

**Opioids**

**What you need to know about opioids:**

Local health departments are on the front lines of the prescription drug and heroin abuse epidemic. They advocate for increased community access to prescription drug abuse treatment and prevention and for medication that reverse the effects of an overdose and save lives.

A comprehensive local and federal response is needed. Overdoses caused by opioids, both prescription drugs and heroin, take more than 90 lives a day. Death rates from opioid overdose have never been higher. The problems for most users begins with prescription drug use and later abuse. In the United States, one in 10 people misusing prescription drugs will switch to heroin; over 435,000 Americans reported using heroin in 2014.

**Support Funding or Pass Legislation in Michigan:**

* Revising the Michigan Automated Prescription System (MAPS) reporting for Buprenorphine and Methadone.
* Require licensed prescribers to check MAPS reports before prescribing or dispensing a controlled substance to a patient.
* Authorize sanctions on physicians that fail to check MAPS before prescribing or dispensing a controlled substance to a patient.
* Sentencing guidelines for increased penalties for physicians and pharmacists who wrongfully prescribe, dispense, manufacture, or distribute a controlled substance.
* Require a provider to have a bona fide prescriber-patient relationship before prescribing opioids and other painkillers that are subject to abuse.
* Requires prescribers to provide, prior to prescribing an opioid, information to patients on the dangers associated with the substance, as well as info on the proper disposal of the substance, and penalties associated with illegal delivery of the substance.
* Require physicians to provide patients being treated for an opioid overdose with information on substance use disorder services.
* Restrict the amount of opioid pain pills a doctor may prescribe to a 7-day supply for acute conditions and 30 days for chronic ones. Furthermore, a prescriber shall not prescribe a patient a combination of opioids in an amount that exceeds 100 morphine milligram equivalents per day in the aggregate.
* Define “Plan of Safe Care”, as a plan developed to address the medical needs of a newborn infant, the substance use disorder treatment needs of the mother, and the service needs of other caregivers or family members.
* Require that for a newborn infant identified as being affected by substance use disorder, withdrawal symptoms, or fetal alcohol disorder, a plan of safe care must be established including a provision requiring an evidence-based home visiting program or a provider capable of implementing a plan of safe care.
* Require Drug Treatment Courts and DWI/Sobriety Courts operating in the state to be certified by the state Court Administrative Office.
* Provide additional penalties for delivery of controlled substance causing serious injury.
* Require LARA to revise its system for monitoring controlled substance prescriptions, so as to allow interstate information sharing with other states that have entered an agreement.

**(Continued)**

**Support Funding or Pass Legislation in Michigan (Concluded):**

* Include acute treatment services and clinical stabilization services for opioid addiction among the medical services the State has assumed a duty to provide through its social welfare system.
* Require pain management facilities to be licensed by the state.
* Require a physician prescribing an opioid pain killer for a minor to fully inform the parents or guardian and the minor of the various risks, and require the parents or guardian to sign a form detailing these and acknowledging they had the discussion.

**What your local health department may be doing:**

Local health departments may work to reduce the toll of opioid abuse and overdose through the following measures:

* Surveillance: Monitoring both local and state data to analyze opioid and heroin use, overdose, drug use-related infections, and mortality trends.
* Education: Educating healthcare providers on proper opioid prescribing practices and encouraging use of prescription drug monitoring programs.
* Training: Teaching first responders and community members to use lifesaving overdose reversal medication, such as naloxone.
* Treatment and Recovery: Promoting substance abuse treatment programs including those that use medication-assisted treatment.
* Cross-Cutting Partnerships: Creating local task forces to develop and implement “take back” programs that allow for safe disposal of unused prescription drugs.

**Resources:**

Centers for Disease Control Emergency Department Data:

<https://www.cdc.gov/media/releases/2018/p0306-vs-opioids-overdoses.html>

Centers for Disease Control Guidelines for Prescribing Opioids for Chronic Pain:

<https://www.cdc.gov/media/releases/2018/p0306-vs-opioids-overdoses.html>

Centers for Disease Control Opioid Basics:

<https://www.cdc.gov/drugoverdose/opioids/index.html>

Centers for Disease Control Opioid Data Analysis:

<https://www.cdc.gov/drugoverdose/data/analysis.html>

Centers for Disease Control Understanding the Epidemic:

<https://www.cdc.gov/drugoverdose/epidemic/index.html>

State of Michigan Department of Health and Human Services Opioid Information:

<http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_79584---,00.html>

State of Michigan Launch of New Prescription Drug Monitoring Program:

<http://www.michigan.gov/som/0,4669,7-192-29943_34759-409144--,00.html>

State of Michigan Prescription Drug and Opioid Abuse Commission through LARA:

<http://www.michigan.gov/lara/0,4601,7-154-72600_72783_73913_80371---,00.html>