

September 22, 2010

Prescription drug policy advice headed to governor

BY RUSS ZIMMER

CentralOhio.com

In 10 days, Gov. Ted Strickland and the General Assembly will be given a map that its makers hope will chart the course out of Ohio's prescription-drug-abuse mess.

At the onset of the Ohio Prescription Drug Abuse Task Force's final meeting Tuesday, George Maier, assistant superintendent of the Ohio Highway Patrol and task force chairman, said the almost finished report was "not policy, not a set of rules and certainly not legislation."

How these guidelines will be advanced or modified will be up to policymakers at the Statehouse, he said. However, draft recommendations released last week have thus far been lauded almost universally by the task force's different blocs -- political, law enforcement, treatment and medical -- who had been seemingly going in different directions.

As an outside observer and expert, Mike Barnes, executive director of the Center for Lawful Access and Abuse Deterrent, or CLAAD, said he was impressed by the draft recommendations, which he reviewed at the request of CentralOhio.com, prepared by the work groups within the task force and approved by the entire body.

"On a whole, these recommendations are very strong, creative ideas that I think will make a difference," he said.

DRUG DATABASE

One of the recurring and contentious topics has been the Ohio Automated Rx Reporting System, or OARRS. At issue are whether prescribers should have to enroll in the dangerous drugs database and how often they should be required to check it before writing prescriptions for opiate-based pain relievers.

Language expected to be in the final report would eliminate any lag time between when a prescription is filled and when it is entered into the OARRS system. It would allow a designee of the prescriber, such as a physician's assistant, to run queries on the prescriber's behalf.

The appropriate licensing board -- Ohio State Medical Board for doctors or the Ohio State Pharmacy Board for pharmacists -- would decide if a medical professional should have to use the system and how frequently.

Jeff Smith, director of government affairs for the Ohio State Medical Association, said changes proposed to OARRS, if implemented, would alleviate their previous concerns about vouching for it as a tool to prevent prescription drugs from being diverted onto the street.

Previously, the medical association has refused to fully endorse OARRS because of time constraints and concerns about its effectiveness.

Bill Winsley, executive director of the pharmacy board, said these are matters that the pharmacy board wants to address as well. The central trouble is the lack of a concrete personal identifier in the database, he said.

OARRS doesn't include a unique identifier, such as a Social Security number, which means the data isn't always going to yield a clear answer as to whether someone has been following a doctor-shopping pattern.

The state has solicited bids to install a computerized system for medical records. Winsley said OARRS will be able to plug into that once it is up. That would take care of both the personal identifier problem and any reporting delay as well, Winsley said.

CONTINUING EDUCATION

Another area expected to be in the task force's report that all parties will closely watch is prescriber education. How much, if any, is required and in what areas -- substance-abuse risks of opiate pain relievers, for example -- are just two of the questions sure to come up when the legislature takes up the issue.

Smith said the language he expects to see in the report will not make continuing education mandatory. As understanding of the epidemic spreads in the medical community, he believes, doctors will seek out additional training on their own.

"I certainly think that the ability for us to raise awareness of this issue is going to increase public awareness and physician recognition that this is a serious problem," he said. "I think that you'll find that doctors will take advantage of the (educational courses)."

Barnes said no consensus on an hours requirement for physician education could partly undermine the stated goal of reducing misuse.

"A significant part of the prescription drug abuse problem stems from prescribers who ... are not cognizant of the real threats of so many powerful pain relievers in one person's hand," Barnes said.

PAIN CLINICS

During a press conference where Strickland announced the formation of the task force, he took special aim at so-called pill mills.

Regulation of pain clinics has enjoyed almost universal support from the 30-plus task-force members. But the medical association and pain management representation has been cautioning against language they believe may ensnare legitimate practitioners.

The task force tied their proposed regulations -- establish standards for proper care, physician ownership and no employment of felons -- to House Bill 547, which is pending legislation to license pain clinics that shares the same basic tenets.

**PRESCRIPTION
TO ADDICTION**

**PAINKILLERS
FUEL OHIO'S
NEW DRUG
EPIDEMIC**

ON THE WEB
You can read our ongoing coverage of this issue online at [www.ZanesvilleTimesRecorder.com /addiction.](http://www.ZanesvilleTimesRecorder.com/addiction)