

SPECIAL REPORT:

Prescription Drugs

Ohio Responds

Presented by *Working Partners*[®]

In collaboration with BASA Coalition

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CompDrug



Taking Action in the Rx Epidemic by Working Partners®/BASA Coalition

Businesses Against Substance Abuse (BASA) Coalition, the not-for-profit arm of *Working Partners*®, advocates for business involvement in substance abuse prevention. The Coalition works under the guiding principle that businesses – employing taxpayers, parents and caregivers, voters, consumers and, in some cases, users of illicit drugs – are pivotal in making an impact on this problem within the community.

Working Partners®/BASA Coalition believes the issues facing our nation and Ohio concerning prescription (Rx) drug abuse is of great concern to businesses. Therefore, we are increasing our efforts to advocate for businesses by sitting on various advisory groups and boards involving Rx drug abuse. We have accepted invitations to sit on Attorney General Mike DeWine's Prescription Drug Abuse Advisory Council, the Drug-Free Action Alliance Board of Directors and Ohio's Prescription Drug Abuse Advisory Group.

We are concerned, for you as a business representative, that:

- The number of accidental drug overdose deaths has increased

350 percent over the past nine years, mostly because of painkillers.

- Illegitimate pain clinics, or pill mills, and unscrupulous doctors and dealers throughout the state have made it easier to get these medications.
- Painkiller addiction has led to an increase in emergency visits, an increase in unintentional deaths and an increase in heroin use.

Since most drug abusers work, Rx drug abuse impacts your employees, your medical insurance and workers' compensation premiums, your overall bottom line, and the general well-being of your company. The nature of these drugs – how they are obtained, their addictive quality and the resulting consequences – is unlike anything we have ever seen. It even surpasses the horrible drug scourge of the mid-1980s.

Similar to the unique nature of Rx drug abuse, Ohio's response to the issue is unprecedented. We have never seen so many diverse individuals and organizations turn their attention toward an

alcohol/drug-related issue. The level of investment that so many are making to stop this epidemic in Ohio is impressive.

Collaboration, however, does not come without challenge. In these early stages of the "fight," we are seeing the need for more coordination between agencies and strategies. In order to assure the most efficient expenditure of limited resources, it is imperative that leaders work together to complement versus duplicate efforts.

On behalf of Ohio's employers, *Working Partners*®/BASA Coalition interviewed leaders from four state government agencies to learn more about how they are allocating resources on this issue: The Office of Ohio Attorney General Mike DeWine, The Ohio Department of Alcohol and Drug Addition Services, the Ohio Department of Health and the Ohio Bureau of Workers' Compensation. In this Special Report, *Working Partners*®/BASA Coalition is pleased to share with Ohio's business community an overview of these leaders' reactions and responses to this issue.



WORKING PARTNERS®

Special Report

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Special Report

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Working Partners®/BASA Coalition assists businesses in the implementation of measures to protect company productivity and profitability and improve the quality of life for their workforces.

We Promote:

"...that substance abuse must be as systemic a concern to business as cash flow, profit/loss and quality workers, because it is insidiously jeopardizing every aspect of American business and society, and ...that every size and type of work organization can prevent or reduce the tolls that result from this problem."

We Offer:

No matter what level of awareness or need a company or work organization has regarding substance abuse, Working Partners®/BASA Coalition will be able to provide, coordinate and/or refer a business to needed resources.



SPECIAL REPORT FEATURED SPONSOR

New Look of Rx Abuse and Addiction

CompDrug, founded in 1970 and located in central Ohio, is a federally recognized Opioid Treatment Program licensed by the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Their treatment philosophy is to provide individualized treatment integrating medication, counseling and other supportive services for its clients.

Over the past 10 years, the type of individuals seeking treatment at CompDrug for opiate dependence has significantly changed. Today our treatment clinic sees patients who are younger, more formally educated, and currently in school or employed.

A major reason for this shift has been the availability of prescription (Rx) pain medications – primarily oxycodone (OxyContin), hydrocodone (Vicodin), fentanyl and methadone tablets. Individuals who misuse or become addicted to Rx pain meds often transition to heroin because it is less expensive and provides a similar high. In fact, many of our new heroin addicted patients report abuse and addiction to OxyContin prior to becoming addicted to heroin.

The epidemic of opioid dependence can be attributed to:

- changes in how medical professionals manage pain
- the growing use of prescription opioids among medical professionals in general
- the self-medicating habits of young adults

- the ability to acquire Rx pain meds via the internet, pill mills, theft, friends and family

According to the American Society of Addiction Medicine, addiction is “a primary, chronic disease that involves reward, motivation, memory and related circuitry.” Continually using pain meds within a short amount of time can lead to significant changes in brain chemistry. These changes can result, then, in a tolerance to the meds – meaning the user needs to take more meds to get the same amount of pain relief.

When users develop a tolerance and then try to stop taking pain meds, they may experience very painful flu-like withdrawal symptoms (e.g. abdominal cramping, diarrhea, nausea, vomiting). In an effort to avoid this excruciating pain, they take more meds — triggering a cycle that is very difficult to stop. The use continues, despite problems with the law, family, finances and the workplace.

Fortunately, research has provided excellent treatment options for the opiate dependent individual. The recommended intervention is commonly referred to as medication assisted treatment (MAT). With the help of specific medications (e.g. Buprenorphine and Methadone), individuals can be medically stabilized to avoid cravings and other physical symptoms of withdraw from opiates. Counseling is then used in conjunction with medication to help the individual deal with personal issues that typically develop as a result of the opiate dependency.

Franklin D. Hurt, JR, PhD

Ohio Department of Health Sounds the Alarm

The Ohio Department of Health (ODH), under the direction of Dr. Theodore “Ted” E. Wymyslo, has as its focus “to protect and improve the health of all Ohioans.” Its Violence and Injury Prevention Program routinely monitors Ohio’s vital statistics, hospital records and the Center for Disease Control and Prevention (CDC) to evaluate the pulse of the state’s current health. ODH was the first state authority to sound the alarm on Ohio’s prescription (Rx) problem.

Christy Beeghly, Program Administrator of the Violence and Injury Prevention Program, and her team of health promoters began spreading the statistics still widely cited today:

- In 2007, unintentional drug poisoning, primarily opiate-related, became the leading cause of injury death in Ohio, surpassing motor vehicle crashes and suicide for the first time on record. This trend continues today (Fig. 1).
- From 1999 to 2009, Ohio’s death rate due to unintentional drug poisonings increased by more than 325 percent; the increase in deaths has been driven largely by prescription overdoses.

- On average, from 2006 to 2009, approximately four people died each day in Ohio due to drug-related positioning.

The ODH also began pin-pointing geographical trends and drawing parallels between Ohio’s Rx problem and national statistics. Among many motivating discoveries, they found a near perfect correlation between the rise in Ohio’s Rx-related deaths and the nation’s skyrocketing distribution rates of these drugs (Fig. 2).

tive Health and Health Services Block Grant (PHHSBG) and the CDC, ODH responded to the alarm by coordinating a state-level initiative to address this public health and safety issue. The department’s accomplishments include:

Formation of the Prescription Drug Abuse Action Group (in partnership with ODADAS and the Ohio Injury Prevention Partnership) - Managed by ODH’s Judi Moseley, this advisory group was convened to identify and implement actions for the prevention of Rx drug

misuse, abuse and overdose. Additionally, the group provides a means of communication and collaboration on this topic among interested organizations, agencies and individuals throughout the state.

From this group came recommendations that were used to develop priorities and legislative recommendations made by the Ohio Rx

Drug Abuse Task Force, which was established, via executive order, by then Governor Strickland. Many of those recommendations were adopted by the Kasich administration and became elements of a bill (H.B. 93) signed by the governor in May of this year. House Bill 93 governs how pain clinics operate, authorizes updates to Ohio’s system for monitoring prescriptions and doctors, and gives more authority to the state’s medical and pharmacy boards.

Establishment of local injury prevention pilot projects in hard-hit Montgomery and Scioto counties - The goals of these four-year projects include educating health care providers/prescribers, reviewing county poison death statistics, developing policy, collecting regional data, and implementing education and public awareness campaigns.

Creation of a social marketing campaign: Prescription for Prevention: Stop the Epidemic - Focusing on five high-risk counties (Cuyahoga, Adams,

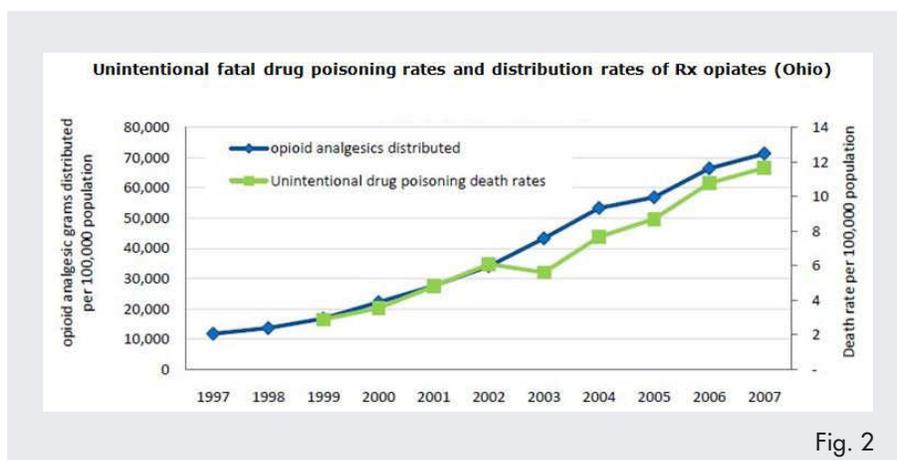


Fig. 2

Decreasing the number of accidental drug overdoses became one of the department’s main injury-prevention priorities, taking a seat alongside two other priorities – the prevention of child injuries and of falls among older adults. “Having access to the data and seeing the overwhelming upward trend on unintentional drug overdoses made it impossible to ignore this problem,” said Beeghly. “The stats are especially alarming since the number of overdose deaths surpassed deaths from motor vehicle crashes ... car crashes have been in the number one spot for 40 plus years.”

Originally using federal dollars from the Preven-

tion-

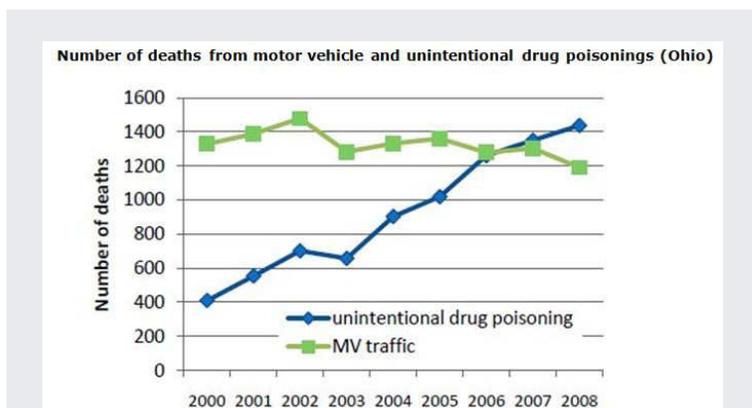


Fig. 1

Continued on page SR 5



Legal & Legislative Updates

Military Addresses Prescription Abuse

In a move to slow the growing trend of prescription abuse in the military, Army officials have placed limits on how many painkillers a soldier can receive at one time. Narcotics, opiates and amphetamines are all now limited to 30-day prescriptions. The previous limit was 90 days.

The Army will monitor this program by conducting random drug tests on active-duty soldiers. Those who fail a test will be referred to the Army Substance Abuse Program for treatment.

Prescription Abuse Training for Doctors

Federal legislation sponsored by Senator Jay Rockefeller (WV) and Chuck Schumer (NY) would require physicians to undergo training about opiate-based narcotics. Currently the DEA does not require medical doctors, dentists and other clinicians to take any training of this sort before being licensed.

The proposed Prescription Drug Abuse Prevention and Treatment Act would also increase sentencing for those who rob pharmacies to fuel a drug habit. If approved, the bill doubles the penalty for

this crime from its current 10 years to a proposed 20 years in prison.

Lastly, the bill includes \$25 million for states to improve their prescription drug monitoring systems. Several states including Ohio, Florida, Georgia and New York are currently trying to increase their monitoring systems' effectiveness through legislated efforts.

Workers' Compensation Rx Benchmarks

In an effort to control workers' compensation expenditures, experts continue to examine causes of skyrocketing costs. The Workers' Compensation Research Institute (WCRI) released *Prescription Benchmarks, 2nd Edition: Trends and Interstate Comparisons* to address medications' effect on the system.

Seventeen states were included in the study: California, Florida, Illinois, Indiana, Iowa, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, New Jersey, New York, North Carolina, Pennsylvania, Tennessee, Texas and Wisconsin.

Overall, the study found that in many cases physicians are not following best practices for monitoring use and abuse. For example,

in California, Louisiana, Massachusetts, New York, North Carolina, Pennsylvania and Texas, patients who started on narcotics as part of treatment are more likely to be using them on a chronic basis.

In other studies examining individual state's prescription benchmarks, WCRI's research uncovered wide variances in workers' compensation prescription costs. Washington State comes in 40 percent lower than the median state cost of \$512 per claim with prescriptions. On the other hand, both Texas (44%) and Florida (45%) were higher than the state median. Florida's high price tag is attributed to both increased frequency and costs of physician-dispensed medications. Louisiana, however, tops the list with the largest price tag for workers' compensation prescription payments per claim at \$1,182 – three times higher than the lowest state in the study. Physician-dispensed prescription prices and frequent dispensing of brand name drugs instead of generics are cited as causes for an inflated price tag in the Pelican State.

Search www.WorkingPartners.com/search.asp for comprehensive coverage of Rx, alcohol and other drug related issues.

Ohio Department of Health Sounds the Alarm, *continued*

Ross, Jackson and Vinton), this multi-level campaign includes the establishment of coalitions, public education and outreach, TV and radio public service announcements, peer-to-peer programs in schools and education at worksites.

Development of Disposal Day Guidelines

– To encourage proper disposal of medication, a document was developed in accordance with Ohio EPA and national DEA rules. The document serves as a guide for those who want to plan a disposal event in their communities.

One of the biggest challenges the department faces at this juncture is securing funding to continue responding to the alarm. In the latest federal budget, PHHSBG monies are in danger of being eliminated. "ODH's work to reduce injuries related to Rx abuse and overdose

will be greatly reduced if these grants are discontinued," said Beeghly. "This flexible funding has enabled Ohio to identify Rx drug abuse as a priority for Ohio."

Beeghly and her team also recognize the significance of this issue to workplaces. "Those in the 35 – 54 age range, who are

likely employed, have the highest rate of deaths due to accidental Rx overdoses," she said. "Abusers can be very functional ... gainfully employed ... and, unlike the alcoholic, their use is often easy to conceal. The workplace, then, is a perfect place to address this issue."

WORKPLACE CALL TO CHARGE:

Get facts about this issue into the hands your employees and their families.

Visit p4ohio.org and:

- Play the 30 second TV or radio public service announcement at the end of a staff meeting.
- Check your county's Rx data and release them to employees.
- Print the state and/or county-specific stats and distribute to employees as a paycheck "stuffer."
- Include stats from the website in your next employee education session.

Alcohol and Drug Department Spearheads Treatment and Prevention Initiatives

The mission of the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) is to "provide statewide leadership in establishing a high quality addiction prevention, treatment and recovery services system of care that is effective, accessible and valued by all Ohioans."

Staying true to their mission, ODADAS is taking a lead in coordinating a multi-faceted strategy to fight Ohio's opiate epidemic involving prescription abuse, diverted pharmaceuticals and the use of heroin.



Orman Hall, Director

Led by Director Orman Hall, ODADAS has mounted innumerable campaigns, studies, task forces and other efforts to eradicate the problem. Hall is adamant that "all Ohioans must understand that opiate addiction CAN happen to anyone, even people who take opiate medications according to their doctors' orders." Furthermore, Hall said that Ohioans' ability to judge how manageable their pain-level is before taking prescription (Rx) medication is key to ODADAS' efforts.

He cautions all adults to be responsible parents and caregivers. "It is the parent and other caring adults' responsibility to keep opiate pain medications locked away from access by children and teens," said Hall. In response to statistical evidence that demonstrate our youth are at particular risk in this war, he said, "Our teenagers tend to make poor decisions and get involved in risky behaviors. This isn't an illness, it's adolescence."

While being at the helm, Hall maintains an eye on the complete picture. Obviously, there are efforts to prevent inappropriate use whenever possible and intervene in the dangerous use-cycle as soon as possible. But then what happens?

"Treatment for addiction does work and people recover to live full, productive lives," explains Hall. However, he cautions, "We, as a society, must make sure that healthcare for addiction is available, just as it is for physical healthcare." Without this additional agenda, we are in danger of creating new and different problems.

In partnership with a myriad of organizations across the state*, 11 special projects launched by ODADAS will work together to:

- Support and encourage providers to use medication in treating opiate addicts.
- Provide vocational support to opiate addicts, including services directed specifically at residents of Scioto County, one of Ohio's hardest hit counties.
- Study the impact that opiate addiction has on the Medicaid population and in the care of injured workers.
- Determine if common standards for addicted criminal offenders can be developed and administered with diligence.

- Strengthen relationships with representatives from West Virginia and Kentucky to improve multi-state Rx interdiction, education, treatment and monitoring.
- Deploy task forces across 23 Ohio counties to educate the public and medical practitioners, and integrate treatment with the criminal justice system.
- Develop a multi-media campaign of prevention and education strategies as well as a family support system to serve individuals families in all parts of the state.

The Department of Alcohol and Drug Addiction Services estimates that between 1997-2010, the use of prescription opiates in the State of Ohio has increased 900%.

An overriding goal with all projects is to base actions and decisions on accurately collected and analyzed data. Another goal is to provide recovery services first to those Ohio communities hardest hit by this problem (e.g. Scioto and Montgomery Counties), and then to apply lessons learned from those efforts to serve the rest of the state.

As each effort advances, adjustments will certainly be made and additional activities will be launched. This is a huge problem converging on every community and involving virtually all social systems that govern our daily lives.

Additionally, Hall acknowledges that it is essential that government leadership shows an ROI for all tax dollars spent on Rx-related projects. For example, ODADAS is working

Continued on page SR 7



Alcohol and Drug Trends

Pain Meds May Lead to Heroin Usage

Drexel University's School of Public Health may have found a link between prescription drugs and the abuse of heroin and other injected drugs. The study finds that four out of five injected-drug users used prescription opioids before seeking heroin. In fact, most injected a prescription opioid first, before turning to injected heroin.

The study also uncovers those at greatest risk: "Access to prescription medications — either from a participant's own source, a family member, or a friend — was a key feature of initiation into prescription drug misuse," said lead researcher Dr. Stephen Lankenau.

Take the Medicine Chest Challenge

The Second Annual *American Medicine Chest Challenge* (AMCC) was launched on September 1, during a meeting with community partners and affiliates around the country. Organizers are urging adults to accept the 5-step challenge which includes: 1) taking inventory of your medicine, 2) securing your medicine chest, 3) taking medicine only as prescribed by your doctor, 4) disposing of unused,

unwanted and expired medicine, and most importantly, 5) talking to children about the dangers of prescription drugs.

As a part of this campaign, November 12, 2011 has been identified as a nationwide day of disposal of unused, unwanted and expired medicine. As explained by AMCC CEO Angelo M. Valente "... we are calling on residents to see their medicine cabinets through new eyes — as an access point for potential misuse and abuse of over-the-counter and prescription medicine by young people."

Ohio Joins Newly Formed Interstate Prescription Drug Task Force

Four states — Kentucky, Ohio, Tennessee and West Virginia — have created the Interstate Prescription Drug Task Force to fight the region's prescription drug abuse problem.

The 30-member group will work to develop strategies to reduce the sale and abuse of prescription drugs, and will make recommendations to improve cooperation in sharing data, educational campaigns and police investigations.

Florida Experiences Backlash of "Pill Mill" Closures

Due to recent changes in legislation, more than 400 pain clinics in Florida closed their doors or were forced to do so by local authorities. Florida residents are now experiencing the backlash of a decreased supply of addictive prescription meds that were once widely available from these rouge pain clinics:

- The street price of oxycodone has increased to \$15 per pill, almost double last year's cost of \$8.
- The number of applications to open new pharmacies in Florida has nearly doubled in the past two years.
- There has been an increase in pharmacy robberies, a problem that has been worse in Florida than any other state since 2007.

One positive outcome attributed to the close of the clinics is that treatment centers across the state are experiencing an increase in addicts seeking help.

Search www.WorkingPartners.com/search.asp for comprehensive coverage of Rx, alcohol and other drug related issues.

Alcohol and Drug Department Spearheads Treatment and Prevention Initiatives, *continued*

with other state agencies to develop a website to house opiate resources wherein citizens can find meaningful information by county. The site would serve as a central repository for all relevant Rx data and information.

Since 1989, ODADAS has been a leader in the prevention and treatment of alcohol and other drugs issues, and is showing their continued commitment to combating Ohio's Rx abuse epidemic.

**Ohio Department of Mental Health; Ohio Department of Health; Ohio Rehabilita-*

tion Services Commission; Ohio Association of County Behavioral Health Authorities; Ohio Society of Addiction Medicine; Ohio Addiction Treatment Providers; Alcohol, Drug Addiction, Mental Health Services Boards / Alcohol and Drug Addiction Services Boards; Cardinal Health; National Institute of Drug Abuse Clinical Network; Medicaid;

Health Foundation of Greater Cincinnati; State of Ohio Governor's Office; Ohio Criminal Justice System; Ohio Bureau of Workers' Compensation; CareSource; Governor's Office of Faith Based and Community Initiatives; Ohio Hospital Association; Drug-Free Action Alliance; and SOLACE of Scioto County.

WORKPLACE CALL TO CHARGE:

- Visit the ODADAS website to create a list of tax-supported helping resources for employees and their families (www.odadas.ohio.gov/directory).

Ohio Attorney General's Office Joining Forces

It is the function of Ohio Attorney General Mike DeWine's office (AGO) to protect Ohio's citizens from predators that destroy individuals and families. With the insurgence of the prescription (Rx) drug epidemic, the office has been taking unprecedented steps to support and coordinate services – within their own office, amongst local authorities, across state lines and with the community at large – to shield Ohio's families from this destructive epidemic.

Under the leadership of Attorney General Mike DeWine, significant resources are being expended on this issue, primarily toward the investigation and prosecution of Rx drug offenders.

In February of this year, DeWine appointed Aaron Haslam, former Adams County Prosecutor, to lead the AGO's assault on Rx drug abuse. Additionally, Haslam was sworn in as a Special Assistant U.S. Attorney in both the Northern and Southern Districts in Ohio, meaning he can try Rx criminal cases in any federal courtroom in Ohio.

Haslam is joined by attorneys Matt Donahue, specializing in prescription drug cases, and Molly Patterson, an expert in legal initiatives. The office anticipates that in late 2011 or early 2012 another attorney specializing in prosecuting drug cases will be added to their team.

"The Attorney General has made it [the Rx drug issue] one of his first priorities," said Haslam. "When he and his wife were campaigning, crossing the state in 2010, they saw the devastation first-hand. Combating this issue was one of Attorney General Mike DeWine's first and top priorities as he started his tenure as Ohio's Attorney General."

Recognizing the need for all levels of government to pull together on this

issue, collaboration and coordination have been the predominate themes of the AGO's efforts. And first on the agenda was the AGO office, itself.

"When I first started this position," said Haslam. "I was provided memos that were written by many different divisions within the AGO – all who were playing some role in addressing Ohio's Rx drug problem. Each had a unique perspective of how the issue affected their department, but we were not sharing information with each other ... we were working in silos." The office responded by pulling a cross-section of AGO team members together to form an internal workgroup focused solely on the Rx drug epidemic. This group advises DeWine on Rx-related issues and encourages communication as more and more entities join the ranks of those addressing Ohio's problem.



From left: Sr. Assist. Attorney General Aaron Haslam, Attorney General Mike DeWine, Laboratory Director Ron Dye (BCI) and State Rep. Dan Bubb

The AGO also collaborates with local law enforcement and prosecutors' offices, offering them support to investigate and prosecute offenders in their own jurisdiction. These local entities are now being encouraged to use many services of the AGO that they historically have not taken advantage of –the Bureau of Criminal Identification and Investigation (BCI), Ohio Organized Crime Investigations Commission, Ohio Peace Officer

Training Academy, and the AGO's Healthcare Fraud and Special Prosecutions units.

One such coordinated effort that made a huge dent in Scioto County's rash of "pill mills" was the search of a fraudulent doctor's office in Portsmouth, Ohio. Led by the Ohio Bureau of Workers' Compensation, the AGO joined forces with Ohio's Pharmacy and Medical Boards, the Ohio Department of Taxation, the Ohio State Highway Patrol, the U.S. Attorney's office, the DEA, the FBI, the Scioto County Prosecutor and Sheriff's Offices, and the Portsmouth Police Department. Because of this and similar coordinated efforts, the majority of "pill mills" in Scioto County have been closed.

Unfortunately, the demand for these drugs has not gone away. And Ohio is not an island. Therefore, as part of their Annual Law Enforcement Conference, the AGO hosted an Rx Drug Abuse Border Summit to coordinate and collaborate Rx drug efforts between West Virginia, Michigan, Pennsylvania, Kentucky, Indiana, Georgia and Florida.

Attorney General DeWine, Haslam and the rest of their team have not only been supporting the investigation and prosecution of Rx offenders, but have also been working feverishly to educate Ohio's citizens about the Rx abuse epidemic. Their

commitment to getting the word out is fueled by personal passion. "Being from Adams County, I know firsthand the stories of the victims who have lost family members to prescription drug abuse," said Haslam. "It's a horrible reality in Ohio ... and keeps me up at night."

They have been meeting with countless numbers of experts across the country to discuss the epidemic. These encounters have led to the formation of

Continued on page SR 9

Ohio Attorney General's Office Joining Forces, *continued*

a workgroup of Ohio experts who advise the AGO on prevention strategies and policy solutions. *Working Partners*®/BASA Coalition, because of our unique focus on the needs of businesses, was asked to serve as one of the advisors in the group, joining the efforts of pharmacists, attorneys, hospital administrators, judges, and community organizations and activists.

Despite all the Rx abuse efforts happening around the state and country, Haslam and his colleague Patterson are still not sure people recognize the magnitude of the Rx

WORKPLACE CALL TO CHARGE:

- **REPORT** any tips about rouge pain clinics in your area or suspicions about overprescribing doctors. Contact your local sheriff's office or police department and/or call the AGO's help-line at 1-800-282-0515.

drug/opiate problem. "Just because a doctor prescribed it and it is packaged in a nice bottle from a pharmacy," stresses Patterson, "does not mean it is safe." Their advice to employers: "If you have an addict working for you, your business can't run as efficiently as

it should. If there is [healthcare/workers' comp] fraud occurring, it is sure to affect premiums. Workplaces and their employees must be educated on this issue and get involved to help prevent it from devastating our state any further."

Acronym Guide

ADAMH/ ADAS	Alcohol, Drug Addiction and Mental Health Services Boards / Alcohol and Drug Addiction Services Boards
AGO	Attorney General's Office
AMCC	American Medical Chest Challenge
AOD	Alcohol and other Drugs
BCI	Bureau of Criminal Identification and Investigation
BWC	Ohio Bureau of Workers' Compensation
CDC	Centers for Disease Control and Prevention
DEA	Drug Enforcement Agency
DUR	Drug Unitization Reviews
EPA	Environmental Protection Agency
FBI	Federal Bureau of Investigation
H.B.	House Bill
MAT	Medical Assisted Treatment
MED	Morphine Equivalence Dose
ODADAS	Ohio Department of Alcohol and Drug Addiction Services
ODH	Ohio Department of Health
ODMH	Ohio Department of Mental Health
PDAAG	Prescription Drug Abuse Advisory Group
PPSBG	Preventative Health and Health Services Block Grant
Rx	Prescription

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BWC Enhances Controls

The Ohio Bureau of Workers' Compensation (BWC) Administrator Stephen Buehrer has said, "BWC spends 51% of our pharmacy expenditure in opiate prescriptions." Wondering if the BWC's authorization and payment for opiate prescriptions is part of the prescription (Rx) drug problem, Working Partners®/BASA Coalition contacted John Hanna, BWC's pharmacy program director.



John Hanna, Pharmacy Program Director

Emphasizing the difference between taking Rx painkillers for recreational purposes versus therapeutic purposes Hanna said, "If you have pain and that's why you're taking it, the clinical literature says you will not gain the secondary benefits that are experienced by recreational users."

However, he did point out that user can build a tolerance and, in those cases, the dose *could* need to be increased to treat the pain and enable the individual to function. "Ideally," said Hanna, "when the

worker is injured he or she takes the drugs, heals, does not need the pain meds any longer, stops taking the drug (medically withdrawn from it if necessary), and goes back to work."

But can an injured worker stop taking the pain meds without feeling a need or desire to continue using? Hanna explained the situation is much different for an injured worker than for a recreational user who started using the drug to get "high." Of course, addiction (psychological and physiological) can result from legitimate prescriptions used to control pain. To prevent these types of problems in the workers' compensation system, BWC has several medical and compliance check points in place to monitor the injured worker.

Before coming to BWC, John Hanna had a long career in the private sector, most recently an eight year stint as the Pharmacy Director of the Adena Health System, which serves nine counties in south central Ohio. When asked what made him come to public service, he said he wanted to cap his career by "doing work that would have an impact across the state by improving drug utilization for injured workers."

In the two years that Hanna has been in his position at BWC, he has made tremendous inroads. The BWC's pharmacy program is becoming a nationally recognized leader based upon clinical excellence and effective fiscal controls. This is in keeping with two of Buehrer's stated goals for the agency: to focus on customers, both injured workers and Ohio's businesses, and to reduce medical

costs that are outpacing national averages.

Buehrer has demonstrated his confidence in Hanna by committing resources to meet Hanna's objectives for the pharmacy program, which include:

- prescribing the appropriate medicine for covered conditions
- saving Ohioans' dollars, and
- controlling the possibility for abuse or diversion of drugs that result from the system

The prevention of Rx abuse has not always been a top priority with the Bureau. "There wasn't a focus on Rx drugs or the pharmacy benefit prior to May 2009," Hanna shared. With the increase in Rx drug abuse, however, BWC did identify a critical need for better utilization of systems and more centralized data. As a result, the Opiate Trending Report and drug utilization reviews (DUR) were devised.

The Opiate Trending Report employs a common metric referred to as "morphine equivalence dose" or MED. The potency of any opiate can be described by its equivalent potency to morphine, the gold standard for opiate comparisons. The report examines every opiate prescription received by every injured worker each month and calculates the MED for the amount received by the injured worker. The MED helps BWC analyze and evaluate, among other things, the prescribing of painkillers in relation to covered conditions.

Under the soon to be implemented DUR, the injured worker's dosage, length of time taking the drug,

Continued on page SR 11

BWC Enhances Controls, *continued*

clinical condition, report of abuse and/or other benchmarks will trigger a BWC team of medical professionals to analyze the case using consistent standards such as MED. If the case is found questionable, an independent medical review will be commissioned and the drugs could be denied. The injured worker will still be able to appeal the denial of meds with the Industrial Commission.

Also toward the objective of appropriate prescribing, a Pharmacy and Therapeutics Committee has been established. It consists of six physicians and six pharmacists who are charged with reviewing and recommending the appropriate controls to avoid abuse.

For example, the Formulary Subcommittee of the Pharmacy and Therapeutics Committee recommended the Outpatient Medication Formulary Rule 41-23-6-21.3 be amended to specify certain restrictions for specific opiates. This resulted in several changes, including the stipulation that for these certain drugs, effective September 1, 2011, BWC will no longer pay for brand name drugs if a generic equivalent is available. Over time, this committee will be reviewing each formulary drug class (e.g. narcotic analgesics, skeletal muscle relaxants, anti-inflammatories) and make recommendations for acceptance, controls, rejection or modifications of those products.

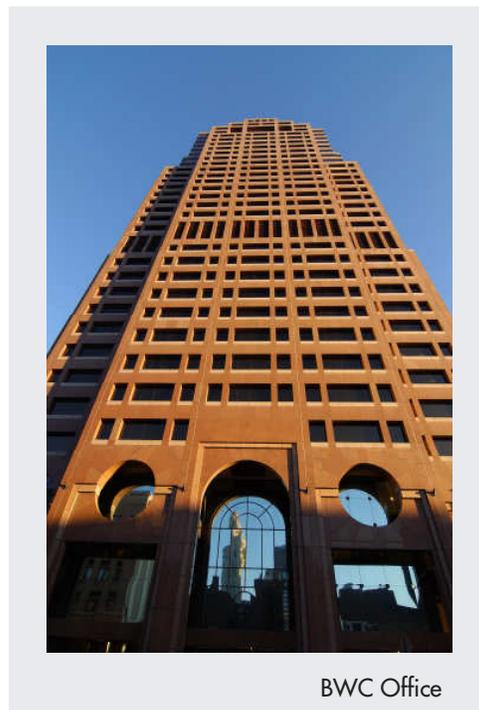
Hanna explains that the Pharmacy and Therapeutics Committee has been effective in controlling factors that drive drug utilization, which in turn drives drug costs. Driving generic utilization and

implementing formulary restrictions are part of the effort that will keep the cost of *new* claims down.

Because pain is typically experienced as a result of a workplace injury and workers' compensation covers injured workers, it stands to reason that a large percentage of the volume and dollars spent on prescriptions under the BWC system are for controlling pain. The monthly Opiate Trending Report shows that in August 2011, 20 percent of the Bureau's 64,000 claims included at least one opiate prescription (average figures). However, the dates-of-injury (DOI) on those cases range from 1954 to 2011.

Hanna estimates that \$1 of \$8 dollars spent by BWC for pharmaceuticals is for new claims. He laments that no one is quite sure how to tackle the "legacy claims" that so clearly drive up costs in the BWC system. He challenges, "What do we do with the 70 year-old individual who has been given drugs for her workplace injury for decades?" He adds, "BWC would bend over backwards to pay for chemical dependency treatment, if a claimant's doctor applied for assistance to wean their patient off the drugs."

BWC is taking several other measures to help combat this Rx epidemic – many are addressed in H.B. 93, passed earlier this year.



BWC Office

Efforts include aggressively reporting questionable prescribers to the Medical and Pharmacy Boards; implementing a "lock-in" program requiring injured workers who are identified as going to multiple pharmacies to select one qualifying pharmacy to provide all BWC prescriptions and report data on the patient for a year; and cooperating with the Governor's Cabinet Group.

"Are we part of the problem?" John reflects. "Obviously yes by the nature of the environment. However, BWC has more controls in place to defeat fraud and manipulation than any other service provider in the state."

WORKPLACE CALL TO CHARGE:

- Review your drug-free workplace policy to ensure employees know their responsibilities when taking Rx painkillers.
- Call your BWC representative or *Working Partners*® to see if your company qualifies for drug-free premium discounts.

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