



FRANKLIN COUNTY OPIATE ACTION PLAN

Building the Bridge to Tomorrow



THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR







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*We recognize there are some nuances between the terms opiate and opioid. For the purposes of this report, the term opiate will refer to both natural and synthetic drugs derived from opium.

Letter from Franklin County Commissioners President John O’Grady



Dear Community Member,

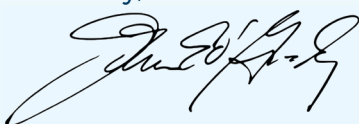
It is the charge and duty of the Franklin County Board of Commissioners to ensure the future is bright for every Franklin County resident. When we saw, last year alone, 353 of our residents died of accidental overdoses, we knew reversing the tide of the opiate epidemic would require a heightened and aggressive community response. We are facing a true public health crisis that is claiming the lives of our brothers, sisters, aunts, uncles, friends, neighbors and co-workers.

Our priority must be to tackle the opiate epidemic and save more lives, and this report is a reflection of the work yet to come. It encompasses many diverse partners including elected officials, public health officials, medical personnel, first responders, law enforcement, mental health clinicians, consumers, family members and faith community members to name a few.

In this report, you will see the outline of four pillars – prevention and community education; healthcare and risk reduction; treatment and supports; and first responders and law enforcement. You will also see both short term and longer term strategies to address the opiate epidemic and the accountability structure for how this plan will come to life. This approach is also important because it provides a framework our community can adopt for any future community emergencies.

The Franklin County Board of Commissioners is proud to support the implementation of this plan by providing both personnel and financial support. But most importantly, we are proud of what this plan represents. Together, we will save lives.

Sincerely,

A handwritten signature in black ink, appearing to read "John O'Grady".

**John O’Grady, President
Franklin County Board of Commissioners**

Letter from Columbus Mayor Andrew J. Ginther



Dear Neighbor,

The City of Columbus has been ranked one of the best places in the world to live. But we are not immune to the epidemic that is happening in cities all over the country. Addiction has become a public health crisis in our community and affects every school, every church, and every business in the city and Franklin County.

We have held numerous community conversations about this crisis. The talk is important – every time we discuss addiction and the effect it has on our families, friends and colleagues, we chip away at the stigma that surrounds the disease. But it is now time to act.

The City of Columbus is joining with Franklin County, public health and social services agencies, first responders, law enforcement, healthcare organizations and businesses to address this crisis with an action plan in four key areas: prevention and community education; healthcare and risk reduction; treatment and supports; and first responders and law enforcement.

I want to thank all of the elected officials, organizations and individuals who worked together to develop this action plan that will save lives. This collaborative effort gives us an opportunity to build a response structure that empowers us all to work in better and smarter ways to address the opiate crisis that threatens our community.

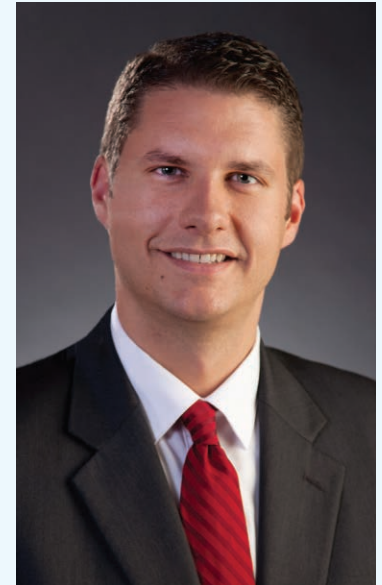
Assistant Fire Chief Jim Davis says that every time we save a life, we have the chance to be someone's bridge to recovery – their bridge to the future. Together, we will lift up those struggling with substance use disorders and their families and friends by working together.

Sincerely,



Andrew J. Ginther, Mayor
City of Columbus

Letter from Columbus City Council President Zach Klein



Dear Community Member,

Members of Columbus City Council are committed to ensuring the safety of everyone working, living, and raising a family in the City. Columbus is growing. We are now the 14th largest city in the country. With our growing population and economy, our City has seen countless opportunities and successes, but like other metropolitan areas, we also have significant issues and problems that must be addressed and solved. In the last several years, Columbus, like the rest of Ohio, has seen a drastic increase in drug overdoses from opiate use. Addiction is a mental health crisis that not only affects the user, but also family, friends, co-workers, neighbors, and our economy. Families are torn apart and communities are suffering as a result of the opiate crisis.

City Council has allocated additional funds for treatment facilities, special docket courts, and needle exchange programs. We have supported the efforts of the Columbus Division of Fire and now the Columbus Division of Police to carry life-saving Narcan. My colleagues and I are proud of these efforts, but we know that more must be done. It is not enough only to save lives; we must also change lives.

The City of Columbus and Franklin County are partnering with public health departments, service providers, law enforcement, and the private sector to address this mental health issue. This Action Plan developed by ADAMH will focus on implementing solutions in four areas: Prevention and Community Education, Healthcare and Risk Reduction; Treatment and Supports; and First Responders and Law Enforcement.

I am grateful for David Royer and the ADAMH staff for the vision outlined in this plan. I would also like to thank all of the government officials, law enforcement personnel, social service agencies, and community partners that assisted ADAMH with information and input. I am honored to be a part of a community where so many organizations and individuals have come together to work towards solutions for this devastating epidemic.

In closing, it is important to note that addiction and its negative impact on a community are not new. In fact, drugs have ravaged many communities, particularly minority communities, without the same attention and concern that it should have received. We cannot correct the historical wrongs, but we can build a sustainable and effective model to address mental health issues, like drug addiction, for the future, regardless of the popular drug of the day or whom it is affecting.

It is time to join hands, like we always do, to execute the actions items outlined in this plan, and Columbus City Council is ready to do it.

Sincerely,

A handwritten signature in black ink that reads "ZACH KLEIN".

Zach Klein, Council President
City of Columbus

Acknowledgments

Special thanks to all the organizations and community members who provided insight and expertise to make this action plan a reality.

Abraxas Counseling Center
Advanced Recovery Services
Aetna
Alvis
Byron L. Potts & Co., LPA
CareSource
Central Ohio Hospital Council
City of Whitehall, Division of Police
City of Whitehall, Mayor's Office
Columbus Area Integrated Health Services, Inc.
Columbus City Council
Columbus Division of Fire
Columbus Division of Police
Columbus Public Health
Columbus Urban League
Community for New Direction
Community Shelter Board
CompDrug
Concord Counseling
Consumer and Family Members
Equitas Health
Ethiopian Tewahedo Social Services
Family Missionary Baptist Church
Franklin County Children Services
Franklin County Coroner's Office
Franklin County Court of Common Pleas
Franklin County Court of Common Pleas
– Adult Probation
Franklin County Municipal Court
Franklin County Public Defender
Franklin County Public Health
Franklin County Sheriff's Office
Greater Hilltop Area Shalom Zone
Groveport Madison Schools
Hamilton Township Fire Department
Heart of Ohio Health Center
House of Hope, Inc.
Loud Life Foundation
Lower Lights Christian Health Center
Lower Lights Ministries
Maryhaven
Molina Healthcare
Mount Carmel Health
Nationwide Children's Hospital
Netcare Access
Obetz Police Department
Office of the Franklin County Prosecuting Attorney
Ohio Health
One Day Moms
One Nine Ninety
Optum
Paramount Health Care
PrimaryOne Health
Recovery Works Columbus
Southeast, Inc.
State of Ohio Board of Pharmacy
Syntero
Talktainment Radio
The Ohio State University Wexner Medical Center
– Department of Psychiatry and Behavioral Health
The Ohio State University Wexner Medical Center
– Talbot Hall
Twin Valley Behavioral Health
Tyler's Light
United Healthcare
United State District Court, Southern District of Ohio
United States Probation, Southern District of Ohio

Introduction

The opiate epidemic is eroding the quality of life for Franklin County residents. This public health crisis is killing our residents and devastating families. It is impacting every sector of our economy, including healthcare, education, business and local governments.

The Franklin County Board of Commissioners, the Office of Columbus Mayor Andrew J. Ginther, and the agencies throughout the city and the county that are touched by the opiate crisis have developed an aggressive plan to save as many lives as possible.

The Franklin County Opiate Action Plan assertively attempts to stabilize the issue in the short term while offering important long-term strategies. The plan focuses on four overarching goals:

- 1. Prevent opiate abuse and addiction;**
- 2. Reduce the number of opiate-related deaths;**
- 3. Expand access and decrease wait for treatment; and**
- 4. Improve the safety of our community.**

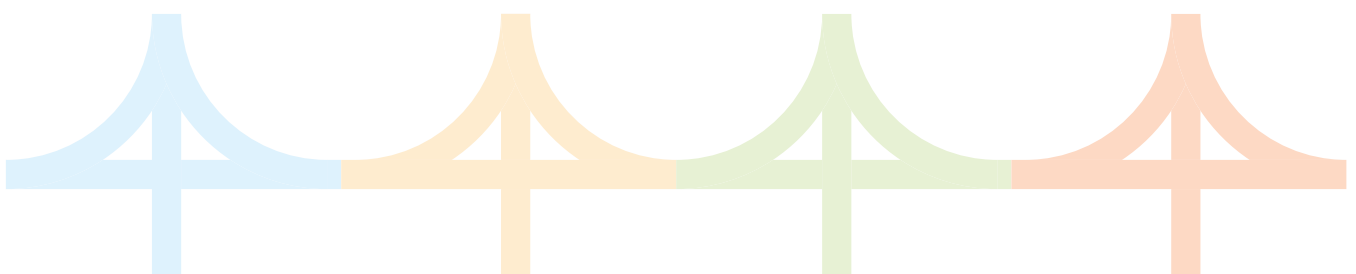
This plan is intended to be dynamic. As the opiate epidemic evolves, the actions identified in this plan will change as needed. In order for this plan to be fully implemented, it will require additional resources at many levels.

It is important to note that this plan does not directly address how to reduce the supply of opiates in our community. Our law enforcement partners are addressing this directly. While this is a critical goal, these ongoing efforts through law enforcement activities fall outside the scope of this plan.



Meet Jan

Throughout this plan, you'll have the opportunity to meet Jan. We'll share information about her personal journey with an opiate-use disorder.



How Did We Get Here?

There are many social factors that increase a person's risk of becoming addicted to a substance, including but not limited to poverty, homelessness, unemployment and trauma. However, there are three major factors that caused the opiate problem to shift to a crisis throughout our entire community.

These are:

- ① **Misuse and Abuse of Prescription Drugs**
- ② **Resurgence of Heroin**
 - a. As prescription pain pills were getting more difficult to get with the crackdown on pill mills and overprescribing, people were turning to heroin which was cheaper and easier to get.
- ③ **Introduction of Synthetic Opiates**
 - a. Examples of synthetic opiates are fentanyl and carfentanil. Although heroin use and fentanyl are not new phenomena, the scale of the problem has increased dramatically, particularly due to the increasing prevalence of fentanyl in the U.S. and the Midwest specifically.

”As a society we have created and supported this false premise and narrative that life should be ‘pain free’ both physically and emotionally. Although this is not true of course, people have found that opiates address both types of pain, thus feeding the epidemic.”

– Dr. Mark Hurst, Medical Director, Ohio Department of Mental Health and Addiction Services

The opiate epidemic is a national crisis. Each day in the United States, approximately 129 people die as a result of a drug overdose. (*Drug Enforcement Administration, 2016 National Drug Threat Assessment Summary*). **In addition, the Center for Disease Control (CDC) estimates that for each person who died from a prescription painkiller overdose in 2008, there were 10 people admitted for treatment for substance use disorder, 32 people visited the emergency department for substance use disorder, 130 people who were abusers or dependent, and 825 non-medical users.** (Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report (MMWR), Increases in Drug and Opioid-Involved Overdose Deaths – United States, 2010-2015*).

Ohio has been especially hard hit by the epidemic. On average, eight people in Ohio die every day from an overdose (Ohio Department of Health). **For the ninth year in a row, unintentional drug overdose remains the leading cause of injury-related deaths for Ohioans** (Ohio Department of Health). The increase in overdose deaths continues to be driven by the prevalence of fentanyl in many parts of the state, with 1,155 people dying in 2015 attributed to fentanyl, an increase from 503 people in 2014 (Ohio Department of Health).



10 admitted for treatment

32 visited the ER

130 abusers or dependent

825 nonmedical users



In 2016, 353 people died in Franklin County due to an accidental drug overdose (2016 Annual Report, Franklin County Coroner's Office). Over the past five years, the number of people who died from an accidental drug overdose increased by 71%. (2012-2016 Annual Report, Franklin County Coroner's Office). Franklin County reported the ninth most deaths due to fentanyl in 2015 (40 deaths). This is fewer than Hamilton (1st, 195 deaths) and Cuyahoga (5th, 83 deaths) (Ohio Department of Health). The 13 counties with the most deaths due to fentanyl account for three quarters (75%) of all fentanyl-related deaths in Ohio in 2015 (Ohio Department of Health). In general, fentanyl-related overdoses are highest among people ages 25 to 34 (32%) and men (70.5%) (Ohio Department of Health).



Prescription Misuse

Three out of four people who use heroin report first misusing prescription opiates (JAMA 2014, *Prescription Drug Abuse, Heroin Use Among Suburban and Rural Whites*).



Healthcare

The impact on healthcare costs for prescription drug use disorders is \$25 billion annually (Drug Enforcement Administration, *2016 National Drug Threat Assessment Summary*).



Hepatitis C

The number of persons infected with Hepatitis C has increased from 950 cases in 2012 to over 1,600 cases in 2015 in Franklin County (Columbus Public Health, *Opiate Abuse: A Public Health Crisis*).



Neonatal Abstinence Syndrome

Children born in central Ohio hospitals who were exposed to drugs in placenta or from breast milk increased from 424 in 2012 to 665 in 2015, with preliminary data for 2016 indicating 744 encounters through September 30, 2016 (2017 Franklin County Opiate Crisis Summit Presentation, Dr. Anahi Ortiz).



Children Services

28% of all children taken into protective custody by children services agencies had parents who were using opiates at the time of removal from the home, and 70% of children in custody under the age of one have opiate-involved parents (Public Children Services Association of Ohio, *The Opioid Epidemic's Impact on Children Services in Ohio 2017*).



First Responders

Incidents involving naloxone administration have increased from an average of 5.18 per day in 2011 to 6.48 in 2016 (Columbus Public Health, *Naloxone Treatment Monthly Breakdown*).

The average number of doses administered per day has also increased dramatically from 6.55 in 2011 to 10.29 in 2016, indicating the presence of ever-stronger strains of opiates (Columbus Public Health, *Treatment Monthly Breakdown*).



Law Enforcement

The number of law enforcement drug seizures of fentanyl increased from 110 in 2013 to 3,882 in 2015 (Ohio Department of Health, *2015 Ohio Drug Overdose Data: General Findings*).

What Are We Doing Now?

There are already many local efforts underway to address the opiate epidemic, including but not limited to:

Franklin County Opiate Task Force

The Franklin County Opiate Task Force recognizes substance use disorder as a complex, multifactorial health disorder that can be prevented and treated. The task force exists to promote awareness to the problem in Franklin County, to examine preventive measures and aid in implementation, to provide educational opportunities for professionals to improve prescribing of opiates, to examine law enforcement measures and promote innovative programs, to examine legislation and promote opiate related bills, and lastly, to examine our recovery community, increase certified recovery homes and promote use of peer recovery advocates. (Franklin County Opiate Crisis Task Force website, About Us page). Since the inception of the task force, they have worked to standardized protocols in emergency departments around opiates and overdoses; developed a pocket guide for providers with current resources for pregnant women with addiction; created the rapid response surge notification protocol and brought naloxone trainings to family members and friends of loved ones with a substance use disorder.

Heroin Overdose Prevention and Education (HOPE) Task Force

The HOPE Task Force combats the heroin epidemic with a multi-pronged approach: enforcement, education and prevention. Established in 2016, the HOPE Task Force was created as a restructuring of the Franklin County Drug Task Force. Experienced narcotics and homicide detectives working on the HOPE Task Force are treating opiate overdose scenes as crime scenes; investigating the source of the supply that caused the overdose. In addition, HOPE Task Force collaborates with treatment providers to refer those with substance use disorders to long-term treatment. Detectives armed with the knowledge and partnership of treatment providers in the Franklin County community choose to help those with an opiate use disorder instead of locking them up. (Franklin County Sheriff's Office website, HOPE Task Force page).

The Alcohol, Drug and Mental Health Board of Franklin County (ADAMH)

Locally, ADAMH continues to direct resources to combat the opiate epidemic. The ADAMH Board of Trustees recently approved 11 new initiatives totaling \$2.2 million funding high-priority interventions specific to opiate use treatment and prevention. Among the projects funded with these newly invested dollars are the Mobile Opiate Response teams (pilot programs with the Franklin County Sheriff's Office and Columbus Division of Fire); and the expanded opiate detox programming and community education through the #TogetherFamiliesHeal web portal. This portal provides information for family members who have a loved one with a substance use disorder. ADAMH funding also supports local initiatives like naloxone distribution and community education through CompDrug and the Safe Point risk reduction program to encourage those with an addiction to seek treatment for their substance use disorder.

Opiate Action Plan Development and Committee Structure

Development of the Plan

The Franklin County Opiate Action Plan is a collaborative plan created with the input of stakeholders from across the county who all seek to save lives by addressing aspects of the opiate epidemic. Over a four week period, ADAMH staff interviewed more than 100 professionals, as well as people in recovery and family members, to learn their perspectives on how best to address the needs of the community. This plan provides immediate and long-term actions as part of the collaborative approach needed to address this public health crisis.

Formation of the Steering Committee

The key agencies responsible for leading the execution of this plan will initially serve on the Steering Committee and will coordinate activities of other stakeholders in their respective lines of business represented by these subcommittees: Prevention and Community Education, Healthcare and Risk Reduction, Treatment and Supports and First Responders and Law Enforcement. The Steering Committee members will elect their own chair and co-chair to lead the work of the Franklin County Opiate Action Plan and will meet monthly.

Responsibilities of the Steering Committee

The Steering Committee will select two members of the Steering Committee to co-chair each subcommittee group. The Steering Committee will also recommend appropriate staff members to participate in the opiate action plan at the subcommittee level, coordinate the Corporate Advisory Council and Community Groups, collect progress on the subcommittee groups' metrics, and report progress to the Franklin County Commissioners, Columbus Mayor Andrew J. Ginther and Columbus City Council. The Steering Committee will be responsible for identifying and pursuing policy or advocacy issues that need added or changed to remove barriers to implementing the action plan. Additionally, the Steering Committee will develop or expand community-level metrics for monitoring and timely reporting on the opiate epidemic with the intent of making data-driven decisions.

Corporate Advisory Council

The Steering Committee will identify business leaders in the community to serve on an advisory council to provide expert counsel as needed especially in the areas of data development and collection, economic impact and alternative funding options. Corporate Advisory Council representatives will meet with the Steering Committee on a quarterly basis.

Community Groups

The Steering Committee will identify community leaders of local task forces, coalitions, recovery and support groups, faith-based organizations and others to represent community groups throughout Franklin County. Representatives from the Community Groups will provide community input and feedback to the Steering Committee on quarterly basis.

Subcommittee Groups

Selected members of the Steering Committee will chair and co-chair the subcommittee groups to assure consistent alignment with the overarching goals of the plan. The chair and co-chair will determine their own meeting schedule and will work with subcommittee group representatives to report on progress, address challenges and obstacles and identify trends to be shared with the Steering Committee.

Measurements

The Steering Committee will develop key metrics around the annual outcome statements identified in this plan in order to assess progress towards meeting the stated goals. These metrics will be measurable, quantitative statements that identify the agencies responsible for accomplishment of the actions, as well as the representative responsible for presentation of the action to the Steering Committee.

Next Steps

The Steering Committee will begin meeting in the summer of 2017 to take action on the items identified in this plan. Initially, the Steering Committee will focus on developing the measurements identified within the plan and convening additional stakeholders necessary to carry out the identified actions. Once this work is complete, the four subcommittee groups will begin meeting on a monthly basis to implement activities related to the measurable actions. The Steering Committee will meet with the four subcommittee groups every other month.

The Steering Committee will develop and share public reports to show progress on the commitments identified in the plan at the end of each calendar year. The Steering Committee will require subcommittee groups to report on the actions undertaken to date at the regular meetings of the Steering Committee to support the public reports.

Steering Committee Actions

There are a set of actions assigned to the Steering Committee that require strong collaboration among all parties to create, coordinate and move forward on the plan.

Operating Principles

- 1 The Steering Committee will identify resource gaps and recommend solutions to assure adequate support for initiatives identified in this plan.
- 2 The Steering Committee will develop a cultural competence strategy to ensure that the actions outlined in this plan meet the needs of Franklin County's diverse cultures.
- 3 The Steering Committee will establish and maintain a process to identify funding opportunities, directly or indirectly focused on the opiate crisis, and inform represented agencies of their availability.

Corporate Advisory Council and Community Groups

- ④ The Steering Committee will develop and implement a process to connect with grassroots community groups to better understand issues, barriers and emerging trends. This process will include:
 - a. Identifying existing community groups
 - b. Establishing a consistent way to gather and share information with community groups
 - c. Partnering with community groups to disseminate information about prevention, risk reduction and treatment programs
- ⑤ The Steering Committee will develop and implement a process to connect with business leaders and private organizations who have a vested interest in the Franklin County community. This process will include:
 - a. Identifying business leaders and private organizations to serve on the Corporate Advisory Council
 - b. Establishing a consistent way to gather and share information with the Corporate Advisory Council
 - c. Partnering with business leaders and private organizations to assist with resource gaps

Policy and Advocacy Issues

- ⑥ The Steering Committee will develop and implement a process to consider and recommend action on policy and advocacy issues that impact the work outlined in the Opiate Action Plan. This process will address issues, included but not limited to:
 - a. Requirements for opiate prescribers to use OARRS (Ohio Automated Rx [Prescription] Reporting System) to review client history and enter prescriptions in OARRS
 - b. Education requirements for medical students about general pain management, appropriate prescribing, and opiate addiction
 - c. School health education standards for middle and high school youth that includes evidence-based prevention programs proven to reduce mental health difficulties and substance use
 - d. Available screening programs for pregnant women to identify the need for treatment and support for both the mother and baby
 - e. Prescription disposal requirements and guidelines

Data and Metrics

- 7** The Steering Committee will design and implement a process to collect, distribute and report on disparate data available from organizations across Franklin County. The data will be used to inform decisions, identify trends, contribute to policy recommendations and measure the success of actions outlined in the Opiate Action Plan. This process will include data such as:

 - a.** Poisoning death review data
 - b.** Number of individuals booked in Franklin County jail due to violating probation and/or parole for an opiate-related charge
 - c.** Percentage of individuals in Franklin County jail with identified opiate use disorders who receive a pre-release Vivitrol shot
 - d.** Number of children in Franklin County schools identified as having chronic absence/truancy
 - e.** Number of children removed from home/taken into Franklin County Children Services custody due to parental opiate use
 - f.** Number of infants in Franklin County receiving a diagnosis of Neonatal Abstinence Syndrome
 - g.** Number of mothers in Franklin County receiving a positive screening for presence of opiates in breast milk
 - h.** Number/volume of opiate prescriptions dispensed to individuals in Franklin County
 - i.** Number of individuals readmitted to acute care setting in Franklin County for an opiate use disorder
 - j.** Average number of days individuals in Franklin County with an opiate use disorder are on a wait list for admission to services at each level of care by provider
 - k.** Number of individuals with opiate use disorders in Franklin County who receive same-day or direct admission to inpatient treatment programs
- 8** The Steering Committee will coordinate the development of partnerships with professional researchers to leverage big data/analytics in efforts to continue to understand the epidemic and make data-driven decisions.
- 9** The Steering Committee will develop a public reporting protocol to assure Franklin County residents are aware of available resources and the current status of key performance metrics regarding the opiate epidemic.

”I want to use my experiences with mental health to volunteer, to help. I have felt this from the heart.”

Franklin County Opiate Action Plan

Committee Structure



Franklin County Opiate Action Plan

Committee Responsibilities



“Not everyday you’re going to feel like you conquered the world, but that doesn’t mean you’re not making progress.”

Section 1

Prevention and Community Education





Prevent Opiate Abuse and Addiction

Awareness and knowledge are critical to prevent people from using drugs for the first time and becoming addicted to opiates. It is important for our community to have a broad, consistent prevention message to educate individuals and families about the risks of early drug use and the addictive nature of prescription medications.

There is also a need for another layer of messaging created for targeted audiences that provides alternatives to using opiates or other substances as a way to deal with pain, stress and other life challenges. For example, students, parents, educators and coaches need increased education and awareness on the risk of opiate prescriptions following a sports injury and possible alternatives to opiate use.

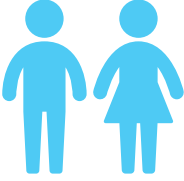
By focusing on prevention and community education efforts, we can reduce the number of people who start using opiates and identify people in our community who are addicted to opiates and offer them help earlier.



(Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention (SAMHSA), *Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis*, 2007)



It is estimated that more than 5,000 youth between the ages of 12-17 in Franklin County have used prescription medication for non-medical use.

 **5,000+**
12-17 year olds
used prescription medication
for non-medical use

(Journal of Addictive Diseases, *Nonmedical Use of Prescription Opioids Among Adolescents: Subtypes Based on Motivation for Use*, 2012)

”The common denominator for the youth I work with is most of them smoked pot at age 14 or younger. If we want to stop the heroin epidemic and use of other substances, we have to get kids to stop trying pot, or any substance, at such an early age. It directly affects their brain development and predisposes them to addiction.”

– Dr. Steven C. Matson, Nationwide Children’s Hospital, Medication Assisted Treatment for Addiction (MATA) Program

 **Our Community Stories**

Aaron was an extremely shy kid with low self-esteem and high anxiety. Linda didn’t recognize the magnitude of her son’s anxiety issues until seventh grade when Aaron began smoking pot at age 14 to self-medicate. By age 16, Aaron was smoking heroin daily. He had no long-term treatment until he was 17. Aaron said what he really needed was someone to plant the idea in his head that there was something more. Now he’s a Navy veteran and he’s putting himself through college.





Prevent Opiate Abuse and Addiction

2017 Actions

1. Columbus Public Health, Franklin County Public Health and ADAMH will expand investments to develop and implement comprehensive school-based, opiate and substance use prevention education in Franklin County School Districts.
2. Central Ohio Hospital Council will collaborate with public and private hospital systems, the Franklin County Coroner's Office and neighborhood-level organizations including faith-based organizations to coordinate community overdose education and prevention programs by distributing naloxone kits in neighborhoods identified by naloxone administrations.
3. Central Ohio Hospital Council will coordinate a program with other partners and hospital systems to support education of prescribing professionals on the risks of opiate over-prescribing.
4. Franklin County Public Health and Columbus Public Health, with support from ADAMH, will conduct a minimum of three additional community forums annually to educate and facilitate neighborhood-level conversations about the opiate epidemic.
5. Columbus Public Health and Franklin County Public Health will collaborate with partners to maintain the Opiate Overdose Surge Notification Process to inform the public and response partners of significant surges in local overdoses. The process will be reviewed and updated as needed at least once annually.

”Now I can look at my mother and see her for the great person she is, and that person shines brighter than the dark past of addiction.”



Growing Up

Jan used drugs as a way to numb the pain of years of abuse and neglect. Her mother had mental health issues and kept various drugs in the house at all times. Jan said she wishes that she would have received mental health treatment as a child to learn how to deal with the trauma she experienced. Instead, Jan smoked pot for the first time at age 11, drank alcohol at age 12 and tried cocaine at age 13. By age 20, she was a daily heroin user.



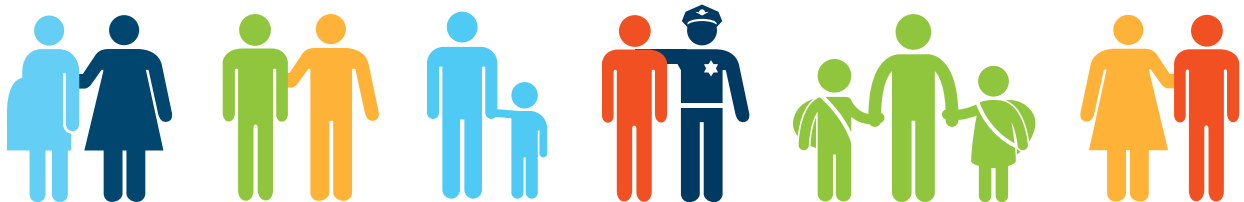
2018 Actions

1. The Steering Committee will develop a community-wide public awareness campaign to prevent opiate use and save lives and will engage media partners for distribution.

2. The Steering Committee will collaborate with the Ohio High School Athletic Association to develop an education program for parents, coaches and athletic trainers on the risks of opiate pain relief, viable alternatives and symptoms that indicate a potential addiction among young athletes.

3. ADAMH will invest in a community education campaign focused on promoting a single phone number for referral to opiate treatment services to make it as easy as possible for someone who wants treatment to be connected to the right treatment option as soon as possible.

4. Columbus Public Health and Franklin County Public Health, with support from ADAMH, will expand to a minimum of six community outreach events targeting populations uniquely affected by the opiate epidemic by connecting them with appropriate substance use disorder and mental health services.



2019 Actions

1. The Steering Committee will collaborate with partners to expand youth-led prevention programs and youth-targeted prevention programs that include school-age and college-age youth.

2. The Steering Committee will engage and educate the business community to help employees cope with addiction issues.

Section 2

Healthcare and Risk Reduction





Reduce the Number of Opiate-Related Deaths

Opiate addiction is a chronic health problem, often starting with prescription pain medications. That is why it is so important for community members to understand the risks of medications and how to dispose of them safely. Healthcare providers must offer alternatives for pain management to prevent addiction.

Additionally, healthcare providers play a critical role in identifying a substance use disorder at an earlier stage by monitoring a person’s use of prescription pain medications.

Opiate addiction also contributes to serious public health issues. Risk reduction strategies are important components to address both the opiate epidemic and the health conditions that arise from prolonged opiate use. These efforts focus on keeping people alive and stopping the spread of infectious diseases as well as creating safer, healthier neighborhoods.

People who inject drugs without a clean syringe are at risk for Hepatitis C, HIV and other infections. Users of opiate street drugs are also at a high risk of dying from a drug overdose. We can reduce the spread of the diseases in our community and help people stay alive by providing access to clean needles, a safe place to return or dispose of them and greater access to naloxone. Ultimately, risk reduction focuses on keeping people alive and healthy long enough to engage in treatment and start their recovery journey.

”This place has changed my life. My arms are healing and I called about getting into treatment this week. I have an appointment tomorrow for an assessment.”

Average lifetime cost to treat someone with Hepatitis C

\$100,000

+ \$280,000 if the person requires a liver transplant



(The C. Everett Koop Institute, Dartmouth Medical School)



Columbus Public Health and Equitas Health collected more than 50,000 needles through the Safe Point risk reduction program in 2016, but additional locations are needed to expand the program. Programs that give people a chance to dispose of needles safely and anonymously, keep dirty needles out of Franklin County neighborhoods.

”I see people pulling needles out of the gutters, using sandpaper to try and fix them, even using ones that are broken. Just because [pharmacies] don’t want to give needles doesn’t mean that people will stop using.”



Reduce the Number of Opiate-Related Deaths

2017 Actions

1. The Steering Committee will collaborate to recruit community health workers from minority neighborhoods to connect their neighbors with appropriate opiate-specific treatment and resources.

2. Columbus Public Health, Franklin County Public Health, and local law enforcement agencies will collaborate with Central Ohio Hospital Council and area pharmacies to organize at least two prescription take back events annually.

3. ADAMH, Columbus Public Health, Franklin County Public Health, local law enforcement agencies and area hospitals will collaborate to establish drop boxes for unused prescriptions in all Franklin County jurisdictions and will promote safe medication disposal strategies.

4. The Steering Committee will work with state and local public health partners to ensure that partners, jurisdictions, and neighborhoods have access to an adequate supply of naloxone at all times.

5. ADAMH will ensure naloxone education and distribution within the ADAMH facility and all contracted network providers.

6. Columbus Public Health, Franklin County Public Health and other partners will plan for at least 10 syringe and needle disposal sites in neighborhoods adversely impacted by the opiate crisis including neighborhoods identified by EMS and law enforcement naloxone administrations.

7. Columbus Public Health, in collaboration with Franklin County Public Health and other community partners, such as but not limited to Equitas Health's Safe Point Program, will explore one new risk reduction program in a neighborhood adversely impacted by the opiate crisis potentially identified by EMS and law enforcement naloxone administrations.

8. The Franklin County Coroner's Office will work with community partners to convene monthly overdose death review (PDR) meetings to review cases of those who have died from overdoses.



Risks to Health

Jan's addiction took hold and her decisions and actions were all driven by her need for heroin. She went from snorting heroin to injecting it, causing her to have skin abscesses and other health complications from her needle use. She spent time in prison and lost her children to child protective services. She could no longer hold down a job so she had to live in homeless shelter.

”I’m bettering myself physically and mentally due to primary and behavioral healthcare.”



2018 Actions

1. Central Ohio Hospital Council, public and private hospital systems and Columbus Public Health will develop programs to expand screening and provide timely referral to treatment for pregnant women with a substance use disorder.

2. The Franklin County Coroner will pursue additional resources for staffing to maintain their accreditation with the National Association of Medical Examiners. An increased capacity will enable the Coroner's Office to better support law enforcement's efforts to prosecute drug dealers and traffickers.

3. Columbus Public Health and Franklin County Public Health will collaborate to establish three new risk reduction program sites in neighborhoods adversely impacted by the opiate crisis including neighborhoods identified by EMS and law enforcement naloxone administrations.

4. Columbus Public Health and Franklin County Public Health will collaborate to develop strategies for safe needle disposal.

5. The Steering Committee will monitor the need for the development of community outreach programs to support immigrant and refugee communities and the agencies serving them across Franklin County.

6. Central Ohio Hospital Council, Columbus Public Health and Franklin County Public Health will collaborate to increase the availability of blood testing/screening for Hepatitis C and HIV.

7. Franklin County Public Health will lead and collaborate with ADAMH and Columbus Public Health to increase the availability of environmentally friendly prescription biodegradable bags and other disposal strategies.

8. The Steering Committee will explore the feasibility of implementing a targeted education program to the prescribers of opiates that includes information on alternative pain management options for their patients.

9. The Steering Committee will collaborate with the Ohio Pharmacy Board and local pharmacies to create a pharmacy-based follow-up process for individuals receiving prescription opiates to provide recommendations on safe disposal of unused medications.

10. Central Ohio Hospital Council and Columbus Public Health will work with other community partners to develop and implement strategies to educate women with substance use disorders and increase their access to reproductive life planning services and supports.



2019 Actions

1. Central Ohio Hospital Council and the hospital systems will collaborate to increase access to alternative pain management options, with a goal to decrease prescribing of opiates across clinical settings.

2. Central Ohio Hospital Council and hospital systems will work with local medical schools to develop appropriate addiction curriculum for medical students and other providers, with teaching hospitals to develop and expand the training programs for Addiction Medicine as a specialty and internally to provide continuing education on addiction medicine for providers.

3. Central Ohio Hospital Council and hospital systems will develop programs to reduce the total number/volume of opiate prescriptions dispensed to individuals in Franklin County.



”Growing up in an environment saturated with drugs and negativity can have devastating effects on a child’s life. I want our youth and our parents to know the effects drugs can have and hope that my story can help others choose another path.”

Section 3

Treatment and Supports





Expand Access and Decrease Wait For Treatment

Opiate addiction is a chronic disease, not a personal choice. Once a person with a substance use disorder makes the decision to receive treatment, there is a small window of time before their addiction leads them back to more drugs.

Immediate access to treatment is a critical step in a person's recovery journey. We need to view the treatment of a substance use disorder like we view any other illness. It would be unacceptable for someone having a heart attack to wait hours or days for help.

Immediate access to treatment is only part of a person's recovery. The brain may require months or even years to reverse the changes caused by drugs. This is what often causes relapses in a person's recovery. While some people may be able to maintain their sobriety after receiving treatment the first time, many people require longer-term or repeated treatment. In addition, the person may need many other resources, like ongoing medical treatment, counseling, support from peers also in recovery, safe and affordable housing and job training.



”It is like a country music song played backwards. When you do the right things, you get your dog back, you get your wife back, and you get your life back. I am so blessed to be alive.”



The life expectancy of someone addicted to heroin is 15 years less than the average person. (Journal of Addictive Diseases, *Life Expectancy and Productivity Loss Among Narcotics Addicts Thirty-Three Years After Index Treatment*, 2006)

Average life span
of someone addicted to heroin is about
15 YEARS
less than the average person



In 2016, 187 babies were treated in Franklin County for neonatal abstinence syndrome, symptoms associated with opiate withdrawal. (Columbus Public Health, *Opiate Crisis Quarterly Report*, March 2017)

In 2016,
187
BABIES
were treated in
Franklin County for
neonatal
abstinence
syndrome,
associated with
opiate withdrawal.





Expand Access and Decrease Wait For Treatment

2017 Actions

1. ADAMH will develop an addiction stabilization center offering immediate crisis intervention, detoxification and intensive treatment services focused on people who experienced a life-threatening overdose.

2. ADAMH will expand investments in mobile response services, which connects a clinician with a person who has overdosed and received naloxone, based on the results of two programs currently in the pilot phase with the Franklin County Sheriff's Office and Columbus Division of Fire.

3. Franklin County Children Services and ADAMH will collaborate to develop documents that parents could use to identify their preference on who can step in and care for their child in the event of an overdose. These documents would be used in support of the guardianship process with the court.

4. ADAMH will invest in one additional new house for people on medication assisted treatment who choose a sober living environment to support their recovery.

5. ADAMH, with support from the Columbus Foundation, will expand investments in peer support services to include a pilot program to provide 24/7 access to peer coaches for people in early stages of recovery.

6. ADAMH will develop strategies to incentivize ADAMH network providers to offer same-day, immediate admissions to treatment.

7. ADAMH will contract with at least one new Medication Assisted Treatment provider.



Hopeful Progress

It wasn't until Jan was pregnant with her third child that she really got the help she needed. She was diverted from prison to the hospital where she received care until her baby was born. After the baby was born, she started treatment and has made progress in her recovery. She is undergoing treatment for depression and Post Traumatic Stress Disorder (PTSD). She needs additional treatment and has been referred to another provider and is waiting for an opening. She said through consistent treatment, she's finally found what she's been missing throughout her life – safety, stability and security.



2018 Actions

1. The Steering Committee will lead the development and adoption of a centralized, countywide resource and referral tracking methodology for real-time inpatient and outpatient treatment availability to ensure healthcare providers and first responders can connect a person to immediate treatment.
2. Franklin County Children Services and ADAMH will invest in the development of a priority access treatment program for parents with an opiate use disorder whose children are in the custody of Franklin County Children Services.
3. ADAMH will invest in community supports for pregnant women with an opiate use disorder to provide a safe, stable environment to engage in treatment and ensure prenatal care.
4. Franklin County Children Services will collaborate on the development and implementation of specialized training and resources for foster families working with children whose parents have an opiate use disorder.
5. ADAMH will invest in one additional new house for people on medication assisted treatment who choose a sober living environment to support their recovery.
6. ADAMH will expand investments in transitional housing for people who are leaving treatment but are not ready to return home.
7. ADAMH will expand investments in short-term and long-term residential treatment facilities for people who need intensive treatment.
8. ADAMH will research and recommend solutions to ensure transportation is not a barrier to receiving treatment and supports.



70%
of children in
custody under
the age of one
have opiate-
involved parents

(Public Children Services Association of Ohio, *The Opioid Epidemic's Impact on Children Services in Ohio 2017*).



2019 Actions

1. The Steering Committee will develop a countywide behavioral health emergency services center.

2. ADAMH will increase access to detoxification services by investing in facilities for people who have an immediate need to enter detox.

3. ADAMH will invest in one additional house for people on medication assisted treatment who choose a sober living environment to support their recovery.

4. The Steering Committee will coordinate the development of workforce strategies to encourage employment and support retention in the field.



Section 4

First Responders and Law Enforcement



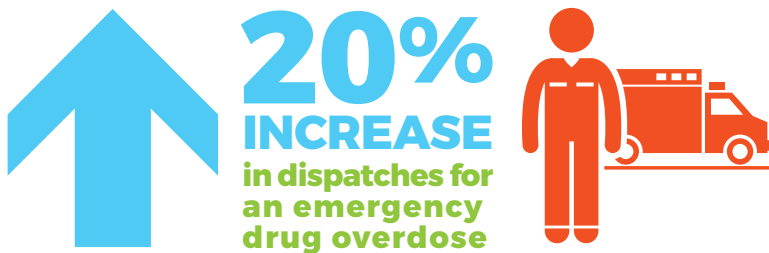


Improve the Safety of Our Community

Many first responders chose their careers because they want to protect and help people. The critical role they play in addressing the opiate epidemic is no different. Whether it is law enforcement or Emergency Medical Services (EMS) personnel, the first responders who arrive on the scene of an opiate overdose are in a position to quickly and immediately save a person's life. Ensuring all patrol cars and emergency vehicles in Franklin County are equipped with naloxone and all police officers and EMS personnel are trained to use it is an important strategy to save more lives.

Because first responders are often there when a person is most open to substance abuse treatment and hearing about community supports, making that immediate connection to treatment can make a significant difference. First responders are already teaming up with mental health professionals to provide that connection and increasing access to more of this team approach will help people find their way to recovery.

The number of times the Columbus Division of Fire was dispatched for an emergency drug overdose increased by more than 20 percent over the last four years.



(Columbus Division of Fire)





”Naloxone saves lives. And in some cases, by saving the life of someone who is addicted, we provide a bridge to tomorrow. That life-threatening experience can be the thing that sets them on the path to recovery. And if it was my daughter whose life was at stake, I would want anything possible to give her that future. I would have naloxone and I hope you would as well.”

– Assistant Fire Chief James Davis, City of Columbus Division of Fire



”The naloxone saved my girlfriend this week. If I didn't have it she wouldn't be here. I got it here last week.”



Improve the Safety of Our Community

2017 Actions

1. ADAMH will collaborate with all Emergency Medical Services (EMS) agencies in Franklin County to increase resources to expand mobile response, which connects a clinician with a person who has overdosed and received naloxone, based on the results of two programs currently in the pilot phase with the Franklin County Sheriff's Office and Columbus Division of Fire.
2. Franklin County Public Health will collaborate with all Emergency Medical Services (EMS) agencies in Franklin County to ensure adequate supplies of naloxone in every EMS vehicle at all times.
3. Franklin County Public Health will collaborate with each suburban and township law enforcement agency in Franklin County to ensure every patrol car is equipped with naloxone at all times.
4. ADAMH will collaborate with law enforcement agencies in Franklin County to expand substance use disorder and mental health trainings and incorporate naloxone education and administration training into Crisis Intervention Team (CIT) training for law enforcement officers.
5. ADAMH will collaborate with all Emergency Medical Services (EMS) agencies in Franklin County to expand substance use disorder and mental health trainings for first responders, including training in crisis intervention techniques.
6. Franklin County Public Health and Columbus Public Health will collaborate with Emergency Medical Services (EMS) agencies and law enforcement in Franklin County to provide education on the social determinants of health that impact addiction such as infant mortality, human trafficking and homelessness.



Help in Recovery

Jan detoxed when she was in jail without medically assisted treatment (MAT). She was sick with severe withdrawal symptoms for two weeks. Her time in jail helped her to get the opiates out of her system but recovering from an opiate addiction takes much more than detox. Jan believes she would have been more successful in her recovery early on if she had access to Vivitrol to help get rid of the craving for opiates and rehabilitation to help her learn other ways to cope.




2018 Actions

1. Central Ohio Hospital Council and hospital systems will collaborate with all Emergency Medical Services (EMS) agencies in Franklin County to develop alternative pain management protocols.
-
2. The Steering Committee will advocate for local law enforcement and Emergency Medical Services (EMS) agencies to receive state grant funds for the development and maintenance of software that allows better coordination of data associated with opiate-related incidences and state reporting standards.

2019 Actions

1. Franklin County Sheriff's Office will work with Franklin County courts and treatment partners to identify and secure necessary resources to support an increase in the number of individuals with identified opiate use disorders being released from the Franklin County Jail who receive a pre-release Vivitrol injection by 35%.
-
2. Municipalities will increase the funding needed for Franklin County Municipal Court to increase the number of individuals in non-specialty criminal dockets in Franklin County receiving drug screenings by 50% and adequately supervise those whose results indicate a need for opiate-specific supervision.

A young Black woman with voluminous, curly brown hair is smiling warmly. She is hugging a young boy from behind. The boy has a very short haircut and is wearing a light blue t-shirt. They are outdoors, with a blurred green background of trees and foliage. The entire image is framed by a thin orange border.

**If you or someone
you love needs help,
call today.**

Immediate assistance
for adults in crisis:
**Netcare Access
Call:
614-276-CARE (2273)**

Immediate assistance
for youth (17 and
under) in crisis:
**Nationwide Children's
Hospital
Call: 614-722-9372**