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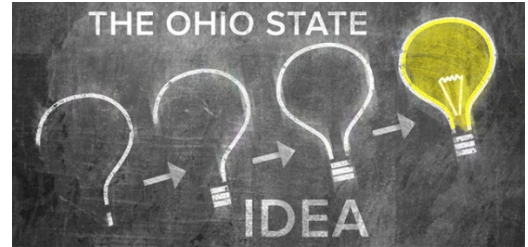
# **Finding Common Ground: Deliberative Solutions to the Opioid Crisis in Ohio**



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## Executive Summary

What do Ohioans think we should do about the opioid epidemic? Despite widespread acknowledgement that opioid addiction and abuse are serious issues facing the United States and Ohio in particular, there has been little systematic inquiry into how the public thinks we should address the problem. Just as importantly, simply asking opinions on a poll is likely to produce uninformative responses, since few in the public understand the benefits and tradeoffs of different policies. This report addresses these problems.

Over the course of April 2018, our team created and moderated over 60 online forums in which groups of up to 12 Ohioans discussed a set of policy proposals designed to address the opioid epidemic. Participants were recruited for deliberation by a survey company via a pre-survey and were invited to take a post-survey following their forum. There was at least one person from more than 95% of Ohio counties that completed both surveys and participated in an online discussion. The policy actions participants discussed were based on a national issue guide compiled by the Kettering Foundation, which was then tailored to Ohio based on consultation with relevant experts and stakeholders, including: public health scholars, law enforcement, health professionals, and legislative staff.<sup>1</sup> Up to a month before each forum and directly after each forum, participants completed surveys measuring their factual knowledge on the opioid crisis, political partisanship, and support for each policy proposal. Using these surveys allowed us to compare participants' knowledge and views on the epidemic before and after they discussed this issue with other citizens. These are the central findings of this research:

- **Some policies are polarizing, but many aren't.** The policy with the highest post-forum prioritization, establishing recovery networks, had similar levels of prioritization among Democrats, Republicans, and Independents. Other actions that were relatively popular, such as implementing medical marijuana and sharply increasing our investment in law enforcement, were given significantly higher post-forum priority among Democrats and Republicans, respectively.
- **People think engaging in online discussions with other Ohioans is beneficial and important, and reported being more likely to take action on this issue after the session.** A vast majority of study participants found the session to be helpful and informative, felt like they learned a lot from their session, thought it would be useful for their state legislators to see the results of their

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<sup>1</sup> The full text of the issue guide is provided as an Appendix to this document.

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session, and agreed that discussions like this are important in our democracy. Many participants also reported being more likely to contact their representatives about the opioid crisis, volunteer for organizations tackling the problem, attempt to persuade others of their position on the opioid crisis, and vote for candidates who share their favored opioid crisis actions in their platforms as a result of participating in the forum.

- **People don't know much factual knowledge about the opioid crisis, but deliberation increases knowledge.** The average participant who completed both survey waves only answered one of the four knowledge questions correctly in the pre-survey. However, average levels of opioid knowledge increased by half a point in the post-survey, a statistically significant increase.

## What's the Issue?

According to data from the Center for Disease Control, more than 42,000 Americans died from opioid overdoses in 2016, and provisional estimates from 2017 indicate that there were over 49,000 opioid deaths nationwide last year, representing a 16% increase. The sheer numbers of people dying from the opioid epidemic, a seemingly unstoppable upward trend in overdose deaths, and the secondary effects of addiction and death on communities has led many experts to label it a public health crisis. While this crisis impacts nearly every community in the United States, it has been felt more acutely in some parts of the country. Ohio is often listed as one of the states that has been hit hardest by the crisis, with good reason: In 2016, more people died in Ohio from opioid overdoses than any other state (3,613), and Ohio had the third highest age-adjusted rate of overdose deaths in the country -- behind only West Virginia and New Hampshire.

While there is widespread agreement among government officials and the mass public that the opioid crisis is a serious problem, there has been little systematic evidence about ordinary citizens' views on possible solutions. This presents a problem for all stakeholders because policy and other efforts to mitigate the crisis will be ineffectual without buy-in from the public. Thus, our team gathered this important data in Ohio through a study conducted in the spring of 2018.

## Background

Participants were recruited into the study through the research firm Naviscent via an email inviting people to take a survey about the opioid epidemic. On this survey, respondents were asked if they would be interested in discussing the issue in an online group. Interested participants were then scheduled and invited to an online forum within a month after completing this survey. The Kettering Foundation's Common Ground for Action platform was used to conduct these forums.

In each forum, participants began by sharing their "personal stories" with other participants, explaining how their experiences with the opioid epidemic shaped their policy views on the issue. Next, participants discussed the set of policy proposals in the issue guide with each other by typing into a text interface. Discussion of policy proposals was divided into four sections, which represented general

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approaches towards action on the opioid epidemic. At the end of each forum, participants reflected on their common ground, or the proposals that a vast majority of people supported in their session.

Upon completion of the forum, participants completed a post-survey. Both the survey taken prior to discussion and the post-survey contained items measuring respondents' factual knowledge on the opioid crisis, partisanship, and their support for each policy proposal. Our measure of support for each policy proposal came in the form of "budget" questions that asked respondents to allocate a finite amount of points to each policy proposal out of 120 total points, based on how much they prioritized taking each action.

### **Why Deliberation?**

Recruiting ordinary people to spend time discussing the opioid epidemic with their peers takes a lot of time, is costly, and is logistically challenging. So why do it? Why not just send out a survey? First, past research has shown that deliberation produces benefits for citizens: It increases their knowledge on the issue they are discussing as well as social trust, and leads to greater familiarity with the reasons why people hold the views that they do. Second, lawmakers should care about people's opinion post-discussion more so than opinion expressed on surveys because citizens' attitudes after discussing the issue with others is likely to be more crystallized and robust to further changes. Throughout discussion, other participants communicate competing considerations, alternative viewpoints, and make arguments on policies which may change people's minds. Thus, looking at opinion post-discussion is more akin to opinion after a policy is put in place than regular survey opinion. Moreover, by tracing changes in people's views from before and after the forum, we can get a sense in how people might change their minds if a policy became salient in public discourse.

### **Why the Budget Question?**

Why is our measure of policy support in the form of a budget question which asks respondents to allocate points from a lump-sum total into each of 12 potential policies? Measuring policy support in this way forces people to make choices between alternative policies -- putting many points into one policy means that you are taking away points from another policy. This measure thus combines the general support (yes/no) people have towards each proposal with the priority they attach to getting the proposal enacted. On a topic like opioids, in which almost everyone agrees on the scope of the problem, this prevents people from articulating a "throw-everything-at-the-wall" approach and forces them to consider which policies are most important to them.

## **What We Learned**

There are three major findings from this research: First, though support for many policies was polarized along party lines post-forum, several policies got support from across the political spectrum. Second, participants not only enjoyed the process of deliberating about solutions to the opioid epidemic, but felt like these discussions were important and indicated they were more likely to take action as a result of the forum. Third, participants gained knowledge on the issue by discussing it with other Ohioans.

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### **Establishing Recovery Networks Had Popular Appeal Across the Political Spectrum**

As might be expected in the current political climate, several policies received differential levels of prioritization from participants who identified with different political parties. For example, Democrats allocated more of their political capital to requiring health insurance companies to cover opioid-related treatment and legalizing medical marijuana than Republicans, on average; Republicans allocated more of their political capital to increasing drug enforcement and giving judges discretion in sentencing, on average.

However, several policies had similar levels of prioritization across the political spectrum. Support for decriminalizing opioid use had low levels of support among Democrats, Republicans, and Independents, while diverting all those who are arrested for opioid use from prisons to mandatory treatment centers received middling levels of support among all partisan groups. However, most importantly, short-term interventions designed to prevent addiction and the creation of recovery networks integrating people in recovery into their communities were widely popular policies among all partisan groups, on average. This can be seen in *Table 1*, which shows post-survey budget allocation for each partisan group.

Furthermore, not only were recovery networks given high priority across party lines in the post-forum survey, there is evidence that the discussion *increased* participants' support for this policy relative to their pre-forum attitudes. *Table 2* shows the pre/post difference in Democrats', Republicans', and Independents' average priority allocations. While most policies saw only slight average differences prioritization between the pre- and post-survey, recovery networks saw increased average prioritization among Democrats, Republicans, and (especially) Independents. Average prioritization decreased for drug courts and the health insurance mandate on a cross-partisan basis following deliberation.

This is particularly noteworthy because we included this policy in deliberations because public health experts, members of the law enforcement community, and ex-addicts had emphasized its importance at solving this crisis, but it has not yet gotten much attention from political institutions. All of this suggests that supporting the creation of recovery networks may be an especially fruitful path forward to combating the opioid crisis, as it has widespread support among experts and among Republican, Democratic, and Independent citizens.

### **People Thought the Process was Beneficial**

Using several measures, our data suggest that participants not only enjoyed the process of deliberating about this important public health crisis with other Ohioans, but felt like the session was valuable and important. Nearly every respondent in the post-survey either agreed or strongly agreed with the statements "I found this session to be helpful and informative" (93%) and "Discussions with my fellow citizens on topics like this are important in our democracy (99%). A vast majority of respondents (82%) agreed or strongly agreed that they felt like they learned a lot from participating in the session, and 97% agreed or strongly agreed that it would be useful for their state legislators to see the results of their session. In short, participants felt that the deliberative forums were useful, informative, and worth sharing with their elected officials.

Additionally, participants in the deliberative forums reported that they would be more likely to take specific actions with respect to the opioid crisis after participating. 42% reported that they would be more likely to contact their elected representatives about the opioid crisis, 45% indicated that they would be more likely to volunteer for an organization doing work to address the opioid crisis, 50% said that they would be more likely to try and persuade others of their position on the opioid crisis, and 85% said they would be more likely to vote for candidates who included their favored opioid crisis actions in their campaign platforms. These findings indicate that discussing the opioid crisis with their peers increased participants' interest in and confidence discussing the issue. Furthermore, participants indicated that they were more likely to take meaningful political actions related to the opioid crisis after having participated in the forums.

**Table 1: Policy Priorities as Measured by Means on Budget Allocation Item on Post-survey**

<b>Policy actions</b>	<b>Democrats</b>	<b>Independents</b>	<b>Republicans</b>
Create recovery networks that focus on integrating people in recovery into their communities, including: faith-based, family-based, and twelve step programs.	14.1	15.7	14.9
Require that all treatments be fully covered by government-sponsored health insurance and private health insurance plans.	10	7.4	5.4
Divert all who are arrested for opioid use from prisons to mandatory treatment centers through drug courts.	9.5	10.1	10
Sharply increase law enforcement action and sentencing for drug dealing and distributing.	7.4	12	14.2
With consultation from law enforcement and prosecutors, give judges several options in the sentencing for misdemeanor drug possession.	8.9	9.5	11.6
Use the potential punishment for possessing illegal opiates to incentivize the completion of treatment programs and cooperation with police.	5.8	7.6	9.5
Set up sterile needle exchange programs where people who are addicted can inject drugs safely.	6.9	4.8	3.8
Decriminalize the use of illegal opioids entirely for anyone who voluntarily seeks treatment.	7.5	7.7	6.9
Equip all police with naloxone, an overdose treatment drug, and make it available cheaply and without prescription.	10.6	8.7	8.3
Heavily regulate the pharmaceutical industry to limit the excess production and advertisement of pain medication.	12.8	15.9	11.3
Legalize the prescription of marijuana for medical pain management as a substitute for addictive painkillers.	14.7	8.8	11.8
Increase investment in short-term intervention programs to prevent long-term addiction.	12.7	11.9	12.8

**Table 2: Change in Policy Priorities as Measured by Means on Budget Allocation Item (Post – Pre)**

<b>Policy actions</b>	<b>Democrats</b>	<b>Independents</b>	<b>Republicans</b>
Create recovery networks that focus on integrating people in recovery into their communities, including: faith-based, family-based, and twelve step programs.	1.2	4.1	1.1
Require that all treatments be fully covered by government-sponsored health insurance and private health insurance plans.	-2.4	-1.9	-2.4
Divert all who are arrested for opioid use from prisons to mandatory treatment centers through drug courts.	-4.1	-3.5	-3.5
Sharply increase law enforcement action and sentencing for drug dealing and distributing.	-.1	.7	-1.7
With consultation from law enforcement and prosecutors, give judges several options in the sentencing for misdemeanor drug possession.	1.1	1.1	2
Use the potential punishment for possessing illegal opiates to incentivize the completion of treatment programs and cooperation with police.	.8	1.8	.8
Set up sterile needle exchange programs where people who are addicted can inject drugs safely.	.5	.8	.15
Decriminalize the use of illegal opioids entirely for anyone who voluntarily seeks treatment.	-.8	-1.4	-.6
Equip all police with naloxone, an overdose treatment drug, and make it available cheaply and without prescription.	.6	.3	1.1
Heavily regulate the pharmaceutical industry to limit the excess production and advertisement of pain medication.	-.7	-1.3	-.3
Legalize the prescription of marijuana for medical pain management as a substitute for addictive painkillers.	2.3	-2.6	1.5
Increase investment in short-term intervention programs to prevent long-term addiction.	1.2	1.9	1.5

### **Deliberation Increases Knowledge**

Prior academic work has found that interpersonal deliberation increases the knowledge people have about the issues they discuss, so we expected participants in our study to be more knowledgeable about the opioid epidemic after the study than they were before. And indeed, this is what we found. On both the pre-survey and the post-survey, we asked participants four factual knowledge questions about the opioid epidemic. Before the forum, participants answered almost exactly 1 out of 4 questions correctly, on average (1.06), but this increased to about 1.5 (1.45) after deliberation. Moreover, these knowledge gains came from a sizeable proportion of the sample. 47% of our sample answered more knowledge questions correctly after deliberation than they did beforehand, compared to 38% that answered the same number of questions correctly and 19% that answered more questions correctly before deliberating.

This knowledge gain represents a statistically significant increase. But what caused this knowledge gain? There are three potential mechanisms at work. First, before each session, participants were encouraged to read an issue guide that contained information about the opioid epidemic and the potential policies that they would be discussing within the session. Second, it could be that when people

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know they are going to be discussing an issue with others, they do some research ahead of discussion to be more knowledgeable. Third, it could be that information presented within the deliberation itself made people gain knowledge on the issue.

## **Going Forward**

The results of this work suggest several paths that should be pursued by policy-makers. First, recovery networks are popular, regardless of political ideologies, and become more popular after people learn more about them. This is an area of common ground that ought to receive broad support. While it is not a complete solution to the problem, it may prove an easy place to start.

Second, these discussion sessions are seen as valuable by citizens and improve their knowledge of the issues. This suggests that a broader popular discussion of the opioid problem would be both appreciated and fruitful among citizens. As we moderated these sessions, it became clear that the average citizen had a lot to offer to this discussion. They often provided useful comments about the relationship between policies and how policy-makers could address their concerns. An effort should be made to incorporate these voices more directly into the policy-making process.

### **About the Authors**

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### **About IDEA**

The Ohio State Institute for Democratic Engagement and Accountability (IDEA) aims to further the mission of a great land grant university. We seek to mobilize the resources of the academy to serve the public good in our local, state, national and international communities. We focus on three related areas: generating and disseminating knowledge about American political institutions, with a special emphasis on elections; studying and fostering high quality political dialogue and deliberation; and furthering the university's mission announced in its motto: "education for citizenship."







# What Should We Do about Ohio's Opioid Epidemic?

**D**rug abuse, a problem the United States has faced for decades, has taken a sharp and lethal turn with the rise of opioids—both legal painkillers, such as oxycodone and fentanyl, and illegal ones like heroin.

According to the Centers for Disease Control, more than 64,000 Americans were killed by drug overdoses in 2016, the vast majority by opioids. The seemingly unstoppable upward trend in overdose deaths has led many experts to label it a public health crisis.

This crisis affects nearly every community in the United States. But Ohio has been at the center of the epidemic, both geographically and in terms of consequences. In 2016 alone, almost 3,500 people died from opioid overdoses in the state, one of the highest rates in the country.<sup>1</sup>

The opioid crisis is a complex problem, marked by increased abuse of both legal prescription drugs and illegal drugs obtained on the street. Furthermore, these two pathways are linked, since many heroin addictions begin with a legal prescription. What's more, the problem of opioid abuse is not limited to overdose deaths. It threatens the safety and prosperity of entire communities.

Opioid addiction affects the families, friends, and communities of those who are addicted, and can put a strain on local resources. For example, in Cincinnati, police estimated that first responders spent at least 102

hours tending to overdose patients in just one week,<sup>2</sup> to say nothing of the countless hours that doctors, nurses, and social workers dedicate to treating those with substance abuse disorders. Drug use is so high in certain communities that it is diminishing the labor force and productivity, as employers say they can't fill positions because too many applicants are unable to pass a drug test. In fact, the Federal Reserve recently reported that opioid addiction reduces the number of job applicants and keeps otherwise able-bodied people out of the workforce.<sup>3</sup>

Doctors and nurses now see the epidemic's effects on the next generation, a wave of babies born addicted to opioids. Sara Murray and Rhonda Edmunds, nurses in Huntington, West Virginia, founded Lily's Place, a facility for addicted babies and their mothers.

"The devil has come to Huntington," Murray said on CNN. "We have generational addiction and that's their normal. It was their mother's normal. It was their grandmother's normal. And now, it's their normal."

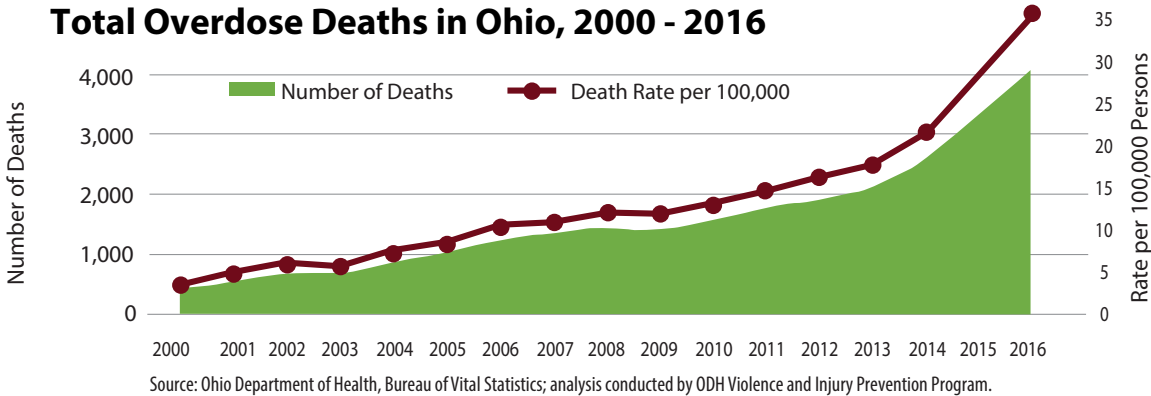
## **What should we do to relieve the opioid epidemic facing our communities?**

This issue guide presents four options. Each option offers advantages as well as risks. **These options are not mutually exclusive**—proposals from one option can be implemented along with those from another. The options are also not the only ways to address the epidemic. They are merely starting points for a broader discussion of what should be done to address this pressing public policy issue.

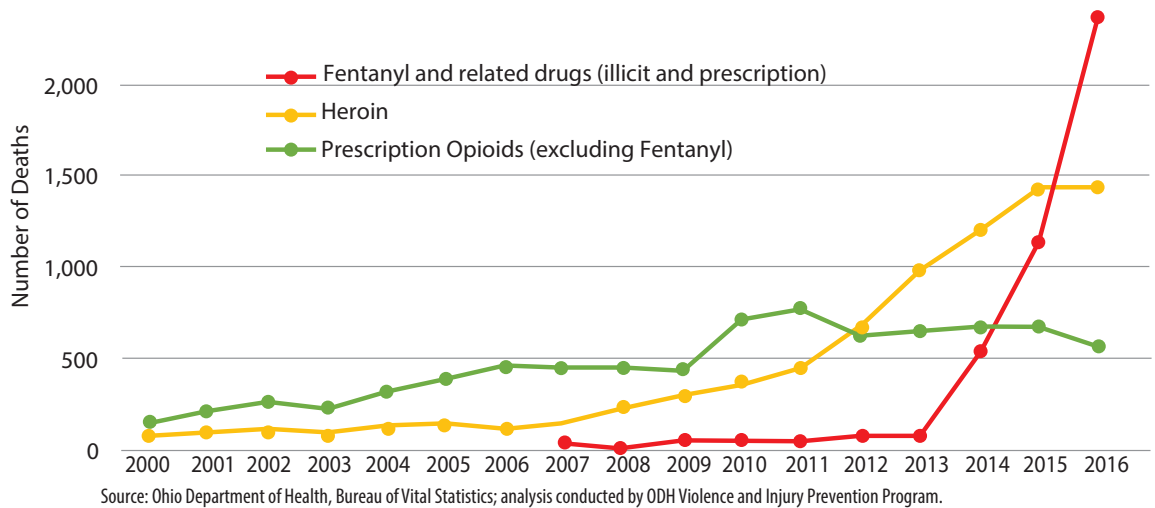
**Drug overdoses are now the leading cause of death among Americans under 50.**

# Facts about Opioids

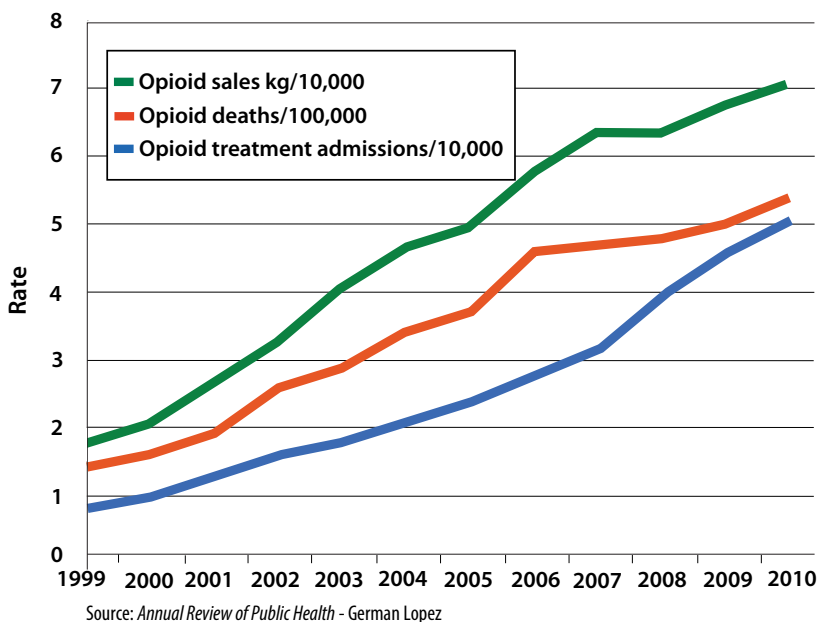
## Total Overdose Deaths in Ohio, 2000 - 2016



## Overdose Deaths from Legal & Illegal Opioids in Ohio, 2000 - 2016



## Opioid Treatment, Deaths, Sales



- “Opioids” include both legal medications, such as oxycodone, fentanyl, codeine, and morphine, and illegal drugs, such as heroin and the black market forms of legal drugs.
- Drug overdoses (estimated at about 64,000 nationwide in 2016) are now the leading cause of death for Americans under 50, with two-thirds of those deaths caused by opioids, according to the US Centers for Disease Control.
- The Centers for Disease Control estimates that opioid abuse alone costs the United States about \$78 billion a year in medical expenses, lost productivity, and prison costs.<sup>4</sup>

## Option One: Focus on Treatment for All

**This option says that, given the rising number of deaths from opioids, we are not devoting enough resources to treatment to make headway in turning around the epidemic.** Addiction is a disease—a medical and behavioral problem rather than a personal choice—so the tools we use to treat diseases will be the best tools for combating the crisis. From this perspective, treatment should be widely available for anyone who seeks it out.

### A Primary Drawback

**This option does little to stop people from becoming addicted in the first place.**

#### Actions

- Create recovery networks that focus on integrating people in recovery into their communities. These include faith-based and family-based recovery strategies, as well as twelve step programs.
- Require that all treatments be fully covered by government-sponsored health insurance and private health insurance plans.
- Divert all those who are arrested for opioid use from prisons to mandatory treatment centers through the use of drug courts.

#### Drawbacks

- These networks may be difficult to implement, especially for under-resourced communities.
- Treatment on demand will take a huge investment of taxpayer dollars.
- Research shows drug courts may not significantly reduce incarceration rates or reduce costs.

“**Less than half of the 2.2 million people who need treatment for opioid addiction are receiving it.**”

—*Department of Health and Human Services*

## Option Two: Focus on Enforcement

**This option says that our highest priority must be keeping our communities safe and preventing people from from having access to illegal and dangerous drugs in the first place.** Strong enforcement measures are needed, both on dealers and users. Opioid abuse brings with it crime and other dangers, and closing our eyes to these dangers only makes the problem worse. From this perspective, a tough approach is the most compassionate.

### A Primary Drawback

**This option criminalizes a public health problem.**

#### Actions

- Sharply increase law enforcement action and sentencing for drug dealing and distributing.
- With consultation from law enforcement and prosecutors, give judges several options in the sentencing for misdemeanor drug possession, including: prison, mandatory treatment, mandatory participation in recovery networks, or a combination thereof.
- Use the potential punishment for possessing illegal opiates to incentivize the completion of treatment programs and cooperation with police in identifying dealers.

#### Drawbacks

- Longer sentences will result in more people in prisons that are already severely overcrowded and underfunded.
- Giving judges freedom to determine the right sentence for each person amounts to giving them arbitrary authority over the fates of drug users.
- Holding a potential charge over someone as an incentive to stay clean or identify their dealer treats a disease like a serious crime.

“From 2011 to 2016, there were more than 5,000 armed robberies of pharmacies nationwide, many of them for opioids.”

—Drug Enforcement Agency

## Option Three: Focus on Reducing Harm

**This option emphasizes the need to mitigate the negative effects of opioid addiction on broader society.** It will be a difficult and perhaps long process to reduce the use of opioids. In the mean time, it is important that opioid use does not become opioid abuse, and that opioid abuse does not lead to death. We should be clear that crime will not be tolerated. But from this perspective, if people who use opioids are not harming society or behaving dangerously, they should be allowed to use safely.

### A Primary Drawback

**This option only addresses the effects of addiction, not its causes.**

#### Actions

- Set up sterile needle exchange programs where people who are addicted can inject drugs safely.
- Decriminalize the use of illegal opioids entirely for anyone who voluntarily seeks treatment.
- Equip all police with naloxone, an overdose treatment drug, and make it available cheaply and without prescription.

#### Drawbacks

- Such programs could actually promote and encourage drug use.
- Decriminalization could lead to cultural acceptance of drug abuse.
- The more time first responders spend treating overdoses, the less they can spend pursuing dangerous criminals and treating other medical emergencies.

“Sterile needle exchange programs reduce the rate of disease transmission by addicts, especially HIV and Hepatitis C, by up to 70 percent.”

—Centers for Disease Control

## Option Four: Focus on Prevention

**This option emphasizes the need to improve background conditions such that people do not turn to opioids in the first place.** If both the supply of and demand for highly addictive opioids were lower, we would not need to spend as much time and money managing addiction and treating overdoses. Lowering supply means addressing the pharmaceutical industry that profits from opioid abuse, and lowering demand means increasing the availability of both less addictive alternatives and short-term treatment options. From this perspective, the only way to truly address the opioid epidemic is to get at its root causes.

### A Primary Drawback

**Reducing the supply and demand of opioids requires deep changes that are complicated and resource-intensive.**

#### Actions

- Heavily regulate the pharmaceutical industry to limit the excess production and advertisement of pain medication.
- Legalize the prescription of marijuana for medical pain management as a substitute for addictive painkillers.
- Increase investment in short-term intervention programs and other treatment strategies to prevent long-term addiction.

#### Drawbacks

- Regulation could create scarcity and limit the availability of pain medication for patients who really need it.
- Legalization could sharply increase the number of people who use marijuana.
- Short-term programs will not be effective for those who need long-term treatment.

“In 2016, about 3,500 people died from opioid overdoses in Ohio.”

—Ohio Department of Health

# About This Issue Guide and Deliberation

**The effects of opioid addiction on individuals, families, and society have long been of serious concern to all of us.** The recent rise in opioid abuse has raised the stakes. Deliberative forums on this issue will not be easy. The objective of these forums is to begin to work through the tensions between safety, freedom, and a healthy society.

The problems caused by opioid addiction can evoke raw emotion on those who have been affected by it. Forum participants with strong feelings about this issue may feel attacked by those who hold other points of view. While this reaction is understandable, in productive deliberation, people examine the advantages and disadvantages of different options for addressing a difficult public problem, weighing these against the things they hold deeply valuable. This guide is designed to help people work through their emotions to recognize the trade-offs that each of us must wrestle with in deciding how to move forward.

The framework outlined in this issue guide encompasses several options and provides an alternative means of moving forward in order to avoid the polarizing rhetoric now growing around the major policy options. Each option is rooted in a shared concern and proposes a distinct strategy for addressing the problem that includes roles for citizens to play. Equally important, each option presents the drawbacks inherent in each action. Recognizing these drawbacks allows people to see the trade-offs that they must consider in pursuing any action. It is these drawbacks, in large part, that make coming to shared judgment so difficult—but ultimately, so productive.

One effective way to begin deliberative forums on this issue is to ask people to describe how the issue of opioid addiction has affected them or their families. Some will have had direct experience with these drugs; many more will talk about the corroding effects of opioid addiction in their family or friends.

## NOTES

<sup>1</sup> “2016 Ohio Drug Overdose Data: General Findings.” *Ohio Department of Health*. <https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/injury-prevention/2016-Ohio-Drug-Overdose-Report-FINAL.pdf>

<sup>2</sup> “Seven Days of Heroin: This is what an epidemic looks like” *USA Today*. September 10, 2017. <https://www.usatoday.com/pages/interactives/seven-days-of-heroin-epidemic-cincinnati/>

<sup>3</sup> “The Opioid Epidemic and the Labor Market.” *Federal Reserve Bank of Cleveland*. <https://www.clevelandfed.org/newsroom-and-events/publications/economic-commentary/2017-economic-commentaries/ec-201715-opioids.aspx>

<sup>4</sup> Florence, C. S.; Zhou, C.; Luo, F.; Xu, L. “The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013.” *Medical Care*. 54(10):901–906, October, 2016. <https://www.ncbi.nlm.nih.gov/pubmed/27623005>

This issue guide was based on a similar guide prepared for the National Issues Forums Institute (NIFI) in collaboration with the Kettering Foundation. National Issues Forums issue guides are used by civic and educational organizations interested in addressing public issues. These organizations use the books in locally initiated forums convened each year in hundreds of communities. Recent topics have included US politics, economic security, America’s role in the world, and immigration. For more information on the National Issues Forums, visit the website [www.nifi.org](http://www.nifi.org).



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