



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

**PRESCRIPTION DRUG AND OPIOID ABUSE COMMISSION
JANUARY 11, 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 January 11, 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 2:11. p.m.

ROLL CALL

Members Present: Judge Linda Davis, Chairperson, Ex-Officio for LARA
Stephen Bell
Vincent Benivegna
Rebecca Cunningham (Arrived at 2:13 p.m.)
Richard Dettloff (teleconference)
Lisa Gigliotti
Paul Lauria (teleconference)
Stephen Lazar
Paula Nelson (teleconference)
Michael Paletta (Departed at 3:34 p.m.)
Gretchen Schumacher (teleconference)
Judge Patrick Shannon (teleconference)
Larry Wagenknecht
Laurie Wesolowicz (teleconference)
Adam Wilson (teleconference)

Members Absent: Timothy Hurtt
Melissa Owings
Roy Soto

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: 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 Bell, seconded by Gigliotti, to approve the agenda as presented.

A voice vote followed.

MOTION PREVAILED

APPROVAL OF MINUTES

MOTION by Bell, seconded by Wagenknecht, to approve the minutes from November 2, 2017 as written.

A voice vote was followed.

MOTION PREVAILED

Michigan Prosecutors Presentation

Monroe County Prosecutor Bill Nichols and Antrim County Prosecutor Jim Rossiter, introduced themselves to the commission and thanked Judge Davis for allowing them time on the agenda.

Bill Nichols and Jim Rossiter presented a PowerPoint entitled "Prescription Drug and Opioid Abuse Commission Meeting" to the Commission. (Please see addendum #1).

House Bill 4406

Pezon provided an overview on House Bill 4406 and 4407. Pezon stated that House Bill 4406 requires the Commission to develop or adopt and make available to the department of education, recommendations for the instruction of pupils on prescription opioid drug abuse by 7/1/2018. House Bill 4407 requires the department, by 7/1/2019, to make available curriculum to school districts based on the Commission's recommendations.

Gigliotti advised that modules from Ohio could help bring this to Michigan's curriculum.

MOTION by Gigliotti, seconded by Wagenknecht, to refer this matter to the Policy and Outcomes Subcommittee for development of recommendations to the Full Commission.

A voice vote followed.
MOTION PREVAILED

Pezon advised that as of June, prescribers will have to check MAPS. Pezon stated a possible option for LARA is to send a warning letter for not checking MAPS.

OLD BUSINESS

DHHS Update

Debra Pinals, Tom Largo, Amber Daniels, and Chelsea Walker presented a PowerPoint entitled "DHHS Presentation" to the Commission. (Please see addendum #2).

SUBCOMMITTEE REPORTS

Treatment

None

Policy and Outcomes

Gigliotti provided an overview of the Policy and Outcomes Subcommittee proposed motion regarding Whitehouse guidance on HIPAA Exceptions.

MOTION by Gigliotti, seconded by Wagenknecht, the PDOAC votes to approve letters to state and local law enforcement agencies, general counsel for hospitals, as well as public health agencies conveying the Whitehouse guidance on HIPAA exceptions that allow health care providers to notify families when loved ones arrive at a hospital with an overdose.

A roll call vote was taken.

Yeas: Bell, Benivegna, Cunningham, Dettloff, Gigliotti,
Lauria, Lazar, Nelson, Schumacher, Shannon,
Wagenknecht, Wesolowicz, Wilson

Nays: None

MOTION PREVAILED

Gigliotti provided an overview of the Policy and Outcomes Subcommittee proposed motion regarding mandatory guidance on HIPAA exceptions.

MOTION by Gigliotti, seconded by Bell, the PDOAC votes to approve a letter to the Michigan State Court Administrative Office encouraging the implementation of a requirement that all new drug treatment court judges receive mandatory mentoring.

A roll call vote was taken.

Yeas: Bell, Benivegna, Cunningham, Dettloff, Gigliotti,
Lauria, Lazar, Nelson, Schumacher, Shannon,
Wagenknecht, Wesolowicz, Wilson

Nays: None

MOTION PREVAILED

Regulation and Enforcement

Bell provided an overview of the Regulation and Enforcement Subcommittee Summary that was emailed to the Commission.

Bell provided an overview of the Regulation and Enforcement Subcommittee proposed motion regarding Increasing penalties for violence against health workers.

MOTION by Bell, seconded by Schumacher, the PDOAC votes to approve letters to the legislature in support of initiating legislation to increase penalties for violence, including stalking, committed against a health worker.

A roll call vote was taken.

Yeas: Bell, Benivegna, Cunningham, Dettloff, Gigliotti,
Lauria, Lazar, Nelson, Schumacher, Shannon,
Wagenknecht, Wesolowicz, Wilson

Nays: None

MOTION PREVAILED

Prevention

Benivegna provided an overview of the Prevention Subcommittee Summary that was emailed to the Commission.

Benivegna presented the Resolution to the Commission (Please see addendum #3).

MOTION by Bell, seconded by Wagenknecht, to approve the Resolution as presented.

A roll call vote was taken.

Yeas: Bell, Benivegna, Cunningham, Dettloff, Gigliotti,
Lauria, Lazar, Nelson, Schumacher, Shannon,
Wagenknecht, Wesolowicz, Wilson

Nays: None

MOTION PREVAILED

CHAIR REPORT

Davis reported that RFP's for funding are given to the same programs every time, and that prevents other programs involvement.

Davis advised that the Foster Care system needs to be looked at closely. There are too many grandparents raising their grandchildren due to drug addiction and abuse, and not reporting the changes in custody due to fear of the children being taken away from them.

DEPARTMENT UPDATE

Pezon advised the Commission that the 2017 draft Annual Report will be going out soon now to the Commission for their review.

Hudson provided an overview of the NarxCare tool and how it can prevent pharmacy shopping as well as provide the history of a patient. Hudson advised the law enforcement module will have access to MAPS beyond the hours of 8:00 a.m. to 5:00 p.m.

Hudson gave a preview of the presentation that Acting Deputy Director, Kim Gaedeke, will provide at the April meeting regarding Appriss.

PUBLIC COMMENT

None

ANNOUNCEMENTS

The next regularly scheduled meeting will be held February 8, 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 Benivegna, seconded by Gigliotti, to adjourn the meeting at 4:07 p.m.

A voice vote followed.

MOTION PREVAILED

Minutes approved by the Commission on February 8, 2018.

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

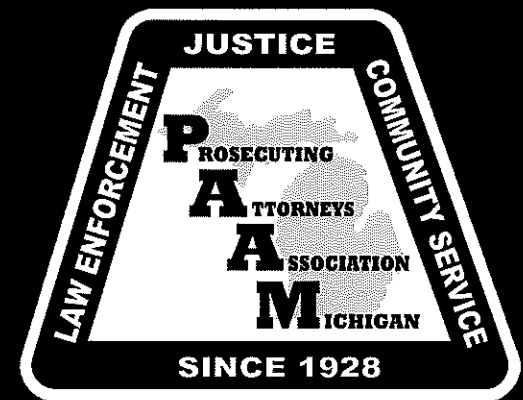
January 16, 2018

WILLIAM PAUL NICHOLS
MONROE COUNTY
PROSECUTING ATTORNEY

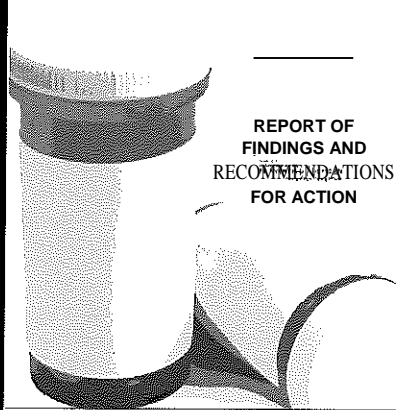
JIM ROSSITER
ANTRIM COUNTY
PROSECUTING ATTORNEY

Prescription Drug & Opioid Abuse Commission Meeting

January 11, 2018
Ottawa Building
Lansing, Michigan

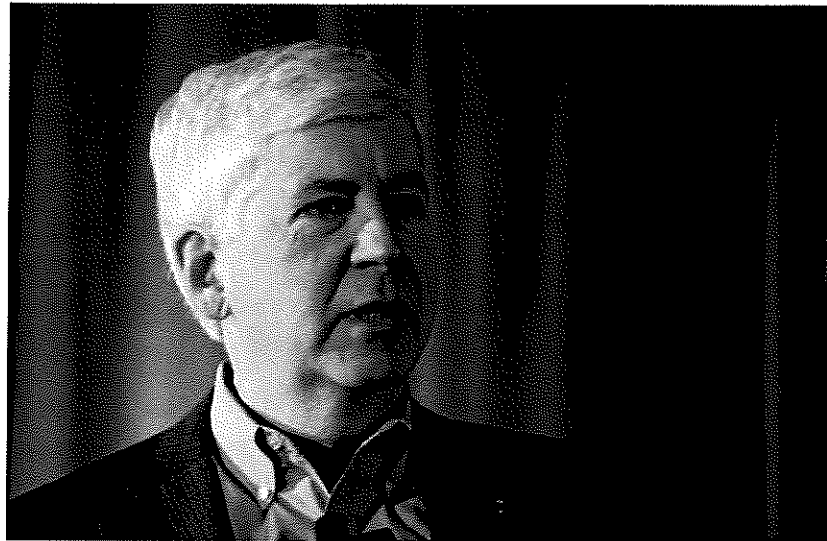


State Task Force and Commission



Report – October 26, 2015

Governor creates Michigan Prescription Drug and Opioid Commission to create action plan to implement recommendations from Task Force



Executive Order – June 23, 2016



The Problem

Michigan Opioid Statistics

	2011	2016	% INCREASE
ALL DRUG DEATHS			72%
ALL OPIOID DEATHS	1,359	2,335	
DEATHS	622	1,689	271%
PRESCRIPTIONS	10,441,714	11,028,495	5.6%
NEO-NATAL ABSTINENCE SYNDROME	630	927 (2015 data)	47%
PEOPLE IN SUD TREATMENT (OPIOIDS OR HEROIN)	22,234	32,473	46%

Source: Michigan Department of Health and Human Services

- In 2015, the U.S. Centers for Disease Control and Prevention reported that drug overdose deaths were now the leading cause of death – ahead of motor vehicles and firearms
- Michigan ranks 10th nationally in per capita prescription rates and 18th for all drug overdose deaths



The Challenge

- Opioids are legal to prescribe, possess and use but our society has overly relied on these medications in the past
- The opioid epidemic is not just a Law Enforcement problem or a Public Health problem. The crisis was created by a multitude of factors - so effectively attacking the problem must involve numerous actions on the federal, state and local levels
- The epidemic affects all demographic and socioeconomic groups and all geographic areas of our state



The Challenge

"The bottom line is there is no silver bullet to solve the epidemic. What it's going to take is a number of different actions by different citizens, different groups working together to beat the epidemic."

–Jackson County Prosecuting Attorney Jerry Jarzynka

"...to truly ensure safe driving, society has to tackle alcohol and drug addiction first." [Alcohol-involved traffic deaths fell 11% in 2016, while drug-involved fatalities increased 32%]

–Marquette County Prosecuting Attorney Matt Wiese



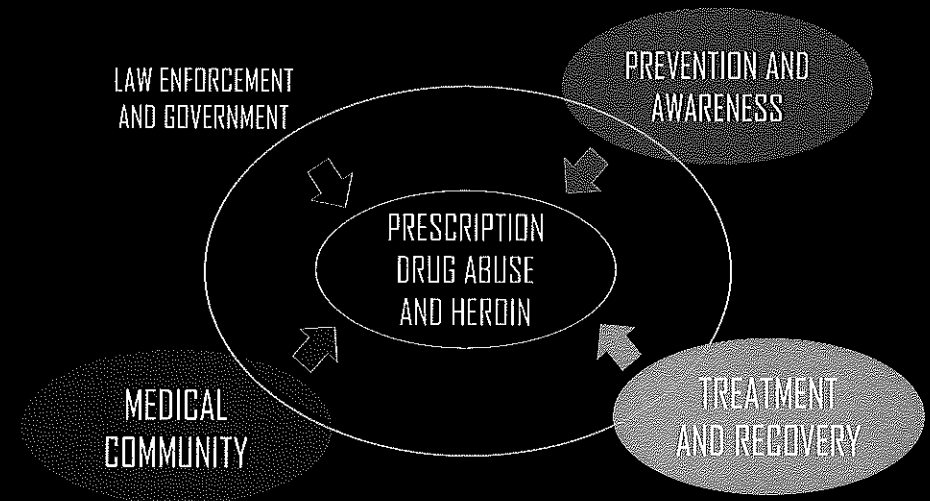
Prosecutor Actions

- **PAAM Drug Initiatives Committee**
 - Made up of bipartisan prosecuting attorneys and expert assistant prosecuting attorneys
 - Members represent small/medium/large and urban/suburban/rural communities
 - Sponsored the Michigan Opioid Roundtable with the National Sheriffs' Association, Michigan Sheriffs' Association and Michigan Association of Chiefs of Police in November 2017
 - Will hold 4th Annual Drug Summit in June 2018



Prosecutor Actions

- **Prioritization** - Prosecutors and law enforcement are focusing resources on arresting and prosecuting the big-time suppliers, violent offenders and not on those addicted to opioids
- **Community Coalitions** - Prosecutors are taking a leadership role in forming collaborative community coalitions to attack the opioid epidemic in their counties

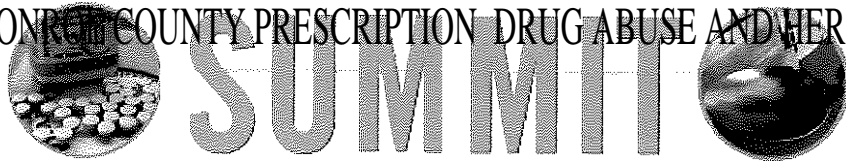


In Our Jurisdictions...

- **Antrim County**
- **Monroe County**
- **Recent Issues**
 - Opioids and heroin are now laced with fentanyl and carfentanil, making the drug more deadly than ever
 - Delivery causing death cases
 - *People v McBurrows* – Pending Michigan Supreme Court appeal re: venue issue



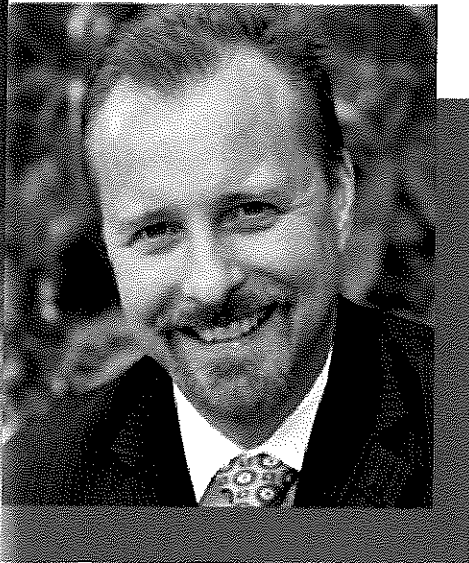
MONROE COUNTY PRESCRIPTION DRUG ABUSE AND HEROIN



TUESDAY, DECEMBER 5, 2017

MONROE COUNTY COMMUNITY COLLEGE, MEYER THEATRE/LA-Z BOY CENTER

KEYNOTE SPEAKER



R. COREY WALLER, MD

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MONROE COUNTY PRESCRIPTION DRUG ABUSE AND HEROIN



TUESDAY, DECEMBER 5, 2017

MONROE COUNTY COMMUNITY COLLEGE, MEYER THEATRE/LA-Z BOY CENTER

Registration

8:00 am - 8:30 am

Auditorium - Scrolling Photo Presentation

Welcome and Introductions

8:30 am - 8:45 am

Dr. Kojo A. Quartey, President

Monroe County Community College

Joseph A. Costello, Jr. - Moderator

Retired Judge - 38th Circuit Court

Student Prevention Leadership Teams

Prevention Strategies

8:45 am - 9:45 am

Jodi Brooks - SPLT Coordinator

Airport - Makenzie Jacobs, Deja Wetzel

Bedford - Bryce Stevens, Sophie Detling

Dundee - Lauren Corie, Haylee Alexander

Erie Mason - Francesca Ansel, Emily Cousino

Ida - Matthew Zlonkevitz, Whitney Wegener

Jefferson - Ashley Waldecker, Marissa Todd

Ashlee Bartel, Ashley Hollenbeck

Monroe - Nicole Roof, Taylor Krupinski,

Libby Kelly

Monroe County Middle College - Alannah Martin,

Sara Workman

Orchard Center - Kayley Hil, Trinity Marsee

Prescription Drug Abuse and Heroin Addiction

How did we get here and how do we get out?

9:45 am - 11:15 am

Keynote Speaker - Dr. Corey Waller

Addiction Medicine Specialist

Medical Director for Education

and Policy at the National Center for Complex

Health and Social Needs - Camden Coalition

of Healthcare Providers

Overview of Task Force Action Steps

11:15 am - 11:45 am

Law Enforcement

William Paul Nichols

Monroe County Prosecutor

Medical Community

Jennifer Sell, RPh Director of Pharmacy Services

ProMedica Monroe Regional Hospital

Treatment and Recovery

Renee Shaw, Director

Salvation Army Harbor Light

Wendy Klinski, Director

Catholic Charities Monroe County

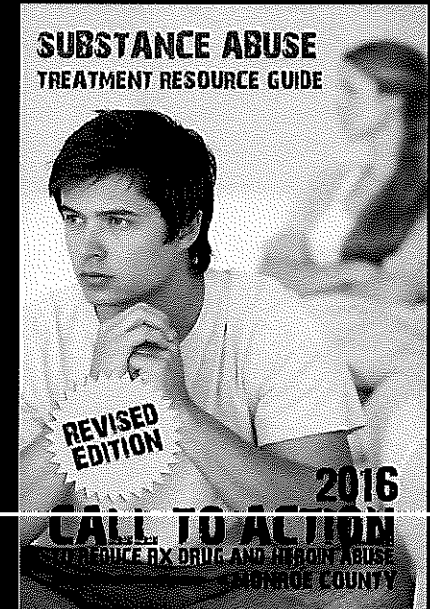
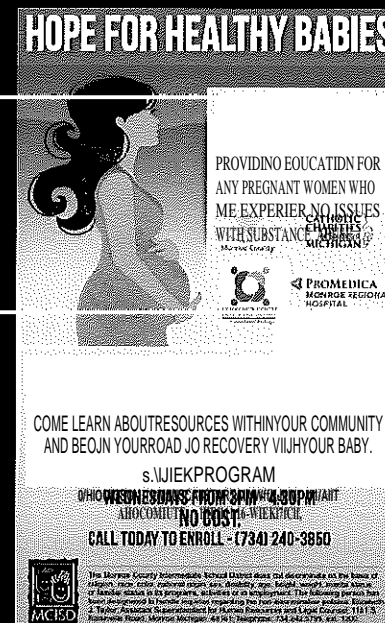
Prevention and Awareness

Vicky Loveland, Director

Monroe County Substance Abuse Coalition

Local Action Plan

- TREATMENT AND RECOVERY WORKGROUP
- Resource Guide
- Accessing Treatment
- Meeting Schedules
- Women's Services
- Family and Youth Services
- Peer Support
- Coordination of Services
- Document Replacement
- Medical Assisted Treatment



Local Action Plan

- MEDICAL COMMUNITY WORKGROUP
- State Opioid Task Force
- Legislative Outreach
- Community Education
- Professional Education
- First Responder Training
- Local Roundtable
- Pain Management Policy
- Prenatal Education
- New Technology



MAPS

This facility utilizes the
Michigan Automated Prescription System

IN PARTNERSHIP WITH THE STATE OF MICHIGAN TO ASSIST IN
THE PREVENTION OF CONTROLLED SUBSTANCE ABUSE, AND TO
ENSURE THE HEALTH AND SAFETY OF OUR COMMUNITY

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services • Michigan Automated Prescription System

LARA
LICENSING AND REGULATORY AFFAIRS
CLERKSHIP DIVISION BUSINESS SERVICES



WWW.MICHIGAN.GOV/MIMAPS/INFO

New drug presents dangers

On a surprising 11/10/11, from October, the U.S. Food and Drug Administration (FDA) warned against its use in a medical panel on the risks of a new drug. The panel, which was held in a room at the University of Michigan Medical Center, was the first of its kind. The panel was held in a room at the University of Michigan Medical Center, which was the first of its kind. The panel was held in a room at the University of Michigan Medical Center, which was the first of its kind.

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ABOUT ZOXYLON

Zoxylon is a new drug that is used to treat pain. It is a combination of two drugs, one of which is a painkiller and the other is a sedative. It is used to treat pain that is not relieved by other painkillers. It is used to treat pain that is not relieved by other painkillers.

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20M
CALL TO ACTION
TO PREVENT THE RISK OF HUMAN ABUSE
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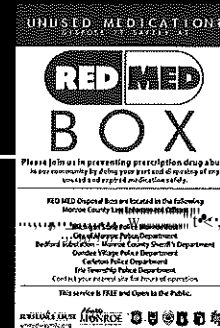
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Local Action Plan

- **PREVENTION WORKGROUP**
 - Student Prevention Leadership Teams
 - Community Education
 - ~~Medication Take-Back Events~~
 - "Safe Disposal" Program
 - First Responder Sheets
 - Family and Senior Education
 - "Safe Storage" Program
 - Community Events
- 



It's time to get rid of your
unused and expired medication.

1 P111 Update In our countywide DROPOFFS. You will be dropping or medications that are commonly abused. Stop by one of the two locations:
Community Center
9240 Lewis Ave.,

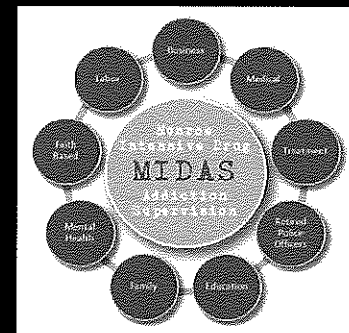
Mercy Memorial Hospital
Sat, May 5 8am-Noon
Main lobby

Temperance
Sat, Sept 29 8am-Noon



Local Action Plan

- **LAW ENFORCEMENT WORKGROUP**
- Prioritize Resources
- Maximize Resources
- Naloxone (Narcan) Trained
- Drug Overdose Death Protocol
- Billboard Campaign
- Retailer Education
- Community Panel Discussions
- MDOC Parole Naltrexone (Vivitrol) Program
- **MIDAS Program**



REPORT HEROIN DEALERS

CRIME STOPPERS
1•800•SPEAK UP
ANONYMOUS CASH REWARDS



Good Samaritan Law

- Lives are being saved
- Are these people getting into treatment?
- Can we save more lives by improving our law?
- 40 states have enacted Good Samaritan Laws
 - Protections vary from state to state
 - 23 states offer immunity from arrest, 30 offer immunity from charges, and 32 offer immunity from prosecution
 - In most states, immunity does not offer protection related to crimes involving the sale, distribution, or trafficking of controlled substances.

****(As of July 2017, SAMHSA's Center for the Application of Prevention Technologies)****



Good Samaritan Law

- **Ohio**

- Requires an individual who would have been charged to receive drug testing and a referral to an addiction treatment program or professional
- Ohio's statute only provides immunity if the caller or victim "seeks and obtains a screening and receives a referral for treatment within 30 days"



Additional Steps - Fighting the Battle

- **Federal** – Action Plan from Presidential Commission; U.S. Attorney's Office ("Pill Mills"); Legislation – Limiting prescription practices and more potent opioids and reviewing Pain as 5th Vital Sign; Funding for Prevention, Treatment and Transitional Housing
- **State** – Attorney General's Office (Delivery Causing Death cases); Support and resources for Drug Courts, MSP Angel Program and advanced forensics testing and technology; Legislation – Good Samaritan, MAPS . . .
- **Local** – Prosecutors take leadership role, forming Community Coalitions, organizing Forums, Summits and Roundtables
- Community education/investment/involvement

Questions?





MDHHS Response to the Opioid Crisis

Debra A. Pinals, MD

Medical Director, Behavioral Health and Forensic Programs
Michigan Department of Health and Human Services

Michigan Data Summary

OPIOID ADDICTION IS A GROWING PROBLEM.

In Michigan alone, an average of five people die from opioid overdose every day. Help us change the numbers and stop this deadly epidemic.



All Drug Deaths
Total number of overdose deaths in Michigan involving any drug.

	2011	2015
	1,359	1,981

All Opioid Deaths
Number of deaths that involved at least one type of opioid (including prescription drugs, heroin, fentanyl or any other opioid), or one or more opioids combined with other drugs.*

	2011	2015
	622	1,275

Opioid Prescriptions
Total number of opioid prescriptions written by any licensed prescriber in Michigan.**

	2011	2016
	10,441,714	11,028,495



NAS Cases
Neonatal abstinence syndrome (NAS) is a group of conditions associated with drug withdrawal in newborns after being exposed in utero.

	2011
	630



	2016
	927**

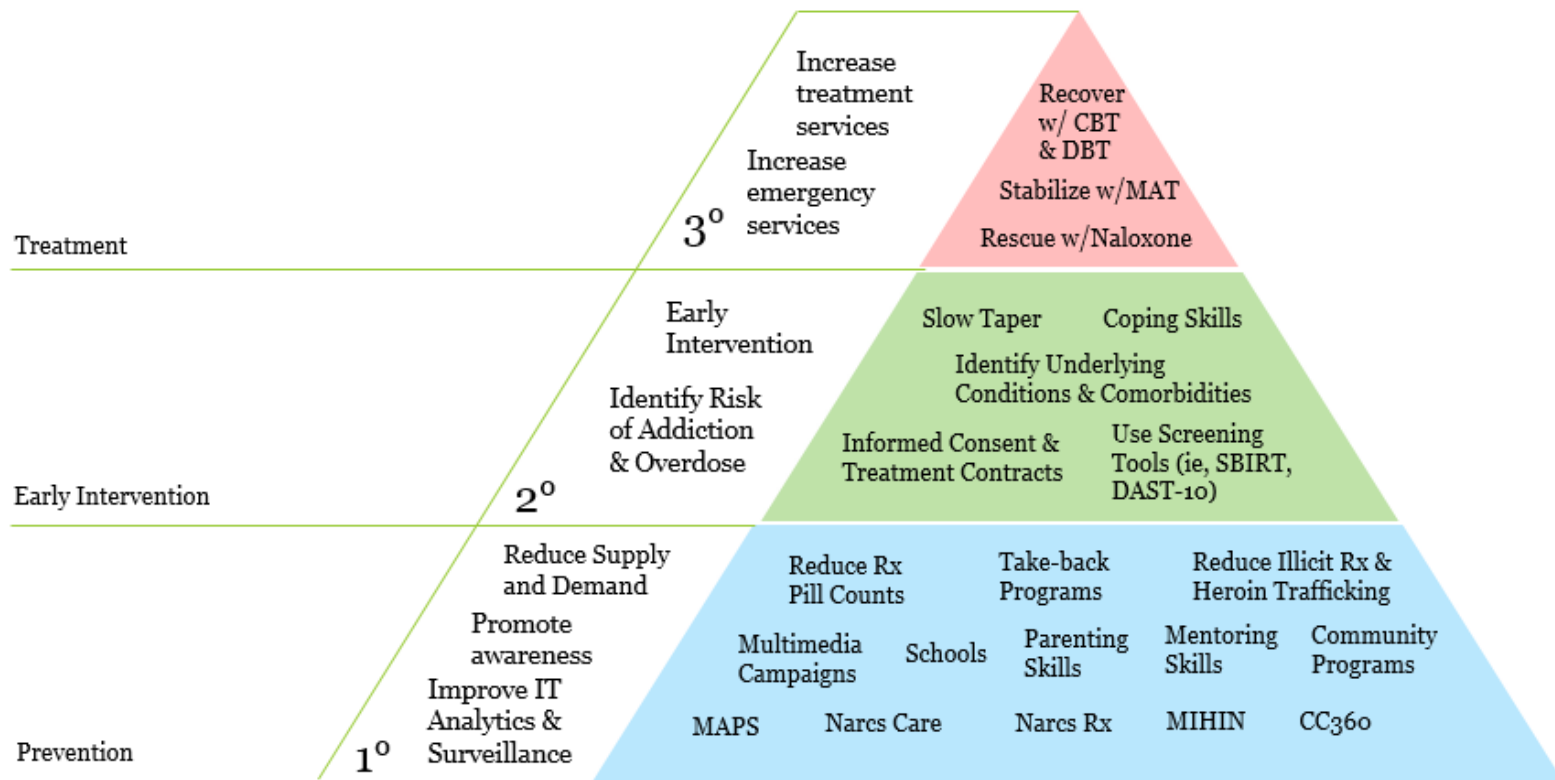
People in SUD Treatment for Opioids or Heroin

Total number of people receiving publicly funded drug treatment services in Michigan.

	2011	2016
	22,234	32,473

*2015 data. **Preliminary data for 2016. Numbers are not finalized and may change.

MDHHS Public Health Approach to the Opioid Crisis



Medicaid & Healthy Michigan

- Medicaid funded the delivery of \$41 million in substance use disorder services for 31,101 beneficiaries in fiscal year 2016
- Healthy Michigan funded the delivery of \$53 million in substance use disorder services for 28,850 beneficiaries in fiscal year 2016
- Around half of these expenses are opioid related

Services Funded by Medicaid

Services funded include:

- Medication Assisted Treatment
- Detoxification
- Outpatient Services
- Residential Services
- Case Management

Naloxone Standing Order

- Allows for Naloxone to be dispensed by a pharmacist without identifying a particular patient
- In May 2017, the standing order became available
- 1,529 (53.8% of all pharmacies in Michigan) pharmacies enrolled
- 1,563 doses of Naloxone dispensed under the standing order
- 5,314 doses of Naloxone dispensed in total statewide from all prescribers

michigan.gov/stopoverdoses

- Statewide public awareness campaign launched in 2017
- This campaign will run through 2019
- Campaign directs to michigan.gov/stopoverdoses
- 62,000 page views to this website

Treatment Resources

Opioids

Prescribers

Pharmacists

Community Resources

Michigan has taken action to prevent prescription drug and opioid abuse deaths and increase access to treatment for people addicted to drugs. Here you'll find helpful information if you or someone you know may have a substance use disorder and what you can do to help end this deadly epidemic.

Treatment Resources

If you or a loved one is in need of opioid addiction treatment, [you can find resources available for your county by clicking here.](#)

Additional [Treatment Resources](#).

Michigan's Good Samaritan Law

In order to prioritize saving lives, Michigan passed a Good Samaritan law in 2016.

Michigan's Good Samaritan law prevents drug possession charges against those that seek medical assistance for an overdose in certain circumstances. This law makes saving lives the priority during a drug overdose, not criminal prosecutions of illegal drug users.

[Michigan's Good Samaritan Law](#)

Medication-Assisted Treatment (MAT)

For those that are addicted to opioids, alcohol, or tobacco, Medication Assisted Treatment (MAT) may be necessary, along with counseling. Find out more information.

[Medication-Assisted Treatment \(MAT\)](#)

Naloxone

In the event of an opioid overdose, there is a drug that can be used that can reverse the effects of the opioid. [Find out what Naloxone is and how it's used.](#)

Proper Disposal

[Find out why and how you can dispose of opioids and other prescription medicines here.](#)

Treatment Services Locator

Use the [Behavioral Health Treatment Services Locator](#), a confidential and anonymous source of information for persons seeking treatment for substance abuse/addiction and/or mental health problems.

TOGETHER WE CAN
STOP THE EPIDEMIC.

Get Help Now -Behavioral Health

The shortcut address for this webpage is www.michigan.gov/mentalhealth-addiction-help

Substance Use, Problem Gambling, or Mental Health

Click a county name (or Detroit) in the list or map below for contact information to access publicly funded substance use disorder treatment, problem gambling counseling, and mental health counseling; and contact info for assessments or classes required due to a substance use related traffic offense.

Alcona, Alger, Allegan, Alpena, Antrim, Arenac, Baraga, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Chippewa, Clare, Clinton, Crawford, Delta, Dickinson, Eaton, Emmet, Genesee, Gladwin, Gogebic, Grand Traverse, Gratiot, Hillsdale, Houghton, Huron, Ingham, Ionia, Iosco, Iron, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Keweenaw, Lake, Lapeer, Leelanau, Lenawee, Livingston, Luce, Mackinac, Macomb, Manistee, Marquette, Mason, Mecosta, Menominee, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Ontonagon, Osceola, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee, St. Clair, St. Joseph, Tuscola, Van Buren, Washtenaw, Wayne, Wexford, City of Detroit



Interactive link to treatment
resources by region
At Michigan.gov/stopoverdoses

NAS Policy Academy

- Michigan 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 held on October 9, 2017 to introduce the goals of the state team and involve additional stakeholders

NAS Policy Academy

- Now working on efforts to improve:
 - Prevention and Wellness
 - Capacity
 - Quality

Prevention and Wellness

- Promote Opioid Use Disorder Prevention for pregnant and parenting women, and women of childbearing age
- Increase Screening and Identification of women for opioid use disorder
- Efforts include: Evidence based home visiting and provider education

Capacity

- Enhance capacity among cross-sector partnerships to work together for improving outcomes in opioid use disorder among pregnant and parenting women
- Increase capacity to monitor health and risk indicators by assuring appropriate human and financial resources to improve and maintain data collection, analysis, interpretation and reporting an opioid use disorder
- Optimize resource allocation to assure adequate resources are targeted to those with greatest need
- Efforts include: Increasing the number of opioid treatment providers

Quality

- Develop a quality improvement system by incorporating strategies to improve systems of care
- Improve workforce development and training programs to improve professional education and training in opioid use disorders and substance use disorders
- Efforts include: Regional perinatal care system quality improvement initiative and child welfare cross-system collaboration

Opioid Education for Students

- Public Act 254 of 2017 requires the Prescription Drug and Opioid Commission to develop and provide recommendations for the instruction of students on opioid abuse
- Public Act 255 of 2017 requires the Michigan Department of Education to make this curriculum available to public and charter schools
- DHHS and MDE reviewing current health curriculum to identify where lessons should go and to identify possible materials in use elsewhere
- Presentation of preliminary work will occur at the February PDOAC meeting

Questions

Dr. Debra Pinals

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Michigan Opioid-related Morbidity and Mortality Surveillance System (MOMMSS)

Tom Largo

Manager, Environmental Health Surveillance & Childhood
Lead Poisoning Prevention Section

Michigan Department of Health and Human Services

Michigan Opioid-related Morbidity and Mortality Surveillance System (MOMMSS)

Funded by CDC

- September 2017 – August 2019
- \$486,000 per year

Morbidity

- Data sources: EMS & Syndromic Surveillance
- Measures:
 - Drug overdose
 - Drug overdose due to an opioid
 - Drug overdose due to heroin

Mortality

- Data source: death certificates & Medical Examiner offices
- Collect data on opioid-related deaths using Violent Death Reporting System framework

Key Objectives: Timeliness & Comprehensiveness

Illustration of Timeliness - Mortality		
Timeframe of Death Incidents	July – December, 2017	January – June, 2018
All data entered by	August 31, 2018	February 28, 2019
Quality assurance	September 30, 2018	March 31, 2019
Summary report generated	Mid-October, 2018	Mid-April, 2019

Key Objectives: Timeliness & Comprehensiveness

Illustration of Timeliness - Mortality		
Timeframe of Death Incidents	July – December, 2017	January – June, 2018
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Type of data collected (not an exhaustive list):

- Demographics
- Location/date/time of incident
- Mental health issues
- Hx of previous overdoses
- HX of SU treatment
- Rapidity of overdose
- Route of administration
- Type of drug(s)
- Naloxone administered & subsequent response

MOMMSS - Supplemental

Funded by CDC

- September 2017 – August 2018
- \$194,000

Provide support to ME's

- Objective – more timely and comprehensive toxicology testing

Drug Overdose Deaths, MI, 2014-2015

No Drug Specified, by County

(Minimum 20 deaths)

County of Death	Number of Drug Overdoses with T50.9 only	Total Drug Overdoses 2014-2015	%
Allegan	1	27	3.7
Bay	13	40	32.5
Berrien	33	62	53.2
Calhoun	1	75	1.3
Eaton	2	31	6.5
Genesee	16	122	13.1
Grand Traverse	5	23	21.7
Ingham	4	139	2.9
Jackson	13	20	65.0
Kalamazoo	0	85	0.0
Kent	1	175	0.6
Lenawee	11	41	26.8
Livingston	1	57	1.8

County of Death	Number of Drug Overdoses with T50.9 only	Total Drug Overdoses 2014-2015	%
Macomb	122	472	25.8
Marquette	12	23	52.2
Monroe	17	67	25.4
Montcalm	4	22	18.2
Muskegon	3	97	3.1
Oakland	160	185	86.5
Ottawa	1	56	1.8
Saginaw	72	86	83.7
St. Clair	35	85	41.2
Van Buren	7	23	30.4
Washtenaw	0	162	0.0
Wayne	254	1144	22.2
Michigan	949	3703	25.6

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Questions

Tom Largo

largot@michigan.gov

Prescription Drug Overdose Prevention Program

Amber Daniels, Education and Outreach Coordinator
Chelsea Walker, Data Analyst
MDHHS Division of Chronic Disease and Injury Control
Injury and Violence Prevention Unit

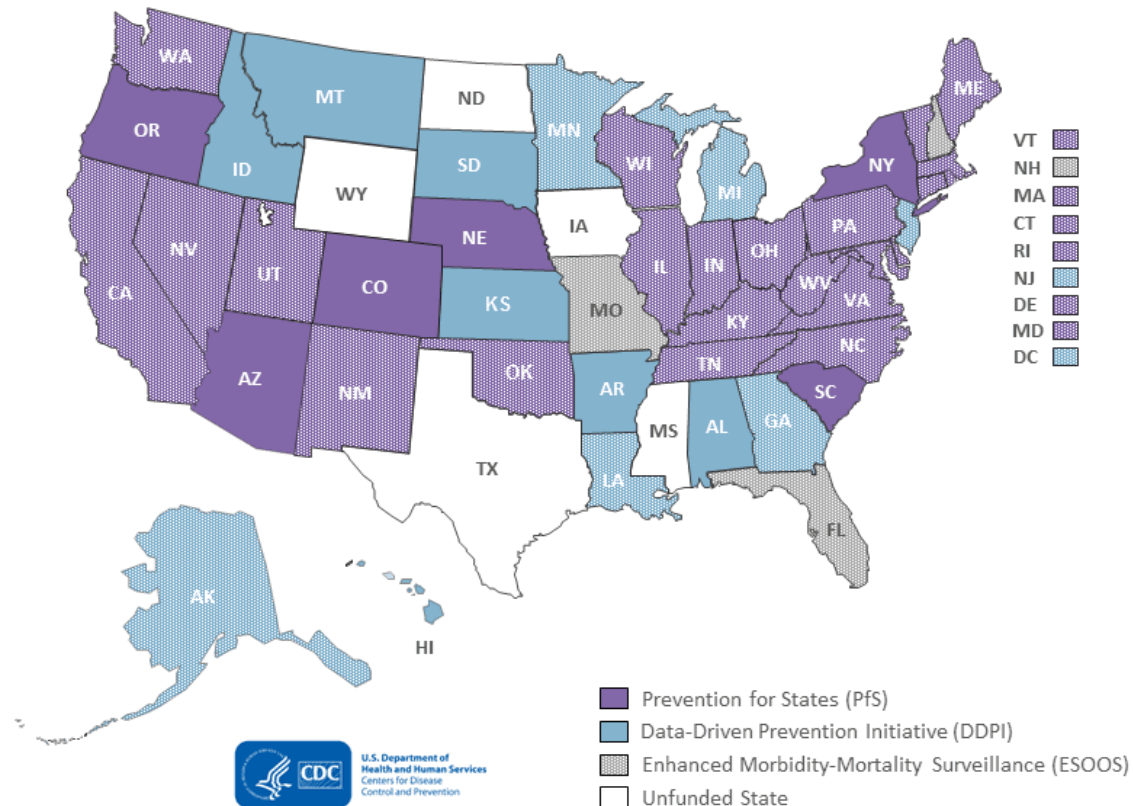
CDC Prescription Drug Overdose: Data-Driven Prevention Initiative (PDO: DDPI)

This initiative helps states advance and evaluate their actions to address opioid misuse, abuse, and overdose, including:

- Improving data collection and analysis around opioid misuse, abuse, and overdose
- Developing strategies that impact behaviors driving prescription opioid dependence and abuse
- Working with communities to develop more comprehensive opioid overdose prevention programs

Funded States

Overdose Prevention in States (OPIS)



CDC PDO: DDPI Outcomes

Component 1 – Planning and Data	
Short-/Mid-Term Outcomes (1-3 years)	Long-Term Outcomes
Planning Strategy	<ul style="list-style-type: none">• Decreased rates of opioid abuse• Increased opioid-use disorder treatment• Decreased rate of ED visits related to opioids• Decreased drug overdose death rate, including both opioid and heroin death rates• Improved health outcomes in state “hot spots”
<ul style="list-style-type: none">• Buy in and support from broad array of stakeholders across state• Strategic plan implemented across state jointly with partners	
Data Strategy	
<ul style="list-style-type: none">• More timely receipt of key data sources• Increased use by grantee and partners of standard PDMP reports for surveillance• Enhanced infrastructure among partners identified in strategic planning process• Increased ability of grantee, health departments, and partners to access, analyze, and apply data	

CDC PDO: DDPI Outcomes

Component 2 – Prevention in Action	
Short-/Mid-Term Outcomes (1-3 years)	Long-Term Outcomes
Enhance and Maximize PDMPs <ul style="list-style-type: none"> • Reduced barriers to PDMP registration and use • Shorter data collection interval • Increased rate of unsolicited reports • Increased use of standard PDMP reports for surveillance • Increased registration and use of PDMPs • Decreased rate of high dose (>90 MME/day) opioid Rx • Increased treatment referrals for opioid use disorder • Increased use of non-opioid therapies for pain • Reduced problematic drug co-prescribing (e.g., opioids, benzodiazepines) • Decreased use of multiple providers for opioids 	<ul style="list-style-type: none"> • Decreased rates of opioid abuse • Increased opioid-use disorder treatment • Decreased rate of ED visits related to opioids • Decreased drug overdose death rate, including both opioid and heroin death rates • Improved health outcomes in state “hot spots”
Implement Insurer and Healthcare Interventions at the Community or Systems Level <ul style="list-style-type: none"> • Implementation of systems-level interventions in community settings • Implementation of opioid management programs • Implementation of opioid prescribing interventions • Expanded uptake and use of evidence-based opioid prescribing guidelines • Decreased rate of high dose (>90 MME/day) opioid Rx • Increased use of claims reviews to identify high-risk prescribing • Increased # of patients in opioid mgmt. programs • Expanded use of prescribing guidelines 	

PDO: DDPI Program Goals

- Improve provider prescribing practices for opioids
- Enhance coordination of systems of surveillance around opioids

Improve provider prescribing practices for opioids

- Partner with MAPS staff to target professional association conferences in order to promote
 - Increased registration and use of MAPS
 - Increased uptake of the CDC's Guideline for Prescribing Opioids for Chronic Pain
- Partner with contractors to provide more focused education using
 - Webinar trainings that include CMEs
 - In-person training at healthcare practices and clinics

Enhance coordination of systems of surveillance around opioids

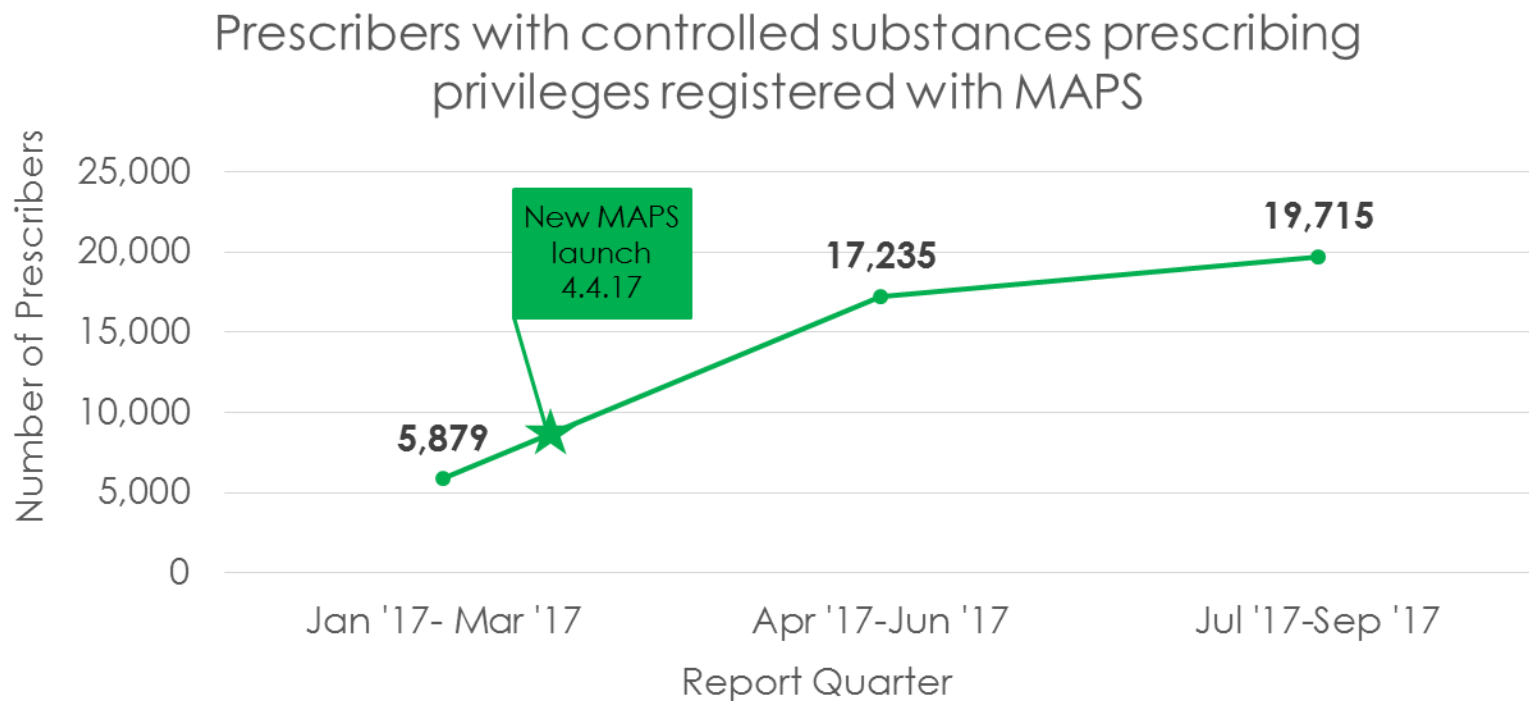
- Enhance surveillance of prescription drug and heroin abuse and overdose by
 - Pursuing new sources of data
 - Providing funding and guidance to communities on data collection and analysis
 - Connecting with local opioid workgroups and taskforces, PIHPs, and county health departments
 - Working closely with LARA on PDMP data surveillance (MAPS)
- Enhance public health access and application of data from multiple sources by
 - Distributing updated data to communities via reports and collaboration with OROSC
 - Providing guidance to communities on development of local opioid dashboards

PDMP Data Surveillance – MAPS Indicator Reports

CDC indicator report measures:

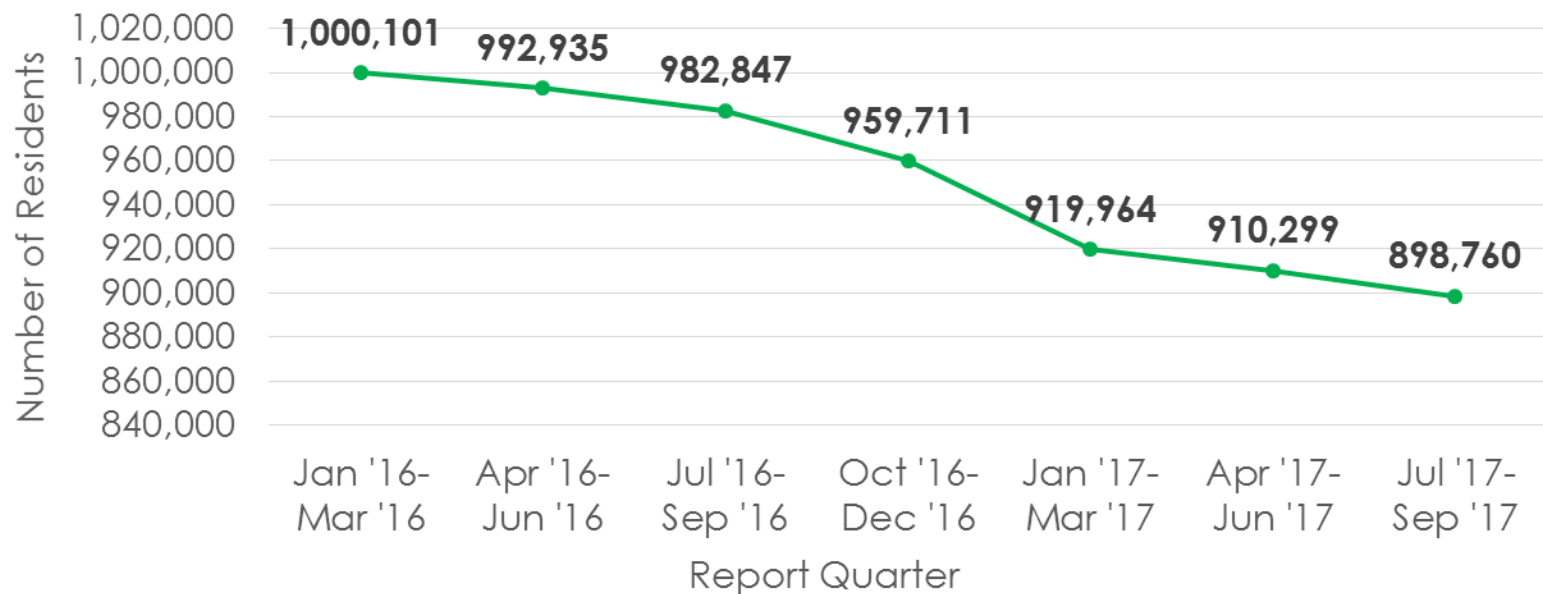
- Number of opioid analgesics dispensed in MI
- Number of residents who received an opioid prescription
- Number of residents receiving LA/ER opioids
- Number of opioid prescription days for state residents
- Percent of patients receiving average daily dose ≥ 90 MME (across all opioid prescriptions)
- Percent of patients receiving LA/ER opioids who were opioid-naïve
- Percent of prescribed days overlap (between opioid prescriptions and between opioid & benzodiazepine prescriptions)
- Rate of multiple provider episodes for opioid prescriptions (≥ 5 prescribers AND ≥ 5 pharmacies in a 6-month period)
- Number of prescribers and pharmacists registered with MAPS
- Number of clinical alerts sent (by prescriber & dispenser and opioid & benzodiazepine thresholds)
- Number of EHR integrations
- Number of internal and external MAPS notifications

MAPS Registration

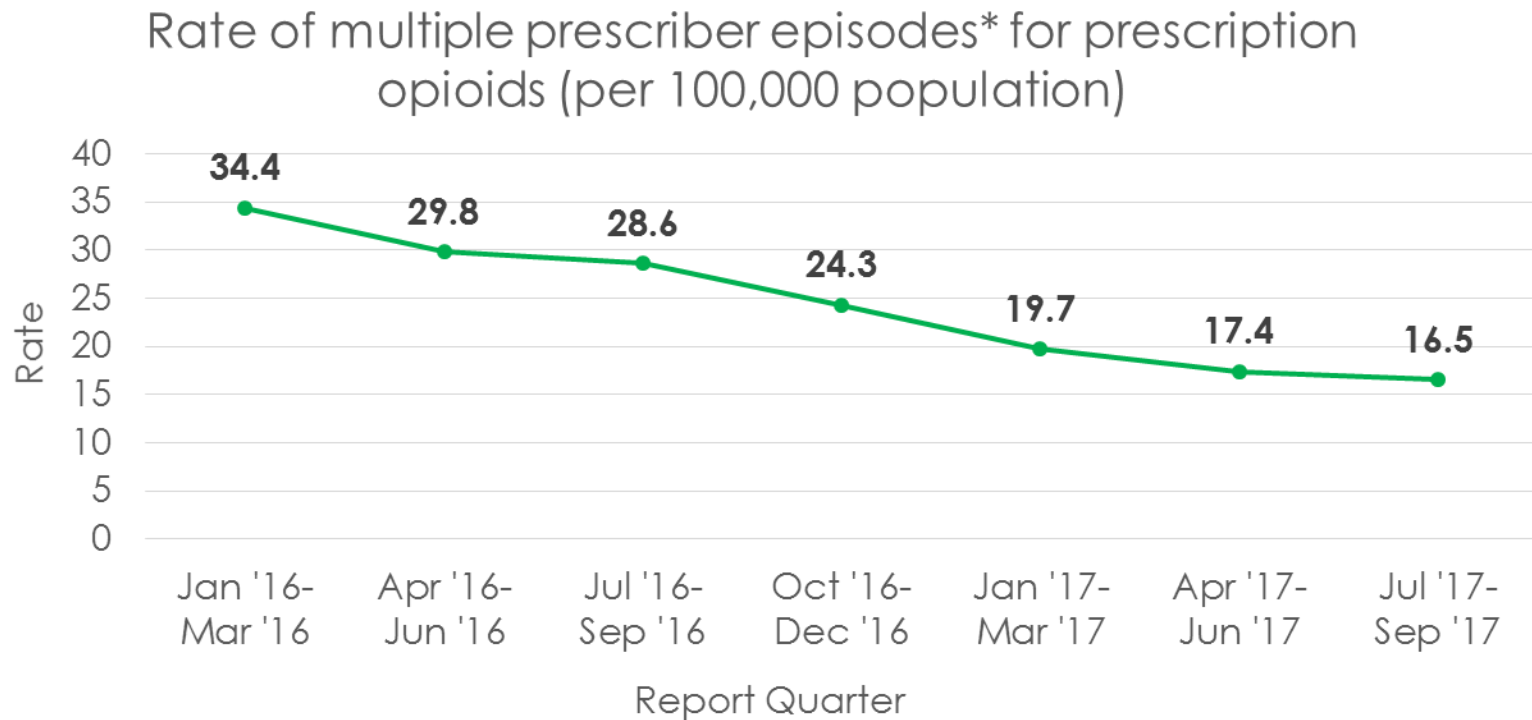


MI Residents Receiving Opioid Prescription

Michigan residents who received an opioid prescription



Multiple Prescriber Episodes for Prescription Opioids



*Multiple prescriber episodes are defined as seeing 5 or more prescribers AND filling prescriptions at 5 or more pharmacies in a 6-month timeframe

Michigan Prescription Drug Overdose Stakeholder Group

- Convened in early 2017
- Goal of developing a grant focused opioid overdose prevention action plan
- Sectors represented in stakeholder group membership include:
 - State and local public health
 - Health systems
 - Law enforcement
 - Community based organizations
 - Regulation enforcement
 - Insurers
 - Mental health and substance abuse providers
 - Professional associations
 - Pharmacy
 - Medical Providers
 - Other

Questions

Any questions please contact:

Jennifer DeLaCruz

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517-373-8571



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

**MICHIGAN PRESCRIPTION DRUG AND OPIOID ABUSE COMMISSION
RESOLUTION**

At a regularly scheduled meeting of the Michigan Prescription Drug and Opioid Abuse Commission (Commission), convened in Lansing, Michigan, the following resolutions were adopted.

WHEREAS:

In June of 2016, Governor Snyder signed Executive Order No. 2016 – 15 establishing the Commission.

The Commission was created to ensure the implementation and monitoring of the state-wide plan and to make further recommendations to combat the severe and complex prescription drug and opioid abuse epidemic that faces our state.

The Commission was charged with developing and proposing policies and an action plan to implement the recommendations in the Report of Findings and Recommendations for Action from the Michigan Prescription Drug and Opioid Task Force.

The Commission was charged with monitoring and advising the Governor as to the progress of the action plan.

The Commission was charged with providing other information and advice to the Governor regarding the state of prescription drug and opioid abuse in Michigan.

The Commission recommends that Michigan prescribers adopt acute care opioid treatment and prescribing practices.

THEREFORE:

**FOR PATIENTS PRESENTING WITH ACUTE EXACERBATIONS OF CHRONIC NON-
CANCER PAIN**

IT IS RESOLVED that the committee endorses the following recommendations:

- Non-opioid therapies should be used as first line therapy
- Care coordination should be utilized for patients with frequent ED visits
- Lost or stolen prescriptions should not be replaced
- For patients with chronic non-cancer pain who are

prescribed opioids chronically, providers are encouraged to use prescription drug monitoring programs (PDMPs) to screen for doctor shopping and to confirm opioid prescriptions originate with a single provider.

- Moreover, providers are encouraged to assess for the use of benzodiazepines and other sedatives. The combination of benzodiazepines and sedatives with opioids increases the risk for morbidity and overdose
- Consider implementation of effective ED-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) interventions for patients suspected of risky opioid use. An example of an active SBIRT for alcohol and drug use is Project Assert, which can be found at the following website: <https://www.bu.edu/bniart/sbirt-experience/sbirt-programs/sbirt-project-assert/>

FOR PATIENTS PRESENTING WITH ACUTELY PAINFUL CONDITIONS

IT IS RESOLVED that the committee endorses the following prescribing recommendations:

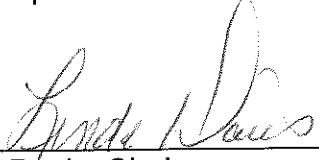
- Meperidine (Demerol) should not be used
- Non-opioid therapies (e.g., acetaminophen, ketorolac) are encouraged as primary or adjunctive treatments
- Non-pharmacologic therapies (e.g., ice, splinting) should be utilized
- Utilization of PDMPs is strongly encouraged prior to prescribing opioids
- Consider ED-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) for patients suspected of risky opioid use prior to prescribing opioids

FOR PATIENTS DISCHARGED FROM THE EMERGENCY DEPARTMENT (ED) WITH AN OPIOID PRESCRIPTION FOR ACUTE PAIN

IT IS RESOLVED that the committee endorses the following prescribing guidelines:

- 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 other sedative medications (e.g., benzodiazepines)
- 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
- Non-opioid therapies (e.g., acetaminophen, ibuprofen) are encouraged as adjunctive treatments
- Non-pharmacologic therapies (e.g., ice, splinting) should be encouraged

- Patients without a primary care physician be provided a list of primary care sites
- 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).



Linda Davis, Chairperson
MICHIGAN PRESCRIPTION DRUG
AND OPIOID ABUSE COMMISSION

1-11-18
Date