



Ohio
Prevention
Advocacy
Network

Ohio Senate Finance: Health & Medicaid Subcommittee
Ohio Prevention Advocacy Network
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Good morning, Chairman Hackett, Vice Chairman Huffman, Ranking Member Thomas, and members of the Senate Finance Health and Medicaid Subcommittee. Thank you for the opportunity to provide testimony as an interested party in consideration of House Bill 166 (“HB 166”) the State’s biennial budget. My name is Mary Wolff and I am a member of The Ohio Prevention Advocacy Network (“OPAN”). OPAN is a coalition of prevention professionals and volunteers striving to establish safe, healthy and stable communities by elevating the voices of Ohio’s prevention experts.

As evidenced by our name, we at OPAN are prevention advocates, and as prevention advocates we are commonly asked by those unfamiliar with our work, what is prevention or “what are you preventing?” Prevention is more than avoiding substance use disorders and mental illness. Prevention helps people develop the knowledge, attitudes, and skills needed to make healthy choices and promote behaviors that benefit individuals, families, communities, and our entire state.

OPAN applauds Governor DeWine for his commitment to providing our children with access to resources that support healthy development in their homes, schools, and communities. These resources will not only save lives, but they’ll also save Ohioans’ money. Research shows that each dollar spent on evidence-based substance misuse prevention programs produces nearly a \$10 return.¹ Evidenced-based programs that target skill building and positive decision making among school age youth have a return on investment up to \$17.25 for every dollar spent.² OhioMHAS Director Lori Criss’s testimony on the budget, “An ounce of prevention is worth a pound of cure,” succinctly summarized these findings.

The budget as it stands currently is a good step forward. However, if we truly want to invest in prevention and stop crises like the opioid epidemic from happening in the future, the State needs to increase investments in four essential areas of prevention:

1. School-based educational prevention services by:

- Establishing effective, vetted curricula.
- Promoting universal prevention strategies.
- Promoting early identification and referral services.

¹ ISU Report to United Nations Conference Says Drug Prevention Programs Help the Economy, January, 2009

² Miller, T., & Hendrie, D.(2009).Substance abuse prevention dollars and cents: a cost-benefit analysis. DHHS Pub. No. (SMA) 07-4298.Rockville, MD: Center for Substance Abuse Prevention,

- Addressing the needs of students with traumatic and adverse experiences.

2. Community-based collaboration by:

- Providing additional resources to organizations, schools, workplaces, behavioral health boards, and local leaders.
- Addressing environmental strategies essential to increasing protective factors and reducing risk factors for both youth and adults.

3. Youth-led prevention programs by:

- Investing in statewide and local programs to ensure the promotion of healthy social norms in schools and the community.
- Increasing peer-to-peer supports.
- Promoting stable and resilient youth.

4. Prevention workforce by:

- Creating an independent line item for prevention so that the prevention workforce throughout the State can better manage and regulate the funds that will be appropriated for prevention through this budget and in the future.

As Ohio communities continue to be impacted by addiction crises and mental health issues, we must recognize prevention as an essential part of the continuum of care and invest in critical prevention services, so we can effectively address and prevent these behavioral health problems.³ In other words, we need to provide our citizens with the tools and support necessary to reduce their risk of experiencing substance use or mental health disorders.

Despite the statewide drop in opioid prescribing and other state-sponsored efforts to combat the opioid epidemic, suicide, problem gambling and other mental health related issues, data shows us that our fight is far from over.

- In 2017, black non-Hispanic males had the highest rate of unintentional overdose deaths for the first time in the State's history.⁴
- Drug overdoses involving cocaine cut with fentanyl are the overwhelming cause of overdose deaths for Non-Hispanic black males and non-Hispanic black females, while overdose deaths involving psychostimulants among white non-Hispanic males and white non-Hispanic females drastically rose in 2017⁵
- The total number of at-risk problem gamblers in the State of Ohio in 2016 - 2017 when compared to the number in 2012 rose by 4.6%.⁶

³ Institute of Medicine. (1994). Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research. Washington, DC: National Academy Press.

⁴ <http://publicapps.odh.ohio.gov/EDW/DataCatalog>

⁵ <http://publicapps.odh.ohio.gov/EDW/DataCatalog>

⁶ Ohio for Responsible Gambling Report on Problem Gambling Services SFY 2017-18

- Suicide is the 2nd leading cause of death for ages 15-34 in the State of Ohio.⁷
- More than twice as many people die by suicide in Ohio annually than by homicide.⁸

This data reveals that our state's public health crisis reaches far beyond opioid use. The foundation of this epidemic is an addiction and mental health issue, not just an opioid issue. To address these needs consideration should be made in increasing investments to prevention services throughout Ohio.

Thank you for the opportunity to provide testimony as an interested party in consideration of Sub HB 166. and I am happy to answer any questions that the committee may have.

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Mental Health & Addiction Advocacy Coalition

Envision Partnerships

Coalition for a Drug-Free Clermont County

Ohio Teen Institute

Problem Gambling Network of Ohio

⁷ <https://afsp.org/about-suicide/state-fact-sheets/#Ohio>

⁸ <https://afsp.org/about-suicide/state-fact-sheets/#Ohio>