

FACTSHEET: Ohio's Oversight of Opioid Prescribing and Monitoring of Opioid Use

POLICIES AND PROCEDURES

State laws, regulations, guidance, and policies related to oversight of opioid prescribing and monitoring of opioid use (e.g., policies for prescribing opioids).

Statewide Laws, Regulations, and Guidance Related to Opioids

- Senate Bill (SB) 319, which passed in 2016, limited the number of opioids that a pharmacist may dispense to an individual on an outpatient basis. SB 319 prohibits dispensing or selling more than a 90-day supply of the drug, regardless of whether the prescription was issued for a greater quantity. In addition, SB 319 generally prohibits a pharmacist from dispensing opioids to an individual on an outpatient basis if more than 14 days have elapsed since a prescription was issued. The law went into effect in 2017.
- SB 319 permits any State board that licenses prescribers (i.e., Medical, Dental, Nursing, Veterinary, and Optometry) to adopt rules limiting the amount of opioids that are prescribed under a single prescription. The State Medical Board of Ohio incorporated rules into the Ohio Administrative Code (OAC) Chapter 4731-11 (effective Aug. 31, 2017), including, limiting the first opioid prescription for the treatment of acute pain to a 7-day supply for adults and the maximum morphine equivalent dose (MED) not to exceed an average of 30 MED per day.
- House Bill (HB) 314, which passed in 2014, established a rule that requires a completed consent form for prescribers who intend to prescribe controlled substances containing opioids to minors in the absence of a medical emergency or other specified circumstances. The consent form includes three components: (1) assessing the minor's mental health and substance abuse history, (2) discussing the risks and dangers with taking opioids, and (3) obtaining authorization of the parent or guardian on the consent form. The completed consent form is required to be maintained in the minor's medical record.

This factsheet shows Ohio's responses to our questionnaire covering five categories related to opioids:

- Policies and Procedures
- Data Analytics
- Outreach
- Programs
- Other

This information is current as of May 2020. See page 14 for a list of State entities involved with oversight of opioid prescribing and monitoring of opioid use. See page 16 for a glossary of terms used in this factsheet.



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- The Governor's Cabinet Opiate Action Team (GCOAT) was established in 2011 uniting Ohio agencies in a comprehensive and coordinated approach to combat the opioid epidemic. In response to the opioid epidemic in Ohio, GCOAT issued the following guidelines:
 - *Ohio Guidelines for Emergency and Acute Care Facility Opioid and Other Controlled Substances Prescribing*, issued in 2012.
 - *Ohio Guidelines for Prescribing Opioids for the Treatment of Chronic, Non-Terminal Pain 80 mg of a Morphine Equivalent Daily Dose "Trigger Point,"* issued in 2013.
 - *Ohio Guideline for the Management of Acute Pain Outside of Emergency Departments*, issued in 2016.
- The State of Ohio Board of Pharmacy (Board of Pharmacy) implemented OAC rule 4729:6-3-05, effective April 30, 2019, requiring Ohio licensed drug distributors to design and operate a system to identify and report any suspicious customer drug orders, including opioids. Suspicious drug orders include orders of unusual size, orders deviating substantially from a normal pattern, and orders of unusual frequency. Drug distributors must report all suspicious orders to the Board of Pharmacy within 5 days of being identified. Additionally, the rules require drug distributors to conduct annual due diligence reviews of all customers and to report, to the Board of Pharmacy, any customer who the drug distributor stops selling to because of concerns relating to diversion.

Medicaid Laws, Regulations, and Guidance Related to Opioids

- In September 2019, the Centers for Medicare & Medicaid Services approved Ohio's substance use disorder (SUD) demonstration waiver to support a comprehensive continuum of care for Medicaid-enrolled individuals with an opioid use disorder or other SUDs. The 5-year demonstration expands Ohio's efforts to increase support for individuals in the community and home — outside of institutions — and improve access to a continuum of high-quality, evidence-based SUD services based on clinical guidelines set by the American Society of Addiction Medicine.
- To combat opioid overdose, in 2016 the Ohio Department of Medicaid (ODM) implemented a rule that established a maximum claim limit on opioid drug prescriptions. ODM limited the number of opioid drug claims to five on prescriptions within 30 days. If a sixth opioid claim is received within 30 days, ODM will deny the claim and the prescriber may request prior authorization for coverage if medical necessity is documented.



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- Beginning on July 1, 2018, patients with short-acting opioid therapy were limited to a 30 MED per prescription and a maximum of 7 days per prescription. Prior authorization from the prescriber is required to exceed these limits.
- Beginning on October 1, 2017, all long-acting opioids required clinical prior authorization from the prescriber.
- In 2012, ODM modified its opioid prescribing guidelines and Medicaid Fee-for-Service Drug Utilization Review interventions, which was consistent with the *Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain – United States, 2016* (CDC guidelines).
- ODM covers certain non-opioid-based pain management or pharmacologic therapies, or both, including:
 - physical therapy, occupational therapy, and psychology (cognitive behavioral therapy);
 - acupuncture (for back pain and migraines) and chiropractic adjustment and manipulation;
 - massage therapy by a physical therapist; and
 - non-opioid pharmacologic treatment.

Laws, Regulations, and Guidance on Prescription Drug Monitoring Program Data

- HB 341, which passed in 2014, established several conditions related to prescribers obtaining patient information from the Board of Pharmacy's Ohio Automated Rx Reporting System (OARRS) before prescribing certain drugs to individuals. Before initially prescribing or personally furnishing opioids or benzodiazepines, prescribers are required to obtain patient information from OARRS that covers at least the previous 12 months. In addition, prescribers are required to make periodic requests for patient information from OARRS if the treatment continues for more than 90 days. The law went into effect in 2015.
- State law (Ohio Revised Code (ORC) section 4729.80, revised Sep. 29, 2017) describes how information from the OARRS is shared with prescribers, pharmacists, law enforcement, and other entities.
- OAC 4729-5-20, effective February 1, 2016, requires Ohio pharmacists to perform a prospective drug utilization review prior to dispensing any prescriptions to patients, including a mandatory review of the patient's OARRS report before dispensing an outpatient prescription for a controlled substance.



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Laws, Regulations, and Guidance Related to Treatment

- Ohio adopted a law requiring any facility, clinic, or other location where a prescriber provides office-based opioid treatment to more than 30 patients to obtain a license from the Board of Pharmacy with an office-based opioid treatment facility classification (ORC 4729.553, effective Aug. 4, 2017).
 - Ohio implemented this law to ensure the responsible treatment of patients using medication-assisted treatment and to prevent entities from trying to profit from individuals seeking treatment for opioid use disorders.
- The Ohio Department of Mental Health and Addiction Services (OhioMHAS) updated its methadone treatment licensure requirements due to the influx of opioid treatment programs (OTPs) in Ohio (OAC chapter 5122-40, effective Jan. 1, 2019). In addition, Ohio implemented new laws to identify requirements to operate addiction treatment programs in Ohio (ORC 5119.37, effective June 29, 2019).
- To ensure compliance with the Comprehensive Addiction and Recovery Act of 2016, Ohio made changes to OAC 5101:2-36 (effective June 17, 2018), which requires the development of a plan of safe care for all reports involving an infant identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal or postnatal substance exposure. The plan of safe care must address the health and SUD treatment needs of the infant and the affected family or caregiver.
- The Ohio Department of Youth Services created a policy in 2019 that details the procedures for identifying youth with a history of substance use and providing them with the appropriate treatment.

Laws, Regulations, and Guidance on Naloxone

- The State Medical Board of Ohio incorporated the recommendations from the CDC guidelines into OAC 4731-11-14 (effective Dec. 23, 2018), which states that a physician may prescribe naloxone to a patient receiving an opioid prescription when:
 - the patient has a history of prior opioid overdose;
 - the dosage prescribed exceeds a daily average of 80 MED or at lower doses if the patient is co-prescribed a benzodiazepine, sedative hypnotic drug, carisoprodol, tramadol, or gabapentin; or
 - the patient has a concurrent SUD.



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- The Board of Pharmacy implemented regulations to expand access to naloxone, including:
 - ORC 4729.44 (effective July 16, 2015) authorizes a pharmacist or pharmacy intern to dispense naloxone without a prescription in accordance with a physician-approved protocol.
 - ORC 4731.941 (effective July 16, 2015) permits a physician to authorize individuals to provide a supply of naloxone pursuant to a physician-approved protocol to either of the following:
 - an individual for whom there is reason to believe is experiencing or at risk of experiencing an opioid-related overdose or
 - a family member, friend, or other person in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose.
 - ORC 4729.514 (effective Apr. 6, 2017) allows the procurement of naloxone for use in emergency situations at locations, known as service entities, that serve individuals who may be at risk of experiencing an opioid-related overdose.

DATA ANALYTICS

Data analysis that the State performs related to opioid prescribing and monitoring of opioid use (e.g., analyzing data to determine the number of opioid prescriptions written by providers to detect high-prescribing providers).

- The Board of Pharmacy performs data analyses on prescription drug monitoring data to identify licensees or prescribers that may be in violation of criminal and administrative laws. Board of Pharmacy agents and law enforcement agencies investigate these cases or refer them to the appropriate agencies for investigation.
- The State Medical Board of Ohio receives OARRS data from the Board of Pharmacy and analyzes the data at a provider level using individual prescriptions and wholesale reporting of prescription data by medical condition. The State Medical Board of Ohio makes operational decisions based on the data and communicates to licensees failing to follow requirements. In instances of noncompliance, investigations may result in formal action against licensees.
- ODM runs reports related to Medicaid recipient opioid prescription use data, which include:
 - number of opioid prescriptions,
 - recipients who exceed opioid dosage thresholds,
 - average and median MED per day for opioid prescriptions, and
 - high utilization of MED for opioid prescriptions.



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- ODH performs data analytics on drug overdoses, including those related to opioids, that include:
 - Analyses on multiple data sources that describe the burden and impact of drug overdose in Ohio, including information on drug overdose deaths, the substances involved, and emerging trends. The analyses are disseminated to stakeholders.
 - The Ohio Violent Death Reporting System links information from coroner reports and OARRS to create a comprehensive record of drug overdose deaths, including data on unintentional overdose deaths.
 - Ohio's statewide electronic syndromic surveillance system, called EpiCenter, is used to alert local health departments when there are spikes in suspected drug overdoses in their jurisdictions. Local health departments can investigate the anomalies and mobilize community partners to address spikes in drug overdoses using a community response plan.
- The Ohio Bureau of Workers' Compensation (BWC) performs the following data analytics for monitoring opioids prescribed to injured workers:
 - monthly reporting that identifies potential inappropriate dosing by examining percentage changes in the MED from the previous months,
 - quarterly reporting that identifies top prescribers for opioid medications and trends in opioid prescribing, and
 - annual comparisons of injured workers receiving opioid prescriptions.
- The Ohio Department of Veterans Services performs data analytics on opioid prescribing, and the information is disseminated within the agency by the Pharmacy Director.
- InnovateOhio is the Lieutenant Governor's technology initiative that will develop a statewide strategy to improve information and data sharing techniques across agencies, boards, and commissions. The InnovateOhio project uses data analytics to understand and improve outcomes of individuals involved with opioids, particularly those having contact with the criminal justice system.



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OUTREACH

Outreach that the State provides related to preventing potential opioid abuse and misuse (e.g., opioid-related training for providers).

Outreach to Providers

- The ODM's Fee-For-Service Drug Utilization Review program activities includes contacting providers regarding opioid-related interventions for select Medicaid recipients receiving opioid prescriptions.
- The State Medical Board of Ohio communicates frequently with its licensees regarding the appropriate and safe treatment of pain. The State Medical Board of Ohio presents the information to medical students, association members, law enforcement, prosecutors, and judges. In addition, the State Medical Board of Ohio educates prescribers on the guidelines, including the dissemination of electronic resources and a training module to all licensees.
- The Board of Pharmacy sends out quarterly reports to prescribers on their prescribing of controlled substance medications. The Board of Pharmacy developed guidance to assist prescribers in interpreting report data.
- ODH funds local health departments to implement comprehensive drug overdose prevention programs that provide support and education to prescribers. The outreach to prescribers includes:
 - OARRS program support,
 - providing quick reference guides and factsheets on the latest updates to prescribing rules, and
 - promoting the use of peer review modules in hospitals.
- OhioMHAS provides mentor services and continuing education for physicians through an Extension for Community Healthcare Outcomes project that educates providers that treat patients with SUDs. In addition, OhioMHAS developed a free training program for prescribers to obtain a unique license to prescribe buprenorphine for medication-assisted treatment.
- The Ohio Department of Insurance provides filing guidance to health insurers for prior authorization for opioid treatment and recommendations for benefit plan designs from the Insurer Task Force on Opioid Reductions.



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- BWC offers free continuing education to any health care provider through an annual medical and health symposium, including education from experts in addiction and pharmacology. In addition, BWC sent providers a book, *Responsible Opioid Prescribing*, by Scott M. Fishman, MD.

Outreach to Patients

- The Ohio Department of Health launched a public awareness campaign called Take Charge Ohio to encourage and empower prescribers, patients, and the public to safely manage pain and prevent pain medication abuse. The campaign gives prescribers tools and resources to use with their patients, including brochures, fliers, and posters.
- Ohio launched a Start Talking! initiative that provides parents, guardians, educators, and community leaders the resource tools to start a conversation with Ohio's youth about the importance of living healthy, drug-free lives.
- The Board of Pharmacy operates a pre-criminal intervention program. The program utilizes the OARRS data to identify individuals exhibiting possible signs of prescription drug abuse, including those seeing multiple prescribers to obtain controlled substances. Once identified, specially trained staff engage individuals to limit the overutilization of the health care system and connect them with appropriate drug treatment or other support services.
- The Ohio Department of Commerce is creating a media campaign to educate and advise families on unanticipated financial challenges created by opioid addiction and to ensure that the best financial decisions are made.

PROGRAMS

State programs related to opioids (e.g., opioid-use-disorder programs).

Prevention Programs

Education Prevention Programs

- The Ohio Department of Higher Education has funded two projects to address the opioid crisis in Ohio:
 - An opioids project develops models to address prevention, treatment, and child welfare.
 - The Health and Opioid Abuse and Prevention Education (HOPE) curriculum is a series of lessons, assessments, and educational materials to develop students' knowledge and skills to prevent drug abuse.



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- Central Ohio universities and communities throughout Ohio have collaborated to implement a project using the National Institutes of Health delivery system, Promoting School Community University Partnerships to Enhance Resilience (PROSPER). The PROSPER Ohio project aims to reduce substance abuse in youth and adolescents, strengthen families and community connections to increase resilience and protective factors, and build community capacity to address mental health issues.
- The OhioCorps pilot project awarded funds to Ohio higher education institutions to provide mentorship programs to middle school and high school students affected by the opioid crisis. The institutions have developed plans to provide:
 - mentoring at-risk middle school and high school students,
 - a service-learning component, and
 - scholarships to higher education institutions for at-risk students.
- The Ohio Department of Commerce, State Fire Marshal, offers several courses that support first responders' mental health, including the prevention of substance abuse.
- The Ohio Overdose Prevention Network is a statewide action group dedicated to convening cross-sector partners to implement strategic plans to prevent drug overdose and misuse.

Unused Medication Programs

- The Board of Pharmacy adopted rules authorizing pharmacies to operate drug collection receptacles or mail-back programs (OAC chapter 4729:10-1). Ohio initially implemented the rules October 24, 2014.
- OhioMHAS distributed drug destruction bags to community networks, including senior centers, schools, police and fire departments, and hospitals to reduce access to unused and expired prescription drugs.
- The State Medical Board of Ohio distributes drug destruction bags at all public and stakeholder events, encouraging patients and providers to safely discard unused medication.
- BWC implemented an initiative to provide drug destruction bags on all prescriptions disseminated by their pharmacies.



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Detection Programs

Prescription Drug Monitoring Program

- Beginning in 2011, the Board of Pharmacy expanded access to OARRS to help address the State's opioid epidemic. Currently, the following entities have access to OARRS:
 - Prescribers
 - Pharmacists
 - Law enforcement
 - Healthcare regulatory boards
 - ODM
 - ODM managed care organizations
 - BWC
 - BWC managed care organizations
 - Prescriber and pharmacist delegates
 - Ohio Department of Health
 - Drug court judges and staff
 - Coroners
 - Hospital peer review committees
- Starting in 2016, Ohio became the first State in the United States to offer, at no cost, direct integration of its prescription drug monitoring program into electronic health records and pharmacy dispensing systems. This system allows health care providers to instantly access a patient's OARRS information without having to login to a separate system.
- Ohio currently participates in a system that facilitates the transfer of prescription drug data across State lines. The system is called the Prescription Monitoring Program (PMP) Interconnect and is provided by the National Association of Boards of Pharmacy. PMP Interconnect currently allows 47 States, the District of Columbia, Puerto Rico, and the Defense Health Agency to securely share prescription drug data. Ohio is currently connected to all bordering States plus many others.

Lock-In Program

- ODM instituted a Coordinated Services Program in 2012 in which Medicaid recipients utilize a designated pharmacy for Medicaid-covered prescriptions. When a Medicaid recipient meets three or more conditions during a 90-day period, the individual is enrolled in the Coordinated Services Program. The conditions are:
 - the individual received four or more drugs with the potential for abuse;



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- the individual has a history of addiction or dependence on drugs with the potential for abuse;
- the individual obtained prescriptions for drugs with the potential for abuse from four or more prescribers;
- the individual has a poisoning overdose with a benzodiazepine, prescription opioid, or drug with the potential for abuse;
- the individual utilized four or more pharmacies; and
- the individual received one narcotic analgesic, one benzodiazepine, and one muscle relaxant.

Opioid Use Disorder Treatment Programs

- Ohio currently has 59 OTPs licensed by the Ohio Department of Mental Health and Addiction Services. The OTPs typically do not have waiting lists due to the significant expansion of treatment services. In many areas of the State, patients can be enrolled in an OTP within 1 to 3 days.
- OTPs provide a host of treatment services, including medication-assisted treatment, counseling services, psychosocial support, and other services. Administrative or medical withdrawal is governed by Ohio regulations.
- ODM has more than 700 specialty SUD provider agencies and primary care physician groups or behavior health groups to treat opioid use disorders. ODM's SUD benefit package covers all levels of care, from early intervention to inpatient hospitalization. The ODM SUD services follow the levels of care defined by the American Society of Addiction Medicine. Based on the level of care needed for each individual, providers develop an individualized treatment plan that is reviewed quarterly and changed as needed to provide adequate care.
- ODM supports early intervention through the Screening, Brief Intervention and Referral to Treatment service and inpatient hospital admission for the most serious and complex cases of withdrawal management.
- ODM covers medication-assisted treatment and is currently working on efforts to expand consumer access to medications that assist in SUD treatment.
- When a Medicaid recipient is discharged from an SUD agency, ODM providers complete a discharge summary to assist their clients in transitioning to a different level of care.
- ODM supports peer recovery support as a Medicaid reimbursable service that requires certification by OhioMHAS.



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- BWC allows for medication-assisted treatment during the discontinuation of opioids and inpatient and outpatient treatment.
- At the local level, the Whitehall Fire Department operates a Stop Addiction for Everyone (SAFE) Station program in response to the opioid crisis. Individuals seeking treatment may come to the SAFE Station and be escorted directly to a treatment facility.

OTHER

Other State activities related to opioids that are not covered by the other categories in this factsheet.

- Ohio received the following grant funding from the Department of Health and Human Services to address the opioid crisis:
 - Drug Overdose Prevention Programs;
 - State Targeted Response for Opioids;
 - State Opioid Response;
 - Medication Assisted Treatment, Prescription Drug and Opioid Addiction Project;
 - Rural Communities Opioid Response and Rural Health Opioid Program; and
 - Drug Overdose Reporting System.
- Ohio received additional Federal funding to address the opioid crisis. The funds supported the following programs in Ohio:
 - Patient-Centered Outcomes and Research Institute Research Study, and
 - Ohio National Guard Counterdrug and Drug and Alcohol Programs.
- RecoveryOhio is a statewide initiative by the Governor to coordinate the work of State departments, boards, and commissions by leveraging Ohio's existing resources and seeking new opportunities. RecoveryOhio's goals are to create a system to help make treatment available to Ohioans in need, provide support services for those in recovery and their families, offer direction for the State's prevention and education efforts, and work with local law enforcement to provide resources to fight illicit drugs.
- Ohio has Overdose Response Teams and Quick Response Teams that are diverse and localized. Funding comes from Federal, State, and local sources. The teams comprise local law enforcement, first responders, behavioral health professionals, and peer support professionals.
- ODM is continuing its commitment to improve the health of pregnant and postpartum women by focusing on reducing racial disparities and improving outcomes for mothers who have substance use disorders and their infants.



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- BWC and local Alcohol Drug Addiction and Mental Health Services boards oversee the Substance Use Recovery and Workplace Safety Program that provides employers that hire workers in recovery the following:
 - reimbursement for pre-employment, random, confirmatory, reasonable suspicion, post-accident, and return-to-duty drug testing;
 - training for managers and supervisors to better manage and retain workers in recovery; and
 - a forum for employers, workers, and boards to share success stories and learn from each other.
- The Ohio Department of Youth Services provides a funding initiative, the Reasoned and Equitable Community and Local Alternatives to the Incarceration of Minors, which encourages juvenile courts to develop or purchase a range of community-based options to meet the needs of each juvenile offender or youth at risk of offending.



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OHIO ENTITIES

Ohio Bureau of Workers' Compensation: BWC is a State agency dedicated to preventing people from getting injured at work and caring for people injured at work so they can return to their jobs.

Ohio Department of Administrative Services: The Department is a State agency that is committed to providing quality centralized services, specialized support, and innovative solutions to State agencies, boards and commissions, local governments, and State universities.

Ohio Department of Commerce: The Department is the State's chief regulatory agency that assists businesses to operate lawfully, succeed as jobs-creators, and safeguard Ohioans.

Ohio Department of Health: The Department is a cabinet-level agency with a mission to protect and improve the health of all Ohioans by preventing disease, promoting good health, and ensuring access to quality care.

Ohio Department of Higher Education: The Department is a cabinet-level agency that oversees higher education for the State.

Ohio Department of Insurance: The Department is a State agency that provides consumer protection through education and fair but vigilant regulation while promoting a stable and competitive environment for insurers.

Ohio Department of Job and Family Services: The Department is a State agency that is responsible for supervising the State's public assistance, workforce development, unemployment insurance, child and adult protective services, adoption, child care, and child support programs.

Ohio Department of Medicaid: ODM is an executive-level Medicaid agency that delivers health care coverage to more than 2.9 million residents of Ohio and seeks new ways to modernize Medicaid in Ohio.

Ohio Department of Mental Health and Addiction Services: OhioMHAS is a State agency that ensures that all Ohioans in need have access to a full continuum of care, including quality, cost-effective, evidence-based prevention, early intervention, treatment, and recovery support services.

Ohio Department of Veterans Services: The Department is an administrative department of the State Government responsible for identifying, connecting, and advocating for veterans and their families.



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Ohio Department of Youth Services: The Department is a State agency with a mission to improve Ohio's future by habilitating youth and empowering families and communities.

Ohio National Guard: The Guard's Adjutant General is a member of the Governor's cabinet and commands the Ohio Army National Guard, Ohio Air National Guard, Ohio Military Reserve, and Ohio Naval Militia.

State Medical Board of Ohio: The Medical Board issues licenses and oversees and regulates individuals practicing medicine. The Board's responsibilities include investigating complaints against applicants and licensees and taking disciplinary action against those who violate public health and safety standards. The Medical Board engages in ongoing outreach to educate licensees about best practice and patient safety, including Continuing Medical Education modules, articles, videos and live presentations.

State of Ohio Board of Pharmacy: The Board of Pharmacy is responsible for administering and enforcing laws governing the practice of pharmacy and the legal distribution of drugs. The Board of Pharmacy is also responsible for regulating the legal distribution of dangerous drugs in Ohio and ensuring the quality of all drugs administered, prescribed, dispensed by prescription, or sold over the counter.



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GLOSSARY OF TERMS

customers: Individuals who order reported drugs from an Ohio licensed drug distributor, including a licensed terminal distributor or prescriber of dangerous drugs.

drug distributors: Wholesale distributors, manufacturers, outsourcing facilities, third-party logistics providers, and repackagers of dangerous drugs.

medication-assisted treatment: Treatment for opioid use disorder combining the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

morphine equivalent dose: The conversion of various opioid analgesics to a morphine equivalent dose using accepted conversion tables provided by the Board of Pharmacy.

naloxone: A prescription drug that can reverse the effects of an opioid overdose and can be life-saving if administered in time. The drug is sold under the brand names Narcan and Evzio.

Ohio Automated Rx Reporting System: A prescription drug monitoring program database established and maintained by the Board of Pharmacy.

opioids: Natural or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin; synthetic opioids, such as fentanyl; and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, and morphine. Opioid pain medications are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused.

opioid use disorder: A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria, such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria.

Prescription Drug Monitoring Program: A State-run electronic database that tracks controlled substance prescriptions. A PDMP helps providers identify patients at risk of opioid misuse, abuse, or overdose due to overlapping prescriptions, high dosages, or co-prescribing of opioids with benzodiazepines.

reported drugs: Any dangerous drug for which the sale of it is required to be reported to the drug database.



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service entities: Public or private entities that include churches or other places of worship, colleges or universities, schools, local health departments, community addiction service providers, courts, probation departments, halfway houses, prisons, jails, community residential centers, homeless shelters, or similar entities.

substance use disorder: Patterns of symptoms resulting from use of a substance that the individual continues to take, despite experiencing problems as a result.



Summary of Ohio's Approach To Addressing the Opioid Crisis

POLICIES AND PROCEDURES

- Senate Bill 319, passed in 2016, limits the amount of opioids that are prescribed under a single prescription.
- Ohio Governor's Cabinet Opiate Action Team issued guidelines for prescribing opioids for pain.
- Ohio uses a substance use disorder demonstration waiver to support a comprehensive continuum of care for Medicaid-enrolled individuals with opioid use disorders.
- Ohio implemented regulations to expand access to naloxone for individuals who may be at risk of experiencing opioid-related overdose.
- House Bill 341, passed in 2014, requires prescribers to obtain patient information from Ohio's Automated Rx Reporting System before prescribing opioids to individuals.

DATA ANALYTICS

- In Ohio, multiple agencies perform analyses on Ohio Automated Rx Reporting System data to identify prescribers that may not be following opioid prescribing requirements.
- Ohio's statewide electronic syndromic surveillance system alerts local health departments when there are spikes in suspected drug overdoses.

OUTREACH

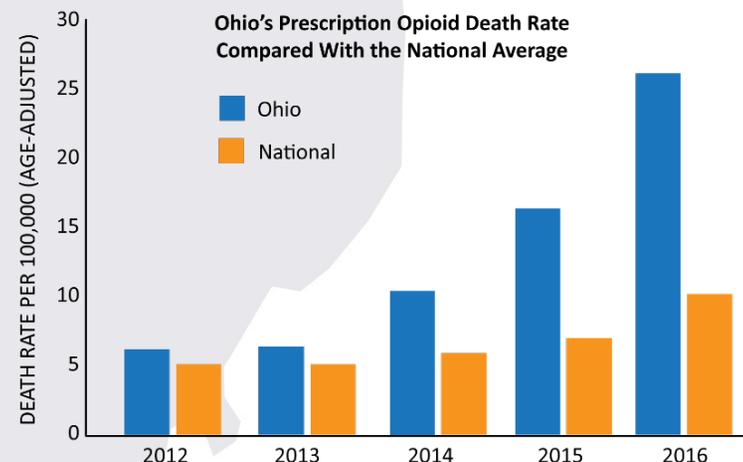
- The Ohio Department of Mental Health and Addiction Services developed a free training program for prescribers to obtain a license to prescribe buprenorphine for medication-assisted treatment.
- The Ohio Department of Health launched a public awareness campaign to encourage and empower prescribers, patients, and the public to manage pain and prevent pain medication abuse.
- The Ohio Board of Pharmacy operates a pre-criminal intervention program to identify and provide support services to individuals exhibiting signs of prescription drug abuse.

PROGRAMS

- In Ohio, multiple agencies provide a variety of resources for providers and individuals to safely discard unused medications.
- Ohio participates in a system that facilitates the transfer of prescription drug data across State lines.
- Ohio currently has 59 licensed opioid treatment programs.

OTHER

- RecoveryOhio is a statewide initiative by the Governor to create a system to help make treatment available to Ohioans in need and to provide many other support services.
- Ohio has Overdose Response and Quick Response Teams that comprise local law enforcement, first responders, behavioral health professionals, and peer support professionals.



Source: CDC WONDER online database. Accessed at <https://wonder.cdc.gov/mcd-icd10.html> on July 16, 2020.

Note: Because deaths from illegally made fentanyl cannot be distinguished from deaths from pharmaceutical fentanyl in the data source, these data include both.

