



Over a year ago I embarked on a mission to pass a law that would change Ohio's current policy on opioid prescriptions. It has not been an easy process. You see, while I have been tirelessly working for this bill, I have also been mourning the loss my oldest son, Daniel, who passed away from the disease of addiction. It is Daniel's memory that keeps me pushing for this necessary change.

The process of creating a bill that will impact the trajectory of this problem has required the help and support of many people. I have spoken to countless experts: doctors, police officers, pharmacists, addiction specialist, trade association executives, and many others. With their input, and the commitment of legislators in both the Ohio House and Ohio Senate, we have created a bill that has all the necessary pieces to enact lasting change.

As a result the following changes have recently been incorporated into Daniel's Law:

- It will now codify the governor's executive order which is seven days' worth of opioids at 30 MED's a day for adults.
- It will put a hard stop for prescription opioids in a primary care setting.
- It will start to phase out chronic pain patients in a primary care setting.
- It will expand treatment options for patients by utilizing services like telemedicine.
- It will require treatment providers to consult with and inform patients of all FDA approved MAT's. This will ensure that patients are better informed of their treatment options.
- It will prohibit a doctor from ordering or prescribing opioids to a patient who does not consent to the use of opioids.

This journey has allowed me to encounter hundreds of families, like my own, who feel the impact of the addiction epidemic every day. It has encompassed all races, ages, and socio-economic groups. It is a universal problem which must be addressed through a comprehensive approach which includes the doctors who write the prescriptions, the pharmacists who fill them, the addiction specialists who provide treatment, and the manufacturers that make and promote these products.

I plan to continue to push for the changes in Daniel's Law. My family is just one

of the thousands who have lost a loved one and the thousands more who continue to fight for the lives of their families. Please share our effort with anyone you think would be interested in joining our team. I have committed to working on Daniel's law to make the world a better place, not just to honor the memory of my son Daniel, but to change the future for Daniel's children and the thousands of other people in our community who strive on with their fight and for the families who have tragically lost their personal struggle. Daniel's law is hope. It is about our families, and our future as a community. I invite you to share this newsletter with other families so they know they are not alone, and that the world can change for the better. All of us have a role to play in this crisis, which can no longer be ignored. Thank you for your continuing support of Daniel's Law.

Sincerely,

Scott Weidle

***" You can't go back and change the beginning , but you can start where you are and change the ending" - CJ Lewis***

Visit [DanielsStory.org](http://DanielsStory.org) and view [#Danielslaw](https://twitter.com/Danielslaw) Ohio to find out more

## Health experts ask the Trump administration to treat addiction like a disease

CBSN news spoke with Tom McLellan, chairman of the Treatment Research Institute, and Gary Mendell, founder and CEO of the nonprofit organization Shatterproof, regarding the nation's current opioid epidemic.

Tom McLellan explained to CBSN that there is a fundamental flaw in how most people conceptualize addiction. He elaborates on this further by stating that "science shows -- without question -- that addiction is a brain disease. The use of alcohol and other drugs at high doses -- regularly -- produces changes in the brain that give you the characteristics of addiction. Compulsion. The inability to stop. The loss of interest of things you used to hold dear. When you start to see this as a chronic illness, then you understand that you need the same kind of treatment ... the same kind of individualized care that other



chronic illnesses have".

Gary Mendell expressed his frustration with President Trump's initial response to the opioid crisis. He states that "acknowledging the opioid crisis as a national health emergency is a step in the right direction", however, he missed an important opportunity by not "explaining a tactical business plan". Mendell said that Trump needs to hold himself accountable with time lines. He is concerned that the stigma associated with addiction will remain unchanged unless the President sets an example by acknowledging it as a legitimate medical disease.

Mendell and McLellan created the "National Principles of Care" that they believe all treatment providers should use as their guide.

These principles are:

1. **Universal screening-** Screening for substance use disorders (SUDs) should be routine in primary care and other medical and behavioral settings—such as emergency, obstetric, geriatric, pediatric, and others—especially among those with known risk and few protective factors. This should be followed by informed clinical guidance on reducing the frequency and amount of substance use, family education to support lifestyle changes, and regular monitoring.
2. **Personalized diagnosis-**Personalized, comprehensive evaluation prior to treatment, including diagnoses of substance use, mental and general health problems; and full evaluation of the nature and severity of family, social, and environmental problems that could affect the course of care and potential for relapse.
3. **Rapid access to care-**Ability to rapidly engage individuals in the type and intensity of services that promptly meets their needs.
4. **Long-term outpatient care-**a personalized program of continuing outpatient care in a program or office-based setting, which includes regular monitoring to adjust the intensity and content of that care based on the monitoring results.
5. **Coordinated mental & physical treatment-**Access to concurrent medical and mental health services either within a fully integrated healthcare system, or carefully coordinated across different systems and providers.
6. **Access to behavioral health experts-**Individual evidence-based behavioral therapies from providers who have been appropriately trained and supervised.
7. **Access to FDA approved medication-** Access to FDA-approved medications and products based on the diagnosis and medical necessity. The appropriate medications or products will vary by patient-specific need.
8. **Access to non-medical recovery support-** Recovery support services include peer services (such as mutual aid groups) and community services (such as housing, education, employment, and family support) that can provide continuing emotional and practical support for recovery.

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**Mark Zuckerberg traveled around the U.S. for a year and was dismayed by the effects of the opioid crisis**

Facebook founder and CEO Mark Zuckerberg toured the United States and had this to say "The biggest surprise by far is the extent of the opioid crisis, It's really saddening to see,". He goes on to say that the crisis is not "merely a public health crisis, it's also affecting the American economy and politics".

His tour took him to areas of the U.S. that have been hit the hardest by the epidemic. He describes sitting in on a heroin recovery group in Dayton, Ohio and listening to one man say that when he saw someone overdose, his first thought was "I wonder who that person's dealer was so I can get better stuff".

Zuckerberg attributes some of this issue to poor community action. He encourages people to focus less on controversial political discussions and turn the conversation to local communities. "The problem is high temperature political discussions divide us. The reality is most of us have the same three interests and concerns, family, friends and our communities. We need to allow these similarities to bring us together not break us apart".



Mark Zuckerberg on the 64,000 annual deaths from drug overdoses: 'That's more people than died from Aids at the peak of the Aids epidemic.' Photograph: Rodrigo Buendia/AFP/Getty Images