

Ohio will switch to single-drug lethal injection system for executions

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Ohio will switch to a single drug instead of a three-drug cocktail in its new execution procedure, according to documents filed in federal court this morning.

Executions will use a single drug, thiopental sodium, "in an amount sufficient to cause death," Attorney General Richard Cordray's office said in filing in U.S. District Court in Columbus. The drug is an anesthetic.

The new procedure will be in place by Nov 30.

The new procedure is similar to one used in euthanizing pets a massive dose of an anesthetic. The drug is also sometimes used in medically-induced comas.

Ohio will be the first state in the U.S. to use the one-drug procedure.

The state filing also listed a new backup procedure, if the first one doesn't work or can't be used.

The backup method involves an injection with a needle into a large muscle such as the arm or upper thigh. It was described as "much like a flu shot." One of the drugs to be used is Dilaudid, a commonly used painkiller.

"I have full confidence that this protocol will allow my staff the ability to fulfill our legally mandated obligation in carrying out the execution process for the state of Ohio," said Terry Collins, director of the Ohio Department of Rehabilitation and Correction.

Department of Rehabilitation and Correction officials announced the new execution procedures this afternoon. The state has been considering a major overhaul of lethal injection procedures since problems forced a halt in the Sept. 15 execution of Romell Broom of Cleveland.

It was the first time in modern U.S. history that an execution had to be abandoned after it was started.

State officials have been consulting with Dr. Mark Dershwitz, a University of Massachusetts professor of anesthesiology, in developing a new process.

Video

[See Terry Collins talk about the new execution method](#)

Ohio would become the first state to make major changes in a three-drug execution process that was essentially copied by 35 states from Oklahoma, where it was developed by an anesthesiologist in 1977.

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