Over the course of a two-week period in late March and early April, the rules for prescribing painkillers were tightened in Ohio, an improved drug-monitoring system was unveiled in Michigan, and nine bills to prevent opioid abuse won passage in the Wisconsin Assembly. The flurry of activity in those three states illustrates just how big the opioid problem continues to be in many parts of the Midwest, as well as how much of a priority legislative leaders have placed on finding new ways to address it.

Near the top of that priority list is better controlling how prescription drugs are dispensed, prescribed and used. Every state in the Midwest (and all but Missouri nationwide) now oversees a prescription drug monitoring program: an electronic database that allows providers to review a patient’s history with prescription drugs and that also can uncover inappropriate prescribing and dispensing practices.

But the effectiveness of these databases, and the rules governing them, vary across the country.

“Always emphasis right now is to try and improve them,” says Sherry Green, president of the National Alliance for Model State Drug Laws.

Launched in January, Wisconsin’s new database provides an example of the advances that states are making. According to Green, it provides more “data analytics” to users — a Wisconsin primary care physician, for instance, not only can view the prescription drug history of a single patient, but analyze broader trends among groups of patients, allowing for a comparison of his or her own prescribing patterns against those of other primary care doctors.

The enhanced monitoring system also is more interactive, Green says. Using a set of criteria, the administrator of the prescription monitoring program can identify a potential problem with a patient and alert practitioners.

Last year, Wisconsin lawmakers passed a bill (AB 364) to strengthen requirements related to the information going into the database, as well as how it is used. Under that new law, records must be submitted within 24 hours of a drug being dispensed, and before issuing a prescription, doctors must first consult the database. AB 364 also gives nurses and addiction counselors access to information on a patient’s prescription drug history.

This year’s nine-bill package in Wisconsin would authorize the opening of a charter school for recovering addicts, continue funding for treatment and diversion programs, and invest in programs that increase the state’s number of addiction specialists.

In April, Michigan opened its own enhanced Automated Prescription System. This database provides prescribers with a user-friendly portal to obtain information on drugs that have previously been dispensed to a patient. The state’s legislators, meanwhile, are considering bills (SB 166 and 16) that would require doctors to use this system when prescribing Schedule II through Schedule V controlled substances.

Another legislative proposal in Michigan (HB 4407) would have all of the state’s schools include information about opioid abuse in their health-education curriculum.

“More and more states are considering whether to require prescription drug education,” Green says.

Ohio schools already must meet this requirement, under legislation passed three years ago (HB 367).

More recently, Ohio lawmakers (SB 319) approved a bill in late 2016 that expands access to naloxone, an antidote to opioid overdoses. And in April, tighter prescription guidelines took effect: For adults, only a seven-days supply of...
opiates can be prescribed; for children, the limit is five days. Prescribers also are required to include a diagnosis or procedure code on every controlled-substance prescription; they must then enter that information into Ohio’s prescription drug monitoring database.

**Death rates from drug overdoses vary widely among Midwest states**

Driven mainly by a rise in the use and abuse of opioids, drug overdoses have become the leading cause of injury death in the United States. “Our nation is in the midst of an unprecedented opioid epidemic,” according to the U.S. Department of Health and Human Services.

But as illustrated by data from the Midwest on drug-related deaths, this public health problem is much more severe in some states than others. In 2015, 3,310 people died of a drug overdose in Ohio, a total that accounts for more than one-third of all such deaths that year in the 11-state Midwest. When adjusted for factors such as the age of a state’s population and its total size, Ohio has the fourth-highest rate of drug overdose deaths in the United States. (Neighboring West Virginia has the highest.) In contrast, Nebraska, South Dakota and North Dakota have the nation’s three lowest rates.

In an interview this fall with The Columbus Dispatch, Sam Quinones, author of “Dreamland: The True Tale of America’s Opiate Epidemic,” cited at least two reasons for Ohio “becoming the center of this whole problem” — one, a decision by heroin traffickers to avoid the gangs and violence in larger cities and to settle instead in central Ohio; and two, the large presence of “pill mills” in the state that overprescribed medications.

In Ohio and many other Midwestern states, policymakers have adopted numerous strategies to prevent drug overdose deaths. Examples include:

- developing and enhancing prescription drug monitoring programs (see article to the right);
- increasing access among first-responders, school officials, treatment specialists and others to naloxone, an overdose antidote; and
- adopting “Good Samaritan” laws that encourage people to report an overdose by protecting them from certain drug crimes.

By:

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