



# OPIOID ADDICTION: MEETING THE NEED FOR TREATMENT IN MICHIGAN

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## INTRODUCTION

More people now die of drug overdoses than car crashes in the state of Michigan.<sup>1</sup> Since 2000, overdose deaths have more than tripled, increasing from 581 to 2,729 people in 2017<sup>2</sup> impacting individuals and families across the state in rural and urban areas alike. While medication-based treatment<sup>3</sup> for substance use disorders is effective, substantial barriers exist to accessing appropriate care. In Michigan, less than one-third (32%) of treatment facilities offer medication-based treatment for opiate addiction, the 12th lowest percent by state in the country.<sup>4</sup> This is reflective of the ongoing reliance across the state on substance use treatment models that eschew medications that have been shown to result in better substance use mor-

tality, and recovery outcomes.<sup>5</sup> If Michigan is to see a dramatic reduction in overdose deaths and substance use related harm, ensuring access to medication-based treatment is critical.

This policy brief uses data from the Michigan Department of Health and Human Services and the Michigan Public Policy Survey (MPPS), an ongoing survey of the leaders of Michigan's general purpose local governments (all counties, cities, townships, and villages) to examine drug treatment needs across Michigan counties and makes policy recommendations for increasing access to evidence based care.

## KEY FINDINGS

- **Michigan ranks in the top third of the country for drug related deaths.** In 2016, Michigan had the 8<sup>th</sup> largest number of deaths due to drug overdose and the 14<sup>th</sup> highest death rate in the country.<sup>6</sup>
- **Michigan lacks access to medication-based substance use treatment programs.** Only 18% of counties had access to all recommended treatment options and one-third (35%) of counties had no medication-based substance use treatment program for opioid addiction.
- **Even areas of the state struggling with high substance use-related mortality rates lack access to recommended treatment.** Of the top 20 counties with the highest drug overdose rates in Michigan, six had no medication-based treatment services for opioid addiction.
- **Counties across the state of Michigan report a need for drug treatment programs.** Officials in three quarters (74%) of Michigan counties reported unmet need for drug treatment programs in their jurisdiction with more than a third (36%) of counties reporting significant unmet need.

## ACCESS TO TREATMENT

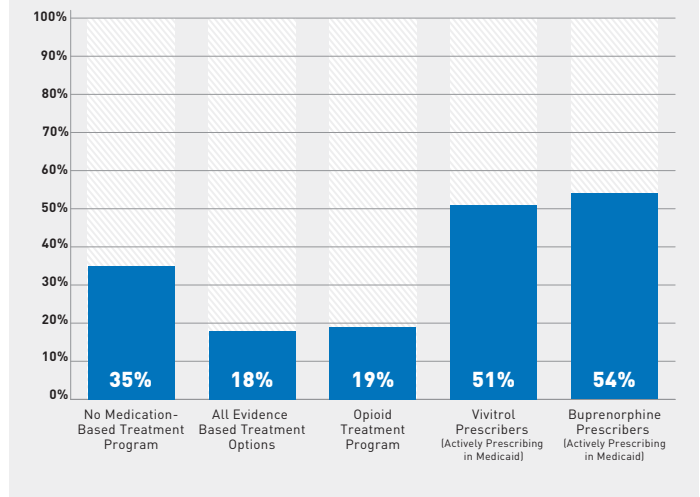
More than seven people die every day of a drug overdose in Michigan.<sup>7</sup> What is most striking about the high mortality in the state is the lack of access to treatments needed to turn these trends around.

- Overall one-third (35%) of counties had no medication-based substance use treatment program and only 18% of counties had access to all of the recommended treatment options.
- By type of treatment, 19% of Michigan counties had at least one opioid treatment program<sup>8</sup> and just over half had any Vivitrol<sup>9</sup> and Buprenorphine<sup>10</sup> prescribers who were actively prescribing in Medicaid. While positive efforts are underway to expand the number of long acting Naltrexone (Vivitrol) and Buprenorphine prescribers across the state, ensuring those new prescribers accept Medicaid and that patients struggling with addiction are appropriately referred to care is critical.
- Geographically, lack of access to substance use treatment is concentrated in Michigan’s northern and primarily rural jurisdictions. All but four of the 29 counties with no medication based substance use treatment options are located in the Northern region of the state. Of the remaining four counties, three are rural and the fourth has significant rural geography. Three are located in the Central region of the state and one in the Western region.<sup>11</sup>
- While the largest number of drug overdose deaths occurred in the state’s densest population centers, the top 20 drug overdose death rates per capita by county were distributed across the state. Six of these counties—including Clare, Eaton, Iosco, Iron, Manistee and Roscommon—had no access to medication-based substance use treatment within the county.

## LOCAL DEMAND FOR TREATMENT PROGRAMS

While a significant number of counties in Michigan lack access to medication-based addiction treatment, opportunity to change this reality exists. In the spring of 2018 the Center for Local, State, and Urban Policy included questions on poverty and unmet social service needs as a part of their annual survey of local government officials. This survey revealed that the need for drug treatment programs is viewed as a critical local issue – a fact that can be used to aid the state in efforts to address substance misuse through new policies and programs.

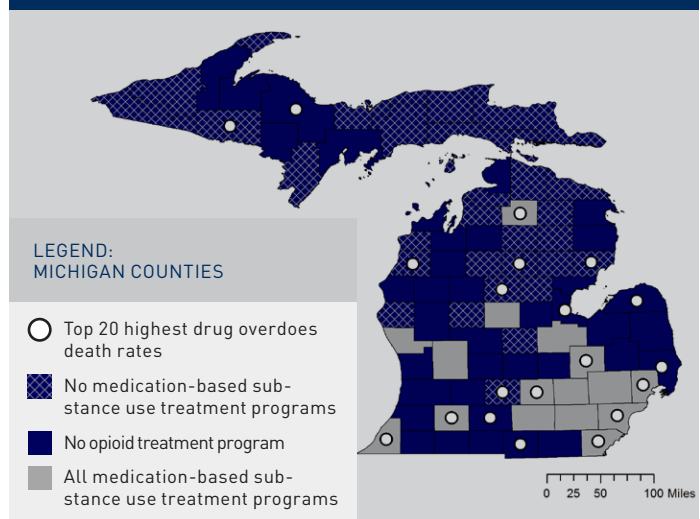
**FIGURE 1: PERCENT OF COUNTIES WITH ACCESS TO EVIDENCE BASED SUBSTANCE ABUSE TREATMENT IN MICHIGAN, 2018**



Source: Michigan Department of Health and Human Services, Opioid Needs Data and Ranking by County, 2018.

Notes: “No Medication-Based Treatment Options” and “All Evidence Based Treatment Options” reflect county access to Opioid Treatment Programs, Vivitrol, and Buprenorphine prescribers who are actively prescribing in Medicaid. Opioid Treatment Programs offer methadone as the primary treatment available, but may offer other treatments, such as Suboxone/Buprenorphine.

**FIGURE 2: TOP 20 DRUG OVERDOSE DEATH RATES AND COUNTIES IN MICHIGAN WITHOUT MEDICATION-BASED SUBSTANCE USE TREATMENT OPTIONS**



Source: Michigan Department of Health and Human Services, Opioid Needs Data and Ranking by County, 2018; Drug Overdose Mortality by County, 2016.

Notes: Data reflect Buprenorphine and Vivitrol prescribers who are actively prescribing in Medicaid. “No Medication-Based Substance Use Treatment” means a county does not have an Opioid Treatment Program, Vivitrol, or Buprenorphine prescribers.

- Not only did local officials view lack of access to drug treatment programs as an issue, it was the most frequently reported unmet service need surpassing even the need for affordable housing by two percentage points (48% vs. 46%).
- County officials were most likely to report the need for drug treatment programs. Three quarters (74%) of Michigan counties reported unmet need compared to 55% of city officials, 46% of village officials and 44% of township officials.
- The five counties with the largest proportion of all county, city, township and village officials reporting unmet need for drug treatment—including Clare, Gogebic, Crawford, Alpena, and Houghton County—were all located in the Upper or Northern Lower Peninsula. This was consistent with the larger trend where across jurisdiction types local government officials in the Upper Peninsula and the Northern Lower Peninsula were most likely to report unmet need.

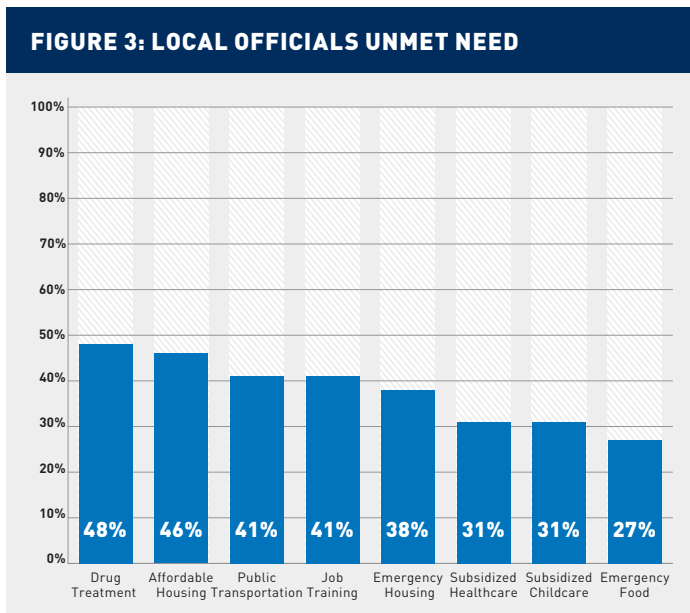
**POLICY IMPLICATIONS**

Lack of access to medication-based substance use treatment is a critical issue impacting the state. If Michigan is to see a dramatic reduction in drug related deaths and harm, implementing strategies that not only expand access to proven treatment but ensure that access extends to Michigan’s less populous rural and northern counties will be needed. The fact that local government officials recognize the need for drug treatment programs is a resource that state government and public health officials can leverage to successfully implement policies and programs to meet the state’s need.

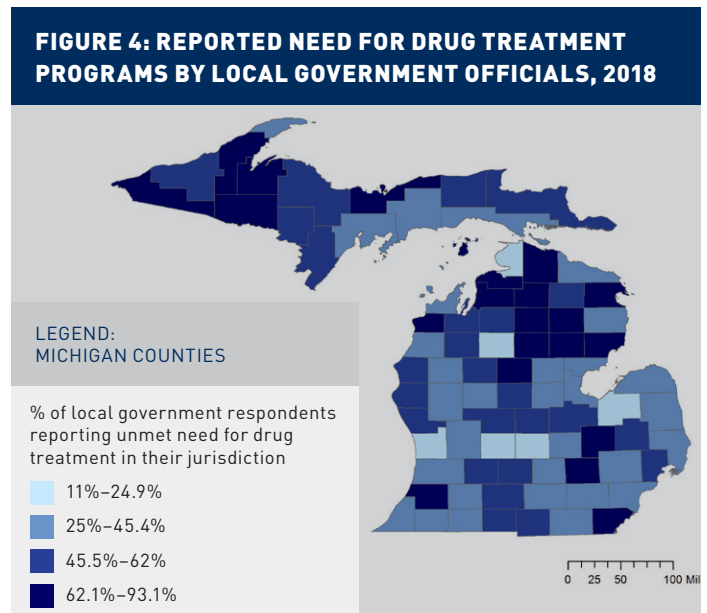
**POLICY RECOMMENDATIONS**

**Incorporate information on addiction, substance use disorders and medication-based treatment into Michigan’s Automated Prescription System (MAPS).** Addiction is one of the most widely misunderstood medical conditions.<sup>12</sup> Due to stigma and misinformation, substance use disorders are commonly believed to be behavioral rather than medical problems. This misunderstanding of the nature of addiction is one of the leading reasons why only 12% of people with a substance use disorder receive the medically recommended care for their illness.<sup>13</sup> Because all providers who prescribe or dispense controlled substances in the state are required to use MAPS in order to identify and prevent prescription misuse, incorporating information on the medical nature of addiction into the registration process, online interface and home page could help to reduce stigma among frontline providers and improve referral rates to effective addiction treatment.

**Assess the impact of changes to prior authorization requirements for Buprenorphine.** Buprenorphine is an effective treatment for opiate addiction but some clinicians report that opportunities for starting patients on this medication are often missed due to requirements that clinicians obtain a prior authorization from payors. These missed opportunities are particularly true in emergency room settings where providers have a brief window of time to treat a patient and connect them to care. In these cases prior authorization requirements for Buprenorphine prevent doctors from prescribing and starting patients in need of opiate addiction treatment on medication that will help them recover. Prior authorization



Source: Spring 2018 Michigan Public Policy Survey



Source: Spring 2018 Michigan Public Policy Survey

requirements may prevent diversion into communities, but alternative strategies may balance the benefits and potential harms. For example, Michigan CMS will allow a few days of treatment before the prior authorization must be obtained, starting in Spring 2019. To answer the question and proceed with a policy that best meets the needs of residents in Michigan the state, Michigan CMS and other payors should collaborate with university researchers to evaluate the impact of different Buprenorphine policies.

**Implement a “Hub and Spoke” model for addiction treatment across the state.** Rural areas and regions with lower population density are at particularly high risk for lacking access

to evidence based addiction treatment. These same regions of Michigan have some of the highest rates of drug overdose deaths in the state. In order to meet the needs of residents living in these areas in a cost effective manner, the state could incentivize existing regional hospitals to become certified substance use treatment centers. These centers could then provide access to medication based substance use treatment through their existing networks, connecting patients to the best treatment plan for their recovery rather than the treatment options that happen to be available in their area. To guide the development and implementation of this care model Michigan could look to other states, such as Vermont, which has seen improved health outcomes using this approach.<sup>14</sup>

## ENDNOTES

- 1 State of Michigan. (2019). Opioid Addiction Resources. Retrieved from <https://www.michigan.gov/opioids/0,9238,7-377-88139---,00.html>
- 2 State of Michigan. (2019). Opioid Addiction Resources. Retrieved from <https://www.michigan.gov/opioids/0,9238,7-377-88139---,00.html>
- 3 National Academies of Sciences, Engineering, and Medicine. (2019). *Medications for opioid use disorder save lives*. Washington, DC: The National Academies Press. doi: <https://doi.org/10.17226/25310>.
- 4 Roelofs, T. (2019, January 19). In opioid war, studies urge medication. Michigan clinics push abstinence. *Bridge*. Retrieved from <https://www.bridgemi.com/children-families/opioid-war-studies-urge-medication-michigan-clinics-push-abstinence>
- 5 U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2018). *Facing Addiction in America: The Surgeon General’s Spotlight on Opioids*. Retrieved from [https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids\\_09192018.pdf](https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids_09192018.pdf)
- 6 Centers for Disease Control and Prevention, National Center for Health Statistics. (2017). *Drug Overdose Mortality by State*. Retrieved from [https://www.cdc.gov/nchs/pressroom/sosmap/drug\\_poisoning\\_mortality/drug\\_poisoning.htm](https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm)
- 7 State of Michigan. (2019). *Opioid Addiction Resources*. Retrieved from <https://www.michigan.gov/opioids/0,9238,7-377-88139---,00.html>
- 8 Opioid Treatment Programs offer methadone as the primary treatment available, but may offer other treatments such as Suboxone/Buprenorphine as well.
- 9 Vivitrol is a medication used in the treatment of alcohol and opioid use disorders. The active ingredient is long acting naltrexone, a blocker or antagonist of the opioid receptors in the body. Naltrexone binds to the receptors but does not activate them. Most importantly, it prevents access of other opioid drugs to these receptors, and prevents the ability of opioids and alcohol to elicit positive a rewarding response. It comes in tablet form but also can be injected once monthly, and any prescriber is able to use the drug in treatment.
- 10 Buprenorphine is a partial opioid agonist. While it binds avidly to the mu opioid receptor which recognizes addictive drugs such as heroin, buprenorphine only activates that receptor partially. This combination of tight binding and lack of activations prevents the effects of any other opioids consumed. It is often combined with naloxone, which reduces risk of overdose. Buprenorphine is permitted to be prescribed by physicians and some advanced practice providers, once they have completed a special training.
- 11 Center for Local, State, and Urban Policy, University of Michigan. (2018). *Community poverty and the struggle to make ends meet in Michigan, according to local government leaders*. Retrieved from <http://closup.umich.edu/michigan-public-policy-survey/73/community-poverty-and-the-struggle-to-make-ends-meet-in-michiganaccording-to-local-government-leaders/>
- 12 U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2018). *Facing Addiction in America: The Surgeon General’s Spotlight on Opioids*. Retrieved from [https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids\\_09192018.pdf](https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids_09192018.pdf)
- 13 U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2018). *Facing Addiction in America: The Surgeon General’s Spotlight on Opioids*. Retrieved from [https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids\\_09192018.pdf](https://addiction.surgeongeneral.gov/sites/default/files/Spotlight-on-Opioids_09192018.pdf)
- 14 Vermont Agency of Human Services Department of Health. (2015). *Report to the Vermont Legislature: The Effectiveness of Vermont’s System of Opioid Addiction Treatment*. Retrieved from <http://legislature.vermont.gov/assets/Legislative-Reports/Opioid-system-effectiveness-1.14.15.pdf>