



“Overdose antidote given  
more the 12,600 times in  
Ohio”

(Wilmington News Journal)

**H.E.L.P. CLINTON COUNTY**  
Health Education | Leadership | Prevention  
**OPIOID DRUG PLAN • 2016-2017**

“Ohio’s Fatal Drug  
Overdoses Topped 3,000  
in 2015”

(Cincinnati Enquirer)

“12 overdoses in the first  
five days of 2016”

(Wilmington News Journal)



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Dedicated Clinton County community members organized HELP (Health Education, Leadership and Prevention) Clinton County to lead the community in positive action against the opioid epidemic that is ravaging communities across the nation. While efforts are reducing the impact locally, there is more to be done. Engaging people in creating a plan is a start and we want to thank all who have participated in this process with us. These acknowledgments are in no particular order and we have worked to include everyone who has contributed.

Thank you to those seeking treatment and recovery for your addictions to opioids. We cannot thank you enough for teaching us about the struggles this disease creates for you, for affected family members, for friends and for others concerned with your well-being.

To a small group of individuals willing to talk with us while in treatment: Thank you for participating in a focus groups that enlightened others about the treatment experience. It takes a village to lessen the effects of addiction but in many cases, addiction robs people of their villages, their relationships to spouses, partners and families, and their friends. Know that there are opportunities for healing when you reach out.

The following organizations' representatives and individuals have participated in our planning process.

- James Syphax, Barbara Adams Marin, Nicole Schellinger, and other staff from Solutions Community Counseling and Recovery Centers (Solutions CCRC)
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Each of them attended a meeting or two, contributed to our dialogue, or gave us some data- all things invaluable to this process! I'm sure there are names left out of the mix we want to thank as well.

Thanks to Ohio House Speaker, Cliff Rosenberger and his staff, the Clinton County Commissioners, area law enforcement agencies, local school districts and boards of education. There are many more groups we will meet as we begin the action stages.

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Chief Scott Reinbolt, *Blanchester Police Department*

Chief Duane Weyand, *Wilmington Police Department*

Sergeant Ron Fithen, *Wilmington Police Department*

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thoughts and words into this plan.

Despite our best intentions, someone may be left off the list; to those, thank you for your help and support. This plan is a message for the future and represents an effort to lead Clinton County's work as it recovers from the effects this opioid epidemic has caused and it is an effort to prevent further devastating consequences to our community.

Respectfully,

**HELP Clinton County:**  
**Health Education, Leadership and Prevention Clinton County**



## Executive Summary

This was a huge undertaking. When this work began, there was not a specific group addressing the opioid epidemic in Clinton County; however, there were many groups discussing it every day and its impact. They were conversing in their own ways: how it affected the people in the community and their children; how it caused legal problems for the community, its people and its families; how incarceration affected families and society; and peoples' treatment needs versus available treatment resources.

Daily there are stories in the news about overdose deaths, drug busts and the result of street crime associated with heroin and opioid addiction. Although Clinton County is not alone with these challenges, at times it feels that way. There are services that are not available to this community's citizens. When those services are needed, it is not easy to wait or to drive hours for access. HELP Clinton County worked to create a plan that addresses the recovery of health and wellness in Clinton County. The plan addresses four topics: prevention, treatment, supply reduction and harm reduction. Each topic has its own set of challenges and issues. Although many were driven to focus on actions, the plan needed to incorporate a data-driven decision making process that built a foundation for future planning and funding requests.

Mental Health and Recovery Services of Warren & Clinton Counties (MHRS) convened a dedicated group that met regularly to discuss the opioid problem and that group created a priority list of needs in Clinton County. While the group's work resulted in this plan, the overall goal is to continue the dialogue about prioritizing community needs and about taking action to address those needs in regard to substance use and prevention.

This plan is a call to action to be involved in healing Clinton County. It may not identify direct opportunities but it includes resources that will give you the names of people and places to call so you can be part of the response and of the solutions that are needed.

# Background

## ***Clinton County Demographics***

Clinton County, Ohio is a rural area of 412 square miles, including one city, Wilmington, two large villages, Blanchester and Sabina, five small villages and thirteen townships. The population of Clinton County in the most recent census was 42,040 people. Of these residents, 95% are white, 3% are African-American and 2% are of two or more races. Young people, birth through seventeen years old, are 24.6% of the total population and adults over 25 years old 65.8%.

Educational attainment correlates to health, employment, civic engagement and happiness. People with higher educations have more positive health outcomes, as they are able to better understand their conditions and they are able to follow healthcare providers' recommendations and instructions. Educational attainment leads to employment that includes health benefits and higher earnings than minimum wage. People with additional education are more likely to participate in their communities and to feel happier and more fulfilled in their lives. (Miyamoto, 2013) Nearly 66% of all residents over 25 years old have earned a diploma and have some college experience. Fifteen percent (15%) have been awarded an Associate Degree or a higher degree. More than 12% of people over 25 years old have not attained a high school diploma.

Poverty is linked to poor health outcomes, under/unemployment and myriad disadvantages for children. Children who are raised in poverty are less likely to graduate high school and seek higher education; they suffer with food insecurity and homelessness and have negative health outcomes. As adolescents and as adults, they are more likely to engage in crime, risky behaviors and drug abuse. In Clinton County, 13.8% of families have incomes below the poverty level; of these, 61.8% are single-parent households and 23.7% have two parents.

As of December 2015, the unemployment rate in Clinton County was 5.7%, slightly higher than the national rate of 4.9% and Ohio's rate of 4.6% ([www.bls.gov](http://www.bls.gov)). That the unemployment rate has fallen to this level is a tribute to the county's ability to rebound after the loss of a dominant employer. Clinton County's unemployment rate spiked in 2009 at 17% versus the national rate of 9.9%, as DHL left the county. At its peak, this company employed an estimated 10,000 employees among its operations and those of supporting businesses, although some sources indicate the number of jobs lost to the area were as many as 16,000. This widespread unemployment affected many surrounding

counties, including Highland, Adams, Brown and Ross. The Society for the Psychological Study of Social Issues identified increased stress and mental health problems as effects of unemployment.

### ***Clinton County Community Efforts & Attitudes***

Wilmington is the county seat of Clinton County and it is the home of most county service agencies and organizations. Solutions Community Counseling and Recovery Center (Solutions) and Talbert House are two behavioral health organizations that provide treatment of both mental illnesses and substance use disorders. With the increasing rates of drug overdose and the personal impact of opioids and heroin throughout the Clinton County community, a core group of concerned citizens, social service, mental health/addiction treatment agencies, and municipal representatives have recognized the need to initiate change that will lead to a brighter future for all residents of the county. People throughout the community now recognize that the disease of addiction can affect anyone and that people need compassion, empathy and effective treatment. This lays a foundation for an opiate awareness project that includes county-based agencies and organizations, the justice and law enforcement communities and concerned citizens who are interested in making a difference.

In the past year, Health First for Clinton County (a community foundation) worked with the Clinton County community to complete a survey of community health and wellness. Mental health and addiction were the most common concerns. In response, mental health and drug addiction service providers have spearheaded collaborative efforts that involved the community in developing prevention efforts that address substance use, mental health and wellness.

There has been a dramatic shift in the county justice system: from seeing addiction as a personal weakness, to understanding that addiction is a disease that changes the brain's chemistry. Judge John W. "Tim" Rudduck, Common Pleas Court of Clinton County, started the process to establish a drug court during the summer of 2014. The official name of the drug court is You-Turn Recovery Docket and it has received state attention. Individuals started to participate in January of 2015. The idea for the specialized docket has had broad-based support and the response indicates the community is ready to change how it works with people who come in contact with the law enforcement and justice systems as a result of their substance use disorders. Not all cases involving opioids are eligible for the You-Turn Recovery Docket but this program may be requested by individuals

and by attorneys. There are limitations within the drug court: individuals must want to change their lives. In the future, the court could face capacity challenges but it is not limiting participation, since this program is time-limited. The first graduation took place in the summer of 2016. The municipal and mayors' courts also coordinate with treatment providers to meet the needs of offenders.

Law enforcement is learning ways to defuse situations that involve people who have mental illnesses and people who are addicted to drugs. This is a collaborative effort between treatment providers and law enforcement. Clinton County deputies and officers from the city of Wilmington along with police from Blanchester participated in crisis intervention training (CIT). The Clinton County Jail has worked with local treatment providers to coordinate assessment of drug and mental illness while individuals are incarcerated in the county jail helping to create plans for treatment upon release. The jail has also seen the need to have Naloxone on site in the event of overdose, and it has been used when needed to save a life. MHRS and Solutions working together with law enforcement, helped to implement a mobile crisis team that operates from the Wilmington and Blanchester Police Departments.

Prevention programs that are delivered in the school districts throughout the county have the support of districts, parents, law enforcement and students. Prevention specialists from Solutions offer evidence-based education programs for students in elementary, middle and high schools throughout Clinton County. The Clinton County Sheriff offers the DARE program for 5th and 7th graders and delivers the revised DARE program to Kindergarten students. DARE officers also serve as the School Resource Officers. In 2016, an officer and a prevention specialist partnered to work with Middle School students. All districts of the county participated in the 2013-14 PRIDE Student Drug Use Survey. The results of this survey can be found on the Mental Health Recovery Services of Warren and Clinton Counties web site using the Resources tab and the PRIDE Student Drug Use Surveys button ([http://www.mhrsonline.org/resources/pride\\_student\\_drug\\_use\\_survey-8/](http://www.mhrsonline.org/resources/pride_student_drug_use_survey-8/))

Reducing medications diverted to the streets lowers the supply of drugs available which helps reduce drug-related problems. Since 2011, representatives from Solutions, the Clinton County Sheriffs Department and local police departments, juvenile and municipal courts and probation, MHRSWCC, Clinton Memorial Hospital, Clinton County Family and Children First Council, schools, and concerned citizens, have sponsored local medication

take back events at many sites in Clinton County. These events are held in the fall and spring in conjunction with the National Drug Enforcement Administration's national Take Back Days. Each event has collected 50 to 100 pounds of medication. Participants say they are glad there is an opportunity to dispose of these medications.

When the Ohio Attorney General made permanent drug disposal boxes available to communities, both the Clinton County Sheriff and the Wilmington Police Department installed boxes at their locations. These boxes are accessible, 24 hours every day. The Suicide Prevention Coalition of Warren and Clinton Counties received a grant to provide postcards to the community that present information about the risks of prescription drug misuse and the options for safe storage and disposal. The postcards include the locations of the permanent disposal sites in both counties. The cards were distributed at local pharmacies, libraries, agencies and at county events, such as the Clinton County Fair and the Banana Split Festival.

The prevention committee of HELP Clinton County discussed addressing high use of drugs in recreational areas, such as the Wilmington Bike Path, which frequently become venues for drug use. Some needs of these areas include changes in environment, for example adding streetlights to deter drug use. HELP is determining the feasibility of holding community events to collect sharps in those recreational areas (similar events in other areas have been successful). The group will also pursue the need for permanent disposal units, these containers would contribute to public health and wellness while decreasing or eliminating dirty needles thrown to the ground where children might pick them up or where people may step on them.

The HELP Clinton County group has also begun working to engage the medical community to reduce over prescribing. Clinton County residents are prescribed opioids at a higher rate than the state average (pg. 16 OARRS data). With the help of the Health Department, Clinton Memorial Hospital and local clinics the Mental Health Recovery Services of Warren and Clinton Counties proposes to provide education to area physicians, physician assistants, nurses and other health care providers about addiction and low risk prescribing.

### ***How Opioids Cause Dependence***

Opioids are a class of drugs that includes heroin and painkillers, such as hydrocodone, codeine, morphine and fentanyl. These drugs interact with opioid receptors in the body

and brain. Used appropriately, they alleviate pain; however, they also cause euphoria which can lead to dependence and addiction.

Regular and prolonged use of these drugs leads to changes in both the brain and in the body. Changes to the brain result in tolerance to the drug, requiring the person to use larger amounts of the drug to get the same effect. The person may become physically dependent on the drug, needing to take the drug to feel “normal”. With chronic use, addiction can develop. In the cases of dependence and addiction, when people stop using the drugs, they experience a withdrawal syndrome. The brain abnormalities that occur with chronic use can produce cravings that lead to relapse months or years after people are no longer dependent on the drug. (Abuse, 2015)

Withdrawal symptoms are both physical and psychological. In people who are addicted, the symptoms may begin with but are not limited to agitation, anxiety, altered perceptions, fatigue, muscle aches and sweating. As the syndrome progresses, people experience abdominal cramps, sneezing, diarrhea, dilated pupils, nausea and vomiting. This physical discomfort reinforces the addiction, forcing people to feed the craving for the drug with persistent drug-seeking behaviors.

### ***Contributing Factors to the Opioid Epidemic***

According to the Ohio Department of Health, SAMHSA, National Institute on Drug Abuse, many agencies and treatment practitioners who are involved in treating substance misuse and addiction, there are specific contributing factors to the opioid epidemic: physicians’ prescribing practices, social acceptance of medications and aggressive marketing by pharmaceutical companies. (Volkow, 2014). In addition, pharmaceuticals are being diverted from the medical system and heroin is being used both as a cheaper more accessible solution to pharmaceutical pain relievers and as a recreational drug. The United States is the largest consumer of hydrocodone, nearly 100% of all prescriptions globally, and oxycodone, 81% of all prescriptions globally. (Volkow, 2014)

According to law enforcement, the Ohio Department of Health and the Centers for Disease Control and Prevention, the incidents of drug overdose related to fentanyl are climbing. These organizations report that drug overdoses involving fentanyl rose, from 2110 in 2013 with 84 related to fentanyl (3.9%) to 2482 in 2014 with 502 related to fentanyl (20.2%). The Drug Enforcement Agency is reporting that fentanyl drug seizures throughout the United States have risen 300%, from the second half of 2013 to the first

half of 2014, especially in the South, Northeast and Midwest areas of the country.

Fentanyl is a synthetic opiate similar to morphine; however, it is much more powerful. This opioid is used during anesthesia and it is used to treat severe pain. It is increasingly being used to treat people whose chronic pain no longer responds to other opiates. Fentanyl works in the manner of other opioids, by binding to the opiate receptors in the brain. It increases dopamine levels, producing euphoria and relaxation. Physicians generally administer this drug in an injection, transdermal patch or in a lozenge. However, the drug is frequently manufactured illegally and may be mixed with heroin. (Abuse, Drug Overdose in Ohio, 2016) Carfentanyl, a more potent and deadly form of fentanyl is entering southwest Ohio. This drug is 10,000 times more potent than morphine and has been linked to recent overdoses throughout West Virginia and southern Ohio.

## Opioids in Clinton County

### ***County Needs Assessment & Drug Use***

In 2015, HealthFirst for Clinton County (HealthFirst) commissioned a Community Health Needs Assessment by Professional Research Consultants, Inc. ([www.PRCCustomResearch.com](http://www.PRCCustomResearch.com)). HealthFirst for Clinton County is a community foundation that was formed when Clinton Memorial hospital was sold to a for-profit entity in 2010. HealthFirst supports the social service, pharmaceutical and transportation needs of area residents with documented need for assistance. It also supports community initiatives and operates the Patient Medication Assistance Programs in collaboration with the Clinton County Commissioners and the Clinton County Health Department ([www.healthfirst-cc-oh.org](http://www.healthfirst-cc-oh.org)).

The Community Health Needs Assessment is a tool to assist the community as it works toward the following three goals.

- To improve the residents' health status, to increase their life spans and to elevate their overall quality of life.
- To reduce the health disparities among residents.
- To increase accessibility to preventive services for all community residents.

Professional Research Consultants, Inc. (PRC) first surveyed a sample of Clinton County residents using an instrument developed by HealthFirst and PRC. This survey was conducted using telephone and cell phone interviews of 400 people who were eighteen years or older who were randomly selected. The surveyed population was weighted to produce a sample that closely matched the county demographic characteristics.

PRC and HealthFirst also developed a Key Informant Survey. This population was contacted using an email that explained the purpose of the survey and that provided a link to an online survey. Eighty-eight (88) community stakeholders participated in this survey. The community stakeholders were public health experts, physicians, health providers, social service representatives and community leaders representing an array of service and health care providers, organizations, county agencies, schools and colleges.

Through this process, PRC and HealthFirst gathered input from several individuals whose organizations work with low-income, minority populations (including African-Americans, Appalachian individuals, Asians, the disabled, the elderly, English as a Second Language [ESL], Filipino, Hispanic, LGBT individuals, low income residents, the mentally

ill, mixed race individuals, non-English speaking residents, Pacific Islanders, single parents, individuals with severe and persistent mental illness [SPMI], substance abusers, the uninsured/underinsured, veterans, women, and youth), or other medically underserved populations (including African-Americans, cancer patients, children, children raised by grandparents, Medicare/Medicaid beneficiaries, the mentally ill, those with developmental disabilities, undocumented residents, and the unemployed.

As a result of these surveys and input, PRC compiled Areas of Opportunity for the community to address:

- access to healthcare services,
- cancer,
- dementia,
- diabetes,
- heart disease and stroke,
- infant health and family planning,
- injury and violence,
- mental health,
- nutrition, physical activity and weight,
- oral health,
- potentially disabling conditions,
- respiratory diseases,
- substance abuse and
- Tobacco use.

In November 2015, PRC and HealthFirst convened a meeting of approximately twenty community stakeholders who met to prioritize the health issues of Clinton County based on the results of the Health Needs Assessment. These people were asked to evaluate each Area of Opportunity for scope and severity and for the hospital's ability to positively affect the health issue based on available resources, competencies or spheres of influence. This process resulted in the group identifying the following prioritized list of community health needs.

1. Substance Abuse
2. Mental Health
3. Diabetes

4. Tobacco Use
5. Heart Disease & Stroke
6. Nutrition, Physical Activity & Weight
7. Cancer
8. Access to Healthcare Services
9. Oral Health
10. Infant Health & Family Planning
11. Respiratory Diseases
12. Injury & Violence
13. Dementias, Including Alzheimer's Disease
14. Potentially Disabling Conditions

**County Death Rates**

Approximately 62% of all fentanyl and heroin decedents had a record of at least one Opioid prescription from a healthcare provider during the seven years preceding their death, and 1 in 10 heroin decedents, and 1 in 5 fentanyl decedents, had an opioid medication prescribed to them at the time of their death. Further analysis of Ohio PDMP (OARRS) data revealed that substantial percentages of fentanyl and heroin decedents (40% and 33% respectively) had been prescribed an opioid at high doses ( $\geq 90$  morphine milligram equivalents) at some point in the seven years preceding death. (National Center for Injury Prevention and Control, 2016)

Since 2010, opioid substance use disorders and unintentional drug overdose deaths have become the leading cause of injury-related death, eclipsing motor vehicle crashes which until recently, were the leading cause of injury-related death throughout the State of Ohio. As presented in the chart below, the Clinton County coroner's reports indicate multiple drug intoxication (specific data regarding the type of drugs were not recorded) increased, from three in 2010 to sixteen in 2013 and thirteen in 2014.

\*Through the first half of 2015 (1/2/15 – 6/7/15), there were nine overdose deaths; of these, six were males between the ages of 23 and 49 while only three were females between the ages of 34 and 59.

	2010	2011	2012	2013	2014	2015
Unintentional Overdose	3	6	13	16	13	*9

In addition to opioids, such as heroin and prescription pain medications, fentanyl and carfentanyl is being mixed with illicit heroin resulting in additional deaths. Fentanyl is a Schedule II synthetic narcotic that is 30 to 50 times more potent than heroin and 50 to 100 times more potent than morphine. (Drug Overdose in Ohio, 2014), Carfentanyl is a large animal medication and has proven to be fatal in numerous cases of OD in OH.

Naloxone, known by the brand name Narcan™, distribution policies and procedures reduce overdose deaths. In Clinton County, emergency medical technicians (EMTs) carry Naloxone but until recently, there have been no other mechanisms to distribute Naloxone. Solutions and Talbert House (Mental Health & Recovery Service Board [MHRS] providers) have received training and have established protocols to distribute these lifesaving kits. Recently kits have been issued to individuals as clients in treatment. Through partnerships with the providers and others, there is hope for a community distribution program. The local health department, You-Turn Recovery Docket, Transformative Wellness have expressed interest in this. It should also be noted that most insurance plans cover the cost of naloxone and interested individuals should speak to their local pharmacists to obtain a kit if there is a need; due to changes in the law a prescription is not required.

Police officers and Sheriff's deputies are reluctant to carry Naloxone. They are concerned for officer safety and about keeping the medication fresh. HELP Clinton County plans to work with law enforcement using resources provided by the Ohio Attorney General's Office. There are also efforts among treatment providers to develop a community-based Naloxone distribution program.

Ohio Emergency Medical Services compiles data on the number of times Naloxone is administered by Emergency Medical Service responders. Data can be broken down by zip code, below is a chart that illustrates the number of times Naloxone has been administered in each zip code of Clinton County during 2015.

Location	Zip Code	EMS-Administered Naloxone, 2015
Blanchester	45207	3
Clarksville	45113	0
Cuba	45114	0
Lees Creek	45138	0
Martinsville	45146	0
Midland	45148	0
New Vienna	45159	6
Port William	45164	0
Reesville	45166	0
Sabina	45169	12
Wilmington	45177	23
Total		44

As seen in the chart above, the city of Wilmington and the village of Sabina are the areas with the most administrations of the overdose reversal drug. Naloxone was administered in New Vienna and Blanchester, but overdose can occur anywhere; having this reversal drug available throughout communities can save lives.

# Ohio Automated Rx Reporting System (OARRS)

## Prescribing Practices in Clinton County

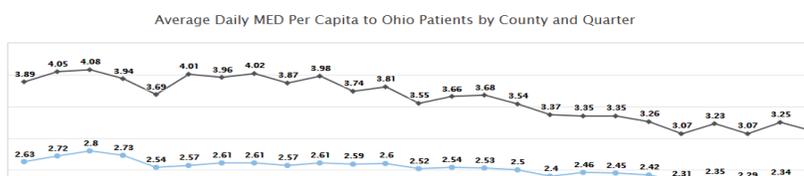
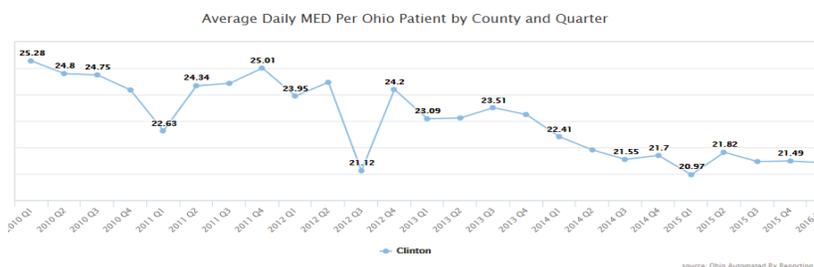
Data related to prescribing practices in Clinton County (illustrated in the table below) appear a little bit different than the state data. At the end of 2015, 3,412,946 doses had been prescribed in Clinton County. Ohio patients were prescribed 265.7 doses, Clinton County prescribed residents were slightly lower at 256.1. Per capita, the number changed to 81.2, which is much higher than the state per capita number of 60.8 doses. While these numbers have fallen from a peak of 4,087,633 doses dispensed in 2012, it is concerning that in 2015 there were still more than 80 doses per capita prescribed.

**That means for every man, woman and child residing in Clinton County there were 81.2 pills dispensed in the community; 20 higher than the state average.**

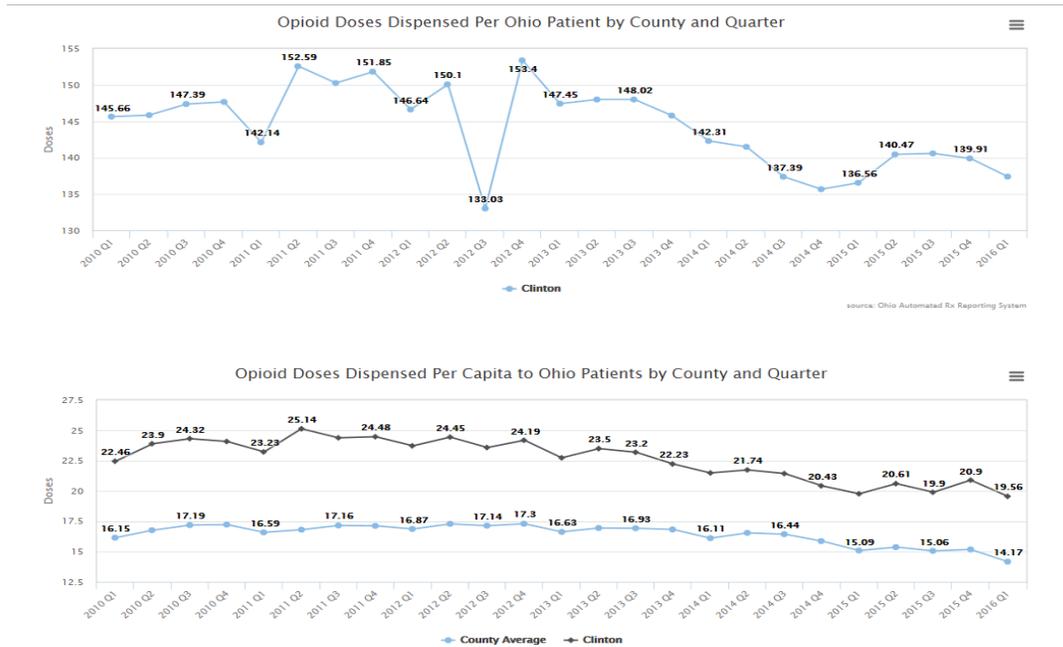
	2010	2011	2012	2013	2014	2015
Doses Dispensed	3,984,247	4,087,633	4,034,518	3,853,738	3,577,613	3,412,946
Doses/patient	272.1	274.6	248.8	271.7	255.6	256.1
Doses/capita	94.8	97.2	96.0	91.7	85.1	81.2

These data also show that in Clinton County through the third quarter of 2015, opioids were being prescribed at a higher rate than that of the State of Ohio which reported 144.4 doses per patient and 15.1 doses per capita. (Reports & Statistics, 2015)

Below are data captured from the OARRS web site. The first chart illustrates the **average** daily morphine equivalent dose (MED) of opioid doses prescribed for patients from Clinton County. The second chart shows the **average per capita** doses in Clinton County compared to the average for all Ohio counties.



The two charts below were also captured from the OARRS website. The first illustrates the total number of doses of opioid medications dispensed per patient in Clinton County. The second shows the number of doses dispensed per capita in Clinton County and as compared to an average of all Ohio counties.



Another contributing factor to the opioid crisis is the amount of drugs that are diverted from the medical system by physicians and other health care professionals, such as physician assistants, pharmacists, pharmacy technicians, nurses, dentists and veterinarians. Although most counties do not maintain a database of these incidents, drug task forces across Ohio report numbers of investigations and indictments. Of these indictments, 50% were either Felony 1,2 or 3-level offenses. During 2014 (the most recent year for which statistics are available), there were 1,261 pharmaceutical investigations initiated; 716 (57%) of these individuals were indicted. Fifty-five cases included health care fraud; of these, 51 were indicted. Furthermore, 135 health care professionals were investigated and 90 were indicted for pharmaceutical crimes, 64% were nurses. (Services, 2014)

## Chronic Conditions Related to Opioid and Heroin Use

### *Hepatitis C*

There are two types of Hepatitis C: acute and chronic. Acute Hepatitis C is a viral infection that in 75%-85% of cases becomes chronic. People who have contracted acute Hepatitis may become ill with fatigue and vomiting within the first six months of exposure. In some cases, the disease may not cause symptoms, symptoms may be mild or it may resolve without treatment. The virus is contagious, spreading through contact with infected blood and body fluids. The chronic disease causes long-term liver damage, cirrhosis and may lead to liver cancer.

The Clinton County Health District reports that from 2013 through 2015, the incidents of chronic Hepatitis C which is frequently related to intravenous drug use, rose from 68 new cases in 2013 to 81 new cases in 2015, a 19% increase; however, the greatest increase in the number of new cases was between 2013 and 2014, 31%. As seen in the chart below, the district reports that concentration of new cases occurred in the 19 to 45 age range. In 2013, 66% of new cases were attributable to this age group and by 2015, more than 79% occurred in this group.

Age Group	2015		2014		2013	
	#	%	#	%	#	%
Total	81	100	89	100	68	100
2-18	0	0	4	4.5	1	1.5
19-25	19	23.5	26	29.2	15	22.1
26-35	32	39.5	29	32.6	22	32.4
36-45	13	16.0	11	12.4	8	11.8
46-55	8	9.9	7	7.9	12	17.6
56-64	7	8.6	10	11.2	7	10.3
65+	2	2.5	2	2.2	3	4.4

### *HIV/AIDS*

As of December 2014, there were 21,612 people in Ohio living with HIV (Human Immunodeficiency Virus). If this virus is untreated, it can develop into AIDS (Acquired Immunodeficiency Syndrome). While both homosexual contact in men and heterosexual contact in both women and men resulted in the highest percentages of transmission, injection drug use (IDU) also contributes to the spread of this disease. As seen in the chart

below, 5% of men and 12% of women identified injection drug use as the source of their virus. Other and unknown transmission also accounted for significant infections. Perhaps the most disturbing is the number and percentage of children who have been infected perinatal, more than 80%.

Ohio	2010		2011		2012		2013		2014	
	#	%	#	%	#	%	#	%	#	%
Males	13,805		14,613		15,444		16,294		17,090	
IDU	709	5	722	5	740	5	757	5	770	5
Females	3,568		3,776		3,955		4,137		4,270	
IDU	440	12	453	12	464	12	483	12	498	12
Children	220		224		237		248		252	
Perinatal	183	83	187	83	196	83	200	81	202	80

The data above also reveal the numbers of infections are increasing but that the percentages of infection cause is remaining steady. This indicates the increases are related to injection drug use.

In the chart below which illustrates data of Clinton County, one can see that the numbers of both males and females with HIV are increasing steadily. Cases in females increased, from 7 in 2010 to 9 in 2014 (29%) and in males, cases increased from 29 to 37 (28%).

Clinton	2010		2011		2012		2013		2014	
	#	%	#	%	#	%	#	%	#	%
Males	29		30		35		36		37	
IDU	2	7	2	7	2	6	2	6	2	5
Females	7		7		8		9		9	
IDU	1	14	1	14	1	13	2	22	2	22
Children	0		0		0		0		0	
Perinatal	0		0		0		0		0	

### **Neonatal Abstinence Syndrome**

As a result of a mother’s drug use, babies are born with Neonatal Abstinence Syndrome, a group of problems that can occur in newborns exposed to opiate drugs. Once the child is born and the drug clears its system, s/he experiences withdrawal symptoms. These children may not eat properly and they may grow slowly and most likely will require

additional care and monitoring. According to the Director of Clinton County Job and Family Services, for the year ended 2014, there were fifteen infants with legal status in the Clinton County Juvenile Courts due to drug exposure at birth. This will be an area to continue examining and partnering efforts between service providers on.

## Economic and Social Impact of the Opioid Epidemic

The increase in illicit opioid and heroin use has economically affected most county service agencies, such as the health district, children's services, job and family services, emergency services, police departments and the justice system. All are struggling to meet the needs of adults, children and the community while coping with the rising costs of drug abuse and addiction and its impact on county budgets and service provision. Additional costs associated with overdoses, increased arrests, child neglect and abuse cases, kinship care, and incidents of disease are all related to illicit intravenous drug use.

Children's Protective Services, a division of the Department of Job and Family Services, is especially affected by the increase in cases of child abuse and neglect related to parents with drug addictions. These cases are open longer, resulting in families being separated which is traumatic for both parents and their children. Parents who are drug-dependent frequently maintain an unsafe home environment where children may be unsupervised. They may also witness drug use, intoxication or overdose and they may handle drugs or drug paraphernalia.

- In 2013- 159/453 cases opened by Child Protective Unit (35%) had drug involvement
- In the first part of 2014 (Jan-Aug) 88/324 (27%) cases opened by Child Protective Unit had drug involvement
- In August alone that year 22/53 (42%) had drug involvement
- In 2015- 71% of child abuse and neglect Child Protection Unit cases included drug addiction

Statistics do not tell the entire story of families affected by drug dependence. While adults are either heads of households, incarcerated, in treatment or missing, children are traumatized, stigmatized or are treated with indifference as a result of their family's struggle. In many cases, they are ignored or treated poorly because people mistakenly believe they will follow their parent's example. In too many cases, the children are being cared for by someone other than the parent but since many families assume their care without interaction with the justice system, there is no way to accurately determine the numbers outside the official numbers kept by the courts or by Children's Protective Services. Early childhood consultants at Solutions report the number of grandparents and great-grandparents caring for young children is increasing.

The effects on children are numerous. A grandparent is forced to report parents to Children's Protective Services because they are snorting pain pills in front of their children. A toddler who is the child of a heroin abuser was confined in a child seat so often that the he has poor core strength and has difficulty sitting up on his own. School-based therapists work with increasing numbers of elementary-aged children whose behavioral problems are related to witnessing parents use drugs, overdose, be arrested or die. Children discuss seeing their parents' friends injecting drugs in their homes, relating this as a normal event and having no reservations about sharing the information with an entire class. Participants in the adolescent Early Intervention Program at Solutions report having friends who abuse prescription pills and knowing people who abuses heroin. Some have witnessed an overdose or know someone who died from an overdose.

## Prevention Efforts in Clinton County

### **Resources**

Throughout Clinton County, there are programs that address prevention of substance use and abuse. Programs offered by Solutions CCRC include the following school-based and community-based programs.

- **Botvin Life Skills:** An evidence-based program offered for grades 3-12 that focuses on building positive self-esteem, and developing decision making, communication, conflict resolution and refusal skills. The program helps participants understand the effects of alcohol, tobacco and other drugs and the social influences of decision making (advertising, media, and peers).
- **Voices:** An evidence-based program for middle and high school girls that promotes positive self-image and strengthens decision-making skills.
- **Early Intervention Program:** A targeted education and intervention program for adolescents who have experienced negative consequences related to substance use but who do not meet the diagnostic criteria for treatment.
- **Chemical Awareness Program:** A targeted education and intervention program for adults who have experienced negative consequences related to their substance use but who do not meet the diagnostic criteria for treatment.
- *(For a complete listing, see Appendix A)*

At times, the Clinton County Family and Children First Council (FCFC) has functioned as a de facto prevention coalition for the community. While it is not a prevention coalition, and drug prevention is not a specific focus of the FCFC, it has addressed specific drug prevention issues that affect the community agencies that are members of the FCFC. For example, the FCFC has gathered student drug use data using the PRIDE Student Drug Use Survey administered by PreventionFirst!. FCFC has school representation and is interested in the data provided by the survey. Over the last three years, it has taken a leadership role in collecting these data and paying for the survey. As this planning process was ongoing, two new groups serving Blanchester and Sabina have formed and are active in the area of prevention: Wildcat Wellness and Arms of Hope.

In addition to programming offered by Solutions CCRC, the Clinton County Sheriff's office provides the Drug Abuse Resistance Education (DARE) program in two schools in Clinton County. Clinton County Job and Family Services (JFS) offers support to kinship providers, many of whom are providing kinship care as a result of families' drug and alcohol problems.

### ***Prevention Gaps***

Throughout Clinton County there are prevention programs and prevention efforts. However, there are few community-based, environmentally-focused efforts. The county and its communities and villages need to mobilize and to create prevention-focused coalitions or action groups. These action groups could work through a planning process, such as the Strategic Prevention Framework (SPF), to address risk factors in their communities that lead to substance use and abuse. Based on preliminary work done by Prevention Specialists at Solutions CCRC, there are three communities that are positioned to start prevention action groups: Blanchester, Sabina and New Vienna. Starting these action groups in each community, rather than combining them into a countywide coalition, maintains the identity of each community and encourages local people to be involved with their friends, neighbors and other residents. It also allows each group to engage resources and assets that could be used to address the challenges unique to its community. Once these groups have established coalitions, they could join a larger countywide effort. Using this approach increases the capacity of smaller groups as they develop leaders, learn to assess their communities and develop plans that lead to community impact.

A second prevention gap is community support for families and loved ones of those dealing with substance abuse. There are treatment groups and support groups but a year ago, there were no family support groups, such as SOLACE, Celebrating Recovery or Families of Addicts. In the last year, groups from outside Clinton County have approached the county to assist in this area.

Third, there is no coordinated community education about the dangers of opiates and opiate abuse. The county would benefit from a coordinated countywide effort to educate multiple sectors of the community about this issue. For example, a countywide message about parental monitoring, securing and properly disposing of prescription opioids would be beneficial. This could be combined with community education about prescription drug safety, talking to your doctor about prescription opioids and about alternative pain management efforts. Including and educating doctors about the dangers of addiction would create a multi-faceted comprehensive approach to community education about opioids.

In addition to these efforts, there are local, regional, and state policy efforts related to prevention.

1. In Clinton County, there are large employers, including R&L Carriers (transportation), Alkermes (manufacturing) and Air Transport Services Group (service). It would benefit these businesses to implement effective and comprehensive drug-free workplace policies. These policies could address prevention efforts among the workforce and they could assist employees who may be struggling with addiction.
  
  2. There are two prescription drug drop boxes at the Clinton County Sheriff's Office and at the Wilmington Police Department. However, both boxes are located in the city of Wilmington. Since changes in federal law allow pharmacies to become drop locations for prescription drugs, it is important to recruit local pharmacies as drop box locations, especially in outlying communities. Funding needed: \$2500 to purchase additional boxes and to pay for disposal. There are also mail away bags that could assist with this that have been successful in other areas, those efforts are being monitored to see if that could work in our area.
- Medical professionals and Job and Family Services personnel have seen an increase in the number of babies who are being born to opiate addicted mothers. There are policy issues that could be addressed to help expecting mothers receive the treatment they need before giving birth. Screening, Brief Intervention Referral to Treatment (SBIRT) is an approach that has been proven effective when used with this population. Training has been delivered to one agency in recognizing addiction, in questioning the parent and in connecting the mother with treatment staff. With the integration of primary health care and behavioral health care, there is hope this effort will be expanded. The agency's personnel and medical professionals are conversing and creating partnerships.

## Treatment and Recovery in Clinton County

### **Resources**

Residents of Clinton County with substance use disorders have access to a treatment array that offers a continuum of care but there are service gaps. Residents of Clinton County are eligible for subsidized mental health and recovery services through the Mental Health Recovery Services of Warren and Clinton Counties (MHRS). Services supported by this organization are provided at Solutions Community Counseling and Recovery Center and at Talbert House. Both providers see clients who have insurance and Medicaid. At this time, neither provider is reporting waiting lists for assessment or outpatient services. This immediate access to assessment and outpatient allows people who are actively seeking treatment to begin an outpatient program within a week of completing an assessment, if it is an appropriate level of treatment.

The crisis line has recently launched a Heroin Hopeline (877.695.NEED) that features a navigator who helps callers identify treatment options. The navigator also can coordinate treatment with family members. This number is the crisis number for Warren and Clinton Counties. When a non-emergency caller is seeking information about treatment for opioids, s/he is connected with the Heroin Hopeline for care and follow-up. This is a unique partnership between the hotline provider, Mental Health Recovery Services, One City and Crossroads Community Church.

Talbert House and Solutions each offer group and individual care for substance use disorders, including assessment, intensive outpatient, aftercare and standard outpatient services. Assessment is the starting point to access treatment services. It guides clinicians as they determine a client's strengths and the level of care s/he needs.

Intensive outpatient (IOP) services are offered to people who need a higher level of care than standard outpatient services. IOP treatment is offered in a group format, including individual contact with a therapist. The client is required to attend three sessions per week, three hours each session. Sessions are offered at different times to accommodate work schedules. Clients participate in this program six to eight weeks before they transition to after care which is not an intensive program. If a client needs a higher level of care, such as residential or detoxification, the therapist refers him/her to programs outside Clinton County but with an MHRS contractor. Aftercare groups are the next step in recovering with substance use disorders; these groups help people integrate recovery into their daily lives. Standard outpatient group services are designed to engage people

who are early in their disorder and are beginning to experience effects and consequences related to misusing drugs. Group therapy is frequently combined with individual and case management services for all levels of care. Below is a table that presents information about the group services Solutions and Talbert House provide.

Service	How Often	How Long
Intensive Outpatient Groups	Three times each week.	Three hours
Aftercare Groups	One to two times each week.	One to two hours
Standard Outpatient Groups	One time each week.	One to two hours

After a comprehensive assessment, clinicians may refer clients to contracted service providers, sometimes outside the county, for detoxification, residential treatment or medication-assisted treatment. If these providers have a waiting list, clients may begin treatment by participating in outpatient services until the provider has an opening. Detoxification is contracted with providers outside of Clinton County: Nova Behavioral Health (Dayton, Montgomery County) and the Center for Chemical Addictions Treatment (Cincinnati, Hamilton County). Residential treatment is also provided outside of the county. MHRS has contracts with the Women’s Recovery Center (Xenia, Greene County) and with Sojourner (Hamilton, Butler County). Clinton County options for medication-assisted treatment are limited to naltrexone or its injectable form, Vivitrol.

There are two recovery homes in Clinton County. This housing is operated by New Housing Ohio, Clean Acres. The men’s housing is in Cuba, Ohio. It is a seventeen acre farm with a capacity of 10 beds. MHRS shares a facility with the Alcohol, Drug and Mental Health Boards of Clermont and Brown counties. This housing for women is located in Blanchester, Ohio, and has a capacity of six beds. Clean Acres’ housing service model was developed to become sustainable with residents obtaining employment and paying rent.

Throughout the county, there are many opportunities for people who are working to recover from substance use disorders and for people who have been affected by a loved one’s addiction, to participate in self-directed groups. There are recovery groups, such as Narcotics Anonymous, Alcoholics Anonymous and Celebrate Recovery (see the Treatment and Support Group Resource List, Appendix B). There are also groups that focus on family treatment and support. Families of Addicts (FOA) is working to start a Clinton County-based group, as is SOLACE (Surviving Our Loss And Continuing Every Day). Each has local chapters outside of Clinton County. MHRS plans to coordinate these groups through their

respective regional action groups. Both Solutions and Talbert House clinicians include family members as part of a client's treatment; however, this is focused on the client's needs not the families. Families who choose to participate in these groups are offered support and an opportunity to heal.

*(For a complete listing, see Appendix B)*

### ***Service and Treatment Gaps***

The most obvious gaps in substance use disorder treatment in Clinton County are the lack of detoxification and residential treatment services. However, these services are available and accessible to people who complete assessment with either Solutions or Talbert House.

It is unfortunate that jails have become detoxification centers. They are not appropriate environments for people who are experiencing withdrawal. Personnel at the Clinton County Jail are working with treatment providers, Solutions and Talbert House, to provide evaluation and assessment services in the jail. People who have been approved to receive Vivitrol™, a medication-assisted treatment, can receive their first dose prior to being released.

Based on the current demand for detoxification and for residential treatment, it is not feasible to develop detoxification centers, residential treatment or even expand recovery housing within Clinton County. Current funding sustains the outpatient service array. To have residential and detoxification providers in the community, they need to operate at full capacity. At this time, it is financially viable to maintain relationships with providers outside the county to provide these services. MHRS plans to continue its partnerships with service providers, other ADAMH boards and county departments, pooling resources and sharing costs as appropriate. The organization will continue monitoring the demand for locally based services, such as residential treatment and ambulatory detoxification.

Below are some areas for future discussion of adding to the current treatment service array. There have been discussions centered on creating a local residential treatment center; this would take not only a capital investment but also operations. Ambulatory detoxification is a service that is available outside of our area at this time, and that provider is looking at feasibility of a local location.

Looking to the future, Mental Health Recovery Services plans to continue its relationships with out-of-county providers that offer detoxification and residential treatment. Suboxone™ (buprenorphine and naloxone) is not being prescribed in Clinton County. This an area to explore allocating resources to train physicians, to address community objections and to identify funding streams. MHRS will explore adding this service using community providers or by establishing contracts with outside providers. There is new research and information about “detox in a box” which is prescribed comfort medication that one could take home and then experience withdrawal in the comfort of their own home. MHRS will continue researching this approach and discussing it with our local prescribers. It is not technical detoxification and is not medically managed. As a result, there are numerous risks but as a person experiences withdrawal, there are medications that can reduce symptoms, that are not abused and that do not need monitoring. Decisions regarding withdrawal are ultimately for a physician, patient and pharmacist to explore.

Clinton Memorial Hospital is a resource that may be able to provide on-site detoxification, ambulatory detoxification and prescribing of the above-mentioned comfort medications. Future discussion on these topics, in addition to training physicians to recognize and to treat addiction will be held. The costs to create this program are unknown but they will be explored as planning progresses.

Another area to explore is that of QRP, Quick Response Program or Quick Response Team, QRT. Across our region, groups are forming that reach out to individuals that are experiencing overdose. Wilmington PD has been handing out informational packets to those involved with overdose as a way to educate and inform about what options are available. There is room for partnerships between police, Sherriff, EMS, treatment providers and even the mobile crisis team to each “volunteer” time to a project like this. Creating a model like this could be cost neutral, with each entity offering up “in-kind” donation of their staff time. Ideally the program could start out small with an a couple of hours per week, stopping at the homes where Narcan has been administrated to speak with the revived individual or family and friends that are present at the time of the stop. Information on treatment and recovery supports in the community could be shared and there may be an opportunity to connect the individual to a pathway to recovery and treatment. There has been success with similar models in our region, the state of OH and across the nation- it is something to work toward creating.

## Supply Reduction Efforts

Organizations throughout Clinton County are working to reduce the misuse and abuse of prescription and over-the-counter medications by providing community education (articles in the Wilmington News Journal), by sponsoring medication take-back events and by promoting permanently located drug disposal boxes. At the county fair, employer-sponsored health fairs, college events, school events and other community gatherings, Solutions Community Counseling and Recovery Services distributes literature regarding the proper use, misuse and the abuse of prescription and over-the-counter medications. This literature also includes information about safe storage and disposal of prescription and over-the-counter drugs. Solutions also discusses these topics in its targeted education and intervention programs which are offered to consumers and in its universal and selected prevention programs for middle school and high school students.

Since April 2011, Clinton County has participated in the Federal Drug Enforcement Agency's Medication Take Back events. A committee comprising representatives of law enforcement, community agencies and citizens plan the events. The first event, held at the Clinton County Fairgrounds, collected 41 pounds of pills.



With the support of the Clinton County Sheriff's Office and the police departments in Wilmington, Sabina, New Vienna and Blanchester, events have been held each spring and fall at the Foster J. Boyd M.D. Cancer Center in Wilmington, at the IGA Market and Town Pharmacy in Sabina, and at the Municipal Building in Blanchester. These events are publicized in the Wilmington News Journal and are advertised throughout the county with

flyers posted at the drive up windows and pick up counters in pharmacies, libraries, senior centers, on community bulletin boards and websites, and distributed using email lists.



Take Back events are popular with senior citizens, many of whom have lost loved ones and are grateful to safely dispose of medications they do not need. These events typically collect 50 pounds of medications. The Wilmington Police Department registers these events on the DEA website and it delivers the medications to the DEA for destruction.

In 2012, the Clinton County Sheriff's Office received a permanent drug disposal box from the State Attorney General's office. This disposal box is in the vestibule of the Sheriff's Office which allows continual community access. Each week, the community drops off approximately 25 pounds of medications. As a result of this success, there is a second permanent disposal box in the lobby of the Wilmington Municipal Building which is monitored by the Wilmington Police Department. Medications collected in the permanent disposal boxes are logged by law enforcement officers, stored in secure areas then sent to the DEA with the medications collected at the Take Back events. The Supply Reduction Committee is determining the feasibility of locating one secure permanent disposal box in each community, perhaps at local pharmacies.

Engaging the medical community in supply reduction efforts is challenging. The media have raised public awareness of the connection between the use and the abuse of opioid pain medications and the heroin epidemic. Local prescribers and healthcare providers are reluctant to admit that the opiate problem exists in the county, not just in urban areas or distant communities. Additional regulations and stricter compliance guidelines at the

state level require prescribers to use OARRS to determine whether patients are engaging in doctor shopping or whether they are using multiple pharmacies to obtain opioid medications. Educating prescribers about the risks of addiction to opioid medications and about alternative treatments that can be used to manage chronic pain is difficult locally. A more effective method of reaching them may be to work through the State of Ohio Board of Pharmacy and through professional licensing organizations to require and to provide trainings with Continuing Medical Education in formats that include online courses

Local leadership and advocacy to implement policy changes are also important to reduce the supply of opioid medication that is connected to the heroin epidemic.

## Harm Reduction Efforts

The Harm Reduction Committee is planning ways to engage the community, law enforcement and healthcare providers. No evidence-based harm reduction interventions exist in Clinton County. As a result, this work may take the most time, requiring significant community building and collaboration to plan and implement a service delivery system. This committee has chosen to focus on the four items listed below. Many people see harm reduction as enabling people who are addicted to opioids and heroin; however, each intervention in the committee's plan is an evidenced based practice customized for the Clinton County community. Challenges in implementing these interventions include: the stigma of drug addiction and the attitude that harm reduction is enabling. Educating people about harm reduction is the greatest need.

### 1. Physician Education

The committee plans to develop presentations for Clinton County physicians as in-service training and to support the costs associated with developing online continuing educational programming. Physicians would receive training on opiate prescribing, alternative protocols to manage pain and on supporting patients who are struggling with addiction. The committee has contacted Generation RX staff to engage a speaker. Other ideas regarding education opportunities includes the cost of the sessions and of arranging for continuing education units. There are online modules addressing these topics. The committee will investigate prepaying access fees for prescribers. The tentative plan is to host face-to-face training and to communicate information about online continuing education during that session. MHRS discovered two websites that may be used after they are investigated: [//pcss-o.org](http://pcss-o.org) and [//pcssmat.org](http://pcssmat.org), in addition to state-level resources.

### 2. Syringe Exchange

Harm Reduction is exploring syringe exchange and prevention and wellness testing using a mobile unit. One of the committee members is an enthusiastic individual who is trying to create a grass roots movement that will result in a program. MHRS plans to explore contracting with him to work on changing attitudes among the elected officials in Clinton County. The goal of this work is to create home state rule in Clinton County that would accommodate syringe exchange. To accomplish this goal, the community would have to accept a home state law that decriminalizes possessing paraphernalia associated

with intravenous drug use. This must be initiated by the sheriff who may be convinced through advocacy efforts of others, such as the health commissioner, the county commissioners, chiefs of police of the municipal areas and citizens. Changing the culture of a rural community is a long-term effort but employing a well-known person with strong community ties may start the dialogue. Contracting with this person could cost \$10,000 to \$20,000 annually. Working with a contractor who would develop a plan and a campaign to increase awareness and to educate decision makers and stakeholders in Clinton County could lead to a countywide system similar to the programs implemented in Hamilton and Butler counties. This effort is estimated to cost between \$40,000 and \$100,000, including a van, supplies and operations. To bring a program from Cincinnati one afternoon per week would cost approximately \$50,000. The Mental Health and Addiction Advocacy Coalition has advocacy experience at the state and local level, which will be enlisted for this effort.

### **3. Naloxone Distribution and Education**

MHRS plans to continue supporting agencies that are distributing naloxone and to partner with the health department to subsidize the cost of replenishing naloxone supplies needed by the fire and emergency medical services (EMS) departments. The Clinton County Health District was given naloxone kits for first responders. Law enforcement is resistant to carrying naloxone, stating that EMS and fire departments carry it so they do not see a need.

The Health District has been helping supply the EMS and fire departments but their allotment from the state was a small amount, the need is greater. In partnership with Ohio Department of Health, MHRS will look at future ways to fund additional Naloxone. Carol Baden of the Attorney General's Office has opened a dialogue about carrying naloxone with law enforcement. In March, the planning group hosted a luncheon for area chiefs of police and for deputies of the Sheriff's office. Representatives discussed this planning process; how the departments could be involved and how MHRS could assist them.

### **4. Cruiser Cards & Information Packets**

At the above mentioned luncheon, the participants looked at packets being used in Clermont County and in Colerain Township. Some departments have begun working with those groups to acquire resource materials. The group discussed

creating a Clinton County Resource Guide and how to effectively distribute it. MHRS contracts with Solutions to provide mental health mobile crisis outreach. The planning group discussed ways it could support the distribution of information the day after an overdose response by police, EMS or fire. The planning group would need to develop a protocol to alert the mobile crisis team which would follow up with information and assistance. The costs of this would be included in MHRS contract for the mobile crisis unit plus additional printing costs. This is something that development of a QRP team could continue developing.

These interventions could be put into action quickly. Funding is minimal, the planning is complete but implementation has not started.

## The Community Planning Process

In 2015, Interact for Health notified MHRS it had been awarded a planning grant to identify ways to affect the opioid epidemic in Clinton County. MHRS assembled a team of interested individuals from the county. There was a lot of energy towards the project and people wanted to act. Many times MHRS discussed the importance of creating a plan based on needs assessment data and community input. Some individuals left the group but resurfaced throughout the process. MHRS tried to keep the core group engaged with email updates and meeting schedulers like doodle poll.

Over the year, most planning occurred during multidimensional meetings. MHRS and Solutions convened focus groups, sent out surveys and collected data from the health department and treatment agencies.

Early in the process, group members worked with the Mayor of Wilmington for a declaration against the opioid epidemic and informed the county commissioners about the group's process, asking whether there was anything to add. During a discussion about the plan with House Speaker Cliff Rosenberger, he offered his office's support on this initiative. Congressman Steven Stivers has also been informed of the planning process. Once the plan is complete, we will send a copy to their offices and look forward to working with each of those entities as we present the plan to the community and begin implementation.

The group has also worked with the Attorney General's office. In particular, Carol Baden, who helped to assemble a town hall meeting in Wilmington, early in 2016. The event drew more than 100 people who listened to seventeen speakers as they talked about the opioid problem and about community efforts and progress. The planning group will convene regional action meetings in four communities: Blanchester, Sabina, Wilmington and New Vienna. During these meetings, the plan will be presented and people will be recruited to work implementing the identified needs and priorities

It has been a good year of processing, planning and creating this document. The HELP Clinton County is excited to help the community grow and move toward implementation. It is looking forward to working with Interact for Health as we build a healthier community in Clinton County by reducing the impact of the opioid epidemic.

## HELP Clinton County Call to Action & Plan

Health Education, Leadership and Prevention Clinton County has written this plan for public consumption, discussion and to enlist the community's help in action.

HELP Clinton County developed the following action steps to bring its plan to fruition.

### **Prevention:**

Regional groups are forming; HELP Clinton County supports those efforts. One next step is to look for sustainability funding for those groups. It is also the mission of HELP Clinton County to operate as a clearinghouse, coordinating efforts and communications between those groups. In the future, HELP will fund a staff person to maintain and develop coalition efforts. Advocacy of other health and wellness topics will be included in this group as the community heals.

### **Harm Reduction:**

There are no naloxone distribution programs in the area. However, local medical treatment centers, addiction treatment centers and the local health department are discussing creating such a program. HELP Clinton County is involved with that effort and will look for ways to fund a distribution program, the cost of medications and the program's operations. This type of program could advocate harm reduction approaches, such as infectious disease testing and screening, health education for high-risk individuals, and other evidenced based projects.

### **Treatment:**

Engage those involved in the treatment community to further support the idea of Recovery Oriented System of Care (ROSC). There are gaps in treatment and HELP will continue to look at ways to bridge those. QRP is something to look at creating in the near future.

### **Supply Reduction:**

Work with law enforcement to support interdiction efforts, support ways of eliminating excess medications (drop boxes and other forms of disposal), and education to the community on these efforts. Reinforce the message "if you see something, say something" because as community members, we can aid law enforcement when it comes to reducing the supply of drugs.

Please contact the MHRS office at (513) 695-1695 for more ways to get involved and the staff there will work to connect you to HELP CC. The website is [www.mhrsonline.org](http://www.mhrsonline.org).

**Prevention Resources**

Prevention Programs Offered by Solutions CCRC	Description	Target Audience	Schedule/Location	Contact
Incredible Years Family Life Program	9-week program; 2 hour sessions; focuses on understanding social-emotional development, positive discipline, learning through play, communication & problem solving skills	Parents of children ages 3-8	Offered at various locations in Warren County throughout the year; open to CC families	Charles Hartman OCPSII, Solutions CCRC 513-228-7800 chatman@solutionsccrc.org
Early Childhood Mental Health Consultation	Consultation to Head Start centers and other community daycare facilities to identify issues and connect families to needed services and support; consultation to help teachers manage classroom issues	Head Start/Early Head Start programs; children community daycare or preschools, K	By appointment	Sallye Hale and Tiesha Widmer Solutions CCRC 937-383-4441 hales@solutionsccrc.org twidmer@solutionsccrc.org
Botvin Life Skills Training Program	Evidence-based program offered in schools for Gr 3-12; focuses on building positive self-esteem, developing decision making, communication, conflict resolution and refusal skills, understanding effects of alcohol, tobacco and other drugs and social influences on decision making (advertising, media, peers)	Available to all Clinton County districts; offered to students in Gr 3-12- Universal consumers (whole class groups) or Selected consumers (small groups)	Schedule is worked out in conjunction with school needs Program is 30-60 minutes one time a week for 8-10 weeks as appropriate for age/developmental level and developer's recommendation	Barbara Adams Marin, Prevention Program Supervisor, Solutions CCRC <a href="mailto:bmarin@solutionsccrc.org">bmarin@solutionsccrc.org</a> 937-383-4441 x116
Voices Program	Evidence-based program for middle and high school girls to promote positive self-image and strengthen decision making skills	Available to all Clinton County districts; Middle and High school girls; offered to Universal consumers (whole class groups) or Selected consumers (small groups)	Schedule is worked out in conjunction with school needs Program is 60 min/1x per week for 10-12 weeks as appropriate for age/developmental level and developer's recommendation	Barbara Adams Marin, Prevention Program Supervisor, Solutions CCRC <a href="mailto:bmarin@solutionsccrc.org">bmarin@solutionsccrc.org</a> 937-383-4441 x116

Prevention Programs Offered by Solutions CCRC	Description	Target Audience	Schedule/Location	Contact
Various Evidence Based Programs provide in school settings/summer programs	SS Grin, Learning to Beat Anxiety, Teen Conflict Management, Signs of Suicide, etc. that develop social-emotional skills, strengthen decision making & communication skills, and build resiliency to reduce the likelihood of substance use	Available to all Clinton County districts; Students in grades K-12	By request	Barbara Adams Marin, Prevention Program Supervisor, Solutions CCRC <a href="mailto:bmartin@solutionsccrc.org">bmartin@solutionsccrc.org</a> 937-383-4441 x116
Early Intervention Program	A targeted education and intervention program for adolescents who have experienced negative consequences related to substance use, but who do not meet diagnostic criteria for treatment; can be referred by school or courts	Indicated consumers; Adolescents (under age 18 or still in high school) referred to EIP after assessment	8- hour program; four weekly 2hr sessions; offered in Clinton County 3-4 times annually at the Wilmington location; CC residents can also attend program in Warren County	Barbara Adams Marin, Prevention Program Supervisor, Solutions CCRC <a href="mailto:bmartin@solutionsccrc.org">bmartin@solutionsccrc.org</a> 937-383-4441 x116
Chemical Awareness Program	A targeted education and intervention program for adults who have experienced negative consequences related to substance use, but who do not meet diagnostic criteria for treatment; can be referred by employers or courts	Indicated consumers; Adults referred to CAP after assessment	12- hour program; four weekly 3 hr sessions; offered in Clinton County 3-4 times annually at the Wilmington location; CC residents can also attend program in Warren County	Barbara Adams Marin, Prevention Program Supervisor, Solutions CCRC <a href="mailto:bmartin@solutionsccrc.org">bmartin@solutionsccrc.org</a> 937-383-4441 x116
Corrective Thinking	Program offered as part of substance abuse treatment; addresses “thinking errors” and uses CBT strategies to change negative thoughts/behavior	Clients in SUD programs at Solutions CCRC	Weekly sessions as part of SUD treatment programs	Michelle Box, Outpatient Director Solutions CCRC 513-228-7800 <a href="mailto:mbox@solutionsccrc.org">mbox@solutionsccrc.org</a>
Narcan(naloxone) Education	Education about the use of Narcan to prevent overdose from opioid drugs	Clients and family members at Solutions CCRC	TBD	Michelle Box, Outpatient Director Solutions CCRC 513-228-7800 <a href="mailto:mbox@solutionsccrc.org">mbox@solutionsccrc.org</a>
Youth Leadership Development	Staff work with students to develop positive peer leaders/student mentors through activities such as Teen Institute, PRIDE groups, Club Hero ; seek to promote positive and health choices and develop leadership skills	Middle and High School Students	By request; Varies depending on school schedules	Barbara Adams Marin, Prevention Program Supervisor, Solutions CCRC, 937-383-4441 x116 <a href="mailto:bmartin@solutionsccrc.org">bmartin@solutionsccrc.org</a>

**Treatment, Service and Support Resources**

Treatment Resources	Description	Schedule/Location	Contact
Heroin Hopeline	Hotline	Available 24/7 everyday	1.877.695.NEED (6333)
Solutions Community Counseling & Recovery Center	Provides counseling and recovery service array.	953 S. South Street, Wilmington, OH 45177	937.383.4441
Talbert House	Provides counseling and recovery service array.	232 N. South Street, Wilmington, OH 45177	513.281.2273, Text "Talbert" to 839863, <a href="http://www.talberthouse.org">www.talberthouse.org</a>
Transformative Wellness, LLC	Provides counseling and recovery service array.	815 S. South Street, Wilmington, OH 45177	855.553.WELL, <a href="http://www.transformative-wellness.com">www.transformative-wellness.com</a>
Kennedy Consulting	Provides counseling and recovery service array.	1550 W. Main Street, Wilmington, OH 45177	937.383.3565, <a href="http://www.psyd.org">www.psyd.org</a>
Wilmington Counseling Associates	Provides counseling and recovery service array.	61 E. Main Street, Wilmington, OH 45177	937.383.2282
Student Counseling Services Department	Mental health counseling services are provided to Wilmington College students currently enrolled.	Wilmington College Campus	Director of Counseling Services, <a href="mailto:mary_barber@wilmington.edu">mary_barber@wilmington.edu</a>
Student Counseling Services Department	Personal counseling services are provided to current students and their families.	Southern State Community College	800.628.7722 X2713, <a href="mailto:tpayton@sccc.edu">tpayton@sccc.edu</a>
Sojourner, LLC	Counseling and recovery services.	Hamilton, OH	Solutions, Talbert House or Transformative Wellness for a referral.
Chemical Addictions Treatment	Counseling and recovery services.	Cincinnati, OH	Solutions, Talbert House or Transformative Wellness for a referral.
NOVA Behavioral Healthcare	Counseling and recovery services.	Dayton, OH	Solutions, Talbert House or Transformative Wellness for a referral.
Women's Recovery Center	Counseling and recovery services.	Xenia, OH	Solutions, Talbert House or Transformative Wellness for a referral.
Lindner Center of HOPE	Counseling and recovery services.	4075 Old Western Row Road, Mason, OH	Solutions, Talbert House or Transformative Wellness for a referral.



Support Resources	Description	Schedule/Location	Contact
Alcoholics Anonymous (AA), con't	Support group for people in recovery from alcohol. Open meetings	Middletown, Ohio District 11 Answering Service Cincinnati Intergroup Office, Cincinnati, Ohio	<a href="http://www.add11a56.org">www.add11a56.org</a> 24-hour hotline: 513.351.0422 <a href="http://www.aacincinnati.org">www.aacincinnati.org</a>
SMART Recovery (Self- Management and Recovery Training)		Chillicothe, Ohio, Appalachian Ohio Intergroup Office 815 S. South Street, Wilmington, OH 45177 Monday 4-6PM	<a href="http://www.aolio.org">www.aolio.org</a> 855.553.WELL
Celebrate Recovery		Wilmington Church of Christ Tuesday 7PM	Beth Puckett, 937.763.2642



H.E.L.P. Clinton County  
Opioid Drug Plan  
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For more information or to get involved,  
please contact MHRS at  
**(513) 695-1695** or **[www.mhrsonline.org](http://www.mhrsonline.org)**