

Key Ohio Initiatives Combating Prescription Opioid Abuse

Prescription Opioid Abuse a Key Risk Factor for Illicit Drug Use

Under the leadership of the Governor's Cabinet Opiate Action Team, Ohio has developed one of the nation's most aggressive and comprehensive approaches to combating drug abuse, addiction and overdoses, and is investing more than \$1 billion each year in this fight at the state and local levels. Combating prescription opioid abuse is critical to these efforts. Prescription opioids continue to be involved in overdose deaths and abuse of them is a key risk factor for the use of illicit drugs like heroin, fentanyl and related drugs, according to the Centers for Disease Control and Prevention (CDC). Of all unintentional overdose deaths in Ohio in 2017, 725 (15.3 percent) had an opioid prescription in the previous 30 days.




The number of prescription opioid-related deaths excluding involvement of fentanyl declined for a third straight year in 2017 and to an eight-year low. Such deaths were 27.8 percent lower in 2017 than in 2011 (Figure 1). Prescription opioid-related overdose deaths accounted for a substantially smaller percentage of all unintentional overdose deaths in 2017 (10.8 percent) than in 2011 (40.9 percent). (Figure 2)

The decline in prescription opioid-related deaths corresponds with Ohio's initiatives since 2011 to combat prescription opioid abuse, addiction and overdoses:

Cutting the Pill Supply: The first order of business for the Governor's Cabinet Opiate Action Team created in 2011 was development of legislation to shut down pill mills, helping reduce the number of pills diverted and sold on the street for illicit use.

Stepping Up Enforcement Efforts: The State Highway Patrol has placed a heavier emphasis on stopping drugs traveling through the state, rather than merely writing citations. This has led to five straight consecutive years of new records for drug seizures. In addition, Ohio's professional regulatory boards have drastically increased efforts since 2011 to identify and take action against illicit activity that contributes to the opioid crisis.

Establishing Opioid Prescribing Guidelines for Physicians: Because prescribers are on the front lines of fighting opioid abuse in Ohio, the Governor's Cabinet Opiate Action Team has developed opioid prescribing guidelines for emergency departments, as well as for healthcare professionals treating both chronic and acute pain. All three guidelines were developed in conjunction with clinical professional associations, healthcare providers, state licensing boards and state agencies. The prescribing guidelines are designed to prevent "doctor shopping" for prescription opioids, to urge prescribers to first consider non-opioid therapies and pain medications, to reduce leftover opioids that can be diverted for abuse, and to encourage prescribers to check the state's prescription drug reporting and monitoring system before prescribing opiates to see what other controlled medications a patient might already be taking. Ohio has placed more stringent limits on opiate prescribing for acute pain, including no more than seven days of opiates for adults and no more than five days of opiates for minors. These improvements will help Ohio reduce the number of opiates by 109 million doses per year while preserving the ability of clinicians to address pain in a competent and compassionate way.



Empowering Prescribers and Pharmacists to Prevent Opioid Abuse: Ohio's prescription drug reporting and monitoring system (known as OARRS) is one of the strongest in the nation, and data now available to prescribers and pharmacists give these professionals more tools to promote responsible use of prescription opioids. The state has implemented rules requiring prescribers and pharmacists to check OARRS in order to provide a complete view of what additional controlled substances a patient may be receiving. The state has also offered a seamless integration with healthcare providers' electronic record systems. As a result of these efforts, Ohio has seen:

- Opioid prescribers and pharmacists used OARRS to request more than 88 million patient reports in 2017, an increase of 4,900 percent since 2011 (Figure 3).
- Total doses of opioids dispensed to Ohio patients decreased by 225 million doses (or 28.4 percent) from 2012 to 2017 (Figure 4).
- The number of opioid doses per person decreased from 69 doses in 2012 to 49 doses in 2017.
- A 3.3 million decrease in the number of opiate prescriptions issued to Ohio patients between 2012 and 2017.
- The total doses of benzodiazepines dispensed to Ohio patients decreased by 64 million doses from 2012 to 2017.
- An 88 percent decrease in the number of individuals who see multiple prescribers in order to obtain controlled substances illicitly (commonly referred to as "doctor shopping") between 2011 and 2017 (Figure 5).

Strengthening Prescription Drug Oversight and Encouraging Responsible Treatment: In early 2017, Gov. John R. Kasich signed new reforms to improve oversight of individuals who have access to prescription opioids, ensure responsible opioid addiction treatment, expand access to life-saving naloxone, hold pharmacy technicians to stronger accountability, establish new oversight for purchasing and distributing controlled substances, limit high-volume prescriptions to prevent misuse and establish common sense regulation for methadone clinics.

New Regulations for Drug Wholesalers: Wholesalers are a critical central link in the drug supply chain and can play an important role in alerting officials to problems on the frontlines. New regulations will help define that role more clearly and create uniform, consistent guidelines for what is expected from wholesalers and how they can comply. With additional data from wholesalers, Ohio regulatory and law enforcement officials will be able to make Ohio's work to combat prescription drug abuse even more effective and save more lives from the addiction epidemic.

Reducing Prescription Opioid Dependence Among Injured Workers: The Ohio Bureau of Workers' Compensation has been at the forefront of state workers' compensation programs nationally in taking action to reduce prescription opioid dependence among injured workers. The bureau's initiatives included forming a panel of physicians and pharmacists to create and review medication policy, developing a nationally recognized drug formulary, and enacting a rule that holds prescribers accountable if they don't follow best practices. As a result of these efforts, the number of opioid-dependent injured workers in the Bureau of Workers' Compensation system has declined for six consecutive years, falling 19 percent in 2017, and declining by 59 percent since 2011.

Figure 1. Number of Unintentional Drug Overdose Deaths Involving Prescription Opioids, 2011-2017

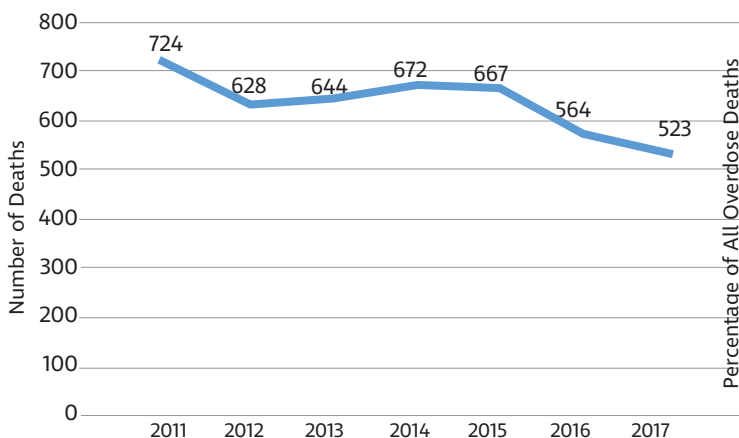
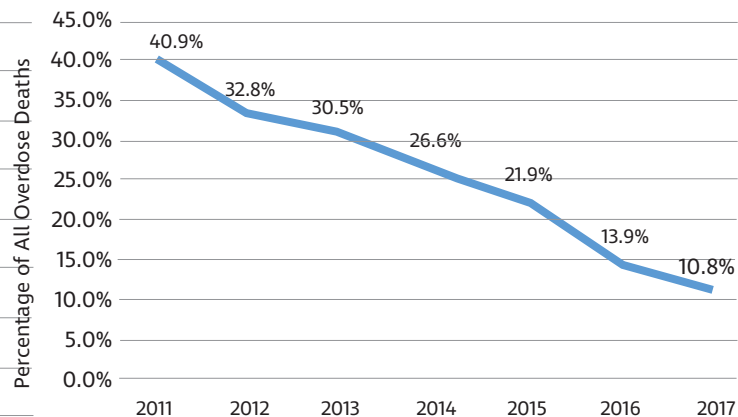
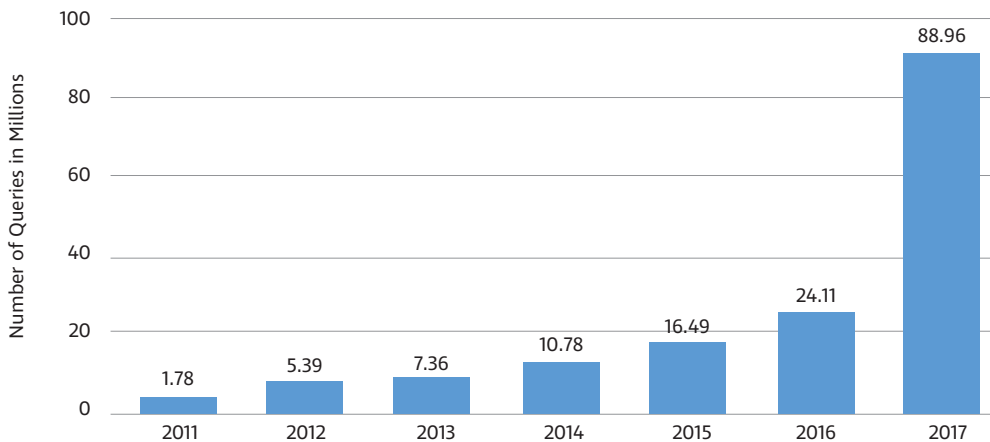


Figure 2. Percentage of Unintentional Drug Overdose Deaths Involving Prescription Opioids, 2011-2017



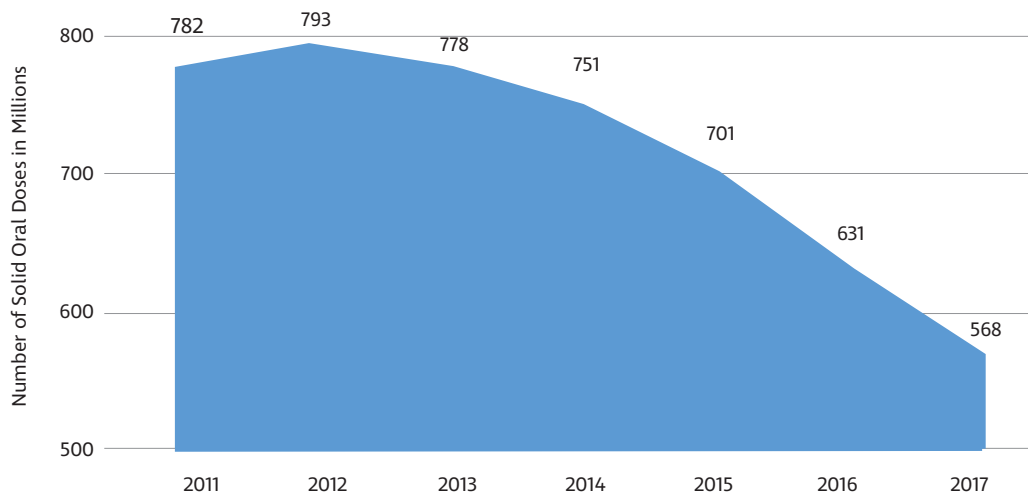
*Prescription opioids reflect ICD-10 codes T40.2-T40.4, T40.6. Deaths are captured in this category only if there is no mention of fentanyl and related drugs (reflected in T40.4 and T40.6) on the death certificate, even if the death involved natural & semi-synthetic opioids (T40.2) or methadone (T40.3).
 Source: Ohio Department of Health, Bureau of Vital Statistics, analysis conducted by ODH Violence and Injury Prevention Program.

Figure 3. Number of OARRS Queries, by Year, Ohio, 2011-2017



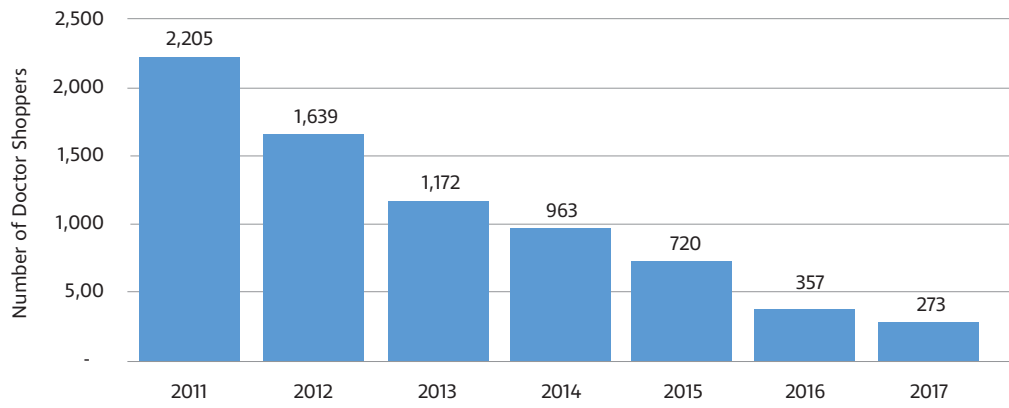
Source: State of Ohio Board of Pharmacy, Ohio Automated Rx Reporting System.

Figure 4. Number of Opioid Solid Doses Dispensed to Ohio Patients, by Year, Ohio, 2011-2017



Source: State of Ohio Board of Pharmacy, Ohio Automated Rx Reporting System.

Figure 5. Number of Doctor Shoppers* by Year, Ohio, 2011-2017



*In this chart, a doctor shopper is defined as an individual receiving a prescription for a controlled substance from five or more prescribers in one calendar month.
Source: State of Ohio Board of Pharmacy, Ohio Automated Rx Reporting System.