

OARRS EI Program Explained

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What is OARRS Early Intervention?

The OBP OARRS EI Program was started in 2018 and is a deflection program specifically designed to work with individuals who have violated ORC 2925.22 Deception to Obtain a Dangerous Drug.

The program is only provided in counties where the OBP has partnered with the local prosecutor's office for program approval.

OBP Agents first obtain proof an individual has violated ORC 2925.22, then confirm the individual has no felony convictions. Once this is done, contact is made with the individual, and they are offered a chance to voluntarily sign the Deferred Prosecution Agreement (DPA).

As a part of the agreement, program participants must obtain a full comprehensive substance abuse assessment performed by an individual licensed as a Licensed Chemical Dependency Counselor II (LCDC II) or higher, at a location that is certified by Ohio Department of Mental Health and Addiction Services.

In the event treatment or support services are recommended, the individual must participate in the treatment and/or support services and provide proof of compliance to the OBP.

In addition to the assessment and treatment component, the DPA lays out the rules for when, where, and how the program participant can obtain OARRS reportable dangerous drugs; including:

- Program participants must identify and agree to use no more than 2 pharmacies.

- Program participants must identify the specific medical practices/providers they see on a regular basis and agree to obtain OARRS reportable drugs from those providers -- outside of a true medical emergency.
- Participants agree to contact OBP Agents within 48 hours to notify them of any new or changing prescription for an OARRS reportable drug.
- Participants are required to provide a copy of the DPA to their primary care provider as well as any other prescriber who issues them a prescription for an OARRS reportable drug.

The agreement is in effect for no more than one year and the time begins after the initial assessment is obtained.

While the individual is in the program OBP Agents monitor compliance with the prescription medication requirements as well as the treatment recommendations by keeping in contact with counselors, prescribers, and monitoring OARRS.

Additionally, OBP Agents will work to connect participants to local support organizations who can help provide wrap around services when needed.

How are candidates identified?

The OBP EI program partners with OBP OARRS Data Analysts to set parameters which identify candidates from data available in the OARRS system. The initial list of candidates includes two categories of individuals:

- Individuals who have filled a prescription which is duplicate therapy from more than one prescriber/practice at the same time.
- Individuals who have filled a combination of three or more prescriptions from more than one prescriber/practice which has been identified by the DEA as a combination of potential abuse, including:
 - Holy Trinity (Opioid, Benzodiazepine, Carisoprodol)

- Stimulant Trinity (Opioid, Benzodiazepine, Stimulant)
- Gabapentin Trinity (Opioid, Benzodiazepine, Gabapentin)
- Zolpidem Trinity (Opioid, Benzodiazepine, Zolpidem)

OBP Agents and Specialists carefully review each candidate to ensure they meet the parameters and then work to contact prescribers directly to confirm if deception occurred.

What if a candidate declines participation in the program or agrees to the program but fails to comply with the requirements?

If participants violate the DPA or are unwilling to participate criminal charges are filed, either by the OBP Agent or local law enforcement partners.

How is the OBP OARRS EI Program funded?

The OARRS Early Intervention Program is federally funded by a Department of Justice Bureau of Justice Assistance (BJA) Comprehensive Opioid Stimulant and Substance Use Program (COSSUP) grant.

Can a prosecutor agree to the program but request to review each candidate on a case-by-case basis?

Yes, some county prosecutors have agreed to the program but with the caveat that each candidate is run by their office individually prior to OBP making contact so they are able to review the case individually and deconflict within their office and with local law enforcement.

What counties does OBP currently partner with?

Franklin, Cuyahoga, Stark, Mahoning, Medina, Lake, Clinton, Montgomery, Ross, Hancock, Clermont, Hamilton, Lucas, Licking, Warren, Greene, Ashland, Butler, Richland, Summit, Pike, Erie, Wayne, and Clark.

Note: counties are listed in the order in which they started to partner with OBP OARRS EI. OBP has not contacted every Ohio county, counties are contacted for partnership when/if a viable candidate is identified in that county.

Other helpful definitions and explanations:

What is OBP?

The Ohio Board of Pharmacy (OBP) is the single state agency in Ohio responsible for administering and enforcing laws governing the practice of pharmacy and the legal distribution of drugs.

Agents of the OBP have a background in law enforcement and investigations and, among other things, are responsible for investigating and enforcing drug violations of the Ohio Revised Code, Ohio Administrative Code and the US Code of Federal Regulations.

Specialists with the OBP are registered Pharmacists who, among other things, enforce applicable provisions of the Ohio Revised Code, Administrative Code and the US Code of Federal Regulations. Additionally, they conduct investigations into drug laws violations, complex drug delivery systems and errors in dispensing or administration. They also provide expert testimony and guidance in ongoing investigations, administrative hearings, and criminal proceedings.

What is OARRS?

The **Ohio Automated Rx Reporting System** (OARRS), established in 2006, collects information on all outpatient prescriptions for controlled substances and two non-controlled substances (gabapentin & naltrexone) dispensed by Ohio-licensed pharmacies and personally furnished by Ohio prescribers.

OARRS is a tool that can be used to address prescription drug diversion and abuse. It serves multiple functions, including patient care tool; drug epidemic early warning system; and drug diversion and insurance fraud investigative tool.

As the only statewide electronic database that stores all controlled substance dispensing and personal furnishing information, OARRS helps prescribers and pharmacists avoid potentially

life-threatening drug interactions as well as identify individuals fraudulently obtaining controlled substances from multiple health care providers, a practice commonly referred to as “doctor shopping.”

What is a deflection program?

Deflection is community based and entails no criminal justice system involvement. Deflection programs provide services to substance users and other vulnerable populations before, or outside of, the point of arrest. They offer participants voluntary admission and wrap-around services to help them get back on their feet-out from under the threat of incarceration if they relapse.

In March of 2022 the White House Office of National Drug Control Policy (ONDCP) announced the release of the Model Law Enforcement and Other First Responders Deflection Act, a resource for states that encourages the development and use of deflection programs across the country. These programs are needed because first responders, including law enforcement, often do not have good options when encountering people with substance use and/or mental health disorders. In a growing number of states, public safety and public health partnerships “deflect” people with these disorders away from traditional criminal justice programs and connect them to evidence-based treatment, harm reduction, recovery and prevention services. These approaches save lives and reduce the burden on first responders. This state model law would expand access to these programs across the country.

ORC 2925.22 Deception to Obtain a Dangerous Drug

Ohio Revised Code (ORC) Section 2925.22, Deception to Obtain a Dangerous Drug, provides that no person, by deception, shall procure the administration of, a prescription for, or the dispensing of, a dangerous drug or shall possess an uncompleted preprinted prescription blank used for writing a prescription for a dangerous drug.

Deception means knowingly deceiving another or causing another to be deceived by any false or misleading representation, by withholding information, by preventing another from acquiring information, or by any other conduct, act, or omission that creates, confirms, or perpetuates a false impression in another, including a false impression as to law, value, state of mind, or other objective or subjective fact.