Ohio addiction policy inventory and scorecard: Strengths, gaps and next steps

Amy Bush Stevens and Hailey Akah
Ohio’s 2018 Opiate Conference
June 11, 2018
Overdose death, by drug type

Number of unintentional drug overdose deaths involving selected drugs, by year, Ohio, 2000-2016

Source: “2016 Ohio Drug Overdose Data: General Findings,” Ohio Department of Health. Data is from Ohio Department of Health, Bureau of Vital Statistics; analysis conducted by ODH Violence and Injury Prevention Program. Multiple drugs are usually involved in overdose deaths. Individual deaths may be reported in more than one category. Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44).

* Excludes deaths involving fentanyl and related drugs.
Drug overdose deaths

Substance use disorder
Drug overdose deaths

Substance use disorder

Use of prescription opioids

Pain

Starting substance use at a young age

Adverse childhood experiences

Poor academic performance

Family conflict, abuse and neglect

Lack of access to BH treatment

Community economic distress (unemployment, poverty, etc.)

Genetic susceptibility to addiction

High availability of substances

Community disorganization and high crime rates
Ohio’s Children Services System Is Strained

More children are entering foster care at alarmingly higher rates than ever before

Children in Foster Care on a Given Day

23% increase overall; 13% increase in 15 months

Addiction overview and project description

Summary
Addiction is a complex problem at the root of many of Ohio’s greatest health challenges. Including drug overdose deaths, Ohio policymakers have responded to the addiction crisis with many policy changes, primarily focusing on opioid addiction.

HPIO is launching the Addiction Evidence Project to provide policymakers and other stakeholders with information needed to evaluate Ohio’s policy response to the opioid crisis, and accelerate and continually improve strategies to address substance use disorders in a comprehensive, effective and efficient way. This policy brief sets the foundation for the project by describing the basics of addiction and a framework for a comprehensive policy response.

HPIO plans to post three types of tools on the HPIO Addiction Evidence Project website:

- Evidence resource pages: Hubs for clinical standards and guidelines, expert consensus statements and recommendations, model policies and evidence registries.
- Policy inventories: Lists of Ohio legislation, regulations, funding allocation amounts, practice guidelines, state agency initiatives and legislative initiatives.
- Policy scorecards: Analysis of strengths and gaps in Ohio’s policy response to addiction.

This project will address addiction in a comprehensive way that takes into consideration policy changes in the following areas (see figure 1):

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Treatment</th>
<th>Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm reduction</td>
<td>Overdose reversal</td>
<td>Surveillance and evaluation</td>
</tr>
<tr>
<td>Children services</td>
<td>Law enforcement</td>
<td>Criminal justice reform</td>
</tr>
</tbody>
</table>

Addiction and health
Addiction, also known as substance use disorder, is a chronic, relapsing brain disease characterized by compulsive drug seeking and use, despite harmful consequences. Addiction is influenced by genetic, behavioral and environmental factors, and can negatively affect physical, mental, social and spiritual health and wellbeing.

Addiction often starts with occasional use of substances such as alcohol, tobacco, marijuana or prescription opioids, but then progresses to more problematic and frequent use, including:
- Craving and frequent drug seeking
- Increasing tolerance (higher dose needed to produce same effect)
- Continuing to use, even when it causes problems with relationships, employment, parenting, etc.
- Wanting to cut down or stop using but having difficulty or not being able to abstain

Addiction is at the root of many of Ohio’s greatest health and healthcare spending challenges. The HPIO 2017 Health Status Dashboard found that Ohio ranks in the bottom quartile of states for drug overdose deaths, adult smoking and children exposed to secondhand smoke. Addictions to opioids (including prescription opioids, heroin and fentanyl) and nicotine are direct contributors to these challenges.
Vision
To influence the improvement of health and well-being for all Ohioans.

Mission
To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy.
Evidence resource pages
Hubs for clinical standards and guidelines, expert consensus statements and recommendations, model policies and evidence registries

Policy inventories
Lists of Ohio legislation, regulations, funding allocation amounts, practice guidelines, state agency initiatives and legislative initiatives

Policy scorecards
Analysis of strengths and gaps in Ohio's policy response to addiction
Key elements of a comprehensive policy response to addiction

Source: Health Policy Institute of Ohio adapted from Addiction Policy Forum (2017)
Addiction-related policy changes in Ohio, by type of policy change, 2013-2017 (n=193)

- **41%** Legislative change (bills signed into law or a provision within a bill)
- **31%** New or expanded State agency initiatives, programs, systems changes or guidelines
- **27%** Rules or regulations
- **1%** Legislative initiatives (task force, commission)

*Source: HPIO review of Ohio legislation, regulations, Governor’s Cabinet Opiate Action Team timeline and other policy summaries*
Number of addiction-related policy changes in Ohio, by topic, 2013-2017

**Prevention**
- Appropriate use of, and access to, prescription opioids: 55
- Child or family-focused prevention: 12
- Other community-based prevention: 23

**Treatment**
- Screening and early intervention: 8
- Treatment services: 75
- Treatment system: 12

**Recovery**
- Recovery services: 24

**Note:** See Appendix B for further description of these categories.

**Source:** HPIO review of Ohio legislation, regulations, Governor's Cabinet Opiate Action Team timeline and other policy summaries.
### Scorecard

<table>
<thead>
<tr>
<th>Topic</th>
<th>Subtopic</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevention</strong></td>
<td>Appropriate use of, and access to, prescription opioids:</td>
<td><strong>Strong</strong></td>
</tr>
<tr>
<td></td>
<td>Prescribing and dispensing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Appropriate use of, and access to, prescription opioids: Non-opioid pain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>management</td>
<td><strong>Weak</strong></td>
</tr>
<tr>
<td></td>
<td>Child and family-focused prevention</td>
<td><strong>Moderate</strong></td>
</tr>
<tr>
<td></td>
<td>Other community-based prevention</td>
<td><strong>Weak</strong></td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td>Screening and early intervention</td>
<td><strong>Weak</strong></td>
</tr>
<tr>
<td></td>
<td>Treatment services</td>
<td><strong>Moderate</strong></td>
</tr>
<tr>
<td></td>
<td>Treatment system access and coverage</td>
<td><strong>Strong</strong></td>
</tr>
<tr>
<td></td>
<td>Treatment system capacity and workforce</td>
<td><strong>Weak</strong></td>
</tr>
<tr>
<td><strong>Recovery</strong></td>
<td>Recovery services</td>
<td><strong>Moderate</strong></td>
</tr>
</tbody>
</table>

**Note:** Rating based on evidence alignment and implementation reach
Figure 12. Prevention scorecard summary

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Gaps</th>
<th>Opportunities for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strong</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Appropriate use of and access to prescription opioids: Prescribing and dispensing | - Robust PDMP (OARRS), an evidence-based approach to reducing opioid use  
- Evidence-aligned opioid prescribing limits and guidelines in place | Extent to which prescribing guidelines are being implemented is unknown | - Enforce, monitor and evaluate 2017 prescribing limits  
- Based on evaluation results, consider strengthening limits to 3-5 days  
- Offer education and technical assistance to help providers to operationalize and implement prescribing limits and guidelines  
- Sustain and continually improve OARRS |
| **Weak** |      |                              |
| Appropriate use of and access to prescription opioids: Non-opioid pain management | - Ohio Medicaid covers several evidence-based, nonpharmacologic pain management therapies, including acupuncture, chiropractic and physical therapy  
- ODH and other state agencies launched the Take Charge Ohio campaign in 2017 to promote safe pain management and medication use, consistent with evidence-based guidelines | - Ohio Medicaid does not cover some evidence-based, non-pharmacologic pain management therapies, such as tai chi, yoga, progressive relaxation, biofeedback, etc.  
- Ohio healthcare providers are not required to be trained in addiction or appropriate pain management, which may limit utilization of non-opioid therapies, including nonpharmacologic methods | - Increase utilization of evidence-based, non-opioid pain management therapies through patient and provider education and improved insurance coverage  
- Require all providers who prescribe controlled substances to complete mandatory Continuing Medical Education credits on addiction, appropriate pain management and other relevant topics |
Key findings: Strengths

- Leadership and priorities
- Cross-sector partnerships
- Decreased opioid prescribing
- Medicaid-Assisted Treatment
- Medicaid eligibility
- Evidence alignment
Leadership, priorities and cross-sector partnerships
Number of opioid solid doses dispensed (in millions) to Ohio patients, 2011-2017

Source: State of Ohio Board of Pharmacy, Ohio Automated Rx Reporting System 2017 Annual Report
Prescription opioids dispensed per 1,000 population, by state, 2016

Note: Data year is the 12 months ending June 30, 2016
Source: IMS PayerTrak, IMS National Prescription Audit, June 2016; Centers for Disease Control and Prevention, as reported in “Use of Opioid Recovery Medications,” IMS Institute for Healthcare Informatics

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Medication-Assisted Treatment

- Methadone
- Buprenorphine (Suboxone, Subutex)
- Naltrexone (Vivitrol, Revia, Depade)
Uninsured rate of Ohioans, ages 18-64 (2011-2016)

Less than 138% FPL
35%

More than 400% FPL
5%

14%
3%

Source: U.S. Census Bureau, American Community Survey

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Evidence alignment

FACING ADDICTION IN AMERICA
The Surgeon General’s Report on Alcohol, Drugs, and Health

CONSENSUS STUDY REPORT
PAIN MANAGEMENT AND THE OPIOID EPIDEMIC
BALANCING SOCIETAL AND INDIVIDUAL BENEFITS AND RISKS OF PRESCRIPTION OPIOID USE

ASAM NATIONAL PRACTICE GUIDELINE
For the Use of Medications in the Treatment of Addiction Involving Opioid Use
Key findings: Gaps

- Too few Ohioans reached
- Poor pain management
- Patchwork approach to prevention
- Inadequate treatment capacity
- Limited outcome measurement
- Minimal policy focus on:
  - Tobacco/nicotine and alcohol
  - Recovery
  - Health disparities
  - Social determinants of health
Too few Ohioans reached

MOMs locations in Ohio
Providers of Medication-Assisted Treatment (MAT), by Ohio county, as of January 2018

Note: MAT categorization indicates presence within the county of one or more (1) actual buprenorphine prescribers and/or office-based opioid treatment providers (OBOTs), (2) Opioid Treatment Programs (OTPs) using methadone, or (3) providers using Vivitrol. Data does not include OTP or OBOT applicants.

Sources: OMHAS (Vivitrol provider data adapted from Alkermes; buprenorphine data adapted from the DEA; OBOT data adapted from the State of Ohio Board of Pharmacy)
Poor pain management
Patchwork approach to prevention
Inadequate treatment capacity

Ratio of certified buprenorphine providers to opioid overdose deaths, by state, 2016

Sources:
Avalere analysis of SAMHSA Opioid Treatment Program Directory and Centers for Disease Control and Prevention (CDC) WONDER, 2016
Limited outcome measurement
Alcohol, tobacco and other non-opioid drugs
Opioid Overdose Deaths in Ohio by Race, rate per 100,000 population

Source: Kaiser Family Foundation analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Multiple Cause of Death 1999-2016 on CDC WONDER Online Database, 2017
Average unintentional drug overdose death rate per 100,000 population, 2011-2016

Sources: Ohio Department of Health, Bureau of Vital Statistics; analysis conducted by ODH Violence and Injury Prevention Program; U.S. Census Bureau (Vintage 2016 population estimates).

1. Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44).

Rate suppressed if < 10 total deaths for 2011-2016.
Unintentional drug overdose deaths, by education level, Ohio 2016
(age-adjusted rate per 100,000)

- High school graduate or GED: 20.2
- College no degree: 4.5
- Associate degree: 1.6
- Bachelors degree: 1.2

Note: Less than HS degree not displayed.

Source: Ohio Department of Health, Ohio Public Health Data Warehouse
Overdose rate by income

Percentage of Ohio adults, by income, who have family members or friends who have experienced problems as a result of ...

- **abusing prescription drugs**
  - 138% FPG or less: 28%
  - 138% FPG-200% FPG: 26%
  - More than 200% FPG: 30%

- **using heroin**
  - 138% FPG or less: 31%
  - 138% FPG-200% FPG: 22%
  - More than 200% FPG: 22%

- **using methamphetamine**
  - 138% FPG or less: 18%
  - 138% FPG-200% FPG: 13%
  - More than 200% FPG: 11%

Source: Ohio Health Issues Poll 2017
Why does the overdose death rate continue to climb?
Percent change in number of drug overdose deaths, 12-month period ending in August 2016 to 12-month period ending in August 2017

Note: Based on provisional counts, which may not include all deaths that occurred during a given time period. Numbers are subject to change.
Source: National Center for Health Statistics, Vital Statistics Rapid Release, Provisional Drug Overdose Death Counts, as of March 4, 2018
Overdose death, by drug type

Number of unintentional drug overdose deaths involving selected drugs, by year, Ohio, 2000-2016

Source: “2016 Ohio Drug Overdose Data: General Findings,” Ohio Department of Health. Data is from Ohio Department of Health, Bureau of Vital Statistics; analysis conducted by ODH Violence and Injury Prevention Program. Multiple drugs are usually involved in overdose deaths. Individual deaths may be reported in more than one category. Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44).

* Excludes deaths involving fentanyl and related drugs.
Estimated cumulative net benefits over time: Good Behavior Game

Source: Washington State Institute for Public Policy
Inadequate treatment capacity

Ratio of certified buprenorphine providers to opioid overdose deaths, by state, 2016

Sources:
Avalere analysis of SAMHSA Opioid Treatment Program Directory and Centers for Disease Control and Prevention (CDC) WONDER, 2016

Fewer buprenorphine providers relative to need
Opportunities for improvement

1. Build upon strong framework for appropriate opioid prescribing
2. Increase use of non-opioid pain management therapies
3. Strengthen the effectiveness and reach of addiction prevention activities
Opportunities for improvement

4. Ensure that evidence-based addiction treatment and recovery services are available to all Ohioans in need
5. Reduce health disparities and address the social determinants of health
6. Increase use of data and evaluation to drive improvement
Opportunities for improvement

7. Strengthen clinical-community linkages and connections between sectors
8. Develop a coordinated, long-term approach to serve the needs of children exposed to ACEs
9. Develop a comprehensive plan for addressing potential consequences of medical marijuana legalization
What’s next?
Potential threats and changes on the horizon

1. Changes in substances being abused
2. Disruption caused by change in administration
3. Decreased federal and/or state funding
4. Increased uninsured rate
5. Increased number of children exposed to ACEs
6. Increased number of older adults
Change in administration
Decreased federal and/or state funding
Approved and pending work requirement 1115 Medicaid waivers

Source: Kaiser Family Foundation, State Health Facts, Approved Section 1115 Medicaid Waivers and Pending Section 1115 Medicaid Waivers, April 9 2018.
Adverse childhood experiences

Psychological, physical or sexual abuse

Witnessing violence against the mother

Living with household member who has:

Substance abuse or mental health conditions

Attempted or committed suicide

Ever been imprisoned

Source: Adapted from Felitti, Vincent J. et al. (1988)
A path forward

Discussion questions

1. Which of these opportunities are you already pursuing or are motivated to address in the future?
2. Which stakeholder groups or sectors might resist policy changes related to these opportunities?
3. What other barriers may get in the way of progress on these opportunities?
4. Which opportunities do you think are most important for the next administration to champion over the next four years?
5. What do you see as the role for the private sector to pursue these opportunities, and what are some specific examples of public-private partnerships that are already effectively addressing these issues?
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- Sisters of Charity Foundation of Cleveland
- Cardinal Health Foundation
- North Canton Medical Foundation
- Mercy Health
- CareSource Foundation
- United Way of Central Ohio
# Medication-Assisted Treatment

<table>
<thead>
<tr>
<th>Medication</th>
<th>How it is used</th>
<th>Prescriber regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Methadone</strong></td>
<td>Patient must go to a certified treatment facility every day to receive dose</td>
<td>Highly regulated (Drug Enforcement Agency [DEA] schedule II drug)</td>
</tr>
<tr>
<td><strong>Buprenorphine-naloxone and buprenorphine hydrochloride</strong> (Suboxone, Subutex)</td>
<td>Used daily, but patient does not have to go to provider every day</td>
<td>Highly regulated (DEA schedule III drug)</td>
</tr>
<tr>
<td><strong>Naltrexone</strong> (Vivitrol, Revia, Depade)</td>
<td>Monthly injection from healthcare provider</td>
<td>Not a scheduled drug</td>
</tr>
</tbody>
</table>