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OHIO STRENGTHENS OPIOID PRESCRIBING GUIDELINES
TO FURTHER PREVENT PRESCRIPTION DRUG ABUSE AND SAVE LIVES
New Guidelines Address Management of Acute Pain

COLUMBUS — As part of Ohio's continuing effort to curb the misuse and abuse of prescription pain medications and unintentional overdoses, the Governor's Cabinet Opiate Action Team today announced the adoption of new opioid prescribing guidelines for the outpatient management of patients with acute pain which is generally resolved within 12 weeks. Acute pain is typically short-term and can result from injuries as well as surgical and dental procedures.

The new guidelines, which recommend non-opioid treatment options when possible and limiting the amount of opioids used to treat acute pain where appropriate, expand upon Ohio's prescribing guidelines for emergency departments and acute care facilities, and for management of chronic pain lasting longer than 12 weeks. All three guidelines were developed by the Governor's Cabinet Opiate Action Team in conjunction with clinical professional associations, providers, state licensing boards and state agencies.

"Too many families are being torn apart by drugs and that is why we have been so proactive in exploring new ways to prevent Ohioans from becoming addicted to prescription opioids," said Gov. John R. Kasich. "Building upon prescribing guidelines we established for emergency departments and chronic pain, these new protocols for treating short-term pain will strengthen our efforts to fight abuse and ultimately save lives."

In 2014, more than 262 million opioid doses were dispensed in Ohio for the management of acute pain — 35 percent of the state's 750 million total dispensed opioid doses.

Prescription opioids remain a significant factor to unintentional drug overdose deaths in Ohio, contributing to nearly one-half of all injury-related deaths in 2014.

"The new guidelines urge prescribers to first consider non-opioid therapies and pain medications for the management of acute pain when appropriate, to avoid the potential misuse and abuse of opioids that can lead to addiction," said Dr. Mary DiOrio, medical director for the Ohio Department of Health. "When opioid medications are necessary to manage a patient's acute pain, the guidelines recommend that the clinician prescribe the minimum quantity necessary without automatic refills."

"No prescriber can predict which patients will become addicted to their opioid pain medication, so why take the chance if the patient's acute pain can be managed without them?" said Dr. Amol Soin, a pain management specialist and vice president for the State Medical Board of Ohio.

"Just because clinicians can prescribe a 30-day supply of opioid medication doesn't mean that they should," he said. "Prescribing only the amount necessary based on each individual patient's needs will help reduce the number of leftover unused opioids and the potential for diversion and abuse."

Dr. Soin noted that patients can take an active role in keeping themselves and others safe. “When you talk with your provider about managing your acute pain, ask to try non-opioid pain medications and therapies first,” he said. “If you do need opioid pain medication, then make sure that you store it securely where nobody else can get it, and safely dispose of any leftover pills.”

Dr. DiOrio explained that, like the emergency department and chronic pain prescribing guidelines, the new acute pain guidelines encourage prescribers to check the State Board of Pharmacy’s Ohio Automated Rx Reporting System (OARRS) before prescribing an opioid. A review of OARRS is required for most opioid and benzodiazepine prescriptions of seven days or longer.

“Patients may already be using opioids or benzodiazepines from other prescribers,” she said. “Taking these drugs together increases a patient’s risk of a drug overdose, respiratory depression and death.”

Ohio is making it even easier for prescribers to check OARRS.

Last October, Gov. Kasich announced an investment of up to \$1.5 million a year to integrate OARRS directly into electronic medical records and pharmacy dispensing systems across Ohio, allowing instant access for prescribers and pharmacists. More than 110 hospitals, pharmacies and physician offices already have requested integration.

Ohio’s opioid prescribing guidelines are having a positive impact in the fight against prescription drug abuse:

- The number of prescriber and pharmacist queries using OARRS increased from 778,000 in 2010 to 9.3 million in 2014.
- The number of individuals “doctor shopping” for controlled medications decreased from more than 3,100 in 2009 to approximately 960 in 2014.
- The number of opioid doses dispensed to Ohio patients decreased by almost 42 million from 2012 to 2014.
- The number of patients prescribed opioid doses higher than chronic pain guidelines recommend to ensure patient safety decreased by 11 percent from the last quarter of 2013 to the second quarter of 2015.
- Ohio patients receiving prescriptions for opioids and benzodiazepine sedatives at the same time dropped 8 percent from the last quarter of 2013 to the second quarter of 2015.

