

Combating Opioid Abuse through a Unified State and Local Response: The Ohio Governor's Cabinet Opiate Action Team

The leading cause of injury-related death in Ohio is accidental drug overdose, largely related to opioids.¹ In response, Ohio's Governor John Kasich established the Governor's Cabinet Opiate Action Team (GCOAT) in 2011, long before the epidemic was on many states' radars. Comprised of several state agencies, GCOAT supports a multifaceted state-level approach to address opioid abuse and prevent overdose deaths by:

- (1) promoting responsible use of opioids; (2) reducing the supply of opioids; (3) focusing on drug abuse prevention; and
- (4) expanding access to treatment.

This all-hands-on-deck strategy has facilitated informal and formal information-sharing, as well as enabled state agencies and other partners across Ohio to leverage their unique skillsets, data access, and policy levers. Ohio's comprehensive approach to combating opioid addiction on all fronts includes initiatives at the state and local levels involving law enforcement, public health, addiction and treatment professionals, health care providers, educators, the public, and others.

GCOAT has spurred critical actions needed to prevent overdose

BETTER HEALTH BEYOND HEALTH CARE

The Center for Health Care Strategies, with support from the Robert Wood Johnson Foundation, led an exploratory effort to identify key enablers of successful cross-sector collaboration to improve population health, beyond health care coverage and access to services. This series of case studies details how diverse state-level, cross-sector collaborations can positively impact population health. For more information and the full report, visit www.chcs.org/better-health-profiles.

AT-A-GLANCE



- **ENVIRONMENT:** Ohio has one of the highest opioid overdose death rates in the country.
- **SOLUTION:** Governor John Kasich united Ohio's state agencies in a comprehensive and coordinated approach to combat the opioid crisis, by establishing the Governor's Cabinet Opiate Action Team (GCOAT) in 2011.
- **KEY FEATURES:** Ohio's efforts to address the opioid epidemic are multifaceted, and include law enforcement initiatives aimed at cracking down on drug trafficking; youth drug prevention; monitoring prescribing practices and encouraging appropriate use of pain medications; and efforts to expand access to treatment and recovery services.
- **PARTNERS:** Key players include: Department of Health; Department of Public Safety; Board of Pharmacy; Department of Mental Health and Addiction Services; Department of Medicaid; and Department of Aging.
- **HIGHLIGHTED IMPACT:** In 2016 the percentage of prescription opioid-related deaths declined for a fifth straight year, and 10,477 naloxone kits were distributed, resulting in 907 overdose reversals.

deaths in Ohio, including: (1) adoption of key laws to expand access and use of naloxone (an opioid overdose reversal drug), strengthen prescription drug oversight, and require youth drug prevention curriculum in schools; (2) development of prescribing guidelines; (3) closing pill mills; (4) provision of grant support and implementation toolkits to local communities; (5) financial investment to integrate Ohio's prescription drug monitoring program into electronic medical records and pharmacy systems across the state; and (6) a concerted focus on public health and youth prevention campaigns.

This profile outlines key factors behind the success of the GCOAT initiative, outlines statewide activities to stem accidental overdose, and explores initial results.

Key Factors for Program Success

The establishment of GCOAT enabled Ohio's comprehensive, multifaceted statewide effort to reduce drug-related deaths—with participating state agencies complementing and advancing each other's work. Keys takeaways contributing to the program's effectiveness include:

■ **Unified Messaging Across Agencies.** The Departments of Health, Public Safety, and Mental Health and Addiction Services have aligned messages from Ohio's public awareness campaigns on the use of naloxone, Project DAWN (Deaths Avoided with Naloxone), and youth prevention efforts to provide consistent, unified messaging and awareness across departments and initiatives.

■ **Sharing of Key Data and Information to Inform Action.** GCOAT has enabled the sharing of data and information across agencies that would not have been communicated in the past. This new flow of information not only helps to inform interventions at the state level, but also supports county-level, cross-sector efforts. This includes the EpiCenter (the Ohio Department of Health's surveillance system) alert system, which provides local health departments, law enforcement agencies, and the medical community with timely information on increases in drug-related emergency department visits, allowing them to prepare for potential increases in drug overdoses.

■ **Collaborative and Complementary Implementation of Interventions.**

» Several state agencies are working on youth drug prevention initiatives and leverage each other's efforts to maximize impact. The Department of Public Safety leads the *5 Minutes for Life* educational campaign where Ohio State Troopers, Ohio National Guard, or local law enforcement speak with student leaders about responsible decision-making and encouraging their peers to live a drug-free lifestyle. The Department of Education passed legislation requiring local school districts to address the dangers of prescription opioid abuse in their health curriculum, and also plays an integral role in Ohio's *Start Talking!* initiative, which gives parents and educators tips for talking with youth about drugs. Simultaneously, Ohio's Department of Mental Health and Addiction Services leads the state's Strategic Prevention Framework to guide communities in developing initiatives to reduce alcohol and drug abuse among teens and young adults. GCOAT supports these various state departments in sharing information, leveraging partners' efforts, and strategically collaborating to complement each other's youth drug prevention programs.

"GCOAT opened lines of communication among agencies that normally wouldn't have worked together. It uncovered available resources different agencies are devoting to specific issues and enabled us to leverage the collective work already being done."

- Lance Himes, Department of Health

- » Ohio's multiagency approach has saved thousands of Ohioans from opioid-related overdose deaths by ensuring access to naloxone—and other opioid overdose reversal medications. For example, the Ohio Attorney General's Office developed training for law enforcement professionals and the public regarding the administration of naloxone—complemented by a public multimedia awareness campaign developed by the Departments of Health and Mental Health and Addiction Services that urged loved ones to carry naloxone for friends and family who are at-risk. Ohio legislation has increased access to naloxone by first responders and the general public. Additionally, Ohio's Department of Health together with the Department of Mental Health and Addiction Services spearheaded Project DAWN (Deaths Avoided With Naloxone), an opioid overdose prevention program that has committed \$500,000 per state fiscal year to enhance access to naloxone in every Ohio county.
- » Cross-agency partnerships in Ohio support people with behavioral health needs who are transitioning from correctional settings into the community to enroll in Medicaid and gain access to services and treatment. The Ohio Department of Medicaid and Department of Rehabilitation and Correction jointly developed a Medicaid Pre-Release Enrollment program. In addition, the Ohio Departments of Rehabilitation and Correction and Mental Health and Addiction Services collaboratively developed a program to deliver medication-assisted treatment for inmates prior to release from prison, and link individuals to health care providers for continuity of care upon release.

Select Activities

GCOAT has enabled a multi-pronged effort with cross-agency, statewide initiatives focused on: (1) mobilizing law enforcement; (2) supporting prevention; (3) encouraging appropriate use of pain medications; and (4) improving access to treatment. A focus on empowering local efforts to address the opioid overdose epidemic is woven throughout GCOAT activities. Following are specific activities:

Mobilizing Law Enforcement

The Ohio Department of Public Safety's (DPS) Office of Criminal Justice and Ohio's Highway Patrol troopers have played a key role in keeping drugs outside of Ohio's borders. Together they coordinate across jurisdictions to intercept drugs, use the Ohio Automated Rx Reporting system to conduct drug overdose investigations, carry and use naloxone to treat overdoses, and collect and share Ohio Incident Based Reporting System data on drug-trafficking and possession arrests with GCOAT members to inform Ohio's statewide efforts.

Ohio's DPS works to empower local communities' law enforcement efforts to combat the opioid epidemic. In 2016, DPS provided more than \$5.5 million to support 40 local drug task forces in communities throughout the state in integrating drug enforcement strategies. Ohio's *Drug Interdiction, Disruption and Reduction Plan* includes strategies to integrate multijurisdictional drug task forces into statewide drug interception prevention efforts and provide the framework for greater collaboration between law enforcement and treatment providers. All law enforcement interactions are recorded within a centralized database that provides Ohio task force members, GCOAT members, and federal law enforcement leaders with accurate, real-time statistics to support effective deployment of resources.

Supporting Prevention

Through GCOAT, Ohio has implemented strategies and policies focused on youth drug prevention, including its statewide *Start Talking!* initiative, which launched in 2014. *Start Talking!* is a three-part program designed to equip teachers and parents with simple tools to speak with youth about the importance of living healthy, drug-free lives. As of 2016, more than 60,000 parents and teachers receive bi-weekly tips and “TEACHable Moments.”

Another educational campaign, *5 Minutes for Life*, invites Ohio State Troopers, Ohio National Guard members, and local law officers to speak for five minutes with student leaders, such as student-athletes, student council members, and band leaders, before or after a practice or a meeting. They talk about making responsible decisions, demonstrating leadership, and encouraging fellow students to live a drug-free lifestyle. This educational campaign aims to reduce and ultimately eliminate drug use among students. Since the program began in 2013, more than 159,000 students have seen presentations, and more than 2,700 students have registered to become ambassadors to educate their peers. Furthermore, Ohio passed legislation (House Bill 367) that requires the board of education of each local school district to select a health curriculum that addresses the dangers of prescription opioid abuse.

Encouraging Appropriate Use and Availability of Pain Medication

Through the GCOAT and in partnership with representatives of the medical community, Ohio developed three new prescribing guidelines on responsible use of opioids for: (1) use in emergency department and acute care facilities; (2) treating chronic pain; and, (3) treating acute pain. The guidelines are intended to help prevent “doctor shopping” for prescription pain medication, encourage prescribers to consider non-opioid pain treatment alternatives, and reduce overprescribing. Ohio also passed legislation (Senate Bill 319) to strengthen prescription drug oversight by placing a 90-day cap on the total days’ supply for any opiate prescription received from a pharmacy, invalidating prescriptions not used within 30 days, and requiring pharmacy technicians to register with the Board of Pharmacy (BOP).

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In addition, the Ohio BOP created the Ohio Automated Rx Reporting System (OARRS)—Ohio’s Prescription Drug Monitoring Program—to address prescription drug diversion and abuse. The OARRS provides prescribers and pharmacists with information regarding a patient’s controlled substance prescription history, and is also available to law enforcement officers and health care regulatory boards during active investigations. Ohio House Bill 341 (passed in 2014) requires prescribers to obtain an OARRS report before prescribing or personally furnishing an opioid. In 2015, Ohio invested \$1.5 million to integrate OARRS into electronic medical records and pharmacy systems across the state.

Additionally, Ohio’s GCOAT launched a campaign called *Take Charge Ohio* that provides tools to help prescribers educate patients on pain management practices, while also providing resources for patients on the scope of the problem.

Access to Treatment

GCOAT worked to expand the availability and use of naloxone through legislation, awareness, and state-led programs to support local communities. Project DAWN, a critical education and distribution initiative of this effort, was initiated through funding from Ohio's Department of Health for one county in 2012, and expanded to 52 counties by 2017. Ohio's 2018-19 state budget invested \$2 million to expand access to naloxone in communities with unmet needs through local Project DAWN programs.

After the launch of GCOAT, several laws were enacted to expand naloxone use, including House Bills 170 and 4. Pharmacists can now dispense naloxone without a prescription, first responders can administer the drug, and individuals can get prescriptions for loved ones.

GCOAT also focuses on ensuring that individuals have access to medication-assisted treatment (MAT), counseling, and support services such as housing and employment. To ensure MAT is appropriately prescribed, Ohio passed Senate Bill 319 requiring treatment facilities to be licensed by the Ohio BOP. Ohio Medicaid covers MAT as well as screening, brief intervention, and referral to treatment as billable services.

The Ohio DPS Office of Criminal Justice Services directs funds to support five drug treatment projects through the Federal Residential Substance Abuse Treatment Program, which funds addiction treatment in prisons, jails, and after-care facilities. Ohio prisons also offer the Medicaid Pre-Release Enrollment program to enroll individuals transitioning from prison to the community in a Medicaid managed care plan.

Finally, Ohio's Department of Medicaid and Department of Mental Health and Addiction Services jointly launched a Maternal Opiate Medical Support (MOMS) project to develop best practices for treating addicted mothers and address neonatal abstinence syndrome.

Outcomes/Achievements

Through GCOAT, Ohio has implemented several cross-agency initiatives, policies, and regulatory changes to address the opioid epidemic, underscoring the importance of strong political support and leadership to facilitate large-scale implementation efforts.

According to the Department of Health's *2016 Ohio Drug Overdose Data: General Findings*, the percentage of prescription opioid-related deaths in Ohio declined for a fifth straight year in 2016 (excluding deaths involving fentanyl and related drugs), and the number of these deaths declined 15.4 percent from 667 in 2015 to 564 in 2016.² This decline corresponds with the Ohio GCOAT's efforts to reduce the prescription opioid supply, establish opioid prescribing guidelines, and prevent opioid abuse using OARRS. In fact, there were 81 million fewer opioid solid doses dispensed to Ohio patients in 2015 compared to 2011, and prescriber and pharmacist queries using OARRS increased from 778,000 in 2010 to 9.3 million in 2014.³⁴

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Additional achievements include the policy changes and program efforts to expand access to naloxone. According to the Ohio GCOAT, in 2016 Project DAWN programs dispensed 10,477 naloxone kits resulting in 907 overdose reversals. Law enforcement's efforts have also made significant contribution in combatting

the opioid epidemic, with arrests for illegal drugs increasing 136 percent, from 5,643 in 2010 to 13,334 in 2016.⁵

Consistently sharing data and real-time updates across state agencies through recurring GCOAT meetings has been key to Ohio's success in efforts to combat the opioid crisis. This includes vital statistics data from DPH (such as where overdose deaths are occurring, and what drugs are involved), law enforcement incidents and interdictions data from DPS, the number of opioid doses dispensed and OARRS queries from BOP, and other data.

The successes achieved are indicative of the GCOAT members' combined efforts at the state level, and demonstrate the positive impact of cross-agency and multi-stakeholder collaboration to address the overprescribing of opioids.

About the Robert Wood Johnson Foundation

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About the Center for Health Care Strategies

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ENDNOTES

¹ Ohio Department of Health. "2015 Ohio drug overdose data: general findings." August 2016. Available: https://extension.osu.edu/sites/ext/files/imce/About_docs/Opioid_Crisis/Drug%20overdose%20data-Ohio%20Dept%20of%20Health.pdf.

² Ohio Department of Health. "2016 Ohio drug overdose data: general findings." August 2017. Available at: <https://www.odh.ohio.gov-/media/ODH/ASSETS/Files/health/injury-prevention/2016-Ohio-Drug-Overdose-Report-FINAL.pdf>.

³ Ohio Department of Health 2016, op.cit.

⁴ Governor's Cabinet Opiate Action Team. "Ohio continues to make progress against the opioid epidemic." Available at: <http://fightingopiateabuse.ohio.gov/Data-Statistics>.

⁵ Ibid.