

OHIO PRESCRIPTION DRUG ABUSE TASK FORCE

INITIAL REPORT
PROGRESS & RECOMMENDATIONS
MAY 17, 2010



PRESENTED TO
GOVERNOR TED STRICKLAND
& THE OHIO GENERAL ASSEMBLY



OHIO PRESCRIPTION DRUG ABUSE TASK FORCE

*George T. Maier, Chair
Department of Public Safety*

*Dr. Alvin Jackson, Vice Chair
Department of Health*

May 17, 2010

The Honorable Ted Strickland
Governor of Ohio
Statehouse
Columbus, OH 43215

Dear Governor Strickland:

The Ohio Prescription Drug Abuse Task Force has completed a status report and recommendations for moving forward to address the growing problem of prescription drug abuse in Ohio. I am honored to serve as the chair of this Task Force and am confident that we are on our way to establishing a more comprehensive, coordinated approach to combating prescription drug abuse across Ohio.

This report is the Task Force's first step toward addressing this issue on a statewide level, and I am very proud of its work, but we would not be at this point without your leadership in ensuring that the state of Ohio is doing everything possible to put a stop to this problem.

In only six weeks, the Task Force has convened four meetings and come to a consensus on a report and recommendations that will present a more detailed picture of this issue in Ohio and initial steps that we can take to address it.

One of the challenges of dealing with this epidemic is maintaining a balance between prevention, treatment, law enforcement, legislative needs and policy changes. Education is another key component in addressing all levels of this issue. At our very first meeting, it was clear that the members of the Task Force were passionate about this issue and committed developing workable solutions to combat this epidemic. Ohio is fortunate to have this high-caliber group of professionals dedicated to this endeavor.

In addition, I will be participating in a National Prescription Drug Working Group Project that is being chaired by the National Alliance for Model State Drug Laws. With this group, I will not only be sharing information and bringing best practices back to Ohio, but will also support the Office of National Drug Control Policy in their efforts to address prescription drug problems on a federal, state and local basis. Many of their efforts are complimentary to recommendations we have identified in this report and will continue to aid our efforts. Through this, and the efforts of the Task Force, we will fight this public health emergency with every available resource.

Sincerely,

George T. Maier
Assistant Director, Ohio Department of Public Safety
Ohio Prescription Drug Abuse Task Force Chair



Governor
Ted Strickland



OHIO PRESCRIPTION DRUG ABUSE TASK FORCE

*George T. Maier, Chair
Department of Public Safety*

*Dr. Alvin Jackson, Vice Chair
Department of Health*

May 17, 2010

Governor Ted Strickland
Ohio Statehouse
1 Capitol Square
Columbus, Ohio 43215

Governor Strickland:

As Vice Chair of the Ohio Prescription Drug Abuse Task Force (OPDATF), it is my belief that all of the members of this group are motivated and eager to continue our work on this issue. In the six weeks since the task force was created, we have worked diligently to define the scope of the problem and have begun discussion on potential solutions.

The recommendations in this report will serve as the first step towards substantial consumer, public health, treatment and law enforcement changes that will address Ohio's prescription drug abuse epidemic. Over the next few months, we will be working with our colleagues on the task force as well as other interested parties in working groups.

While the task force continues to meet and develop policy solutions that will address the epidemic statewide, the Ohio Department of Health (ODH) is continuing to address the epidemic in the hardest hit communities. We are funding two pilot prevention programs in Montgomery and Scioto Counties, through 2013, to develop community driven solutions to this complicated public health issue. In addition, ODH is implementing, "Prescription for Prevention" a comprehensive social marketing program in other at risk parts of the state.

Thank you for your continued support and commitment to addressing this critical public health issue.

Sincerely,

Director Alvin D. Jackson, M.D.
Ohio Department of Health
Ohio Prescription Drug Abuse Task Force Vice Chair



Governor
Ted Strickland



OHIO PRESCRIPTION DRUG ABUSE TASK FORCE

Initial Report • Progress & Recommendations

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OHIO PRESCRIPTION DRUG ABUSE TASK FORCE

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EXECUTIVE SUMMARY

On April 2, 2010, Governor Ted Strickland signed Executive Order 2010-4S – Establishing the Ohio Prescription Drug Abuse Task Force (the “Task Force”). The Task Force was created in order to have a coordinated, comprehensive state approach to the problem of prescription drug abuse in Ohio. The group is comprised of over 25 members with a wide range of professional backgrounds and perspectives, including: state and local health and public safety officials; health provider board and association representatives; state and local law enforcement; local government officials; and federal and state legislators.

The Task Force was charged with meeting regularly to discuss the prescription drug abuse problem in the State and recommend potential remedies, including various strategies (e.g., law enforcement, public health, legislative), to alleviate the danger it poses to the citizens of Ohio. Due to the urgency of this problem, the Task Force was required to submit an initial progress report to the Governor and the leaders of the Ohio General Assembly by May 17, 2010. For this initial report, the Task Force was directed to review recommendations recently issued by the Ohio Department of Health (ODH) and the Ohio Department of Alcohol and Drug Addiction Services’ (ODADAS) Poison Action Group (PAG) and New and Emerging Drug Trends Work Group (NEDTW) on the prevention and misuse/abuse of prescription drugs, and determine whether any of the recommendations should be adopted immediately. In accordance with Executive Order 2010-4S, and in support of the Governor’s mission to reduce prescription drug abuse in Ohio, the Task Force hereby issues this first report.



OHIO PRESCRIPTION DRUG ABUSE TASK FORCE

Initial Report • Progress & Recommendations

TASK FORCE MEMBERS

Task Force Chair

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Ohio Department of Public Safety

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Alvin D. Jackson, M.D., *Director*
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Matthew Kanai, Esq.
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Commissioners

Chief Charles Horner
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Carter Stewart, *U.S. Attorney*
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Ohio House of Representatives

Senator Jimmy Stewart
Ohio Senate

Representative Dave Burke
Ohio House of Representatives

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Ohio Board of Nursing

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Ohio Public Health Association

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Healthcare Providers

Jeff Davis
Representing: Ohio Association of Health
Plans



OHIO PRESCRIPTION DRUG ABUSE TASK FORCE

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THE PROBLEM – PRESCRIPTION DRUG ABUSE

The statistics regarding the abuse and misuse of prescription drugs in Ohio are staggering. The Ohio Department of Health, Violence and Injury Prevention Program, reports that in 2007, “unintentional drug poisoning” became the leading cause of injury death in Ohio, exceeding both motor vehicle traffic and suicide for the first time.ⁱ It was also the leading cause of injury death in 2008.ⁱⁱ Additionally, between 2003-2006, 96% of all unintentional poisoning deaths in Ohio were due to drugs/medications.ⁱⁱⁱ While the nation has seen an increase in unintentional drug poisoning deaths double between 1999-2006, the rate in Ohio has more than tripled.^{iv} The annual costs of unintentional drug overdose in Ohio is also shocking; \$3.5 Billion in fatal costs (including medical, work loss, and quality-of life loss) and \$31.9 Million in non-fatal, hospital admitted costs.^v

Prescription opioids (pain medications) are the drugs most often responsible for the rise in fatal overdoses in Ohio.^{vi} The opioids most associated with overdoses are Fentanyl, Oxycodone (OxyContin®), Hydrocodone (Vicodin®), and methadone. In 2008, opioids caused more overdoses in Ohio than heroin and cocaine *combined*.^{vii} Other prescription drugs of potential abuse include sedatives, such as Diazepam (Valium®) and Alprazolam (Xanax®), and stimulants, such as Adderall® and Ritalin®.^{viii}

INDIVIDUALS AT RISK

A wide range of individuals have been found to abuse prescription medicine. Although every age group has experienced unintentional drug/medication poisonings, the highest rate of death in 2006-2008 was for 45-54 year-olds.^{ix} And although males have a 1.5 higher rate of death from opioid poisoning, females are the fastest growing at-risk group.^x Statistics also show that there is a greater death rate in southern Ohio.^{xi}

It’s not just adults; students in junior high school, high school, and college are also being affected by prescription drug abuse and misuse. In fact, 4 out of the top 5 drugs abused by 12th graders are prescription or non-prescription medications.^{xii} In 2007, 26.5% of high school students reported using a prescription drug without a prescription one or more times in their life.^{xiii}

REASONS FOR THE INCREASE

There are several reasons for the rise in prescription drug abuse and misuse, both legal and illegal. While some of the legal reasons include growth in overall prescription drug use, direct marketing to consumers, and general over-prescribing, the most common illegal reason is diversion.^{xiv}

Diversion – Doctor Shopping and Pill Mills

Diversion is the unlawful channeling of regulated drugs from medical sources to the illicit marketplace of pain medications.^{xv} The practice of diversion is a lucrative business. For example, a bottle of 100 Oxycontin® 80 mg tablets, which normally costs \$700-800 at the pharmacy, has a street value of \$7,000-8,000.^{xvi} Diversion can occur along all points in the drug delivery process (manufacturers, distributors, physicians, pharmacies, homes etc.), and methods of diversion vary from theft to illegal internet sales and prescription fraud.

^{xvii} Two common ways to divert prescription drugs are by deceiving the prescribers (e.g., “doctor shopping”) and through illicit drug prescribing (e.g., “pill mills”).

Doctor Shopping

In 2008, 16% of the individuals who died from unintentional poisoning had a history of doctor shopping from at least five different prescribers per year.^{xviii} Doctor shopping appears to be most common in individuals between the ages of 25 to 44, and occurs more often with females than males.^{xix} Doctor shopping is seen throughout Ohio, but is most widespread in the southern portions of the State.^{xx}

Pill Mills

Pill mills (i.e., doctors, pharmacies or illegal pain clinics that prescribe and dispense prescription drugs inappropriately or for non-medical reasons or personal financial gain) are sometimes disguised as independent pain-management centers. They often exhibit certain signs, such as: accepting cash only, not requiring a physical exam, medical records, or x-rays; providing medicine with no questions; treating pain with pills only; dispensing a set number of pills and giving a specific date to return for more; using security guards; and having large crowds of people.^{xxi} Currently in Ohio, there are at least eight pill mills in Scioto County alone (a county of only 76,000 residents).^{xxii}



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TASK FORCE PROGRESS

FOCUS OF MEETINGS

Since its creation on April 2, 2010, the Task Force has met four times (April 21, April 27, May 5, and May 11). The Task Force has invited several interested stakeholders to give presentations to the group regarding the prescription drug abuse problem in Ohio and to educate its members on the steps being taken to reduce the spread of such abuse.

The Task Force was provided with the 27 recommendations from the PAG/NEDTW on how to reduce and prevent the misuse of, and unintentional poisoning deaths from, prescription drugs in Ohio. These recommendations were the culmination of numerous PAG/NEDTW meetings from August 2009, until April 5, 2010. The PAG/NEDTW, which continues to meet on a monthly basis, proposed numerous recommendations in four major areas:

- (1) Consumer and Public (to increase public awareness of the problem);
- (2) Provider, Prescriber, and Health Care Professionals (to provide health care professionals with information, training, and materials to address the problem within their professions and with patients);
- (3) Policy and Legislative (to implement policy and legislative changes designed to prevent the misuse/abuse of, and unintentional deaths from, prescription drugs); and
- (4) Data, Surveillance, and Research (to increase, improve and coordinate data collection).

ODH charged the PAG/NEDTW with prioritizing the recommendations so they could be reviewed in phases for implementation by the Task Force. The Task Force has reviewed the "Phase I" recommendations, and has included comments and conclusions regarding each one in this initial report.

The Task Force has also discussed issues facing criminal justice and law enforcement agencies regarding the investigation and prosecution of prescription drug abuse cases. The Task Force has developed recommendations for these key areas and will continue to address the needs and concerns of the law enforcement community in future meetings. Initial recommendations on law enforcement strategies have been included in this report.

DISCUSSION OF PAG/NEDTW RECOMMENDATIONS (PHASE I)

(1) Consumer/Public Awareness

Within this area of concern, the Task Force discussed two plans of action recommended by the PAG/NEDTW:

(a) Establishment of local and regional task forces

The PAG/NEDTW had recommended that both state and local agencies encourage and support the development of local/regional task forces. These task forces should educate the public and local service providers on the problem of prescription drug abuse, and partner with existing task forces to maximize resources.

Task Force Action:

- ODH is partially funding (through 2013) pilot projects in two high-risk areas – Scioto County and Montgomery County – to help foster the types of task forces suggested by the PAG/NEDTW. These programs will address the prescription drug abuse problem, build coalitions, educate and train health care providers, develop state and local policy recommendations, and implement a media campaign to raise awareness.

(b) Fund social marketing campaigns

The PAG/NEDTW had recommended implementing state and local social marketing campaigns to educate the public about the prescription drug abuse problem in Ohio. Public education on this issue should be a top priority for agencies, and models from other states should be reviewed. State agencies (e.g., ODADAS, ODH, Ohio Department of Mental Health, Ohio Department of Education) should work together to fund and implement a marketing campaign, and partnerships should be formed on state/local levels with various entities for developing/funding of such campaigns.

Task Force Action:

- ODH is funding (through June 2011) a social marketing, multi-level campaign in five Ohio counties (Ross, Adams, Vinton, Jackson, and Cuyahoga). ODH will be partnering with the local health departments and other agencies in the communities, including the local media, to implement a comprehensive marketing program to consist of: PSA and educational material; grassroots campaigns in community venues; employer outreach; drug drop-off events; and peer-to-peer high school outreach. They will also be developing material that can be used by other counties in the State. The current theme is “Prescription for Prevention.”
- ODADAS identified a coalition in New Jersey that recently launched a successful campaign called “The Great American Medicine Chest Challenge.” It was a 4-hour event, in cooperation with the DEA, that collected 9,000 pounds of prescription drugs with a street value of \$35 Million. ODADAS will be meeting with a representative from the New Jersey campaign to see whether something similar can be pursued in Ohio.

- The Task Force was informed about a pilot program in Hancock County, Ohio on April 17, 2010, which succeeded in collecting 94,566 tablets/capsules, the majority of which were prescription medicines.
- The Task Force was also informed about a number of future opportunities regarding the proper disposal of prescription drugs. The Task Force is going to evaluate the following events for participation and/or support, including:
 - August 7, 2010. *Medication Disposal Day* (Cardinal Health, OhioHealth, DEA, local law enforcement);
 - September 14, 2010. *Town Hall Meeting* (Cardinal Health and COSI);
 - October 2010. *Dispose My Meds* (Cardinal Health and other local partners);
 - November 13, 2010. *The American Medicine Chest Challenge* (the nationwide version of New Jersey's 2009 Medicine Chest Challenge).

Other Task Force Action:

- The Task Force created the Public and Consumer Working Group to begin tackling additional issues pertaining to Ohio consumers and the public's concerns about prescription drug abuse.

(2) Provider, Prescriber, and Health Care Professionals

Within this area of concern, the Task Force focused on the following PAG/NEDTW recommendation for implementation:

(a) Identify state medical/health care associations (OHA, OSMA, OPA, ODA, OAAPN, OOA, Ohio Association of Behavioral Health Authorities, etc.) to request they make a commitment to address the prescription drug abuse problem in upcoming meetings, conferences, courses, and newsletters.

Task Force Action:

- The Task Force Chair agreed to contact the appropriate medical and health care associations (e.g., Ohio Hospital Association, Ohio State Medical Association, Ohio Pharmacists Association, Ohio Dental Association, Ohio Association of Advanced Practice Nurses, Ohio Osteopathic Association, Ohio Association of Behavioral Health Authorities, etc.) to request their commitment to address the prescription drug abuse problem in Ohio in their future business dealings.

Other Task Force Action:

- The Task Force created the Provider, Prescriber & Health Care Professionals Working Group, which will address the following issues: licensure of pain clinics; assurance that individuals in chronic pain are given appropriate care; the advisability of pharmacy lock-ins; and identification of a mechanism to ensure that reputable health care providers are not dissuaded from including pain management in their practice of medicine.

(3) Policy and Legislative

Within this area of concern, the Task Force focused on the following PAG/NEDTW recommendations:

(a) Examine the feasibility of implementing standards for pain management clinics in Ohio;

The PAG/NEDTW had recommended that legislation be enacted that would define what constitutes a pain management clinic and develop standards of care to ensure access to medically necessary health care services and quality care at pain management clinics.

Task Force Action:

- The Policy & Legislative Working Group will review other states' laws (e.g., Louisiana, Florida) regarding standards of care and licensing requirements for pain management clinics for potential use as a model for Ohio. The working group will discuss the feasibility of proposing similar legislation in Ohio

(b) Identify options for other methods of addressing improper prescribing of pain medication (i.e., revision of standards of practice for prescribers);

Task Force Action:

- The Policy & Legislative Working Group will discuss potential policy changes to the current standards of practice for prescribers. This is an issue that will require thorough discussion over the next few months.

(c) Identify options for increasing the number of prescribers registered with the Ohio Automated Rx Reporting System (OARRS), a statewide prescription monitoring database maintained by the Board of Pharmacy;

As part of the effort to reduce/eliminate doctor shopping and other practices that can lead to prescription drug abuse/misuse and ultimately deaths from overdoses, the PAG/NEDTW had recommended that all drug dispensers, not just pharmacists, be required to register with OARRS and conduct an OARRS check prior to prescribing controlled substances. This check should be conducted for certain patients such as new patients, patients frequently returning for opioid prescriptions, or patients not seen for over a year.

Task Force Action:

- The Policy & Legislative Working Group, in conjunction with the Board of Pharmacy, will focus on identifying methods to improve OARRS and increase the number of registered providers. The Task Force raised a number of potential improvements to OARRS, which will be thoroughly discussed during future working group meetings.

Other Task Force Action:

- The Task Force created the Policy & Legislative Working Group, which will focus on legislative and policy issues raised by the PAG/NEDTW and Task Force. One of its future assignments is to assess whether invoices should be submitted to the Board of Pharmacy.
- The Policy & Legislative Working Group will research the issue of standardizing prescription pads in Ohio.

(4) Data, Surveillance, and Research

Within this area of concern, the Task Force focused on the following PAG/NEDTW recommendations:

(a) Support the work of the Board of Pharmacy in collaborating with other states to link prescription monitoring systems;

The PAG/NEDTW stated that collaborating with other states would allow for the tracking of doctor shopping and other diversion methods across state lines. The Board of Pharmacy is currently exploring options for such collaborations between Ohio and Kentucky.

Task Force Action:

- The Task Force voted to support the work of the Board of Pharmacy in its collaboration with other states.

(b) Identify data owners needed for collaboration to improve data collection around prescription drug misuse/abuse and unintentional overdose prevention;

The PAG/NEDTW listed several state agencies (e.g., ODH, BOP, ODADAS, Ohio Department of Insurance, etc.) that should collaborate to identify ways to improve data sharing.

Task Force Action:

- The Task Force will begin researching ways to improve data collection regarding prescription drug abuse. This issue will require further discussion over the next several meetings.

(c) Assess the interest of the PAG/NEDTW members in establishing an action group to review current surveys and data collection methods, identify gaps in knowledge, and develop specific questions to address these needs;

Task Force Action:

- The Chair and Vice-Chair discussed having ODH oversee the working groups, including staffing (to include members of the PAG/NEDTW), except for the Criminal Justice & Law Enforcement Working Group, which will be overseen by ODPS.

Other Task Force Action:

- The Task Force will explore the possibility of having an identification system (e.g., identification card) for patients.
- The Task Force identified addiction as a medical disease in Ohio, which impacts prescription drug abuse.



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RECOMMENDATIONS

The Task Force is proposing the following recommendations to the Governor as action items to be implemented immediately.

(1) INCREASE CONSUMER/PUBLIC AWARENESS OF THE PRESCRIPTION DRUG ABUSE PROBLEM:

(a) Identify existing coalitions/task forces addressing this issue;

- Examples include the ODH pilot projects in Montgomery County and Scioto County. These pilot projects should be reviewed in future Task Force meetings to see what worked and what could be improved.

(b) Identify models for coalition development;

- The ODH pilot projects will be used as models for future development of coalitions in other counties within the State.

(c) Identify existing social marketing campaigns;

- The ODH social marketing campaign in high-risk areas of the State (Ross, Adams, Vinton, Jackson, and Cuyahoga) will be reviewed for potential use in other counties and targeted areas within the State.

(d) Identify potential funding sources/partners for implementation of a statewide public awareness/social marketing campaign in the Fall of 2010;

- The Task Force has identified several upcoming social marketing campaigns in the Summer and Fall of 2010 (e.g., Medication Disposal Day, the American Medicine Chest Challenge). The Task Force will continue to identify and participate in additional campaigns for participation.

(e) Explore the feasibility and advisability of pursuing a statewide Prescription Drug Take-Back Program.

- The Task Force will review the Hancock County pilot program as a potential model for pursuing a statewide drug take-back program.

(2) EDUCATE AND TRAIN PROVIDERS, PRESCRIBERS, AND HEALTH CARE PROFESSIONALS:

Identify state medical/health care associations to request their commitment to address this issue in upcoming meetings, conferences, courses, and newsletters.

- The Task Force Chair will contact the appropriate medical and health care associations to request their commitment to address the prescription drug abuse problem in Ohio in their future business dealings.
- The Provider, Prescriber & Health Care Professionals Working Group will begin focusing on the many issues raised by the Task Force that pertain to health care providers.

(3) IMPLEMENT POLICY AND LEGISLATIVE CHANGES

(a) Examine the feasibility of implementing standards for pain management clinics in Ohio;

- The Policy & Legislative Working Group will examine the feasibility of proposing legislation that would subject pain management clinics in Ohio to licensing standards, including standards of care. Legislation from other states will be reviewed for potential use as a model for Ohio.

(b) Identify options for other methods of addressing improper prescribing of pain medication;

- The Policy & Legislative Working Group will discuss potential policy changes to the current standards of practice for prescribers.

(c) Identify options for increasing the number of prescribers registered with the Ohio Automated Rx Reporting System (OARRS), a statewide prescription monitoring database maintained by the Board of Pharmacy;

- The Policy & Legislative Working Group, in conjunction with the Board of Pharmacy, will focus on identifying methods to improve OARRS and increase the number of registered providers.

(d) Investigate the issue of standardization of prescription pads in Ohio.

- The Policy & Legislative Working Group will research the issue of standardizing prescription pads in Ohio.

(4) INCREASE AND IMPROVE DATA, SURVEILLANCE & RESEARCH

(a) Support the work of the Board of Pharmacy in collaborating with other states to link prescription monitoring systems;

- The Task Force supports the work of the Board of Pharmacy in its collaboration with other states.

(b) Identify data owners needed for collaboration to improve data collection around prescription drug misuse/abuse and unintentional overdose prevention;

- The Task Force will research ways to improve data collection regarding prescription drug abuse. This issue will require further discussion over the next several meetings.

(c) Assess the interest of the PAG/NEDTW members in establishing an action group to review current surveys and data collection methods, identify gaps in knowledge, and develop specific questions to address these needs;

- ODH will oversee the working groups, including staffing (to include members of the PAG/NEDTW), except for the Criminal Justice & Law Enforcement Working Group, which will be overseen and staffed by ODPS.

(d) Explore the possibility of having an identification system (e.g., identification card) for patients.

- The Task Force will explore the possibility of creating an identification card for patients. This issue will require further discussion over the next several meetings.

(e) Identify ways to ensure that chronic pain sufferers, whether they are referred from the criminal justice system or the medical field, have access to safe and consistent relief of suffering.

- The Task Force supported the need for a study that would determine the difficulty chronic pain sufferers endure in obtaining access to addiction treatment and pain services in Ohio.

(5) COLLABORATE WITH THE CRIMINAL JUSTICE & LAW ENFORCEMENT COMMUNITY TO INVESTIGATE AND ENFORCE PRESCRIPTION DRUG ABUSE CASES

The following recommendations were made by the Task Force (in addition to the PAG/NEDTW recommendations).

(a) Locate grant funding opportunities for criminal justice and law enforcement agencies.

- ODPS's Division of Ohio Criminal Justice Services has grant funding in the amount of \$250,000 for 25 local law enforcement recipients (up to \$25,000 for each prescription drug abuse investigation). This funding will be used to improve investigative strategies, cover personnel costs, and provide needed overtime and resources at the local level to successfully investigate and prosecute prescription drug abuse cases.
- The Criminal Justice & Law Enforcement Working Group is partnering with the High Intensity Drug Trafficking Areas (HIDTA) program to identify additional funding (up to \$90,000) to be used in furtherance of investigations and prosecutions of prescription drug abuse cases in targeted areas within the State. This federal grant program provides funds to state and local agencies with coordination, equipment, technology, and resources to combat drug production, trafficking, and use.

(b) Identify opportunities and strategies for greater local, state, and federal collaboration on issues regarding prescription drug abuse cases.

- The Task Force created the Criminal Justice & Law Enforcement Working Group, and tasked them with developing collaborations and strategies to increase the coordination between local, state, and federal law enforcement entities.



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GOALS FOR THE FUTURE

The Task Force has addressed several recommendations that can be implemented in order to reduce and prevent prescription drug abuse in Ohio. In addition to reviewing several of the initial PAG/NEDTW recommendations, the Task Force has also raised its own concerns and recommended additional plans of action.

A number of the more complex issues will require thorough discussion, research, and review in order for the Task Force to make informed decisions. The working groups are the perfect medium for those conversations to take place. These groups are in the process of being formed and will soon begin to delve into the projects currently assigned to them, as well as any applicable topics in the future.

As the Task Force and its working groups find issues and opportunities that require immediate attention, they will respond appropriately. Their actions will then be detailed in the Task Force's October report to the Governor and General Assembly.

In future meetings, the Task Force will address current issues and concerns, and will begin to review the "Phase II" PAG/NEDTW recommendations, some of which may require additional discussion, research and review before implementation. The Task Force will also address issues facing law enforcement and criminal justice agencies, and will continue to task the Criminal Justice & Law Enforcement Working Group with pursuing action items that require further research and review.

The PAG/NEDTW recommendations for the October report to the Governor and General Assembly include action items in the same four areas – consumer and public; provider, prescriber, and health care professionals; policy and legislative; and data/surveillance, and research – as in this initial report. The October report will also summarize the discussions that have occurred during the Task Force's subsequent meetings, and will present additional recommendations.

The Task Force members are honored to be part of this initiative, and applaud Governor Strickland for his dedication to the cause of reducing and preventing prescription drug abuse in Ohio.



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Sources

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- ii Ohio Dept. of Health, Office of Vital Statistics (2010), *The Alarming Rise in Unintentional Drug Overdose Deaths in Ohio* [PowerPoint slide 10]. Presented at the April 21, 2010, Task Force meeting.
- iii Ohio Dept. of Health, Office of Vital Statistics (2010), *The Alarming Rise in Unintentional Drug Overdose Deaths in Ohio* [PowerPoint slide 8]. Presented at the April 21, 2010, Task Force meeting.
- iv Ohio Dept. of Health, Office of Vital Statistics (2010), *The Alarming Rise in Unintentional Drug Overdose Deaths in Ohio* [PowerPoint slide 13]. Presented at the April 21, 2010, Task Force meeting.
- v Ohio Dept. of Health, Office of Vital Statistics (2010), *The Alarming Rise in Unintentional Drug Overdose Deaths in Ohio* [PowerPoint slide 42]. Presented at the April 21, 2010, Task Force meeting.
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- vii Ohio Dept. of Health, Office of Vital Statistics (2010). *Epidemic of Prescription Drug Overdose in Ohio* [Page 2]. Presented at the April 21, 2010, Task Force meeting.
- viii Cardinal Health, (2010), *Preventing the Abuse and Misuse of Prescription Drugs* [PowerPoint slide 16]. Presented at the May 5, 2010 Task Force meeting.
- ix Ohio Dept. of Health, Office of Vital Statistics (2010), *The Alarming Rise in Unintentional Drug Overdose Deaths in Ohio* [PowerPoint slide 20]. Presented at the April 21, 2010, Task Force meeting.
- x Ohio Dept. of Health, Office of Vital Statistics (2010). *Epidemic of Prescription Drug Overdose in Ohio* [Page 3]. Presented at the April 21, 2010, Task Force meeting.
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