



## Role of Local Health Departments in Opioid Epidemic

Ohio is in an opioid epidemic. Overdose death increased from 3,050 in 2015 to 4,050 in 2016.<sup>i</sup> During 2015, Ohio was the fourth highest state in the nation for overdose death rates, the third highest for synthetic opioids, and first for heroin.<sup>ii</sup> The current opioid crisis has far reaching impacts that effect law enforcement, the judicial system, child protective services, emergency medical services, hospitals, treatment centers, coroners, schools, employers, and state and local government and is a significant public health concern. Local health departments (LHDs) need to acknowledge the significance of the opioid epidemic as a key public health issue and embrace their role in impacting the crisis. LHDs are not the primary funded entity at the local level, but are part of the multi-faceted system needed to stem this crisis. It will take the entire public health system to address the matter.

**The following are considered core areas where local health departments would be involved in primary functions/roles/responsibilities.**

Assessment - LHDs already serve a primary role in conducting Community Health Assessments (CHAs), which identify key problems and assets in a community, and Community Health Improvement Plans (CHIPs), which set priorities and coordinate resources around important health concerns in communities. As priority health issues arise through the CHA process, LHDs should be assessing current resources and gaps in services, and developing evidence-based strategies to address the concern. LHDs should be working with the entire public health system and coordinating efforts with healthcare systems in the community. CHAs and CHIPs are living documents that should be utilized to address health concerns in communities and updated as priorities and strategies change.

Data Collection/Analysis/Research – LHD Epidemiologists serve a critical role in monitoring population health in an effort to prevent and control disease and injury in communities. They collect, analyze and interpret health data which can help in planning targeted interventions as well as responding to drug anomalies in EpiCenter and notifying community stakeholders of alerts. They also conduct ongoing surveillance and fulfill reporting requirements. Current data exists to monitor the burden of disease related to the opiate epidemic, including but not limited to: overdose death data; hospital overdose data; narcan administration data; and communicable disease data. Barriers related to sharing of data need to be reduced/eliminated for better monitoring and response to the opioid crisis. LHDs may lead or participate in overdose fatality review committees. Research is an essential public health service and there is a need for continued research to identify innovative solutions to the opiate epidemic. LHDs should collaborate with academic and research institutions to further evidence-based strategies to address the epidemic. Ohio should advocate for additional funding for LHDs to address the increased burden of communicable disease related to the opioid epidemic and ongoing sustainable funding.

Communicable Disease – It is a requirement of LHDs in Ohio to record the incidence/prevalence of disease and provide prompt diagnosis and control. Communicable diseases such as hepatitis C and HIV can be directly related to injection drug use and the sharing of needles. Communities may also see a rise in communicable disease rates related to risky behaviors that can coincide with addiction such as sexually transmitted infections.

Harm Reduction – Harm reduction is a public health intervention that seeks to reduce the harms associated with drug misuse. Harm reduction incorporates a spectrum of strategies to meet drug users “where they are at”. There is no universal strategy for implementing harm reduction; it must be based on the needs in the community. Areas where LHDs may focus on harm reduction include assistance, training and distribution of naloxone to first responders, service entities, and the public and implementation of bloodborne infectious disease prevention programs which include syringe services.

Coalition/Collaboration – LHDs should be involved with local task forces/coalitions either as a leader or participant. LHDs hold expertise in planning, evaluation, and data collection and analysis which can assist coalitions in targeting strategies and measuring outcomes short and long-term.

Policy/ Legislation/Advocacy – LHDs should support policy, legislation and advocacy that aims to decrease drug misuse and increase treatment, recovery and prevention. Some specific areas include privacy protection for overdose fatality review committees similar to child fatality review, removal of barriers to prescription drug drop boxes, and funding to support the work of LHDs.

Prevention/Education and Public Awareness – Prevention is one of the three pillars of public health. LHDs implement numerous prevention programs across a broad spectrum of services. LHDs should be involved in implementation and/or assurance of evidence-based prevention education in schools. LHDs should be implementing/and or assuring policy, systems and environmental change that impact the opioid crisis. Additionally, LHDs should be increasing education, awareness, and understanding of addiction as a disease and discourage the idea that addiction is a moral failing. LHDs also play a role in education and assistance with drug take back days and education for prescribers on prescribing guidelines, Ohio Automated Rx Reporting System (OARRS), and Screening, Brief Intervention, Referral to Treatment (SBIRT). LHDs should be raising awareness and public knowledge of the dangers of substance misuse and illicit drug use.

**The following are additional areas that LHDs may play a role/support role based on the needs within their community:**

- Implementation of prescription drug drop boxes;
- Implementation of Screening, Brief Intervention, Referral to Treatment (SBIRT);
- Detoxification programs;
- Recovery housing;
- Quick Response Teams;
- Community outreach;
- Alternative Sentencing Centers and;
- Treatment including Medication Assisted Treatment (MAT).

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*References:*

<sup>i</sup> 2016 Ohio Drug Overdose Data: General Findings, Ohio Department of Health

<sup>ii</sup> Drug Overdose Death Data, 2015, Synthetic Opioid Data, 2015, Heroin Overdose Data, 2015, Centers for Disease Control and Prevention (<http://www.cdc.gov>)