Ohio Profile

cigarettes

crime

traffic accidents

treatment

smoking

marijuana

prevention

heroin

health care

teen drinking

medicaid

lost productivity

cocaine

alcohol abuse

Alcohol, Tobacco & Drugs

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Ohio Resources

Ohio Department of Alcohol and Drug Addiction Services
614/466-3445

Ohio Department of Rehabilitation and Correction
614/752-1159

Ohio Department of Health
614/466-3543

Ohio Department of Education
614/446-3641

Ohio Prevention and Education Resource Center
800/788-7254 Within Ohio
513/751-8691 Outside Ohio

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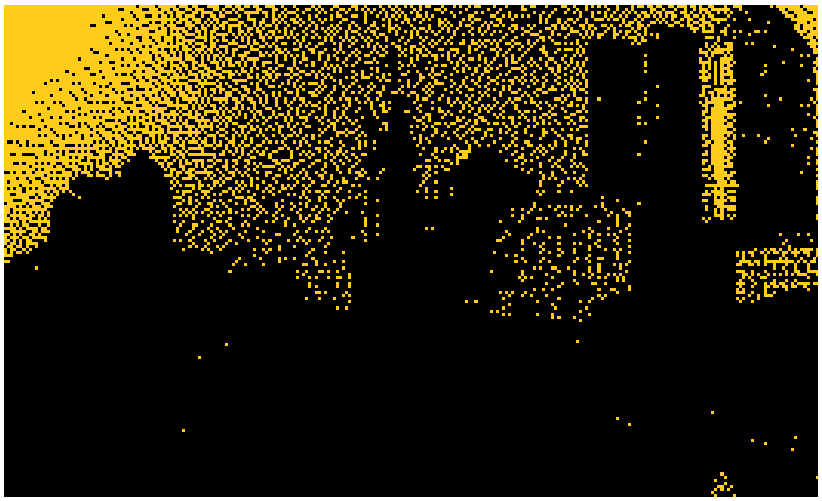
I. Introduction

This report is designed to inform Ohio citizens about the dimensions of the problems in their state caused by the use of alcohol, tobacco, and illicit drugs. It also describes public and private initiatives to reduce these problems, as well as promising programs across the state. The intent is not to evaluate state efforts but rather to highlight positive developments and to identify areas that need to be strengthened. The report focuses on four main areas: (1) the extent of alcohol, tobacco, and illicit drug use; (2) drug-related crime; (3) the social and economic costs of substance abuse; and (4) Ohio's response to these problems.

In preparing this report, Drug Strategies worked with the Ohio Department of Alcohol and Drug Addiction Services, the Ohio Department of Education, the Ohio Department of Rehabilitation and Correction, the Ohio Department of Health, and other Ohio experts in prevention, education, treatment and law enforcement. A distinguished advisory panel guided the development of the profile. Interviews with a variety of people in the field, including care-givers from private treatment facilities and community groups, helped to provide an accurate picture of public and private efforts. While we are grateful for the insight and wisdom of those who contributed to this profile, Drug Strategies is solely responsible for its contents.



The Ohio profile will be distributed broadly to state legislators, researchers, private organizations, government agencies and the media. We hope to increase understanding of the extent of alcohol, tobacco and illicit drug problems in the state and generate political and financial support for more effective policies and programs.

II. Ohio Profile

Organization. Until 1989, responsibility for combating alcohol, tobacco, and illicit drug use in Ohio was divided between two departments. The Department of Mental Health and the Department of Health had split jurisdiction overseeing agencies directing drug services and regional alcoholism councils, respectively. Convinced that these efforts did not adequately address substance abuse problems, advocates in both the public and private sectors campaigned for a unified drug and alcohol program under a single department.

In October 1989, the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) was created to consolidate the drug and alcohol services formerly administered by separate departments. Ohio is one of only nine states in the country to give **cabinet-level** status to an agency dealing with drug and alcohol problems. ODADAS supports more than 50 prevention and treatment programs and coordinates the efforts of other Ohio state departments to combat alcohol and drug abuse. Tobacco control programs have been administered by the Department of Health since 1964.

Counties and Cities in Ohio

Private treatment and prevention efforts augment public programs throughout the state. Since private treatment programs do not keep records in a centralized fashion, aggregate data on private treatment are not available.

Funding. The ODADAS budget for state fiscal year 1995 is approximately $103 million, including federal block grant money, state contributions, and revenues from other sources. Treatment absorbs the largest share—$72.6 million—while prevention receives $19.8 million. Administration ($4.5 million) and program monitoring and evaluation ($6.9 million) account for the rest of the budget.

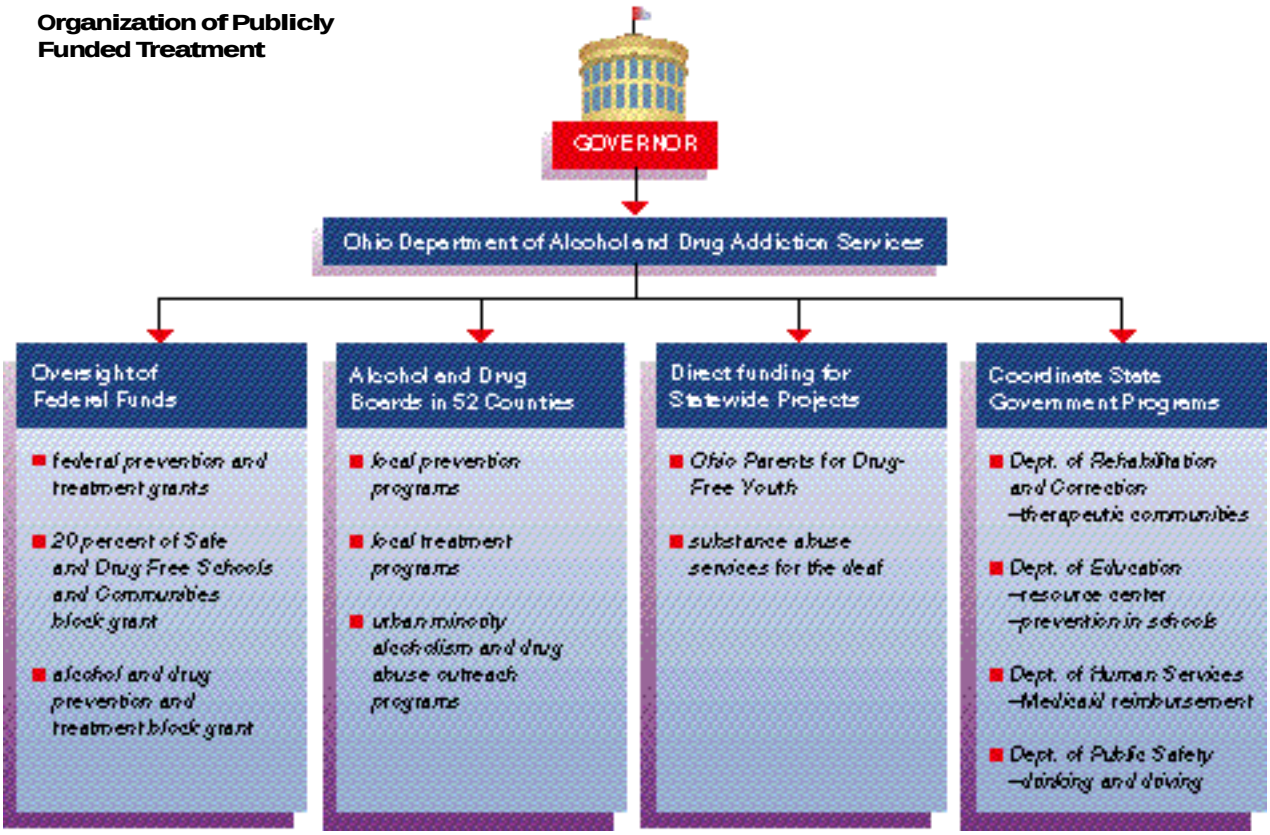
The state's contribution to ODADAS' budget has decreased slightly from $29 million in 1990 to $28 million in 1995. However, ODADAS has been aggressive in obtaining increased support from the federal government and other sources, so that its funding has increased by more than 30 percent over the past five years. In 1988, the year before ODADAS was created, Ohio's share of the federal substance abuse block grant was $8 million. By 1995, it was six times higher—more than $49 million.

The Ohio Department of Health continues to be responsible for anti-tobacco initiatives, but does not receive state money for these efforts. Its major anti-tobacco program is funded with $260,000 of the federal substance abuse block grant from the U.S. Department of Health and Human Services, and with $250,000 from the Centers for Disease Control and Prevention (CDC).

In an effort to reduce Medicaid and Medicare costs, many states are moving toward statewide managed care programs, which will closely monitor access to medical services, including drug treatment. States that do not initiate changes to reduce their Medicaid expenditures may shortly be forced to adopt measures that have been deemed effective on the federal level. In March 1995, Ohio received permission from the federal Health Care Financing Administration (HCFA) to depart from Medicaid and Medicare guidelines and design its own system of managed care, "OhioCare," which will go into effect on January 1, 1996.

The HCFAdecision waives Ohio's obligation to comply with federally mandated cost-control measures. The waiver gives Ohio both a measure of freedom and a heavy responsibility. The state has already begun preparing for the changes ahead. ODADAS is leading Ohio into **managed care** for drug and alcohol treatment. Managed care will give people under the poverty level the option to join provider networks of health-maintenance organizations that each receive a fixed sum from the state to provide care. AJune 1995 budget vote creates uncertainty about how much alcohol and drug treatment will be covered under OhioCare. Because tobacco control programs are not funded with state money, they are not likely to be affected by OhioCare. ODADAS'task will be to ensure that the managed care providers adequately address alcohol and drug prevention and treatment.

Organization of Publicly Funded Treatment



III. Substance Abuse in Ohio

Alcohol. In Ohio, 70 percent of the population over age 18 drinks alcohol, compared to about 80 percent nationally. Ohioans consumed a third less alcohol in 1992 than they did in 1981, and now rank in the lowest 20 percent in the country for alcohol consumption. Beer is the most popular beverage, accounting for half of all alcohol consumed in Ohio, while hard liquor accounts for about one-quarter of total consumption.

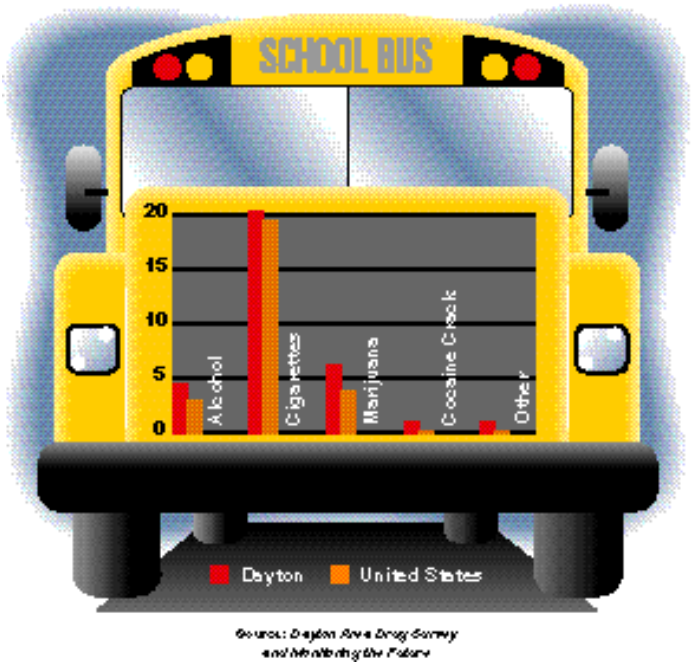
Alcohol abuse in Ohio has declined over the last decade. Adults report about half as many incidents of binge drinking as ten years ago. The same pattern holds true for chronic drinkers (those who have more than 60 drinks per month). These declines may be due to increased public awareness, higher alcohol excise taxes, and an aging population that drinks less. Nonetheless, nearly two-thirds of Ohioans who sought treatment in state programs for alcohol and drug abuse in 1994 listed alcohol abuse as their primary problem.

Drinking among teenagers has decreased in the past decade and is now lower than national rates. In 1993, 41 percent of Ohio eighth graders reported drinking, compared to slightly more than half of all eighth graders nationwide. However, thirty percent of Ohio **high school students** report "binge drinking" (having five or more drinks consecutively)—about the same level as high schoolers nationally. More than a third of Ohio high school students admit to recently riding in a vehicle driven by someone who had been drinking. Fifteen percent of the students have driven after drinking themselves. In 1994, about 5,000 people under 18 sought state-funded treatment for alcohol abuse.

Tobacco. Smoking among adults in Ohio is again on the rise after dropping to 23 percent in 1991. Since then, the proportion of adult smokers in Ohio has risen to 25 percent, close to the national average of 24 percent. Two-thirds of Ohio's heavy smokers are between the ages of 40 and 59.

One-third of Ohio eighth-graders reported smoking in 1993, even though minors cannot legally purchase tobacco. This figure is significantly lower than the 45 percent national rate for this age group. By the time they enter high school, over two-thirds of Ohio students have tried cigarettes and one-quarter are **regular smokers.** This parallels the national rate, which has risen 20 percent since 1991. This increase is particularly alarming since 90 percent of regular smokers begin before the age of 18.

Dayton Youth Drug Use Patterns, Contrasted With National Trends, 1994



Source: Dayton Area Drug Survey and Monitoring the Future

The proliferation of cigarette advertising targeting teens has been linked to increasing adolescent tobacco use. For instance, since the visually appealing Joe Camel ad campaign began in 1988, Camel's sales to underage smokers in the United States have jumped from one percent to 33 percent of all sales to minors—$476 million a year—although the brand controls less than a tenth of the adult market share. Between 1991 and 1993, total annual tobacco advertising expenditures in Ohio increased from $186,000 to $259,000. One way Ohioans can stem the rise in teen smoking is to counter pro-smoking messages in **tobacco advertising** with hard facts about tobacco's harmful consequences.

Illicit Drugs. The state has not gathered sufficient data to identify trends in illicit drug use, primarily because ODADAS was created just five years ago and because Ohio has traditionally placed heavy emphasis on county-level administration of all branches of government. In 1992, Ohio successfully competed for a contract from the federal Substance Abuse and Mental Health Administration to perform alcohol and other drug needs assessments statewide, and these projects are underway. Meanwhile, some community coalitions and counties collect data on alcohol, tobacco, and illicit drug use among their citizens, although they generally do not have the resources to conduct annual surveys. In the absence of statewide data, this profile will use national surveys to put Ohio figures in perspective.

Ohio assesses the extent of its adult drug problem from national data as well as state treatment program statistics. The state estimates that about **one million people**—about 10 percent of the population—need treatment for alcohol and other drug abuse, but state programs can currently serve only 75,000 clients. Athird of those needing treatment in Ohio are women, a tenth are African-American, and less than one percent are Hispanic/Latino. Nearly 100,000 are under the age of 17, and about 150,000 are over the age of 65.

In 1993, one in fourteen Ohio eighth graders (7 percent) reported using marijuana, somewhat less than the national rate of 10 percent. In Cleveland, however, the percent of all teenagers who have tried marijuana more than doubled from 11.2 percent in 1991 to 28.1 percent in 1993. Marijuana use among Dayton teens has been slowly climbing since 1990, while in Hamilton County, marijuana use has declined. In 1993, 19 percent of seventh through twelfth graders in the county reported trying marijuana, compared with 25 percent in 1987.

Inhalants are of special concern because they are easily available household substances like paint thinner and aerosol sprays, and are potentially life-threatening. Statewide, 6 percent of Ohio eighth graders used inhalants in 1993, compared to 11 percent nationally. In Hamilton County, 5 percent of junior high and high school students used inhalants in 1993, up from 3 percent in 1987.

Ohio eighth graders report using other drugs at rates similar to the national average. In 1993, 1.4 percent of eighth graders used cocaine, as did 1.7 percent of eighth graders nationwide. Data for older youth (ninth through twelfth graders) in Ohio suggest they also use cocaine at slightly lower rates than their peers around the country.

Drug and alcohol abuse are pervasive among the **homeless.** A1993 study found that over half of Cleveland's homeless are moderately or severely alcohol-dependent. Twenty-two percent had injected drugs at least once, and 6 percent were current injection drug users, compared to only 1 percent among the general population. Cocaine dependence was a problem for 44 percent of those surveyed, as was marijuana for 17 percent and heroin for 6 percent. Nearly half had received some form of drug treatment. Two-thirds of those who had received treatment in the past year had entered treatment an average of three times in their lives. Homeless people often have severe substance abuse problems, and progress made during treatment is often lost once they return to the streets.

Two-thirds of Ohioans admitted to state treatment programs between July 1, 1993, and June 30, 1994 said they were primarily alcoholics; a fifth said **cocaine** was their drug of choice; and one-tenth identified marijuana. Most addicts, however, abuse more than one illicit drug as well as alcohol and tobacco. State programs treated three-fourths of all addicts for alcoholism, a third for marijuana, a fifth for crack, and a tenth for cocaine abuse.

Public Perceptions. In 1989, approximately 82 percent of Ohio adults saw illicit drug use as a "very serious" problem among Ohio youth, according to a state survey by the Ohio Office of Criminal Justice Services. Sixty-five percent regarded alcohol abuse as a very serious problem among youth. In a 1994 Ohio Poll sponsored by the University of Cincinnati, just 5.4 percent of Ohioans said they thought drug and alcohol abuse was the most important problem facing Ohio. Overall, however, substance abuse was the fourth most commonly mentioned problem, behind crime (25 percent), education (17 percent), and unemployment (17 percent). When asked about their current concerns in another statewide poll, Ohioans in the spring of 1995 ranked drug problems third (after crime and education); drugs did not register at all in the same poll two years earlier. Ohioans tend to favor restrictions or outright bans on tobacco use in indoor recreational facilities. In a 1994 Ohio survey, a majority of the public supported smoking restrictions in restaurants, in malls, and at indoor sporting events. Public support for addressing drug and alcohol abuse is vital to successfully dealing with the problem.

Youth perceptions about drug use and availability will shape Ohio's drug, alcohol, and tobacco use patterns in coming years. In 1993, the great majority of eighth graders in Ohio (83 percent) and nationwide (70 percent) believed marijuana and other illicit drugs to be very harmful. The percentage of youth who hold this belief has been declining nationally.

Making A Difference

Prevention

Gambier. Ohio Teen Institute. The Ohio Teen Institute, a training program offered every summer to teach peer prevention methods to teenagers, celebrates its thirtieth year in 1995. The program has become a model for Teen Institutes in 40 states.

Four hundred teens and one hundred adults converge each summer at Kenyon College to study teenage leadership of local alcohol and drug abstinence movements. Teenagers engage in leadership training, drug education, and group discussion. Participants are encouraged to plan a community prevention project. When they return to their schools, they are assisted by county Teen Institute coordinators to implement their ideas. The Teen Institute has been replicated on a smaller scale in communities and schools throughout Ohio. More than 300 mini-institutes were held in 1993 and 1994. Information about this program is available through ODADAS Division of Prevention and Training, (614) 644-8326.

Toledo. America's Pride Spirit Program in Toledo Public Schools. In 1994, Toledo public schools ran a prevention program among sixth graders that showed remarkable results. This program uses the PASS model of prevention: purpose, awareness, skill, and support. Students are urged to find a purpose for staying drug- and alcohol-free. The Toledo PASS program aims to stop potential users from beginning to use alcohol, tobacco, and illicit drugs, and to reduce the number of students who already use those substances.

America's Pride coordinators engage students in activities that give them tools to fight drug use. Students write letters encouraging drug abusers to become drug-free, compete in a telephone book search to find support resources, and design their own school-wide prevention strategy. To combat media messages that encourage alcohol, tobacco, and drug acceptability, America's Pride has started a "Z-dog" t-shirt and animated television ad campaign. The Z-dog character, a zero-tolerance mascot, has become popular in the Toledo area. America's Pride is now seeking to take the Z-dog campaign statewide. For more information about this program, call (419) 475-4665.

Ironton, Lawrence County. Prevention for Rural Pre-Teen Minority Youth. This after-school recreation program for high-risk Appalachian and African-American youth in Lawrence County won a national "Exemplary Alcohol and Other Drug Prevention Programs" award from the federal Center for Substance Abuse Prevention in 1994. The project offers youth ages 10 to 14 two hours of academic tutoring, substance abuse prevention, and recreation three afternoons a week. The curriculum focuses on value clarification, conflict resolution, and communication skills. The children also go on hikes, picnics, visits to the symphony, and weekend trips to learn about healthy recreation and community building. For more information about these programs, call (614) 532-7855.

Making A Difference

Prevention

Partnership for a Drug Free Ohio. The Partnership for a Drug Free Ohio is a group of 300 media partners who provide free air time and print space for anti-drug advertisements. ODADAS has worked with the national Partnership for a Drug-Free America to develop and coordinate an anti-drug media campaign for the state. The public service announcements, which contain anti-drug messages and a toll-free number to call for drug prevention materials, are carried at no cost by television, radio, cable, print and outdoor advertising.

Between January and August 1994, the Partnership received $406,804 in donated television air time and $305,659 in donated print space in 5 major markets covering most of Ohio. In the period 1987-1994, television stations donated more than $18 million in advertising time. Print media donated nearly $3 million.

Through the efforts of Ohio Parents for Drug Free Youth and their statewide Media Project, this effort is being expanded to include every county in Ohio. For more information on this program, call (614) 268-6255.

Dayton. Project Empower. Project Empower, a joint venture of the Montgomery County Alcohol, Drug Addiction and Mental Health Services Board and the United Way of the Greater Dayton Area, works with high-risk pregnant women and girls, postpartum mothers, and fathers who are under age 21 in Dayton. The program trains young parents to address parenting pressures without turning to substance abuse (or other destructive behaviors) in response to the stress they may encounter.

Young parents participate once a week in training sessions on anger control, problem solving, building healthy relationships, drug avoidance skills, communication, and managing stress. In addition, they are paired with a volunteer "mentor," who meets with the parents at least once a month. Training and mentoring sessions continue for a year.

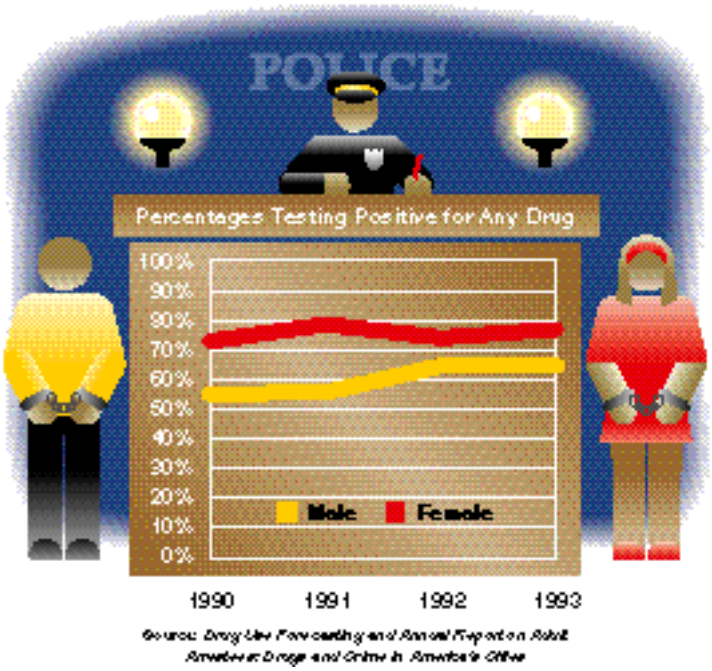
Only a year old, Project Empower has twenty-five mentors and currently serves 200 participants and their families. For additional information about this program, call Project Empower at (513) 220-6634.

IV. Drugs and Crime

Drugs and alcohol contribute to criminal behavior in part because they weaken inhibitions and impair judgment. While alcohol can be obtained legally by adults, the illicit drug trade often creates an environment of crime and **violence.**

In 1992, Ohio arrested 26,000 people for drug offenses (drug trafficking and drug possession). Although "drug offenses" do not include crimes committed while under the influence of drugs, arrest statistics show that most crimes involve drug use. Drug-related crime includes drug possession, drug sales, robbery, and prostitution (to get money to buy drugs). Drug use is pervasive among all arrestees, even more among women than among men.

Drug Use Trends Among Booked Arrestees, Cleveland



Source: Drug Use Forecasting and Annual Report on Adult Arrestees: Drugs and Crime in America's Cities

According to the Ohio Department of Rehabilitation and Correction, 70 percent of offenders entering prison have serious drug and alcohol problems. Three-quarters of the youths under the supervision of the Department of Youth Services (DYS) have abused drugs or alcohol. In 1994, DYS reported that nearly half of the 2,166 juveniles under its supervision with substance abuse problems needed residential treatment. From 1986 to 1994, the number of youngsters incarcerated for drug trafficking rose from 28 to 254. Youth entering DYS for the first time are required to complete forty hours of substance abuse education. A **treatment** and education program for juvenile drug traffickers serves fifty youths per year.

Across the state, one in five new inmates has a prior felony drug conviction. More than a third report having had at least one experience with treatment, but over half have never participated in a treatment program. Drug-related crimes in Ohio have increased in the last decade, as they have across the nation. They now account for 31 percent of all offenses resulting in incarceration in the state. As of 1994, eleven Ohio inmates were serving life sentences for drug offenses, compared to more than 4,000 in the rest of the country.

Prison populations in Ohio have grown rapidly, straining correctional facilities and resources. In 1990, the Ohio state prison system held 31,500 inmates; three years later, the prisons held 40,600 inmates and were operating 80 percent above capacity. At the same time, juvenile institutions were 64 percent above capacity. In 1993, Ohio accounted for nearly 5 percent of the nation's **state prison** population, and ranked fifth in total number of prisoners. To lock up one prisoner in Ohio costs $14,000 to $50,000 a year, depending on the type of facility. Without knowing the precise degree to which drug use has led to crime in Ohio, it is safe to assume that drug use and drug-related crime have contributed to the recent increases in Ohio's corrections budget, which jumped from $250 million in 1988 to $695 million in 1994.

Inmates Receiving Treatment in 1994

Source: Ohio Department of Rehabilitation and Correction

Making A Difference

Corrections

Treatment Alternatives to Street Crime (TASC). The Treatment Alternatives to Street Crime (TASC) program, a national initiative of the U.S. Department of Justice, is sponsored in Ohio by ODADAS and the Office of Criminal Justice Services. TASC works to place non-violent drug offenders in treatment instead of prison. There are seven TASC programs in Ohio, serving juveniles in Gallia/Jackson, Preble, and Sandusky counties, and adults in Clermont, Cuyahoga, Lucas, Sandusky, and Stark counties. Treatment for an Ohio adult or adolescent in a six-month residential program costs $8,000 to $10,000, less than half the $25,000 average incarceration cost for the same period. The first TASC program, established in Preble County in 1991, channeled young offenders out of 25,000 potential jail days its first year of operation, saving Ohio $400,000. The Stark County TASC reduced the number of commitments to state prisons after one year from 21 to 2. Almost a year after leaving the TASC program, 89 percent of participants in the adult TASC programs test negative for drugs and alcohol. Only 3 percent of adult and 6 percent of juvenile TASC participants have been rearrested, compared to 25 percent of other Ohio probationers. For more information about Ohio's TASC program call (614) 752-7385.

Juvenile Drug and Alcohol Awareness Prevention Program (DAAPP). Aware that young people may be diverted from further contact with the corrections system by education rather than incarceration, the Clermont County Juvenile Court started a Drug and Alcohol Awareness Prevention Program (DAAPP) to divert first-time, low-level offenders from incarceration. When an offender is suspected of using drugs or alcohol, a counselor meets with the youth and his or her parents to describe the traditional court option and the DAAPPoption. DAAPPprovides counseling and education about the consequences of drug and alcohol abuse. If the offender admits to the charges, he or she may opt to go through the DAAPPinstead of a hearing. There is a strong incentive to choose the DAAPP: the youth leaves the program with a clean record. In 1994, more than 90 percent of youth who chose the DAAPPhad no further contact with the corrections system.

Making A Difference

Corrections

Therapeutic Communities Behind Bars. OASIS Therapeutic Community at Pickaway Correctional Institution for men and TAPESTRY Therapeutic Community at the Ohio Reformatory for Women in Marysville treat drug offenders recruited from the general inmate population. Treatment is highly structured, with clearly defined expectations and limits characterized by the enforcement of institutional rules and community-imposed sanctions and penalties, as well as earned privileges as part of the recovery process. The goal is to prepare a prisoner to function in the outside world without drugs or alcohol. Residents who successfully complete the program are placed in community-based aftercare programs. Since 1990, over 700 women and 350 men have completed treatment within these correctional facilities. One year after release, 86 percent of Marysville participants and 88 percent of Pickaway participants have not returned to prison, compared to a national recidivism rate of one third.

In the spring of 1995, DIVERSIFIED, a new community-based therapeutic program in Columbus, opened for thirty men and women leaving prison on probation who need treatment as a transition into the community. Eligible probationers participate for six months, and work while receiving substance abuse education and treatment. After leaving DIVERSIFIED, probationers receive outpatient treatment and maintain close contact with a parole officer for another six months.

V. Costs to Ohio

Alcohol and drug abuse costs Ohio $7- $8 billion each year in health care, social welfare, lost productivity, and criminal justice. In 1991, direct health care costs for smoking-related illnesses totaled more than $764 million, of which hospital care accounted for nearly $539 million. When indirect costs, such as **lost productivity** and income, are included, tobacco use represents a liability of more than $3 billion annually for Ohio.

Impact on Children. Alcohol, tobacco and illicit drug use by pregnant women damages the fetus. Prenatal exposure to cocaine can impair motor skills, delay language development, and cause behavioral problems. In 1993, 18 percent of substance-exposed children in Ohio were born with low birth weight, a primary cause of infant death. Children exposed to alcohol, tobacco and illicit drugs *in utero* may incur Medicaid expenditures at almost twice the rate of nonexposed infants. Alcohol abuse during pregnancy can lead to fetal alcohol syndrome (FAS) in children, a leading cause of mental retardation. Ohio spends $92 million each year to care for children born with FAS.

ODADAS estimates that 33,000 pregnant women per year have an alcohol or drug problem; one quarter of Ohio mothers smoke during pregnancy. Low birth weight is a problem for about a third of infants whose mothers use alcohol or drugs, and is also a widely acknowledged result of smoking during pregnancy. Low birth weight infants frequently incur $25,000 - $30,000 in neonatal intensive care costs; ongoing medical and psychological treatment for these children can run into hundreds of thousands of dollars.

Hamilton

In Ohio, reports of child neglect and maltreatment increased more than 40 percent between 1989 and 1993, reaching a record 107,000 cases. Approximately one-third of all children in out-of-home care have substance abuse problems, as do nearly 70 percent of their parents. Children who remain with their **addicted parents** often develop depression, learning disabilities, hyperactivity, delinquency, eating disorders, and other problems.

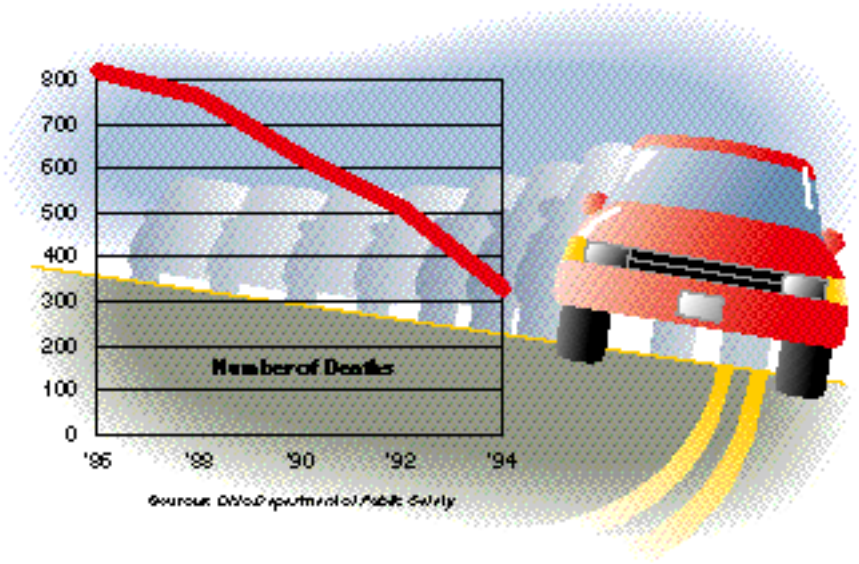
Impact on the Spread of Disease. Drug and alcohol abuse contribute to the spread of sexually transmitted diseases (STDs) in part because they are disinhibitors, encouraging users to behave in ways they might not if they were sober. The crack epidemic spurred rapid growth in the STD transmission rate because of the close link between drug addiction and unsafe sexual behavior. In Dayton, a 1990 study showed that crack users had an average of twenty-two sex partners in the previous three months; only half of crack users had had fewer than ten sex partners in three months. Twenty-seven percent said they never used a condom.

Drug-related prostitution also contributes to the spread of STDs like syphilis. Between 1980 and 1990, the number of syphilis cases per 100,000 people in Ohio jumped from 2 to 20. Cases of congenital syphilis—babies born with the disease—jumped from just 2 in 1988 to 59 in 1992.

Injection Drug Users. Injection drug users (IDUs) and their sex partners are at greater risk for AIDS and the hepatitis B infection, as well as tuberculosis and sexually transmitted diseases (STDs).

A1994 study found that as few as 2.4 percent of Ohio's injection drug users regularly use condoms, and 64.5 percent do not use new or disinfected needles when they inject drugs. Yet as many as 83 percent of Ohio's injection drug users believe they have little or no chance of contracting HIV.

Dramatic Drop in Alcohol-related Highway Deaths



Ten percent of Ohio's **AIDS** patients are injection drug users. Nationally, injection drug use causes a third of AIDS cases. Since 1987, injection drug use has been the second most common source of exposure to AIDS in Ohio, after homosexual transmission. The estimated lifetime medical cost of treating a person with AIDS is $119,000.

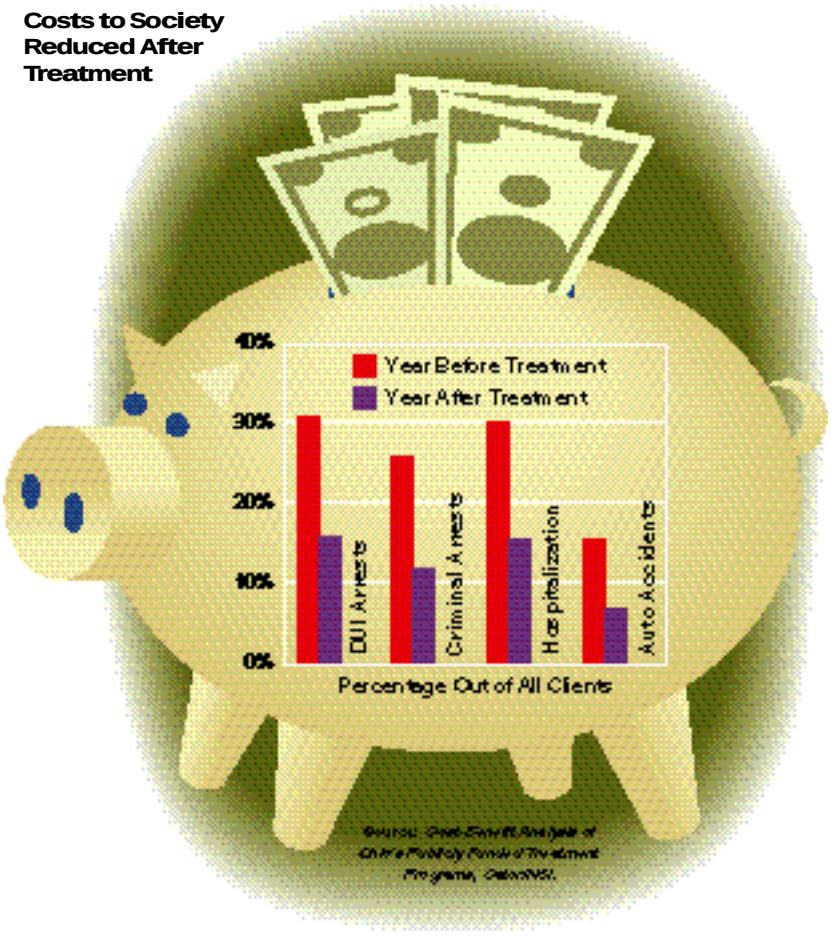
Impact of Tobacco. About 20,000 people die each year in Ohio from smoking-related diseases, including lung cancer and emphysema. Each year, Ohioans lose over 25,000 years of life to smoking-related, premature deaths, and pay over $764 million for prevention, diagnosis, and treatment of smoking-related conditions.

Impact on Public Safety. In addition to placing a burden on the criminal justice system, those who abuse alcohol and drugs threaten **public health** and safety in at least two important ways: they are more likely to be involved in automobile accidents, and they endanger workplace safety and productivity.

Automobile Accidents. Drunk driving in Ohio has been steadily declining over the past decade. About 2 percent of the respondents in a 1992 statewide survey admitted to driving drunk in the month before the survey, compared to 7 percent in 1984. From 1980 to 1992, alcohol-related crashes dropped from 39,447 to 25,156 per year. Alcohol-related highway deaths dropped by 60 percent between 1986 and 1994. These encouraging declines have occurred in response to public education, changing social norms, and increased enforcement.

Ohio still ranks in the top third of all states for drunk-driving arrests per capita. The U.S. Department of Transportation estimates that each alcohol-related **traffic fatality** costs an average of $750,000. Extrapolating from this figure, Ohio's 700 alcohol-related traffic fatalities in 1990 cost its taxpayers $528 million; its 396 fatalities in 1994 cost nearly $300 million. Further, the incidence of auto accidents raises insurance rates paid by all drivers.

Costs to Society Reduced After Treatment



Ohio may have a new problem on its hands: drugged driving. In a 1994 survey, 14 percent of Franklin County youth said they had driven a car while under the influence of marijuana.

Workplace Safety. Drug and alcohol abusers endanger work-place safety and productivity. Employee drug use costs businesses nationwide $60 billion a year in lost productivity, absenteeism and medical claims. If alcohol is included, the annual total jumps to $140 billion. Of Ohioans seeking state-funded treatment, 23 percent are employed full-time; six percent are employed part-time, and a third are unemployed. (The remaining third are students, homemakers, or otherwise not seeking work.) In 1992, Ohio began a multi-year cost-benefit analysis of state-funded treatment. The study suggests how much drug and alcohol abuse disrupts the workplace. In an evaluation of job performance for 751 recovering addicts, treatment resulted in a 45 percent decrease in absenteeism. This group also had a 17 percent decrease in errors and on-the-job injuries.

VI. Ohio's Response to Alcohol, Tobacco and Illicit Drug Use

Alcohol. Ohio has a blood alcohol limit of .10 percent, as do 38 other states. Since 1993, a driver who registers the .10 limit or who refuses to take a breathalyzer test receives an immediate license suspension of up to one year. Repeat offenders face electronic monitoring, jail time, vehicle immobilization, and fines. The legislature lowered the blood alcohol limit for drivers under 21 to .02 percent, and imposed penalties including license suspension and remedial driver education. Other new legislation increases sanctions for those convicted of driving drunk with minor children in the car, and forbids the sale of non- and low-alcoholic beer and wine to those under 18.

Ohio law requires that offenders convicted of driving under the influence (DUI) who have no other DUI **convictions** in the previous five years must be sentenced to three days imprisonment. Ohio's Driver Intervention Programs (DIPs) provide intensive assessment, educational, and referral services to those convicted of driving vehicles (including watercraft) under the influence of drugs or alcohol. The court may suspend the three-day sentence and require the offender to attend a one to three day DIP. There are 104 DIPs in Ohio, which in 1993 served almost 30,000 clients. Although the 96 residential and eight non-residential DIPs provide assessment and referral services, they do not offer drug or alcohol treatment. Ninety percent of DIPparticipants are first-time offenders.

Related to DIPs are the Indigent Drivers Alcohol Treatment Fund and the Juvenile Indigent Drivers Alcohol Treatment Fund. When a court orders a DUI offender to participate in an alcohol or drug treatment program, the local Board of Alcohol, Drug Addiction, and Mental Health Services must determine which program best meets the needs of the offender. If the offender is unable to pay for the recommended treatment program, the court may order the local Indigent Drivers Fund to cover the cost. Since 1991, ODADAS has transferred approximately $2.7 million to these funds.

Each county and municipality with a municipal court has an Indigent Drivers Fund. The adult program was established in 1990 and the juvenile program in 1994. Funding comes from four sources: 1) mandated fines for DUI convictions; 2) half of certain fines imposed for driving with a **suspended license;** 3) General Assembly appropriations; 4) a portion of the driver's license reinstatement fee charged to persons convicted of DUI.

Tobacco. The Ohio Department of Health began tobacco control programs in 1964, the year the U.S. Surgeon General first warned of the dangers of smoking. In 1987, when states began receiving federal substance abuse block grants, the Department implemented the Tobacco Risk Reduction Program, which aims to reduce adult smoking 20 percent by the end of the century. The program emphasizes controlling youth access to tobacco, educating children about tobacco-related illness, and providing cleaner indoor air. In 1992, 60 percent of Ohio's workers were employed in smoke-restricted or smoke-free workplaces. The Tobacco Risk Reduction Program annually receives $250,000 from the federal Centers for Disease Control and Prevention (CDC), as well as $260,000 from the federal substance abuse block grant to Ohio. No state revenues go toward the program.

Many of the Department of Health's tobacco-related programs are implemented by individual counties or two-county coalitions. For example, CDC provides Ohio $250,000 per year to implement its Initiatives to Mobilize for Prevention and Control of Tobacco Use (IMPACT) program. Local departments of health throughout Ohio apply to the Department of Health for IMPACT grants to run **tobacco control** programs, to coordinate smoke-free worksite initiatives with local businesses, and to ensure compliance with the Synar Amendment.

The Synar Amendment, a tobacco control requirement attached by Congress to the federal substance abuse block grant appropriation, directs states to prohibit cigarette sales to minors, and to conduct random, unannounced compliance checks. If the states do not comply, they can lose as much as 40 percent of their federal substance abuse block grant.

To enforce the Synar requirements, the Ohio Department of Health has measured the rate at which merchants are willing to sell tobacco products to minors both before and after a public education campaign. In 1994, illegal sales to minors dropped from 63 percent of attempted purchases to 25 percent in the post-education round.

An Ohio bill proposed in April 1995 (H.B. 299) would restrict the scope of the Health Department's clean indoor air projects, despite the fact that 70 percent of Ohio's smokers themselves favor restrictions on smoking in public, according to a 1994 poll. The bill would also make the Synar compliance-check requirement optional. If counties were to decide they must check on tobacco sales to minors, only a full-time salaried employee in the police branch (such as the sheriff or a uniformed officer) would be able to perform compliance checks. Because uniformed officers are generally kept fully occupied by other duties, H.B. 299 could effectively eliminate the compliance checks required by the Synar Amendment. The result could be severe cuts in Ohio's portion of the federal substance abuse block grant. The bill could damage Ohio's efforts to reduce youth access to tobacco.

Canton

In the past, state resources have often augmented the Department of Health's efforts. Governor Voinovich issued an executive order in January 1993 that bans smoking in all state-owned buildings, which will last as long as he remains in office. Aban on student smoking in public schools or at school-sponsored activities went into effect in 1988 (although adults are still permitted to smoke in these environments). Smoking is prohibited in day care centers and in homes where day care is provided.

Aminimum age of 18 for the purchase of cigarettes and smokeless tobacco products went into effect in 1984. In 1992, tobacco **excise taxes** were raised from 18 to 24 cents per cigarette pack; the national average is 31.5 cents per pack. Vending machine purchases by minors and distribution of tobacco product samples to minors, while illegal, remain difficult to control.

Several cities have individually taken steps to control smoking. Columbus, for example, has prohibited smoking in city vehicles, banned the sale of tobacco products in city facilities, and limited to two the number of smoking areas in each city facility. Dayton has prohibited smoking in city buildings. In 1994, the city of Hamilton passed a resolution urging Congress and the Food and Drug Administration to regulate tobacco products.

Some localities have made efforts to limit public tobacco use, but have been blocked by the courts. In 1994, the Columbus Board of Health banned smoking in almost all public places, including theaters, bowling alleys, bingo parlors, and airports, but the ban was overturned by a local environmental court judge before the year was out. In 1994, Cincinnati enacted legislation (effective June 1, 1996) prohibiting tobacco advertisements on billboards, signs, and public vehicles. This legislation is currently under legal attack, primarily by outdoor advertisers.

Prevention. Numerous prevention and advocacy groups have waged successful campaigns across the state. Groups such as Mothers Against Drunk Drivers (MADD), Parent's Resource Institute for Drug Education (PRIDE), Ohio Parents for a Drug-Free Youth, and the Franklin County Prevention Institute offer many **prevention** programs and activities. A Cincinnati program sponsored by the National Recreation and Park Association, the "Late Evening Recreation Program," provides recreation and education opportunities for public housing residents. It has been credited with a 24 percent drop in the crime rate in the neighborhood.

Prevention in Schools. ODADAS and the Ohio Department of Education fund prevention programs in all Ohio schools districts with federal Safe and Drug-Free Schools and Communities Act money. The Safe and Drug-Free Schools block grant arose out of National Education Goal 7 in the Goals 2000: Educate America Act. Goal 7 is that, by the year 2000, every school in the United States will be free of alcohol, drugs, violence, and the unauthorized presence of firearms, and will offer a disciplined environment conducive to learning. Of the federal prevention grant from the Drug-Free Schools and Communities Act, 20 percent ($3.7 million in 1995) goes to a governor's fund, which ODADAS administers on a competitive request-for-proposal basis. In state fiscal year 1994, 84 programs served 185,745 people through this process.

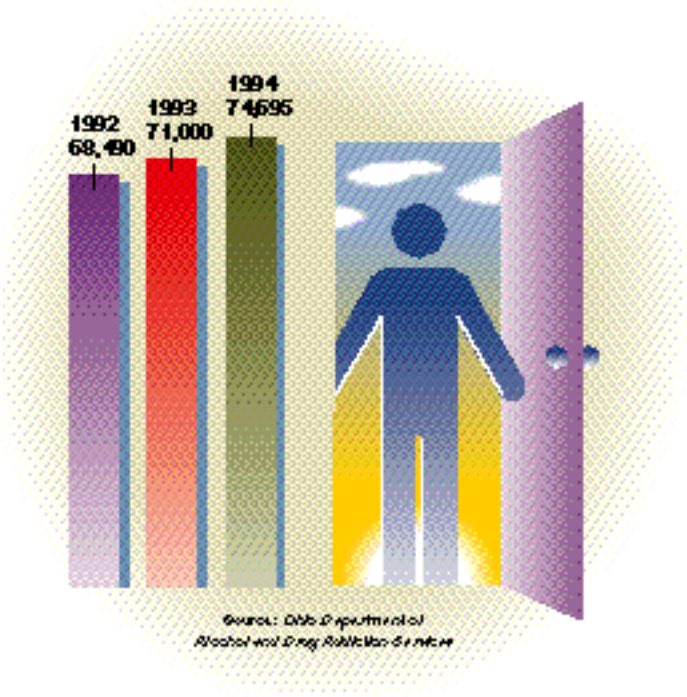
Eighty percent ($18 million) of the Safe and Drug-Free Schools **block grant** is administered by the Department of Education to implement prevention programs in Ohio's 612 school districts. The Department of Education stresses to its district coordinators that each program should include six factors: the program should 1) be comprehensive in nature; 2) assess the local need, and establish, implement, and enforce policy; 3) develop and implement prevention programming; 4) provide education and training to school staff; 5) involve parents; and 6) network as much as possible with community groups working toward the same goals.

The locally organized programs include a wide variety of classroom and community activities, and target special groups such as Amish and Native American youth and deaf children. Most schools begin prevention programming in the elementary years, but all Ohio Head Start classrooms receive prevention programming. In school year 1992-1993, Safe and **Drug-Free Schools** programs served 1,637,977 students. Eighty-five percent of schools held substance abuse awareness programs for parents, and 49 percent held parenting workshops. Four regional meetings and a yearly conference, sponsored by ODADAS and the Ohio Department of Education, keep school and community personnel informed about the latest trends in substance abuse prevention.

ODADAS also administers the substance abuse prevention and treatment block grant from the federal Substance Abuse and Mental Health Services Administration, and distributes state money from its General Revenue Fund to local boards for prevention and treatment. ODADAS requires that 20 percent of its allocations to local boards go toward prevention programs. The federal government spends 13 percent of its drug money on prevention efforts.

Cincinnati

More Ohioans are Receiving Treatment



ODADAS has worked with private sources to increase local-level prevention funding. One example was a 1993-94 joint funding venture with 7 community foundations in Ohio, which matched ODADAS'prevention contribution more than one to one. The venture raised a total of $323,991, which ODADAS distributed to 19 local prevention groups through its regular granting process.

Ohio Prevention Education Resource Center (OPERC). The Ohio Prevention and Education Resource Center (OPERC), started in 1991 by the Department of Education and ODADAS, serves as a **clearinghouse** for prevention information and training materials. OPERC maintains resource rooms in Cincinnati, Columbus, Toledo, and Cleveland, and provides referral services to link Ohioans with state and federal resources, Ohio community task forces, and regional experts. In addition, OPERC offers training and technical assistance for community and school-based prevention programming, as well as help with evaluation and grant writing for prevention professionals. Since May 1991, OPERC staff have helped over 16,000 Ohioans obtain the prevention resource materials they need.

Treatment. Since restructuring its approach to alcohol, illicit drugs and tobacco, Ohio has pursued a comprehensive plan to address treatment and prevention needs. ODADAS takes the position that addiction should be handled as a public health problem, not as criminal behavior. This philosophy has informed the department's decisions regarding funding and serves as the foundation for ODADAS'relationships with other departments and agencies.

All fifty-three local alcohol and drug addiction boards across the state joined ODADAS and other state agencies in formulating Ohio's current five-year substance abuse strategy (1994-1998). These local boards submit a community plan to ODADAS for implementing the strategy in their area. Their plans also serve as applications for funds from ODADAS, which reviews them for thoroughness and conformity to the statewide strategy. This structure permits Ohio to maintain the cohesiveness of a central plan, while tailoring implementation to address local needs.

ODADAS' enabling legislation also gave it authority to review the use of any funds entering the state for drug and alcohol abuse prevention and treatment. Since 1989, there has been a transition period during which old programs continued to be funded by outside sources such as national foundations or federal agencies. ODADAS has slowly been gaining ground in its **streamlining** efforts as these grants come up for renewal. Each new grant or renewal must now receive approval through ODADAS. The cumulative effect of this centralized analysis and fund allocation process is that Ohio has become highly focused in organizing drug and alcohol prevention and treatment programs.

Some substance abuse prevention efforts in Ohio are fading. One example is the Coalition of Ohio Partnerships. In 1990 and 1991, the federal Center for Substance Abuse Prevention (CSAP) formed partnerships with eleven Ohio counties, with the intent of working in these communities for five years to establish local prevention efforts. By December 1996, all the partnership grants will expire, leaving behind organized community efforts and a direct link with ODADAS—but less funding.

One of ODADAS'current priorities is to standardize client and financial data collection on alcohol and other drug services in Ohio, and to assure consistent quality in state-funded services. The state has introduced methods to implement and track alcohol and drug services, such as community plan guidelines, a client information system, treatment program **certification standards,** and a uniform financial management system.

For example, ODADAS assisted Cleveland in obtaining a five-year federal Target Cities grant of nearly $11 million in 1993 from the Center for Substance Abuse Treatment. The Target Cities Project aims to streamline the interaction of criminal justice and drug abuse treatment systems. Cleveland's grant is intended to consolidate intake for drug, alcohol, mental health, and other human services needs among unemployed and underemployed populations, and to eliminate the waste that results from multiple systems.

In 1994, nearly 75,000 people were treated in Ohio's publicly funded alcohol and drug abuse programs, two-thirds more than the number treated in 1991. In 1992, Ohio spent nearly $73 million for alcohol and other drug treatment services, an increase of more than 240 percent since 1987.

In 1992, ODADAS began a three-year study of treatment effectiveness, which found that outcomes from publicly funded treatment in Ohio are roughly comparable to **private-sector** treatment programs. One year after treatment, 45 percent of clients remained abstinent. Ohio is estimated to have saved $4,575,000 in the year following treatment of the 1,525 clients studied.

Ohio has raised fees for those receiving treatment. An increasing percentage of ODADAS'support for treatment has come from the federal government. ODADAS successfully increased the federal contribution to publicly funded treatment from 63 percent in 1992 to 72 percent in 1995.

Ohio still does not have adequate publicly funded treatment capacity for the one million alcohol and drug abusers who need help. At the same time, private programs are now underutilized because many insurance companies restrict coverage for inpatient treatment.

Prison Treatment Programs. According to the Department of Rehabilitation and Correction, treating offenders for drug problems can cut recidivism by more than half. In fiscal year 1995, the Department spent $3.8 million of its $691 million budget for treatment programs; the treatment funds come from its own budget, not from ODADAS. For state fiscal year 1996, however, the Ohio legislature has appropriated $750,000 for ODADAS to coordinate training and treatment programs in the corrections system.

Drug treatment programs within correctional facilities have expanded in recent years, serving 4,000 clients in 1992 compared to 1,000 in 1988. Self-help programs like Alcoholics Anonymous and Narcotics Anonymous grew from 1,500 participants in 1988 to over 4,000 in 1992. Residential, self-help, and educational programs treated less than a third of Ohio's 35,446 prisoners in 1992. By 1994, two-thirds of Ohio's 40,000 inmates were engaged in such programs, although the majority did not participate in intensive day treatment, residential treatment, or therapeutic communities. The Department of Rehabilitation and Correction has added over 200 residential beds since 1992, with a turnover averaging three to nine months per bed.

Columbus

Twenty-two of Ohio's twenty-four correctional institutions provided alcohol and other drug treatment in 1993. Services included screening, intensive day treatment, residential treatment, and **therapeutic** communities. All correctional institutions provide short-term individual and group recovery counseling, drug awareness education, HIV/AIDS education and fellowship (AA/NA) meetings.

In addition to two therapeutic communities at Marysville and Pickaway, the Department has ten residential treatment programs, with a total of 806 beds, which range in duration from eight weeks to over nine months. Seven facilities offer intensive day treatment programs, which accommodate 220 inmates at a time. Inmates attend these programs six hours a day, five days a week for about three months.

Ohio conducts inmate drug testing programs to determine drug use in its prisons. Of all Ohio inmates, 3.4 percent test drug-positive, compared to 5 percent of inmates nationally.

Drug Courts. In the spring of 1995, the Ohio Supreme Court and ODADAS jointly introduced a program to solicit support from judges, prosecuting attorneys, and treatment professionals for alternatives to incarceration. This program seeks to integrate alcohol and drug abuse treatment into court proceedings by diverting drug offenders from the criminal **justice system** into treatment.

Ohio's first drug court, in Cincinnati, began taking cases in March 1995. This court offers an alternative to traditional incarceration for non-violent drug offenders, usually drug traffickers or people who have committed thefts to get money for drugs.

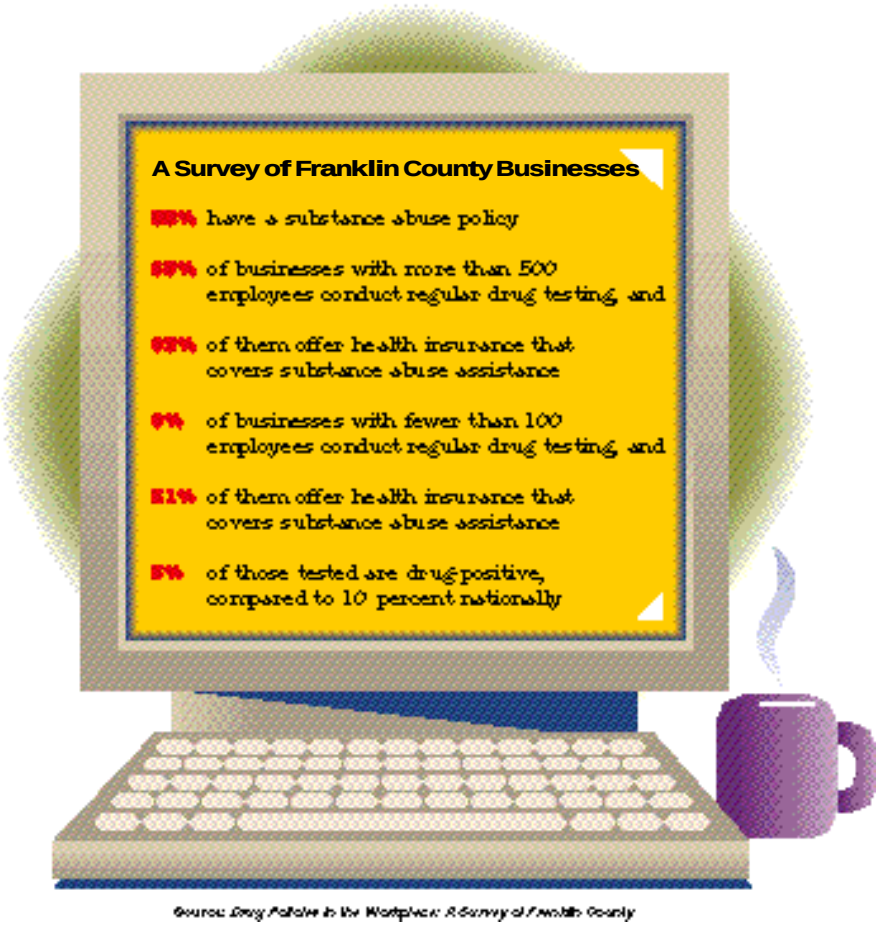
The Cincinnati drug court places offenders in 90 days of inpatient drug treatment before moving them to an intensive outpatient program and fifteen months of supervision. There is no inpatient treatment available for females yet.

Asecond Ohio drug court is expected to open in Erie County in the fall of 1995, and three other counties have moved toward establishing similar programs. Drug courts around the country have resulted in significant reductions in recidivism, opening jail space for violent offenders. Drug courts have gained the support of prosecutors, law enforcement officials, and defense attorneys.

Workplace Initiatives. Ohio has instituted a drug-free workplace policy for all state employees. The state also supports "Drugs Don't Work in Ohio," which assists small businesses in setting up drug policies and drug-testing programs.

A1995 survey found that a majority of small business employers in central Ohio believe alcohol or drug abuse is a problem in the workplace. The survey found that 90 percent of employees knew an alcoholic, and 66 percent of managers reported having to deal with an intoxicated employee on the job. Establishing a workplace drug policy, drug testing program and **employee assistance** program costs approximately $40 to $60 per person.

Private companies in Ohio with drug-free workplace policies include Procter and Gamble, General Electric Aircraft Engines, Campbell Soup, and Dayton Power & Light. These firms also refuse to do business with subcontractors, temporary agencies, and service companies that do not have drug policies.



Source: *Drug Policies in the Workplace: A Survey of Franklin County*

Making A Difference

Treatment

Cleveland. Casa ALMA. The Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP) was started in Ohio in 1980 to address the culturally specific alcohol and drug abuse prevention needs of African- and Hispanic-Americans. The effort now embraces eleven cities and serves more than 80 percent of its target population. One of the UMADAOPprojects is Casa ALMA, the first alcohol and drug treatment program designed especially for adult, Hispanic men. Casa ALMA opened in 1993 in Cleveland. Clients participate in 30-day residential treatment and six months of outpatient care, all offered in a culturally Hispanic environment. The staff are bilingual; programs build on Hispanic values. Of 81 men served in Casa ALMA's first twelve months, 72 percent remained free of drugs and alcohol during post-residential testing conducted in 1993 and 1994. Of 41 clients who were arrested during the twenty-four months prior to treatment, 33 had no arrests during the six-months following discharge, and 86 percent had no contact with the criminal justice system during this same period. For information about Casa ALMA, call (216) 351-3833.

Xenia. Women's Recovery Center. The women who come to the Women's Recovery Center are often homeless, 80 to 90 percent have been physically or sexually abused, and most have drug-related criminal histories. Many of them have had their children placed in foster care. They stay at the Center's peaceful four acre facility for an average of ninety days. Pregnant women stay until their babies are born, an average of six to twelve months. The Center staff work with them to treat their substance abuse and other health problems, and to turn their lives in a meaningful direction. The Center helps women find supportive living environments, or places them in one of its four transitional housing units. When they leave the Center, a social worker tracks them for two years.

Of 41 women surveyed two years after leaving the Women's Recovery Center, 36 reported abstinence from, or only one use of, drugs and alcohol. Of 26 women who had been arrested prior to treatment, 25 had not been rearrested two years after treatment.

The Women's Recovery Center will have 32 adult beds and 12 infant beds by the end of 1996. For more information about this program, call (513) 372-4777.

Making A Difference

Treatment

Columbus. Miracle Village. Atypical family living at Cleveland's Miracle Village consists of three children and a 29- year-old woman addicted to crack who has a 15-year history of drug abuse. The family has lived in shelters or with family members or friends as a direct result of the mother's addiction. Miracle Village is a rare program, because it moves an entire family unit through progressive residential drug treatment. All family members participate in treatment, as well as educational, vocational, parenting, budgeting, nutrition, and wellness classes. In the evening, there are family groups, recreation and culturally sensitive social activities.

Comprehensive services continue for up to 21 months. Being able to live in safe and secure housing is a powerful incentive for women to remain off drugs. There is a "zero tolerance" policy for relapse; if a woman suffers a relapse, an eviction process is initiated. Spouses and significant others can stay in a nearby transitional housing program for the first 90 days, then join the family.

The program works: three-fourths of the women who have entered Miracle Village over the past two years are sober and most are working or pursuing educational goals. Many families with children in foster care have been reunited. Crime has dropped in the adjacent housing project, and local authorities give partial credit to the presence of Miracle Village. For more information about Miracle Village, call (614) 644-8317.

VII. Looking to the Future

In Ohio, alcohol, tobacco and illicit drug use is generally below the national average. If Ohio follows national trends, future surveys may reveal increasing teen drug use. The 1989 creation of a separate cabinet-level department to deal with these problems has placed the state in an excellent position to address drug use trends, and signaled that drug and alcohol prevention and treatment are **priority issues.**

While data on alcohol and tobacco use are available, statewide collection of statistics on illicit drug use by both adults and youth could be improved. In 1993, Ohio's Department of Education became one of over 40 state and local education agencies to participate in the Youth Risk Behavior Survey (YRBS) sponsored by the federal Centers for Disease Control and Prevention. Over the next few years, this survey will yield valuable trend data on high school drug use in Ohio. Ohio's needs assessment contract with the federal Substance Abuse and Mental Health Services Administration (SAMHSA) has generated data on household and homeless drug use, and will provide information on the drug and alcohol treatment needs of runaways and arrestees by 1996. These and other surveys based on national models will help Ohio gauge its progress in coming years.

Ohio could benefit from a close examination of the various programs it has established to treat prisoners with alcohol and drug problems. For example, the results of the Treatment Alternatives to Street Crime (TASC) programs, established jointly by ODADAS and the Office of Criminal Justice Services, appear to be positive. Measuring the effectiveness of correctional treatment programs would help identify what elements of the programs need strengthening. Concerted prevention and treatment efforts should be implemented by the Department of Youth Services to reduce juvenile drug and alcohol abuse.

While Ohio has achieved declines in drunk driving, a lack of public consensus complicates efforts to address such problems as maternal substance abuse, AIDS, and sexually transmitted diseases. Although Ohio has one needle exchange program scheduled to begin distributing needles in Cleveland in September 1995, other cities have resisted the idea of needle exchange, and AIDS advocacy groups are split on the issue.

The Ohio media have contributed substantially to Ohio's efforts to reduce alcohol, tobacco, and illicit drug use, both by donating air and print space to public service announcements and by focusing on the problem in articles and editorials. Editorials addressing alcohol, tobacco, and illicit drug use in Ohio's most widely circulated newspapers multiplied threefold between 1992 and 1994. The news media needs to continue to inform Ohio's citizens about the developing body of information on substance abuse in their state.

Challenges remain. Recent census-type surveys in school districts across the state verify that Ohio youth are following upward national trends in marijuana, LSD, and inhalant use. Some counties have shown that intensive efforts to stem the tide can prevent children from using drugs; other counties need to take similar steps.

By focusing on prevention programs in schools and communities, and by encouraging local boards to forge public-private partnerships for treatment services, ODADAS has begun to alleviate the burden on the public treatment system. As Ohio reforms its health care system, such initiatives should be continued and strengthened. Prevention funding in Ohio may be threatened if current federal efforts to restructure the Safe and Drug-Free Schools block grant are successful. The proposed changes would eliminate earmarking for prevention, so only states with a population fully aware of the importance of prevention are likely to support continued prevention efforts.

Ohio has developed significant resources to prevent and reduce substance abuse. The cabinet-level status of its primary drug-fighting agency gives ODADAS a strong voice in state government. The local focus of all government programs builds on the strengths of individual communities, who know their own problems best. ODADAS has not hesitated to fund innovative and unique programs in Ohio's eighty-eight counties. The outcome studies of these programs should reveal effective techniques for combating substance abuse. The variety of prevention and treatment initiatives in Ohio provide rich opportunities for sharing ideas and information.

Ohio's emphasis on **local control** raises the possibility that experiences will be duplicated without contributing to a common, statewide base of knowledge and information. It will be critical in coming years for ODADAS and other state agencies to ensure that the lessons from individual programs are thoroughly integrated, so that Ohio can provide the best information and programs to all of its citizens.

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Drug Strategies

The mission of Drug Strategies is to promote more effective approaches to the nation's drug problems and to support private and public initiatives that reduce the demand for drugs through prevention, education, treatment and law enforcement.

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