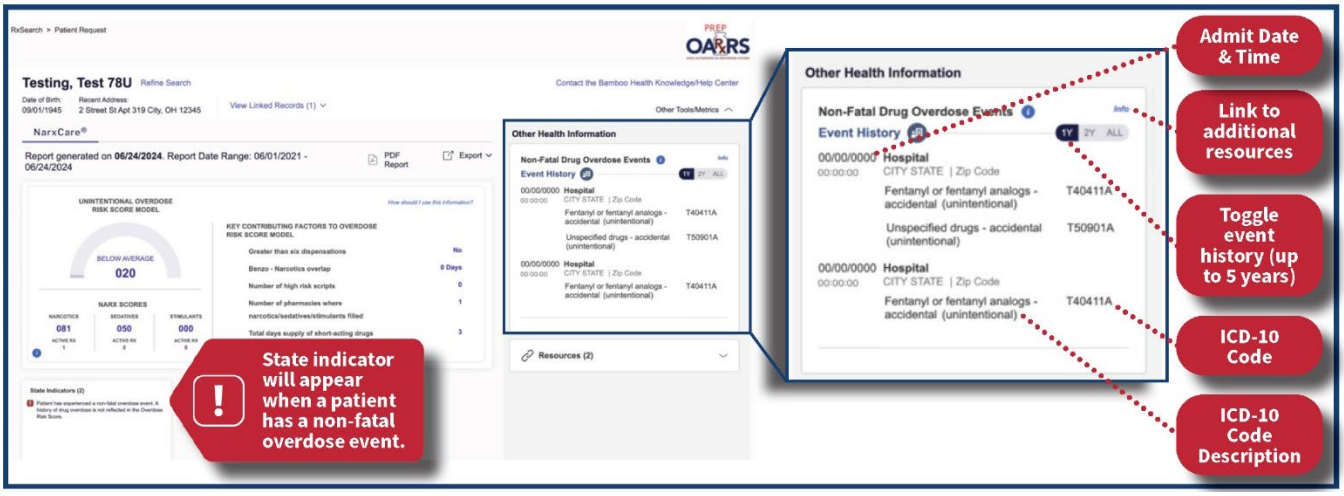
State Medical Board of Ohio
Board of Nursing
State Dental Board

Ohio Automated Rx Reporting System (OARRS) Non-Fatal Drug Overdose Indicator - A Guide for Prescribers

Updated 8/1/2024

Patients who have experienced a non-fatal drug overdose, as reported by an Ohio emergency department, will be reported to the Ohio Automated Rx Reporting System (OARRS). The indicator, as pictured below, provides the following information:



To assist prescribers in using this information, the State Medical Board of Ohio, the Ohio State Dental Board, and the Ohio Board of Nursing have developed this frequently asked questions document. The FAQs are broken down into the following sections:

For any specific questions on using the indicator, please use the following links to contact your respective licensing Board:

- State Medical Board of Ohio: https://med.ohio.gov/help-center/contact-us/contact-us
- Ohio State Dental Board: https://dental.ohio.gov/help-center
- Ohio Board of Nursing: https://nursing.ohio.gov/help-center/contact-us

RecoveryOhio

988 SUICIDE & CRISIS LIFELINE Ohio

For any technical questions or assistance in accessing OARRS, please contact the Ohio Board of Pharmacy: https://www.ohiopmp.gov/Contact

I. About the Indicator

Q1) Why is the state providing this information to OARRS users?

A1) Research shows that people at risk of overdose frequently interact with the healthcare system.[i] The state is providing this information to prescribers and pharmacists in hopes of improving care coordination and promoting access to medication for opioid use disorder and other tools to prevent fatal overdoses. It should not be used to terminate a patient/prescriber relationship.

Q2) Does this indicator capture all non-fatal drug overdoses?

A2) No. This indicator is solely based on reports from Ohio emergency departments beginning April 8, 2024. It does not capture non-fatal overdoses that are treated by EMS and the patient refuses transport to a hospital, non-fatal overdoses that are revived with an overdose reversal medication by a lay responder and the individual is not treated at a hospital, or overdoses that were treated in Ohio hospitals prior to April 8, 2024. Therefore, it is still important to ask patients about previous overdose events to better understand their treatment needs.

REMINDER: By rule, Ohio emergency departments have two business days to report non-fatal overdoses. Due to the timing of reporting, it may be possible a patient has experienced a recent non-fatal overdose that does not display on their OARRS report.

Q3) Does this indicator capture drug overdoses by intent (intentional, unintentional, undetermined) and drug type?

A3) Yes. The indicator will display the ICD-10 code reported that includes the type of overdose (intentional, unintentional, undetermined) and drug/substance involved, if available. ***Please be advised that most overdoses reported to OARRS will be listed as unspecified (using the T50.9 code series), which means they do not include the specific substance involved in the patient's overdose and may include any drug poisoning.***

Q4) Is there a chance a report of a non-fatal drug overdose has been associated with the wrong patient?

A4) OARRS uses a sophisticated algorithm to match patients based on data reported. However, there is a chance a patient may have been flagged incorrectly. If this situation arises, please contact the Ohio Board of Pharmacy's OARRS Department via email (support@pharmacy.ohio.gov) or phone (614-466-4143).

Q5) Is a patient's history of non-fatal drug overdose reflected in the patient's Overdose Risk Score (ORS)?

A5) No. The ORS provides an indicator, along with other patient-centric factors, of the likelihood of an unintentional overdose death. The ORS takes into consideration several pieces of information within OARRS such as quantity and combination of high-risk medications, and certain patient demographics such as age and gender. The addition of the non-fatal overdose reporting should be used in conjunction with the ORS to determine the best treatment options for your patient. ***Providers should be aware that that patients with a recent history of non-fatal overdose are associated with an increased risk of a fatal overdose. In fact, studies show that the first month after a non-fatal overdose, and particularly the first two days, is the highest risk period for a fatal overdose.***[ii]

Q6) Do all OARRS users have access to this information?

A6) No. Non-fatal drug overdose history is only available to prescribers and pharmacists. It is not available to law enforcement or other non-clinical OARRS users.

II. Using the Information

Q7) How should I use this information when treating a patient?

A7) As previously stated, research shows that people at risk of overdose frequently interact with the healthcare system.[iii] Healthcare providers can support people at risk of overdose and are uniquely positioned to significantly impact overdose prevention and response efforts in their community. The goal of providing this information is to improve care coordination and promote access to medication for opioid use disorder (MOUD). It should not be used to terminate a patient/prescriber relationship.

Providers treating patients with a previous overdose history should consider:

1. **Initiating Medication for Opioid Use Disorder:**
   - Given the lethality of the illicit drug supply, improving access to these medications can decrease overdose deaths. Methadone and buprenorphine have been associated with significant reductions in risk for overdose death.[iv]
     - As of 12/29/22, a federal DATA-Waiver is no longer requested to treat patients with buprenorphine for opioid use disorder. For more information on these changes, visit: www.pharmacy.ohio.gov/MOUD.
     - Buprenorphine can be prescribed by practitioners who have schedule III–V on their Drug Enforcement Administration (DEA) registration, except for full time veterinarians. As of 6/27/23, all practitioners with schedule II–V on their DEA registration will be required to complete a one-time, 8-hour training on opioid or substance use disorder (SUD) to obtain a new DEA registration or to renew their current DEA registration.
     - Be aware that provider beliefs and patient stigma are among the most commonly cited barriers to increasing access to buprenorphine. Some providers describe patients with opioid use disorder negatively and worry that integrating buprenorphine prescribing into their practice will attract new, "difficult" patients.
     - Methadone is available from Ohio-licensed opioid treatment programs.
     - Federal law permits the administration of up to a three-day supply of methadone to an individual at one time for purposes of relieving acute withdrawal symptoms while the individual awaits arrangements for narcotic treatment (see 21 CFR Part 1306.07(b)).

2. **Connecting the Patient to a Peer Recovery Specialist/Peer Supporter**
     - If available, ask for assistance from a care coordination team or peer recovery specialist (sometimes referred to as peer support)—a person with lived experience that guides someone else through the system of care.

SAMSHA's TIP 64 Guide provides more information on incorporating peer support into substance use disorder treatment services.

- In Ohio, peer supporters become certified by completing an approved 40-hour training or by having three years of verifiable work experience providing behavioral health peer services. Click here for more information on Ohio's Peer Supporter Certification Process.

3. **Offering Harm Reduction Services**
    - Not all patients are ready for or want treatment. Patients with substance use disorder should be provided access to harm reduction services such as overdose reversal drugs (e.g., naloxone) and fentanyl test strips. If such services are not immediately available or are cost prohibitive, patients should be referred to a local harm reduction program or Ohio's statewide mail order naloxone program to obtain free naloxone and fentanyl test strips. To request mail order naloxone or to access a list of local harm reduction programs, visit: https://naloxone.ohio.gov/.
    - Prescribers can also issue a prescription for naloxone that can be dispensed by a local pharmacy.

Q8) Will persons under the age of 18 show up in the system if they experienced a non-fatal drug overdose?

A8) Yes. If the patient is treated by an Ohio emergency department for a non-fatal drug overdose, they will be flagged in OARRS. The following resources are available for prescribers treating adolescent and young adults from the American Academy of Pediatrics:

- Training to Treat Opioid Use Disorder in Adolescents
- Safe Storage and Disposal of Medications

Additionally, here are some Ohio-specific resources:

- Ohio Minds Matter – Ohio Youth Behavioral Health Resource
- RecoveryOhio - Counterfeit Pill Educational Resources

Q9) Can I still prescribe opioids to a patient with a previous history of overdose?

A9) There is no general prohibition on prescribing an opioid to a patient with a history of substance use disorder. However, the following Ohio rules on the prescribing of opioids for acute and chronic pain require prescribers to consider non-opioid treatment options:

For Physicians & Physician Assistants:

- Rule 4731-11-13 | Prescribing of opiate analgesics for acute pain.
- Rule 4731-11-14 | Prescribing for subacute and chronic pain.

For Advanced Practice Registered Nurses:

- Rule 4723-9-10 | Formulary; standards of prescribing for advanced practice registered nurses designated as clinical nurse specialists, certified nurse-midwives, or certified nurse practitioners.

For Dentists:

- Rule 4715-6-02 | Prescribing opioid analgesics for acute pain.
- Rule 4715-6-03 | Prescribing for subacute and chronic pain.

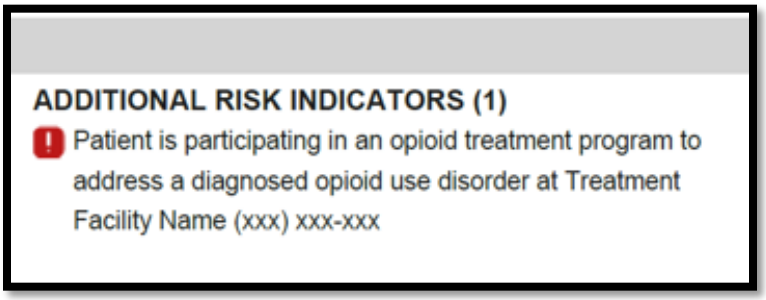
According to SAMSHA, for patients who are currently in treatment for substance use disorder, including taking MOUD, providers need to work closely with treatment providers to monitor treatment outcomes of both substance use disorder and pain for both benefit and harm. In many cases, control of chronic pain may include dose escalation of opioid use disorder (OUD) medications.

SAMHSA's TIP 54 Guide provides more information regarding managing chronic pain in adults with or in recovery from substance use disorders. The guide can be accessed here.

IMPORTANT: If prescribing an opioid to a patient with a history of overdose, it is strongly recommended that naloxone be co-prescribed or provided directly to the patient. If there are cost or access concerns, the prescriber should ensure the patient has ordered no-cost naloxone via Ohio's statewide mail order program (naloxone.ohio.gov). Under certain conditions, prescribers are required by rule to offer a prescription for naloxone. For more information, please review the rules listed above.

Q10) A patient may have a previous overdose but has indicated they are receiving care from an opioid treatment program. Is there any way to verify this information?

A10) A patient who receives buprenorphine or vivitrol from an outpatient pharmacy will have their medications reported to OARRS. A patient who is receiving treatment via an Ohio-licensed Opioid Treatment Program (OTP) ***may*** be flagged in OARRS (see sample notification). However, information about OTP participation is only reported to OARRS upon patient consent. Therefore, it is possible the patient is receiving care from an OTP but has not consented, or the patient may be a new OTP patient and the data is not yet available.



When appropriate, the prescriber should attempt to reach out to the OTP to coordinate the patient's care.

IMPORTANT: If a patient is flagged in OARRS as an OTP participant, the MOUD provided by the OTP will not show up on their OARRS report. The only information provided to OARRS by the OTP is the patient's demographic information and the contact information of the OTP.

III. Talking with Patients

Q11) How do I reduce stigma when talking with patients about substance use disorder?

A11) Substance use disorder (SUD) is a chronic, treatable medical condition. However, feeling stigmatized can make people with SUD less willing to seek treatment. In 2021, about 10.4% of people who felt they needed substance use treatment but did not receive it in the past year said they did not seek treatment because they feared attracting negative attitudes from their communities.[v]

Providers should respond to their patient's questions and concerns using non-judgmental and non-stigmatizing language, sharing factual information, seeking understanding of the patient's goals and experiences, refraining from lecturing or patronizing, and approaching the interaction through a lens of shared decision-making.

An important step toward eliminating stigma is replacing stigmatizing language with preferred, empowering language that doesn't equate people with their condition or have negative connotations. Studies show that terms like "junkie" and "addict" feed negative biases and dehumanize people.

Use person-first language and let individuals choose how they are described. Person-first language maintains the integrity of individuals as whole human beings—by removing language that equates people to their condition or has negative connotations.

For example, "person with a substance use disorder" has a neutral tone and distinguishes the person from their diagnosis. For more information, visit: www.pharmacy.ohio.gov/WordsMatter.

Instead of…	Use…
Addict	Person with substance use disorder
User	Person with OUD or person with opioid addiction (when substance in use is opioids)
Substance or drug abuser	Patient
Junkie	Person in active use; use the person's name, and then say, "is in active use."
Alcoholic	Person with alcohol use disorder
Drunk	Person who misuses alcohol/engages in unhealthy/hazardous alcohol use
Former addict	Person in recovery or long-term recovery
Reformed addict	Person who previously used drugs

Adapted from: Words Matter - Terms to Use and Avoid When Talking About Addiction (https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction#ref)

Q12) Should addressing stigma only apply to prescribers?

A12) No. It is important to address stigma among support staff as well, including front desk staff, to ensure that the patient is receiving respectful treatment at all points of care. This should include fostering patient-centered care by:

- Asking open-ended questions to understand the patient's perspective;
- Taking care to not interrupt the patient;
- Actively listening; and
- Shared decision-making.

Q13) What other factors affect my ability to converse with a patient experiencing substance use disorder?

A13) Prescribers should familiarize themselves with addiction developmental theories, risk and protective factors, and the role Adverse Childhood Experiences (ACEs) and trauma play in risk for substance use disorders (SUDs). A growing body of work within the field of ACEs focuses on its intersection with SUDs. ACEs are positively correlated with substance use and SUD risk in adulthood.

Understanding the Stages of Change/Transtheoretical Model and Motivational Interviewing (MI) can also help providers engage with patients. MI is a practical technique for patient engagement across many chronic health conditions, including SUD. With awareness of what causes or contributes to substance use and SUDs, providers can challenge their assumptions about a person and treat them with greater compassion, dignity, and respect. Practice trauma-informed care and consider the possibility that a patient might feel stress during an appointment. This may prevent them from opening up about their needs.

IV. Additional Resources

Prescriber Toolkits

- Practical Tools for Prescribing and Promoting Buprenorphine in Primary Care Settings
- SAMHSA's Overdose Prevention and Response Toolkit
- Evidence-Based, Whole-Person Care for Pregnant People Who Have Opioid Use Disorder
- SAMSHA's TIP 64 Guide: Incorporating Peer Support into Substance Use Disorder Treatment Services
- SAMHSA's TIP 54 Guide: Managing Chronic Pain in Adults with or in Recovery from Substance Use Disorders
- CDC Overdose Prevention – Dental Pain Care

Adolescent and Young Adult Resources

- American Academy of Pediatrics - Training to Treat Opioid Use Disorder in Adolescents
- American Academy of Pediatrics - Safe Storage and Disposal of Medications
- Advisory: Screening and Treatment of Substance Use Disorders among Adolescents (based on TIP 31-32)
- TIP 39: Substance Abuse Treatment and Family Therapy
- Ohio Minds Matter – Ohio Youth Behavioral Health Resource
- RecoveryOhio - Counterfeit Pill Educational Resources

Peer Supporter Resources

- Ohio Department of Mental Health and Addiction Services – Peer Supporters Resources
- Overview of Peer Support (Introduction Video)
- Peer Recovery Center of Excellence
- Peer Run Organizations in Ohio

Treatment & SUD Services

- Findtreatment.gov
- 988 Suicide and Crisis Lifeline in Ohio
- Opioid Treatment Program Directory
- DEA Training Requirements for Prescribing Buprenorphine

Accessing Harm Reduction Services

- Ohio's Mail Order Naloxone Program (naloxone.ohio.gov)
- Free Fentanyl Test Strips (Ohio Board of Pharmacy)
- Pharmacies Offering Naloxone without a Prescription

Resources for Talking with Patients

- National Institute on Drug Abuse - Words Matter
- Shatterproof: Addiction Language Guide
- Centers for Disease Control and Prevention: Adverse Childhood Experiences

Drug Disposal

- Ohio Drug Disposal Resources (Ohio Board of Pharmacy)

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[i] Razaghizad A, Windle SB, Filion KB, Gore G, Kudrina I, Paraskevopoulos E, Kimmelman J, Martel MO, Eisenberg MJ. The Effect of Overdose Education and Naloxone Distribution: An Umbrella Review of Systematic Reviews. Am J Public Health. 2021 Aug;111(8):e1-e12. doi: 10.2105/AJPH.2021.306306. Epub 2021 Jul 2. PMID: 34214412

[ii] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6920606/

[iii] Razaghizad A, Windle SB, Filion KB, Gore G, Kudrina I, Paraskevopoulos E, Kimmelman J, Martel MO, Eisenberg MJ. The Effect of Overdose Education and Naloxone Distribution: An Umbrella Review of Systematic Reviews. Am J Public Health. 2021 Aug;111(8):e1-e12. doi: 10.2105/AJPH.2021.306306. Epub 2021 Jul 2. PMID: 34214412

[iv] https://store.samhsa.gov/sites/default/files/overdose-prevention-response-kit-pep23-03-00-001.pdf

[v] https://nida.nih.gov/research-topics/stigma-discrimination#:~:text=In%20fact%2C%20in%202021%2C%20about,(2021%20DT%205.41B).&text=People%20fear%20disclosing%20their%20substance%20use.