



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

PRESCRIPTION DRUG AND OPIOID ABUSE COMMISSION AUGUST 10, 2017 MEETING

APPROVED MINUTES

In accordance with the Open Meetings Act, 1976 PA 267, as amended, the Prescription Drug and Opioid Abuse Commission met on August 10, 2017, 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 2:06. p.m.

ROLL CALL

Members Present: Judge Linda Davis, Chairperson, Ex-Officio for LARA
Stephen Bell
Vincent Benivegna (arrived 2:43 p.m.)
Rebecca Cunningham
Richard Dettloff
Lisa Gigliotti
Melissa Owings
Gretchen Schumacher
Judge Patrick Shannon (teleconference)
Larry Wagenknecht
Laurie Wesolowicz (teleconference)
Adam Wilson

Members Absent: Timothy Hurtt
Stephen Lazar
Paula Nelson
Michael Paletta
Roy Soto

Ex-Officio Members: Josh Booth, Assistant Attorney General
Col. W. Thomas Sands, Michigan State Police

Staff: Cheryl Pezon, Deputy Director, Bureau of Professional Licensing
Nakisha Bayes, Board Support, Boards and Committees Section
Weston MacIntosh, Analyst, Boards and Committees Section

Andria Ditschman, Analyst, Boards and Committees Section
Pat Leary, Manager, Regulation Section
Ron Hitzler, Manager, PHC Investigations

APPROVAL OF AGENDA

MOTION by Davis, seconded by Gigliotti, to approve the Agenda with the following changes: Item 5 should read DHHS Update: Dr. Eden Wells. Remove item 12, DHHS Update.

A voice vote followed.

MOTION PREVAILED

APPROVAL OF MINUTES

MOTION by Bell, seconded by Wilson, to approve the minutes from May 11, 2017 as written.

A voice vote was followed.

MOTION PREVAILED

DHHS UPDATE: DR. EDEN WELLS

Dr. Eden Wells, Chief Medical Executive with the Department of Health and Human Services (DHHS) introduced herself to the Commission.

Dr. Wells presented the information found on the “MDHHS Opioid Recommendations” sheet as well as the information from the “Executive Summary DHHS for Opioid Commission.” (Please see attachments #1 and #2)

PRESENTATION ON SUBSTANCE ABUSE AND MENTAL HEALTH ADMINISTRATION (SAMHSA): ANGELA SMITH-BUTTERWICK AND BRITTANY LEEK

Angela Smith-Butterwick and Brittany Leek, both with the Department of Health and Human Services, introduced themselves to the Commission.

Ms. Smith-Butterwick and Ms. Leek presented information on the two year State Targeted Response (STR) to the Opioid Crisis grant from SAMHSA with a power point presentation. (Please see attachment #3)

LAZARUS PROJECT: FRED WELLS BRASON II

Fred Wells Brason II (teleconference), President and CEO of Project Lazarus, introduced himself to the Commission. Mr. Brason presented Project Lazarus information with a power point presentation. (Please see attachment #4)

SUBCOMMITTEE REPORTS

Judge Davis requested that the Commission review the subcommittee summaries that were included in their packets and directed the Commission to email any questions regarding the summaries to the Department.

ACTION ITEMS

Senate Bill 435

MOTION by Gigliotti, seconded by Wagenknecht, to support Senate Bill 435 which would amend the Revised Judicature Act to require drug treatment courts, beginning January 1, 2018, to be certified by the State Court Administrative Office (SCAO), and to prohibit such courts from performing their functions or receiving funding unless they were certified.

Discussion was held.

A voice vote followed.

MOTION PREVAILED

Letter Regarding Drug Treatment Courts

MOTION by Gigliotti, seconded by Bell, to draft and forward a letter to the Michigan Supreme Court and the State Court Administrative Office (SCAO) encouraging continued funding of accredited drug treatment courts and their treatment providers. The letter should include specific references to the designation of Medication Assisted Treatment (MAT) by SCAO accredited drug treatment courts and a SCAO resource to help courts coordinate drug treatment court grants.

Discussion was held.

A voice vote followed.

MOTION PREVAILED

Senate Bill 272

MOTION by Gigliotti, seconded by Wilson, to support Senate Bill 272 which would amend the Public Health Code to require a licensed prescriber to provide information to

a patient or the patient's representative on topics including addiction precaution and proper disposal before prescribing a controlled substance that was an opioid to the patient. The PDOAC will issue a letter of support to the Michigan Legislature and include a reference to the importance of a completed and signed Provider–Patient Pain Medication Treatment Agreement prior to prescribing opioid medication which informs the patient of the side effects of opioid use and sets forth expectations for both the provider and the patient regarding how the medication will be prescribed, how it will be used, and grounds for discontinuation. The letter will encourage that agreements be written in a culturally sensitive, literacy level appropriate, and disability friendly format.

Discussion was held.

A voice vote followed.

MOTION PREVAILED

Letter Regarding Death Records

MOTION by Gigliotti, seconded by Bell, to draft and forward a letter, signed by the Commission Chairperson, to the Michigan Legislature, urging legislation be initiated to require that death records completed in the state of Michigan report information about drug–related or suspected drug–related deaths, using the same drug–related reporting standard and process whether the death certificate is filed by a funeral director, a hospital attending physician, a medical examiner, or any other person authorized to file a death record. The letter shall encourage the Michigan Legislature to consult with the Michigan Department of Health and Human Services regarding the current death reporting process and variations that occur which create an obstacle to identifying and comparing drug overdose as a factor in the death.

Discussion was held.

A voice vote followed.

MOTION PREVAILED

Letter Regarding the State of Michigan Dashboard

MOTION by Gigliotti, seconded by Cunningham, to draft and forward a letter, signed by the Commission Chairperson, to the Office of Governor Rick Snyder recommending that the State of Michigan Dashboard include the numerical and geographical data for drug-related overdose deaths, as reported by Michigan's Vital Records and verified by the CDC/National Center for Health Statistics. The letter shall include a recommendation that the Department of Health and Human Services provide the statistics to the Governor's Dashboard personnel.

Discussion was held.

A voice vote followed.

MOTION PREVAILED

Letter to Veterans Affairs

MOTION by Bell, seconded by Wagenknecht, to approve a letter to Governor Rick Snyder, encouraging him to sign the proposed letters to the US Department of Health and Human Services and the Department of Veterans Affairs. These letters strongly urge the departments to register their respective programs with the MAPS system.

Discussion was held.

A voice vote followed.

MOTION PREVAILED

Letter to Michigan Pharmacists Association

MOTION by Schumacher, seconded by Bell, to approve a letter to the Michigan Pharmacists Association encouraging members to register and report to the DHHS how much Naloxone they are dispensing under the Standing Order. This is requested to assist with measuring the effectiveness of the Standing Order for Dispensing Opioid Antagonists. The letter also encourages a survey of members who are choosing not to participate in the registration.

Discussion was held.

A voice vote followed.

MOTION PREVAILED

Letters Regarding the Addition of Addiction Training and Specialized Programs

MOTION by Bell, seconded by Cunningham, to approve a letter to prescriber educational programs in the state of Michigan, including medical schools, nursing schools, pharmaceutical schools, and veterinary schools, encouraging them to add addiction training and specialization programs to their curriculum.

Discussion was held.

A voice vote followed.

MOTION PREVAILED

MAPS and Law Enforcement

MOTION by Bell, seconded by Benivegna, to invite the Michigan State Police and the Department to discuss allowing access to MAPS by law enforcement at an upcoming Commission meeting.

A voice vote followed.

MOTION PREVAILED

CHAIR REPORT

Davis communicated her feelings of accomplishment in what the Commission has completed this year.

Though she is happy with the progress of the Commission, Davis would like to see more action items on the agendas. She feels that the actions taken on the opioid epidemic are progressing slower than they should.

Due to the increasing number of programs in the state, Davis would like the Commission to formulate a standard of practice model to ensure uniformity and accessible treatment. Davis is concerned that it is too difficult for individuals seeking treatment to access it.

VISION OF COMMISSION FOR 2018

The Commission agreed that it was very helpful to receive the memo with the action items in their meeting packets prior to the meeting.

Pezon asked that if Commission members think of an item they would like to address, to present it during their subcommittee meeting or request for it to be on the agenda for the next Commission meeting.

Davis requested that the Commission discuss adding more meetings to the calendar in 2018.

DEPARTMENT UPDATE

In response to the Commission's discussion regarding Senate Bill 272, Pezon explained that it was Senate Bill 273 that passed in the Senate and is now waiting to be passed in the House Health Policy Committee. Senate Bill 272 is in the Senate Health Policy Committee.

PUBLIC COMMENT

Mike Matte, with Clarion Treatment Centers in Florida, introduced himself to the Commission. Mr. Matte expressed that he feels there should be more information sharing regarding addiction and treatment within the industry. Wagenknecht notified the Commission that September 12, 2017 is the annual drug takeback on the Capitol lawn.

ANNOUNCEMENTS

The next regularly scheduled meeting will be held November 2, 2017 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 Benivegna, to adjourn the meeting at 4:27 p.m.

A voice vote followed.

MOTION PREVAILED

Minutes approved by the Commission on: November 2, 2017.

Prepared by:
Nakisha Bayes, Board Support
Bureau of Professional Licensing

August 14, 2017

Attachment #1

MDHHS Opioid Recommendations Document 7-31-17

Recommendation	Progress	Status
Prevention		
Encourage the development and maintenance of relationships among state and local agencies to provide necessary information regarding prescription drug abuse, prevention and treatment.	Ongoing Prescription Drug and Opioid Abuse Commission created. This serves as the venue for ongoing efforts to address opioid and prescription drug abuse.	Complete/ongoing
Collaborate with local coalitions, pharmacies, health profession boards, state agencies and the DEA to increase availability of prescription drug drop-off bins.	Drop-off bins located at Michigan State Police posts. Private pharmacies also have drop-off bins available. Maps of drop-off bins are available through DEQ and University of Michigan.	In progress
Review successful state and local collection programs for possible replication and expansion.	MDHHS provides funding to local groups. MDHHS maintains a list of dozens of community groups. These groups either currently or previously received funding. Federal STR grant will provide increased opportunity for community prevention strategies.	In progress
Review programs and parameters established within the Medicaid system as well as actions taken by other states to determine the best route forward to eliminate doctor and pharmacy shopping.	MDHHS is working on a complete review of its benefits monitoring program. Health Plan contract language strengthened to increase use of benefits monitoring program, beneficiaries are connected to treatment resources, and software improvements are ongoing.	In progress
Review pharmacy "lock-in" programs already in use in Tennessee and Washington to determine how their systems operate and if any of those systems would work in Michigan.	MDHHS researched and our program is very similar to Washington.	Complete
Develop a multifaceted public awareness campaign to inform the public of the dangers of abuse, how to safeguard and properly dispose of medicines, publicize improper prescribing practices, and reduce the stigma of addiction. The state should try to partner with pharmaceutical companies on this campaign.	Public awareness campaign launched.	In progress
Treatment		
Allow pharmacists to dispense Naloxone to the public in a similar	Legislation signed to allow standing order for Naloxone. Standing Order now	Complete

fashion to how pseudoephedrine is dispensed.	implemented. 857 pharmacies, including all Walgreens, are now participating.	
Create a public awareness campaign about the laws that limit civil and criminal liabilities for administering Naloxone.	Public awareness campaign launched.	In progress
Explore the possibility of limited statutory immunity for low-level offenses involved in reporting an overdose and seeking medical assistance.	Good Samaritan legislation signed.	Complete
Explore ways for the state to increase access to care, including wraparound services and Medication Assisted Treatment, as indicated by national and state guidelines for treatment.	MSA policy 15-56 went into effect 1/1/16. This established reimbursement policy regarding office-based opioid treatment services. Physician and non-physicians practitioner services related to opioid dependence may be reimbursed through Fee-For-Service Medicaid. Federal STR grant will allow increased funding for MAT, increased training and support for providers of MAT, increased funding for peer supports, and increased funding for tribal supports.	Ongoing
Explore ways to increase the numbers of addiction specialists practicing in Michigan.	Behavioral Health and Developmental Disabilities Administration of MDHHS reestablished a Workforce Development Workgroup to create a workforce development plan for the purpose of increasing the substance use disorder prevention and treatment specialist workforce.	In progress
Review current guidelines for reducing the development of neonatal abstinence syndrome caused by prescription drug and opioid abuse.	MDHHS granted money to Pre-Paid Inpatient Health Plans (PIHPs) to develop innovative strategies to reduce neo-natal abstinence syndrome. All 10 PIHPs participating. MDHHS participating in a Substance Abuse and Mental Health Services Administration (SAMHSA) policy academy on strategies to reduce neo-natal abstinence syndrome.	In progress

Attachment #2

Executive Summary DHHS for Opioid Commission

- MDHHS launched a statewide public awareness campaign last month. This campaign will direct the public to prevention and treatment resources at a new public website, michigan.gov/stopoverdoses. The media campaign will target prescribers and the public the following ways:
 - TV
 - Radio
 - Digital ads
 - Pandora
 - Email
 - Professional publications

- MDHHS received a grant from the CDC to enhance surveillance of opioid-involved morbidity and mortality. This grant will allow MDHHS to do the following:
 - Increase timeliness of aggregate nonfatal opioid overdose reporting, using the Michigan Emergency Medical Services Information System (MiEMSIS) and the Michigan Syndromic Surveillance System (MSSS).
 - Increase timeliness of fatal opioid overdose and associated risk factor reporting, leveraging existing Michigan Vital Records and the Michigan Violent Death Reporting System.
 - Disseminate surveillance findings to key stakeholders working to prevent or respond to opioid-involved overdoses, leveraging existing data dissemination and prevention partner networks.

- In less than three months since the launch of the standing order, 846 pharmacies are enrolled in standing order. That is about 30% of all pharmacies in Michigan.

- MDHHS announced preliminary numbers for 2016 overdose numbers. 2,335 overdose deaths occurred in Michigan in 2016. At least 1,689 were opioid related. 13% of all overdose deaths in 2016 do not identify the drugs involved in the overdose.

- MDHHS released their annual hepatitis surveillance report. The opioid crisis has led to an increase in hepatitis cases. There is an outbreak of hepatitis A in metro Detroit. In a high number of cases, the patients have a history of having a substance use disorder. Hepatitis A is vaccine preventable and we encourage high risk individuals to get this vaccine.



MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES

BHDDA/OROSC Response to the Opioid Crisis

Larry Scott, Ed.S

Director for the Office of Recovery Oriented Systems of
Care

*Putting people first, with the goal of helping all Michiganders lead healthier
and more productive lives, no matter their stage in life.*

Opioid STR Grant

The MDHHS was awarded a 2-year State Targeted Response to the Opioid Crisis (STR) Grant from SAMHSA in April 2017 for \$16,372,680 per year.

The purpose of this grant is to increase access to treatment, reduce unmet treatment need, and reduce opioid overdose related deaths for Opioid Use Disorders (OUDs).

Opioid STR Grant

This grant can be used for interventions related to:

- Prevention
- Treatment
- Recovery

Opioid STR Grant Initiatives

STR grant will allow Michigan to promote prevention activities as follows:

- Support for improvements to Michigan's Prescription Drug Monitoring Program (MAPS)
- Development of a statewide awareness campaign
- Enhancing opioid prescribing practices for common surgical procedures
 - MI Open II – training for the medical and dental practitioners
- Improving the availability of Naloxone
 - Red Project – training on how to use Narcan kits, and how to obtain kits
- Support for prevention interventions
 - Strengthening Families Program – Iowa Model – 7 module family intervention

Opioid STR Grant Initiatives cont...

Funding from the STR grant will increase access to treatment services by:

- Expanding the availability and use of Medication Assisted Treatment
 - OROSC is working with Regional Prepaid Inpatient Health Plans to expand the availability of services, both through capacity expansion of existing programs, support for cost of medications and transportation and development of new opportunities
- Increasing tribal interventions
 - The Inter-Tribal Council is working with interested Tribes to support interventions for those with Opioid Use Disorder
- Support of law enforcement
 - Narcan kits for Michigan State Police

Treatment Initiatives cont...

- Providing a new model for prisoner re-entry population with co-occurring Opioid Use and Mental Health Disorders
 - Prisoner assignment to Clinical Team consisting of a case manager and recovery coach to provide support and mentoring. Three months in-reach, up to 6 months out-reach for eligible prisoners.
- Collaboration with university partners on dissemination of prescribing practices, telehealth support to Medication Assisted Treatment programs, evaluation, and research opportunities
 - Working with Wayne State University, Michigan State University, and the University of Michigan

Opioid STR Grant Initiatives cont...

Funding from the STR grant will increase access to Recovery Supports by:

- Expanding the use of Peers/Recovery Coaches in Medication Assisted Treatment Program
 - Medication Assisted Recovery Supports (MARS) Training to peers
- Expanding the use of Recovery Coaches in health care settings
 - Project ASSERT – provides trained Wellness Advocates in Emergency Departments currently to perform SBIRT with at-risk patients
 - Will expand Project ASSERT to additional health care settings with STR funding

Neonatal Abstinence Syndrome Project

Purpose: Remove barriers to positive postpartum outcomes for pregnant women engaged in Medication Assisted Treatment

Services:

Case Manager provides services similar to wraparound to ensure that pregnant women have knowledge of potential withdrawal of infant and infant needs, Neonatal Intensive Care Unit procedures, and potential referrals to Children's Protective Services.

Ensures engagement of all parties to promote the health and wellness of the family.

NAS Policy Academy

Michigan was awarded a Policy Academy Technical Assistance through the National Center on Substance Abuse and Child Welfare to align policies across Child Welfare, Medicaid, Courts, Substance Use Disorder Treatment and Healthcare.

Kick off event to be held on October 9, 2017 to introduce the goals of the state team and involve additional stakeholders.

Do Your Part

Preventing Prescription Drug misuse and abuse

Resources for Parents to keep prescriptions safe

Resources for healthcare professionals – MAPS, screening for drug use and Medication Assisted Treatment support

Disposal tips and locations

http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_29888_48562_60514-333305--,00.html

Contact Information

Larry Scott

Director

Office of Recovery Oriented Systems of Care

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517-335-0174



PROJECT LAZARUS®



Governor Rick Snyder: "...communities to have ready access to affordable, patient- centered and community-based system of care..."

PROJECT

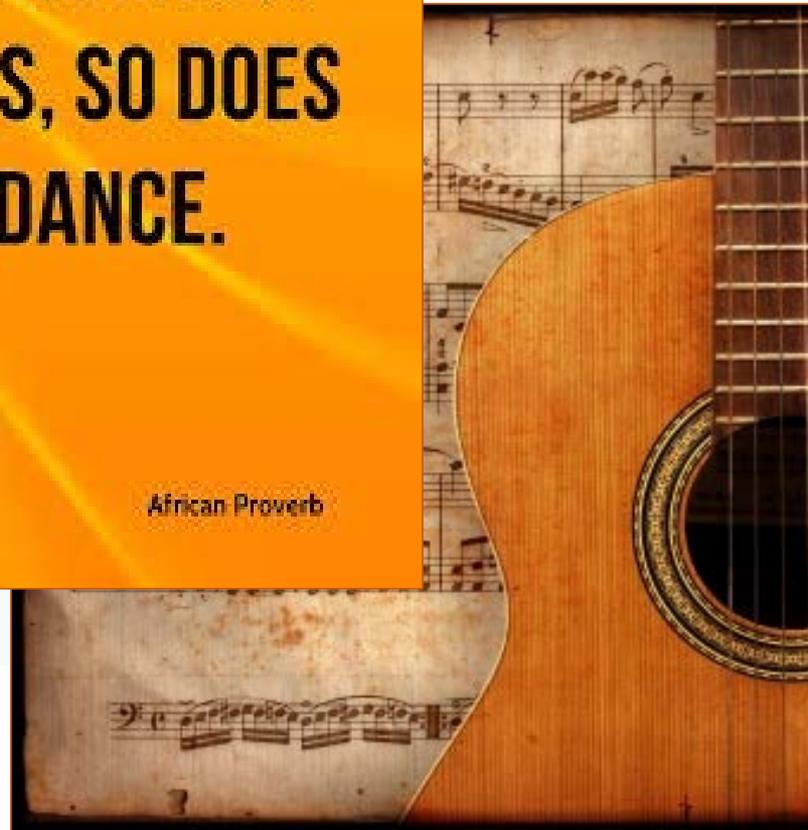
LAZARUS[®]

**WHEN THE MUSIC
CHANGES, SO DOES
THE DANCE.**



JOTB-G.COM

African Proverb





- Non-profit organization
- Believes that communities are ultimately responsible for their own health and that every drug overdose is preventable.
- ***Prevent medication and drug overdoses***
- ***Present responsible pain management***
- ***Promote Substance Use Treatment and Support services***

Prevent – Intervene - Treat

Overdose: medication, heroin, fentanyl
Who, What, When, Where, Why, How?

- ◆ Patient misuse
- ◆ Family/Friends sharing to self medicate
- ◆ Accidental ingestion
- ◆ Recreational User
- ◆ Substance Use Disorder/Treatment/Recovery





Prevent, Intervention, Treatment...
why should I care?

- Why am I/We needed
- What do I/We need to know
- What needs to be done

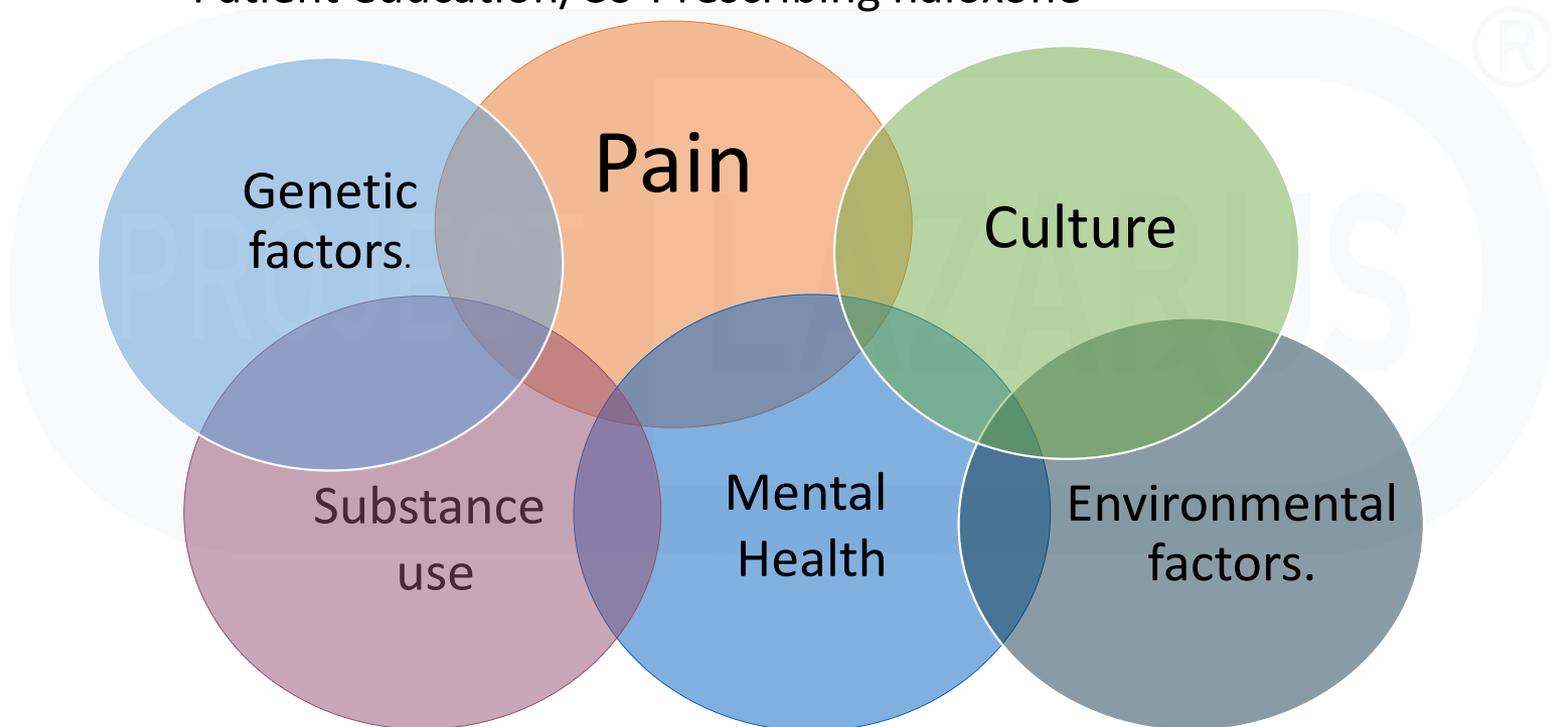


Chronic Pain Initiative – CPI***PURPOSE***

- Reduce risk of patient overdose
- Reduce risk of patient medication diversion
- Treatment of chronic pain - Exploring options in addition to/instead of medications
- Use of the Prescribers Toolkit
 - Bio/Psycho/Social Assessment
 - Overdose/Respiratory Depression Risks
 - Use of Prescription Drug Monitoring Program (CSRS)
 - Treatment Agreement
 - Urine screens/pill counts
 - Co-Prescribing naloxone
 - Prescribing Abuse Deterrent Formulations



- Overdose/Respiratory Depression – Assess Risks and Benefits
- Use of PDMP
- **Abuse Deterrent Formulations**
- Patient education/Co-Prescribing naloxone



- ***“Patients are more satisfied because they feel they're validated having pain. If adhering to the treatment agreement, don't have to feel guilty asking for pain meds.”***
- *“Patients seem happier since they're given the boundaries up front. More satisfied by knowing what to expect.”*
- *“Patients are made to be more honest about the issue once it's documented.”*
- *“Improved perceptions among patients of how they need to contribute to their own plan/treatment. “*
- ***“Patients realize treatment agreement is binding and cannot veer from it.”***

LOW:

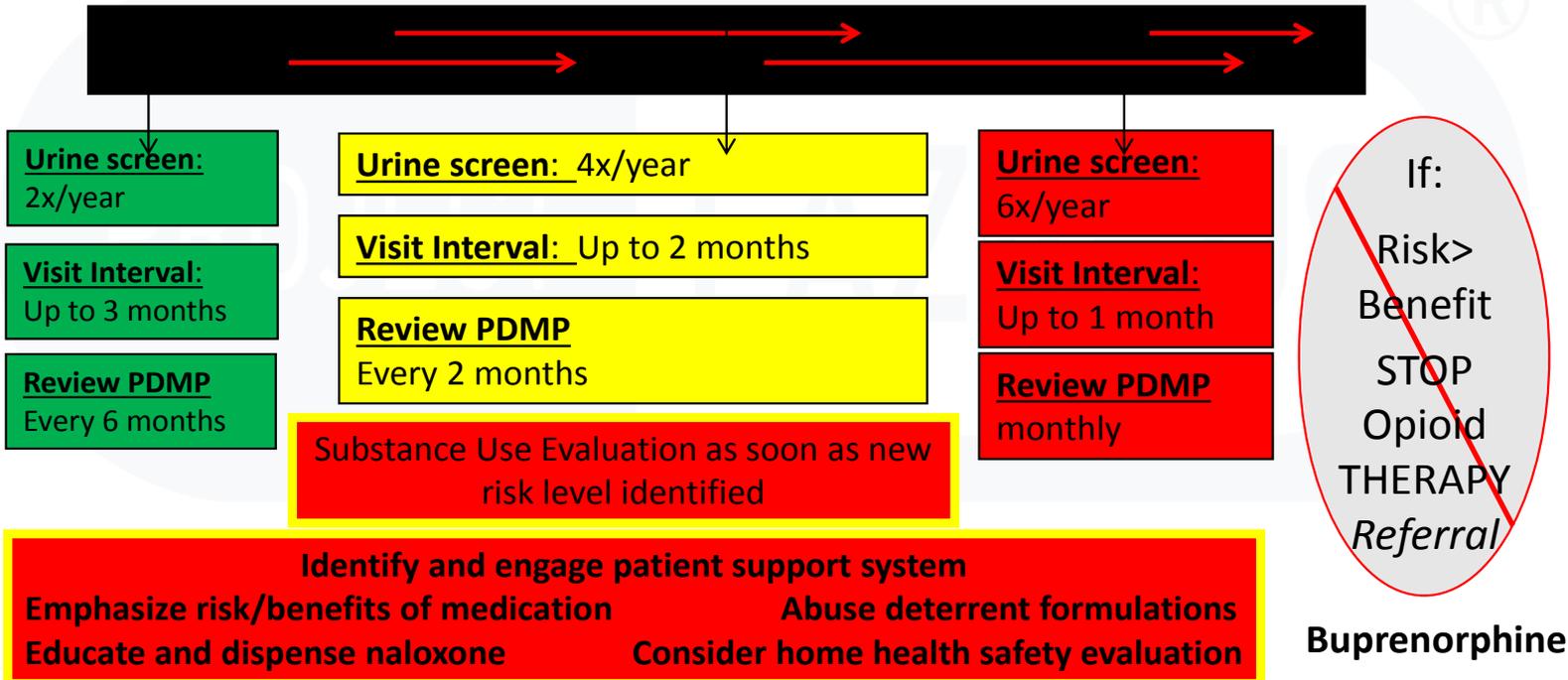
- ORT < 4 AND
- < 3 "Minor" Risk Factor AND
- No abnormal urine screens

MODERATE:

- ORT > 4 OR
- > 2 "Minor" Risk Factor OR
- > 1 abnormal urine screen OR
- Takes over 100mg Oral DME
- Hx substance abuse
- Suboptimal MGMT of psychiatric Dx

HIGH:

- ORT > 4 OR
- > 2 "Minor" Risk Factor OR
- 1 or more "Major" Risk Factor OR
- > 1 abnormal urine screen OR
- Documented overdose OR
- Suboptimal MGMT of psychiatric Dx



Overdose Rate

15 OD's per 400 soldiers to 1 per 400.

- 2008 and 2009 non-fatal OD's were 17 per 1000 soldiers.
- That rate dropped to 1.4 per 1000 soldiers
according to WTU Brigade surgeon statistics.

Naloxone 2008 – *the “stop, look and listen moment”* **Abuse deterrent formulations - refills**

A systematic approach to pain management emphasizing

- *risk stratification*
- *risk mitigation*
- *provider education*
- *other modalities to/with opioids for pain management*

Resulted in a reduction of opioid prescribing with decreased healthcare utilization and improvement in patient satisfaction

Hospital Emergency Department (ED) Policies -

- 1) Embedded ED Case Manager
- 2) “Frequent fliers” for chronic pain, non-narcotic medication and referral
- 3) No refills of controlled substances
- 4) Mandatory use of PDMP (CSRS)
- 5) Limited dosing (10 tablets)

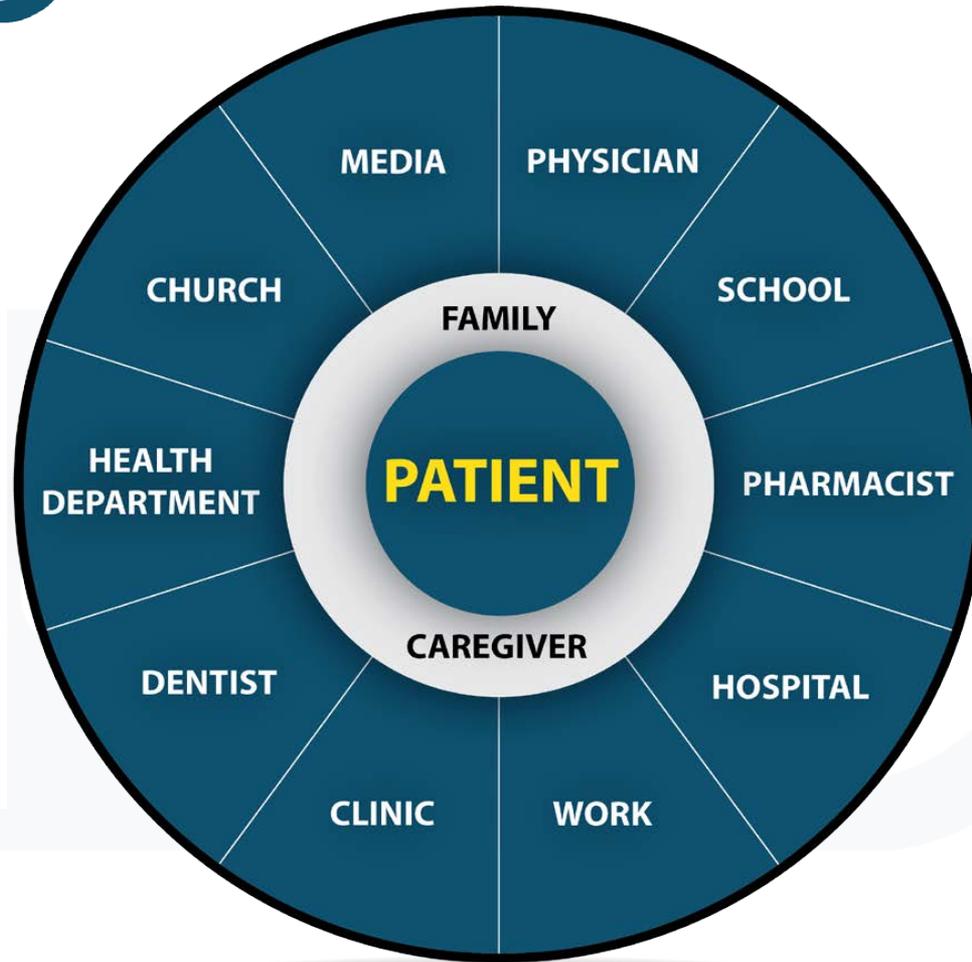


- "at least" two out of every three people who died of an opioid overdose had been prescribed an opioid between 2011 and 2014.
 - But just 8.3 percent of those decedents had an active opioid prescription in the same month as their death,
- 83 percent of opioid overdose deaths that had a toxicology report completed the person who died had "illegally-obtained or likely illegally-obtained substances" in their system at their time of death.
- DPH points to the information on illegally-obtained substances as "evidence to support an emerging hypothesis that illegally-obtained substances are the driving force behind" the state's epidemic

PROJECT

LAZARUS[®]

NC Disposal Initiative



Overarching Medication Disposal Study Concept *Education for Prevention*

Substance Use Disorder treatment,

Unfortunately, access to treatment is limited by three main factors:

- **Acceptance, Availability and Accessibility** of treatment options

Negative attitudes or **stigma** associated with addiction in general and drug treatment.

- **Integration**

Law Enforcement – Behavioral Health –
SA Treatment – ED – Health Department –
Medical Providers – Labor and Delivery - OB/GYN



Treatment

is

one

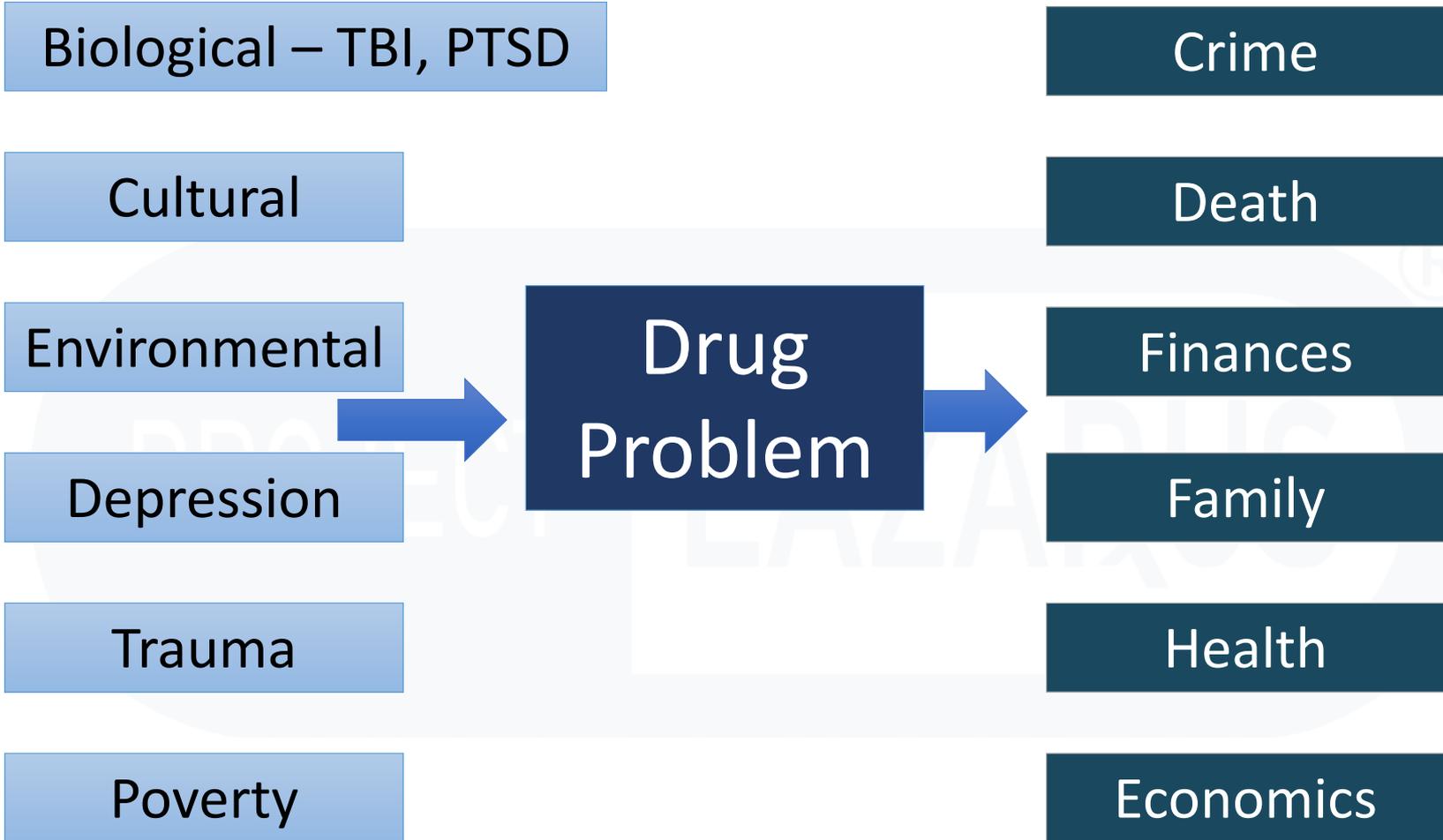
path

on the road to recovery



buprenorphine, naltrexone, methadone,
12 Step, abstinence programs,
residential, Peer Support





Lazarus Recovery Services



Lazarus Peer Guides (LPGs) offer friendly companionship and successful experience navigating the pathway to recovery.

We have:

- A stable recovery.
- A desire to enrich lives.
- Specialized training and certification to handle a crisis, an overdose, and save lives.

Supportive Roles

Empathic Support

Resource Support

Constructive Support

Connective Support

Lived Experience

Problem-Solving:

Crisis Intervention

Community Navigation

Family Involvement



Lazarus Recovery Services

Extending a Warm Hand

Support Groups

- Respiratory depression/Overdose prevention training
- **Distributing a script that gives patients specific language they can use with their family to talk about overdose and develop an action plan, similar to a fire evacuation plan**
- Naloxone access to community, tribal groups and military



- **Third Party Prescribing**
- **Standing Orders**
- **Pharmacy Dispensing**
- **Program Distribution**
- **New Devices**
- **Federal/State Funding**



CO-PRESCRIBING FSMB 2017





OD ED VISITS PER 1k OPIOID SCRIPTS

A priori selected metric for risk-benefit



COALITION FUNDING HELPS

Funded coalitions had 18% lower rates than non-funded



PROFESSIONAL COALITIONS WORKING

Coalitions led by health departments had 26% lower rates



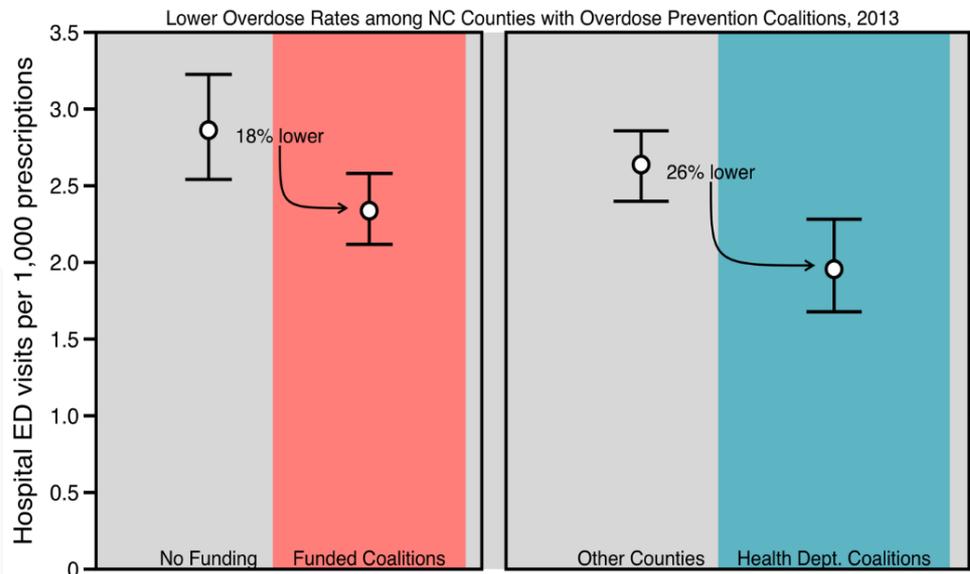
PRELIMINARY ANALYSIS

Much more to be done! Does not take into account the interventions themselves



IS THERE A “HEALTHY COUNTY” BIAS?

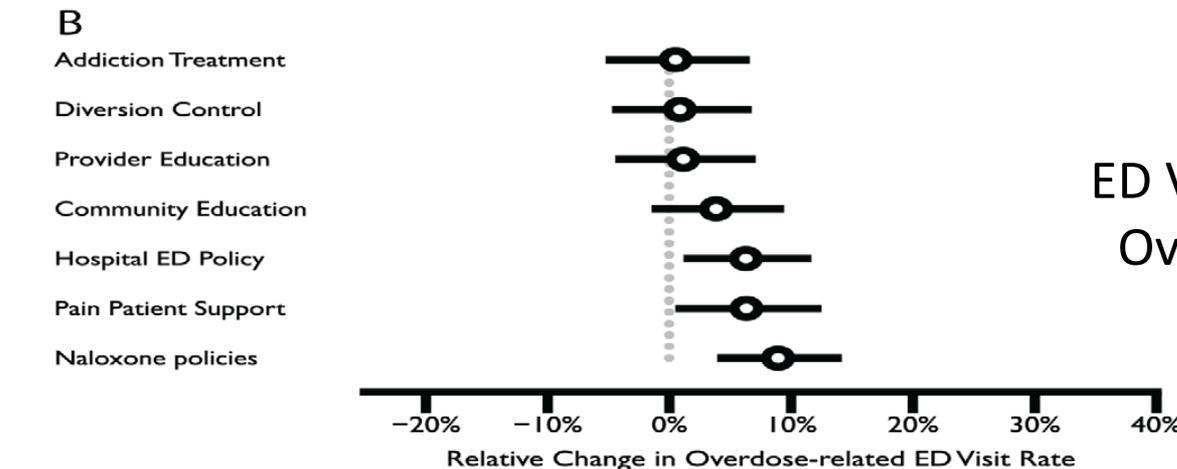
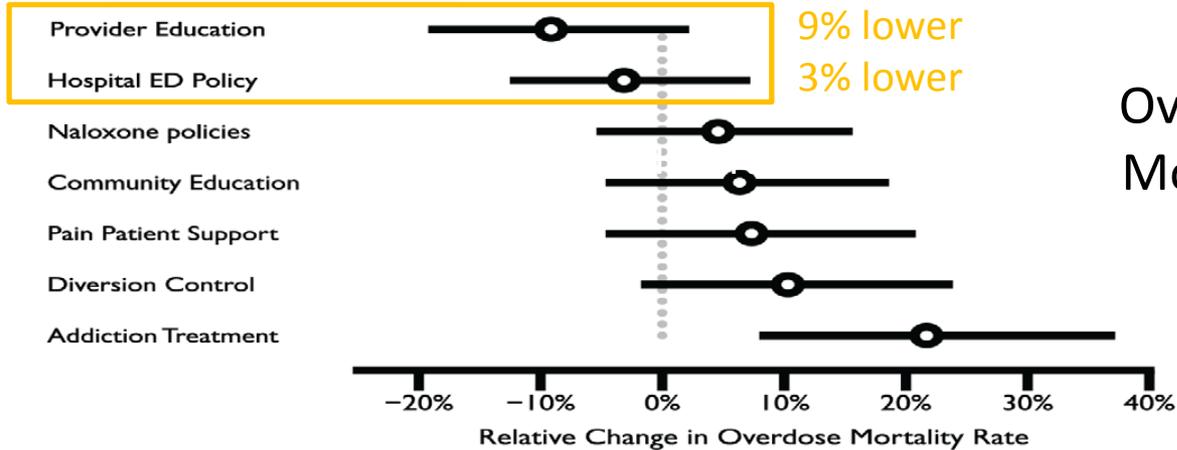
Propensity score modeling ahead



Vertical axis is rate of opioid overdose/dependence hospital visits per 1,000 opioid analgesic prescriptions dispensed to NC residents. ICD-9-CM-based case definition of ED visits taken from Injury Surveillance Workgroup 7 recommendations for opioid overdose/dependence. Source: Injury Prevention Research Center, University of North Carolina at Chapel Hill



This decrease represents 4 fewer ED visits per 3,000 opioid scripts in counties with Health Department-led coalitions.
(20,000 NC ED visits - NC ED OD visit \$12,000 – Medicaid \$72 million 2014)



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 Research Center
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Most effective strategies to immediately reduce overdose rates

- Prescriber education related to pain management and addiction treatment
- Policies designed to limit the amount of opioids dispensed in hospital emergency departments.
- Greater utilization of addiction treatment showed a delayed reduction in ED-related overdose visits.

State and local strategies to prevent overdose should consider interventions within the healthcare system, and use community-based coalitions to build and sustain support for these interventions



Community forums must be repeated to motivate the necessary stakeholders to take action.



- ❖ HHS Secretary Price stated “the focus should be on local communities resolving these issues versus the federal government.” (*Opioid Epidemic Press Briefing 8/7/2017*)
- ❖ Project Lazarus Federal evidence based citations:
HRSA, NGA, SAMHSA, ONDCP, CDC
- ❖ **STATEMENT OF R. GIL KERLIKOWSKE DIRECTOR OFFICE OF NATIONAL DRUG CONTROL POLICY EXECUTIVE OFFICE OF THE PRESIDENT 2013**
“Project Lazarus is an exceptional organization—not only because it saves lives in Wilkes County, but also because it sets a pioneering example in community-based public health for the rest of the country.”
- ❖ PA House Bill 122...Establish a Project Lazarus Commission
- ❖ WV PDO Grant Project Lazarus County Implementation

- ❖ Livingston County Health Director Diane McCormick McCormick also brought up Project Lazarus, an opiate-prevention program, and mentioned a potential budget request to hire an in-house coordinator. 2015
- ❖ LIVINGSTON COUNTY COMMUNITY MENTAL HEALTH AUTHORITY BOARD MEETING MINUTES FULL BOARD DECEMBER 13, 2016
 - CMHPSM / LCCMHA - FY17 CONTRACT #2651 – SUD FUNDING (ROSC, ENGAGEMENT CENTER, CBSG SCHOOL PROJECT, **LAZARUS PROJECT/WAKE UP LIVINGSTON-COORDINATOR AND WEBSITE**)
 - Motion to approve FY17 Contract #2651 – SUD Funding (ROSC, Engagement Center, CBSG School Project, **Lazarus Project/Wake Up Livingston-Coordinator and Website**) between the Community Mental Health Partnership of Southeast Michigan and Livingston County Community Mental Health Authority in the amounts as presented. Effective 10/1/16 to 9/30/17. MOTION PASSED 12 / 12
- ❖ Dr. Karin Mack CDC to UNC IPRC: *“I was at the UofM PDO summit last week and had so much positive feedback from poster presenters who are engaging in Project Lazarus work in MI. Sounds like Fred’s visits to MI were quite helpful and energizing.”*
- ❖ *Livingston, Macomb, Washtenaw, Lenawee, Traverse City, Grand Rapids*

PROJECT

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Project Lazarus.org

Fred Wells Brason II

fbrason@projectlazarus.org

LEARN ABOUT THE PROJECT LAZARUS MODEL

CLICK ANY PORTION OF THE MODEL TO FIND OUT MORE!



PREVENTION, INTERVENTION AND TREATMENT

Community network to care; filling the gaps

- *HCV and HIV prevention; needle exchange*
- *Increase in treatment; less stigma, more MAT and support*

FAILURE TO TREAT IS MIS-TREATMENT