

Ohio Co-Rx / Naloxone Talking Points

Situational Analysis:

- Our nation is in the grips of an opioid epidemic. People are dying.
- [A recent National Safety Council report](#) concluded that for the first time on record, your odds of dying from an accidental opioid overdose are greater than dying in a motor vehicle crash.
- [According to the CDC](#), in 2017, Ohio had an astounding 5,111 overdose deaths. This ranked Ohio as the second highest state in the U.S. for drug overdose deaths.
- According to the CDC, [83 percent of prescription opioid deaths are accidental](#).
- Prescription data from September 2016 to September 2018 show approximately 712,000 Ohioans were prescribed opioids at levels deemed high-risk for overdose according to the CDC standards.
- An accidental opioid overdose can happen to anyone, and while witnesses may be present, they are rarely prepared to respond quickly with naloxone during an opioid emergency.
- [The average EMS response time](#) is 16 minutes in a rural setting, 14 minutes in a suburban community, and 12 minutes in an urban location. By then it's often too late.
- The latest hospital data available show that there were about [1.27 million opioid overdose-related emergency room visits](#) and hospitalizations within a single year.
- This problem is so acute that the Surgeon General issued its [first advisory in 13 years](#) urging more Americans to carry naloxone, the opioid overdose-reversal drug. Naloxone is a safe antidote to a suspected overdose and can save a life.

Co Rx Talking points:

- On May 3, 2018, Governor John Kasich announced that he would implement new chronic pain prescribing rules that he says would help prevent chronic pain patients from becoming addicted to prescription painkillers.
- The Ohio State Medical Board finalized their co-prescription rule, [4731-11-14](#), on 12/12/2018. The final rule requires that physicians “shall offer” a co-prescription of naloxone under the following circumstances:

- The patient has a history of prior opioid overdose;
 - The dosage prescribed exceeds a daily average of **eighty MED** or at lower doses if the patient is co-prescribed a benzodiazepine, sedative hypnotic drug, carisprodal, tramadol, or gabapentin; or
 - The patient has a concurrent substance use disorder.
- Additionally, the rule provides that prior to increasing a patient's opioid dosage to a daily average of **fifty MED or greater** the physicians "shall consider offering" a co-prescription of naloxone. We encourage doctors to provide the maximum protections for their patients taking high average daily doses of opioids, which the CDC considers 50 MME, by co-prescribing naloxone.
 - This law helps prescribers have the uncomfortable conversation around accidental opioid overdose. This discussion can help alleviate the stigma that both patients and doctors sometimes associate with "who" accidentally overdoses. It's about the risk associated with the medication, not a patient with "risky behavior."
 - Sometimes physicians don't perceive "their patients" as high-risk, and sometimes patients have their own bias about "who" is at risk for overdose, and not perceiving themselves as "at risk". This discussion between provider and patient allows for a real conversation with real facts. Accidental overdose is not a moral or ethical issue. It's about the medicine, not about the morality of the patient.
 - Because of the co-prescribing provisions of rule 4731-11-14, patients in Ohio and their loved ones will have the ability to easily administer naloxone immediately, in the event of an accidental overdose. Everyone deserves a chance to live.