

PREScription DRUG OVERDOSE PREVENTION *in* **OHIO**



THE STATE RESPONSE:

- ▶ In July 2009, the Ohio Department of Health hosted a daylong, high-level, awareness-raising symposium on prescription drug overdose. Nearly 100 stakeholders—including various state officials—learned about the burden of prescription drug misuse in Ohio and joined together in a call-to-action on the issue. Soon after, the health agency hired a part-time person devoted to the issue and formed a coalition, which developed state-level recommendations to address the problem.
- ▶ Injury Prevention Program (IPP) staff focused extra effort on counties disproportionately affected by overdoses—especially Scioto County in southern Ohio. Officials shared statewide data and technical assistance to help local officials understand and respond to the issue as a public health problem. With assistance from small state stipends (averaging \$500), local jurisdictions hosted community forums, formed coalitions, and worked to educate decision makers. In addition, the IPP funded pilot prescription drug overdose prevention projects in Scioto and Montgomery Counties; launched a media campaign, Prescription for Prevention; worked with the state attorney general's office to promote drug drop boxes to law enforcement agencies in 23 southern Ohio counties; and, in 2012, began the Project DAWN (Death Avoided With Naloxone) pilot program for distribution of the opioid "antidote," naloxone. The Project DAWN model has been replicated in at least five other communities, and naloxone is also now distributed in several Ohio opioid treatment facilities.
- ▶ In early 2010, the Scioto County Prescription Drug Task Force petitioned then-governor Ted Strickland—a Scioto County native—to take action. The governor created a state-level task force, including high-level decision-makers: coroners, mental health officials, pharmacy and medical board members, and others. The task force was charged with reviewing recommendations developed by the state prescription drug coalition.
- ▶ Governor Strickland's successor, Governor John Kasich, replaced the initial prescription drug task force with the Governor's Cabinet Opiate Action Team (GCOAT), which is still in place in 2014.
- ▶ The state's prescriber education workgroup—created by GCOAT—released two sets of prescribing guidelines; one for pain management in emergency departments and acute care centers (released 2012) and another for chronic, non-terminal pain management in general, clinical settings (released 2013). Both guidelines are endorsed by the Ohio Medical Board.
- ▶ In May 2011, the state legislature passed a comprehensive bill that (1) mandated pain clinic licensure, (2) created a lock-in program, limiting high-risk Medicaid and Bureau of Workers' Compensation patients to just one pain medicine physician, (3) required medical licensure boards to establish rules dictating when licensees must check the state prescription monitoring database, the Ohio Automated Rx Reporting System (OARRS) housed in the State Board of Pharmacy, (4) set limits on in-office dispensing of controlled substances, and (5) enabled prescriber delegates to check OARRS on their behalf.
- ▶ In 2013, Ohio's medical, nursing, and pharmacy licensing boards issued a joint regulatory statement promoting the use of naloxone to high-risk opioid users. In 2014, third-party prescribing and law enforcement administration of naloxone became legal in Ohio.
- ▶ From 2014 to 2018, the state will fund three new, local prescription drug overdose prevention projects with funding from CDC's Preventive Health and Health Services Block Grant.

SUCCESSES:

- ▶ After the state mandated pain clinic licensure, all nine Scioto County pain clinics either shut down or moved across the state border.
- ▶ Ohio 2013 Youth Risk Behavior Survey data indicate a 50% decline in the number of Ohio teens who used a prescription drug without a doctor's prescription.
- ▶ The Ohio State Board of Pharmacy cites a 40% reduction in the number of prescription opioids dispensed at rates ≥ 80 mg morphine equivalent daily dose, the "trigger point" established by state prescriber guidelines.
- ▶ The number of prescription opioid-related overdose deaths declined from 789 in 2011 to 697 in 2012, although the total number of overdoses increased during this time, largely due to an increase in heroin-related deaths.

THE PROBLEM:

- ▶ **From 1999 to 2013, prescription opioids were the primary factor driving up prescription drug overdose deaths in Ohio, which rose from 467 to 2,347 during this 15-year period.**
- ▶ **Beginning in 2007, deaths from prescription drug overdose outpaced deaths from motor vehicle crashes, suicide, and falls, making it the leading cause of injury-related death in Ohio.**
- ▶ **From 1997 to 2011, the amount of prescription opioids stocked by Ohio pharmacies rose dramatically—643%, as measured by opioid grams per 100,000 population.**
- ▶ **In 2010, 9.7 million doses of prescription opioids were dispensed to just 78,000 patients in Ohio's Scioto County. The unintentional drug overdose death rate in Scioto County from 2007-2012 was 27.4 /100,000 population, more than twice the state rate.**

"It took a public health approach to break down the professional silos, so we could take coordinated action."

— Christy Beeghly, MPH
Administrator, Ohio Violence and Injury Prevention Program,
Ohio Department of Health