Quick Reference Guide:

Non-Fatal Drug Overdose Indicator

Board of Pharmacy

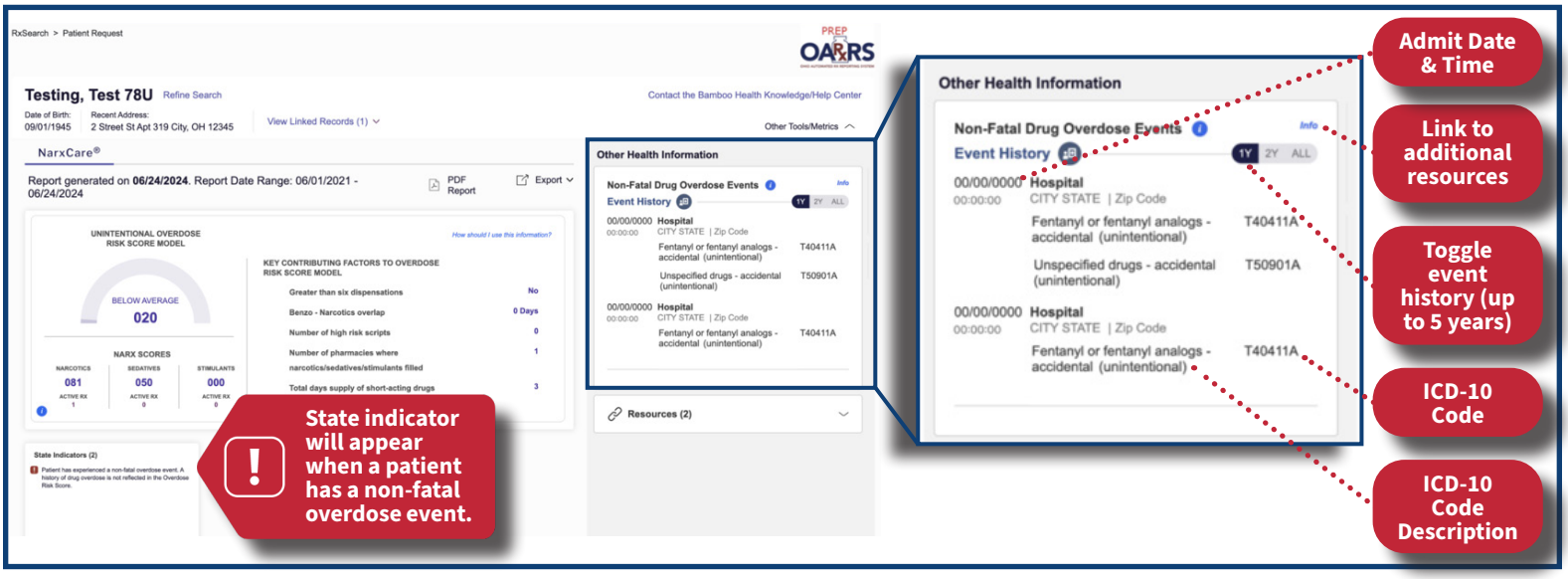
Ohio Automated Rx Reporting System

Research shows that people at risk of overdose frequently interact with the healthcare system.[1]

Medication for opioid use disorder is associated with decreased non-fatal overdose risk.[2]

Understanding the Indicator

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).



Important Reminders About the Indicator

A history of non-fatal drug overdose is <u>NOT</u> reflected in the Overdose Risk Score (ORS).

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. ***<u>Please be advised that patients with a recent history of non-fatal overdose are associated with an increased risk of a fatal overdose.</u>***

Indicates a patient experienced a non-fatal overdose as reported by an Ohio emergency department on or after April 8, 2024.

Does not include overdoses treated by EMS where the patient refused transport to 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.

Includes both intentional and unintentional drug overdoses as well as overdoses of undetermined intent.

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.

This information is available to prescribers and pharmacists only.

It is not available to other OARRS users such as law enforcement.

Incorrect Patient Flagged in OARRS?

OARRS uses a sophisticated algorithm to match patients based on data reported. However, there is a chance that 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).

How to Use this Information

- This information is intended to be used to improve care coordination and ***should not*** be used to terminate a patient relationship.
- Patients should be offered the opportunity to begin medication for opioid use disorder (MOUD). Given the lethality of the illicit drug supply, improving access to these medications can decrease overdose deaths. MOUD use is associated with reductions in overdose compared with other treatments.[3]
- If available, ask for assistance from a care coordination team or peer recovery specialist (sometimes referred to as a peer supporter) — a person with lived experience that guides someone else through the system of care.
- 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**.

  NaloxoneOhio
- Prescribers can also issue a prescription for naloxone that can be dispensed by a local pharmacy.

Words Matter
People Matter

Tips to Address Stigma Against People with Substance Use Disorder

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.[4]

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**.

Additional Resources

Prescriber FAQ/Resources
Pharmacist FAQ/Resources
Stigma and Discrimination
SAMHSA Overdose Prevention and Response Toolkit
Ohio's Mail Order Naloxone Program (naloxone.ohio.gov)
Ohio Peer Supporter Resources
Take Charge Ohio

Supported By:

RecoveryOhio
Board of Pharmacy
State Medical Board of Ohio
Board of Nursing
State Dental Board

1 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 | 2 Non-fatal overdose risk during and after opioid agonist treatment: A primary care cohort study with linked hospitalisation and mortality records. https://doi.org/10.1016/j.lanepe.2022.100489 | 3 JAMA Netw Open. 2020;3(2):e1920622. doi:10.1001/jamanetworkopen.2019.20622 | 4 NIDA. Stigma and Discrimination. https://nida.nih.gov/research-topics/stigma-discrimination