

Slavic Village Needs Assessment and Community Prevention Plan



By Madelaine Matej MacQueen, Ph.D., and the Slavic Village Community Planning Coalition

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Introductions

The Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County recognizes the critical importance of a community-driven approach to tackle the overdose crisis. We are proud to have funded the Slavic Village Needs Assessment and Community Prevention Plan and know that University Settlement, with its century-long history of service, is uniquely positioned to lead the prevention plan as described in this report. The report speaks for itself—it is thorough and concise, filled with voices from the community and is practical. The plan's emphasis on creating safe spaces, treating mental illness, engaging in peer outreach, and promoting harm reduction efforts aligns perfectly with our understanding of the multifaceted nature of the overdose crisis.

I firmly believe that the strength of Slavic Village lies in its close-knit community, and this plan leverages the community's assets effectively. I can't stress enough the importance of community-led initiatives, like this one, in decreasing harm from drugs and alcohol. I urge public health officials and residents throughout Cleveland to read this document and join the movement to make Slavic Village a safer, healthier community – and think about launching a similar initiative in other communities.

– Scott Osiecki, CEO, ADAMHS Board of Cuyahoga County

~

Many people think about drug use and substance abuse as affecting an individual, when in fact, addiction and abuse impacts the entire family unit. That is why it's important to have comprehensive programming that focuses on rehabilitating everyone in the community surrounded by the individual suffering from addiction.

The 44105 zip code first became my place of refuge almost 30 years ago at the age of 7 after moving into a treatment center for women and children. The success of Mircale Village should be attributed to the partnerships forged with local community organizations. Currently, there are fewer opportunities for families to seek the comprehensive services that they need to overcome social determinants like undereducation, underemployment, and most importantly substance misuse and mental health disorders.

The combined effort to rebuild and revitalize the Slavic Village community being led by University Settlement, SVD, the Southeast Resource Center, and R-Place seeks to bridge the gap between wanting to change and being the change that we so desperately need in our community. This assessment highlights some of our most difficult challenges to overcome and it also outlines the measurable goals that University Settlement has set to ensure that the organization continues to meet the needs of the community, as the needs of the community continue to change.

– Tatianna Burks, Slavic Village Resident and HIV Prevention Coordinator, University Settlement

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We would like to thank *everyone* who made this project possible. The work was truly a group effort. (Titles and affiliations are for purposes of identification only; names do not signify organizational support. Affiliations may be current *or* recently past—many people changed roles over the course of the year.)

First, we thank our three Community Planning Coalition co-chairs for their intense attention and commitment to the project:

- ❖ Margaret Zaleski, Co-Owner, Fleet Bike Shop
- ❖ Joseph Greathouse, Director of Programs, Cincinnati Squash Academy
- ❖ John Scalish, PCC-S, LICDC-CS, Chief Executive Officer, Community Assessment & Treatment Services

Second, we thank all the members (past and present) of our Community Planning Coalition:

- ❖ Z Acey, Participant Engagement Specialist, Thrive for Change
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- ❖ Elaine Borawski, Angela Bowen Williamson Professor of Community Nutrition and Vice Chair for Applied Research, Department of Nutrition; Lead, Community and Collaboration Component, Clinical and Translational Science Collaborative, Prevention Research Center for Healthy Neighborhoods, Case Western Reserve University, School of Medicine
- ❖ Colleen Brennan, Community member and mother
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- ❖ Odetta Fields-Jordan, Director, Southeast Cleveland Resource Center
- ❖ Lerra M. Fletcher, Community member
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- ❖ Ashley Malaney, Project and Outreach Coordinator, Neighborhood Pets
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- ❖ Veranda Rodgers, Executive Director, Pregnant with Possibilities
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- ❖ Megan Testa, MD, Medical Director, Cuyahoga County Diversion Center
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An extra “thank you” to Jeannette Lloyd for hosting so many of our coalition meetings at your beautiful historic building in Slavic Village.



Figure 1: Community Planning Coalition meeting on August 29, 2023, at Seven Roses on Fleet Ave.

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- ❖ Brooklyn Barnes, Community Engagement Officer, Cleveland Police Department, 4th District
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Executive Summary

Slavic Village is a neighborhood in southeastern Cleveland, Ohio, with primary zip codes 44127 and 44105. Its racial demographics are a microcosm of Cleveland as a whole, and its poverty rates are the highest in the state. We have selected Slavic Village for a needs assessment and community-based intervention. University Settlement, the social services agency that has been serving Slavic Village for almost 100 years, has been leading the assessment and intervention, with support from the ADAMHS Board of Cuyahoga County and the many other community partners thanked at the beginning of this document.

Drug overdoses are a significant and highly visible problem in Slavic Village. Between 2014 and 2022, **300 people in Slavic Village died of drug overdose**. By the end of 2023, our death toll will equal the entire population of Mound School (371). EMS has recorded reversing 988 overdoses in Slavic Village between 2014 and 2022, of which 333 reversals were during 2022 alone. Hundreds more nonfatal overdoses remain uncounted, because people who use drugs regularly reverse each other's overdoses by administering naloxone. Black individuals account for 48.3% of total overdose deaths in Slavic Village, compared to 31.2% in Cuyahoga County as a whole. The racial disparity continues to increase, as (crack) cocaine becomes increasingly contaminated with fentanyl. In Slavic Village in 2022, **100% of all cocaine-related overdose deaths and 100% of all methamphetamine-related overdose deaths included fentanyl**. Cuyahoga County locations with low scores on the Ohio Opportunity Index (OOI) are correlated with 80 times higher overdose rates compared to locations with high scores. Four of the 10 census tracts with the lowest OOI scores in the state are in Slavic Village. **In order to respond effectively to the overdose crisis, we must alleviate poverty**.

Slavic Village's most important asset is its close-knit community. Institutional assets include its 100-year-old social services agency University Settlement; its community development corporation Slavic Village Development; its three resource centers R-Place Drop-In Resource Center, Southeast Cleveland Resource Center, and Neighborhood Pets Resource Center; its public library (CPL Fleet Branch) and community center (Stella Walsh); its ten schools; its additional youth programs including the Boys and Girls Club, MyCom, Youth Opportunities Unlimited, Beat the Streets, and University Settlement's Youth Department; its faith organizations; its drug treatment center CATS; the syringe exchange and harm reduction program operated by The Centers; and its activist groups.

The Slavic Village Community Planning Coalition proposes the following four-part Community Prevention Plan, which we are tentatively calling **STOP**:

1. **S**afe spaces
2. **T**reat mental illness (multiple modes)
3. **O**utreach and linkage to care, by peers
4. **P**revent injury through harm reduction

This report lays out our process and our findings, ending with detailed recommendations for the STOP plan.

Our Process

This document is the result of a one-year process involving 76 coalition members and dozens of additional individuals and institutions. University Settlement spearheaded the effort, using a grant from the ADAMHS Board of Cuyahoga County to hire a Community Prevention Planning Manager, Madelaine Matej MacQueen, PhD, the lead author of this document. Madelaine convened a Community Planning Coalition of community residents and subject-matter experts on all areas of drug use, Substance Use Disorder, and mental health.

The Coalition and additional supporters met monthly as a large group and more often in smaller groups or pairs. Following SAMHSA's Strategic Prevention Framework, we assessed the drug use situation in Slavic Village, including the assets and existing mechanisms for addressing drug use. In this document, we propose a comprehensive solution that brings together previously disparate organizations and efforts—a combination of the capacity-building and planning phases. We utilized existing datasets from national organizations (e.g. the Census Bureau) and local organizations (The Center for Community Solutions, CWRU's Begun Center, CWRU's Prevention Research Center, etc.) in addition to conducting our own investigations through street outreach and resident interviews. Dr. Matej MacQueen personally spent 126 hours doing street outreach at the corner of E. 65th and Sebert, distributing naloxone (and hygiene supplies, snacks, etc.) to people who use drugs and to bystanders, and listening to the community's stories.

Throughout, we followed practices of community based participatory research (CBPR) and paid close attention to social determinants of health (SDOH), in order to serve the most marginalized members of the community. It has been particularly important for us to listen to the voices of people with lived experience, including people currently using drugs, and their friends and family and loved ones. Their voices echo throughout this document.

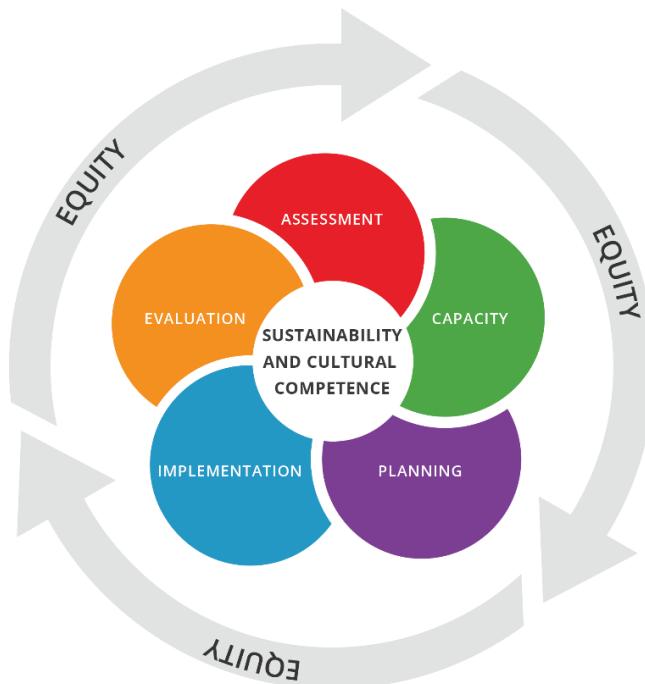


Figure 2: SAMHSA's Strategic Prevention Framework

Section 1: Problem Statement

Summary

Slavic Village experiences a disproportionately high rate of overdoses (both fatal and nonfatal) as well as crushing poverty. Fentanyl contamination and poverty are major drivers of the overdose crisis.

Data

Slavic Village is a neighborhood in southeastern Cleveland, Ohio, comprising zip codes 44127 and 44105. Historically home to immigrants from Slavic areas of Europe, the region now houses a diverse group of people (42% white, 50% African American, 8% other), whose demographics closely mirror those of Cleveland as a whole (39% white, 47% black, 14% mixed or other). This diversity is rare—most neighborhoods in Cleveland have residents of primarily one race. Education levels are low (40.6% have only a high school diploma, 22% have less than that) and poverty rates are high (2/3 of residents live at or below 200% of the Federal Poverty Level and 61% of children live in poverty).¹

Because of its demographic similarity to Cleveland as a whole, and because of its high rates of particular challenges (foreclosures, overdose deaths, violent crime, etc.), Slavic Village is a prime candidate for a needs assessment and community-based intervention. We hope that our conclusions about Slavic Village can help inform interventions for this neighborhood and for the greater Cleveland area. University Settlement, the social services agency that has been serving Slavic Village for nearly 100 years, has been leading the assessment and intervention, with support from the ADAMHS Board of Cuyahoga County and the many other community partners thanked at the beginning of this document. University Settlement embraces the mission, “To offer the individuals and families we serve resources by which they can learn, grow, and thrive.”

Slavic Village Quick Facts

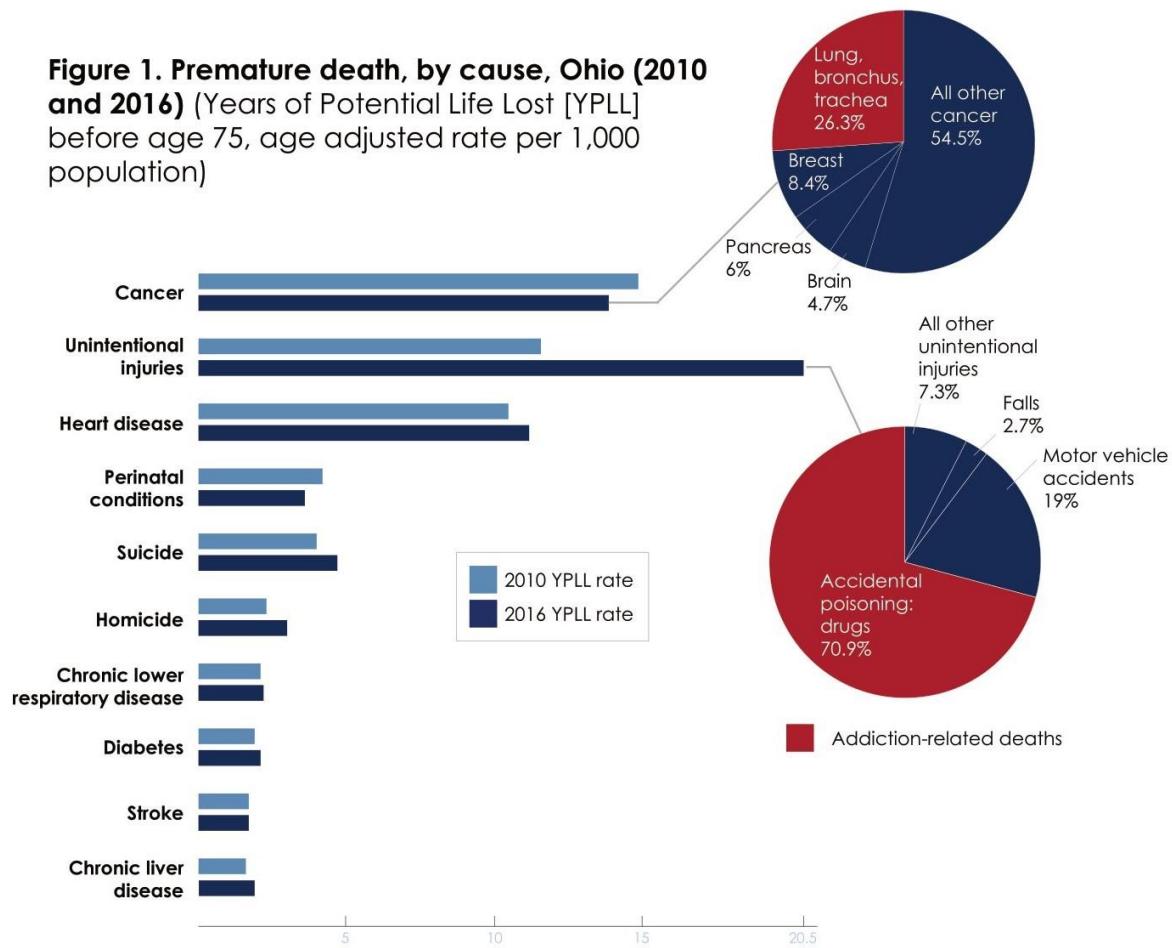
- While located in Slavic Village and serving primarily zip codes 44127 and 44105, University Settlement also has a location in Parma and serves fourteen additional communities in Southwest Cuyahoga County.
- University Settlement annually serves 12,000 of the Slavic Village neighborhood's 22,000 residents.
- 44127 is more economically distressed than 99.5% of zip codes in the United States.
- Before Covid-19, the area was experiencing a poverty rate of 42% and a child poverty rate of 62%.
- Before Covid-19, 23% of residents were experiencing deep poverty (\$6,000/year per person or \$14/day).
- The average housing value in 44127 is \$16,000.
- In Fall of 2018, lead testing detected a +30% toxicity rate among area schoolchildren.
- [The area] was the epicenter of the foreclosure crisis and named “ground zero”—meaning it had the highest percentage of houses in foreclosure per census tract in the entire United States.

(from the home page of universitysettlement.net)

¹ The Center for Community Solutions, “Broadway-Slavic Village Neighborhood Factsheet,” 2021. United States Census Bureau, “QuickFacts, Cleveland city, Ohio,” 2022, <https://www.census.gov/quickfacts/fact/table/clevelandcityohio/PST045222>.

As early as 2010 and 2016, drug use contributed to the leading causes of premature death in Ohio as a whole. In 2010, cancer led in “years of potential life lost” (YPLL—a measure that defines any death before age 75 as premature), and 26.3% of the cancers were respiratory cancers (many caused by smoking). In 2016, unintentional injuries led in YPLL, with accidental drug overdose accounting for 70.9% of the YPLL. See the graphic below.²

Figure 1. Premature death, by cause, Ohio (2010 and 2016) (Years of Potential Life Lost [YPLL] before age 75, age adjusted rate per 1,000 population)



Source: Ohio Department of Health, Bureau of Vital Statistics

² Health Policy Institute of Ohio, “Figure 1. Premature death, by cause, Ohio (2010 and 2016)” in “Addiction Overview and Project Description,” *Addiction Evidence Project*, December 2017, <https://www.healthpolicyohio.org/tools/addiction-evidence-project/>.

Drug Data Day

- 2015-2016, zip code 44127 ranked second in the county for ratio of opioid prescriptions per 100k residents. Now, the ratio has decreased by almost 70%.
- Census tracts with the highest overdose rates have the lowest scores on the Ohio Opportunity Index, meaning that the opioid crisis is a poverty crisis.
- A higher percentage of overdose fatalities in Slavic Village are among Black individuals compared to in Cuyahoga County as a whole (48.3% Black, 50% White in SV versus 31.2% Black, 68% White in CC).
- 73-75% of all overdoses in the county include fentanyl
- 70-80% of overdoses happen while using drugs alone.
- 70% of people overdosing in Slavic Village live in Slavic Village.
- Fentanyl contamination in the drug supply continues to increase. Additional new contaminants include Xylazine and Nitazene.
- Drug use happens openly at the corner of East 65th and Sebert Ave.
- Cleveland Police Department refers all overdose cases to the Heroin Involved Death Investigation Team (HIDI), which focuses on prosecution.
- Discrepancies exist between front line workers such as EMS and area medical experts surrounding beliefs about fentanyl being in marijuana, the dangers of touching fentanyl, and the concept of “Narcan parties”. The medical examiner and city health director characterized all three beliefs as myths.
- Medication assisted treatment (MAT) is stigmatized and highly regulated. It is hard to find a provider even though data shows it saves many lives.
- Mental health is typically a factor with substance use, either as a precursor or as a symptom.
- There is a lack of education for youth around harms related to substance use.

Data on drug use in Slavic Village specifically—rather than in Cleveland or Cuyahoga County or Ohio as a whole—can be difficult to come by. However, work by researchers at the Cuyahoga County Medical Examiner’s Office, the U.S. Attorney’s Heroin and Opioid Task Force Data Subcommittee (HOTF Data Subcommittee), and Case Western Reserve University’s Begun Center for Violence Prevention and Research has been invaluable in illustrating Slavic Village’s unique experiences. Additionally, on Thursday, January 19, 2023, University Settlement, Thrive for Change, and Project White Butterfly co-sponsored the first ever Slavic Village Drug Data Day, along with partner organizations The Southeast Cleveland Resource Center and Slavic Village Development. The goal was to bring together voices across the community to compile information on drug use in Slavic Village. Several of the below conclusions stem from data and other information shared during that event.

Between 2014 and 2022, 300 people in Slavic Village died of drug overdose.³ In 2021, the total population of Slavic Village was 20,150, which means that 1 in 68 people have died of overdose. Numbers and rates have been increasing each year. In 2022, 45 residents of Slavic Village died of overdose, or 1 in just under 500 people.⁴ These data represent only the fatal overdoses—ones in which the Cuyahoga County Medical Examiner’s office confirmed that the cause of death was primarily due to illicit drugs.

³ Cuyahoga County Overdose Data Dashboard, filtered for zip codes 44127 and 44105. <https://ccbh.net/overdose-data-dashboard/#data-dashboard>.

⁴ Ibid.

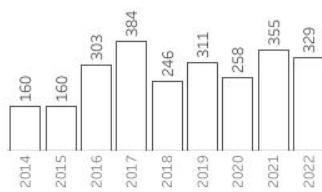


Drug Related Overdose Deaths

****CLICK** any table or chart to filter the page.**



Drug-Related Deaths by Year



The map below displays the zip code of the reported address for persons who died from drug overdose, **not the location of injury or location of death**. However, all of the incidents did occur **within Cuyahoga County**. Both unintentional and intentional drug-related deaths are included here. The '**Select a Drug Category**' drop-down below allows you to choose between drug-types contributing to the cause of death based on the toxicology results (major drug categories only). The '**'City of Residence'**' drop-down filters the data for persons based on their reported city of residence.

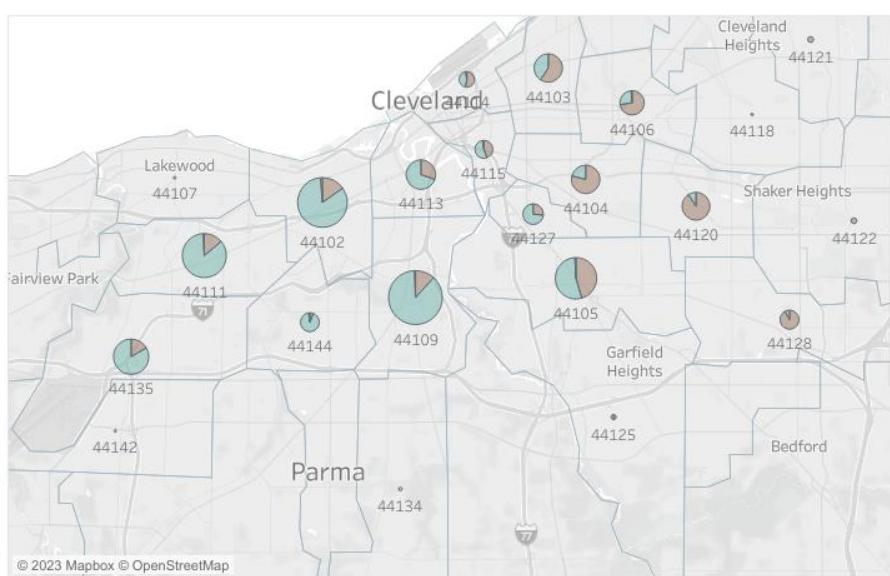
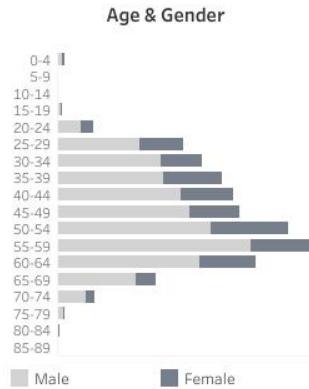
Select a Drug Category

All Drug-Related Deaths



Select City

Cleveland



The information presented on this page is for all drug-related overdose deaths reported by the Cuyahoga County Medical Examiner's Office. Some total counts in various visualizations may vary slightly because a very small number of records did not include the decedents residence city or ZIP code information.

To get a more complete picture of the number of people using drugs, we can look at nonfatal overdoses, or cases in which an individual overdosed on drugs but remained alive. The Medical Examiner's office uses "EMS Naloxone Doses Administered" as a proxy for nonfatal overdoses, meaning that they count how many times Emergency Medical Services has revived an individual experiencing an overdose. EMS has recorded reversing 988 overdoses in Slavic Village between 2014 and 2022, of which 333 reversals were during 2022 alone.⁵ That number is unfortunately an underestimate—doing outreach in Slavic Village, University Settlement staff have heard countless stories of individuals reversing each other's overdoses with naloxone and not calling EMS. (More on the shortcomings of the Good Samaritan Law later.) Nearly 100% of Slavic Village residents walking down E. 65th St. on any given Thursday afternoon have lost a family member or close friend to overdose (death) in the past decade, and nearly 100% have a family member or close friend still actively using drugs.

⁵ Cuyahoga County Overdose Data Dashboard, “Naloxone Doses Administered by EMS,” filtered for zip codes 44127 and 44105. <https://ccbh.net/overdose-data-dashboard/#data-dashboard>.



EMS and Project DAWN Naloxone Data

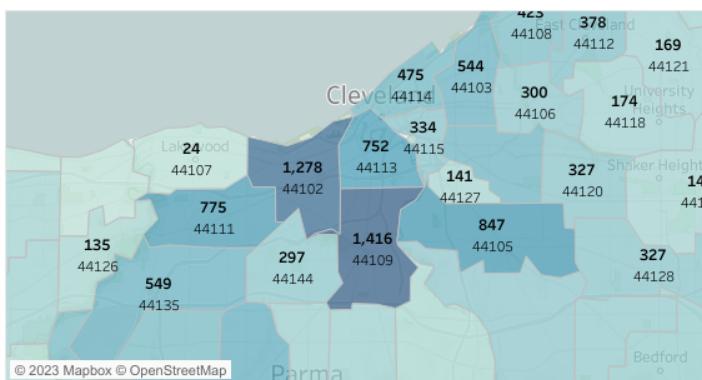


Naloxone Doses Administered by EMS

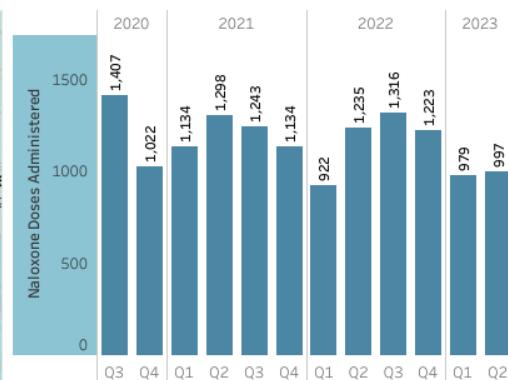
Not all EMS agencies report to Ohio EMS. Data is retrieved once per quarter and may not match the most current reports by Ohio EMS.

Select Time Period(s)

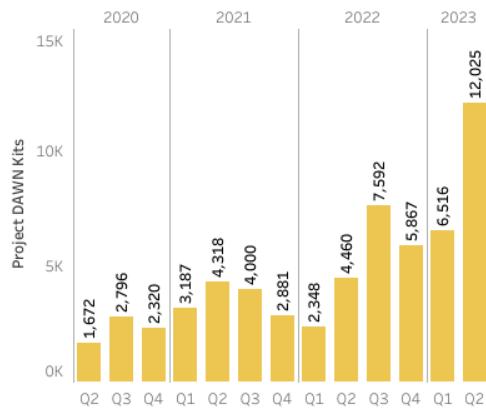
All



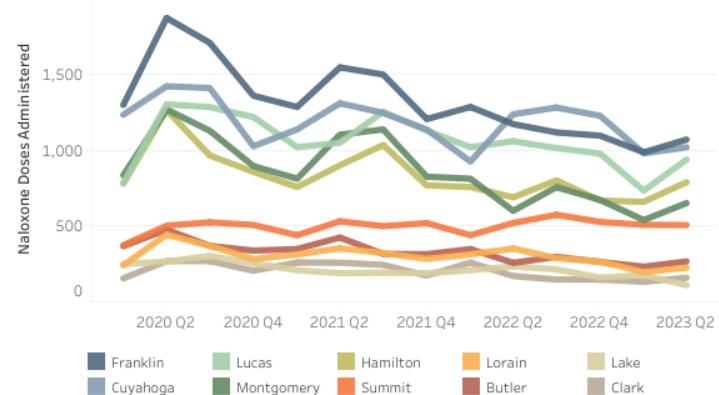
Naloxone Doses Administered in Cuyahoga County



Project DAWN Kits Distributed in Cuyahoga County



EMS Naloxone Doses Administered, Top Ten Ohio Counties, by Quarter



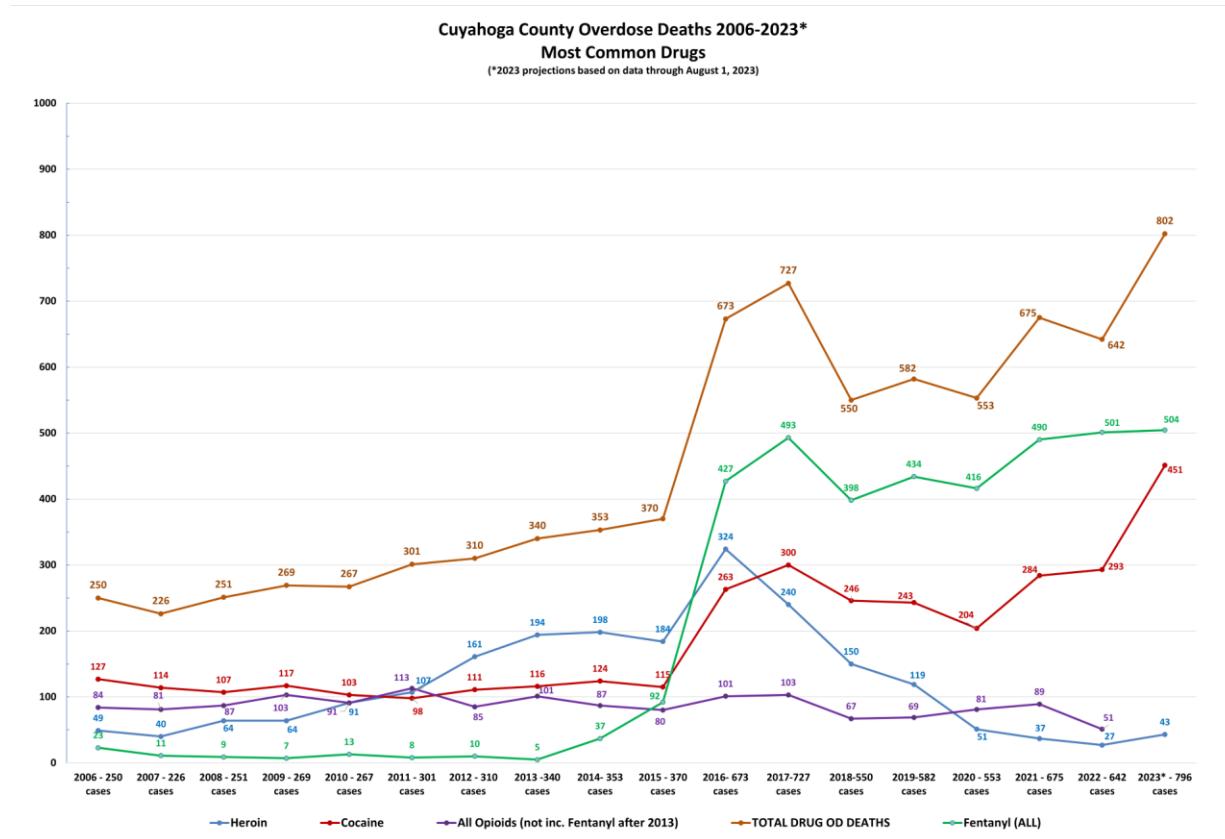
Manreet Bhullar, MPH, Forensic Epidemiologist at the Cuyahoga County Medical Examiner's office, produced a report on "Overdose Fatality Trends" in Slavic Village for Drug Data Day. She revealed that Black individuals make up a higher percentage of overdose fatalities in Slavic Village (48.3%) compared to Cuyahoga County as a whole (31.2%), and she emphasized the need for culturally competent outreach. (Gender and age of individuals overdosing both match closely between Slavic Village and Cuyahoga County.)⁶

	Overdose Deaths Cuyahoga County		Overdose Deaths in Slavic Village	
	American Indian or Alaskan Native	4	0.2%	1
Asian	12	0.5%	1	0.8%
Black	643	31.2%	57	48.3%
White	1401	68%	59	50%
Hispanic	131	6.4%	3	2.5%

Bhullar charted the rise and fall of specific drugs over the past five years, showing that fentanyl is the current driver of overdose fatalities. In 2022, overdoses due to true heroin were

⁶ Manreet Bhullar, MPH, "Overdose Fatality Trends," presented at Drug Data Day, January 19, 2023.

down to just 6.4% of total overdoses in Cuyahoga County and 7.1% of total overdoses in Slavic Village, while fentanyl and synthetic fentanyl analogues accounted for 76.5% of total overdoses in Cuyahoga County and 85.7% of overdoses in Slavic Village. For the same year, 78% of all cocaine-related overdose deaths in Cuyahoga County included fentanyl, and 100% of all cocaine-related overdose deaths in Slavic Village included fentanyl. Likewise, 84.4% of all methamphetamine-related overdose deaths in Cuyahoga County included fentanyl, and 100% in Slavic Village included fentanyl. Overall, 73-75% of fatal overdoses include fentanyl and 70-80% of overdoses happen while using drugs alone.⁷

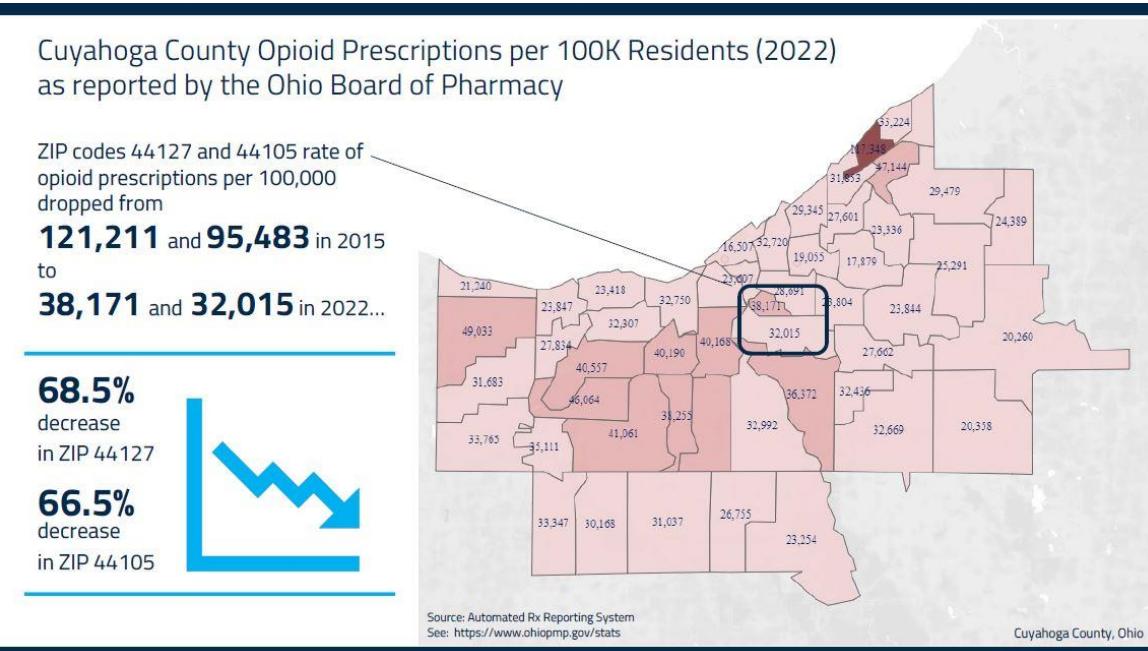


Additional information on drug combinations causing overdoses came out in October 2023. Researchers in the ongoing Fentalog Study and the DOTS Reporting Program by ToxiC, a research consortium based in the American College of Medical Toxicology, collect blood samples and data from suspected opiate overdose patients who present to emergency departments across the country. 90% of the suspected opioid overdoses become confirmed opioid overdoses. Many patients come in with 15 to 20 metabolites in their blood—meaning that they consumed 15 to 20 different drugs in one sitting. Of 300 patients so far, a majority had only used stimulants before they accidentally overdosed on fentanyl. It is not entirely clear how the Fentalog and DOTS results can be applied to Slavic Village, since none of the participating hospitals are in the Cleveland area. However, a key takeaway is that anyone overdosing on drugs probably has *many* drugs in their system, and medical professionals should treat accordingly.⁸

⁷ Ibid.

⁸ Mary Maddux-Gonzalez, Paul Wax, Kim Aldy, and Rachel Culbreth, “What You Need to Know About Xylazine: A Discussion with the American College of Medical Toxicology,” presentation through the Overdose Prevention

At Drug Data Day, Ryan McMaster, Research Data Manager at the Begun Center, followed Bhullar with a deep dive into Slavic Village's overdose data for Drug Data Day. He concluded, first, that Slavic Village ranks among the top three areas for most measures of the opioid crisis (overdose rates, prescribing rates, etc.). For example, in 2015 and 2016, zip code 44127 ranked second in the county in the rate of opioid prescriptions per 100,000 residents. (In 2023, opioid prescribing has decreased by 70% in Slavic Village but remains high—38,171 prescriptions per 100,000 people in 44127 and 32,015 in 44105.)⁹

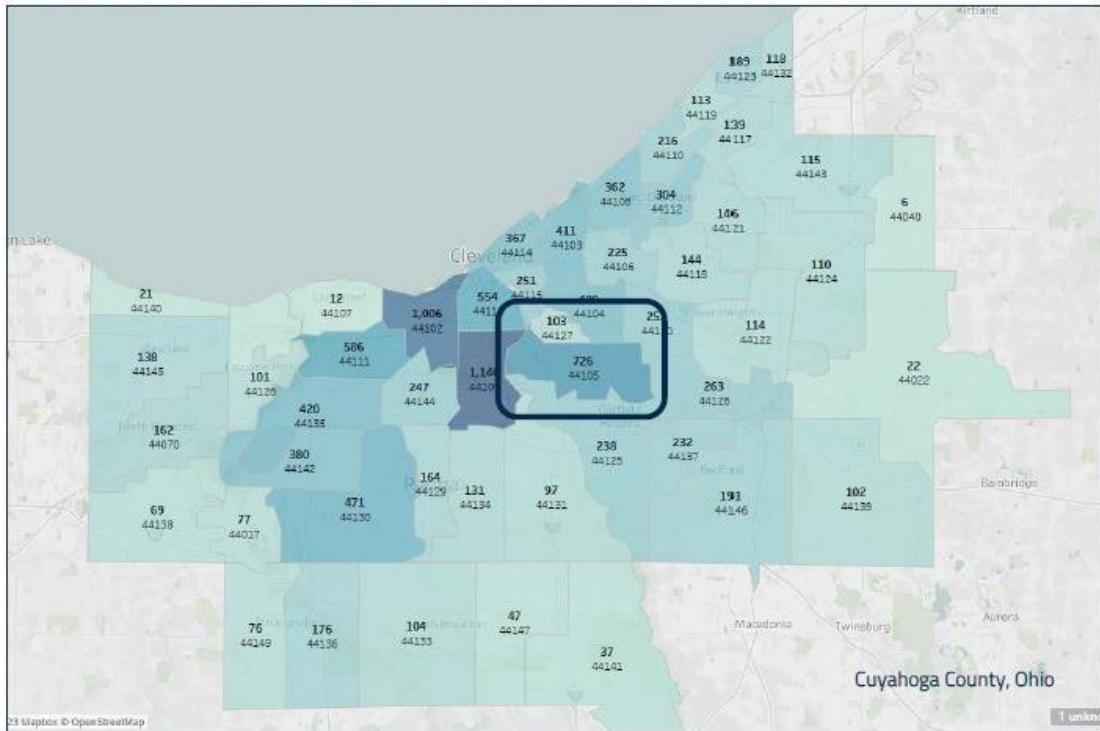


Zip code 44105 ranks third in the county for number of naloxone doses administered by EMS (a proxy for nonfatal overdoses).

Network (OPN) and the Public Health Institute (PHI), October 24, 2023, watched live by Madelaine Matej MacQueen.

⁹ Ryan McMaster, “Begun Center Slavic Village Presentation 2023v2,” presented at Drug Data Day, January 19, 2023.

Naloxone Administration by Ohio EMS Providers By Zip Code Cuyahoga County Ohio (2019 to Q3 2022)



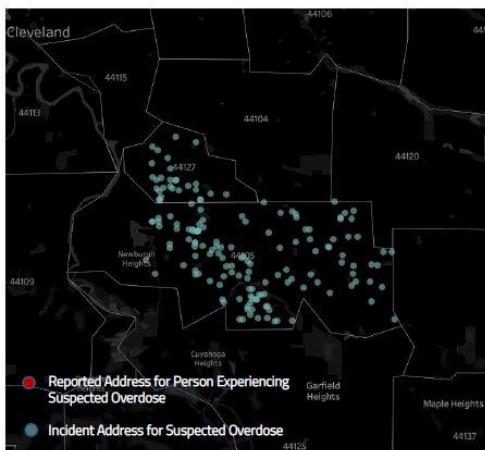
*Source: Ohio EMS "Naloxone Watch." See: <https://ems.ohio.gov/#gsc.tab=0>
Utilized by the Begun Center, CWRU and Cuyahoga County Board of Health Data. See: <https://www.ccbh.net/overdose-data-dashboard/>*

Slavic Village as a whole ranks fifth in police response across Cleveland. 70% of people overdosing in Slavic Village gave an address in this neighborhood, which means that Slavic Village's overdose victims are mostly Slavic Village residents.¹⁰ This last conclusion is important for dispelling the myth that most overdose victims are "people from the suburbs" who come to Slavic Village to use drugs. Even the residential addresses that fall outside of Slavic Village are mostly City of Cleveland locations, not suburbs (see map below).

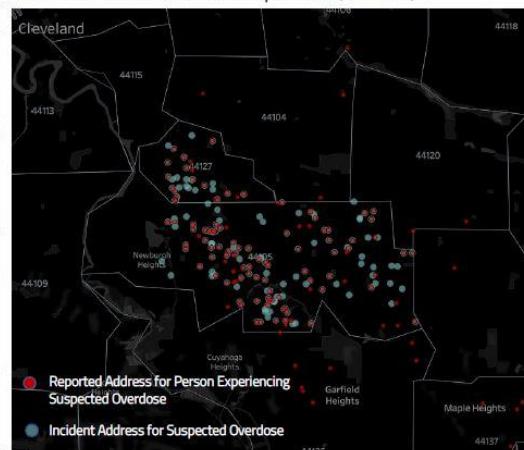
10 Ibid.

Public Safety Data

Incidents within 44105 and 44127 from Jan 2020 to Apr 2021 (n = 179)*



Reported Addresses in 44105 and 44127 for Persons Suspected of Experiencing Drug Overdose from Jan 2020 to Apr 2022 (n = 121)



67.6%
of persons who experience overdoses in 44105 or 44127 also reported a residential address in 44105 or 44127

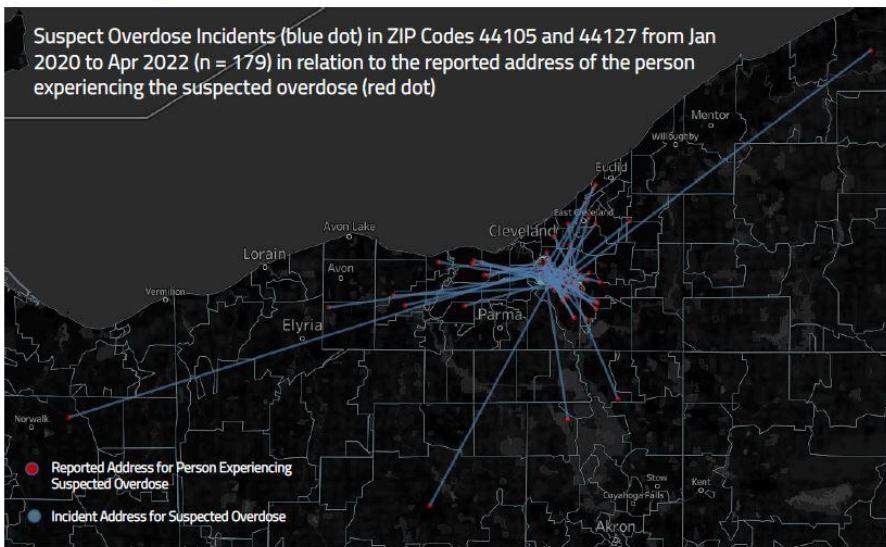
*Analyst Note: The total count of suspected overdoses for these ZIP codes differs from the neighborhood count because the geographic boundaries are slightly different.

JACK JOSEPH AND MORTON MANDEL
SCHOOL OF APPLIED SOCIAL SCIENCES
CASE WESTERN RESERVE
UNIVERSITY

Begun Center for Violence Prevention
Research and Education

Public Safety Data

Suspect Overdose Incidents (blue dot) in ZIP Codes 44105 and 44127 from Jan 2020 to Apr 2022 (n = 179) in relation to the reported address of the person experiencing the suspected overdose (red dot)



Source: Cleveland Police Suspected Overdose Incident Reports as Collected and Reported by the Cuyahoga County Prosecutors Office, Crime Strategies Unit
Analyzed by the Begun Center, CWRU

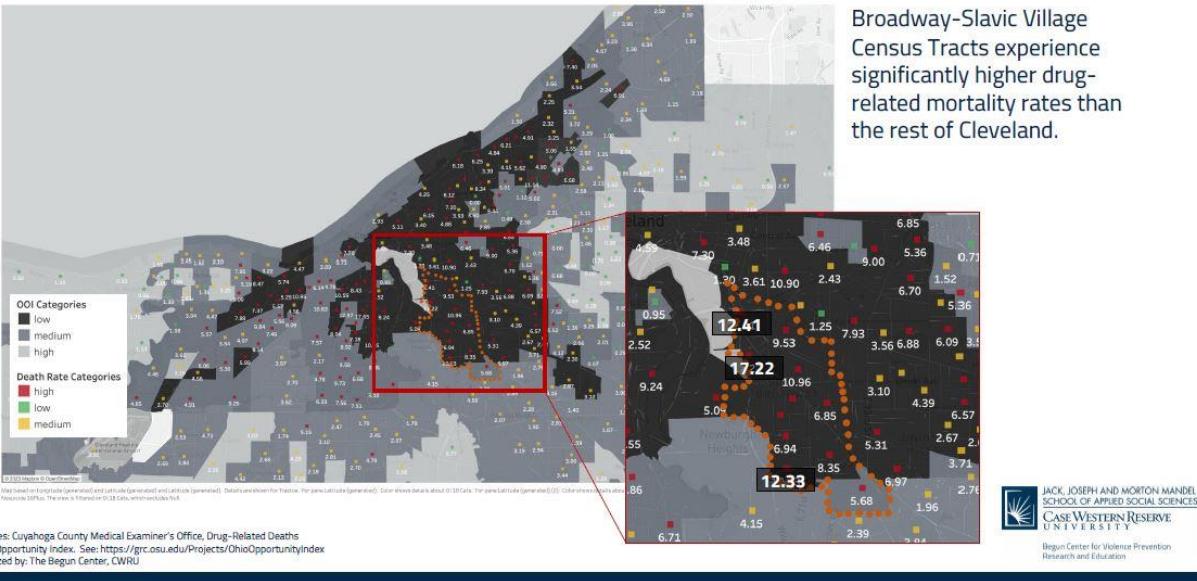
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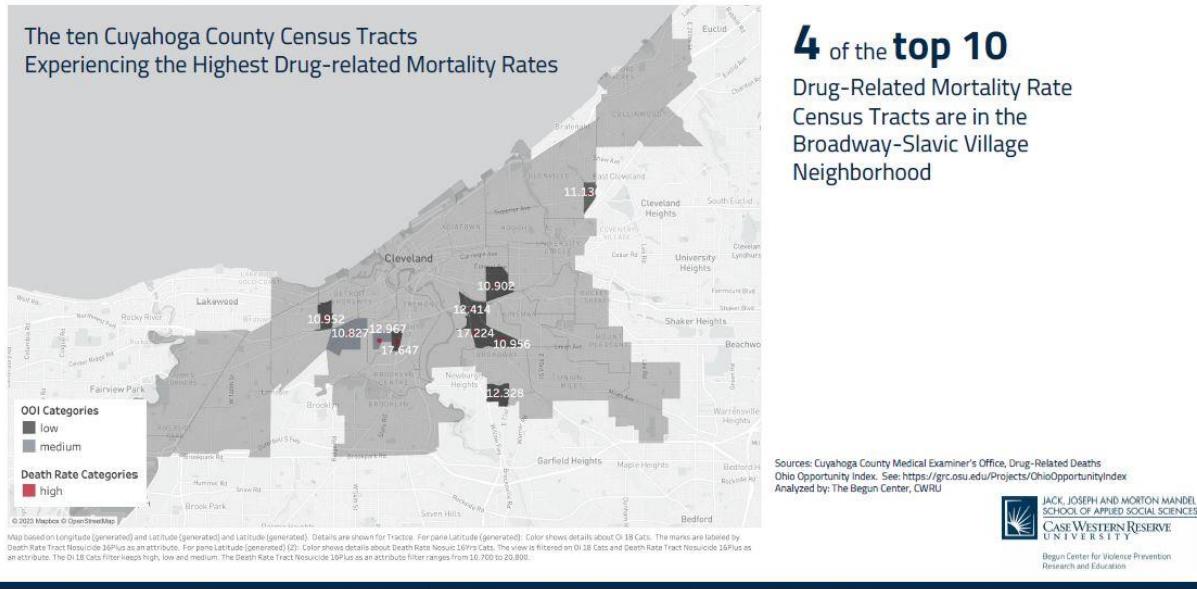
Second and perhaps more importantly, McMaster demonstrated that the overdose crisis is a poverty crisis. In examining determinants of health and opportunity, he discovered that Cuyahoga County locations with low scores on the Ohio Opportunity Index (OOI) are correlated with 80 times higher overdose rates (than locations with high scores). Four of the 10 census tracts with the lowest OOI scores in the state are in Slavic Village. The significance of his findings is that in order to respond effectively to the overdose crisis, we must alleviate poverty.¹¹

¹¹ Ibid.

Examining Determinants of Health and Opportunity

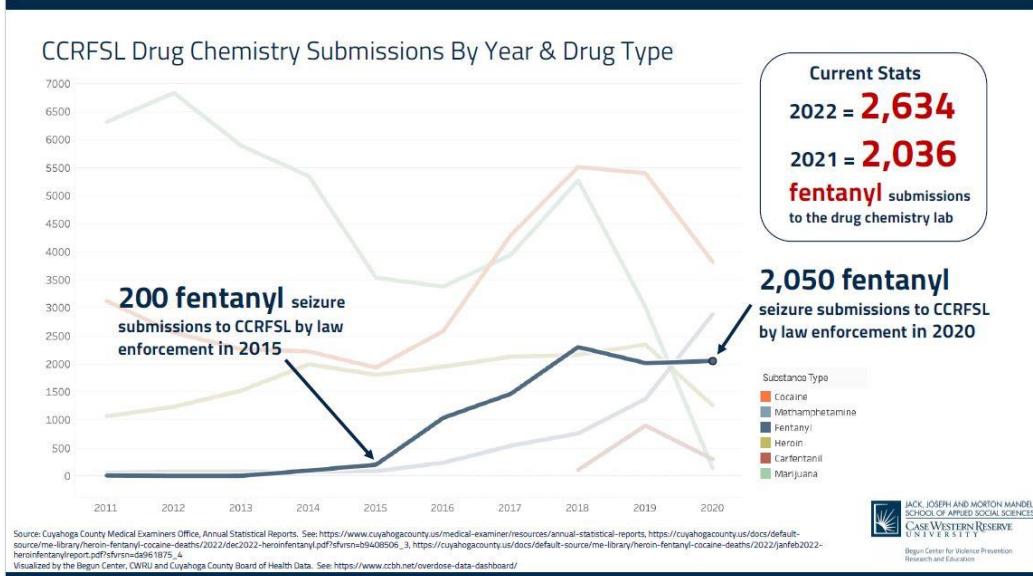


Examining Determinants of Health and Opportunity



Most measures of the opioid crisis are continually worsening, in Slavic Village, in Cleveland, in Cuyahoga County, and nationwide. Between 2015 and 2020 (just five years), the amount of fentanyl detected in drugs submitted to the Cuyahoga County Medical Examiner's lab increased tenfold.¹²

¹² Ibid.



COVID-19 also had an effect on overdoses nationwide, including in Slavic Village. In March, April, and May 2020, the US/Mexico borders were closed. There was no increase in drug seizures (by border patrol) but a huge increase in overdoses. When the borders reopened, seizure rates and overdose rates reached record highs. These data show that drug trafficking enforcement at the border is not effective (alone) in reducing overdose rates.¹³

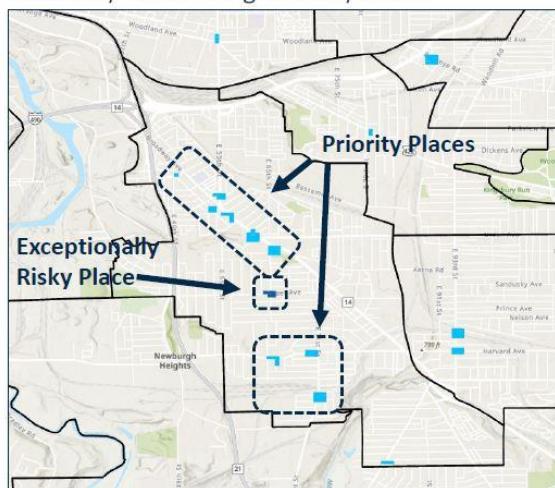
McMaster used software to identify geographic patterns in overdose deaths. Among public places, convenience stores and gas stations show highest risk, because individuals use drugs in parking lots and bathrooms. The software also indicated areas to consider for harm reduction and outreach activities—more details can be found in the Recommendations section.¹⁴

¹³ Ibid.

¹⁴ Ibid.

Public Safety Data Driving a Public Health Response

Broadway-Slavic Village Priority Places



Source: Cleveland Police Suspected Overdose Incident Reports as Collected and Reported by the Cuyahoga County Prosecutors Office, Crime Strategies Unit
Analyzed by the Begun Center, CWRU

Risk Terrain Modeling

Place-based analysis that identifies where communities and community partners can consider prioritizing outreach efforts, harm reduction distribution, etc.

Priority Places

Shows all places with relative risk scores (RRS) two standard deviations or more above the mean that intersect with recent past exposures to create exceptionally risky places (displayed in dark blue) and/or places with RRS equal to or greater than the top 1% value (displayed in light blue). At least 1% of places in the study area are displayed.



Begun Center for Violence Prevention
Research and Education

One new development in 2023 is the introduction of xylazine, a veterinary tranquilizer for large animals, into the drug supply. Xylazine is involved in almost 90% of overdoses in Philadelphia and is gradually arriving in Cleveland. Because xylazine is not an opiate, naloxone does not counteract it. Xylazine overdose may look different than opioid overdoses and may include hallucinations. Xylazine is particularly known for causing deep, extensive wounds throughout the human body.¹⁵ Data shared at recent Heroin and Opioid Task Force Data Subcommittee meetings suggests that approximately 7% of the drug supply in Cuyahoga County contains xylazine. Anecdotally, on November 2, 2023 an individual who uses drugs in zip code 44105 presented multiple wounds on her hands, arms, and chest that were unmistakably xylazine wounds.

Additional new developments in 2023 include a continuing increase in the fentanyl contamination rate, a continuing increase in the overdose death rate, and an increase in overdose deaths among black individuals.¹⁶ This last finding is largely due to increasing contamination of the crack cocaine supply with fentanyl.¹⁷

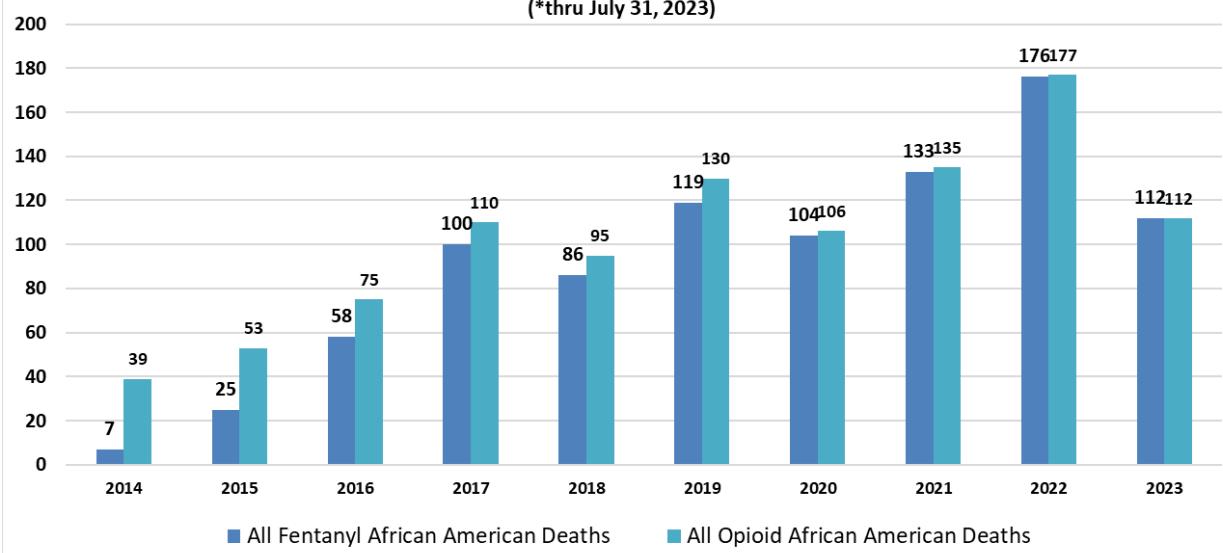
¹⁵ Bhullar.

¹⁶ Thomas P. Gilson, M.D. "Cuyahoga County Overdose Deaths 2006-2023, Most Common Drugs," *Heroin/Fentanyl/Cocaine Related Deaths in Cuyahoga County*, August 17, 2023. Thomas P. Gilson, M.D. "CCMEO, Proliferation of Heroin/Fentanyl and Cocaine/Fentanyl mixtures in fatalities 2013-2023," *Heroin/Fentanyl/Cocaine Related Deaths in Cuyahoga County*, August 17, 2023.

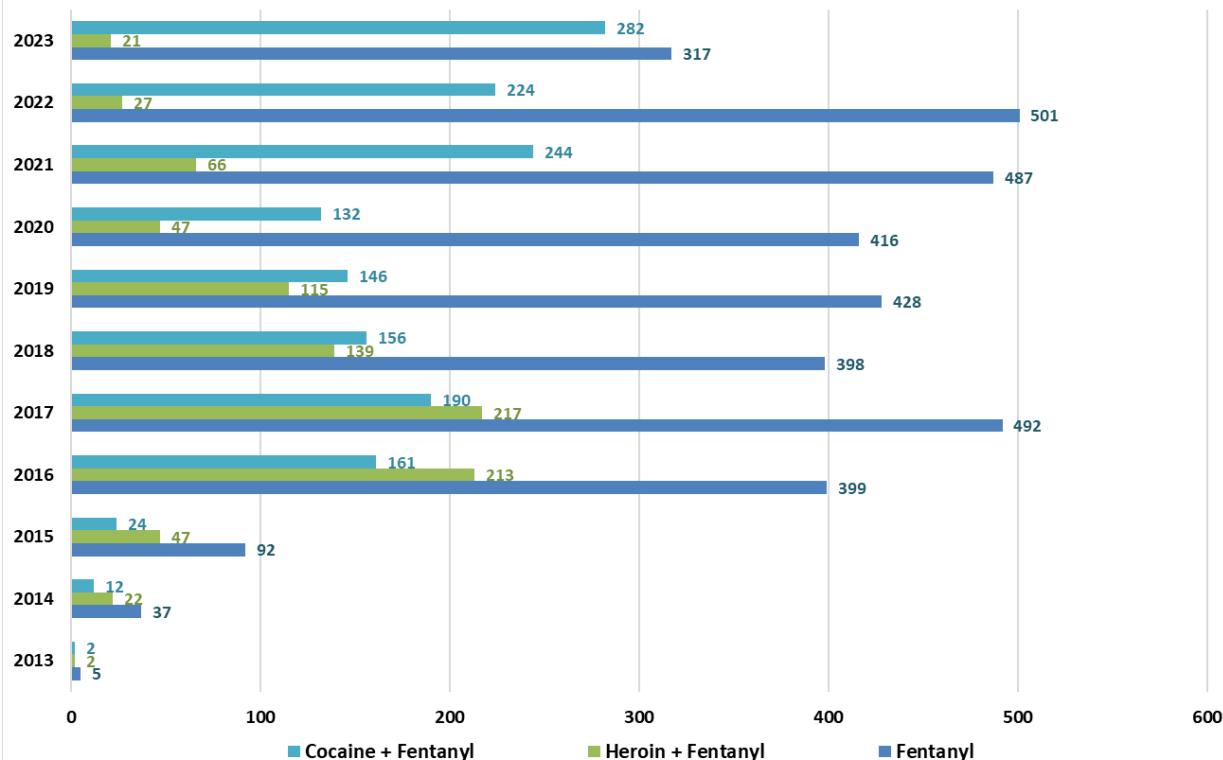
¹⁷ Thomas P. Gilson, M.D. "CCMEO Fentanyl-related fatalities among African Americans 2014-2023," *Heroin/Fentanyl/Cocaine Related Deaths in Cuyahoga County*, August 17, 2023.

CCMEO Fentanyl-related fatalities among African Americans 2014-2023*

(*thru July 31, 2023)



CCMEO, Proliferation of Heroin/Fentanyl and Cocaine/Fentanyl mixtures in fatalities 2013-2023* (* thru June 31, 2023)



The common question of whether fentanyl is mixed into marijuana requires ongoing assessment. According to Bhullar, fentanyl is *not* mixed into marijuana, because mixing a plant with a white powder is logically difficult. Multiple medical professionals at Ohio's 2023

Opiate and Other Drugs Conference in June 2023 confirmed Bhullar's findings. No one has reported Ohio's marijuana supply testing positive for fentanyl, except anecdotally. However, other areas of the country have seen different results. Dr. Reb Close, giving a presentation on MAT for adolescents through California Bridge reported, "We've had a number of patients who were only using marijuana and went down for fent[anyl]." She said that in several cases, her team tested the marijuana itself, and it came back positive for fentanyl.¹⁸ Knowing whether fentanyl could be in the marijuana supply is important, because many people use marijuana recreationally without (knowingly) using any other drugs. If marijuana were to be contaminated with fentanyl, nearly the entire population of Slavic Village would be at risk for fatal overdose.

Throughout this project, we embrace the process of Community Based Participatory Research. We value the voices of people with lived experience and combine their stories with data. It is worth noting that public health professionals and people with lived experience may come to differing conclusions. For an example, see this pair of brainstorming sessions from the CSS Linkages to Care workgroup of the Ohio Injury Prevention Partnership, Ohio Overdose Prevention Network. The top graphic shows top barriers to linkage to care (for people who use drugs in the state of Ohio) according to public health professionals, and the bottom graphic shows top barriers to linkage to care according to a focus group of people with lived experience. Notice that the two graphics have elements in common and also elements that differ. For example, only the people with lived experience pointed to lack of phone access as a barrier, as well as problems that arise from being forced into treatment through the criminal justice system. Public health professionals listed multiple financial barriers, whereas people with lived experience listed none. Neither list is necessarily more or less accurate, but both shed insight into patterns of thinking.



¹⁸ Dr. Reb Close, "MAT as the Standard of Care," presentation through California Bridge, September 26, 2023.

Feedback from persons with lived experience re: Facilitator / barriers



The challenge of detoxing from fentanyl does not appear frequently in literature or public health groups, but it is a common concern among people who use drugs. Before fentanyl entered the drug supply, detox was reportedly tolerable. In *Chasing the Scream* (published 2015), Johann Hari cites the work of Bruce Alexander, professor and addiction researcher who worked in Vancouver's Downtown Eastside. Alexander noticed that during periods in the 1970s when the alleged heroin in Vancouver was actually all filler (with no true heroin in it), people using the alleged heroin did not go through withdrawal—they remained addicted and continued getting high on filler. Alexander characterized physical withdrawal as a bad flu at its worst and barely noticeable at its best. Hari writes that the pain of withdrawal is mostly “the return of all the psychological pain that you were trying to put to sleep with heroin in the first place.” However, fentanyl is 50 times stronger than heroin.¹⁹ Withdrawal from fentanyl is reportedly excruciating. People in Slavic Village have reported “waking up shaking, sweating, shitting yourself, puking” and being driven to get more fentanyl by the intense need to stop being sick. A major need among people who use drugs is Medication Assisted Treatment (MAT), to reduce the severity of withdrawal symptoms and end the necessity of continuing to use drugs for symptom suppression.

¹⁹ “Fentanyl Facts,” <https://www.cdc.gov/stopoverdose/fentanyl/index.html>.

In April 2023, our colleagues at the Begun Center for Violence Prevention Research and Education released a report titled “Treatment Perspectives of Those Who have Experienced an Opioid Overdose and their Professional and Lay Caregivers.” Similar to our process, the Begun Center researchers directly interviewed 146 people in Cuyahoga County with lived experience using drugs (both formerly and currently). Crucially, they learned that most people who experience a nonfatal overdose on fentanyl have no memory of the actual overdose. Study participants described “falling out” (falling unconscious) and then “waking up” (due to naloxone administration) in a state of painful withdrawal. As such, overdoses are not motivating factors for entering treatment. Instead, withdrawal symptoms are powerful motivators for continuing to use drugs (to alleviate symptoms). These data illustrate the importance of offering MAT, which treats withdrawal symptoms and minimizes drug cravings.

Participants in the Begun Center’s report suggested three ways in which community members can improve engagement with people who use drugs:

1. Centering the wants and needs of those who use opioids in collaborative community-wide discussion
2. Harm reduction services
3. Bereavement counseling

Our Coalition has conceived our Community Prevention Plan in such a way that it addresses the person-centered suggestions above.

Additionally, the Begun Center report’s authors make eight recommendations for the community, which I will summarize in shortened form here:

1. Educate the community that SUD is a treatable, chronic disease that involves relapse.
2. Expand culturally appropriate services (Spanish-language professional trainings and treatment services, faith-based initiatives, etc.)
3. Provide multiple treatment options, venues, and types.
4. Treatment options must include MAT and longer term supports to promote recovery and prevent relapse.
5. Detox programs need to allow patients to stay longer and must provide pain-relief.
6. People who use drugs need an easier way to find help fast when they are ready for treatment, and more support navigating to the type of treatment they want
7. Expand the role of certified peer supporters and trained patient navigators
8. Increase stakeholder commitment to collecting, accessing, sharing, and disseminating opioid-related data that informs interventions.

We agree!

While on the topic of drug treatment, I would like to summarize some existing gaps in care. Former Clinical Coordinator at the Diversion Center, Jessica Reilly, MSSA, LISW, LICDC, provided me with the following list of ongoing, unmet treatment needs (edited lightly for clarity):

- Substance use residential treatment centers and sober living that accepts sex offenders (there is one treatment center in the county now)

- More treatment centers that can accommodate clients with severe mental illness or who have higher mental health acuity [severity]
- Treatment centers that accept fathers with children for residential treatment. Additional treatment centers that accept mothers with children.
- More providers that can provide needle exchanges/harm reduction measures around the East Side.
- More providers that take clients on methadone for residential treatment for substance use.
- More providers that do community engagement or will go out and engage with people who are more transient with mental health.
- More drop-in centers for shelter
- Case management/needs that can be addressed on an outpatient visit or drop-in
- More facilities for treatment/mental health that cater to LGBTQ+ community/individuals.
- Provider education on health literacy to high-risk populations.
- Facilities/programs that accommodate individuals with TBI (traumatic brain injury).
- Facilities that accept clients with physical disabilities or complex medical issues (either for treatment or as shelters)²⁰

John Scalish, the CEO of CATS (Community Assessment and Treatment Services) has emphasized that not only do we need to ensure that adequate/appropriate treatment centers exist, but we must advocate for better insurance coverage. Effective treatment can take weeks or months. Insurance plans, including Medicaid, need to cover a full course of treatment, or several full courses.

In summary, the needs of Slavic Village include a respite from poverty (through additional education, higher-paying jobs, adequate housing, nutritious food, etc.), acute overdose prevention, and ongoing, low-barrier access to harm reduction, medicated detox, and drug treatment.

²⁰ Email from Jessica Reilly, MSSA, LISW, LICDC, June 15, 2023.

Section 2: Statement of Community Assets

Slavic Village's most important asset is its close-knit community. Residents know almost all of their neighbors and are aware of their neighbors' challenges. Informal conversations with community members have revealed that people know who in their social circle uses drugs, who is most at risk for overdose, who in the neighborhood deals drugs, etc. At one meeting with three community members, all were willing to grab backpacks and do door-to-door outreach that very minute, to invite their neighbors who use drugs to come to recovery housing. For the sake of this analysis, we consider anything that builds connections between people as being a prevention asset. Toward the end of this section, we do also cover drug treatment programs.

University Settlement is a prominent resource, having provided social services and other assistance to the people of Slavic Village for nearly 100 years. University Settlement offers a Hunger Center (food pantry affiliated with the Greater Cleveland Food Bank), Adult Wellness Program (for seniors and adults with disabilities), youth prevention program (in schools and out of schools), housing specialists (providing case management for clients referred from EDEN), and wraparound services for families involved with the Department of Children and Family Services (DCFS) or at risk for involvement. In 2022-2023, University Settlement added the Policy, Advocacy, and Community Engagement department (PACE), which adds community organizing, HIV Prevention, a Tri-C Access Center, special projects, and this needs assessment (under the title of Community Prevention Planning) to the agency's offerings.

Resources (Drug Data Day)

- The Centers (formerly Circle Health) syringe service program, hosted at Neighborhood Pets and Mead House.
- Neighborhood Pets - provides naloxone and outreach. As of March 2023, offering an HIV clinic indoors through The Centers.
- University Settlement - also hosting indoor HIV testing by The Centers at the Mead House location.
- The SE Cleveland Resource Center provides a variety of basic needs and harm reduction resources through collaborating with partners.
- The Diversion Center which is open for referrals, is completely voluntary, and offers detox, crisis management, treatment, and linkage to care.
- Newburgh Heights Safe Passages program to connect people to treatment.



"THE OPPOSITE OF ADDICTION IS NOT SOBRIETY. THE OPPOSITE OF ADDICTION IS CONNECTION."

Johann Hari

University Settlement leverages the power of Slavic Village's community by conducting outreach in many forms. In evening outreach or wellness check model, the Settlement contracts with community members at a rate of \$25 per hour, to go door-to-door in teams, checking on fellow residents and offering support. In a similar vein, for a few days a year all University Settlement staff venture into the community to do wellness checks of their own. Our North Broadway Network Weaver meets with residents one-on-one and in small groups, to support them in making meaningful change in the community. Our former HIV Prevention Coordinator created low-barrier access to harm reduction supplies (condoms, lube, antibacterial ointment, band-aids, etc.) by installing vending machines throughout the community, creating

informative social media pages, and distributing QR codes (to access the social media pages) to key contacts at local businesses. (Our new HIV Prevention Coordinator started work on November 27, 2023 and is already forging strong connections in the community.) Madelaine Matej MacQueen is the Community Prevention Planning Manager, and as part of both this needs assessment and our naloxone distribution strategy, she has tabled at the high-risk corner of E. 65th and Sebert every Thursday afternoon since January (a total of 126 hours), hearing the stories of people who use drugs and people who *know* people who use drugs, as well as handing out essential supplies including snacks, water, hygiene items, fentanyl test strips, xylazine test strips, naloxone, and information on safer drug use and where to seek help for substance use, mental health, hunger, housing, and legal issues.

Slavic Village Development (SVD) is the community development corporation (CDC) “serving the residents, businesses, and institutions within the Broadway Slavic Village neighborhood (pop. 21,429) of Cleveland, Ohio, with the mission of promoting civic engagement, community empowerment, and neighborhood investment.”²¹ Primarily known for offering housing assistance, SVD also runs the Community Stewards program. SVD employs community members as stewards, providing a stipend of \$1,000 per year and offering training on grassroots leadership, trauma-informed care, and racial equity; mini grants; and staff support.²²

Slavic Village has two main streets, Broadway Avenue and Fleet Avenue. Each one has its own resource center—the Southeast Cleveland Resource Center is at 5211 Fleet Ave, and R-Place Drop-In Resource Center is at 5350 Broadway Ave. Staff at Southeast Cleveland Resource Center have described themselves as “resource brokers.” They offer food, clothes, housing support, and referrals/introductions to further support. R-Place is a recovery community for people currently or formerly using drugs. Both centers host AA meetings, NA meetings, and other support groups. As of December 6, 2023, R-Place is in the process of relocating to 4843 Wendell Avenue, just a block from University Settlement.

Neighborhood Pets is also a resource center. Their staff provides “Equitable wellness and pet care for low income Cleveland pet owners.”²³ In essence, Neighborhood Pets recognizes that pets are invaluable for individuals’ mental health and overall wellness, and that people will seek care for their pets before they seek care for themselves. The Neighborhood Pets resource center provides free pet food and heavily discounted routine pet care (vaccinations, flea treatment, nail trims, etc.) to low-income pet owners from throughout Cleveland, but especially in zip code 44105. While the pet owners are at the



Figure 3: Neighborhood Pets Resource Center, photo from HumanePro, the magazine of the Humane Society of the United States, Fall 2020

²¹ Shneur Kushner, “We’re Hiring: Executive Director!”, <https://www.slavicvillage.org/news/were-hiring-executive-director/>.

²² “GET INVOLVED! Community Stewards”, <https://www.slavicvillage.org/live/get-involved/community-stewards/>.

²³ Description under <https://www.neighborhoodpetscle.org/> as it appears in a Google search.

resource center receiving pet resources, staff engage the owners in conversation and link them to services for humans as well. Staff frequently link clients to homelessness/housing services, food/nutrition, and medical care. For many people who use drugs and own pets, staff at Neighborhood Pets are their only trusted resource.

Speaking of Broadway and Fleet, the two streets intersect at the library, specifically the Fleet Branch of the Cleveland Public Library. Branch manager Magnolia Peters has pointed out that the library is the only place in the neighborhood where individuals can spend the whole day



without having to sign in, register, or state their purpose to anyone. Programming is minimal, but library staff are available to assist residents in finding resources. Peters says that the library is more of a community center than a library, and that checking out books is rare. University Settlement, Broadway School of Music, and other organizations host events or exhibits at the Fleet Branch.

Other community groups are worth mentioning, including the Community Yahoos, Slavic Village Stakeholders, Thursday Night group, East 63rd St. Block Club, Forest City Block Club, Hyacinth Block Club, and the Cleveland Garden Initiative. Each of these groups is known for meeting regularly, maintaining a core group of engaged members, and creating meaningful change in the community.

Religious institutions and places of worship play a pivotal role in fostering a sense of community within Slavic Village. They serve as hubs for support in tangible (such as food) and intangible ways (such as providing a sense of connection and purpose). Elizabeth Baptist Church, headed by Pastor Richard Gibson, is particularly known for its services to the community. “In addition to corporate worship, EBC has provided shelter for homeless women and children, an interactive youth ministry, consistent food and clothing distribution to the needy, regular visits and ministry to the sick and incarcerated, and leading action on social justice issues.”²⁴

Crucially, places of worship provide a non-clinical type of mental health treatment through their positive messaging, hosting of support groups, and building of social networks. Several churches in Slavic Village, including Holy Name Church, also host well-attended recovery meetings (AA, NA, etc.). One such host site, Fountain of Grace Recovery Ministries, headed by co-pastors Al Lewis and Marnetta Lewis, focuses on recovery in all its programming. “We are a Christ centered non denominational ministry, designed to communicate the message of the hope of recovery in Jesus Christ from chemical dependency, codependency, hurts, habits and hangups.”²⁵ The supportive environment provided by these and other institutions becomes a lifeline for those grappling with addiction or mental health challenges. Particularly for people underserved by medical and mental health treatment systems, such as African-Americans in Slavic Village, churches and religion serve as essential support systems.

²⁴ “About Elizabeth Baptist Church,” *Elizabeth Baptist Church*, <https://ebcfrancis.church/who-we-are.html>.

²⁵ “Home Page,” *Fountain of Grace Recovery Ministries*, <https://fountainofgraceministries.com/>. Noelle Williams, “Former addicts use their recovery to help others in Cleveland,” *Cleveland 19 News*, January 10, 2023, <https://www.cleveland19.com/2023/01/10/former-addicts-use-their-recovery-help-others-cleveland/>.

Although the Hispanic population of Slavic Village is comparatively small (5.86% or 1,925 people in 44105 and 10.9% or 456 people in 44127) it is rising, and Hispanic individuals and Spanish-speaking immigrants travel from all over the east side of Cleveland to worship at Our Lady of Lourdes Catholic church in Slavic Village. Attention to the Hispanic population is important, because of overdose death rates. In 2020, SAMHSA noted that “Recently, a demographic shift has been observed in the epidemic with dramatic increases in opioid misuse and overdose deaths among Hispanic/ Latino, African American, and American Indian/ Alaska Native populations.” A brief from the Ohio Department of Health shows high overdose death rates for Hispanic men continuing through the middle of 2022, the most recent timeframe for which data are complete.²⁶

Fluent in Spanish and offering a Spanish-language mass, Father Joseph Callahan at Our Lady of Lourdes has described recovery traditions among the people he serves, mostly Mexicans and central Americans. He describes the *juramento*, a Mexican custom in which a man who wants to stop using drugs or alcohol comes to the priest and makes a promise before God to abstain for a specific length of time. Because the individual understands his promise to be directly to God, the *juramento* is serious and binding. Father Callahan relates that sometimes a man who has made a *juramento* will ask Father Callahan to give him permission to break the promise, and Father Callahan says he cannot. In Father’s experience, the *juramento* is often successful. (It’s worth noting that the *juramento* is traditionally unavailable to women.)

Father Callahan describes the families who attend his masses as preferring to solve problems internally, among each other, rather than reaching out to treatment programs. It is important both to recognize the culturally different forms that recovery can take, and also to mention that there are traditional drug treatment programs in the Cleveland area specifically for Hispanic individuals. HUMADAOP, the Hispanic Urban Minority Alcoholism and Drug Abuse Outreach Program, operates two inpatient treatment centers, Casa Alma and Casa Maria. HUMADAOP also offers intensive outpatient and non-intensive outpatient programs for substance use disorders.²⁷

²⁶ “ZCTA5 44127,” United States Census Bureau, 2020 Decennial Census, https://data.census.gov/profile/ZCTA5_44127?g=860XX00US44127. “2023 Demographics,” *Healthy Northeast Ohio*, <https://www.healthyneo.org/demographicdata>. Substance Abuse and Mental Health Services Administration, “The Opioid Crisis and the Hispanic/Latino Population: An Urgent Issue,” Office of Behavioral Health Equity, 2020, https://store.samhsa.gov/sites/default/files/pep20-05-02-002.pdf?utm_medium=email&utm_source=transaction. “Preliminary Data Summary: Ohio Unintentional Drug Overdose Deaths,” Ohio Department of Health, January 3, 2023, page 3, https://odh.ohio.gov/wps/wcm/connect/gov/86452388-2e4b-48d6-a5e8-90ce24b30d0f/Ohio+Quarterly+Overdose+Report_Preliminary+Data_Q1_2023.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDM3000-86452388-2e4b-48d6-a5e8-90ce24b30d0f-otRHmeH.

²⁷ Interview with Father Joseph Callahan, conducted by Madelaine Matej MacQueen, February 3, 2023. Home page, Hispanic UMADAOP, <https://humadaop.org/index.html>.



Figure 4: Our Lady of Lourdes Catholic Church in Slavic Village

On the topic of demographic-specific healthcare and drug treatment, there are several resources for LGBT people in the greater Cleveland Area. B. Riley House (2121 West 117th Street) is a drug treatment center and recovery housing location that offers LGBTQ+ and Ally Inpatient Services, a Partial Hospitalization Program (PHP), an Intensive Outpatient Program (IOP), and Peer Recovery Services.²⁸ The MetroHealth system offers a Pride Clinic onsite at the LGBT Community Center of Greater Cleveland, to provide medical services in safe and accessible way to members of the LGBT community. For more LGBT-specific medical and mental health care resources, visit the LGBT center's website.²⁹

Schools are another important community asset. Slavic Village contains eight elementary and middle schools: Broadway Academy at Willow (EK-8, charter school), Cleveland College Preparatory School (1-8, charter school), A.B. Hart School (PK-8, public), Holy Name (K-8, private), Mound School (PK-8, public), St. Stanislaus School (K-8, private), Warner Girls Leadership Academy (PK-8, public), and Constellation Schools: Eastside Arts Academy (EK-7, charter). Slavic Village also has two high schools: Cleveland Central Catholic High School (private) and Regent High “School (charter). There are no public high schools in the neighborhood. Cleveland Central Catholic has a reputation for being a high-functioning high

²⁸ Home Page, *B. Riley House*, <https://www.brileysoberhome.org/>.

²⁹ “Health & Wellness,” *LGBT Community Center Greater Cleveland*, <https://lgbtcleveland.org/programs/health-and-wellness/>.

school. Regent is part of the Oakmont Education Network, a statewide “proven dropout recovery model” for re-engaging youth ages 16-24 who dropped out of high school and are unemployed.³⁰

Regarding prevention, Slavic Village has prevention programs but currently lacks the capacity to engage all youth. For years, University Settlement has provided in-school and after-school prevention services to young students at St. Stanislaus. In summer 2023, University Settlement received a 21st Century grant and is now funded to hire an additional nine Youth Department staff. The Youth Department now offers a K-4 and 5-8 program at Broadway Academy at Willow as well as a K-4 and 5-8 onsite program at St. Stanislaus, and an after-school program. All grants are open to any student in the CMSD school district, including private and charter schools. The program will serve approximately 160 families in 2023-24.

Y.O.U. places youth (under 18) at summer jobs with local businesses. Mahogani Graves, who runs the program in Slavic Village, wanted to find employment for 40 youth in summer 2023, but she was able to place only 20. Challenges include that the state has cut funding for Y.O.U. each year, that not enough youth sign up, and that not enough businesses sign up even when there are enough youth.³¹

The Boys and Girls Club is another resource. Located prominently on Broadway, the Club is open 8:30-4:00 every weekday. In summer 2023, it had about 220 students registered, with 130-140 attending each day. Parents of small children drop them off for the full day, and teenagers arrive after noon. The Club provides a safe, supervised space for youth to hang out and play.³² Its biggest challenge is probably staffing and stability—its Executive Director resigned in the past year, and a staff member was arrested toward the beginning of the summer for putting a student in a choke hold at Mound Elementary.

The recreation center, Stella Walsh, is open and providing programming. When I stopped in on August 16, 2023 around 5:45 PM, the center was packed with children from elementary school through high school. Some were playing sports, some were doing crafts, and others were participating in a phlebotomy class. The pool was closed to swimming at that time of evening, but I saw that it was full of water and very clean (but cold—the heater had broken, and a new one was on the way). Stella Walsh’s biggest challenge is likely a lack of publicity, because it looks abandoned from the outside and has no signage about its programming.



Figure 5: Architect's rendering of the Boys & Girls Club in Slavic Village

³⁰ “About,” *Oakmont Education*, <https://www.oakmontedu.org/about/>.

³¹ Interview with Mahogani Graves, Programs & Services Coordinator at Slavic Village Development, July 11, 2023.

³² Ibid.

In summary, there are several good youth programs operating in Slavic Village, but with a lack of continuity, collaboration, credit, and capacity.³³ Graves related that the same families tend to sign up for the same programs, year after year. She echoed a sentiment I have heard from many professionals working with youth and families, which is that reaching new families and bringing them into the continuum of service is a major challenge, even when programming is free for children.³⁴

Because risk of SUD as well as physical and mental health issues is so closely tied to ACEs (Adverse Childhood Experiences), programs that support pregnancy and parenting are essential. Fortunately, Slavic Village residents may be eligible for several such programs. The MomsFirst program through the Cleveland Department of Public Health enrolls first-time expectant mothers living in Cleveland and “addresses eight known contributing factors to healthy infant outcomes through home visits, education and care coordination.”³⁵ MetroHealth operates a branch of the national Nurse-Family Partnership, an evidence-based program that includes health outcomes for pregnant mothers and their babies.³⁶ For mothers who have Substance Use Disorder, MetroHealth operates the Mother-Child Dependency Program, which combines prenatal, psychiatric, and pediatric care. The program also operates The Mom’s House, a recovery house for women during pregnancy and up to one year postpartum.³⁷ Two non-profits, Birthing Beautiful Communities and Pregnant with Possibilities, specifically address racial disparities in maternal-child health outcomes and enroll clients for prenatal support services. Father Callahan has observed that childcare facilities and their staff also serve as major supports for children and families. “Children are victims of addicted parents and the staff that take care of them are painfully aware of that reality.”³⁸

Regarding drug treatment programs, Slavic Village contains one entity with two

locations. Community Assessment and Treatment Services (CATS) offers residential and outpatient treatment services, including Assessment, Group Counseling, Individual Counseling, Case Management, Drug Testing, and Sober Housing. The outpatient location is at 5162 Broadway Ave (44127), just three blocks from University Settlement’s main building. The inpatient location is at 8411 Broadway Ave #3932 (44105), close to Harvard Road.



Figure 6: CATS Outpatient

³³ By “credit,” I mean publicity/reputation, but I was enjoying the alliteration too much to break the pattern.

³⁴ Mahogany Graves.

³⁵ MomsFirst website, <http://momsfirst.org/>.

³⁶ “Better Pregnancy Outcomes,” Nurse-Family Partnership, <https://www.nursefamilypartnership.org/about/proven-results/1386-2/>.

³⁷ Mother and Child Dependency Program, MetroHealth, <https://www.metrohealth.org/obgyn/pregnancy-care/pregnancy-resources/substance-use-and-pregnancy>.

³⁸ Email from Joseph Callahan to Madelaine Matej MacQueen, October 26, 2023.

In September 2023, CATS opened a new, expanded “CARF Accredited Community Housing Program serving men 18 and older who struggle with homelessness/AOD/Dual Diagnosis/unemployment issues. Our recovery residence...employs certified peer supporters, licensed clinicians, an employment coordinator, and transportation specialists to meet the needs of our residents. ... Rental assistance is available for those who are unemployed.”³⁹ CATS staff are also willing and able to assess, refer, and transport people who do not meet the criteria for their recovery housing, such as women or people who have not yet detoxed from drugs. Additionally, the sober living facility Absolute House operated by Treatment Works Inc. is located on 7835 Harvard Ave (44105).



Figure 7: CATS Inpatient

Recovery housing is not the only type of housing supporting people with lived experience using drugs. Supportive Housing, particularly the Housing First model, provides a safe place to live and wraparound services for people who qualify, including individuals with Substance Use Disorder. Slavic Village is home to Edgewood Park, a Supportive Housing facility run jointly by EDEN (Emerald Development and Economic Network, Inc.) and Frontline Services. A full-time property manager keeps operations running smoothly and recruits services for the residents who she knows use drugs. Caseworkers from Frontline connect residents to medical, mental health, and other services. University Settlement provides monthly outreach and a vending machine with harm reduction supplies (more on harm reduction shortly).



Figure 8: Edgewood Park Apartments (Housing First / Permanent Supportive Housing)

³⁹ John Scalish, email titled “Recovery Housing in Slavic Village,” September 29, 2023.

There are no medically assisted detoxification facilities in Slavic Village. Nearby detox centers that Slavic Village residents have utilized include The Cuyahoga County Diversion Center (1804 East 55th Street, 44103), Stella Maris, Inc. (1320 Washington Avenue, 44113), Harbor Light (1710 Prospect Avenue, 44115), Cleveland Clinic Lutheran Hospital (1730 West 25th Street, 44113), and Ethan's Crossing (20611 Euclid Avenue, 44117). The ADAMHS Board funds Stella Maris and the Salvation Army's Harbor Light facility.⁴⁰

There is one general medical facility in Slavic Village—MetroHealth hospital system's Broadway Health Center. Located at 6835 Broadway Avenue, the health center offers Breast Health, Cardiology, COVID-19 Vaccine, Dental Medicine, Endocrinology, Express Care, Eye Care (Ophthalmology and Optometry), Flu Shots, Geriatrics, Heart Failure Care Center, Infectious Disease, Laboratory Services, Mammograms and Screening Recommendations, Neurology, Nutrition Services, Pediatrics, Pharmacy, Podiatry, Primary Care, Radiology, Volunteer Services, Weight Loss Surgery and Weight Management Center.⁴¹ Additionally, Oak Street Health, provider of primary and preventive care for older adults, is at 6410 Broadway.⁴²

A handful of behavioral health providers practice independently or semi-independently in Slavic Village, but there is currently no established mental health clinic in the area.

Harm reduction services are plentiful in Slavic Village, particularly naloxone distribution. Project DAWN (Deaths Avoided With Naloxone) is a network of opioid overdose education and naloxone distribution programs (OENDP) coordinated by the Ohio Department of Health.⁴³ Zip code 44105 contains two Project DAWN sites, Neighborhood Pets itself (3711 E. 65th St.) and the Syringe Services Program (SSP) operated by The Centers, which parks outside Neighborhood Pets on Thursdays. Zip code 44127 also contains two Project DAWN sites, University Settlement at both of its buildings (4800 Broadway Avenue and 4909 Mead Avenue) and again The Centers's SSP, which parks outside 4909 Mead on Mondays, Wednesdays, and Fridays.⁴⁴

The SSP itself offers a variety of harm reduction services and items, including fentanyl test strips, xylazine test strips, Hepatitis C screening, Hepatitis A and B vaccines, HIV screening, naloxone, new syringes, safer sex supplies, safer smoking kits, and visits with a nurse (for wound care and other medical needs). Further, the SSP program can connect clients to the many other healthcare and behavioral health services that The Centers offers, including general behavioral



Figure 9: A social media post by the Syringe Exchange Program operated by The Centers (formerly Circle Health)

⁴⁰ "Detox," ADAMHS Board of Cuyahoga County, <https://www.adamhsc.org/resources/finding-help/by-service/detox>.

⁴¹ "Broadway Health Center," The MetroHealth System, <https://www.metrohealth.org/locations/broadway>.

⁴² "About Us," Oak Street Health, <https://www.oakstreethealth.com/about-us>.

⁴³ "Project DAWN," Ohio Department of Health, <https://odh.ohio.gov/know-our-programs/project-dawn/project-dawn>.

⁴⁴ "Project DAWN Locations," Ohio Department of Health, <https://odh.ohio.gov/know-our-programs/project-dawn/project-dawn-programs/project+dawn+locations>.

health, behavioral health urgent care, case management, dental, infectious disease, medication-assisted treatment (MAT), pediatrics, pharmacy, podiatry, primary care, pregnancy care, psychiatry, STARS/FIRST program for schizophrenia, substance use disorder (SUD) treatment for adults and adolescents, and women's health services.

MetroHealth also runs an SSP program, which they call their Project DAWN Expanded Mobile Unit. The mobile unit is stationed at 3370 West 25th St. Although MetroHealth's mobile unit is not authorized to operate in Slavic Village, the MetroHealth Office of Opioid Safety has been instrumental to harm reduction in Slavic Village in other ways. An ongoing project is the installation of NaloxBoxes (wall-mounted cabinets for emergency naloxone access) throughout Slavic Village. The ADAMHS Board funds the project, MetroHealth installs the boxes, and University Settlement performs outreach to area businesses to sign them up for a box.

There are no recovery housing facilities in 44127 but two recovery housing facilities in 44105: CATS and Soul Serenity.⁴⁵ Nearby recovery housing that is widely referenced in the local recovery community includes Stella Maris, Recovery Resources' The Monarch House, Scarborough House for Women, Northern Ohio Recovery Association (NORA), The Moms' House through MetroHealth, The Woodrow Project, Sharon's House, Recovery Solutions of Northeast Ohio, Mommy and Me Too Inc.⁴⁶ The ADAMS Board funds the following recovery housing: Briermost Foundation, Cleveland Treatment Center, Community Action Against Addiction, Hitchcock Center for Women, I'm in Transition, Ministries, Jordan Community Resource Center, Joseph's Home, New Directions, Recovery Solutions of Northeast Ohio, Scarborough House, Signature Health, Stella Maris, and YMCA of Greater Cleveland.⁴⁷

As far as politics, Slavic Village is divided into three of the 17 Cleveland City Council wards, and the division does *not* follow the same borders as zip codes or police districts. Most of North Broadway falls into Ward 5, which also covers the Central neighborhoods of Cleveland. The majority of the rest of Slavic Village (South Broadway, Fleet, etc.) joins with the west side in being part of Ward 12. A section of Slavic Village between the railroad tracks and North Broadway counts as Ward 6, a bizarre shape that extends as far north as Lake View Cemetery and as far south as Union-Miles Park.⁴⁸ Ward 12 councilperson Rebecca Maurer and Ward 5 councilperson Richard Starr are both passionate advocates for the community.

On the criminal justice side, University Settlement has close relationships with the community engagement officers of two divisions of the Cleveland Police Department (CPD), the third district and the fourth district. CPD refers all suspected overdose cases (fatal and non-fatal) to the Heroin Involved Death Investigation Team (HIDI). Founded in 2014, HIDI consists of four detectives, who operate across all police districts and focus on collecting evidence for prosecution under drug-induced homicide charges. HIDI does not report back to the individual districts, and neither the Commander of the third district nor of the fourth has access to HIDI's work.

⁴⁵ R-Silence project, <https://www.rsilience.org/finding-recovery/search>.

⁴⁶ "Ohio's Recovery Housing Locator," *Ohio Mental Health & Addiction Services*, <https://find.ohiorecoveryhousing.org/>.

⁴⁷ "Recovery Housing," *ADAMS Board of Cuyahoga County*. <https://www.adamhsc.org/resources/finding-help/by-service/recovery-housing>

⁴⁸ "Ward Map," <https://www.clevelandcitycouncil.org/find-my-ward>.

Mention of the criminal justice system brings this asset review back around to the Diversion Center, which deserves a more detailed mention. Opened on May 3, 2021, the Diversion Center had the original purpose of treating individuals who law enforcement had diverted from jail. Cuyahoga County Executive Armond Budish summed it up when he said, “Half of our jail population suffers from mental illness or co-occurring mental health and substance use disorders, and nine times out of ten they should not be locked up. Instead, they could be in a treatment facility receiving the help and care they need, and the Diversion Center will help meet this need.”⁴⁹ However, data showed that the police rarely utilized the Diversion Center.⁵⁰ There is no broad agreement on *why* the police’s under-utilize the center, but it seems that police dislike the voluntary nature of the center.⁵¹ As a result, in November 2021 the Diversion Center’s administrators expanded the eligibility, now allowing anyone to refer a friend, family member, or themselves to the center.⁵²

The Diversion Center is located at Oriana House, which provides the day-to-day operations and services of the center.⁵³ (University Hospitals provides psychiatric services for the center.⁵⁴) Both the Diversion Center and Oriana House are located at 1804 East 55th St. (44103), putting them nearly within walking distance of Slavic Village. FrontLine Services is responsible for screening potential patients. Anyone can call 216-623-6888 to refer or self-refer, and FrontLine will determine whether the potential patient is a good fit for the Diversion Center. The patient is then responsible for their own transportation to the center—lack of transportation is a major barrier to accessing treatment.⁵⁵

⁴⁹ “Diversion Center,” Cuyahoga County Office of the Executive, <https://cuyahogacounty.us/diversion>.

⁵⁰ Molly Walsh, “Numbers show how seldom police have utilized Cuyahoga County Diversion Center,” *Cleveland.com*, published November 1, 2022, updated March 7, 2023, <https://www.cleveland.com/news/2022/11/numbers-show-how-seldom-police-have-utilized-cuyahoga-county-diversion-center.html&subscribed=auth0%7C63e26872ede35ab808dcec5d>.

⁵¹ I met with the Third District and with the Fourth District, respectively, and asked their opinion on the Diversion Center. I asked, “Do you use the Diversion Center?” Commander Brown and Officer Barnes of the Fourth District originally did not remember what the Diversion Center was. Subsequently, they said that patrol officers do use it. Contrastingly, the Third District building had informational signs about the Diversion Center posted in its lobby. Commander Tucker said the center gets “mixed reviews” from officers. Sgt. Kubas said, of people taken to the Diversion Center, “We put ‘em in there, and they walk out in 5 minutes. … “[If] people don’t want help, it’s hard to make them get help.” Diversion Center staff say they have seen police do drive-by drop-offs—instead of calling Frontline, getting the potential patient accepted to the Diversion Center, and walking them in, police occasionally shove the potential patient out of the police car door in the Diversion Center parking lot without fully stopping. It may be relevant to note that the Diversion Center is located in the Cleveland Police’s Third District, meaning that anyone picked up from anywhere in Cuyahoga County who chooses to leave the Diversion Center against medical advice ends up *in* the Third District, and being the responsibility of Third District police. Sources: Interview with Commander Maurice Brown and Community Engagement Officer Brooklyn Barnes, Fourth District Headquarters, February 3, 2023. Interview with Commander Robert Tucker, Sergeant John Kubas, Captain Timothy Maffo-Judd, and Community Engagement Officer Roger Jones, Third District Headquarters, February 9, 2023. Tour of the Diversion Center with Megan Testa, April 21, 2023.

⁵² Stephanie Casanova, “ADAMHS Board will not re-apply to operate the Cuyahoga County Diversion Center,” *Signal Cleveland*, September 21, 2023, <https://signalcleveland.org/adamhs-board-to-step-down-from-operating-diversion-center/>.

⁵³ “Diversion Center,” CC Office of the Executive.

⁵⁴ Casanova.

⁵⁵ “Cuyahoga County Diversion Center,” ADAMHS Board of Cuyahoga County, <https://www.adamhsc.org/about-us/current-initiatives/cuyahoga-county-diversion-center>.

The ADAMHS Board, which has been operating the Diversion Center, describes the center's scope and funding.

The Cuyahoga County Diversion Center is a 50-bed facility, with staff onsite 24/7. Services can include assessment, medical evaluation, case management, counseling, medications, Medication Assisted Treatment (MAT), withdrawal management (detox), NAMI educational groups, referral and linkage to other community services. Treatment costs are covered by Medicaid, insurance, or Cuyahoga County. Treatment services are certified through the Ohio Department of Mental Health and Addiction Services (OhioMHAS).⁵⁶

In summary, the Diversion Center is able to accept patients experiencing an active mental health and/or substance use crisis. In five days or fewer, the staff detoxes and stabilizes the patient, and then refers them to longer term treatment, which might include inpatient treatment, outpatient treatment, a halfway house, or something else. The Diversion Center is *not* inpatient psychiatric treatment in the form of being “pink slipped”—patients attend voluntarily (all the exterior doors are unlocked for easy departure), all medications are oral meds (no IVs), and patients will not be restrained or treated against their will.⁵⁷

The ADAMHS Board plans to phase out its role operating the Diversion Center. CEO Scott Osiecki said that “the ADAMHS Board doesn’t want to be the middleman between Oriana House and the county.”⁵⁸ Oriana House is expected to apply to operate the diversion center when the ADAMHS Board steps down. As of December 5, 2023, the ADAMHS Board has worked in partnership with Cuyahoga County and will enter into a contract extension to operate the Diversion Center in 2024. Services provided by Oriana House will continue as well.⁵⁹ The Diversion Center remains a major asset in the treatment field, but an underutilized one. Dr. Megan Testa, Forensic and Community Psychiatrist at the Diversion Center, says the full 50 beds have never been full. The center’s trauma-informed and patient-led approach makes it continually my top recommendation for anyone experiencing acute mental health or substance use crisis.

⁵⁶ Ibid.

⁵⁷ Tour of the Diversion Center with Megan Testa, April 21, 2023.

⁵⁸ Casanova.

⁵⁹ Phone call and follow-up email between Scott Osiecki and Madelaine Matej MacQueen, December 7, 2023.

Section 3: Interventions that Work

Before proceeding further, it is important that we clarify our (evidence-based) positions overall.

Seeking altered mental states (especially euphoria) is a natural human tendency.

People do it through movement, such as when a child spins to make herself dizzy or an adult sky-dives to experience a rush of adrenaline. People also do it by consuming substances, as seen throughout Western history (the ancient Greeks drinking wine, the Lotus Eaters in *The Odyssey* consuming lotus blossoms and fruit to experience relaxation and forgetfulness), Eastern history (opium being the most well known), and the present day. There is nothing intrinsically wrong with the tendency to seek altered mental states.

In supportive social circumstances, most people can use drugs recreationally and safely. As a coalition, we are not especially concerned about people who use drugs recreationally and remain in control of their use. It bears mentioning, though, that harm reduction measures and decriminalization ensure safer drug use for those who use recreationally. It is possible to overdose fatally the very first time trying drugs, or any time after, so drug checking is important for everyone. Our main concern is the people suffering the most harm from drug use—those with Substance Use Disorder (SUD) or Opioid Use Disorder (OUD).

SUD/OUD is a treatable, chronic disease featuring periods of remission and relapse.

Not everyone who uses substances has SUD. The American Psychiatric Association groups the symptoms of SUD into four categories:

- Impaired control: cravings / compulsive use / inability to quit without help
- Social problems: the person becomes unable to complete necessary tasks at home/work/school
- Risky use: using substances in risky ways, despite understanding the risk
- Drug effects: increased tolerance, withdrawal symptoms when trying to quit

An individual experiencing symptoms in the above four categories likely has a Substance Use Disorder. They are not behaving badly or making bad choices. They have a chronic disease that requires adequate treatment. Whereas someone using recreationally can use the same quantity and potency of drug each time, feel a “high,” and go back to their own baseline/normal, a person with SUD needs to use larger and more potent amounts to achieve the same effect as before (a process called dependency) and plummets deeper and deeper into suffering each time the drug wears off. The graphic below compares the two experiences.

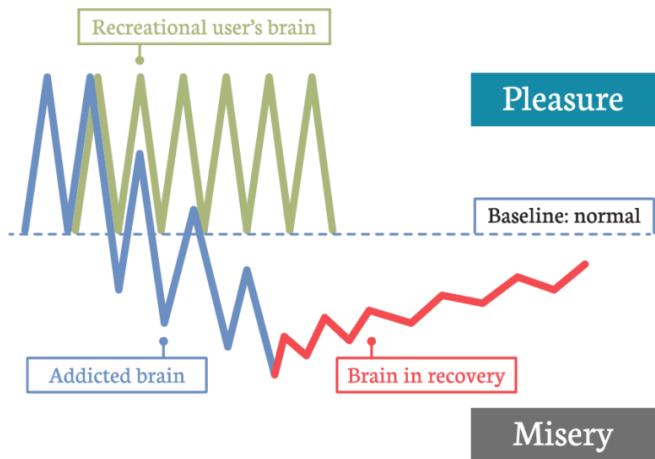


Figure 10: A graph comparing the experience of a recreational drug user (green) to that of a drug user with SUD (blue) over time (x-axis). Image from <https://www.farcana.org/understanding-addiction/how-do-drugs-affect-the-brain/>

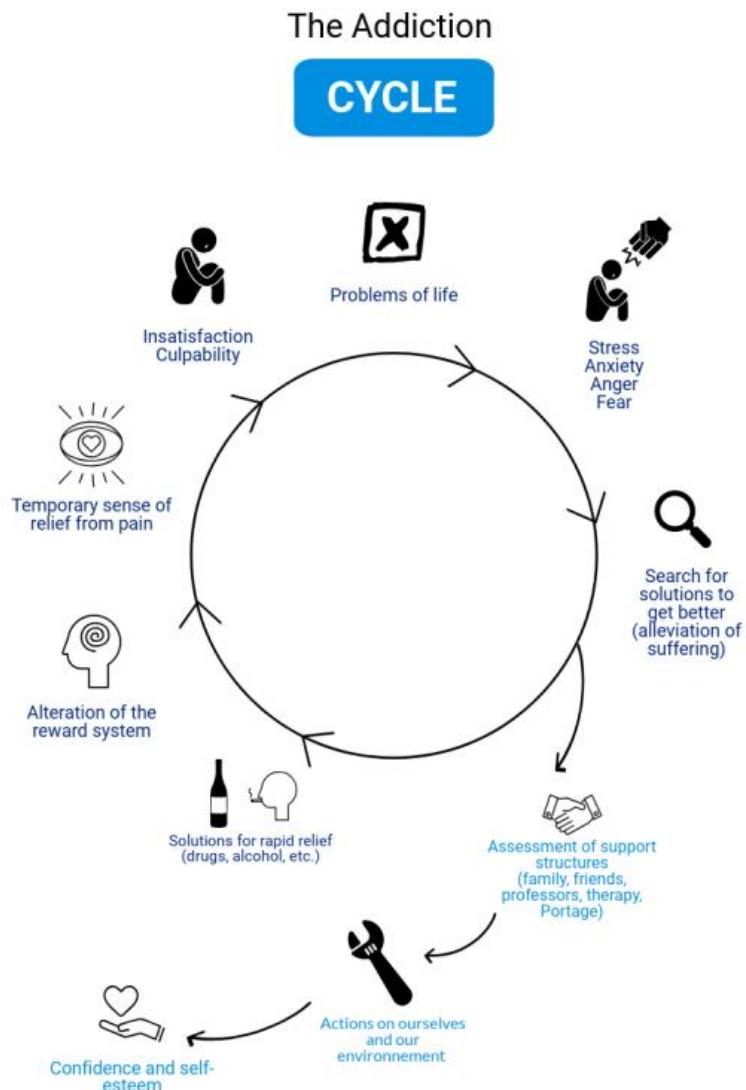


Figure 11: The Addiction Cycle by Portage drug rehab center, June 2018, <https://portage.ca/en/the-addiction-cycle-and-how-to-break-it/>

Treatment works. Different modalities work best for different individuals, but everyone should be offered a combination of medications and counseling. Medications for Opioid Use Disorder (MOUD) have decades of research supporting their safety and efficacy. Projects such as California Bridge have been succeeding at reducing barriers to initiating and maintaining Medication-Assisted Treatment (MAT). With the removal of the X-Waiver, any medical professional with prescribing privileges can prescribe MOUD. Patients can start MAT in an inpatient setting, outpatient setting, an emergency department, a walk-in clinic, or even at home. Advocates for low-barrier MAT recommend offering MOUD in any setting (including yearly checkups, urgent care visits, ED visits, etc.), without requirements (for urine screenings, meeting attendance, etc.). **MAT and MOUD are effective in reducing drug use and preventing overdose even without a formal counseling program.**

In the Stages of Change model, the Action stage (or getting treatment) is the fourth step. Consequently, a person with SUD must work through the Precontemplation, Contemplation, and Preparation stages before being ready for treatment. Therefore, **interventions are important even when they do not immediately lead to treatment.** Outreach workers and other providers can slowly move people with SUD toward treatment readiness through repeated contact, building relationships, and employing evidence-based interventions.

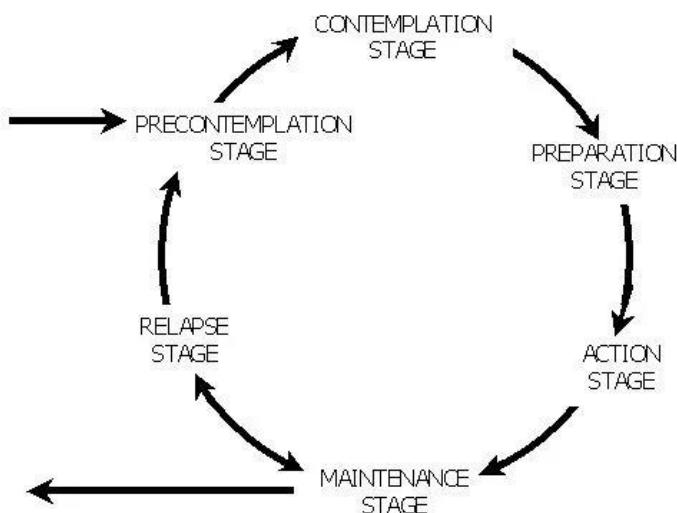


Figure 12: Stages of Change Model,

image from <https://www.verywellmind.com/the-stages-of-change-model-of-overcoming-addiction-21961>

We would also like to emphasize that **quitting drug use is extremely difficult and requires major life changes.** In seeking help for SUD, an individual risks losing their friends, their job, and even custody of their children. People in recovery talk about having to “relearn how to live their life,” because when the round-the-clock search for the next dose of drugs is removed, very little remains. People in recovery must re-learn how to exist in each moment of the day, how to have friendships and relationships, how to manage their own emotions and those of others, and any number of other life skills that people without SUD take for granted.

MAT helps reduce the suffering of both detoxification and early recovery. Compare the graph above, showing an SUD sufferer's plunge into despair during recovery, with the graph below, showing that same recovery journey alleviated by MAT (in this case, Opioid Agonist Therapy).

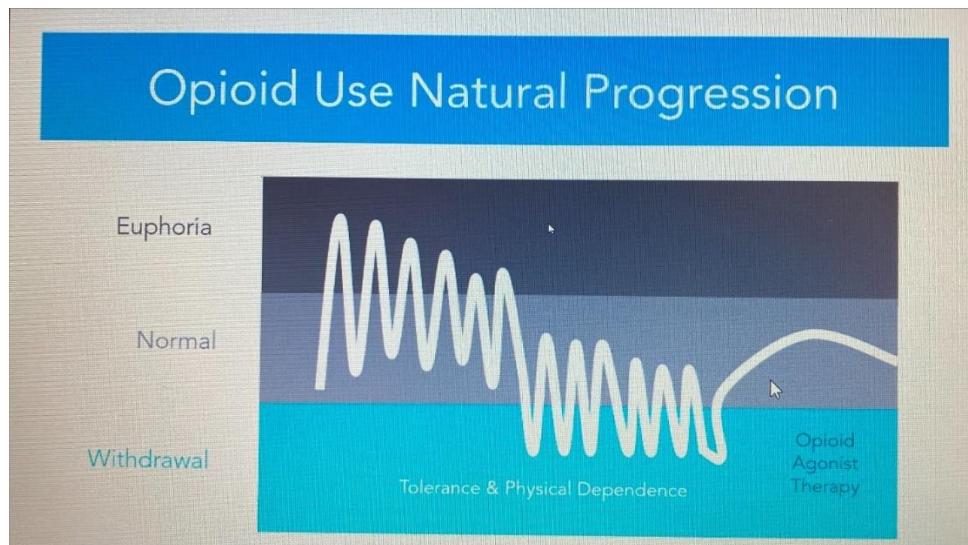


Figure 13: A graphic showing opioid use disorder and recovery, tempered by Opioid Agonist Therapy. Reb Close, MD, "Addiction is a Pediatric Disease: Providing Critical Treatment to a Slightly Complicated Group," presentation through CA Bridge, September 26, 2023.

Substance Use Disorder and other harmful patterns of drug use often occur in response to deprivation, trauma, and unmet social-emotional needs. One of the most powerful illustrations of the societal aspects of substance misuse is the Rat Park experiment, part two. The original experiments offering recreational drugs to rats took place in the 1950s. Rats would be placed in a small cage, empty except for an opiate.⁶⁰ Each time the experiment was conducted, 90% of the rats would consume so much of the drugged water that they died. Experts based addiction theory on the results of the experiments, concluding that any animal with access to opiates had a 90% likelihood of drugging themselves to death.

Professor of psychology Bruce Alexander refuted the theory, concluding instead that rats *in solitary confinement* will drug themselves to death. He built a "rat park" half the size of his garage, filled with toys, food, and other rats to play with. He put one group of rats in his rat park, and another group in solitary confinement, giving both groups a choice between plain water and morphine. While the rats in solitary confinement followed the behavior patterns of their ancestors in the 1950s (consuming 25 mg of morphine per day), the residents of rat park used the morphine only recreationally (5 mg of morphine per day), largely preferring the plain water.

Further, Alexander and his colleagues subjected one group of rats to 57 days of solitary confinement with only morphine-water as an option, to make sure the rats became dependent on the drug. Then, they moved the dependent rats to Rat Park. All of the drug-dependent rats switched to drinking plain water in Rat Park and voluntarily went through withdrawal. Alexander

⁶⁰ Johann Hari describes an experiment in which each rat had access to a water bottle containing diluted morphine, whereas Freethink shows video footage of a rat pressing a lever to dose itself with intravenous heroin. Regardless, the rats had nothing in the cage *except* access to an opiate.

concluded that addiction (now called SUD) is an adaptation to deprived social environment. His conclusions have been confirmed by further studies—read Johann Hari’s *Chasing the Scream* for details.

In short, **preventing SUD requires attending to the entire human social experience.**⁶¹

Dean Wilson, well-known activist, person who uses drugs, and former president of the Vancouver Area Network of Drug Users has said, “Addiction is a disease of loneliness.”⁶² Part of prevention and treatment for

SUD involves building community and ensuring that everyone feels a sense of belonging somewhere. I will add the caveat that Hari and Wilson were working *before* fentanyl entered the drug supply. Fentanyl is more potent and complicates

conceptions of dependency, withdrawal, and abstinence. Treatment options today need to be more comprehensive, offering MAT, pain management, support groups, and many different modalities.



ADDICTION IS A DISEASE OF LONELINESS.

Dean Wilson,

The rise in SUD and overdose deaths is a public health crisis, not a criminal justice crisis. Risky patterns of substance use have health implications for the people using drugs and for others around them, including their sexual partners, their children, and unrelated people who have trouble accessing pain prescriptions. The gold standard intervention to end any drug epidemic is decriminalization—treating it as a public health crisis instead of a criminal justice issue. For a detailed exploration of decriminalization, please see Appendix E.

Acknowledging that decriminalization is a far-off goal⁶³ in Slavic Village—requiring city, county, state, and national change—and that decriminalization by itself is an incomplete solution, we will also lay out a generous sampling of other interventions that work to decrease the suffering of the opioid and other drugs epidemic. Addressing drug addiction requires a comprehensive approach that includes prevention, treatment, and recovery support. This section outlines evidence-based strategies for each of these components, focusing on their relevance in Slavic Village.

⁶¹ Johann Hari, “Chapter 13: Batman’s Bad Call” in *Chasing the Scream* (New York: Bloomsbury, 2015), 379-389. “How the flawed Rat Park experiment launched the drug war,” *Freethink*, January 11, 2018, <https://youtu.be/dOKfwFCMRM?si=yeL-CKUz8IUueoe1>.

⁶² Dean Wilson, quoted in Johann Hari, *Chasing the Scream*, p. 389.

⁶³ The United States Office of National Drug Control Policy has released a statement essentially negating any positive effects of the PDPM, because studies have failed to demonstrate a substantial reduction in drug use—which is, of course, not an important measure from a harm reduction standpoint. “Drug Decriminalization in Portugal: Challenges and Limitations,” Office of National Drug Control Policy, <https://obamawhitehouse.archives.gov/ondcp/ondcp-fact-sheets/drug-decriminalization-in-portugal-challenges-and-limitations>.

Drug Prevention Strategies

Community-based prevention programs involve engaging local organizations, schools, law enforcement, and community members in efforts to prevent drug abuse. These programs raise awareness, provide education, and offer support for at-risk individuals. They often target high-crime neighborhoods and emphasize community cohesion.

School-based programs aim to educate students about the risks of drug misuse and develop life skills to resist peer pressure. They often involve interactive workshops, peer mentoring, and curriculum integration. Programs including “Project ALERT” and “Too Good for Drugs” have shown effectiveness in reducing drug use among students. Locally, Jason Steckel, (former) Prevention

Specialist at Recovery Resources recommends “Sources of Strength” as an excellent curriculum for inner-city prevention programs. The Elementary Program “consists of evidence-informed curricula that builds protective factors to prevent mental health issues, bullying, substance abuse, violence and suicide” and the Secondary Program “utilizes a team of Adult Advisors and youth Peer Leaders to promote help-seeking behaviors and develop connectivity.”⁶⁴



Johann Hari

Media campaigns utilize various media channels to convey anti-drug messages and promote healthy behaviors. Campaigns can target specific demographics and regions, leveraging the power of social media, television, and billboards to discourage drug use. The “Truth Initiative” campaign is an example of an effective anti-smoking campaign. Currently, Cleveland Department of Public Health is running a campaign against flavored tobacco that is highly visible on busses and billboards.

Parental Involvement (engaging parents in drug prevention efforts) is crucial. Parental involvement can include parent-child communication about drug risks, monitoring of children's activities, and setting clear expectations and consequences. Research indicates that strong parental involvement can significantly reduce the likelihood of substance abuse among adolescents. In Slavic Village, a particular emphasis on engaging kinship families and caregivers from multiple generations is necessary as well.

Although the term “prevention” usually refers to youth services, preventing adults from developing drug dependency and SUD is important too. Prevention for adults includes access to affordable healthcare and adequate pain management. I have not been able to find any evidence that reducing patients’ pain prescriptions decreases overdose deaths. However, inadequately treating a patient’s pain can drive them to seek a street supply of painkillers and put them at risk for overdose. The National Institutes of Health foregrounds inadequate pain treatment as a driver

⁶⁴ “Elementary Program,” *Sources of Strength Ohio*, accessed online December 6, 2023, <https://www.sourcesofstrengthohio.org/elementary-program>. “Secondary Program,” *Sources of Strength Ohio*, accessed online December 6, 2023, <https://www.sourcesofstrengthohio.org/secondary-program/secondary-program>.

of the opioid and overdose crisis.⁶⁵ Health insurance coverage of alternative pain management strategies is essential. The Health Policy Institute of Ohio recommends increased use of “non-opioid pain management therapies, such as acupuncture, physical therapy and chiropractic care” through patient and provider education, improved insurance coverage for these services, and partnerships across sectors.⁶⁶



Any prevention plan must address health equity and social determinants of health. Improving the built environment, expanding the social safety net, and increasing generational wealth are all effective prevention strategies. (For more on the built environment, see Appendix G.) Environmental risk (a neighborhood that inclines people toward drug use) is a stronger predictor of behavior than individual risk (a person’s susceptibility to drug use).⁶⁷ For example, because violent crime rates are higher around convenience stores and corner stores than around drug treatment centers, converting such stores to treatment centers would be an improvement to the built environment, reducing drug use and violent crime.⁶⁸ The graphic below, made by the Health Policy Institute of Ohio, summarizes risk and protective factors for adolescent and young adult drug use.⁶⁹

⁶⁵ “HEAL Initiative,” National Institutes of Health, <https://heal.nih.gov>.

⁶⁶ Health Policy Institute of Ohio, “Ohio addiction policy scorecard: Prevention, treatment and recovery,” *Addiction Evidence Project*, April 2018, <https://www.healthpolicyohio.org/tools/addiction-evidence-project/>.

⁶⁷ Debra Furr-Holden, Abstract for “Using a Health Equity Model to Promote Environmental Approaches to Violence, Alcohol and Other Drug Prevention,” The National Institutes of Health (NIH) Office of Behavioral and Social Science Research (OBSSR) Behavioral and Social Sciences Research Lecture Series, Tuesday, March 8, 2016, <http://events.r20.constantcontact.com/register/event?oeidk=a07ec8pfapr279d0c6c&llr=vykrlptab>.

⁶⁸ C. Debra M. Furr-Holden, Adam J. Milam, Elizabeth D. Nesoff, Renee M. Johnson, David O. Fakunle, Jacky M. Jennings, and Roland J. Thorpe, Jr., “Not in My Back Yard: A Comparative Analysis of Crime Around Publicly Funded Drug Treatment Centers, Liquor Stores, Convenience Stores, and Corner Stores in One Mid-Atlantic City,” *Journal of Studies on Alcohol and Drugs* 2016 77:1, 17-24.

⁶⁹ Health Policy Institute of Ohio, “Figure 2. Risk and protective factors for adolescent and young adult substance use,” *Addiction Evidence Project*, December 2017, <https://www.healthpolicyohio.org/tools/addiction-evidence-project/>.

Figure 2. Risk and protective factors for adolescent and young adult substance use

	Risk factors	Protective factors
Individual	<ul style="list-style-type: none"> • Genetic susceptibility to alcohol or drug use and addiction • Starting substance use at a young age • Aggressive behavior and persistent behavior problems in childhood • Favorable attitudes toward substance use and low perception of risk • Exposure to trauma and adverse childhood experiences⁶ 	<ul style="list-style-type: none"> • Good self-control and interpersonal skills • Spirituality • Resiliency (ability to adapt to change and stressful events in healthy ways)
Peers and school	<ul style="list-style-type: none"> • Poor academic performance • Lack of commitment to and engagement with school • Peer substance use 	<ul style="list-style-type: none"> • Academic competence • Recognition for positive behavior • Opportunities for positive social involvement
Family	<ul style="list-style-type: none"> • Lack of parental supervision and clear expectations • Family conflict, abuse and neglect • Parents' favorable attitude toward drug use and/or history of substance misuse 	<ul style="list-style-type: none"> • Attachment and positive communication with parents • Marriage (for adults)
Community	<ul style="list-style-type: none"> • High availability of substances, low cost of alcohol and other drugs • Laws and norms favorable to substance use, including alcohol and tobacco • Community disorganization and high crime rates • Media portrayal of substance use • Low socioeconomic status 	<ul style="list-style-type: none"> • Opportunities for positive social involvement • Healthy beliefs and standards for behavior, positive community norms that communicate clear and consistent expectations about not misusing alcohol and other drugs

Source: Adapted from The Surgeon General, Facing Addiction in America, 2016 and National Institute on Drug Abuse, Drugs, Brains and Behavior: The Science of Addiction, 2014.

Ryan McMaster's analysis of overdose death rates compared to Ohio Opportunity Index (OOI) scores (explained above), showed that low opportunity directly correlates with high overdose death rates, and vice versa. The OOI synthesizes 34 variables across seven key domains: transportation, education, employment, housing, health, access, and crime.⁷⁰ Our prevention plan for Slavic Village must work to improve the status of those seven domains for residents.

Harm Reduction Strategies

According to the National Harm Reduction Coalition (NHRC), "Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs."⁷¹ The NHRC lists seven principles of harm reduction (see Appendix H). Essentially, harm reduction aims to keep people who use drugs alive and healthy, either as a precursor to treatment or as an alternative. Harm reduction can include syringe service programs, naloxone distribution, wound care, STD testing/treatment, education on best practices,

⁷⁰ Lorin Rambom and Nathan Doogan, "Ohio Opportunity Index," Ohio Colleges of Medicine Government Resource Center, <https://grc.osu.edu/Projects/OhioOpportunityIndex>.

⁷¹ "Principles of Harm Reduction," National Harm Reduction Coalition, <https://harmreduction.org/about-us/principles-of-harm-reduction/>.

safe consumption sites, and other interventions. Ample evidence exists that harm reduction reduces overdose deaths as well as rates of infection with HIV, Hepatitis C, endocarditis, and other diseases.⁷²

The gold standard of harm reduction is the establishment of Safe Consumption Sites or Supervised Consumption Sites (SCS), staffed facilities that allow people to consume (inject, smoke, or snort) drugs in a clean environment and to be monitored for signs of overdose. Ideally, an SCS will also provide opportunities for linkage to other services, foremost among them medical care, mental health care, substance use treatment, housing placement, and nutrition programs. The first SCS worldwide opened in Geneva, Switzerland in 1986. Dozens have been operating throughout Europe for the past three decades; currently, 78 such sites operate in countries that report to the European Monitoring Centre for Drugs and Drug Addiction. The research-backed successes of SCSs include:

- Reaching and staying in contact with highly marginalized target populations
- Immediate improvements in hygiene and safer use for clients
- Reductions in injecting risk behavior such as syringe sharing.
- Reduced HIV transmission among people who use the SCS
- Reduced overdose death
- Increased uptake both of detoxification and drug dependence treatment, including MAT
- Decreased public injecting
- Reduction in the number of syringes discarded nearby⁷³

Despite worries, there is no evidence the SCSs lead to an increase in drug use and/or crime.⁷⁴ Unfortunately, SCSs are illegal under Ohio law. Therefore, we are limited to other forms of harm reduction, such as syringe service programs, drug checking, and naloxone distribution.

Drug Treatment Strategies

Getting people into treatment is a major challenge. Harm reduction (see above) can be a tool to reach people outside the margins of society, and to bring them gradually into the service continuum. Health Policy Institute of Ohio characterizes Ohio's "Treatment system access and coverage" as strong, its "Treatment services" as Moderate, and both its "Screening and early intervention" and "Treatment system capacity and workforce" as Weak. Slavic Village is at an advantage, in that neither the Diversion Center nor CATS are full—putting our system capacity closer to adequate. Our biggest gap, then, is in screening and early intervention.⁷⁵

⁷² Health Policy Institute of Ohio, "Ohio addiction policy scorecard: Overdose reversal and other forms of harm reduction," *Addiction Evidence Project*, November 2018, <https://www.healthpolicyohio.org/tools/addiction-evidence-project/>.

⁷³ European Monitoring Centre for Drugs and Drug Addiction, "Drug consumption rooms: an overview of provision and evidence," https://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms_en.

⁷⁴ German Lopez, "Cities are considering safe injection sites. A federal judge just said they're legal," *Vox*, Oct 2, 2019, <https://www.vox.com/science-and-health/2018/1/25/16928144/safe-injection-sites-heroin-opioid-epidemic>.

⁷⁵ Health Policy Institute of Ohio, "Ohio addiction policy scorecard: Prevention, treatment, and recovery," *Addiction Evidence Project*, April 2018, <https://www.healthpolicyohio.org/tools/addiction-evidence-project/>.

Evidence supports the use of SBIRT (screening, brief intervention, and referral to treatment) protocols. A physician or nonphysician provider can administer an evidence-based screening tool, provide a brief intervention, and then refer to treatment. According to one text, SBIRT “can serve as an intervention to decrease the problem in those who are experiencing at-risk substance use and as an early case-finding intervention in those whose problem is beginning to become more severe.”⁷⁶ SAMHSA provides a guide for implementing SBIRT.⁷⁷

Medication-Assisted Treatment (MAT) combines behavioral therapy with medications such as methadone, buprenorphine, and naltrexone to treat opioid addiction. These medications reduce cravings and withdrawal symptoms, allowing individuals to focus on recovery. MAT has been shown to improve retention in treatment and reduce the risk of relapse.

Cognitive-Behavioral Therapy (CBT) is a widely used psychotherapy approach that helps individuals identify and change negative thought patterns and behaviors related to drug use. It equips patients with coping strategies and skills to resist triggers and manage stress. CBT is effective for various substance use disorders.

Contingency Management is a behavioral intervention that provides tangible rewards for individuals who achieve and maintain abstinence from drugs. This approach uses incentives like vouchers, prizes, or privileges to reinforce drug-free behaviors. Studies have shown its effectiveness in promoting abstinence.

Motivational Interviewing (MI) is a client-centered counseling approach that helps individuals explore and resolve ambivalence about quitting drugs. It enhances intrinsic motivation to change and empowers individuals to set and achieve their recovery goals. MI has been successful in engaging and retaining clients in treatment.

Of all the interventions presented at Ohio’s 2023 Opiate & Other Drugs Conference (June 5-6, 2023 in Columbus, OH), permanent supportive housing showed the strongest evidence of efficacy in reducing recidivism, reducing relapse, and helping people live happy and productive lives. CSH (Corporation for Supportive Housing) is a national nonprofit based in NYC—with a 6-person staff in Ohio—that designs programs and provides ongoing subgrant management for supportive housing. EDEN (Emerald Development and Economic Network) administers Cleveland’s supportive housing programs. Supportive housing has 6 aspects: case management, employment services, parenting/coaching life skills, primary health services, mental health services, and substance use treatment.

Data demonstrating supportive housing’s efficacy are many and varied. Out of 208 exits (people leaving their supportive housing unit/program), only 32 people exited to incarceration (jail or prison). 471 people remained housed at the end of the year, which is a 95% success rate.

⁷⁶ Committee on Prevention, Diagnosis, Treatment, and Management of Substance Use Disorders in the U.S. Armed Forces; Board on the Health of Select Populations; Institute of Medicine; O’Brien CP, Oster M, Morden E, editors. *Substance Use Disorders in the U.S. Armed Forces*. Washington (DC): National Academies Press (US); 2013 Feb 21. “5, Best Practices in Prevention, Screening, Diagnosis, and Treatment of Substance Use Disorders.” <https://www.ncbi.nlm.nih.gov/books/NBK207270/>

⁷⁷ Substance Abuse and Mental Health Services Administration (SAMHSA), “TAP 33: Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment,” <https://www.samhsa.gov/resource/ebp/tap-33-systems-level-implementation-screening-brief-intervention-referral-treatment>.

Supportive housing clients have a 5% recidivism rate compared to 33% for the state of Ohio as a whole. Supportive housing is also cost-effective (much cheaper than jail or treatment centers), and use of the most costly (and restrictive) services in homeless, health care, and criminal justice systems declines when people are living in supportive housing. The biggest weakness is capacity—currently, supportive housing in Cleveland is able to serve only 10% of people who would qualify.⁷⁸

When looking beyond the essentials and toward the ideal drug treatment programs, Portugal again becomes an example. Its Dishabituación Centre on the outskirts of Olhão provides a private suite for each patient, diverse (and sometimes expensive) art materials (a pottery wheel, recycled plastic bottles, paints, egg cartons, colored pencils, easels, glitter, a kiln, etc.), a small gym, exercise classes, physiotherapy and a jacuzzi. The philosophy is to keep the mind occupied and equip people who used drugs to bring their bodies back to health.⁷⁹ Ohio treatment programs should strive to provide the same level of dignity and luxury as those in Portugal.

Recovery Support Strategies

Peer support programs involve individuals in recovery providing support, mentorship, and guidance to those currently struggling with addiction. Programs like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) offer peer-led support groups that promote sobriety and a sense of community. The STARS project offers trainings, tools, and platforms to assist the implementation of peer recovery support services.⁸⁰

Recovery housing, sometimes called sober living, is an effective tool.⁸¹ Recovery housing provides a stable, drug-free living environment for individuals in early recovery. Residents are often required to participate in treatment or support programs. These structured environments reduce exposure to triggers and support individuals in building a recovery-oriented lifestyle.

Individuals living either in recovery housing or independently can utilize peer supporters throughout their recovery. Using peer supporters effectively is important. The “social model” approach developed in California has developed the following key principles: using 12-step or other mutual-help group strategies to create and facilitate a recovery environment, involving program participants in decision making and facility governance, using personal recovery experience as a way to help others, and emphasizing recovery as an interaction between the

⁷⁸ “Supportive Housing for Successful Recovery and Reduced Recidivism,” presentation by CHN at Ohio’s 2023 Opiate and Other Drugs Conference, June 6, 2023, Columbus, OH.

⁷⁹ Susana Ferreira, “Portugal’s radical drugs policy is working. Why hasn’t the world copied it?,” *The Guardian*, December 5, 2017, <https://www.theguardian.com/news/2017/dec/05/portugals-radical-drugs-policy-is-working-why-hasnt-the-world-copied-it>.

⁸⁰ Opioid Research Consortium of Central Appalachia, “STARS: Studies to Advance Recovery Support,” <https://the-orcca.com/stars>.

⁸¹ Wittman F, Jee B, Polcin DL, Henderson D. The Setting is the Service: How the Architecture of Sober Living Residences Supports Community Based Recovery. *Int J Self Help Self Care*. 2014 Jul 1;8(2):189-225. doi: 10.2190/SH.8.2.d. PMID: 25328377; PMCID: PMC4197974.

individual and their environment. Studies have demonstrated the efficacy of the social model approach.⁸²

Employment and Education Assistance that assists individuals in reintegrating into society is crucial for long-term recovery. Programs that offer job training, resume building, and educational opportunities help individuals rebuild their lives and self-esteem. The “Second Chance Act” supports reentry programs for ex-offenders, including those with substance use disorders.

Family involvement is essential in supporting an individual’s recovery journey. Family therapy, education, and counseling can help families understand addiction, develop healthy communication, and provide a supportive environment. Family support can be a strong protective factor against relapse.

Conclusion

Addressing drug addiction community-wide requires a multifaceted approach that encompasses prevention, treatment, and recovery support. Evidence-based strategies such as community-based prevention programs, harm reduction, MAT, CBT, peer support, and family involvement have demonstrated success in reducing drug abuse and improving the lives of individuals and communities affected by addiction.

All approaches are most effective when undertaken in collaboration with the target community, or even better, when the target community leads the project and the subject matter professionals provide support.⁸³ Full community engagement (establishing academic/community partnerships) maximizes the success of cultural adaptation (adapting an intervention that worked in one population so that it will work in different population).⁸⁴ The following four cross-cutting constructs of Community-Based Participatory Research (CBPR) should be used to guide projects: trust development, capacity, mutual learning, and power dynamics.⁸⁵

⁸² Douglas Polcin , Amy Mericle , Jason Howell , Dave Sheridan & Jeff Christensen (2014) Maximizing Social Model Principles in Residential Recovery Settings, Journal of Psychoactive Drugs, 46:5, 436-443, DOI: [10.1080/02791072.2014.960112](https://doi.org/10.1080/02791072.2014.960112)

⁸³ Collins SE, Clifasefi SL, Stanton J, The Leap Advisory Board, Straits KJE, Gil-Kashiwabara E, Rodriguez Espinosa P, Nicasio AV, Andrasik MP, Hawes SM, Miller KA, Nelson LA, Orfaly VE, Duran BM, Wallerstein N. Community-based participatory research (CBPR): Towards equitable involvement of community in psychology research. Am Psychol. 2018 Oct;73(7):884-898. doi: 10.1037/amp0000167. Epub 2018 Jan 22. PMID: 29355352; PMCID: PMC6054913.

⁸⁴ Burlew AK, McCuistian C, Lanaway D, Hatch-Maillette M, Shambley-Ebron D. One size does not fit all: A NIDA CTN inspired model for community engaged cultural adaptation. J Subst Abuse Treat. 2020 Mar;112S:28-33. doi: 10.1016/j.jsat.2020.02.006. PMID: 32220407; PMCID: PMC8784174.

⁸⁵ Belone L, Lucero JE, Duran B, Tafoya G, Baker EA, Chan D, Chang C, Greene-Moton E, Kelley MA, Wallerstein N. Community-Based Participatory Research Conceptual Model: Community Partner Consultation and Face Validity. Qual Health Res. 2016 Jan;26(1):117-35. doi: 10.1177/1049732314557084. Epub 2014 Oct 31. PMID: 25361792; PMCID: PMC4839192.

Section 4: Recommendations

Based on the needs and assets of Slavic Village, and interventions that work—all enumerated in the previous sections—we will lay out a community prevention plan for Slavic Village. (Please note that Dr. David Margolius has already created a prevention plan for the city of Cleveland—one which we fully support and have reproduced in Appendix G.) We have cut down and streamlined our plan from ten components to just four essential pieces:

1. **S**afe spaces
2. **T**reat mental illness (multiple modes)
3. **O**utreach and linkage to care, by peers
4. **P**revent injury through harm reduction

Our STOP plan uses Community Health Workers (CHWs) and Certified Peer Supporters (CPSs) to connect with individuals and families before they reach a crisis state, link them with appropriate care, and build lasting relationships for ongoing support of health and mental health.

Maslow's Hierarchy provides additional justification for our STOP plan, in that it shows that physiological and safety needs must be met before an individual can work on self-actualization. Our Safe Spaces address physiological needs and safety needs. Treating mental illness in clinical ways (therapy and medication) and alternative ways (faith-based programs, support groups, community building, etc.) addresses belongingness and love needs, esteem needs, and self-actualization. Outreach and linkage to care start at the bottom of the hierarchy and work their way up. Preventing injury through harm reduction addresses safety, to keep people who use drugs alive long enough to climb the hierarchy.

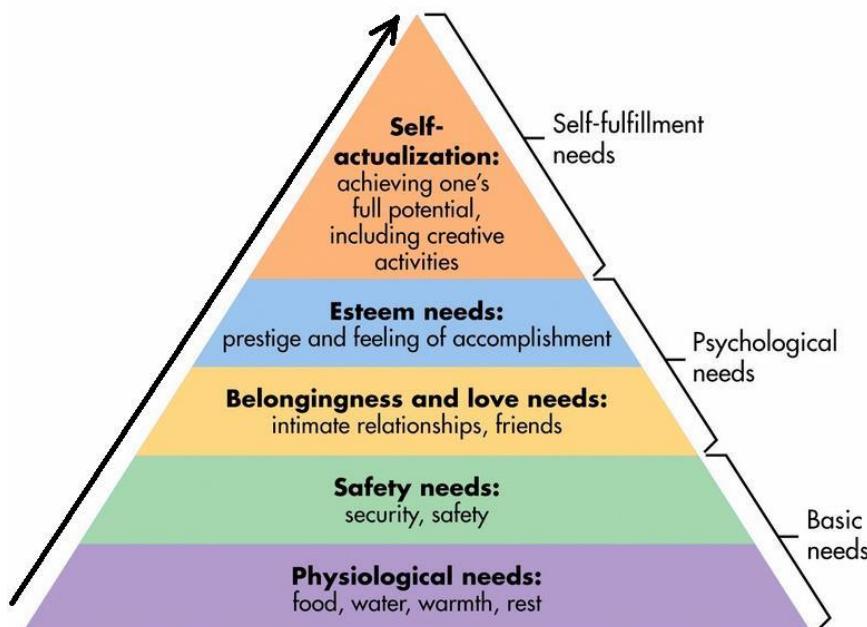


Figure 14: Maslow's Hierarchy, image pulled from <https://theotherchairblog.wordpress.com/2017/03/09/advocacy-series-maslows-hierarchy-of-needs/>

As the Community Planning Coalition, we acknowledge that many of the ideas came from presenters and attendees at Drug Data Day, Thrive Peer Support's interns placed at University Settlement, dozens of interviews with subject matter experts and people with lived experience throughout 2023, and other collaborations. In assembling our plan, we have been guided by six sets of priorities/ethics:⁸⁶



Safe Spaces

The need for safe spaces has arisen repeatedly throughout our planning process, for people who use drugs, people in recovery, and people in poverty who have never used drugs. We have worked through many iterations of this plan, and we acknowledge the continued need for flexibility as resources come and go from the neighborhood. Currently, our plan is to model our safe space on the Safe Bay in Duluth, Minnesota and couple it with existing resource centers.⁸⁷ Safe Bay is essentially a large, monitored lot where people experiencing homelessness or unstable housing can set up their dwelling—be it car, camper, tent, or other—sleep safely, and

⁸⁶ NIH HEAL Initiative, “Take Action,” *HEALing Communities Study*, <https://healingcommunitiesstudy.org/take-action.html>.

⁸⁷ Stepping On Up Duluth, “Safe Bay,” <https://steppingonupduluth.org/safe-bay>.

receive services. Staff offer access to showers and bathrooms, wireless internet access, help with housing applications, and daily breakfast.

Our safe space would offer meals, bathrooms, showers, wireless internet access, Community Health Workers to link people to resources (especially housing), harm reduction supplies and education (naloxone, safer smoking kits, etc.), wraparound services, and transportation to higher levels of care such as the Diversion Center and the anticipated county crisis center. We will model our indoor space on the Cleveland Rape Crisis Center's drop-in center, and we will partner with the existing resource centers and religious institutions in Slavic Village. It will be important for the drop-in center to build a strong relationship with EDEN, so they can work together to accommodate as many people as possible in supportive housing.

We would locate our safe space at or around Fleet Avenue and E. 53rd Street, so that clients could take advantage of linkage services offered at the Southeast Cleveland Resource Center, the transportation services at the Fleet Bike Shop, and the additional resources and linkage within bicycling/bussing/walking distance at Neighborhood Pets. As funds and space allow, we could build Tiny Homes as safe, temporary housing for people seeking shelter. For example, the company Connect Homes offers "High quality, efficient, rapid deployment transitional and permanent housing solutions" in the form of single- or multi-bedroom tiny homes.⁸⁸



Figure 15: Connect Homes 3-unit shelter

We conceive of our safe space as a tool for linkage, not as a place of permanent residence. Community Health Workers and Peer Supporters staffing the space would establish relationships with clients, learn their needs, and help them along any and all relevant pathways to meeting their needs, such as permanent housing, nutrition, substance use treatment, medical care, mental health care, and others. University Settlement is in the process of joining the Better Health Pathways HUB, to support our staff in becoming Community Health Workers (CHWs) and in effectively linking neighborhood residents to care. EDEN (mentioned above in the context

⁸⁸ Connect Homes, "Shelter," <https://www.connect-homes.com/shelter>.

of Edgewood Park) is working hard to increase their capacity for Permanent Supportive Housing even further. Among their focuses are older adults, youth, and families. Within the next few years, CHWs and caseworkers should have even more options for linking individuals to supportive, affordable, long-term housing.⁸⁹

Treat Mental Illness

Treating mental illness in conventional and alternative ways, including faith-based programs, is our highest priority after giving people a safe place to sleep. When University Settlement moves into its new building at 5115 Broadway Avenue, its leadership will transfer Mead House (4909 Mead Avenue) to The Centers for Families and Children. The Centers will open a behavioral health facility in Mead House, including counseling, psychiatry, and a pharmacy.



Figure 16: Mead House

In tandem, our Community Health Workers will link individuals with behavioral health concerns to The Centers and other culturally competent providers. Our peer supporters can provide a level of counseling and motivational interviewing to encourage clients to seek further mental health care.

Churches and other faith-based organizations are a strong asset in Slavic Village. Worship services, worship leaders, and other groups and services associated with religious institutions provide a different type of mental illness treatment (or mental wellness treatment) to residents in the area, giving them the tools to address their own trauma and guiding them toward substance use treatment. Elizabeth Baptist Church and Fountain of Grace are particularly effective in this area. Our Lady of Lourdes is a major mental health resource for the Hispanic and Spanish-speaking populations.

⁸⁹ Better Health Partnership, “Health Pathways HUB,” <https://www.betterhealthpartnership.org/health-pathways-hub>. Interview with Elaine Gimmel, Executive Director of EDEN, November 20, 2023.

Alternative (non-clinical) programs for mental health can be non-religious as well. As we build a community of people in recovery, we plan to increase education and enrichment for young (and not-so-young) adults and families. When University Settlement moves into its new space, we will expand Tri-C's course offerings, certificate programs, and workforce development in Slavic Village. Our peer support colleagues have offered the following ideas: a safe outdoor space for families to play in, First Fridays—a time when everyone goes out on Friday evening and congregates at local businesses, Porch Fest—a designated time for people to be out on their porches or in their front yards, Holiday-themed events (many of which we already have)—Trick-or-Treat on Fleet, Bunny Hop, Trunk or Treat, etc., petitioning the City of Cleveland to install streetlights throughout the community, and street art to beautify the area.

Outreach and Linkage to Care, by Peers

In order to coordinate and utilize existing services, University Settlement will hire Community Health Workers (CHWs) to connect all residents of Slavic Village to appropriate services at existing programs. Some of the Community Health Workers will also be Certified Peer Supporters, and all of them will have lived experience with poverty and preferably substance use. One of their roles will be to staff the safe space, as discussed above. Additionally, using our existing model of door-to-door outreach, our CHWs will visit each resident in their home or temporary shelter, apply SBIRT, and bring previously neglected community members into the continuum of care.

University Settlement is in the process of joining the Better Health Pathways Hub, as a source of guidance, funding, and training. Our CHWs will particularly prioritize reducing ACES and increasing racial equity by linking people to services even before their birth, utilizing MomsFirst, the Nurse-Family Partnership, the Mother and Child Dependency Program, Birthing Beautiful Communities, Pregnant with Possibilities, and others. We will also deepen our collaboration with the Cleveland Rape Crisis Center to support sex workers and victims of human trafficking. These interventions support the Health Policy Institute of Ohio's recommendations to improve weaknesses in family-focused prevention.⁹⁰

⁹⁰ Health Policy Institute of Ohio, "Ohio addiction policy scorecard: Children, youth and families," *Addiction Evidence Project*, November 2020, <https://www.healthpolicyohio.org/tools/addiction-evidence-project/>.



Figure 17: Better Health Pathways HUB logo

For families with babies and young children, the CHWs will focus on maternal mental health and placing children in high quality early childhood programs (if the parents choose). In phase 2 of building our new headquarters, University Settlement will open a 24-hour daycare, so that parents working non-standard shifts will have a safe place for their children to stay. Our coalition will collaborate with the Fleet Branch of the public library to offer early childhood programming and after-school programming similar to what Cleveland Heights - University Heights libraries offer, but adding free transportation and incentives for families to attend.

Prevent Injury through Harm Reduction

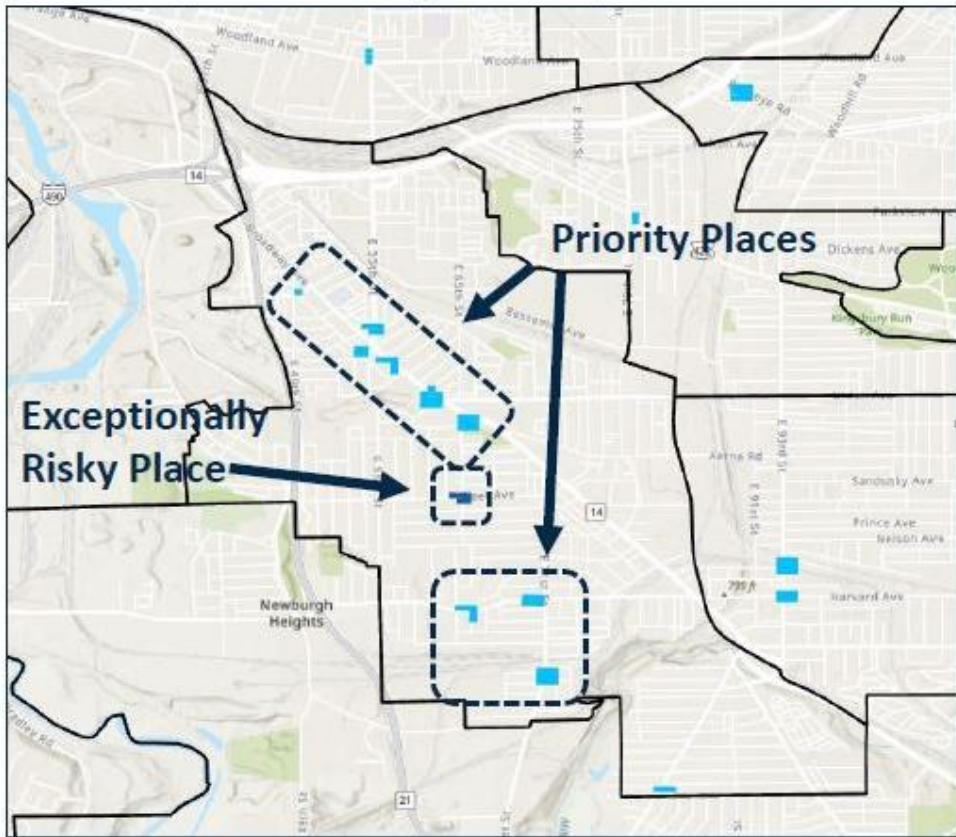
Naloxone saturation is an essential part of harm reduction. Our goal is to place a Nalox-Box in every business in Slavic Village, so that an emergency supply of naloxone is always within reach. We also plan to become a Narcan-Ready Neighborhood by equipping every resident with naloxone through door-to-door outreach. To ensure a continuing supply of naloxone, we will register at least five businesses/organizations in Slavic Village as Project DAWN sites. (We already have University Settlement, Neighborhood Pets, and The Centers registered; CATS outpatient is in the process of registering.) Following the recommendations of the Ohio Department of Health for treatment facilities, we will ensure that CATS provides naloxone to every patient at intake, release (including AMA exits), and throughout their program, and train patients on harm reduction so they can train their peers who are still using.



Figure 18: Harm reduction outreach by University Settlement

Also on the subject of harm reduction and stigma reduction, we will create a network of residents who are willing to accompany anyone at risk of using alone, host safer use meetings in Slavic Village, and continue hosting The Centers's syringe exchange van in Slavic Village. We will also continue and expand street outreach with harm reduction supplies, focusing particularly on the areas that Ryan McMaster's software marked as being highest risk. Street outreach includes not just street corners and houses, but also congregate living, supportive housing, apartment buildings, group homes, halfway houses, and similar—such as my monthly meeting with the residents of Edgewood Park supportive housing.

Broadway-Slavic Village Priority Places



In order to accomplish our STOP plan, the Community Planning Coalition will remain in place. Using this document, we will apply for direct federal grants that provide multi-year funding support for staffing at one of the involved agencies (probably University Settlement, but maybe The Centers or CATS or MetroHealth) with community monitoring over time. The most expensive items in our budget will include:

- Purchasing land for our safe space
 - Building or refurbishing an indoor space next to our safe space
 - Compensation of Community Health Workers (accomplished partly through Medicaid reimbursements, coordinated through the Better Health Pathways HUB)
 - Phase 2 construction for University Settlement's new buildings (including the 24-hour daycare)
 - Harm reduction supplies

Initiatives to Consider Monitoring

Several times, we eliminated one of our plans precisely because another organization announced their own plan to do. This is good news! We do commit to continue monitoring initiatives of interest, to see how we can support them.

First, we had planned to collaborate with the ADAMHS Board and other agencies to create a 24/7 drop-in crisis center that is able to accept the clients the Diversion Center turns away. A few days after our coalition agreed on making a crisis center a priority, the ADAMHS Board announced plans for a crisis center in collaboration with St. Vincent Charity Medical Center and MetroHealth. The center will focus on “crisis receiving, stabilization and emergency services.”⁹¹ In the early stages of the crisis center planning process, St. Vincent Charity Medical Center was deemed no longer a viable location for the Crisis Center. However, the ADAMHS Board, MetroHealth and Cuyahoga County are committed to the crisis center and are working collaboratively on a new location.⁹² We applaud the plan and intend to both monitor its progress and provide suggestions/support whenever possible.

Second, we said we would expand recovery housing options in Slavic Village, and the very next month, CATS expanded their recovery housing! We still need more recovery housing for women, for families, and for other special populations. Because Oxford Houses have such a strong evidence base, we would love to see an Oxford House in Slavic Village.⁹³ For now, we will refer to the recovery housing at CATS and continue to watch for changing conditions and evolving needs in recovery housing locally.

A third initiative we have tabled is policy, advocacy, and criminal justice reform. We had said we would assemble a group that advocates for the following changes at the federal, state, county, and city levels: decriminalization of low-level possession offenses, expansion of the Good Samaritan law (to cover an unlimited number of uses and to waive the requirement of seeking treatment within a specified time frame),⁹⁴ legalization of Supervised Consumption Sites, creation of a provision that allows anyone to purchase up to ten syringes at any pharmacy for any reason, update to the minimum standards for jails to require them to offer harm reduction and treatment to inmates (appropriate use of naloxone, medically managed withdrawal, and evidence-based SUD screening and treatment), implementation of a Safe Passages program for the Cleveland Police department, a speeding-up of the current (not-so-)Quick Response Teams, and implementation of a Care Response or Co-Response model for 911 calls involving mental

⁹¹ “ADAMHS Board, MetroHealth and St. Vincent Charity Partner to Open Behavioral Health Crisis Center in Cleveland’s Central Neighborhood,” News section, ADAMHS Board of Cuyahoga County, August 29, 2023, <https://www.adamhscc.org/Home/Components/News/News/182/>.

⁹² Phone call and follow-up email between Scott Osiecki and Madelaine Matej MacQueen, December 7, 2023.

⁹³ Infrastructure for Studying Treatment & Addiction Recovery Resources (I-STARR), I-STARR Researcher Training Series, <https://istarr.arg.org/the-project/>.

⁹⁴ Ohio’s Good Samaritan Law provides immunity for minor drug possession, to the person overdosing and the person who calls 911 to report an overdose. It applies only if the following three conditions apply:

- Law enforcement found the drugs *only* because they responded to a call for medical assistance.
- Within 30 days, the “qualified individual” seeks and receives a referral for SUD treatment.
- The “qualified individual” provides proof to the prosecuting attorney that they meet the requirements of the Good Samaritan Law.

Additionally, any individual can invoke the Good Samaritan Law only twice in their lifetime. So, for people who use drugs and routinely assist others who overdose, the law is essentially useless. Also, the immunity is only for minor drug possession; law enforcement will prosecute for any other laws broken, including outstanding warrants and probation violations. Worse, people who call 911 fear (justifiably) that if their DNA or fingerprints are found on any of the drug paraphernalia, law enforcement will charge them for drug-induced homicide—essentially for killing the overdose victim they were trying to help.

Ohio Revised Code/Title 29 Crimes-Procedure/Chapter 2925. Drug Offenses Section 2925.11 | Possession of controlled substances. <https://codes.ohio.gov/ohio-revised-code/section-2925.11>

health issues or substance use.⁹⁵ Relatedly, we may revisit hosting Legal Aid clinics in a larger variety of locations throughout Slavic Village, in collaboration with Legal Aid Society, Legal Works, and NORA. We need to build relationships with political leaders and make sure their recommendations are informed by research.

Summary

The Slavic Village Community Planning Coalition's **STOP** plan is:

1. **S**afe spaces
2. **T**reat mental illness (multiple modes)
3. **O**utreach and linkage to care, by peers
4. **P**revent injury through harm reduction

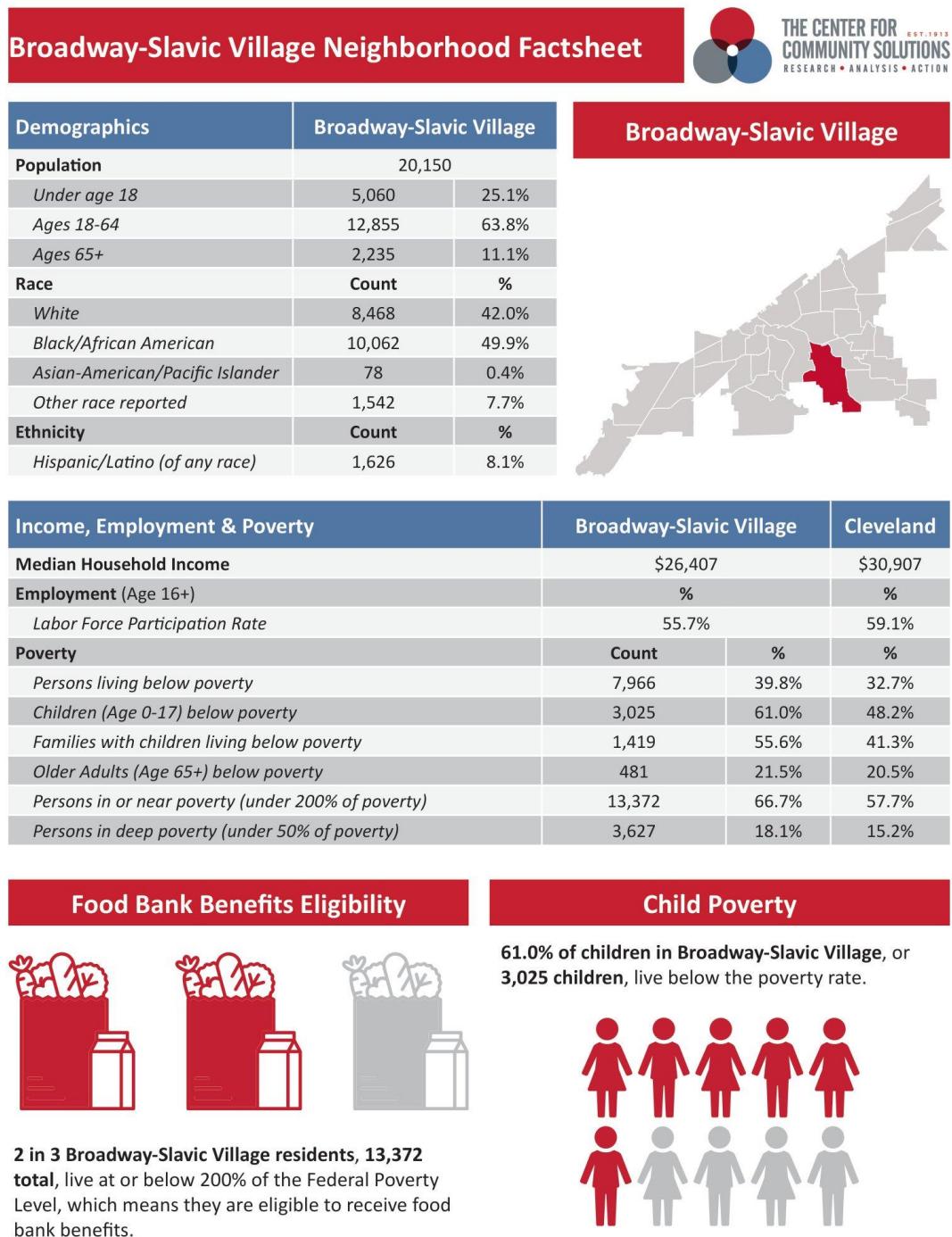
Our Coalition of institutions and individuals will seek direct federal funding in order to make our plan into a reality, moving on to the Implementation stage of SAMHSA's Strategic Prevention Framework. To address the Evaluation component, we will evaluate the efficacy and success of our work through qualitative and quantitative data including:

- The number of times our report is read/accessed/downloaded/requested/referenced
- The number of agencies collaborating with us on the Community Prevention Plan
- The number of requests for referrals to SUD treatment that our agencies' staff members receive
- The number of clients served by our prevention programs
- Overdose rates in our service area
- Types and frequency of violent crime in our service area
- Measurable increase of knowledge, among community members, regarding where to go for help
- Measurable reduction in higher-risk behaviors relating to drug use
- Retention in the continuum of care, such as clients exiting treatment directly into recovery housing
- Residents' perception of their safety, the neighborhood's strengths and challenges, etc.
- Client feedback, collected in an asset-based orientation

⁹⁵ Health Policy Institute of Ohio, "Ohio addiction policy scorecard: Law enforcement and the criminal justice system," *Addiction Evidence Project*, November 2019, <https://www.healthpolicyohio.org/tools/addiction-evidence-project/>.

Appendices

Appendix A: “Broadway-Slavic Village Neighborhood Factsheet” by The Center for Community Solutions



Broadway-Slavic Village Neighborhood Factsheet



Education	Broadway-Slavic Village	Cleveland
<i>Less than a high school diploma</i>	2,943	22.4%
<i>High school diploma or equivalent (GED)</i>	5,344	40.6%
<i>Some college or associate degree</i>	3,370	27.9%
<i>Bachelor's degree or higher</i>	1,210	9.2%

Health	Broadway-Slavic Village	Cleveland
<i>No health insurance coverage</i>	1,700	7.9%
<i>Medicaid Coverage (alone or in combination)</i>	10,426	51.8%
<i>Disability Status (with a disability, all ages)</i>	4,378	21.8%
<i>Older Adult Disability Status (with a disability, age 65+)</i>	919	41.1%
Birth Outcomes (Data Aggregated Over 4 Years 2014-2017)	Count	Rate
<i>Low birthweight (under 5.5 pounds)</i>	200	15.5%
<i>Preterm birth (less than 37 weeks)</i>	202	15.6%
<i>Teen births (births per 1,000 females ages 15-19)</i>	154	49
		47

Internet Access

2,918 households, about **1 in 3**, in Broadway-Slavic Village didn't have an internet subscription in 2019. Internet access is important for accessing virtual school, employment and benefits.



Housing Affordability



About **3 in 7 households** in Broadway-Slavic Village live in housing that is unaffordable to them, meaning their housing costs exceed 30% of the gross household income.

Access & Benefits	Broadway-Slavic Village	Cleveland
Housing Affordability (<i>housing is considered unaffordable if housing costs are more than 30% of the household income</i>)		
<i>Owner-Occupied households in unaffordable housing</i>	1,061	30.1%
<i>Renter-Occupied Households in unaffordable housing</i>	2,685	61.0%
Public Benefits Income		
<i>Households with Social Security Income (OASDI)</i>	2,427	28.6%
<i>Households that received SNAP (food stamps)</i>	3,773	43.3%
Technology		
<i>Household has one or more computing device</i>	6,705	79.0%
<i>Household has an internet subscription</i>	5,566	65.6%
		68.7%

Sources: Birth Outcomes data are from Ohio Department of Health, 2014-2017, calculated by The Center for Community Solutions. All other data are 2019 American Community Survey 5-Year Estimates, compiled by The Center for Community Solutions in collaboration with the Northern Ohio Data & Information Service (NODIS), Maxine Goodman Levin College of Urban Affairs, Cleveland State University.

Appendix B: Begun Center Slavic Village Presentation 2023 by Ryan McMaster



Begun Center for Violence Prevention Research and Education

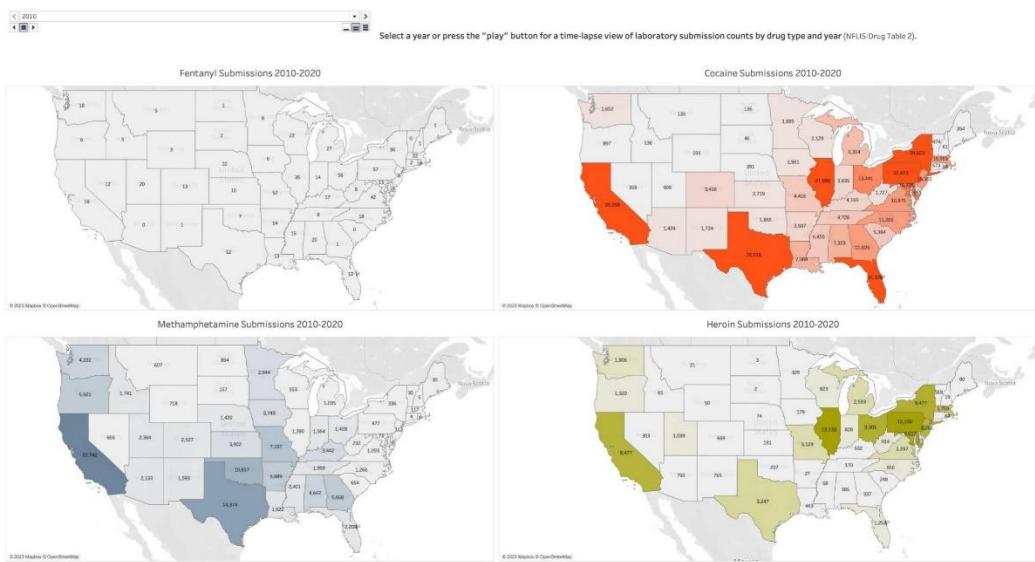
Current Opioid / Poly-Substance Grant-Funded Initiatives

Public Health | Law Enforcement | Criminal Justice

- Access, share and analyze accurate and timely data
- Increase awareness and prevent misuse
- Implement strategies and policies to respond to the epidemic to include both fatal and non-fatal incidents
- Surveillance, prevention, and linkage to treatment
- Improve investigations and prosecutions of traffickers



Drug Trends: Drug Chemistry Submissions by State and Year (2010-2020)



Source: DEA National Forensics Lab Information System Annual Tables. See: <https://www.nflis.deadiversion.usdoj.gov/publicationsRedesign.xhtml>
Visualized by the Begun Center, CWRU. See: <https://www.ccbh.net/overdose-data-dashboard/>

Drug Trends: Drug Chemistry Submission Rates by State for 2020



Fentanyl		Heroin		Carfentanil		Cocaine	
State	Submission Rate per 100,000 population	State	Submission Rate per 100,000 population	State	Submission Rate per 100,000 population	State	Submission Rate per 100,000 population
Ohio	142.33	Idaho	88.95	Ohio	9.19	Ohio	121.46
Arizona	106.93	Alaska	74.54	West Virginia	1.46	West Virginia	107.00
New Hampshire	105.03	Vermont	67.86	Rhode Island	1.42	Maryland	99.56
Vermont	98.66	New Jersey	59.16	Minnesota	0.46	Virginia	90.53
New Jersey	97.82	Oregon	56.44	Tennessee	0.20	Rhode Island	75.62
Kentucky	85.91	Ohio	55.68	Pennsylvania	0.16	New York	69.94
West Virginia	85.00	West Virginia	53.23	Kentucky	0.16	Florida	66.30
Maryland	78.27	Louisiana	48.63	North Carolina	0.15	New Jersey	62.16
Pennsylvania	73.47	Virginia	43.96	New Hampshire	0.15	Massachusetts	61.32
Missouri	70.42	Washington	43.23	North Dakota	0.13	Illinois	58.46
Massachusetts	68.14	Wyoming	42.76	Texas	0.11	Louisiana	54.70
Virginia	64.70	Pennsylvania	42.43	Virginia	0.10	Pennsylvania	51.55

Methamphetamine		Oxycodone		Gabapentin	
State	Submission Rate per 100,000 population	State	Submission Rate per 100,000 population	State	Submission Rate per 100,000 population
Arkansas	521.00	Arkansas	17.16	Tennessee	9.76
Idaho	303.52	Ohio	16.20	Kentucky	7.79
Kentucky	288.55	North Dakota	13.33	New Hampshire	5.71
Missouri	271.67	Maryland	12.57	Virginia	4.12
Wyoming	270.81	Louisiana	11.52	Massachusetts	3.97
Kansas	268.69	Virginia	10.62	West Virginia	3.70
North Dakota	265.38	Tennessee	10.11	Ohio	2.63
Louisiana	248.49	Kentucky	9.58	Louisiana	2.63
Oklahoma	243.22	New Jersey	9.54	Pennsylvania	1.81
Iowa	240.87	Alabama	9.25	Arkansas	1.39
Tennessee	186.62	Missouri	8.58	North Dakota	1.31

Source: DEA National Forensics Lab Information System Annual Tables. See: <https://www.nflis.deadiversion.usdoj.gov/publicationsRedesign.xhtml>
Visualized by the Begun Center, CWRU. See: <https://www.ccbh.net/overdose-data-dashboard/>

Cuyahoga County Prescription Counts by Drug Category, 2015 to Q3 2022 Reported by the Ohio Board of Pharmacy



Cuyahoga County Opioid Prescriptions (total count) decreased from **251,400** in Q1 2015 to **101,370 by Q3 2022**

59.7%
Decrease from Q1 2015 to Q3 2022



Begun Center for Violence Prevention
Research and Education

Source: Ohio Automated Rx Reporting System (OARRS). See: <https://www.ohiopmp.gov/stats>
Visualized by the Begun Center, CWRU and Cuyahoga County Board of Health Data. See: <https://www.ccbh.net/overdose-data-dashboard/>

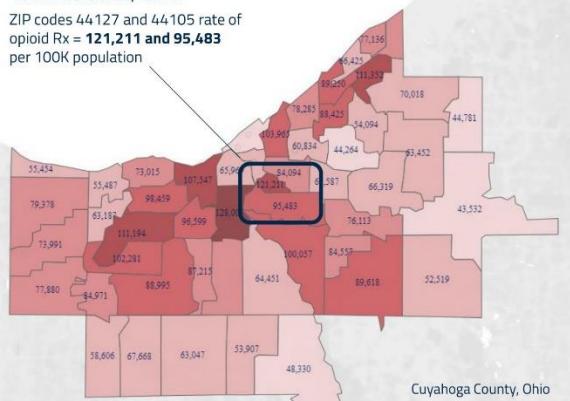
Cuyahoga County Opioid Prescriptions per 100K Residents (2015 and 2016)

Reported by the Ohio Board of Pharmacy

ZIP code **44127 ranked second in the county** in the rate of Opioid prescriptions per 100k residents in 2015 and 2016

Cuyahoga County Opioid Prescriptions per 100K Residents, 2015

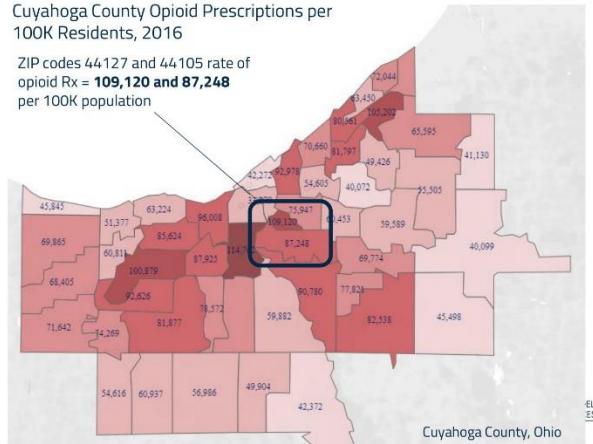
ZIP codes 44127 and 44105 rate of opioid Rx = **121,211 and 95,483** per 100K population



Source: Ohio Automated Rx Reporting System (OARRS). See: <https://www.ohiopmp.gov/stats>

Cuyahoga County Opioid Prescriptions per 100K Residents, 2016

ZIP codes 44127 and 44105 rate of opioid Rx = **109,120 and 87,248** per 100K population



Source: Ohio Automated Rx Reporting System (OARRS). See: <https://www.ohiopmp.gov/stats>

Cuyahoga County Opioid Prescriptions per 100K Residents (2022) as reported by the Ohio Board of Pharmacy

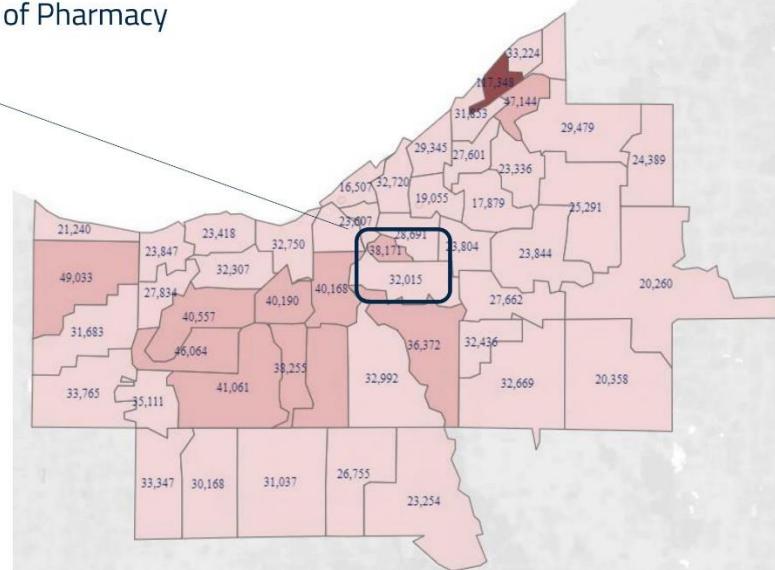
ZIP codes 44127 and 44105 rate of opioid prescriptions per 100,000 dropped from

121,211 and 95,483 in 2015
to
38,171 and 32,015 in 2022...

68.5%
decrease
in ZIP 44127



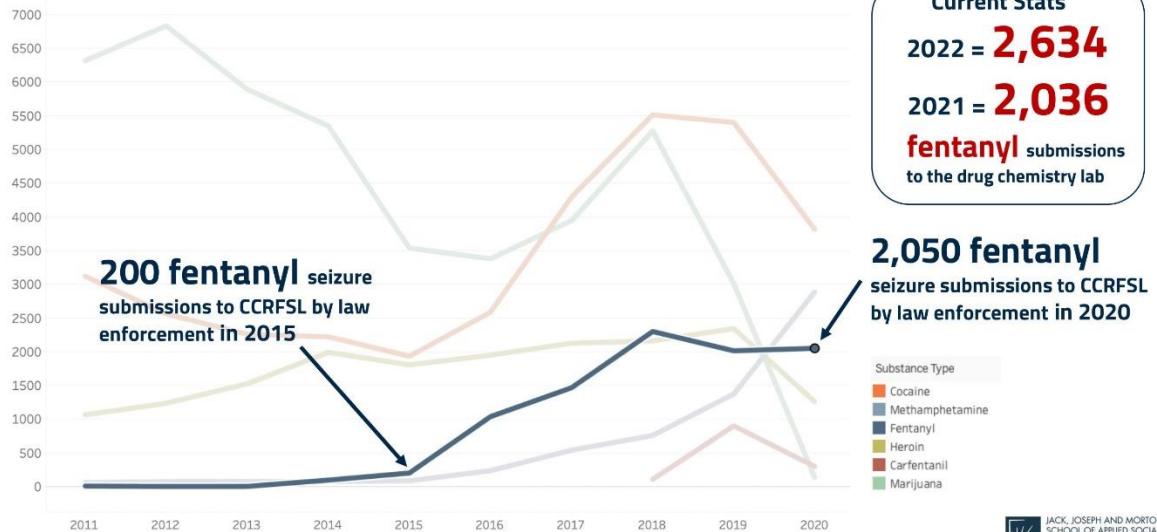
66.5%
decrease
in ZIP 44105



Source: Automated Rx Reporting System
See: <https://www.ohiopmp.gov/stats>

Cuyahoga County, Ohio

CCRFSL Drug Chemistry Submissions By Year & Drug Type



Source: Cuyahoga County Medical Examiners Office, Annual Statistical Reports. See: <https://www.cuyahogacounty.us/medical-examiner/resources/annual-statistical-reports>, https://cuyahogacounty.us/docs/default-source/me-library/heroin-fentanyl-cocaine-deaths/2022/dec2022-heroinfentanyl.pdf?sfvrsn=b9408506_3, https://cuyahogacounty.us/docs/default-source/me-library/heroin-fentanyl-cocaine-deaths/2022/janfeb2022-heroinfentanylreport.pdf?sfvrsn=d961875_4

Visualized by the Begun Center, CWRU and Cuyahoga County Board of Health Data. See: <https://www.ccbh.net/overdose-data-dashboard/>



Begun Center for Violence Prevention
Research and Education

Fentanyl Drug Seizures by Law Enforcement vs. Fentanyl-Related Deaths

Year	U.S. Fentanyl Related Deaths (source: NIDA for 2016-2020, CDC provisional for 2021)	CBP Seizures of Fentanyl (FY) (weight in lbs.)
2016	19,413	596
2017	28,466	1875
2018	31,335	1895
2019	36,359	2575
2020	56,516	4,800
2021	68,303	11,200
2022	*73,559	14,700

*Based on NVSS 12 month-ending as of May 2022 CDC Provisional Data

279% increase of U.S. fentanyl-related deaths since 2015

2,366% Increase of fentanyl seizures by CBP since 2015



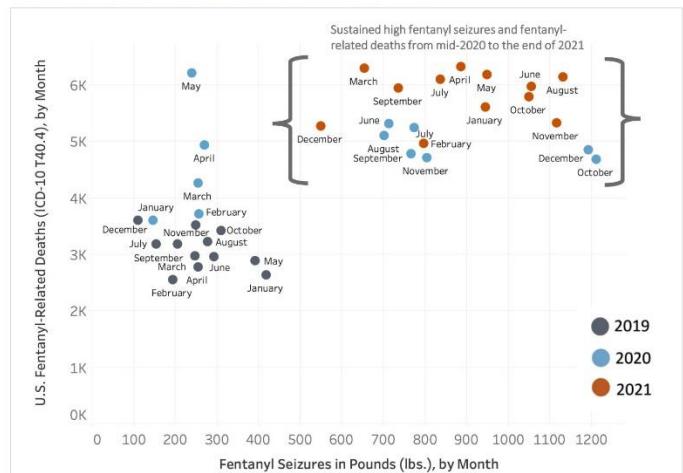
Source: <https://www.dea.gov/onepill>

Sources:
-U.S. Department of Health and Human Services. (2022, June 3). Overdose death rates. National Institutes of Health. Retrieved June 9, 2022, from <https://niaid.nih.gov/research-topics/trends-statistics/overdose-death-rates>
-Centers for Disease Control and Prevention. (2022, May 11). Products - vital statistics rapid release - provisional drug overdose data. Centers for Disease Control and Prevention. Retrieved June 9, 2022, from <https://www.cdc.gov/nchs/vsrr/drug-overdose-data.htm>
-Drug Seizure Statistics. U.S. Customs and Border Protection. (n.d.). Retrieved June 9, 2022, from <https://www.cbp.gov/newsroom/stats/drug-seizure-statistics>
-National Vital Statistics System (NVSS) Vital Statistics Rapid Release: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>



Begun Center for Violence Prevention
Research and Education

Monthly Fentanyl Seizures (CBP) and U.S. Fentanyl-Related Overdose Deaths, Jan 2019 – Dec 2021



Sources:

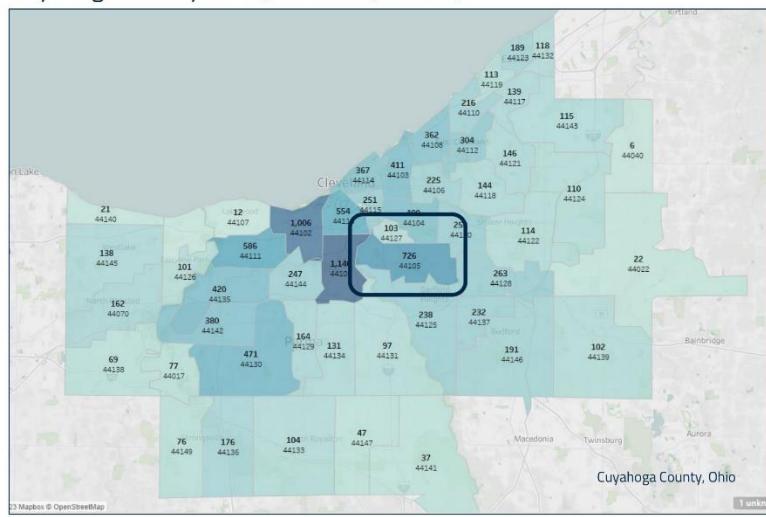
-U.S. Department of Health and Human Services. (2022, June 3). Overdose death rates. National Institutes of Health. Retrieved June 9, 2022, from <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>
 -Centers for Disease Control and Prevention. (2022, May 11). Products - vital statistics rapid release - provisional drug overdose data. Centers for Disease Control and Prevention. Retrieved June 9, 2022, from <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
 -Drug Seizure Statistics. U.S. Customs and Border Protection (Ind.). Retrieved June 9, 2022, from <https://www.cbp.gov/newsroom/stats/drug-seizure-statistics>
 -National Vital Statistics System (NVSS) Vital Statistics Rapid Release: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

CBP Fentanyl Seizure Reporting, FY2020 to Present



Begun Center for Violence Prevention
Research and Education

Naloxone Administration by Ohio EMS Providers By Zip Code Cuyahoga County Ohio (2019 to Q3 2022)



Broadway-Slavic Village is comprised of ZIP codes 44127 and 44105. 44105 includes Union-Miles Park Neighborhood.

ZIP code 44105 ranks third in the county in the number of doses of naloxone administered/reported by EMS agencies who report to Ohio EMS.

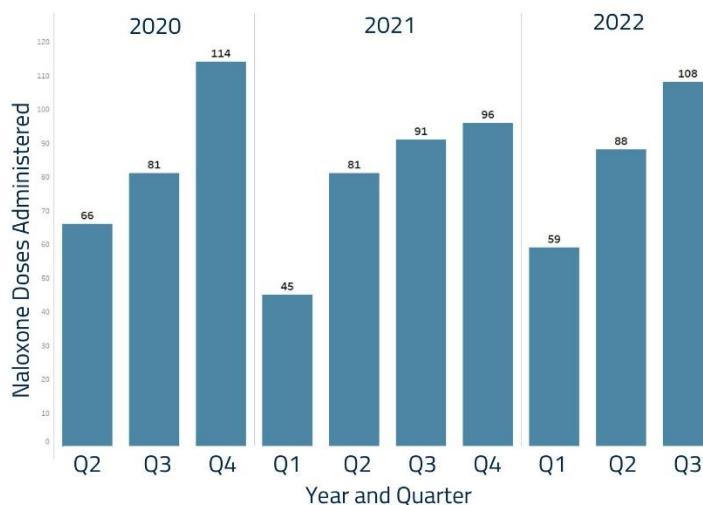
Data note: The latest report (as of 12/19/2022) identifies that for 2021, 86.3% of EMS agencies (statewide) reported to Ohio EMS.

Source: Ohio EMS "Naloxone Watch." See: <https://ems.ohio.gov/#gsc.tab=0>
 Visualized by the Begun Center, CWRU and Cuyahoga County Board of Health Data. See: <https://www.ccbh.net/overdose-data-dashboard/>



Begun Center for Violence Prevention
Research and Education

Naloxone Administration Doses by Ohio EMS Providers ZIP Codes 44105 and 44127, 2020 to Q3 2022



Broadway-Slavic Village is comprised of ZIP codes 44127 and 44105. 44105 includes Union-Miles Park Neighborhood.

ZIP code 44105 ranks third in the county in the number of doses of naloxone administered/reported by EMS agencies who report to Ohio EMS.

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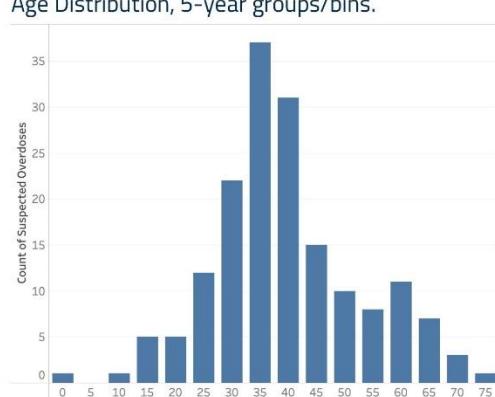


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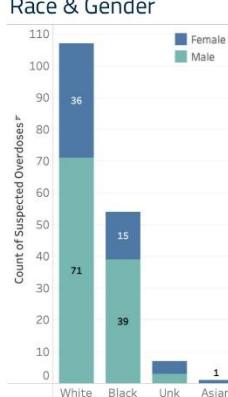
Public Safety Data

Broadway-Slavic Village Neighborhood, Suspected Drug Overdose Incidents (n = 169).
Collected and Reported by CCPD-CSU (Jan 2020 – Apr 2021).

Age Distribution, 5-year groups/bins.



Race & Gender



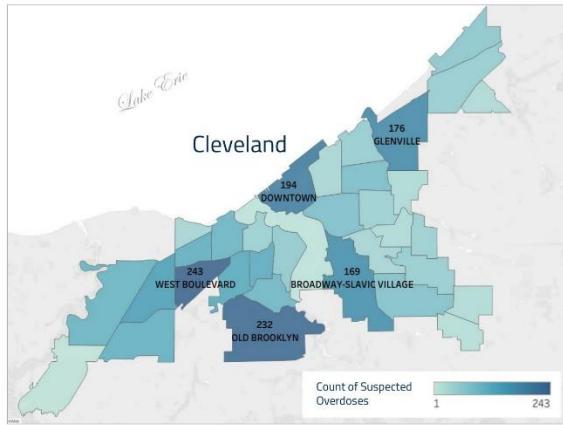
Source: Cleveland Police Suspected Overdose Incident Reports as Collected and Reported by the Cuyahoga County Prosecutors Office, Crime Strategies Unit
Analyzed by the Begun Center, CWRU



Begun Center for Violence Prevention
Research and Education

Public Safety Data

Cleveland Neighborhoods Based on Suspected Drug Overdose Incidents Collected and Reported by CCPD-CSU (Jan 2020 – Apr 2021). Top five labeled



Source: Cleveland Police Suspected Overdose Incident Reports as Collected and Reported by the Cuyahoga County Prosecutors Office, Crime Strategies Unit
Analyzed by the Begun Center, CWRU

Top Ten Cleveland Neighborhoods Based on Suspected Drug Overdose Incidents Collected and Reported by CCPD-CSU (Jan 2020 – Apr 2021)

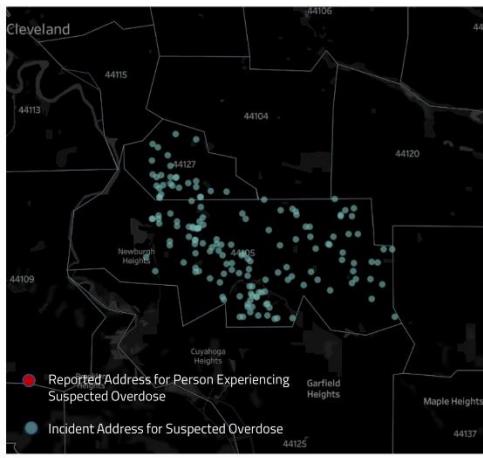
Cleveland Neighborhood	Total Count of Suspected Overdoses (Jan 2020 – Apr 2021)
WEST BOULEVARD	243
OLD BROOKLYN	232
DOWNTOWN	194
GLENVILLE	176
BROADWAY-SLAVIC VILLAGE	169
JEFFERSON	139
STOCKYARDS	120
CLARK FULTON	115
CUDELL	110
BELLAIRE-PURITAS	107



Begun Center for Violence Prevention
Research and Education

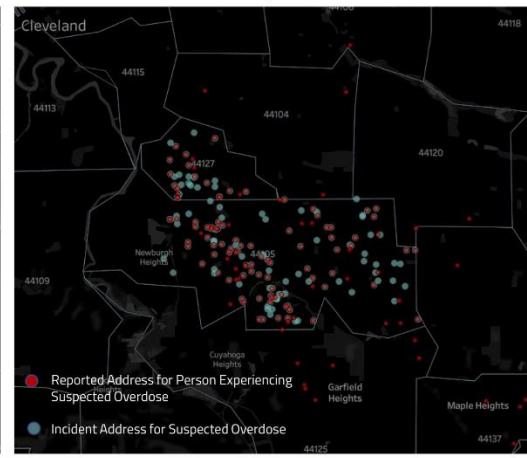
Public Safety Data

Incidents within 44105 and 44127 from Jan 2020 to Apr 2021 (n = 179)*



Source: Cleveland Police Suspected Overdose Incident Reports as Collected and Reported by the Cuyahoga County Prosecutors Office, Crime Strategies Unit
Analyzed by the Begun Center, CWRU

Reported Addresses in 44105 and 44127 for Persons Suspected of Experiencing Drug Overdose from Jan 2020 to Apr 2022 (n = 121)



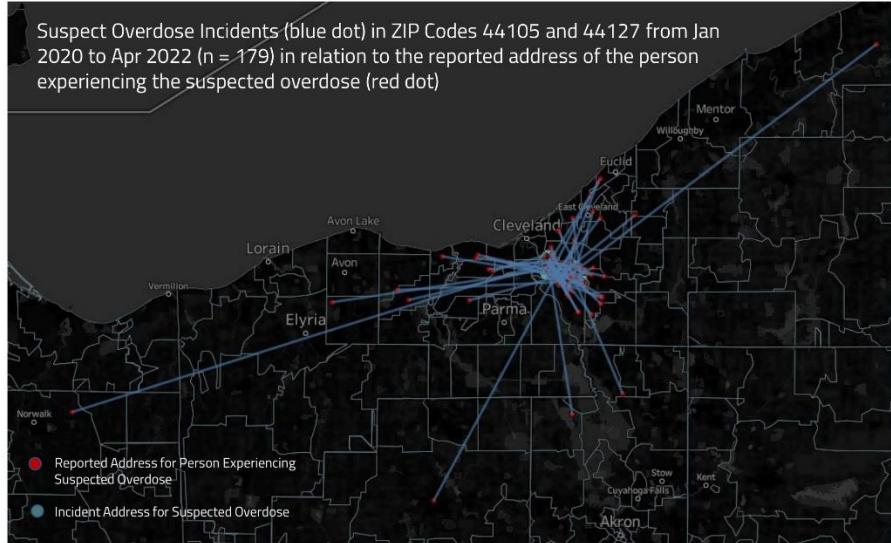
67.6%
of persons reported addresses in 44105 or 44127

*Analyst Note: The total count of suspected overdoses for these ZIP codes differs from the neighborhood count because the geographic boundaries are slightly different.



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Public Safety Data



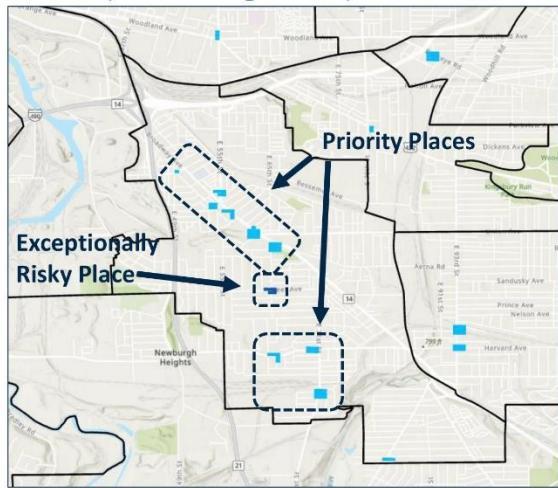
Source: Cleveland Police Suspected Overdose Incident Reports as Collected and Reported by the Cuyahoga County Prosecutors Office, Crime Strategies Unit
Analyzed by the Begun Center, CWRU



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Research and Education

Public Safety Data Driving a Public Health Response

Broadway-Slavic Village Priority Places



Source: Cleveland Police Suspected Overdose Incident Reports as Collected and Reported by the Cuyahoga County Prosecutors Office, Crime Strategies Unit
Analyzed by the Begun Center, CWRU

Risk Terrain Modeling

Place-based analysis that identifies where communities and community partners can consider prioritizing outreach efforts, harm reduction distribution, etc.

Priority Places

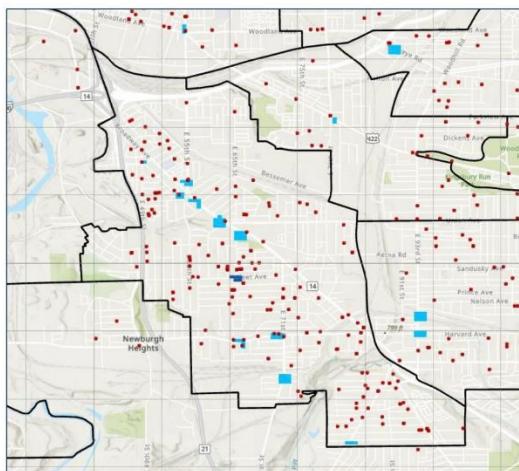
Shows all places with relative risk scores (RRS) two standard deviations or more above the mean that intersect with recent past exposures to create exceptionally risky places (displayed in dark blue) and/or places with RRS equal to or greater than the top 1% value (displayed in light blue). At least 1% of places in the study area are displayed.



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Public Safety Data Driving a Public Health Response

Broadway-Slavic Village Priority Places with Historical Overdose Incident Locations (2020 to 2021, n=169)



Source: Cleveland Police Suspected Overdose Incident Reports as Collected and Reported by the Cuyahoga County Prosecutors Office, Crime Strategies Unit
Analyzed by the Begun Center, CWRU

Relative Risk Values for "Risk Factors" Across Cleveland

Risk Factor	Operationalization	Spatial Influence	RRV
ConvenienceStores	Proximity	300	2.695
GasStations	Proximity	300	2.358
BarsNightClubs	Proximity	300	1.984
Restaurants	Proximity	300	1.983
VarietyDollarStores	Proximity	300	1.950
CellPhoneServicesStores	Proximity	300	1.859
GroceryStoreMeatRetail	Proximity	300	1.814
BeautySalons	Proximity	300	1.544

Analyst note: Priority places are based on analysis of all suspected overdose incidents as collected by analysts who query "sudden illness" in the Cleveland Division of Police records management system. A **separate risk terrain analysis should be performed** using only those incidents that occurred within the Broadway-Slavic Village Neighborhood.



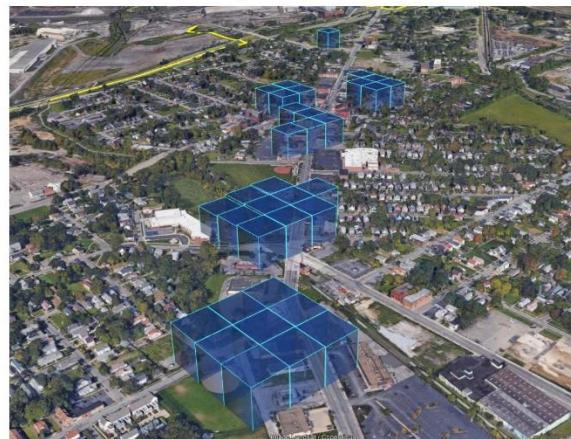
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Areas to consider for Harm Reduction and Outreach Activities

East 65th and Fleet Ave



Several Locations Along Broadway Avenue

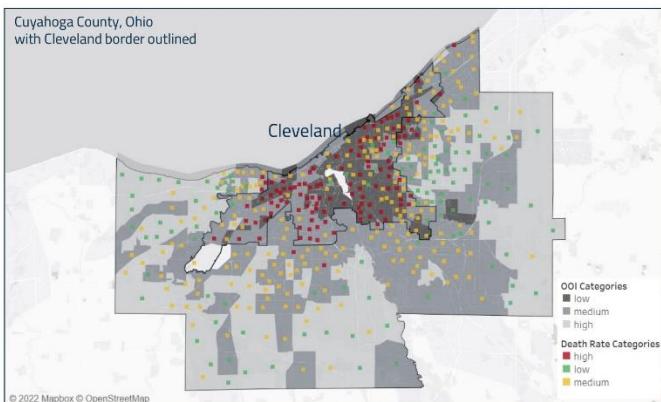


Source: Cleveland Police Suspected Overdose Incident Reports as Collected and Reported by the Cuyahoga County Prosecutors Office, Crime Strategies Unit
Analyzed by the Begun Center, CWRU



Begun Center for Violence Prevention
Research and Education

Examining Determinants of Health and Opportunity



High Opportunity: **18.2 per 100,000** population (drug-related mortality rate)

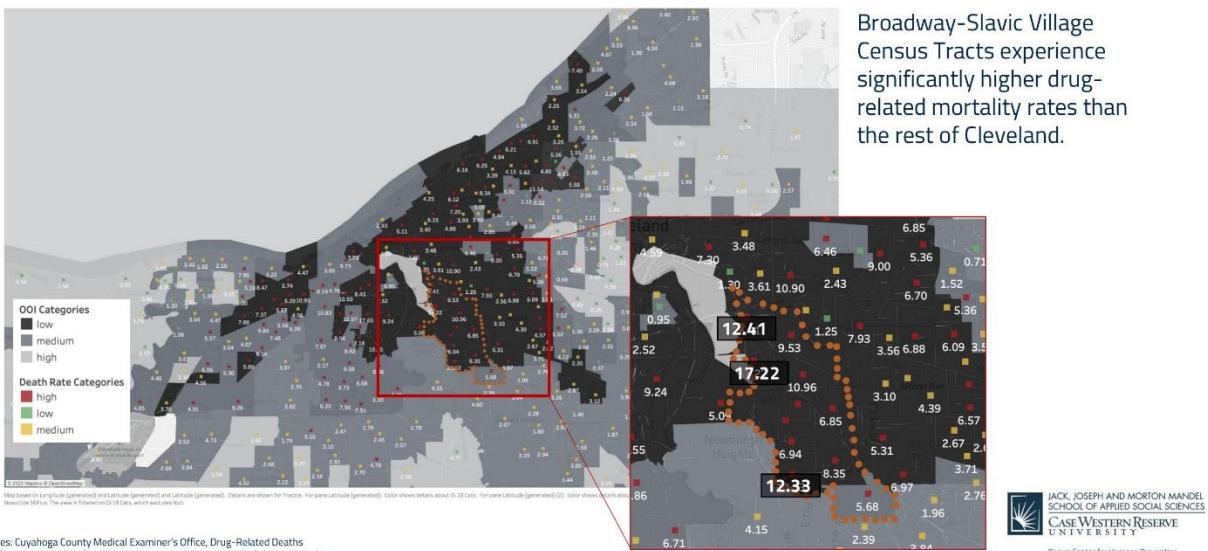
Low Opportunity: **72.6 per 100,000** population (drug-related mortality rate)

Sources: Cuyahoga County Medical Examiner's Office, Drug-Related Deaths Ohio Opportunity Index. See: <https://grc.osu.edu/Projects/OhioOpportunityIndex>
Analyzed by: The Begun Center, CWRU

- Census tracts were categorized into areas of low, medium, and high opportunity
 - Areas of high opportunity in Cuyahoga County are generally furthest from the City of Cleveland in more sparsely populated suburban and rural communities
 - High Opportunity areas experienced a crude drug-related mortality rate of 18.2 per 100,000 population
 - Low opportunity areas experienced a crude drug-related mortality rate of 72.6 per 100,000 population
 - Census tracts experiencing the lowest opportunity (low health and well-being) were 3.97 times more likely to experience drug-related mortality than those experiencing high opportunity

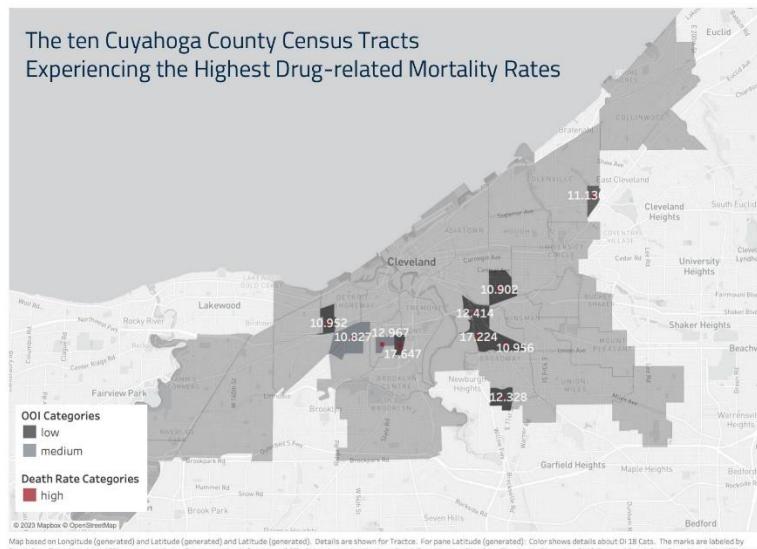
Methods: We geocoded all unintentional drug-related deaths ($n = 3,763$) from 2014 to 2021 for Cuyahoga County, Ohio residents. We assigned the decedent's residential addresses to the corresponding Census tract using U.S. Census Bureau TIGER/Line shapefiles. We then calculated the crude unintentional drug-related death rate for each Census tract ($n = 443$) using population estimates from the 2019 American Community Survey Planning Database; suicides and persons under 16 years old were excluded from the study. We used the Ohio Opportunity Index (OOI) as our area-based index to measure complex determinants of opportunity and health at the Census tract level. The OOI allowed us to determine if areas experiencing high drug-related mortality rates also experience low socioeconomic conditions.

Examining Determinants of Health and Opportunity



Examining Determinants of Health and Opportunity

The ten Cuyahoga County Census Tracts Experiencing the Highest Drug-related Mortality Rates



4 of the top 10

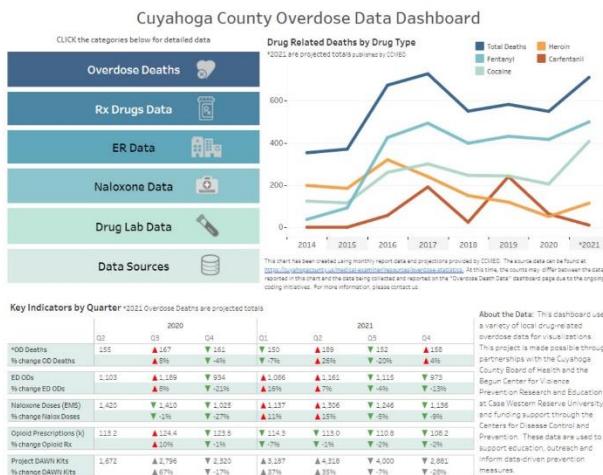
Drug-Related Mortality Rate
Census Tracts are in the
Broadway-Slavic Village
Neighborhood

Sources: Cuyahoga County Medical Examiner's Office, Drug-Related Deaths
Ohio Opportunity Index. See <https://gco.osu.edu/Projects/OhioOpportunityIndex>
Analyzed by: The Begun Center, CWRU

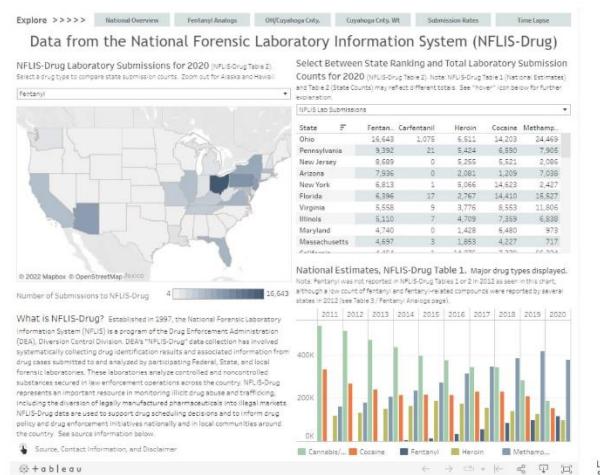


Overdose Data to Action (OD2A) – CDC

Drug Surveillance Dashboard



Drug Chemistry Dashboard



<https://ccbh.net/overdose-data-dashboard/>

Appendix C: Suspected Overdose Deaths in Slavic Village
July 2023 to December 5, 2023

Sent: Wednesday, July 12, 2023 9:34 AM
CCMEO Opioid Scene Alert - XX2023-02712

XX2023-02712 is a suspected Opioid scene

Reported by: Cleveland Police Department

Place of Death: 3215 E. 55th Street Apt 216

Brief History: 65 y/o BM found expired seated on his living room couch by police performing for a welfare check by management. Cleveland police and EMS on scene. No app f/p/t. No alcohol or illicit drugs on scene. Death pronounced on 7/12/2023 at 0908 hours by Dr. Thomas Collins.

Hx: HTN, alcohol abuse, HIV (sec to heterosexual contact), marijuana use, cocaine use

Sent: Sunday, July 16, 2023 7:23 PM
CCMEO Opioid Scene Alert - XX2023-02770

XX2023-02770 is a suspected Opioid scene

Reported by: Cleveland Police Department

Place of Death: 3215 East 55 Street Apt 104

Brief History: 63 year old black female found by friend in his locked apartment in living room on couch face-up. Cleveland Police and EMS on scene. No f/p/t. No illicit drugs or alcohol on scene. Pronounced on

Hx: Crack abuse (use on 07/15/2023 per friend), asthma

Sent: Thursday, August 17, 2023 4:09 PM
CCMEO Opioid Scene Alert - XX2023-03275

XX2023-03275 is a suspected Opioid scene

Reported by: Cleveland Police Department

Place of Death: [REDACTED] E. 59th St.

Brief History: 65 y/o BM found expired seated on the couch in the living room of secured residence by his friend. Cleveland Police and EMS on scene. No app f/p/t. No alcohol. Drug paraphernalia present (pipes). Pronounced 8/17/23 at 1544 by Dr. Thomas Collins.

Hx: smokes crack cocaine and cigarettes daily, est. 250 lbs

Sent: Monday, August 28, 2023 10:32 PM
CCMEO Opioid Case Alert - XX2023-03451

XX2023-03451 is a suspected Opioid case
Reported by: MetroHealth Medical Center
Place of Death: MetroHealth Medical Center

Brief History: 69 year old black female conveyed from friends house [REDACTED] Hillman Ave 44127 by EMS to Metro Main at 08/28/2023 at 1917 with dx: cardiac arrest. No f/p/t. No surgery. No tox screen. No imaging. Pronounced on 08/28/2023

hx: Gerd, schizophrenia, herpes, vulvovaginitis, urinary incontinences, alcohol abuse, fall on 05/05/2023 went to Metro for treatment (hematomata), cocaine abuse

Thursday, September 7, 2023 9:12 PM
CCMEO Opioid Scene Alert - XX2023-03620

XX2023-03620 is a suspected Opioid scene
Reported by: Cleveland Police Department
Place of Death: [REDACTED] Ottawa Rd, UP
Brief History: UWF found expired at 7605 Ottawa Rd laying supine on a bed in a bedroom. No app f/p/t. No alcohol or illicit drugs on scene. Cleveland police and EMS responded. Death pronounced 09/07/2023 at 2015 on behalf of Dr. Thomas Collins.

Hx: known drug user

*Roommate, [REDACTED] gave name of [REDACTED]. Area is known to house people with mental illness and drug use. The decedent had been at the residence for three days to detox.

Monday, October 9, 2023 9:43 AM
CCMEO Opioid Case Alert - XX2023-04095

XX2023-04095 is a suspected Opioid case
Reported by: MetroHealth Medical Center
Place of Death: MetroHealth Medical Center
Brief History: 34 year old white male conveyed from family member's house ([REDACTED] E. 75th Street 44105) by EMS to Metro on 10/09/2023 0424 with dx: cardiac arrest. No surgery. No tox. No imaging. Pronounced on 10/09/2023 at 0431 by Dr. K. Lang.

Hx: opioid abuse, overdoses, ADHD, GSW for 2011, alcohol abuse

Note: Found down for unknown time. Per Cleveland Narcotics, there was no illicit drugs or paraphernalia at scene. Per his family, he has been in and out of rehab for illicit drugs and alcohol.

Monday, October 9, 2023 4:14 PM
CCMEO Opioid Scene Alert - XX2023-04103

XX2023-04103 is a suspected Opioid scene
Reported by: Cleveland Police Department
Place of Death: [REDACTED] East 55th Street
Brief History: 34 year old black male found by a friend lying face down on the bed in her secured residence. No f/p/t. No alcohol on scene. Pills on scene. Cleveland police and EMS on scene. Pronounced on 10/9/2023 at 1541 hours by Dr. T. Collins.

hx: cocaine/ecstasy/THC abuse

Monday, October 23, 2023 11:04 PM
CCMEO Opioid Scene Alert - XX2023-04319

XX2023-04319 is a suspected Opioid scene
Reported by: Cleveland Police Department Place of Death: 12104 Corlett Ave.
Brief History: 62 y/o BM found by his sister seated in a chair in the bedroom of their secured residence (moved supine on floor). No app F/P/T. No illicit drugs or ETOH. Pronounced on 10/23/23 at 21:46 by Dr. T. Collins.

Hx: DM2, CHF, HLD, HTN, CKD (III), COPD c exacerbations, ICD, A-fib, morbid obesity, cocaine/crack cocaine use

Wednesday, October 25, 2023 9:01 AM
CCMEO Opioid Scene Alert - XX2023-04333

XX2023-04333 is a suspected Opioid scene
Reported by: Cleveland Police Department
Place of Death: [REDACTED] East 78 Street
Brief History: 42 year old white male found by stepfather in secured residence in living room on mattress on side. Cleveland police and EMS on scene. No f/p/t. No illicit drugs or alcohol on scene. Pronounced on 10/25/2023 at 0820 by Dr. T. Collins.

Hx: drug abuse (Percocet), hypertension

Monday, October 30, 2023 9:12 PM
CCMEO Opioid Scene Alert - XX2023-04426

XX2023-04426 is a suspected Opioid scene
Reported by: Cleveland Police Department
Place of Death: [REDACTED] Matilda Ave
Brief History: 70 y/o BM found expired in upstairs bathroom by police in his secured residence. Cleveland Police and EMS on scene. Apparent decomposition. No app f/p/t. No alcohol on

scene. Apparent crack pipes in upstairs room. Death pronounced 10/30/23 at 2040 on behalf of Dr. Thomas Collins.

Hx: HTN, dysphagia, polysubstance abuse, cocaine use, seizures, cerebellar edema, obstructive hydrocephalus, degenerative disc disease, COPD, pulmonary nodules, cervical spondylosis with radiculopathy

Sunday, November 19, 2023 5:21 AM
CCMEO Opioid Scene Alert - XX2023-04738

XX2023-04738 is a suspected Opioid scene

Reported by: Cleveland Police Department

Place of Death: [REDACTED] Fleet Avenue

Brief History: 40 year old white female found in her bedroom on the floor face forward, unknown if foul play, no illegal drugs or alcohol, she was last known to be alive on 11/17/23 (nighttime, roommate), police and EMS on scene (pron on 11/19/23 at 04:05 hours by Dr. Collins).

hx: heroin abuse (per roommate)

Note: Cleveland Police Homicide is not responding.

Tuesday, November 28, 2023 5:52 PM
CCMEO Opioid Scene Alert - XX2023-04901

XX2023-04901 is a suspected Opioid scene

Reported by: Cleveland Police Department

Place of Death: [REDACTED] E. 80th

Brief History: 46 y/o WF found face-down in bed in her locked residence by a friend on a welfare check (forced entry). No f/p/t, no illegal drugs, spoon burnt with residue. Alcohol found. LSA 11/25/2023. Pron. on 11/28/2023 at 1723 by Dr. T. Collins.

HX: left BKA, polysubstance abuse

Saturday, December 2, 2023 3:35 PM
CCMEO Opioid Scene Alert - XX2023-04964

XX2023-04964 is a suspected Opioid scene

Reported by: Cleveland Police Department

Place of Death: [REDACTED] East 112th Street, Up

Brief History: 50-year-old black male found supine in bed by his girlfriend's daughter. No apparent trauma or foul play. No visible alcohol, illicit drugs, or paraphernalia on scene. Moved to floor by paramedics and pronounced dead at 1406 hours on 12/02/23 by Dr. Thomas Collins.

Hx: Cocaine, alcohol, heroin, and marijuana abuse, diabetes, and hypertension.

Appendix D: Confirmed Overdose Deaths in Slavic Village, 2023, with a data lag—data are current through approximately June 2023

The following is a list of Slavic Village residents who died of drug overdose in 2023, as confirmed by the Cuyahoga County Medical Examiner's Office. Data take time to process, with the result that all entries past mid-July are incomplete. We are deeply saddened to have lost so many vibrant individuals from our community. By recognizing them in this report, we hope to keep their memory alive and to call our neighbors to action.

Chavonte Darlene Wright, 04/25/95 – 01/21/23, age 27, Black Non-Hispanic Female

Charlotte Jane Shoff, 11/07/62 – 01/23/23, age 60, White Non-Hispanic Female

William Sunrad Eady, 09/02/74 – 02/23/23, age 48, Black Non-Hispanic Male

Gloria Moorman, 08/31/64 – 02/26/23, age 58, White Non-Hispanic Female

Angela Hearn, 03/28/74 – 03/12/23, age 48, Black Non-Hispanic Female

Ashley Lee Knierim, 06/27/86 – 03/19/23, age 36, White Non-Hispanic Female

Michael Szachury, 08/09/53 – 03/21/23, age 69, White Non-Hispanic Male

Barry J. Adams, 03/04/88 – 03/28/23, age 35, White Non-Hispanic Male

Kevin Carter, 03/28/63 – 04/01/23, age 60, Black Non-Hispanic Male

Eugene Vincent Wagner, 09/10/56 – 04/02/23, age 66, Black Non-Hispanic Male

Jason La'Chaz Wall, 03/21/82 - 04/15/23, age 41, Black Non-Hispanic Male

Dennis Buland Campbell, 02/21/68 - 04/23/23, age 55, White Non-Hispanic Male

Jeffrey Elliott Robinson, 08/15/66 - 4/23/23, age 56, Black Non-Hispanic Male

Arlibity Free 07/16/60 - 07/16/23, age 63, Black, Non-Hispanic Female

Daniel Demko, unknown – 07/20/23

Frank Eugene Peterson, unknown – 07/21/23

Lakesha D. Kilpatrick Paris, unknown – 07/28/23

Wendy L. Brent, unknown – 08/01/23

James Everette Summers, unknown – 08/08/23

May they all rest in peace.

Appendix E: Rationale for Decriminalization and/or Legalization

The gold standard intervention to end any drug epidemic is decriminalization—treating it as a public health crisis instead of a criminal justice issue. Not to be confused with legalization, decriminalization means removing criminal penalties for possessing and using a personal supply of drugs. The ACLU of Washington State explains the concept well. When a drug is decriminalized, “repercussions for being found in possession of the substance are no longer criminal. Instead of incarceration, those found in possession of drugs could get redirected to services and have the drug seized.”⁹⁶ In other words, you are still not *allowed* to use drugs, but instead of being punished you will receive healthcare. Decriminalization allows the continued prosecution of drug dealers. In fact, at the core of decriminalization is a newfound distinction between drug user and drug dealer, “...the former seen as an ill person in need of care, and the second as a delinquent.”⁹⁷

Legalization would entail making a drug completely legal to use, buy, sell, etc., but limits may still be imposed on a legal substance. For example, many medications are available only with a prescription from a medical professional. “Legalization...implies some type of legal supply, from prescriptions to regulated cannabis shops. People can use the substance without worry of being convicted or fined. Limits can still be set on its use.”⁹⁸ In November 2023, Ohio voters will have an opportunity to legalize recreational use of marijuana, through Issue 2.⁹⁹ However, where “hard” drugs such as heroin, fentanyl, cocaine, and methamphetamine are concerned, the advocacy is for decriminalization, *not* legalization. “Support for drug decriminalization is at an all-time high, with a poll from the Drug Policy Alliance and the ACLU finding that 66% of Americans support eliminating criminal penalties for drug possession and replacing them with a new approach centered in public health.”¹⁰⁰

Decriminalization improves public health and criminal justice outcomes. According to the Drug Policy Alliance, the benefits of decriminalization include:

- Reducing the number of people arrested;
- Reducing the number of people incarcerated;
- Increasing uptake into drug treatment;
- Reducing criminal justice costs and redirecting resources from criminal justice to health systems;
- Redirecting law enforcement resources to prevent serious and violent crime;

⁹⁶ ACLU of Washington, “The difference between the decriminalization and legalization of substances,” February 3, 2023, <https://www.aclu-wa.org/story/difference-between-decriminalization-and-legalization-substances%C2%A0>.

⁹⁷ RÊGO, X., OLIVEIRA, M.J., LAMEIRA, C. *et al.* 20 years of Portuguese drug policy - developments, challenges and the quest for human rights. *Subst Abuse Treat Prev Policy* **16**, 59 (2021). <https://doi.org/10.1186/s13011-021-00394-7>.

⁹⁸ Ibid.

⁹⁹ Dave DeNatale and Ryan Haidet, “Ohio Issue 2: Here's what you need to know about recreational marijuana legalization initiative,” October 3, 2023, <https://www.wkyc.com/article/news/politics/elections/ohio-issue-2-november-ballot-recreational-marijuana-legalization/95-3230ca31-4e90-4cb7-9b1c-95a9389d8a3c>.

¹⁰⁰ ACLU of Washington.

- Diminishing unjust racial disparities in drug law enforcement and sentencing, incarceration and related health characteristics and outcomes;
- Minimizing the social exclusion of people who use drugs, and creating a climate in which they are less fearful of seeking and accessing treatment, utilizing harm reduction services and receiving HIV/AIDS services;
- Improving relations between law enforcement and the community; and
- Protecting people from the wide-ranging and debilitating consequences of a criminal conviction.¹⁰¹

For decriminalization to be fully successful, a paradigm shift needs to precede the policy change. The dominant ideology throughout the United States has been and still is that drugs are a *bad* thing. Even as the conversation shifts from framing people who use drugs as criminals (the War on Drugs) to framing them as mentally ill individuals (the opioid epidemic), the goal still seems to be a nationwide elimination of drugs and individual abstinence for all. As anthropologist Ximene Rêgo and colleagues have eloquently stated it:

“The utopia of a drug-free society...has been sustained by conservative discourses coined in the sphere of law (political-legal discourses) and in the sphere of health (medical-psychological discourses) which, operating as vehicles of social control, converge in the understanding of drug use as a deviation in relation to the norm, whether in legal (crime) or health terms (pathology).”¹⁰²

The needed paradigm shift involves recognizing that drug use is not always addiction (or Substance Use Disorder)—that people may use drugs for fun (recreationally), to treat pain (therapeutically), or uncontrollably (SUD). In fact, research has shown six categories or characteristics of non-disordered drug use: functional, non-dependent, religious, healthy, socially-integrated, and non-problematic.¹⁰³ Harm reduction has stepped in to drive the paradigm shift. As Rêgo et. al. put it, “...the harm reduction movement has challenged global prohibitionism and establishes itself...as a motor of social transformation.”¹⁰⁴ They refer to the “double HR - harm reduction and human rights” The weak version of the double HR advocates for health rights, and the strong version of the double HR “fully recognizes the right to use drugs.”¹⁰⁵ In short, fully moving away from the war on drugs and toward a humanitarian/humanistic/humane approach to the drug crisis involves reframing the crisis not just as a public health problem but as an issue of human rights.

The most well-known instance of large-scale decriminalization is the Portuguese Drug Policy Model (PDPM), through which Portugal decriminalized *all* drugs in 2001. In 2000, “Problematic heroin use [in Portugal] was the second highest in Europe.”¹⁰⁶ The government removed all criminal penalties for possessing and/or using a personal supply of drugs. This was not legalization, because drugs were still technically illegal. The Portuguese government created

¹⁰¹ “Approaches to Decriminalizing Drug Use & Possession,” Drug Policy Alliance, https://www.unodc.org/documents/ungass2016/Contributions/Civil/DrugPolicyAlliance/DPA_Fact_Sheet_Approaches_to_Decriminalization_Feb2015_1.pdf

¹⁰² Rêgo et al.

¹⁰³ Ibid.

¹⁰⁴ Ibid.

¹⁰⁵ Ibid.

¹⁰⁶ Ibid.

the Commissions for the Dissuasion of Drug Addiction to deal with instances of drug use. As journalist Johann Hari describes, “The job of the Dissuasion Commission is only to figure out whether you have a drug problem. You can be honest with them, because nothing you say or do here will ever get you a criminal record.” The Portuguese government’s goal is to differentiate between the 90 percent of users who use recreationally and the 10 percent who have SUD.¹⁰⁷ The commission provides the former with harm reduction and the latter with referrals to treatment. Comparing Portugal to the United States, Hari writes, “In the United States, 90 percent of the money spent on drug policy goes to policing and punishment, with 10 percent going to treatment and prevention. In Portugal, the ratio is the exact opposite.”¹⁰⁸

A 2021 analysis of twenty years of decriminalization in Portugal found the following positive results:

- Lower death rates from drug use
- Lower infection rates from drug use
- Recent cannabis use is less common among youth than before
- Age of initiating cannabis use increased (people are starting older)
- Youth better understand the risks associated with cannabis use
- Low level of drug use overall compared to other European countries
- Social representations of drug use are more positive
- Most common reason for imprisonment shifted from drug-related crimes (back) to crimes against property, as it was in the 1990s and before¹⁰⁹
- Between 1998 and 2011, the number of people in drug treatment increased by over 60%; nearly three-quarters of them received opioid-substitution therapy.¹¹⁰
- Portugal’s responsibility for yearly HIV diagnoses linked to injecting drug use in the EU has dropped from 50% to 1.7%¹¹¹

The only negative result reported in the analysis is that the general population (ages 15 to 74 years) experienced an increase in cannabis use. However, the same is true throughout Europe and the Americas, even in countries with no tendency toward decriminalization. The authors’ primary critique of PDPM is that Portugal did not go far enough. In the second decade of the PDPM, there has been a “sharp increase of criminal sanctions targeted at drug users,” meaning that Portugal has not ended the criminalization of drugs and people who use them. The study’s authors’ main argument is that “the PDPM has not proven influential enough to emancipate drug use from the stigma that associates it with either crime or pathology, where it is kept captive.”¹¹² Further, the authors assert that by limiting its harm reduction services to MAT for maintaining public order and syringe exchange for maintaining public health, Portugal exemplifies only “the *weak version* of harm reduction: the one that advocates mainly health rights, as opposed to its

¹⁰⁷ Johann Hari, *Chasing the Scream* (New York: Bloomsbury, 2015), 475.

¹⁰⁸ Hari, 530.

¹⁰⁹ Rêgo et al.

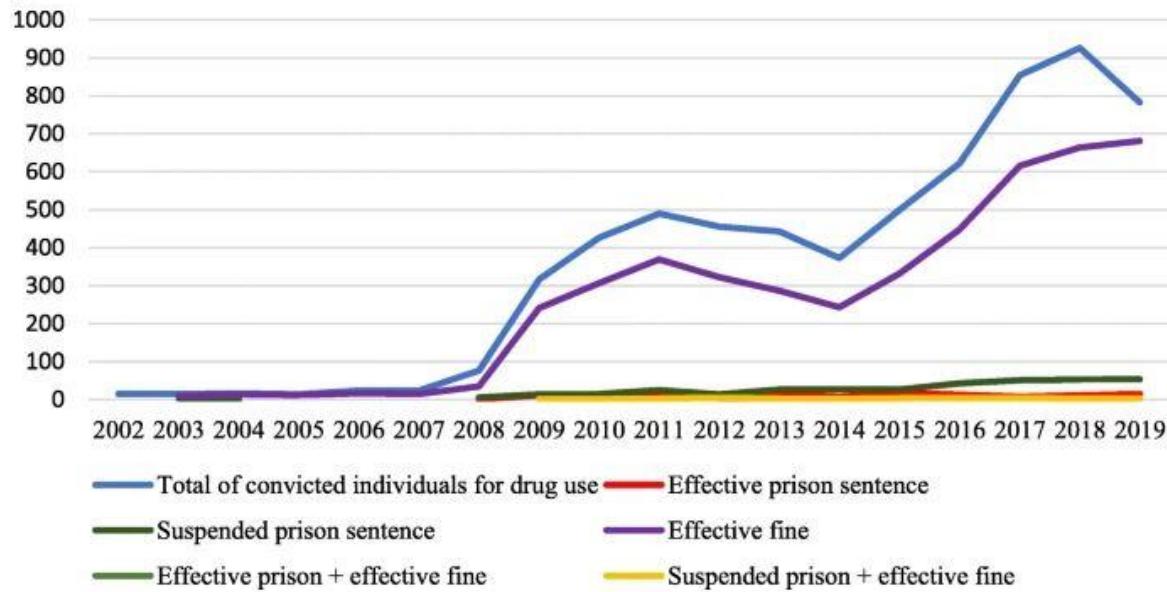
¹¹⁰ Naina Bajekal, “Want to Win the War on Drugs? Portugal Might Have the Answer,” *Time* magazine, August 1, 2018, <https://time.com/longform/portugal-drug-use-decriminalization/>.

¹¹¹ Transform Drug Policy Foundation, “Drug Decriminalisation in Portugal: Setting the Record Straight,” May 13, 2021, <https://transformdrugs.org/blog/drug-decriminalisation-in-portugal-setting-the-record-straight>.

¹¹² Rêgo et al.

strong version, which fully recognizes the right to use drugs.”¹¹³ Further, in 2008 Portugal experienced a partial return to criminalization, when its courts reestablished the crime of drug use “when the quantity detected exceeds the average individual use for a period of ten days.” The prescribed punishment is “imprisonment for one year or fine up to 120 days,” and a steep rise in drug-related convictions.¹¹⁴

Fig. 2



Convicted individuals for drug use, by type of penalty. From: Chart designed by the authors, based on data provided by SICAD – Annexes to national reports on drugs between 2003 and 2020, available at: <http://www.sicad.pt/PT/Publicacoes/Paginas/default.aspx>

The authors recommend several improvements to the PDPM, all of which could apply to decriminalization in the United States as well. First, all criminal penalties for drug possession should be abolished, and the criminal justice system should return control of interventions to the Commissions for the Dissuasion of Drug Addiction. Second, because drug use patterns continually become more complicated, the Commissions should create and use “more finely graded drug use pattern classifications” and more varied interventions. Third, harm reduction offerings should “go beyond pathology and highlight issues related to the well-being and the agency of the drug user.” Such offerings could include drug checking services, provision of naloxone outside of healthcare settings, SSPs in prisons, programs specifically for poly-drug use, and gender-sensitive programs.¹¹⁵ Last and most importantly, they recommend *regulating all drugs*—ensuring a safe supply for all.

It would be negligent not to mention that Portugal has seen a worsening of its drug situation since 2001. A July 2023 press article provides some statistics:

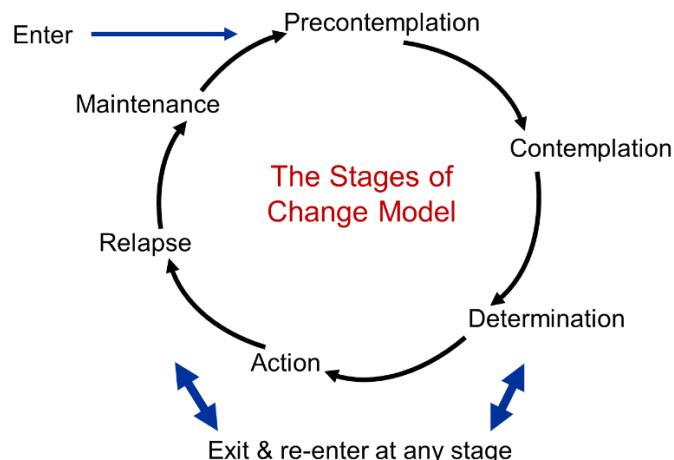
¹¹³ Ibid.

¹¹⁴ Ibid.

¹¹⁵ Ibid.

- The percent of adults who have used illicit drugs increased from 7.8 in 2001 to 12.8 in 2022
- Overdose rates have hit 12-year highs. In Lisbon, overdose rates almost doubled in between 2019 and 2023
- In Porto, the collection of drug-related debris from city streets grew 24 percent between 2021 and 2022
- Crime rose 14 percent between 2021 and 2022—police blame the increase partly on increased drug use including robbery in public spaces

There is little agreement on the causes of Portugal's recent difficulties. The COVID-19 pandemic is likely a strong contributor. Keith Humphreys, professor of psychiatry at Stanford University, says that a removal of penalties causes the establishment of a “stable drug culture,” in which people no longer care about following rules or social customs. João Goulão, who designed Portugal's decriminalization, blames declining funding (down from 76 million euros to 16 million euros) and a decentralization of services begun in 2012. Portugal's police say they have given up bringing people before the Commissions, because “nothing changes.” Their testimony points to a challenge also voiced by outreach workers and peer supporters in Slavic Village—forcing people into treatment doesn't work, and some people are not ready to start the process of adjusting or limiting their drug use.¹¹⁶ The Transtheoretical Model, also known as Stages of Change, posits that individuals (originally smokers, now also people who use drugs problematically) move through six stages of change: precontemplation, contemplation, preparation, action, maintenance, and termination.¹¹⁷ When the majority of people using drugs are in the precontemplation stage, bringing them into treatment does not move them straight to the action stage.



I assert that a shift in the ratio between recreational drug use and problematic drug use may also have occurred. In 2001, although problematic drug use was higher in Portugal than in most of the rest of Europe, overall drug consumption in Portugal was the lowest in Europe.

¹¹⁶ Anthony Faiola and Catarina Fernandes Martins, “Once hailed for decriminalizing drugs, Portugal is now having doubts,” *The Washington Post*, July 7, 2023, <https://www.washingtonpost.com/world/2023/07/07/portugal-drugs-decriminalization-heroin-crack/>.

¹¹⁷ Wayne W. LaMorte, MD, PhD, MPH, “The Transtheoretical Model (Stages of Change),” Boston University, 2022, <https://sphweb.bumc.bu.edu/otlt/mpb-modules/sb/behavioralchangetheories/behavioralchangetheories6.html>.

Additionally, “Portugal’s drug crisis cut across all classes,” instead of hitting marginalized groups the hardest.¹¹⁸ Faiola and Martins’s recent article seems to suggest that problematic drug use, especially among marginalized (displaced or homeless) people now forms the bulk of Portugal’s struggles. Portugal’s specific method of decriminalizing may work only when most of the drug use in an area is recreational and balanced between social classes. In that respect, the opioid’s crisis’s reach into all social classes may act in Ohio’s favor. Still, even the article full of negatives about Portugal’s policies has to admit that successes remain. The percent of adults who have used illicit drugs is “still below European averages,” and infectious disease rates (such as HIV) remain very low.¹¹⁹

Decriminalization does have its limitations, especially around regulation. Simply decriminalizing drugs does not interrupt the unregulated (dangerous) supply of drugs from cartels and traffickers. Legalization, on the other hand, allows pharmacies or other medical entities to sell a tested, safe supply of any given drug in carefully measured amounts. In Canada, advocates have proposed several safe supply models. These include prescribing pharmaceutical-grade drugs, allowing drugs to be sold at licensed entertainment venues or dispensaries, and others. As long ago as 1994, Switzerland began prescribing pharmaceutical-grade heroin to people who had been using for a long time. The practice is called Heroin-Assisted Treatment (HAT) and is essentially a variation of MAT. Switzerland’s results included decreases in overdose deaths, HIV and hepatitis C infections, and crime. In fact, pure heroin is a medically healthier alternative than MAT such as methadone. Jean-Félix Savary, secretary general of the Romand Group of Addiction Studies (GRETA) in Geneva, says (darkly), “There is still this moral thinking that if you give a drug to somebody, it has to be nasty … so we prefer to give methadone — which is really bad for the body — than to give heroin.”¹²⁰ If the United States or even just the city of Cleveland legalized heroin, cocaine, and methamphetamine, licensed pharmacies could dispense safe supplies of those drugs to individuals with medical prescriptions, accidental overdoses would nearly disappear, and all drug cartels would collapse due to a complete lack of business.

Drugs remain heavily criminalized in the US, but some states have taken steps to decriminalize. A study published on September 27, 2023 showed that, a year after Oregon and Washington states passed laws decriminalizing drug possession, overdose death rates in both states were not significantly altered. The hypothesis had been that removing criminal penalties for drug possession may reduce fatal drug overdoses due to reduced incarceration and increased calls for help at the scene of an overdose. The study disproved the hypothesis, but likewise disproved fears that decriminalization would *increase* overdose death rates. The findings suggest that arresting and prosecuting people for drug possession is not an effective strategy in reducing overdose deaths, but also that decriminalizing may not be enough on its own.¹²¹

¹¹⁸ Bajekal.

¹¹⁹ Faiola and Martins.

¹²⁰ Laura McQuillan, “Canada took a step toward decriminalizing hard drugs. Here’s what it can learn from other countries,” *CBC News*, Jun 07, 2022, <https://www.cbc.ca/news/health/safe-supply-around-the-world-1.6479317>.

¹²¹ Joshi S, Rivera BD, Cerdá M, et al. One-Year Association of Drug Possession Law Change With Fatal Drug Overdose in Oregon and Washington. *JAMA Psychiatry*. Published online September 27, 2023.

doi:10.1001/jamapsychiatry.2023.3416

Appendix F: Ohio's Legalization of Recreational Cannabis

On November 7, 2023, Ohio voters passed Issue 2, “An Act to Control and Regulate Adult Use Cannabis,” by 55.6%. Although Issue 2 goes into effect on December 7, 2023, recreational dispensaries are not expected to begin operation until late summer 2024 at the earliest, after applying for and receiving licenses from the new Division of Cannabis Control in the Department of Commerce. We, the Community Planning Coalition, would be remiss if we did not address the broader implications of Issue 2 in this document.

Cannabis and marijuana are synonymous—but Harry Anslinger, the first Commissioner of the Federal Bureau of Narcotics (1930), publicized the term “marijuana” or “marihuana” order to associate cannabis with Mexican immigrants. He invoked the (untrue) fear that Mexican-American and African-American men used cannabis, heroin, and cocaine at higher rates than white men, causing interracial pregnancies. Anslinger’s racist comments are almost comically extreme by today’s standards. For example, he wrote, “There are 100,000 total marijuana smokers in the U.S., and most are Negroes, Hispanics, Filipinos and entertainers. Their Satanic music, jazz and swing result from marijuana use.” However, he did lasting harm to minority populations in America. By choosing the term “cannabis” in the twenty-first century (or even “weed” or “pot”), we can start to disentangle the drug from harmful myths about black and brown people.¹²²

The passage of Issue 2 is an example of legalization. Groups including Coalition to Regulate Marijuana Like Alcohol and Smart Approaches to Marijuana Action supported Issue 2—their names state their position that legalization of cannabis allows for regulation. Adults over age 21 will be permitted, by law, to purchase and use cannabis. There *are* limits and restrictions. In its current form, Issue 2 allows any adult over age 21 to possess up to 2.5 ounces of cannabis, to possess up to 15 grams of cannabis concentrates, and to grow up to six cannabis plants at home. Importantly, cannabis possession is still illegal *federally*, but each state can legalize the drug within its own borders. Ohio is the 24th state to legalize cannabis for adult recreational use.¹²³ Additionally, the United States Department of Health and Human Services recently recommended that the Drug Enforcement Administration (DEA) “reschedule” cannabis. It’s important to note that Issue 2 does *not* include employment protections. Employers can still establish drug-free workplaces and terminate employees for using cannabis.¹²⁴

¹²² “What Will Adult-Use Marijuana Legalization Mean for Ohio?” *Moritz College of Law*, accessed December 4, 2023, <https://moritzlaw.osu.edu/faculty-and-research/drug-enforcement-and-policy-center/research-and-grants/policy-and-data-analyses/cannabis-crossroads>. A.J. Herrington, “Ohio Legalizes Recreational Marijuana: What’s Next For Taxpayers, Consumers And Business Owners,” *Forbes*, November 7, 2023, <https://www.forbes.com/sites/ajherrington/2023/11/07/ohio-becomes-latest-state-to-legalize-recreational-marijuana/?sh=5e63b6cb3954>. Dan Malchesky, “Satan to murder. What foes have wrong about marijuana and Ohioans can get right with Issue 2,” *The Columbus Dispatch*, November 7, 2023, <https://www.dispatch.com/story/opinion/columns/guest/2023/11/07/why-yes-on-ohio-issue-2-about-more-than-cannabis/71475974007/>. Johann Hari, *Chasing the Scream*, 47-48.

¹²³ Julie Carr Smyth, “Ohio votes to legalize marijuana for adult recreational use, becoming 24th state to do so,” *AP News*, November 7, 2023, <https://apnews.com/article/ohio-marijuana-legalization-election-2023-6d15efb27fdcd41e7364f2b7cd3177f4>. A.J. Herrington. Smyth.

¹²⁴ The DEA rates each known drug on a scale of five “schedules,” each of which carries a different standard for criminal prosecution. Cannabis is currently Schedule I, along with some of the most dangerous and habit-forming drugs, such as heroin and ecstasy. For comparison, opiates including oxycodone and fentanyl are Schedule II, considered *less* dangerous than Schedule I and *less* eligible for criminal prosecution. Cannabis might more appropriately be placed in Schedule III, IV, or V. Scott Bland, “Ohio votes to legalize marijuana for recreational use,” *NBC News*, November 7, 2023, <https://www.nbcnews.com/politics/elections/ohio-votes-legalize-marijuana-recreational-use-2023-election-rcna122098>. “Drug Scheduling,” United States Drug Enforcement Administration,

As we explained earlier in this document, most people can use drugs recreationally with no serious adverse effects. Legalization carries several benefits. For one, the state will license dispensaries, which ensures that adults in Ohio have access to a safe, regulated supply with trustworthy dosing. Such regulation of the supply decreases the risk of overdose or contamination from other substances. Second, legalization means that people who use cannabis no longer have to fear prosecution. Users can speak openly about their use and seek help if they *do* become dependent on the drug or lose control of their use, without risking criminal justice involvement. Third, putting cannabis under control of the state means that cannabis sales will generate tax revenue, which can be used for beneficial purposes, such as expunging past convictions for cannabis possession and making SUD treatment more widely available. According to Julie Carr Smyth at AP News, “A 10% tax will be imposed on purchases, to be spent on administrative costs, addiction treatment, municipalities with dispensaries and social equity and jobs programs supporting the industry itself.”¹²⁵

We do recommend separating medicinal use from recreational and social use, not just in the wording of laws but in how people think about their own use. Cannabis has valid medicinal uses and now is legal for recreational and social use, like alcohol. But individuals should *not* self-medicate medical or mental health issues with cannabis. In Slavic Village (and elsewhere), we often hear people say they use cannabis to treat their own anxiety. We continue to recommend evidence-based mental health care, under the supervision of a behavioral health specialist. The best treatment for most mental illnesses is a combination of talk therapy and medication, under the supervision of professionals. We also acknowledge that the evidence-based medications for anxiety and other mental health diagnoses is changing. In studies since 2021, hallucinogens such as LSD, MDMA, and psilocybin (mushrooms) have been shown to treat anxiety and depression effectively and with fewer side effects than SSRIs, even though those very same hallucinogens were illegal and ostracized in the decade prior.¹²⁶ It may turn out that cannabis too can treat specific behavioral health diagnoses, but please do not experiment on yourself. Individuals are free to use for their own enjoyment and as a social activity, but seek out medical advice before self-medicating.

It’s important to note that, because citizens initiated Issue 2, the state legislature is allowed to alter the law between its passage (November 7, 2023) and the date it goes into effect (December 7, 2023). On November 28, Rep. Gary Click, (R-Vickery) introduced House Bill 341, proposing changes to Issue 2. Some of the legislature’s recommended changes are common sense, such as their move to clarify the wording that limits the potency of cannabis products. Several of the other changes are counter-productive for safe use and equity. For example, HB 341 proposes that some of the tax revenue on cannabis sales fund law enforcement training—an initiative very much in opposition to legalization.¹²⁷

<https://www.dea.gov/drug-information/drug-scheduling>. “What Will Adult-Use Marijuana Legalization Mean for Ohio?”

¹²⁵ Smyth.

¹²⁶ For example:

Franklin King IV and Rebecca Hammond, “Psychedelics as Reemerging Treatments for Anxiety Disorders: Possibilities and Challenges in a Nascent Field,” *Focus: The Journal of Lifelong Learning in Psychiatry*, June 17, 2021, <https://doi.org/10.1176/appi.focus.20200047>. Henry Lowe et al., “Psychedelics: Alternative and Potential Therapeutic Options for Treating Mood and Anxiety Disorders,” *Molecules*, April 2022, <https://doi.org/10.3390%2Fmolecules27082520>. Jon Hamilton, “These LSD-based drugs seem to help mice with anxiety and depression — without the trip,” *NPR*, OCTOBER 5, 2022, <https://www.npr.org/sections/health-shots/2022/10/05/1126808087/lsd-psychedelics-mice-reduces-anxiety-depression>.

¹²⁷ “Currently the law has limits of 35-percent for plant material and 90-percent for extracts. The language in the law is also expected to be clarified, after confusion over the terms ‘no less than’ 35-percent for plant material and ‘no less than’ 90-percent for extracts.” Lynna Lai, “New Ohio House bill seeks to modify marijuana law before it takes effect next week,” *WKYC Studios*, November 29, 2023, <https://www.wkyc.com/article/news/politics/new-ohio-house-bill-seeks-to-modify-marijuana-law-before-it-takes-effect/95-b5223a99-1756-4d12-aa7c-22f7658ed3f6>.

Other proposed changes that have *not* made their way into HB 341 are more equity-minded. As reported in *Forbes*, “Last Prisoner Project (LPP), a nonprofit working to secure the freedom of all people incarcerated for cannabis offenses...noted that the measure does not have provisions to automatically expunge criminal records of past marijuana-related offenses.” Stephen Post, senior communications associate at LPP, wrote in a statement, “The fight for justice extends beyond legalization; it demands a commitment to right the wrongs of the past, ensuring that those unjustly burdened by cannabis convictions find redress and freedom.” On the topic of funding, an informal suggestion to earmark some of the revenue specifically for “Ohio counties that administer social services programs directed at drug use, addiction and other issues that could rise due to Issue 2’s passage” circulated the day after elections but has not received subsequent attention.¹²⁸

Controversy has surfaced around Issue 2’s provision “that would set aside 36 percent of cannabis tax revenues for a social equity and jobs fund.”¹²⁹ Ohio Senate President Matt Huffman says that the social equity provision gives “preferences to [dispensary] licenses to people who have been formally convicted for selling drugs illegally.” The intent of the provision was actually to “award licenses to economically or socially disadvantaged applicants” which can include being an individual (or close relative of an individual) convicted of a cannabis-related offence. The purpose of the provision is, as LPP said, to right the wrongs of the past and

provide economic opportunity to families impoverished by criminal justice involvement.

By now, it is common knowledge that black Americans are four times more likely to be arrested (and subsequently convicted) for cannabis-related offenses than white Americans, despite using the drug at similar rates. As reported by WKYC Studios, “One study found that black cannabis entrepreneurs make up less than 2-percent of the nation’s marijuana

businesses.”¹³⁰ The equity provision is an attempt to return freedom and financial opportunity to the African-American community and others unjustly criminalized. While the equity provision is a start toward righting the wrong, the Moritz College of Law at Ohio State University released a statement saying that Issue 2 needs to do more to address racial disparities specifically.

Ohio’s coming experiences with the legalization of cannabis may inform future approaches to other drugs as well, particularly Schedule II and Schedule III opiates. Issue 2 provides Ohio’s legislature and residents an opportunity to test the state’s readiness for broader decriminalization or legalization. The general public can help, by using cannabis responsibly (buying it from a licensed dispensary, using within one’s own tolerance, etc.), differentiating between recreational/social use and self-medicating, and reducing stigma and increasing services around SUD.



“THERE ARE A LOT OF PEOPLE OF COLOR WHO ARE LOCKED UP IN PRISON BECAUSE OF A MARIJUANA VIOLATION. AND HISTORICALLY, IF YOU’VE HAD FELONY OR MISDEMEANOR YOU WERE PRECLUDED FROM HAVING A LICENSE. THE PREVAILING THOUGHT WAS, MARIJUANA IS LEGAL NOW, AND YOU HAVE THESE PEOPLE WHO WERE CONVICTED OF A CRIME WHEN IT WAS ILLEGAL. BUT NOW IT’S LEGAL, SO SHOULDN’T THEY BE ALLOWED TO PARTICIPATE? THAT WAS THE INTENT OF THE LAW.”

Kevin Murohv

¹²⁸ A.J. Herrington. Smyth. Dan Malchesky.

¹²⁹ Mona Zhang, “Ohio becomes 24th state to embrace weed legalization,” *Politico*, November 7, 2023, <https://www.politico.com/news/2023/11/07/ohio-marijuana-legalization-vote-results-00125991>.

¹³⁰ Lynna Lai. Dan Malchesky.

Appendix G: Cleveland Department of Public Health Community Prevention Plan Proposed by Dr. David Margolius, written in narrative form by Dr. Madelaine Matej MacQueen

Dr. David Margolius, Director of the Cleveland Department of Public Health, has proposed and implemented a four-part solution, which he presented at Drug Data Day and other public forums. First, he recommends improving the built environment. Factors such as vacant homes and boarded-up homes have a direct correlation with crime and overdoses. Interventions to improve the built environment have a demonstrated positive effect. Change takes time, because Cleveland has the highest poverty rate for a city of its size. The goal is to improve housing, invest in community, and generate generational wealth.

Second, Dr. Margolius is working on criminal justice reform in five parts: decriminalizing possession, providing alternatives to incarceration, implementing the Co-Response Model (in which a social worker accompanies a police officer), implementing the Care Response Model (in which someone other than a police officer arrives first to the scene of an overdose), and offering treatment options for incarcerated people. On the decriminalization front, marijuana conviction expungements can serve as a model for other drug conviction expungements. The city of Cleveland learned that the expungement process was unsuccessful when each individual had to come forward and request expungement. The solution was expunging all marijuana convictions in bulk. Other drug convictions can be expunged in a similar manner.

Third, Dr. Margolius supports harm reduction. Narcan availability is “pretty good” at the moment but could be expanded further. Current initiatives include Thrive for Change getting naloxone into CMHA housing, and the ADAMHS Board and The Centers creating low-barrier access through vending machines. Dr. Margolius would like to see syringe exchanges across the city (in more than their four current locations—the headquarters of The Centers, the two addresses where The Centers’s mobile unit parks, and the one location where MetroHealth’s mobile unit parks).

Fourth, Dr. Margolius promotes Medication Assisted Treatment (MAT). Before he accepted his current position, he worked at the MetroHealth Broadway Health Center in Slavic Village, where he prescribed Suboxone for many of his patients. Finding a provider who administers MAT is still incredibly difficult. The medications are stigmatized, and providers needed a special license to prescribe Suboxone until very recently. (On December 29, 2022, Congress eliminated the DEA “X” waiver registration requirement for practitioners as part of sections 1262-1263 of the Consolidated Appropriations Act, 2023.¹³¹)

MAT for substance use disorder is more effective than other, more socially accepted medications for other diagnoses. When giving aspirin, a doctor has to treat 52 people for 40 or more years to save one life. With Suboxone (one form of MAT), a doctor has to treat only five

¹³¹ “DEA’s ‘X’ Waiver Eliminated by Congress,” American Bar Association, https://www.americanbar.org/groups/health_law/section-news/2023/january/deas-x-waiver-eliminated-by-congress/#:~:text=On%20December%202029%2C%202022%2C%20Congress,the%20Consolidated%20Appropriations%20Act%2C%202023.

people for one year in order to save one life. Dr. Margolius asserts that there are too many hoops to jump through to get Suboxone in Cleveland, such as urine screens and AA meeting signatures. Methadone (another form of MAT) is also extremely important and far too regulated. People have to line up at 6 AM in dangerous neighborhoods to get medication. There are only two treatment centers in Cleveland.

Appendix H: Principles of Harm Reduction

By the National Harm Reduction Coalition

PRINCIPLES OF HARM REDUCTION

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them

Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies

Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them

Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm

FOUNDATIONAL PRINCIPLES CENTRAL TO HARM REDUCTION

Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs "where they're at," and addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

However, National Harm Reduction Coalition considers the following principles central to harm reduction practice:

Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm

Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use

Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use

Revised 2020

FOR MORE RESOURCES, VISIT HARMREDUCTION.ORG

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**NATIONAL
HARM REDUCTION
COALITION**

HARM REDUCTION INTERVENTIONS

(H)arm (R)eduction:

A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence



(h)arm (r)eduction:

The approach and fundamental beliefs in how to provide the services



risk reduction:

Tools and services to reduce potential harm



The “risk itself (e.g. related to drug use or sex work) that you’re discussing

The “mindset” that someone brings to the situation, including thoughts, mood, and expectations

RISK

- What issue is being presented?
- What other possible sources of harm might be connected to the main issue?
- What drug is being used? What is the risk of overdose?

SET

- How are they feeling? Confident? Angry? Anxious?
- Are they physically in pain or hurt? Do they need to get well?
- Can they engage with you fully? Are their basic needs being met?

SETTING

- What is the physical environment where the potential harm is occurring? In a home? At work? On the street?
- Who is around them? Police, bystanders, other participants? How does the person present to these people? How will they react?



The physical and social environments of where the person is, and their perception of how that can promote/reduce risk

Case Study : Jessica

Jessica has been using heroin on and off for the past 10 years. Jessica stopped using for a few months while she was with her ex, but they recently broke up. She is feeling depressed and anxious and is looking to use again. She buys a bag and heads to the syringe exchange for some new points and heads to her encampment in a rush.

Revised 2020

FOR MORE RESOURCES, VISIT HARMREDUCTION.ORG

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