

Aug. 30, 2017



Gov. John R. Kasich talks about Ohio's new prescribing rules during Wednesday's press conference at the Ohio Statehouse.

>>> New Limits on Opiate Prescriptions for Acute Pain Will Save Lives and Fight Addiction

Gov. John R. Kasich joined representatives from Ohio's medical community and the [Cabinet Opiate Action Team](#) at the Statehouse today for a press conference to discuss new prescription painkiller prescribing rules aimed at preventing addiction and reducing overdose deaths. Effective **Aug. 31, 2017**, Ohio's health care regulatory boards will implement new limits on prescriptions issued for the treatment of acute pain. The rules are only intended to treat conditions resulting in acute pain, including those that normally fade with healing such as a surgical procedure or a bone fracture. The adoption of these rules can lead to an estimated reduction of opiate doses in Ohio by 109 million per year while preserving the ability of clinicians to address pain in a competent and compassionate way.

Highlights of Ohio's new opiate prescribing limits for acute pain include:

- No more than seven days of opiates can be prescribed for adults;
- No more than five days of opiates can be prescribed for minors;
- Health care providers can prescribe opiates in excess of the day supply limits only if they provide a specific reason in the patient's medical record. Unless such a reason is given, a health care provider is prohibited from prescribing opiates that exceed Ohio's limits;
- Except for certain conditions specified in the rules, the total morphine equivalent dose (MED) of a prescription for acute pain cannot exceed an average of 30 MED per day;
- The new limits do not apply to opioids prescribed for cancer, palliative care, end-of-life/hospice care or medication-assisted treatment for addiction.

To help enforce the limited exceptions to the rules and enhance data regarding prescribing trends, prescribers will be required to include a diagnosis or procedure code on every controlled substance prescription, which will be entered into Ohio's prescription monitoring program, OARRS. This provision goes into effect on Dec. 29, 2017, for all opiate prescriptions and June 1, 2018, for all other controlled substance prescriptions.

[Read a fact sheet on the new rules](#)

[Ohio's Prescribing Guidelines](#)

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**>>> ODH: Fentanyl, Carfentanil and Cocaine Drive Increase in Drug Overdose Deaths in 2016
*Promising progress – fewest prescription opioid overdose deaths since 2009***

Ohio's opioid epidemic continued to evolve in 2016 with stronger drugs driving an increase in unintentional overdose deaths, according to a [new report](#) released by the Ohio Department of Health (ODH). The report shows a sharp rise in overdose deaths involving the opioid fentanyl, the emergence of more deadly fentanyl-related drugs like carfentanil, and indications that cocaine is now being used with fentanyl and other opiates. The report also contains some promising news – the fewest prescription opioid overdose deaths since 2009. Overdose deaths increased from 3,050 in 2015 to 4,050 last year, and fentanyl and related drugs were involved in 58.2 percent of them. By comparison, fentanyl was involved in 37.9 percent of overdose deaths in 2015, 19.9 percent in 2014, 4 percent in 2013 and 3.9 percent in 2012. Illegally produced fentanyl can be hundreds of times stronger than heroin, and carfentanil and other related drugs can be even stronger. With the emergence of carfentanil in 2016, the fentanyl-related drug was involved in 340 overdose deaths, most of them during the second half of the year. The number of cocaine-related overdose deaths increased from 685 in 2015 to 1,109 in 2016 – a 61.9 percent increase. Of cocaine-related overdose deaths, 80.2 percent also involved an opiate, and 55.8 percent involved fentanyl and related opiates in particular. Of all unintentional drug overdose deaths, the percentage of prescription opioid-related deaths declined for the fifth straight year in 2016, and the number of such deaths declined 15.4 percent from 667 in 2015 to 564 in 2016, the fewest since 2009.

[Read the press release](#)

[2016 Unintentional Drug Overdose Report](#)

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>>> PAX Good Behavior Game Update

As a part of the [21st Century Cures Act](#) in an effort to combat the opioid epidemic, OhioMHAS is supporting training, professional development and ongoing support for teachers to implement the [PAX Good Behavior Game](#). For more information about what PAX is, how to get PAX in your community and the impact of PAX, please visit the PAX Ohio webpage at <https://www.paxohio.org/>. Click [HERE](#) to view a presentation that discusses all aspects of the project. Questions? Please contact Valerie Leach at valerie.connolly-leach@mha.ohio.gov.

>>> Regional Trainings on Utilizing the Tri-Ethnic Community Readiness Model (TE-CRM)

Prevention Action Alliance is sponsoring four regional [Utilizing the Tri-Ethnic Model of Community Readiness](#) trainings. At this training, participants will receive an in-depth introduction to the Tri-Ethnic Model of Community Readiness (TE-CRM) and will provide opportunities to practice aspects of the TE-CRM. This training also will demonstrate how an understanding of community readiness can further the work of local communities, coalitions, and groups. The Tri-Ethnic Model of Community Readiness is a useful tool for coalitions and groups addressing multiple issues, including problem gambling, mental health, and the opiate epidemic. The one-day session runs from 9 am to 3 pm; cost is \$50, with lunch and continuing education provided. Communities that utilize the TE-CRM will be given the opportunity to take a more in-depth look at the tool in Spring, 2018. Cost is \$50 and includes lunch and RCHs. Click the link for training dates and locations.

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Promising progress – fewest prescription opioid overdose deaths since 2009

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