

A Crisis Knocking On Our Door

Prevention & Harm Reduction: Challenges,
Opportunities and
the Role of Public Health

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COLUMBUS
PUBLIC HEALTH

The Challenge

- In 2012, Columbus was one of eight Ohio cities identified as a heroin hot spot by the Ohio Department of Health.
- Heroin and opiate use has gone up in Columbus over the last five years; these drugs cause > 70% of overdose deaths in Franklin County.

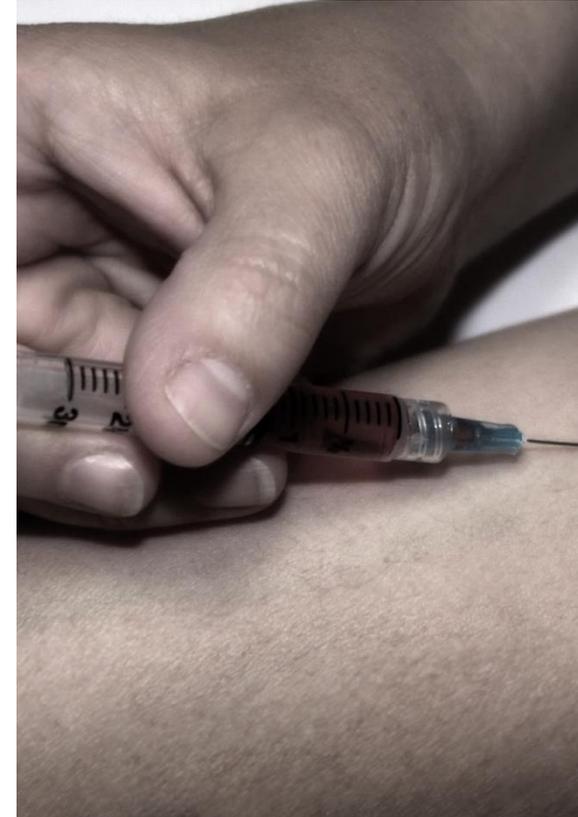


The Challenge

- According to CDC, Ohio ranked 2nd in highest number of drug overdose deaths in 2014.
- Naloxone was administered by Ohio EMS personnel 12,256 times in 2013 and 15,493 times in 2014.
- In Columbus, more than 2,000 doses of Naloxone were administered by EMS in 2015
- Impact on families and community

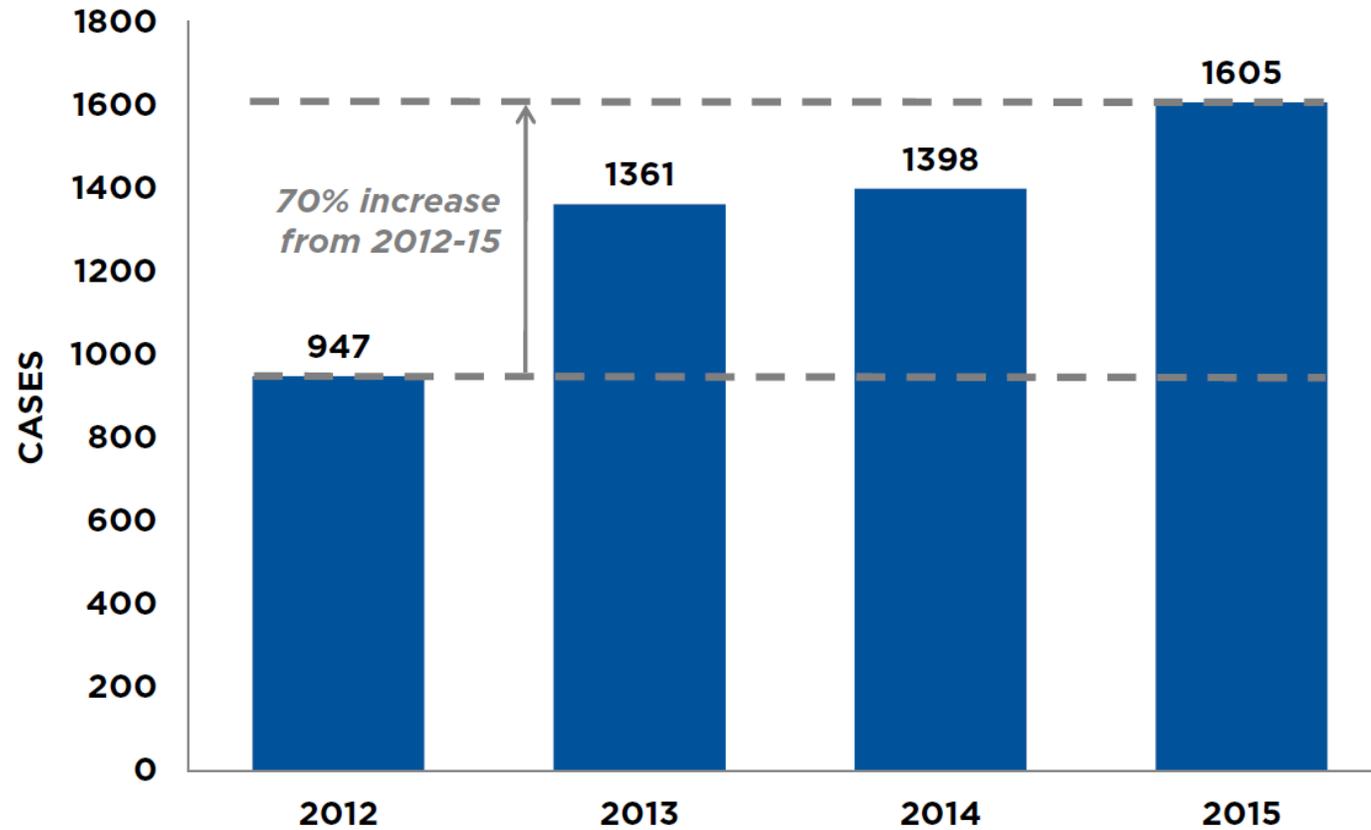
The Challenge

- Needle injection, the prime method of heroin use, drives the spread of HIV and hepatitis C infections.
- Hepatitis C cases have increased 70% from nearly 950 cases in 2012 to over 1,600 cases in 2015 in Franklin County.



Hepatitis C Cases

Franklin County, 2012-2015



The Challenge

- To summarize:
 - 227% increase in deaths
 - 70 % increase in Hep C
 - 2000 + doses of Naloxone administered
(Columbus EMS)



Primary Prevention Efforts

- **Community Based Efforts:**
 - Evidence-based prevention programs in schools with a focus on resiliency
 - Community coalitions using resource mapping to create action plans



Primary Prevention Efforts

- #DrugFreeBecause - Youth lead prevention social media campaign
- SAGE – Substance Abuse General Education program
- FIG – Family Interaction Group
- YES – You’re Extra Special
- TOP – Teen Outreach Program
- APPS – Application for Purpose, Pride and Success
- More!



Primary/Secondary Prevention Efforts

- Comprehensive Harm Reduction
 - Up to 33% of users in a syringe access program transition to treatment
 - Syringe access programs have shown a connection between the availability of clean needles and lower rates of hepatitis C.
 - Wise investment in HIV Prevention

Primary/Secondary Prevention Efforts

- Safe Point will include:
 - Engagement & connection
 - Intervention – assessment, treatment and counseling
 - Testing – HIV/Hep C testing and linkage-referral to care
 - Syringe Access
 - Dispensing of Naloxone to at-risk individuals and their support systems/families



Secondary Prevention Efforts

Naloxone Distribution

- Easy accessibility
 - SafePoint
 - Kroger's
 - CVS
 - CompDrug (ADAMH)
 - EMS
 - Police
 - Our own organizations (staffs)
 - Others w Tx services

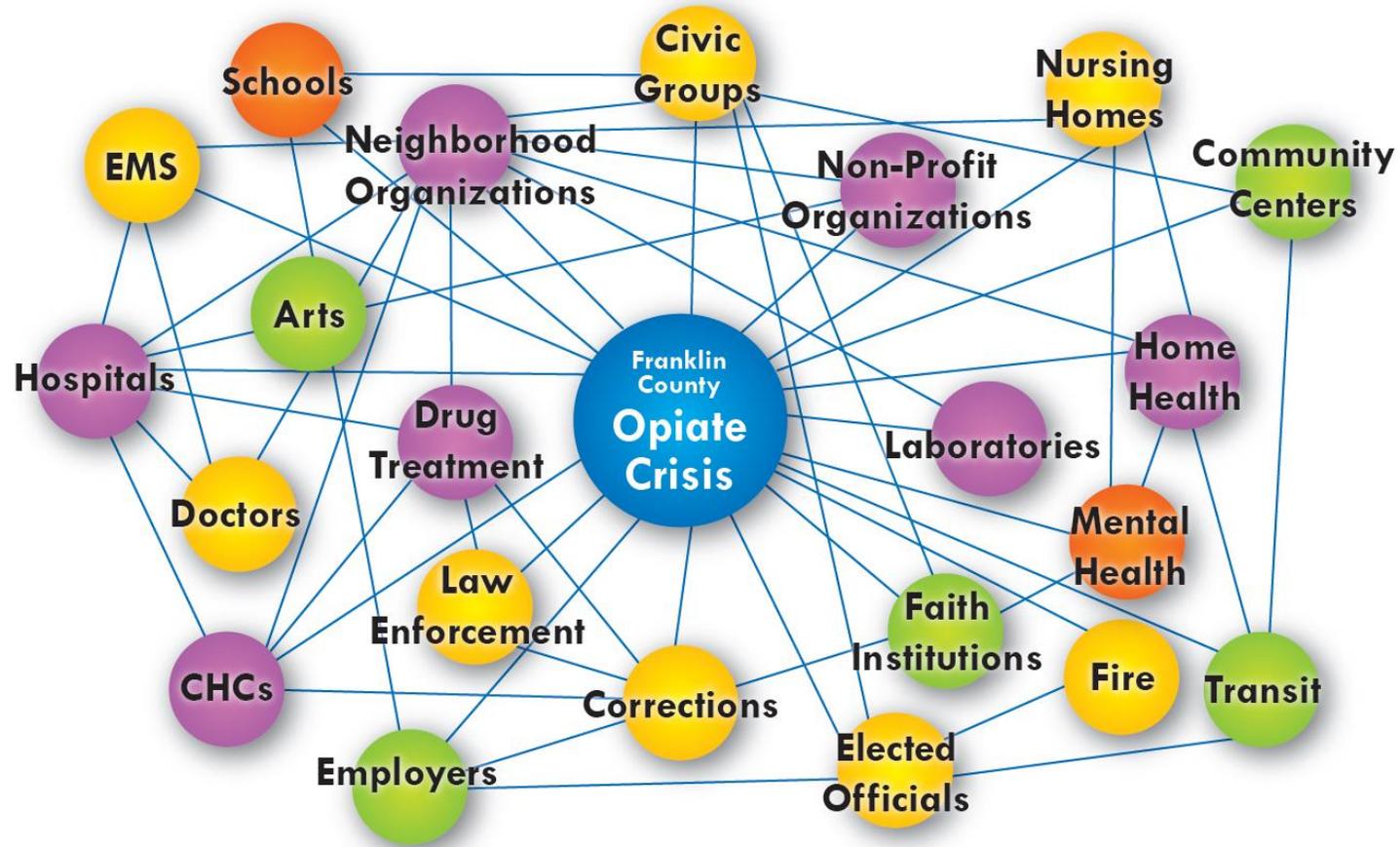
Naloxone Distribution

- Having all staff equipped to respond
- Grant from Drug Free Action Alliance
- Work to reduce cost of naloxone

Primary/Secondary Prevention Efforts

- Faith Based Efforts:
 - Congregations are working together in raising awareness
 - Elders, leaders, and volunteers are offering residential sobriety options
 - Churches are providing space for community opiate planning meetings and family support groups
- Parents/Families/Loved Ones
 - “Experienced Activists”
- Community Action Coalitions

Community Opiate Crisis



What We Are Doing

The Role of Public Health

- **Assessment**
 - Understanding magnitude of epidemic
- **Leadership & Policy Development**
 - Advocacy – Budget Bill 64
 - Mobilizing partners
 - Community plan support
- **Assurance**
 - Services – SafePoint; AOD (Men's, Women's, LGBTQ, Women's Opiate, Relapse Prevention, Alumni)
 - Linkage to Care, Naloxone



What We Are Doing

The Role of Public Health

- Working with city government – both City Council and Mayor Ginther
- Collaborating with ADAMH, FCCO, FCPH, You
- Advocate/increase access to Naloxone and treatment
- We will continue to track:
 - Track all Hep C cases
 - Track overdose deaths
 - Monitor HIV cases
 - Syringe and Naloxone distribution (EMS)