



Representative Richard Brown Testimony House Bill 10

Chairman Merrin, Vice Chair Manning, Ranking Member Boyd, and Members of the Health Committee, thank you for giving me the opportunity to testify on House Bill 10 today. I also want to thank Speaker Householder and Leader Sykes for making this legislation a priority bill in the Ohio House.

I am certain that many, if not most of us in this room, have in some way been adversely affected by our state's drug addiction crisis. Many, maybe most, in this room have a family member, a friend, or a constituent who has fallen victim to this epidemic.

Ohio is in the midst of the nation's opioid overdose epidemic. Ohio has been virtually a poster-child for overdose deaths in the nation. As recently as 2017, an historic number of Ohioans --- more than 5,200, died over a one year period, or about 14 per day, from unintentional drug overdoses, a 39% increase from the prior year. In Franklin County, overdose deaths spiked 47% from mid-2016 to mid-2017. Although in the latter part of 2018 there was a slight decrease statewide in the number of overdose deaths in Ohio, the number of deaths is still much too high. The Franklin County coroner reported on this past Saturday that just last week 9 people in Franklin County died from drug overdoses over a 36 hour period of time from last Tuesday evening through last Thursday morning, from a suspected bad batch of fentanyl. These deaths occurred in 6 different zip codes from the Hilltop, to North Linden, to Worthington, to Dublin. Similar spikes in overdose deaths have occurred before in Franklin County and in many other areas of the state. This current opioid drug epidemic knows no race, no gender, no social caste, and plagues people throughout Ohio, from the inner city to small towns to rural Ohio to the most affluent suburbs. According to recent congressional studies, Ohio's current efforts will not be enough to significantly slow the historic number of opioid overdose deaths.

More Ohioans under age 50 die from heroin and fentanyl overdoses than from car crashes, gun violence, and breast cancer combined. Families are being torn apart. Children are being forced into foster homes, and the foster care system, despite its best efforts, is overwhelmed. Local police and fire departments are scrambling to meet the financial and personnel costs associated with combatting this deadly scourge.

Local communities and governments across Ohio are doing everything they can to educate folks, to try to prevent and treat drug abuse, but they simply are not equipped or adequately funded to fight the opioid crisis alone, particularly after losing over \$2 billion in state cuts since 2011. As a result, local communities around my district and across Ohio are trying new, innovative

approaches to address myriad issues that arise from opioid addiction and overdoses. But these local efforts are *ad hoc*, disjointed, and have proven, on the whole, to be ineffective, with some rare exceptions. More needs to be done, and more can be done, to help Ohio put in place best practices, draw down on critical resources, and equip our first responders, social workers, addiction treatment specialists, and local communities with better tools to take on this crisis. We need a more unified, coordinated, and comprehensive strategy to combat this issue.

In order to assist and strengthen existing efforts in our state, such as the Governor's Recovery Ohio Initiative, and agencies such as the Ohio Department of Health and the Ohio Department of Mental Health and Addiction Services, House Bill 10 will create, within the Governor's Office, the Office of Drug Policy, headed by a cabinet-level Director acting as, in effect, as a Drug Czar, to coordinate and oversee efforts statewide to defeat this drug and addiction crisis. For several years now, various people around Ohio involved in the prevention and treatment of drug addiction and the opioid crisis, and, groups like the Ohio Mayor's Alliance have urged the creation of an office of drug policy headed by one person whose only job and sole purpose is to direct and oversee a statewide unified, comprehensive, strategic effort to beat this crisis. The proposed Office of Drug Policy will do the following:

- 1) Coordinate drug-related efforts from across the state & local governments;
- 2) Act as a source of information on innovative new programs which communities are adopting;
- 3) Act as a source of information on best practices for education, prevention, and treatment;
- 4) Help to facilitate cooperation between local governments;
- 5) Seek new sources of funds, through private and public means, for drug prevention and treatment;
- 6) Review existing agency rules to remove or lessen barriers to treatment;
- 7) Establish a telephone hotline for community leaders and officials to contact with questions and information; and,
- 8) Require quarterly public reports to the General Assembly of progress in the opioid fight and challenges remaining.

The Office of Drug Policy is not only designed to combat the current addiction crisis in our state, but will actively work to prevent another such crisis from emerging. We need a permanent statutory solution, a constant watchdog, to ensure that this never happens to our state again. Prior and existing measures, based upon executive orders or piecemeal directives which are temporary and can be easily rescinded, have not proven to be as effective as necessary to end or at least significantly resolve this crisis. By collaborating with our local communities and working to create the best system of addiction treatment in the nation through an Office of Drug Policy, we can end this crisis.

Once again, thank you Chairman Merrin, Vice Chair Manning, Ranking Member Boyd, and members of the Health Committee, for giving me the opportunity to speak about this important piece of legislation.