

DRUG TREATMENT LIMITED IN OHIO

By Randy Tucker | Staff Writer

Only about 1 in 10 Ohioans addicted to drugs or alcohol ever gets treatment, leaving a wide swath of the population susceptible to accidental drug overdoses, which now outnumber motor vehicle accidents as the leading cause of injury death in Ohio, state health statistics show.

Prescription opioid painkillers, which can result in respiratory failure at high doses, are the biggest contributor to the epidemic, accounting for more fatal overdoses in the state than any other prescription or illegal drug, including cocaine and heroin combined.

But as lethal as prescription painkillers can be, treatment can be hard to find and is often the result of diversion from drug court or a near-death experience that sends the addict to the emergency room.

Eric Fletcher checked himself into the emergency department at Kettering Medical Center in July after the pain clinic where he got his medication stopped filling his prescription for Vicodin, which contains the opioid hydrocodone.

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About the series

The News-Sun, WHIO-TV and News Talk Radio WHIO have launched a community service project to raise awareness about the growing prescription drug epidemic in our community.

"Prescription for Pain" also examines how the escalating prescription drug abuse problem is fueling a rise in heroin addiction. Our two-day newspaper series:

Tuesday: The prescription drug epidemic and its impact.

Today: Treatment options and solutions to combat the crisis.



Wendy Doolittle is chief executive of the clinic at McKinley Hall treatment center in Springfield. "When you're talking about addiction, you're talking about a chronic illness," she said. BILL LACKEY / STAFF

OPIOID TREATMENT BY THE NUMBERS:

100,000

The number of Ohioans in treatment for substance abuse at any given time.

\$32 million

Estimated average annual cost of nonfatal hospital admissions for accidental opioid overdoses.

Medicaid may help in Ohio

Treatment

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"When they cut me off, I couldn't take it," said Fletcher, 51, who started taking Vicodin in 1999 after undergoing gastric bypass surgery. "I had been taking 60 milligrams a day for the past 10 years. When I couldn't get my prescription filled, I started drinking and taking whatever pills I could get my hands on. Eventually, I checked myself into the emergency room because I knew I had had enough."

A chemical dependency counselor in the emergency department at Kettering set Fletcher up with a bed at Nova Behavioral Health – a substance abuse treatment center in Dayton, where Fletcher underwent therapy for about a month.

"I was lucky because they got me in right away, and it usually takes months to get in," Fletcher said. "The staff at Nova saved my life. I would have never lived on the path I was on."

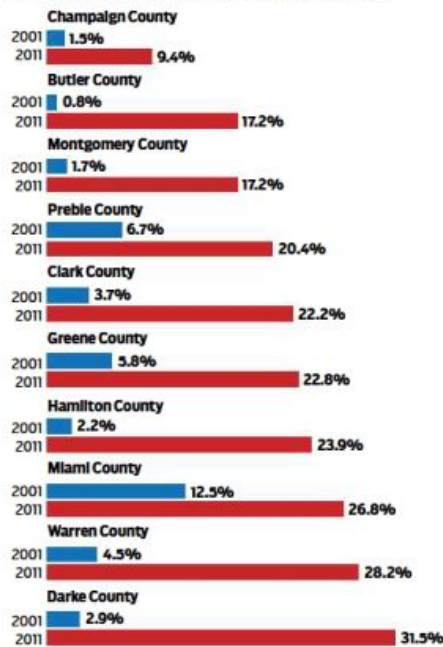
Nationwide, Ohio has the 12th-highest mortality rate from prescription drug overdoses, which have more than quadrupled over the past decade, according to a report from the nonprofit Trust for America's Health.

The number of Ohioans who died from drug overdoses skyrocketed from

Opioid addicts flood Ohio treatment centers

Opioid addicts, including both heroin and prescription drug abusers, made up more than 20 percent of clients in treatment facilities in southwest Ohio in 2011. Ten years earlier, the share of opioid addicts was in the single digits in most counties.

Percentage of addicts in treatment for opioid addiction:



Sources: Ohio Department of Health

LINDA SCOTT / STAFF

327 in 1999 to 1,765 in 2011 – a 440 percent increase, and the equivalent of nearly five Ohioans every day.

While the need to address the prescription drug epidemic is clear, resources are limited, as this newspaper's examination found – although the state Controlling Board's

decision Monday to expand Medicaid may make substance abuse services more widely available.

"We have got to figure out how to provide the right intervention to a greater number of people," said Ormon Hall, director of Gov. John Kasich's Opiate Action Team.

"We know that when we don't treat people, the vast majority are going to relapse."

The Medicaid change, which is being contested, would be a step in the right direction, Hall said.

"This is a really important move," he said. "Medicaid expansion is going to dramatically enhance our ability to make medication-assisted treatment available to more of those struggling with opioid addiction."

Ohio is one of 28 states where Medicaid covers the use of drugs, such as methadone and naltrexone, to counter the effects of opioid addiction. And expanding Medicaid – allowed under the Patient Protection and Affordable Care Act – would make those treatments available to about 366,000 newly eligible Ohioans.

The new health care law also requires drug rehab and mental health services to be covered under any plan sold to companies or in the individual market, beginning next year.

But simply expanding the availability of drug rehab services won't solve the problem, experts say. Ohio must first overcome a doctor deficit that has left it with insufficient

numbers of licensed and trained substance abuse treatment professionals to treat all of the newly covered addicts.

And treatment facilities are scarce.

In 2011, opioid treatment programs were available in only 9 percent (1,189) of all substance abuse treatment facilities nationwide, according to the Substance Abuse and

Mental Health Services Administration, a division of the U.S. Department of Health and Human Services. That included 16 licensed programs in Ohio, according to SAMHSA.

In addition, nearly all clients in opioid treatment programs were in those facilities for six months or less, which simply isn't enough time to treat addiction effectively, said Wendy Doolittle, chief executive of McKinley Hall treatment center in Springfield.

"When you're talking about addiction, you're talking about a chronic illness, so the same way you have to treat someone with diabetes over a long period of time, it's the same way with addiction," she said. "You can't just come in for 90 days of treatment and then go back to work. It doesn't work like that. Some people need years of treatment and support. But the way our system works, once their treatment is done, they have to be discharged."

The American Society of Addiction Medicine recommends that medication-assisted methadone treatment, for example, last at least a year and continue for two years or more, depending on length of addiction.

Ohio is also working to reduce addiction by enhancing its prescription drug monitoring program and closing "pill mills."

State and local health officials continue to work on approaches to address the issue, including new prescribing guidelines intended to encourage doctors to discuss the risk of opiate addiction with patients who are prescribed painkillers in the equivalent of 80 milligrams of morphine or more for an extended period.

Such education and prevention strategies could help lower addiction numbers in Ohio, but they could also have unintended consequences for people who really need the medication to mitigate chronic pain, said Joshua Cox, director of pharmacy at Dayton Physicians Network – the area's largest oncology practice.

"Opioids are an important tool, and when used judiciously, they can be hugely beneficial to patients who suffer both chronic and acute cancer pain," Cox said. "One of my concerns about recent guidelines from the state is that some prescribers will automatically feel that doses under the equivalent of 80 milligrams of morphine will be inherently safe, while those over the threshold will be dangerous."

"But there's no data to suggest that's the case," he said.

"Depression, anxiety disorder or a history of substance abuse are probably better indicators of addiction than dose."

[@SpringfieldNewsSun.com](http://SpringfieldNewsSun.com)

Videos, interactive maps and resources: Visit SpringfieldNewsSun.com for personal stories told by former addicts and locate resources in your community.

Meth laboratory seizures jump in Ohio by 45%

New, one-pot cooking makes drug easier to transport.

By John Caniglia
The (Cleveland) Plain Dealer

Police reported seizing 881 methamphetamine labs across the state this year, a 45 percent jump over last year and a strong indicator that the gritty stimulant often made in a 2-liter pop bottle is becoming a drug of choice in rural Ohio, according to state records and interviews.

"It's an epidemic like I've never seen," said Charles Middleton, the chief deputy of Highland County Sheriff's Department in southwestern Ohio, where officers found 76 labs. "I've been doing this for 31 years, and I've never seen anything like it."

Summit County led the state, as officers dismantled 248, or about one in every four labs seized across Ohio, according to figures provided Monday by Ohio Attorney General Mike DeWine's office.

Summit, long known as the epicenter of the drug in Ohio, has a deep underground of meth cooks.

Ashtabula County had 70, while police in Cuyahoga County, the state's largest and most urban, reported two.

The Ohio Bureau of Criminal Identification and Investigation tracks meth lab seizures by federal fiscal year, meaning the year runs from Oct. 1 through Sept. 30.

Officers report seizing the labs through a voluntary process. Last year, departments said they found 607 labs.

For years, the number

of meth labs in the state fluctuated. It reached 444 in 2005.

Then, in about 2007, Ohio began cracking down on the amounts of cold medication pseudoephedrine that can be purchased at stores and pharmacies.

Pseudoephedrine is a key ingredient in cooking the drug.

Once the state tightened its grip on the way the drug was sold, seizures appeared to slow.

But that didn't last long, as meth cooks often recruited different people to buy boxes of the drug from different stores.

In 2008, for instance, police reported finding 112 labs.

But the next year, the number of labs tripled, to 348, according to state records.

The yearly figures have climbed since then. In 2009, there were 348 seizures; 359 in 2010; and 375 in 2011.

"It's a problem that doesn't go away," said Lt. Terry Moisiso of the Ashtabula County Sheriff's Department.

In the past, most cooks made meth in their homes, apartments and hotel rooms, using red phosphorus.

But things began to change about five years ago.

That's when a new, portable form called one-pot cooking made manufacturing the drug a portable process.

The brew, using pseudoephedrine and other household materials, takes 15 minutes to a half-hour to mix, much faster than the old method.

The brew is mixed in pop bottles and often transported in backpacks and coolers.