Prevention Status Report | 2013

Prescription Drug Overdose   Michigan

The Prevention Status Reports (PSRs) highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important health problems. This report focuses on prescription drug overdose and briefly describes why it is a public health problem, both for Michigan and the United States as a whole. It also provides an overview of solutions (i.e., evidence-based or expert-recommended policy and practice options) for preventing or reducing prescription drug overdose and reports the status of these solutions in Michigan.

PSR Framework
The PSRs follow a simple framework:
- Describe the public health **problem** using public health data
- Identify potential **solutions** to the problem drawn from research and expert recommendations
- Report the **status** of those solutions for each state and the District of Columbia

Criteria for Selection of Policies and Practices
The policies and practices included in the PSRs were selected because they
- Can be monitored using state-level data that are readily available for most states and the District of Columbia
- Meet one or more of the following criteria:
  - Supported by systematic review(s) of scientific evidence of effectiveness (e.g., *The Guide to Community Preventive Services*)
  - Explicitly cited in a national strategy or national action plan (e.g., *Healthy People 2020*)
  - Recommended by a recognized expert body, panel, organization, study, or report with an evidence-based focus (e.g., Institute of Medicine)

Ratings
The PSRs use a simple, three-level rating scale to provide a practical assessment of the status of policies and practices in each state and the District of Columbia. It is important to note that the ratings reflect the *status of policies and practices* and do not reflect the *status of efforts* by state health departments, other state agencies, or other organizations to establish or strengthen those policies and practices. Strategies for improving public health vary by individual state needs, resources, and public health priorities.

More Information
For more information about public health activities in Michigan, visit the Michigan Department of Community Health website (http://www.michigan.gov/mdch). For additional resources and to view reports for other health topics, visit the CDC website (http://www.cdc.gov/stltpublichealth/psr/).

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www.cdc.gov/stltpublichealth/psr

Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

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Public Health Problem

⚠️ Opioid pain relievers—also called prescription painkillers—such as oxycodone, hydrocodone, fentanyl, and hydromorphone are responsible for three-fourths of all prescription drug overdose deaths and caused more than 16,600 deaths in the United States in 2010 (1). Nationally, deaths involving opioids have more than quadrupled since 1999 (1). The drug overdose mortality rate is age adjusted and includes all drugs and all intents.

👪 The sharp rise in opioid overdose deaths closely parallels an equally sharp increase in the prescribing of these drugs. Opioid pain reliever sales in the United States quadrupled from 1999 to 2010 (2). Similarly, the substance abuse treatment admission rate for opioid abuse in 2010 was seven times higher than in 1999 (3).

The severity of the epidemic varies widely across US states and regions. For example, the state with the highest drug overdose death rate has a rate more than eight times that of the state with the lowest rate. Michigan's overdose death rate for 2010 (14.0 per 100,000 population) is above the national rate (12.4 per 100,000 population) (1).

💲 In addition to the human costs, the epidemic of prescription drug overdose imposes a major financial toll. Nonmedical use of opioid pain relievers—use without a prescription or simply for the feeling or experience the drug causes—costs US insurance companies up to $72.5 billion annually in healthcare expenditures (4). The epidemic also imposes substantial costs on state Medicaid programs. A 2009 Government Accountability Office report found that in 2006–2007, roughly 65,000 Medicaid beneficiaries in five states incurred over $60 million in drug costs related to "doctor shopping" for controlled substance prescriptions (i.e., patients obtaining controlled substances from multiple healthcare practitioners without prescribers' knowledge of other prescriptions) (5).

**Drug overdose death rate (age-adjusted per 100,000 population)**
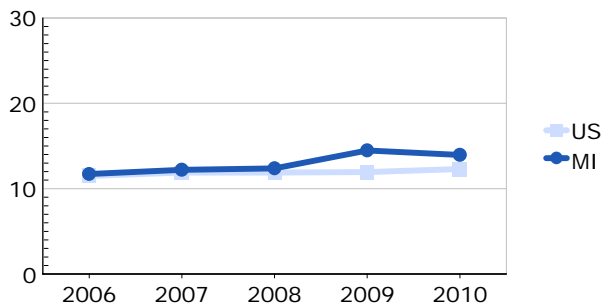
Source: National Vital Statistics System (1)
Note: These rates were adjusted using the direct method and the 2000 standard US population (6).

Prevalence of nonmedical use of prescription pain relievers in the past year among persons aged ≥12 years
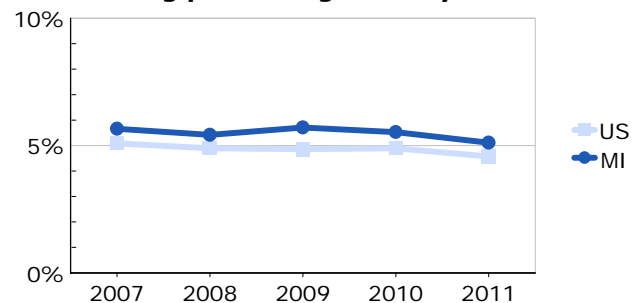
Source: National Survey on Drug Use and Health (7)

Kilograms of morphine equivalents of opioid pain relievers sold (per 10,000 population)
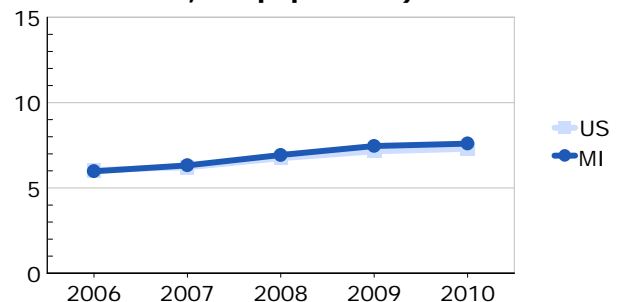
Source: Automation of Reports and Consolidated Orders System (8)

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Policy and Practice Solutions

The United States is in the early stages of addressing the prescription drug overdose epidemic. CDC and other agencies are working to identify and evaluate interventions to reduce overdose deaths. This report focuses on policies and practices supported by emerging evidence, expert consensus, and/or extensive review of the primary drivers of the epidemic, including 1) implementing state pain clinic laws and 2) implementing prescription drug monitoring programs that follow best practices. For information about why certain prescription drug overdose-related indicators were selected, and for links to additional data and resources, visit the CDC website (http://www.cdc.gov/stltpublichealth/psr/prescriptiondrug/).

Status of Policy and Practice Solutions in Michigan

State pain clinic law

As of July 2013, Michigan had no pain clinic law (9).

Pain clinic laws hold promise for stopping the most egregious overprescribing practices (10). A pain clinic law is rated green in the PSR if the law requires state oversight and contains other requirements concerning ownership and operation of pain management clinics, facilities, or practice locations.

Rating	State had
Green	A pain clinic law meeting selected criteria
Yellow	N/A
Red	**No pain clinic law**

Prescription drug monitoring programs (PDMPs) following selected best practices

As of July 2013, Michigan had an active PDMP that followed one or two selected best practices (11).

Prescription drug monitoring programs show early signs of changing providers' prescribing practices and can yield valuable information for healthcare providers and regulatory agencies. The selected best practices for PDMPs are 1) providing prescribers and dispensers access to PDMPs, 2) interoperability with the PDMP of at least one other state or the District of Columbia, and 3) proactively reporting findings to law enforcement and regulatory agencies (12).

Rating	State PDMP
Green	Followed all three selected best practices
Yellow	**Followed one or two of the selected best practices**
Red	Did not follow any of the selected best practices, was authorized but was not yet operating, or did not exist

Simplified Rating System

A more detailed explanation of the rating system for prescription drug overdose is available at http://www.cdc.gov/stltpublichealth/psr/prescriptiondrug/.

Green

The policy or practice is established in accordance with supporting evidence and/or expert recommendations.

Yellow

The policy or practice is established in partial accordance with supporting evidence and/or expert recommendations.

Red

The policy or practice is either absent or not established in accordance with supporting evidence and/or expert recommendations.

Indicator Definitions

State pain clinic law: A law that requires state oversight of pain management clinics or describes specific registration, licensure, or ownership requirements for pain management clinics.

PDMP following selected best practices: A state prescription drug monitoring program that tracks the prescribing and dispensing of controlled substances and that follows selected best practices articulated by the Brandeis University PDMP Center of Excellence. These best practices include 1) providing prescribers and dispensers access to PDMPs, 2) interoperability with a PDMP of at least one other state or the District of Columbia, and 3) proactively reporting findings to law enforcement and regulatory agencies (12).

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