

Medicines are essential in the fight against illness and disabling conditions. Healthcare providers often rely on over-the-counter and prescription drugs to help patients achieve the highest level of health. For all of their life-saving properties, medications can have the exact opposite effect when used improperly.

Balancing the need to get essential medications in the hands of patients with the need to keep medications out of the hands of individuals who would abuse them is a fine line. In this Policy Snapshot - the second in a two-part series on drug safety - we examine inappropriate use of drugs and some of the supply chains that are contributing to the problem.

## "Pill Mills"

"Pill mills" are one of the supply chains that have been implicated in the proliferation of powerful painkillers. While pain levels are subjective and nobody but the person suffering can give an accurate assessment of how they are truly experiencing pain, there are times when strong painkillers are inappropriately prescribed. An example of this is the existence of "pill mills."

What are "pill mills?" Coined by state and local investigators, the term "pill mill" is used to describe clinics, pharmacies or doctors that prescribe or dispense strong narcotics inappropriately or for non-medical reasons.<sup>1</sup> There are some clear red flags warning consumers that a "pill mill" is illegitimate:

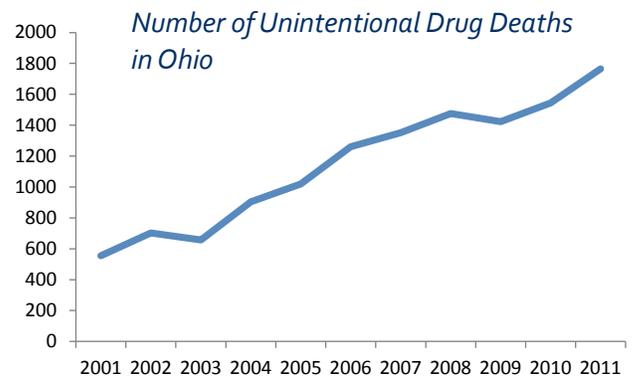
- Pill mills are often camouflaged as independent pain management centers
- Patients are not given a physical exam
- Medical records are not used
- Pain is only treated with pills
- Patients can pick their own medications
- Cash is the only form of payment accepted<sup>2</sup>

Passage of House Bill 93 in 2011, commonly referred to as the "pill mill bill" has been credited with helping to close pill mills in Ohio by enhancing licensing and law enforcement of pain management clinics.

## Drug Abuse

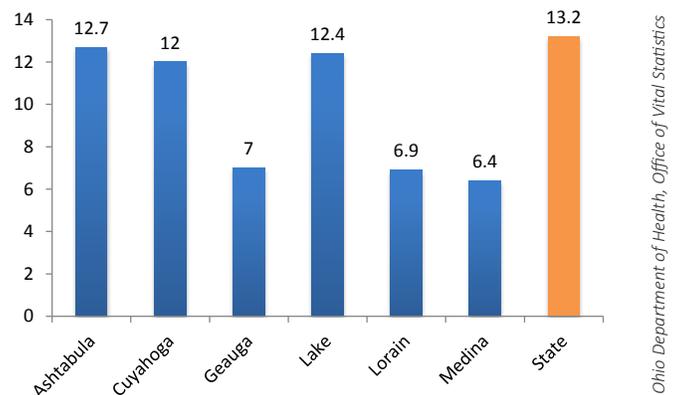
Shutting down pill mills and other questionable drug suppliers is one important step in the fight against drug abuse. Understanding which drugs are causing the most devastation to families and communities is another crucial element. Opioid-based prescription painkillers have been gaining attention from the media, the medical community and regulators because of how highly addictive they are, their contribution to unintentional drug overdoses, and how often they serve as a gateway to heroin. What are opioids? Opioids are medicines that are frequently used to treat pain and include morphine, codeine, hydrocodone (Vicodin) and oxycodone (Percocet, OxyContin®).

Ohio healthcare providers, politicians and advocates are alarmed by the role that prescriptions painkillers, particularly opioids, are having on unintentional drug overdose deaths in the Buckeye state. From 1999 to 2011 the percentage of unintentional fatalities from drug overdoses rose 440 percent in Ohio, with prescription drug overdoses being the primary cause.<sup>3</sup> Tragically, drug overdoses in Ohio are averaging four deaths per day.<sup>4</sup>



In Northeast Ohio, the average number of age-adjusted unintentional drug overdoses per 100,000 people was lower than the state average of 13.2 during the 2007 to 2011 time period, yet local officials and advocates are not relaxing their efforts to curb abuse.<sup>5</sup> Among Northeast Ohio counties, Ashtabula had the highest rate of unintentional drug overdose deaths per 100,000 people (12.7), followed by Lake (12.4), Cuyahoga (12.0), Geauga (7.0), Lorain (6.9) and Medina (6.4).<sup>6</sup>

*Average, Age-Adjusted Unintentional Drug Overdose Death Rate per 100,000: 2007 to 2011*



Some have expressed concern that as officials have sought to crackdown on misuse of prescription painkillers, and as doctors have limited access to pills when they suspect a patient is addicted, an unintended consequence has been a rise in heroin use.<sup>7</sup> Heroin is cheaper to buy and often easier to access compared to prescription opioids, but is also derived from opium.

Last year in Cuyahoga County almost 200 people died from heroin overdoses – exceeding the number of homicide deaths and motor vehicle deaths in the county.<sup>8</sup> In fact, heroin deaths have almost quadrupled in Cuyahoga County since 2007.<sup>9</sup> These same statistics play out in counties and communities across the state. In Lorain County, deaths from heroin, prescription pills, or a combination of the two rose from 22 each in 2010 and 2011 to 60 in 2012 and 67 in 2013. Furthermore, whereas 60 percent of Lorain County overdose deaths were from pills in 2012, heroin accounted for 60 percent of overdose deaths last year in Lorain County.<sup>10</sup>

## Addressing Drug Abuse

The grief stemming from one life lost to a drug overdose is incalculable. Fortunately, advocates, healthcare providers, lawmakers, and pharmacies are attacking prescription drug abuse and the heroin epidemic on multiple fronts.

### State-Level Action

According to behavioral health experts, grassroots advocacy such as that provided by the SOLACE (Surviving Our Loss and Continuing Everyday) Ohio Network is largely credited with helping to bring the issue of opioid addiction to the forefront of the public's and lawmakers' attention. Under the leadership of Governor John Kasich, Ohio has made significant strides in addressing the opioid epidemic.

In addition to the pill mill legislation highlighted earlier, in October 2013 Ohio introduced new guidelines for prescribers of opioid pain medications. Under the new guidelines, if a clinician is prescribing 80 milligrams of morphine equivalency dosing (MED) for patients with non-terminal, chronic pain, this level should trigger the clinician to reevaluate how safe and effective the pain management plan is for the patient.<sup>11</sup>

The ink has just dried on legislation signed into law by Governor Kasich that will make it easier to get a powerful antidote to heroin into the hands of more individuals – and save more lives. When someone is experiencing an opioid-induced overdose they essentially stop breathing. Naloxone (commonly known by its trade name Narcan) is a medication that has been used for decades by certain emergency medical professionals to reverse an overdose caused by an opioid drug. Once naloxone is administered to a patient overdosing on an opioid drug, it only takes two to eight minutes to restore the patient's breathing. Under House Bill 170, naloxone would be made available to emergency services personnel as well as families and friends of individuals at risk of experiencing an opioid-related overdose. The bill requires emergency personnel to be contacted after naloxone is administered.

### Local-Level Action

While legislation at the state level would make the opioid antidote naloxone available to even more individuals, Project D.A.W.N. (Deaths Avoided Using Naloxone) is already being implemented in Northeast Ohio and other communities in the state. Through this program participants learn to recognize the signs and symptoms of an overdose as well as the different types of overdoses. In addition, participants learn how to respond to an overdose by performing rescue breathing, calling emergency medical services, and administering intranasal naloxone.<sup>12</sup>

Public officials in Northeast Ohio are also taking steps to raise community awareness about the problem. The Cuyahoga County Prosecutor's Office has formed the "Let's Face It" campaign to provide information for addicts and family members. The Cuyahoga County Board of Alcohol, Drug Addiction and Mental Health Services has also been running a heroin addiction awareness campaign using multiple forms of media. (Web resources mentioned in this Policy Snapshot are available at [healthpolicyissues.com](http://healthpolicyissues.com).)<sup>13</sup>

## Pharmacy Action

Pharmacies have also been finding a role to play in addressing the heroin epidemic. As regulators such as the U.S. Drug Enforcement Administration (DEA) have sought to crackdown on prescription drug abuse, they have taken aim at some of the biggest retail pharmacies for not properly overseeing controlled substance prescriptions. In response to mounting pressure to strengthen oversight of controlled substance prescriptions, CVS announced in August 2013 that it was suspending the prescribing privileges for 36 doctors with unusually high rates of prescriptions written for powerful painkillers such as oxycodone.<sup>14</sup>

### What The Center is Doing

The Center for Health Affairs is co-chairing the Northeast (NE) Region Behavioral Health Workgroup which serves six local counties including Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Summit. The workgroup is actively trying to assess the scope of work being done by the healthcare sector to address the opioid epidemic in the region. A survey was recently sent to private hospitals with psychiatric units as well as local public agencies charged with funding, monitoring and evaluating services for individuals with a mental illness or substance abuse issue.



The Center has also created a new Pinterest board "[Combating Drug Addiction](#)" to share key resources.

## Conclusion

While medications provide essential relief to many in need – including cancer patients, mothers in labor, and children with fractured bones – the downside is that they can also be abused. Drug addiction, such as that stemming from opioid drugs, is a disease that is touching all of our communities and affects individuals of all income levels, genders and races. In addition to the promising initiatives that have been created across the state and locally to combat opioid addiction, it is essential that the behavioral health system be sufficiently funded to ensure that people who have become addicted to opioids get the comprehensive treatment that they need.

## Endnotes

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