

HB 328 - Proponent Testimony

Ohio House Behavioral Health and Recovery Supports Committee

Chair Carruthers, Vice Chair Pavliga, Ranking Member Boyd, and members of the Ohio House Behavioral Health and Recovery Supports Committee. Thank you for the opportunity to provide proponent testimony on HB 328 to create a Governor's Office of Drug Policy.

Harm Reduction Ohio is a statewide organization that represents people who use/d drugs and those who love them. Our primary mission is preventing overdose death and other harms that result from drug use. We are Ohio's largest Project DAWN program and will distribute 30,000 Narcan kits this year through our statewide online service and network of 200 layperson distributors. This work will reverse thousands of overdoses in 2021.

Harm Reduction Ohio strong supports the creation of a drug policy office to coordinate the state's response to the overdose epidemic, which killed a record 5,017 Ohio residents in 2020 and is on track to kill a similar number in 2021. As Rep. Brown explained in why this office is needed, "local efforts are *ad hoc*, disjointed and have proven...to be ineffective."

The same is true of our efforts at the state level. Ohio is the only state I have been able to find that has entirely separate departments of health and mental health. In most cases, this does not matter much. Schizophrenia is handled as a mental health issue. Lung cancer is a health issue. But problematic drug use has profound consequences for mental health and physical health, especially in an era of massive overdose death. Today, the Ohio Department of Health (ODH) and the state's 110 local health departments handle naloxone, syringe programs, prevention of HIV, Hepatitis C and other overdose prevention efforts. The Ohio Department of Mental Health and Addiction Services (OMHAS) and the state's 45 mental health boards handle treatment, recovery and drug use prevention. A lack of coordination between these two well-meaning state bureaucracies – and a similar disconnect at the local level between local health departments and local mental health boards -- has played a big role in Ohio's inability to limit overdose death, despite spending large amounts of federal and state money on this task. Most federal money, including the \$96.3 million annual State Opioid Response grant, flows into OMHAS and has a hard time crossing the blood-bureaucracy-barrier to ODH overdose prevention programs. Sometimes the two departments do the exact same work in ways that seem competitive and wasteful.

The problem is structural, not one of bad intentions or incompetent people. Gov. Kasich tried to bridge this gap with the Cabinet-level Opioid Action Team headed by Orman Hall. Gov. DeWine is trying to coordinate policy through RecoveryOhio, headed by Alisha Nelson. Orman and Alisha are both talented people, but they can only applying band-aids to what is a structural problem.

An Office of Drug Policy is not a cure-all, but it would be an important step toward better understanding, evaluating and coordinating what we're doing. Ohio's overdose response effort is disjointed and inefficient. A drug policy office is especially needed today because Ohio will receive \$1 billion to \$2 billion in opioid settlement funds over the next 20 years, plus hundreds of millions of dollars in federal opioid response funds. Right now, we're like a football team without a head coach. Talented people are working hard everywhere. To do better, we need an office whose role is to think holistically and to steer and coordinate a complex, multi-jurisdictional effort.