



# **MIKE DEWINE**

★ OHIO ATTORNEY GENERAL ★

**Statement for the Record of  
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**Before the  
Subcommittee on Commerce, Manufacturing and Trade  
Committee on Energy and Commerce  
United States House of Representatives**

**"Prescription Drug Diversion: Combating the Scourge"**

Presented on

March 1, 2012

Chairwoman Bono-Mack, Vice Chair Blackburn, Ranking Member Butterfield and distinguished members of the Subcommittee, I thank you on behalf of Ohio Attorney General, Mike DeWine and all of Ohio for the opportunity to address you on the Prescription Drug problem plaguing Ohio and our great nation. As you are aware it is no understatement to say that the Prescription Drug Epidemic is the most serious law enforcement and public health problem facing our state and nation today.

As the Chief Assistant Prosecutor and later as the Elected Prosecutor in Adams County Ohio, I had a front row seat for the devastation that prescription drug diversion created in Southern Ohio. In one year I saw the number of felony criminal cases increase two hundred and seventy-five percent in Adams County directly related to prescription drug diversion and abuse. Adams County, Ohio has approximately twenty eight thousand residents and in one year we had more than twenty overdose deaths directly linked to prescription painkillers. I watched first-hand the community I grew up in devastated by this silent killer. As a community, we came together to fight this silent killer by bringing the community's stakeholders to the table. The community rallied around the cause and had truly had an impact. Unfortunately, Adams County was plagued by many other factors out of its control. We had prescription painkillers coming in from other counties and other states. We lacked resources for raising awareness, for educating our youth, parents and other community members, and for treatment. We had an impact locally but we knew to make a real difference others had to join the cause. At first we were naïve that this was an isolated problem to our community and later learned that it was a state-wide and nation-wide epidemic.

In February 2011, Ohio Attorney General Mike DeWine recruited me to lead his Prescription Drug Task Force because of my experiences and successes in Adams County. I knew the problem was much greater than just Adams County and the only way to truly help Adams County out was to help Ohio. Now as an Assistant Attorney General, I have had the opportunity to have a front row seat and help lead the charge in Ohio to combat prescription drug diversion and abuse. Attorney General DeWine had made this issue one of his top priorities.

Attorney General DeWine is committed to using every resource his office has to fight this epidemic. Some of those resources include: The Ohio Bureau of Criminal Investigation (BCI); The Ohio Organized Crime Commission (OOCIC); the Special Prosecutions Unit; The Medicare/ Medicaid Fraud Section; and the Health and Human Services Section of the Ohio Attorney General's Office. Because this problem cannot be solved by one person or one office we are working with law enforcement entities around Ohio to attack this problem. Those entities include members of The Buckeye State Sheriffs Association, The Ohio Association of Chiefs of Police, The Ohio Prosecuting Attorneys Association, The Ohio State Highway Patrol, The Ohio State Pharmacy Board, The Ohio State Medical Board, The DEA, the FBI, and the US Attorney's Offices for the Northern and Southern Districts of Ohio.

While Ohio has been hit hard by Prescription Drug Diversion, Ohio has also taken a nationwide stance in fighting back through changes in legislation, proactive law enforcement actions, partnering with prescribers and dispensers and being proactive with awareness, education, and treatment. Because this problem is bigger than law enforcement, Attorney General DeWine has been on the front lines of this battle with

other state leaders like Governor John Kasich, Senators Rob Portman and Sherrod Brown, and federal leaders like our US Attorneys for the Northern and Southern District, Steve Dettelbach and Carter Stewart, to fight this epidemic. Ohio's leaders recognize that the severity of this epidemic and understand that no one person can solve it. Attorney General DeWine, Governor Kasich and the rest have broken down traditional barriers that have led to an unprecedented effort in Ohio surrounding the prescription drug epidemic. In a short time, Ohio has raised public awareness, increased public education, amplified both criminal and regulatory investigations and prosecutions, and made great strides in making Ohio's treatment more prevalent.

The single biggest action that can be done is to restrict the availability of prescription drugs to only those who need them and only in the amount needed. In addition, no one agency or one organization has all the answers or all the expertise to fight this problem. Therefore, a holistic approach has been spearheaded in Ohio that is cooperative, collaborative and breaks down traditional barriers.

### The Problem

While we all know the problem, I think that it is useful to remember, that in the State of Ohio the cost of unintentional fatal and nonfatal drug poisonings cost Ohioans at least \$3.6 billion.<sup>1</sup> Ohio's overdose death rate tripled from 1999-2006. In the same time frame, the U.S. death rate (only) doubled.<sup>2</sup> Ohio's death rate increased 350% from 1999 to 2008 because of unintentional Rx overdoses.<sup>3</sup> Prescription opioids were

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<sup>1</sup> Ohio Department of Health, citing Ohio Hospital Association. "Hospital discharge data, 2002-2007."

<sup>2</sup> Ohio Department of Alcohol and Drug Addiction Services, citing Ohio Department of Health, "Burden of Poisoning in Ohio, 1999-2008"

<sup>3</sup> Ohio Department of Alcohol and Drug Addiction Services, citing Ohio Department of Health, "Burden of Poisoning in Ohio, 1999-2008"

involved in at least 4 out of 10 (39 percent) fatal drug overdoses in Ohio in 2009, which is more than heroin and cocaine combined (36 percent).<sup>4</sup> From 1999 to 2007, Ohio's rate of opioid distribution increased 325 percent and during that same time period the unintentional drug overdose death rate increased 305 percent, which is a remarkable correlation. (Figure 1).

In 2010, there was an average of 67 doses of opioids dispensed for every Ohio resident. When you consider that in 1997, Ohio's per capita dosage averaged 7 doses of opioids, that is an almost 900% increase.<sup>5</sup> Use in southern Ohio has been even higher. For example, in Scioto County, this ratio was nearly twice as much as the State average, with 123 doses for every Scioto County resident. <sup>6</sup> Jackson County, Ohio which neighbors Scioto but has received far less media attention is the highest at 130 doses. <sup>7</sup> It should also be kept in mind that the death rates as a result of prescription drug abuse are much higher than the death rates during the heroin epidemic in the mid-1970s and during the peak years of the crack cocaine epidemic in the early 1990s (Figure 2). Many hospitals throughout Ohio are reporting that more than twenty percent of babies being born have prescription painkillers in their systems. There are no exact studies or statistics that I am aware of to confirm the numbers of babies being born with these drugs in their system as many hospitals are just beginning to collect such data in Ohio and around the country. Southern Ohio Medical Center (SOMC) reported to Attorney General DeWine more than twenty percent of its babies born in November and December 2011 had prescription pain killers in his or her system. These results were

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<sup>4</sup> *Ohio Department of Health Office of Vital Statistics*

<sup>5</sup> *OARRS, Ohio Board of Pharmacy*

<sup>6</sup> *OARRS, Ohio Board of Pharmacy*

<sup>7</sup> *Id.*

part of an SOMC study where every baby born in the hospital will have his or her cord drug test after birth. In 2007, more than 1 out of 4 teenagers reported using a prescription drug without a prescription one or more times during his or her lifetime.<sup>8</sup>

### Sources of prescription Drugs

In order to combat diversion it should be understood that Prescription drugs in Ohio, and nationwide, are diverted primarily through the following means:<sup>9</sup>

- “Bad” prescribers/dispensers “pill mills”

“Pill Mills” and bad prescribers are the most offensive and dangerous of these trends. These are drug traffickers and drug trafficking organizations (DTO), and they should be treated no differently than DTO’s who push methamphetamines, heroin and other traditional street drugs. Although a minority of prescribers make up this population the amount of damage they do is unbelievable. The profits they make are equally unbelievable. For example, a low volume relatively cheap pill mill that sees “only” 30 patients a day at \$200 per visit, every 30 days, will gross over 2 million dollars a year.

- Forged/Altered Prescriptions

With the rise of prescription monitoring programs (PMP) this method of diversion is becoming more difficult, but remains an issue. This crime is accomplished in many low tech ways, including pure theft of prescription pads, color photo copying of a prescription, or simply adding a zero or a 1 to increase the amount of pills in an otherwise legitimate prescription.

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<sup>8</sup> Ohio Dept. of Health, 2007 Ohio Youth Risk Behavior Survey

<sup>9</sup> Ohio Attorney General’s Office, Rx Abuse: The Scope of the Problem

- Doctor Shopping (seeing multiple doctors to obtain multiple prescriptions)

This likewise is becoming more difficult due to PMP's, however it is still a concern in trans-border areas where PMP information is not shared across state lines. An important subset of Doctor Shopping is the "prescription drug tourist". Prescription drug tourists are individuals and DTO's that take and transport individuals from one state to another state where they will obtain prescription drugs from rouge prescribers. The tourist then returns to their State of origin and turns over all or a large portion of the prescription drugs to a third party for re-sell on the streets. These tourists have their expenses paid or "sponsored" by the organizer and receive either a kickback or a portion of pills to feed their addiction. Several of the advantages for DTO's of prescription tourists are that: these people have prescriptions and thus can transport large amounts of prescription drugs back into their state of origin with low risk; these prescription tourists are unknown to local law enforcement in the source state and thus are difficult to identify for investigation and prosecutorial purposes; these groups by design help to defeat Prescription Monitoring Programs (PMP), this is because of the lack of sharing among PMP when these groups bounce from state to state or even have the prescription filled in a third state, the PMP's effectiveness is minimalized or even canceled.

- Theft from home/family sharing

This is the biggest source of prescription drug diversion. The simplest and most effective solution is to reduce the number of prescription drugs in a home by

implementing drug take back days along with education of prescriber's and the public. A great suggestion on how to reduce the number of unneeded prescription drugs going into a home was given to me by Dr. Jack Amato, MD, an OB/GYN and a supervising member of the Ohio Medical Board. Dr. Amato suggested that instead of a doctor writing a 30-day supply of prescription drugs for post-surgery (so that a patient only has one co-pay), introduce legislation that requires the physician to break down a 30-day supply into smaller- as needed amounts. That way, only one co-pay is required but it would reduce the number of situations most have experienced where only a 2-3 day supply is actually used and the remainder of the prescription is left in the medicine cabinet.

- Robbery/Burglary of Pharmacies/Cargo Thefts

From 2003-2011, Ohio was third in the nation in pharmacy related robberies.<sup>10</sup>

The robbery and burglary of pharmacies is of great concern because of the inherent violent nature of these acts. The theft of cargo shipments of prescription drugs is also of great concern and we are starting to come to the understanding that many of these thefts go unreported.

- Internet Pharmacies

While recent federal legislation has helped to regulate internet pharmacies it should always be remembered that in 2006, 34 “rouge” internet pharmacies dispensed 98 million doses of hydrocodone. That is the same amount it would

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<sup>10</sup> RxPatrol, <http://rxpatrol.org>

take 1,118 legitimate average pharmacies to fill.<sup>11</sup> Recently scheduled Carisoprodol (Soma) was also frequently sought by drug seekers who would obtain a prescription from an out-of-state internet doctor working in conjunction with an internet pharmacy. It would be used by addicts as part of a “cocktail” that no legitimate doctor would prescribe to them.

### Legislative response

Recognizing the seriousness of Ohio’s prescription drug diversion problems, House Bill 93 was introduced into the Ohio House on February, 8 2011. House Bill 93 was introduced by Rep. Dr. Terry Johnson, who is the former coroner of Scioto County and then Representative now Senator David Burke, a Pharmacist from Union County. House Bill 93 was passed by both the House and Senate unanimously. House Bill 93 was signed into law by the Governor on May 20, 2011 with an emergency clause and became effective immediately.

The main things that House Bill 93 did to help combat prescription drug diversion included the following:

- Defines what a pain management clinic is and what it is not.<sup>12</sup>
- Requires physician ownership of pain management clinics.<sup>13</sup>
- Prohibits employment in a pain management clinic of any person who is a convicted drug felon or has been convicted of felony theft.<sup>14</sup>

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<sup>11</sup> ONDCP; Ohio Attorney General’s Office, Rx Abuse: The Scope of the Problem

<sup>12</sup> R.C. 4731.054

<sup>13</sup> R.C. 4729.552

-Requires the Medical Board to establish administrative rules for pain management clinics operations.<sup>15</sup>

-Requires the Pharmacy Board to review clinic operations while mandating that all pain management clinics be licensed as category III terminal distributors of dangerous drugs.<sup>16</sup>

-Places limits on the amount of controlled substances that may be “personally furnished” by the prescriber to the patient.<sup>17</sup> This step is critical, because many times local pharmacists refused to fill the prescriptions from pill mills and rouge prescribers, but these bad actors exploited a loophole in Ohio law, and one that exists in many states, that allowed them to personally furnish drugs to their clients. This loophole prevented the checks and balances of having a pharmacist review a prescription and allowed for additional profit sources to these rouge prescribers. For example, one pill mill that I am prosecuting had significant price mark ups on most drugs, versus the local drug stores which refused to fill that “clinics” prescription. This led to an additional profit over a four month period of over \$400,000 in that case.

-Requires two state wide drug take back days per year to be administered by the Ohio Attorney General’s Office, the Ohio Alcohol and Drug Addiction Services

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<sup>14</sup> R.C. 4729.552

<sup>15</sup> R.C. 4731.054

<sup>16</sup> R.C. 4729.552

<sup>17</sup> R.C. 4729.29, 4729.291

(ODADAS) and the Pharmacy Board.<sup>18</sup> This is critical because it helps to reduce the supply of unwanted and unneeded prescription drugs in our medicine cabinets.

Nationally, among persons aged 12 or older in 2009-2010 who used pain relievers non-medically, a full 55% received their drugs for free from a friend or relative and another 17% stole drugs from a friend or relative.<sup>19</sup> The first drug take back day under house Bill 93 was held in October 2011 in conjunction with the DEA and local law enforcement and netted 18,672 pounds of unwanted and unneeded pharmaceuticals.

-Requires that a doctor review a patients profile in Ohio's prescription Drug Monitoring Program<sup>20</sup> (OARRS) before deciding upon a course of treatment.

-Allows the Medical Board to issue a summary suspension of a medical license when there is clear and convincing evidence that a violation of medical board rules and regulations has occurred and the continued practice of that person presents an immediate and serious harm to the public.<sup>21</sup>

House Bill 93 was the first shot fired in attacking Ohio's "pill mills." The most significant role it played was eliminating the criminal element from "pill mills." Prior to House Bill 93's passage, pain management clinics in Ohio were unlicensed and unregulated. The physicians working in these clinics were regulated by the Ohio State

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<sup>18</sup> R.C. 109.90; 3793.22 and 4729.69

<sup>19</sup> Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings

<sup>20</sup> 4729.79

<sup>21</sup> R.C. 4731/054(D) and 4731.22(G)

Medical Board but the clinics were unregulated. As you know, we regulate in this country to avoid greed and corruption. Because pain management clinics were not required to be licensed and were not under any regulation requirements, many clinics throughout Ohio were owned and/or operated by convicted felons. House Bill 93 eliminated the criminal element from involvement with these facilities. House Bill 93 gave Ohio's regulatory boards the tools necessary to police these pain management facilities and those owning and operating them. House Bill 93 has had such an impact on Ohio's "pill mills" that other states are modeling legislation after House Bill 93.

#### Law Enforcement Response

While prior to 2011 Ohio's law enforcement response to prescription drug diversion was unsystematic and often haphazard, it was driven by great individual officers and great prosecutors that cared and were committed to the issue. It should be noted that in a number of jurisdictions individual officers and prosecutors took the initiative and educated themselves on how to investigate and prosecute prescription drug diversion. Law enforcement often worked together informally to trade insight and tips.

As I have stated and this cannot be over emphasized, the only way that law enforcement can attack this problem is via a collaborative effort. Attorney General DeWine has worked tirelessly to create a multi-disciplinary approach to the investigation and prosecution of these "pill mill" cases. Attorney General DeWine has also made it a top priority to provide law enforcement with the necessary resources and training for investigating and prosecuting drug diversion cases across Ohio. Law enforcement across Ohio including local, state, and federal agencies have come together

to fight this epidemic affecting Ohio's citizens. The result has been an unprecedented collaboration among Ohio's law enforcement and prosecutors to attack this epidemic.

Attorney General DeWine's Bureau of Criminal Investigation through its narcotics unit is working with law enforcement across the state at the local, state, and federal levels to investigate drug diversion and abuse. Attorney General DeWine's special prosecutions prescription drug unit works with local law enforcement, county prosecutors and federal prosecutors across the state to prosecute drug diversion and abuse cases. In addition to working with local law enforcement, there has been great collaboration between not only local law enforcement throughout the state but also with the Bureau of Criminal Investigation, Ohio State Highway Patrol, Ohio's Organized Crime Commission, The Board of Pharmacy, The Ohio Medical Board, DEA, FBI and the IRS. The special prosecutions team is working with local prosecutors as well as the US Attorney's Office to make sure these cases are prosecuted to the fullest extent. Attorney General DeWine has been a driving force in breaking down traditional barriers in law enforcement that prevented collaboration to this extent in the past. He is proud to be a part of this statewide team in an effort to protect Ohio's families.

Attorney General DeWine believes the next step, which he has already begun, is building a bridge with state officials across the nation to collaborate on a multi-state approach to apprehending these criminals. In 2011, Attorney General's DeWine and his Bureau of Criminal Investigation, local law enforcement, and federal law enforcement united in a coordinated effort to go after and disrupt "pill mills" in Ohio and where appropriate assist in the prosecution of these cases. Because of the number of prescription painkillers coming into Ohio from other states, Attorney General DeWine

knew more needed to be done. In order to help coordinate and facilitate the inter disciplinary model used in Ohio, Attorney General DeWine held an Interstate Prescription Drug Abuse Summit at his annual Law Enforcement Conference in October, 2011 with representatives from Ohio, Florida Georgia, Indiana, Kentucky, Michigan, Pennsylvania and West Virginia. At that conference local law enforcement, state law enforcement officials and federal government officials shared best practices in an effort to help break down traditional law enforcement silos that have too often prevented successful prosecutions in Ohio and nationwide. Since that time, the group has held quarterly phone conferences to discuss best practices, work on interstate cases, and discuss public awareness, education, and treatment issues.

#### Law Enforcement Success

Some examples of the success that has come from these coordinated efforts resulted in 2011 when Bureau of Criminal Investigation (BCI), working to support local law enforcement, increased seizures of prescription drugs via covert operations by over 400% from 2010. Another example of this success comes from the Crime Lab at the BCI which accepts submissions from all Ohio law enforcement agencies. In 2011, this lab generated 14,324 forensic drug cases of which 50% involved prescription drugs.

The Ohio State Highway Patrol has increased their criminal interdiction efforts as well. Ohio is a main nexus for prescription drug tourists and smugglers because of the large number of East-West and North-South highway routes that transverse the State. We are also working with our law enforcement colleagues in other states to choke the distribution points for prescription drug trafficking across state lines.

The Ohio State Medical Board with assistance from Attorney General DeWine as part of this multi-disciplinary approach has permanently taken the licenses of doctors – 14 in all so far - who illegally dispensed prescription pills. In 2011, more than 30 doctors were disciplined in one form or another by the Medical Board for prescribing and dispensing habits.

On the criminal prosecution side, because these matters are time consuming and often highly complex, Attorneys General DeWine hired three prosecutors to work in his special prosecutions unit to assist local law enforcement and prosecutors with pill mills and prescription related Drug Trafficking Organizations (DTO).

One recent success story occurred this past fall when Attorney General DeWine and his special prosecutions unit teamed up with Clark County Prosecutor Andy Wilson, Clark County Sheriff Gene Kelly and Montgomery County Sheriff Phil Plummer and the RANGE task force<sup>22</sup>. This collaboration was an example of Ohio's multi-disciplinary approach, which included not only local law enforcement mentioned above but also the Ohio State Medical and Pharmacy Boards, the Ohio Bureau of Worker's Compensation, Attorney General DeWine's Medicaid Fraud Section, and others. This collaborative effort led to a doctor from the Dayton/Springfield area being convicted of multiple counts of Drug trafficking, Medicare fraud and Engaging in a Pattern of Corrupt Activity

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<sup>22</sup> RANGE (Regional Agencies Narcotics & Gun Enforcement Task Force) is made up of law enforcement from Montgomery County Sheriff's Office, ATF, BCI, Clayton Police Department, Germantown Police, Five River Metro Parks, Miami Township Police, New Lebanon Police, Perry Township Police, Riverside Police

(state version of RICO). That doctor was sent to prison where he can think about the people he poisoned in multiple counties over multiple years. <sup>23</sup>

In a similar type effort, our Federal partners at the US Attorney's Office for the Southern District of Ohio led by US Attorney Carter Stewart recently convicted a prominent pill mill physician who practiced in Portsmouth, Ohio. That doctor received four life sentences in Federal District Court for the lives he took as part of his criminal drug trafficking<sup>24</sup>.

In addition to assisting in the investigation and prosecution of bad prescribers we have teamed with local, state, and federal law enforcement and local, state, and federal local prosecutors to assist in the investigation and prosecution of "prescriptions tourists". An example is a recent case prosecuted by the special prosecutions unit with the local prosecutor of a "prescriptions tourists" DTO operating out of Jackson County, Ohio. That ring on one out-of-state- trip alone (which took less around 72hrs) obtained prescription drugs with a local street value of approximately \$50,000. They were caught in an undercover sting operation by several law enforcement agencies pulling together, manpower, money, intelligence and resources. One member of the ring, at trial, tried to use the traditional "drug tourists" defense, which is "my pills were prescribed by a Doctor and I am not responsible for the fact that the people who paid for my trip are trafficking drugs". The jury was out for less than 30 minutes and that defendant sits in prison today. <sup>25</sup>

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<sup>23</sup> State v. Yang 2012CR0016, Clark County Common Pleas Court

<sup>24</sup> USA v. Volkman Case No. 1:07-CR-060-03. S.D. Ohio

<sup>25</sup> State v. Harris 201CR061; State v. Arryo 2011CR0060; State v. Sherrian 2011CR0059; State v. Sherrian 2011CR00146.

In 2011, Attorney General DeWine through his Ohio Peace Officer's Training Academy helped train more than 650 law enforcement officers throughout the State of Ohio on the scope of prescription drug diversion and is considering adding more types of instruction on the issue in the future.

However as we squeeze the neck of the beast that is prescription drugs we are starting to see a rise in the number of prescription addicts who are switching to heroin because it is much cheaper and in some areas of Ohio much easier to obtain on the streets. No rational law enforcement discussion can be had about prescription drug diversion without acknowledging the role that heroin plays, in this epidemic. The re-rise of heroin is the next step in this issue.

#### Public Private Partnerships

In addition to legislation, regulation and the law enforcement efforts we have increased community involvement by partnering with local groups, businesses and religious organizations to increase awareness and educate Ohio citizens about the dangers of prescription drug diversion and abuse.

Because we recognized the need to spread the awareness on a local grass roots level, in November of 2011, Attorney General DeWine began sponsoring a pilot project modeled on a drug abuse awareness video entitled REACT (I am Responsible, I am Educated, I am Aware, I am Clean, I am True to Myself). That video included interviews with four recovering addicts and three mothers whose lives have been forever altered. Rather than a one size fits all approach, all videos will be locally sponsored with local participants to emphasize the individual needs and character of a community. The umbrella program is called, "Speak Up...U R Better than Drugs". The first video that

will be complete was created in partnership with the group, Tyler's Light, out of Pickerington Ohio. Tyler's Light was created by Wayne and Christy Campbell. Tyler Campbell passed away from a heroin overdose which was started by an addiction to prescription pain killers from a football injury.

To increase the public awareness of the dangers of prescription drug diversion the Ohio Attorney General's Office has partnered with the Ohio State Medical Association, Ohio Hospitals Association, Ohio Retail Merchants, Ohio Grocers Association and the Ohio Children's Hospital Association to distribute a statewide poster initiative informing the public regarding the Bureau of Criminal Investigation's anonymous tip line.

Attorney General DeWine has convened an Advisory Council on Prescription Drug Abuse comprised of stakeholders from all areas of Ohio including many different professions that meets quarterly. This group includes local law enforcement, judges, prosecutors, members of the prevention and treatment community, physicians, pharmacists, nurses, educators, and members of the business community along with many others. The purpose was to better understand and gain a perspective from all of Ohio of how this prescription drug epidemic is affecting all of Ohio. In addition we vet ideas through this group and they propose ideas for us to develop and implement.

We worked with Senator Rob Portman to establish a HIDTA task force in two counties in Southern Ohio including my home county of Adams and neighboring Scioto County. HIDTA, as you are probably familiar with is, stands for High Intensity Drug Trafficking Area. HIDTA will assist local law enforcement with much needed resources in combating the drug trafficking that is occurring in that part of Ohio.

Attorney General DeWine has worked closely with Governor Kasich on the prescription drug epidemic. Governor Kasich has been instrumental through many of his agencies in helping to curb this epidemic. We have had the opportunity to partner many of the Governor's agencies on awareness campaigns, education and prevention, and treatment. These agencies include The Ohio Department of Alcohol and Drug Addiction Services (ODADAS), The Ohio Department of Health (ODH), The Office of Medicaid, and The Ohio Bureau of Worker's Compensation (BWC).

The Ohio Department of Alcohol and Drug Addiction Services is working to establish fifteen new support and family engagement models throughout Ohio modeled after a group titled SOLACE (Surviving Our Loss and Continuing Everyday.) The original group was created in Portsmouth, Ohio by local citizens that had lost loved ones to the prescription drug epidemic. ODADAS plans to open a new treatment facility in Southern Ohio where treatment is largely unavailable because of a lack of resources and the treatment available has long waiting lists. ODADAS has assisted in funding and creating 24 new Opiate Task Force community coalitions focusing on prevention, treatment, and assisting law enforcement efforts throughout Ohio. ODH has funded ten new community based Prescription Drug Task Forces throughout Ohio. They will continue to promote their prevention campaign called "Prescription for Prevention" throughout Ohio. Office of Medicaid will establish its lock-in rule to help prevent pharmacy shopping and comply with House Bill 93. BWC will establish its lock-in rule to prevent pharmacy shopping and comply with House Bill 93. Both entities will accomplish this by Spring 2012.

## Conclusion

In summation, we can win this battle. The prescription drug scourge can be successfully curbed. The answer is a holistic approach that Ohio and the nation must take to be successful in combating this scourge. Law Enforcement alone cannot successfully fight this problem from a reactive position. Ohio and the nation must be proactive working with all the stakeholders to tackle this epidemic. The only answer is a multi-disciplinary approach not only within law enforcement but within all agencies and across all agencies. All the stakeholders must come together at the local, state and federal levels to fight this epidemic.

When this happens you will see success. For example, in Scioto County (one of Ohio's hardest hit Counties) the last pill mill was shut in December 2011. Scioto County, population of approximately 78,000, housed twelve pill mills prior to Ohio's efforts and now it has no pill mills. After a decade of increasing deaths, Scioto County learned last week of its first decrease in accidental overdoses and drug-related deaths in over a decade. It had a 17% decrease in accidental overdose and a 42% decrease in drug-related deaths from 2010 to 2011.<sup>26</sup> I will end with a quote from the famous Martin Luther King, Jr., "We may have all come on different ships, but we're in the same boat now." Each of us may have arrived at the prescription drug epidemic on a different ship, but today we are all in the same boat and our countrymen are dying.

I thank you for your time.

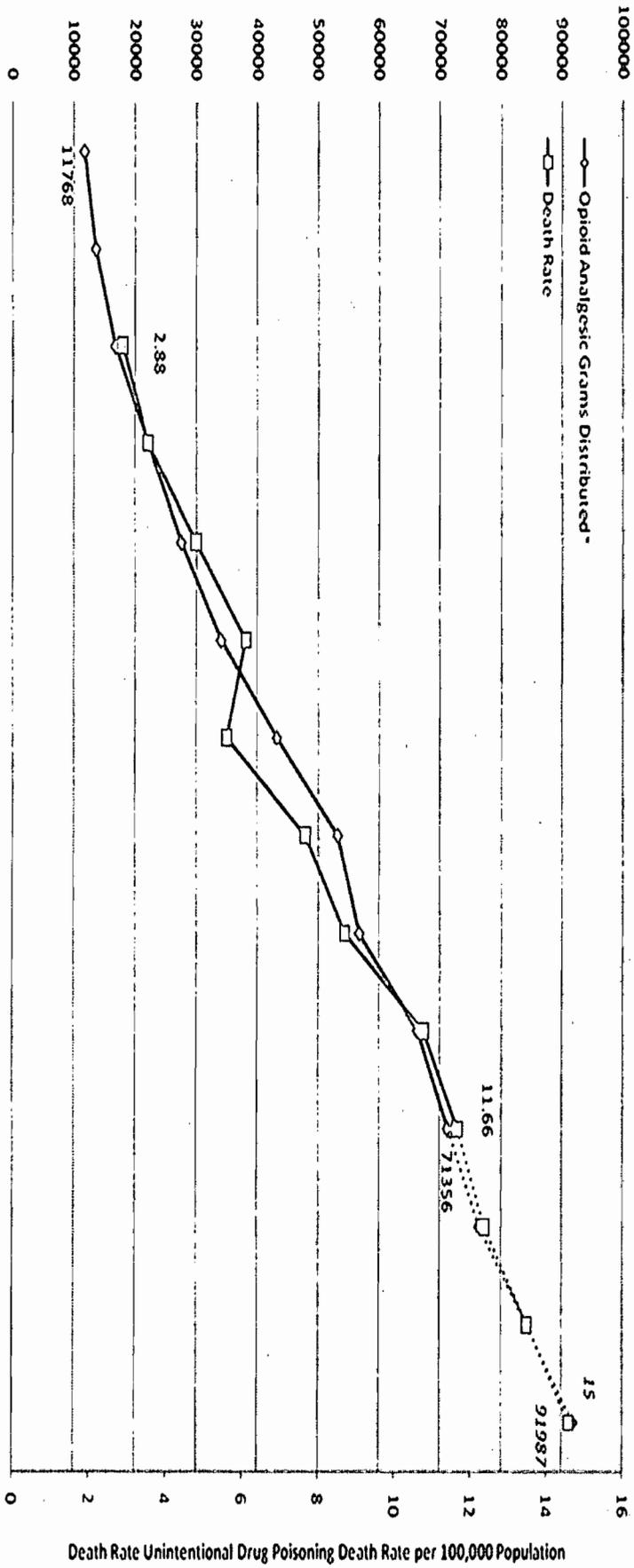
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<sup>26</sup> Portsmouth City Health Department

# Prescription Drug Diversion: Combating the Scourge

Figure 1: Courtesy ODADAS

Unintentional Fatal Drug Poisoning Rates and Distribution Rates of Prescription Opioids in Grams per 100,000 population, For Ohio, 1997 to 2007, with Forecasted Data 2008 to 2010

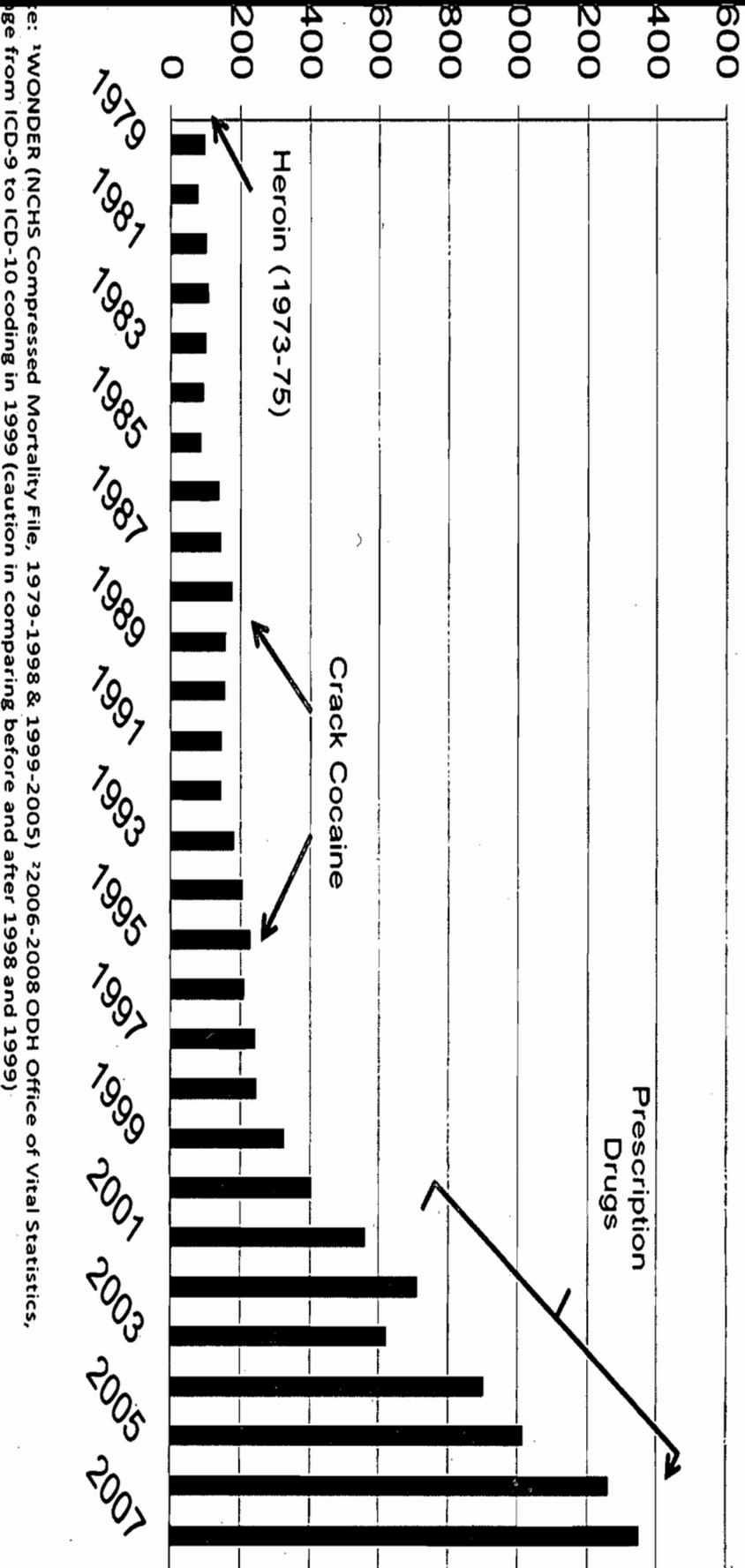


Sources: Opioid Distribution: DOJ, DEA, ARCOS. Death Rate: Ohio Dept of Health. \*Following Drugs: codeine, buprenorphine, oxycodone, hydromorphone, hydrocodone, meperidine, methadone, morphine, fentanyl base (transdermal) in morphine equivalents (30mg).

# Prescription Drug Diversion: Combating the Scourge

Figure 2. Courtesy ODADAS

Epidemics of unintentional drug overdoses in Ohio, 1979-2008<sup>1,2,3</sup>



Source: <sup>1</sup>WONDER (NCHS Compressed Mortality File, 1979-1998 & 1999-2005) <sup>2</sup>2006-2008 ODH Office of Vital Statistics, <sup>3</sup>Change from ICD-9 to ICD-10 coding in 1999 (caution in comparing before and after 1998 and 1999)



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