

Ohio Takes Comprehensive Approach to Reducing Prescription Drug Abuse and Neonatal Abstinence Syndrome (NAS)

Neonatal Abstinence Syndrome (NAS) and prescription drug abuse have become priority public health issues in Ohio. The state is taking a comprehensive approach—through policies, research, programs, and surveillance—to curb the misuse and abuse of prescription opioids and save thousands of newborns from the harmful effects of prenatal exposure to opioids.

Since entering office in 2011 Ohio Governor John Kasich and his administration have taken steps to improve the prescription drug misuse and abuse epidemic, particularly its effects on Ohio's youngest citizens—newborns. Between 2004 and 2011, the number of people treated for opioid abuse or dependence in Ohio grew 163 percent and the number of pregnant women in treatment for drug abuse increased 83 percent.¹ In 2010, at least 422 babies served by Ohio Help Me Grow (Ohio's home visitation program for children from birth through three years of age) had an NAS diagnosis, referring to or encompassing the constellation of clinical findings associated with opioid withdrawal that usually manifests as neurological excitability, gastrointestinal dysfunction, and autonomic over-reactivity.² In 2014, Ohio passed a law requiring hospitals and maternity homes to report NAS diagnoses to the Ohio Department of Health (ODH).

Steps Taken

- In 2011, Governor Kasich formed the Governor's Cabinet Opiate Action Team to address the continuing epidemic of misuse and abuse of and overdose from prescription opioids. The team consisted of five working groups: treatment (includes medication-assisted treatment), professional education, public education, enforcement, and recovery support. Ted Wymyslo, MD, former Director of ODH, co-chaired the professional education workgroup, which issued the "[Opioid Prescribing Guidelines for Ohio Emergency/Acute Care Facilities](#)" and "[Ohio Opioid Prescribing Guidelines](#)."
- In 2012, Ohio's Children's hospitals created an Ohio Children's Hospital Association Research Consortium through a Health Transformation Innovation Grant (funded by the Children's Health Insurance Program Reauthorization Act performance bonus). The consortium aimed to understand drug exposure in Ohio infants in order to improve and standardize treatment across Ohio's hospitals. Its work provided the largest prospective research sample of infants with NAS in history. The Ohio Department of Mental Health and Addiction Services created the [Maternal Opiate Medical Support \(M.O.M.S.\)](#) Project in August 2013 as a means to improve health outcomes and reduce costs associated with extended hospital stays by neutralizing the impact of NAS. The project is predicted to support about 300 mothers and babies by providing mothers with drug-addiction counseling and

- The rate of NAS grew six-fold between 2004 and 2011.
- In 2011, treating newborns with NAS was associated with more than \$70 million in charges and 19,000 days in Ohio hospitals.
- From 2004-2011, the average length of stay for NAS infants was four times greater than the average stay for all Ohio infants.

treatment as well as nonclinical services such as housing, transportation, and childcare during appointments. The three-year project is estimated to reduce infant hospital stays by 30 percent.

- In April 2014, the governor signed [House Bill 315](#), which requires hospitals and maternity homes to report NAS cases to ODH. ODH drafted a report form that does not collect patient-identifying information for any mother or newborn.

Results

- Opioid prescribing guidelines for emergency departments and general prescribing guidelines for other providers can provide benefits that include curbing the practice of patient “doctor shopping” for pain killer prescriptions and ensuring providers know how to safely prescribe pain medication.
- The Ohio Children’s Hospital Research Collaborative identified opportunities to improve both identification and treatment of NAS infants, which have reduced length of hospital stays and overall costs. The collaborative’s next steps are to test their treatment protocols statewide and share lessons learned with all providers throughout Ohio.
- House Bill 315 now makes NAS a reportable diagnosis and allows ODH to track and measure NAS cases and target prevention programs.

Lessons Learned

- Over the past two years, Ohio has taken steps to understand the extent of its NAS incidence. A November 2013 report stated that 5,100 hospitalizations resulted from NAS in inpatient and outpatient settings between 2004 and 2011, documenting the extent of this problem throughout the state. The large numbers of infants being hospitalized for NAS means that financial costs will continue to increase unless prevention and treatment are made a priority.
- Collaboration among state agencies and between the state and private entities is essential in addressing this complex problem.
- HB 315 should yield additional data to understand the scope of and circumstances surrounding this issue.
- These initiatives are only the beginning as Ohio tries to understand and address the problem of NAS and opioid abuse during pregnancy in the state.

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State Story



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¹ Massatti, R, Falb, M, Yors, A, et al. Neonatal abstinence syndrome and drug abuse among pregnant women in Ohio, 2004-2011. Columbus, OH. Ohio Department of Mental Health and Addiction Services, 2013. Available at <http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/injury%20prevention/NAS%20Report%20FINAL.ashx>. Accessed 9-29-2014.

² Hudak M, Tan R. The Committee on Drugs and the Committee on Fetus and Newborn. "Neonatal drug withdrawal." *Pediatrics*. 2012. 129(2):e540-e60.