

# Prevention Action Alliance

Educate. Empower. Advocate.

House Bill 96

Ohio Senate Finance Committee

Prevention Action Alliance

June 5, 2025

Chairman Cirino, Vice-Chair Chavez, Ranking Member Hicks-Hudson, and members of the Senate Finance Committee, thank you for the opportunity to provide interested party testimony on House Bill 96. My name is Maggie Lutterus, and I am the Advocacy and Public Policy Coordinator at Prevention Action Alliance (PAA). PAA is a statewide nonprofit prevention agency based in Columbus, Ohio, and has been in existence for over thirty years. Prevention Action Alliance is dedicated to leading healthy communities in the prevention of substance misuse and the promotion of mental health wellness. Our organization offers a wide range of resources, training services, grants, and advocacy opportunities for those working in prevention and mental health. Prevention Action Alliance and its staff actively participate in numerous advisory committees, boards, and member organizations. These include esteemed groups such as the RecoveryOhio Advisory Council, the Great Lakes Prevention Technology Transfer Center (PTTC) Network, the Problem Gambling Advisory Board, the Coalition for Healthy Communities, the Chemical Dependency Professionals Board, and various advisory boards and partnerships with the Ohio Center of Excellence for Behavioral Health Prevention and Promotion, among others.

## The Importance of Prevention

Within the continuum of care, prevention refers to efforts aimed at addressing health concerns *before* diagnosis. It is typically categorized into three main types: universal prevention, which benefits the entire population by providing general health education and awareness of potential risks; selective prevention, which targets subgroups at higher risk based on demographic or behavioral factors; indicated prevention, which focuses on individuals showing early signs of a problem, aiming to intervene before the issue worsens. Prevention is effective across all life stages—from infancy to adulthood. Evidence-based prevention demonstrates that it is never too early—or too late—to address substance misuse and mental health concerns<sup>1</sup>.

Evidence-based prevention can yield up to **\$65 in benefits for every \$1 invested**<sup>2</sup>. Beyond cost savings, prevention significantly reduces the risk of developing substance use disorders and the associated

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<sup>1</sup> <https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/index.html>

<sup>2</sup> <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/preventing-drug-misuse-addiction-best-strategy>

consequences such as overdose and impaired driving. It also strengthens Ohio's workforce and enhances community well-being.

Our Capacity for Prevention grantees provide powerful examples of this impact. One grantee reported such overwhelming interest in their school-based training that a waiting list formed, with students lining up outside the room in hopes of attending if a spot became available. After one session, a student reached out to the trainer via Instagram, saying, *"I don't know where you came from, but you came into my life at the right time and saved my life."*

In another example, a prevention coalition partnered with a high school art and photography class to launch a photovoice tobacco awareness campaign. This project resonated deeply—not only within the school, but also in the local community—and was even showcased at a statewide event.

These stories underscore that evidence-based prevention doesn't just work—it saves lives. And when tailored to the unique needs of a community, it does even more: it uplifts individuals, empowers youth, and enriches entire communities.

### **Reinstating the House's COMCD41 Drug misuse prevention, education, and public awareness initiative**

Prevention Action Alliance strongly supports the House-added provision establishing a public-private partnership to combat cannabis and related drug misuse through prevention, education, and public awareness initiatives. Most of Ohio's current prevention funding comes from federal block grants, which, while essential, are limited in scope and flexibility. With the rise in cannabis use and a declining perception of its risks—especially among youth—it is vital that the state make a direct and sustained investment in prevention efforts.

Research shows that people who begin heavy marijuana use in their teens and develop marijuana use disorder lose an average of 8 IQ points between ages 13 and 38—deficits that do not fully return even if they quit in adulthood. Marijuana use is also linked to an increased risk of psychosis and long-lasting mental health disorders, including schizophrenia, with the risks significantly higher for those who start younger and use more frequently.

Long-term cannabis use can also impact mental health. Though research is still developing, studies suggest it is associated with an increased risk of developing psychiatric disorders such as schizophrenia. It can trigger or worsen psychotic symptoms like hallucinations, paranoia, and psychosis, particularly in individuals with a genetic mutation that increases their sensitivity to cannabis. Chronic use, though rare, can also lead to cannabinoid hyperemesis syndrome—a condition characterized by repeated episodes of severe vomiting and abdominal pain. It is difficult to treat, as users may mistakenly believe that cannabis is relieving their nausea when it is the cause<sup>3</sup>. Additionally, marijuana use during pregnancy can be harmful to a baby's health and cause serious complications, including stillbirth, preterm birth, and developmental problems.

This initiative will require a localized approach, allowing communities across the state to tailor strategies to their unique needs and populations, increasing the likelihood of meaningful outcomes. By requiring

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<sup>3</sup> <https://www.nm.org/healthbeat/healthy-tips/how-cannabis-use-impacts-long-term-health#:~:text=Research%20shows%20habitual%20use%20can,psychiatric%20disorders%20such%20as%20schizophrenia.>

the Division of Cannabis Control to contract with a statewide nonprofit and mandating at least a 10% private funding match, this provision maximizes the impact of public dollars while encouraging community engagement and innovation. The \$20 million biennial appropriation, coupled with strong oversight and annual reporting requirements, reflects a forward-looking, accountable approach to protecting public health and addressing emerging trends in substance use.

### **Reinstating Full Funds for MHACD11 Prevention and Wellness**

We strongly support OhioMHAS and Governor DeWine's proposal to expand community prevention coalitions and conduct a comprehensive analysis of Ohio's current prevention initiatives.

Community prevention coalitions play a critical role in addressing local substance misuse and mental health challenges by implementing evidence-based programs tailored to each community's unique needs. Currently, 136 coalitions operate in Ohio, with 21 receiving federal funding through the Drug-Free Communities (DFC) grant<sup>4</sup>. These grants are vital in the creation of many coalitions, and can be the starting point until the coalitions can establish themselves in their communities and become sustainable.

Community prevention coalitions play a critical role in addressing local substance misuse and mental health challenges by implementing evidence-based programs tailored to each community's unique needs. Currently, 136 coalitions operate in Ohio, with about one-fifth receiving federal funding through grants such as the Drug-Free Communities (DFC) grant, the Comprehensive Addiction and Recovery Act (CARA), and the Sober Truth on Preventing Underage Drinking (STOP) Act. Notably, many of the positive outcomes related to the opioid epidemic in Ohio can be directly attributed to the efforts of these community coalitions implementing evidence-based strategies—such as drug take-back days, permanent drug collection boxes, and prescription drug education initiatives—which have significantly contributed to prevention and awareness.

The effectiveness of these coalitions depends on identifying and addressing specific local needs. What works in Lake County may not be relevant or effective in Washington or Lucas County. Thus, prevention strategies must reflect the unique characteristics of each community.

A thorough evaluation of current coalitions will help enhance and strengthen existing efforts and provide guidance for communities that lack coalitions. We support the development of at least three new coalitions, which will improve outcomes and invest in Ohio's long-term well-being.

At PAA, we are proud to support coalition work through our Statewide Prevention Coalition Association (SPCA), which strengthens Ohio's prevention coalitions, professionals, and community leaders. With over 60 member coalitions, SPCA offers resources, technical assistance, education and training, networking opportunities, toolkits, and advocacy support.

#### *Youth-Led Prevention Groups*

PAA supports the initiative to assess existing youth-led prevention groups and establish at least three new ones in underserved areas. It is essential that young people have both a voice and a seat at the table in shaping programs intended for them. Youth offer unique and critical insight into their peers' perspectives and can develop messaging and events that truly resonate.

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<sup>4</sup> <https://drugfree.org/reports/rethinking-substance-use-prevention-an-earlier-and-broader-approach/>

Many community prevention coalitions are already partnered with schools, faith-based organizations, and youth-serving agencies to ensure youth voices are heard. PAA has actively supported youth advocacy, including a special Advocacy Day in partnership with Tobacco Free Kids. On that day, youth had the opportunity to meet with members of the Ohio House of Representatives, hold a press conference, and even publish a column in the *Columbus Dispatch*.

PAA coordinates the Ohio Youth-Led Prevention Network (OYLPN), which connects youth-led initiatives across the state. Through the OYLPN Youth Council, high school students work alongside adult allies to design and implement effective, youth-driven prevention strategies.

Each year, our We Are Change Rally gathers more than 1,000 youth from across Ohio to promote healthy lifestyles and reduce stigma. At the rally, youth share their passion projects, such as the "27 Minutes" initiative created by students from Olentangy High School. This powerful project was inspired by the tragic story of their 15-year-old classmate, Braden, who was targeted by an online predator posing as a peer. After a 27-minute exchange involving threats and blackmail, Braden—overwhelmed and feeling helpless—took his own life.

PAA continued supporting these students beyond the rally, collaborating with them on impactful social media campaigns to raise awareness among both parents and students about the dangers of social media exploitation.

### **MHACD22 9-8-8 Lifeline**

Suicide remains one of the most pressing public health challenges in Ohio. In 2023, Ohio lost five lives every single day to suicide. Behind these numbers are real people—parents, children, coworkers, neighbors—representing every age group and community. No demographic is untouched, and no one is truly immune.

Each day, approximately 25 to 30 Ohioans are treated in emergency rooms following a suicide attempt. An additional 200 people arrive in crisis with suicidal thoughts. These are not abstract statistics. These are daily emergencies straining our ERs, our first responders, our healthcare providers—and most importantly, our families, workplaces and communities.

Ohio's system currently handles an average of 19,000 contacts per month, with a 25-second response time, exceeding national averages. An estimated 28% increase in calls is expected in the next biennium. Continued investment will allow Ohio to maintain high-quality services, integrate 988 with 911, and improve statewide data collection and oversight.

To reverse this trend, we must act with urgency and consistency. This means fully funding our behavioral health system—not partially, not incrementally. A system that is only one-third, one-half, or even three-quarters funded is a system on the brink—destined to falter under the weight of growing need.

The good news is, we know what works. Investing in behavioral health and suicide prevention—both long-term programming and immediate crisis response—not only saves lives, it delivers measurable economic returns. Employers save on lost productivity, emergency departments see reduced strain, first responders can redirect their efforts, and long-term treatment costs decline. These are dividends paid in both lives and dollars.

### **Closing**

Prevention Action Alliance believes these investments will yield significant returns for Ohio's communities. Importantly, there is currently no direct state funding for the operational costs of prevention coalitions in Ohio, nor are these services reimbursed by insurance. We urge you to consider funding for implementation and operation as part of a sustainable prevention infrastructure.

This is a defining moment. The question is not whether we can afford to invest in mental health and suicide prevention. The real question is: Can we afford not to?

Thank you, Chairman Cirino, Vice-Chair Chavez, Ranking Member Hicks-Hudson, and members of the Senate Finance Committee, for the opportunity to submit written testimony on HB 96. I would be happy to answer any questions or provide additional information.