Coalition for a Drug-Free Brown County

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Executive Summary

Brown County, as many other counties in Ohio and across the nation, has seen double and triple-digit increases in opioid overdose, heroin overdose and in the numbers of deaths related to these substances. It has experienced increased expenses related to this epidemic with costs to its justice system, social service agencies and child-serving agencies climbing. Although these systems and agencies have worked to keep pace, they have become overburdened and understaffed as they attempt to meet the needs of children, adults and families who have been affected by opioid abuse, addiction, overdose and too frequently, death.

To address these problems, the Brown County Mental Health and Addiction Services Board and Talbert House received an Interact for Health, Planning Grant, to collaboratively mobilize community resources and to develop a plan that addresses the community challenges presented by opioid and heroin addiction and overdose. As of the completion of this plan, the group meets on the first Monday of each month at the Southern Hills Career and Technical Center at 5:00PM.

The Coalition for a Drug-Free Brown County's mission is to develop and maintain coordinated substance abuse prevention and resources for the citizens of Brown County, particularly the youth of this county. The Coalition seeks to reduce the risk and harm that occurs with substance abuse and to promote healthy, safe, and drug-free lifestyles among youth and families in our county. Coalition participants developed the following goals to guide their work.

1. Decrease the availability of illicit drugs in Brown County.
2. Reduce deaths and new cases of infectious diseases associated with drug use.
3. Increase funds to support prevention efforts.
4. Increase access to addiction treatment.
5. Expand health care, treatment, and after care opportunities for people who are addicted.
6. Provide drug education to county residents.
7. Increase youth prevention programs throughout the county.
8. Develop and implement community-based initiatives that promote healthy behaviors and that support successful recovery.

Background

Brown County is located in southwestern Ohio on the western edge of Appalachian Ohio. The Appalachian Regional Commission rates it as a transitional county. Much of its area is cultivated farmland, pastures and forest. The county has one east-west four-lane highway in its northern quadrant and three two-lane state routes: two north-south routes and one east-west route located along its southern border of the Ohio River. Brown County is part of the Cincinnati, OH-KY-IN Metropolitan Statistical Area. Georgetown is the county seat and it is the largest village with an estimated population of 4,447. Other villages are: Aberdeen, Fayetteville, Hamersville, Higginsport, Mount Orab, Ripley, Russellville, Sardinia. There are sixteen townships: Byrd, Clark, Eagle, Franklin, Green, Huntington, Jackson, Jefferson, Lewis, Perry, Pike, Pleasant, Scott, Sterling, Union and Washington.

Of particular interest in Brown County are the historical homes of John Parker and John Rankin, both abolitionists and Underground Railroad conductors. Their homes and churches are located in Ripley, a prominent hub of the Underground Railroad. The boyhood home of Ulysses S. Grant, the eighteenth US president, rests in southern Brown County.

Throughout the county, there are five school districts: Eastern Local (1,258 students), Fayetteville-Perry (869 students), Georgetown Exempted Village (1,008 students), Ripley-Union-Lewis-Huntington (906 students) and Western Brown (3,019). These districts educate 7,060 students. Ripley-Union-Lewis-Huntington (RULH) has the highest percentage of students with disabilities, 17.1%, and the highest percentage of students who are economically disadvantaged, 63.3%. Fayetteville-Perry has the lowest percentage of economically disadvantaged students, 42.8% and Georgetown has the lowest percentage of students with disabilities, 11%. (Ohio Department of Education, 2016)

Like many rural areas, there is no public transportation in Brown County, resulting in the geographic isolation of many households. Nearly 6% of households in the county have no motor vehicle, although this is a lower rate than Ohio and the nation, it is not an indication there is less hardship. Many who live in urban areas do not own cars because they have ready access to public transportation and in urban areas amenities are within walking distance. Brown County is a rural area where having a car is a necessity because there is not public transportation. Without a car, people cannot participate in community, recreational or cultural activities. Many must rely on friends or family members to transport them to the grocery store, appointments or to their child's school for meetings. Most of the households without transportation are located in the central portion of the county from Sardinia south to the Ohio river. There is a second large area in the southeastern corner of the county including Russellville and areas east which border Adams County and south to the Ohio River. (Missouri, 2016) This lack of transportation is a barrier to employment and to community engagement. It exacerbates people's geographic isolation, depriving families of recreational and cultural activities.

Brown County is a Health Professional Shortage Area (HPSA), indicating a shortage of primary care physicians, dentists and mental health professionals. The ratios of these professionals to the population are three to seven times worse than in the entire state of Ohio (please see the following table for details). There are three federally qualified health centers (FQHC) in the county.

According to the County Health Rankings by the Robert Wood Johnson Foundation, Brown County ranks 69th of Ohio's 88 counties in health outcomes and 82nd of the 88 counties in premature death. Since Brown County has the highest rate of unintentional drug overdose deaths in Ohio, one would expect that it would rank poorly in health outcomes related to premature death. Health Outcomes include these factors: smoking, obesity, food environment, physical inactivity, exercise opportunities, drinking, alcohol-impaired driving deaths, sexually-transmitted infections and teen births. (University of Wisconsin, Population Health Institute, 2016)

Characteristic	Brown County		Ohio	
	Number	Percent	Number	Percent
Total Population	43,839	100	11,560,380	100
Race				
White	43,352	97.5	9,549,343	82.6
African-American	438	1	1,407,493	12.2
All Other	674	1.5	329,518	2.8
Age				
Less than 18 years	10,706	24.1	2,673,661	23.2
18 – 24 years	3,482	7.8	1,105,608	9.6
25 – 44 years	10,704	24.1	2,876,983	24.9
45 – 64 years	12,731	28.6	3,199,529	27.7
65+ years	6,841	15.4	1,704,599	14.7
Educational Attainment				
Number Aged 25+	30,229	100	7,781,111	100
No High School Diploma	5,605	18.5	869,789	11.2
High School Graduate	14,251	47.1	2,682,032	34.5
Some College, No Degree	4,960	16.4	1,607,698	20.7
Associate Degree	2,081	6.9	627,729	8.1
Bachelor's Degree	2,161	7.1	1,252,463	16.1
Master's Degree or Higher	1,171	3.9	741,400	9.5
Teen Births				
Rate per 1,000 Females, Aged 15-19	54	36.8	9,474	25.1
Income, Poverty, Assistance				
Population in Poverty	6,327	14.5	1,790,564	15.9

Characteristic	Brown County		Ohio	
	Number	Percent	Number	Percent
Families in Poverty	1,410	11.6	344,294	11.7
Families receiving assistance or TANF*	528	3.2	152,185	3.3
Households receiving SNAP Benefits*	2,528	15.2	683,427	14.9
Population receiving Medicaid*	8,491	22.1	1,965,699	19.4
Uninsured Adults*	3,323	12.6	1,237,272	10.9
Uninsured Children*	626	5.9	136,905	5.0
Unemployment (11/30/16)		4.9		4.4
Median Income	$44,899		$48,849	
Health Professionals				
Ratio of Population to Primary Care Physicians**		3,400:1		1,300:1
Ratio of Population to Mental Health Providers**		1,840:1		640:1
Ratio of Population to Dentists **		7,350:1		1,710:1

* (Missouri, 2016) Note: Community Commons total population of Brown County is 44,464 and is based on US Census Bureau American Community Survey 2010-2014, 5-year estimates.
** (University of Wisconsin, Population Health Institute, 2016)

As seen in the chart above (Office of Research, 2015), Brown County is home to 43,839 people. The demographic characteristics of the county are comparable to those of the State of Ohio. Notable differences include educational attainment, people receiving SNAP and Medicaid benefits, the lack of health professionals, and the numbers of uninsured adults.

Although more people over 25 years old have graduated from high school than in the state, 47% versus 35%, those attending and completing college degree programs lag significantly. In Ohio, nearly 34% of adults have been awarded an Associate or higher degree while in Brown County, only 20% have reached that level of education.

The effects of this lack of educational attainment can be seen in the numbers of working poor in the county who disproportionally access SNAP and Medicaid benefits and have lower median household incomes. The percentage of households that receive SNAP and Medicaid benefits in Brown County are 15% and 22%, respectively. In Ohio, the percentages of households are similar in both categories: nearly 15% receive SNAP benefits and 19% receive Medicaid. There are also more uninsured children and adults in Brown County than in Ohio. More than 12% of adults and nearly 6% of children are uninsured in the county versus nearly 11% of adults and 5% of children in the entire state.

Brown County's teen birth rate is much higher than the state's and the nation's. According to the census data, the teen birth rate of Brown County was 36.8 births per 1,000 females aged 15 to 19. This is nearly 47% higher than the teen birth rates of Ohio (25.1) and the nation (24.2). High teen birth rates negatively impact communities, pushing down median household incomes and educational attainment rates while increasing poverty, unemployment and the use of government assistance. In Brown County, 39% of families that have incomes below the

poverty level are female householders with no husband present and related children; in the state, these families are 6% of all families living below the poverty level.

Single-parent families in which the parent lacks education, employment experience and sufficient income to adequately provide for children, result in children who are more likely to have developmental delays and poor academic skills which may impact their abilities to complete school and ultimately make positive lifestyle decisions. Many studies have shown that children raised in poverty do not develop adequate vocabularies, social competencies and reading skills that lead to kindergarten readiness and academic success. The children of teenage mothers are more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult (Reproductive Health: Teen Pregnancy, 2016). These children's problems also lead to higher societal costs, such as increased health and mental health costs, the costs associated with crime, arrest and incarceration, and the costs to society as it provides for people who are not adequately employed, supporting them with housing, health care and government assistance.

Brown County Community Efforts & Attitudes

Over the past year, Brown County Board of Mental Health and Addiction Services (BCMHAS) has worked with Talbert House prevention personnel based in Brown County to develop a community-based coalition that focuses on preventing and decreasing opioid and other drug use. The work of personnel, community members and leaders has been successful and meetings are well-attended. People readily participate in events and they are advocates of the Coalition's efforts.

The BCMHAS Board's mission is to plan, fund and evaluate mental health/substance abuse services. To accomplish this mission, it uses local evaluation and community input to assess community needs, to set priorities and to determine the types of services, programs, and facilities that will provide an integrated continuum of care for Brown County. This information helps the Board develop a community-based system of care that provides the public cost effective, culturally competent mental health and addiction services. This system of care unites local service providers, local programming and services, and federal, state and local funding, with grants, and partnerships to support a comprehensive continuum of care. The Board also works to attract grant funds and to develop partnerships among community stakeholders. Finally, it evaluates the effectiveness of community-based programming and services by comparing outcomes data to expected results, using these data to drive changes in practices, programs and services.

The mission of Talbert House is to improve social behavior and enhance personal recovery by helping individuals reintegrate back to their community, family, employer, or school. Talbert House helps children, adults, and families in Greater Cincinnati through its programming in community corrections, mental health, substance use, and welfare to work.

Although most citizens in the county are aware of the opiate epidemic in Ohio and in Brown County, they are not confronted with it directly. However, as they see the problem occur with friends or relatives, in their schools or faith communities or in their own families, the epidemic becomes very real. As people's awareness increased, some realized they had to take action and they had to be part of the solution. Once the Coalition for a Drug-Free Brown County formed and agreed to work together on this problem, the group separated into four committees: prevention, harm reduction, supply reduction and treatment. Committee members represent law enforcement, juvenile justice, faith communities, schools, mental health and addiction professionals, county government and community members whose lives have been affected by people's drug use or who work in professions that can have an impact on the problem.

The Coalition for a Drug-Free Brown County's mission is to develop and maintain coordinated substance abuse prevention and resources for the citizens of Brown County, particularly the youth of this county. The Coalition seeks to reduce the risk and harm that occurs with substance abuse and to promote healthy, safe, and drug-free lifestyles among youth and families in our county.

Coalition Goals

- Decrease the availability of illicit drugs in Brown County.
- Reduce deaths and new cases of infectious diseases associated with drug use.
- Increase funds to support prevention efforts.
- Increase access to addiction treatment.
- Expand health care, treatment, and after care opportunities for people who are addicted.
- Provide drug education to county residents.
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Professionals who work in mental health and addiction understand that numerous groups, such as OhioMHAS (Ohio Mental Health and Addiction Services), the Attorney General's Office, Interact for Health, Ohio Department of Health, local Health Departments, federal and state legislators and local governments are trying to fund, legislate or create programs that will reduce opiate overdoses, abuse and availability. However, they, and many in the community, feel there is little coordination among these groups, resulting in fragmented efforts that are sometimes duplicated when organizations, funders and agencies do not communicate effectively.

With the state's effort to provide a continuum of care for people with mental health and addiction problems, ADAMHS Boards' funds flowing from the state to services are frequently restrictive and not matched to a county's specific needs. What one county needs, such as detox or family-based services, may be radically different than another county's needs which may be additional treatment access or recovery housing. By restricting funds and by assuming all counties' needs are the same, the state is preempting each Board's effort to assess, plan, implement and evaluate the service array and programming that will meet the needs of its communities and constituents. The consequence of this is that counties are forced to use funding for services, programs and supports that may not be a priority in their county, leaving them unable to fund what is needed in their counties. For example, Brown County is required by statute to provide ambulatory detox within its service area; however, no clients have requested this service. Despite the lack of need, the Board must create a setting that can administer this service.

Citizens, law enforcement and emergency services personnel are frustrated with providing Narcan to revive people who are overdosing and then having those patients choose not to be transported to the hospital. In this situation, their lives have been saved but because they choose not to be taken to the hospital, there is no referral for treatment or other services. First responders frequently are called to the same residence or they are called to revive a person multiple times. This results in: first, a person who never accesses the treatment s/he needs; second, first responders who begin to lose empathy and compassion for addicted people and finally, it increases costs to the county for the time of the first responders and for the drug that

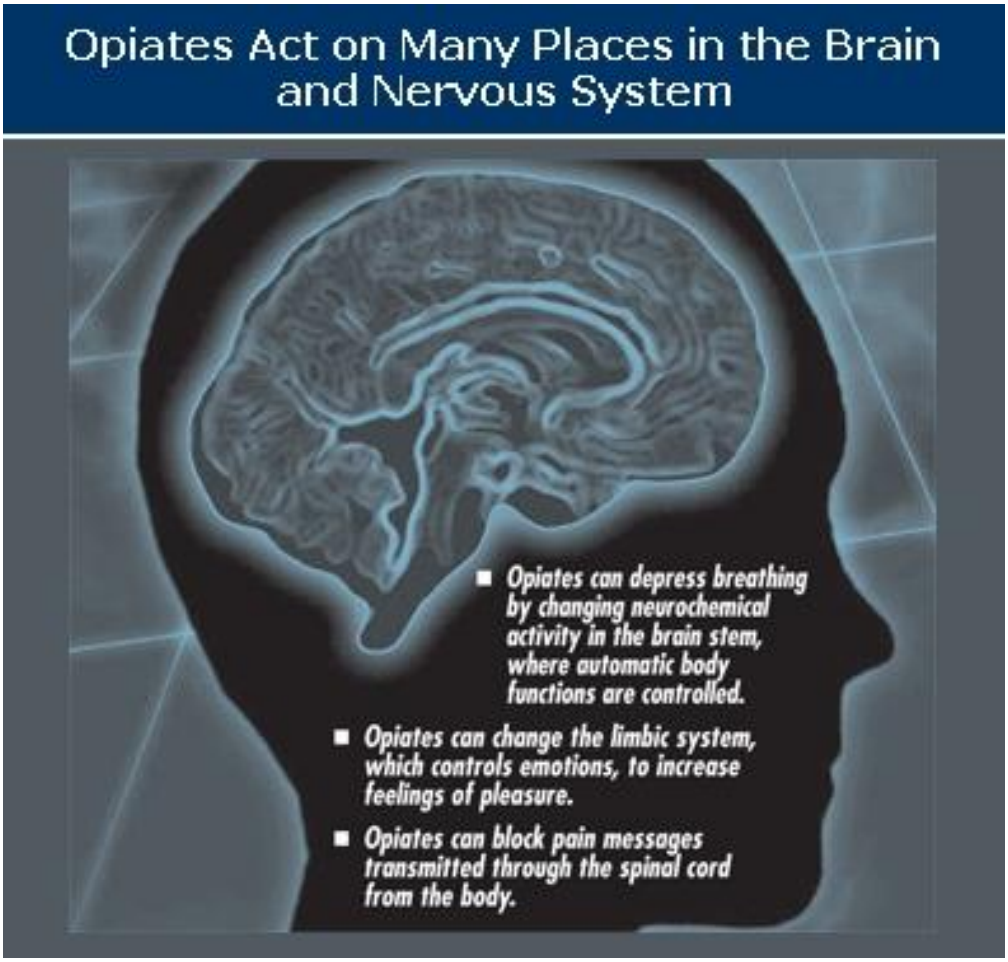
is used to revive the person addicted. In response to this challenge, the coalition has decided it will support forming a quick response team to visit the revived person to educate him/her and the family about treatment options and other community-based services.

The quick response model is being used successfully in Cincinnati, Ohio, by the Colerain Township Public Safety Council which includes law enforcement and first responders. It was developed in response to overdose victims not receiving any services after they were revived with Narcan. As a result, the township developed an intervention that provides follow-up after survived overdose incidents with the goal of engaging the victim and the family in treatment services. This intervention includes the following components.

- Police or medics and licensed counselors follow-up incidents of survived overdose within three to five days after the overdose incident.
- Short and long-term support is offered to victims and families.
- A fatal review panel examines any deaths of people served who do not survive.

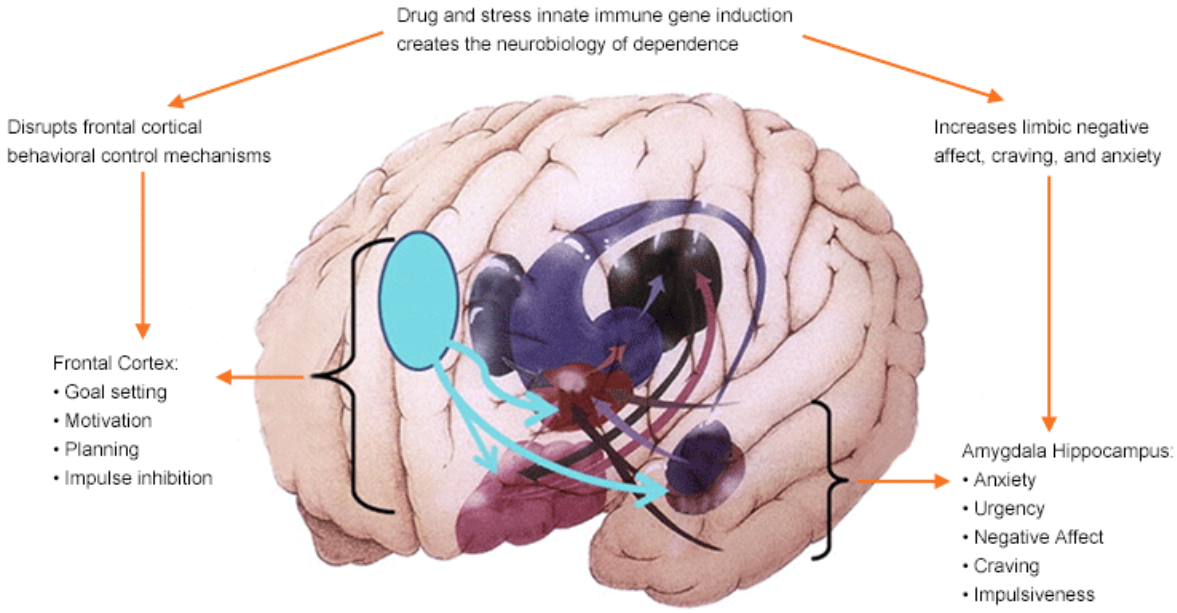
How Opioids Cause Dependence

Opioids are a class of drugs that includes heroin and painkillers, such as hydrocodone, codeine, morphine, fentanyl and carfentanyl. 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. People who use opioids to manage chronic pain on a long-term basis, even as prescribed, will develop an addiction to these drugs.



Above is an illustration that shows the effects of opiates on the brain and the nervous system. The following graphic is a more detailed presentation of the effects of opioids on the brain.

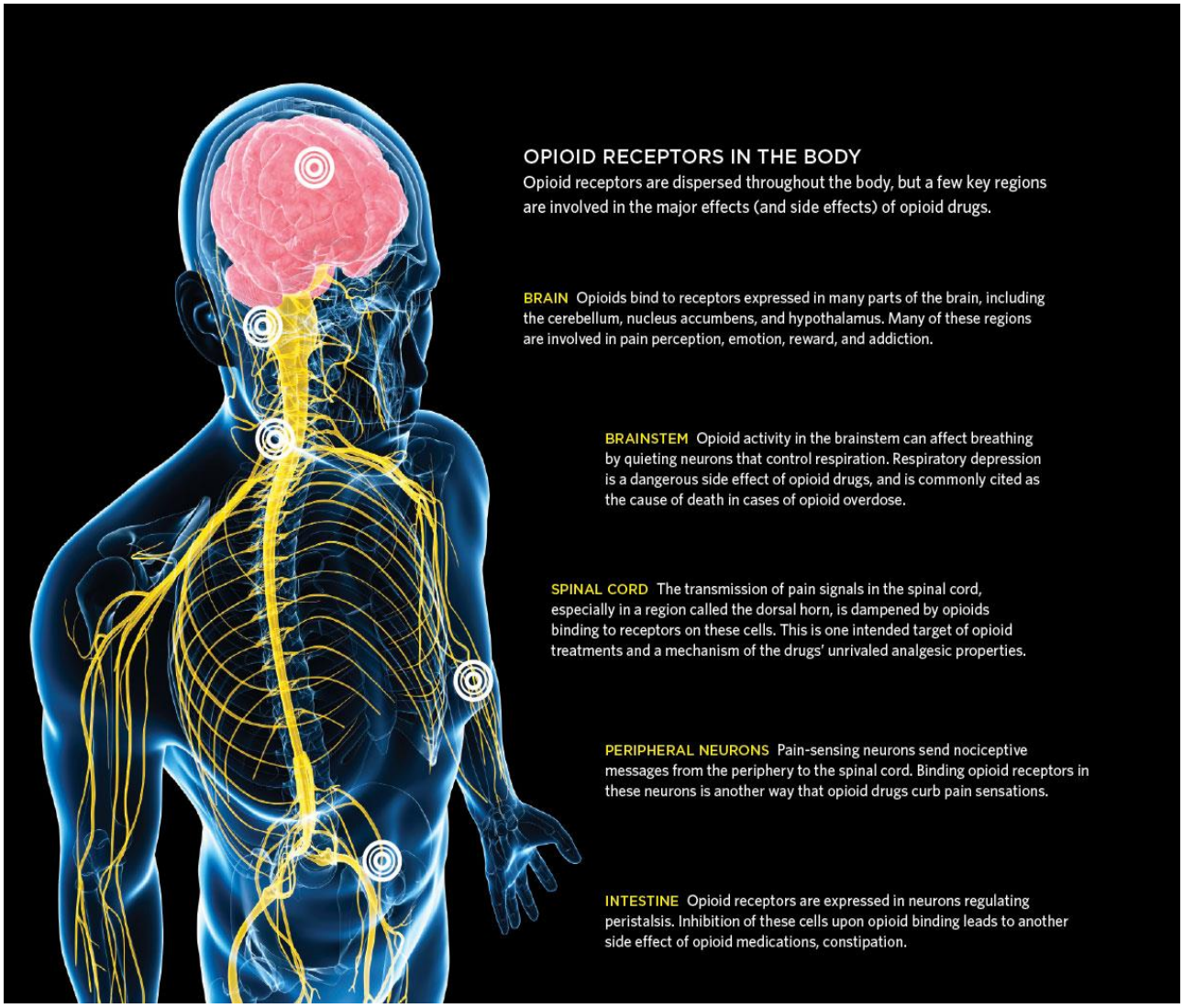
Opioids usurp brain circuitry and compromise dopaminergic reward pathway[4]



Adapted with permission from Crews et al.

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, Opioids, 2015)

The illustration on the next page explains where the opioid receptors are throughout the human body and how these areas are affected by these drugs. As seen, these drugs have impacts on peripheral neurons, the spinal cord and the intestines, not only blocking pain but also affecting peristalsis in the body.



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 in Ohio involving fentanyl rose, from 2,110 in 2013 with 84 related to fentanyl (3.9%) to 2,482 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 Brown County

County Needs Assessment & Drug Use

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, 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 prescription drug monitoring program (OARRS) data revealed that substantial percentages of fentanyl and heroin decedents (40% and 33% respectively) had been prescribed an opioid at high doses (>=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 Brown County coroner's reports indicate drug intoxication (specific data regarding the type of drugs were not recorded) was steady from 2010 through 2014 but jumped from seventeen to twenty-three deaths in 2015, a 35% increase. Preliminary data suggest that of the 2015 overdose deaths, all were white males between the ages of 25 and 62.

	2010	2011	2012	2013	2014	2015
Unintentional Overdose	17	12	14	17	17	23

In addition to opioids, such as heroin and prescription pain medications, fentanyl is being mixed with illicit heroin resulting in additional deaths. Ohio overdoses that included Fentanyl rose from 503 in 2014 to 1,155 in 2015; this was a 130% increase. The largest jump occurred between 2013 and 2014 when Fentanyl-related overdoses rose from 84 to 503, a 498% rise. 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) Furthermore, an even more lethal drug, carfentanyl, is being mixed with heroin and it has been responsible for hundreds of drug overdoses throughout southern Ohio and West Virginia. This drug is 10,000 times as potent as morphine and requires more than one or two doses of Naloxone to reverse its effects.

Naloxone, known by the brand name Narcan™, distribution policies and procedures reduce overdose deaths. In Brown County, emergency medical technicians (EMTs) acquire and carry Naloxone provided by funding through a grant from the BCMHAS Board to the county's health department. People who are engaged in intensive outpatient services at Talbert House receive training and they receive Naloxone. Their families and allies may also receive training. The

county's Health Department is working to educate residents about this life-saving medication and it has been holding training sessions to inform addicts' families and significant others how to administer it.

Police officers and Sheriff's deputies are reluctant to carry Naloxone. They are concerned for officer safety and about keeping the medication fresh. There are efforts among treatment providers to develop a community-based Naloxone distribution program. One concern with this approach is supporting the cost of the drug, although people who have health insurance can acquire it at local pharmacies. With Naloxone's increasing availability at Kroger and at CVS Pharmacies, additional lives will be saved and addiction may become more recognized as a disease and less stigmatized.

Ohio Emergency Medical Services compiles data on the number of times Naloxone is administered by Emergency Medical Service responders. It tracks these data by county and by zip code. Below is a chart that illustrates the number of times Naloxone has been administered in each zip code of Brown County through December 2015.

Location	Zip Code	EMS-Administered Naloxone, 2015
Aberdeen, Ellsberry	45101	0
Ash Ridge, Brown County, Browntown, Georgetown, Hillman, Utopia	45121	1
Bardwell, Five Mile, Mount Orab	45154	11
Byrd, Decatur	45115	1
Fayetteville, Saint Martin	45118	5
Feesburg	45119	0
Hamersville, Poetown, Yankeetown	45130	3
Higginsport	45131	2
Redoak, Ripley	45167	13
Russellville	45168	2
Sardinia	45171	1
Total		**39**

As seen in the chart above, Redoak and Ripley are the areas with the most administrations of the overdose reversal drug. The other areas of significant Naloxone administration were Bardwell, Five Mile and Mount Orab. Overdose can occur anywhere and can affect police dogs as well as people. Having this reversal drug available throughout communities and in law enforcement vehicles saves lives.

Ohio Automated Rx Reporting System (OARRS)

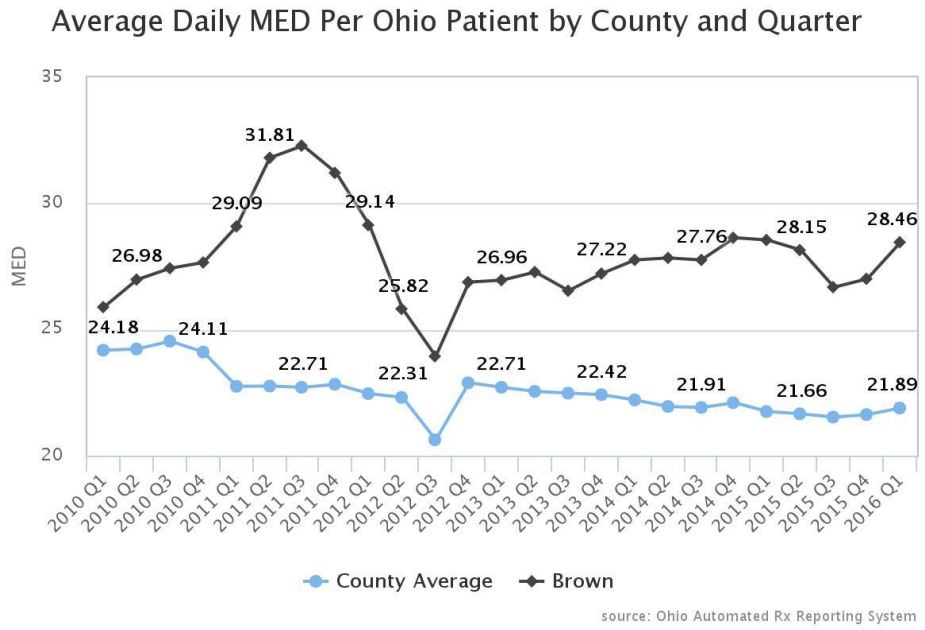
Prescribing Practices in Brown County

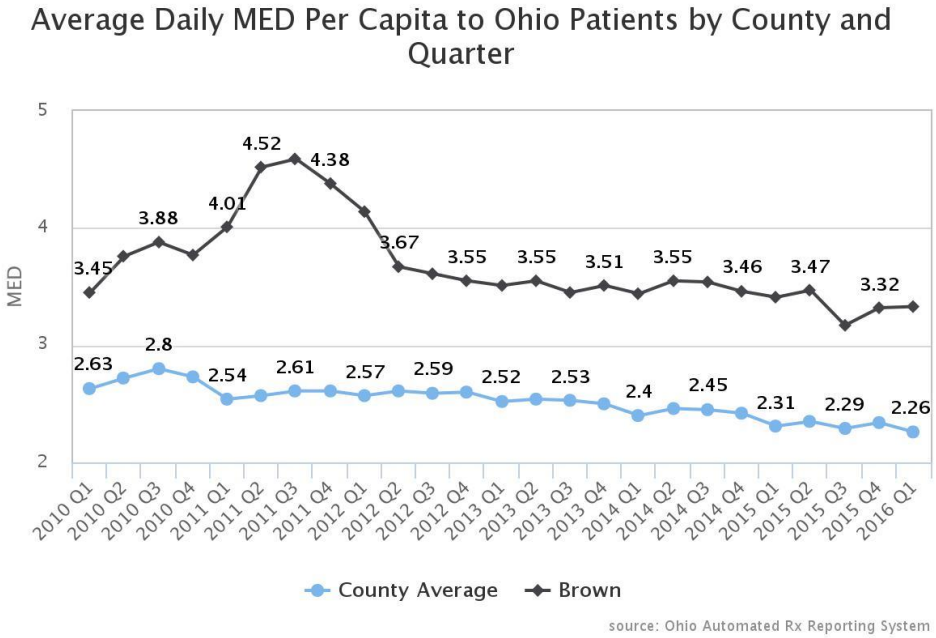
Data related to prescribing practices in Brown County (illustrated in the table below) show that through 2015, there were 3,451,781 doses of opioids prescribed, 77 doses per capita and 309.1 per patient. While these numbers have fallen from a peak of 4,819,727 doses prescribed with 365.4 doses per patient in 2011; it seems unreasonable that by 2015, there are still nearly 3.5 million doses prescribed and more than 309 doses per patient. One possible answer is that primary care physicians practicing in Brown County have little desire to seek alternatives to pain relief for their patients. Talbert House and the Brown County Board of Mental Health and Addiction Services have tried to engage local physicians and primary care providers in conversation and education about prescribing practices, addiction and mental health. However, the physicians have made it clear that they are uninterested. As a result, they continue prescribing in inappropriate ways, oblivious to their roles in the opioid and heroin epidemics.

	2010	2011	2012	2013	2014	2015
Doses Dispensed	3,947,324	4,819,727	4,050,509	3,719,242	3,650,373	3,451,781
Doses/patient	303.1	365.4	279.7	305.9	313.0	309.1
Doses/capita	79.0	107.5	90.3	82.9	81.4	77.0

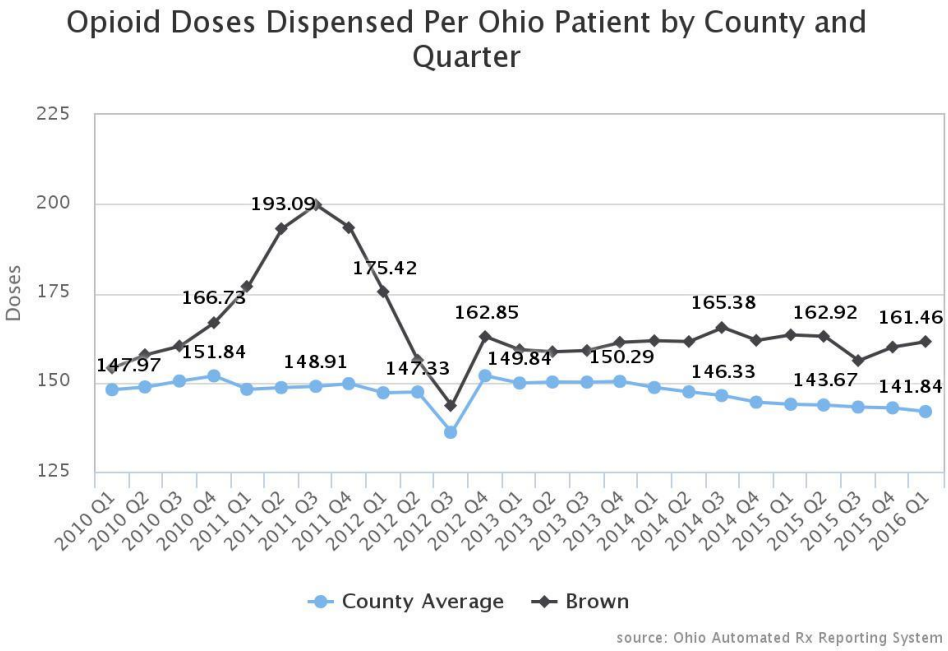
These data also show that in Brown County through the first quarter of 2016, opioids were being prescribed at a higher rate than that of the State of Ohio which reported 143 doses per patient and 14.2 doses per capita. (Reports & Statistics, 2016)

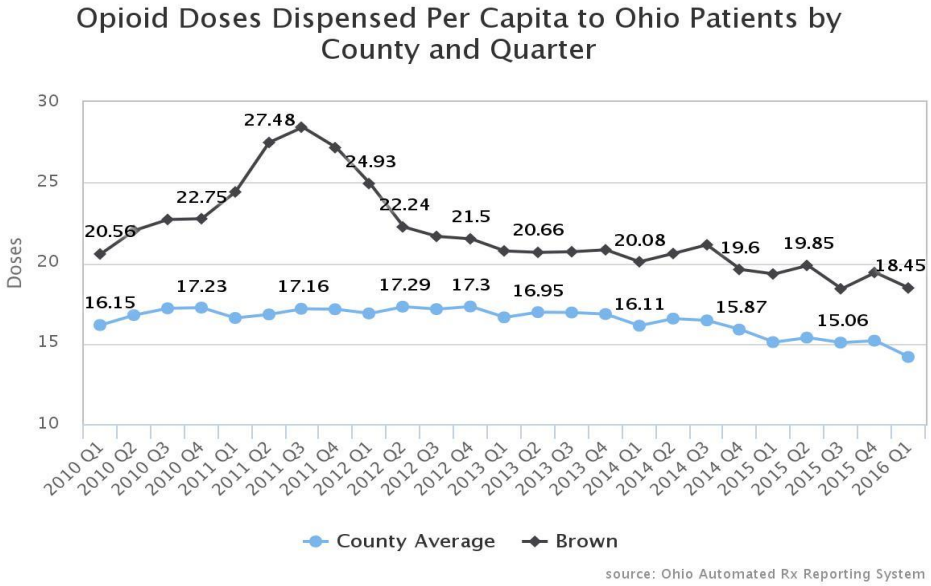
On the next page are data captured from the OARRS web site. The first chart illustrates the **average** daily morphine equivalent dose (MED) of opioid doses prescribed for patients in Brown County versus Ohio. The second chart shows the **average per capita** doses in Brown County compared to the average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





The following two charts were also captured from the OARRS web site. The first illustrates the total number of doses of opioid medications dispensed per patient in Brown County. The second shows the number of doses dispensed per capita in Brown 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 Brown County Health District reports that from the years ended 2014 through July 2016, the incidents of chronic Hepatitis C which is frequently related to intravenous drug use, rose from 80 confirmed cases in 2014 to 103 confirmed cases in 2015, a 29% increase. As seen in the chart below, the district reports that a concentration of new cases occurred in adults, ages 25 to 44 years. In 2014, 45.7% of confirmed cases were attributable to this age group and by 2015, more than 56% occurred in this group.

Age Group	2016		2015		2014	
	Number	Percent	Number	Percent	Number	Percent
Total	94	100	121	100	94	100
Less than 18	5	5.3	2	1.7	5	5.3
18-24	26	27.7	26	21.5	26	27.7
25-34	30	31.9	52	43.0	30	31.9
35-44	13	13.8	16	13.2	13	13.8
45-54	10	10.6	12	9.9	10	10.6
55-64	8	8.5	11	9.1	8	8.5
65+	2	2.1	2	1.7	2	2.1

Kevin Strobino, Epidemiologist, Hamilton County Public Health Department who supplied the data, provided the following additional information about the data presented above.

> Four factors should be noted in interpreting this data. First, Hepatitis C is a chronic condition. Therefore these numbers reflect the date that the disease was identified in a patient, rather than the date of infection. Second, surveillance efforts related to Hepatitis at both the state and county levels have improved dramatically over the past two to three years. In epidemiology, improvements in surveillance are linked to an increase in incidence, since better surveillance identifies additional cases. Third, while higher incidences were reported in recent years, it is not clear whether this is a true increase in Hepatitis C incidence or whether it is the result of improved surveillance. Finally, the definition of Hepatitis C has changed in recent years, leading to an annual shift in disease status that is apparent in the table.

HIV/AIDS

As of June 30, 2016, a presentation of data from 2010 through 2014 indicates there were 21,612 people in Ohio living with HIV (Human Immunodeficiency Virus), as of 2014. 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	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Males	13,906	79	14,716	79	15,553	79	16,407	79	17,204	80
IDU	709	5	722	5	740	5	757	5	770	5
Females	3,687	21	3,897	21	4,083	21	4,272	21	4,408	20
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 Brown County, one can see that the numbers of males with HIV are increasing steadily while cases in females have remained stable. In males, cases increased from 15 to 22 (47%).

Brown	2010		2011		2012		2013		2014	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Males	15	71	19	73	20	74	20	74	22	76
IDU	0	0	1	5	1	5	1	5	2	9
Females	6	29	7	27	7	26	7	26	7	24
IDU	3	50	3	43	3	43	3	43	3	43
Children	0		0		0		0		0	
Perinatal										

Neonatal Abstinence Syndrome

According to the National Institute on Drug Abuse, there has been a dramatic increase throughout the United States in the numbers of babies born with Neonatal Abstinence Syndrome (NAS), a group of problems that may occur in newborns exposed to opiate or other drugs. This agency estimated that in 2012, 21,732 babies were born with this condition, a 500% increase since 2000. It also asserts that, "every 25 minutes, a baby is born suffering from opioid withdrawal." (Abuse, Opioids, 2015) Costs associated with these babies' births are higher as they typically require longer hospital stays than those born without being exposed to drugs and they may need additional care or medications to overcome their drug exposure. In 2012, these newborns had an average hospital stay of seventeen days versus a typical newborn who is released after two days. Hospitals estimate the cost of these births at $1.5 billion with most of these charges, 81%, being paid by Medicaid. (Abuse, Opioids, 2015)

Indications of this syndrome can occur at birth and can further develop over 72 hours or longer. Hospitals generally use either the Finnegan Neonatal Abstinence Scoring System or the Lipsitz Neonatal Drug-Withdrawal Scoring System to determine the level of withdrawal a baby is likely to experience as opioids or other illicit drugs leave its system. This score is used to guide the infant's care and to assist the practitioners in deciding whether to use medication-assisted therapy.

Once the child is born and the drug(s) begin clearing its system, s/he experiences withdrawal symptoms. Characteristics and symptoms of NAS include: shaking and tremors, poor feeding, loose stools, abnormally high muscle tone, irritability, sleep disturbances and excessive sucking. They are released from the hospital once they have been removed from any medications used to treat the NAS. The infant must be feeding well and gaining weight. His/her symptoms must be manageable by caregivers who have been educated and who are comfortable caring for the baby. As infants these children may not eat properly and they may grow slowly. Symptoms of NAS can last for months after the birth.

Based on a review of literature regarding Neonatal Abstinence Syndrome, there have been no comprehensive longitudinal studies of its long-term effects on children. The literature suggests that if the problem is treated adequately at birth and the child is released to a safe stable home environment, there are no long-term developmental problems. However, if a child is born of a mother who is addicted to opioids, whether licit or illicit, the child will obviously face risk factors associated with having a parent who is drug addicted.

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 (CPS), a division of the Department of Job and Family Services (DJFS), 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 and they may witness drug use, intoxication or overdose and they may handle drugs or drug paraphernalia. In the worst cases, children experience a parent's incarceration or death.

Children's Protective Services	2016		2015		2014	
	Number	Percent	Number	Percent	Number	Percent
Total Cases	620	100	754	100	394	100
Physical Abuse	149	24	228	30	114	29
Neglect	80	13	100	13	48	12
Dependency	15	2	42	6	27	7
Sex Abuse	45	7	47	6	33	8
Families in Need of Services	331	53	337	45	172	44
Children Removed due to Parent Drug Use/Involvement	24	4	75	10	45	11

As seen in the chart above, in 2016, the number of cases decreased nearly 18%, from 754 in 2015 to 620. This was after an incredible 91% increase in cases from 394 in 2014 to 754 in 2015. According to CPS personnel, incidents of drug abuse and addiction that lead to CPS involvement in families are recorded in the Physical Abuse category which is required by the state. Personnel relate that anecdotally, 85% of referrals to CPS are the result of substance misuse or addiction by a parent(s). It is interesting to note that incidents in all categories, except sexual abuse, increased between 50% and 100% from 2014 to 2015 before declining in 2016.

According to CPS personnel, the numbers of children who have been removed from families as a result of parental drug addiction or involvement peaked in 2015 at 75. This was a 67% increase over 2014 and the number fell to 24 in 2016. Parents can maintain custody of children while they are participating in addiction or mental health treatment or while they work to achieve the goals agreed to with CPS; however, CPS may retain custody for only twelve months over a 22-month period. If a parent(s) cannot meet the goals they agreed upon with CPS within

that twelve-month timeframe, the children may be removed from their custody and placed either with a relative caregiver or in the foster care system. This system makes it difficult for parents who enter drug treatment because it frequently requires more than twelve months for a person to meet his/her treatment goals.

Incidents in the Dependency category are related to children whose caregiver could no longer meet their needs. These cases result from situations such as incarceration of one parent and the other cannot meet the child(ren)'s needs or there is no other adult to care for the child(ren); parents who are overwhelmed by a child with severe special needs; a parent(s) who needs treatment for mental illness but there is no other adult to care for the child or any other circumstance where a parent(s) cannot physically or emotionally care for his/her/their child(ren).

The category, Families in Need of Services, is for families who are referred to CPS as a result of low-level incidents. These may include families with children living in trash-filled or infested homes; children who are frequently unsupervised or children who are not receiving adequate care but the situation is not so severe that they are in danger. In these cases, CPS works with the families to mitigate the problems, supporting the families with social services, such as housing, clothing, food or helping them meet other needs, for example transportation or repairs.

Statistics do not tell the entire story of families affected by drug dependence. If adults or heads of households are 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.

The Community Planning Process

During 2012, Brown County had town hall meetings to seek the community's input about what had become an obvious opioid and prescription pain medication crisis in southern Ohio. These meetings resulted in two coalitions, one started in Mt. Orab and another began in Georgetown. These grassroots coalitions initially welcomed many people to the effort of addressing Brown County's drug problems; however, as PreventionFIRST! of Cincinnati stepped in to manage the coalitions, participation dwindled. This is a typical pattern when an urban or suburban-based organization attempts to impose its process on a rural Appalachian community. This effort was invigorated when the Brown County Mental Health and Addiction Services Board partnered with prevention personnel at Talbert House to apply for Interact for Health funding which was used to unite the two coalitions into one effort.

Brown County is a community which has a strong Appalachian culture. Outsiders without cultural competence will not have success forcing their "big city" ways into community efforts in Appalachian areas. Community development success in Appalachia is the result of relationship building grounded in trust and personal contact. To engage people and to earn their commitment, any effort must begin with presentations and one-on-one or small group interactions at school organizations, faith communities and at community events or meetings. People need to be approached on a personal level by someone they know or by someone who is either visible or well-known in the community.

In October 2015, Carol Baden of the Ohio Attorney General's Office worked with community leaders to hold another town hall meeting. This meeting's format was a panel discussion of the drug problem that included Deanna Vietze, Brown County Board of Mental Health and Addiction Services, Jessica Little, Brown County Prosecutor's Office, Debbie Otten, Talbert House, Josh Black, Brown County Drug and Major Crimes Task Force, Steve Percer, Talbert House, Beth Nevel, Brown County Communications/911, Brenda Dotson, parent and Steven Feagin, MD, Mercy Health. During the meeting, people were asked for their input and were asked to attend a countywide meeting. The community participants decided to meet monthly and people developed committees to work on different aspects of the drug problem. As a result, the Coalition for a Drug-Free Brown County was formed with committees to address prevention, access to treatment, harm reduction and supply reduction.

The coalition and its committees have worked on plans and have developed bylaws. Coalition participants are action oriented; they want the coalition to be visible in the community and they want to include youth and young adults. To date, it has organized a 5K Color Run celebrating those in recovery. Funds donated by two county commissioners, Darryl Gray and Barry Woodruff, were used to develop initial information hand-outs about opioids and overdose. When those had been given out, more were printed using funds from the Interact for Health grant. The tri-fold handouts have been distributed to police, emergency services and fire department members, and they have been given out anytime the Coalition has a booth. Members have worked in the Coalition's booth at the Color Run, Ohana Music Festival, Summer Fest and at the Brown County Fair.

The Coalition for a Drug-Free Brown County hopes its work will reduce the stigma associated with drug addiction, treatment and recovery. It is working to recruit people who have experienced addiction and who have recovered, to tell their stories in the community. Educating the community about preventing and treating drug addiction is the most important reason for the coalition.

Prevention Efforts in Brown County

Goal
Prevent the use and misuse of opioids in Brown County.

Objectives
1. Educate the community about opiate abuse, the symptoms of opiate abuse and dispel myths about drug addiction.
   Action Item 1: Make presentations to 7500 youth.
   Action Item 2: Make presentations at workplaces with more than 25 employees.
   Outcomes
   Requests for presentations increase.
   Number of presentations completed.
   Increased participation in the Coalition for a Drug-Free Brown County.

2. Distribute information about opioid abuse and resources and programs that are available in the county.
   Action Item 1: Resource information is distributed at four county events.
   Action Item 2: Create a county and state-wide resource guide.
   Outcomes
   People sign up for the newsletter and the reach of social media increases.

3. Offer mental health first aid training throughout the county.
   Outcomes
   Participants complete a formal survey.

4. Increase the number of prescription drop boxes and educate the community about current drop box locations.
   Action Item 1: Identify new box locations.
   Outcomes
   Three new boxes are used.
   Use of current locations increases.

5. Increase the participation of the faith-based, youth-serving, government officials, medical community and social service agencies in the Coalition for a Drug-Free Brown County.
   Action Item 1: Provide speakers and send invitation letters.
   Outcomes
   10% increase in attendees from the targeted populations.

6. Continue and increase mentoring programs in Brown County schools.

Action Item 1: Obtain funding through the Ohio Department of Education's Community Connectors grant.

Action Item 2: Train five mentors about substance abuse prevention.

Outcome

Number of mentors and mentees increases.

Prevention Services in Brown County

1. 40 Developmental Assets program-each school district has a coordinator and develops programs consistent with school needs-coordinated through ESC with funding from the Board and the courts contribute a small amount of money.
2. Youth Mental Health First Aid, Adult Mental Health First Aid- trainings are offered within the county to the public and to the school districts. The ADAMHS Board covers the cost of books and training.
3. Community Connectors- grant through ODE-at risk 8th graders are identified and paired with a mentor with whom they meet throughout the school year. The students use Ohio Means Jobs and the Learning for Life curriculum to guide career choices. Students attend a four-day summer academy at Southern Hills CTC where they work in a career program.

Talbert House Programs

4. Youth-Led Prevention- students meet to discuss ways they can promote positive youth interaction that does not involve drugs or alcohol. They created information to hand out in parades and designed floats and awareness days.
5. Risky Business and Stacked Deck- gambling prevention.
6. Project Alert-substance abuse prevention program.

YWCA

7. Safe Dates (dating violence and sexual assault prevention) in all Brown county schools.

Prevention Gaps

Prevention Resources- Please see Appendix A

Treatment and Recovery in Brown County

Goal
Expand hours of services and treatment to increase availability of treatment and support services.

Outcomes
1. People know about expanded services as measured by the number of information sheets distributed at events.
2. Organizations increase accessibility, for example facilities and services are available on weekends.

Objectives
1. Research the need for expanded services.
2. Provide services for specific populations, such as children, families and provide gender-specific services.

Measures of Success
1. More people successfully complete treatment.
2. There are fewer barriers to service.
3. Weekend services become available.

Action Items
Initiate discussions about detox with Oglethorpe and HealthSource.
Expand non-traditional hours.
Increase financial support to increase services.
Initiate round table meetings among social service agencies, justice system, schools and the ADAMHS Board.

Goal
Additional funding sources for treatment and recovery support.

Outcome
Treatment and recovery services providers are adequately funded and their programs are sustained.

Objectives
1. Research and apply for grants and foundation funds.
2. Collect local data.

Measures of Success
1. More funds are available to treatment service providers.

Action Items
Form a grant writing team.
Compile a resource guide with available services.
Advocacy at the state and federal levels.

Goal
Faith communities work together to assist treatment providers with client transportation.

Outcomes
1. People in treatment and recovery attend appointments and meetings.
2. Treatment providers realize a decrease in the numbers of no-shows.

Objectives
1. Research current resources.
2. Convene and participate in a community transportation meeting.

Measures of Success
1. Number of people who attend appointments using these transportation resources increases.
2. Number of faith communities that participate and collaborate.
3. Number of volunteer drivers.

Action Items
Treatment providers give attendance incentives for appointments and for compliance.
Convene a meeting of faith-based communities to establish transportation opportunities.

Treatment and Recovery Gaps

Treatment and Recovery Resources-Please see Appendix B

Supply Reduction Efforts

Drug Supply Reduction Input
Brown County Chiefs of Police Meeting

The following input was received from attendees for the Brown County Chiefs meeting conducted on February 3, 2016.

1. Conduct interdiction of drugs on highway and road network by exploiting canines and cooperating with the Ohio Highway Patrol.
2. Develop a method that insures canines are available to law enforcement officers throughout Brown County.
3. Develop cooperative arrangement and sharing of information with neighboring drug task forces.
4. Train additional Drug Recognition Experts (DREs) within Brown County using grant funding provided by the National Highway Traffic Safety Administration.
5. Identify high volume drug crime areas using crime pattern analysis and focusing law enforcement resources on those areas in cooperation with other law enforcement agencies.
6. Add additional drug drop off boxes and publicize the locations of these boxes.
7. Educate local physicians on the dangers of prescribed medication as gateway drugs.
8. Continue to resist efforts to legalize marijuana as it is a gateway drug.

Mission
The Coalition's Supply Reduction Plan (CSRP) is a long-term effort to reduce drug abuse in Brown County by decreasing drug use (demand), drug availability (supply), and by toughening the consequences associated with drug abuse and trafficking.

The CSRP goals and objectives encompass education, prevention, treatment, research, enforcement, interdiction, crop eradication, alternative development, and local agency cooperation.

Goal 1. Reduce drug-related crime and violence.

Drug-related crime can be reduced using community-oriented policing and other law-enforcement tactics which have been successfully deployed by police departments in New York and other cities where crime rates are plunging. Cooperation among federal, state, and local law-enforcement agencies makes a difference. So do operations targeting gangs, trafficking organizations, and violent drug dealers. Equitable enforcement of fair laws is critical. We are a nation wedded to the prospect of equal justice for all. Punishment must be perceived as commensurate with the offense. The criminal justice system must do more than punish. It should use its power to break the cycle of drugs and crime. Treatment must be made available to the chemically dependent in our nation's prisons.

Goal 2. Shield Brown County lines from the drug threat.

Brown County is obligated to protect its citizens from the threats of illegal drugs crossing county lines. To shield the county's boundary line from drug threats, traffic stops and targeted vehicle/driver inspections can reduce the supply of illicit drugs being imported to the county. Interdiction in the transit and arrival zones disrupts drug flow, increases risks to traffickers, drives them to less efficient routes and methods, and prevents drugs from reaching the county. Interdiction operations produce information that can be used by law enforcement agencies against trafficking organizations.

Goal 3. Break the sources of drug supply.

The rule of law, human rights, and democratic institutions are threatened by drug trafficking and consumption. Supply-reduction programs reduce the volume of illegal drugs reaching the streets and they attack criminal organizations, strengthening democratic institutions and honoring drug-control commitments. The Coalition's supply-reduction plan seeks to: (1) eliminate illegal drug cultivation and production; (2) destroy drug-trafficking organizations; (3) interrupt drug shipments; (4) encourage local and state cooperation; (5) safeguard democracy and human rights. Drug-trafficking organizations, their production and trafficking infrastructures, are most concentrated, detectable, and vulnerable to effective law-enforcement action in the source area.

Enforcing the Laws

The correlation between drugs and crime is high. Drug users commit crimes at several times the rate of those who do not use drugs. According to the United States Justice Department, as many as 83% of incarcerated people are past drug users. More than 51% reported substance abuse while committing the offenses which led to their convictions.

Law-enforcement professionals are dedicated and face daily risks to defend citizens against criminal activity. Since 1988, nearly seven hundred officers throughout the country have been killed in the line-of-duty, and more than 600,000 officers have been assaulted. Our nation is based on the rule of law that ensures the safety and security of all people. Reducing drugs and crime are among the nation's most pressing social problems. Trafficking and use of illicit drugs are inextricably linked to crime and place a tremendous burden on the economic and social conditions of our communities. Drugs divert resources that would be better used to support the quality of life all Americans strive to achieve. They create widespread problems that corrode communities with fear, violence, and corruption, leaving residents afraid to go out of their homes, causing legitimate businesses to flee, and they are detrimental to the quality of life. Consistent law-enforcement policies reduce drug abuse and its consequences by:

1. Reducing Demand

By enforcing the laws against drug use, law enforcement reinforces societal disapproval of drug use and discourages potential users from using drugs. For many addicts an arrest, and the resulting threat of imprisonment, may offer an incentive to engage in treatment.

2. Disrupting Supply

The movement of drugs from their sources to the county's streets requires sophisticated organizations. When law enforcement detects and dismantles a drug organization, fewer drugs find their way onto the streets. Drug seizures also reduce local availability. To effectively use the power of law enforcement, the Coalition Supply Reduction Plan (CSRP) promotes coordination, intelligence sharing, technology, equitable sentencing policies, and it focuses on criminal targets who damage the county.

3. Coordinating Law-Enforcement Agencies

As local, state, and federal law-enforcement agencies and operations reinforce one another, share information and resources, establish priorities, and focus energies across the spectrum of criminal activities, the results of their activities will be reflected in outcomes. The trafficking of dangerous drugs is not only a local problem but it is national and international in scope. Drug trafficking gangs and organizations do not confine their activity to any specific geographic boundary. Intelligence gathering and information dissemination identifies all levels of criminal trafficking organizations and is essential for coordinating and preventing duplication of effort.

4. Using Community Oriented Policing

Community Oriented Policing is a philosophy that recognizes that crime is addressed effectively when the police and the community work together to identify and solve problems. Cooperation between civilians and police forces working together within communities across the country has successfully decreased drug-related crime. The Community Oriented Policing Services (COPS) program has funded more than 92,000 new and redeployed officers to assist communities and it plans to reach 100,000 officers in 2016. The COPS program supports community policing anti-drug actions at the street level, including efforts to curtail trafficking in the dangerous drug of methamphetamine. The COPS program relies on long-term innovative approaches to community-based problems and reinforces successful efforts to reduce drug-related crime in communities.

5. Organizing Crime Drug Enforcement Task Forces (OCDETF)

These multi-agency task forces deploy the expertise of federal, state, and local law enforcement and prosecutorial agencies to coordinate investigations and prosecutions of drug trafficking organizations, money laundering operations, gangs, and public officials involved in drug trafficking enterprises.

6. Identifying High Intensity Drug Trafficking Areas (HIDTA)

HIDTA are regions experiencing critical drug-trafficking problems that harmfully affect regional areas. (Cincinnati, Dayton, Kentucky). Adams County which is contiguous to Brown County is identified along with its neighbor Scioto County as HIDTA. This designation for both counties is related to high incidents of trafficking in both prescription medications and in heroin.

7. Sharing Intelligence and Information

Intelligence gleaned from the collection, evaluation, analysis, and synthesis of information must be shared among county law enforcement entities to reduce cultivation, production, trafficking, and distribution of drugs. When there is cooperation, sharing and analyzing strategic and operational intelligence critical actions can be used to combat the drug problem. Tactical intelligence is time sensitive and crucial to the effective execution of arrests and seizures. Agencies must be able to share relevant information and intelligence across jurisdictional boundaries without risking or compromising intelligence and the operations that occur as a result.

8. Implementing Technology

Technology can play a dramatic role in combating drug-related crime. Law enforcement agencies increase their effectiveness by integrating technology and coordinating their operations.

9. Developing Equitable Sentencing Policies

Community support is critical to the success of law enforcement. When people lose confidence in the fairness and logic of the law, law-enforcement suffers. Revising disparate sentencing restores respect for the law and fosters an effective division of responsibility between federal, state, and local law enforcement authorities.

10. Coordinating Interdiction Operations

Despite our best efforts, we will never seize all the drugs that arrive in our county. Interdiction in the transit and arrival zones disrupts drug flow, increases risks to traffickers, drives them to less efficient routes and methods, and prevents significant amounts of drugs from getting to the county. Interdiction also generates intelligence that can be used against trafficking operations. Drug traffickers are adaptable, reacting to interdiction successes by shifting routes and changing modes of transportation. The County must surpass traffickers' flexibility, quickly deploying resources to changing high-threat areas.

Supply reduction is an essential component of a strategic approach to drug control. Demand reduction cannot be successful without limiting drug availability. When illegal drugs are readily available, it is more likely they will be abused. Within the county, supply reduction includes regulation, enforcement of anti-drug laws, eradication of marijuana cultivation, control of precursor chemicals, screening for drugs in jail, and the creation of drug-free school zones. Supply reduction also includes building consensus, coordinated investigations, interdiction, anti-money-laundering initiatives, strengthening public institutions and state assistance.

Supply Reduction Gaps

Harm Reduction Efforts

Goals

1. Decrease number of drug overdoses due to opioid and other drugs.
2. Decrease the number of new Hepatitis C, HIV and other infections caused by intravenous drug use.
3. Enhance Naloxone distribution throughout the community.
4. Create a Quick Response Team in Brown County.

Outcomes

Fewer deaths from opiate overdose.
More naloxone kits are available to the community.
More police departments carry Naloxone.
More people who are addicted seek treatment and utilize resources.
More families have Naloxone.

Strategies

Increase community support and education.

- School assemblies
- Newspaper articles
- Fair booth and sponsored announcements/videos
- Town Hall meetings
- Public Service Announcements
- Facebook and social media presence
- Overdose Education for youth and families-have students make a video.

Increase supports available to families affected by drug addiction.

- BRAVE Choices
- SOLACE meeting

Increase distribution of Naloxone (Narcan™) in community.

- Meet with police chiefs to ask them to carry Narcan™
- Increase Fire Departments that carry Narcan™
- Hold community forums that target families, friend and support people to distribute Narcan kits.

Action Items

Research potential Needle Exchange Programs.
Research availability and funding for Hepatitis B and C testing and treatment.
Encourage jail program and court referral to treatment.
Celebrate those in recovery.
Seek funds for the Quick Response Team
Work collaboratively to form a support team.
Hold two public events for Naloxone training and distribution.

Measures of Success
Opiate overdose deaths decrease from 12 in 2016 to 10 in 2017.
The number of police departments carrying Naloxone increases from 3 to 6.
Increase events from 1 to 5 per year.

Harm Reduction Gaps

Harm Reduction Resources

Coalition Activity

By-Laws:

1. The body shall be known as the Coalition for a Drug-Free Brown County, hereinafter referred to as the coalition.

2. The Coalition for a Drug-Free Brown County promotes drug free environments for county residents, particularly the youth, by providing education and outreach to the community about the risks of alcohol and drug use as well as available resources for assessment and treatment, to ensure that every youth in our community grows up in an environment that is purposefully drug free.

3. The Coalition will work to:

    a. Engage every section of the participating communities.
    b. Include community assessment of needs and available services.
    c. Reflects the mission of the Coalition.
    d. Enables the coordination and collaboration of prevention and early intervention of Alcohol, Tobacco, and Other Drug Abuse resources and systems in the region.

4. The area to be served by the Coalition shall include all of Brown County.

5. Membership in the Coalition shall include a broad range of representatives and will not be limited by number so as to include as diverse a representation of Brown County as possible.

    a. The Coalition comprises representatives from the following community sectors:

        - Youth
        - Parents
        - Business
        - Media
        - School
        - Youth Services Organizations
        - Religious or Fraternal Organizations
        - Law Enforcement
        - Civic or Volunteer Organizations
        - Medical Providers
        - State and/or Local Government
        - Other Treatment Agencies
        - Higher Education
        - Judicial
        - Public Health
        - Long Term Recovery Clients

b. The term of Coalition members shall not expire. Coalition members are encouraged to attend all meetings and are invited to maintain membership and communicate opinions and wishes via virtual communications through e-mail.

c. There are three levels of membership:

- Active members - attend Coalition meetings regularly and are involved in the day-to-day work of the Coalition (includes Officers and Committee Chairs).
- Supporting members - are not able to attend all Coalition meetings regularly, but are familiar with the work of the Coalition and support prevention efforts.
- Extended members - are not necessarily aware of the day-to-day work of the Coalition, but are community leaders who may need to be contacted occasionally regarding specific prevention issues and for specific tasks (special resources).

d. Coalition requirements include:

- Maintain a written description defining members
- Maintain a written description on the selection of officers
- Maintain written by-laws
- Maintain a written description of officer responsibilities
- Maintain a written description of procedures for decision making
- Establishment of a regular meeting date and time
- Preparation of a written agenda for each meeting
- Distribution of meeting minutes to members prior to each meeting
- Maintain a written description of procedures for dispute resolutions
- Selection of a fiscal agent that receives funding from state or federal government or private organizations

6. Officers - Coalition officers shall include:

a. Chair - The chair of the Coalition for a Drug-Free Brown County shall serve a one-year term. The chair shall lead the strategic planning and ongoing planning and implementation of activities and programs.

- Lead all full Coalition meetings.
- Oversee the work of all of the committees formed by the Coalition.
- Set meetings and prepare written agendas.
- Notify the Coalition of meetings at least one week prior to the meeting.
- Act as the spokesperson for the Coalition.

- Attend full Coalition meetings prepared and informed about issues on the agenda.
- Consider others' point of view, make constructive suggestions and help the full Coalition make decisions that benefit those the Coalition serves.
- Represent the Coalition to individuals, the public, and/or other organizations.
- Lead and assist with the ongoing process of recruiting new Coalition members and community partners.

b. Vice Chair - The vice-chair of the Coalition for a Drug-Free Brown County shall serve a one year term in the appointed position and then, may move up to the chair position in the subsequent year. The vice-chair shall assist the chair in leading the strategic planning and ongoing planning and implementation of activities and programs.
    - The vice-chair shall assume the duties of the chair in his/her absence to lead full Coalition meetings and activities.
    - Support the Coalition chair to oversee the work of all committees formed by the Coalition.
    - Support the Coalition chair with setting meetings and preparing agendas.
    - Act as the spokesperson for the Coalition as required.
    - Attend full Coalition meetings prepared and informed about issues on the agenda.
    - Consider others' point of view, make constructive suggestions and help the full Coalition make decisions that benefit those the Coalition serves.
    - Represent the Coalition to individuals, the public, and/or other organizations.
    - Lead and assist with the ongoing process of recruiting new Coalition members and community partners.

c. Secretary - The secretary of the Coalition for a Drug-Free Brown County shall serve a two-year term beginning in even numbered years starting in 2016. The secretary shall participate in the strategic planning and ongoing planning and implementation of activities and programs.
    - Record all full Coalition meeting minutes.
    - Distribute all full Coalition meeting minutes at least one week prior to the full Coalition meeting.
    - Maintain Coalition records, including current membership roster.
    - Support the Coalition chair with setting meetings and preparing agendas.
    - Act as the spokesperson for the Coalition as required.

- Attend full Coalition meetings prepared and informed about issues on the agenda.
- Consider others' point of view, make constructive suggestions and help the full Coalition make decisions that benefit those the Coalition serves.
- Represent the Coalition to individuals, the public, and/or other organizations.
- Lead and assist with the ongoing process of recruiting new Coalition members and community partners.

d. Treasurer - The treasurer of the Coalition for a Drug-Free Brown County shall serve a two-year term beginning in odd numbered years starting in 2017. The treasurer shall participate in the strategic planning and ongoing planning and implementation of activities and programs.
    - Prepare a monthly report on the bank account status for each full Coalition meeting.
    - Pay all bills for the Coalition.
    - Support the Coalition chair with setting meetings and preparing agendas.
    - Act as the spokesperson for the Coalition as required.
    - Attend full Coalition meetings prepared and informed about issues on the agenda.
    - Consider others' point of view, make constructive suggestions and help the full Coalition make decisions that benefit those the Coalition serves.
    - Represent the Coalition to individuals, the public, and/or other organizations.
    - Lead and assist with the ongoing process of recruiting new Coalition members and community partners.

Voting for officers occurs during the March coalition meeting each year. Any officer may serve more than one term if duly nominated and elected by the coalition members. Elected officers' terms will commence at the first regularly scheduled meeting in April.

7. Meetings of the Coalition shall be monthly at a regularly scheduled time, date and location.

a. Special meetings shall be set on an as needed basis by the Coalition at any time or place by giving sufficient notice to Coalition members. The time and place of special meetings shall be announced no less than forty-eight (48) hours in advance of such meetings.

b. A quorum for any meeting of the Coalition shall consist of at least three voting members present at a meeting.

- A voting member shall be any member that has attended at least one previous Coalition meeting in the calendar year

c. At all meetings of the Coalition, the members present shall have one (1) vote and all decisions shall require a majority vote of the members present and voting

d. Any member of the Coalition having direct or indirect interest (financial, political, or otherwise) beyond being a coalition member, in any issue before the coalition or any of its committees shall remove himself/herself from discussion of or decision on said issue.

8. All Coalition members are prohibited from conducting or encouraging activities for political, financial, or other personal gain during coalition meetings or coalition approved activities. All Coalition meetings and activities are apolitical.

9. These by-laws will be reviewed annually at a full Coalition meeting, but may be reviewed and amended at any regular coalition meeting, provided all members of the Coalition are notified of the proposed changes at least fourteen (14) days prior to the meeting. The Coalition shall approve the proposed amendments by a two-thirds (2/3) majority vote of members present at the meeting.

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Appendix A

Prevention Resources

Prevention Programs Offered by	Description	Target Audience	Schedule/Location	Contact
40 Developmental Assets	Developmental assets support resilience and positive social development in children. They are research-based, positive experiences and qualities that influence a child to become a caring, responsible, and productive adult.	K-12 Students	School-based and customized based on school district's needs.	Becky Cropper cropperbecky@hotmail.com 937.378.6118
Brown County Board of Mental Health & Addiction Services	Youth Mental Health First Aid teaches parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis.	Teachers, staff, administration	School-based	Deanna Vietze dvietze@bcmhas.org 937.378.3504
	Adult Mental Health First Aid is an 8-hour course that teaches lay people to identify, understand and respond to signs of mental illnesses and substance use disorders in adults.	General Public	Various throughout the county. Contact the Board for information.	
Brown County	Community Connectors mentoring	8th Grade	School-based	Evelyn Yockey

Prevention Programs Offered by	Description	Target Audience	Schedule/Location	Contact
Educational Service Center	program for 8th graders with academic risk factors.	Students		Evelyn.yockey@brown.k12.oh.us 937.378.6118
Talbert House	Youth-led Prevention students discuss ways to promote positive youth interaction that does not involve drugs/alcohol. They create information to hand out in parades, designed and built floats, host awareness days, and participate in other prevention efforts. Risky Business and Stacked Deck-gambling prevention. Project Alert-substance abuse prevention program. Second Step-social emotional skills development. Parenting Classes Anger Management	7th to 12th grade Students K-1st grade Students Adults Adults	Various	Emily VanDyke Emily.vandyke@talberthouse.org 937.444.6127 www.talberthouse.org 937.444.6127 Mt. Orab
YWCA	Safe Dates-preventing dating violence and sexual assault.	Adolescents, Young Adults	School-based	Amber Malott amalott@ywcacin.org 937.378.6104 x135

Appendix B

Treatment, Support and Education Resources

Organization	Description	Location	Population Served	Payment Options	Contact
Heroin Hopeline	Hotline	Available 24/7 everyday	1.877.695.NEED (6333)		
Northland	Outpatient facility: assessment, medication-assisted treatment, ambulatory detox, intensive outpatient, family education, aftercare.	Milford, Ohio	Adult Males and Females 18 years and older.	Major insurance, Medicaid, costs depend on health insurance coverage. Payment plans are accepted.	513.753.9964 http://www.northlandaddictiontreatmentrehabcenter.com/
The Ridge	Residential facility: fourteen beds (5 female, 9 male), disease model. Medical care, structured activities, group/individual counseling, family education, wellness activities, aftercare	Batavia, Ohio	Adult Males and Females 18 years and older.	Most insurance is accepted as out-of-network, average co-pay is $1,000 to $7,000. Private payment is $25,000 and includes 12 months aftercare.	513.732.1324 www.addictiontreatmentrehabcenterohio.com
Center for Chemical Addictions Treatment	Short-term residential treatment, in patient and ambulatory detox, education sessions, group and individual therapy, relapse prevention. Intensive outpatient	Cincinnati, Ohio	Adult Males and Females 18 years and older.	Most insurance is accepted. Cost is determined at assessment/ intake.	513.381.6672 www.ccatsober.org/

Organization	Description	Location	Population Served	Payment Options	Contact
	treatment, aftercare program, outpatient treatment. Medication-assisted treatment.				
Talbert House	Mental health and substance use assessment and treatment, case management, outpatient treatment and residential treatment. Community Care-integrated primary care, employment and prevention initiatives. Residential and court treatment services. Youth Behavioral Health includes case management, residential, wraparound services.	Cincinnati, Ohio Mt. Orab, Ohio Georgetown, Ohio	Adult Behavioral Health (males and females 18 years and older). Youth Behavioral Health	Medicaid provider, major insurance.	513.281.2273 www.talberthouse.org
Greater Cincinnati Behavioral Health	Comprehensive mental health and addiction services provider. Adult treatment programs include traditional and intensive outpatient programs, medication-assisted treatment (MAT), integrated dual disorders treatment (IDDT), treatment alternative for safer communities (TASC),	1501 Madison Rd., Cincinnati, OH 45206 Other Locations: Batavia, Amelia, Covington	Individuals, families, adults, children	Medicaid provider, major insurance	513.354.5200 www.gcbhs.com

Organization	Description	Location	Population Served	Payment Options	Contact
	community alternative sentencing center. Adolescent treatment programs include traditional outpatient, home-based counseling and day treatment.				
The Counseling Center, Inc.	Crisis Center, Men's Outpatient, Women's Outpatient, Stepping Stones Outpatient & Continuing Care, Steps to Success, Jail Diversion, Prevention & Outreach	411 Court St., Portsmouth, OH 45662 Other Locations: West Union	Individuals, Families, Adults, Adolescents	Medicaid provider, major insurance	740.354.6685 800.577.6685 www.thecounselingcenter.org
First Step Home	Maternal addiction program includes individual therapy, case management, parenting and groups.	2211 Fulton Ave. Cincinnati, OH 45206	Pregnant and parenting mothers	Medicaid provider, major insurance	513.961.4663 www.firststephome.org
GLAD House	Individual and group therapy, mental health services, academic assistance, long-term support.	1994 Madison Rd. Cincinnati, OH 45208	High-risk children ages 5-12	Medicaid provider, major insurance	513.641.5530 www.gladhouse.org
Adams Recovery Center	Assessment, outpatient, intensive outpatient, crisis intervention, case management, recovery housing, individual and family counseling, medication-assisted treatment, relapse prevention.	1569 State Route 28, Loveland, OH 45140	Adult	Medicaid provider, private insurance, self-pay	513.575.0968 www.adamsrecoverycenter.com

Organization	Description	Location	Population Served	Payment Options	Contact
Greater Cincinnati Recovery Resource Collaborative	Recovery housing, job services, education, resident assistance.	2121 Vine St., Cincinnati, OH 45202 Other Locations: Charlies ¾ House, House of Freedom & Miracles, Prospect House, Serenity House, Sober Living	Adults	Medicaid provider, private insurance, self-pay	513.200.3452 www.gcrrc.org
Addiction Services Council	Assessment, outpatient treatment, group and individual counseling, placement, support, intervention services, addiction education programs, prevention programs and services.	2828 Vernon Place, Cincinnati, OH 45219	Adolescents, Adults	Medicaid provider	513.281.7880 859.415.9280 www.addictionservicescouncil.org
Cincinnati VA Medical Center, Substance Dependence Program	Outpatient detoxification service, inpatient detoxification service, residential treatment, outpatient treatment, PTSD, intensive dual diagnosis,	3200 Vine St., Cincinnati, OH 45220	Veterans	Medicaid/care provider	513.475.6353 Crisis line: 800.273.8255

Organization	Description	Location	Population Served	Payment Options	Contact
	medication-assisted treatment.				
Central Community Health Board	Psychiatric support, medication-assisted treatment, crisis stabilization, counseling, adult outpatient, HIV prevention/intervention, partial hospitalization, residential services, drug court services.	3009 Burnet Ave. Cincinnati, OH 45219	Adults	Medicaid provider	www.cchbinc.com 513.872.8870
Child Focus	Early learning, mental health, foster care, school-based programs.	555 Cincinnati-Batavia Pk., Cincinnati, OH 45244 4411 Montgomery Rd., Cincinnati, OH 45212 710 N. High St., Mt. Orab, OH 45154	Children, families, foster parents, adult caregivers	Medicaid provider, private insurance	www.childfocus.org 513.752.1555

Support Resources

Support Resources	Description	Schedule/Location	Contact
Narcotics Anonymous (NA)	Support groups for people in recovery from narcotics.	Ohio Regional Service Committee of Narcotics Anonymous, PO Box 546, Columbus, OH 43216	www.naohio.org Helpline: 800.587.4232 614.252.1700
Alcoholics Anonymous (AA)	Support groups for people in recovery from alcohol.	8845 Gilbert Ave., Suite 304, Cincinnati, OH 45206	www.aacincinnati.org Hotline: 513.351.0522
Al-Anon/Alateen	Support groups for people whose loved ones are addicted or recovering from addiction.		www.cincinnatiafg.org 513.947.3700
In The Rooms	Online Social Network for the Global Recovery Community. It is for people already in Recovery, Seeking Immediate Help from any Addiction, and their Family, Friends and Allies. Limited access to online recovery meetings weekly. ITR offers AA, NA, and other 12 Step and non 12 Step Support Groups, Geo Locatable Global Meeting Finder, Daily E Meditations, Afternoon Affirmations, Free iPhone and Android Apps, Speaker Tape Library and more.	InTheRooms.com Search for meetings by type, location, zip code, day and time.	www.intherooms.com
Darlene Bishop	Supportive housing for women	703 Union Rd.,	www.dbhl.org

Support Resources	Description	Schedule/Location	Contact
Home for Life	18+ and their children.	Lebanon, OH 45063	513.423.5433
The Compassionate Friends	Support for families when they experience the death of a child of any age.	St. Timothy's Episcopal Church, 8101 Beechmont Ave., Cincinnati, OH 45255	www.tcfcincy.com 513.248.9442 E-mail Contact: fcfcincyeast@gmail.com

Education Resources

Education Resources	Description	Contact
SAMHSA-Substance Abuse and Mental Health Services Administration	SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.	www.samhsa.gov Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857 Helpline: 800.662.4357 TTY: 800-487-4889
National Institute on Drug Abuse	Our mission is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health.	www.drugabuse.gov National Institute on Drug Abuse, Office of Science Policy and Communications, Public Information and Liaison Branch, 6001 Executive Boulevard Room 5213, MSC 9561 Bethesda, Maryland 20892-9561 301.443.1124
PreventionFIRST!	Promotes healthy behavior by sparking and sustaining community change.	www.prevention-first.org 2330 Victory Parkway, Suite 703, Cincinnati, OH 45206 513.751.8000