitting pharmacists to administer long-acting, non-narcotic medication-assisted treatment at pharmacies.
• 2017: To ensure medication-assisted treatment is appropriately prescribed, Ohio’s Opiate Mid-biennium Budget Review (SB 319) requires facilities where prescribers treat 30 individuals or more to be licensed by the State of Ohio Board of Pharmacy unless the facility is a licensed hospital or is already certified by the state.

• 2017: Seventy-Six (76) Justice Reinvestment and Incentive Grants were approved for County Common Pleas and local Municipal Courts totaling $26 million for FY18/FY19; $10 million of the total distributed is to address opiate addiction with the criminal justice involved population.

• 2017: The Ohio Department of Public Safety’s Office of Criminal Justice Services directs nearly $345,000 to help fund five drug treatment projects through the Federal Residential Substance Abuse Treatment Program, which funds addiction treatment in prisons, jails and aftercare facilities.

• 2017: The Ohio Bureau of Workers’ Compensation announces that in order to improve outcomes and discourage opioid use, injured workers must first undergo at least 60 days of comprehensive conservative care before considering lumbar fusion surgery.

• 2017: Statewide application introduced in budget bill along with an additional $58 million in community grant funding to treat and supervise low-level, often drug addicted offenders locally through the Targeted Community Alternatives to Prison initiative. Forty-eight counties have volunteered to participate in the grant opportunity prior to it becoming effective in statute by July 1, 2018, and five additional counties are required to participate on July 1, 2018.

• 2017: The U.S. Department of Justice selects the State of Ohio Board of Pharmacy to receive a $400,000 grant to use data from OARRS to identify individuals who are exhibiting possible signs of prescription drug abuse. Once identified, specially trained Board of Pharmacy agents, with the help of law enforcement and treatment professionals, will connect them with appropriate drug treatment or other support services.

• 2017: The Ohio Third Frontier Commission awards $10 million to support high-tech, innovative solutions to the opioid crisis through the Ohio Opioid Abuse, Prevention and Treatment Technology Initiative.

• 2017: The Ohio Third Frontier Commission launches the Ohio Opioid Technology Challenge, with hundreds of new ideas submitted from across the globe.

• 2017-2018: The Ohio Department of Rehabilitation and Corrections (DRC) is currently piloting Medication Assisted Treatment (MAT) at three correctional facilities for eligible individuals who are preparing to reenter Ohio’s communities. DRC is currently preparing to expand the pilot to additional correctional facilities based on the highest volume of releases.

• 2017-2018: 466 physicians and mid-level practitioners attended trainings and received their DEA DATA 2000 Waiver thus far, potentially increasing buprenorphine prescribing capacity by 13,650 patients.

• 2017-2018: Nine new opioid treatment programs (OTPs) brought on to serve patients with opioid use disorder, bringing the total number of SAMHSA-certified OTPs in Ohio to 37.

• 2018: The State Medical Board of Ohio revises rules on medication assisted treatment for opioid misuse. The rules are being modified to strike a proper balance between access to opiate addiction treatment and preventing diversion of specifically approved buprenorphine products. By setting forth the requirements for treating opiate addiction in a non-institutional setting so treatment can be performed in a safe manner for the patient and reduce the risk of unlawful behavior of patients, practitioners, and others.