Ohio continues to face an unprecedented addiction and overdose epidemic that is taking its toll on individuals, families, and communities. A coordinated, consistent, and aggressive response is needed to handle new challenges that arise as this epidemic evolves and changes, such as the increase in cocaine and methamphetamine use. Ohio's overdose death rate continues to be among the highest in the country. While deaths involving synthetic opioids such as fentanyl and carfentanil continue to rise, Ohio's problem is not limited to opioids. Overdose deaths involving cocaine and methamphetamines, particularly those cut with fentanyl, have increased significantly. Additionally, the prevalence of binge drinking in Ohio is one of the highest in the country. The impact of the arrival of medical marijuana is uncertain. However, it is yet another change in the landscape. As Ohio endeavors to create a strong, healthy, drug-free state, we must work to prevent and treat addiction, regardless of the substance involved.

While Ohio has focused on addressing Ohio's opioid epidemic over the past several years, we have not had the same level of attention aimed at Ohio's addiction epidemic. As many individuals with an addiction will tell you, “if you take away one of my drugs of abuse, I will find another that will get me high”. We need to be addressing Ohio's addiction epidemic, encompassing all types of drugs.

Based on a recent study released by the Centers for Disease Control and Prevention (CDC), among all drug overdoses throughout the nation in 2017, 13,942 had cocaine involvement and 10,333 had a psychostimulant involved. This was an increase of more than a third from 2016 to 2017 and triple the number of deaths from 2012. According to the same CDC study, Ohio had the highest increase in overdose deaths involving methamphetamine at 130%. While Ohio's rate of increase in overdose deaths involving cocaine was much lower at 39%, this is still too high. Unfortunately, preliminary data from the CDC indicates that the rates for methamphetamine and cocaine overdose deaths in 2018 increased as well. Additionally, America's Health Rankings report that Ohio has the 10th highest rate of binge drinking among US states.

What do all of these statistics tell us? Ohio doesn't just have an opioid epidemic; Ohio has an addiction epidemic. If we don't address overall addiction, we may reduce the impact of opioids, but we will see a new drug take its place and the cycle of the addiction epidemic will continue.
It is well known that *Treatment Works, People Recover, and Recovery Is Beautiful*. Ohio needs everyone working together utilizing a public health approach to offer the state the best chance to have a significant impact on the addiction epidemic, and to have a meaningful and positive impact on individuals, families, and communities.

It’s important to note that people don’t recover from addiction simply by stopping the use of the substance(s). Addiction is a chronic illness. An individual will begin to recover when they have the help and support needed to put their life back together. Recovery is a life-long endeavor; many people will need treatment, possibly more than once. And once someone has stopped abusing drugs and alcohol, they may need recovery supports such as peer support, housing, employment assistance, transportation and access to health care services to achieve a meaningful, long-lasting recovery. Some individuals will also need family support to help keep their family intact.

In order to give individuals, families, and communities the best chance at recovery, state and local partners must work together to ensure that there is a system of local education, prevention, crisis, treatment, and recovery supports for all to access. Following are some of the steps that state and local leaders can take to positively impact Ohio's addiction epidemic:

- The State of Ohio and local communities need to develop a culturally appropriate public health approach to all addictions;
- In order to support individuals, families and communities facing Ohio’s addiction epidemic, Ohio must have a statewide menu of stigma reduction and education programs that are funded and locally selected and implemented;
- The state must also have a cross-systems approach to best practice addiction prevention programs that are funded and locally selected and implemented;
- Communities across Ohio need to ensure that individuals and families know where and how to access culturally and age appropriate prevention, crisis, treatment, and recovery support programs and services;
- A statewide “no wrong door” approach to supporting individuals and families in need of addiction services, must be developed and funded;
- Ohio must embrace, develop, and fund a statewide harm reduction strategy to be locally implemented;
- Ohio must support and fund all types of FDA approved Medication-Assisted Treatments;
- Funding must be both flexible and sustainable so that communities can help all individuals in need access addiction services and supports regardless of where they live and how long their recovery takes;
- Ohio must develop and fund a comprehensive menu of culturally and age appropriate recovery supports such as; peer services, mentoring, housing, transportation, employment, and education; and
- Local communities need to encourage the development of drug and alcohol-free social activities for individuals of all ages;
- Ohio should support and foster the development of local Recovery-Oriented Systems of Care designed and driven, in partnership with clients and families, to meet identified community mental health and addiction needs.

As a person recovers, and their physical, emotional, and spiritual needs are addressed, they will begin to engage with friends, family, and their community. When a person is in recovery, they live to be healthy, happy, active members of their communities, helping all of Ohio be to become a healthy drug-free state.

Sources: American Health Rankings, Centers for Disease Control and Prevention, RecoveryOhio Advisory Council, Ohio Department of Health, Bureau of Vital Statistics and Violence and Injury Prevention Program, Substance Abuse and Mental Health Services Administration

June 2019