From: Ridley, Nancy (DHHS)
Sent: Monday, October 12, 2015 12:17 PM
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Snyder officials take on painkiller overdose 'epidemic'

The Detroit News – October 12, 2015, By Gary Heinlein

Lansing —The Snyder administration is battling a surge in overdose deaths in Michigan linked to the abuse of pain and anxiety medications — an issue experts say was previously almost invisible to the public outside the families dealing with it.

Later this month, a committee headed by Lt. Gov. Brian Calley will make recommendations for addressing Michigan's part in what the U.S. Department of Health and Human Services calls America's "unprecedented drug overdose epidemic."

Prescription drug and opioid addiction has led to a fivefold increase in drug deaths in Michigan since

1999, a trend that Calley said leaders "must come together to reverse ... before more Michiganders are hurt."

"We are losing kids in schools. People are losing their jobs because of these drugs," said Cass County District Judge Susan Dobrich, who sees the problem daily in her courtroom. "It's shocking how many prescriptions there are out there and it's scary there are so many people on the roads, driving on painkillers."

Prescription abuse is a "huge problem" made worse, and harder to counteract, because the drugs are legal, said Dobrich, president of the Michigan Association of Treatment Court Professionals.

Click here to see charts and pictures associated with this article.

Opioid analgesics or painkillers accounted for 1,001 or nearly 20 percent of the 5,062 Michigan deaths caused by "unintentional drug poisonings" between 2009 and 2013, according to state statistics.

The state's health department has said overdose deaths linked to opioids were increasing at a faster rate than for illegal drugs such as heroin — also on the rise — and cocaine. A state report also noted that another class of medications called benzodiazepines — prescribed for anxiety — accounted for about 9 percent of deaths.

The Michigan Automated Prescription System, which tracks controlled drugs, hints at why this is happening: 20.8 million controlled substance prescriptions and 1.4 billion pills were in circulation in 2013 alone, the equivalent of 139 pills for every state resident.

Still, Gov. Rick Snyder's decision to raise the issue and create a task force in his January State of the State address surprised many lawmakers and pundits. Experts say the problem had been largely invisible to residents not directly affected by addicted family members or friends.

Opioids are powerful painkillers that can lead to the use of highly addictive and dangerous illegal substances, especially heroin, Snyder said. They include drugs such as fentanyl, codeine and hydrocodone, or brand names such as OxyContin, Demerol and Vicodin.

Waterford resident Jeannie Richards, whose son died of a heroin overdose in 2011 after he first got hooked on painkillers, recalled an earlier state task force that seven or eight years ago "came together and they did nothing." She said she hopes this effort will be more productive because the problem is bigger now. "I'm very optimistic," said Richards, who has formed a group called Bryan's Hope to push for policy changes in honor of her son.

Richards said drug addictions have been shrouded in secrecy for too long because of the stigma that goes with them. "We go to great lengths to keep it secret when, in fact, we need to bring it out to get victims help," she said.

Mirrors national trend

The pattern of prescription abuse in Michigan mirrors a national trend.

According to a recent U.S. Department of Health and Human Services report, the proportion of overdose deaths attributed to opioid painkillers doubled from 30 percent to 60 percent between 1999 and 2010. Opioid overdoses caused 16,651 deaths in 2010 alone, the report said.

"The abuse of opioid analgesics results in over $72 billion in medical costs alone each year," the federal agency said. "This is comparable to costs related to other chronic diseases such as asthma and HIV."

A Michigan Prescription Drug and Opioid Abuse Task Force hearing in August brought an outpouring of testimony from professionals dealing with the fallout and anguished witnesses to sons, daughters, nieces and nephews destroyed by drug abuse.

Lansing resident Anne Kesler described how a nephew was introduced to the anxiety drug Xanax by a girlfriend at 16 and developed an affinity for prescription medications. The results were three trips through rehabilitation clinics, three wrecked cars and one nonfatal overdose.

His growing addiction was aided by a 30-day prescription for Vicodin following a wisdom tooth extraction and a prescription for OxyContin following an appendectomy when he was 18, she said.

By the time his parents and family realized what was happening, Kesler said, "he was like a train that was out of control. He'd go to doctors and say, 'I've got this or I've got that' and get a prescription. He was taking anything he could get his hands on — Xanax, OxyContin."

He died at 24 in April from a mixture of fentanyl and heroin that he obtained on the streets, she said. It's a powerful blend experts say is becoming alarmingly common in overdose fatalities.

"I would say, first of all, the doctors have to take some responsibility," Kesler said. "Kids are getting this stuff ... as young as 12."

Pills for every malady

Robert Gerds, administrator of the Oakland County Medical Examiner's Office, said opiate abuse is an outgrowth of an industry that produces pills to cure every malady and sells them endlessly on television.

Hydrocodone, an opiate painkiller that is used in drugs such as Vicodin, is the most prescribed drug in Michigan, comprising nearly a third of all prescriptions, according to state records.

"We make it very convenient to die of a prescription overdose," said Patty Roland, manager of operations for the Macomb County Medical Examiner's Office.

More than 75 percent of those who died of opiates had valid prescriptions and didn't mix the drugs with heroin or cocaine, according to a 2014 state report that analyzed prescriptions and death records.

"The majority had legitimate prescriptions … their deaths were accidental, and many didn't realize how much they were taking," said Dr. Su Min Oh, one of the report's authors.

Statewide, prescription drug-related deaths skyrocketed during the late 2000s, but leveled in the past few years as heroin deaths increased.

Many medical professionals suggest that tightened restrictions on opiates forced users to turn to street drugs. Heroin has less "quality control" than prescription opiates, leading to more overdose deaths, Gerds said.

DETROIT NEWS
Drug overdose numbers often fuzzy in Michigan

"The doctors have gotten smarter about tracking prescriptions. Law enforcement has gotten more aggressive, so it's harder to find these prescription drugs on the street," said Kyle Rambo, executive director of Catholic Social Services of the Upper Peninsula. "It's gotten more expensive. Folks who are addicts are turning to the low-cost, what's available alternative, and that is heroin."

Rambo's Marquette-based agency last year treated about 400 people for substance abuse, a number that has remained consistent for years. In the past, the agency may have treated users for meth addictions. Now they are abusing prescription drugs, and Rambo said many users are simply prone to abusing drugs.

"It's been on the increase for years," said Bob Mellin, deputy director of clinical operations for Great Lakes Recovery Centers, an Ishpeming-based treatment facility.

"The danger with opiates is that you never know if your brain has a neurological pathway that is prone to addiction unless you are prescribed a painkiller. You can have no history of abuse, but it's like your brain gets hijacked and you're off to the races."

http://www.detroitnews.com/story/life/wellness/2015/10/12/prescriptions/73798342/

Flint doctor makes state tell truth about lead in water

Detroit Free Press – October 12, 2015, By Robin Erb

Under the steady gaze of a watercolor giraffe and tissue paper butterflies, a Flint pediatrician and mother of two last month forced the state of Michigan to snap to attention.

But getting the state to concede the probability that Flint's water is poisoning its children with lead — after months of assurances from both city and state officials that the water is safe — was far from easy.

It required Dr. Mona Hanna-Attisha, 38, to sidestep bureaucracy. It meant awkward conversations and putting her hospital — city-owned Hurley Medical Center — smack-dab in a political minefield.

And it meant checking her data "a zillion times," she said, then second-guessing herself to the point of being physically ill when a state spokesman questioned her credibility.

Just hours after state officials acknowledged her data, Hanna-Attisha felt equal parts exhausted and vindicated — at one moment laughing at congratulatory e-mails and comments from colleagues ("Maybe they'll give you a lead key to the city," one had quipped), at another reciting sobering statistics about the life-long damage from lead poisoning: irreversible brain damage, development delays, speech problems, a boosted risk for behavioral issues, serious chronic conditions, to name a few.

DETROIT FREE PRESS
Q & A on Flint's water troubles

"It has been such a physiologic response," she said of her look at the numbers and the state's reaction. She sat in her office, where children's artwork hangs haphazardly on the walls. A pink-lettered sign on her door — "This is my fight song," it reads — pays homage to Hurley's youngest cancer patients.

"At times I want to cry and then I'm so happy," she said.

But then Hanna-Attisha, a pediatrician for many of Flint's poorest families whose training and experience has focused on environmental toxins and health disparities, shook her head.

DETROIT FREE PRESS
Why are lead levels in children higher in 2 Flint ZIP codes?

"But then I'm tearful because how could this have happened in 2015 when all these regulations are in place (to ensure clean water)? For a population that has every burden in the world already, this is the last thing they needed," she said.

In retrospect, Hanna-Attisha served as the canary in the coal mine in this latest public health crisis — the doctor who spotted a problem and wouldn't let it go until others paid attention, said Dr. Eden Wells, the state's chief medical executive.

DETROIT FREE PRESS
Chemical testing could have predicted Flint's water crisis

"She was a doc on the front lines who knows to pick up the phone ... rattle some cages and say 'Hey, come here, we've got a problem,' " Wells said.

It began over a dinner party with high school friends Aug. 26.

Among Hanna-Attisha's guests was a friend who played piano at her wedding and also is a water-quality expert. The conversation turned to the issue of the drinking water.

"Have you looked at kids' blood-lead levels?" the friend asked.

Hanna-Attisha was not only intrigued, but also perfectly positioned for such a data dive.

She heads the pediatric residents program at Hurley and is a pediatrics and human development professor at the Michigan State University College of Human Medicine. She sits on the Michigan Chapter of the American Academy of Pediatrics, too.

In short, she lives as much on the research side of medicine as she does the clinical side.

So she knew that routinely drawn blood-lead level data existed for thousands of Flint-area children, especially those on Medicaid or who live in high-risk areas for lead exposure. The following week, she turned to the Genesee County Health Department for its blood-lead level data.

She was disappointed. Test results are kept in individual patient files and could not be easily analyzed, Genesee County health officer Mark Valacak told Hanna-Attisha.

Undaunted, she asked the state for its analysis of the same blood-level data for Flint.

In the meantime, local and state officials were facing mounting pressure from residents who had already complained that the water smelled and tasted funny.

In mid-September, a Virginia Tech researcher and lead expert, Marc Edwards, concluded from his testing of Flint water that it was 19 times more corrosive than Detroit water. And even though repeated testing at Flint's water treatment plant had detected no lead and testing in homes had registered lead at acceptable levels, according to the state, Edwards wrote on his website, www.flintwaterstudy.org, that his own test results suggested an undeniable presence of lead in water drawn from Flint homes.

While she waited for state data, Hanna-Attisha began sorting through Hurley's own records — a total of 1,746 test results from Flint children to compare against 1,640 results from elsewhere in Genesee County. The results were sobering: The number of Flint children with elevated blood-lead levels — 5 micrograms per deciliter or more — jumped from 2.1% in the 20 months prior to Sept. 15, 2013, to 4% between Jan. 1 and Sept. 15 this year. In certain ZIP codes, the change was even more troubling, she said — jumping from 2.5% of the children tested to 6.3%.

The change correlated roughly to the timing of the city's switch from using Detroit water to water that would be temporarily drawn from the Flint River.

She and her research assistant kept rechecking the numbers — often late into the evening.

One night, "her baby is crying and I'm like 'Can you run that p-value one more time?' " she said, chuckling.

By the time Hanna-Attisha went to Hurley's CEO, Melany Gavulic, public panic was high. Community organizations were handing out filters and bottled water. Community leaders blamed a state-appointed emergency manager for changing water systems. It's an election year, too, for the city.

It was a "politically messy situation," Hanna-Attisha told her boss. Gavulic was clear, Hanna-Attisha said: Kids' health comes first.

On Sept. 24, Hanna-Attisha went public with her results.

The response from the state, she said, was startling. Her research was dismissed and her comments called "unfortunate."

Brad Wurfel, spokesman for the Michigan Department of Environmental Quality, repeated a familiar refrain: Repeated testing indicated the water tested within acceptable levels.

Hanna-Attisha said she crawled into bed that night, physically ill.

"We checked our data a bazillion times ... but when you hear (the state's dismissal) on national news, how can you not doubt yourself?" she said.

She wasn't the only one surprised. Valacak, the Genesee County health executive, said he "took offense ... in part because I know how dedicated she is and I know the quality of her character."

That Monday, Valacak e-mailed state health officials. Among his questions: Why would the state's analysis include non-Flint residents? On Tuesday, he pushed again for an answer. On Wednesday: "Any update?"

He got no answers, he said: "It was frustrating."

At the same time, Hanna-Attisha had stepped up conversations with Wells, who had taken her post as the state's chief medical executive in May. The two women knew of each other and had even stood together earlier this year to promote immunizations.

Wells, who leads the preventive medicine residency program at the University of Michigan's School of Public Health, said she'd heard media reports about Flint's water. She balanced those against water-quality tests indicating the water was safe. Moreover, a look at county-wide data didn't trigger any alarms.

Now, she was alarmed by a closer look at Hanna-Attisha's findings.

In several conversations, Wells and Hanna-Attisha compared the pediatrician's analysis against that of the state epidemiologists. Among the differences: The state's number included kids from outside Flint — those who wouldn't normally drink Flint water. Some had Flint addresses but lived outside city limits.

As September drew to a close, state health epidemiologists reanalyzed their data, eventually confirming Hanna-Attisha's results.

Wells saw a yellow Post-it note from her staff on her keyboard when she walked in at 7:30 a.m. Oct. 1. Her own data analysts had confirmed Hanna-Attisha's findings. She walked down the hallway to find Nick Lyon, director of the Michigan Department of Health and Human Services. They'd have to let the public know — and fast, the two decided.

That same day, Valacak and Genesee County commissioners declared a public health emergency. Commission Chairman Jamie Curtis said he'd simply had enough. Hanna-Attisha's data couldn't be ignored, no matter what state authorities said water testing indicated.

"In six years I don't want 5- and 6-year-olds going to school with lead poisoning," he said.

Valacak said he got a call the next day — Friday, shortly before the state news conference. Hanna-Attisha's numbers had been confirmed, he was told.

At 1:30 p.m. Oct. 2, Flint Mayor Dayne Walling joined state officials — environmental, health and public relations — at the microphone in front of a packed room of reporters.

"We understand many have lost confidence in the drinking water. We need to build that back. We need to do that more," Dan Wyant, of the Michigan Department of Environmental Quality, said in front of a line of cameras. Reporters tapped away on keyboards. Outside were protesters.

Quietly in the back of the room stood Hanna-Attisha. She leaned over to Brad Wurfel, the state spokesman who a week earlier had called her work "unfortunate" in a time of "near hysteria."

"You called me irresponsible," Hanna-Attisha recalled saying to him. Wurfel said he was sorry.

"I had the opportunity to apologize ... I was grateful for the opportunity to do it," Wurfel told the Free Press later. "I will be the first to say, I came on a little strong on this because I believed the numbers we had in the moment."

Hanna-Attisha, whom Gavulic called "definitely one of our superstars" even before her recent spotlight, said she and other researchers aren't done. They want to specifically map blood-lead levels throughout the city's neighborhoods, and they want to test for blood levels in cord blood from Flint's newest babies.

Exhausting? Yes. Ready to stop? Never, she said: "Because this is what matters. This is what we do ... This is why we're here."

http://www.freep.com/story/news/local/michigan/2015/10/10/hanna-attisha-profile/73600120/

Water crisis in Flint declared public health emergency

Dispatch Times – October 12, 2015

Despite the complaints, city officials had said state tests showed the water met federal safety guidelines.

The lightbulb finally lit up over the city's collective head last week when Hurley Medical Center released a study that showed that lead was found in the blood of children at unnaturally high levels, especially in certain zip codes.

A statement from a spokesperson in the article said: "We believe protecting public health is paramount and safe, clean, accessible drinking water is essential". Now, locals and citizens are asking Environmental Protection Agency to reconnect their city to Detroit's water system again.

Because of the huge outcry, Flint City Administrator Natasha Henderson said she's working to make it right. In July, a spokesman for the state's Department of Environmental Quality, Brad Wurfel, recommended home tests but added: "Anyone who is concerned about lead in the drinking water in Flint can relax".

"As evidenced by the ongoing poisoning of the children of Flint, it's time for the EPA to take immediate action to provide us with a safe water source", LeeAnne Walters, a Flint parent and member of the Water You Fighting For group, said Thursday. The decision, estimated to save about $4 million annually, was made previous year while a state emergency manager was shepherding Flint through a financial crisis.

About 30 protesters chanted "Flint lives matter", and a few wore hazmat suits, as they stood outside the midday news conference in Flint to voice their displeasure with the new plan for Flint's water. Under the Safe Drinking Water Act, the EPA is empowered to stop "imminent and substantial endangerment to human health" such as the elevated lead levels in Flint's drinking water.

It includes free water filters for people's homes, a fast-track fix to reduce lead in the system and more testing. A General Motors plant stopped using the water, saying it was rusting its parts.

For now, the NRDC reports, residents are take caution when drinking tap water.

Flint City mayor Dwayne Walling advised everyone to use only county- approved taps and filters and flush cold water for five minutes first before drinking it. Soon after the switch was made, residents began to complain about the taste, smell, and appearance of their water. The toxic effects of lead on virtually every system in the body, and particularly on the developing brains of young children, are well documented.

Filters will be distributed at the University of Michigan-Flint for Flint homes affected by high levels of lead in their water. And in addition to repairing what went wrong – or defending the state's actions and oversight – the governor needs to be up front with the public about what he finds. Children, drinking tap water polluted by lead. That's when the city, in a dispute with Detroit, quit buying its water and instead signed on with a new system that will draw water from Lake Huron.

http://www.dispatchtimes.com/water-crisis-in-flint-declared-public-health-emergency/127015/

Legislature Likely to Act on Flint Water Crisis This Week

WMUK – October 12, 2015, by Jake Neher

(MPRN-Lansing) State lawmakers hope to act quickly this week to help resolve Flint's water problems.

Gov. Rick Snyder is asking the Legislature to approve about $10 million to address the city's water contamination crisis. A number of top Republican lawmakers say they're on board with the governor's request.

> "I'm committed to taking action,"

said state House Speaker Kevin Cotter (R-Mt. Pleasant).

> "I need to spend some more time with it to figure out exactly what that action looks like. But it's clear there's going to be a need for some money from the state and I'm in support of that."

State Senate Majority Leader Arlan Meekhof (R-West Olive) says he expects to take action on the issue this week, but said late last week that the specifics of where the money will come from still needed to be worked out. The chair of the House Appropriations Committee says he intends to hold a committee vote on the funding this week.

> "The state is in a good enough fiscal position to handle this. And I want it handled,"

said state Rep. Al Pscholka (R-Stevensville). Some lawmakers say the state bears at least some responsibility for the crisis because an emergency manager oversaw Flint's decision to switch water sources. Cotter says they should approve the money regardless of the state's role in the crisis.

> "I don't think it's about a determination of guilt, who's at fault," he said. "What we know is, irrespective of all of that, is that people right now don't have access to clean water. And that's a serious problem."

None of the lawmakers offered a specific source from which they preferred to take the money as of late last week. But Cotter said the state's "rainy day fund" is an option.

Pscholka says he doesn't think lawmakers need to dip into the state's savings. He says he'd rather see it come from sources such as the state's Drinking Water Revolving Fund or state agency budgets such as the Michigan Department of Environmental Quality or the Michigan Department of Health and Human Services. He said it could also be a combination of those sources.

http://wmuk.org/post/legislature-likely-act-flint-water-crisis-week

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Gov. Rick Snyder appoints West Olive resident to Developmental Disabilities Council

Holland Sentinel – October 9, 2015

Holland, Mich. - Gov. Rick Snyder, R-Michigan, recently announced the appointment of Steve Johnson, of West Olive, to the Developmental Disabilities Council.

The 21-member council, housed within the Michigan Department of Health and Human Services, advocates for people with disabilities on a statewide level.

"The varied backgrounds and experiences of these individuals will be a tremendous asset to the council and Michiganders, and I look forward to their contributions moving forward," Snyder said in a news release.

Appointments are not subject to the advice and consent of the Senate.

For more information, visit michigan.gov/snyder .

http://www.hollandsentinel.com/article/20151009/NEWS/151009070

Bill would reopen Maxey, restore 65 state jobs

Lansing State Journal – October 12, 2015, By Justin A. Hinkley

State Rep says close advocates 'comparing bananas and pickles' in savings math

LANSING — A Republican lawmaker is trying to build bipartisan support to reopen the W.J. Maxey Boys Training School, taking on members of his own party who finally closed the juvenile justice facility after years of trying.

A bill from state Rep. Martin Howrylak, R-Troy, would add a little over $7 million back into the state budget to reopen the Whitmore Lake facility and bring back the 65 state employee jobs that were cut. He's gained support from six Democrats and one fellow Republican but is looking for more cosponsors in both the House and Senate to save what he called an effective and efficient facility that offered a much-needed balance to private agencies.

"We need to take into consideration that we have an outlet that's been closed, so the stream of juvenile offenders needs to find a new home," Howrylak said Friday. "It's not just the people who were there last week and six months ago, it's those people that now don't have that option."

After several failed attempts in the past, the Maxey closure was inserted in the 2016 state budget that took effect Oct. 1. Proponents of the closure — Rockford Republican state Sen. Peter MacGregor chief among them — pointed to the hundreds of dollars in additional daily cost at Maxey compared to both private facilities and the state's remaining two juvenile justice facilities, the Bay Pines Center in Escanaba and theShawono Center in Grayling.

Voting to approve the closure in May, state Rep. Earl Poleski, R-Jackson, called it a difficult but simply economic decision.

On its face, the math is pretty simple: The Legislature gave Maxey $10.3 million last year to run a full-fledged facility and only $2.8 million this year to care for the transferred youth and shut down the 90-acre property. That's $7.5 million saved

But Howrylak, an accountant, said that's "comparing bananas and pickles."

LANSING STATE JOURNAL

19 DHHS workers laid off in Maxey closure

There are other costs in other parts of the state budget that aren't factored into that math, including millions of dollars in bond debt on the facility that still has to be repaid and the fact that some private facilities receive School Aid Fund dollars to run charter schools, he said.

And, Howrylak said, there's the benefit column: Maxey costs more because it does more, offering intensive, on-site mental health services. Mental health and judges groups and state employee unions said Maxey cared for kids who'd been unsuccessful at other facilities.

"If you want the private facilities to offer such treatment, or even if you want Shawono or Bay Pines to offer it, you're going to have to put more money into it," Howrylak said. "When you put all the numbers together and you take into consideration all the intangibles, at best it's a wash."

The Department of Health & Human Services does contract with agencies in several counties for behavioral health services for juvenile justice, and the language closing Maxey also required contracts with private agencies be amended to say mental health services must be offered. Officials from private facilities told the State Journal earlier this year they're ready and capable of handling the Maxey youth.

A DHHS spokesman said last week that all of Maxey's youth were successfully transferred to the remaining two state facilities and to independent living facilities, halfway houses and private facilities in Michigan.

But Midland County probate Judge Dorene Allen said Maxey "gave an option to courts that we otherwise are not going to have.

"My feeling was that it was a cost that was necessary to support the rehabilitation of youth," she said Friday. "And that's really what this was all about, getting these kids back on their feet so they're not part of the adult system."

Maxey hit all of its treatment goals last year, DHHS said in a February report to lawmakers.

State Rep. Mike Callton, R-Nashville, a cosponsor on Howrylak's bill and chairman of the House Health Policy Committee, said the mental health services are "an important conversation to have," but he said he also signed on to the bill because he'd seen the negative economic impacts of prison closures in his district.

"It's devastating when a big employer like that leaves a community," he said.

Lansing Democrat Andy Schor, another cosponsor, said the Maxey closure was one of the reasons he voted against the current budget. He conceded Howrylak's bill faced "a tough path, no doubt," but he thought it stood a chance.

"It was part of a budget, and a lot of compromises go into that," Schor said. "Perhaps if you take this out of a budget deal and you have it stand on its own, the support will not be there to shut it down and defund it. It's worth taking a shot."

http://www.lansingstatejournal.com/story/news/2015/10/12/bill-would-reopen-maxey-restore-65-state-employee-jobs/73666028/?from=global&sessionKey=&autologin=

Michigan's new guidelines for treating opiate addiction 'take it to the next level'

MLive – October 7, 2015, By Sue Thoms

GRAND RAPIDS, MI – In the battle against drug addictions, Michigan can claim a first – it is the first to create detailed statewide guidelines for treating people addicted to heroin and other opiates.

The guidelines draw on research showing when and how to use 12-step programs, behavioral therapy and medication, such as methadone, for the best chance of recovery.

Although there always have been rules regarding medications and counseling for substance abuse treatment under Medicaid, the guidelines provide far more detailed information about what works, said Lisa Miller, state opioid treatment authority.

"This really takes it to the next level," she said. "Never before have we had guidelines that defined mild, moderate and severe levels of addiction and then applied medication and behavioral therapy that research has shown to be most effective for that level of addiction."

One of the major goals is to provide consistency statewide, said Dr. Corey Waller, a Grand Rapids addiction medicine specialist and the director of the Center for Integrative Medicine at Spectrum Health. He served on the Medication-Assisted Treatment work group led by Miller and is the lead author of the guidelines.

The report is available online.

An excerpt from the 68-page report, Medication Assisted Treatment Guidelines for Opioid Use Disorders, created for the Michigan Department of Health and Human Services.
"If we don't create a known, consistent approach, we are going to have counties that are haves and have-nots," he said.

He has made a mission of promoting the guidelines around the state, speaking to treatment agencies, town hall meetings, conferences and law enforcement officials.

Although they are targeted toward the doctors and therapists who provide treatment, Miller said the guidelines can help clients and family members understand the disease of addiction and the science behind the treatment.

"I think certain people have a gift for taking complex concepts and making them easy for the general public to understand," she said. "And Dr. Waller has that gift. He has written the document in such a way that it is understandable. The concepts and the reasoning behind the thoughts are very clear."

The guidelines were announced in September 2014 and promoted to care providers. A revision is in the works, with specific information for law enforcement and for the treatment of adolescents and pregnant women.

Eventually, the guidelines will be incorporated into contracts for treatment programs with state funding.

The document aims to give providers the latest information on using medications for opiate addiction – methadone and buprenorphine, a newer drug manufactured as Suboxone, Zubsolv and Bunavail.

"Things have really changed in the field of medication-assisted treatment," Miller said. "Any medical field worth its salt is learning from research and applying that research. This is what the guidelines are designed to do."

http://www.mlive.com/news/grand-rapids/index.ssf/2015/10/michigans_new_guidelines_for_t.html

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Teen motherhood declining in Holland

Holland Sentinel – October 9, 2015, By Amy Biolchini

Fewer teens in Michigan and in the Holland area are getting pregnant, statistics show.

It's a trend that health educators take pride in — but note that it's more than good programming that has made a difference.

Michigan has seen a 40 percent drop in teen births over the past two decades, according to recently released data from the Michigan League for Public Policy. In 2013, the annual teen birth rate in Michigan was 24 of every 1,000 births — lower than the national average (27 per 1,000), but still much higher than other developed countries.

“We still have too many babies born to teen moms — an average of almost 9,000 annually over the last three years — and that’s 9,000 babies who are more likely to live in poverty, struggle academically and suffer from health issues," said Alicia Guevara Warren, Kids Count in Michigan Project Director at the MLPP, in a statement.

Of the 532 babies born in Holland from 2011 to 2013, 9.96 percent (53 babies) were born to teen mothers — and eight babies were born to teens who were already mothers.

That’s a decrease from 2004-2006, when 13 percent of all babies born in Holland were to teen mothers.

Rates of teen pregnancies have declined, but the rates of repeat teen pregnancies are continuing to increase, said Heather Alberda, a certified sexuality educator with the Ottawa County Department of Public Health.

Though the Michigan League for Public Policy reports Holland has fewer babies born to teens who are already mothers, in Ottawa County that’s not the case.

In 2011, there were 24 teen moms who became pregnant again — a figure that’s grown to 37 repeat teen moms in 2013, Alberda said.

Alberda said part of the reason there’s fewer pregnancies is because teens are making better choices. In 2013, 40 percent of Ottawa County teens said they had engaged in some kind of sexual activity by the time they had graduated from high school — compared to 44.6 percent in 2011.

“My biggest shout-out is to the teens that are choosing to abstain,” Alberda said. “And in general, those that are choosing to be sexually active are better birth control users.”

In Michigan, the only sexual education requirement is that HIV prevention must be taught at elementary, middle and high schools.

Should a school district choose to go beyond that, districts put together a sexual education advisory board.

Alberda sits on multiple area advisory boards for local schools.

“The majority (of schools) have comprehensive sex ed that says, ‘We’d like you to wait, but here’s some services that can help you,’” Alberda said.

Hispanic and black teens in Holland were more likely than their white peers to have babies, according to data from the Michigan Department of Health and Human Services. It’s a disparity that exists across Michigan.

In the past decade, the rate of babies born to white teenage girls in Holland has declined from 8 percent of all teen births from 2004-2006 to 5.2 percent from 2011-2013, according to the state data. That’s compared to black teenage girls, whose teen pregnancy rates have risen from 22.7 of all teen births from 2004-2006 to 23.9 percent from 2011-2013.

Twenty-two percent of all teen births in Holland were to Hispanic teenage girls from 2004-2006, compared to 18.2 percent from 2011-2013.

Compared to the rest of Ottawa County, teenage girls living in Holland had higher rates of pregnancy and more instances of repeat births to teen moms. Teenage moms in Holland were also more likely to not have their high school diploma or GED than teen moms living in the rest of Ottawa County.

Alberda said health educators need to continue to use data, like Ottawa County's Youth Assessment Survey, to drive curriculum development in school.

"We need to focus on really having a strong community message," Alberda said. "So whether I go to school to a faith group to the health department or to where I work — there needs to be a collective message about the importance of sexual health."

http://www.hollandsentinel.com/article/20151009/NEWS/151009060

New breast cancer research programme with focus on prevention launched at NIH

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A new phase of the Breast Cancer and the Environment Research Programme (BCERP), focused on prevention, is being launched at the National Institutes of Health (NIH). Grant-funded researchers will now work across scientific disciplines, involve new racially and ethnically diverse communities, and expand the study of risk factors that precede breast cancer, such as breast density.

These new directions reflect recommendations made by the Interagency Breast Cancer and Environmental Research Coordinating Committee (IBCERCC) in 2013. IBCERCC was congressionally mandated to review the state of the science around breast cancer and environmental influences by the Breast Cancer and Environmental Research Act. Recommendations included prioritizing prevention, involving transdisciplinary research teams, engaging public stakeholders, collaborating across federal agencies, and communicating the science to the public.

This broadened research focus will add to the growing knowledge of environmental and genetic factors that may influence breast cancer risk across the lifespan. The six new BCERP projects, plus a new coordinating center promoting cross-project collaboration, are jointly funded by the National Institute of Environmental Health Sciences (NIEHS) and the National Cancer Institute. All projects involve strong partnerships between researchers and organizations focused on breast cancer prevention or environmental health.

The new research will be conducted at the following institutions, Brigham and Women's Hospital, Boston, City of Hope/Beckman Research Institute, Duarte, California, Columbia University, New York City, Georgetown Lombardi Comprehensive Cancer Center, Washington, D.C., Michigan State University, Lansing, University of Massachusetts, Amherst, University of Wisconsin – Madison (Coordinating Center).

"The beauty of this research is that scientific discoveries and community observations inform each other, in order to dive deeper into the complex causes of breast cancer," said Gwen Collman, Ph.D., director of NIEHS Division of Extramural Research and Training.

The focus on minority and socio-economically disadvantaged women is an important step in addressing disparities in breast cancer outcomes. Although African-American women are diagnosed with breast cancer less often than white women, more aggressive cancers and breast cancer deaths are more common among African-American women.

Another new direction for BCERP is research on the role of breast density as a possible intermediate risk factor for breast cancer. Dense breast tissue is one of the most common risk factors for breast cancer. Identifying links between environmental exposures and high breast density may provide new insights into prevention.

“These priorities reflect our continued commitment to breast cancer prevention,” noted Caroline Dilworth, Ph.D., BCERP programme lead at NIEHS. “Our goal is to build on the high quality science we’ve been funding for more than a decade, while also being responsive to the expert recommendations of the IBCERCC report.”

NIEHS supports research to understand the effects of the environment on human health and is part of NIH.

The National Cancer Institute leads the National Cancer Programme and the NIH’s efforts to dramatically reduce the prevalence of cancer and improve the lives of cancer patients and their families, through research into prevention and cancer biology, the development of new interventions, and the training and mentoring of new researchers.

NIH, the nation's medical research agency, includes 27 institutes and centres and is a component of the US Department of Health and Human Services.

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