

Ohio's New Opioid Prescribing Guidelines for Acute Pain Expand Fight Against Prescription Drug Abuse

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 has issued new opioid prescribing guidelines for the treatment of patients with acute pain. Short-term acute pain can result from injuries, or surgical and dental procedures, and is generally resolved within 12 weeks.

The new acute guidelines expand upon Ohio's existing prescribing guidelines for emergency departments and acute care facilities issued in 2012, and for treatment of chronic pain lasting longer than 12 weeks issued in 2013. None of the guidelines are intended to replace clinical judgment, and all three were developed by the Governor's Cabinet Opiate Action Team in conjunction with clinical professionals associations, healthcare 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 rooms and chronic pain, the new protocols for treating short-term acute pain will strengthen our efforts to fight abuse and ultimately save lives."

Copies of all three opioid prescribing guidelines, and tools and resources for prescribers, are available at www.opioidprescribing.ohio.gov. The website also contains video messages to prescribers from Gov. John R. Kasich, and from a young patient who shares his story of life on opioids: from legitimate use during recovery from a sports injury, to abuse and addiction.

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 contributor to unintentional drug overdose deaths in Ohio, contributing to nearly one-half of all deaths in 2014.

The new guidelines urge prescribers to first consider non-opioid therapies and pain medications—when appropriate—for the outpatient management of acute pain. This approach can help to prevent the potential misuse and abuse of leftover opioids. 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 by less dangerous treatment options?" said Dr. Amol Soin, a pain management specialist, and Vice President of 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 doctor or healthcare 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, make sure that you store it securely where no one else can get it, and safely dispose of any leftover pills."

Dr. Soin also noted that, like the emergency department and chronic pain prescribing guidelines, the new acute pain guidelines call for 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 to treat a range of conditions including anxiety and insomnia," he 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.

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