Ohio Attorney General Mike DeWine’s

Recovery Ohio Plan
Ohio is at the center of our nation’s opioid epidemic. At least 14 Ohioans a day die from opiate overdoses, and that number is likely higher. As Attorney General, Mike DeWine has been leading the fight against this epidemic since he first took office, using a multi-faceted approach of law enforcement, community outreach and education.

- Attorney General DeWine and the State Medical Board have gone after rogue medical professionals, taking away the licenses of 99 doctors and 22 pharmacists for overprescribing opiates.
- Attorney General DeWine’s Ohio Organized Crime Investigations Commission (OOCIC) has seized more than $148 million in drugs from the Mexican drug cartels, and more than 325 pounds of heroin – the equivalent of about 1.5 million doses of heroin.
- The Attorney General’s Office has secured 2,523 drug-related convictions, and in the last three years, Attorney General DeWine’s Special Prosecutions section has prosecuted at least 355 heroin-specific cases across the state.
- Since 2016, Attorney General’s Office task forces have also seized about 90 pounds of deadly fentanyl equaling about 35 million doses, which is capable of killing every man, woman and child in Ohio three times over.
- Attorney General DeWine created a dedicated Heroin Unit Outreach Team that has met with families, local governments, treatment providers, and members of the healthcare community in all 88 counties to develop real solutions and to address everything from Naloxone shortages, treatment capacity, prevention, and recovery housing.

To clean up the opioid disaster, Attorney General Mike DeWine filed a lawsuit against five drug manufacturers alleging that these companies systematically lied to the medical community about whether their products were addictive in order to make billions of dollars selling opioids to Ohioans. Attorney General DeWine has given these drug companies, and the distributors -- Cardinal Health, McKesson and AmerisourceBergen –30 days to come to the table with a solution to pay for the costs to the state.
RECOVERY OHIO PLAN

• **NUMBER 1:** Pass legislation to give the Governor the ability to declare a public health emergency statewide or in specific areas. The Governor should have more flexibility and more tools to face this emergency, including the ability to do the following:

  A. Distribute money and other resources to local entities that are facing unexpected emergency conditions, like overdose spikes.

  B. Create an accelerated process for state licenses in critical professions such as the medical or social work fields as well as expedited licensing reciprocity with other states.

• **NUMBER 2:** Create a 21st Century law enforcement data infrastructure that allows real-time, statewide data-sharing and brings state-of-the-art data analytics and crime prediction to every Ohio law enforcement agency.

• **NUMBER 3:** Expand proven drug task force models that specifically target and disrupt the flow of money and drugs from Mexican drug cartels.

• **NUMBER 4:** Create at least 60 more specialized drug courts. Drug courts are a proven way to hold those with substance use disorder accountable and ensure participation in effective drug treatment. There are more than 20 counties without a drug court and hundreds of municipalities without one.

• **NUMBER 5:** Double substance use treatment capacity in Ohio. According to a new study by The Ohio State University, Ohio has treatment capacity for only 20 to 40 percent of Ohioans suffering from opioid addiction. The shortage is even worse in poor and rural areas of the state. Utilizing funding from the drug companies who made billions of dollars creating this problem, Ohio must develop, incentivize or repurpose treatment options to double our treatment capacity. This can be accomplished in a number of ways, including:

  A. **Better utilizing Ohio hospitals’ existing capacity.** We have existing capacity in Ohio at the hundreds of hospitals around the state. However, current funding mechanisms or rules don’t allow most of that capacity to be used for treatment.

  B. **Driving more money to local addiction and mental health boards to pay for new treatment.** By block-granting millions of additional dollars to local Alcohol, Drug and Mental Health boards, treatment and recovery providers can expand most where they’re needed and be more responsive to local needs.
• **NUMBER 6: Expand workforce of critical specialists.** Ohio has a shortage of addiction specialists, social workers, and other professionals who are needed now and in the future to help those with substance use disorder. To incentivize these workers, Ohio should develop a student loan forgiveness program for those in drug treatment fields who complete their studies at Ohio universities and spend a specified time working in the addiction field in Ohio.

• **NUMBER 7: Empower employers to help employees with substance abuse disorder to seek treatment while remaining employed.** Working through the Bureau of Workers Compensation (BWC) Safety Grants program, Ohio should create a pilot project aimed at existing employees who are willing to go to their employer and acknowledge that they have a substance use problem. To keep that person in the job, BWC’s program would work with the employer to pay for a portion of the healthcare costs associated with an appropriate treatment program that would allow that employee to return to work when they’re drug free.

• **NUMBER 8: Help business owners hire employees in recovery by offering employers incentives and reducing risks.** The BWC should start a pilot project incentivizing employers to hire applicants who have completed appropriate treatment programing. The pilot program would reimburse the employer for a certain percent of the employee’s wages, provide necessary training to the employee, and indemnify the employer from any BWC rate increases should the employee relapse and cause a work-related accident.

• **NUMBER 9: Create a special position reporting directly to the Governor, who works every day with the single-minded focus of fighting the opioid epidemic.**

• **NUMBER 10: Implement Proven K-12 grade drug prevention education in all Ohio schools.** The single most effective tool Ohio has in this fight is prevention, and our best opportunity to provide it is to require that every student in Kindergarten through 12th grade receive age- and environmentally appropriate, evidence-based substance use prevention education.

• **NUMBER 11: Roll-out a statewide drug prevention media campaign.**

• **NUMBER 12: Expand early intervention programs that target Ohio families and children in foster care.** Ohio should expand and extend to all 88 counties quality programs that emphasize intervention with the whole family such as Ohio START (Sobriety, Treatment and Reducing Trauma). This is an 18-county pilot program that helps local governments offer concentrated, critical services to not only those who struggle with substance use disorder, but to their children who find themselves in foster care and are equally traumatized and damaged by opioids.