

PROVIDER TOOLKIT

For Substance Misuse

Prevention, treatment, and recovery resources
for medical providers.



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Introduction



Over the past 10 years, the opioid epidemic has affected millions of Americans regardless of age, education, sex, or wealth. According to the Substance Abuse and Mental Health Services Administration, in 2014, 1.9 million Americans had a Substance Use Disorder involving prescription pain relievers and 586,000 had a Substance Use Disorder involving heroin. The opioid epidemic—including prescription drug abuse and heroin—kills more than 27,000 people each year. Deadly drug overdoses are now the number one cause of accidental death, responsible for more deaths than car accidents.

To address the impact of Opioid Use Disorder (OUD) and other Substance Use Disorders (SUD) in the UP, several organizations collaborated to align existing efforts to combat the growing epidemic, and to identify gaps across the prevention to recovery continuum. The Beyond the Save-Opioid Abuse Response Consortium (Beyond the Save) was formed, and in late 2019 was awarded a Rural Communities Opioid Response Program (R-CORP) Implementation grant from the Federal Office of Rural Health Policy. In 2019, the consortium completed a comprehensive needs assessment, root cause analysis, and strategic planning process with funding from an R-CORP Planning grant. Planned outcomes of the three year Beyond the Save Implementation project include more effective use of shared data and information between partners and other stakeholders, strategically aligned efforts to promote existing services and address gaps in resources, increased community support, strengthened referral systems, and improved coordination.

An innovative component of the project is a focus on first responders and how their skills and community presence can help fill existing gaps in services and resources for OUD and SUD. First responders are uniquely positioned to go “Beyond the Save” with individuals who have experienced, or are at risk for, an overdose - especially those who refuse transport and additional medical treatment. First responders may be the first to interact with someone experiencing an OUD- or SUD-related crisis.

The Beyond the Save: Provider Toolkit has been designed as a collaborative effort to educate, provide tools and connect resources. Many people who struggle with opioid misuse also have legitimate needs for pain control and there are alternate options available for anyone who is at risk of opioid misuse. It is imperative that providers take a moment to assess patients before prescribing opioid medications, be aware of alternate options and be ready to connect patients to helpful resources.

According to a study done by Altarum in 2019: Behavioral Health Care in Michigan -
88% of individuals with Substance Use Disorder are untreated in the UP.



Beyond the Save Partners

| | | |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>906-225-4222</p> | <p>Telephone screening for Medicaid recipients and those who meet the income requirements for general block grant funding. Every eligible recipient receives quality specialty mental health and Substance Use Disorder services and supports through the responsible management of regional resources. Please visit: www.northcarenetwork.org.</p> |
|  | <p>906-228-9696 855-906-4572</p> | <p>Behavioral health services across the UP, including substance abuse and mental health counseling, prevention services, peer recovery, residential treatment, outpatient services, Offender Success programming, and more. For more information on accessing these services, please visit glrc.org.</p> |
|  | <p>906-482-4357 800-562-7622 Text 906-356-3337</p> | <p>Crisis Intervention services; crime victim advocacy and counseling; in-home family support services for at-risk families; prevention education; mental health counseling; SUD services, including outpatient therapy. Requirements for career opportunities range from high school diploma to Master's Degree, with additional training provided. Learn more or access programs at www.dialhelp.org.</p> |
|  | <p>989-272-3290</p> | <p>The mission of Michigan Rural EMS Network (MiREMS) is to provide support to Michigan's rural first responders and their agencies by offering education, opportunities, and resources. MiREMS also provides project oversight for the Beyond the Save initiative. For more information visit www.mirems.org.</p> |
| <p>Marquette-Alger Medical Control Authority</p> | <p>906-449-1560</p> | <p>The Marquette-Alger Medical Control Authority represents all EMS agencies in Marquette and Alger Counties, including UP Health System - Marquette, UP Health System - Bell, and Munising Memorial. We are accountable to all laws and regulations set forth by the Michigan Department of Health & Human Services Bureau of EMS, Trauma & Preparedness.</p> |

Mental Health and Substance Use Disorder Stigma

The first necessary step to provide safe, healthy, and effective care for individuals is to recognize and manage individual biases and stigma surrounding Mental Health and Substance Use Disorder. According to the National Institute on Drug Abuse, “Primary care settings have been identified as untapped opportunities to engage individuals with Substance Use Disorders and to offer evidence-based addiction treatment. Provider stigma - defined as negative attitudes, perceptions, and behaviors that providers embody and enact (sometimes subtly or involuntarily) towards their patients – poses one critical barrier to effective delivery of care.”

Beyond the Save encourages providers to:

- Educate the staff on stigma surrounding Mental Health and Substance Use Disorders
- Identify language that promotes acceptance and reduces stigma; for example saying, ‘person with a Substance Use Disorder’ instead of ‘addict’
- Use the Beyond the Save: Provider Toolkit as a resource

Other resources for reducing stigma and providing safe, healthy and effective care:

American Hospital Association is taking a stand to address stigma and make positive change. <https://www.aha.org/2017-12-11-behavioral-health-combating-stigma>.

Providers Clinical Support System (PCSS) provides online training to understand and overcome stigma surrounding Substance Use Disorders. PCSS also provides resources on how to prevent and treat Substance Use Disorder. <https://pcssnow.org>

National Institute on Drug Abuse provides easy access to information on substances commonly misused and updated research. www.drugabuse.gov/drugs-abuse

How to Help Prevent Opioid Abuse

Medical care providers can help reduce opioid abuse and overdose by checking the Michigan Automated Prescription System (MAPS), reviewing patient history, and conducting a brief screening (see page 5 for screening tools of patients to identify those at risk for dependency or overdose). Patient, family and peers should be informed that all medications must be taken only as directed, as opioids that are not taken as directed can cause death.

All patients must agree to follow 4 simple rules:

1: Take Correctly 2: Store Securely 3: Dispose Properly 4: Never Share*

*Information modified from Project Lazarus (2014) Community Care of North Carolina



Opioid Risk Tool (ORT)

The Opioid Risk Tool (ORT) is a brief, self-report screening tool designed for use with adult patients in primary care settings. This tool assesses risk for opioid abuse among individuals prescribed opioids for treatment of chronic pain. Patients categorized as high-risk are at an increased likelihood of future drug misuse related behavior. The ORT can be administered and scored in less than one minute and has been validated in both male and female patients. This tool should be administered to patients upon an initial visit prior to beginning opioid therapy for pain management. You can find the ORT at: <https://www.drugabuse.gov/sites/default/files/files/OpioidRiskTool.pdf>.

*Questionnaire developed by Lynn R. Webster, MD to assess risk of opioid addiction.

The CRAFFT 2.0 Screening Interview

The CRAFFT is an efficient and effective health screening tool designed to identify substance use, substance-related riding/driving risk, and Substance Use Disorder among youth ages 12-21. It has been implemented as part of universal screening efforts in thousands of busy medical and community health settings, as it yields information that can serve as the basis for early intervention and patient-centered counseling.

The CRAFFT is the most well-studied adolescent substance use screener available and has been shown to be valid for adolescents from diverse socioeconomic and racial/ethnic backgrounds. It is recommended by the American Academy of Pediatrics' Bright Futures Guidelines for preventive care screenings and well-visits, the Center for Medicaid and CHIP Services' Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, and the National Institute of Alcohol Abuse and Alcoholism (NIAAA) Youth Screening Guide.^b You can find the CRAFFT 2.0 Interview here: https://crafft.org/wp-content/uploads/2019/02/CRAFFT-2.0_Clinician-Interview.pdf.

TAPS Tool

The Tobacco, Alcohol, Prescription medications, and other Substances [TAPS] Tool consists of a 4-item screening for tobacco use, alcohol use, prescription medication misuse, and illicit substance use in the past year and brief assessment (modified version of the ASSIST-Lite (Ali et al., 2013)). This instrument is used to assess primary care patients for tobacco, alcohol, prescription drug, and illicit substance use and problems related to their use, and is available for self-administration and interviewer-administration to detect substance use, sub-threshold Substance Use Disorder (i.e., at-risk, harmful, or hazardous use), and Substance Use Disorders. The TAPS Tool was developed and validated so that health systems will have the option of using either a screen or a combined screen and brief assessment tool, as directed by the needs of their patient populations and clinical settings. The instrument is available for use in the public domain; research was supported by the National Institute on Drug Abuse. You can find the Taps tool here: <https://www.drugabuse.gov/taps>.

^a Webster LR, Webster R. Predicting aberrant behaviors in Opioid-treated patients: preliminary validation of the Opioid risk tool. *Pain Med.* 2005

^b Source: www.crafft.org



Residential Treatment Facilities

The following resources are provided as a service to providers. Inclusion does not indicate endorsement of any individual program by Beyond the Save. The following list includes only CARF accredited residential treatment facilities in the UP, and may change after publication. For the most recent list please visit www.northcarenetwork.org



906-228-9696 // www.glrc.org

CARF Accredited: Yes

Adolescent Services Center - Negaunee, MI

Adult Residential Services - Marquette, MI

Men's New Hope House - Sault Ste. Marie, MI

Women's New Hope House - Sault Ste. Marie, MI



Phoenix House

906-337-0763 // www.phoenixhouse.com

CARF Accredited: Yes

Men's Residential Program - Calumet, MI

New Day Treatment Center

906-524-4411 // www.kbic-nsn.gov

CARF Accredited: Yes

L'Anse, MI

CARF Accredited

Commission on Accreditation of Rehabilitation Facilities (CARF) is a worldwide health and human services accreditation agency. The mission of CARF is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of persons served. (Source: www.carf.org)



Oupatient Services

The following resources are provided as a service to providers. Inclusion does not indicate endorsement of any individual program by Beyond the Save. The following list includes outpatient treatment facilities in the UP, and may change after publication. For the most recent list please visit www.northcarenetwork.org



906-228-9696 // www.glrc.org

CARF Accredited: Yes

Locations: Escanaba, Hancock, Iron Mountain, Iron River,
Ironwood, Ishpeming, Sault Ste. Marie,
St. Ignace, Marquette



Phoenix House

906-337-0763 // www.phoenixhouse.com

CARF Accredited: Yes

Locations: Bessemer, Calumet, Hancock, Ontonagon

Public Counseling Services

(888) 350-0213 // www.publiccounselingservices.com

CARF Accredited: Yes

Location: Houghton

Keweenaw Bay Indian Community

906-353-8121 // www.kbic-nsn.gov

CARF Accredited: Yes

Location: Baraga



906-227-9119 // www.cssup.org

CARF Accredited: No

Locations: Escanaba, Marquette



Recovery Housing

Recovery housing provides structure, support, and a safe environment for those new to recovery and allows the individual to continue to heal from the impacts of substance abuse.



906-228-9696 // www.glrc.org
CARF Accredited: Yes

Sue B's House - Marquette, MI

Sue B's Recovery House is a seven-bed recovery residence for women. Sue B's House is accredited by the Michigan Association of Recovery Residences.

Ripple Recovery Residence - L'Anse, MI

The Ripple Recovery Residence provides recovery housing for up to six women with the option to bring their children. The Ripple Recovery Residence is accredited by the Michigan Association of Recovery Residences.

Gary's House - Sault Ste. Marie, MI

Gary's Place is a five-bed recovery house for men located in Sault Ste. Marie. Gary's Place is accredited by the Michigan Association of Recovery Residences.



906-227-9119 // www.cssup.org
CARF Accredited: No

Alpha Omega House - Escanaba and Iron Mountain

Alpha Omega house serves the community by providing a sober living environment for men making the transition from addiction to sobriety.



Dial Help: FREE confidential phone, text, walk-in, and online chat services for assistance with problems, crisis intervention, referrals, education and training. Call 800-562-7622 or dial.help@dialhelp.org for an updated list of providers in your area.

Alcohol Anonymous (AA): 12 step peer-led support group for people struggling with alcohol dependency. Find meetings in your area at www.area74.org/meetings. To find AA meetings in the Copper Country visit: www.coppercountryaa.org

Al-Anon: Peer-led support group for people affected by another person's alcohol dependency. Find meetings in your area at www.area61afg.org/find-a-meeting.

Communities That Care: Communities that Care are in every county of the UP and are evidence-based coalitions that lower rates of youth problem behaviors including substance use, violence, delinquency, school drop out, teen pregnancy, and depression. The goal is to create communities in the Upper Peninsula where youth thrive. www.UPCNetwork.org

Narcotics Anonymous (NA): 12 step peer-led support group for people struggling with chemical dependency. Find meetings in your area at www.michigan-na.org/meetings.

Nar-Anon: Peer-led support group for people affected by another person's chemical dependency. Find meetings in your area at www.nar-anon.org/find-a-meeting.

Peer Recovery: A mentor in long-term recovery from drug and/or alcohol addiction certified to mentor others on the road to recovery.

Great Lakes Recovery Centers: www.glrc.org/recovery-services/peer-recovery

Phoenix House: www.phoenixhouse.com

Child & Family Services of the Upper Peninsula: www.cfsup.org/peer

Dial Help: www.dialhelp.org/programs

SMART Recovery: A global community of people and families working together to resolve addictive problems. In the free group discussion meetings, participants learn from one another using a self-empowering approach based on the most current science of recovery. www.smartrecovery.org

Treatment Court: Specialized court programs for people with Substance Use Disorder, giving them the opportunity for treatment and supervision instead of serving time.

The following counties have Treatment Courts: Alger, Baraga, Chippewa, Delta, Gogebic, Houghton, Keweenaw, Iron, Luce, Mackinac, Marquette, Ontonagon, and Schoolcraft. Learn more here www.ndcrc.org/what-are-drug-courts-2.



National Health Service Corps

The National Health Service Corps (NHSC) awards scholarships and loan repayment to primary care providers in eligible disciplines.

How do you become a member of the NHSC?

Becoming a member of the NHSC requires a commitment of at least two years at an NHSC approved site, located in a Health Professional Shortage Area (HPSA). You may choose to continue serving at your site beyond the initial NHSC service commitment. If accepted into the NHSC, you can help those in need without the burden of debt.

Are you eligible for loan repayment?

To participate in an NHSC Loan Repayment Program, you must:

FIRST: apply for, and accept, a position at an NHSC-approved site of your choosing;

SECOND: apply to an NHSC Loan Repayment Program.

Complete eligibility requirements can be found at www.nhsc.hrsa.gov.

Are you eligible for a scholarship?

Through the NHSC Scholarship Program scholarships are awarded to full-time health profession students accepted to, or enrolled in, an accredited U.S. school in one of the following primary care disciplines:

- Physician (MD or DO); Programs with surgical or emergency medicine focus are not eligible
- Dentist
- Nurse Practitioner (post-graduate degree with clinical practice focus)
- Certified Nurse-Midwife^{ve}
- Physician Assistant

If awarded a scholarship your tuition, eligible fees, other reasonable education costs and a living stipend will be paid. In return the awardee commits to at least two years of work at an NHSC-approved site in a high-need urban, rural or frontier community.

How can you become an NHSC-approved site?

With the exception of Federally Qualified Health Centers and Indian Health Service sites, an application must be submitted. If approved, the site gains access to much-needed primary care providers.

Complete eligibility requirements can be found at www.nhsc.hrsa.gov

NHSC-approved sites provide outpatient, ambulatory, and primary health services in Health Professional Shortage Areas (HPSAs). A HPSA is a community with limited access to care.

**To apply online or for more information please visit: www.nhsc.hrsa.gov
or call 1-800-221-9393.**

Source: www.nhsc.hrsa.gov



Naloxone



Lifesaving Medication Used to Reverse Opioid Overdoses

What is Naloxone?

Naloxone, also referred to as Narcan, is an easy-to-use, lifesaving medication that can reverse the effects of overdose from heroin or other opioids, including morphine, methadone, codeine, and other drugs derived from the poppy plant like shirka and khanka.

A safe medicine with no abuse potential, naloxone is an opioid antagonist, which means it ejects heroin and other opioids from receptors in the brain, reversing the respiratory depression caused by an overdose of these drugs. Naloxone has been used for decades in medical settings, and is included in the World Health Organizations' List of Essential Medications. Side effects beyond opioid withdrawal are rare, and the medication works within two to eight minutes to restore breathing – returning the victim to consciousness.

Why Use Naloxone?

An opioid overdose is a very serious condition. It may cause death or severe brain, heart or lung damage. However, drug users or others at the scene of an overdose are often very reluctant to call for emergency assistance because they fear police will accompany the ambulance, and arrest them for drug possession or use. Even if they are called, emergency personnel may not respond if the location is known as a place where people use drugs. For these reasons, it is critically important to ensure naloxone is available at the scene of an overdose.

For more information about Naloxone or for more resources visit [Naloxoneinfo.org](http://www.naloxoneinfo.org)

Source: <http://www.naloxoneinfo.org/get-started/about-naloxone>

Pharmacies Approved to Dispense Naloxone in the UP (By County)

Baraga

KBIC Pharmacy

Chippewa

Arfstrom Pharmacy
Bay Mills Pharmacy
Rite Aid Pharmacy
Walgreens
Walmart

Delta

Walgreens
Walmart

Dickinson

TDS Norway Pharmacy
Walgreens
Walmart

Gogebic

Lac Vieux Desert Pharmacy
Walgreens
Walmart

Houghton

Apothecary Pharmacy
Walgreens
Walmart
Snyder Pharmacy

Iron

Snyder Pharmacy
The Corner Drug Store

Luce

Snyder Pharmacy
Newberry Hometown Pharmacy

Mackinac

Straits Area Pharmacy

Marquette

CVS Pharmacy
Campus Pharmacy
Snyder Pharmacy
Peninsula Pharmacy
Walgreens
Walmart

Menominee

CVS Pharmacy



Medication-Assisted Treatment

Medication-Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of Substance Use Disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction MAT can help sustain recovery. The three common medications prescribed are Suboxone, Subutex, and Vivitrol.

Source: Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov/medication-assisted-treatment/treatment>

Suboxone

Suboxone contains a combination of buprenorphine and naloxone. Buprenorphine is an opioid medication, sometimes called a narcotic. Naloxone blocks the effects of opioid medication, including pain relief or feelings of well-being that can lead to opioid abuse. Suboxone is used to treat narcotic (opiate) addiction. Suboxone is not typically for use as a pain medication.

www.suboxone.com

Subutex

Subutex, a brand name for buprenorphine, is an oral/sublingual medication used to treat opioid addiction. While other forms of buprenorphine are used to treat moderate to severe pain, Subutex sublingual is not for use as a pain medication. Subutex has a low overdose risk and relieves withdrawal symptoms and cravings in people detoxing from opioid use.

Vivitrol

Vivitrol (naltrexone) blocks the effects of opioid medication, including pain relief or feelings of well-being that can lead to opioid abuse. Vivitrol is used as part of a treatment program for drug or alcohol dependence. Vivitrol injection is used to prevent relapse in people who became dependent on opioid medication and then stopped using it. Naltrexone can help keep the individual from feeling a "need" to use the opioid. Vivitrol injection is also used to treat alcoholism by reducing the urge to drink alcohol. This may help people drink less or stop drinking altogether. Naltrexone will not decrease the effects of alcohol recently consumed. The individual should not be drinking at the time they receive the first Vivitrol injection. Naltrexone is not a cure for drug addiction or alcoholism.

www.vivitrol.com

Source: www.drugs.com



MAT Information



MAT Providers by Upper Peninsula County

Baraga

Keweenaw Bay Indian Community
Substance Abuse Program906-353-8121

Chippewa

Sault Tribal Health and Human Services Center
Behavioral Health Services.....906-635-6075

Alcona Health Center
Pickford Medical Group.....906-647-2217

Great Lakes Recovery Centers.....906-228-9696

Delta

Catholic Social Services.....906-789-1596

OSF Healthcare.....906-786-8343

OSF Healthcare, OBGYN.....906-786-1356

OSF Healthcare, Family Care.....906-786-5707

Hannaville Indian Tribe.....906-466-2878

Gogebic

John Fridli, PA.....715-561-2255

Houghton

Upper Great Lakes Family Health Center
Women's Health..... 906-483-1050

Upper Great Lakes Family Health Center
Family Medicine.....906-483-1177

Aspirus, Lake Linden.....906-296-5040

Aspirus, Houghton.....906-487-1710

Great Lakes Recovery Centers.....906-228-9696

Mackinac

Sault Tribal Clinic.....906-643-0944

Marquette

Great Lakes Recovery Centers.....906-228-9696

Marquette Family Medicine.....906-449-1010

Upper Great Lakes Family Health Center
Family Medicine.....906-449-1010

UPHS- Marquette
Family Medicine.....906-449-1010

Menominee

Upper Great Lakes Family Health Center
Family Medicine.....906-632-9809

As of April 28, 2021 practice guidelines were expanded to allow medication-assisted treatment using buprenorphine to additional practitioners in various settings. Under certain conditions the new guidelines exempt eligible physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives from the certification requirements related to training, counseling and other ancillary services. Providers are still required to submit an application designated as a "Notice of Intent" in order to prescribe buprenorphine for the treatment of Opioid Use Disorder. The following links provide information about the expansion and requirements for eligible practitioners:

Practice Guidelines FAQ: <https://www.samhsa.gov/medication-assisted-treatment/practitioner-resources/faqs>

Buprenorphine Practitioner Resources and Information: <https://www.samhsa.gov/medication-assisted-treatment/practitioner-resources>

How to become a buprenorphine waived practitioner to treat Opioid Use Disorder: <https://www.samhsa.gov/medication-assisted-treatment/become-buprenorphine-waivered-practitioner>

Source: www.samhsa.gov



Harm Reduction

Harm reduction is a set of policies and practices intended to reduce the negative effects of drug and alcohol use. Harm reduction programs exist for several types of drugs, including opioids, alcohol, stimulants, ecstasy, and marijuana. They range from needle exchange sites to managed alcohol programs to drug testing kits at music festivals. (Source: <https://americanaddictioncenters.org/harm-reduction>)

What Is a Syringe Services Program (SSP)?

A community-based public health program that provides comprehensive harm reduction services such as:

- Sterile needles, syringes, and other injection equipment
- Safe disposal containers for needles and syringes
- HIV and hepatitis testing and linkage to treatment
- Education about overdose prevention and safer injection practices
- Referral to substance use disorder treatment, including medication-assisted treatment
- Referral to medical, mental health, and social services
- Tools to prevent HIV, STDs, and viral hepatitis including counseling, condoms, and vaccinations

Source: CDC. HIV and injection drug use: Syringe services programs for HIV prevention [fact sheet]

Upper Peninsula Syringe Service Programs

Exchange used needles for sterile needles to reduce the risk of transmitting HIV, hepatitis and other blood-borne infections. Find Safe Needle Exchange programs at www.michigan.gov/ssp on the tab "Find SSP Near Me."

Chippewa County

Syringe Access Program - 4 locations
906-635-3612

Houghton County

New Points - 1 location
www.wuphd.org

Menominee County

New Points - 1 location
906-863-4451

Delta County

New Points - 1 location
906-786-4111

Marquette County

New Points - 3 locations
www.mqthealth.org

HIV and Hepatitis C – Testing

It is estimated that more than 250,000 people are infected with HIV and don't know it. Knowing your HIV status can save your life and the lives of those around you. The Health Department provides free, HIV testing and counseling by appointment.

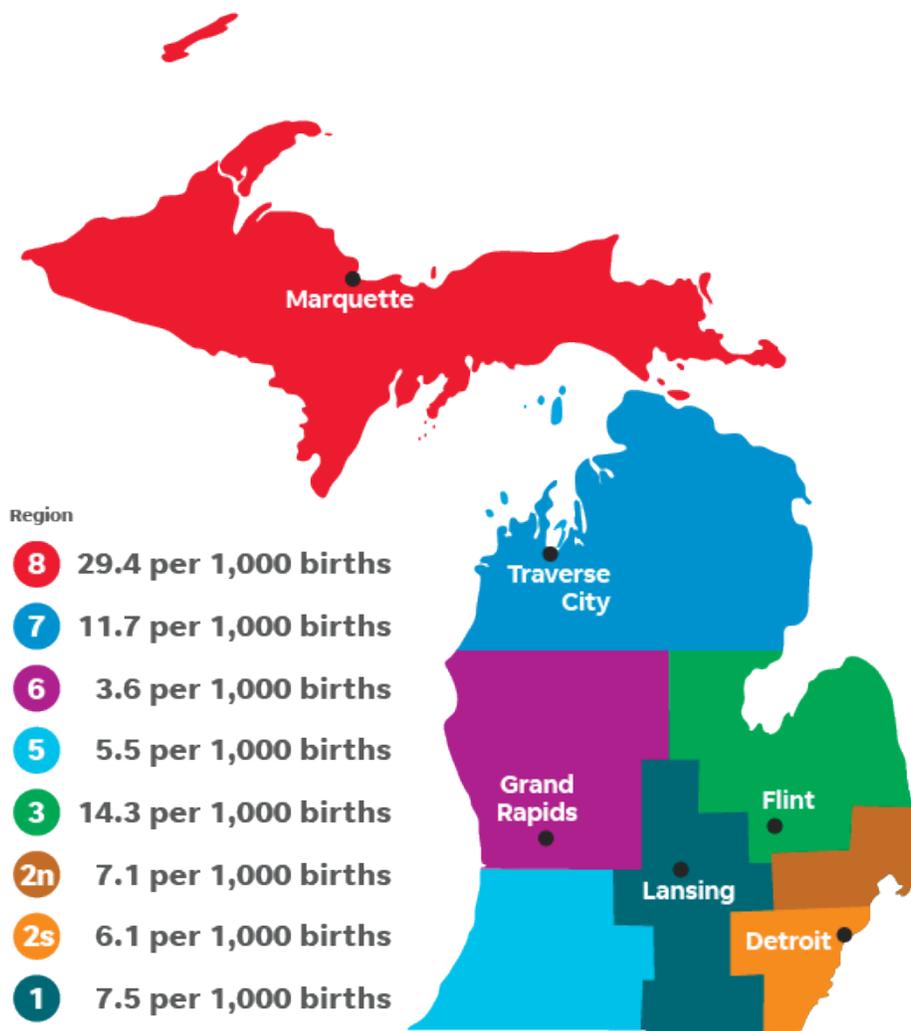
For additional information about the Health Department's HIV and Hepatitis C Testing Programs, please contact your local health department office.

- Alger County: (906) 387-2297, ext 401
- Baraga County: (906) 524-6142
- Chippewa County: (906) 635-3572
- Dickinson County: (906) 779-7237
- Delta County: (906) 786-4111
- Houghton-Keweenaw: (906) 482-7382
- Gogebic County: (906) 667-0200
- Iron County: (906) 779-7237
- Luce County: (906) 293-5107, ext 324
- Mackinac County: (906) 643-1100, ext 217
- Marquette County: (906) 475-7651
- Menominee County: (906) 863-4451
- Ontonagon County: (906) 884-4485
- Schoolcraft County: (906) 341-6951, ext 102



Neonatal Abstinence Syndrome (NAS) is a group of conditions that occur in a newborn who was exposed to opiates while in the womb. Withdrawal symptoms are seen within 24 to 48 hours after birth and include tremors, irritability, high pitched crying, tight muscle tone, seizures, vomiting, diarrhea, poor feeding, dehydration and hyperactive reflexes.

Michigan infants discharged from hospitals treated for drug withdrawal (neonatal abstinence syndrome); 2018



Source: Michigan Inpatient Hospitalization Files, Division for Vital Records and Health Statistics, Michigan Department of Health and Human Services

“Nationally, the rate of babies diagnosed with NAS jumped from 1.5 per 1,000 births in 2004 to 8 per 1,000 births in 2014, according to a study by Vanderbilt University. The increase has caused hospital costs associated with treating NAS to skyrocket from \$61 million a year in 2003 to \$316 million a year in 2012, according to a government report released in 2018. In 2014, health care for Medicaid-covered infants totaled \$462 million.

Michigan has also seen a significant increase in babies treated for drug dependence- from 4.1 per 1,000 births in 2010 to 7.6 per 1,000 births in 2016. But the problem is especially acute in rural areas, the farther north you go in Michigan, the bigger the impact. In the U.P., babies are treated for NAS at a higher rate than anywhere else in the state — 29 per 1,000 births in 2016. (The rate peaked in 2015 at 37 per 1,000 births.) And because the hospital in Marquette has the only NICU in the Upper Peninsula, the only place equipped to treat them, most of the region's drug-dependent babies end up here. By the beginning of April, a total of 15 babies — or 34.8% of all the babies admitted to the NICU — had been treated for NAS.”

Kovanis, Georgia (2019). Detroit Free Press “The tiniest addicts: How U.P. babies become part of the opioid epidemic.” Retrieved from <https://www.freep.com>

Quickly stopping opioids during pregnancy is not recommended as it can have serious consequences including preterm labor, fetal distress, or miscarriage. Current clinical recommendations for pregnant women with Opioid Use Disorder include medication-assisted treatment (MAT), rather than supervised withdrawal, due to higher likelihood of better outcomes.

Medication-assisted treatment (MAT) uses a combination of medications, counseling, and behavioral therapies to treat Substance Use Disorders. This treatment combination can lead to more favorable outcomes. Pregnant women with Opioid Use Disorder should be encouraged to start MAT with methadone or buprenorphine (without naloxone). Like many medications taken during pregnancy, MAT has unique benefits and risks to pregnant women and their babies. It is important for healthcare providers to work closely with pregnant women to manage the medical care for both mother and baby during pregnancy and after delivery. Coordination of care between an OB-GYN and an addiction specialist is important for pregnant women with Opioid Use Disorder.

It is important to recognize that NAS is an expected condition that can follow exposure to MAT. Infants born to women who use opioids during pregnancy should be monitored for NAS, and treated. (Retrieved from <https://www.cdc.gov/pregnancy/opioids/basics.html>)

The Finnegan Scale assesses 21 of the most common signs of neonatal drug withdrawal syndrome. It is used by providers in the neonatal unit as a scoring system to initiate and guide therapy in babies of opiate-pharmacological treatment.

Get a copy of the Finnegan Scale here:
www.academyofneonatalnursing.org/NAS/FinneganNAS-Tool.pdf



Michigan Automated Prescription System – MAPS

MAPS is used to track controlled substances, schedules 2-5 drugs. It is a tool used by prescribers and dispensers to assess patient risk and is also used to prevent drug abuse and diversion at the prescriber, pharmacy, and patient levels.

MAPS software was replaced with Appriss Health’s PMP AWAReX software, effective April 4, 2017.

Appriss Health provides the nation's most comprehensive platform for early identification, prevention and management of Substance Use Disorders. PMP AWAReX is a prescription monitoring solution that provides state government agencies with accurate, real-time data, compliant with their regulations.

Michigan’s new PMP AWAReX site allows licensed professionals (and their delegates) to access data. This is the same site that law enforcement and benefit plan managers use to request data from MAPS.

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| Public Act 248 of 2017 | Requires the review of MAPS prior to prescribing or dispensing to a patient a controlled substance in a quantity that exceeds a 3-day supply, beginning 6/1/18. Further, the act requires that a licensed prescriber be registered with MAPs prior to prescribing or dispensing a controlled substance to a patient, beginning 6/1/18. |
| Public Act 252 of 2017 | Provides that before dispensing or prescribing buprenorphine or a drug containing buprenorphine and methadone to a patient in a Substance Use Disorder program, the prescriber shall review a MAPS report on the patient, beginning 3/27/18. |

Information above taken from <https://www.michigan.gov/lara>

It’s the Law (<https://www.michigan.gov/lara/>)

Universal Precautions for Pain Medicine Prescribing

- 1.** Make a careful diagnosis of the pain source. Assess co-morbid conditions, such as depression, and include them in the treatment plan. Psychiatric and Substance Use Disorders must be addressed.
- 2.** Assess the risk of substance abuse, including family history, current environment, and personal history of substance abuse. Urine drug testing may be considered, with appropriate counseling of the patient regarding illicit drug use. Some experts advocate screening everyone as part of a random process, others restrict it to problematic patients. Not infrequently, some individuals are found not to have detectable levels of the prescribed opioid, suggesting the possibility of diversion. However, no action should be taken on a single aberrant test. Patient counseling and continued monitoring should be performed.
- 3.** Obtain informed consent. Long term opioid therapy for chronic pain carries the potential for withdrawal, and may be contentious. In addition, the consequences of opioid therapy, including constipation, reduced testosterone levels, fatigue, etc., should be disclosed.
- 4.** A signed treatment agreement is recommended defining the obligations of the physician and patient because it is helpful in defining the parameters to guide the continuation of opioid therapy and for discontinuation. This avoids arguments and misunderstandings.
- 5.** Document pain levels prior to and after the initiation of opioid therapy. It is essential to document an effective analgesic response to warrant continued treatment. Pain scales are not always the best measure, but other functional improvements may be useful in assessing the treatment response.
- 6.** Initiate an appropriate trial of medication, including opioids and adjuvant analgesics.
- 7.** Frequently reevaluate measures of efficacy. Seeking corroboration from family members and significant others can help to provide a better picture of treatment success, or of failure.
- 8.** Regularly assess the 4 A's of pain treatment: analgesia, activity, adverse effects, and aberrant behavior.
- 9.** Periodically reevaluate the patient's underlying condition and any co-morbid conditions.
- 10.** Document! The physician and the patient's best protection from legal entanglement is careful documentation of the treatment plan and monitoring efforts.

Source: Project Lazarus Tool Kit: Primary Care Provider page 14

Original Source: Gourlay DL, Heit HA, Almahrezi A. Universal precautions in pain medicine



Beyond the Save Consortium Partners



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*The information provided is current as of July 2021. For any recent updates please visit beyondthesave.org.