



**Department of  
Mental Health &  
Addiction Services**

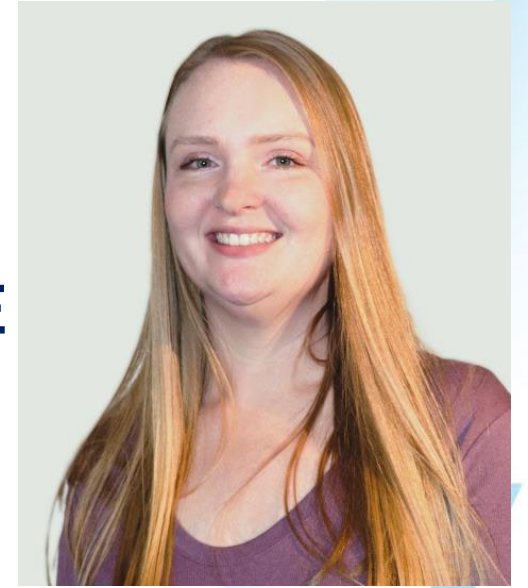
# TRENDING TOPICS IN ADDICTION TREATMENT

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**JORDAN KNIPPER**  
LPCC-S, LICDC

State Opioid Treatment  
Authority



**JESSICA LAVELLE**  
MSW, LISW-S

Women's Treatment  
Program Coordinator



**Department of  
Mental Health &  
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# GOALS AND OBJECTIVES FOR TODAY'S SESSION

## Learning Objectives:

- Describe data trends in the field of Substance Use Disorder
- Highlight trends on growth and availability of Medications for Opioid Use Disorder
- Describe Ohio's Women's Treatment Program and barriers to successful program implementation
- Define trends and programming available for Alcohol Use Disorder

# WHO WE ARE

## Office of Community Treatment Services – Bureau of SUD Treatment Services

Deputy Director of Treatment Services: **Staci Swenson**, MSW, LISW-S

Interim Chief SUD Treatment/Senior Project Administrator: **Rick Massatti**, Ph.D., MSW, MPH

Women's Treatment Program Coordinator: **Jessica Lavelle**, MSW, LISW-S

Maternal Wellness Project Lead/Ohio FASD Steering Committee Lead: **Karen Kimbrough**, LCDC II

State Opioid Treatment Authority: **Jordan Knipper**, MS, LPCC-S, LICDC

SUD Treatment Administrator: **Cindy Wohlford-Lotas**, Ph.D., MEd/Licensed Psychologist, LPCC-S, LICDC-CS

# WHAT WE DO

- Fund and monitor treatment programming through:
  - Federal grants
  - General revenue funds
  - Earmarks
- Write and/or advise on Ohio Administrative Code
- Monitor specialized treatment settings (e.g., opioid treatment programs)
- Lead and/or assist other state agencies and stakeholders with programs related to mental health and addiction
- Act as subject matter experts in all areas related to SUD treatment



Challenge what you know about mental health and addiction. Can you beat the clock—and beat the stigma?



# GOVERNOR DEWINE

“If we build on our successes and the work we have started together, we can truly bring about lasting change ... **the system isn’t broken – it was just never fully built**, and it does not exist everywhere in Ohio ... YET! And so, we must build it!”

*From the State of the State Address,  
March 23, 2022*



# NATIONWIDE & STATE-SPECIFIC SUBSTANCE USE DATA TRENDS

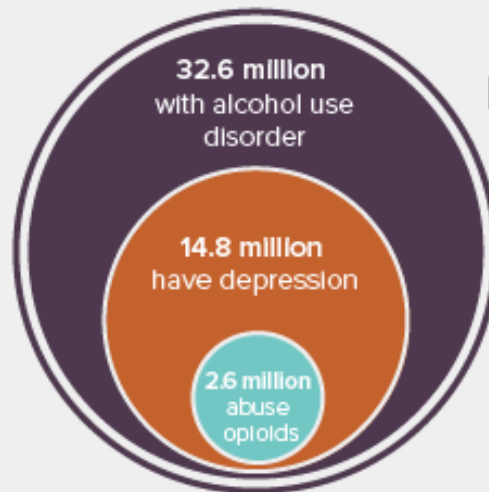




# ALCOHOL USE DISORDERS

Alcohol use disorders affect  
**32.6 million** people in the U.S.

Only **7.7%** of people with alcohol  
use disorder seek treatment



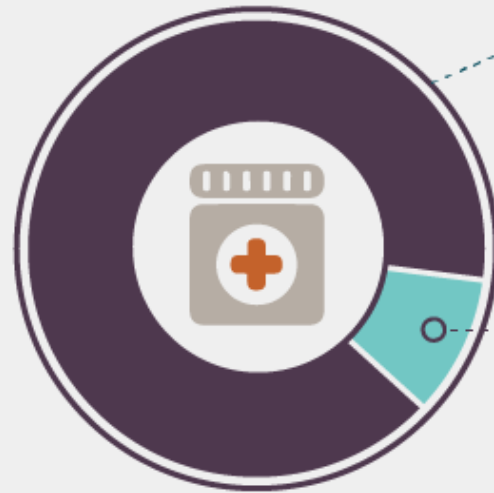
It affects **more people** than any  
other substance or mental health disorder

**80,000** people die from alcohol  
related deaths each year

Sources: CDC, 2014; JAMA Psychiatry 2015

© National Association of Addiction Treatment Providers • [www.naatp.org](http://www.naatp.org)

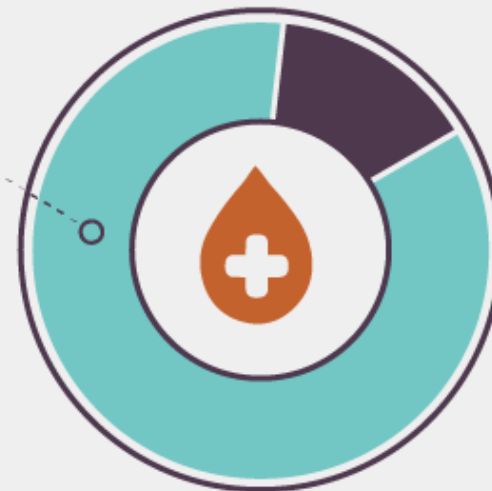
# SUBSTANCE USE DISORDERS



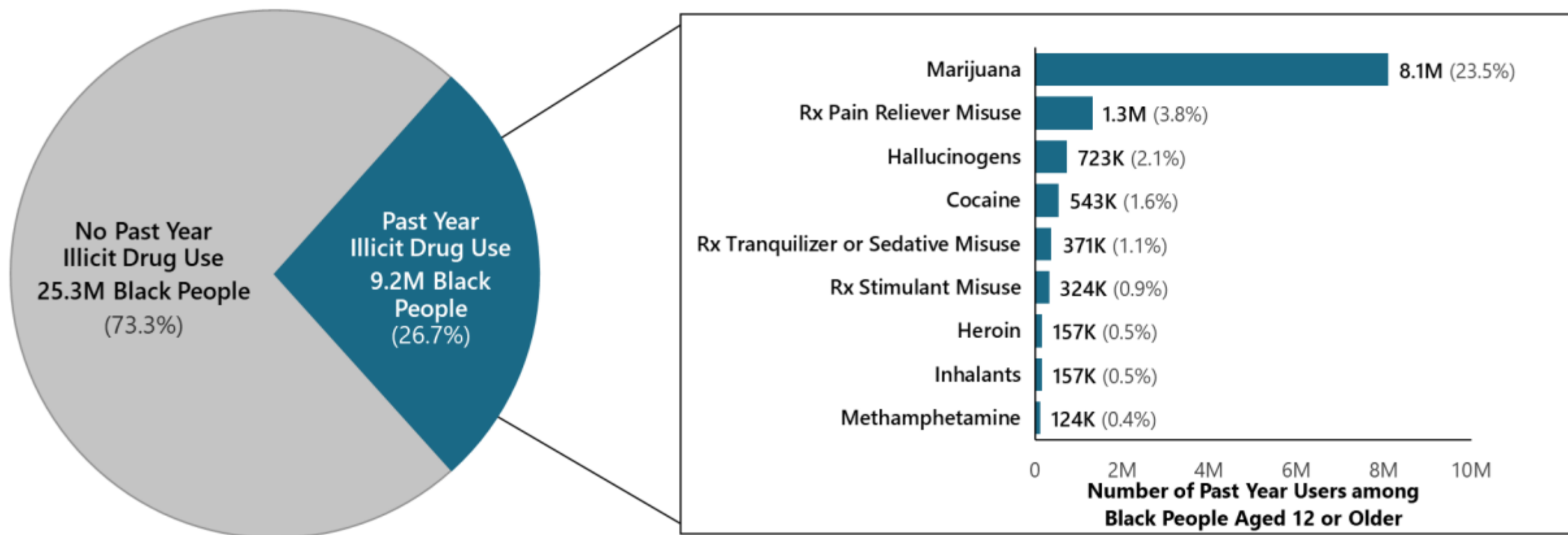
- **23 million** Americans (ages 12+) need treatment for substance abuse disorders

- Only **10%** receive the treatment they need

By contrast, **85%** of the **29 million** people in the U.S. with diabetes receive treatment



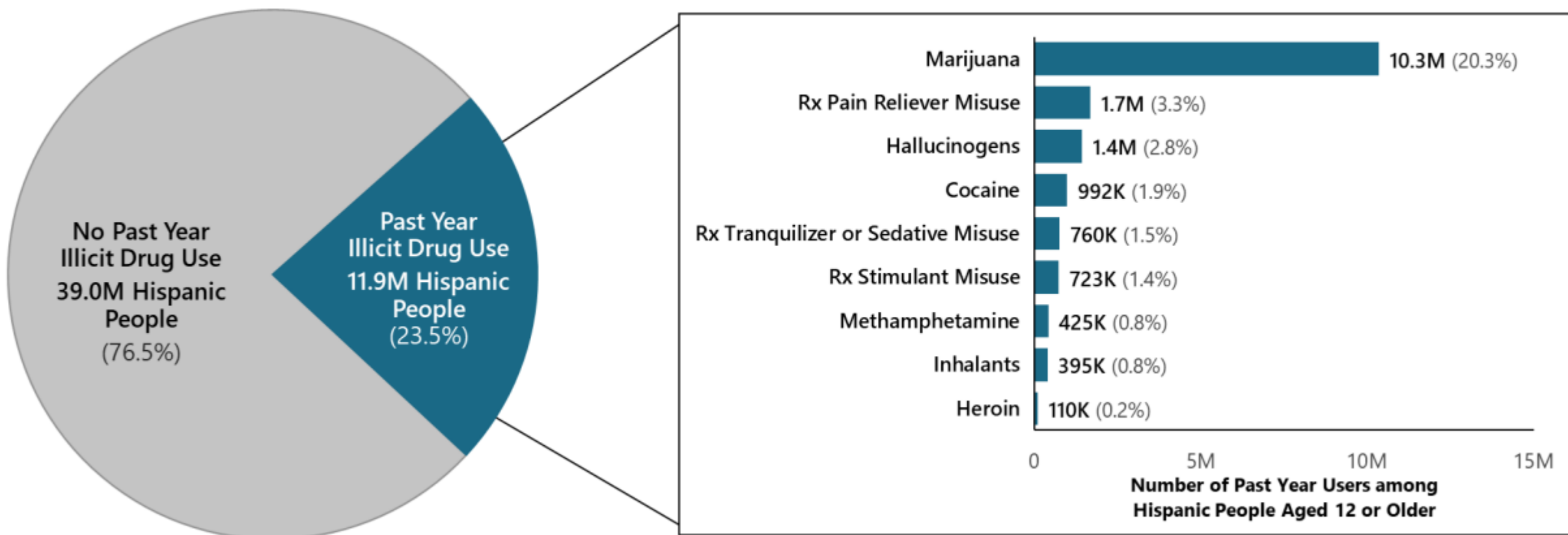
# Past Year Illicit Drug Use: Among Black People Aged 12 or Older



Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

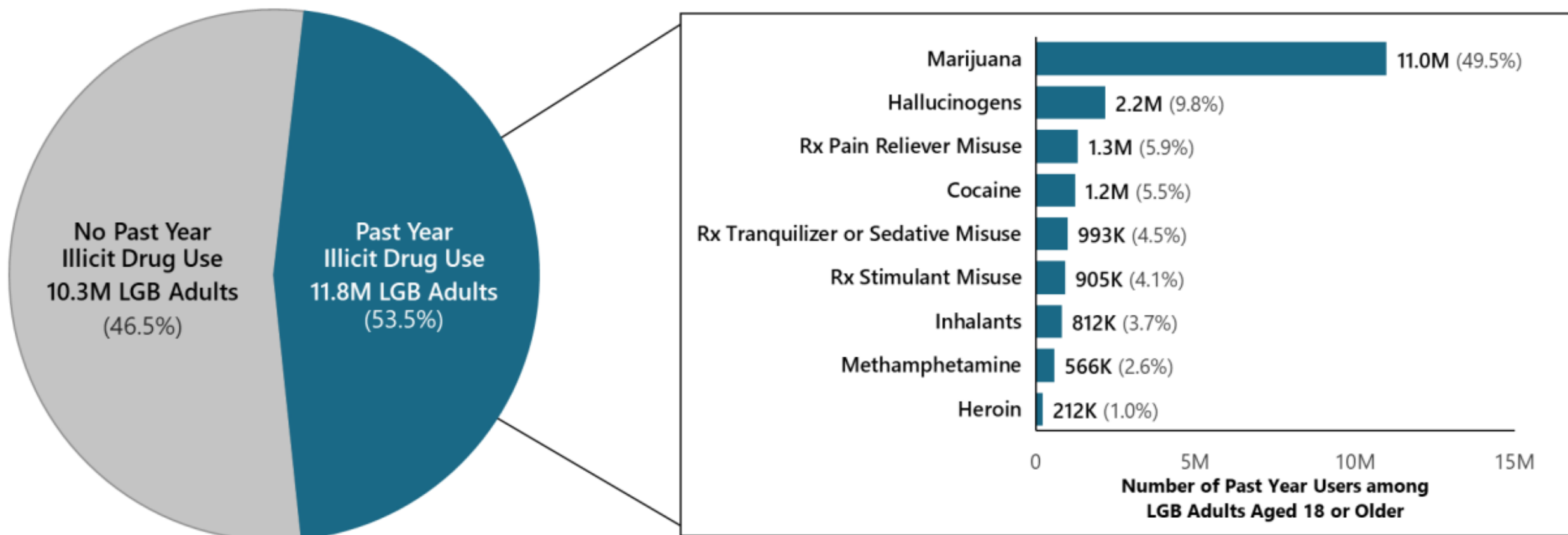
# Past Year Illicit Drug Use: Among Hispanic People Aged 12 or Older



Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

# Past Year Illicit Drug Use: Among LGB Adults Aged 18 or Older

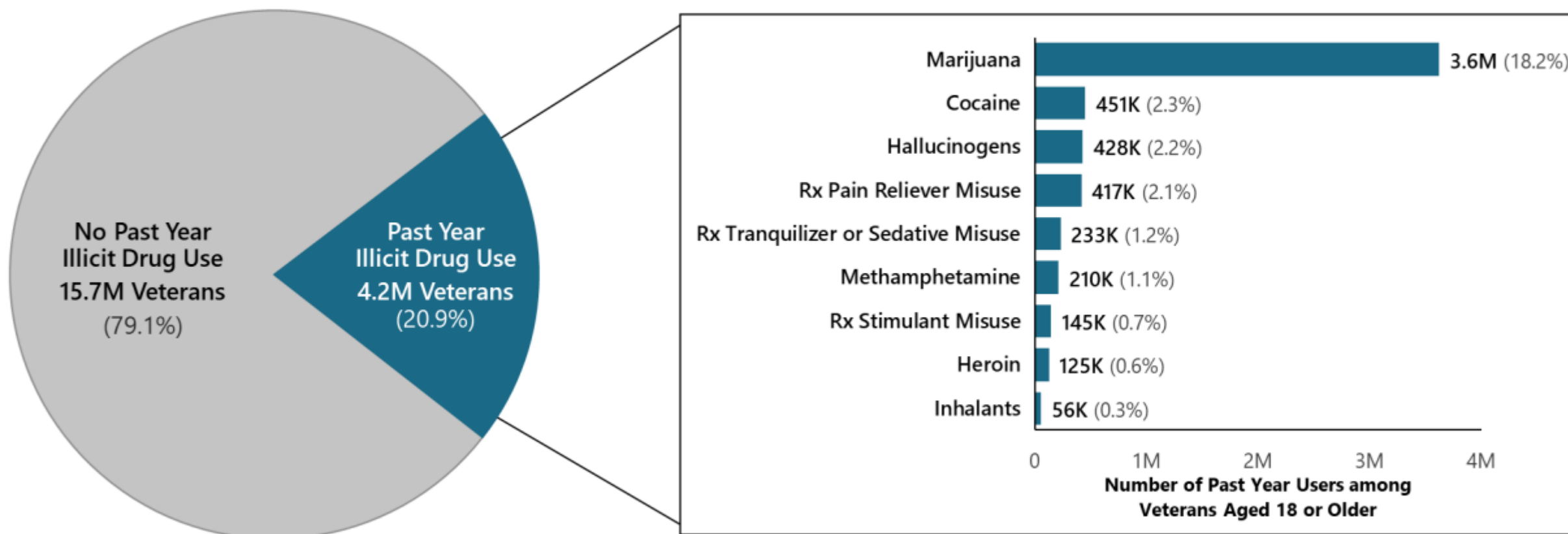


Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.



# Past Year Illicit Drug Use: Among Veterans Aged 18 or Older



Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

## Co-Occurring AMI and Substance Use Disorder (SUD)

**1 in 12 adults** **8.4%**

aged 18 or older had both AMI and an SUD in the past year. Over one third of adults aged 18 or older who had AMI also had an SUD in the past year.



Results from the 2022 National Survey on Drug Use and Health: A Companion Infographic

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# OHIO AS COMPARED TO THE NATION

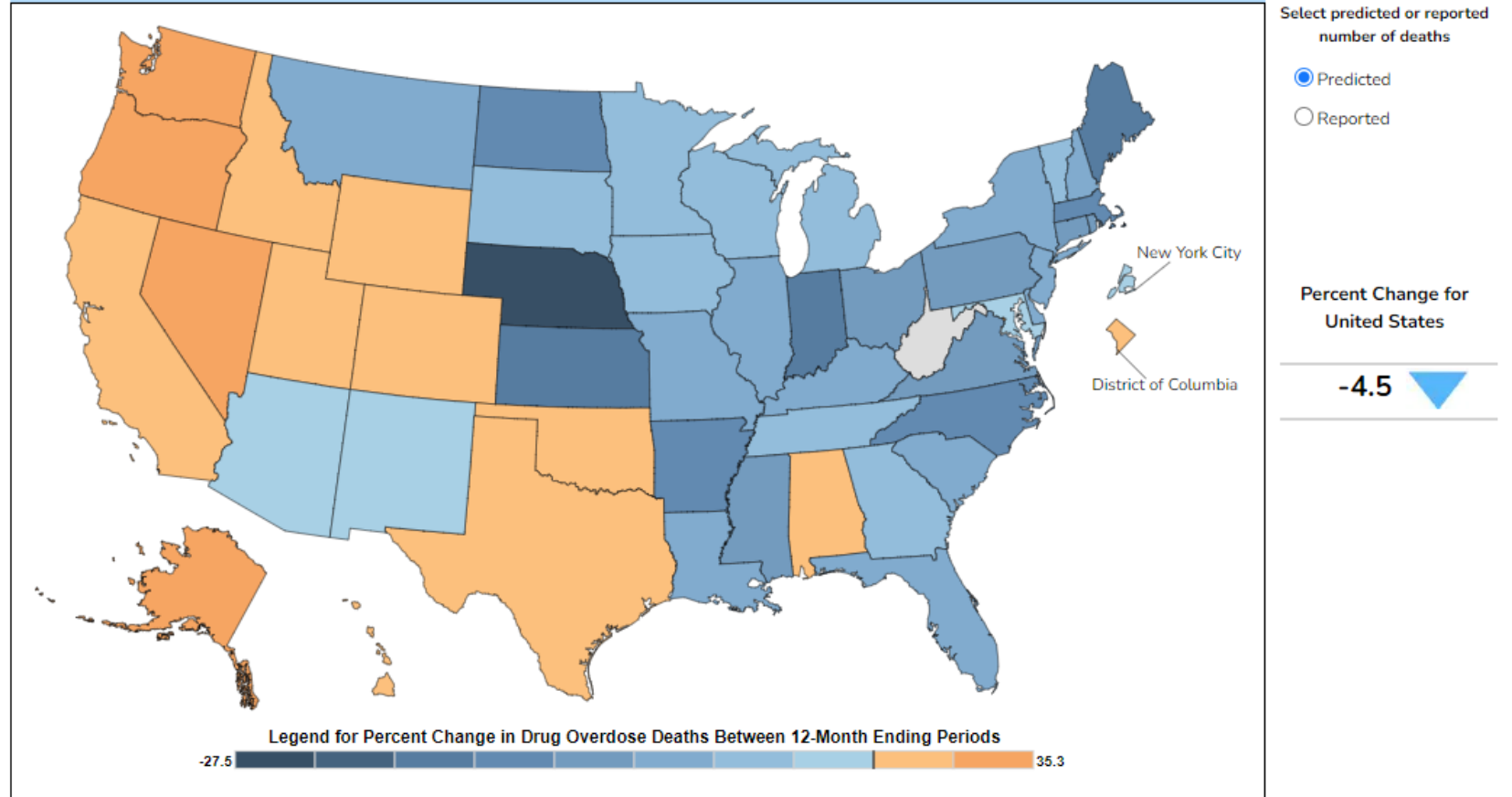
## January 2023 to January 2024 Provisional Percent Change In Drug Overdose Deaths

Percent change for the **United States**: Predicted Decrease of 4.5%

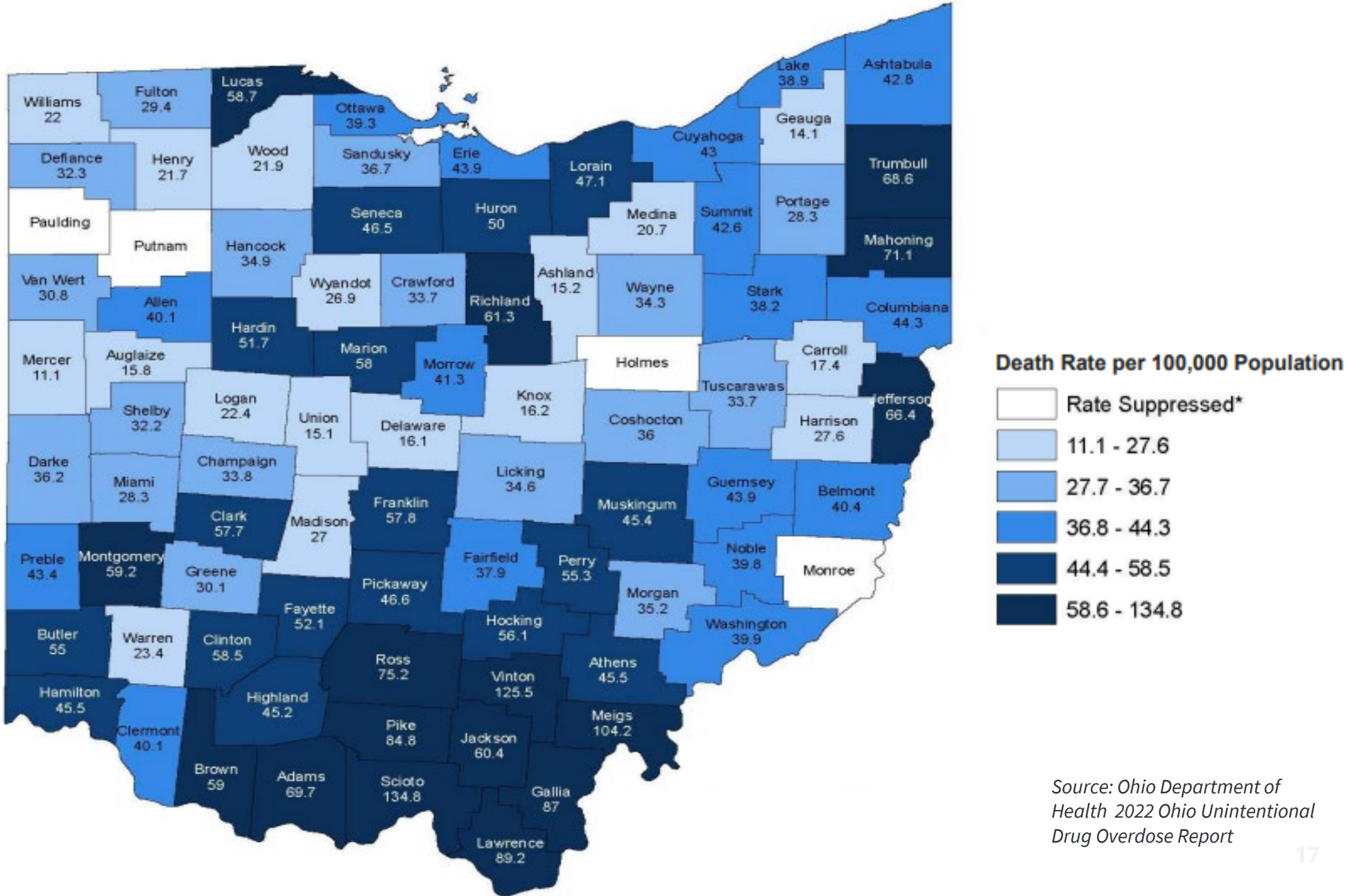
Percent change for **Ohio**:  
Predicted Decrease of **10.8%**

Based on data available for analysis on  
6/24/2024. Source:  
<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by  
Jurisdiction: January 2023 to January 2024



# AVERAGE AGE-ADJUSTED RATE OF UNINTENTIONAL DRUG OVERDOSE DEATHS BY COUNTY, OHIO, 2020-2022

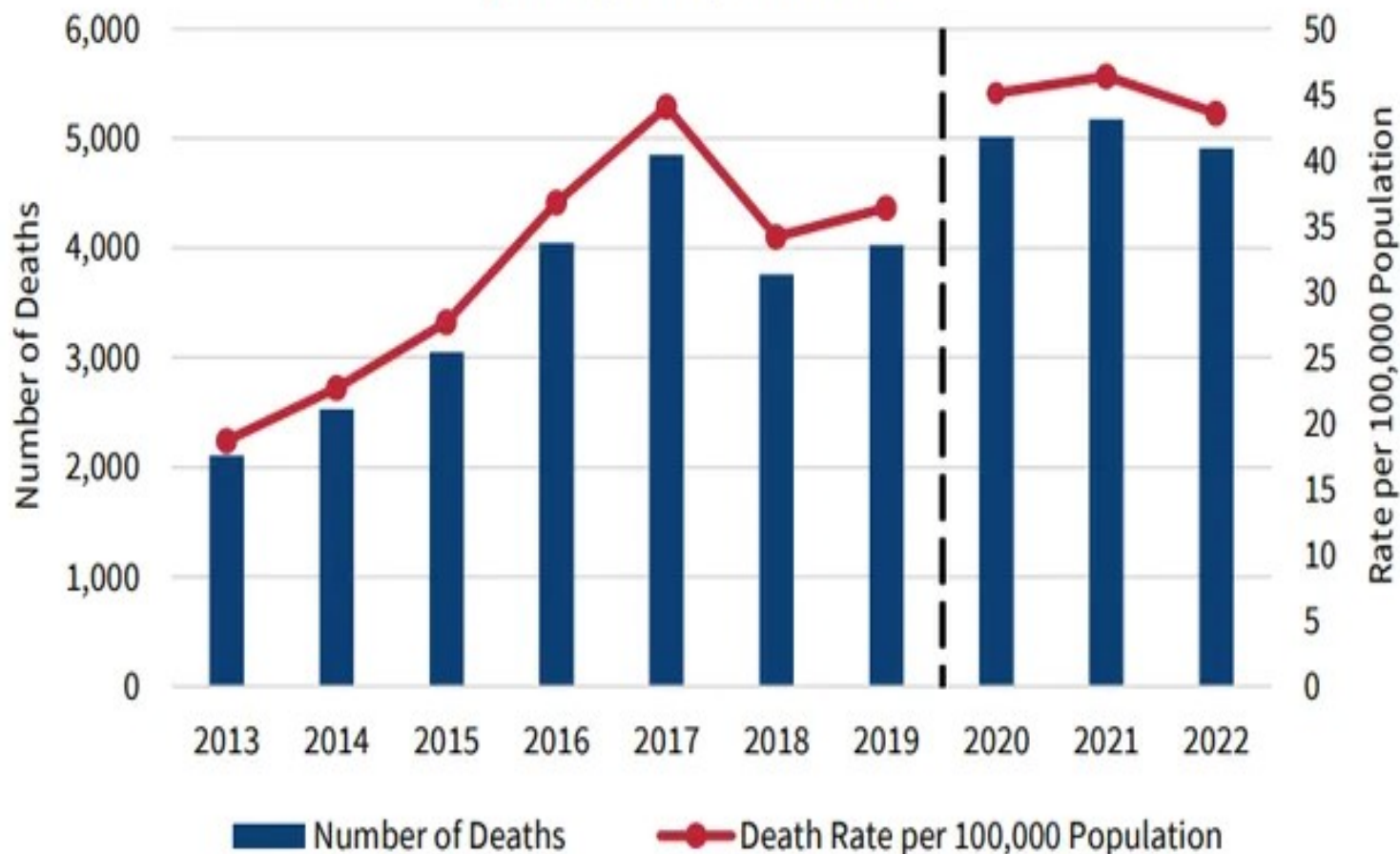


Source: Ohio Department of Health 2022 Ohio Unintentional Drug Overdose Report



# OHIO UNINTENTIONAL DRUG OVERDOSE DEATHS BY YEAR

Figure 1. Number and Age-Adjusted Rate of Unintentional Drug Overdose Deaths by Year, Ohio, 2013-2022\*\*

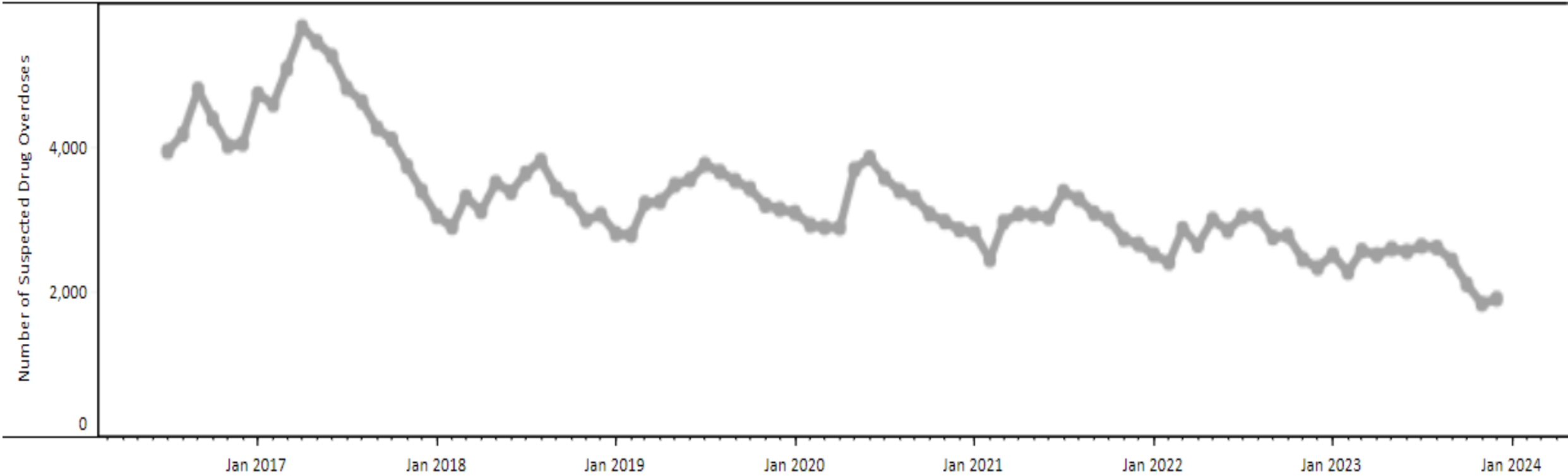


Ohio saw a 5% decrease from 2021 to 2022, however:

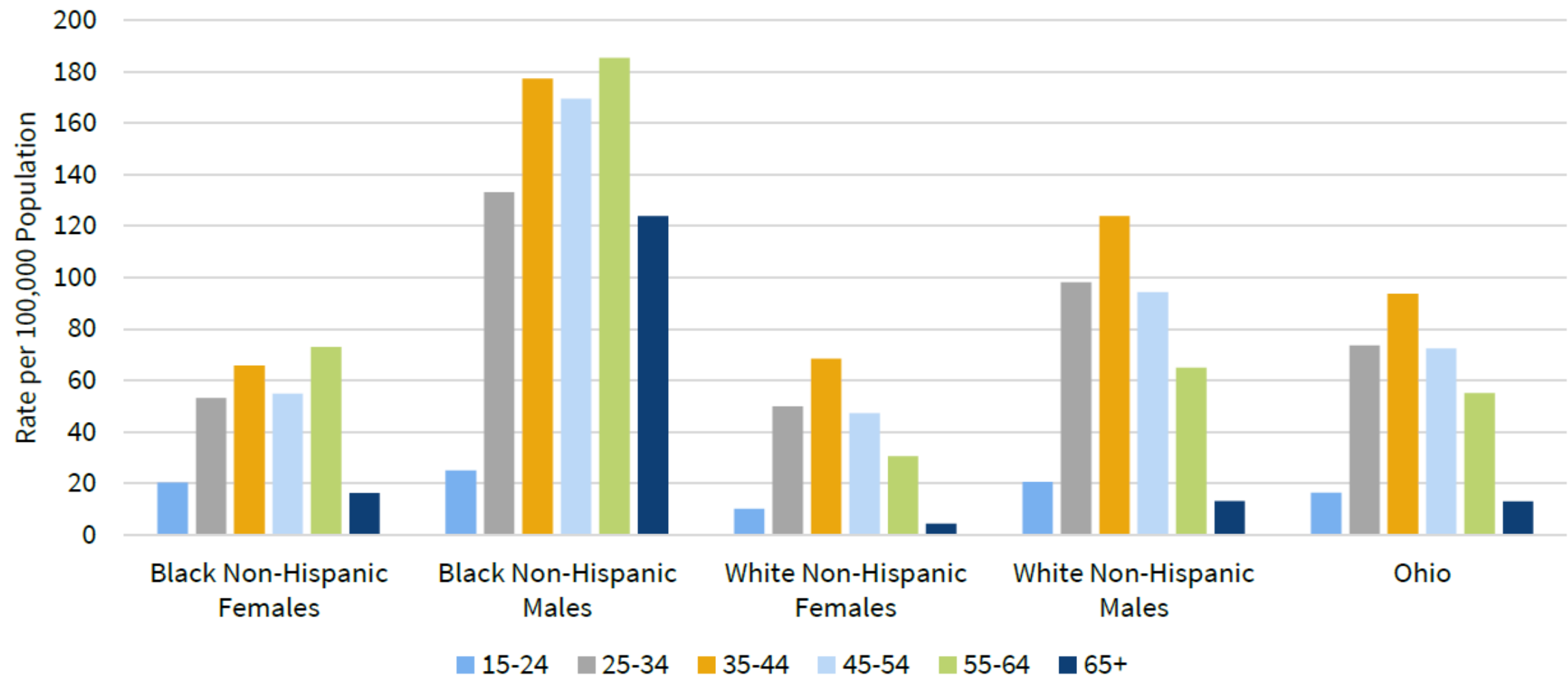
*“While the numbers headed in the right direction last year, they are no cause for celebration,” said ODH Director Bruce Vanderhoff, M.D., MBA. “Tragically, thousands of Ohioans are still dying from substance use disorders. I urge Ohioans to do what they can to prevent these deaths, from learning how to use naloxone to knowing where to turn for help for you or a loved one in need.”*



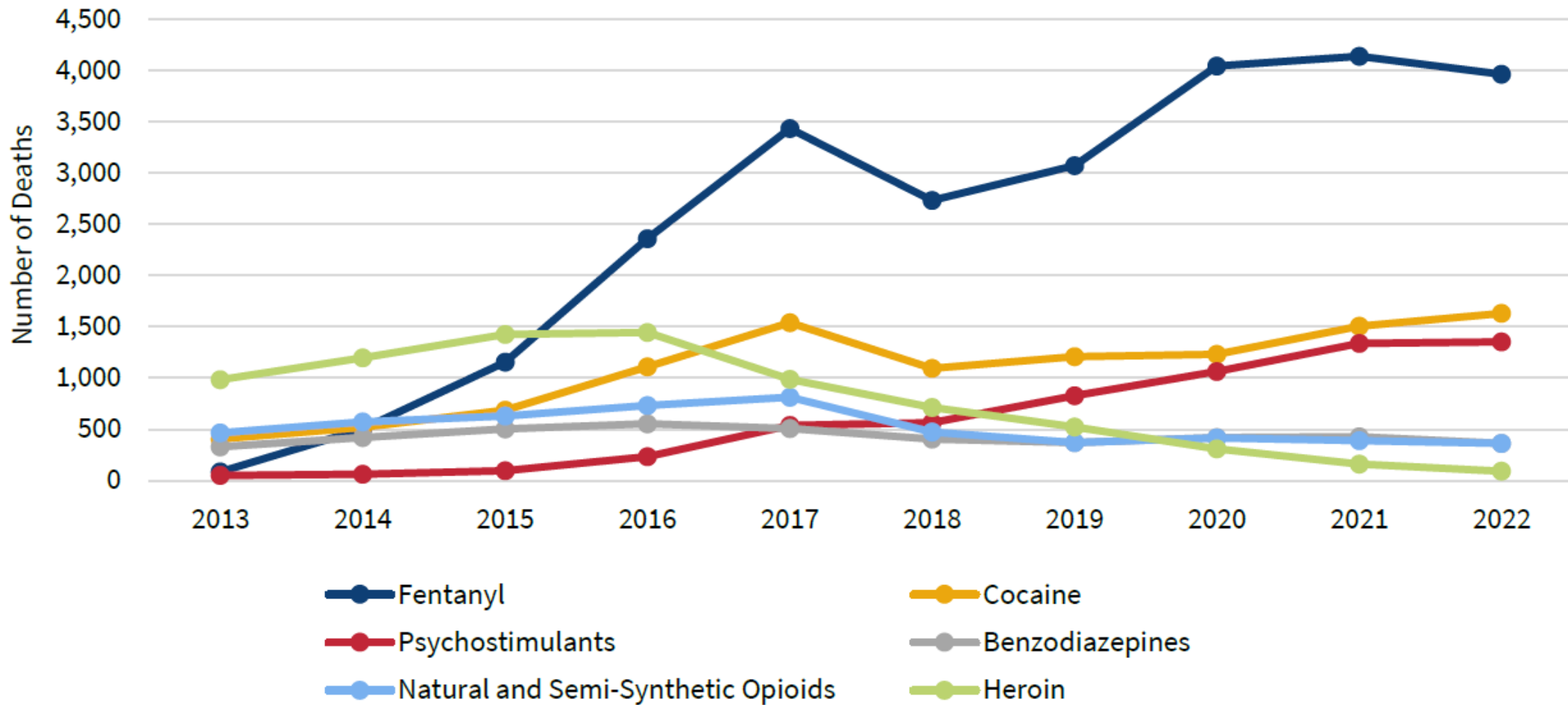
# EMERGENCY DEPARTMENT VISITS FOR SUSPECTED DRUG OVERDOSE BY MONTH, OHIO, JULY 2016 TO DECEMBER 2023



# RATE OF UNINTENTIONAL DRUG OVERDOSE DEATHS BY AGE, SEX, AND RACE/ETHNICITY, OHIO, 2022



# NUMBER OF UNINTENTIONAL DRUG OVERDOSE DEATHS INVOLVING SELECT DRUGS, OHIO, 2013-2022



# OPIOID USE DISORDER TREATMENT LANDSCAPE

## An Ohio Overview

# WE NEED TO HELP THE WHOLE PERSON!

**Behavioral Therapies**

**Pharmacological  
Treatments  
(Medications)**

**Spiritual well-being**

**Medical Services**

**Social Services**



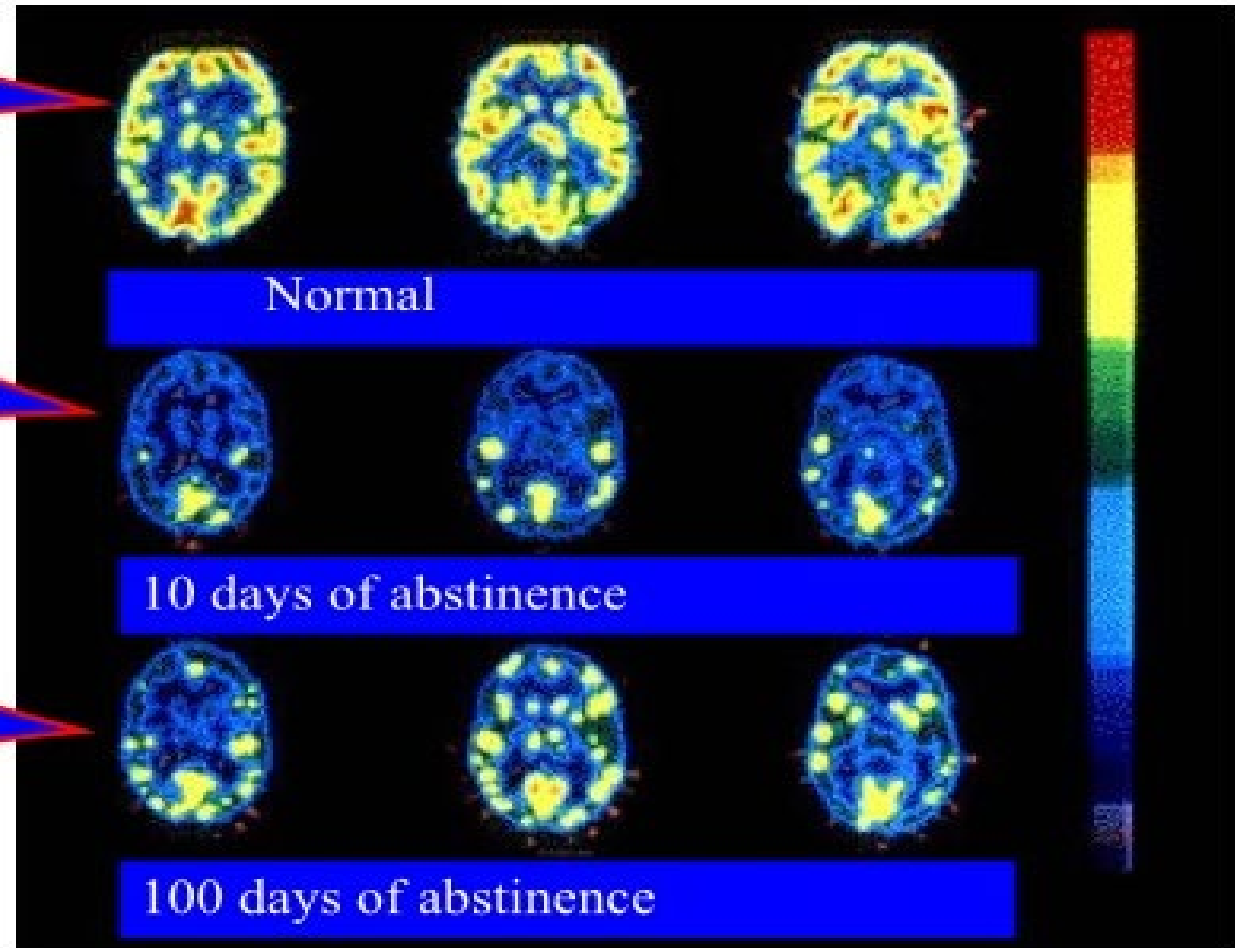


# HEALING THE BRAIN TAKES TIME

Normal levels of brain activity in PET scans show up in yellow to red

Reduced brain activity after regular use can be seen even after 10 days of abstinence

After 100 days of abstinence, we can see brain activity “starting” to recover



*Source: Volkow ND, et al. Synapse 11:184-190, 1992; Volkow ND, et al. Synapse 14:169-177, 1993.*

# MEDICATIONS FOR OPIOID USE DISORDER (MOUD)

FDA Approved Medications Used for SUD					
Name	Vivitrol Injection	Suboxone	Subutex	Methadone	Naloxone/ Narcan
Medication	Naltrexone	Buprenorphine/Naloxone	Buprenorphine	Methadone	Naloxone
Overdose Potential	None	Minimal	Minimal - Moderate	Minimal - Moderate	None
Dependence Potential	None	Minimal	Moderate	Moderate	None
Pain Relief	No	Yes	Yes	Yes	No

# WHY IS MOUD VITAL?

- Opioid use disorder (OUD) is common in criminal justice populations, and people with OUD are up to 13 times more likely to be involved in the criminal justice system as compared with people who do not suffer from OUD.
- Within the first two weeks of release from incarceration, an individual is 12 times more likely to die from a fatal overdose than other individuals with OUD.
- This is because a period of abstinence from a drug causes a person to lose tolerance for the drug. Moreover, untreated OUD also contributes to additional criminal activity and risky behavior, and therefore, to reincarceration.

# PATIENTS BENEFIT FROM MAT

## MAT SAVES LIVES



50% Less

Fatal  
Overdoses

INCREASING THE AVAILABILITY OF MAT  
LED TO A 50% REDUCTION IN FATAL  
OVERDOSES IN BALTIMORE FROM 1995-  
2009.

(Volkow, N. D., et al, 2014)

## PATIENTS ARE MORE LIKELY TO STAY IN TREATMENT

(Volkow, N. D., et al, 2014)



## PATIENTS ARE MORE LIKELY TO RECOVER ON MAT

- MAT is the *most effective* treatment for  
opioid use disorders. (WHO, 2004)

## MAT PROMOTES LONG-TERM RECOVERY (Hatfield, R., 2017)



## PATIENTS LIVE HEALTHIER LIVES

- There are no long-term negative  
effects on bodily organs and  
patients engage in less risky  
behaviors.

(Fields, J., et al, 2004)

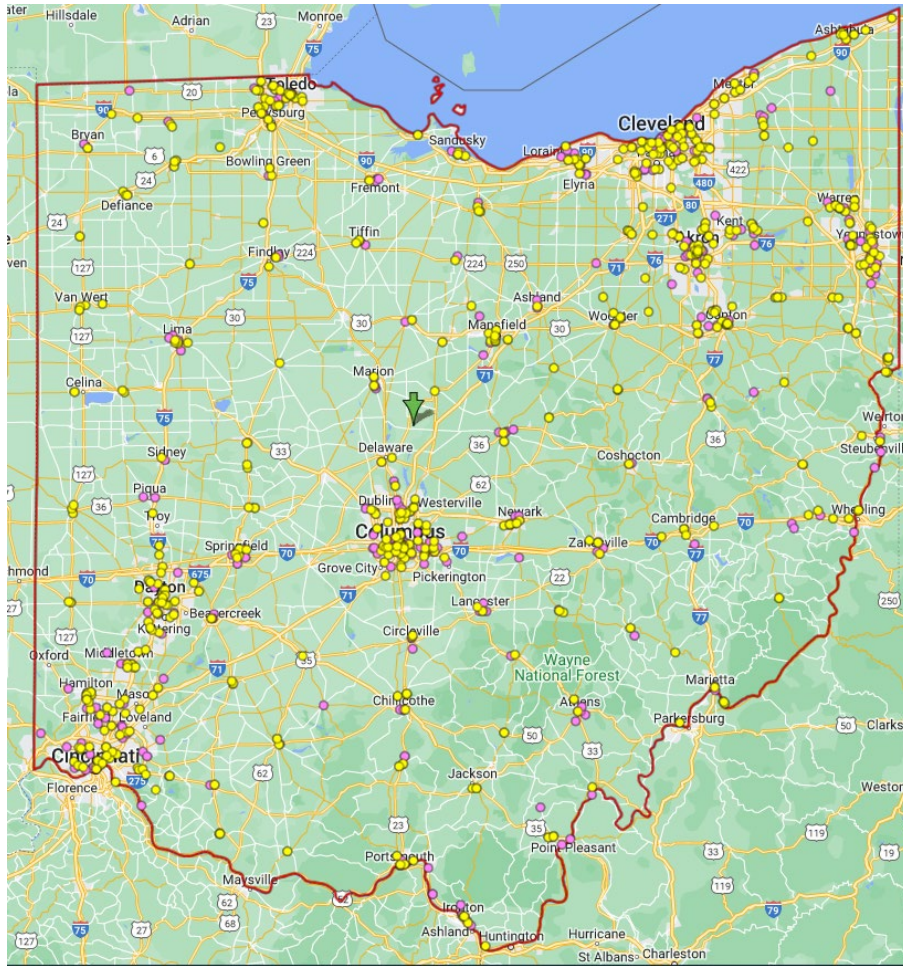


# TREATMENT OPTIONS

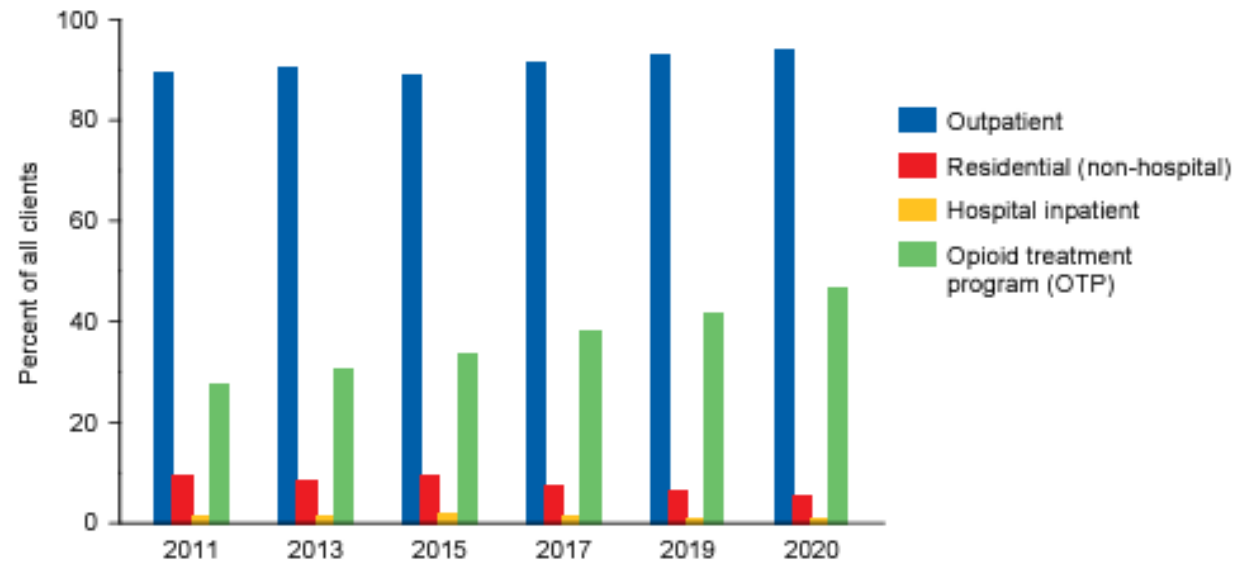
- **Office Based** - Physicians who wish to treat opioid addiction using controlled substances other than methadone, such as buprenorphine, may do so under an office-based opioid treatment (OBOT) model. OBOT is generally outpatient treatment for opioid use disorder that is provided in a setting other than an OTP, such as a primary care or general health care practice. Ohio Admin. Code 4731-33-03
- **OTP (Opioid Treatment Program)** - Governed by the Certification of Opioid Treatment Programs, 42 Code of Federal Regulations (CFR) 8. In addition, opioid use disorder (OUD) patients receiving these medications also receive counseling and other behavioral therapies, as well as minimum standards for staffing requirements. Ohio Admin. Code 5122-40



# ACCESS TO TREATMENT



**Figure 5. Clients in treatment, by type of care received: Percent, 2011–2020**

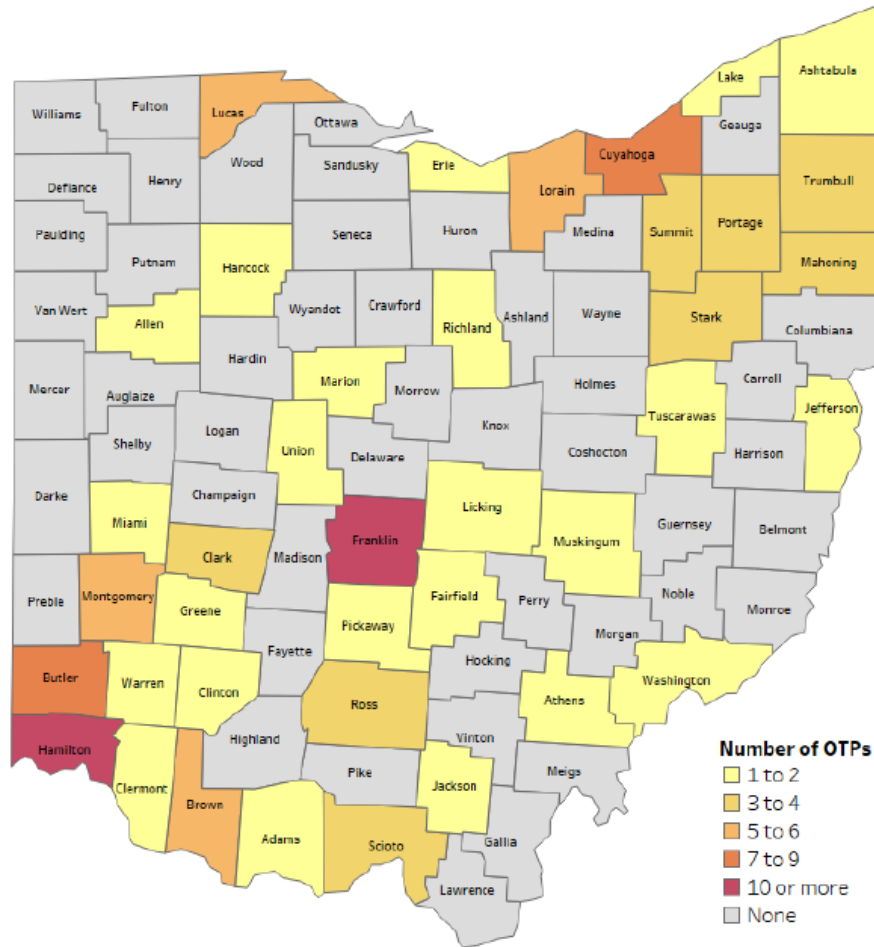


SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, National Survey of Substance Abuse Treatment Services (N-SSATS), 2011–2020.

<sup>9</sup> Data for the federal agencies specified in the survey (the Department of Veterans Affairs, the Department of Defense, the Indian Health Service, and other unspecified federal agencies) are detailed in the tables.

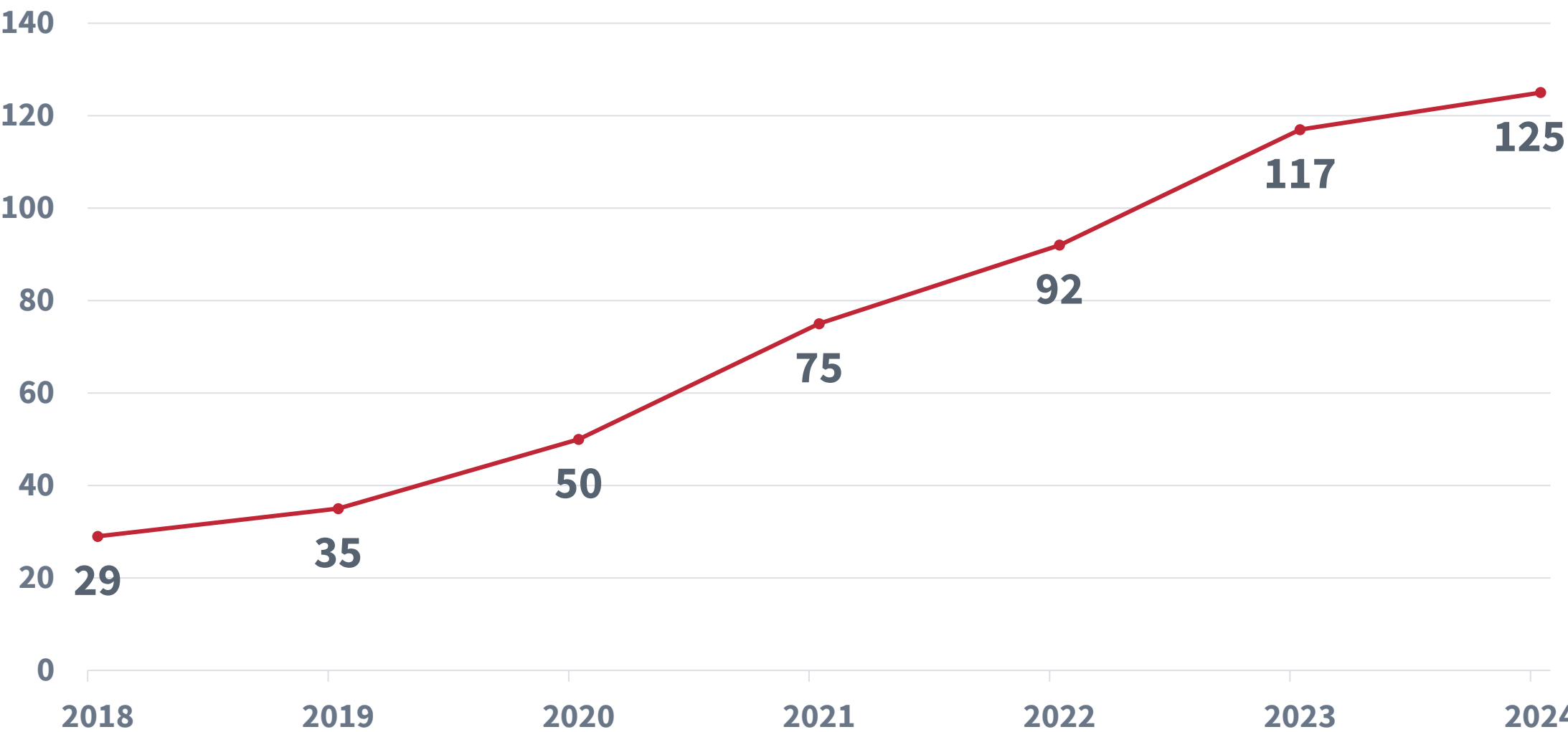
[https://samhsa.gov/data/sites/default/files/reports/rpt35313/2020\\_NSSATS\\_FINAL.pdf](https://samhsa.gov/data/sites/default/files/reports/rpt35313/2020_NSSATS_FINAL.pdf)

# OPIOID TREATMENT PROGRAMS

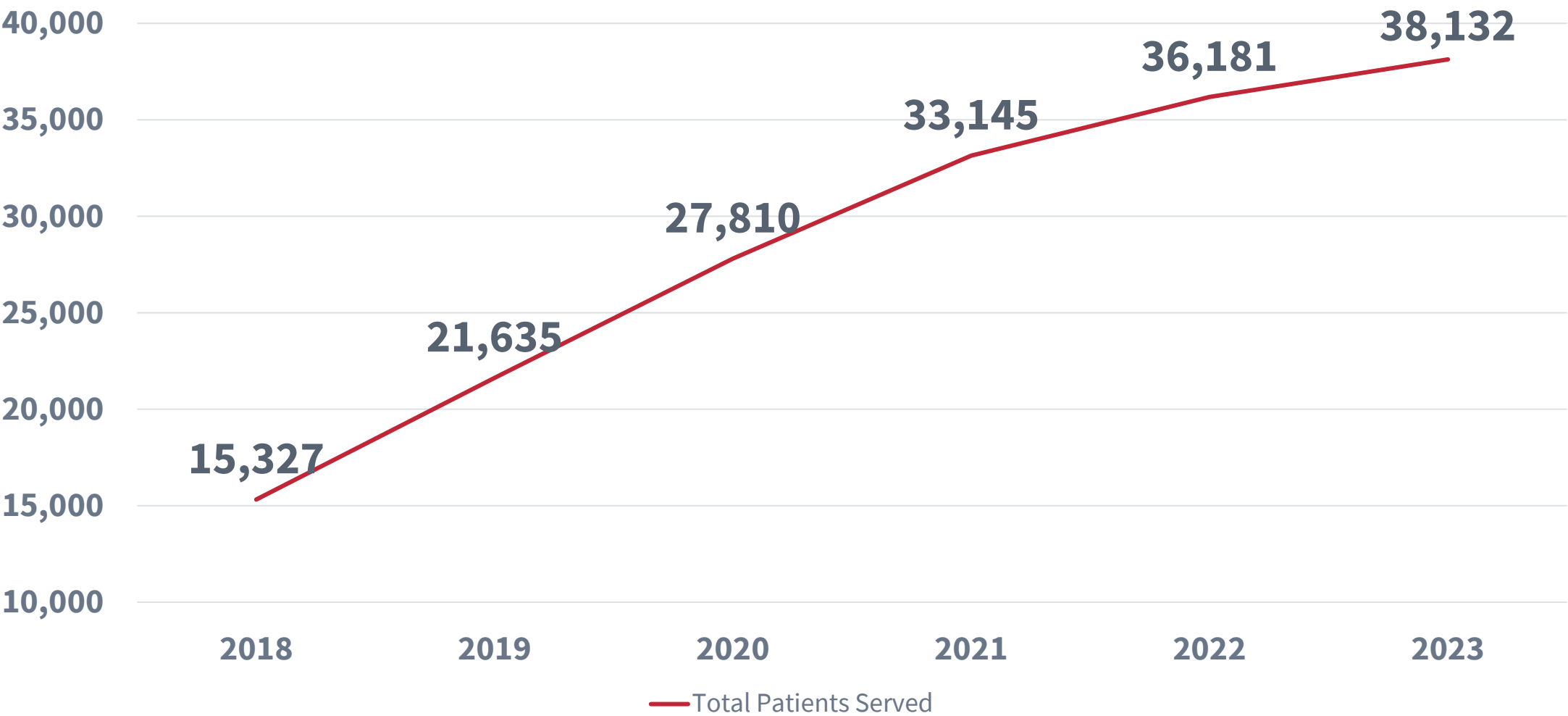


- The system has grown tremendously over time!
- Ohio has 127 opioid treatment programs, 75 (60%) of which offer all three forms of MOUD.
- Five of these OTPs are medication units within the prison system.
  - All forms of MOUD are available.
  - Incarcerated persons throughout the prison system can receive treatment through these medication units for persons who meet the eligibility criteria.
- Currently, Ohio has 38,132 patients receiving treatment within this modality per year.

# OHIO OTP GROWTH

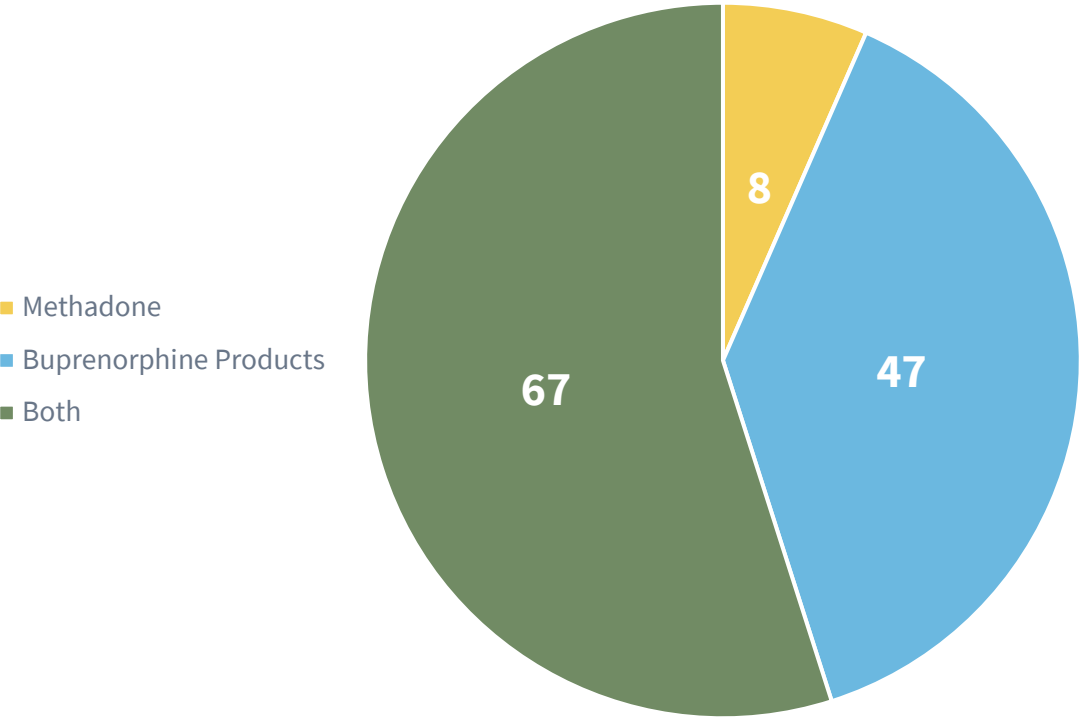


# UNIQUE OTP PATIENTS SERVED PER CY

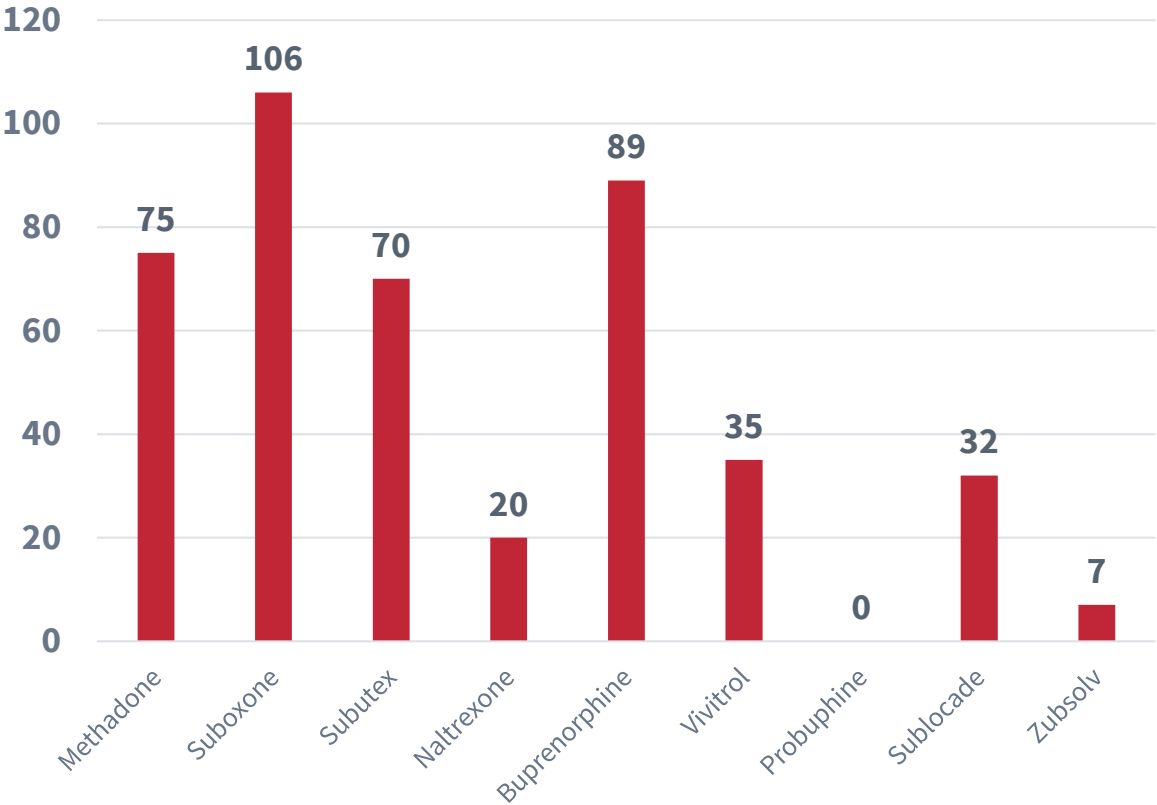


# OHIO OTP GROWTH, CONT.

Methadone and Buprenorphine Products by Site



Medications Provided by Site



# OTP SERVICES

- **Intake:** Receive assessments to cover physical and mental health, develop a treatment plan, and be prescribed medications.
- **Counseling:** Agencies are required to provide adequate counseling, vocational, educational, employment, and other treatment services either in-house or through referrals. Ohio Admin. Code 5122-40-09
- **Medication:** Opioid treatment programs shall be open and administer medication at least six days per week every week. To begin, patient shall ingest all doses under appropriate supervision. Take-home medication is regulated with diversion plans and is for stable patients. Ohio Admin. Code 5122-40-06
- **Medical:** Employees consist of a medical physician, licensed nurses, and licensed counselors. Ohio Admin. Code 5122-40-05



## WOMEN'S TREATMENT

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**JESSICA LAVELLE**

**MSW, LISW-S**

Women's Treatment  
Program Coordinator



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# Women's Treatment Network

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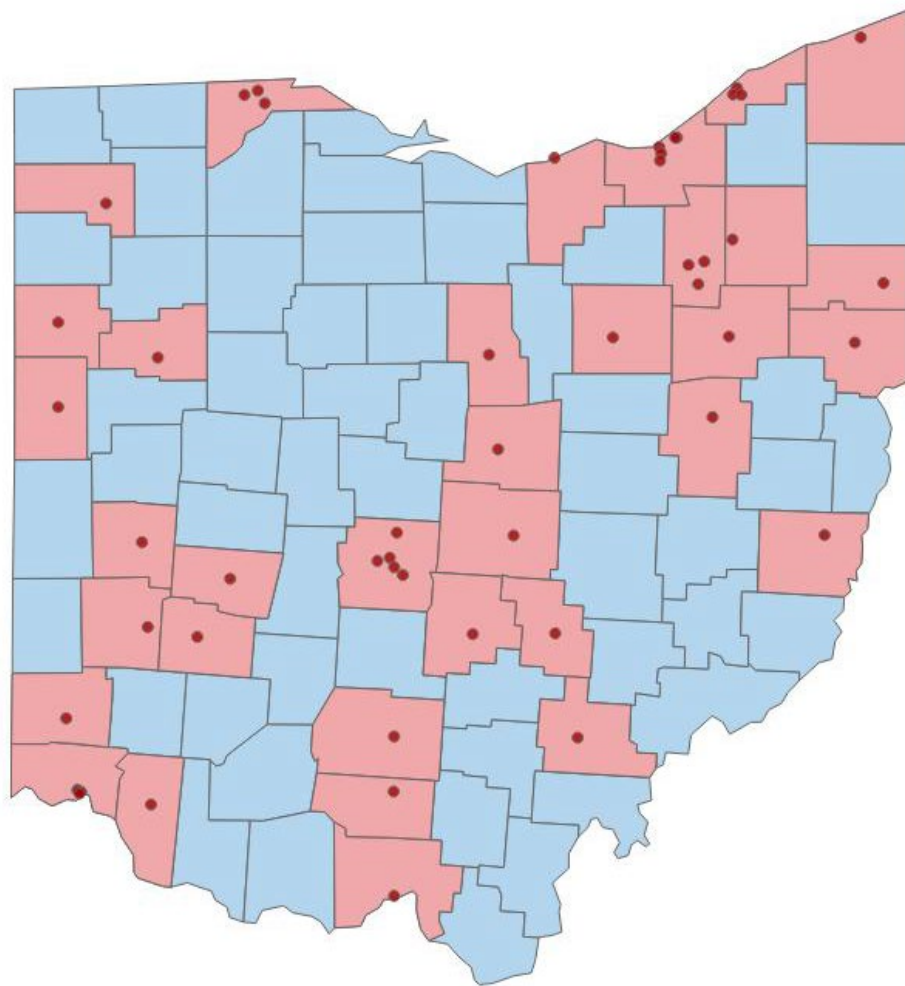
The Women's Treatment Coordinator on the SUD team oversees the Women's Set-Aside funding of the Substance Use Treatment and Prevention Block Grant. This money is based on legislation set by Congress and has identified women as a priority population.

Money is to be used for gender-specific treatment, case management, medical services for women, services for children (medical, childcare, therapeutic interventions, etc.), transportation, and providers must treat the family of these women as a unit.

The Women's Treatment Coordinator assists agencies by providing training and technical assistance on grant-specific needs. Other services include sharing resources and networking opportunities for providers and collaborating with other state and community agencies on addressing/advocating for needs of women and families.



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## WOMEN'S TREATMENT PROGRAM

Substance Use Block Grant-Set Aside for FY 2024: \$10,937,900

- Funding granted to 54 programs, serving 8,000+ patients, 31 of which are residential programs and 23 are outpatient-based.
- Common types of individual treatment modalities reported by these treatment agencies include Motivational Interviewing, EMDR, and Dialectical Behavioral Therapy.
- Many agencies also emphasize training for staff on trauma-informed care and crisis interventions.
- Group programming is also very common and includes Seeking Safety, Beyond Trauma, parenting, and The Matrix Model IOP.
- Per grant requirements, agencies must prioritize admission of pregnant women with active substance use, as well as those who use IV drugs.

# UNDERSTANDING SUD IN WOMEN

- Initiation of Use
  - For women, initiation of substance use typically begins after introduction of the substance by a significant relationship (boyfriend, partner, spouse).
  - Women report various reasons for initiating their substance abuse like coping, relationship influence, and for physical reasons.
  - Use begins at an older age than it does for men.

# UNDERSTANDING SUD IN WOMEN

- Familial Substance Abuse
  - Both genetic and environmental
  - Trauma, household structure, and “growing up fast” are big influencers
- Sexual Orientation
  - Some research on minority groups, but more is needed
  - In terms of women, it is found that all minority groups had higher rates of SUD, compared to heterosexuals, likely influenced by stressful life events and discrimination experiences.
- Personality measures
  - Sensation-seeking, obsessiveness/anxiety, behavior regulation, self-worth, and self-perception
  - Discrimination experienced by women in general, but can be compounded by other factors

# UNDERSTANDING SUD IN WOMEN

- Trauma History
  - History of trauma in 55 to 99 percent of women who abused substances compared with rates of 36-51 percent in the general population
  - Means of self-medication or as a protection (improve vigilance), however, substance use increases risk of experiencing further traumatic events
- Co-Occurring disorders
  - Women are more likely than men to experience co-occurring MH and SUD diagnoses.
  - Psychiatric disorders may lead to substance use but may also be the result of it. The two may also develop separately, but concurrently.



# SPECIFIC CONCERNS WITH BIRTHING PERSONS AND SUD

- Perinatal substance use disorder (SUD) is also of concern because these conditions can be co-occurring. Pregnant and postpartum women often do not seek out or engage in SUD treatment because of added stigma and penalization risk.
  - Studies have found an increase in accidental overdose among perinatal persons, tripling for women aged 35-44 from 2018-2021.
  - It has also been found that up to 20% of women with perinatal depression have history of substance use and 22% of women with perinatal depression had illegal drug use during pregnancy.
  - Many may not disclose substance use issues due to stigma and fear of penalization. It is important to be aware of signs to offer help to those in need.

# OHIO PREGNANCY RELATED DEATHS

- According to the most recent Pregnancy Associated Mortality Review (PAMR), mental health conditions, including substance use disorder, were the leading cause of perinatal deaths.
  - 32 of the 36 mental health related deaths, were from overdose with 91% of these being found to be preventable.
  - Lack of care coordination was found to be the largest contributing factor.
  - Other contributing factors are lack of knowledge in support persons, lack of access to resources, and limited access to mental health and substance use care providers.

# TREATING THE UNIQUE NEEDS OF WOMEN

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After understanding risk factors that contribute to the substance use issues in women, the Substance Abuse and Mental Health Services Administration (SAMHSA) has created a set of skills and competencies identified by an expert panel that are important to have/use when working with women. We will briefly review each of these.



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# SKILLS AND COMPETENCIES

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Sex and Gender Differences: Differences between males and females affect the development of mental health and/or substance use disorders, as well as the prevention, intervention, treatment, and recovery strategies used to address them.

Relational Approaches in Working with Women and Girls: Women are relational and tend to prioritize relationships as a means of growth and development. Recognizing and understanding the value of relationships in women's lives is important when working with women and girls.

Understanding Trauma in Women and Girls: Findings have demonstrated the significant short- and long-term effects of violence, abuse, and other trauma on women and girls and their possible relevance to mental health and/or substance use disorders.



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# SKILLS AND COMPETENCIES

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Family-Centered Needs of Women and Girls: Women's roles in society as nurturers and caregivers mean that women have family roles that must be addressed in mental health/substance abuse services.

Special Considerations During Pregnancy: Pregnancy affects all aspects of a woman's life. Symptoms and interventions for mental health and/or substance abuse disorders change during pregnancy.

Women's Health and Health Care: Women with mental health and/or substance use disorders often have co-occurring health problems.

Collaboration and Interdisciplinary Effectiveness: Effective collaboration with other service providers is often required to support women and girls to address their own multiple and complex needs, as well as those of their families.



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# ADDRESSING THESE AREAS

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Ohio Women's Treatment Grant programs provide trauma-informed care through individual care, groups like Seeking Safety and Beyond Trauma.

Agencies are family-centered in their approaches by assisting with childcare needs while women are in treatment, allowing children to reside in programs with them, and partnering with child-focused agencies to ensure developmental and medical needs are met.

Programs are very connected to other community agencies to provide wrap-around services (physical health, mental health, housing, transportation, and others) to ensure all areas of patient lives are addressed.

Agencies must also prioritize pregnant women on waitlists and are connected with local OBGYN services to address needs during pregnancy for patients.



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# AGENCY EXAMPLES

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- Lancaster: The Recovery Center is providing family-centered care in the Pearl House, which provides housing for families of adults with SUD.
- Dover: The River Haven program addresses medical care by partnering with their local health department to provide on-site services for women in their program.
- Canton: CommQuest staff provide trauma-informed programming while also partnering with their local domestic violence agency to address IPV and relationship needs.
- Cincinnati: First Step Home addresses unique needs of pregnant/parenting persons by having a pediatric nurse and family case manager on staff to provide education and support.

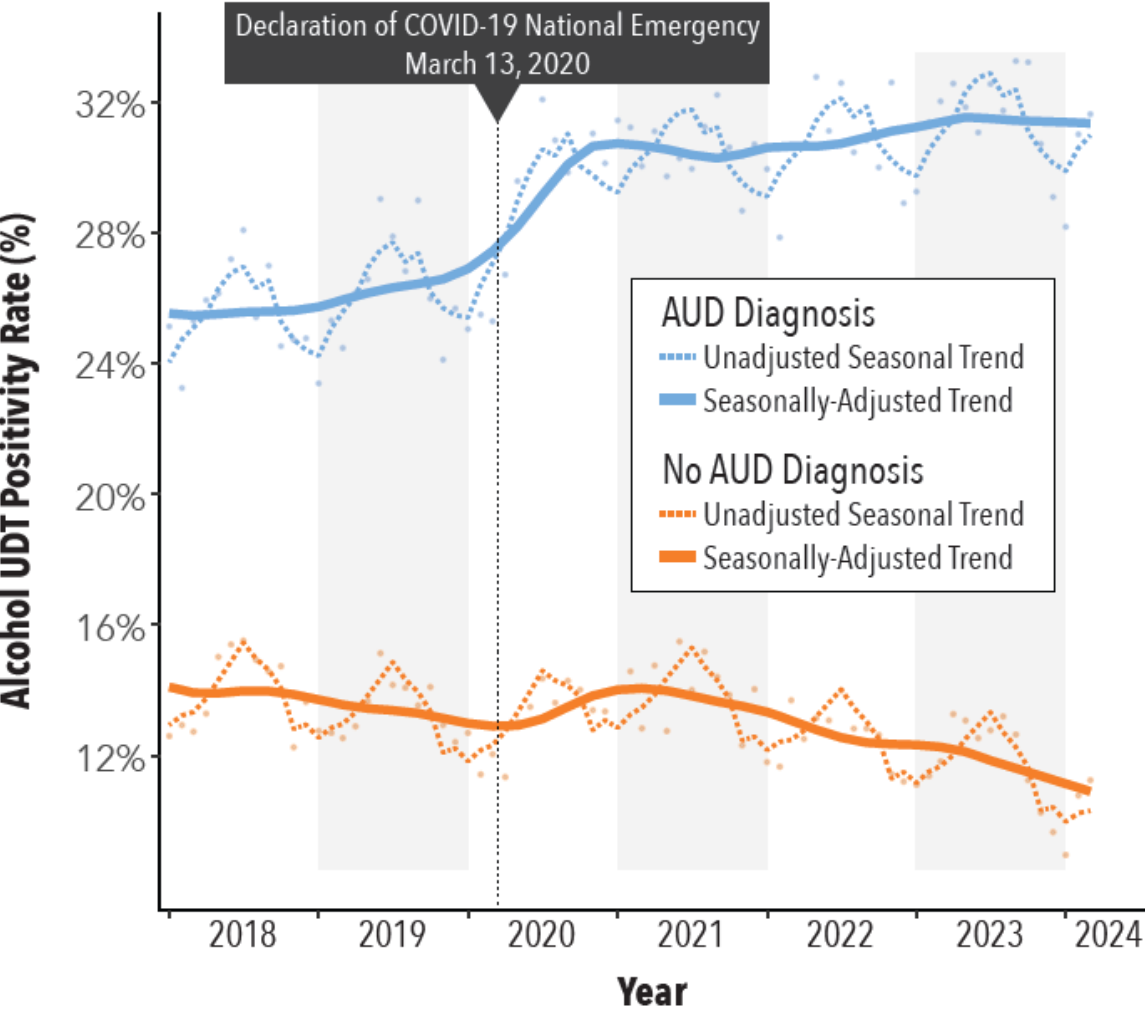


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# ALCOHOL USE DISORDER



National Alcohol UDT Positivity Rates in Patients by AUD Diagnosis Status (left) and U.S. Census Division<sup>5</sup> (right)



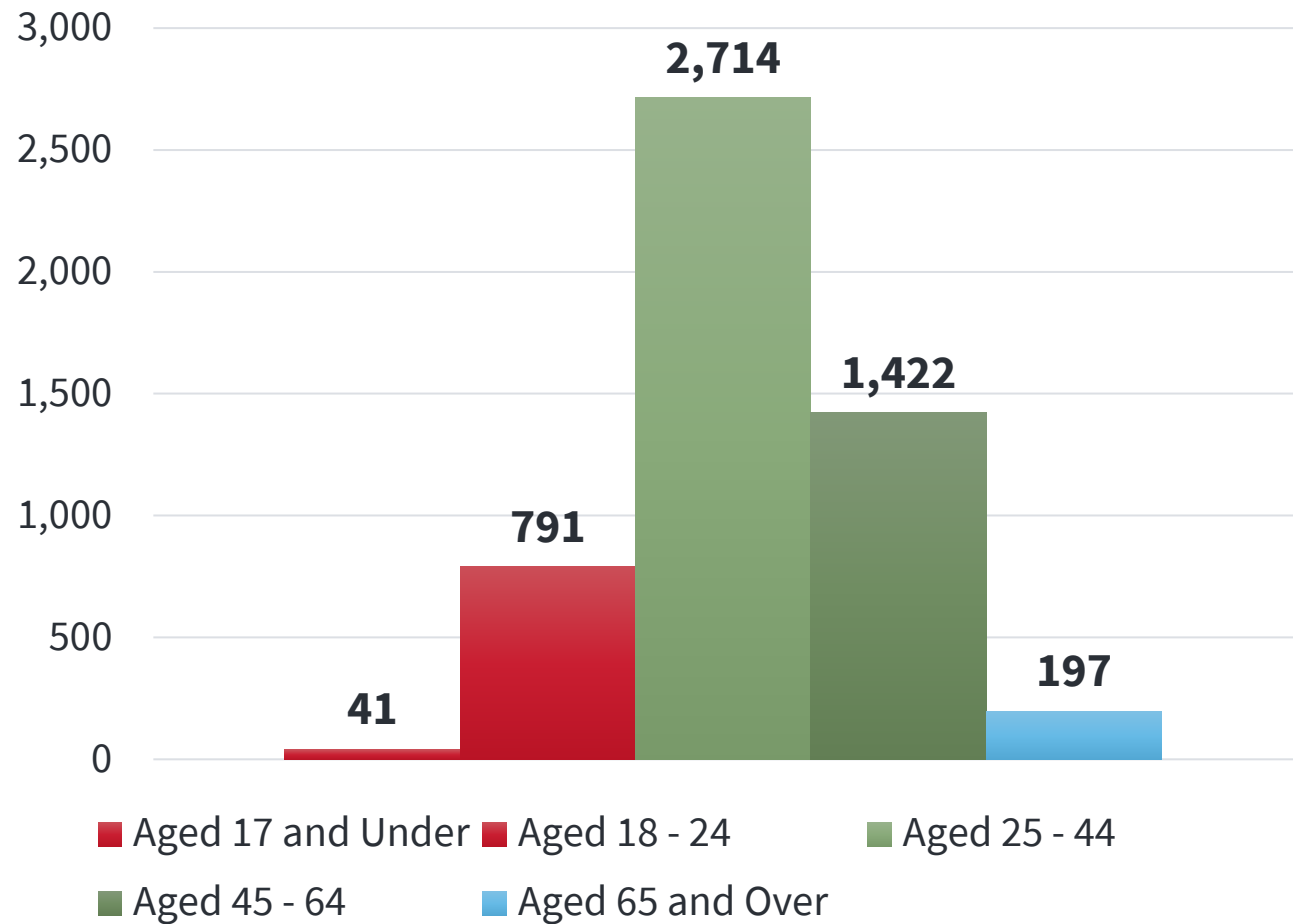
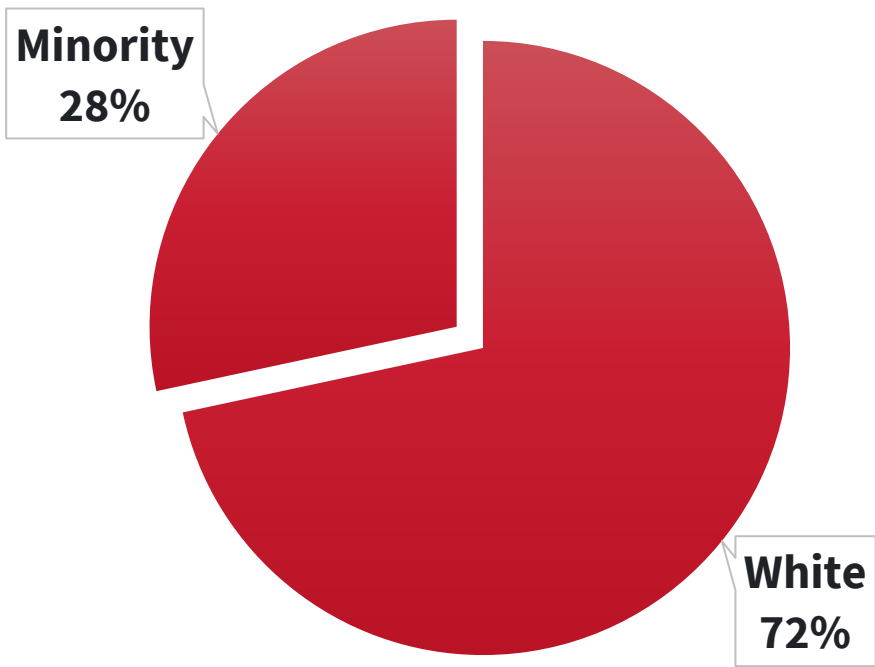
AUD Diagnosis Group				
U.S. Census Division	Year			Percent Change
	2019	2021	2023	Since 2019
National Total	26.2%	30.6%	31.6%	+20.3%
Pacific	20.5%	24.0%	25.7%	+25.5%
Mountain	27.6%	30.1%	29.5%	+7.1%
West North Central	29.5%	38.0%	40.1%	+35.8%
West South Central	44.7%	43.7%	48.2%	+7.9% <sup>NS</sup>
East North Central	26.7%	27.6%	30.4%	+13.7%
East South Central	33.7%	49.0%	51.4%	+52.6%
Mid Atlantic	20.9%	18.7%	30.1%	+43.8%
South Atlantic	37.8%	39.4%	33.5%	-11.5%
New England	29.7%	20.9%	19.5%	-34.4%

# AUD FUNDING THEMES

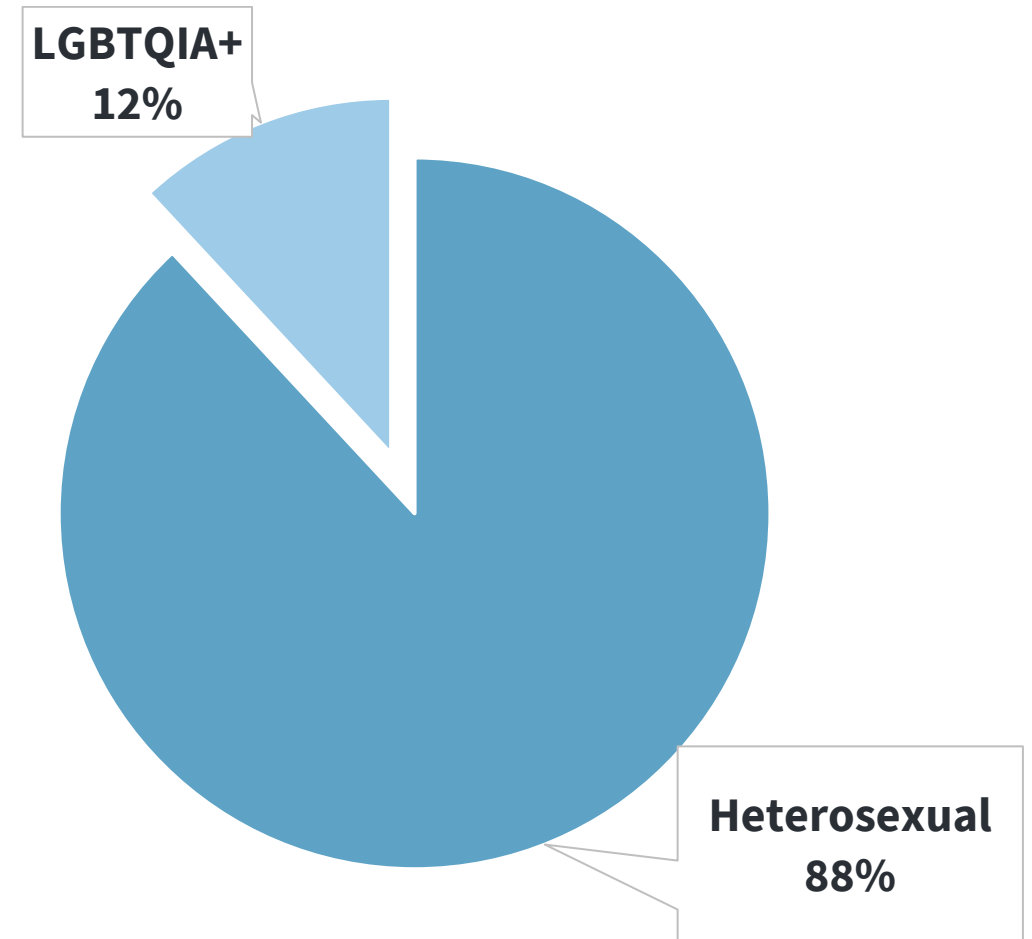
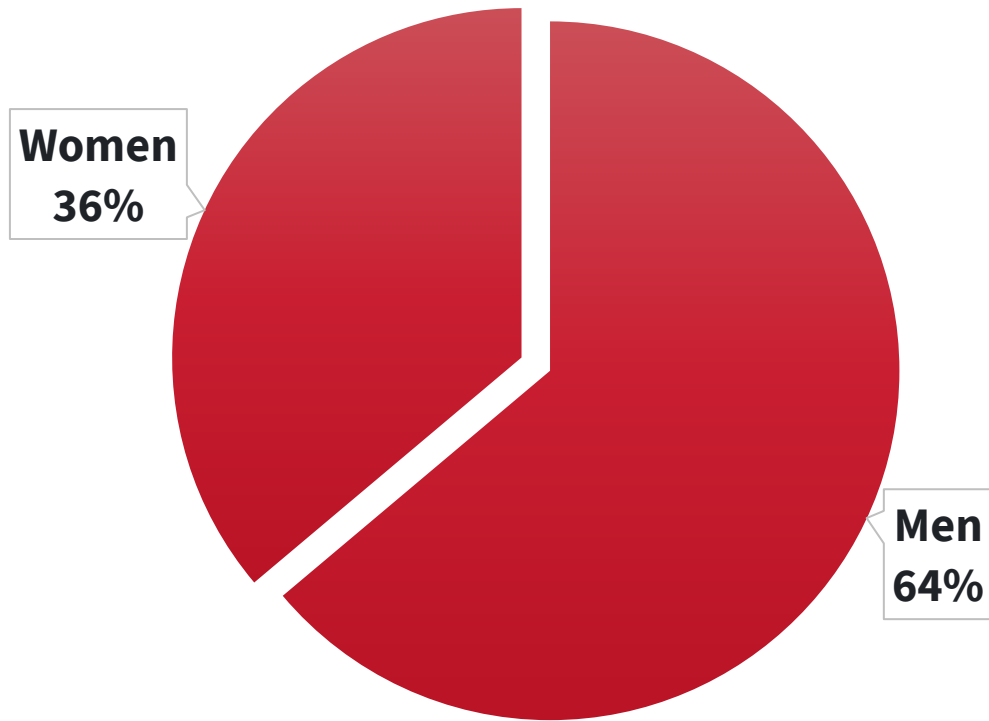
- OhioMHAS has invested in AUD-specific programming over the past two years. Organizations have used funding for ...

Staffing	Programming	Trainings	Other
Clinical Supervisors	Assessment	ASAM Levels of Care	Co-payments
Counselors	EBP Treatment	EMDR	Limited insurance or high-deductible plans
Case Managers	Pre-trial Services	SBIRT	Transportation
Peer Supporters	Jail-based Services	Motivational Interviewing	Childcare
Recovery Support Staff	Vocational Services	SMART Recovery	Housing (rent, utilities)
	Family Services		Phone minutes for telehealth appointments
			Recovery Support Supplies
			Emergency Supplies (clothing, hygiene products)

# AUD PROGRAM PARTICIPANTS



# AUD PROGRAM PARTICIPANTS (CONT)





# HARM REDUCTION

## PRINCIPLES OF HARM REDUCTION

MEET  
PEOPLE  
WHERE  
THEY  
ARE

DRUG ABUSE  
IS A HEALTH  
ISSUE, NOT A  
CRIMINAL ONE

SUPPORT,  
NOT  
STIGMA

THERE'S MORE  
THAN ONE  
PATH TO  
RECOVERY

THERE'S NO  
RECOVERY FROM  
FATAL OVERDOSE

THE  
OPPOSITE OF  
ADDICTION IS  
CONNECTION

NOT EVERYONE  
IS READY TO  
STOP USING  
DRUGS

WE CAN  
PREVENT  
DEATH BY  
OVERDOSE



# Ensuring Access to **Life-Saving Naloxone**



# HARM REDUCTION PROGRAMMING – NALOXONE DISTRIBUTION

- Ohio's investment in naloxone has grown over 700% since SFY 2019.
- Ohio was able to spend \$3.9 million less in SFY 2023 **and** increase the amount of naloxone purchased due to significant price decreases in the product.





# OHIO'S NALOXONE DEPLOYMENT EXAMPLES

- County Health Departments
- Harm Reduction Programs
- Syringe Exchange Programs
- Law Enforcement
- Quick Response Teams (QRTs)
- First Responders
- EMS Leave-Behind Programs
- Colleges and Universities
- Libraries
- Hospitals
- Correctional Settings
- Courts
- Public Child-Serving Agencies (JFS)
- Rest Stops
- Online

# NALOXONE SATURATION

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“Saturation” refers to “a population-level ideal when enough naloxone is distributed in a given area that it is available whenever an *[witnessed]* overdose might occur.”

*Sugarman OK, Hulsey EG, Heller D. Achieving the Potential of Naloxone Saturation by Measuring Distribution. JAMA Health Forum. 2023;4(10):e233338. doi:10.1001/jamahealthforum.2023.3338*

# POINTS TO CONSIDER ...

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Setting-based saturation: Persons most likely to witness an overdose have the ability to obtain naloxone from *Setting ABC*

Geographic saturation: Persons most likely to witness an overdose have the ability to obtain naloxone from *Location XYZ*



# DEPLOYMENT SETTING EXAMPLES

	Trumbull County (NE)	Mahoning County (NE)	Richland County (NE)	Adams County (SW)	Montgomery County (SW)
Distribution/Setting	Sum of Number of kits provided	Sum of Number of kits provided	Sum of Number of kits provided	Sum of Number of kits provided	Sum of Number of kits provided
Community Access Point	291	148	343	42	1461
Court System	132	6	0	0	65
ED/Urgent Care	0	0	0	0	0
FQHC/non-LHD Clinic	0	0	0	0	0
Hospital System	22	1	0	0	0
Jail/Corrections	33	22	20	0	151
Leave-Behind (EMS/LEO)	2	0	0	0	0
Local Health Department (LHD)	224	319	16	96	3227
Mobile Unit	0	0	0	0	0
Other	1223	204	256	4	1040
Pharmacy	0	0	0	0	0
QRT	0	0	0	0	0
School/University	8	273	0	2	317
Street Outreach	546	393	84	1	454
Syringe Service Program	0	0	0	0	0
Treatment/Recovery	648	481	0	63	1003
Vending/ Dispensing Machine	0	0	0	0	1
<b>Total</b>	<b>3129</b>	<b>1847</b>	<b>719</b>	<b>208</b>	<b>7719</b>

# THE PROBLEM ...

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Ohio applied the Irvine model at the county level, which showed that 55 of Ohio's 88 counties did not meet the saturation level expected.

To further refine the counties of focus, ODH added indicators regarding:

- 1) County overdose mortality rate higher than the state rate of 42.9 deaths per 100,000 population;
- 2) County naloxone distribution rate less than the state average rate of naloxone kits distributed of 806.8 per 100,000 population; and
- 3) County naloxone distribution rate less than the state average rate for naloxone kits distributed per unintentional opioid overdose death.

# NALOXONE POLICY ACADEMY WORK

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Ohio is working with the policy academy to develop an overdose reversal medication (ORM) allocation policy that:

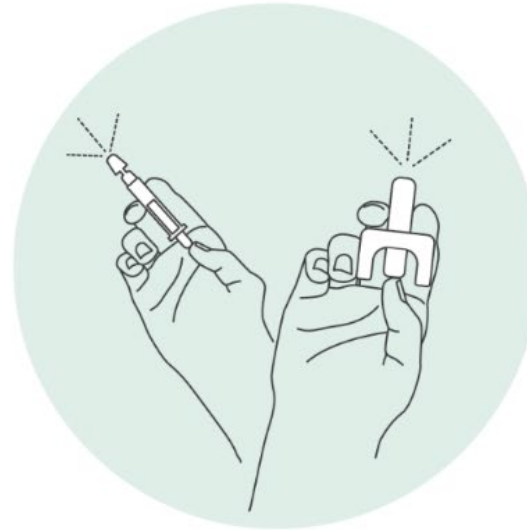
- Is robust enough to cover need,
- Incorporates diverse minority communities, and
- Is flexible enough to account for different resource scenarios (i.e., resource rich vs. poor).



*Naloxone is available in limited quantities through this website. Naloxone received through this website may not be resold.*

## Get Free Naloxone

If you are in Ohio, you can get naloxone for you, someone you know, or your organization. Help save lives!



I want to get naloxone or fentanyl test strips for me or someone I know, free of charge.



I represent an organization that distributes naloxone or fentanyl test strips for free.



I'm a first responder seeking to get naloxone or fentanyl test strips for my agency.

# CONTACT US

## OhioMHAS Office of Community Treatment Services Bureau of SUD Treatment Services

**RICHARD MASSATTI**, PH.D., MSW, MPH  
INTERIM CHIEF SUD TREATMENT/ SENIOR  
PROJECT ADMINISTRATOR  
[RICHARD.MASSATTI@MHA.OHIO.GOV](mailto:RICHARD.MASSATTI@MHA.OHIO.GOV)

**JESSICA LAVELLE**, MSW, LISW-S  
WOMEN'S TREATMENT COORDINATOR  
[JESSICA.LAVELLE@MHA.OHIO.GOV](mailto:JESSICA.LAVELLE@MHA.OHIO.GOV)

**CYNTHIA WOHLFORD-LOTAS**, PH.D., MED  
LICENSED PSYCHOLOGIST, LPCC-S,  
LICDC-CS  
SUD TREATMENT ADMINISTRATOR  
[CYNTHIA.WOHLFORD-  
LOTAS@MHA.OHIO.GOV](mailto:CYNTHIA.WOHLFORD-LOTAS@MHA.OHIO.GOV)

**JORDAN KNIPPER**, MS / LPCC-S, LICDC  
STATE OPIOID TREATMENT AUTHORITY  
[JORDAN.KNIPPER@MHA.OHIO.GOV](mailto:JORDAN.KNIPPER@MHA.OHIO.GOV)

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# MORE INFORMATION

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