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FIGHTING THE DRUG EPIDEMIC

As states across the nation struggle with the epidemic of drug abuse and addiction, Ohio has been working for six years to develop an agile, comprehensive and community-centered plan of action – an approach based on four strategic pillars: Treatment, Prevention, Education and tougher, more effective Enforcement that’s aimed at the drug traffickers and pill-mill operators who are injecting this poison into our communities.

Establishing a Strike Team to Quickly Respond to the Evolving War on Drugs: In 2011, Ohio created the Governor’s Cabinet Opiate Action Team – with leading experts from addiction prevention and treatment professions, healthcare, public health and law enforcement – committed to a goal of staying on the leading edge of the fight against opiate abuse and swiftly finding new ways to respond to changes in the drug market. Coordinating the efforts of 16 Cabinet agencies, this team has been integral to the development of Ohio’s comprehensive strategy, including creation of a toolkit to help communities across the state implement strategies critical to Ohio’s fight against drug abuse.

Cutting the Pill Supply: The first order of business for the Governor’s Cabinet Opiate Action Team was development of legislation to shut down pill mills, helping reduce the number of pills diverted and sold on the street for illicit use.

Stepping Up Enforcement Efforts: The State Highway Patrol has placed a heavier emphasis on stopping drugs traveling through the state, rather than merely writing citations. This has led to five straight consecutive years of new records for drug seizures. In addition, Ohio’s professional regulatory boards have drastically increased efforts since 2011 to identify and take action against illicit activity that contributes to the opiate crisis.

Establishing Opiate Prescribing Guidelines for Physicians: Because prescribers are on the front lines of fighting opiate abuse in Ohio, the Governor’s Cabinet Opiate Action Team developed new opiate prescribing guidelines for emergency departments, as well as for healthcare professionals treating both chronic and acute 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 opiates, to urge prescribers to first consider non-opiate therapies and pain medications, to reduce leftover opiates that can be diverted for abuse, and to encourage prescribers to check the state’s prescription drug reporting and monitoring system before prescribing opiates to see what other controlled medications a patient might already be taking.

Empowering Prescribers and Pharmacists to Prevent Opiate Abuse: Ohio’s prescription drug reporting and monitoring system is one of the strongest in the nation, and data now available to prescribers and pharmacists give these professionals more tools to promote responsible use of prescription opiates. The state has implemented rules requiring prescribers and pharmacists to check the system in order to provide a complete view of what additional controlled substances a patient may be receiving. The state has also offered a seamless integration with healthcare providers’ electronic record systems. As a result of these efforts, Ohio has seen:

- Total doses of opiates dispensed to Ohio patients decreased by 92 million doses (or 11.6%) from 2012 to 2015.
- A 1.4 million decrease in the number of opiate prescriptions issued to Ohio patients between 2012 and 2015.

- The total doses of benzodiazepines dispensed to Ohio patients decreased by 22 million doses (or 7.4%) from 2012 to 2015.
- A 71% decrease in the number of individuals who see multiple prescribers in order to obtain controlled substances illicitly (commonly referred to as “doctor shopping”) between 2010 and 2015.

Increasing Mental Health and Addiction Care: Ohio has increased funding for mental health and addiction services for those in need, while extending Medicaid coverage to nearly 500,000 Ohioans needing behavioral health treatment.

Treating Addiction in Ohio's Prisons: A majority of Ohio prison inmates have histories of drug and alcohol addiction and those who don't overcome their addiction have a higher likelihood of re-entering prison after their release. Ohio is integrating addiction specialists in prisons to help inmates get the help overcoming addiction while they are serving their sentences and provide a seamless transition of services and supports to ensure sustained recovery after their release.

Preventing Drug Abuse Before It Starts: Research shows that children whose parents or other trusted adults talk with them about the risks of drugs are 50% less likely to use drugs than those who have not had those critical conversations. Ohio launched a youth drug prevention program, called *Start Talking!* that provides parents, teachers, and communities with simple tools to start conversations about drugs.

Improving Treatment for Those Most in Need: To date, nearly 500,000 low-income adults have been treated for mental health and addiction through Medicaid benefits extended to the working poor. Treatment programming connected with drug courts has also proven successful, with medication-assisted treatment programs now established in courts in seven counties and demonstrating results that increase employment and stable housing while decreasing recidivism. Ohio has also funded efforts to support best practices for our most vulnerable population, babies born with Neonatal Abstinence Syndrome, improving treatment across the state.

Saving Lives through Naloxone: As more powerful versions of opiates find their way to communities, Ohio has taken numerous steps to expand access to the opiate overdose-reversal drug naloxone to first responders and families of those addicted. Ohio pharmacies can now dispense naloxone over the counter with a standing order from a physician. Public health programs make naloxone available to those in need, including family and friends, in more than half of our counties. Ohio has also made funding available to first responders to purchase naloxone, saving more than 2,200 lives in the first year of the program. Across the state, naloxone was administered by emergency medical responders 8,381 times in 2015.

Strengthening Prescription Drug Oversight and Encouraging Responsible Treatment: Reforms proposed in Gov. Kasich's 2016 Mid-Biennium Review and enacted in Senate Bill 319 improve oversight of individuals who have access to prescription opiates, ensure responsible opiate addiction treatment, expand access to life-saving naloxone, hold pharmacy technicians to stronger accountability, establish new oversight for purchasing and distributing controlled substances, limit high-volume prescriptions to prevent misuse and establish common sense regulation for methadone clinics.

It's a Tough Fight Against an Ever-Changing Foe: The war against abuse and addiction is ever-changing, as drugs and the criminals who pedal them are constantly finding new ways to outrun our best efforts to defeat them. Ohio was one of the first states to identify the movement toward illicit fentanyl in the drug supply, and now even more powerful iterations such as carfentanil, a large animal tranquilizer, are being reported. But if total victory may never be ours, we cannot allow that to become an excuse for inaction.

BOTTOM LINE: Ohio has learned that the scourge of drug abuse – with its fast-evolving nature – makes it imperative that states stay on the leading edge of prevention, able to react quickly and effectively with strategies driven by the expertise of treatment, prevention, healthcare, public health and law enforcement professionals.

