

# Behavioral Health: Developing A Better Understanding

## REFLECTIONS AND NEXT STEPS: OHIO'S OPIATE EPIDEMIC

Six months after the passage of HB 93, often referred to as the “pill mill” legislation, Ohio has had some real victories in addressing the opiate epidemic, but the fight is far from over. What are the areas where we have made inroads? Where do we need to focus next?

### Steps to Detect Abuse & Misappropriation of Pain Medications

Ohio has made great strides in detecting abuse and misappropriation of pain medications. Some highlights include:

**“Pill Mills”** – Chronic pain that lasts for weeks, months or even years is a costly health problem. Many legitimate chronic pain clinics exist in this state which help many Ohioans return to a productive life. However, a few bad actors were calling themselves pain clinics only as a way to both prescribe and distribute drugs at one-stop “pill mills”. Today, the provisions in HB 93 have given state regulators more tools to crack down on the abusers.

**Automated Rx Reporting** – Ohio now has rules in place to specify when pharmacists and prescribers are required to use and review information in Ohio’s Automated Rx Reporting System known as OARRS, thus decreasing the opportunity for abuse.

*“While the prescribing of an excessive quantity of opiates remains an issue in many patient care situations, the health care professionals most concerned about their prescribing practices and OARRS are usually the ones with the least to fear. If one is engaging in appropriate treatment under normal patient standards, there is nothing to worry about.”*

~ William T. Winsley, Executive Director, Ohio State Board of Pharmacy

**Drug Take-Back Programs** – One of the most common ways legal drugs become misappropriated and later abused is when unused prescriptions are left in circulation. Ohioans turned in over 9 tons (18,672 pounds) of prescription drugs during the October 2011 drug take back day.

### Education & Collaboration

**Public Awareness** – Due to state and national attention to the problem, more and more Ohioans are becoming aware of the potential for legally prescribed medications to do harm if we are not vigilant. More public awareness activities are scheduled in the upcoming months.

**Health Professionals** – Ohio’s medical community is stepping up to learn about addiction and how to modify prescribing practices. By learning about some basic precautions for patients who receive potentially addictive opioid prescriptions, they have the power to minimize the risk of addiction and overdose deaths while still providing compassionate pain relief. The Ohio State Medical Board’s Center for Safe Prescribing offers information and resources for health professionals - [http://med.ohio.gov/Center\\_for\\_Safe\\_Prescribing.html](http://med.ohio.gov/Center_for_Safe_Prescribing.html).

*“The Medical Board is accessible – legitimate prescribers engaging in appropriate pain management need not be concerned (by the regulatory changes in HB 93).”*

~ Richard A. Whitehouse, Esq., Executive Director, Ohio State Medical Board

**Local Opiate Task Forces** – Several local opiate task forces have also been created. Led by the alcohol, drug addiction and mental health board in the region, they typically involve representatives from treatment providers, law enforcement, the judicial system, schools, the medical community, faith-based groups, and family support groups. The task forces are designed to bring people and resources together from all sectors of the community impacted by this epidemic to provide a structure for the community response and to engage local communities to develop and pursue a unified goal as well as coordinate and facilitate local community prevention/education to the public and professionals.

### Treating the Addiction

Some prescription pain killers, heroin and morphine all belong to the class of drugs known as opioids. Scientific research has led to effective treatments for opioid addiction, including new medications that relieve the craving associated with opiate addiction that help to increase the odds of recovery. Behavioral therapies are still a key component. Science has taught us that integrating both medication and therapy will ultimately be the most effective approach.

*“Passage of HB 93 was an important step toward resolving the opiate crisis, but our work does not end there. We need to identify the most cost-effective ways to make evidence-based treatment and recovery services accessible to more Ohioans.”*

~ Orman Hall, Director, Ohio Department of Alcohol and Drug Addiction Services

Experience has also taught us that failing to provide access to treatment for the opiate addicted population often has fatal consequences. Ohio is losing four citizens a day to drug overdose deaths. Adequate access to treatment continues to be a significant obstacle.

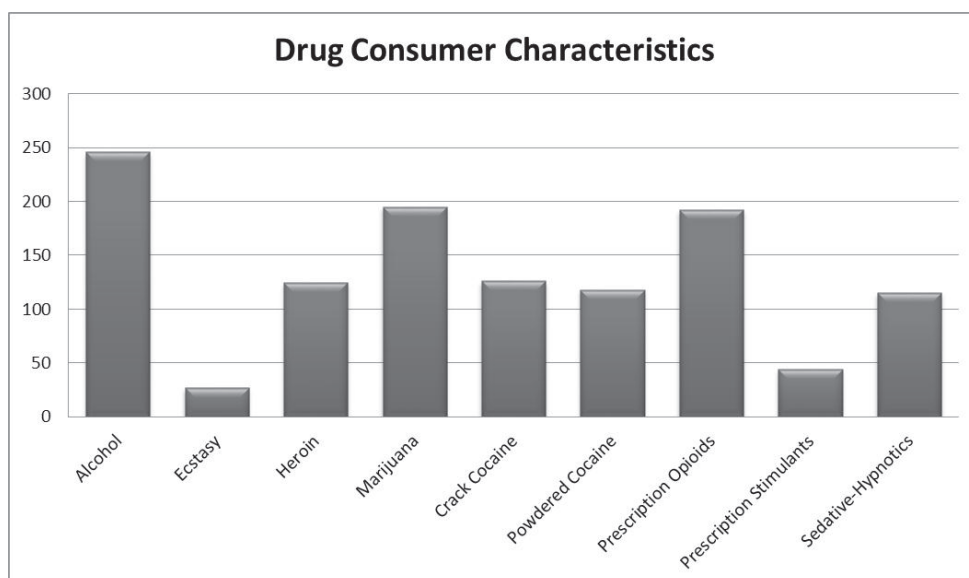
*“The increased awareness about the opiate epidemic has become a double-edged sword – with increased awareness we’ve experienced increased demand for treatment, but we lack the resources to adequately provide access to the treatment our citizens so desperately need.”*

~ Ron Adkins, Executive Director, Gallia-Jackson-Meigs Board of ADAMHS

### Looking to the Future

Ohio has several things to be proud of in how we are working together to combat the fast-spreading disease of opiate addiction. Continued educational efforts within the medical community and the general population, combined with future actions to improve access and efficacy of treatment, will lead to meaningful outcomes in our pursuit to curtail this epidemic.

The collaborative approach of leaders at all levels of government uniting toward the common purpose of saving lives that would otherwise be lost to addiction is a model that could easily be replicated to tackle all addictions plaguing the productivity of our workforce and negatively impacting too many of our families.



June 2011 Report: Surveillance of Drug Abuse Trends in the State of Ohio. The Information is based upon qualitative data collected February through June 2011 via focus group interviews. Participants were 362 active and recovering drug users recruited from alcohol and other drug treatment programs in each of OSAM’s eight regions.

Sources: Ohio Board of Pharmacy  
Ohio State Medical Board

Ohio Department of Alcohol and Drug Addiction Services  
Ohio Substance Abuse Monitoring Network