Ohio Board of Pharmacy

Ohio Automated Rx Reporting System Non-Fatal Drug Overdose Indicator - A Guide for Pharmacists

Updated 11/25/2024

Starting December 16, 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). This non-fatal drug overdose indicator provides the following
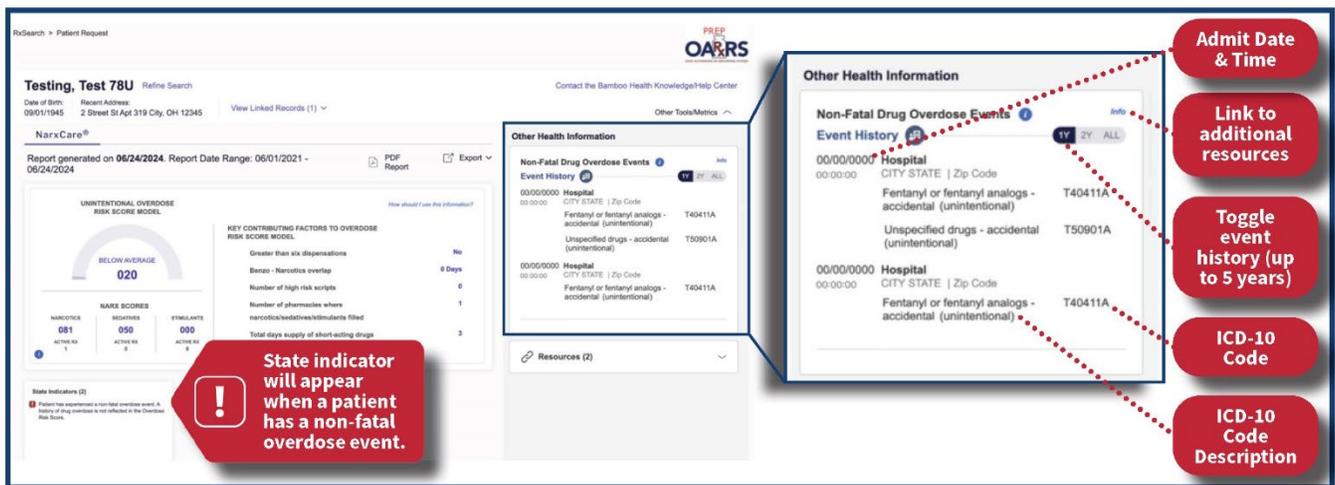
information:

To assist pharmacists in using this information, the Ohio Board of Pharmacy developed this frequently asked questions document. The FAQs are broken down into the following sections:

I. About the Indictor

II. Using the Information

III. Talking with Patients

IV. Additional Resources

For any specific questions on using the indicator, you may contact the Ohio Board of Pharmacy: www.pharmacy.ohio.gov/contact.

Additional guidance for prescribers can be accessed here:

www.pharmacy.ohio.gov/NFprescriber

RecoveryOhio

988 SUICIDE & CRISIS LIFELINE | Ohio

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.

REMINDER: Ohio Board of Pharmacy rules require pharmacists to query OARRS before:

I.   Dispensing a new or different controlled substance or medication containing gabapentin;

II.   If OARRS has not been reviewed in the previous 12 months;

III.   If the prescriber and/or patient are from outside the normal geographic area;

IV.   If the pharmacist believes the patient has received a controlled substance or medication containing gabapentin from more than one prescriber in preceding 3 months (unless from the same office/practice); or

V.   If the pharmacist has reason to believe the patient is exhibiting signs of potential abuse or diversion. (See OAC 4729:5-5-08).

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.

As this is a new reportable condition, there is potential for non-fatal overdoses to go unreported initially as data collection and reporting methodologies are refined.

IMPORTANT REMINDERS:

- 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.
- Patients may experience multiple overdoses in one day, and these will be captured and reported separately. On occasion, patients **transferred** to another facility may be reported by both facilities, but the visits are related to the same drug overdose.

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 many 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] Pharmacists 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 tools to prevent fatal overdoses.

Pharmacists who have patients with a previous overdose history should consider:

1. **Coordination with the Treating Prescriber**
   - Per state and federal law, pharmacists must assess whether controlled substance prescriptions are written for a legitimate medical purpose in the usual course of professional practice (often referred to as corresponding responsibility).
   - If presented with a controlled substance prescription for a patient who had previously experienced a non-fatal overdose, a pharmacist may wish to communicate with the issuing prescriber to ensure the course of treatment is appropriate for the patient. _Patients who are receiving buprenorphine must not be subjected to extra scrutiny or stigma regardless of whether they experienced a non-fatal overdose._
   - Pharmacists are permitted to manage MOUD under a consult agreement. For more information on managing MOUD under a consult agreement, visit: www.pharmacy.ohio.gov/consult.

2. **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.
   - Ohio pharmacies should stock naloxone and make it readily available to patients. By law, pharmacies that have notified the Board of Pharmacy they offer naloxone are required to have it in stock (OAC 4729:1-3-04). For more information on Ohio laws governing the distribution of naloxone and other overdose reversal agents, visit: www.pharmacy.ohio.gov/ORD.

- Ohio pharmacies may also order free naloxone counseling brochures from the Ohio Board of Pharmacy by visiting: www.pharmacy.ohio.gov/nalbrochure.
  - Patient counseling brochures are also available for download in Spanish, Somali, Nepali, Chinese and Arabic by visiting: www.pharmacy.ohio.gov/stopoverdose.
- All Board of Pharmacy licensees, pharmacies included, may also order free fentanyl test strips and education brochures by visiting: www.pharmacy.ohio.gov/FTSorder.
- 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/.

3. **Connecting Patient to Treatment Resources & Counseling**
   - Pharmacists should make available resources to assist patients in accessing treatment:
     - **9-8-8 Suicide and Crisis Lifeline:** Ohioans who are experiencing a mental health or addiction crisis, and their family members, can call, chat, or text the 988 number in order to reach a trained counselor who can offer help and support. 988 provides 24/7, free and confidential support to Ohioans in a behavioral health crisis. If callers need additional services, they will receive assistance and connection to local providers.
     - **Findtreatment.gov:** Findtreatment.gov is one of the most comprehensive resources for persons seeking treatment for mental and substance use disorders in the United States and its territories. FindTreatment.gov provides the ability to search for substance use and mental health facilities, health care centers, buprenorphine practitioners, and opioid treatment providers.
   - Where appropriate, patients and caregivers should be counseled on appropriate use, storage, and disposal of controlled substance medications.
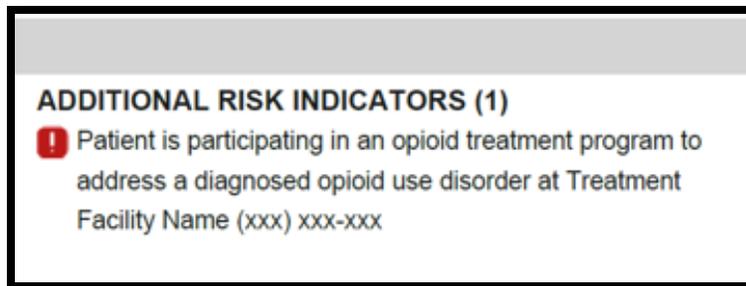
Q8) Can a patient still receive opioids even with a previous history of overdose?

A8) There is no general prohibition on prescribing an opioid to a patient with a history of substance use disorder.

According to SAMSHA, for patients who are currently in treatment for substance use disorder, including taking medication for opioid use disorder (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.

It is strongly recommended that a patient with a history of overdose who is receiving an opioid be offered naloxone by the dispensing pharmacist. If there are cost or access concerns, the pharmacist should encourage/assist the patient in ordering no-cost naloxone via Ohio's statewide mail order program (naloxone.ohio.gov).

Q9) 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?

ADDITIONAL RISK INDICATORS (1)

❗ Patient is participating in an opioid treatment program to address a diagnosed opioid use disorder at Treatment Facility Name (xxx) xxx-xxx

A9) 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 below). 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 pharmacist 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

Q10) How do I reduce stigma when talking with patients about substance use disorder?

A10) 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.[iv]

Pharmacists 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

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)

Q11) Should addressing stigma only apply to pharmacists?

A11) No. It is important to address stigma among pharmacy interns, technicians, and support staff to ensure that the patient is receiving respectful treatment at all points of care. This should include fostering patient-centered care by:

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

Q12) What other factors affect my ability to converse with a patient experiencing substance use disorder?

A12) Pharmacists 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

Toolkits

- SAMHSA's Overdose Prevention and Response Toolkit
- Take Charge 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 Printed Naloxone Education Brochures
- Free Fentanyl Test Strips (Ohio Board of Pharmacy)
- Pharmacy Patient Counseling Materials
- 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 Resources

- Ohio Drug Disposal Resources (Ohio Board of Pharmacy)

---

[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://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.