

TESTIMONY

OHIO HOUSE HEALTHCARE EFFICIENCIES STUDY COMMITTEE

HON. STEPHEN HUFFMAN, CHAIR

SEPTEMBER 8, 2015

KATHLEEN GMEINER, PROJECT DIRECTOR  
*SOMEBODY FINALLY ASKED ME!*

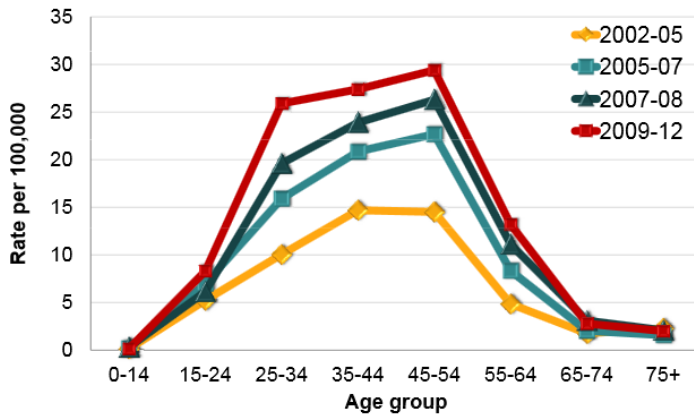
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Chairman Huffman, my name is Kathleen Gmeiner and I am the Project Director of a campaign called *Somebody Finally Asked Me!* The campaign is staffed by UHCAN Ohio, a statewide healthcare advocacy organization working for affordable, high quality health care for all Ohioans. *Somebody Finally Asked Me!* is a campaign to bring a set of tools called SBIRT – Screening, Brief Intervention and Referral to Treatment—to young people in Ohio in an effort to prevent risky substance use and intervene to provide help when substance use has already been initiated. SBIRT can be offered in medical offices, schools, school-based health centers, emergency rooms, and other appropriate venues.

Substance use is a problem among Ohio teens. In the 2013 Ohio Youth Risk Behavioral Survey one out of six reported drinking five or more drinks of alcohol in a row on one or more of the past 30 days. <http://1.usa.gov/1mnN5kh>. One out of five reported using marijuana during the past 30 days. One out of ten reported using prescription pain killers such as Vicodin, Percocet, OxyContin, or Codeine without a doctor’s prescription at least once in their life. 2013 *Ohio Youth Risk Behavior Survey* <http://1.usa.gov/1cykr0s>

We are losing too many young Ohio adults to drug overdoses, in large part due to the opioid crisis in Ohio. The graph which I have embedded below in my written testimony shows that in the 25-34 age group the death rate from drug overdose has gone from 10 per 100,000 people in 2002-2005 to 25 per 100,000 people in 2009-2012. This is a 150% increase in seven years. What this tells us is that we have to work with teenagers to prevent a path to addiction to drugs that can lead to an early death. Slide found at <http://bit.ly/1UvEmgp>

**AVERAGE UNINTENTIONAL DRUG OVERDOSE DEATH RATE BY AGE GROUP, OVER TIME, OHIO RESIDENTS, 2002-2012**



Source: Ohio Department of Health, Office of Vital Statistics  
 ODH Violence and Injury Prevention Program

Ohio’s Department of Mental Health and Addiction Services has just begun its third year in a five year grant program from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) which is supporting the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) with adults in medical offices across Ohio, including the COMPASS Federally Qualified Health Center right here in Portsmouth. Our work is focused on bringing SBIRT to young people, particularly in school settings.

Substance Use Disorder Results in High Health Care Costs.

Today we are talking about introducing efficiencies into behavioral health care. To the extent that we can prevent addiction we save many healthcare dollars down the road in treatment and related medical costs due to chronic disease caused by Substance Use Disorder (SUD). We save health care expenditures on behalf of those who may be harmed by vehicle accidents, risky sexual behavior or assaultive behavior by the person with a substance problem. Society avoids other negative economic consequences including lost income to the person with SUD, resulting in the need for cash assistance to spouses or children of these individuals. We also know that there are expenditures in the justice system due to drug related crime.

At the end of July the Center for Community Solutions and the Mental Health and Addiction Advocacy Coalition issued a much needed report *By the Numbers 3: Developing a Common Understanding of the Future of Behavioral Healthcare, Analysis of Alcohol and Other Drug Treatment in Ohio* (7/27/15).

[http://www.communitysolutions.com/assets/docs/Major\\_Reports/Health\\_BH/btn\\_4.pdf](http://www.communitysolutions.com/assets/docs/Major_Reports/Health_BH/btn_4.pdf)

The report analyzes data from the 2013 National Survey on Drug Use and Health (NSDUH) and it documents publicly funded expenditures in Ohio on treatment for alcohol and drug addiction. County mental health and recovery boards, through whom most of the public treatment dollars flow, spent \$162 million in 2012 on substance use treatment services. But even with all of these dollars spent, less than ten percent of people who are misusing or dependent on illicit drugs are receiving treatment. Just over five percent of people misusing or dependent on alcohol are being treated. (Report, page 1). This means that the healthcare system is spending money in the other ways mentioned above—treating chronic diseases and patching up those who are impacted by the risk-taking behaviors of persons with SUD.

#### Prevention and Early Detection are Critical.

The brain science is clear, addiction is a disease. Like other chronic diseases, early detection is more cost effective than waiting for a problem to escalate. It allows for more successful treatment and can save lives. A 2011 study by the National Center on Addiction and Substance Abuse (CASA) found that 90% of adults who are addicted to tobacco, alcohol or other substances started using before age 18. <http://bit.ly/1fTKtgV> Of perhaps more significance, the study found that “one-quarter of Americans who began using any addictive substance before age 18 are addicted, compared with one in 25 Americans who started using an addictive substance when they were 21 or older.” Ibid. In other words, we can reduce addiction if we can push back the age at which people begin to use substances.

*Screening, Brief Intervention and Referral to Treatment (SBIRT)* is a set of tools that can help adults and youth eliminate or reduce problem drinking and drug use, before they even get to the stage of addiction. A few simple, age appropriate questions by trained professionals such

as a school nurse, doctor or counselor can open the door to a conversation – a conversation about drugs, alcohol or both. There are good tools available that help professionals ask teens or adults about their substance use, such as the [CRAFFT](http://1.usa.gov/1lkuq6Z), NIAAA tool (<http://1.usa.gov/1lkuq6Z>), [NIDA Quick Screen](#), and the [Drug Abuse Screening Test \(DAST\)](#). A professional may use a counseling technique called motivational interviewing to help a person strategize how they can reduce or eliminate substance use. If a serious problem exists, the professional would refer to a provider specializing in addiction treatment. The American Academy of Pediatrics recommends SBIRT for teens. <http://bit.ly/1hSj2Ga>

Ohio saw its first roll-out of SBIRT in a school last year in the Norwood City Schools. Through a partnership with the Norwood City Health Department, Interact for Health Foundation, Talbert House and PreventionFIRST!, the Norwood City School nurses screened 6<sup>th</sup>-7<sup>th</sup>-8<sup>th</sup>-and 9<sup>th</sup> graders, using the SBIRT tool created by the National Institute on Alcohol Abuse and Alcoholism. <http://1.usa.gov/1lkuq6Z> Norwood combined this screening with the standard scoliosis screening done at those grade levels. They were able to identify teens and early teens needing help and referred in-house to the Talbert House employees on site. Anecdotal evidence is that it was successful and they are repeating it this year. An article about their work can be found here. <http://bit.ly/1Q79mTw>

### Research

There is research to support the effectiveness of SBIRT with youth. In 2012 SAMHSA evaluated 13 school-based health centers (SBHCs) in New Mexico that had provided a brief intervention to 629 students aged 14-17. At six month follow-up, students reported significant reductions in drug use and drinking to intoxication. GwinMitchell, S., Gryczynski, J., Gonzales, A., Moseley, A., Peterson, T., O'Grady, K.E., & Schwartz, R.P. (2012). Screening, brief intervention, and referral to treatment (SBIRT) for substance use in a school-based program: Services and outcomes. *Am J Addict.*, 21(1), S5-S13.

A study was done at a community-based health care clinic in Los Angeles County, CA in a population of 42 at-risk adolescents (12 – 18 years) 86% were Hispanic/Latino. A 15-20 minute motivational interview with a 1 month 5-10 minute booster telephone call was done. At three month follow-up, the teens reported less marijuana use, lower perceived prevalence of marijuana use; fewer friends who used marijuana; and lower intentions to use marijuana in the next six months. D’Amico, E.J., Miles, J.N.V., Stern, S.A., & Meredith, L.S. (2008). Brief motivational interviewing for teens at risk of substance use consequences: A randomized pilot study in a primary care clinic. *J SubstAbuse*, 35, 53-61.

### Our Request to the Ohio General Assembly

We believe that the Ohio Legislature can support SBIRT and thereby support a critical prevention tool that will reduce the costs of treating alcohol and drug addiction in Ohio. The Ohio General Assembly could:

- **Create a study committee on youth drug use** to examine in depth the causes, remedies, preventive and intervention methods that are effective in curtailing youth drug and alcohol use. This was recently done in the State of Georgia.
- **Pass a resolution supporting SBIRT** as a positive evidence-based tool in its efforts to combat risky drug and alcohol use and urge all school districts to examine how the tool could be effective in their district.
- **Appropriate funding to support the training of school professionals** to administer SBIRT in middle and high schools.

If the Ohio General Assembly desires to bring greater efficiencies into health care in Ohio it could leverage significant cost savings by addressing the problem of drug and alcohol use by increasing its investment in prevention and early intervention, particularly the use of SBIRT.

Thank you for this opportunity to testify.

