OPIOID OVERDOSE SUMMIT

December 1, 2015
Palmer Commons, Ann Arbor

www.injurycenter.umich.edu
UMInjuryCenter@umich.edu
734-232-2105
SUMMIT OBJECTIVES & SCOPE

- Bring attention and focus to a critical and growing health issue.
- Present the state of the prescription drug opioid (PDO) research literature and highlight directions for future PDO research and prevention by identifying gaps and priorities.
- Facilitate new collaborations among PDO researchers and to bridge research and public health practice.

This summit will cover the following aspects of the current science of opioid overdose:
- Epidemiology and the scope of the problem
- Prevention of overdose mortality
- Non-medical use and “medical misuse”
- Clinical practice improvements
- Surveillance and policy responses
- Unresolved issues and future directions
TABLE OF CONTENTS

Welcome Letter ................................................................. 4
Opening & Closing Speakers .............................................. 6
General Information .......................................................... 7
Featured Speakers, Leadership, Moderators ......................... 8
CME Information ............................................................... 15
Michigan Opioid Abuse Fact Sheet ...................................... 16
Local Information ............................................................... 17
Full Agenda ........................................................................ 18
CDC Opioid Prescribing Guidelines Info. ............................... 20
Poster Presentations ........................................................... 22
Poster Abstracts ................................................................. 24
Notes ................................................................................ 32
Agenda at a Glance ............................................................. 34

Connect with us

Twitter: @UMInjurycenter
YouTube: University of Michigan Injury Center channel
Facebook: UM Injury Center

- Please use the hashtag #uminjuryctr for this event.
- Visit our website: www.Injurycenter.umich.edu
- Find more info on the topic of opioid overdose, view pages 16 and 20-21 in this program.
- All speaker presentations at this event will be recorded and uploaded to our website and YouTube channel one to two weeks after this event.
Every day, 44 people in the US die from overdose of prescription painkillers, and many more become addicted, according to the CDC. Prescription drug overdose – and especially opioid overdose – is currently at epidemic levels. The need to respond and provide solutions is urgent.

With work happening at the local, state, and national level, clear communication about the state of the science and best practices for prevention and intervention is more critical than ever. And that’s why we are assembled here today.

We’re pleased you have joined us today to explore issues related to this emerging public health issue. A number of national experts have joined us to lead a science-based discussion of prevention strategies, interventions, future directions, and more. And other researchers and practitioners will be sharing their innovative work during the poster session. The opportunities to learn are great. Beyond the presentations, we hope you will use this opportunity to network and get to know others working in this field. Embracing new collaborations, conversations, and discoveries will enhance the value of this day – for both the attendees and the field of opioid overdose prevention.

We offer special thanks to our generous sponsors, who committed early and expressed strong support of the event’s objectives: The Institute for Healthcare Policy & Innovation, the University of Michigan Department of Psychiatry, the University of Michigan Substance Abuse Research Center (UMSARC), the University of Michigan Medical School, and the Michigan Institute for Clinical & Health Research (MICHR). We truly appreciate your partnership on this educational event.

Welcome! We look forward to working together to address opioid overdose in a meaningful way.

Sincerely,

Maureen Walton, PhD, MPH
Co-lead, Research Core
University of Michigan Injury Center

Amy Bohnert, PhD
Summit Director

Rebecca Cunningham, MD
Director
University of Michigan Injury Center
Making a Difference

Transportation-related injury

Violence interventions

Prescription drug misuse

We work to prevent injury by:

- Performing innovative research
- Publishing research findings and translating research into practice
- Supporting community groups
- Publishing educational materials for practitioners
- Educating students, trainees, and others
- Providing support for developing effective injury policy

Become a member today!

INJURY CENTER
UNIVERSITY OF MICHIGAN

With monthly learning activities, engaged members, funding opportunities, a resource-rich website, and collaboration opportunities, the University of Michigan Injury Center provides a way to connect and grow.

www.injurycenter.umich.edu  @UMInjuryCenter  734-232-2105

#uminjurycatr
REBECCA CUNNINGHAM, MD  
University of Michigan

Rebecca Cunningham is Associate Chair for Research and Professor for the University of Michigan’s Department of Emergency Medicine, Director of the CDC-funded U-M Injury Center, and Professor in Health Behavior & Health Education, University of Michigan School of Public Health.

Dr. Cunningham has a distinguished career in researching substance use prevention, particularly of youth and young adult populations. Her focus on brief interventions in the emergency room has included using technology to overcome barriers to reaching youth to prevent alcohol and drug misuse including prescription drug misuse as well as associated consequences. She has received funding as PI from NIAAA, NIDA, Fogarty, and CDC over the past 18 years. Dr. Cunningham concurrently continues her work as a practicing Emergency Department physician at the University of Michigan Health System.

JEFFREY S. DESMOND, MD  
University of Michigan Health System

Jeffrey Desmond is the Director of Clinical Quality, Associate Chief of Staff, and Assistant Professor of Adult Emergency Medicine at the University of Michigan Hospitals and Health Centers. He received his B.A. from Williams College in Williamstown, MA, in 1982, and his degree in medicine from University of Texas in Houston, TX in 1987. Dr. Desmond then completed a residency in Emergency Medicine at the University of Massachusetts Medical Center in Worcester.

Dr. Desmond has led a variety of process improvement and Information Technology initiatives within the Emergency Department, as well as implementation of a Peer Review Process for the department. Dr. Desmond’s research interests focus on the application of operations management principles to healthcare and specifically Emergency Department operations to improve patient care. Dr. Desmond is the developer and co-leader of the University of Michigan Health Administration Scholars Program (HASP).

In 2013 Dr. Desmond became the Director of Clinical Quality at the University of Michigan Hospitals and Health Centers. In this senior level quality management role, Dr. Desmond is responsible for developing processes for identification, prioritization, implementation, and communication of clinical quality and patient safety improvement initiatives.
General Information

PALMER COMMONS
All summit activities will take place on the 4th floor of Palmer Commons. Note that the poster session will take place along the windows and at the south end of the 4th floor.

REGISTRATION DESK
A staff member will be stationed at the registration desk throughout the event. If you need any assistance, please visit the registration desk.

CONFERENCE EVALUATION
A follow-up survey evaluation will be emailed to all summit attendees. We ask you to complete and submit your evaluation as quickly as possible. Your feedback will help the U-M Injury Center improve future injury prevention events. Thank you for participating in making our events useful and informative!

PHOTOGRAPHY & VIDEO
Photographers and videographers will be present at the summit obtaining photographic images and webcast/video recordings of speaker presentations to make available to those unable to attend and to promote the Center’s work. Photos may be used to populate our website, accompany post-event press releases, and in selected print publications. If you do not want your photo included in any materials, print or online, please let a staff member know.

MISCELLANEOUS INFORMATION
Please note: the webcast is live and will be recorded. As a courtesy to those attending via webcast, please limit distractions and extraneous noises during all presentations. The index cards located in the center of each table are provided to attendees to write down questions for speakers. A staff member will collect index cards during the Q&A segment of each presentation. Microphones are also available to use to address speakers with questions during the Q&A periods.
Grant Baldwin is the Director of the Division of Unintentional Injury Prevention at the National Center for Injury Prevention and Control in the Centers for Disease Control and Prevention. He has served in this capacity since September 2008.

Unintentional injuries are the leading cause of death for persons 1 to 44 years of age. DUIP is dedicated to reducing the number and severity of unintentional injuries through science-based programs and applied research. CDC is focused on preventing injuries and fatalities from motor vehicle-related crashes, older adult falls, prescription drug overdoses, and traumatic brain injuries – especially those caused in youth sports and recreation.

Dr. Baldwin joined the CDC Injury Center in November 2006 as acting Deputy Director. In this role, Dr. Baldwin assisted the NCIPC Director in providing overall leadership and direction for the Center. He began his career at CDC in September 1996.

Dr. Baldwin received his PhD in Health Behavior and Health Education at the University of Michigan School of Public Health in 2003. He also received a MPH in Behavioral Sciences and Health Education from the Rollins School of Public Health at Emory University in 1996. Currently, he is also an adjunct Associate Professor at Emory University’s Rollins School of Public Health.

Amy Bohnert is a mental health services researcher with training in public health who focuses her research on epidemiology and brief interventions regarding substance use and related disorders. Within a team of collaborators at the University of Michigan and the VA, she has led a number of projects related to overdose and prescription drug safety. A number of her research activities have been specifically aimed at improving care occurring in substance use disorder treatment settings.

Dr. Bohnert has demonstrated a particular expertise in applying epidemiology methods to the analysis of VA electronic health records-based datasets to answer important questions for health services delivery. She has an appointment as an Assistant Professor in the Department of Psychiatry at the University of Michigan. Dr. Bohnert is also affiliated with the Department of Veterans Affairs Center for Clinical Management Research (CCMR), an HSR&D Center of Innovation.

Recently, she has also helped provide scientific guidance to the Governor’s Prescription Drug and Opioid Abuse Task Force (MI) and is a member of the core expert group that provided advice to the CDC in developing its upcoming opioid prescribing guidelines for chronic pain.
CAROL J. BOYD, PhD, MSN, RN, FAAN  
University of Michigan

Carol J. Boyd is the Deborah J Oakley Professor of Nursing and a Research Professor at the Addiction Research Center in the Department of Psychiatry at the University of Michigan. Dr. Boyd is an internationally recognized substance abuse scholar whose career started when she studied female heroin and “T and Blue” users in Detroit. Her mid-career research centered on African American women’s abuse of crack cocaine, but her more recent NIH-funded studies focus on adolescent and young adult populations and their abuse of alcohol and controlled medications.

Dr. Boyd publishes extensively in interdisciplinary journals; her most recent work centers on this nonmedical use of benzodiazepines and sedatives among adolescents (Psychology of Addictive Behaviors, November 2014). Other recent studies have been published in the Journal of Adolescent Health, Substance Abuse, Archives of Adolescent and Pediatric Medicine and Pain, to name a few.

PHILLIP COFFIN, MD, MIA  
San Francisco Department of Public Health

Phillip Coffin is Director of Substance Use Research at the San Francisco Department of Public Health and Assistant Professor of HIV/AIDS at the University of California San Francisco. He is a board-certified practicing internist and infectious disease specialist. His clinical trials unit tests pharmacologic and behavioral therapies for substance use disorders, conducts implementation science studies addressing substance use and medical sequelae, and tests adherence strategies for treating blood-borne infections among people who use drugs.

Dr. Coffin developed the first international conference on heroin overdose in 2000, established the first hospital-based naloxone distribution program at Columbia University in 2006, and is medical director of San Francisco’s naloxone distribution program. He has developed and studied naloxone prescription to patients on opioids for chronic pain in primary care clinics and is a member of the committee charged with developing Centers for Disease Control and Prevention opioid prescribing guidelines.
TARA GOMES, MHSc  
University of Toronto

Tara Gomes an epidemiologist and a Principal Investigator of the Ontario Drug Policy Research Network (ODPRN), a provincial network of researchers with expertise in pharmaceutical utilization, outcomes, and policy. The key objective of the ODPRN is to rapidly conduct relevant pharmacoepidemiology research for provincial decision-makers to inform drug policy in Ontario and across Canada. She is also a Scientist in the Li Ka Shing Knowledge Institute of St. Michael’s Hospital and the Institute for Clinical Evaluative Sciences and an assistant professor at the University of Toronto in both the Leslie Dan Faculty of Pharmacy and the Institute of Health Policy Management and Evaluation. Her research is focused on pharmacoepidemiology, drug safety, and drug policy research leveraging large, administrative databases, and she has published over 100 peer-reviewed articles and over 50 policy reports in this area.

She has worked closely with the Ontario Ministry of Health and Long-Term Care to develop evidence to inform policies related to opioid use and abuse in Ontario and has served as an expert for the US Food and Drug Administration and the US Department of Transportation in discussions related to opioid policies and regulations. In 2014, the ODPRN was awarded the Institute for Public Administration of Canada’s Bronze Public Sector Leadership Award in Health and Education.

MARK ILGEN, PhD  
University of Michigan

Mark Ilgen is a clinical psychologist, an investigator with the Department of Veterans Affairs Center for Clinical Management Research (CCMR) in Ann Arbor and an Associate Professor in the Department of Psychiatry at the University of Michigan. In collaboration with colleagues in the VA and at the University of Michigan, he has conducted a number of projects related to the treatment of substance use disorders, particularly for individuals suffering from comorbid chronic pain. Dr. Ilgen has also led a number of research projects seeking to inform and evaluate care related to opioid pain medications, pain, and suicide. Most recently, he led a study that evaluated the impact of the implementation of the Veterans Health Administration’s Opioid Safety Initiative. Dr. Ilgen’s research is currently funded by the Department of Veterans Affairs, the Department of Defense, and the National Institutes of Health.
ERIN KREBS, MD, MPH
VA CCDOR & University of Minnesota

Erin E. Krebs is a Core Investigator at the Minneapolis VA Center for Chronic Disease Outcomes Research and Associate Professor of Medicine at the University of Minnesota. She is a general internist with an active primary care practice and also serves as Women’s Health Medical Director for the Minneapolis VA. Her research focuses on chronic pain management in primary care and benefits and harms of opioid analgesics. She is currently leading a VA-funded randomized trial comparing opioid versus non-opioid prescribing strategies for long-term treatment of chronic back and osteoarthritis pain.

CHRISTINA PORUCZNIK, PhD
University of Utah

Christina Porucznik is an Associate Professor in the Department of Family and Preventive Medicine and Associate Chief for Education in the Division of Public Health at the University of Utah School of Medicine. Dr. Porucznik has been studying the problem of prescription drug-related harm for over a decade using various public health data sources and innovative methods.

JACK B. STEIN, PhD, MSW
National Institute on Drug Abuse

Jack B. Stein became Director of the Office of Science Policy and Communications (OSPC) within the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, in August 2012. OSPC leads science policy, strategic planning, program evaluation, communications, and public liaison activities for NIDA.

Dr. Stein has over two decades of professional experience in leading national drug and HIV-related research, practice, and policy. Stein first joined NIDA as the OSPC Deputy Director, and later as the Deputy Director for the Division of Epidemiology, Services and Prevention Research. He then left NIDA to become Director of the Division of Services Improvement, Center for Substance Abuse Treatment at the Substance Abuse and Mental Health Services Administration. Immediately prior to rejoining NIDA, Stein served as the Chief of the Prevention Branch, Office of Demand Reduction, at the White House Office of National Drug Control Policy.

Dr. Stein has authored numerous articles, book chapters, and reports on HIV prevention and substance use services. He is a graduate of Union College, where he earned a bachelor of science in biology. He holds a master’s degree in social work from New York University and a doctoral degree in health services from Walden University.
AARON WHITE, PhD
National Institute on Alcohol Abuse and Alcoholism

Aaron White works in the Office of the Director at the National Institute on Alcohol Abuse and Alcoholism (NIAAA) as the Senior Scientific Advisor to the Director. After joining NIAAA in 2008 and until recently, his duties included overseeing funded studies on college and underage drinking prevention. In his current role, he advises the Institute Director, Dr. George Koob, on scientific areas related to alcohol and other drug use.

Dr. White’s early research focused on the effects of alcohol on adolescent brain function and brain development, alcohol blackouts among college students, adolescent substance abuse treatment, and development of high school and college alcohol prevention and education initiatives. He has published nearly 60 articles and book chapters and two books. He also helped create an online alcohol education course for college students called AlcoholEdu. His recent manuscripts examine hospitalizations for alcohol overdoses, drug overdoses, and their combinations; predictors of blackouts among young adults; trends in alcohol use among females relative to males; and the concurrent use of alcohol and alcohol-interactive prescription medications in the US.

MICHAEL VON KORFF, ScD
Group Health Research Institute

Michael Von Korff is a Senior Investigator at the Group Health Research Institute. He has carried out research on the management and outcomes of chronic pain and depression in primary care settings. He has co-led major randomized trials examining approaches to chronic illness management in primary care, including collaborative care for depression and interventions to improve self-care of chronic-recurrent back pain. A major focus throughout his career has been studying mental-physical comorbidity and how patients manage distressing physical symptoms. He developed principles for effective chronic illness self-management included in the Chronic Care Model. His current research focuses on trends and risks of long-term use of opioids for chronic pain. Dr. Von Korff currently has grants from the National Institute on Aging and the Patient-Centered Outcomes Research Institute concerning chronic opioid therapy.
MAUREEN WALTON, PhD, MPH
University of Michigan

Maureen Walton is an Associate Professor in the Department of Psychiatry at the University of Michigan. She is also the Associate Director for Child Research for the U-M Addiction Center and the Co-lead of Research for the U-M Injury Center. She received a PhD from Michigan State University in Ecological and Community Psychology and an MPH from San Diego State University in Health Promotion.

For more than two decades, Dr. Walton’s has received funding from NIAAA, CDC, and NIDA to conduct research to develop and test evidenced-based prevention and intervention approaches to reduce substance misuse and intentional injury in community health care settings, primarily among youth. She has particular interest in developing computer e-health and m-health approaches for assessment and intervention delivery (e.g., web, text messaging, remote therapy, social media, and smartphone apps). Dr. Walton serves as a standing member of the Interventions to Prevent and Treat Addictions study section, which is part of the NIH Center for Scientific Review. She is dedicated to training the next generation of scientist in preventing substance use and injury among youth, evidenced by her role as a mentor on NIAAA and Fogarty training grants.
AMY BOHNERT, PhD, MHS
University of Michigan

Please see page 8 of this program for Dr. Bohnert’s full biography.

MORNING MODERATOR

FREDERIC BLOW, PhD
University of Michigan

Frederic C. Blow is Professor and Director of both the Substance Abuse and the Mental Health Services Outcomes & Translation Research Sections in the Department of Psychiatry, the Director of the University of Michigan Addiction Research Center, and a career researcher and educator in the field of substance use screening, interventions, and treatments.

He is a national expert in mental health and substance abuse services research and policy, with a focus on evidence-based practices. His areas of research expertise include substance abuse prevention from a lifespan developmental perspective, substance use and violence, alcohol screening and diagnosis for older adults, mental disorders and concurrent substance abuse, alcohol and drug abuse brief interventions in healthcare settings, risk factors for suicide, and mental health services research. Dr. Blow has been the principal investigator on numerous federal, state, and foundation grants and has published over 300 articles in the areas of substance abuse and alcoholism, substance abuse screening/treatment and mental health services research. His current research portfolio includes NIH, VA, foundation and Hazelden-funded studies on behavioral strategies for substance abuse treatment linkage and engagement, computerized brief interventions for patients presenting to the emergency department, the role of families in treatment engagement/linkage and in recovery for older substance abusers, enhancement of court-mandated interventions for driving under the Influence of alcohol, and prevention/early intervention of marijuana use/misuse among adolescents in primary care settings. He has also served as the lead evaluator on a number of national, state, and local initiatives.

AFTERNOON MODERATOR
Continuing Medical Education (CME) Accreditation

Information:
The University of Michigan Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The University of Michigan Medical School designates this live activity for a maximum of 6.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Objectives:
Following this conference, physicians will implement improved methods of identifying opioid misuse, preventing overdose mortality, and prescribing pain medications.

Instructions:
On completion and submission of your evaluation form for today’s event, you will receive a certificate of attendance. Here’s how:

- Following the event, you will receive an email with a link to an online evaluation of the event.
- Please complete the evaluation, and answer “yes” to the question asking if you’d like to receive credits and provide contact information.
- Your certificate will be emailed to the address you provide.

Disclosure of relevant financial relationships with commercial companies:
All planners/speakers have certified that they have no financial relationships with companies whose products were addressed in the planning/presentations or relevant financial relationships with an ACCME-defined commercial interest.

Speakers include: Grant Baldwin, Carol Boyd, Erin Krebs, Mark Ilgen, Michael Von Korff, Tara Gomes, Christina Porucznik, Amy Bohnert, Phillip Coffin, Aaron White, and Jack B. Stein.

Planners include: Rebecca Cunningham and Tina Creguer.
Opioid Abuse in Michigan

In 2011, the CDC announced that deaths from opioid prescription painkillers had reached epidemic levels, surpassing deaths from heroin and cocaine combined.1 Opioids are pain-relieving medications that reduce the intensity of pain; they can produce drowsiness, confusion, nausea, euphoria, and other side effects. Opioids slow the central nervous system, reducing breathing and heart rate. Popular opioids include hydrocodone (Vicodin, Norco), oxycodone (OxyContin, Percocet), morphine, and codeine.2

Prescription Opioid Use in Michigan

- The number of opioid-related hospitalizations increased 136.9% between 2000 and 2013.3
- The number of people admitted for prescription drug treatment increased by 369% from 2000 to 2011.4
- The number of deaths in Michigan caused by unintentional prescription opioid overdose grew more than tenfold in 14 years: from 31 in 1999 to 384 in 2013.5

![Graph showing the increase in prescription opioid overdose deaths and hospitalizations involving opioids, cocaine, and amphetamines in Michigan from 1999 to 2013.](source)

Current Strategies

- “Doctor shopping” law
- Prescription drug monitoring program (optional)
- Support for abuse treatment services
- Prescriber education required/recommended
- Require suspected misusers to use a single prescriber and pharmacy (Medicaid only)
- Require legal ID prior to dispensing controlled substances at pharmacy

Opportunities to Expand Strategies

- Require medical providers to use MAPS, Michigan’s prescription drug monitoring program for all opioid prescriptions
- Enact a rescue drug law (to expand access to naloxone, which counteracts overdose)
- Require physical exam prior to each prescription
- Increase number of medication drop boxes for safe disposal
- Expanding availability of medication-assisted addictions treatment

References


www.injurycenter.umich.edu 734.232.2105 UMIInjurycenter@umich.edu
Local Information
Excerpted from www.visitannarbor.org

Fast facts
- Population — Ann Arbor: 114,024, including the student population of University of Michigan.
- Size — 28.2 square miles
- Average Age — 27.3 years
  * (almost 25% of Ann Arborites are between the ages of 18 and 24)
- Education — 64.2% have four years or more of college education

History
Ann Arbor was founded in 1824 when John Allen and Elisha Rumsey left Detroit on a one-horse sleigh and headed west to establish a new community. Originally registered as Annarbour, it is believed that the "Ann" honors their wives Ann and Mary Ann and "arbour" refers to a grove or shady opening found in the Michigan woods. Eventually the words were separated and the town became known as Ann Arbor. It remains the only city in the world with that name.

Dining options
Ann Arbor offers nearly 300 restaurants within a 20-mile radius. Options range from old-fashioned Italian bistros to trendy, contemporary American restaurants. Many offer alfresco dining in the warmer months, which, when combined with the array of jazz and dance clubs in the area, makes downtown Ann Arbor a vibrant destination for nightlife.
- Check out restaurants at: http://www.visitannarbor.org/dining.

Transportation
To get around in downtown Ann Arbor, many visitors opt to walk. Other options include:
- The Ride: Operated by the Ann Arbor Transportation Authority, “The Ride” is a top-notch public transit system, offering over 1,500 stops in Washtenaw County. Fare is $1.50 per person. Exact change is needed. Visit www.theride.org for more information.
- Taxi service: There are more than 20 taxi service providers in Ann Arbor.
  * See a full list at: http://www.visitannarbor.org/about-ann-arbor/transportation
- Uber: This transportation provider offers a cost-effective alternative to taxis. www.uber.com

The University of Michigan
- Total enrollment (Ann Arbor, Flint and Dearborn campuses) — 53,031. Ann Arbor enrollment — 38,103.
- Alumni body — 439,239 living degree-holders
- Ann Arbor campus size in acres — 3,177
- Employment — U-M employs more than 27,000 Washtenaw County residents.
Opioid Overdose Summit Agenda

TUESDAY, DECEMBER 1ST

8:15 – 8:45  Registration & Continental Breakfast

8:45 – 9:00  Welcome & Opening Remarks
- Rebecca Cunningham, MD, Associate Chair for Research and Professor of Department of Emergency Medicine, University of Michigan, Director of University of Michigan Injury Center and Professor of Health Behavior & Health Education, University of Michigan School of Public Health
- Jeffrey S. Desmond, MD, Interim Chief Medical Officer, Director of Clinical Quality and Associate Professor of Department of Emergency Medicine, University of Michigan Health System

9:00—12:00  MORNING SESSIONS
- Moderator: Amy S.B. Bohnert, PhD, MHS, Research Investigator of VA Center for Clinical Management Research and Assistant Professor of Department of Psychiatry, University of Michigan

9:00 – 9:45  Epidemiology and the Scope of the Problem
- Grant Baldwin, PhD, MPH, Director of Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

9:45 – 10:15  Non-Medical Use and “Medical Misuse” of Opioids during Adolescence
- Carol Boyd, PhD, MSN, RN, FAAN, Deborah J Oakley Professor of Nursing and Research Professor of Department of Psychiatry, Addiction Research Center, University of Michigan

10:15 – 10:30  Break

10:30 – 12:00  Clinical Practice Improvements
- Erin Krebs, MD, MPH, Core Investigator of Minneapolis VA Center for Chronic Disease Outcomes Research and Associate Professor of Medicine, University of Minnesota
- Mark Ilgen, PhD, Clinical Psychologist of Department of Veterans Affairs Center for Clinical Management Research and Associate Professor of Department of Psychiatry, University of Michigan
- Michael Von Korff, ScD, Senior Investigator, Group Health Research Institute

12:00 – 12:35  LUNCH & NETWORKING
12:35 – 1:20  **POSTER SESSION—4th Floor Atrium**

1:20—4:30  **AFTERNOON SESSIONS**

- **Moderator:** Frederic Blow, PhD, *Professor and Director of Substance Abuse and the Mental Health Services Outcomes & Translation Research Sections of Department of Psychiatry and Director of Addiction Research Center, University of Michigan*

1:20 – 2:20  **Surveillance and Policy Responses**

- Tara Gomes, MHSc, *Epidemiologist and Principal Investigator of Ontario Drug Policy Research Network (ODPRN) and Assistant Professor of Leslie Dan Faculty of Pharmacy and Institute of Health Policy Management and Evaluation, University of Toronto*
- Christina Porucznik, PhD, *Associate Professor of Department of Family and Preventive Medicine and Associate Chief for Education, Division of Public Health, University of Utah School of Medicine*

2:20 – 3:20  **Prevention of Overdose Mortality**

- Amy S.B. Bohnert, PhD, MHS, *University of Michigan*
- Phillip Coffin, MD, MIA, *Director of Substance Use Research, San Francisco Department of Public Health and Assistant Professor of HIV/AIDS, University of California San Francisco*

3:20 – 3:35  **Break**

3:35 – 4:30  **PANEL DISCUSSION: Unresolved Issues and Future Directions**

- Grant Baldwin, PhD, MPH, *Director of Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention*
- Aaron White, PhD, *Senior Scientific Advisor, Office of the Director, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health*
- Jack B. Stein, PhD, MSW, *Director of Office of Science Policy and Communications, National Institute on Drug Abuse, National Institutes of Health*

4:30 – 4:45  **Closing Remarks**

- Rebecca Cunningham, MD, *University of Michigan*
New CDC Opioid Prescribing Guidelines

Improving the Way Opioids are Prescribed for Safer Chronic Pain Treatment

The problem:
Existing guidelines vary in recommendations, and primary care providers say they receive insufficient training in prescribing opioid pain relievers. It is important that patients receive appropriate pain treatment, and that the benefits and risks of treatment options are carefully considered.

259 million

In 2012, health care providers wrote 259 million prescriptions for opioid pain relievers - enough for every American adult to have a bottle of pills.¹

300% increase

Prescription opioid sales in the United States have increased by 300% since 1999², but there has not been an overall change in the amount of pain Americans report³,⁴.

2 million

Almost 2 million Americans, age 12 or older, either abused or were dependent on opioid pain relievers in 2013.⁵

RIP 16 thousand

In 2013, more than 16,000 people died in the United States from overdose related to opioid pain relievers, four times the number in 1999.⁶

Improving practice:
Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse, abuse, or overdose from these powerful drugs.

¹Paulozzi, Mack, & Hockenberry. 2014
⁵SAMHSA, 2014
New Prescribing Guidelines

The Centers for Disease Control and Prevention (CDC) is publishing new opioid prescribing guidelines for chronic pain. The agency is working for timely release of the guidelines while ensuring that the development process:

- Meets scientific standards
- Includes expert consultation
- Allows for appropriate stakeholders to provide input
- Facilitates partnership development to enhance dissemination and uptake

Intended Purpose and Use of Guidelines

The purpose of the CDC guidelines is to provide recommendations for the prescribing of opioid pain relievers for patients 18 and older in primary care settings. Recommendations focus on the use of opioids in treating chronic pain (i.e., pain lasting longer than 3 months or past the time of normal tissue healing) outside end-of-life care.

Clinical practices addressed in the guidelines:

- Determining when to initiate or continue opioids for chronic pain outside end-of-life care
- Opioid selection, dosage, duration, follow-up, and discontinuation
- Assessing risk and addressing harms of opioid use

Guidelines Development: Methods and Processes

CDC used the Grading of Recommendations Assessment, Development, and Evaluation method to guidelines development (www.gradedworkinggroup.org). This method uses a transparent approach to grading quality of evidence and strength of recommendations. Four factors were used to determine the recommendations: 1) quality of evidence, 2) balance between benefits and harms, 3) values and preferences, and 4) costs. CDC also has developed a tiered approach to involve stakeholders in guidelines development.

Core Expert Group

The Core Expert Group includes CDC scientific staff, professional society representatives, subject matter experts, state agency representatives, and an expert in guidelines development methodology. This group reviews the evidence and consults on CDC-drafted recommendations.

Stakeholder Review Group

The Stakeholder Review Group includes a larger group of interested stakeholders that reviews the draft of CDC guidelines to improve the specificity and applicability of the recommendations. This group includes representation from professional medical organizations, community groups, and other organizations with an interest in pain management.

Peer Review and Public Comment

CDC has invited subject matter experts and the public to provide an independent review of the recommendations to ensure scientific quality and reasonableness of the recommendations.

Federal Partner Review

Interagency collaboration is critical for translation of these recommendations into practice. Federal partners were asked to review the guidelines and identify venues for dissemination and implementation.
## Poster Presentations

**Poster Session: 12:35—1:20 p.m., 4th-Floor Atrium**

We encourage you to attend the educational poster session following lunch, designed to facilitate discussion and new collaborations among attendees.

Posters identify innovative strategies to expand and enhance future opioid overdose research and prevention, contribute to the adoption of new evidence-based practices, highlight the translation and communication of injury prevention science and information as it relates to opioid overdose injury and death, or describe effective partnerships among and between organizations in developing new collaborative prevention or treatment approaches.

<table>
<thead>
<tr>
<th>Location</th>
<th>Presenter</th>
<th>Organization</th>
<th>Poster Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aaron Przybysz, MD, PhD</td>
<td>University of Michigan, Department of Anesthesiology</td>
<td>The Michigan Preoperative Analgesic Assessment Tool</td>
</tr>
<tr>
<td>2</td>
<td>Alan Janssen, DO FAAEM, FACOEP-D, FACEP</td>
<td>Genesys Regional Medical Center</td>
<td>Implementation of a First Responder Training Program for Opioid Overdose</td>
</tr>
<tr>
<td>3</td>
<td>Allison Lin, MD</td>
<td>University of Michigan</td>
<td>Outpatient Provider Contact Prior to Unintentional Opioid Overdose</td>
</tr>
<tr>
<td>4</td>
<td>Andrew Fortunato</td>
<td>Families Against Narcotics</td>
<td>Operation Rx: A Systemic Approach to Opiate Misuse and Abuse</td>
</tr>
<tr>
<td>5</td>
<td>Cara Anne Poland, MD, M.Ed</td>
<td>Spectrum Health and Grand Rapids Red Project</td>
<td>Saving Lives Through Overdose Rescue: Targeted Naloxone Distribution to Injection Drug Users</td>
</tr>
<tr>
<td>6</td>
<td>Chin Hwa (Gina) Dahlem, PhD, FNP-C</td>
<td>University of Michigan School of Nursing</td>
<td>Opioid Overdose Prevention Training Using Intranasal Naloxone for Law Enforcement and Laypersons</td>
</tr>
<tr>
<td>7</td>
<td>Erin E. Bonar, PhD</td>
<td>University of Michigan</td>
<td>Perceived Severity of and Susceptibility to Overdose Among Injection Drug Users: Relationships with Overdose History</td>
</tr>
<tr>
<td>8</td>
<td>Jenna Goesling, PhD</td>
<td>University of Michigan, Department of Anesthesiology</td>
<td>Descriptive Characteristics of Patients Prescribed Opioids for the Treatment of Chronic Pain</td>
</tr>
<tr>
<td>Location</td>
<td>Presenter</td>
<td>Organization</td>
<td>Poster Title</td>
</tr>
<tr>
<td>----------</td>
<td>-----------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>9</td>
<td>Jessica Roche, MPH</td>
<td>University of Michigan Injury Center</td>
<td>Extra-medical Prescription Drug Use Among Adolescents In the Emergency Department: Alcohol Misuse and Other Drugs</td>
</tr>
<tr>
<td>10</td>
<td>Laura Thomas, MPH</td>
<td>University of Michigan, Department of Psychiatry</td>
<td>Self-Reported Overdose History of Adults in a Residential Drug Treatment Facility</td>
</tr>
<tr>
<td>11</td>
<td>Lauren Whiteside, MD, MS, FACEP</td>
<td>University of Washington</td>
<td>Collaborative Care from the ED for Trauma Patients with Prescription Drug Misuse: A Feasibility Study</td>
</tr>
<tr>
<td>12</td>
<td>Lynn S. Massey, LMSW</td>
<td>University of Michigan</td>
<td>Overdose Experiences Among Patients at an Urban Emergency Department</td>
</tr>
<tr>
<td>13</td>
<td>Rena M. Steiger, BA</td>
<td>University of Michigan School of Nursing</td>
<td>Adolescents’ Future Orientation and Non-medical Use of Prescription Drugs</td>
</tr>
<tr>
<td>14</td>
<td>Theresa Dreyer, MPH</td>
<td>Center for Healthcare Research &amp; Transformation</td>
<td>Addressing Opioid Addiction and Overdose Deaths through the Washtenaw Health Initiative Opioid Project</td>
</tr>
<tr>
<td>15</td>
<td>Trisha Zizumbo, BS, MSA</td>
<td>Oakland County Health Division</td>
<td>Oakland County Prescription Drug Abuse Partnership: Addressing Prescription Drug Abuse Through Increased Knowledge, System Change, and Environmental Assessment</td>
</tr>
</tbody>
</table>
**#1 The Michigan Preoperative Analgesic Assessment Tool**  
Dr. Paul Hilliard, MD and Dr. Aaron J. Przybysz, MD, PhD  
The University of Michigan, Ann Arbor, Michigan  
Department of Anesthesiology, Division of Pain Medicine

Identifying patients prior to surgery who are at risk for uncontrollable post-operative pain and related complications from high daily opioid dosing is crucial for their perioperative management. Respiratory depression, opioid-induced hyperalgesia, uncontrolled pain, prolonged PACU stays, and unintended ICU admissions are all known complications of patients undergoing surgery on high-dose opioid therapy. Patients on greater than 100 mg PO morphine equivalents daily may be considered “high-risk” for these complications and may benefit from a pre-operative opioid taper. Identification of these patients in the clinic by the surgical team, potentially months prior to their surgery, is critical for successful perioperative management. The High-Dose Opioid Taper (HOT) Initiative at the University of Michigan aims to identify surgical candidates at risk for opioid-related complications and in cooperation with the patient’s opioid prescriber and the University of Michigan anesthesia and surgical teams intervene by educating the patient on the adverse effects of high-dose opioids, taper their opioid dosing, and initiate multimodal analgesia which may allow for successful optimization of their perioperative pain management and minimize complications associated with high daily opioid dosing.

**#2 Implementation of a First Responder Training Program for Opioid Overdose**  
Alan Janssen, DO and Ryan Kirby, MD

**Purpose:** The opioid crisis is widespread. We set out to implement a program for non-medical responders to rapidly identify, and administer a reversal agent in an overdose victim.

**Methods/Approach:** We affiliated with a sheriff’s office that provides coverage to over a 907 square mile area in Michigan. In January 2015 we implemented a 45 minute training program that reviewed signs, symptoms, and the physiology associated with an opioid overdose. The pharmacology and administration of an opioid reversal agent was also included in the program. At the conclusion of the program officers were evaluated on material presented. This included a hands on portion that reviewed medication administration on simulated victims.

**Results:** From January 2015 through October 2015, a total of 89 Sheriff Deputies were trained. This was a rolling training session based on reversal agent availability. Due to the sensitive aspect of time to intervention in these cases; we noted the average time for emergent 911 calls to arrival to be 5:06 minutes. Over this period overdoses were identified with successful intervention in 16 victims with positive outcomes. No adverse events or deaths were identified.

**Conclusions:** The initiation of an opioid overdose training program may be a successful adjunct to currently established pre-hospital resources in saving lives. Additional rigorous scientific evaluation is needed.

**Innovation and Significance:** Further establishment of basic educational programs for first responders and the lay public may make a significant impact on overdose survival.
Outpatient Provider Contact Prior to Unintentional Opioid Overdose

Allison Lin, Amy Bohnert, Mark Ilgen, Paul Pfeiffer, Dara Ganoczy, Fred Blow

Statement of Purpose: Prescribed opioid medications are the most commonly implicated substances in unintentional overdoses. Outpatient health care encounters represent a potential opportunity to intervene to reduce opioid overdose risk. This study assessed the timing and type of outpatient provider contacts prior to overdose.

Methods: This study examined all adult patients nationally in the Veterans Health Administration (VHA) who died from unintentional prescription opioid overdose in fiscal years 2004-2007 and used VHA services anytime within two years of their deaths (n=1,813). For those whose last treatment contact was in an outpatient setting (n=1,457), demographic, clinical and treatment characteristics were compared among patients categorized by the location of their last contact.

Results: 33% (N=479) of those last seen in outpatient settings were seen within one week and 62% (N=910) within one month of their overdose. A substantial proportion of patients were last seen within one month of death in mental health or substance disorder outpatient settings (30% N=438). The majority of patients did not fill an opioid prescription on their last outpatient visit prior to unintentional opioid overdose.

Conclusions: The majority of patients who died by unintentional overdose on prescription opioids were seen within a month of their overdose in outpatient settings.

Innovation and significance: These settings may provide an opportunity to prevent patients from dying from prescription opioid overdoses, and interventions to reduce risk should not be limited to visits that resulted in an opioid prescription.

Operation Rx: A Systemic Approach To Opiate Misuse and Abuse

Andrew Fortunato and Gregory Jakub

Since 2012, drug overdose deaths have increased in Macomb County resulting in 271 deaths in 2014 according to the Macomb County Medical Examiner’s Annual Report. Of those 271 deaths, 107 were attributed to heroin and 164 were, at least in part, attributed to prescription opioids or other narcotics. This is a public health crisis of epidemic proportions.

As a result of this alarming trend, Operation Rx is building a broad community partnership of anti-drug abuse stakeholders, i.e. law enforcement, social services, hospitals, schools, legal, government, and others. Our mission is saving lives by empowering individuals and communities to prevent prescription drug abuse, narcotic misuse and abuse.

Operation Rx played a key role in equipping Macomb County Sheriff patrol cars with Narcan, a life-saving antidote for heroin and narcotic overdoses; since June 2015, more than 10 lives have been saved.

Operation Rx also advocates protocols limiting quantities of narcotics prescribed by physicians and dentists. An Operation Rx video public service announcement was also created encouraging safe storage of unused medications. Fifteen sites have been established county-wide for the safe disposal of unused narcotics in a collaborative effort with Macomb County anti-drug coalitions.

Operation Rx aims to provide systemic change in practices surrounding prescription opioids and subsequent treatment of individuals suffering from substance use disorder. Operation Rx partners have developed a strategic plan addressing the following priorities: compiling reliable county-wide data and metrics for successful outcomes; increasing effective substance abuse prevention, treatment, and recovery programs; and advocating for legislation that supports abuse prevention and addiction recovery.
Saving Lives through Overdose Rescue: Targeted Naloxone Distribution to Injection Drug Users
Cara Anne Poland, MD, M.Ed, Steve Aslum, BS

Statement of Purpose: More people in the state of Michigan die of drug overdose than motor vehicle accidents. Nationally, community based distribution of naloxone rescue kits has shown success in reducing fatality from opioid overdose, yet implementation in Michigan has been slow. In Grand Rapids, The Red Project provides access to naloxone rescue kits - equipping community members with tools to prevent overdose deaths.

Methods/Approach: In 2008, Red Project began distributing naloxone kits to injection drug users (IDU) through their programs that center on injection drug use. Since the inception of naloxone programming at Red Project, over 2,000 kits have been distributed resulting in over 250 overdoses being reported reversed.

Results: One in every six (17%) naloxone rescue kits provided to the community through Red Project is reported as being used to successfully reverse an opioid overdose.

Conclusions: Naloxone distribution works to reduce deaths related to opiate use, thereby saving lives.

Innovation & Significance to the field: Naloxone distribution needs to be made universal. The state of Michigan has supportive laws to protect providers and end-users. Education of both the medical industry as well as laypeople is proven to save lives in both a medical model, like Project Lazarus, and a statewide distribution model, as in Massachusetts. Community based naloxone distribution is supported by organizations including but not limited to ASAM, AMA, APHA, ONDCP, and SAMSHA. It is imperative that providers reaching individuals at risk for overdose include access to naloxone in their service delivery.

Opioid Overdose Prevention Training Using Intranasal Naloxone for Law Enforcement and Laypersons
Chin Hwa (Gina) Dahlem, Lisa King, Jonathon Eric Waddell, Alice Penrose, Glynis Anderson

Purpose: To describe opioid overdose training for Washtenaw County’s Sheriff’s deputies and laypersons in the use of intranasal naloxone

Methods: Instructional curriculum was developed and modified using materials from Massachusetts Department of Public Health. Five separate trainings were conducted lasting between one and two hours for deputies (n=94) and community laypersons (n=22). Training sessions included a didactic presentation using PowerPoint, videos, testimonies, and hands on practice time in assembling and administering intranasal naloxone. Pre and post surveys were administered for evaluation.

Results: Two law enforcement officers used naloxone to reverse opioid overdoses within two weeks of training.

Significance: Training law enforcement officers who are often first responders to opioid overdoses in the use of intranasal naloxone is effective. Additional trainings are scheduled for other law enforcement departments and community organizations throughout Washtenaw county. Training first responders and community laypersons in the use of intranasal naloxone has the potential to save many lives and give hope for recovery to those affected by drug addiction.
Perceived Severity of and Susceptibility to Overdose among Injection Drug Users: Relationships with Overdose History
Erin E. Bonar & Amy S.B. Bohnert

Background: Overdose is relatively common among injection drug users (IDUs) yet little is known about how overdose-related health beliefs influence overdose experiences or risk reduction.

Objectives: This study examines the association of perceived susceptibility to and perceived severity of non-fatal overdose with overdose history among IDUs attending needle exchange programs (NEPs) to inform prevention efforts.

Methods: In 2009-2010, IDUs (N = 91) attending NEPs completed self-report surveys. Negative binomial regression modeled the association between demographics, age of injection initiation, length of time attending the NEP, perceived severity of overdose, and perceived susceptibility to overdose with lifetime history of non-fatal overdose.

Results: Over half (55%) of participants reported lifetime overdose, with a mean of 2.9 overdoses. A multivariable negative binomial regression model revealed that younger current age, older age of first injection, non-Caucasian race, higher perceived severity of overdose, and lower perceived susceptibility to overdose were significantly correlated with fewer lifetime overdoses.

Conclusions: Although our methodology precludes causal inferences, these findings are consistent with the hypothesis that perceived severity and perceived susceptibility are among several factors associated with IDUs’ use of protective behaviors, which could influence the likelihood of overdose. Future prospective research to explore the impact of this and other health beliefs on risk behaviors and overdose could help improve the effectiveness of behavioral interventions.

Descriptive Characteristics of Patients Prescribed Opioids for the Treatment of Chronic Pain
Jenna Goesling, PhD, Stephanie Moser, PhD, Natalie Galau, BS, Afton Hassett, PsyD, Chad Brummett

Statement of Purpose: There is little empirical evidence supporting the use of long-term opioid therapy for chronic pain. One of the challenges faced by physicians is determining what to do with patients started on opioids for therapeutic use (i.e. pain relief) but who continue to use opioids when benefit is not apparent. The goal of this study was to describe the unique characteristics of chronic pain patients taking opioids.

Methods: This study included 150 new patients seeking treatment for chronic pain at an outpatient pain clinic. A research assistant approached eligible patients and completed a structured interview. Patients reporting current opioid use rated the helpfulness of opioids across multiple domains, motivation to continue opioids, and interest in learning alternative ways to manage pain. The Prescribed Opioids Difficulties Scale was also administered. Patients completed self-report measures of pain severity, functioning and psychiatric symptoms. Chi-square and t-tests were conducted.

Results: Of the 150 patients, 55.26% (N=84) reported current opioid use. Current opioid use was associated with a worse clinical phenotype, including higher pain severity, worse functioning, and more symptoms of depression. 41% of patients reported less than an hour of pain relief after taking opioids. Additionally patients reported low confidence in their ability to manage pain without opioids.

Conclusion: These data question the benefits of long term opioid use and highlight important target areas for developing interventions for helping patients not benefiting from opioids taper off opioids. Importantly, the majority of patients reported interest in learning alternative strategies for managing their pain.
Extra-medical Prescription Drug Use Among Adolescents in the Emergency Department: Alcohol Misuse and Other Drugs

Jessica S. Roche MPH, Lauren K. Whiteside MD, Amy S. Bohnert PhD, Stephen T. Chermack PhD, Frederic C. Blow PhD, Brenda M. Booth PhD, Rebecca M. Cunningham MD, Maureen A. Walton PhD MPH

Extra-medical prescription drug use is a growing problem among adolescent and young adult populations. This study examined factors, including alcohol misuse, associated with past year extra-medical prescription drug use defined as using prescription sedatives, stimulants or opioids to get high, taking them when they were prescribed to someone else or taking more than was prescribed among patients seeking care in an academic Emergency Department (ED).

Youth (14-20 years) presenting for care were approached to complete a computerized screening questionnaire regarding demographics, alcohol misuse (AUDIT-C > 3 ages 14-17; >4 ages 18-20), extra-medical prescription drug use, illicit drug use, and violence over a 12 month period as part of a RCT. Additionally, data regarding the ED visit, ED utilization and current medications were abstracted through chart review. Logistic regression was used to predict past year extra-medical prescription drug use.

Over the study time period, there were 2134 participants (86% response rate) of which 296 (13.9%) endorsed past year extra-medical prescription drug use. Specifically, rates of past year extra-medical use was: 8.7% opioids, 5.4% sedatives, and 8.0% stimulants. Significant overlap existed among classes, with over 40% using more than one class of medications. In the multivariate analysis significant predictors of past year extra-medical prescription drug use included being Caucasian (OR 1.49, 95% CI 1.06-2.10), past year history of injury from fighting (OR 2.35, 95% CI 1.59-3.49), dating violence (OR 1.61, 95% CI 1.15-2.25), alcohol misuse (OR 2.72, 95% CI 1.98-3.72), marijuana use (OR 3.26, 95% CI 2.38-4.46), presenting to the ED for a medical (non-injury) complaint (OR 1.46, 95%CI 1.06-2.01), history of previous ED visit in the past year (OR1.41, 95%CI 1.04-1.90), and receipt of IV opiates during the ED visit (OR 1.59, 95%CI 1.08-2.34).

Approximately 1 in 7 adolescents or young adults seeking ED care endorsed extra-medical use of prescription drugs in the past year. While opioids were the most common drug used, significant overlap was found in classes of extra-medical prescription drug use. Given the association of alcohol misuse with extra-medical prescription drug use, future alcohol intervention studies should consider addressing extra-medical use of prescription drugs.
**#10** Self-Reported Overdose History of Adults in a Residential Drug Treatment Facility  
L Thomas, L Zbizek, M Sanborn, N LaPlena, E Yeagley, A Kogowski, M Jannausch, A Bohnert

**Statement of Purpose:** Death due to unintentional poisoning is a growing public health concern in the U.S.. The number of drug-related poisoning deaths increased 173% among U.S. adults between 1999 and 2010, with overdose from prescription opioids accounting for much of this increase. The period after an addictions treatment episode is particularly high risk for overdose due to reduced tolerance and frequency of relapse.

**Methods:** A total of 527 individuals within a residential treatment facility were screened between October 2014 and July 2015. Participants were approached during downtime at the treatment facility and offered $5 in compensation for completing a screening survey; eligibility was based on being age 18 or older. Eligible and interested participants completed a questionnaire that collected information regarding substance use and overdose; we define overdose as “poisoning”, “nodding out”, or an “overdose” or “OD”.

**Results:** We will utilize this sample to explore the self-reported rates of overdose over participants’ lifetimes, as well as by substances used prior to treatment. Additionally, we will explore the relationship of opioids (both heroin and pain medication) and other substances leading to overdose. Within this, the timeline of onset of opioid use (e.g., heroin used prior to prescription or vice versa) will be examined in relation to overdose risk.

**Conclusions and Significance to the Field:** Limitations include a relatively small, self-selected sample as well as the use of self-reported data. Nonetheless, this report will aid in designing crucial interventions tailored to reducing opioid misuse and death due to overdose.

---

**#11** Collaborative Care from the ED for Trauma Patients with Prescription Drug Misuse: A Feasibility Study  
Lauren Whiteside MD, Doyanne Darnell PhD, Karlee Jackson, Dennis Donovan PhD, Doug Zatzick MD

**Innovation & Significance:** Injured trauma patients in the ED may be a particularly important group to target for screening and intervention for prescription drug misuse (PDM). Collaborative Care is a longitudinal model of care for patients with complex medical comorbidities and holds promise as an intervention strategy for patients in the ED with the complex comorbidity of PDM.

**Purpose:** Determine the feasibility of a collaborative care intervention (RxCC) for injured trauma patients with self-report PDM.

**Methods:** Adult patients presenting to Harborview Medical Center in Seattle WA with an injury from 02/2015 to 09/2015 were screened for eligibility based on historical ICD-9 codes. Eligible patients completed a screening assessment for PDM based on NIDA m-ASSIST for prescription opioids sedatives and stimulants and select questions from the COMM. Participants with a positive screen for PDM completed a baseline assessment and were enrolled in the ‘Prescription Collaborative Care (RxCC)’ intervention. Presented today are baseline characteristics and feasibility measures.

**Results:** A total of 36 participants (56.2% of patients approached) had self-report PDM (33% female, 44.3 years old, 31% homeless/temporarily housed); 30 had reliable phone numbers and were enrolled. All eligible participants that screened positive for PDM agreed to participate. A total of 28 participants (93.3%) were engaged with the study team and completed the one month assessment.

**Conclusions:** Initiating a longitudinal collaborative care intervention for PDM from the ED is feasible and holds promise as an intervention strategy for this complex population. Future directions include completing 3 and 6-month assessments and further intervention refinement.
Overdose Experiences Among Patients at an Urban Emergency Department
Lynn S. Massey, LMSW, Amy S.B. Bohnert, PhD, Maureen A. Walton, PhD, Mark A. Ilgen, PhD, Rebecca M. Cunningham, MD, Kristen L. Barry, PhD, Stephen Chermack, PhD, Frederic C. Blow, PhD

Aims: While it is known that emergency department (ED) patients have elevated levels of substance use, little research has examined their overdose history. The purpose of this study was to describe overdose experiences among ED patients and to examine substance use correlates of overdose history.

Methods: Patients waiting for care at an urban ED in Flint, Michigan were selected randomly to be approached between February 2011 and March 2013; 74% of those approached agreed to participate in a cross-sectional survey (n=4,575). Multivariable logistic regression was used to examine the association of patient characteristics with lifetime overdose history.

Results: 553 (12.1%) respondents reported one or more overdoses in their lifetime. In an adjusted model, past year non-medical prescription opioid use (odds ratio [OR] = 2.9, 95% Confidence Interval [CI]: 1.9-4.3), non-medical prescription sedative use (OR = 2.4, 95% CI: 1.5-3.8), cocaine use (OR = 2.4, 95% CI: 1.6-3.4), marijuana use (OR = 1.6, 95% CI: 1.3-2.0), and binge drinking on a monthly basis or more (OR = 2.3; 95% CI: 1.8-2.8) were independently associated with overdose history. In a separate adjusted model, use of any one drug compared to none was associated with an OR of 2.0 (95% CI: 1.6-2.5), two drugs compared to none was associated with an OR of 5.3 (95% CI: 3.6-7.6), three drugs compared to none was associated with an OR of 5.7 (95% CI: 3.1-10.6), and four or more drugs compared to none was associated with an OR of 16.9 (95% CI: 9.9-28.9).

Conclusions: A history of overdose is relatively common among ED patients. Individuals who use multiple drugs are more likely to have had an overdose. Given that prior overdose is the strongest predictor of future overdose, these findings can inform screening methods to identify ED patients at risk for future overdoses.

Adolescents’ Future Orientation and Non-medical Use of Prescription Drugs
Rena M. Steiger, BA, Sarah A. Stoddard, PhD, and Jennifer M. Pierce, MA

Statement of Purpose: How adolescents think about their future (i.e., future orientation) impacts their risk-taking behavior. The purpose of the present analysis was to 1) explore the relationship between future orientation and the non-medical use of prescription drugs (NMUPD) and 2) determine what aspects of future orientation are most strongly associated with NMUPD.

Methods: Data were collected from a sample of 9th-12th grade students in a single Midwestern school. Logistic regression was used to examine the relationship between three aspects of future orientation (future time perspective [FTP], future expectations [FE], and perceived risk of prescription drug use to future goals [RG]) and NMUPD. Two items assessed lifetime use of prescription medications (i.e., stimulants and painkillers) and were dichotomized (1= any lifetime use; 0= no use) for analysis.

Results: Higher FE and RG were associated with lower likelihood of adolescent-reported stimulant use (N= 246; OR= 0.204, 95% CI: 0.075, 0.553; OR= 0.468, 95% CI: 0.262, 0.836, respectively). In contrast, only higher RG was associated with lower likelihood of adolescent-reported painkiller use (N= 236; OR= 0.435, 95% CI: 0.249, 0.760).

Conclusions: Results of this analysis suggest that possessing a higher future orientation is associated with lower likelihood of NMUPD use; furthermore, the differential impact of aspects of future orientation may depend on the type of NMUPD use.

Innovation and Significance to the Field: Adolescence is a critical time to curtail NMUPD. This analysis provides direction for future work which may identify novel places for prevention and intervention.
Addressing Opioid Addiction and Overdose Deaths through the Washtenaw Health Initiative Opioid Project
Theresa R. F. Dreyer, MPH, Alice Penrose, MD, MPH, Marci Scalera, ACSW, LMSW, CAADC, Stephen Strobbe, PhD, RN, and Adreanne Waller, MPH

Statement of Purpose: To describe the work of the Washtenaw Health Initiative Opioid Project to reduce opioid overdoses and deaths in Washtenaw County, Michigan.

Methods/Approach: The Opioid Project was formed in 2013 with representatives from local health systems, safety net clinics, treatment providers, law enforcement, public health, and other community organizations.

Results: The Opioid Project implemented four initiatives from 2014 to 2015, with support from an existing opioid surveillance system. In November 2014, members educated providers on safe prescribing with the Washtenaw County Medical Society. In March 2015, members disseminated evidence-based guidelines to treatment providers, with ongoing compliance monitoring. Members formed an independent organization to reduce stigma for people in recovery and held a walk to increase awareness in Ann Arbor with 250 participants in May 2015. In summer 2015, members also worked with the Washtenaw County Sherriff’s Department to equip and train its deputies with naloxone, an overdose reversal drug, and deputies saved six lives within three months. To supplement these initiatives, the Opioid Project adopted the Project Lazarus model in August 2015, an evidence-based approach for counties to reduce overdose deaths, and held an event to educate 100 key stakeholders and develop new interventions.

Conclusions: The Opioid Project harnesses existing community resources to reduce opioid overdoses and deaths by increasing access to naloxone and educating providers and the community.

Innovation & Significance to the field: The Opioid Project demonstrates how communities can come together to adopt evidence-based practices to address this epidemic.

---

Oakland County Prescription Drug Abuse Partnership: Addressing Prescription Drug Abuse Through Increased Knowledge, System Change, and Environmental Assessment
Trisha Zizumbo, Jennifer Kirby

Statement of Purpose: The Oakland County Prescription Drug Abuse Partnership (OCPDAP) was created in March 2015 by Oakland County Health Division to create a strategic approach for preventing and reducing prescription drug abuse. The partnership’s multi-disciplinary members include physicians, pharmacists, substance abuse treatment and prevention agencies, court judges, law enforcement, Drug Enforcement Agency, public health, academia, and grassroots organizations.

Methods/Approach: OCPDAP develops and implements strategies that educate medical providers, assess drug deaths, integrate systems, and increase awareness. In eight months, OCPDAP implemented a countywide awareness campaign, increased the medical community’s knowledge by providing Boston University’s evidence-based SCOPE of Pain Training, and initiated a Drug Death Review Committee with Oakland County’s Medical Examiner.

Results: The countywide awareness campaign on transit buses reached 308,000 residents. 130 healthcare professionals attended the Scope of Pain training with 83% stating intent to change practices regarding opioid prescribing. Prior to the training, the pre-test knowledge score was 63.25% but the post-test knowledge score raised to 90.94%. The Drug Death Review Committee is establishing processes for reviewing cases and recommending changes that reduce preventable drug abuse deaths.

Conclusions: SAMSHA recognizes coalitions as an evidence-based approach to effectively reduce substance use. OCPDAP is a prime example of a multi-faceted partnership that positively addresses prescription drug abuse through increased knowledge, system change, and environmental assessment.

Innovation & Significance to the field: Efforts simultaneously targets both prevention and treatment approaches through the implementation of a large-scale awareness campaign, training of medical professionals, and creation of a drug death review committee.
### AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:15 am – 8:45 am</td>
<td>Registration &amp; Continental Breakfast</td>
</tr>
</tbody>
</table>
| 8:45 am – 9:00 am | Welcome & Opening Remarks  
Jeffrey S. Desmond, MD, University of Michigan Health System |
| 9:00 am – 9:45 am | Epidemiology and the Scope of the Problem  
Grant Baldwin, PhD, MPH, Centers for Disease Control and Prevention |
| 9:45 am – 10:15 am | Non-Medical Use and “Medical Misuse” of Opioids during Adolescence  
Carol J. Boyd, PhD, MSN, University of Michigan School of Nursing |
| 10:15 am – 10:30 am | Break                                                                  |
| 10:30 am – 12:00 pm | Clinical Practice Improvements  
Erin Krebs, MD, MPH, VA CCDOR and University of Minnesota  
Mark Ilgen, PhD, University of Michigan  
Michael Von Korff, ScD, Group Health Research Institute |
| 12:00 pm – 12:35 pm | Lunch & Networking                                                      |
| 12:35 pm – 1:20 pm | Poster Session                                                          |
| 1:20 pm – 2:20 pm | Surveillance and Policy Responses  
Tara Gomes, MHS, University of Toronto  
Christina Porucznik, PhD, University of Utah |
| 2:20 pm – 3:20 pm | Prevention of Overdose Mortality  
Amy Bohnert, PhD, MHS, University of Michigan  
Phillip Coffin, MD, MIA, San Francisco Department of Public Health |
| 3:20 pm – 3:35 pm | Break                                                                  |
| 3:35 pm – 4:30 pm | PANEL DISCUSSION  
Unresolved Issues and Future Directions  
Grant Baldwin, PhD, MPH, Centers for Disease Control and Prevention  
Aaron White, PhD, NIAAA  
Jack B. Stein, PhD, MSW, NIDA |
| 4:30 pm – 4:45 pm | Closing Remarks  
Rebecca Cunningham, MD, University of Michigan |