



House Bill 49 Budget Testimony

Senate Finance Committee Health and Medicaid Subcommittee

May 17, 2017

Chairman Hackett, Vice Chair Tavares and Senators Beagle, Brown, Burke, Coley, Hottinger, and Terhar, members of the Senate Finance Committee Health and Medicaid Subcommittee, thank you for accepting our testimony on House Bill 49.

My name is Marcie Seidel and I am the Executive Director of Drug Free Action Alliance, a statewide, certified prevention agency that has been in existence for 30 years. The mission of the agency is leading healthy communities in the prevention of substance abuse and the promotion of mental health wellness. We do this through environmental strategies which include working with community coalitions around the state, who are in most of your districts, to prevent substance use and abuse. We also focus on media messaging to promote healthy lifestyles and, finally, look at public health policies and how they can contribute to the prevention of alcohol and drug abuse, including opiates.

As you have heard numerous times in testimonies, Ohio faces a crisis like it has never faced before with the opiate epidemic in our state. We reached a tragic record of overdose deaths in 2015 and the numbers for 2016 look to eclipse that record. Although I would like to give you an easy answer in regards to fixing this problem, I can't possibly give you that. As with any other major chronic disease that we deal with like heart disease or diabetes, there is no simple solution to addiction. It will take a multi-pronged approach that includes evidence-based prevention to help individuals to never start the use of illegal drugs and the appropriate use of legal drugs to effective treatment that leads to healing and recovery with ample services to help maintain sobriety and health for a lifetime.

Many people think of prevention as something that is as simple as telling youth that drugs are bad or holding one-off events. We cannot let this be the only prevention that we think about. Effective prevention takes place on many levels

through community organizations, businesses, schools, law enforcement and ordinary citizens.

As we look at the history of drug abuse over the past 30 years, we have tried to curb drug abuse through a variety of ways. We had cocaine and crack in the 1980's, meth in the 1990's and early 2000's in the past ten years, we have the prescription pill crisis and now heroin and synthetic drugs. Each time, we have treated the problem by limiting supplies through federal and state enforcement, however, addiction never left. This budget bill gives us the opportunity to treat the disease and not just eradicate the drug.

Our testimony comes down to four primary means that drug prevention can be more prevalent, more effective, and, in the end is cost effective. **According to the most recent US Surgeon General's Report, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health, 2016, for every dollar invested in evidence-based prevention strategies, we save \$18 in costs to society.** This includes costs to states through healthcare, traffic crashes and fatalities, business productivity and law enforcement.

- 1) **Invest in community-based prevention services in every county in Ohio to organize community efforts at the local level.** A unified strategy around the Strategic Prevention Framework, an evidence-based prevention strategy design, must be created to organize and coordinate all mental health and substance use disorder efforts at the local level. Within each community, there are numerous efforts that are designed to promote healthy lifestyles and better community coordination is needed in each county to promote collaboration and align entities working on behavioral health issues. This effort should also allot funds to organize and distribute to collaborative efforts in each community. This unified strategy determined by the Strategic Prevention Framework (SPF) process would create a common community agenda for prevention coalitions whose membership can include ADAMH Boards, public health departments, Family and Children First Councils, school districts and buildings, families, and certified providers in planning for and coordinating resources to ensure sustainable prevention services centered on sound prevention principals and science. This approach would

also provide a shared measurement to gauge whether these collaborative efforts are effective. Community collaboratives will consider how to coordinate the use of federal funds that are received for drug prevention with state and local, public and private resources to ensure locally-driven, high quality prevention services that monitor outcomes. A total investment of \$12 million over the biennium would be available to counties for any entity that has knowledge of prevention strategies, as well as the ability to retain an Ohio Prevention Specialist. On average, this would be \$68,000 per county annually for community-based prevention work.

The County Community Hub Program included in the House Budget can offer a framework for this concept. Drug Free Action Alliance works with 91 community coalitions throughout the state, a network that can help actualize the formation of the Hub and expedite the critical work at hand.

- 2) **Invest in evidence-based prevention services in every public elementary, middle and high school in the state of Ohio.** I proudly served on the Attorney General's Prevention Task Force this past fall to determine what would be the best means of providing prevention services across the state. One of the common themes is providing prevention services from K-12 in every school district. Per the [Ohio Department of Education](#), Ohio has nearly 3,600 public schools. While the State of Ohio currently receives some federal funding for prevention programming, additional funding to supplement and support those efforts would be needed to meet the requirement that behavioral health providers have identified to make positive change for children. This would require an investment of \$22 million over the biennium, which equates to \$6.36 per student per school year in public schools in Ohio.

- 3) **To ensure the highest quality in the delivery of prevention services, Ohio must embrace the prevention of substance use and mental illness as a health service and therefore require the use of trained and certified personnel when indicated for the delivery of evidence-based practices and where required by Ohio law and rule.** If a school doesn't have someone meeting state requirements to provide prevention services, then

they must be required to collaborate with a community-based prevention provider who meets regulatory requirements.

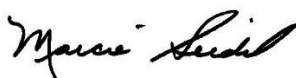
- 4) **Ohio must rely on research to inform our prevention service delivery,** demanding the use of practices based in evidence, including those deemed to be “promising,” to ensure quality and to be good stewards of public and private funds.

Additionally, we would like to draw attention to where it deletes the statement of a physician’s opinion in regards to the medical marijuana law. [Sec. 3796.08.

(A)(2)(iv) That the physician has informed the patient of the risks and benefits of medical marijuana as it pertains to the patient's qualifying medical condition and medical history.]

Not receiving this important information from the patient’s physician severely compromises a patient’s ability to make an informed decision on the use of a drug that has not been tested through the proper protocols of today’s modern medicine. We respectfully request that the language not be stricken from the medical marijuana law.

Thank you for allowing us to submit our testimony.



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