

**PRESCRIPTION AND OVER-THE-COUNTER DRUG ABUSE
STRATEGIC PLAN**

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EXECUTIVE SUMMARY

In 2008, unintentional poisonings were the second leading cause of injury and death in the United States, followed by motor vehicle crashes. The increase in unintentional poisonings has mainly been driven by opioid analgesics including oxycodone, hydrocodone, and methadone that are usually prescribed to relieve pain. From 1999 to 2002, the number of unintentional drug poisoning deaths in the United States involving opioid analgesics increased by 91.2%, while deaths involving cocaine or heroin increased by 22.8% and 12.4%, respectively.

The national pattern of morbidity and mortality related to unintentional deaths has also been seen in Michigan, with unintentional poisonings becoming the leading cause of injury and death in 2009. Data from 1999-2009 indicate that the unintentional drug poisoning death rate for opioid analgesics in Michigan increased by 734.6% during 1999-2009, while the death rate for heroin and cocaine increased by 487.8% and 203.9%, respectively.

In 2009, in response to this widespread problem, the Bureau of Substance Abuse and Addiction Services (BSAAS) – formerly known as the Office of Drug Control Policy (ODCP), held a Prescription and Over-the-Counter (Rx/OTC) Drug Abuse Summit. Over 400 key stakeholders were present at this summit, representing law enforcement, the medical community, including pharmacists; community-based treatment and prevention organizations; community coalitions; regional coordinating agencies (CAs); education; and local public health departments. The conference participants submitted recommendations to BSAAS on what should be done to address the issue, how to remove the barriers and challenges to addressing the issue; appropriate goals for BSAAS to address to combat the problem, and what measures to employ to determine if BSAAS has made an impact.

At the start of FY 2010, all 16 CAs were required to address Rx/OTC drug abuse in their Action Plan (AP) submissions for prevention. Utilizing a Strategic Planning Framework, each CA developed and implemented a plan to prioritize needs within their region.

In February 2011, BSAAS established an Rx/OTC Drug Abuse Workgroup. The goal of the workgroup was to develop a strategic plan, including recommendations, for reducing Rx/OTC drug abuse. The strategic plan is to serve as a template for community-level agencies committed to developing local-level action plans. The workgroup membership included representatives of the state- and community-level agencies responsible for the provision of behavioral health care, substance use disorder prevention, education, law enforcement, and environmental quality.

In December 2011, the Rx/OTC Drug Abuse Workgroup distributed a *Community Scan Survey* to community coalitions, CAs, pharmacy retailers, local law enforcement, local public health departments, schools, and substance use disorder treatment and prevention providers. The purpose of the scan was to elicit feedback from community-level stakeholders on their level of capacity to conduct education, law enforcement and prescription drug storage or disposal programs in their respective communities.

Based on feedback from over 400 stakeholders at the 2009 Rx/OTC Drug Abuse Summit and the recent *Community Scan Survey*, the BSAAS Rx/OTC Drug Abuse Prevention Workgroup identified four overarching goals to address.

1. Increase Multi-System Collaboration

The workgroup recommended that BSAAS administer an additional community scan to the agencies that do not currently participate in our initiative but could share valuable expertise and resources.

2. Broaden Statewide Media Messages

The workgroup's recommendation for this goal was to develop media messages and campaigns based on the following criteria:

- Consider existing data when developing a new theme, materials, or suggesting existing messages and materials. Does the message speak to the data?
- Pinpoint the desired goal of the message and materials. What is desired to be achieved? What is the desired behavior change for the target audience?
- Consider the audience. Who is the message targeting? Is it culturally sensitive and relevant?
- Determine the cost and benefit for a target audience behavior modification. What is the motivation for the target audience to change their behavior?
- Identify existing messages and materials before developing new ones. Are there existing campaign materials and messaging that meet identified needs?
- Use a multi-pronged strategic approach. How will the campaign educate the public about the effects and prevalence, proper disposal, and where to take unwanted or unused medications?
- Remember positive messages work better than negative messages and scare tactics.
- Consider using focus groups to help tailor messaging for specific audiences.
- Determine if the overall message should be a statewide theme or community specific. What works best?
- Simple is better. How can it be made easy for the audience to adopt the desired behavioral change?

3. Broaden Rx/OTC Drug Abuse Education and Use of Brief Screenings

The workgroup recommended that BSAAS address this goal by increasing the training for physicians in Screening, Brief Intervention, Referral, and Treatment (SBIRT). There was a 369% increase (1,189 to 5,581), from 2000 to 2011 in the number of persons admitted to Michigan's publicly-funded treatment system for addiction to prescription drugs. The primary substance of abuse was opioid based synthetics. This massive increase in the number of persons needing treatment due to their addiction to prescription drugs has placed a considerable strain on the public service delivery system. Since the prescriptions for opioids to treat pain were written in primary care settings, physicians and other healthcare providers are in a position to provide appropriate SBIRT for the patient who is at-risk for developing a dependence on prescribed medications.

4. Increase Access and Use Michigan Automated Prescription System (MAPS)

The workgroup recommended that the Department of Licensing and Regulatory Affairs (LARA) should update the MAPS to increase usage by the general public, including users of pain medications, pharmacists, law enforcement, Behavioral Health and Developmental Disabilities Administration (BHDDA), and the BSAAS State Epidemiological Outcomes Workgroup (SEOW). The workgroup also recommended that MAPS include a report that identifies current information, and a template for requesting the data and an analysis of that data. In addition, the workgroup recommended that LARA convene a training conference on the use of MAPS by the end of fiscal year 2013.

The attached strategic plan details these goals and recommendations. Additionally, Attachment 1 provides a breakdown of each goal by task, objective, timeline, and milestones made and/or to be accomplished. This provides an "at a glance" view of the progress thus far and allows monitoring of those items that we continue to work through.

INTRODUCTION

Assessment of Need to Address the Problem

Rx/OTC drug abuse has become an increasingly widespread problem in the United States, leading to dangerous abuse and misuse, addiction, and fatalities. Federal agencies have focused attention and resources on this issue. According to the 2007-2008 National Survey on Drug Use and Health (NSDUH) estimates, in Michigan 7.5% of youth 12 to 17 years-of-age, and 13% of adults 18 to 25 years-of-age, reported non-medical use of pain relievers in the past year, and 5.4% of persons 12 years-of-age or older reported non-medical use of pain relievers. The sub-state data from the 2006-2008 NSDUH indicated the past year non-medical use of pain relievers ranged from 4.4% to 6.85% in Michigan's 16 CA regions.

In 2008, unintentional poisonings were the second leading cause of injury and death in the United States, followed by motor vehicle crashes. The increase in unintentional poisonings has mainly been driven by opioid analgesics that are usually prescribed to relieve pain (ex. oxycodone, hydrocodone, and methadone). From 1999 to 2002, the number of unintentional drug poisoning deaths in the U.S. involving opioid analgesics increased by 91.2%, while deaths involving cocaine or heroin increased by 22.8% and 12.4%, respectively.

The national pattern has also been seen in Michigan, with unintentional poisonings becoming the leading cause of injury and death in 2009. Data from 1999-2009 Vital Statistics Records from the Michigan Department of Community Health (MDCH) indicated that the unintentional drug poisoning death rate for opioid analgesics increased by 734.6% during 1999-2009, while the death rate for heroin and cocaine increased by 487.8% and 203.9%, respectively.

From 2007 to 2009, an average of 436 prescription drug overdose deaths (average of 246 males and 190 females per year) occurred in Michigan. The highest rates of prescription drug overdose deaths were among males between 40 and 49 years-of-age (9.1 per 100,000), followed by females between 40 and 49 years-of-age (8.5 per 100,000).

According to the 2011 Michigan Treatment Episode Data Set, there was a 369% increase (1,189 to 5,581), from 2000 to 2011 in the number of persons admitted to Michigan's publicly-funded treatment system for addiction to prescription drugs. The primary substance of abuse is opioid-based synthetics. The majority of people receiving treatment for prescription drug abuse were adults 26 years-of-age or older (82.0%), while persons 18 to 25 years-of-age accounted for 17.3% of treatment admissions involving prescription drugs.

The MAPS is the prescription monitoring program for the state of Michigan. Prescription monitoring programs are used to identify and prevent drug diversion of Schedule 2-5 controlled substances at the prescriber, pharmacy, and patient levels.

Collection of this prescription information allows physicians, dentists, pharmacists, nurse practitioners, physician's assistants, podiatrists, and veterinarians to query this data for patient-specific reports, which allow a review of the patient's Schedules 2-5 controlled substance

prescription records. This enables the practitioner to determine if patients are receiving controlled substances from other providers and to assist in the prevention of prescription drug abuse.

Prescription data collected by pharmacies and dispensing practitioners is stored in a secure central database within the LARA. Only those persons authorized by Section 333.7333a of the Michigan Public Health Code, which includes health professionals and law enforcement agencies, are allowed access to the information contained in the MAPS database.

The number of prescriptions filled for opioid analgesics has increased over time. In 2003, its first year of implementation, MAPS reported 6.3 million legitimate prescriptions written for pain relievers. In 2010, that number rose to 8.9 million. Between 2003 and 2010, the number of prescriptions filled for opioid antagonists (e.g., Suboxone/Subutex) increased rapidly (327 prescriptions in 2003 and 285,059 in 2010). Prescriptions for hydrocodone (e.g., Vicodin) accounted for 31.2% of all controlled substance prescriptions in 2011.

Assessment of Capacity to Address the Problem

In April 2007, when the White House Office of National Drug Control Policy (ONDCP) urged parents to take action against the alarmingly high rate of teen prescription drug abuse, Michigan sprang into action. At that time, specific Rx/OTC drug abuse data was not available, and therefore could not be identified as an area of high need. The SEOW and others began making a concerted effort to collect local and statewide data as outlined above. Although there is still a need to gather more statewide and local-level data, capacity is increasing in this area.

In 2009, BSAAS – formally known as ODCP at that time, held an Rx/OTC Drug Abuse Summit. Over 400 key stakeholders were present at this summit, representing law enforcement; the medical community, including pharmacists; community-based treatment and prevention organizations; community coalitions; regional CAs; education; and local public health departments. Plenary speakers at this summit set the stage for five focus groups to be established: Treatment, Prevention, Education, Law Enforcement, and Health/Pharmacy. Each group answered the following questions: What is the current problem? What is presently being done to address the issue? What are the barriers and challenges? What would be appropriate goals for this group to address to combat the problem? How will we know we made an impact? A full report of this summit is available on the BSAAS website at http://www.michigan.gov/documents/mdch/RxOTC_Summit_Report_340511_7.pdf.

At the start of fiscal year (FY) 2010, all 16 CAs was required to address Rx/OTC drug abuse in their AP submissions for prevention. Utilizing the Strategic Planning Framework, each CA developed and implemented a plan to prioritize needs in their region. It was identified that CAs were at various stages in terms of addressing Rx/OTC drug abuse. Some needed to begin gathering data in order to more accurately assess the need, and others needed to increase capacity and target specific needs in their region. A few CAs were ready to begin implementing programs, and various initiatives were started across the state. This has strengthened the overall capacity across the state of Michigan; however there remains a need for a coordinated statewide strategic planning effort which this document will outline.

BSAAS established an Rx/OTC Drug Abuse Workgroup in February 2011. The goal of the workgroup was to develop a strategic plan, including recommendations, for reducing Rx/OTC drug abuse. The workgroup membership included representatives of the following state and community-level agencies: Michigan Department of Community Health, BHDDA; Michigan Department of Education; Michigan Department of Human Services; Michigan Department of Environmental Quality; Michigan Department of Licensing and Regulatory Affairs; Michigan State Police, Office of Highway Safety and Planning; Michigan Army National Guard; Pfizer Pharmaceuticals; Michigan Association of Substance Abuse Coordinating Agencies; Prevention Michigan; Troy Community Coalition; and the Eaton Intermediate School District.

In December 2011, the Rx/OTC Drug Abuse Workgroup conducted a *Community Scan Survey*. A total of 254 respondents completed the survey, including representation from community coalitions, CAs, pharmacy retailers, local law enforcement, local public health departments, schools, and substance use disorder treatment and prevention providers. Respondents were from across the state, and included urban, suburban, and rural counties and communities. The survey response reflected the following points of interest:

- It was perceived that Rx/OTC drug misuse and abuse is a serious problem in Michigan. This misuse and abuse is harmful, and it is important to reduce its impact.
- Most respondents were familiar with the Drug Enforcement Agency (DEA) National Take Back Day drug disposal programs, and 73% of respondents were identified as participating in these efforts in their local communities.
- An additional 54% of respondents were identified as coordinating or promoting prescription drug abuse storage or disposal initiatives in addition to the DEA program, including Yellow Jug campaigns in conjunction with local pharmacies, and providing medicine cabinet locks.
- The survey revealed that the specific resource identified as being helpful to assist in efforts across the state is training, both face-to-face and web-based, as well as toolkits. Broad spectrums of training needs were identified including, but not limited to:
 - Basic information on Rx/OTC drug abuse
 - Effective evidence-based programs to use with the general community and schools
 - Environmental change strategies and approaches to change community norms
 - Social media messaging and media campaigns
 - Educational information for clients who are dependent on prescription drugs and do not consider that part of their addiction
 - Educational information for the medical community on effective strategies to address the problems in a community

The survey highlighted an overall strength in terms of capacity across the state. No matter where a specific community is in the process of addressing Rx/OTC drug abuse, there likely is another community that has effectively implemented strategies, such as drug take back programs or community-level media campaigns that can serve as a mentor or provide examples of their materials and what they have accomplished. A need has been identified to develop a mechanism for sharing this information across communities.

Other exemplary strengths in capacity include:

- Continued growth each year with the DEA Drug Take Back program as more communities become aware of, and become involved in this initiative.
- Michigan Office of Highway Safety Planning (OHSP) training that has resulted in 19 (as of December 2011) Drug Recognition Experts (DRE) at law enforcement agencies across the state, with an additional 15 to be trained in the coming months.
- OHSP working with the Michigan State Police (MSP) to include two basic DRE tests as part of the standard curriculum used in their training academy.
- Consistent scheduling of classes for law enforcement personnel on Advanced Roadside Impaired Driving Enforcement through OHSP, which has resulted in 500 officers having been trained (as of December 2011) with up to an additional 300 to be trained in 2012.
- A 20% increase in the number of users of the MAPS in the past year.
- The Livingston-Washtenaw Program, a coordinated effort between BSAAS, Bureau of Health Professions, Board of Pharmacy, and Washtenaw Community Health Organization CA to address the abuse of Vicodin in Livingston and Washtenaw counties. The pilot program included identification of Medicaid recipients receiving multiple prescriptions of Vicodin simultaneously through several physicians, and linking together the primary care physician, a team of substance use disorder treatment professionals, and the individual's health plan provider to provide case management services and ease access into treatment for potential addiction issues.
- Collaboration with the Michigan National Guard and their Rx/OTC drug abuse education and diversion efforts.
- Development of a Medication Abuse Resource Guide; available on the BSAAS website at www.michigan.gov/documents/mdch/Medication_Abuse_Resource_Guide_271906_7.ppt.

In addition to the above capacities within the state, numerous federal resources are available to assist in these efforts, including the DEA (www.dea.gov); Substance Abuse and Mental Health Services Administration (www.samhsa.gov); Center for Disease Control and Prevention (www.cdc.gov); ONDCP (www.WhiteHouseDrugPolicy.gov); and the Community Anti-Drug Coalitions of America (<http://www.cadca.org/resources/detail/rx-abuse-prevention-toolkit>).

STRATEGIC PLAN

In 2011, the BSAAS Rx/OTC Drug Abuse Prevention Workgroup identified four overarching goals to address over the next three years based on information provided from over 400 stakeholders at the Rx/OTC Drug Abuse Summit held in 2009 and the recent *Community Scan Survey*. The overarching goals were:

1. Increase Multi-system Collaboration

While BSAAS enjoys collaborative relationships with key state-level stakeholders and partners, including the Michigan Department of Education, MSP, Michigan Department of Environmental Quality, Michigan National Guard, Michigan Pharmacy Association, and the Michigan Association of Substance Abuse Coordinating Agencies, the bureau could benefit from increased collaboration with the following agencies: Michigan Department of Human Services, Michigan Primary Care Association, Michigan State Medical Society, Michigan Broadcasters Association, and the DEA. These agencies include diverse expertise and resources that are essential in combating Rx/OTC drug abuse.

Recommendation

Administer an additional community scan to the agencies listed above that are not currently participating in our initiative.

2. Broaden Statewide Media Messages

Based on feedback from the *Community Scan Survey* and the knowledge of other national and local resources, the Rx/OTC Drug Abuse Workgroup recommended that BSAAS broaden statewide media messages to the general public, parents, and caregivers. The primary agents for delivering the media messages would be law enforcement, CAs, coalitions, educational institutions, pharmacies, and primary health care agencies.

Recommendation

Develop media messages and campaigns based on the following criteria:

- Consider existing data when developing a new theme, materials, or suggesting existing messages and materials. Does the message speak to the data?
- Pinpoint the desired goal of the message and materials. What is desired to be achieved? What is the desired behavior change for the target audience?
- Consider the audience. Who is the message targeting? Is it culturally sensitive and relevant?
- Determine the cost and benefit for the target audience behavior modification. What is the motivation for the target audience to change their behavior?
- Identify existing messages and materials before developing new ones. Are there existing campaign materials and messaging that meet identified needs?

- Use a multi-pronged strategic approach. How will the campaign educate the public about the effects and prevalence, proper disposal, and where to take unwanted or unused medications?
- Remember positive messages work better than negative messages and scare tactics.
- Consider using focus groups to help tailor messaging for specific audiences.
- Determine if the overall message should be a statewide theme or community specific. What works best?
- Simple is better. How can it be made easy for the audience to adopt the desired behavioral change?

The workgroup cited a prime example of a media campaign that fits the above content criteria developed and implemented by Northern Michigan Substance Abuse Services, Inc. (NMSAS), entitled *Rx: Be the Solution*. The campaign can be accessed at (<http://drugfreenorthernmichigan.com>). NMSAS’s campaign includes: videos with prevention messages, news articles, data on Rx drug abuse, education on disposal programs and sites, education and information for health care professionals, and educational materials and information for parents.

Other means of broadening statewide media messages would include the development and dissemination of toolkits distributed statewide. The toolkits would include: educational materials that stress the dangers of using Rx/OTC drugs, a listing of existing resources that will inform the public and patients on safe usage, educational materials on proper storage and disposal of Rx drugs, promotion of existing disposal programs, and educational materials for law enforcement to aid them in identifying and stopping illegal and/or questionable prescribing practices. Resource materials and toolkit examples can be found at the following websites:

| SPONSOR | WEBSITE |
|--|--|
| Office of National Drug Control Policy | www.whitehouse.gov/ondcp |
| National Institute on Drug Abuse | www.drugabuse.gov/ |
| U. S. Drug Enforcement Administration | www.justthinktwice.com/ |
| Department of Community Health | www.michigan.gov/mdch-bsaas , see Prevention, RxOTC Drug Abuse |
| The Mayo Clinic | www.mayoclinic.com/health/prescription-drug-abuse/DS01079/DSECTION=prevention |

3. Broaden Rx/OTC Drug Abuse Education and Use of Brief Screenings

According to the MAPS, the number of legitimate prescriptions written for pain relievers was at 6.3 million in 2003 and 8.9 million in 2010. However, between 2003 and 2010, the number of prescriptions filled for Suboxone, a partial opioid agonist used in treatment addiction, increased rapidly (327 prescriptions in 2003 and 285,059 in 2010). Prescriptions for hydrocodone (e.g., Vicodin) also accounted for 31.2% of all controlled substance prescriptions in 2010.

According to the 2011 Michigan Treatment Episode Data Set, there was a 369% increase (1,189 to 5,581), from 2000 to 2011 in the number of persons admitted to Michigan’s

publicly-funded treatment system for addiction to prescription drugs. The primary substance of abuse reported at admissions was opioid-based analgesics. Most of the people receiving treatment for prescription drugs were adults 26 years-of-age or older (82.0%), while persons 18 to 25 years-of-age accounted for 17.3% treatment admissions involving prescription drugs.

In a nationally representative sample of 648 primary care physicians surveyed for the National Center on Addiction and Substance Abuse at Columbia University (CASA), only 32% felt that they were “very prepared” to diagnose prescription drug abuse, while 58% did not discuss substance abuse with patients because of an expectation that patients would lie.¹

A survey of 1,183 residency training programs disclosed that, while psychiatry programs usually had mandatory curricula for substance use disorders (95% of programs), pediatric programs typically did not (32%). Among all primary care programs surveyed in 1997, only 56% had a required substance abuse curriculum.² According to authors from Michigan State University, “the diagnosis and treatment of alcohol- and drug-related disorders are generally considered peripheral to or outside medical matters and ultimately outside medical education.”³

These and other studies support the widespread sentiment that most physicians have substance abuse training that is quite limited given the ubiquity and importance of the problem in medical practice. Thus physician education may be the lowest-hanging fruit in galvanizing public response to the epidemic of prescription drug abuse.

As a practical matter, though, physicians have limited time for mastering new fields of inquiry, and the information they are most likely to procure is that which is convenient and eligible for the reward of continuing medical education (CME) credits. Increasingly online webcasts, podcasts, and other computer facilitated methods for disseminating continuing education are becoming popular and accessible. Optimal utilization of these opportunities requires a focused curriculum that captures critical concepts and provides simple tools for recall and implementation.

An appropriate curriculum would include the following major subject areas: prevalence, characteristics, and consequences of prescription substance use; detection of prescription drug abuse in practice—the SBIRT approach; the alliance with patients seeking and needing opioids and other substances of abuse: compassionate trust and verification; rational use of pain medications for common problems in primary care, emphasizing a core group of drugs, key drug toxicities and interactions; and appropriate use of stimulants across the life span.

¹ Survey Research Laboratory, University of Illinois at Chicago: *Missed Opportunity: The CASA National Survey of Primary Care Physicians and Patients*. April 2000. Retrieved from <http://www.casacolumbia.org/download.aspx?path=/UploadedFiles/kksvjhvx.pdf>.

² Isaacson J.H., Fleming M, Kraus M, et al. *A National Survey of Training in Substance Use Disorders in Residency programs*. *J. Stud Alcohol*. 2000; 61:912–915.

³ Miller NS, Sheppard LM, Colenda CC, Magen J.: *Why Physicians are Unprepared to Treat Patients Who Have Alcohol- and Drug-related Disorders*. *Academy of Medicine*. 2001 76(5):410-8.

A curriculum covering these topics should be identified or created and fit into a three to four hour package suitable for CME conferences, webcasting, podcasting, and reading. The package would include a pamphlet, simple memory “cards,” office posters, an SBIRT primary care toolkit, and other free paraphernalia to encourage immediate use of the new information. Such a package could be updated in regular intervals and required as part of the three-year licensure cycle of CME credit for physicians working in primary care settings.

It is evident that physicians are writing more prescriptions for pain. While most of the prescriptions are legitimate, the sheer number of prescriptions written can lead to diversion, abuse, addiction, and death by overdose. The MDCH Vital Records indicated that 436 prescription drug overdose deaths occurred in Michigan from 2007-2009. Consequently, the workgroup recommended additional training and guidance for residents in teaching hospitals and for practicing physicians and dentists prescribing opioids. For example; The New York City Department of Health and Mental Hygiene has published guidelines for physicians entitled: *Preventing Misuse of Prescription Opioid Drugs* (www.nyc.gov/health/chi). The guidelines include: prescribing short acting agents with no more than a three-day supply for acute pain, and avoiding prescribing opioids for patients taking benzodiazepines because of the risk of respiratory depression. The same publication also includes guidance on: health risk associated with prescription opioids; tolerance, dependence, and addiction; non-opioid approaches to managing pain; when to consider opioids for pain management; pain and mental health; dosing and monitoring, including the calculation of cumulative morphine-equivalent doses; considerations for opioid dosing, urine drug testing for chronic opioid therapy; talking to patients about opioids, including what to tell them about opioids; and detecting signs of prescription drug misuse.

State medical societies, such as the Vermont Medical Society, offer video and on-line training modules on opioid dependence including topics such as *A Policy for the Use of Controlled Substances for the Treatment of Pain* (http://vtmd.org/webfm_send/3).

Recommendation

Increase the training for physicians in SBIRT. As stated earlier in this document, there was a 369% increase (1,189 to 5,581), from 2000 to 2011 in the number of persons admitted to Michigan’s publicly-funded treatment system for addiction to prescription drugs. The primary substance of abuse was opioid based synthetics. This massive increase in the number of persons needing treatment due to their addiction to prescription drugs has placed a considerable strain on the public service delivery system. Since the prescriptions for opioids to treat pain were written in primary care settings, physicians and other healthcare providers are in a position to provide appropriate screening, brief intervention, and referral to treatment for patients at risk for developing dependence on prescribed medications.

The National Institute on Drug Abuse has recommended extensive use of SBIRT for use in primary care settings. In 2009, NIDA published a *Resource Guide for Screening for Drug Use in General Medical Settings* (<https://www.drugabuse.gov/publications/resource-guide>). The resource guide supplies health care providers serving populations in health care settings

with tools for screening, brief intervention, and/or referral to treatment. The resource guide includes: a primer on screening patients; a review of the NIDA Modified ASSIST (screening tool); a primer on conducting brief interventions; recommendations to address patient resistance; sample progress notes; change plan worksheet; biological specimen testing; and other resources on the screening, intervention, and referral processes.

In FY 2012, BSAAS issued a request for proposals (RFP) to CAs to implement projects that will initiate MI-SBIRT; modeled after the federally funded SBIRT programs. The purpose of this project is to implement MI-SBIRT services for individuals in primary care and/or community health settings, with substance misuse and substance use disorders (SUD). The projects are expected to:

1. Expand/enhance the continuum of care for substance misuse services and promote behavioral health and primary health integration efforts.
2. Reduce alcohol and drug consumption and their negative health impact.
3. Increase abstinence and reduce costly health care utilization.
4. Promote sustainability and improve treatment outcomes.

MI-SBIRT is designed to expand and enhance the continuum of care in primary care and a mix of other community health settings (e.g., health centers, university health centers, emergency departments, and office-based practices), and support the use of clinically appropriate services for persons at-risk for, or diagnosed with, a SUD. It also seeks to identify and sustain systems and policy changes to increase access to prevention and treatment services in generalist and specialist medical settings. The MI-SBIRT process supports the overall goal of the MDCH to integrate behavioral health and primary care in Michigan while promoting recovery, wellness, and a fulfilling quality of life.

With respect to related law enforcement alcohol and drug screening initiatives, the workgroup also supports the continued effort of the MSP, OHSP to provide the Advanced Roadside Impaired Driving Enforcement (ARIDE) Program and DRE training. There are now 19 DREs in Michigan, with 15 more planned to be trained during FY 2012. In addition, there are currently 500 law enforcement officers around the state who have completed the ARIDE Standardized Field Sobriety Test (SFST) training, with one class being offered each month to train an additional twenty officers each time. OHSP has recommended SFST training to be part of basic training for all officers. Support for this recommendation will be incorporated into this strategic plan.

Recommendation

CAs, coalitions, schools, and the military must continue to provide prescription drug education programming that targets grades 4 through 12. Evidence-based programs such as the Michigan Model will prove invaluable for expanding education to this age group. The Pharmaceutical Associations should develop recommendations for the dispensing of prescription opioids.

4. Increase Access and Use MAPS

As noted previously, MAPS is the prescription monitoring program for the state of Michigan. Prescription monitoring programs are used to identify and prevent drug diversion of Schedule 2-5 controlled substances at the prescriber, pharmacy, and patient levels.

Collection of this prescription information allows physicians, dentists, pharmacists, nurse practitioners, physician's assistants, podiatrists, and veterinarians to query this data for patient-specific reports which allow a review of the patient's Scheduled 2-5 controlled substance prescription records. This enables the practitioner to determine if patients are receiving controlled substances from other providers and to assist in the prevention of prescription drug abuse.

Prescription data collected by pharmacies and dispensing practitioners are stored into a secure central database within LARA. Only those persons authorized by Section 333.7333a of the Michigan Public Health Code, which includes health professionals and law enforcement agencies, are allowed access to the information contained in the MAPS database.

Recommendation

LARA should update MAPS to increase usage by the general public, including users of pain medications, pharmacists, law enforcement, BHDDA, and the BSAAS SEOW. Include a report that identifies current information, and a template for requesting data and analysis of the data. Convene a training conference on the use of MAPS by the end of FY 2012.

Please note Attachment I charts the goals, tasks, objectives, timelines, and milestones associated with this strategic plan.

ATTACHMENT I

| GOAL | TASK | OBJECTIVE | TIMELINE | MILESTONE |
|------|---|--|-----------|---|
| 1 | <p>Increase multi-system collaboration: Develop a mechanism to increase communication between stakeholders including prevention, treatment, education, health professionals, and military.</p> | <ul style="list-style-type: none"> • Increase awareness of existing efforts among key stakeholders. | Ongoing | <ul style="list-style-type: none"> • Conducted environmental scan of key stakeholders – fall 2011. Repeat scan on an annual basis starting in fall 2012. |
| 2 | <p>Broaden statewide media messages: Develop theme, recommendations of content/activities for statewide education awareness media campaign.</p> | <ul style="list-style-type: none"> • Create statewide campaign that includes proper use and storage of Rx/OTC drugs. • Develop web-based toolkit using the NMSAS model <i>Rx: Be the Solution</i>. • Develop fact sheets, posters and other resources that are easily adaptable for communities to use across the state under consistent branding. • Provide training on effective use and storage techniques adopted by communities around the state. • Increase awareness of the problem of prescription and over the counter drug abuse. • Increase perception of harm of misuse and abuse of prescription and over the counter drugs. • Develop accessible and environmentally appropriate disposal sites for controlled substances so that barriers are removed and the use of disposal and storage programs is increased. | Fall 2012 | <ul style="list-style-type: none"> • Identified media campaign model accomplished in October 2011. • Developed a State Epidemiological Profile (March 2011) with fact sheets for extraction . The State Epidemiological Profile is to be updated annually starting March 2012. • Identified training resources for storage and disposal completed November 2011. Workshops to be scheduled in spring and summer 2012. • Conduct 2013 Youth Risk Behavioral Survey. • Conduct environmental scan surveys conducted in 2013. |

| GOAL | TASK | OBJECTIVE | TIMELINE | MILESTONE |
|------|---|---|-------------------------------------|--|
| 3 | <p>Broaden Rx/OTC drug abuse education and use of brief screenings: Recommend types of content training and assessments to increase education and use of brief screenings.</p> | <ul style="list-style-type: none"> • Increase awareness of the Rx/OTC drug abuse epidemic and Rx/OTC drug abuse potential for addiction and other drug-related consequences. • Increase awareness of enforcement presence to identify potential misuse and abuse. • Develop training on or provide links to existing web-based training available on pain management for medical practitioners, including techniques for monitoring and supporting individuals prescribed controlled substances. | <p>Ongoing</p> <p>Winter 2012</p> | <ul style="list-style-type: none"> • Schedule workshops at 2012 Annual SUD Conference. • Release of an RFP to CAs to implement MI-SBIRT. • Increase the number of law enforcement officers trained in DRE in 2012 and the future. • Share web-based training links with medical community. |
| 4 | <p>Increase access and use of MAPS: Develop recommendations for increasing access and usage that will include training.</p> | <ul style="list-style-type: none"> • Increase availability of aggregate data (non-protected health information) and usability of MAPS to help guide public health efforts in local communities. • Plan a one day conference on Rx/OTC drug abuse issues (including use of data, trends, policy issues, considerations, etc.). • Continue SEOW collaboration with MAPS staff for data trends. • Increase the skills of pharmacists, physicians, nurse practitioners, and physician assistants to consistently utilize the MAPS data to assure prescriptions are appropriately written and dispensed according to evidence-based practices. | <p>Fall 2012</p> <p>Winter 2012</p> | <ul style="list-style-type: none"> • Identify and select trainers and presenters by April 30, 2012. • Provide a workshop on the EPI profile about Rx/OTC drugs at the 2012 SUD Conference. |