**OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES**

**Resolution No. 27 – 2021**

**Introduced by:** Medical Student Section

**Subject:** Recognition of Substance Use Disorder (SUD) as a Disease, Advocate for Expansion of Safe Treatment and Support the Change of Funding Priorities away from Policing those with SUD

**Referred to:** Resolutions Committee #3

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**WHEREAS,** Substance Use Disorder is a chronic brain disease that involves the compulsive or uncontrolled use of a substance, and is recognized by contemporary medical science as a chronic disease of the brain’s reward, motivation and memory circuitry,1; and

**WHEREAS**, Ohio has an age-adjusted opioid overdose mortality rate 35.9 deaths per 100,000 inhabitants, and Ohio is one of eight states where the opioid mortality rate has doubled every three years from 1999 to 2016,2; and

**WHEREAS**, In 2007, accidental drug overdose became the leading cause of injury death in Ohio, surpassing the amount of deaths from motor vehicle collisions for the first time,3; and

**WHEREAS**, So-called “pill mills” indiscriminately prescribed opioids to Ohio citizens, starting and fueling prescription opioid addictions for tens of thousands of Ohio citizens, with 4,854 accidental overdose deaths in Ohio just in 2017,3; and

**WHEREAS**, Our OSMA recognized Alcoholism as an illness in Policy 79 in the year 1977, and resolved to support alcoholism treatment and the health insurance coverage of treatment for alcohol abuse.; and

**WHEREAS**, The Mental Health Parity and Addiction Equality Act prevents insurance providers from placing limitations on mental health or SUD benefits unequal to those limitations on medical or surgical benefits.4; and

**WHEREAS**, In 2017, a sample of Ohio physicians found that 50% of those providing office-based therapy for substance use disorder did not accept insurance.5; and

**WHEREAS**, Residential treatment of co-occurring Substance Use Disorder and mental health disorder can lead to a reduction in the utilization of acute emergency care and treatment costs.6; and

**WHEREAS**, Ohio Medicaid was expanded on July 1st, 2017 to further cover counseling, therapy, and withdrawal treatment for outpatient services, but there still remains a large gap of Medicaid coverage of residential and in-patient treatments for Substance Use Disorder,7; and

**WHEREAS**, The Medicaid Institutions for Mental Disease Exclusion restricts federal funding in treatment facilities with over 15 bed-capacity by limiting reimbursement to 15 days of residential treatment per month.8; and

**WHEREAS**, A gap of coverage remains for those uninsured individuals who earn above 138% of the federal poverty level ($36,156 annually for a family of four9) and therefore do not qualify for Medicaid, but are unable to afford private insurance on the open market.10; and

**WHEREAS**, Punitive drug laws like mandatory minimum sentencing have been found to be largely ineffective at reducing drug use.11; and

**WHEREAS**, In November of 2020, Oregon voters approved Measure 110 which decriminalizes non-commercial possession of controlled substances and establishes a drug addiction treatment and recovery program funded partially by state marijuana tax revenue and prison savings,12; and

**WHEREAS**, In policy 18 “Prescription Abuse” in 1983, our OSMA resolved to work with other agencies in order to develop solutions to prescription drug abuse; and

**WHEREAS**, In policy 20 “Ohio Physicians and the Opioid Problem” in 2017, our OSMA resolved that all physicians should work diligently to find solutions to the multifactorial opioid epidemic that physicians have contributed to; and

**WHEREAS**, Ohio State Troopers alone, independent from any municipality police force in Ohio, made 16,965 drug arrests in 201813, and law enforcement around the country made 1,654,282 total arrests related to drug possession,14; and

**WHEREAS**, The Ohio Office of Criminal Justice Services offers additional grant funding to municipalities in the sum of up to $250,000 for each municipal applicant to expand drug law enforcement in Ohio, while OCJS additional funding for substance abuse treatment is only eligible for residential programs within correctional institutions,15; and

**WHEREAS,** The City of Columbus allotted $14,500,746 for the 2020 City Budget for Drug Law Enforcement, while allotting only $1,482,074 to address opioid use in Columbus and Franklin County16; **therefore be it**

**RESOLVED,** That our OSMA will recognize Substance Use Disorder as a medical condition, and recognize that those suffering from this disease should be treated like any other patient with a serious illness and should thus have appropriate access to treatment; and, **be it further**

**RESOLVED**, That our OSMA support state legislative changes in funding priorities that de-incentivize the policing of substance users and focus less on the incarceration of people experiencing Substance Use Disorder; and, **be it further**

**RESOLVED,** That our OSMA support a legislative focus on early interventions for people experiencing Substance Use Disorder that provide care that is affordable and accessible throughout recovery from addiction.

**Fiscal Note:** $ (Sponsor)

 $ 10,000 (Staff)

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