Ohio’s Opioid Crisis and Response

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“America’s largest drug companies saturated the country with 76 billion oxycodone and hydrocodone pain pills from 2006 through 2012 and a generation got hooked.”

“Ohio’s legacy of industrial labor, struggling economy, central location with easy interstate connections and lax prescription drug policies created a perfect storm of demand, access and government inaction that left a wake of addiction, overdose and death.”

—Ohio Governor John Kasich

SOURCE: John Kasich, opinion contributor to the Wall Street Journal, Ohio’s fight against the opioid epidemic can be national model (July 31, 2019).
Unintentional Drug Overdose Deaths

SOURCE: Ohio Department of Health, 2017 Ohio Drug Overdose Data (September 2018) and Kaiser Family Foundation analysis of CDC National Center for Health Statistics (January 2019).

OH = 46.3
US = 21.7
Unintentional Drug Overdose Deaths by Drug

**Opioids:** Morphine, Heroin, Meperidine, Methadone, Propoxyphene, Oxycodone, Oxycontin, Hydrocodone, Hydromorphone, Diphenoxylate, Fentanyl, Carfentanyl, Buprenorphine

**Fentanyl and related drugs (illicit and prescription)**

**Cocaine**

**Heroin**

**Psychostimulants**

**Prescription opioids**

**Benzodiazepines**

Ohio’s Response to the Opioid Crisis

- Organize champions
- Inventory resources
- Support prevention
- Restrict supply
- Expand treatment
- Enlist justice
- Reduce harm

**From 2017 to 2018 ...**

- Ohio drug deaths ↓ 22%
- Heroin deaths ↓ 21%
- Cocaine-related ↓ 29%
- Rx opioid deaths ↓ 37%
- Fentanyl deaths ↓ 20%

Fentanyl accounted for 2,733 fatal overdoses (73%) in 2018

SOURCE: Ohio Department of Health, 2017 Ohio Drug Overdose Data (September 2018) and Columbus Dispatch, Ohio drug deaths plunge 22% in 2018 (August 30, 2019).
Organize a broad and inclusive coalition

... inventory resources ...
- Attorney General
- Supreme Court
- Elected Officials

... expand treatment ...
- Business leaders
- County commissioners
- Health districts
- School districts
- Universities
- Local service boards
- Veteran’s services
- Faith communities
- Service organizations

STATE
- Medicaid
- Medical Board
- Pharmacy Board
- Worker’s Compensation

LOCAL
- Families and individuals in recovery
- Business leaders
- Providers and their associations
- First responders
- 40 local drug task forces
- Sheriff and police chief
- Prosecutor
- Local Courts

FEDERAL

... restrict supply ...
- Rehabilitation and Corrections
- Youth Services
- Public Safety
- Highway Patrol

... involve courts ...

... support prevention ...
- Mental Health and Addiction Services
- Job and Family Services
- Education
- Health
- Aging

... reduce harm ...

Examples include John Kasich’s Governor’s Cabinet Opioid Action Team (2012-2018) and Mike DeWine’s Recovery Ohio Initiative (2019-present).
## Inventory Resources: State

<table>
<thead>
<tr>
<th>Ohio Departments and Boards</th>
<th>Amount in 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Medicaid</td>
<td>$650,200,000</td>
</tr>
<tr>
<td>Department of Job and Family Services</td>
<td>$138,238,777</td>
</tr>
<tr>
<td>Department of Mental Health and Addiction Services</td>
<td>$88,768,265</td>
</tr>
<tr>
<td>Department of Rehabilitation and Corrections</td>
<td>$31,411,160</td>
</tr>
<tr>
<td>Department of Public Safety</td>
<td>$11,069,452</td>
</tr>
<tr>
<td>Medical Board</td>
<td>$5,257,526</td>
</tr>
<tr>
<td>Pharmacy Board</td>
<td>$4,232,963</td>
</tr>
<tr>
<td>Adjutant General</td>
<td>$4,068,190</td>
</tr>
<tr>
<td>Bureau of Worker’s Compensation</td>
<td>$2,900,000</td>
</tr>
<tr>
<td>Department of Youth Services</td>
<td>$2,827,469</td>
</tr>
<tr>
<td>Department of Health</td>
<td>$262,025</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$939,235,827</strong></td>
</tr>
</tbody>
</table>

SOURCE: Ohio Governor’s Cabinet Opioid Action Team (July 2018).
### Inventory Resources: Federal

<table>
<thead>
<tr>
<th>Federal Departments</th>
<th>Amount in 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHS Substance Abuse and Mental Health Services</td>
<td>$163,668,657</td>
</tr>
<tr>
<td>HHS Health Resources and Services</td>
<td>$15,200,899</td>
</tr>
<tr>
<td>HHS Centers for Disease Control and Prevention</td>
<td>$8,667,739</td>
</tr>
<tr>
<td>HHS National Institutes of Health</td>
<td>$5,902,722</td>
</tr>
<tr>
<td>HHS Administration for Children and Families</td>
<td>$3,920,859</td>
</tr>
<tr>
<td>Department of Justice</td>
<td>$20,009,036</td>
</tr>
<tr>
<td>Office of National Drug Control Policy</td>
<td>$7,551,607</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$224,921,519</strong></td>
</tr>
</tbody>
</table>
Support Prevention

• Engage and activate youth (5 Minutes for Life, Start Talking!)
• Establish evidence-based drug prevention programs in schools (e.g., PROSPER, HOPE, PAX Good Behavior Game)
• Require schools to educate students about prescription abuse
• Support community-based prevention campaigns (e.g., Denial Ohio, Generation Rx)
• Create drug take-back programs for proper prescription disposal

SOURCE: Ohio Governor’s Cabinet Opioid Action Team (July 2018).
Don’t live in Denial, Ohio.

contact.us@DontLiveinDenial.org
Restrict Supply

• Shut down pill mills
• Establish strict prescriber guidelines
• Require wholesale distributors to identify and report suspicious orders (e.g., unusual size or frequency)
• Require prescribers to check Ohio’s Automated Rx Reporting System (OARRS) before writing a prescription for opioids
• Prosecute criminal prescribers (overprescribing), manufacturers (false advertising) and distributors (allowing diversion)
• Educate the public on how to report drug and illegal activity
• Seize illegal drugs through law enforcement
• Share intelligence among patrol officers and task forces

SOURCE: Ohio Governor’s Cabinet Opioid Action Team (July 2018).
Doctor Shoppers vs. Rx Monitoring Program Queries

In 2016, Ohio integrated OARRS directly into electronic medical records and pharmacy dispensing systems across the state, allowing instant access for prescribers and pharmacists.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Doctor Shoppers</th>
<th>Number of OARRS queries</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1.78</td>
<td>500</td>
</tr>
<tr>
<td>2012</td>
<td>5.39</td>
<td>718</td>
</tr>
<tr>
<td>2013</td>
<td>7.36</td>
<td>16.49</td>
</tr>
<tr>
<td>2014</td>
<td>10.78</td>
<td>720</td>
</tr>
<tr>
<td>2015</td>
<td>963</td>
<td>24.11</td>
</tr>
<tr>
<td>2016</td>
<td>1,172</td>
<td>357</td>
</tr>
<tr>
<td>2017</td>
<td>1,639</td>
<td>88.96</td>
</tr>
</tbody>
</table>

SOURCE: State of Ohio Board of Pharmacy, Ohio Automated Rx Reporting System (OARRS). A doctor shopper is defined as an individual receiving a prescription for a controlled substance from five or more prescribers in one calendar month.
# Ohio’s Opioid Prescriber Guidelines

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Emergency Department and Acute Care Facilities</th>
<th>For Chronic, Non-Terminal Pain</th>
<th>For Acute Pain Outside of an Emergency Department</th>
<th>For Acute Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>2013</td>
<td>2016</td>
<td></td>
<td>2017</td>
</tr>
</tbody>
</table>

**Specific Goals**

- Stop inappropriate prescribing from ED and urgent care centers
- Ensure long-term patient safety
- Limit first use of opioids and decrease availability of unused opioid medications
- Limit type and amount of opioids for acute pain

**Prescribing Limitations**

- No more than 3 days
- No long-acting opioids
- “Pause” at >80 mg
- Caution with co-prescribing of benzodiazepines
- Consider non-pharmacologic, non-opioid therapies
- Limit pills per script
- No long-acting opioids
- 7-day supply for adults
- 5-day supply for youth
- 30 MED average

*SOURCE: State of Ohio Board of Pharmacy (January 2018).*
Number of Opioid Doses Dispensed to Ohio Patients

SOURCE: State of Ohio Board of Pharmacy, Ohio Automated Rx Reporting System (OARRS); according to the U.S. Census Bureau, Ohio’s population was 11.55 million in 2012 and 11.66 million in 2017.
Ohio State Highway Patrol Drug Arrests

Since 2011, the Ohio Highway Patrol has seized more than $268 million in drugs and contraband.
"... these pharmaceutical companies purposely misled doctors about the dangers connected with pain meds ... for the purpose of increasing sales. And boy, did they increase sales."

"... the evidence clearly shows that the pharmaceutical companies targeted ... the local general practitioner doctor. And they told them that these pain meds were not very addictive. They also exaggerated the good that these meds could do. And they did it in a very systematic way."

—Ohio Attorney General Mike DeWine

Expand Treatment

- Implement Screening, Brief Intervention and Referral to Treatment (SBIRT) in primary care, hospitals and other settings
- Enlist first responders in linking at-risk people to treatment
- Expand access to medication-assisted treatment (MAT)
- Permit for-profit opioid treatment programs to enter the state
- Increase MAT availability through provider training (DATA 2000)
- Assist pregnant women who are addicted and their babies
- Expand access to treatment through Medicaid

SOURCE: Ohio Governor’s Cabinet Opioid Action Team (July 2018).
Children 0-18
Parents
Childless Adults
Disabled Under Age 65

Private Insurance

• More than half work ≥ 20 hours
• 700,000 likely to enroll in Medicaid
• 126,000 age 55 or older
• 96,000 parent caretakers
• 26,000 uninsured veterans
• 257,000 with a serious health condition that prevents/limits work
• 172,000 need behavioral health care (700,000 to date and counting …)

Federal Exchange

Ohio Medicaid

Coverage Gap

Medicaid expansion increased Ohio’s behavioral health system capacity 60 percent over five years

Addiction treatment, community mental health services, community psychiatric supportive treatment, behavioral health counseling and therapy, mental health assessment services, crisis intervention, pharmacologic management services, coverage of Naloxone for emergency services

SOURCE: Ohio Departments of Medicaid and Mental Health and Addiction Services (January 2017).
## Ohio’s Share of Medicaid Expansion Costs (in millions)

<table>
<thead>
<tr>
<th>Expansion Costs or (Savings) in millions</th>
<th>SFY 2019</th>
<th>SFY 2020</th>
<th>SFY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Group VIII cost</td>
<td>$4,814</td>
<td>$5,074</td>
<td>$5,348</td>
</tr>
<tr>
<td>Match rate (state fiscal year)</td>
<td>6.5%</td>
<td>8.5%</td>
<td>10%</td>
</tr>
<tr>
<td>Ohio share of Group VIII cost</td>
<td>$313</td>
<td>$431</td>
<td>$534</td>
</tr>
<tr>
<td>Drug rebates</td>
<td>($43)</td>
<td>($58)</td>
<td>($72)</td>
</tr>
<tr>
<td>DRC medical expense savings</td>
<td>($18)</td>
<td>($18)</td>
<td>($18)</td>
</tr>
<tr>
<td>Enhanced FMAP for hospital UPL</td>
<td>($40)</td>
<td>($38)</td>
<td>($36)</td>
</tr>
<tr>
<td>MCO member-month tax</td>
<td>($198)</td>
<td>($198)</td>
<td>($198)</td>
</tr>
<tr>
<td>MCO HIC tax</td>
<td>($45)</td>
<td>($48)</td>
<td>($50)</td>
</tr>
<tr>
<td>Net Impact on Ohio</td>
<td>($31)</td>
<td>$72</td>
<td>$161</td>
</tr>
<tr>
<td>Effective match rate</td>
<td>0%</td>
<td>1.4%</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

SOURCE: Ohio Office of Budget and Management analysis (July 2018).
Enlist Justice to Expand Access to Treatment

• Increase addiction treatment professionals in prisons
• Connect court-involved individuals to Medicaid-funded treatment and recovery supports
• Upon release, provide individuals who received addiction treatment in prison access to receive time-limited, non-Medicaid recovery supports such as housing and employer services
• Fund certified specialty drug courts (Ohio funds 175)
• Provide competitive grants for jails to improve access to treatment and recovery supports

SOURCE: Ohio Governor’s Cabinet Opioid Action Team (July 2018).
Reduce Harm

- Increase access to naloxone (reverses the impact of an overdose)
- Create Project DAWN (Deaths Avoided With Naloxone) programs
- Supply EMS with take-home doses of naloxone
- Permit pharmacists to dispense naloxone with a prescription
- Allow facilities that regularly interact with at-risk individuals to have on-site access to naloxone (e.g., homeless shelter, schools)
- Enact “Good Samaritan” provisions (immunity from prosecution for individuals who seek emergency help for an overdose victim)
- Create overdose Quick Response Teams

SOURCE: Ohio Governor’s Cabinet Opioid Action Team (July 2018).
Ohio’s Response to the Opioid Crisis

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Leverage existing resources
Invest in infrastructure
“… about 13 Ohioans die each day from unintentional drug overdoses [and] approximately five people a day take their own lives.”

“… my first action as Governor was to create the RecoveryOhio initiative to ensure that we act aggressively to address this crisis and invest in the health and wellbeing of Ohio’s citizens.”

—Ohio Governor Mike DeWine