EXPANDING OHIO’S OPIOID PRESCRIBING GUIDELINES

Strengthening Our Fight Against Prescription Drug Abuse

In its ongoing efforts to combat drug abuse and save lives, the Governor’s Cabinet Opiate Action Team established in 2011 has developed new prescribing guidelines for the outpatient management of acute pain. The acute guidelines follow previous prescribing guidelines for emergency departments and the management of chronic 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 Ohio’s Automated Rx Reporting System before prescribing opioids to see what other controlled medications a patient might already be taking.

OHIO’S OPIOID PRESCRIBING GUIDELINES

- **Emergency Department/Acute Care Facility Opioid Prescribing Guidelines**: In April 2012, the Governor’s Cabinet Opiate Action Team released Emergency and Acute Care Facility Opioid and Other Controlled Substances Prescribing Guidelines to reduce “doctor shopping” for prescription pain medications that could be abused or sold illegally, to encourage emergency department clinicians to check Ohio’s Automated Rx Reporting System to see a patient’s other prescriptions for controlled medications, and to refer patients to a primary care provider or specialist for evaluation, treatment and monitoring of continuing pain.

- **Opioid Prescribing Guidelines for Treatment of Chronic Pain**: In October 2013, the Governor’s Cabinet Opiate Action Team released Opioid Prescribing Guidelines for Treatment of Chronic, Non-Terminal Pain to ensure the safety of patients on high daily doses of opioids for chronic pain lasting longer than 12 weeks, and to urge prescribers to check the Ohio Automated Rx Reporting System to see a patient’s other prescriptions for controlled medications.

- **Opioid Prescribing Guidelines for Treatment of Acute Pain**: In January 2016, the Governor’s Cabinet Opiate Action Team released Guidelines for the Management of Acute Pain Outside of Emergency Departments to encourage non-opioid therapies and pain medications - when appropriate - for the management of acute pain expected to resolve within 12 weeks, to urge prescribers to check the Ohio Automated Rx Reporting System to see a patient’s other prescriptions for controlled medications, to encourage clinicians to prescribe the minimum quantity of opioid pills needed, to discourage automatic refills of opioid prescriptions, to help reduce the number of leftover opioids that could be diverted or abused, and to recommend the reevaluation of patients prescribed opioids at certain checkpoints.

OHIO’S MULTI-PRONGED APPROACH TO FIGHT DRUG ABUSE

Ohio’s opioid prescribing guidelines complement its multi-pronged approach to tackling the oversupply of prescription opioids, preventing prescription drug abuse before it starts, treating those who fall prey to prescription drug addiction, and utilizing naloxone to reverse drug overdoses and save lives.
• **Cutting the Pill Supply:** Too many pills are available on the street for illicit use. From the crack down on pill mills, to the development of acute opioid prescribing guidelines, to enhancements to the Board of Pharmacy’s Ohio Automated Rx Reporting System, Ohio is making progress in reducing opioid over-prescribing. From 2012 to 2014, the number of opioid doses dispensed to Ohioans decreased by almost 42 million.

• **Preventing Drug Abuse Before it Starts:** Research shows that children are 50 percent less likely to use drugs when parents or other trusted adults talk with them about the risks of drug use. Ohio’s youth drug prevention program, *Start Talking!*, provides parents, teachers and community leaders with simple tools to have these conversations. Nearly 50,000 parents, 5,000 school principals and administrators, and all of Ohio’s school districts, have signed up to receive *Start Talking!* tips.

• **Providing Treatment and Recovery Support to Those in Need:** Ensuring that Ohioans have access to treatment and recovery support such as stable housing, employment services and relapse prevention is critical to Ohio’s efforts to treat addiction as a chronic disease. Ohio has allocated $2.5 million for recovery housing, an investment that will ultimately result in 900 new beds in treatment facilities. Medication Assisted Treatment is funded in 15 counties as a result of a $5.5 million annual investment, with the goal of reducing relapses. Ohio is getting prison inmates the help they need to overcome addiction and sustain their recovery after release. By extending Medicaid coverage, 400,000 people with mental health conditions and/or addiction are getting access to the care they need.

• **Saving Lives through Naloxone:** Gov. Kasich has signed multiple bills into law that increase access to naloxone – a drug overdose antidote – for use by first responders and families of addicted individuals. Ohio pharmacies with a standing order from a physician can now dispense naloxone over the counter. The 2016-17 state budget dedicates $1 million to make naloxone available to law enforcement and first responders through Ohio’s local health departments.

**BOTTOM LINE:** Ohio's opioid prescribing guidelines will save lives by preventing “doctor shopping” for prescription pain medication, by urging prescribers and patients to consider non-opioid therapies that reduce the potential for addiction and abuse, by reducing overprescribing that leads to leftover pain medication, and by encouraging prescribers to find out what other controlled medications a patient might already be taking.