Welcome and Thank You for Coming!

Moving Forward to Affect Change
Welcome!

Please Take Your Seats, The Program is About to Begin.

Thank You!
2nd Annual Opioid Abuse and Heroin Overdose Solutions Summit
Marie Osborne
WJR Radio Detroit
Emcee
Kate Kohn-Parrott  
President and CEO  
Greater Detroit Area Health Council

Tom Watkins  
President and CEO  
Detroit Wayne Mental Health Authority
Thank You to Our Generous Supporters

Presenting Sponsor

ST. MARY MERCY
LIVONIA

SAINT JOSEPH MERCY HEALTH SYSTEM

Dave Spivey
President and CEO
Overdoses from Rx Opioids plateaued 2007
Heroin increased 2011
Fentanyl exploded 2014

Fentanyl Epidemic 2006
A deadly dose
United States, overdose deaths involving opioids
By county, 2015

Overdose deaths vary by county

Source: Centres for Disease Control and Prevention
Drug Overdose Deaths per 100,000 residents for Wayne County, total population and by race

Crude Overdose Death Rate

Fentanyl Epidemic

SOURCE: CDC WONDER
The number of drug-related deaths has increased

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Number of deaths</td>
<td>485</td>
<td>503</td>
<td>506</td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>215</td>
<td>239</td>
<td>267</td>
<td>312</td>
</tr>
<tr>
<td>Fentanyl</td>
<td></td>
<td>11</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Other opioids</td>
<td>190</td>
<td>177</td>
<td>144</td>
<td>210</td>
</tr>
<tr>
<td>Cocaine</td>
<td>118</td>
<td>146</td>
<td>143</td>
<td>296</td>
</tr>
</tbody>
</table>

SOURCE: Wayne County Medical Examiner PROVISIONAL DATA.
FY 2015 was October 1, 2014 – September 30, 2015
Percentage of 817 deaths caused by select classes of drugs (95.2% ruled accidental) in 2016

Fentanyl includes fentanyl and its analogs

SOURCE: Wayne County Medical Examiner. PROVISIONAL DATA
Black decedents were older than White decedents in 2016

N=531, mean age=40.1

N=253, mean age=50.1

SOURCE: Wayne County Medical Examiner.
PROVISIONAL DATA
Total units of scheduled medications dispensed in Michigan: 2007-2016

SOURCE: Michigan Department of Licensing and Regulatory Affairs
2nd Annual Opioid Abuse and Heroin Overdose Solutions Summit

Lieutenant Governor
Brian Calley
State of Michigan
Dr. Debra A. Pinals
Medical Director of Behavioral Health and Forensic Programs
Michigan Department of Health and Human Services (MDHHS)
Substance Use Disorders: A Path Forward for Michigan

DEBRA A. PINALS, M.D.
MEDICAL DIRECTOR
BEHAVIORAL HEALTH AND FORENSIC PROGRAMS
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
Tackling the opiate crisis at the state and local level
MICHIGAN

Drug Poisoning Death Rate per 100,000, by County, 2010-2014

Drug Poisoning Death Rate by State and National
(age-adjusted per 100,000 population)

Annual rate of opioid pain reliever prescriptions
dispensed by retail pharmacies (per 100 population)

Michigan's Status:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-Adjusted Drug Poisoning Death Rate (2014)</td>
<td>18.0 per 100K population</td>
</tr>
<tr>
<td>National Rank in Drug Poisoning Death Rate (2014)</td>
<td>16th</td>
</tr>
<tr>
<td>Requires ALL Prescribers Receive Appropriate Opioid Prescribing Training</td>
<td>NO</td>
</tr>
<tr>
<td>Established a Prescription Drug Monitoring Program (PDMP)</td>
<td>YES [PDMP TTAC State Profiles]</td>
</tr>
<tr>
<td>Requires Pharmacy to Submit Data to PDMP within 24 hours</td>
<td>YES [CDC Prevention Status Reports]</td>
</tr>
<tr>
<td>Requires PDMP use by ALL Prescribers</td>
<td>NO</td>
</tr>
<tr>
<td>PDMP Interoperable with other States</td>
<td>Shares info with 20 states [National Association of Boards of Pharmacy]</td>
</tr>
<tr>
<td>State Law Explicitly Allows Syringe Service Programs</td>
<td>NO</td>
</tr>
<tr>
<td>Permits Distribution of Naloxone by Pharmacists*</td>
<td>NO</td>
</tr>
</tbody>
</table>

*Under a standing order, collaborative practice agreement, or prescriptive authority.

Source: CDC NVSS

Source: National Vital Statistics System

Source: IMS Health

Source: CDC Prevention Status Reports

Source: Michigan Department of Health and Human Services

Based on information available as of March 21, 2016
Increase in Prescription of Opioids

- Hydrocodone and Oxycodone prescribing has increased nearly 300% nationwide since 1991.

Increase in Heroin Use

- Heroin use increased approximately 50% from 2005 to 2010
- Heroin deaths increased approximately 50% from 2005 to 2010

The State Responds
On June 18, 2015, Governor Rick Snyder appointed a task force to address prescription drug and opioid abuse. Governor Snyder appointed Lt. Governor Brian Calley to lead this effort. Lt. Governor Calley said “prescription drug and opioid addiction has quadrupled the number of unintentional drug deaths in our state since 1999 and we must come together to reverse this trend before more Michiganders are hurt.”
Task Force Recommendations

- The Task Force report includes 25 primary recommendations and 7 contingent recommendations grouped into the following categories:
  - Prevention
  - Treatment
  - Regulation
  - Policy and Outcomes
  - Enforcement
Implementation: Working within and across systems

- 5 different state agencies are responsible for the implementation of these recommendations:
  - Department of Health and Human Services
  - Department of Licensing and Regulatory Affairs
  - Michigan State Police
  - Attorney General
  - Department of Insurance and Financial Services
Prevention
Prevention

**Increase drop-off bins**

- Drop-off bins at all Michigan State Police posts throughout the state

- Many Law enforcement offices, pharmacies, and other locations maintain drop-off bins

- Maps of locations can be found here: [http://www.michigan.gov/deq/0,4561,7-135-3312_4118_74618-370212--,00.html](http://www.michigan.gov/deq/0,4561,7-135-3312_4118_74618-370212--,00.html) and here: [http://ihpi.umich.edu/our-work/strategic-initiatives/michigan-open/protect-your-community](http://ihpi.umich.edu/our-work/strategic-initiatives/michigan-open/protect-your-community)
Prevention

Benefits Monitoring Program

Medicaid improving "Lock In" program that prevents doctor and pharmacy shopping by locking a beneficiary to one doctor and one pharmacy

- Health Plan contract language strengthened to increase use of benefits monitoring program
- Beneficiaries are connected to treatment resources
- Software improvements are ongoing
Prevention

Awareness Efforts

- In July, MDHHS launched a statewide media campaign on YouTube to raise awareness among teens about the health and personal consequences of drug use.

- MDHHS posted a web-based campaign "Do Your Part" to prevent prescription drug and opioid abuse. The campaign can be accessed at www.michigan.gov/bhrecovery.

- MDHHS will soon launch a statewide public awareness campaign on dangers of prescription drug abuse.
Federal Grant Funded Efforts

- MDHHS Violence and Injury Division received a $2.25 million grant to combat opioid misuse from the Centers for Disease Control and Prevention (CDC).

- The CDC grant enable Michigan to: improve data collection and analysis around misuse and overdose; develop a strategy to combat the epidemic; and work with communities to develop opioid overdose prevention programs.
Federal Grant Funded Efforts

MDHHS is in the second year of a 5-year grant Substance Abuse and Mental Health Services Administration (SAMHSA) grant to prevent prescription drugs opioid abuse among youth and young adults.

The grant provides eight communities (Macomb, Muskegon, Lake, Mason, Bay, Cass, Genesee and Wayne Counties) resources to integrate evidence-based prevention programming, including Screening, Brief Intervention and Referral to Treatment (SBIRT) in primary care settings.
Treatment
Increase access to Naloxone

- Standing Order legislation to improve access to naloxone to family, friends, and others signed in 2016

- Rule promulgation in progress for Standing Order

- MDHHS provided 5,800 Naloxone kits to first responders along with information on where to access treatment by five Prepaid Inpatient Health Plans (PIHPs)
Treatment

Increase access to care

- Medicaid established reimbursement policy regarding Vivitrol in residential treatment services

- Physicians and non-physician practitioner services related to opioid dependence may be reimbursed through Fee-For-Service Medicaid
Treatment

Good Samaritan Law

- The Task Force recommended passing a Good Samaritan law to encourage people to seek medical assistance during an overdose.

- In 2016, Governor Snyder signed Michigan’s Good Samaritan law that will protect individuals from criminal liability if they seek medical assistance for an overdose.
Treatment

Neo-Natal Abstinence Syndrome

- Michigan participating in a Policy Academy focused on improving outcomes for pregnant and postpartum women with opioid use disorders and their infants and families who are involved or at risk of being involved with child welfare services

- MDHHS NAS Project – Substance Abuse Prevention and Treatment Block Grant Funding
  - Each PIHP region submitted a proposal aimed at reducing the incidence of NAS affected births
  - Involves building relationships with NICUs, Hospitals and other agencies such as CPS
Task Force Recommendations

- Policy and Outcomes
  - Create ongoing Task Force

- Enforcement
  - Improve the MI Automated Prescription System (MAPS)
  - Increase access to MAPS
  - Increase sanctions
Implementation: Process and Direction

- In 2016, an ongoing Prescription Drug and Opioid Abuse Commission (PDOAC) was established by Executive Order

- First meeting: December 2016 (Chair: Judge Linda Davis)

- The Commission will further support implementation of the Task Force’s recommendations
Legislation
On March 23, Governor Snyder and several legislators announced a package of bills to combat opioid and prescription drug abuse.

Some bills are Task Force recommendations:

- **Bona-fide doctor-patient relationship**
- **Licensing of pain clinics**
- **Good faith exemption for pharmacists**
Potential for More Legislation

Other legislation includes:

- 7 day prescribing limit
- MAPS mandate
- Develop prescription drug education curriculum in schools
- Greater patient education requirements
- Greater provider sanctions
For Practitioners: Taking Steps Now and Going Forward
Screening Tools

- Increasingly recognized and further developed
- Separate screening tools for specific populations (e.g., Youth, Justice-involved)
Screening and Brief Intervention in Primary Care Settings

- **Ask:** Screen and Assess Risk, with follow up Brief Intervention
- **Advise:** Provide direct personal advice about substance use
- **Assess:** Evaluate the patient’s willingness to quit or reduce use
- **Assist:** Help interested patients develop a treatment plan
- **Arrange:** Help patient arrange follow up appointment if desired

Amaza et al 2015, ASAM
“SBIRT”

- Screening
- Brief Intervention
- Referral to treatment
- Primary Use for Alcohol and Tobacco
- Impact on other substance use requires further study

Impact on other substance use requires further study.
Substance Use Assessment and Treatment Services
ASAM Criteria:
Moving away from the cookie cutter approach
ASAM Continuum of Care

Reflecting a Continuum of Care

Note:
Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.
# Medication Assisted Treatments

## FDA-Approved Medications for Substance Abuse Treatment and Tobacco Cessation

| Medications for Alcohol Dependence | Naltrexone (ReVia®, Vivitrol®, Depade®)  
|-----------------------------------|--------------------------------------  
|                                   | Disulfiram (Antabuse®)  
|                                   | Acamprosate Calcium (Campral®)  
| Medications for Opioid Dependence | Methadone  
|                                   | Buprenorphine (Suboxone®, Subutex®, and Zubsolv®)  
|                                   | Naltrexone (ReVia®, Vivitrol®, Depade®)  
| Medications for Smoking Cessation | Varenicline (Chantix®)  
|                                   | Bupropion (Zyban® and Wellbutrin®)  
|                                   | Nicotine Replacement Therapy (NRT) |
### Integrated Behavioral Health

#### Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Key Element</th>
<th>Collaboration Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Minimal Collaboration</td>
<td>Communication</td>
<td>COORDINATED</td>
</tr>
<tr>
<td>Level 2</td>
<td>Basic Collaboration at a Distance</td>
<td>Communication</td>
<td>COORDINATED</td>
</tr>
<tr>
<td>Level 3</td>
<td>Basic Collaboration on-site</td>
<td>Physical Proximity</td>
<td>CO-LOCATED</td>
</tr>
<tr>
<td>Level 4</td>
<td>Close Collaboration on-site with Some System Integration</td>
<td>Practice Change</td>
<td>INTEGRATED</td>
</tr>
<tr>
<td>Level 5</td>
<td>Close Collaboration Approaching an Integrated Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 6</td>
<td>Full Collaboration in a Transformed/Merged Integrated Practice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Behavioral Health, primary care and other healthcare providers work:

<table>
<thead>
<tr>
<th>Level 1</th>
<th>In separate facilities, where they:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Have separate systems</td>
</tr>
<tr>
<td></td>
<td>Communicate about cases only rarely and under compelling circumstances</td>
</tr>
<tr>
<td></td>
<td>Communicate, driven by provider need</td>
</tr>
<tr>
<td></td>
<td>May never meet in person</td>
</tr>
<tr>
<td></td>
<td>Have limited understanding of each other’s roles</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 2</th>
<th>In separate facilities, where they:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Have separate systems</td>
</tr>
<tr>
<td></td>
<td>Communicate periodically about shared patients</td>
</tr>
<tr>
<td></td>
<td>Communicate, driven by specific patient issues</td>
</tr>
<tr>
<td></td>
<td>May meet as part of larger community</td>
</tr>
<tr>
<td></td>
<td>Appreciate each other’s roles as resources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 3</th>
<th>In same facility, not necessarily same offices, where they:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Have separate systems</td>
</tr>
<tr>
<td></td>
<td>Communicate regularly about shared patients, by phone or e-mail</td>
</tr>
<tr>
<td></td>
<td>Collaborate, driven by need for each other’s services and more reliable referral</td>
</tr>
<tr>
<td></td>
<td>Meet occasionally to discuss cases due to close proximity</td>
</tr>
<tr>
<td></td>
<td>Feel part of a larger yet ill-defined team</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 4</th>
<th>In same space within the same facility, where they:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Share some systems, like scheduling or medical records</td>
</tr>
<tr>
<td></td>
<td>Communicate in person at needed</td>
</tr>
<tr>
<td></td>
<td>Collaborate, driven by need for consultation and coordinated plans for difficult patients</td>
</tr>
<tr>
<td></td>
<td>Have regular face-to-face interactions about some patients</td>
</tr>
<tr>
<td></td>
<td>Have a basic understanding of roles and culture</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 5</th>
<th>In same space within the same facility (some shared space), where they:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actively seek system solutions together or develop work-a-rounds</td>
</tr>
<tr>
<td></td>
<td>Communicate frequency in person</td>
</tr>
<tr>
<td></td>
<td>Collaborate, driven by desire to be a member of the care team</td>
</tr>
<tr>
<td></td>
<td>Have-regular team meetings to discuss overall patient care and specific patient issues</td>
</tr>
<tr>
<td></td>
<td>Have an in-depth understanding of roles and culture</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 6</th>
<th>In same space within the same facility, sharing all practice space, where they:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Have resolved need or all system issues, functioning as one integrated system</td>
</tr>
<tr>
<td></td>
<td>Communicate consistently at the system, team and individual levels</td>
</tr>
<tr>
<td></td>
<td>Collaborate, driven by shared concept of team care</td>
</tr>
<tr>
<td></td>
<td>Have formal and informal meetings to support integrated model of care</td>
</tr>
<tr>
<td></td>
<td>Have roles and cultures that flow or blend</td>
</tr>
</tbody>
</table>

Required SUD Services Funded and Administered by the PIHP

- Access Management System – Screening, assessment and referral to appropriate treatment
- Receiving and placing referrals from the Department of Corrections
- Data System to track performance relative to National Outcome Measures
- Prevention Data System – To capture number of persons served by evidence-based practices and population type, i.e., universal, selective and indicated populations.
Required Treatment Services

- The PIHP must assure use of a standardized assessment process, including the American Society of Addiction Medicine (ASAM) Patient Placement Criteria, to determine clinical eligibility for services based on medical necessity.

- Treatment services at all levels: outpatient, case management, residential

- Inclusion of peer recovery supports and access to MAT
STR Grant
STR Grant

- The MDHHS applied for and received a $16M State Targeted Response to the Opioid Crisis Grant from SAMHSA.

- The grant is a two-year grant and grant activity is expected this fiscal year.

- The purpose of the Michigan Opioid STR project is to increase access to treatment and reduce unmet treatment need; and reduce opioid overdose related deaths through the provision of prevention, treatment and recovery activities for Opioid Use Disorders (OUDs).
STR Grant: Highlights

To achieve our purpose for the project, MDHHS will:

- Improve the state infrastructure for individuals with an OUD;
- Train PIHP and provider administration on infrastructure improvements, and train provider staff on evidence based interventions and fidelity measures;
- Implement evidence based prevention and treatment interventions with accompanying fidelity instruments to ensure that the quality of the intervention is consistent across the provider network;
- Improve access to psychiatric services and psychotropic medications to individuals with an OUD;
STR Grant

- Expand the availability and use of specially trained peers for MAT and drug free programming;
- Expand outreach and engagement activities to primary care and law enforcement sites;
- Increase supports to the prisoner re-entry population with an OUD;
- Expand the use of peers in emergency departments and primary care settings;
- Expand overdose education and naloxone distribution; and
- Disseminate a statewide media campaign for the purpose of public education.
The Michigan Opioid STR initiative will:

- Improve awareness of the risks associated with using opioid based medications, as well as illegal opioids;
- Increase the availability of prevention focused evidence based practices for individuals considered to be part of the selected or indicated portion of the population;
- Educate physicians on the CDC Prescriber Guidelines for responsible opioid prescribing;
- Increase access to Medication Assisted Treatment, withdrawal management, and residential treatment services for individuals with OUDs.
STR Grant

- Increase availability of treatment and recovery support services to individuals with OUDs, improve the quality of services for individuals with OUDs;
- Increase treatment and support services available to individuals re-entering the community from prison; and
- Revise policy and contractual language to reflect standards of care as identified in Michigan’s MAT Guidelines for OUDs.
a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential (SAMHSA 2014)

E.G., SYMPTOM RESOLUTION, SOBRIETY, REDUCED RECIDIVISM, SOCIAL CONNECTEDNESS, EMPLOYMENT, EDUCATION, INDEPENDENT LIVING, SELF-RELIANCE
Lessons and Opportunities

- No one system or agency has the resources to meet all the needs of their clients.

- Service systems need to be aligned with what we know is true.
  - Addiction is a chronic illness.
  - Healthy communities help to sustain recovery and promote wellness for all.
Websites and Resources

- SAMHSA – www.samhsa.gov
- PCSS- Provider Clinical Support Services for Opioid Therapies - www.pcss-o.org
- NIDA – www.drugabuse.gov
- AAAP – www.aaap.org
- ASAM – www.asam.org
- APA- www.psych.org
Resource and Contact Information

- Michigan Department of Health and Human Services,
  Office of Recovery Oriented Systems of Care at
  www.michigan.gov/bhrecovery
15 MINUTE BREAK
The Opioid Epidemic:

What is the Role of Acute Pain Prescribing?
AMRO Regional
Opioid Consumption in Morphine Equivalence (ME) minus Methadone, mg/person

Year

ME (mg/capita)

- Morphine
- Pethidine.ME
- Oxycodone.ME
- Fentanyl.ME
- Hydromorphone.ME
- Total.ME

engaging patients, educating providers, protecting communities
How did we get here?
2012: 259 million opioid prescriptions

Our Patients
Will I get addicted to painkillers?
Chronic Opioid Users ~8%
Intermittent Opioid Users ~30%
Pre-Operative Opioid Use and Associated Outcomes after Major Abdominal Surgery

New persistent opioid use

• Previously opioid naïve patient still filling opioid Rx’s 3 mo postop¹

• What is the risk after surgery?

New chronic use of opioids after surgery was 6% and did not differ between major and minor surgeries.
Postoperative opioid dependence happens in pediatric patients

- Surgical Population: 4.8%
- Nonoperative Comparison (Control Group): 0.2%
- Tonsillectomy and/or adenoidectomy: 4.8%
- Inguinal hernia (open or laparoscopic): 4.1%
- Umbilical or epigastric hernia: 5.2%
- Pectus repair, open or minimally invasive (Nuss): 4.1%
- Appendectomy: 5.1%
- Cholecystectomy: 7.3%
- Colectomy, open or laparoscopic: 15.2%
- Supracondylar fracture fixation: 7.4%
- Epicondylar fracture fixation: 2.9%
- Posterior arthrodesis: 4.7%
- Arthroscopic knee repair (ACL, meniscal): 4.0%
- Orchiopexy, inguinal, open or laparoscopic: 2.7%
- Hypospadias repair: 2.9%
6 tabs/day of Norco 5/325
6 tabs/day of Norco 5/325
Pain Management Is Not Uniformly Taught
20 tablets of oxycodone (5 mg/tab)

100 tablets of oxycodone (5 mg/tab)
45 tablets of Norco (5/325)

70 – 75% unused

Quantity Does Not Predict Refill

![Graph showing the probability of refill against the number of pills. The x-axis represents the number of pills (~Norco 5mg) and the y-axis represents the probability of refill. The graph shows a decrease in probability as the number of pills increases, with a slight increase for quantities greater than 60 pills.](image-url)
33 extra pills per prescription

62 million unused pills/year

1,881,481 operations / year

62 million unused pills/year

DIVERSION

Leftover Opioids

Share Opioids

High-risk opioid prescribing

- Any high-risk prescribing: 58% for 1 prescriber, 34% for 2 prescribers, 17% for 3 or more prescribers
- High daily doses: 17% for 1 prescriber, 12% for 2 prescribers, 17% for 3 or more prescribers
- Overlapping prescriptions: 25% for 1 prescriber, 1% for 2 prescribers, 31% for 3 or more prescribers
- Concurrent benzodiazepine: 25% for 1 prescriber, 19% for 2 prescribers, 6% for 3 or more prescribers
- Long acting opioids: 0% for 1 prescriber, 1% for 2 prescribers, 4% for 3 or more prescribers
Our Role

**OPEN**

Opioid Prescribing Engagement Network

engaging patients, educating providers, protecting communities
How Will We Have Impact?

- Educate patients and providers about appropriate opioid management for acute care
- Create guidelines for postoperative pain management
- Develop interventions to reduce postoperative opioid prescribing and use
- Implement new methods for safe opioid disposal
U-M is Uniquely Positioned to Make a Difference in the Opioid Epidemic

Michigan Surgical Quality Collaborative (MSQC) participating sites
Opioid Prescribing Guidelines: Laparoscopic Cholecystectomy
Laparoscopic Cholecystectomy

Opioids **Prescribed** After Surgery

77% of rx’s

% Prescriptions

OME Total (mg)

30 Norco  60 Norco  90 Norco  120 Norco
Laparoscopic Cholecystectomy

Opioids Used After Surgery

• Average use = 50 OME (10 Norco/7 Oxy)
• Median use = 30 OME (6 Norco/4 Oxy)
• 70% did not dispose of leftover
Let’s get smart about prescribing

15 Oxycodone 5 mg  1q4-6 PRN

15 Norco 5/325 mg  1q4-6 PRN

+ Tylenol AND Motrin
After the new protocol, patients also reported less opioid use.
Supersize it!

## Proposed Prescribing Guidelines

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Oral Morphine Equivalents</th>
<th>Hydrocodone 5 mg (Norco/Vicodin)</th>
<th>Oxycodone 5 mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laparoscopic cholecystectomy</td>
<td>75</td>
<td>15</td>
<td>10-15</td>
</tr>
<tr>
<td>Laparoscopic appendectomy</td>
<td>75</td>
<td>15</td>
<td>10-15</td>
</tr>
<tr>
<td>Laparoscopic inguinal hernia repair</td>
<td>75</td>
<td>15</td>
<td>10-15</td>
</tr>
<tr>
<td>Open inguinal hernia repair</td>
<td>75</td>
<td>15</td>
<td>10-15</td>
</tr>
<tr>
<td>MIS Hysterectomy (lap, vaginal)</td>
<td>100</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>Abdominal Hysterectomy</td>
<td>150</td>
<td>30</td>
<td>20</td>
</tr>
</tbody>
</table>
Opioid Recovery Drives

Medication Take-Back Day
Saturday, May 20, 2017
10 a.m. – 2 p.m.
<table>
<thead>
<tr>
<th><strong>Total number of people</strong></th>
<th>349</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pills</strong></td>
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<td>Estimated weight of pills</td>
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<td>Estimated total number pills</td>
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<td>Opioid pills</td>
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<td>Most common - Hydrocodone</td>
<td>5,714</td>
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<td><strong>Other medications of interest</strong></td>
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<td>Benzodiazepines and sedatives</td>
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<td>Anti-depressants</td>
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<td>Stimulants</td>
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<td>Muscle relaxants</td>
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<td>Anti-epileptics</td>
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<td><strong>Additional information</strong></td>
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<td>Oldest opioid date (by year)</td>
<td>1981</td>
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<td>Second oldest opioid (different person)</td>
<td>1985</td>
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<td>Most common reason for opioid</td>
<td>Surgery</td>
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Opioid Recovery Drive – May 20

Escanaba/St Francis Hospital: TBA

Traverse City/Munson Medical: Thomas Judd Care Center

Saginaw/CMU Health: Heritage High School Parking

Ann Arbor/UM: Pioneer High School Parking Lot

Jackson/Allegiance: Jackson Police Department Lobby
umhealth.me/takebackmap
umhealth.me/takebackmap
Moving to a Preventative Model

Current Strategic Efforts

- Chronic Opioid Use
- Opioid Diversion Into Community
- Opioid Epidemic

- OPEN
  Opioid Prescribing Engagement Network
  engaging patients, educating providers, protecting communities
Surgical Prescribing is Fueling the Opioid Epidemic

- **6-15%** Incidence of new chronic opioid use after surgery
- **~70%** Opioids prescribed after surgery are unused

Postoperative prescribing is not currently tailored to the individual.

Precision Opioid Prescribing

Informed prescribing and personalized pain management

Goal: Reduce downstream chronic opioid use, abuse and overdose through a precision prevention strategy

Not taking opioids \rightarrow Chronic opioid use \rightarrow Opioid abuse \rightarrow Opioid overdose

Proposed precision preventative strategy

Focus of existing public health measures
Contact us

cbrummet@umich.edu
caitham@umich.edu
filip@umich.edu
englesbe@umich.edu
2nd Annual Opioid Abuse and Heroin Overdose Solutions Summit

Judge Linda Davis
41B District Court
Macomb County Drug Court
IF YOUR NAME’S NOT ON THE BOTTLE...

THEY’RE NOT MEANT FOR YOU TO SWALLOW!
2nd Annual Opioid Abuse and Heroin Overdose Solutions Summit

Presented by:
Grenae Dudley, Ph.D.
The Youth Connection and Love Detroit Prevention Coalition
Wayne County's Impact Through Partnership and Collaboration
Who Owns The Problem?

We All Do!

Prescription Drug Abuse And The Rise Of Heroin Is A Key Community Problem And It Is Our Collective Responsibilities To Address
Collaborate Or.........

To Address This Problem In Wayne County... In Our Collective Communities We Have To Collaborate!
Wayne County’s Coalitions, Task Forces and Collaboratives

- Hamtramck Drug Free Community Coalition
- SUDDS: Stop Underage Drinking/Drugs Coalition
- Detroit Wayne County Drug Surveillance Task Force
- Love Detroit Prevention Coalition
- NCADD-GDA STEPS-RADIO (TOPS)
- Beaumont
- Empowerment Zone Coalition (STRONGER TOGETHER: Faith & Community)
- Livonia Save Our Youth Coalition
- TAYLOR: Made For You

Prevention Collaborative
WORKING TOGETHER

The Love Detroit Prevention Coalition Brought Together Key Leaders Across Sectors to Help Address Prescription Drug Misuse and Abuse

We have Hosted Three Key Leaders Roundtables and Planning One for This June
Key Leaders Roundtables Have Included:

The Youth Connection
Detroit Wayne Mental Health Authority
Detroit Recovery Project
Pharmacists
Independent Pharmacist Association
Physicians
DEA
HIDTA

Molina Healthcare
University Professors
WSU Generation Rx
Prescription Drug Companies
Community Based Organizations
Key Leaders Roundtable cont.: 

Hospitals
- Children’s Hospital
- St. John Providence Health System

Schools (EAA and DPS)

Department of Health and Human Services

Wayne State University
- Eugene Applebaum School of Pharmacy
- School of Nursing
- School of Medicine Family Practice MPH

University and Hospital Residents

Health Clinics

Substance Abuse Preventions Organizations

SUD Treatment Organizations
Key Leaders Recommendations

Systems Change to Impact Diversion and Addiction

Create Awareness Campaigns For Each Sector

Promote The Use Of Naloxone With Police And Families.

Add Quality Standards To Health Plans For The Prescribing And Dispensing Of Narcotics
Key Leaders **Recommendations**

Systems Change to Impact Diversion and Addiction

- Make MAPS Real Time
- Encourage Use of MAPS among Physicians and Pharmacists
- Change the MAPS Signage to ImproveMessaging
- In MAPS allow Physicians and Pharmacist to view their history
- De-Identify the Data Base so it can be Available for Analysis
Key Leaders Round Table Recommendations Were Shared With

The Governor’s Liaison to the Michigan Prescription Drug and Opioid Abuse Task Force

Chris Priest, Deputy Director of Strategy
Collaboration among local coalitions, pharmacies, health profession boards, state agencies and the DEA to increase the availability of prescription drop-off bins.

A review of successful state and local collection programs for possible replication and expansion.
WAYNE COUNTY’S RESPONSE!
Take Back Boxes:

Allen Park Police Department
City of Grosse Point Park Public Safety
Flat Rock Police Department
Gibraltar Police Department
Grosse Ile Police Department
Grosse Pointe Park Public Safety
Grosse Pointe Woods Public Safety
Hamtramck Police Department
Lincoln Park Police Department
Livonia Police Department
Melvindale Police Department
Riverview Police Department
Rockwood Police Department
Romulus Police Department
Southgate Police Department
Taylor Police Department
Westland Police Department
Woodhaven Police Department
Wyandotte Police Department
Appropriate Disposal of Unwanted Pills

Detroit Wayne Mental Health Authority Provided 100’s Of DETERRA Bags To Agencies And Coalitions for Distribution To:

- Help Curtail Diversion
- Prevent Improper Disposal Of Prescription Medications
Nancy JW Lewis, PharmD, MPH, A Member Of LDPC Working With Wayne County Pharmacists. DETERRA Bags Are Now Being Distributed At:

- Andy’s Pharmacy
- CVS Pharmacy On Van Dyke And Outer Drive!
- More to Come!
20,370 lbs. Of Prescription Drugs Collected In Michigan For The April 2017 Take Back Day. 34 Sites In Detroit Wayne County Participated!
The Youth Connection, TYC’S WSU MPH Intern, Eli Sullivan, LDPC, And The Great Lakes Water Authority Are Working To Include A Prescription Disposal Message On Every Water Bill In Communities GLWA Serve In Southeastern Michigan. It Will Also Include A Link To A Website To Inform Residents Of Why, How and Where To Appropriately Dispose Of Prescription Drugs.
A multifaceted Public Awareness Campaign be undertaken to Inform the Public of the Dangers of Abuse, How to Safeguard and Properly Dispose of Medicine, Publicize Improper Prescribing Practices, and Reduce the Stigma of Addiction.
Wayne County’s Response.....

If Your Name ISN’T on the Bottle
They’re Not FOR YOU to Swallow!

www.PreventionDetroit.com

Poster Designed by: Adnan Khall, The Youth Connection
Wayne County’s Response…..

PILL-POPPING, HEART RATE-DROPPING, LIFE-STOPPING

#6WordsCanSave6Lives
Wayne County’s Response…..

Pharmacists Shared Diversion Prevention Best Practices

Several implemented Diversion Prevention Practices in their Pharmacies

Increased Prevention and Treatment Referral Information utilizing kicker cards provided by coalition

Molina Healthcare of Michigan Reviewed their Health Plans Across The Country (Dr. Forshee, the Vice President of Medical Affairs and Chief Medical Officer for Molina Health Care, 2015)

Member Monitoring
Prescriber Monitoring
Lock-in Program To Promote Monitoring/Prevent Diversion
Drug Formulary Management
Community Engagement
Wayne County’s Response.....

EMPOWERMENT ZONE
COALITION
Lock It Up- Think About it Campaign
Community Workshops on Proper Disposal of Rx Drugs
Designed and Distributed Postcards on Teens and Prescription Drugs
Wayne County’s Response.....

Actively Participates In Take Back Days!
Emerging Threat: Prescription Drugs Workshops
Provide Education To Grandparents Raising Grandchildren
Prescription Medication Committee
Including Livonia Police, St. Mary-Mercy-Livonia and LSOY working on implementing a Safe Storage and Disposal Campaign.

LSOY Provides Prescription Medication Awareness to Children at The Livonia Police Passport to Safety Annual Event.

Wayne County’s Response…..

Distributed Education Packets And Prescription Take Back Info To:
Hamtramck Police Department
Highland Park Police Department
Hamtramck Fire Department
23 Pharmacies In Hamtramck
Distributed Flyers Of Prescription Takeback Literature In Several Languages
Michigan Prescription Drug and Opioid Abuse Task Force Recommendation

A Review of the Budgetary Requirements for **Updating or Replacing MAPS Mandatory Registration in MAPS by all Licensed Prescribers** be Implemented to Ensure All are Registered When the Updated or New System is Brought on Line
The State of Michigan has replaced the Michigan Automated Prescription System (MAPS) with Appriss, PMP AWARx software as of April 4, 2017.
Pharmacists be Allowed to Dispense Naloxone to the Public in Similar Fashion to How Pseudoephedrine is Currently Dispensed.
Wayne County’s Response…..

Expanded Opioid Training Helps Detroit And Wayne County

The DWMHA Is Partnering With Local Law Enforcement To Create A Holistic Approach To Drug Addiction, Treating Substance Abuse As A Mental Health Issue.

Police Throughout Wayne County Are Trained To Use Opioid Overdose Kits Through The DWMHA, Which Give The Kits To The Police Department For Free.
In the four months since the Detroit Wayne Mental Health Authority began training local law enforcement on the use of the opioid antidote naloxone, two lives have been saved by Michigan State Police troopers.

Dr. Carmen McIntyre, the Authority’s chief medical officer, described herself as a "proud teacher" when she watched dash cam video of one of the saves. She saw the trooper examine a man who had passed out and administer the drug expertly, just as he’d been taught.

Six months after they were trained Dearborn Police have already saved five lives with the kits, including one just two weeks ago, a man found unresponsive in a hotel parking lot.
WAYNE COUNTY WE ARE ....
Award Presentation

Dr. Carmen McIntyre, Tom Watkins, Kate Kohn-Parrott
2nd Annual Opioid Abuse and Heroin Overdose Solutions Summit

Collin Rose Memorial

Accepting on Behalf of the Family

Captain Patrick Saunders
Coordinator of Line Operations
Wayne State University Police
Collin Rose Award for Excellence in Saving Lives

Accepting Award

Sargent Jacob Liss
Trooper Mark Bessner
Michigan State Police
Please Enjoy Lunch Vendor Visits and Networking
Please Take Your Seats, The Program is About to Resume.

Thank You!
Dr. Benjamin Jones
President and CEO
National Council on Alcoholism and Drug Dependence
Panel Moderator
BRIDGING SILOS
Panel Discussion

Ghada Abdallah
Park Pharmacy

Julia Hitchingham
Michigan Department of Corrections

Andre Johnson
Detroit Recovery Project

Dr. Carmen McIntyre
Detroit Wayne Mental Health Authority

Geno Salomone
23rd District Court

Patty Wagenhofer-Rucker
Genesee Community Health Center
DEA: Combating the Supply
2nd Annual Opioid Abuse and Heroin Overdose Solutions Summit

Cathy Gallagher
Diversion Program Manager
Detroit Division

May 11, 2017
COPS: PHOTOS OF BOY WITH PASSED-OUT ADULTS SHOW DRUG SCOURGE

Police in East Liverpool, Ohio released these images they say to illustrate the impact of the heroin and painkiller epidemic. (City of East Liverpool, Ohio/Facebook)
Prescription Opioid Analgesics Poisoning Deaths

Opioid-Involved Drug Poisoning Death Rates by State, 2013
U.S. National Rate: 5.1 Deaths per 100,000 Population

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death on CDC WONDER Online Database, extracted January 26, 2019.
Office of Diversion Control

Mission

To prevent, detect, and investigate the diversion of controlled substances from legitimate sources

while

Ensuring an adequate and uninterrupted supply for legitimate medical and scientific purposes
Diversion Control Functions

- U.S. Competent Authority under U.N. drug and chemical control treaties
- Control of imports / exports of drugs and chemicals
- Domestic and international controlled substances scheduling
- Establishment of drug production quotas
Diversion Control Functions

- Industry Liaison/Policy Development
- Promulgation of regulations
- Registrar to 1.6 million controlled substance registrants and 2,700 listed chemical handlers
- Computerized monitoring, tracking of distribution of certain controlled drugs and chemicals; providing distribution intelligence to the states
The CSA’s Closed System of Distribution

Importer

Manufacturer

Practitioner

Distributor

Patient

Pharmacy
Types of Controlled Substances

- Narcotics
- Stimulants
- Depressants
- Hallucinogens
- Anabolic Steroids
Schedules of Controlled Substances

- **Schedule I** - No accepted medical use/ High potential for abuse/dependency (Heroin, Marihuana, “Bath Salts”)

- **Schedule II** - Accepted medical use/ High potential for abuse/dependency (Morphine, Oxycodone)

- **Schedule III** - Accepted medical use/ Less potential for abuse/dependency (Hydrocodone compounds)

- **Schedule IV** - Accepted medical use/ Less potential for abuse/dependency (Benzodiazepines)

- **Schedule V** - Accepted medical use/ Less potential for abuse/dependency (Codeine cough syrup)
Maintaining the CSA’s Closed System of Distribution

- Scheduled Investigations
- Established Schedules
- Recordkeeping Requirements
- Security Requirements
- ARCOS
- Established Quotas
- Registration
Active Registrants
1,666,501 total (3-3-2017)

- Practitioners: 1,229,051
- Importers: 247
- Exporters: 250
- Manufacturers: 556
- Distributors: 778
- Researchers: 7,959
- Mid-Level Practitioners: 297,242
- Pharmacies: 73,501
- Hospitals/Clinics: 16,929
Michigan Registrant Population

- Manufacturers: 16
- Distributors: 22
- Practitioners: 37,019
- NPs/PAs: 9,207
- Pharmacies: 2,495
- Opioid Treatment Programs: 44
- DATA-Waived Practitioners: 998
How Do DEA Field Offices Combat the Supply?

- Regulatory Inspections – Record Keeping and Security
- Monitor the chain of distribution/suspicious orders
- Monitor reported thefts and significant losses
- Criminal, Civil and Administrative Action
  - Diversion Groups
  - Tactical Diversion Squads
DEA Action

- Administrative Action:
  - Scheduled Inspections
  - Letters of Admonition
  - Memorandum of Agreements
  - Immediate Suspension Orders (ISO)
  - Order To Show Cause (OTSC) registrations

- Criminal/Civil Investigations Action:
  - Federal and State Level
Prescription Requirements

In order to be legal, a prescription must:

• Be issued by a registered practitioner.
• For a legitimate medical purpose.
• In the usual course of professional practice.

21 CFR §1306.04(a)
Prescription Requirements

• DEA does **NOT** define nor regulate medical practice standards.
• There are no federal laws or regulations that put limits on the quantity of controlled substances that may be prescribed.
• Some states or insurance providers may limit the quantities of controlled substances prescribed or dispensed.
Pharmacist’s Corresponding Responsibility

- Corresponding responsibility rests with the pharmacist who fills the prescription.

21 C.F.R. § 1306.04 (a)
Drugs of Concern

- Hydrocodone (CII)
- Oxycodone (CII)
- Oxymorphone (CII)
- Methadone (CII)
- Fentanyl (Schedule II)
- Adderall® (CII)
- Suboxone (CIII)
- Alprazolam (CIV)
- Carisoprodol/Soma® (CIV)
- Cough Syrup (CV)
# State Ranking* - Hydrocodone

## January – December 2016

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<th>RANK</th>
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*Business Activity – Retail Pharmacies*

*Source: ARCOS  
Date Prepared: 03/01/2017*
# State Ranking* - Oxycodone

**January – December 2016**

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*Business Activity – Retail Pharmacies*

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Source: ARCOS
Date Prepared: 03/01/2017
## State Ranking* - Methadone
### January – December 2016

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* Business Activity – Retail Pharmacies

Source: ARCOS
Date Prepared: 03/01/2017
Methods of Diversion

- Practitioners / Pharmacists
  - Illegal distribution
  - Self abuse
  - Trading drugs for sex

- Employee pilferage
  - Hospitals
  - Practitioners’ offices
  - Nursing homes
  - Retail pharmacies
  - Manufacturing / distribution facilities

- Pharmacy / Other Theft
  - Armed robbery
  - Burglary (Night Break-ins)
  - In Transit Loss (Hijacking)
  - Smurfing

- Patients
  - Drug rings
  - Doctor-shopping
  - Forged / fraudulent / altered prescriptions

- Internet availability
Violence
Starting the year with a bang

Saranae Hale Spencer, The News Journal   12:36 a.m. EST January 4, 2016

A 26-year-old Lewes man threatened to detonate explosives he said were strapped to his body if a pharmacist at a Walgreens near Magnolia didn't give him prescription drugs, according to state police.

The man, Curtis Kuhn, didn't actually have explosives strapped to his body, according to police.

Kuhn went into the pharmacy at about 9:30 a.m. on Saturday and put a note on the counter demanding Percocet and Xanax – he told the pharmacist that he had explosives strapped to his body and he was being forced to commit the robbery by someone who was sitting in a car in the parking lot, according to police.

When officers arrived shortly after that, they took Kuhn into custody without incident and found that he had no explosives and there was no car fitting his description in the parking lot, according to police.

Kuhn was charged with first-degree attempted robbery, attempted theft of a controlled substance and two counts of terrorististic threatening. He was arraigned and sent to Vaughn Correctional Center near Smyrna for lack of $27,000 secured bond and
Nationwide Reported Thefts
(Armed Robbery, Employee Pilferage and Night Break-In Only)

January 1, 2009 – December 31, 2016

Pharmacies
25,207 Thefts

Hospitals
11,027 Thefts

Practitioners
3,082 Thefts

Remaining Business Activities
648 Thefts – 2%

Source: DTL
Date Prepared: 03/01/2017
Number of Pharmacy Thefts in Michigan
January 1, 2015 – December 31, 2015

Employee Pilferage
102 Thefts

Night Break-In
57 Thefts

Armed Robbery
15 Thefts

Drug Enforcement Administration, Office of Diversion Control, Pharmaceutical Investigations Section, Targeting and Analysis Unit
Source: DTL
Date Prepared: 04/12/2017
Pharmacy Armed Robberies
January 1 thru December 31, 2016

- U.S. (Nationwide) – 815
- State of Michigan – 12

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Source: DEA Drug Theft & Loss Database as of 04/12/2017
Oxycodone v. Heroin
Circle of Addiction & the Next Generation

**Hydrocodone**
- Lorcet®
- $5-$7/tab

**Oxycodone Combinations**
- Percocet®
- $7-$10/tab

**Oxycodone IR**
- 15mg, 30mg
- $30-$40/tab

**OxyContin®**
- $80/tab

**Roxicodone®**
- $30-$40/tab

**Heroin**
- $15/bag
Collaboration is the Key

How do you stop it?
Don’t let it start.
Collaboration is the Key

We can’t arrest our way out of this epidemic.
Collaboration is the Key

- Hold pharmaceutical industry accountable
- Ensure compliance (Educate & Enforce)
- Effective state laws on prescribing and dispensing controlled substances
- Teach patients to secure their medications
- Encourage patients to dispose of medications
- Access to treatment
- Demand Reduction programs – Grade School
National Take Back Initiative (NTBI)

Got Drugs?

Turn in your unused or expired medication for safe disposal Saturday.

Click here for a collection site near you.

#13 APRIL 29, 2017

U.S. Drug Enforcement Administration
Diversion Control Division
Regional Totals from NTBI
April 29, 2017

- Michigan: 20,370 lbs
- Ohio: 33,261 lbs
- Kentucky: 11,439 lbs
Collection Receptacle Locations

- Pharmacies
- LTCF
- Hospital/clinic
- Opioid Treatment Program
- Police Departments
Mail-Back Program

- Mostly pharmacies provide mail-back envelopes for purchase.
360 Degree Strategy
DEA recognizes we cannot arrest our way out of the drug problem – our goal is lasting success in the communities we serve.

Education and Prevention are key elements for a true 360 Strategy.

Law enforcement operations provide an opportunity for community empowerment and a jumping off point for education and prevention efforts.
DEA Web-based Resources

www.DEA.gov
Comments / Questions?

Office of Diversion Control
What's Next?

Kate Kohn-Parrott
President and CEO
Greater Detroit Area Health Council

Tom Watkins
President and CEO
Detroit Wayne Mental Health Authority
Thank You for Your Commitment To Help

Moving Forward to Affect Change