# PRESCRIPTION DRUG AND OPIOID ABUSE COMMISSION
# APRIL 12, 2018 MEETING

# APPROVED MINUTES

In accordance with the Open Meetings Act, 1976 PA 267, as amended, the Prescription Drug and Opioid Abuse Commission met on April 12, 2018, at the Ottawa Building, Conference Room 3, 611 West Ottawa Street, Lansing, Michigan 48933.

## CALL TO ORDER

Judge Linda Davis, Chairperson, called the meeting to order at 2:03 p.m.

## ROLL CALL

**Members Present:**
Judge Linda Davis, Chairperson, Ex-Officio for LARA
Stephen Bell
Vincent Benivegna
Rebecca Cunningham (Arrived at 2:24 p.m.)
Richard Dettloff (teleconference)
Lisa Gigliotti
Timothy Hurtt
Paula Nelson
Michael Paletta
Gretchen Schumacher
Judge Patrick Shannon (teleconference)
Larry Wagenknecht
Adam Wilson

**Members Absent:**
Paul Lauria
Stephen Lazar
Melissa Owings
Roy Soto
Laurie Wesolowicz

**Ex-Officio Members:**
Michelle Brya, Assistant Attorney General
Dr. Debra Pinals, Department of Health and Human Services
Col. W. Thomas Sands, Michigan State Police

**Staff:**
Kim Gaedeke, Acting Deputy Director, LARA
Cheryl Pezon, Acting Bureau Director, BPL

Kimmy Catlin, Board Support, Boards and Committees Section
Andria Ditschman, Analyst, Boards and Committees Section
Andrew Hudson, Manager, Drug Monitoring Section
Weston MacIntosh, Analyst, Boards and Committees Section

## APPROVAL OF AGENDA

MOTION by Wagenknecht, seconded by Gigliotti, to approve the agenda as presented.

A voice vote followed.

MOTION PREVAILED

## APPROVAL OF MINUTES

MOTION by Gigliotti, seconded by Benivegna, to approve the minutes from February 8, 2018 as written.

A voice vote was followed.

MOTION PREVAILED

## DHHS Update

Dr. Pinals introduced Angela Minicuci and Geralyn Lasher to the Commission.

Angela Minicuci and Geralyn Lasher presented a PowerPoint entitled "MDHHS Prescription Drug and Opioid Abuse Media Campaign Overview" to the Commission. (Please see addendum #1).

Angela Minicuci and Geralyn Lasher gave the Commission a handout entitled "Prescription Painkiller Pre-Campaign Awareness Survey". (Please see addendum #2).

Karen Yoder gave an update on the educational curriculum additions and revisions and asked for suggestions to be sent to Andria Ditschman at BPL. The Policy & Outcomes Subcommittee will review the proposed educational curriculum additions and propose additional suggestions for the Commission to vote on at the May meeting.

Discussion was held.

## MAPS Analytics Update

Kim Gaedeke and Andrew Hudson presented a PowerPoint entitled "Statewide Opioid Assessment: Michigan". (Please see addendum #3).

Discussion was held.

**Acute Care Recommendations Discussion**

Rebecca Cunningham presented three documents regarding acute care recommendations to the Commission. (Please see addendum #4).
Discussion was held.

MOTION by Bell, seconded by Wagenknecht, to approve the recommendations.

A roll call vote followed: Yeas – Bell, Benivegna, Cunningham, Dettloff, Gigliotti, Hurtt, Nelson, Paletta, Schumacher, Shannon, Wagenknecht, Wilson
Nays – None

MOTION PREVAILED

**Legislative Update**

Bryan Modelski, Legislative Analyst for the Bureau of Professional Licensing, discussed the recently introduced bills that address opioid abuse.

**Office of Drug Policy Discussion**

Shannon advised that a report will be presented at the next regularly scheduled Commission meeting, and that the Policy and Outcomes Subcommittee will provide the Commission with a recommendation.

**OLD BUSINESS**

None

**SUBCOMMITTEE REPORTS**

**Treatment**

The Commission reviewed the subcommittee report.

**Regulation and Enforcement**

None

**Policy and Outcomes**

The Commission reviewed the subcommittee report.

**Prevention**

The Commission reviewed the subcommittee report.

Benivegna explained that the Subcommittee has discussed and completed all of the jobs it was tasked with and advised that members are working on coming up with new ideas.

Davis advised that she worked with the Governor's Office and Elizabeth Gorz to outline the action items of the Commission to ensure that each item is completed before the end of the year.

**Opioids and Other Controlled Substances Awareness Training**

MOTION by Gigliotti, seconded by Bell, to recommend that individuals who are licensed to prescribe or dispense controlled substances, delegate nurses, and individuals seeking a controlled substance license complete a one-time training on opioids and controlled substances awareness.

A roll call vote followed:

Yeas – Bell, Benivegna, Cunningham, Dettloff, Gigliotti, Hurtt, Nelson, Paletta, Schumacher, Shannon, Wagenknecht, Wilson

Nays – None

MOTION PREVAILED

**Prevention Subcommittee Motion**

MOTION by Bell, seconded by Benivegna, to approve a letter to the Michigan Pharmacists Association, requesting that they encourage their members to use their best efforts to take back unused opioids, including increasing the number of drop-off bins.

A roll call vote followed:

Yeas – Bell, Benivegna, Cunningham, Dettloff, Gigliotti, Hurtt, Nelson, Paletta, Schumacher, Shannon, Wagenknecht, Wilson

Nays – None

MOTION PREVAILED

**CHAIR REPORT**

Davis advised that despite the numerous invitations to the forums there has not been attendance by any members of the Legislature.

**DEPARTMENT UPDATE**

None

## PUBLIC COMMENT

None

## ANNOUNCEMENTS

The next regularly scheduled meeting will be held May 24, 2018 at 2:00 p.m. in the Ottawa Building, 611 W. Ottawa Street, Conference Room 3, Upper Level Conference Center, Lansing, Michigan.

## ADJOURNMENT

MOTION by Bell, seconded by Gigliotti, to adjourn the meeting at 3:53 p.m.

A voice vote followed.

MOTION PREVAILED

Minutes approved by the Commission on: May 24, 2018.

Prepared by:
Kimmy Catlin, Board Support April 18, 2018
Bureau of Professional Licensing

# MDHHS Prescription Drug and Opioid Abuse Media Campaign Overview

*April 11, 2018*

BROGAN & PARTNERS

Addendum #1

Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

# 2017 Campaign Overview

**Overarching campaign objective:**

- Decrease the number of opioid-related deaths in Michigan

**Marketing communications objectives:**

- Primary
  - Increase awareness of the dangers of opioids and educate the public about proper storage and disposal of prescription drugs.
  - Drive people to michigan.gov/stopoverdoses.
- Secondary
  - Increase awareness among prescribers of the dangers of prescription drugs.
  - Encourage prescribers to register for the Michigan Automated Prescription System (MAPS).

**Target:**

- Primary: A25-44 in Michigan who are at risk for abusing opioids. These are people who have been prescribed opioids by their physicians for pain management, or those who have not been prescribed, but have access to opioids. All ethnicities and income levels.
- Secondary: Prescribers of opioids (most commonly, family doctors and internists who treat patients for chronic pain).

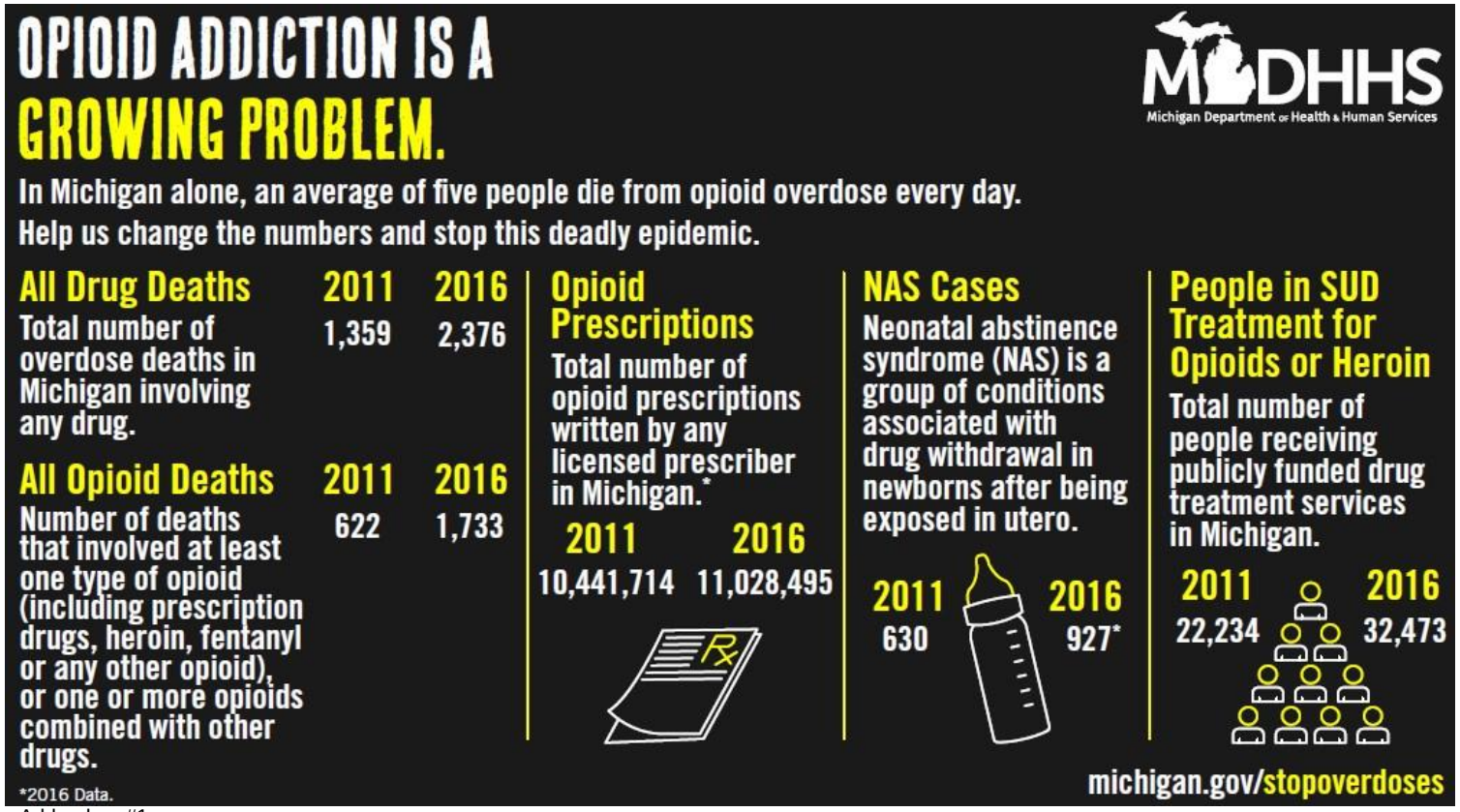
**Flight Dates:** March – November 2017

**Target Area:** Statewide, including the upper peninsula and northern lower peninsula with focus on counties with high rates of opioid-involved deaths: Calhoun, Monroe, Wayne, Muskegon, Ingham, Livingston, Washtenaw, Ottawa, Macomb, Kent, Genesee and Oakland

**Budget:** $540,000.00

# Campaign Overview

The number of opioid overdose deaths in Michigan have been on the rise over the past 16 years. Governor Rick Snyder created the Michigan Prescription Drug and Opioid Abuse Commission in June 2016, to help reduce the opioid epidemic in Michigan and ensure the health and safety of Michigan residents.




Addendum #1

# Campaign Overview

According to the Centers for Disease Control and Prevention:

- Adults aged 25 to 34 had the highest death rate involving opioids in 2015 (17.2 per 100,000 population), followed by adults aged 45 to 54 (15.9), adults aged 35 to 44 (15.7), and adults aged 55 to 64 (11.2).
- For those counties with 20 or more opioid-involved deaths, the age-adjusted death rates involving opioids were as follows: Calhoun (23.1 per 100,000), Monroe (18.0), Wayne (15.5), Muskegon (14.8), Ingham (14.8), Livingston (11.6), Washtenaw (10.3), Ottawa (9.9), Macomb (9.8), Kent (8.6), Genesee (7.8), and Oakland (2.7).
- The 3-year average of people admitted for treatment of opioid addiction showed that more female (54.3%), mostly Whites (86.2%) were admitted for publicly funded treatment programs. 26.1% were aged 30 to 35, and followed by individuals aged 26 to 29 (22.5%), individuals aged 36 to 44 (17.2%), and aged 21-25 (16.8%).
- 249 million prescriptions for opioid pain medication were written by healthcare providers in 2013.
- As many as 1 in 4 patients receiving long-term opioid therapy in primary care settings struggle with opioid use disorder.

# Campaign Overview

To help develop the media plan for Prescription Drug and Opioid Abuse Campaign we used Nielsen Reports and Nielsen @plan research using the profile – *A25-44 in Michigan and filled a prescription within the last 90 days.*

Below are the findings from the research that helped determine the media mix.

- 64% of the target audience listened to traditional radio in the past week
- 63% of the target audience watched cable television in the past week
- 96% of the target audience accesses the internet 5+ times per week
- 90% of the target audience uses a cellular device to go online
- The target audience is 42% more likely to listen to Pandora's free streaming service than the average 18+ on-line user
- 89% of the target audience has 1+ social networking profile
- 78% of the target audience uses a desktop to go online
- The target audience is 89% more likely to search through a browser for how-to advice than the average 18+ on-line user
- MSMS is delivered weekly to over 6,800 subscribers

# Campaign Overview

## Creative strategy

**Brand personality:**

- Trustworthy, knowledgeable, reliable

**Key Insights:**

- Messages should share the clinical end-results of opioid abuse – Abuse can lead to death. The short-term gain is not worth the long-term gain.
- Addicts/abusers should not be stigmatized.
- Opioid abuse affects all ethnicities and socioeconomic groups.

**Brand Truth:**

- Opioids are powerful painkillers that are highly addictive that have killed thousands in Michigan. Prescription drug addiction does not discriminate and affects people of all income levels and ethnicities.

**Consumer Truth:**

- Prescription drug abuse is a problem for drug users and not someone like me, who doesn't do recreational drugs. My doctor has prescribed me painkillers, but they are legal and I would never use them recreationally.

**True Connection:**

- Misuse of prescribed painkillers is an epidemic in Michigan, but you can help stop it by being aware of your use and that of those around you.

# Budget Recap

| Medium | Budget | Added Value | Total Value | Impressions |
|---|---|---|---|---|
| MAB Radio | $36,120.00 | $62,504.00 | $98,624.00 | 3,521,863 |
| Radio | $148,315.65 | $27,485.00 | $175,800.65 | 11,037,000 |
| Cable | $91,800.00 | $11,500.00 | $103,300.00 | 2,313,000 |
| Digital | $60,000.00 | $4,736.00 | $64,736.00 | 7,810,645 |
| Pandora | $40,000.00 | $64,000.00 | $104,000.00 | 6,565,401 |
| Social | $2,000.00 | NA | $2,000.00 | 469,774 |
| Google AdWords | $10,724.35 | NA | $10,724.35 | 1,085,659 |
| Digital/Print – Prescriber Targeting | $23,162.50 | NA | $23,162.50 | 211,500 |
| Email – Prescriber Targeting | $11,494.80 | NA | $11,494.80 | 46,129 |
| Google AdWords – Prescriber Targeting | $5,265.00 | NA | $5,265.55 | 275,655 |
| Agency Fee | $41,040.00 | NA | $41,040.00 | NA |
| Production | $70,077.70 | NA | $70,077.70 | NA |
| **Total:** | **$540,000.00** | **$170,225.00** | **$710,225.00** | **29,814,763** |

# Michigan Association of Broadcasters - Radio

**Flight Dates**

- July – November 2017

**Dollars Invested**

- $36,120

**Added Value**

- $62,504.00

**Total Impressions**

- 3,521,863

**Creative**

- :30 Radio, “Epidemic”

https://www.youtube.com/watch?v=PRfuOPq1uIM

# Radio

**Flight Dates**

- Weeks of 7/10, 7/17, 7/24

**Rationale**

- 64% of the target audience listened to traditional radio in the past week

**Dollars Invested**

- $148,315.65

**Added Value**

- $27,485

**Impressions**

- 11,037,000

**Reach and frequency**

- Detroit (88%, 6.3), Flint (58.8%, 7.5), Battle Creek (62.9%, 7.9), Kalamazoo (49.9%, 7.2), Saginaw (68.6%, 7.3), Traverse City (68.7%, 7.5), Grand Rapids (67.6%,6.8)

**Creative**

- :60 Radio, “Unnamed”

https://www.youtube.com/watch?v=8WhZNKu9TdM



Nielsen @Home Q2 2016 A25-44 in Michigan and filled a prescription within the last 90 days

# Cable

**Flight Dates**

- Weeks of 8/7, 8/14, 9/11, 9/18

**Rationale**

- 63% of the target audience watched cable television in the last week

**Dollars Invested**

- $91,800

**Added Value**

- $11,500

**Impressions**

- 2,313,000

**Creative**

- :30 TV, “Face of Addiction”

https://www.youtube.com/watch?v=KZR-MzjOrWk

Nielsen @Home 08-2016 A25-44 in Michigan and filled a prescription within the last 90 days

# Digital

**Flight Dates**
- July 17 – September 30

**Rationale**
- 96% of the target audience accesses the internet 5+ times per week

**Dollars Invested**
- $60,000

**Added Value**
- $4,736

**Total Impressions**
- 7,810,645

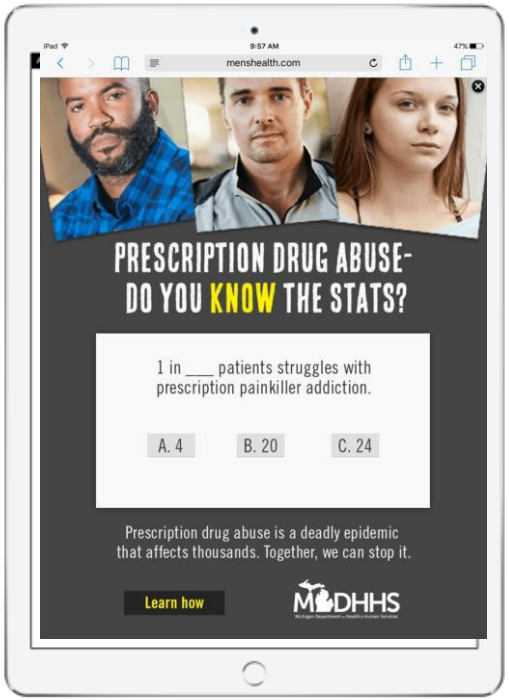
**Clicks**
- 56,933

**Video Completions**
- 274,966

**Video Completion Rate**
- 80%
  - Vendor VCR benchmark: 70%

**Creative**
- Rich Media Quiz “Do you know the stats”

https://www.youtube.com/watch?v=DOw_QkHH_6Y
(View @ 1:00 mark)




Nielsen @Home Q3 2016 A25-44 in Michigan and filled a prescription within the last 90 days

# Pandora

**Flight Dates**
- July 10 – September 10

**Rationale**
- Target is 42% more likely to listen to Pandora's free streaming service than the average A18+ on-line user

**Dollars Invested**
- $40,000

**Added Value**
- $64,000

**Total Impressions**
- 6,565,401

**Clicks**
- 6,297

**Display CTR**
- 0.39%
  - benchmark: 0.39%

**Creative**
- :30 Radio, "Unnamed"


R020806 MIX_NO SLATE 6-30-17 MDHHS Unnamed_Pandora.mp3

Nielsen @plan Q3, 2016 A25-44 in Michigan and filled a prescription within the last 90 days

# Social

**Flight Dates**

- 7/10 – 7/16, 8/7 – 8/13, 9/4 – 9/10, 10/2 – 10/8

**Rationale**

- 88% of the target audience has 1+ social networking profile

**Dollars Invested**

- $2,000

**Total Impressions**

- 469,774

**Clicks**

- 4,627

**CTR**

- 0.98%


Addendum #1

Nielsen @plan Q3, 2016 A25-44 in Michigan and filled a prescription within the last 90 days

# Google AdWords

**Patient Targeting**

**Flight Dates**

- July 10 – September 30

**Rationale**

- Target is 89% more likely to search through a browser for how-to-advice

**Dollars Invested**

- $10,724.35

**Total Impressions**

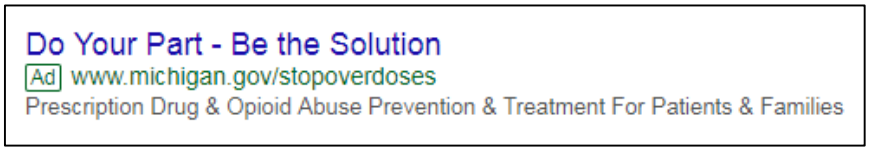
- 1,085,659

**Clicks**

- 8,197

**CTR**

- 1.39%
  - Google CTR Benchmark: 1.0%




Addendum #1

Nielsen @plan Q3, 2016 A25-44 in Michigan and filled a prescription within the last 90 days

# Prescriber Targeting

**Prescriber Targeting - Digital**

**Flight Dates**

- May - October

**Rationale**

- Target prescribers through online medical journals – JAMA, MSMS and Michigan Pharmacists

**Dollars Invested**

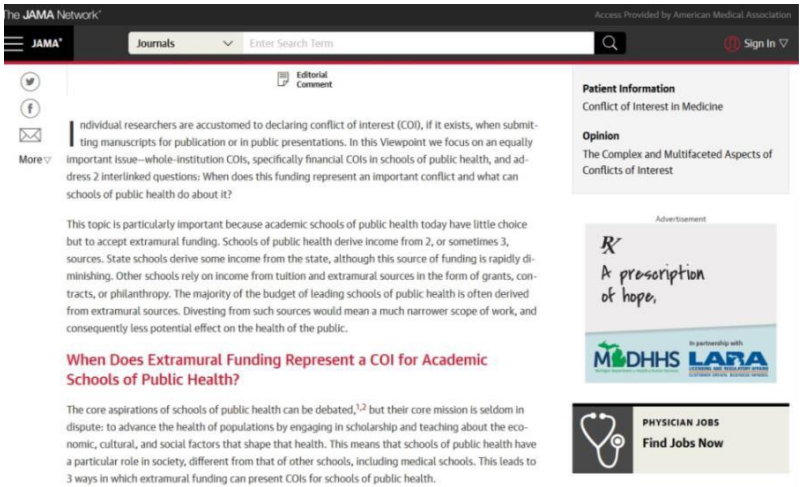
- $19,062.50

**Total Impressions**

- 192,800

**Total Clicks**

- 433

# Prescriber Targeting

**Prescriber Targeting - Print**

**Flight Dates**

- Michigan State Medical Society – 3/13
- Michigan Family Physicians – 6/15, 9/14

**Rationale**

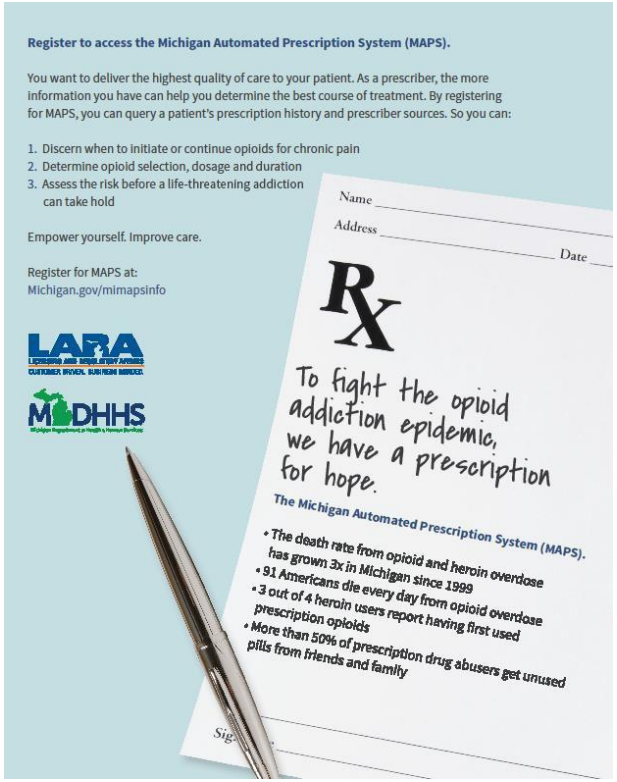
- Target prescribers through medical print publications

**Dollars Invested**

- $4,100

**Total Impressions**

- 18,700



# Prescriber Targeting

**Prescriber Targeting - Email**

**Flight Dates**

- 5/8, 8/21, 9/18

**Rationale**

- Vendor has access to 1,000+ medical journals for doctors to choose from

**Dollars Invested**

- $11,494.80

**Total Counts Delivered**

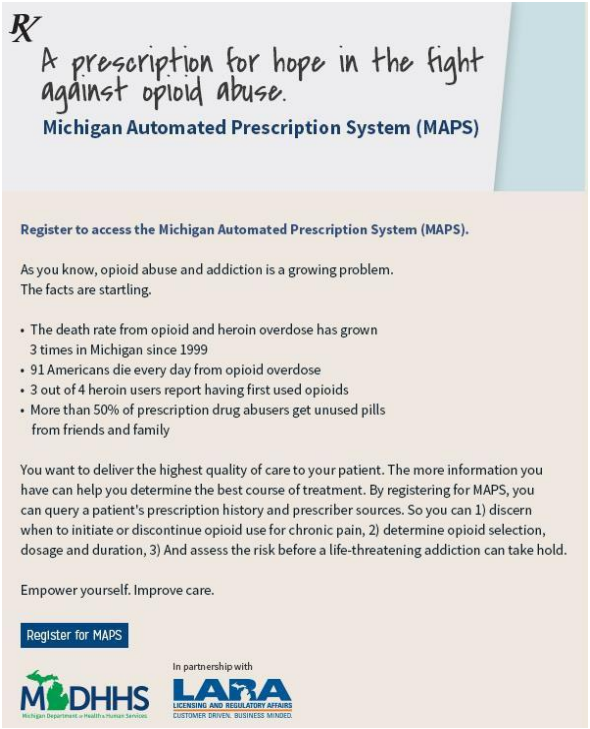
- 46,129

**Total Opens**

- 2,559

**Total Clicks**

- 356




Addendum #1

# Google AdWords

**Prescriber Targeting**

**Flight Dates**

- April 30 – August 31

**Rationale**

- Target is 89% more likely to search through a browser for how-to-advice

**Dollars Invested**

- $5,265

**Total Impressions**

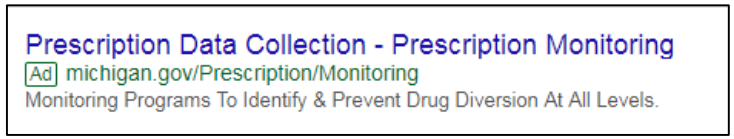
- 275,655

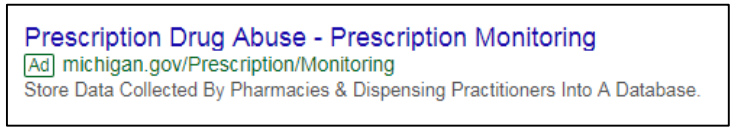
**Clicks**

- 1,778

**CTR**

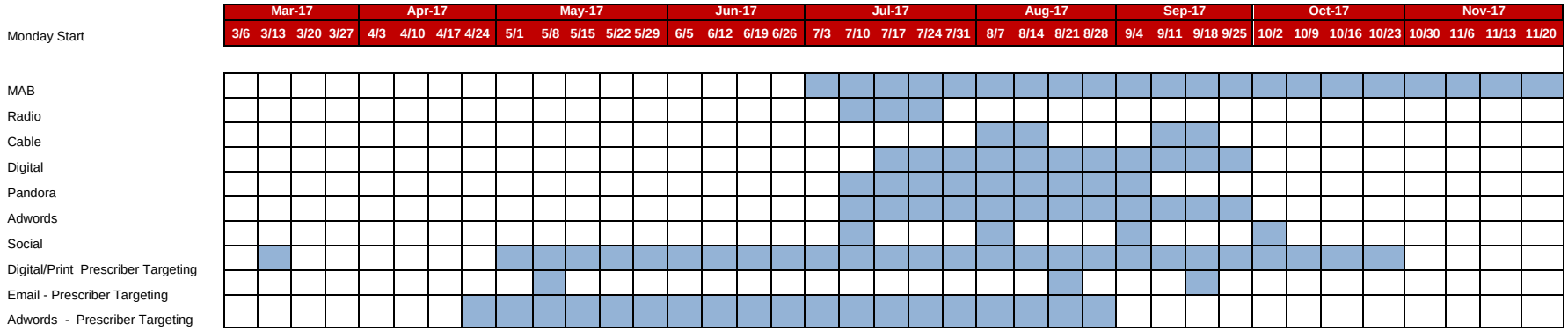
- 2.88%
  - Google CTR Benchmark: 1.0%




Addendum #1

# Media Flowchart



# Pre-Survey Results

In November 2017, the Michigan Department of Health and Human Services commissioned a survey to measure awareness of opioid abuse. The sample survey included 500 Michigan residents aged 25-44. The live operator telephone survey has a margin of error of +/-4.4% with a 95% level of confidence. All respondents were interviewed by cell phone.

Below are the key findings from the pre-survey:

- Respondents were asked on a one to ten scale – with one being not a problem and ten being a crisis – how big of an issue abuse of prescription painkillers and other opioids including heroin was in Michigan. Respondents rated the situation at 7.7 on a 10.0 scale.
  - Respondents ranking the crisis above an 8.0 included the Upper Peninsula/North, Macomb County, in small towns, under $20,000 income, between $70,000-$100,000 income, and a high school education or less.

# Pre-Survey Results

Below are the key findings from the pre-survey:

- Respondents were asked if they agree or disagree with the statement that “Prescription painkiller addiction primarily affects people who do not follow the prescription directions of the drug.” Respondents agreed with this statement by a margin of 56.0%-39.0% - 34.6% of respondents strongly agreed with this statement.
  - Of particular note was the difference by income. The chart below compares the intensity of agreement among those with incomes below $40,000 as compared with those with incomes above $40,000.

| Income Level | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree |
|---|---|---|---|---|
| <$20,000 | **56.7%** | **16.7%** | 16.7% | 10.0% |
| $20-40,000 | **51.4%** | **18.6%** | 12.9% | 8.6% |
| $40-70,000 | 32.0% | 23.3% | 24.3% | 17.5% |
| $70-100,000 | 31.8% | 18.2% | 28.2% | 19.1% |
| + $100,000 | 30.3% | 22.0% | 19.7% | 21.2% |

# Pre-Survey Results

Below are the key findings from the pre-survey:

- Respondents were widely in agreement that prescription painkiller addiction does not affect a particular class, type of town, or ethnicity differently. 85.6% of respondents said that it affected all classes equally. 86.4% of respondents said it affected all regions equally. And 88.6% said it affected all races/ethnic groups equally.

    - There was one unique demographic finding on these questions, however. 21.7% of African American respondents said prescription painkiller addiction was most likely to affect people in suburban areas. And 26.1% of African American respondents said prescription painkiller addiction was most likely to affect Caucasian people.
    - African American respondents were significantly more likely to view prescription painkiller addiction as a Caucasian suburban problem.

# Pre-Survey Results

Below are the key findings from the pre-survey:

- 64.4% of respondents say there is a drug to reverse the effects of an opioid overdose while 9.8% say there is no drug. 25.8% of respondents simply do not know.
  - Only 59.1% of Macomb respondents and 55.1% of Wayne respondents knew there was an overdose drug.
  - The chart below looks at income levels and whether respondents know there is a drug to reverse an overdose.

| Income Level | Yes | No | Don't Know |
|---|---|---|---|
| Less than $20,000 | 53.3% | 16.7% | 30.0% |
| $20-40,000 | 62.9% | 15.7% | 21.4% |
| $40-70,000 | 52.4% | 11.7% | 35.9% |
| $70-100,000 | 70.0% | 4.5% | 25.5% |
| +$100,000 | 66.7% | 9.8% | 23.5% |

# Pre-Survey Results

Below are the key findings from the pre-survey:

- In the past thirty days, 66.8% of respondents have seen or heard a message talking about addiction to prescription painkillers.
  - 64.7% said this message was on television while 33.5% said this message was on the radio.
  - 52.9% said this message was a PSA or commercial, while 61.7% said they saw this message as a news story.
  - 47.0% of respondents said the number of messages was more than usual while 49.7% of respondents said the number of messages was the same as usual.
- 18.4% of respondents recall seeing or hearing the slogan "Stop Overdoses."
  - There was statistically significantly higher recognition of this slogan in the Detroit Metro region

# 2017- 2018 Campaign Overview

**Overarching campaign objective:**

- Decrease the number of opioid-related deaths in Michigan

**Marketing communications objectives:**

- Primary
  - Increase awareness of opioid addiction, treatment options and support resources available to Michiganders.
  - Drive people to michigan.gov/stopoverdoses

**Target:**

- Primary: A25-44 in Michigan who are at risk for abusing opioids. These are people who have been prescribed opioids by their physicians for pain management, or those who have not been prescribed, but have access to opioids. All ethnicities and income levels.
- Secondary: Family members or loved ones of those who are at risk for abusing opioids, or already are addicted.

**Flight Dates:** December 2017 – May 2018

**Target Area:** Statewide, including the upper peninsula and northern lower peninsula with focus on counties with high rates of opioid-involved deaths: Calhoun, Monroe, Wayne, Muskegon, Ingham, Livingston, Washtenaw, Ottawa, Macomb, Kent, Genesee and Oakland

**Budget:** $500,000.00

# Campaign Overview

## Creative strategy – updated for digital

**Brand personality:**

- Trustworthy, knowledgeable, reliable

**Key Insights:**

- There is help for people who are addicted to opioids and they are not alone.
- Family members can help by knowing the signs of opioid addiction.

**Brand Truth:**

- Opioids are powerful painkillers that are highly addictive that have killed thousands in Michigan. Prescription drug addiction does not discriminate and affects people of all income levels and ethnicities.

**Consumer Truth:**

- Myself, or a family member is abusing opioids. I don't know what to do.

**True Connection:**

- Help is available for you or your loved one who is abusing opioids.

# Campaign Overview

**Updated digital creative targeting user:**






Addendum #1

# Campaign Overview

**Updated digital creative targeting loved ones:**



# Campaign Overview

**Updated digital creative targeting loved ones:**


**PRESCRIPTION PAINKILLER PRE CAMPAIGN AWARENESS SURVEY**
**500 SAMPLE SURVEY**

**DECEMBER 1, 2017**

ADDENDUM # 2

**TABLE OF CONTENTS**



## METHODOLOGY

The Glengariff Group, Inc. conducted a 500 sample survey of Michigan residents aged 25-44 years old. The live operator telephone survey was conducted from November 27-29, 2017 and has a margin of error of +/-4.4% with a 95% level of confidence. All respondents were interviewed by cell phone telephone. This survey was commissioned by the Michigan Department of Health and Human Services.

**KEY FINDINGS**

- Respondents were asked on a one to ten scale – with one being not a problem and ten being a crisis – how big of an issue abuse of prescription painkillers and other opioids including heroin was in Michigan. Respondents rated the situation at 7.7 on a 10.0 scale.

    - Respondents ranking the crisis above an 8.0 included the Upper Peninsula/North, Macomb County, in small towns, under $20,000 income, between $70,000-$100,000 income, and a high school education or less.
    - White respondents rated the crisis at 7.8 while black respondents rated the situation at 7.1.

- Respondents were asked if they agree or disagree with the statement that 'Only a small number of those people who take prescription pain medications become addicted.' 40.6% of respondents agree with this statement compared to 51.0% who disagree with the statement.

    - The strongest level of disagreement to this statement came from Macomb County respondents where 61.0% disagree with the statement. [Note: Disagreement was higher among those with less than a high school degree, but the cell size of this demographic is too small to look at this number individually.]

- Respondents were asked if they agree or disagree with the statement that "Prescription painkiller addiction primarily affects people who do not follow the prescription directions of the drug." Respondents agreed with this statement by a margin of 56.0%-39.0% -- 34.6% of respondents strongly agreed with this statement.

    - Of particular note was the difference by income. The chart below compares the intensity of agreement among those with incomes below $40,000 as compared with those with incomes above $40,000.

| Income Level | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree |
|---|---|---|---|---|
| <$20,000 | **56.7%** | **16.7%** | 16.7% | 10.0% |
| $20-40,000 | **51.4%** | **18.6%** | 12.9% | 8.6% |
| $40-70,000 | 32.0% | 23.3% | 24.3% | 17.5% |
| $70-100,000 | 31.8% | 18.2% | 28.2% | 19.1% |
| + $100,000 | 30.3% | 22.0% | 19.7% | 21.2% |

- Respondents were asked if they agree or disagree with the statement that "Prescription painkiller addiction primarily affects people who take painkillers for an extended period of time." Respondents agree with this statement by a margin of 71.8%-24.2% -- 42.2% of respondents strongly agreed with this statement.

    - The strongest level of disagreement to this statement came from three primary demographics:

        - 33.9% of Oakland County respondents disagreed.
        - 30.8% of 'suburban' respondents disagreed.
        - 30.0% of respondents with less than $20,000 in income disagreed.

- Respondents were asked if they agree or disagree with the statement that "Prescription painkiller addiction is an exaggerated problem." By a margin of 10.4% - 84.0%, respondents overwhelmingly disagreed with this statement – 65.2% strongly disagree with the statement.

    - Several demographic groups were particularly intense in their disagreement with this statement:

        - 75.4% of UP/North respondents strongly disagreed.
        - 79.5% of Macomb respondents strongly disagreed.
        - 73.7% of small town respondents strongly disagreed.
        - 76.7% of respondents under $20,000 strongly disagreed.

- Respondents were asked if they agree or disagree with the statement that "Prescription painkiller addiction can affect anyone that is prescribed painkillers, even for a short period of time." By a margin of 81.0%-16.0%, respondents agreed with this statement. But intensity of agreement with this statement is split with 47.6% strongly agreeing and 33.4% somewhat agreeing.

    - The most intense agreement with this statement was with respondents under $20,000 income who agreed 86.7%-13.3%, with 70.0% strongly agreeing with the statement.

- Respondents were asked what percentage of people prescribed painkillers in Michigan become addicted to them. The composite percentage was 41.3%. There was a significant progression of numbers by both income and education attainment – with high income and education levels both lowering their percentages of those that became addicted.

| Income | Percentage Addicted | Education | Percentage Addicted |
|---|---|---|---|
| Less than $20,000 | 58.5% | Less than High | 60.0% |
| $20-40,000 | 45.7% | High School Grad | 49.8% |
| $40-70,000 | 44.6% | Some Post | 45.3% |
| $70-100,000 | 38.5% | College Grad | 36.8% |
| +$100,000 | 35.2% | | |

- Respondents were widely in agreement that prescription painkiller addiction does not affect a particular class, type of town, or ethnicity differently. 85.6% of respondents said that it affected all classes equally. 86.4% of respondents said it affected all regions equally. And 88.6% said it affected all races/ethnic groups equally.
    - There was one unique demographic finding on these questions, however. 21.7% of black respondents said prescription painkiller addiction was most likely to affect people in suburban areas. And 26.1% of black respondents said prescription painkiller addiction was most likely to affect white people.
    - Black respondents were significantly more likely to view prescription painkiller addiction as a white suburban problem.
- By a margin of 75.8%- 6.0%, respondents say that heroin is an opioid. 18.2% of respondents do not know.
- 64.4% of respondents say there is a drug to reverse the effects of an opioid overdose while 9.8% say there is no drug. 25.8% of respondents simply do not know.
    - While 67.2% of white respondents said there was a drug to reverse an overdose, only 46.4% of black respondents said there was such a drug.
    - Only 59.1% of Macomb respondents and 55.1% of Wayne respondents knew there was an overdose drug.
    - The chart below looks at income levels and whether respondents know there is a drug to reverse an overdose.

| Income Level | Yes | No | Don't Know |
|---|---|---|---|
| Less than $20,000 | 53.3% | 16.7% | 30.0% |
| $20-40,000 | 62.9% | 15.7% | 21.4% |
| $40-70,000 | 52.4% | 11.7% | 35.9% |
| $70-100,000 | 70.0% | 4.5% | 25.5% |
| +$100,000 | 66.7% | 9.8% | 23.5% |

- 83.2% of respondents agreed that addiction to prescription painkillers could lead to heroin use.

- Respondents were asked to provide a percentage of Michigan adults aged 18-44 who have used heroin in the past year. The composite percentage was 25.7%. The percentage decreased by rising income level and by education attainment.

| Income Level | Percent | Education Attainment | Percent |
|---|---|---|---|
| Less than $20,000 | 41.8% | Less than High School | 45.0% |
| $20-40,000 | 33.1% | High School Grad | 32.9% |
| $40-70,000 | 27.8% | Some Post | 29.1% |
| $70-100,000 | 22.4% | College Grad | 21.7% |
| +$100,000 | 19.0% | | |

- 62.8% of respondents say they personally know anyone addicted to prescription pain medications. There are no statistically significant differences based on income or education levels.

    - 64.0% of white respondents know someone, but only 46.4% of black respondents know someone. 55.1% of urban respondents say they know someone.

- 41.6% of respondents say they personally know someone that has a problem with heroin use.

    - The highest percentage of those knowing someone with a heroin problem was 54.5% among Macomb respondents.
    - Urban and Rural respondents were less likely to know someone with a heroin problem than suburban and small town respondents.

| Type of Town | Know Someone with Heroin Problem |
|---|---|
| Urban | 39.8% |
| Suburban | 43.8% |
| Small Town | 44.9% |
| Rural | 35.1% |

- In the past thirty days, 66.8% of respondents have seen or heard a message talking about addiction to prescription painkillers.
    - 64.7% said this message was on television while 33.5% said this message was on the radio.
    - 52.9% said this message was a PSA or commercial, while 61.7% said they saw this message as a news story.
    - 47.0% of respondents said the number of messages was more than usual while 49.7% of respondents said the number of messages was the same as usual.

- 18.4% of respondents recall seeing or hearing the slogan "Stop Overdoses."
    - There was statistically significantly higher recognition of this slogan in the Detroit Metro region:

| Region | Recognition of Slogan |
|---|---|
| UP/North | 12.3% |
| West/SW | 18.4% |
| Central | 13.7% |
| Oakland | 13.8% |
| Macomb | 20.5% |
| Wayne | 32.6% |

- 28.4% of respondents self-report using prescription painkillers in the past two years. 24.8% of respondents self-report using these prescriptions as directed. 3.6% of respondents self-report not using prescription pain killers as directed.

**PRESCRIPTION PAINKILLER PRE CAMPAIGN AWARENESS SURVEY**

Hello, my name is_____. I'm not selling anything. I'm doing a quick survey of residents in our community. It should take approximately six minutes.

1. For purposes of balance, could you please tell me in what year you were born?

| | | | | | |
|---|---|---|---|---|---|
| 1. | 18-24 | 1993 and later | TERMINATE | | |
| 2. | 25-34 | 1983-1992 | CONTINUE | 23.0% | (115) |
| 3. | 35-44 | 1973-1982 | CONTINUE | 77.0% | (385) |
| 4. | 45 and older | 1972 and earlier | TERMINATE | | |

2. And could you please tell me in which county you live in?

| | | | |
|---|---|---|---|
| 1. | UP/North | 13.0% | (65) |
| 2. | West/Southwest | 19.6% | (98) |
| 3. | Mid Michigan/East Central/ Detroit Rim MSA | 27.8% | (139) |
| 4. | Oakland | 13.0% | (65) |
| 5. | Macomb | 8.8% | (44) |
| 6. | Wayne | 17.8% | (89) |

3. On a scale of one to ten, with one being not a problem and ten being a crisis, how big of an issue would you say that abuse of prescription painkillers and other opioids including heroin is in Michigan? You can choose any number between one and ten.

SCORE: 7.7

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | DK/Ref |
|---|---|---|---|---|---|---|---|---|---|---|
| 1.6% | 0.6% | 3.2% | 1.6% | 8.8% | 4.2% | 13.6% | 19.2% | 10.0% | 25.8% | 11.4% |
| (8) | (3) | (16) | (8) | (44) | (21) | (68) | (96) | (50) | (129) | (57) |

4. Would you agree or disagree with the following statement: Only a small number of those people who take prescription pain medications become addicted. ASK: WOULD THAT BE STRONGLY AGREE/DISAGREE OR JUST SOMEWHAT AGREE/DISAGREE?

| | | | |
|---|---|---|---|
| 1. | Strongly agree | 14.0% | (70) |
| 2. | Somewhat agree | 26.6% | (133) |
| 3. | Somewhat disagree | 24.0% | (120) |
| 4. | Strongly disagree | 27.0% | (135) |
| 5. | Neither agree, nor disagree…DO NOT OFFER | 2.2% | (11) |
| 6. | Don't Know/ Refused….DO NOT OFFER | 6.2% | (31) |

5. Would you agree or disagree with the following statement: Prescription painkiller addiction primarily affects people who don't follow the prescription directions of the drug. ASK: WOULD THAT BE STRONGLY AGREE/DISAGREE OR JUST SOMEWHAT AGREE/DISAGREE?

| | | | |
|---|---|---|---|
| 1. | Strongly agree | 34.6% | (173) |
| 2. | Somewhat agree | 21.4% | (107) |
| 3. | Somewhat disagree | 22.2% | (111) |
| 4. | Strongly disagree | 17.2% | (86) |
| 5. | Neither agree, nor disagree…DO NOT OFFER | 2.0% | (10) |
| 6. | Don't Know/ Refused….DO NOT OFFER | 2.6% | (13) |

6. Would you agree or disagree with the following statement: Prescription painkiller addiction primarily affects people who take painkillers for an extended period of time. ASK: WOULD THAT BE STRONGLY AGREE/DISAGREE OR JUST SOMEWHAT AGREE/DISAGREE?

| | | | |
|---|---|---|---|
| 1. | Strongly agree | 42.2% | (211) |
| 2. | Somewhat agree | 29.6% | (148) |
| 3. | Somewhat disagree | 13.6% | (68) |
| 4. | Strongly disagree | 10.6% | (53) |
| 5. | Neither agree, nor disagree…DO NOT OFFER | 1.6% | (8) |
| 6. | Don't Know/ Refused….DO NOT OFFER | 2.4% | (12) |

7. Would you agree or disagree with the following statement: Prescription painkiller addiction is an exaggerated problem. ASK: WOULD THAT BE STRONGLY AGREE/DISAGREE OR JUST SOMEWHAT AGREE/DISAGREE?

| | | | |
|---|---|---|---|
| 1. | Strongly agree | 5.0% | (25) |
| 2. | Somewhat agree | 5.4% | (27) |
| 3. | Somewhat disagree | 18.8% | (94) |
| 4. | Strongly disagree | 65.2% | (326) |
| 5. | Neither agree, nor disagree…DO NOT OFFER | 2.6% | (13) |
| 6. | Don't Know/ Refused….DO NOT OFFER | 3.0% | (15) |

8. Would you agree or disagree with the following statement: Prescription painkiller addiction can affect anyone that is prescribed painkillers, even for a short period of time. ASK: WOULD THAT BE STRONGLY AGREE/DISAGREE OR JUST SOMEWHAT AGREE/DISAGREE?

| | | | |
|---|---|---|---|
| 1. | Strongly agree | 47.6% | (238) |
| 2. | Somewhat agree | 33.4% | (167) |
| 3. | Somewhat disagree | 7.6% | (38) |
| 4. | Strongly disagree | 8.4% | (42) |
| 5. | Neither agree, nor disagree…DO NOT OFFER | 1.8% | (9) |
| 6. | Don't Know/ Refused….DO NOT OFFER | 1.2% | (6) |

9. And what percentage of people that are prescribed prescription painkillers in Michigan would you say become addicted to those painkillers? You can give me any number between one and one hundred. IF DON'T KNOW, RECORD THE LETTER 'A'

SCORE: 41.3%

10. Would you say that addiction to prescription painkillers is most likely to affect those in the lower class, the middle class, the upper class – or would you say it would affect all classes equally?

| | | | |
|---|---|---|---|
| 1. | Lower Class | 7.8% | (39) |
| 2. | Middle Class | 2.6% | (13) |
| 3. | Upper Class | 2.4% | (12) |
| 4. | All classes equally | 85.6% | (428) |
| 5. | Don't Know/ Refused…DO NOT OFFER | 1.6% | (8) |

11. Would you say that addiction to prescription painkillers is most likely to affect those in rural areas, suburban areas, urban areas – or would you say it would affect all regions equally?

| | | | |
|---|---|---|---|
| 1. | Rural areas | 3.2% | (16) |
| 2. | Suburban areas | 5.4% | (27) |
| 3. | Urban areas | 4.2% | (21) |
| 4. | All regions equally | 86.4% | (432) |
| 5. | Don't Know/ Refused…DO NOT OFFER | 0.8% | (4) |

12. And would you say that addiction to prescription painkillers is most likely to affect white people, black people, Hispanic people, Native American people or would you say it would affect all race and ethnic groups equally?

| | | | |
|---|---|---|---|
| 1. | White | 10.0% | (50) |
| 2. | Black | 0.2% | (1) |
| 3. | Hispanic | 0.2% | (1) |
| 4. | Native American | 0.0% | (0) |
| 5. | Other ethnicity…DO NOT OFFER _____ | 0.0% | (0) |
| 6. | All ethnicities equally | 88.6% | (443) |
| 7. | Don't Know/ Refused…DO NOT OFFER | 1.0% | (5) |

13. Would you say that heroin is or is not an opiod?

| | | | |
|---|---|---|---|
| 1. | Is an opioid | 75.8% | (379) |
| 2. | Is not an opioid | 6.0% | (30) |
| 3. | Don't Know…DO NOT OFFER | 18.2% | (91) |
| 4. | Refused….DO NOT OFFER | 0.0% | (0) |

14. Would you say there is or is not a drug that can be used to reverse the effects of an opioid overdose?

| | | | |
|---|---|---|---|
| 1. | Is a drug | 64.4% | (322) |
| 2. | There is not a drug | 9.8% | (49) |
| 3. | Don't Know….DO NOT OFFER | 25.8% | (129) |
| 4. | Refused…DO NOT OFFER | 0.0% | (0) |

15. Would you say that addiction to prescription painkillers could lead to heroin use?

| | | | |
|---|---|---|---|
| 1. | Yes | 83.2% | (416) |
| 2. | No | 8.4% | (42) |
| 3. | Don't Know/ Refused…DO NOT OFFER | 8.4% | (42) |

16. Please estimate the percentage of adults in Michigan aged 18-44 who have used heroin in the past year? You can give me any number between one and one hundred. IF DON'T KNOW, RECORD THE LETTER 'A'

SCORE: 25.7%

17. Do you personally know anyone who has become addicted to prescription pain medications?

| | | | |
|---|---|---|---|
| 1. | Yes | 62.8% | (314) |
| 2. | No | 36.8% | (184) |
| 3. | Don't Know/ Refused….DO NOT OFFER | 0.4% | (2) |

18. Do you personally know anyone who has had a problem with heroin use?

| | | | |
|---|---|---|---|
| 1. | Yes | 41.6% | (208) |
| 2. | No | 57.4% | (287) |
| 3. | Don't Know/ Refused….DO NOT OFFER | 1.0% | (5) |

19. In the past 30 days, have you seen or heard any messages talking about addiction to prescription painkillers, such as a public service announcement on tv, message on the radio, news stories or something else?

| | | | |
|---|---|---|---|
| 1. | Yes….MOVE TO Q20 | 66.8% | (334) |
| 2. | No…MOVE TO Q23 | 32.8% | (164) |
| 3. | Don't Know/ Undecided…MOVE TO Q23 | 0.4% | (2) |
| 4. | Refused….MOVE TO Q23 | 0.0% | (0) |

20. And where did you see or hear these messages?

| | | | |
|---|---|---|---|
| 1. | Television….MOVE TO Q21 | 64.7% | (216) |
| 2. | Radio…..MOVE TO Q21 | 33.5% | (112) |
| 3. | Friend or relative/ MOVE TO Q 22 | 2.4% | (8) |
| 4. | Newspaper/ MOVE TO Q22 | 5.4% | (18) |
| 5. | Internet….MOVE TO Q21 | 21.0% | (70) |
| 6. | Billboard/ MOVE TO Q22 | 6.3% | (21) |
| 7. | Other_____/ MOVE TO Q22 | 3.9% | (13) |
| | [Doctor's office (3), Magazine (1), Notification at school (1), Walgreens (1), I'm a registered nurse (1), Seminar with the State police (1), At work classes (1), At work in the medical field (1), City meetings at townhall (1)] | | |
| 8. | Don't Know/ Undecided….DO NOT OFFER/ MOVE TO Q22 | 2.1% | (7) |
| 9. | Refused…DO NOT OFFER/ MOVE TO Q22 | 0.0% | (0) |

21. Was the TV/Radio/Internet message a commercial or advertisement, was it part of a news program, or was it something else? IF SOMETHING ELSE, ASK: AND WHAT WOULD THAT HAVE BEEN?

[MORE THAN ONE RESPONSE ALLOWED]

| | | | |
|---|---|---|---|
| 1. | Commercial/ Advertisement/ Public Service Announcement | 52.9% | (163) |
| 2. | News story/ News program | 61.7% | (190) |
| 3. | YouTube | 0.3% | (1) |
| 4. | Pandora | 0.6% | (2) |
| 5. | Facebook | 10.7% | (33) |
| 6. | Twitter | 0.6% | (2) |
| 7. | Something else_____ | 1.9% | (6) |
| 8. | Don't Know/ Undecided…DO NOT OFFER | 1.6% | (5) |
| 9. | Refused….DO NOT OFFER | 0.0% | (0) |

22. Would you say that the number of these messages you have seen or heard in the past 30 days is more than usual, fewer than usual, or about the same as usual?

| | | | |
|---|---|---|---|
| 1. | More than usual | 47.0% | (157) |
| 2. | Fewer than usual | 2.1% | (7) |
| 3. | About the same as usual | 49.7% | (166) |
| 4. | Don't Know/ Undecided….DO NOT OFFER | 1.2% | (4) |
| 5. | Refused…DO NOT OFFER | 0.0% | (0) |

23. Do you recall seeing or hearing the slogan "Stop Overdoses" in the past thirty days?

| | | | |
|---|---|---|---|
| 1. | Yes | 18.4% | (92) |
| 2. | No | 79.0% | (395) |
| 3. | Don't Know/ Refused….DO NOT OFFER | 2.6% | (13) |

Now, just a few questions for statistical purposes.

24. What is your race or ethnic background?

| | | | |
|---|---|---|---|
| 1. | White | 75.6% | (378) |
| 2. | African American | 13.8% | (69) |
| 3. | Hispanic (Puerto Rican/ Mexican-American) | 2.4% | (12) |
| 4. | Asian | 1.2% | (6) |
| 5. | Mixed Race | 3.2% | (16) |
| 6. | Native American | 1.2% | (6) |
| 7. | Don't Know/ Refused…DO NOT OFFER | 2.6% | (13) |

25. What is the last grade or level of schooling you completed?
[DO NOT OFFER OPTIONS]

| | | | |
|---|---|---|---|
| 1. | Not a high school graduate | 1.0% | (5) |
| 2. | High school graduate | 18.6% | (93) |
| 3. | Vocational Training/ Community College/ Some College | 21.0% | (105) |
| 4. | College Graduate | 59.4% | (297) |
| 5. | Don't Know/ Refused…DO NOT OFFER | 0.0% | (0) |

26. In the past two years, would you say you have or have not used prescription painkillers?
IF YES, ASK: AND WOULD YOU SAY YOU HAVE ALWAYS USED THEM AS PRESCRIBED OR WOULD YOU SAY THERE HAVE BEEN TIMES WHEN YOU HAVE USED THEM MORE FREQUENTLY THAN PRESCRIBED?

| | | | |
|---|---|---|---|
| 1. | Yes, always as prescribed | 24.8% | (124) |
| 2. | Yes, more frequently then prescribed/ Used them when not prescribed | 3.6% | (18) |
| 3. | No | 70.8% | (354) |
| 4. | Don't Know….DO NOT OFFER | 0.0% | (0) |
| 5. | Refused….DO NOT OFFER | 0.8% | (4) |

27. Would you say you live in an urban city, a suburban area, a small town, or a rural area?

| | | |
|---|---|---|
| 1. | Urban city | 19.6% (98) |
| 2. | Suburban area | 37.0% (185) |
| 3. | Small town | 23.6% (118) |
| 4. | Rural area | 18.8% (94) |
| 5. | Don't Know/ Refused….DO NOT OFFER | 1.0% (5) |

28. I am going to read you several categories. Please tell me in which category your total household income before taxes would fall.

| | | |
|---|---|---|
| 1. | Under $20,000 | 6.0% (30) |
| 2. | $20,000-40,000 | 14.0% (70) |
| 3. | $40,000-70,000 | 20.6% (103) |
| 4. | $70,000-100,000 | 22.0% (110) |
| 5. | More than $100,000 | 26.4% (132) |
| 6. | Refused…DO NOT OFFER | 11.0% (55) |

29. Sex: DO NOT ASK

| | | |
|---|---|---|
| 1. | Male | 50.0% (250) |
| 2. | Female | 50.0% (250) |

THANK YOU, THAT COMPLETES OUR SURVEY.

3. On a scale of one to ten, with one being not a problem and ten being a crisis, how big of an issue would you say that abuse of prescription painkillers and other opioids including heroin is in Michigan? You can choose any number between one and ten.

| | SCORE |
|---|---|
| Male | 7.7 |
| Female | 7.8 |
| | |
| UP/North | 8.0 |
| W/SW | 7.2 |
| Central | 7.8 |
| Oakland | 7.8 |
| Macomb | 8.1 |
| Wayne | 7.7 |
| | |
| Urban | 7.5 |
| Suburban | 7.6 |
| Small | 8.1 |
| Rural | 7.8 |
| | |
| White | 7.8 |
| Black | 7.1 |
| | |
| <20,000 | 8.1 |
| 20-40,000 | 7.9 |
| 40-70,000 | 7.6 |
| 70-100,000 | 8.0 |
| +100,000 | 7.4 |
| | |
| <High | 8.8 |
| High Grad | 8.0 |
| Some Post | 7.9 |
| College Grad | 7.6 |

4. Would you agree or disagree with the following statement: Only a small number of those people who take prescription pain medications become addicted. ASK: WOULD THAT BE STRONGLY AGREE/DISAGREE OR JUST SOMEWHAT AGREE/DISAGREE?

| | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree |
|---|---|---|---|---|
| Male | 15.2% | 26.4% | 24.0% | 27.6% |
| Female | 12.8% | 26.8% | 24.0% | 26.4% |
| | | | | |
| UP/North | 3.1% | 35.4% | 20.0% | 26.2% |
| W/SW | 16.3% | 27.6% | 21.4% | 24.5% |
| Central | 19.4% | 23.0% | 25.9% | 28.1% |
| Oakland | 7.7% | 30.8% | 32.3% | 18.5% |
| Macomb | 13.6% | 22.7% | 29.5% | 31.8% |
| Wayne | 15.7% | 23.6% | 18.0% | 32.6% |
| | | | | |
| Urban | 11.2% | 30.6% | 16.3% | 33.7% |
| Suburban | 15.1% | 24.9% | 27.6% | 24.9% |
| Small | 12.7% | 24.6% | 28.8% | 25.4% |
| Rural | 16.0% | 26.6% | 20.2% | 26.6% |
| | | | | |
| White | 12.7% | 26.2% | 26.5% | 25.7% |
| Black | 17.4% | 29.0% | 13.0% | 33.3% |
| | | | | |
| <20,000 | 23.3% | 20.0% | 16.7% | 40.0% |
| 20-40,000 | 14.3% | 35.7% | 18.6% | 20.0% |
| 40-70,000 | 10.7% | 20.4% | 29.1% | 33.0% |
| 70-100,000 | 12.7% | 28.2% | 22.7% | 27.3% |
| +100,000 | 12.1% | 25.0% | 25.0% | 26.5% |
| | | | | |
| <High | 0.0% | 20.0% | 20.0% | 60.0% |
| High Grad | 18.3% | 24.7% | 21.5% | 31.2% |
| Some Post | 19.0% | 23.8% | 21.0% | 26.7% |
| College Grad | 11.1% | 28.3% | 25.9% | 25.3% |

5. Would you agree or disagree with the following statement: Prescription painkiller addiction primarily affects people who don't follow the prescription directions of the drug. ASK: WOULD THAT BE STRONGLY AGREE/DISAGREE OR JUST SOMEWHAT AGREE/DISAGREE?

| | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree |
|---|---|---|---|---|
| Male | 34.8% | 20.4% | 22.8% | 18.4% |
| Female | 34.4% | 22.4% | 21.6% | 16.0% |
| | | | | |
| UP/North | 32.3% | 23.1% | 27.7% | 10.8% |
| W/SW | 30.6% | 23.5% | 23.5% | 17.3% |
| Central | 37.4% | 23.0% | 18.7% | 17.3% |
| Oakland | 26.2% | 21.5% | 24.6% | 23.1% |
| Macomb | 38.6% | 15.9% | 20.5% | 20.5% |
| Wayne | 40.4% | 18.0% | 21.3% | 15.7% |
| | | | | |
| Urban | 42.9% | 21.4% | 9.2% | 20.4% |
| Suburban | 29.2% | 20.0% | 25.9% | 21.1% |
| Small | 39.0% | 22.9% | 22.9% | 11.9% |
| Rural | 30.9% | 22.3% | 27.7% | 12.8% |
| | | | | |
| White | 31.2% | 23.5% | 23.5% | 17.2% |
| Black | 43.5% | 15.9% | 14.5% | 18.8% |
| | | | | |
| <20,000 | 56.7% | 16.7% | 16.7% | 10.0% |
| 20-40,000 | 51.4% | 18.6% | 12.9% | 8.6% |
| 40-70,000 | 32.0% | 23.3% | 24.3% | 17.5% |
| 70-100,000 | 31.8% | 18.2% | 28.2% | 19.1% |
| +100,000 | 30.3% | 22.0% | 19.7% | 21.2% |
| | | | | |
| <High | 60.0% | 20.0% | 0.0% | 20.0% |
| High Grad | 35.5% | 21.5% | 22.6% | 15.1% |
| Some Post | 39.0% | 23.8% | 18.1% | 15.2% |
| College Grad | 32.3% | 20.5% | 23.9% | 18.5% |

6. Would you agree or disagree with the following statement: Prescription painkiller addiction primarily affects people who take painkillers for an extended period of time. ASK: WOULD THAT BE STRONGLY AGREE/DISAGREE OR JUST SOMEWHAT AGREE/DISAGREE?

| | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree |
|---|---|---|---|---|
| Male | 40.8% | 29.6% | 15.2% | 10.0% |
| Female | 43.6% | 29.6% | 12.0% | 11.2% |
| | | | | |
| UP/North | 43.1% | 30.8% | 7.7% | 10.8% |
| W/SW | 42.9% | 31.6% | 12.2% | 10.2% |
| Central | 50.4% | 25.9% | 15.8% | 7.2% |
| Oakland | 29.2% | 27.7% | 18.5% | 15.4% |
| Macomb | 47.7% | 29.5% | 13.6% | 6.8% |
| Wayne | 34.8% | 33.7% | 12.4% | 14.6% |
| | | | | |
| Urban | 44.9% | 27.6% | 11.2% | 9.2% |
| Suburban | 36.8% | 29.7% | 17.8% | 13.0% |
| Small | 45.8% | 30.5% | 10.2% | 9.3% |
| Rural | 45.7% | 30.9% | 12.8% | 7.4% |
| | | | | |
| White | 41.8% | 31.2% | 14.3% | 8.7% |
| Black | 43.5% | 24.6% | 13.0% | 15.9% |
| | | | | |
| <20,000 | 26.7% | 30.0% | 16.7% | 23.3% |
| 20-40,000 | 47.1% | 30.0% | 10.0% | 7.1% |
| 40-70,000 | 48.5% | 28.2% | 12.6% | 7.8% |
| 70-100,000 | 39.1% | 32.7% | 16.4% | 8.2% |
| +100,000 | 38.6% | 29.5% | 14.4% | 13.6% |
| | | | | |
| <High | 20.0% | 20.0% | 40.0% | 0.0% |
| High Grad | 46.2% | 30.1% | 10.8% | 10.8% |
| Some Post | 45.7% | 30.5% | 10.5% | 10.5% |
| College Grad | 40.1% | 29.3% | 15.2% | 10.8% |

7. Would you agree or disagree with the following statement: Prescription painkiller addiction is an exaggerated problem.
ASK: WOULD THAT BE STRONGLY AGREE/DISAGREE OR JUST SOMEWHAT AGREE/DISAGREE?

| | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree |
|---|---|---|---|---|
| Male | 6.0% | 6.8% | 16.4% | 64.8% |
| Female | 4.0% | 4.0% | 21.2% | 65.6% |
| | | | | |
| UP/North | 0.0% | 4.6% | 15.4% | 75.4% |
| W/SW | 5.1% | 7.1% | 19.45 | 61.2% |
| Central | 6.5% | 5.8% | 12.2% | 68.3% |
| Oakland | 1.5% | 4.6% | 36.9% | 52.3% |
| Macomb | 2.3% | 4.5% | 11.4% | 79.5% |
| Wayne | 10.1% | 4.5% | 21.3% | 59.6% |
| | | | | |
| Urban | 11.2% | 7.1% | 17.3% | 59.2% |
| Suburban | 3.2% | 3.2% | 24.9% | 63.8% |
| Small | 5.1% | 6.8% | 11.9% | 73.7% |
| Rural | 2.1% | 6.4% | 17.0% | 63.8% |
| | | | | |
| White | 3.2% | 5.6% | 19.0% | 65.3% |
| Black | 15.9% | 5.8% | 21.7% | 55.1% |
| | | | | |
| <20,000 | 10.0% | 6.7% | 6.7% | 76.7% |
| 20-40,000 | 8.6% | 5.7% | 17.1% | 61.4% |
| 40-70,000 | 4.9% | 4.9% | 17.5% | 68.0% |
| 70-100,000 | 2.7% | 5.5% | 22.7% | 62.7% |
| +100,000 | 3.8% | 6.8% | 22.0% | 61.4% |
| | | | | |
| <High | 20.0% | 20.0% | 0.0% | 60.0% |
| High Grad | 6.5% | 7.5% | 10.8% | 69.9% |
| Some Post | 7.6% | 3.8% | 20.0% | 64.8% |
| College Grad | 3.4% | 5.1% | 21.2% | 64.0% |

8. Would you agree or disagree with the following statement: Prescription painkiller addiction can affect anyone that is prescribed painkillers, even for a short period of time. ASK: WOULD THAT BE STRONGLY AGREE/DISAGREE OR JUST SOMEWHAT AGREE/DISAGREE?

| | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree |
|---|---|---|---|---|
| Male | 46.0% | 35.2% | 8.0% | 7.6% |
| Female | 49.2% | 31.6% | 7.2% | 9.2% |
| | | | | |
| UP/North | 40.0% | 40.0% | 10.8% | 6.2% |
| W/SW | 39.8% | 37.8% | 9.2% | 11.2% |
| Central | 49.6% | 34.5% | 5.0% | 7.2% |
| Oakland | 53.8% | 32.3% | 4.6% | 4.6% |
| Macomb | 52.3% | 27.3% | 6.8% | 9.1% |
| Wayne | 51.7% | 25.8% | 10.1% | 11.2% |
| | | | | |
| Urban | 51.0% | 25.5% | 5.1% | 13.3% |
| Suburban | 48.6% | 33.5% | 8.6% | 7.0% |
| Small | 43.2% | 39.0% | 6.8% | 7.6% |
| Rural | 45.7% | 35.1% | 9.6% | 7.4% |
| | | | | |
| White | 47.4% | 33.9% | 7.9% | 7.1% |
| Black | 47.8% | 30.4% | 5.8% | 15.9% |
| | | | | |
| <20,000 | 70.0% | 16.7% | 3.3% | 10.0% |
| 20-40,000 | 37.1% | 38.6% | 8.6% | 12.9% |
| 40-70,000 | 45.6% | 34.0% | 11.7% | 7.8% |
| 70-100,000 | 47.3% | 38.2% | 5.5% | 4.5% |
| +100,000 | 50.8% | 31.1% | 6.8% | 9.1% |
| | | | | |
| <High | 60.0% | 20.0% | 0.0% | 20.0% |
| High Grad | 49.5% | 32.3% | 12.9% | 5.4% |
| Some Post | 49.5% | 32.4% | 4.8% | 11.4% |
| College Grad | 46.1% | 34.3% | 7.1% | 8.1% |

9. And what percentage of people that are prescribed prescription painkillers in Michigan would you say become addicted to those painkillers? You can give me any number between one and one hundred. IF DON'T KNOW, RECORD THE LETTER 'A'

| | SCORE |
|---|---|
| Male | 36.9% |
| Female | 45.5% |
| | |
| UP/North | 44.1% |
| W/SW | 35.7% |
| Central | 42.8% |
| Oakland | 34.1% |
| Macomb | 45.8% |
| Wayne | 45.3% |
| | |
| Urban | 41.4% |
| Suburban | 38.6% |
| Small | 44.1% |
| Rural | 41.8% |
| | |
| White | 40.0% |
| Black | 45.2% |
| | |
| <20,000 | 58.5% |
| 20-40,000 | 45.7% |
| 40-70,000 | 44.6% |
| 70-100,000 | 38.5% |
| +100,000 | 35.2% |
| | |
| <High | 60.0% |
| High Grad | 49.8% |
| Some Post | 45.3% |
| College Grad | 36.8% |

10. Would you say that addiction to prescription painkillers is most likely to affect those in the lower class, the middle class, the upper class – or would you say it would affect all classes equally?

| | Lower | Middle | Upper | All Equally |
|---|---|---|---|---|
| Male | 9.6% | 1.2% | 2.8% | 84.8% |
| Female | 6.0% | 4.0% | 2.0% | 86.4% |
| | | | | |
| UP/North | 13.8% | 3.1% | 0.0% | 83.1% |
| W/SW | 6.1% | 1.0% | 3.1% | 87.8% |
| Central | 5.8% | 2.2% | 1.4% | 89.9% |
| Oakland | 4.6% | 3.1% | 3.1% | 87.7% |
| Macomb | 13.6% | 2.3% | 0.0% | 84.1% |
| Wayne | 7.9% | 4.5% | 5.6% | 77.5% |
| | | | | |
| Urban | 6.1% | 2.0% | 7.1% | 81.6% |
| Suburban | 8.6% | 4.3% | 0.5% | 84.9% |
| Small | 5.1% | 0.8% | 1.7% | 91.5% |
| Rural | 11.7% | 2.1% | 2.1% | 83.0% |
| | | | | |
| White | 7.9% | 2.9% | 1.1% | 86.8% |
| Black | 7.2% | 1.4% | 10.1% | 79.7% |
| | | | | |
| <20,000 | 10.0% | 0.0% | 6.7% | 83.3% |
| 20-40,000 | 7.1% | 1.4% | 2.9% | 88.6% |
| 40-70,000 | 5.8% | 3.9% | 1.9% | 87.4% |
| 70-100,000 | 10.0% | 2.7% | 1.8% | 84.5% |
| +100,000 | 8.3% | 2.3% | 2.3% | 84.8% |
| | | | | |
| <High | 0.0% | 20.0% | 0.0% | 80.0% |
| High Grad | 4.3% | 1.1% | 2.2% | 90.3% |
| Some Post | 9.5% | 0.0% | 1.9% | 87.6% |
| College Grad | 8.4% | 3.7% | 2.7% | 83.5% |

11. Would you say that addiction to prescription painkillers is most likely to affect those in rural areas, suburban areas, urban areas – or would you say it would affect all regions equally?

| | Rural | Suburban | Urban | All Equally |
|---|---|---|---|---|
| Male | 3.6% | 5.6% | 4.8% | 85.2% |
| Female | 2.8% | 5.2% | 3.6% | 87.6% |
| | | | | |
| UP/North | 7.7% | 3.1% | 0.0% | 87.7% |
| W/SW | 2.0% | 2.0% | 7.1% | 87.8% |
| Central | 2.2% | 4.3% | 2.2% | 91.4% |
| Oakland | 0.0% | 6.2% | 7.7% | 83.1% |
| Macomb | 9.1% | 2.3% | 6.8% | 81.8% |
| Wayne | 2.2% | 13.5% | 3.4% | 80.9% |
| | | | | |
| Urban | 3.1% | 11.2% | 5.1% | 80.6% |
| Suburban | 3.8% | 5.4% | 7.6% | 82.7% |
| Small | 2.5% | 3.4% | 0.0% | 93.2% |
| Rural | 3.2% | 2.1% | 2.1% | 90.4% |
| | | | | |
| White | 3.4% | 2.6% | 4.5% | 88.4% |
| Black | 0.0% | 21.7% | 2.9% | 75.4% |
| | | | | |
| <20,000 | 0.0% | 10.0% | 0.0% | 90.0% |
| 20-40,000 | 2.9% | 7.1% | 1.4% | 88.6% |
| 40-70,000 | 3.9% | 5.8% | 2.9% | 86.4% |
| 70-100,000 | 6.4% | 5.5% | 4.5% | 82.7% |
| +100,000 | 2.3% | 3.0% | 6.1% | 87.1% |
| | | | | |
| <High | 0.0% | 0.0% | 20.0% | 80.0% |
| High Grad | 2.2% | 4.3% | 1.1% | 92.5% |
| Some Post | 1.0% | 7.6% | 3.8% | 86.7% |
| College Grad | 4.4% | 5.1% | 5.1% | 84.5% |

12. And would you say that addiction to prescription painkillers is most likely to affect white people, black people, Hispanic people, Native American people or would you say it would affect all race and ethnic groups equally?

| | White | Black | Hispanic | Native American | All Equally |
|---|---|---|---|---|---|
| Male | 9.2% | 0.0% | 0.0% | 0.0% | 89.6% |
| Female | 10.8% | 0.4% | 0.4% | 0.0% | 87.6% |
| | | | | | |
| UP/North | 4.6% | 0.0% | 0.0% | 0.0% | 95.4% |
| W/SW | 11.2% | 0.0% | 1.0% | 0.0% | 87.8% |
| Central | 8.6% | 0.7% | 0.0% | 0.0% | 90.6% |
| Oakland | 12.3% | 0.0% | 0.0% | 0.0% | 85.6% |
| Macomb | 2.3% | 0.0% | 0.0% | 0.0% | 93.2% |
| Wayne | 16.9% | 0.0% | 0.0% | 0.0% | 82.0% |
| | | | | | |
| Urban | 15.3% | 0.0% | 1.0% | 0.0% | 82.7% |
| Suburban | 11.4% | 0.0% | 0.0% | 0.0% | 87.0% |
| Small | 9.3% | 0.0% | 0.0% | 0.0% | 89.8% |
| Rural | 3.2% | 1.1% | 0.0% | 0.0% | 95.7% |
| | | | | | |
| White | 6.6% | 0.3% | 0.3% | 0.0% | 91.8% |
| Black | 26.1% | 0.0% | 0.0% | 0.0% | 73.9% |
| | | | | | |
| <20,000 | 6.7% | 0.0% | 0.0% | 0.0% | 93.3% |
| 20-40,000 | 7.1% | 0.0% | 1.4% | 0.0% | 91.4% |
| 40-70,000 | 11.7% | 1.0% | 0.0% | 0.0% | 86.4% |
| 70-100,000 | 10.0% | 0.0% | 0,.0% | 0.0% | 90.0% |
| +100,000 | 10.6% | 0.0% | 0.0% | 0.0% | 87.1% |
| | | | | | |
| <High | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% |
| High Grad | 7.5% | 0.0% | 1.1% | 0.0% | 90.3% |
| Some Post | 12.4% | 0.0% | 0.0% | 0.0% | 85.7% |
| College Grad | 10.1% | 0.3% | 0.0% | 0.0% | 88.9% |

13. Would you say that heroin is or is not an opiod?

| | Is Opioid | Is Not Opioid |
|---|---|---|
| Male | 79.6% | 3.6% |
| Female | 72.0% | 8.4% |
| | | |
| UP/North | 73.8% | 6.2% |
| W/SW | 82.7% | 2.0% |
| Central | 74.1% | 7.2% |
| Oakland | 69.2% | 9.2% |
| Macomb | 79.5% | 2.3% |
| Wayne | 75.3% | 7.9% |
| | | |
| Urban | 79.6% | 6.1% |
| Suburban | 77.8% | 4.9% |
| Small | 76.3% | 3.4% |
| Rural | 67.0% | 11.7% |
| | | |
| White | 77.5% | 4.5% |
| Black | 71.0% | 10.1% |
| | | |
| <20,000 | 76.7% | 3.3% |
| 20-40,000 | 68.6% | 8.6% |
| 40-70,000 | 75.7% | 5.8% |
| 70-100,000 | 83.6% | 5.5% |
| +100,000 | 75.8% | 6.1% |
| | | |
| <High | 80.0% | 0.0% |
| High Grad | 69.9% | 6.5% |
| Some Post | 73.3% | 4.8% |
| College Grad | 78.5% | 6.4% |

14. Would you say there is or is not a drug that can be used to reverse the effects of an opioid overdose?

| | Is Drug | Is No Drug |
|---|---|---|
| Male | 61.6% | 10.4% |
| Female | 67.2% | 9.2% |
| | | |
| UP/North | 66.2% | 10.8% |
| W/SW | 65.3% | 8.2% |
| Central | 70.5% | 6.5% |
| Oakland | 64.6% | 6.2% |
| Macomb | 59.1% | 13.6% |
| Wayne | 55.1% | 16.9% |
| | | |
| Urban | 60.2% | 11.2% |
| Suburban | 63.8% | 11.4% |
| Small | 66.1% | 9.3% |
| Rural | 68.1% | 6.4% |
| | | |
| White | 67.2% | 8.2% |
| Black | 46.4% | 20.3% |
| | | |
| <20,000 | 53.3% | 16.7% |
| 20-40,000 | 62.9% | 15.7% |
| 40-70,000 | 52.4% | 11.7% |
| 70-100,000 | 70.0% | 4.5% |
| +100,000 | 66.7% | 9.8% |
| | | |
| <High | 20.0% | 40.0% |
| High Grad | 51.6% | 10.8% |
| Some Post | 63.8% | 11.4% |
| College Grad | 69.4% | 8.4% |

15. Would you say that addiction to prescription painkillers could lead to heroin use?

| | Yes | No |
|---|---|---|
| Male | 81.6% | 10.0% |
| Female | 84.8% | 6.8% |
| | | |
| UP/North | 90.8% | 3.1% |
| W/SW | 85.7% | 8.2% |
| Central | 83.5% | 7.9% |
| Oakland | 76.9% | 7.7% |
| Macomb | 84.1% | 4.5% |
| Wayne | 78.7% | 15.7% |
| | | |
| Urban | 82.7% | 13.3% |
| Suburban | 78.9% | 10.3% |
| Small | 89.0% | 4.2% |
| Rural | 86.2% | 5.3% |
| | | |
| White | 84.7% | 6.1% |
| Black | 78.3% | 18.8% |
| | | |
| <20,000 | 86.7% | 10.0% |
| 20-40,000 | 82.9% | 14.3% |
| 40-70,000 | 78.6% | 10.7% |
| 70-100,000 | 86.4% | 3.6% |
| +100,000 | 85.6% | 6.8% |
| | | |
| <High | 100.0% | 0.0% |
| High Grad | 78.5% | 8.6% |
| Some Post | 88.6% | 6.7% |
| College Grad | 82.5% | 9.1% |

16. Please estimate the percentage of adults in Michigan aged 18-44 who have used heroin in the past year? You can give me any number between one and one hundred. IF DON'T KNOW, RECORD THE LETTER 'A'

| | Percentage |
|---|---|
| Male | 21.0% |
| Female | 30.5% |
| | |
| UP/North | 25.1% |
| W/SW | 24.1% |
| Central | 27.5% |
| Oakland | 19.4% |
| Macomb | 26.6% |
| Wayne | 29.3% |
| | |
| Urban | 29.5% |
| Suburban | 22.9% |
| Small | 29.6% |
| Rural | 21.9% |
| | |
| White | 23.0% |
| Black | 36.6% |
| | |
| <20,000 | 41.8% |
| 20-40,000 | 33.1% |
| 40-70,000 | 27.8% |
| 70-100,000 | 22.4% |
| +100,000 | 19.0% |
| | |
| <High | 45.0% |
| High Grad | 32.9% |
| Some Post | 29.1% |
| College Grad | 21.7% |

17. Do you personally know anyone who has become addicted to prescription pain medications?

| | Yes | No |
|---|---|---|
| Male | 65.2% | 34.4% |
| Female | 60.4% | 39.2% |
| | | |
| UP/North | 61.5% | 36.9% |
| W/SW | 59.2% | 40.8% |
| Central | 65.5% | 33.8% |
| Oakland | 69.2% | 30.8% |
| Macomb | 59.1% | 40.9% |
| Wayne | 60.7% | 39.3% |
| | | |
| Urban | 55.1% | 44.9% |
| Suburban | 63.8% | 36.2% |
| Small | 68.6% | 29.7% |
| Rural | 61.7% | 38.3% |
| | | |
| White | 64.0% | 35.4% |
| Black | 46.4% | 53.6% |
| | | |
| <20,000 | 63.3% | 36.7% |
| 20-40,000 | 60.0% | 40.0% |
| 40-70,000 | 66.0% | 34.0% |
| 70-100,000 | 67.3% | 32.7% |
| +100,000 | 61.4% | 38.6% |
| | | |
| <High | 60.0% | 40.0% |
| High Grad | 63.4% | 35.5% |
| Some Post | 68.6% | 30.5% |
| College Grad | 60.6% | 39.4% |

18. Do you personally know anyone who has had a problem with heroin use?

| | Yes | No |
|---|---|---|
| Male | 40.8% | 58.4% |
| Female | 42.4% | 56.4% |
| | | |
| UP/North | 40.0% | 60.0% |
| W/SW | 34.7% | 62.2% |
| Central | 38.8% | 59.7% |
| Oakland | 44.6% | 55.4% |
| Macomb | 54.5% | 45.5% |
| Wayne | 46.1% | 53.9% |
| | | |
| Urban | 39.8% | 59.2% |
| Suburban | 43.8% | 55.7% |
| Small | 44.9% | 54.2% |
| Rural | 35.1% | 63.8% |
| | | |
| White | 40.7% | 58.5% |
| Black | 42.0% | 56.5% |
| | | |
| <20,000 | 40.0% | 60.0% |
| 20-40,000 | 44.3% | 54.3% |
| 40-70,000 | 43.7% | 55.3% |
| 70-100,000 | 42.7% | 57.3% |
| +100,000 | 41.7% | 57.6% |
| | | |
| <High | 40.0% | 60.0% |
| High Grad | 45.2% | 52.7% |
| Some Post | 46.7% | 52.4% |
| College Grad | 38.7% | 60.6% |

19. In the past 30 days, have you seen or heard any messages talking about addiction to prescription painkillers, such as a public service announcement on tv, message on the radio, news stories or something else?

| | Yes | No |
|---|---|---|
| Male | 66.8% | 32.4% |
| Female | 66.8% | 33.2% |
| | | |
| UP/North | 70.8% | 29.2% |
| W/SW | 65.3% | 34.7% |
| Central | 64.7% | 34.5% |
| Oakland | 67.7% | 30.8% |
| Macomb | 65.9% | 34.1% |
| Wayne | 68.5% | 31.5% |
| | | |
| Urban | 64.3% | 35.7% |
| Suburban | 69.2% | 30.3% |
| Small | 68.6% | 31.4% |
| Rural | 63.8% | 35.1% |
| | | |
| White | 67.5% | 32.0% |
| Black | 59.4% | 40.6% |
| | | |
| <20,000 | 60.0% | 40.0% |
| 20-40,000 | 62.9% | 37.1% |
| 40-70,000 | 63.1% | 35.9% |
| 70-100,000 | 70.9% | 28.2% |
| +100,000 | 73.5% | 26.5% |
| | | |
| <High | 40.0% | 60.0% |
| High Grad | 64.5% | 35.5% |
| Some Post | 69.5% | 29.5% |
| College Grad | 67.0% | 32.7% |

20. And where did you see or hear these messages?

| | TV | Radio | Friend | Newspaper | Internet | Billboard |
|---|---|---|---|---|---|---|
| Male | 61.7% | 38.9% | 1.2% | 6.0% | 15.0% | 4.8% |
| Female | 67.7% | 28.1% | 3.6% | 4.8% | 26.9% | 7.8% |
| | | | | | | |
| UP/North | 50.0% | 37.0% | 4.3% | 8.7% | 28.3% | 4.3% |
| W/SW | 68.8% | 32.8% | 1.6% | 3.1% | 21.9% | 3.1% |
| Central | 62.2% | 31.1% | 2.2% | 5.6% | 18.9% | 5.6% |
| Oakland | 77.3% | 36.4% | 4.5% | 0.0% | 13.6% | 11.4% |
| Macomb | 62.1% | 31.0% | 3.4% | 6.9% | 13.8% | 0.0% |
| Wayne | 67.2% | 34.4% | 0.0% | 8.2% | 26.2% | 11.5% |
| | | | | | | |
| Urban | 71.4% | 23.8% | 1.6% | 4.8% | 23.8% | 3.2% |
| Suburban | 70.3% | 33.6% | 0.8% | 4.7% | 15.6% | 7.0% |
| Small | 56.8% | 42.0% | 4.9% | 4.9% | 22.2% | 7.4% |
| Rural | 56.7% | 31.7% | 3.3% | 8.3% | 28.3% | 6.7% |
| | | | | | | |
| White | 62.4% | 35.3% | 3.1% | 5.5% | 21.6% | 7.5% |
| Black | 80.5% | 26.8% | 0.0% | 2.4% | 22.0% | 2.4% |
| | | | | | | |
| <20,000 | 77.8% | 11.1% | 0.0% | 0.0% | 16.7% | 0.0% |
| 20-40,000 | 65.9% | 25.0% | 6.8% | 4.5% | 11.4% | 2.3% |
| 40-70,000 | 58.5% | 36.9% | 1.5% | 4.6% | 30.8% | 1.5% |
| 70-100,000 | 60.3% | 32.1% | 0.0% | 6.4% | 19.2% | 10.3% |
| +100,000 | 71.1% | 41.2% | 3.1% | 4.1% | 19.6% | 8.2% |
| | | | | | | |
| <High | 50.0% | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| High Grad | 73.3% | 33.3% | 5.0% | 3.3% | 20.0% | 3.3% |
| Some Post | 63.0% | 27.4% | 5.5% | 9.6% | 19.2% | 5.5% |
| College Grad | 62.8% | 35.2% | 0.5% | 4.5% | 22.1% | 7.5% |

21. Was the TV/Radio/Internet message a commercial or advertisement, was it part of a news program, or was it something else? IF SOMETHING ELSE, ASK: AND WHAT WOULD THAT HAVE BEEN?

| | PSA/Comm | News Story | You Tube | Pandora | Facebook | Twitter |
|---|---|---|---|---|---|---|
| Male | 49.7% | 64.1% | 0.7% | 0.7% | 3.9% | 0.0% |
| Female | 56.1% | 59.4% | 0.0% | 0.6% | 17.4% | 1.3% |
| | | | | | | |
| UP/North | 47.6% | 64.3% | 0.0% | 0.0% | 11.9% | 2.4% |
| W/SW | 50.8% | 67.8% | 0.0% | 0.0% | 8.5% | 1.7% |
| Central | 49.4% | 64.2% | 0.0% | 1.2% | 13.6% | 0.0% |
| Oakland | 57.1% | 66.7% | 0.0% | 0.0% | 9.5% | 0.0% |
| Macomb | 50.0% | 46.4% | 0.0% | 3.6% | 3.6% | 0.0% |
| Wayne | 62.5% | 53.6% | 1.8% | 0.0% | 12.5% | 0.0% |
| | | | | | | |
| Urban | 50.0% | 61.7% | 1.7% | 0.0% | 13.3% | 1.7% |
| Suburban | 57.1% | 58.8% | 0.0% | 0.8% | 7.6% | 0.0% |
| Small | 52.7% | 60.8% | 0.0% | 0.0% | 12.2% | 1.4% |
| Rural | 46.3% | 68.5% | 0.0% | 1.9% | 13.0% | 0.0% |
| | | | | | | |
| White | 52.8% | 62.1% | 0.0% | 0.9% | 11.5% | 0.9% |
| Black | 55.0% | 57.5% | 0.0% | 0.0% | 10.0% | 0.0% |
| | | | | | | |
| <20,000 | 81.3% | 37.5% | 0.0% | 0.0% | 12.5% | 0.0% |
| 20-40,000 | 57.5% | 55.0% | 0.0% | 0.0% | 5.0% | 2.5% |
| 40-70,000 | 47.5% | 63.9% | 0.0% | 1.6% | 19.7% | 0.0% |
| 70-100,000 | 50.7% | 58.9% | 0.0% | 1.4% | 9.6% | 0.0% |
| +100,000 | 49.5% | 65.9% | 1.1% | 0.0% | 7.7% | 0.0% |
| | | | | | | |
| <High | 50.0% | 50.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| High Grad | 59.6% | 63.2% | 0.0% | 0.0% | 12.3% | 1.8% |
| Some Post | 66.7% | 48.5% | 1.5% | 1.5% | 13.6% | 0.0% |
| College Grad | 45.9% | 66.1% | 0.0% | 0.5% | 9.3% | 0.5% |

22. Would you say that the number of these messages you have seen or heard in the past 30 days is more than usual, fewer than usual, or about the same as usual?

| | More | Fewer | Same |
|---|---|---|---|
| Male | 45.5% | 2.4% | 49.7% |
| Female | 48.5% | 1.8% | 49.7% |
| | | | |
| UP/North | 43.5% | 4.3% | 52.2% |
| W/SW | 48.4% | 3.1% | 46.9% |
| Central | 44.4% | 2.2% | 51.1% |
| Oakland | 50.0% | 0.0% | 50.0% |
| Macomb | 44.8% | 3.4% | 51.7% |
| Wayne | 50.8% | 0.0% | 47.5% |
| | | | |
| Urban | 49.2% | 1.6% | 47.6% |
| Suburban | 43.0% | 1.6% | 53.9% |
| Small | 44.4% | 3.7% | 51.9% |
| Rural | 56.7% | 1.7% | 40.0% |
| | | | |
| White | 47.8% | 2.0% | 49.0% |
| Black | 65.9% | 0.0% | 34.1% |
| | | | |
| <20,000 | 66.7% | 0.0% | 33.3% |
| 20-40,000 | 40.9% | 4.5% | 54.5% |
| 40-70,000 | 52.3% | 1.5% | 44.6% |
| 70-100,000 | 48.7% | 2.6% | 47.4% |
| +100,000 | 43.3% | 1.0% | 54.6% |
| | | | |
| <High | 50.0% | 0.0% | 50.0% |
| High Grad | 53.3% | 0.0% | 46.7% |
| Some Post | 39.7% | 2.7% | 56.2% |
| College Grad | 47.7% | 2.5% | 48.2% |

23. Do you recall seeing or hearing the slogan “Stop Overdoses” in the past thirty days?

| | Yes | No |
|---|---|---|
| Male | 16.8% | 80.4% |
| Female | 20.0% | 77.6% |
| | | |
| UP/North | 12.3% | 83.1% |
| W/SW | 18.4% | 78.6% |
| Central | 13.7% | 84.2% |
| Oakland | 13.8% | 84.6% |
| Macomb | 20.5% | 77.3% |
| Wayne | 32.6% | 65.2% |
| | | |
| Urban | 25.5% | 72.4% |
| Suburban | 13.5% | 83.2% |
| Small | 21.2% | 75.4% |
| Rural | 18.1% | 80.9% |
| | | |
| White | 14.6% | 82.3% |
| Black | 33.3% | 66.7% |
| | | |
| <20,000 | 46.7% | 53.3% |
| 20-40,000 | 30.0% | 70.0% |
| 40-70,000 | 20.4% | 76.7% |
| 70-100,000 | 7.3% | 89.1% |
| +100,000 | 13.6% | 84.1% |
| | | |
| <High | 40.0% | 60.0% |
| High Grad | 30.1% | 64.5% |
| Some Post | 19.0% | 78.1% |
| College Grad | 14.1% | 84.2% |

APPRISS HEALTH

# Statewide Opioid Assessment: Michigan

## Identify, Prevent, and Manage Substance Use Disorders

Informed decision making for early intervention and improved outcomes

March 29, 2018

Addendum #3

# Michigan Collaborates with Appriss Health with New Tool in the Fight Against the Opioid Crisis

APPRISS HEALTH

*The Michigan Department of Licensing and Regulatory Affairs (LARA) is one of the first state government agencies in the nation to utilize this new tool recently developed by Appriss Health in the fight against the opioid crisis; Appriss Health's* ***Statewide Opioid Assessment****.*

## The Methods

- To apply this tool, Michigan provided three years of well-documented cases of unintentional overdose deaths, which Appriss Health linked to five years of prescription records in the state's prescription drug monitoring program (PDMP), the Michigan Automated Prescription System (MAPS). More than 7.5 million patients receiving 103.2 million prescriptions over the five years of PDMP history were linked to 5,261 overdose deaths.

## The Value

- Using Appriss Health's Statewide Opioid Assessment, lawmakers and local community leaders can tailor laws, target resources, and design innovative programs to best address the opioid crisis in Michigan. This solution, along with other extensive collaborations underway between Michigan and Appriss Health, demonstrate the aggressive commitment of both entities to impact the opioid crisis in the state.

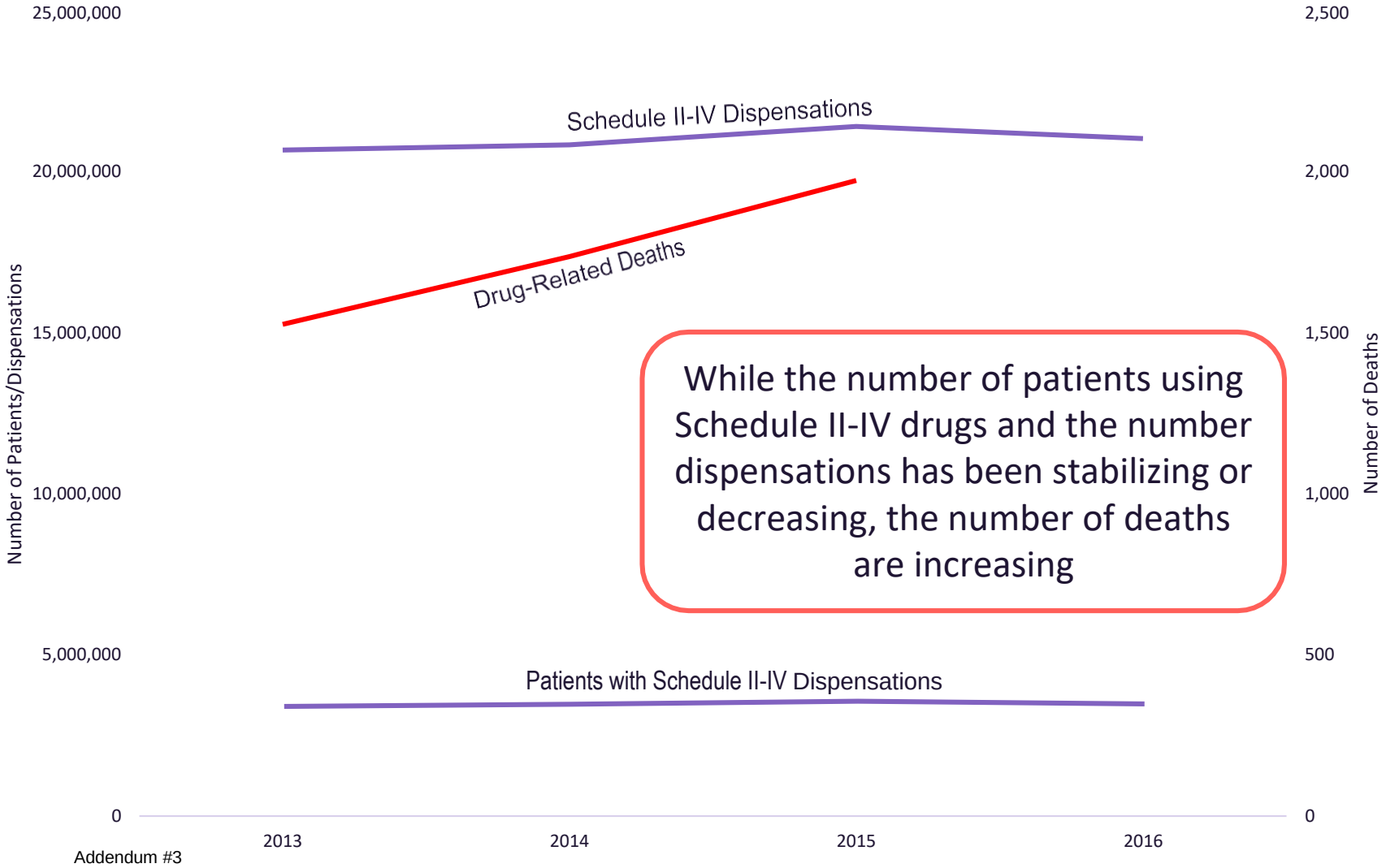
# Michigan Collaborates with Appriss Health with New Tool in the Fight Against the Opioid Crisis

## Statewide Opioid Assessment

- Appriss Health's Statewide Opioid Assessment provides state PDMP administrators valuable information on trends and patterns on a state's opioid usage. The Assessment examines patient-level and aggregate trends of controlled-substance prescriptions and overdose deaths within the state. Together, these statistics provide powerful insights into specific prescribing trends and risk factors for overdose death and helps identify communities most affected by the opioid epidemic.

- Michigan was one of the first states in the country to provide all PDMP users in the state access to NarxCare. NarxCare is a substance use disorder prevention and management platform developed by Appriss Health that includes an Overdose Risk Score, which predicts overdose death. The combination of the Statewide Opioid Assessment and the Overdose Risk Score contained in NarxCare both enables state administrators, policy makers, and public health officials to understand trends and over 150,000 providers to quickly assess a patient's PDMP history and risk ofoverdose death at a glance.

# Prescription Drug Crisis in Michigan




Addendum #3

*Source: Michigan PDMP 2013-2016 and Michigan 2013-2015 all state-recorded drug-overdose deaths.*

# Michigan

PDMP October 23, 2012-October 23, 2017

and

Drug-Related Deaths 2013-2015

APPRISS HEALTH

# *General Statistics*

Michigan PDMP Data for Prescriptions Written and Medications Dispensed between 2012 and 2017
Drug-Related Deaths between 2013 and 2015

| | N | % |
|---|---|---|
| **Patients** | 7,575,033 | |
| Patients Who Died (Drug-Related)[1] | 5,261 | 0.09 |
| Patients With History of Receiving an Opioid Narcotic (including MAT) | 6,414,174 | 84.68 |
| Patients With History of Receiving a Sedative | 2,849,423 | 37.62 |
| Patients With History of Receiving Buprenorphine MAT Medication[2] | 72,780 | 0.96 |
| **Providers**[3] | 173,900 | |
| **Dispensations** | 103,214,576 | |
| Dispensations of Opioid Narcotics | 53,288,783 | 51.63 |
| Dispensations of Sedatives | 31,028,518 | 30.06 |
| **Prescriptions** | 84,855,880 | |
| Prescriptions for Opioid Narcotics | 47,731,852 | 56.25 |
| Prescriptions for Sedatives | 20,954,308 | 24.69 |
| **National Drug Codes (NDCs)** | 6,994 | |
| NDCs for Opioid Narcotics | 2,646 | 37.83 |
| NDCs for Sedatives | 1,663 | 23.78 |

*Source: Michigan PDMP Oct. 23, 2012-Oct. 23, 2017 and Michigan 2013-2015 drug-related deaths*
*Abbreviations: MAT: Medication-Assisted Treatment*
*Note: DEA number used to identify unique prescribers*
*[1]Number of deaths are only deaths from 2013-2015 identified by the state of Michigan as drug-related regardless of whether the individual was linked to a PDMP prescription. The denominator is the number of patients with a prescription during 2013-2015 (N=5,903,135).*
*[2]Buprenorphine Medication Assisted Therapy (MAT) includes all medication dispensations for NDCs falling under specific Generic Code Numbers (GCNs), including off-label use.*
*[3]Providers may have more than one DEA registration number.*

# Narcotic and Sedative Prescription Volume by Location

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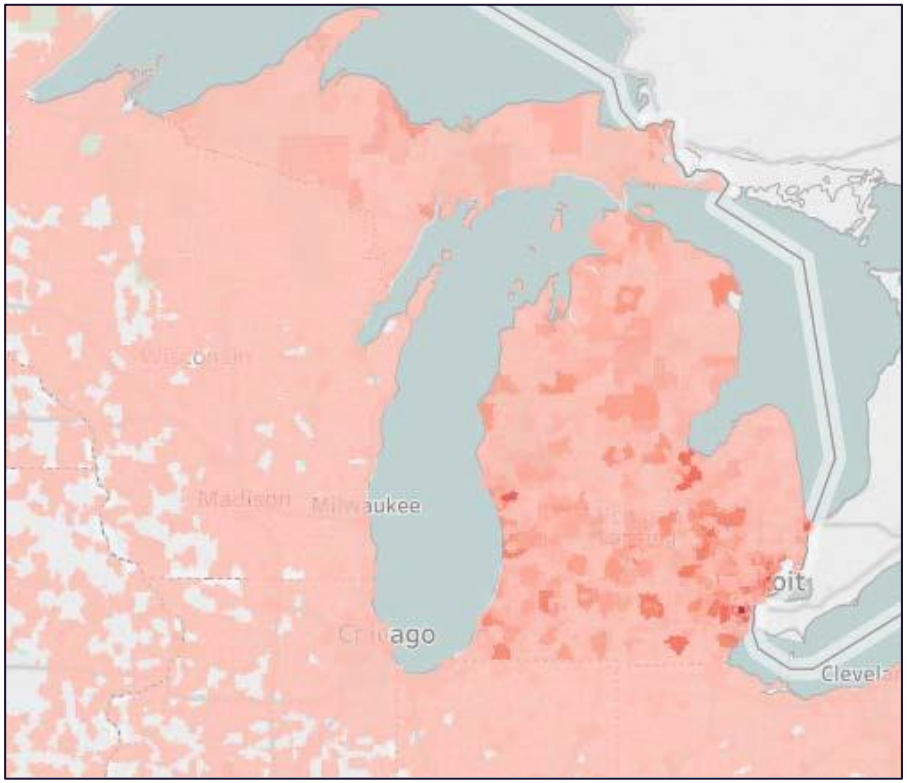
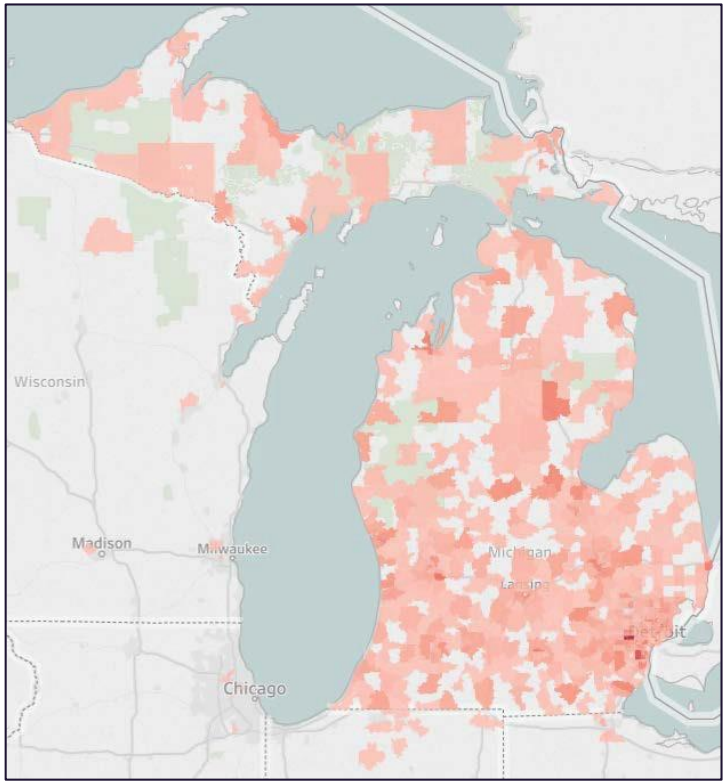
**By Patient Zip Code**




*Darker colors represent higher prescription volumes*

**By Dispenser Zip Code**




*Only includes dispensers with at least 20 fills*

- 96.7% of patients in the PDMP database have Michigan addresses
- 3.3% of patients have addresses in other states
- The majority (89.9%) of dispensers are located in Michigan

Addendum #3

*Source: Michigan PDMP Oct. 23, 2012-Oct. 23, 2017*

# Patient Characteristics

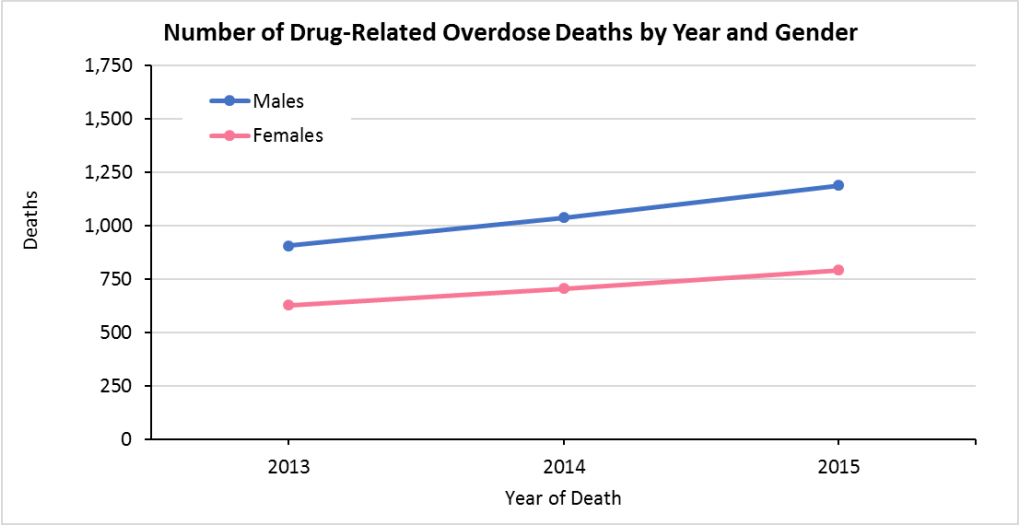
# Death Data

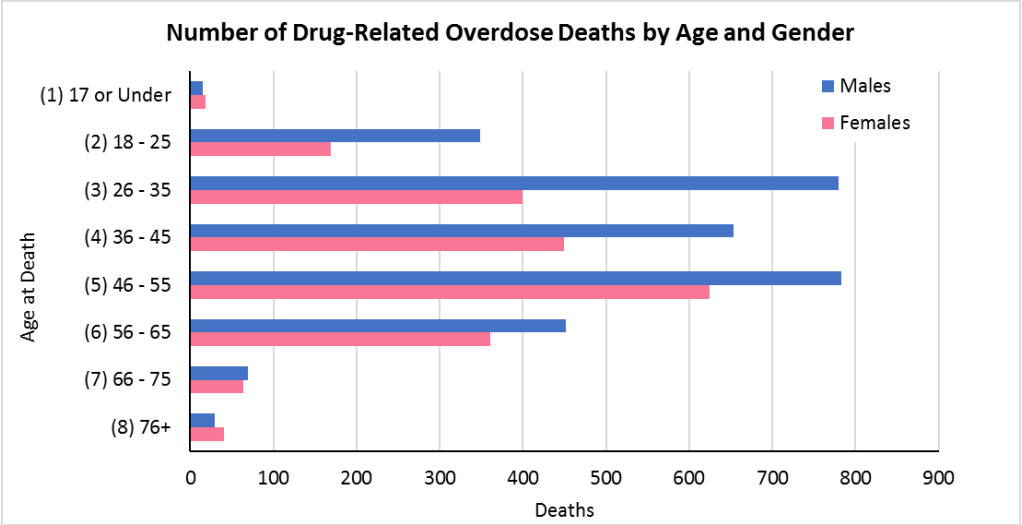
There were 30% more drug-related overdose deaths in 2015 than in 2013

The largest number of drug-related overdose deaths occurred among men aged 26-35 and men aged 46-55

Among women, the largest number of drug-related overdose deaths were in the 46-55 age group

Addendum #3




*Source: Michigan drug-overdose death data 2013-2015*

# Death Rates by Location

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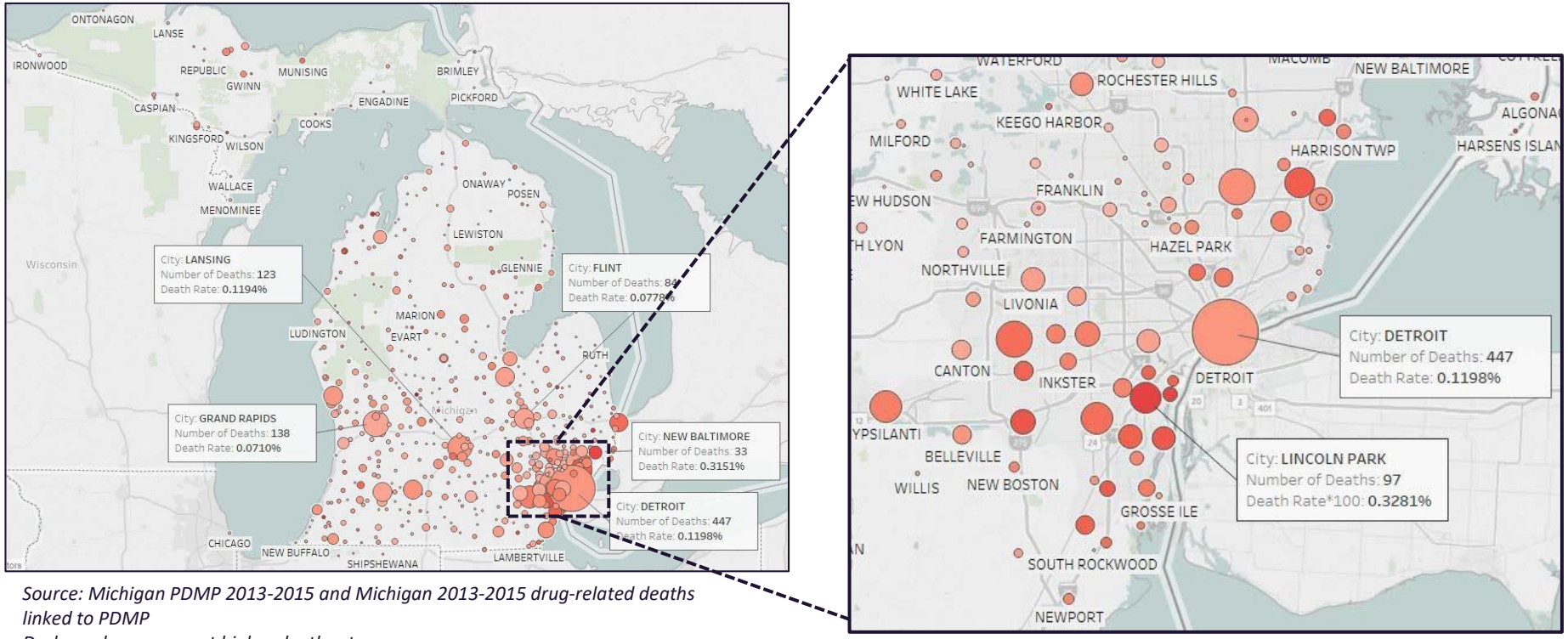
## By City




*Source: Michigan PDMP 2013-2015 and Michigan 2013-2015 drug-related deaths linked to PDMP*
*Darker colors represent higher death rates*
*Larger bubbles represent more drug-related deaths*

- Lincoln Park and Ecorse have the highest drug-related death rates
- Detroit and Grand Rapids have the most drug-related deaths

Addendum #3

# Top Cities – All Years

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## Top 10 Cities by Drug-Related Overdose Death Rate

| City | Deaths per 1,000 Patients | Deaths |
|---|---|---|
| LINCOLN PARK | 3.281 | 97 |
| ECORSE | 3.168 | 23 |
| NEW BALTIMORE | 3.151 | 33 |
| ROMULUS | 2.828 | 65 |
| WYANDOTTE | 2.770 | 55 |
| WOODHAVEN | 2.679 | 25 |
| ROSEVILLE | 2.603 | 92 |
| FLAT ROCK | 2.523 | 34 |
| SOUTHGATE | 2.519 | 58 |
| WAYNE | 2.456 | 37 |
| MOUNT CLEMENS | 2.365 | 29 |

## Top 10 Cities by Number of Drug-Related Overdose Deaths

| City | Deaths per 1,000 Patients | Deaths |
|---|---|---|
| DETROIT | 1.198 | 447 |
| GRAND RAPIDS | 0.710 | 138 |
| WESTLAND | 2.206 | 133 |
| WARREN | 1.374 | 131 |
| LANSING | 1.194 | 123 |
| TAYLOR | 2.154 | 104 |
| YPSILANTI | 1.791 | 103 |
| LINCOLN PARK | 3.281 | 97 |
| ROSEVILLE | 2.603 | 92 |
| FLINT | 0.778 | 84 |
| BATTLE CREEK | 1.213 | 79 |

Addendum #3

*Source: Michigan PDMP 2013-2015 and Michigan 2013-2015 drug-related deaths linked to PDMP*

# Top Cities – 2013

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## Top 10 Cities by Drug-Related Overdose Death Rate

| City | Deaths per 1,000 Patients | Deaths |
|---|---|---|
| WYANDOTTE | 1.243 | 14 |
| PORT HURON | 1.142 | 21 |
| ROSEVILLE | 1.110 | 22 |
| LINCOLN PARK | 1.086 | 18 |
| WESTLAND | 1.069 | 35 |
| ROMULUS | 0.868 | 11 |
| TAYLOR | 0.705 | 19 |
| YPSILANTI | 0.658 | 20 |
| DEARBORN HEIGHTS | 0.618 | 12 |
| BAY CITY | 0.605 | 15 |

## Top 10 Cities by Number of Drug-Related Overdose Deaths

| City | Deaths per 1,000 Patients | Deaths |
|---|---|---|
| DETROIT | 0.418 | 88 |
| WESTLAND | 1.069 | 35 |
| WARREN | 0.586 | 31 |
| LANSING | 0.502 | 29 |
| GRAND RAPIDS | 0.233 | 24 |
| KALAMAZOO | 0.418 | 23 |
| ROSEVILLE | 1.110 | 22 |
| PORT HURON | 1.142 | 21 |
| FLINT | 0.337 | 21 |
| YPSILANTI | 0.658 | 20 |

Addendum #3

*Source: Michigan PDMP 2013 and Michigan 2013 drug-related deaths linked to PDMP*
*Note: Limited to cities with at least 10 deaths in 2013.*

# Top Cities – 2014

APPRISS HEALTH

## Top 10 Cities by Drug-Related Overdose Death Rate

| City | Deaths per 1,000 Patients | Deaths |
|---|---|---|
| HAMTRAMCK | 1.359 | 12 |
| ROSEVILLE | 1.324 | 27 |
| SOUTHGATE | 1.146 | 15 |
| ROMULUS | 1.087 | 14 |
| LINCOLN PARK | 1.043 | 18 |
| PORT HURON | 0.971 | 18 |
| TAYLOR | 0.790 | 22 |
| YPSILANTI | 0.770 | 24 |
| WESTLAND | 0.767 | 26 |
| DEARBORN HEIGHTS | 0.699 | 14 |

## Top 10 Cities by Number of Drug-Related Overdose Deaths

| City | Deaths per 1,000 Patients | Deaths |
|---|---|---|
| DETROIT | 0.483 | 102 |
| WARREN | 0.613 | 33 |
| LANSING | 0.516 | 30 |
| GRAND RAPIDS | 0.273 | 29 |
| ROSEVILLE | 1.324 | 27 |
| WESTLAND | 0.767 | 26 |
| YPSILANTI | 0.770 | 24 |
| SAGINAW | 0.479 | 23 |
| TAYLOR | 0.790 | 22 |
| FLINT | 0.327 | 21 |

Addendum #3

*Source: Michigan PDMP 2014 and Michigan 2014 drug-related deaths linked to PDMP*
*Note: Limited to cities with at least 10 deaths in 2014.*

# Top Cities – 2015

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## Top 10 Cities by Drug-Related Overdose Death Rate

| City | Deaths per 1,000 Patients | Deaths |
|---|---|---|
| LINCOLN PARK | 1.938 | 34 |
| TAYLOR | 1.293 | 37 |
| ROMULUS | 1.276 | 17 |
| ROSEVILLE | 1.246 | 26 |
| WYANDOTTE | 1.172 | 14 |
| EASTPOINTE | 1.155 | 16 |
| WESTLAND | 1.140 | 40 |
| SOUTHGATE | 1.100 | 15 |
| PORT HURON | 1.062 | 20 |
| YPSILANTI | 0.808 | 26 |

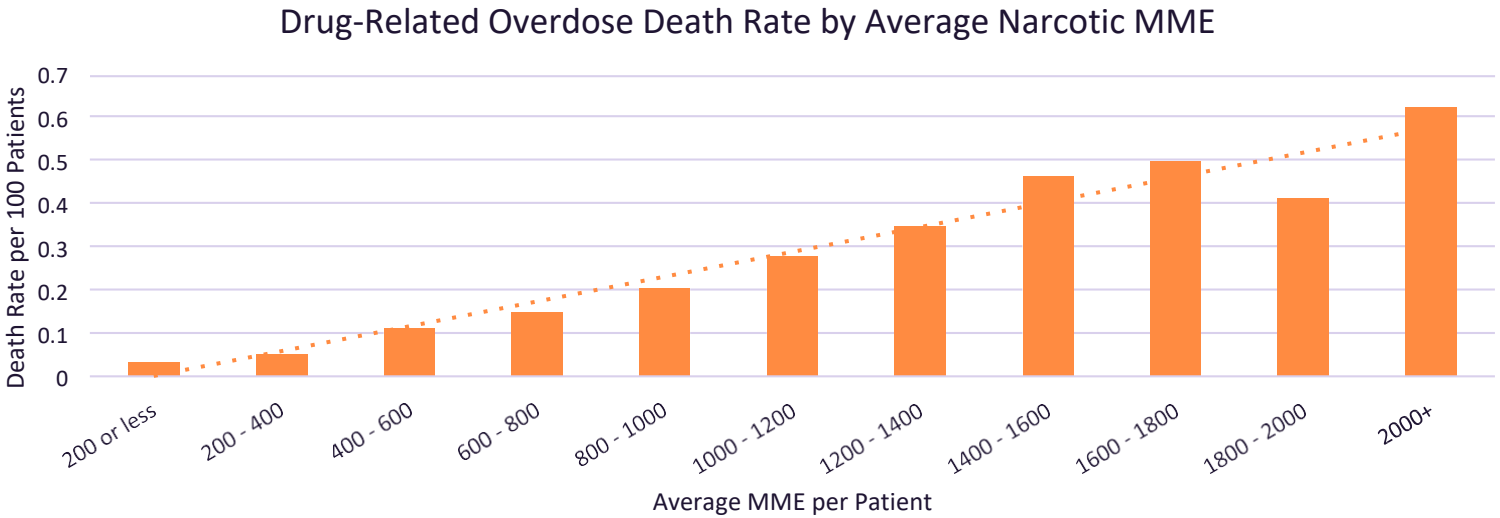
## Top 10 Cities by Number of Drug-Related Overdose Deaths

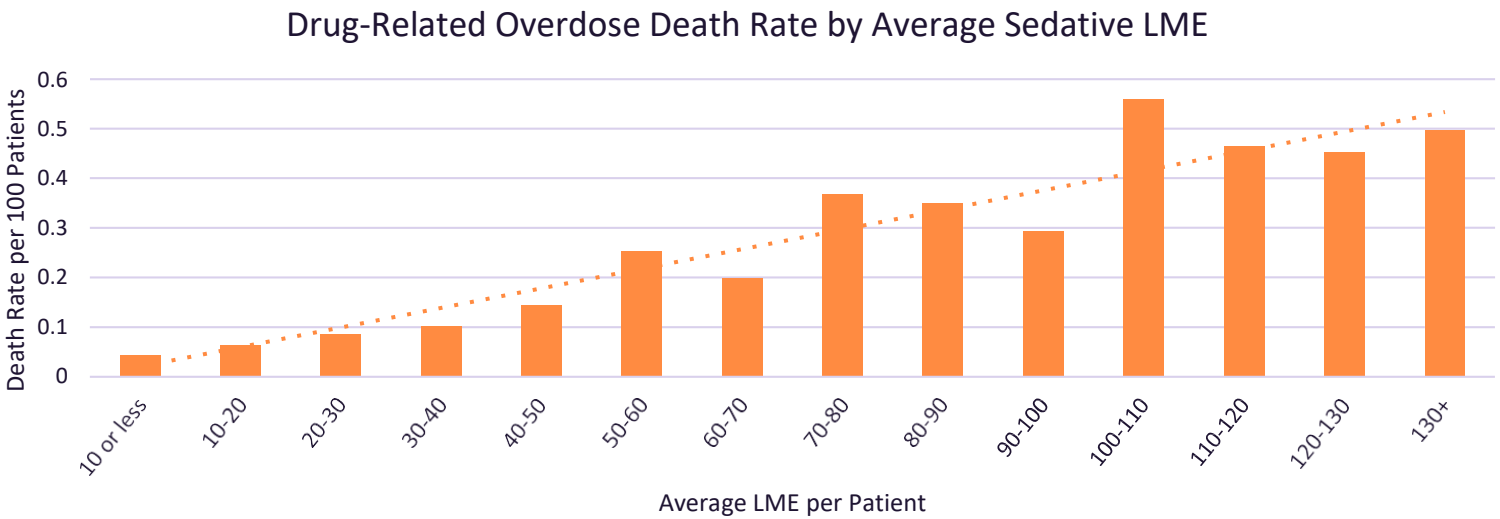
| City | Deaths per 1,000 Patients | Deaths |
|---|---|---|
| DETROIT | 0.650 | 140 |
| WESTLAND | 1.140 | 40 |
| LANSING | 0.653 | 39 |
| GRAND RAPIDS | 0.351 | 39 |
| TAYLOR | 1.293 | 37 |
| LINCOLN PARK | 1.938 | 34 |
| WARREN | 0.554 | 31 |
| ROSEVILLE | 1.246 | 26 |
| YPSILANTI | 0.808 | 26 |
| BATTLE CREEK | 0.645 | 25 |

Addendum #3

*Source: Michigan PDMP 2015 and Michigan 2015 drug-related deaths linked to PDMP*
*Note: Limited to cities with at least 10 deaths in 2015.*

# Death Rate by Average MME/LME of Patients



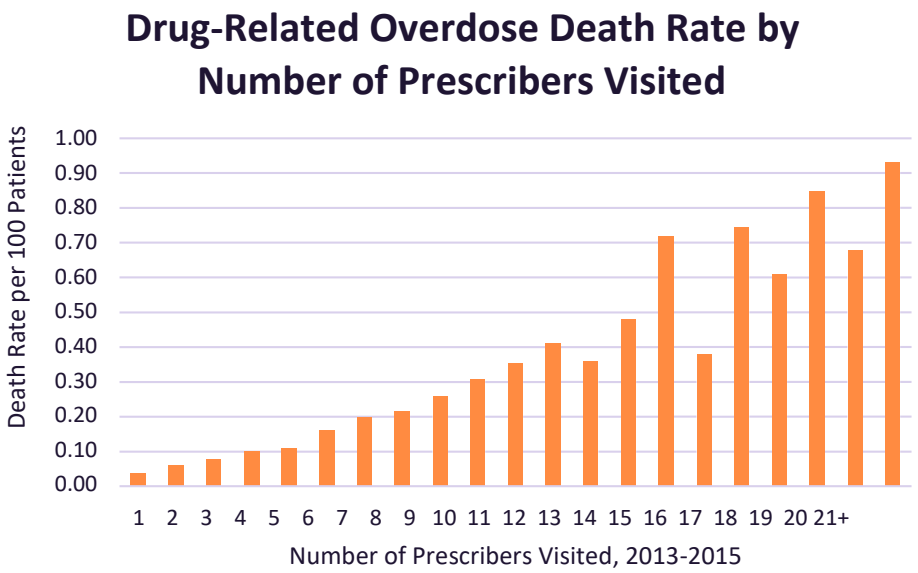



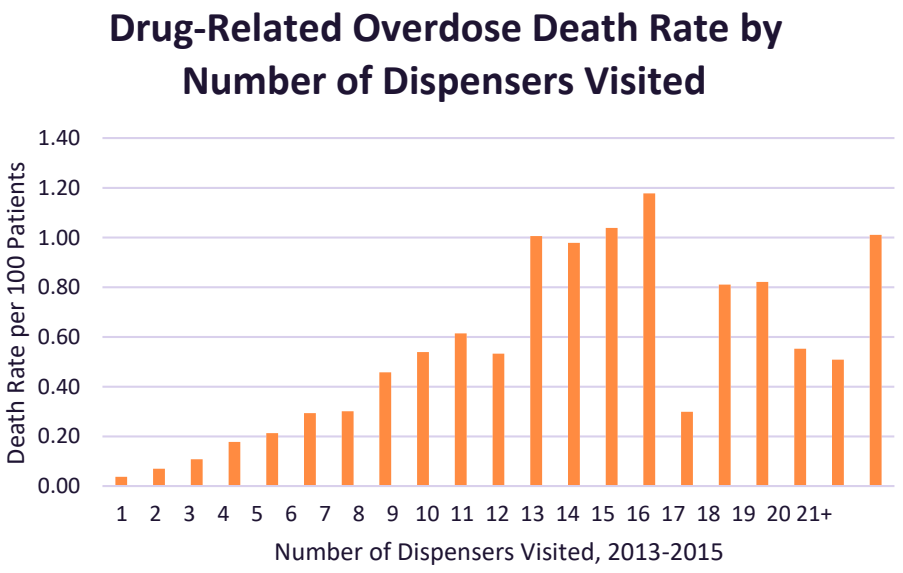

Addendum #3

*Source: Michigan PDMP Data 2013-2015 and Michigan 2013-2015 drug-related deaths linked to PDMP*

*Note: Narcotic MME excludes prescriptions classified as Buprenorphine MAT; MME= Number of Pills * Morphine Equivalent Units among Narcotic Prescriptions; LME= Number of Pills * Lorazepam Equivalent Units among Sedative Prescriptions*

# Drug-Related Overdose Death Rates by Patient Behavior




1 out of every 100 patients visiting 21+ prescribers or 21+ dispensers between 2013 and 2015 died

Addendum #3

*Source: Michigan PDMP data (2013-2015) and Michigan drug-related death data (2013-2015) linked to PDMP*
*Note: DEA number used to identify prescribers and dispensers*

# Number of Dispensations by Drug Type

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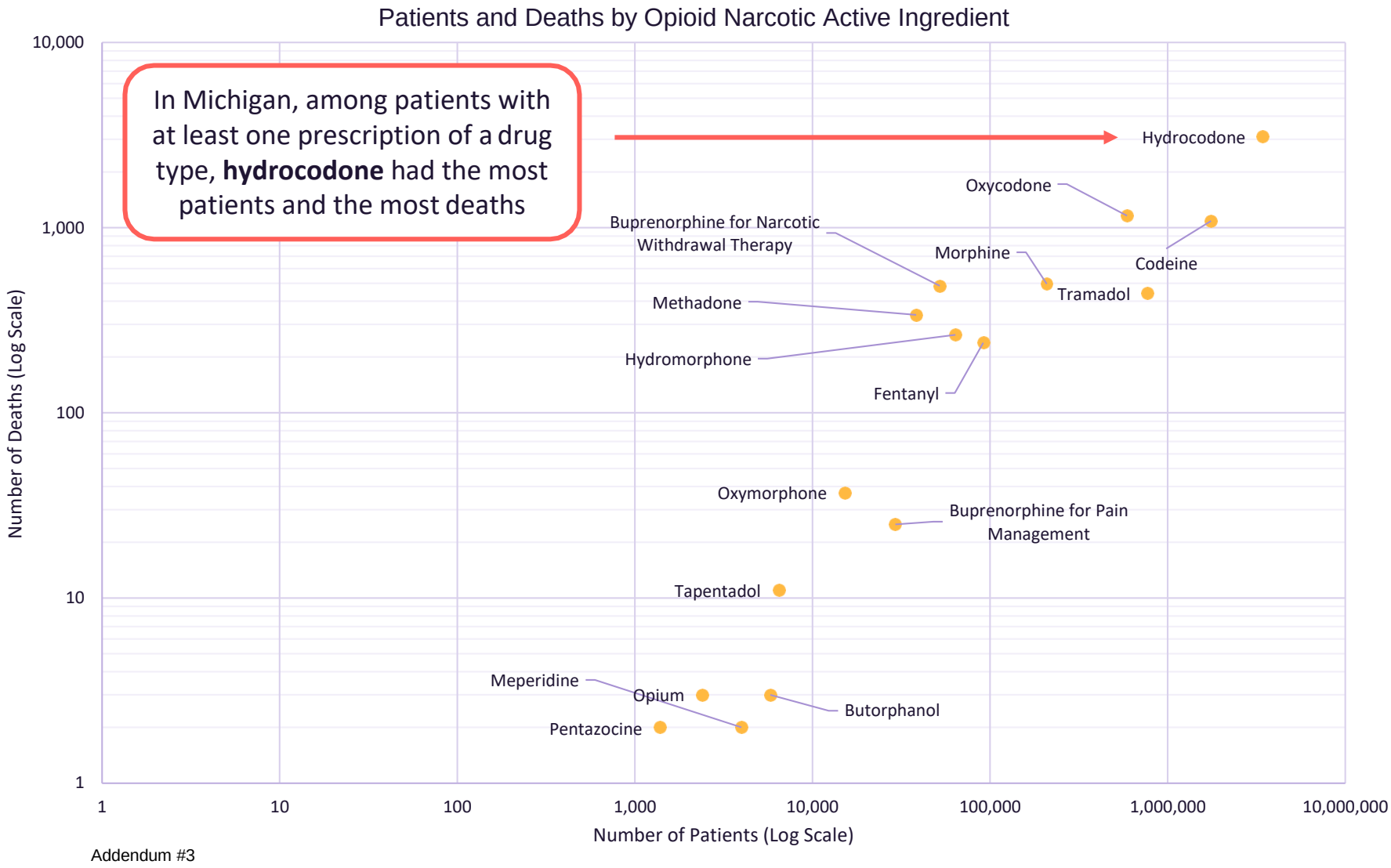
| Drug Type | Number of Dispensations (N=103,214,576) n | % | Total Patients[1] (N=7,575,033) n | % | Deaths[2] (N=4,444) n | % | Deaths per 1,000 Patients with a prescription[3] |
|---|---|---|---|---|---|---|---|
| Narcotic[4] | 51,117,258 | 49.53% | 6,391,737 | 84.38% | 3366 | 75.74% | 0.52 |
| Buprenorphine MAT | 2,171,525 | 2.10% | 72,780 | 0.96% | 380 | 8.55% | 5.82 |
| Sedative | 31,028,518 | 30.06% | 2,849,423 | 37.62% | 2924 | 65.80% | 0.97 |
| Stimulant | 14,934,746 | 14.47% | 934,717 | 12.34% | 508 | 11.43% | 0.53 |
| Neuropain | 1,953,315 | 1.89% | 201,248 | 2.66% | 346 | 7.79% | 1.96 |
| Ginarcotic | 373,205 | 0.36% | 116,584 | 1.54% | 64 | 1.44% | 0.52 |
| Steroid | 949,011 | 0.92% | 108,737 | 1.44% | 61 | 1.37% | 0.54 |
| Cannabinoid | 75,510 | 0.07% | 22,669 | 0.30% | 6 | 0.14% | 0.36 |
| Unassigned | 44,431 | 0.04% | 18,216 | 0.24% | 0 | 0.00% | 0.00 |
| Anesthetic | 2,006 | 0.00% | 832 | 0.01% | 0 | 0.00% | 0.00 |
| Other | 565,074 | 0.55% | 136,163 | 1.80% | 19 | 0.43% | 0.12 |

*Source: Michigan PDMP Oct. 23, 2012-Oct. 23, 2017 and Michigan 2013-2015 drug-related deaths linked to PDMP*
*Abbreviations: MAT: Medication-Assisted Treatment*
*1. Patients=Total number of patients with at least one prescription for that drug type, Michigan PDMP Oct. 23, 2012-Oct. 23, 2017. 2. Deaths=Number of drug-related overdose deaths that had a prescription of that drug type, 2013-2015 linked to PDMP; patients taking multiple drug types will be counted in each drug type category. 3. Drug-related overdose deaths per 1,000 patients with at least one prescription for that drug type in the year prior to death, 2014-2015 linked to PDMP. Only 2014/2015 deaths were included to ensure a full year of history in the PDMP. 4. Narcotic drug type excludes Buprenorphine MAT prescriptions.*

While the largest proportion of deaths are associated with narcotic (75.7%) and sedative (65.8%) dispensations, the controlled substances with the highest death rates are those for buprenorphine MAT (5.82 deaths per 1,000 patients), neuropain (1.96 deaths per 1,000 patients), and sedatives (0.97 death per 1,000 patients).

Addendum #1

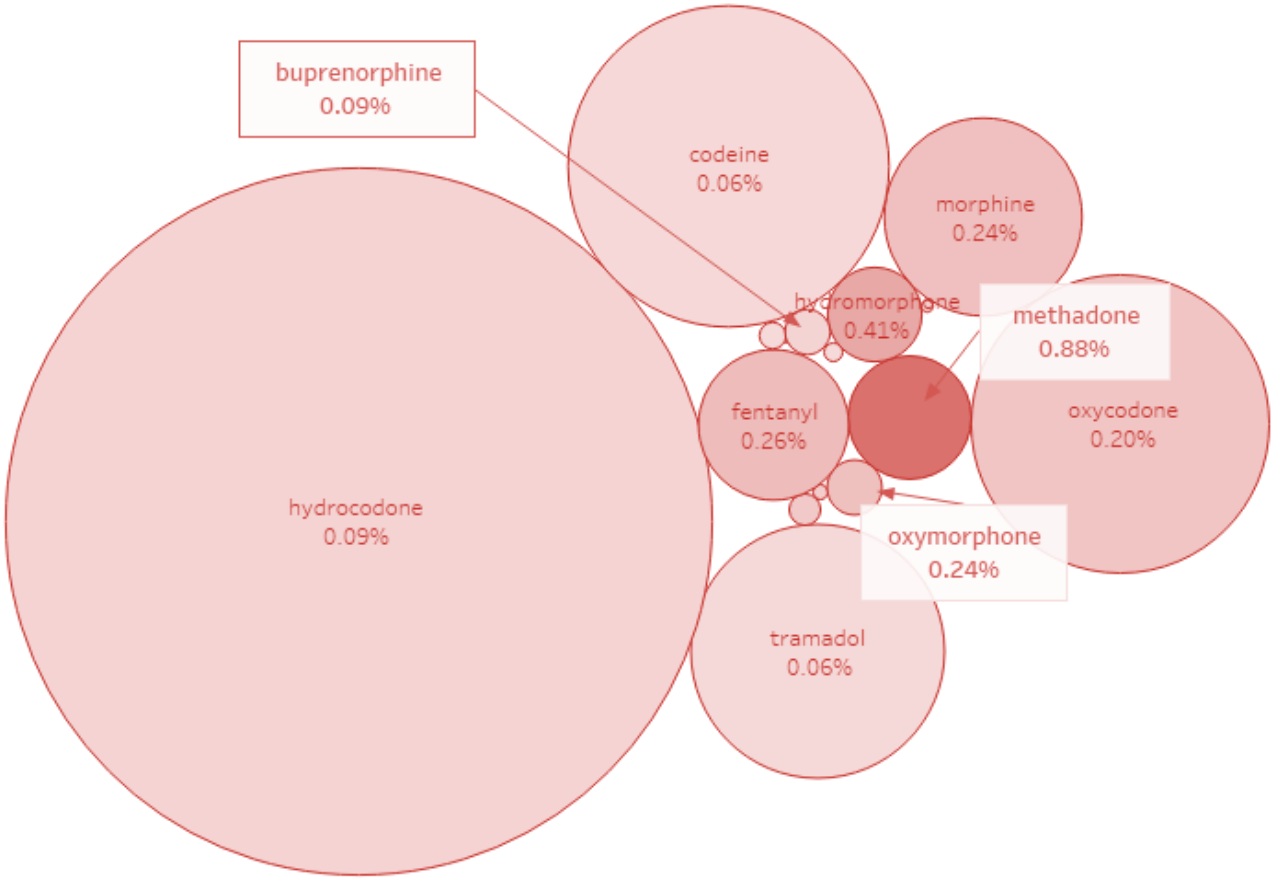
# Drug-Related Overdose Deaths by Opioid Narcotic Active Ingredient




Addendum #3

*Source: Michigan PDMP data (2013-2015) and Michigan drug-related death data (2013-2015) linked to PDMP*

# Drug-Related Overdose Deaths by Opioid Narcotic Active Ingredient

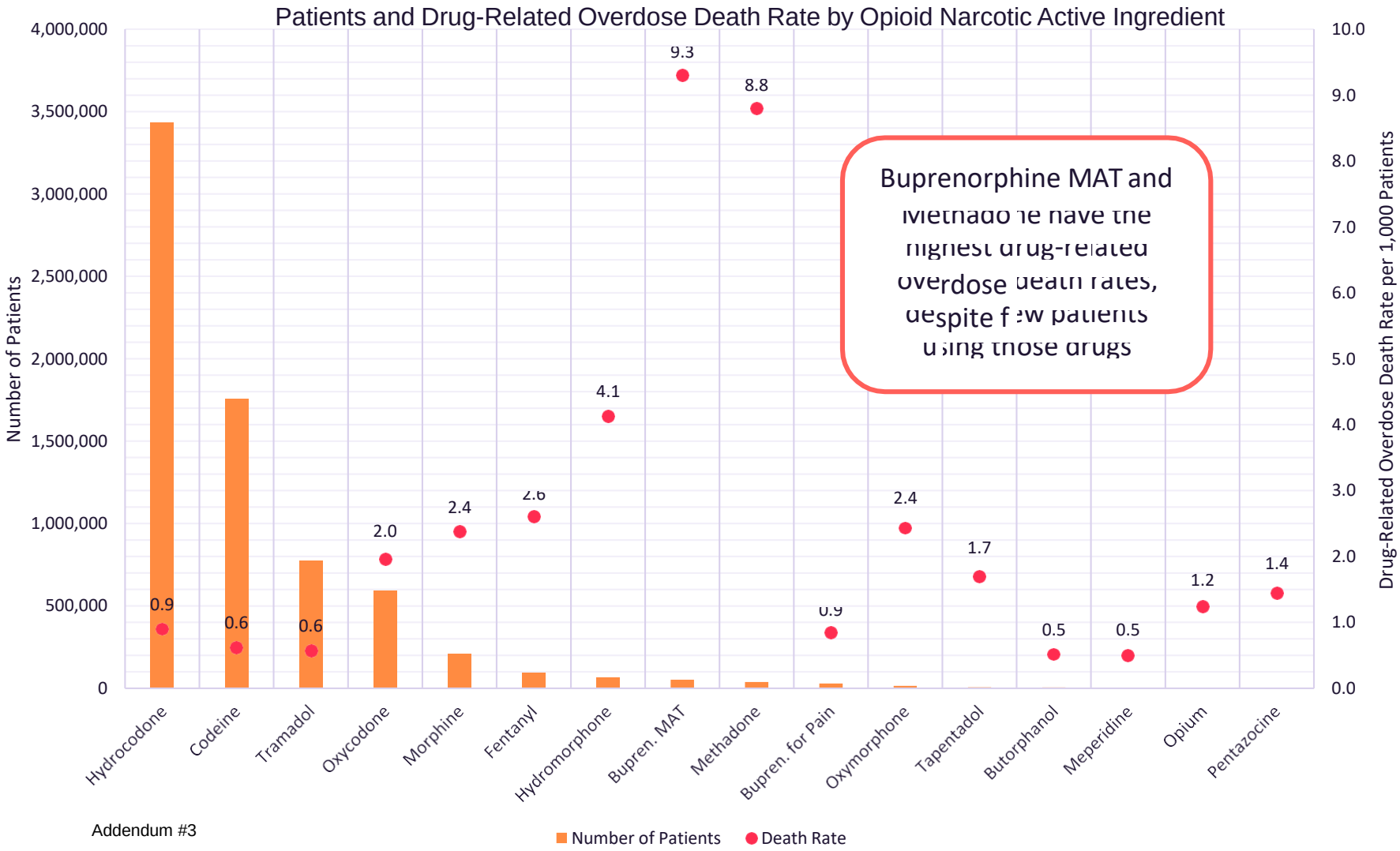



Highest death rates among patients who received at least one prescription of methadone (8.8 deaths per 1000 patients)

*Size corresponds to proportion of prescriptions for that active ingredient type.*
*The buprenorphine category excludes Generic Sequence Numbers (GCN) for narcotic withdrawal therapy.*
*The darker the color, the higher the death rate*
*Inscribed percent is the corresponding death rate.*
*Source: Michigan PDMP data (2013-2015) and Michigan drug-related death data (2013-2015) linked to PDMP*

Addendum #3

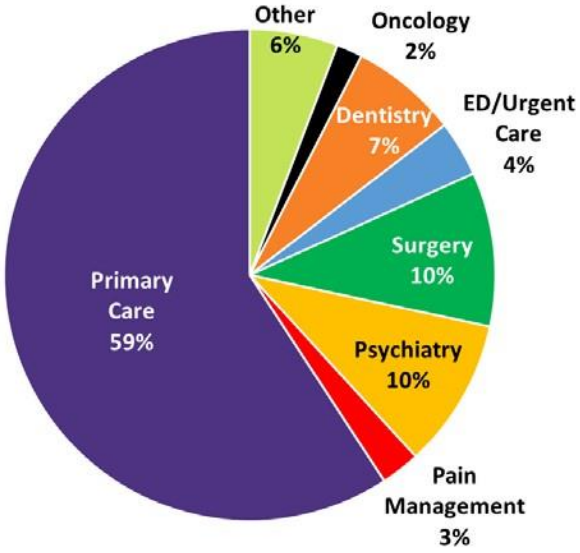
# Deaths by Opioid Narcotic Active Ingredient



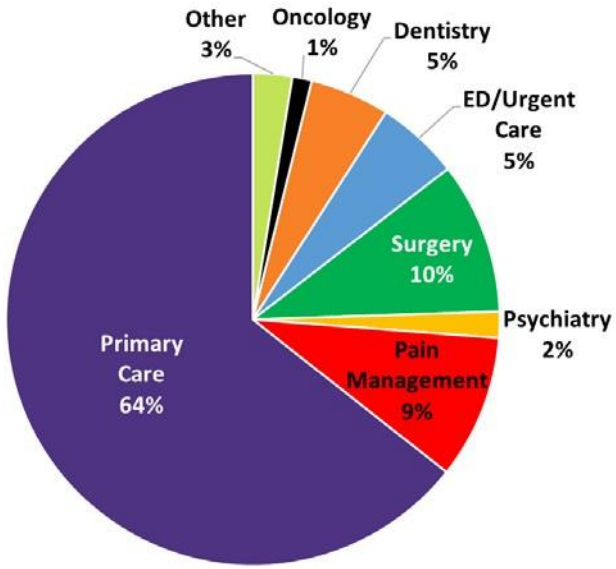

*Source: Michigan PDMP data (2013-2015) and Michigan drug-related death data (2013-2015) linked to PDMP*

# Prescriber Characteristics

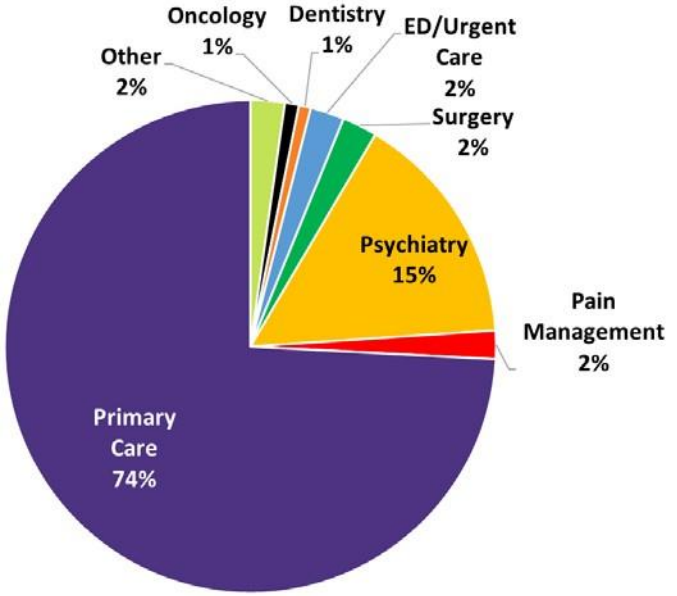
# Prescriptions Written by Prescriber Specialty




Number of Prescribers by Specialty




Number of Narcotic Prescriptions by Prescriber Specialty

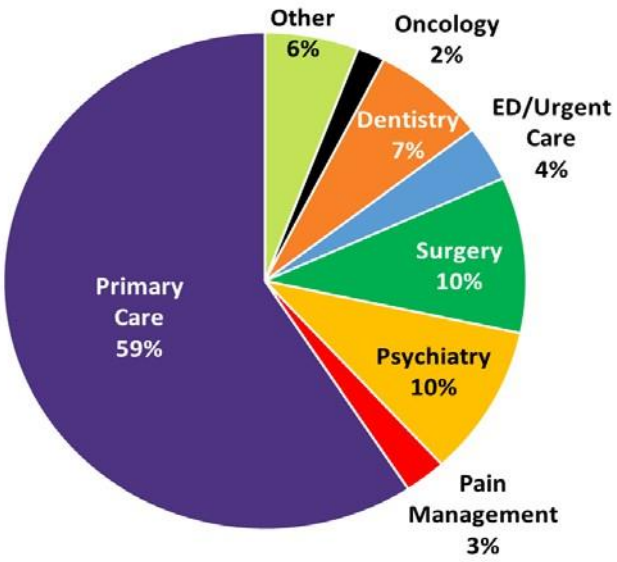



Number of Sedative Prescriptions by Prescriber Specialty

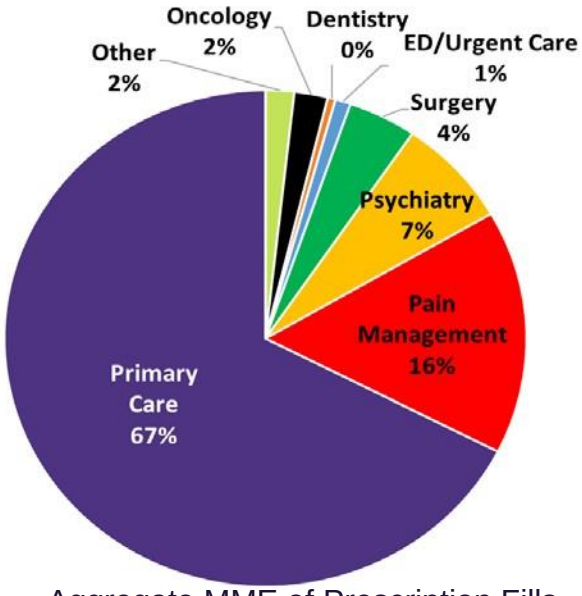
- 59% of prescribers are in **primary care**
- 9% of narcotic prescriptions are written by **pain management** prescribers (3% of all prescribers)
- 15% of sedative prescriptions are written by **psychiatry** prescribers (10% of all prescribers)

*Source: Michigan ADAP Oct. 23, 2012-Oct. 23, 2017 supplemented by NPPES NPI file*
*Note: Narcotic prescriptions exclude prescriptions classified as Buprenorphine MAT. Prescribers are characterized by their primary specialty. Excludes prescribers missing primary specialty classification. Other specialty includes specialties not classified elsewhere.*

# Morphine Milligram Equivalency (MME) by Prescriber Specialty



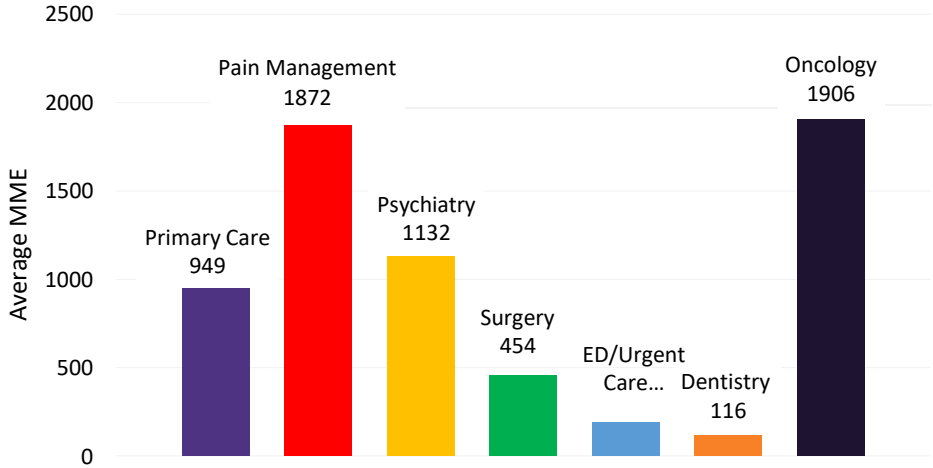

Number of Prescribers by Specialty




Aggregate MME of Prescription Fills by Prescriber Specialty

**Pain management** accounts for 16% of aggregate MMEs dispensed and the average MME per dispensation is 1.97 times that of primary care

**Oncology's** average MME per dispensation is twice that of primary care



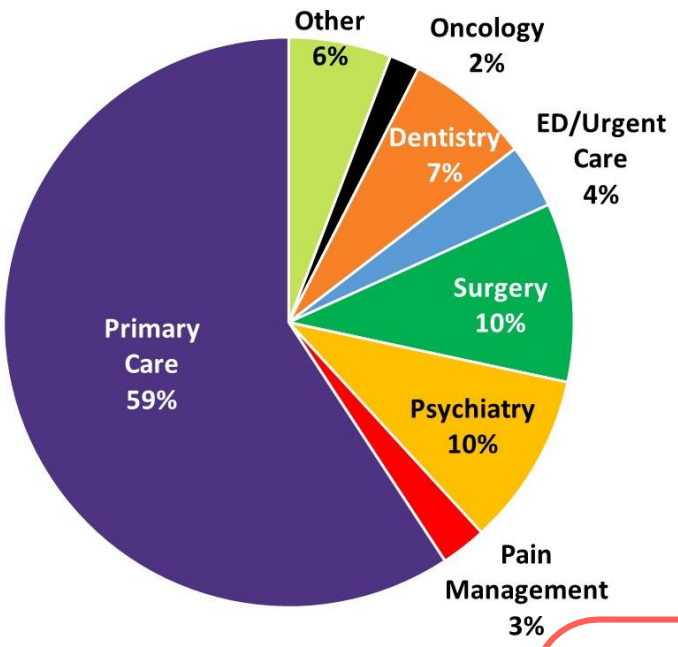

Average MME Dispensed by Prescriber Specialty

*Source: Michigan PDMP Oct. 23, 2012-Oct. 23, 2017 supplemented by NPPES NPI file*
*Note: Narcotic prescriptions exclude prescriptions classified as Buprenorphine MAT. Prescribers are characterized by their primary specialty. Narcotic MME excludes prescriptions classified as Buprenorphine MAT; Excludes prescribers missing primary specialty classification; Other specialties include specialties not classified elsewhere; MME= Number of Pills * Morphine Equivalent Units among Narcotic Prescriptions*

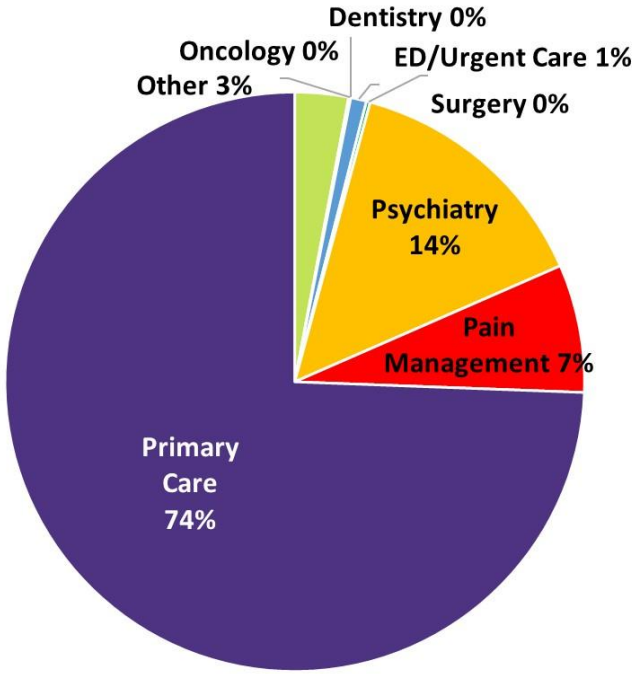
# Buprenorphine MAT by Prescriber Specialty

APPRISS HEALTH

Number of Prescribers by Specialty




Number of Buprenorphine MAT Prescriptions by Prescriber Specialty

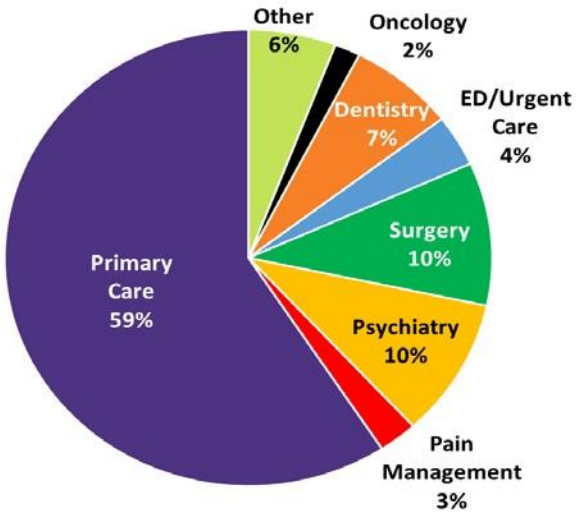



- 59% of prescribers are in **primary care**, but primary care writes 74% of the MAT prescriptions
- 7% of MAT prescriptions are written by **pain management** prescribers (3% of all prescribers)
- 14% of MAT prescriptions are written by **psychiatry** prescribers (10% of all prescribers)

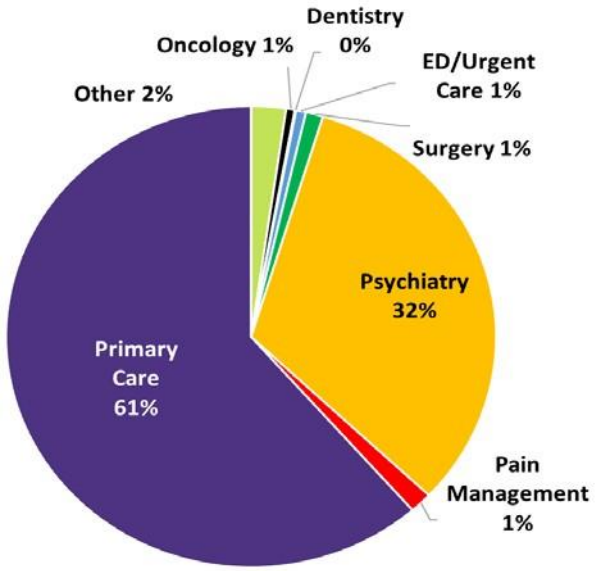
*Source: Michigan PDMP Oct. 23, 2012-Oct. 23, 2017 supplemented by NPPES NPI file*
*Note: Prescribers are characterized by their primary specialty. Excludes prescribers missing primary specialty classification*
*Other specialty includes specialties not classified elsewhere.*
*Includes only prescriptions classified as Buprenorphine MAT.*
*Buprenorphine Medication Assisted Therapy (MAT) includes all medication dispensations for NDCs falling under specific Generic Code Numbers (GCNs), including off-label use.*

Addendum #3

# Lorazepam Milligram Equivalency (LME) by Prescriber Specialty

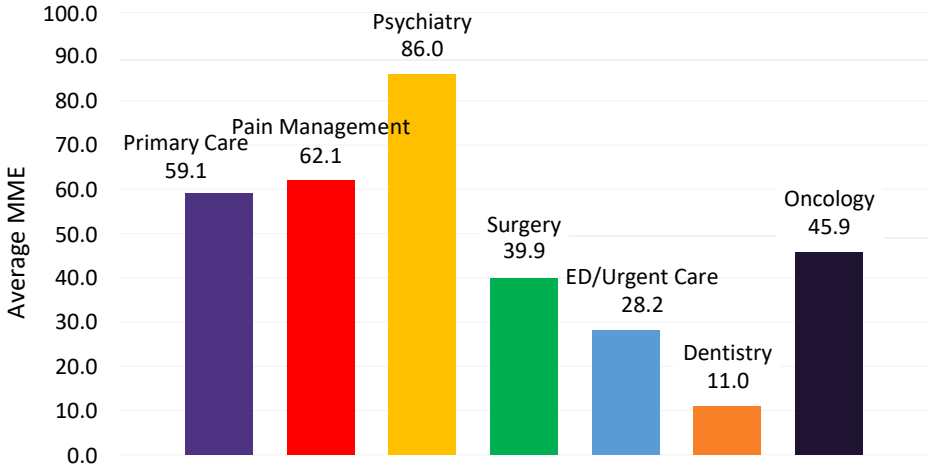



Number of Prescribers by Specialty




Aggregate LME of Prescription Fills by Prescriber Specialty

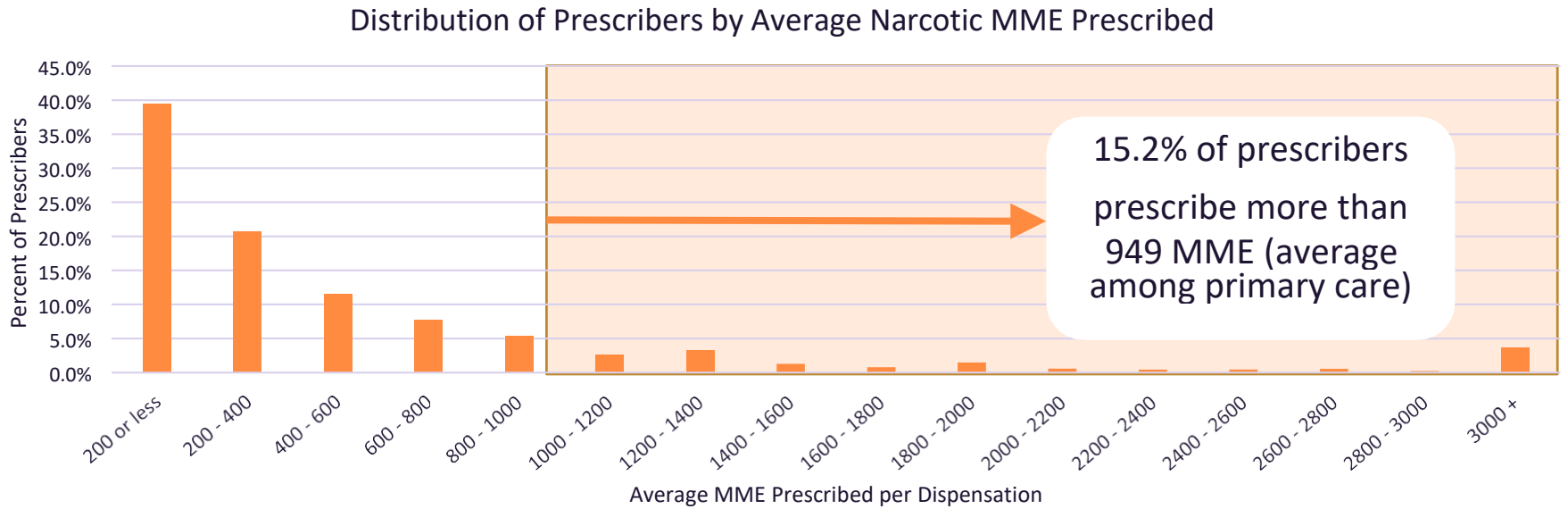
**Psychiatry** accounts for 32% of aggregate LMEs dispensed and the specialty's average LME per dispensation is 86.0 (1.46 times that of primary care)

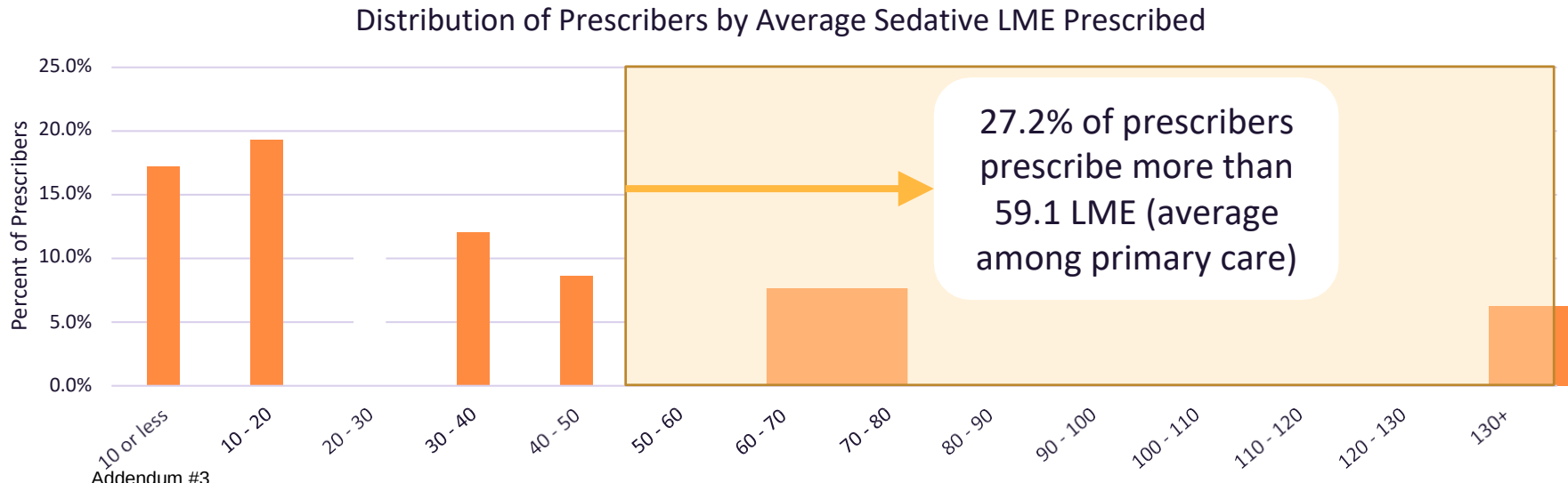



Average LME Dispensed by Prescriber Specialty

*Source: Michigan PDMP Oct. 23, 2012-Oct. 23, 2017 supplemented by NPPES NPI file*
*Note: Excludes prescribers missing primary specialty classification*
*Other specialty includes specialties not classified elsewhere*
*LME= Number of Pills * Lorazepam Equivalent Units among Sedative Prescriptions*

# Distribution of Average MME/LME Prescribed



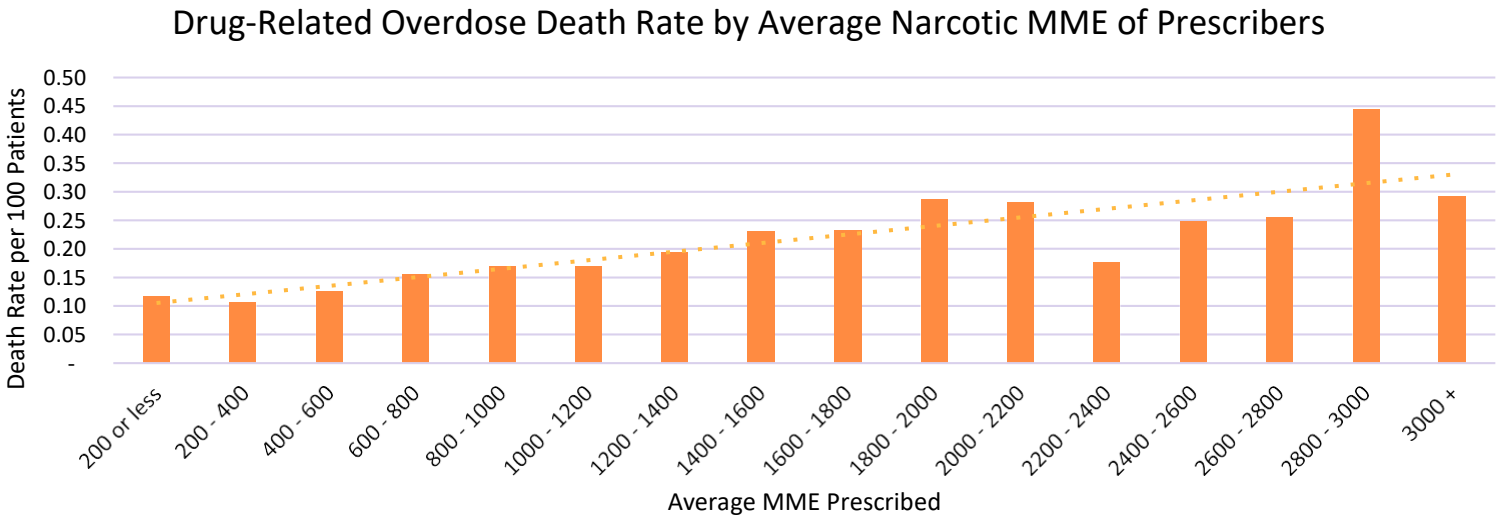



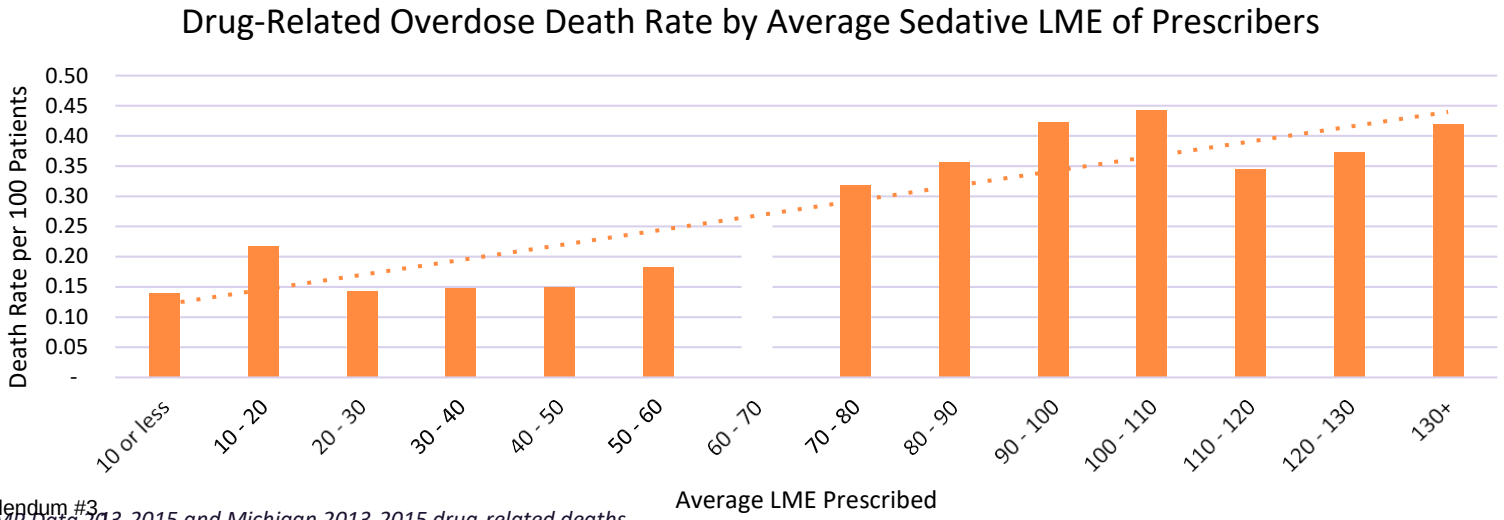

Addendum #3

*Source: Michigan PDMP Oct. 23, 2012-Oct. 23, 2017*

*Note: Narcotic MME excludes prescriptions classified as Buprenorphine MAT; MME= Number of Pills * Morphine Equivalent Units among Narcotic Prescriptions; LME= Number of Pills * Lorazepam Equivalent Units among Sedative Prescriptions*

# Drug-Related Overdose Death Rate by Average MME/LME of Prescribers




Addendum #3

*Source: Michigan PDMP Data 2013-2015 and Michigan 2013-2015 drug-related deaths*

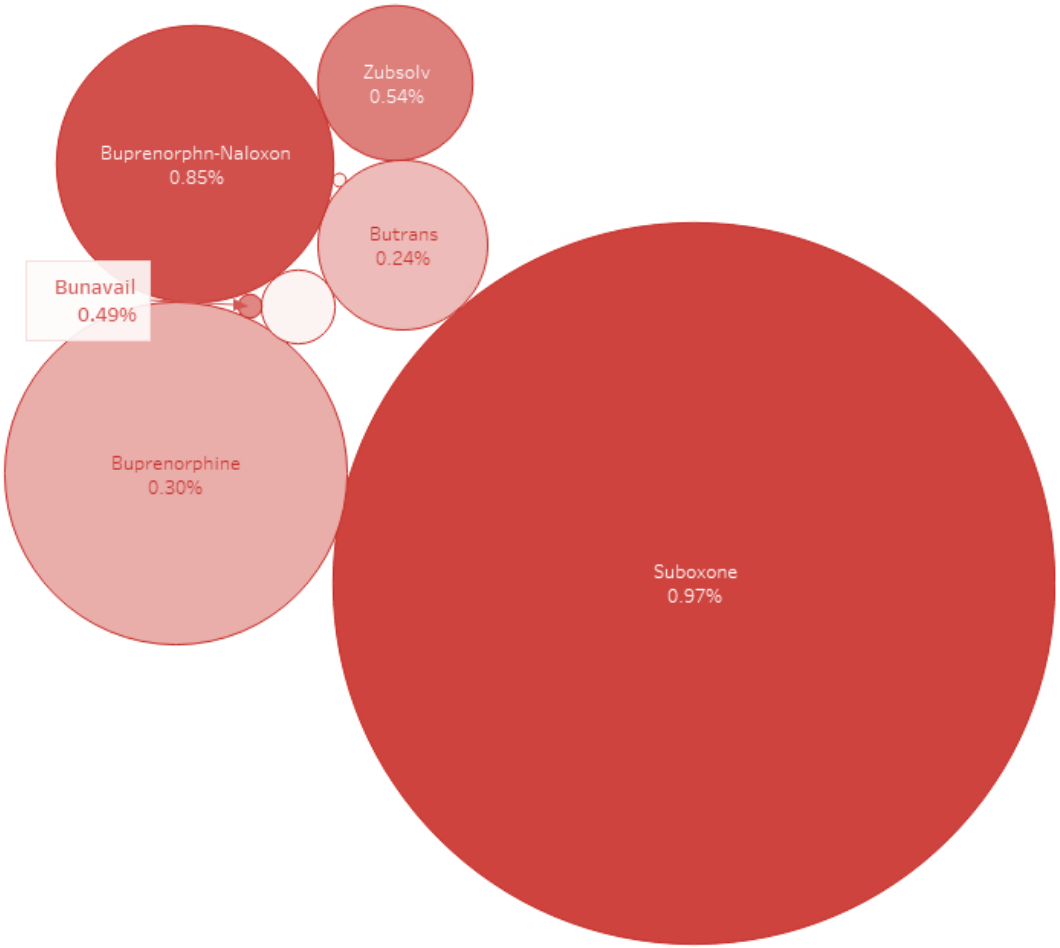
*Note: Narcotic MME excludes prescriptions classified as Buprenorphine MAT; MME= Number of Pills * Morphine Equivalent Units among Narcotic Prescriptions; LME= Number of Pills * Lorazepam Equivalent Units among Sedative Prescriptions*

# Vulnerable Subpopulations

# Buprenorphine Medication-Assisted Treatment (MAT) Prescriptions and Deaths

APPRISS HEALTH

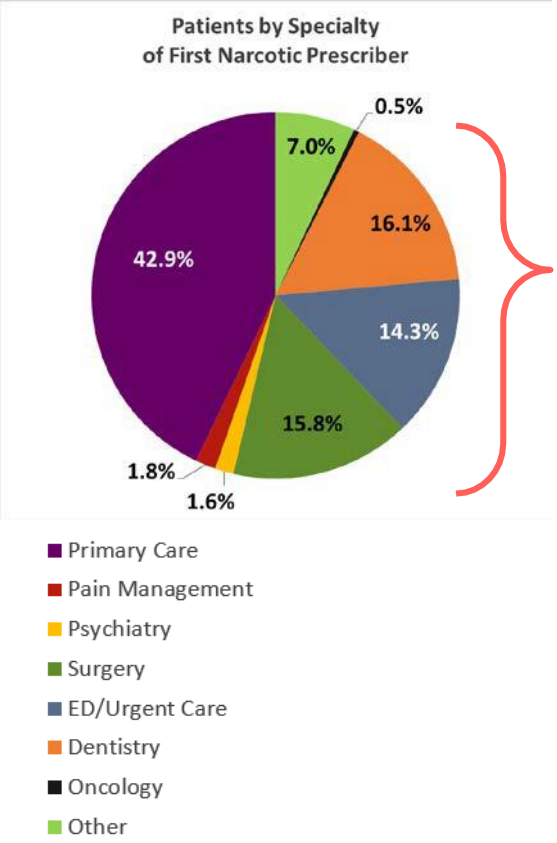
- Patients with a MAT prescription are already being treated for opioid abuse, and are at higher risk of overdose death
- Certain types of MAT have higher drug-related overdose death rates than others:
  - **Suboxone**
    - 9.7 deaths per 1,000 patients
  - **Buprenorphine-naloxone**
    - 8.5 deaths per 1,000 patients




*Size corresponds to proportion of prescriptions for that active ingredient type.*
*The darker the color, the higher the death rate*
*Source: Michigan PDMP data (2013-2015) and Michigan drug-related death data (2013-2015) linked to PDMP.*
*Buprenorphine Medication Assisted Therapy (MAT) includes all medication dispensations for NDCs falling under specific Generic Code Numbers (GCNs), including off-label use.*

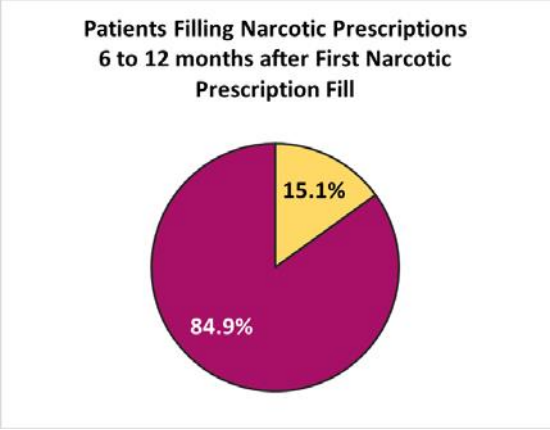
# First Narcotic Prescription and Future Use

***First narcotic prescription is defined as the first prescription written in 2014 or later for patients who had no fills in 2013 or prior (N=3,586,184 patients)***




A large percentage of patients' first narcotic prescription are written in Surgery (15.8%), ED/Urgent Care (14.3%), and Dentistry (16.1%), though these specialties make up 10.2%, 3.6%, and 7.0% of prescribers, respectively

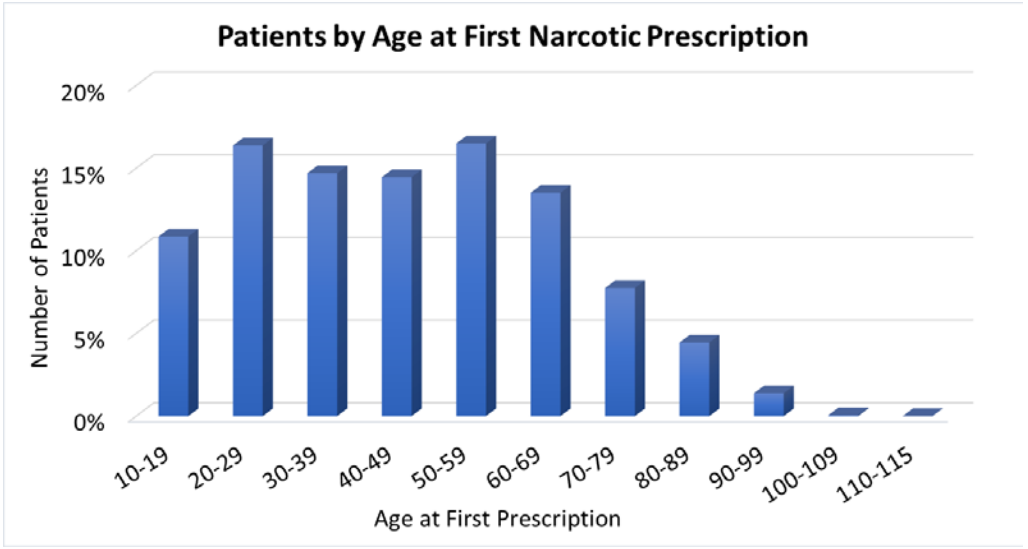
15.1% of patients are still filling narcotic prescriptions 6 months to 1 year after their first narcotic fill

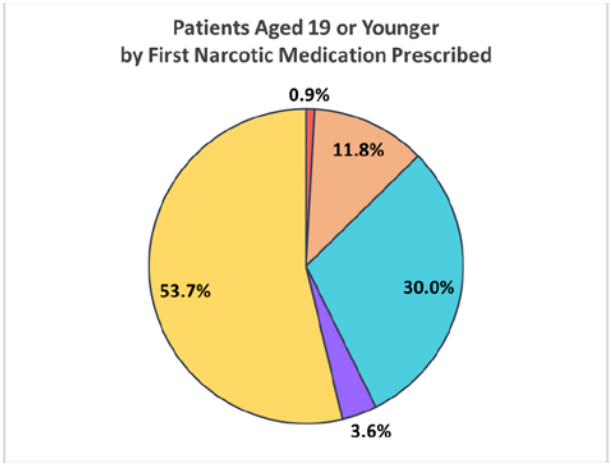


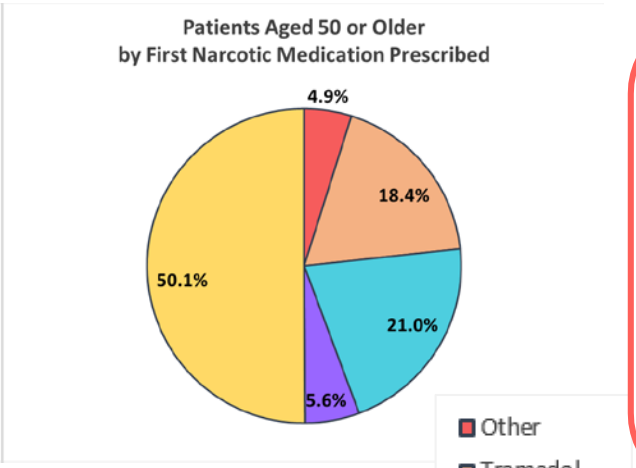

*Source: Michigan PDMP Oct. 23, 2012-Oct. 23, 2017, supplemented by NPPES NPI file*
*Excludes prescribers missing primary specialty classification, Other specialty includes specialties not classified elsewhere; Excludes patients whose first narcotics fill was in 2016, because 1 year of follow-up data not available. Incident narcotic prescriptions were written in 2014 or later; criteria used due to insufficient prescription data prior to 2013.*

# Patient Age at First Narcotic Prescription

- 45.7 is the average age when patients are written their first narcotic prescription
- 10.9% of patients were first prescribed narcotics before the age of 20 and 27.2% before the age of 30



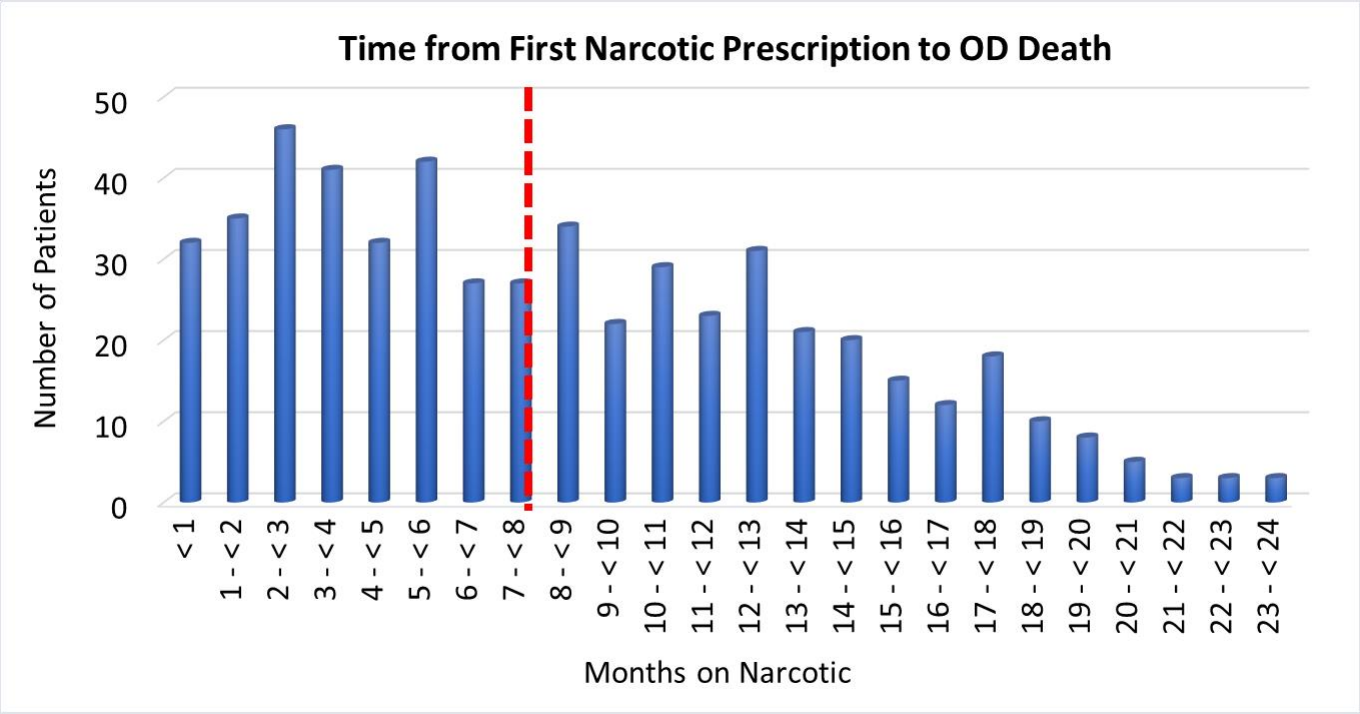




Younger patients (ages <20) are more likely to be prescribed codeine or hydrocodone as their first narcotic than older patients (ages 50+), who are more likely be prescribed oxycodone, tramadol, or another narcotic

*Source: Michigan PDMP Oct. 23, 2012-Oct. 23, 2017*
*First narcotic prescriptions were written in 2014 or later; criteria used due to insufficient prescription data prior to 2013*
*Excludes patients younger than 10 and older than 115 at their incident prescription.*

# Time from First Narcotic Prescription to OD Death

Among patients whose first narcotic prescriptions were written between 2014 and 2015, those who died of a drug overdose were prescribed narcotics for only 8 months prior to death, on average




Addendum #3

*Source: Michigan PDMP 2013-2015 and Michigan drug-related death data (2013-2015) linked to PDMP*

*First narcotic prescriptions were written in 2014 or later; criteria used due to insufficient prescription data prior to 2013*

APPRISS HEALTH

# The Overdose Risk Score (ORS)

# Overview of Appriss' Overdose Risk Score

APPRISS HEALTH

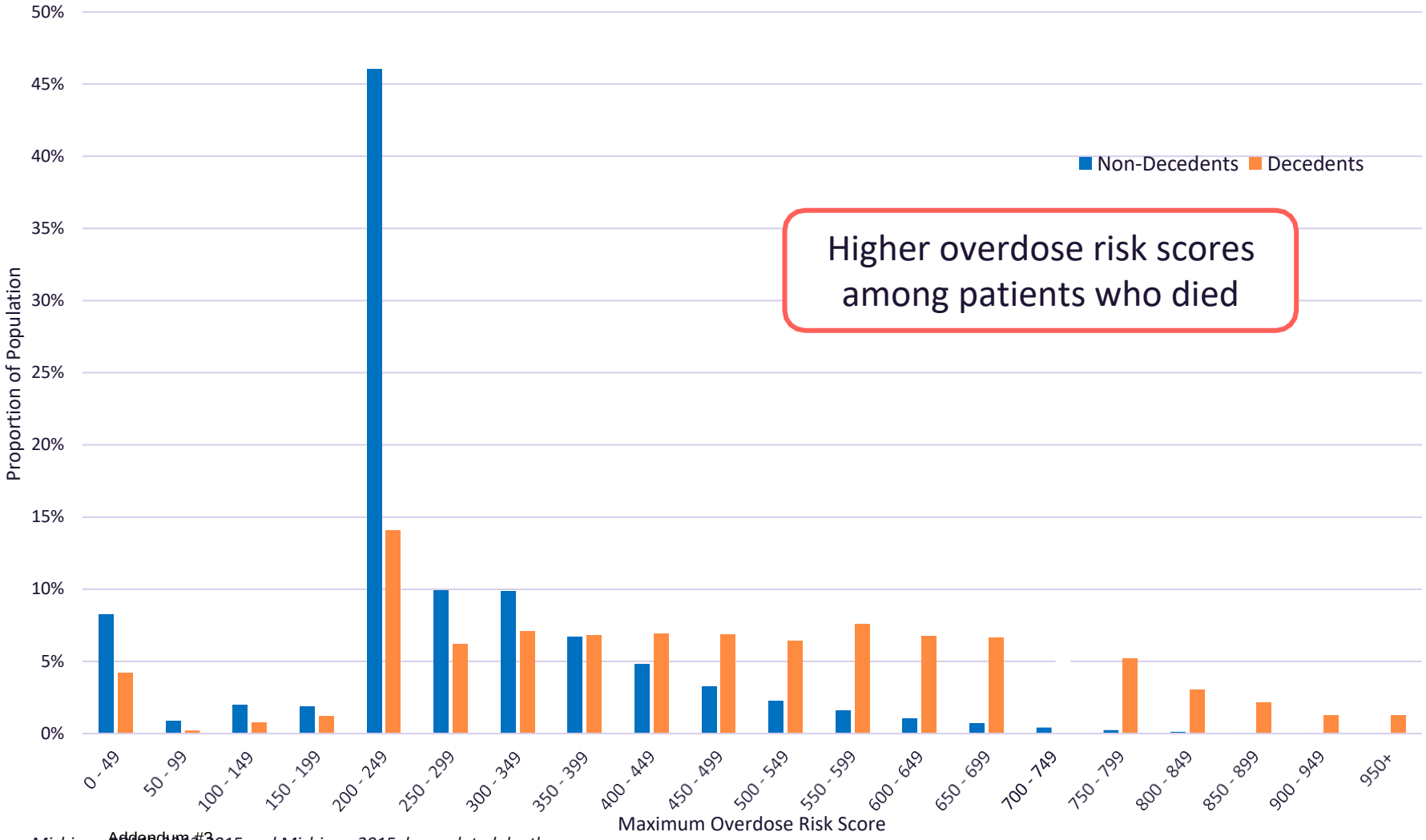
- Appriss has created a proprietary risk score that predicts the likelihood of a drug-related death, taking into account a variety of patient characteristics
- The risk score ranges from 0 to 999
- NarxCare is live today in these states: CT, OH, IN, VA, SC, MI, AZ, CO, NV, ID, WV, & NJ
- NarxCare contracts have been signed in these states and will be implemented soon: TX & PA

| Overdose Risk Score Range | Odds Ratio (95% CI) |
|---|---|
| 0-200 | Ref. |
| 201-300 | 1.70 (1.39, 2.06) |
| 301-400 | 2.68 (2.22, 3.23) |
| 401-500 | 5.28 (4.39, 6.35) |
| 501-600 | 11.01 (9.18, 13.20) |
| 601-700 | 30.20 (24.95, 36.56) |
| 701-800 | 64.10 (51.97, 79.06) |
| 801-900 | 55.61 (41.55, 74.43) |
| 901-999 | 350.83 (211.89, 580.88) |

**350 times** more likely to die of a drug-related death than people with an OD score less than 200

*Note: Odds ratios are calculated using case-control sampling. Excludes decedents whose death was prior to 2015, as 2 years of prescription history data not available. For every death, 100 random controls are selected who had a prescription within the year preceding the date of death of the case. For both cases and controls, their maximum overdose risk score within that year period was taken as their exposure.*

# Overdose Risk Scores Distribution

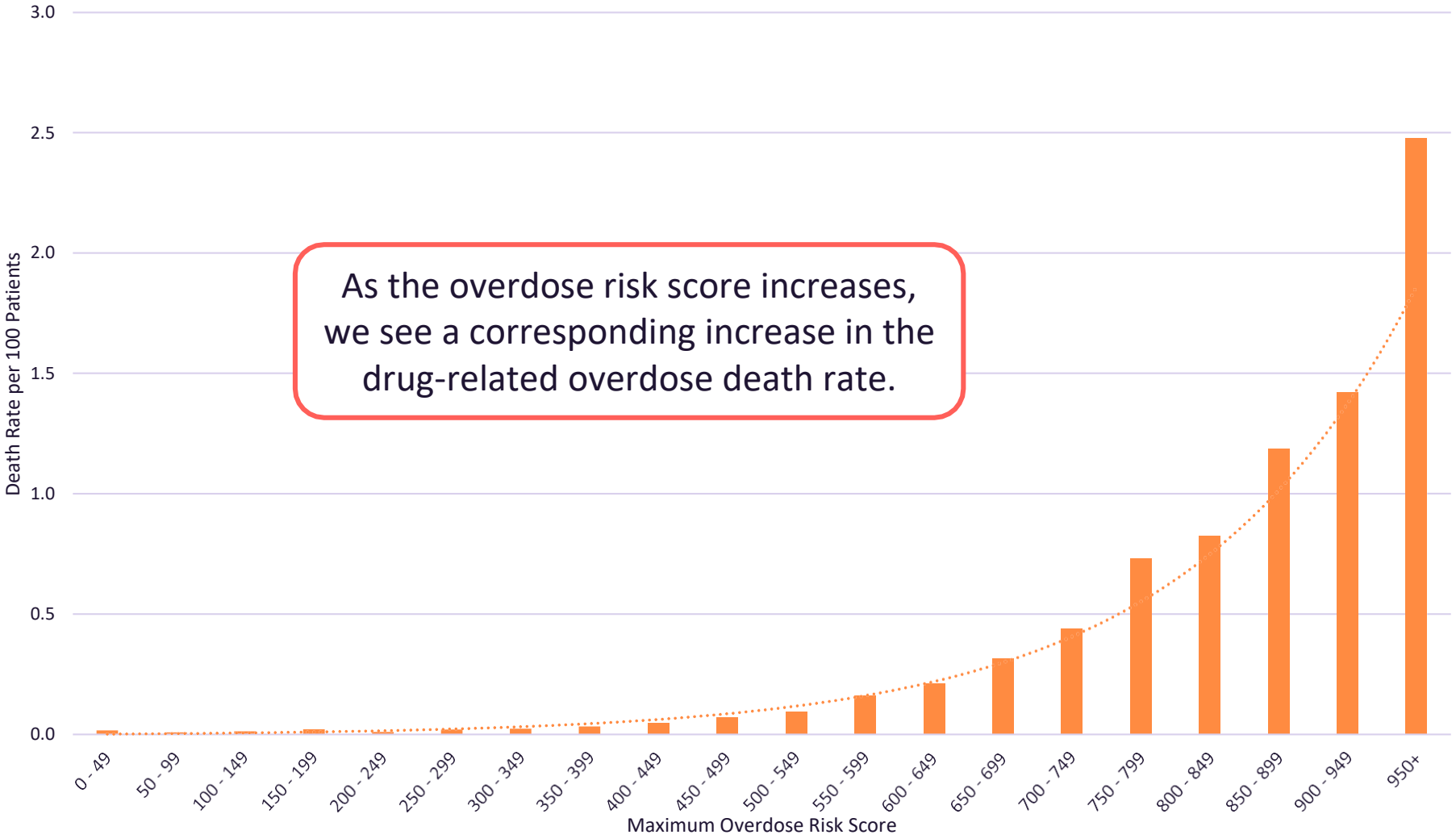



Addendum #3

*Source: Michigan PDMP 2013-2015 and Michigan 2015 drug-related deaths*

*Note: Excludes decedents whose death was prior to 2015, because 2 years of prescription history data not available. Overdose Risk Score is the maximum over the entire PDMP history for that patient*

# Drug-Related Overdose Death Rate by Overdose Risk Scores

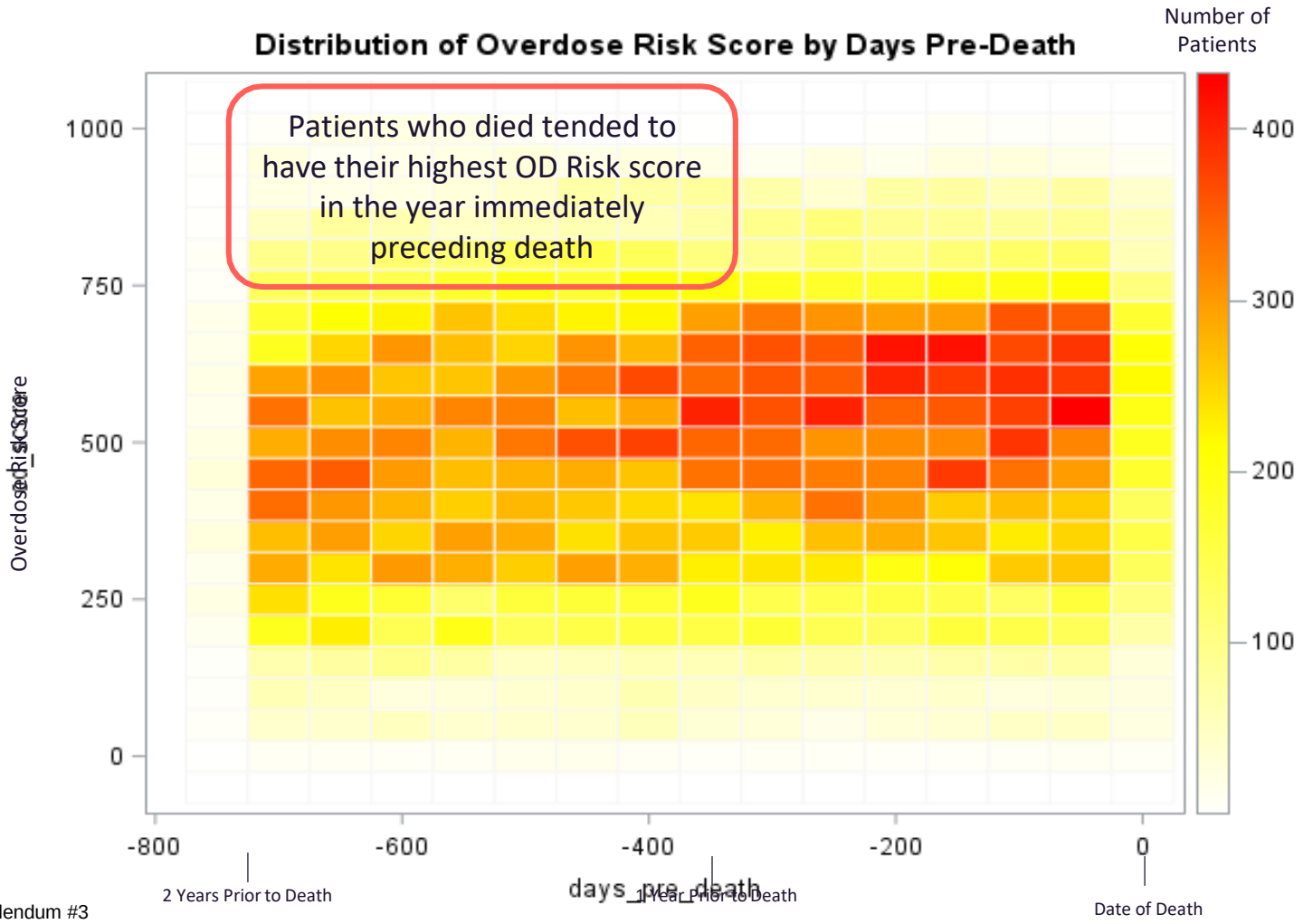



*Source: Michigan PDMP 2013-2015 and Michigan 2015 drug-related deaths*

*Note: Excludes decedents whose death was prior to 2015, because 2 years of prescription history data not available. Overdose Risk Score is the maximum over the entire PDMP history for that patient*

# Overdose Risk Score Trends Prior to Death

Distribution of Overdose Risk Score Over Time
All 2015 Michigan Decedents

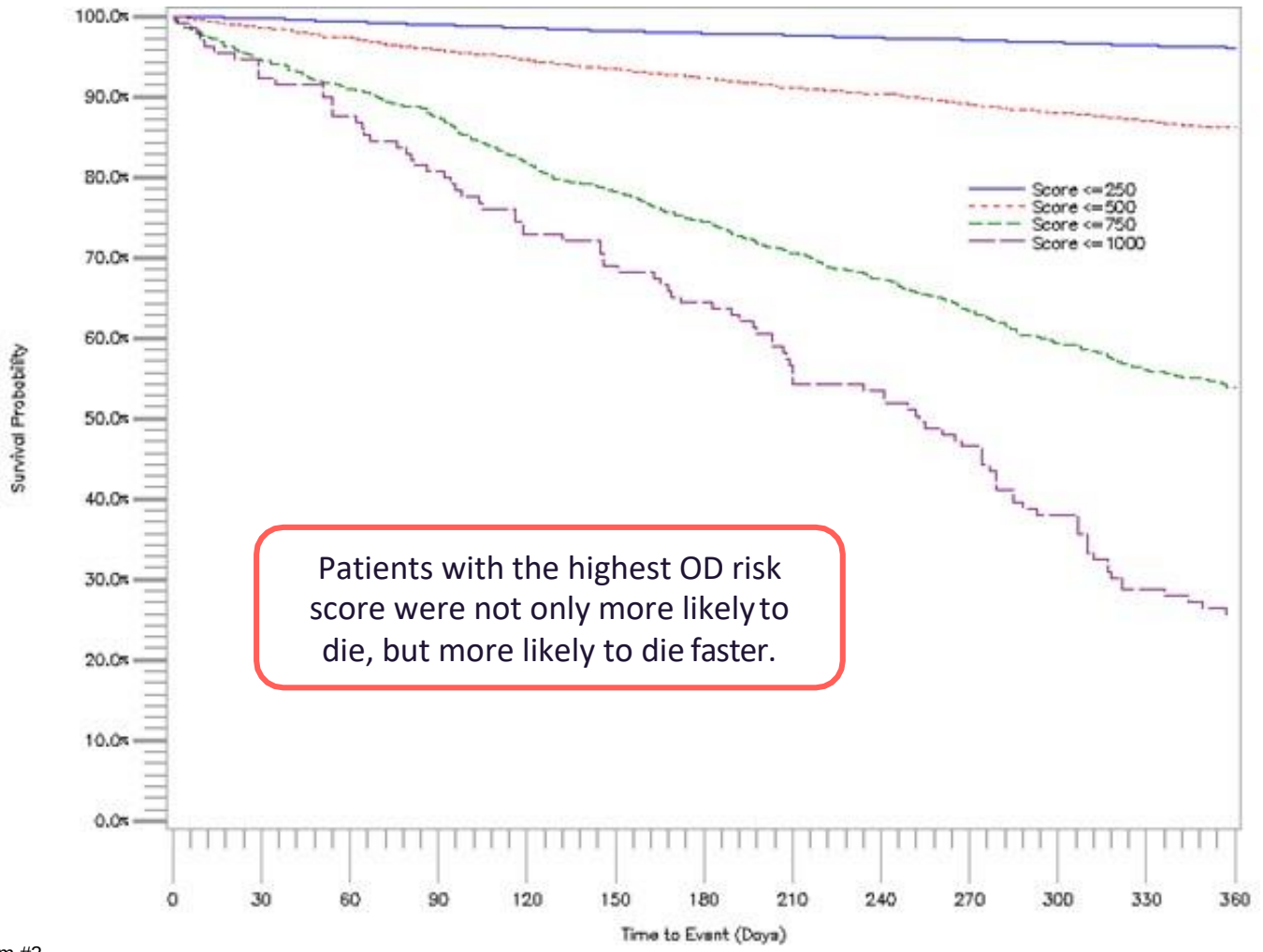



Addendum #3

*Source: Michigan PDMP 2013-2015 and Michigan 2015 drug-related deaths*
*Note: Excludes decedents whose death was prior to 2015, because 2 years of prescription history data not available*

# Overdose Risk Score Kaplan-Meier Plot

**Kaplan-Meier Plot Michigan 2015**
(All Decedents and a Random Sample of 15,000 Non-Decedents)

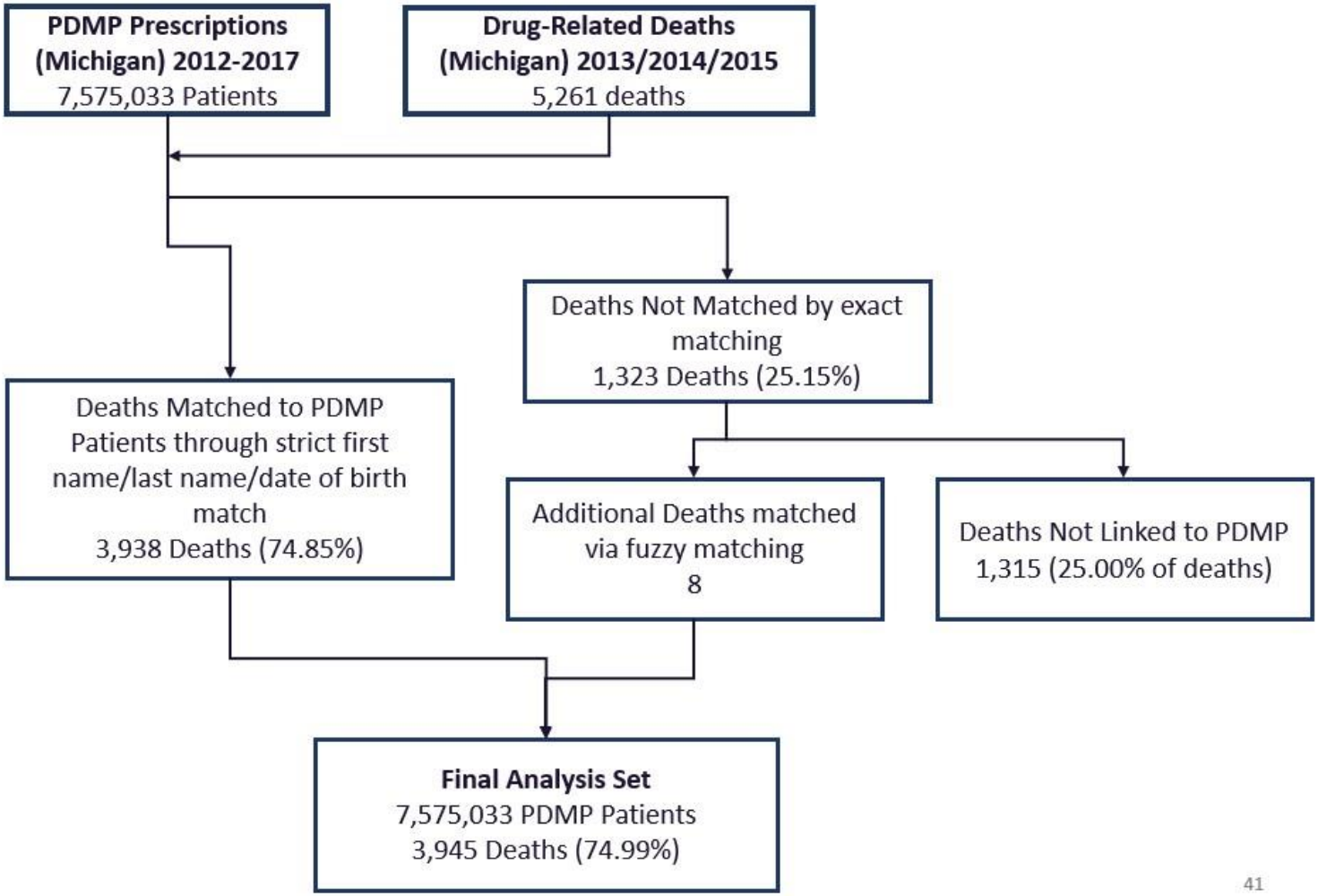



Patients with the highest OD risk score were not only more likely to die, but more likely to die faster.

*Source: Michigan PDMP Oct. 23, 2012-Dec.31, 2014 and Michigan 2015 drug-related deaths*
*Note: Includes all decedents from 2015 and a random sample of 15,000 non-decedents. Day 0 is Jan 1, 2015. ODS Score is the last score calculated for each patient in 2014. Patients had to have had a fill during 2014.*

# Appendix

# Michigan Drug-Related Deaths ('13, '14, '15) and PDMP Prescriptions October 23, '12 to October 23, '17






Addendum #3

*Drug-related deaths include deaths unrelated to prescription drug use (e.g., heroin).*

# Acute Care Opioid Treatment and Prescribing Recommendations:

## A Summary of Best Practices

These recommendations are to be used as a clinical tool, but they do not replace clinician judgment.

# Dental

### Pre-Procedure

- Opioid prescriptions should not be written prior to completing a dental procedure.
- Communicate a conservative philosophy by emphasizing the efficacy and appropriateness of over the counter medications' analgesic properties.
- Address dental pain through clinical intervention rather than opioid pain relief.
- Refer patients to a free or low-cost dental program in the absence of insurance or financial constraints.

### Prescribing

- The prescription drug monitoring program (PDMP) must be accessed prior to prescribing controlled substances schedules 2-5, in compliance with Michigan law.
- Conduct full dental and medical history of the patient and include analysis of current medications.
- Identify any high-risk behaviors or diagnoses (previous substance use disorders, alcohol or tobacco use, psychiatric comorbidities including depression or anxiety).
- Non-opioid therapies (e.g., acetaminophen, ibuprofen) should be encouraged as the primary treatment.
- Non-pharmacologic therapies (e.g., acupuncture, mindful practice) should be encouraged when the patient is open to these alternative solutions to pain control.
- For breakthrough or severe pain, short-acting opioids (e.g., hydrocodone, oxycodone) should be prescribed at the lowest effective dose for no more than 3-5 day courses.
- Do not co-prescribe opioids with other sedatives or CNS depressant medications (e.g., benzodiazepines).
- Consider offering a naloxone co-prescription to patients who may be at increased risk for overdose, including those with a history of overdose, a substance use disorder, those already prescribed benzodiazepines, and patients who are receiving higher doses of opioids (e.g., >50 MME/Day).

### For patients discharged with an opioid prescription

- Discuss the expectations regarding recovery and pain management goals with the patient.
- Educate patient and parent/guardian (for minors) regarding safe use of opioids, potential side effects, overdose risks, and developing dependence or addiction as required by Michigan law.
- Emphasize not using opioids concomitantly with alcohol or other sedative medications (e.g., benzodiazepines).
- Educate patient on tapering of opioids as dental/oral pain resolves.
- Refer to Michigan-Open.org for additional patient resources.

PDOAC Prescription Drug & Opioid Abuse Commission | OPEN Opioid Prescribing Engagement Network | INJURY PREVENTION CENTER University of Michigan

Approved by the PDOAC April 12, 2018

# Acute Care Opioid Treatment and Prescribing Recommendations:

A Summary of Best Practices

These recommendations are to be used as a clinical tool, but they do not replace clinician judgment.

## Emergency Department (ED)

**For patients presenting with acute exacerbation of chronic non-cancer pain**

- Non-opioid therapies should be used as first line therapy.
- Lost or stolen prescriptions should not be replaced.
- The prescription drug monitoring program (PDMP) must be accessed prior to prescribing controlled substances schedules 2-5, in compliance with Michigan law.
- Consider care coordination and/or effective ED-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) with patients that have suspected risky opioid use or frequent ED visits.

**For patients in methadone maintenance programs**

- Replacement methadone should NOT be provided in the Emergency Department (ED).

**For patients presenting with acute painful conditions**

- Non-opioid therapies (e.g., acetaminophen, ketorolac) are encouraged as primary or adjunctive treatments.
- Non-pharmacologic therapies (e.g., ice, splinting) should be utilized.
- The prescription drug monitoring program (PDMP) must be accessed prior to prescribing opioids, in compliance with Michigan law.
- Meperidine (Demerol) should not be used.

**For patients discharged from the ED with an opioid prescription for acute pain**

- Long-acting opioids (e.g., fentanyl, methadone, OxyContin) should NOT be prescribed.
- Short-acting opioids (e.g., hydrocodone, oxycodone) should be prescribed for no more than three-day courses.
- Do not prescribe opioids with benzodiazepines and other sedatives.
- Information should be provided about opioid side effects, overdose risks, potential for developing dependence or addiction, avoiding sharing and non-medical use, and safe storage and disposal.
- Consider offering a naloxone co-prescriptions to patients who may be at an increased risk for overdose, including those with a history of overdose, a substance use disorder, those already prescribed benzodiazepines, and patients who are receiving a higher doses of opioids (e.g., >50 MME/day).

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Approved by the PDOAC April 12, 2018

# Acute Care Opioid Treatment and Prescribing Recommendations:

A Summary of Best Practices

These recommendations are to be used as a clinical tool, but they do not replace clinician judgment.

## Surgical Department

### Preoperative Counseling: For patients not using opioids before surgery

- Discuss the expectations regarding recovery and pain management goals with the patient.
- Educate the patient regarding safe opioid use, storage, and disposal.
- Determine the patient's current medications (e.g., sleep aids, benzodiazepines), and any high-risk behaviors or diagnosis (e.g., substance use disorder, depression, or anxiety).
- Do NOT provide opioid prescription, for postoperative use, prior to surgery date.

### Intraoperative

- Consider nerve block, local anesthetic catheter or an epidural when appropriate.
- Consider non-opioid medications when appropriate (e.g., ketorolac).

### Postoperative

- Meperidine (Demerol) should NOT be used for outpatient surgeries.
- If opioids are deemed appropriate therapy, oral is preferred over IV route.
- Ensure all nursing, ancillary staff and written discharge instructions communicate consistent messaging regarding functional pain management goals.

### For patients discharged from surgical department with an opioid prescription

- The prescription drug monitoring program (PDMP) must be accessed prior to prescribing controlled substances schedules 2-5, in compliance with Michigan law.
- Non-opioid therapies should be encouraged as a primary treatment for pain management (e.g., acetaminophen, ibuprofen).
- Non-pharmacologic therapies should be encouraged (e.g., ice, elevation, physical therapy).
- Do NOT prescribe opioids with other sedative medications (e.g., benzodiazepines).
- Short-acting opioids should be prescribed for no more than 3-5 day courses (e.g., hydrocodone, oxycodone).
- Fentanyl or Long-acting opioids such as methadone, OxyContin and should NOT be prescribed to opioid naïve patients.
- Consider offering a naloxone co-prescription to patients who may be at increased risk for overdose, including those with a history of overdose, a substance use disorder, those already prescribed benzodiazepines, and patients who are receiving higher doses of opioids (e.g., >50 MME/Day).
- Educate patient and parent/guardian (for minors) regarding safe use of opioids, potential side effects, overdose risks, and developing dependence or addiction.
- Educate patient on tapering of opioids as surgical pain resolves.
- Refer to opioidprescribing.info for free prescribing recommendations for many types of surgeries.

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