

STATE MEDICAL BOARD OF OHIO
Resolution Regarding Prescription Drug Abuse

Prescription drug abuse is a serious problem in the state of Ohio. Governor Kasich shared the following facts about prescription drug abuse in Ohio and Scioto County in his February 21, 2011 press release:

- 9.7 million doses of prescription painkillers were dispensed in Scioto County last year; 123 doses for each of the 79,000 men, women and children in the county. (Source: Ohio Board of Pharmacy, 2010);
- Between 1999 and 2008, there was a 360 percent increase in accidental over-dose deaths in Scioto County; 92 percent of these deaths are due to prescription medication. (Source: Scioto County Rx Drug Action Team);
- Oxycodone toxicity deaths in Scioto County have quadrupled in the past three years. The majority of these deaths occurred in the 25-35 year-old age groups. (Source: Scioto County Rx Drug Action Team);
- Eighty-five percent of substance abuse treatment requests at the Scioto County Counseling Center are now for opiate addiction, marking a 300 percent increase in just the past three years. (Source: Scioto County Rx Drug Action Team)
- Since 2007, unintentional drug overdoses have been the leading cause of accidental death in Ohio. Fatal and non-fatal poisonings cost Ohioans \$3.6 billion annually. (Source: Ohio Department of Health, “Burden of Poisoning in Ohio, 1999-2008);
- The Ohio Substance Abuse Monitoring (OSAM) Network reports a move from prescription painkillers to heroin among opiate abusers. Heroin is highly available in all regions of the state. (Source: ODADAS, OSAM Network, 2011).

Ohio Attorney General Mike DeWine has also committed personnel and funds to fight Ohio’s prescription drug abuse problem.

On October 1, 2010, the Ohio Prescription Drug Abuse Task Force, which was established to address Ohio’s prescription drug abuse epidemic, issued its “Final Report” [Taskforce Report] to the Governor and the Ohio General Assembly. Dr. Strafford represented the State Medical Board of Ohio [Board] on the Taskforce. According to the Taskforce Report, the highest annual average death rates due to unintentional drug overdose occurred primarily in the state’s southern region, which includes Scioto County, causing the city and county health commissioners in Scioto County to declare a public health emergency in January 2010.

The Taskforce Report identified a constellation of certain criteria and conduct that characterized “pill mill” facilities, which are sometimes disguised as independent pain-management centers:

- Pill mills do not accept private insurance, Medicaid or Medicare, and operate as a cash-only business.
- Pill mills treat pain with prescription medications only and do not offer treatment modalities other than prescribing, such as trigger point injections.
- Pill mills have the presence of security guards.
- Pill mills open and shut down quickly in order to evade law enforcement.

In addition, some other characteristics of pill mill practices include, but are not limited to the following:

- Minimalistic histories and physicals;
- Ignoring concomitant medical issues;
- Lack of coordination of care with primary care providers;
- Lack of meaningful follow up care;
- Prescriptions lacking appropriate patient information and signatures;
- Extremely limited scope of care for a physician advertising himself or herself as a pain specialist;
- No urine drug screens for drugs of abuse and/or medication management; and
- Patients traveling significant distances to seek care, bypassing closer, larger cities/metropolitan areas where there should have been pain management specialists available.

It is therefore RESOLVED that inappropriate prescribing practices such as those set forth above present an immediate and serious harm to the public and based on individual circumstances, could warrant a summary suspension pursuant to Section 4731.22(G), Ohio Revised Code, in order to remove the prescriber from continued practice.

It is therefore further RESOLVED that cases involving inappropriate prescribing practices are designated by the Board as a high priority.

In addition to addressing inappropriate prescribing through disciplinary measures, the Board is committed to taking more steps to help licensees improve patient care by reducing their patients’ risk of addiction, abuse and diversion of controlled substances prescribed for chronic pain. These steps include the following, but are not limited to:

- Development of enhanced rules regarding prescribing practices;
- Development of voluntary continuing education regarding controlled substances prescribing;
- Distribution of “Responsible Opioid Prescribing: A Physician’s Guide” by Scott M. Fishman, M.D., a book published by the Federation of State Medical Boards;

- Improvement of coordination with state and local law enforcement and drug task forces;
- Coordination of investigative efforts of cases involving over-prescribing or pill mills with Attorney General Organized Crime section;
- No deferral to law enforcement on common cases unless such deferral is requested in writing and approved by the Board Secretary;
- Holding expedited hearings for overprescribing and pill mill cases;
- Working with a dedicated Assistant Attorney General to present all overprescribing and pill mill cases to the Hearing Unit;
- Incorporate practice limitations in Board Orders and Consent Agreements for physicians engaged in overprescribing or pill mill activity.

Adopted March 9, 2011