

# NEW STRATEGIES TO FIGHT THE OPIATE CRISIS IN OHIO



Listed below are strategies that are underway or soon to be developed across state government that continue the fight against opiate abuse. Highlights include:

- Investment of \$1 million over the FY 16-17 biennium to expand access to naloxone through local health departments.
- Growth of the Governor's *Start Talking!* initiative to continue efforts to prevent drug use before it starts.
- Increased functionality of prescription drug monitoring through improvements in the usability of the OARRS system.
- Continued work with communities to enhance local efforts through the *Health Resources Toolkit for Addressing Opioid Abuse*.

Strategy	Metrics
<b>Strategies to Address Rise in Fentanyl Use</b>	
ODH has invited the CDC to assist ODH in conducting a full scale "deep dive" of the data associated with the drug overdose issue in Ohio, with an emphasis on fentanyl.	Additional information to inform future policy action.
Release of ODH and MHAS data in the form of a health alert that includes information about overdose deaths, with particular attention to fentanyl.	Number of health professionals reached.
Targeted public awareness campaign using paid media to address the growing fentanyl issue.	Reduction in fentanyl deaths; Number of views on social media and websites; Other media tracking.
Work to improve testing procedures and reporting among county coroners to establish an overdose as a cause of death and to determine significant contributing drugs.	Communication with coroners.
Communication with drug task forces when fentanyl is detected.	Enhance interdiction.
<b>Law Enforcement: Cracking Down on Drug Trafficking</b>	
Statewide strategic plan working with local law enforcement, state and federal partners, and the Ohio National Guard to focus on combatting the impact of drugs and further disrupt the supply line and integrate treatment and prevention into enforcement efforts.	Reduce availability and profitability of illegal drugs and illegal use of legal drugs through an integrated and coordinated multi-agency task force approach; Measure by effort (seizures, drug organization impact) and results (overdose death reductions).
<b>Preventing Drug Use Before It Starts</b>	
Start Talking! Increase the number of parents, grandparents, teachers and community leaders signed up for email tips to help encourage frequent on-going conversations with Ohio's youth about the dangers associated with substance abuse.	Number of subscribed email recipients; number of coalitions signed up to distribute tips.
Promotion of Drug Takeback opportunities.	Next DEA National Takeback Day is September 26. Targeted joint effort is underway between MHAS, BOP, AG. Will collect total pounds of drugs collected.
<b>Encouraging Appropriate Use and Availability of Pain Medication</b>	
Implement acute care prescribing guidelines.	Number of patients; total doses; average units per script; average MED per script; average days per script; number of new scripts; number of refills authorized.
Consider limitation on the co-prescribing of opioids with benzodiazepines.	Reduction in co-prescribing; reduction in overdose deaths.
Implement direct integration of OARRS into electronic medical records and pharmacy dispensing systems.	Number of EMRs and pharmacy systems integrated; percentage increase in OARRS use.

Strategy	Metrics
Continue to provide quarterly referrals from the Board of Pharmacy to regulatory boards for clinicians in violation of Ohio law for prescribing opioids and/or benzodiazepines without an OARRS check.	Increased compliance with checks of the OARRS system; Reduction in the number of referrals.
Conduct targeted joint regulatory board investigations to rapidly identify and react to clinicians who prescribed to drug overdose decedents and trace back to doctor shoppers.	Number of administrative/criminal actions taken against a prescriber; shortened time to investigate and resolve investigations into dangerous prescribers.
Conduct targeted investigations of pharmacists who ran OARRS report on patient that indicated addiction or dependence but still dispensed a controlled substance.	Number of administrative actions taken against a pharmacist.
Enhanced BOP rule regarding when pharmacists are required to run an OARRS check and enhanced training and continuing education for pharmacists, including information on dealing with patients exhibiting drug seeking behavior.	Number of pharmacists completing continuing education; number pharmacists using OARRS.
Embed education content for physicians about opioid prescribing as part of the new/renewal licensure process.	Number of prescribers viewing education content.
Board of Pharmacy training website for higher education and residency programs to integrate training of future prescribers and pharmacists.	Number of user accounts for students and professors.
Analyze investigative data, including death information, to develop predictive and proactive models to identify dangerous prescribing practices and stop them.	Enhanced data to be used to refine strategies.
Work with stakeholders to develop and test standard algorithms to identify patients exhibiting at-risk behavior. Use algorithms to develop proactive alerts for prescribers in OARRS.	Number of red flag notifications provided to prescribers; percentage decrease in doctor shoppers.
Develop a report in OARRS to allow prescribers to view their prescribing habits compared with their peers.	Number of prescribers viewing data.
Explore data integration between OARRS and the Ohio Cancer Incidence Surveillance System (OCISS) to allow the Board of Pharmacy to identify prescribers and patients whose high prescription rate is associated with an appropriate use.	Enhanced data to be used to refine strategies.
<b>Saving lives by Expanding Access to Overdose Antidote Naloxone</b>	
Continue efforts to promote naloxone access at the pharmacy level through development of education materials on recent Ohio law (House Bill 4) that permits the dispensing of naloxone by a pharmacist.	Number of pharmacies that provide naloxone pursuant to protocol.
Improve Naloxone reimbursement policies for Medicaid Managed Care Plans to promote the use of the life-saving drug.	Enhanced naloxone availability for Medicaid recipients.
Explore efforts at prisons and jails to offer naloxone to individuals upon release.	Enhanced naloxone availability.
Assess interest in Good Samaritan Law.	Reduction in overdose deaths; increased calls to first responders.
<b>Creating Pathways to Treatment and Recovery</b>	
Make it easier under Ohio regulations to establish opiate treatment programs.	Increased number of treatment providers.
Providing subject matter expertise to the Ohio Supreme Court in the development of guidance materials for drug courts on the management of drug offenders.	Strengthening of drug court model.
Explore the feasibility of obtaining NEW, near real-time data using Ohio's syndromic surveillance system (Epicenter) to monitor discharge diagnoses in hospital EDs for drug overdoses.	Number/percentage of hospitals reporting discharge diagnosis.