

TOOLKIT

SUBSTANCE USE DISORDER IN SURGERY

Uncover and Overcome: Embrace Universal

Screening to Transform Lives Impacted by

Substance Use Disorder

OPEN

Prevention. Treatment. Recovery.

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WHAT IS SUBSTANCE USE DISORDER?

Substance Use Disorder is a clinical diagnosis.

Substance Use Disorder (SUD) is a complex health issue that impacts millions of lives everyday. More than 1 in 6 people have a substance use disorder.⁸ In Michigan, as many as 2 in 5 patients present with risky use of substances before elective surgery.¹











In striving to provide comprehensive, patient-centered care, it is imperative that health care systems integrate strategies across all kinds of patient interactions. Risky substance use can have a negative impact on surgical outcomes. For example, even when used as prescribed, opioid use increases risk for complications and readmissions. Other substances likely have similar effects.²


IMPACT IN SURGERY

Substance use disorder can significantly impact both the outcome of surgical procedures and the management of patients undergoing surgery.

- Altered [physiological responses](#) influencing anesthesia requirements and pain sensitivity
- Enhanced risk of [respiratory complications](#) during and after surgery
- Impaired wound healing and increased susceptibility to postoperative [infections](#)
- Prolonged [recovery times](#) due to compromised overall health status
- Higher likelihood of [adverse reactions](#) or interactions with postoperative medications
- Increased risk of postoperative [relapse](#) or overdose, especially with exposure to opioid painkillers
- Necessitates [tailored perioperative care](#) plans, including non-opioid pain management strategies
- Requires vigilant monitoring for [withdrawal](#) symptoms and potential complications
- [Coordination](#) with addiction treatment services for comprehensive postoperative care
- Essential [identification and assessment](#) of substance use disorders preoperatively for risk mitigation and improved outcomes

Drug or Substance	More likely to take prescription opioids <u>before</u> surgery	More likely to fill prescription opioids <u>after</u> surgery
Tobacco		
Alcohol		
Opioids		
Other drugs		

Fernandez, et al. (2023)

Drug or Substance	ED Visits	Complications	Readmissions	Reoperations
Tobacco				
Alcohol				
Tobacco + Alcohol				
Opioids				

Fernandez, et al. (2023)

For many people, especially those with a higher risk of SUD, their only encounter with a healthcare provider is through an acute care or surgical episode

SUD SCREENING

Identifying patients who may be at risk for a substance use disorder is most successful when done in a non-biased, non-stigmatizing way. Universally screening patients using a validated, standardized screening tool such as the Tobacco, Alcohol, Prescription medications and other Substances (TAPS) screening tool helps to mitigate these factors.⁵

The screening questions can be self-administered or administered by clinic staff. Patient responses to the questionnaire generate a risk score, which can help providers understand more about their patient and indicate if further assessment is needed.

TAPS

The TAPS screening tool is a comprehensive instrument designed to screen individuals for all types of substance use disorders quickly and effectively in a variety of healthcare settings. Developed to be both user-friendly and thorough, the TAPS tool facilitates early identification of risky substance use behaviors, providing healthcare providers with valuable information to guide further assessment, intervention, and treatment planning.



**SCAN FOR
THE TAPS
QUESTIONNAIRE**

UNIVERSAL SCREENING

THE GOAL

Universally screen for SUD before surgery, coordinate care, and share resources. Consider how patients are screened for **diabetes** before surgery:

DIABETES

Screen for diabetes with A1C test

Discuss results and perioperative risks

Refer to primary care or endocrinologist



SUBSTANCE USE

Screen for risky use with an efficient tool like TAPS

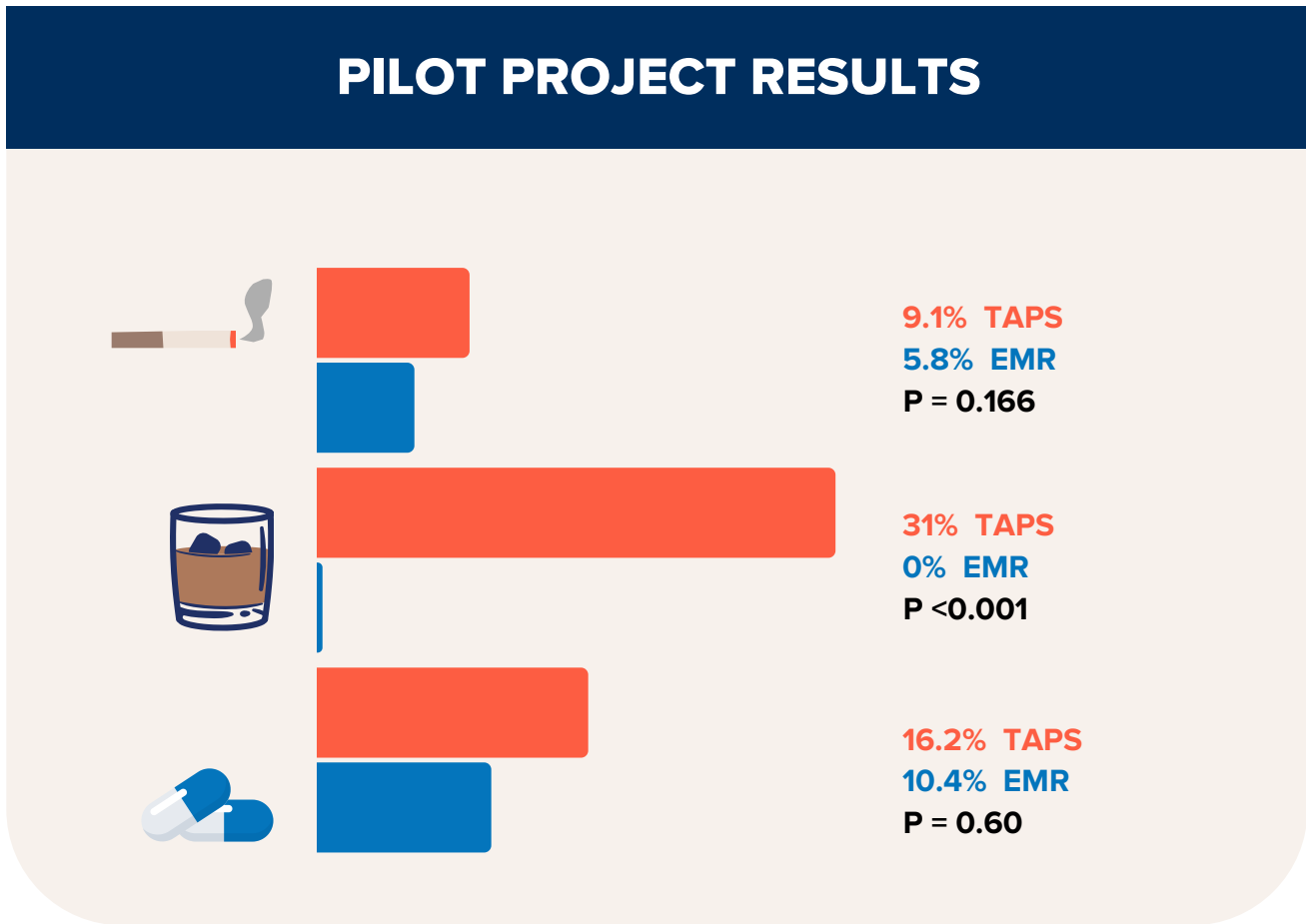
Discuss results and perioperative risks

Refer to primary care or addiction medicine

Substance use disorder is a chronic medical disease just like diabetes or hypertension and should be treated as such

REAL WORLD INSIGHTS

OPEN conducted a pilot project that included 242 patients, comparing their TAPS scores to documentation in the health record after preoperative evaluations for substance use risk. Most patients that were identified by the screening tool as at risk had no indication of this risk in the chart. While there were gaps for all substances, alcohol was most common and the least likely to be identified in the chart documentation.⁶



70% of patients screened positive by TAPS were missed by routine EMR documentation

SCREENING: ACCEPTABLE + FEASIBLE

An OPEN study looking at survey responses from 470 patients found that:⁷

- 98% of those participating found screening pathway acceptable
- 1.7% reported feeling uncomfortable with questions
- Non-face to face interactions preferred

Using qualitative methods, OPEN found that providers, including surgeons, PCPs, and anesthesiologists, value a standardized, multidisciplinary approach to perioperative opioid management focusing on:³

- Patient education
- Provider communication
- Tools that can identify patients at high risk

98%

Of patients surveyed
were comfortable
being screened using
the TAPS Tool

99%

Of patients surveyed
reported the
questions were easy
to understand

HIGH RISK SCREENING RESULTS

Part of the challenge and preparation in implementing universal screening is ensuring preparation for what happens next. While the specific details will be dependent on each hospital, available resources within the system, and additional community supports, general steps include:

STEPS TO MANAGE A HIGH RISK RESULT

1. **Confirm screening results.** Providers should discuss the screening results with the patient and confirm through the preoperative history and physical and a review of substance use.
2. **Discuss potential perioperative risks.** Express concern and how this risky substance use can impact the patient's outcomes related to surgery.
3. **Create a perioperative plan of care.** Ensure there are appropriate perioperative care modifications and plans in place to mitigate risk as best as possible. For example, consulting with anesthesia when greater than normal pain is anticipated. See Plan of Care templates.
4. **Share resources.** Make patients aware of resources in the hospital or in the community that they can utilize in receiving support and/or treatment for substance use disorder.

TALKING WITH PATIENTS ABOUT SUBSTANCE USE

Having a conversation with a patient about substance use can be uncomfortable. Use the conversation starters below adapted from Empathy: Talking to Patients About Substance Use Disorder (CDC.gov).⁹ The “Words Matter” video by Shatterproof shares ways to change our language to improve outcomes for those experiencing addiction.



<p>ASK PERMISSION + PROVIDE OPTIONS</p>	<p>“Would it be ok with you if I asked you some questions about your substance use?”</p>
<p>NORMALIZE THE CONVERSATION</p>	<p>“This is not unusual. Many patients find it hard to talk about their substance use.” “Talking about substance use can be uncomfortable.”</p>
<p>BE TRANSPARENT</p>	<p>“I need to ask you some specific questions about your use of (substance). This will help us to determine the best plan of care for you for surgery.”</p>
<p>ADDRESS CONFIDENTIALITY + CONCERNS HONESTLY</p>	<p>“I want you to know that everything you share with me and that we discuss today is confidential. However, there are some limited exceptions under the state law that I want to make sure you know and understand such as reports of threats of harm to yourself or others.”</p>
<p>ESTABLISH TRUST + SHOW EMPATHY</p>	<p>Actively listen and engage with patients in a non-judgmental way. Treat patients with respect and address their SUD as the medical disease that it is.</p>
<p>WORK TOGETHER WITH PATIENTS</p>	<p>Meet patients where they are in their journey. Not every patient will be ready to stop their substance use.</p>

IMPLEMENTATION

Implementing screening for substance use disorders is an essential step in early identification and intervention, paving the way for better health outcomes. It requires a standardized approach and trained staff to effectively assess risk and provide appropriate referrals for treatment.

OPEN has experience in this work and can help you get started. Reach us at OPEN-support@med.umich.edu.

- 1 Form Project Team + Plan
- 2 Investigate Resources + Select a Screening Tool
- 3 Create Plan of Care Templates
- 4 Develop + Socialize Workflow
- 5 Launch Screening

1 Form Project Team + Plan

- Assemble a multidisciplinary group of dedicated professionals who are committed to enhancing SUD identification and intervention
 - This group may include clinicians, nurses, social workers, and administrative staff who understand the nuances of SUD
- Identify clear objectives for the screening process and intervention
- Conduct a needs assessment to review current practices and barriers



2

Investigate Resources + Select a Screening Tool

To build a successful screening program, including next step recommendations for the plan of care is a key component. Talk with stakeholders to understand current SUD screening practices and resources available within your hospital and community. Some ideas include:

- Smoking cessation program
- Inpatient addiction consult team
- Outpatient addiction medicine
- Acute pain service
- Hospital policies for MOUD or AWS
- Alcohol management programs

Many community support opportunities exist! OPEN can connect you to local resources that provide SUD services.

CONSULTATION SERVICES

OPEN offers free expert consultation services to support providers in treating patients with substance use disorder or complex pain management needs.

Initiate a consultation request by completing a quick, online form. An addiction medicine expert will provide support and be in touch that same day.



**CONSULTATION
SERVICES
INFORMATION +
REQUEST FORM**



SELECT A SCREENING TOOL

Select the standardized screening tool. While there a number of tools available, OPEN recommends the TAPS screening tool because it is:

- Quick and easy to complete online or paper by the patient or provider
- Universal and non-judgmental way to detect risky substance use
- Highly accurate for detecting unhealthy substance use⁵



To streamline the process from sending the questionnaire to the provider receiving the results, and communication and planning with the patient, building the screening tool into the electronic medication record (EMR) is most ideal.

EMBEDDING THE SCREENING TOOL IN THE EMR

OPEN has had success with building the TAPS screening questionnaire into EPIC as a patient questionnaire. We are piloting the use of this screening tool for new patients in a surgery clinic at Michigan Medicine. The patient questionnaire is sent to the patient via the patient portal. The responses are automatically scored by the EMR. During the new patient visit, the medical assistant reviews the questionnaires tab during rooming and for high risk results, flags the chart for the provider to confirm the results and initiate the plan of care. Click [here](#) for an example workflow.

When sending or requesting the patient complete a questionnaire related to substance use, use a positive gain-focused message that links the screening request to the surgical visit.¹⁰

Example: You are receiving this brief screening questionnaire regarding substance use from the Michigan Medicine Department of Surgery to help prepare for your upcoming appointment. Responses will be shared with the surgical care providers you will be seen by.

3

Create Plan of Care Templates

OPEN's substance use disorder (SUD) screening notification templates can be used to inform the provider and surgical care team of a patient's high risk SUD screening and help guide creating a plan of care. While OPEN developed these templates using the [TAPS tool](#) for SUD screening, the templates can be adapted for use with other screening tools.

For each substance category, there is a corresponding message template. If a patient screens high risk in multiple categories, both categories' resources can be cohesively combined and sent in one notification message. Prescription and non-prescription opioids have the same templates. Prescription and non-prescription stimulants have the same templates.



TOBACCO

SUGGESTED ACTIONS

1. CONFIRM diagnosis through clinical interview and review of tobacco use.
2. EXPRESS CONCERN using empathy. Discuss any perioperative risks and determine if patient desires tobacco cessation resources.
3. CREATE A PERIOPERATIVE PLAN proactively
 - Offer and provide tobacco cessation resources to patient, if patient agrees
 - Refer to (insert any specific programs for tobacco cessation) if patient agrees
 - Communicate plan with the patient, patient's primary care provider, surgical team, anesthesia team
4. EDUCATE/ADVISE patient on:
 - Educate patient on holding tobacco products minimally, 2 weeks prior to surgery

ADDITIONAL RESOURCES

- Tobacco Cessation resources
- Nicotine Replacement Therapy

ALCOHOL

SUGGESTED ACTIONS

1. CONFIRM diagnosis through clinical interview, review alcohol use, and assess for other co-occurring problems that may be impacting alcohol use (e.g. pain, anxiety, depression)
2. EXPRESS CONCERN using empathy. Recommend reducing alcohol consumption and discuss associated increased risk of perioperative complications.
3. CREATE A PERIOPERATIVE PLAN proactively
 - Outpatient: Consult (ambulatory addiction medicine team) possible tapering plan and/or withdrawal management
 - (Insert instruction of how to contact)
 - Inpatient: Consult (hospital-based addiction medicine team) for possible tapering plan and/or withdrawal management
 - (Insert instruction of how to contact)
 - Link to hospital policies for alcohol withdrawal screening
 - Recommend participation in an alcohol management program (consider including hospital or community resources)
 - Communicate plan with the patient, patient's primary care provider, surgical team, anesthesia team, and other disciplines (e.g. pain service, addiction service, psych consult team)
4. EDUCATE/ADVISE patient on:
 - Benefits of reduced alcohol consumption
 - Risks associated with combining alcohol with other drugs (especially opioids, benzodiazepines)
 - Against alcohol use and driving
 - Following up with Primary Care Physician for counseling and/or support group to complement FDA medication treatment, when warranted

ADDITIONAL RESOURCES

- AAFP: Outpatient Management of Alcohol Withdrawal Syndrome
- OPEN Expert Consultation Services

SEDATIVES

SUGGESTED ACTIONS

1. CONFIRM diagnosis through clinical interview, review prescription and non-prescription sedative use, and assess for other co-occurring problems (e.g. pain, anxiety, depression)
2. EXPRESS CONCERN using empathy. Recommend cessation of non-prescribed sedative use and discuss associated increased risk of perioperative complications.
3. CREATE A PERIOPERATIVE PLAN proactively
 - Outpatient: Consult (ambulatory addiction medicine team) for possible tapering plan and/or withdrawal management
 - (Insert instruction of how to contact)
 - Inpatient: Consult (hospital-based addiction medicine team) for possible tapering plan and/or withdrawal management
 - (Insert instruction of how to contact)
 - Order a Point of Care Urine Drug Screen during the preoperative clinic visit and on the Day of Surgery, if patient endorses recent illicit sedative use
 - Communicate plan with the patient, patient's usual prescriber, surgical team, anesthesia team, and other disciplines (e.g. pain service, addiction service, psych consult team)
4. EDUCATE/ADVISE patient on:
 - Danger of abrupt discontinuation of benzodiazepines
 - Increased risk when mixing sedatives with opioids and/or alcohol
 - Against sedative use and driving
 - Following up with Primary Care Physician to discuss tapering the use of prescribed sedative, possible switching sedative, and referral to counseling or treatment program for substance use disorder and any co-occurring problems, such as depression, that may be driving sedative use

ADDITIONAL RESOURCES

- [SAMHSA: Behavioral Health Treatment Services Locator](#)
- [SAMHSA: Detoxification and Substance Abuse Treatment](#)
- [OPEN Expert Consultation Services](#)

STIMULANTS

SUGGESTED ACTIONS

1. CONFIRM diagnosis through clinical interview, review prescription and non-prescription stimulant use and assess for other co-occurring problems (e.g. pain, anxiety, depression)

2. EXPRESS CONCERN using empathy and discuss associated increased risk of perioperative complications

3. CREATE A PERIOPERATIVE PLAN proactively
 - Outpatient: Consult (ambulatory addiction medicine team) for possible tapering plan and/or withdrawal management
 - (Insert instruction of how to contact)
 - Inpatient: Consult (hospital-based addiction medicine team) for possible tapering plan and/or withdrawal management
 - (Insert instruction of how to contact)
 - Order a Point of Care Urine Drug Screen during the patient's preoperative clinic visit and on the Day of Surgery, if patient admits to recent illicit stimulant use
 - Communicate plan with the patient, patient's outpatient prescriber, surgical team, anesthesia team, and other disciplines (e.g. pain service, addiction service, psych consult team)

4. EDUCATE/ADVISE patient on:
 - Educate patient on reducing or stopping stimulant use before surgery
 - On risks associated with injecting stimulants with heroin or otherwise combining stimulants with alcohol or other drugs
 - Against stimulant use and driving
 - Following up with a Primary Care Physician for behavioral health counseling referral coupled with pharmacotherapy for most effective treatment
 - Harm Reduction

ADDITIONAL RESOURCES

- [SAMHSA: Behavioral Health Treatment Services Locator](#)
- [OPEN Expert Consultation Services](#)

OPIOIDS

SUGGESTED ACTIONS

1. CONFIRM diagnosis through clinical interview, review prescription and non-prescription opioid use and assess for other co-occurring problems (e.g. pain, anxiety, depression)

2. EXPRESS CONCERN using empathy and discuss the perioperative period risks

3. CREATE A PERIOPERATIVE PLAN proactively
 - Consider inpatient postoperative admission for pain management which is challenging in this population
 - Outpatient: Consult (ambulatory addiction medicine team) for possible treatment
 - (Insert instruction of how to contact)
 - Inpatient: Consult (hospital-based addiction medicine team) for possible treatment
 - (Insert instruction of how to contact)
 - Consult in-house preoperative anesthesia if patient takes >100mme/day to determine pain management plan
 - Refer to hospital MOUD protocol and policies, if the patient is currently taking any Medications for Opioid Use Disorder (buprenorphine, suboxone, methadone, naltrexone)
 - Follow best practices for postoperative pain management
 - Consider prescribing naloxone
 - Use evidence-based postoperative opioid prescribing recommendations and non-opioid recommendations
 - Communicate plan with the patient, patient's outpatient prescriber, surgical team, anesthesia team, and other disciplines (e.g. pain service, addiction service, psych team)

4. EDUCATE/ADVISE patient on:
 - Postoperative pain expectations and management
 - Legislatively mandated opioid pain management education
 - Overdose prevention
 - Harm Reduction
 - Following up with Primary Care Physician for Medications for Opioid Use Disorder (MOUD) and behavioral health counseling referral

ADDITIONAL RESOURCES

- SAMHSA Behavioral Health Treatment Services Locator
- OPEN Expert Consultation Services

CANNABIS

SUGGESTED ACTIONS

1. CONFIRM diagnosis through clinical interview, and assess for other co-occurring problems (e.g. pain, anxiety, depression)

2. EXPRESS CONCERN using empathy. Recommend reduction and/or cessation of cannabis and discuss associated increased risk of perioperative complications.

3. CREATE A PERIOPERATIVE PLAN proactively:
 - Review any prescribed medications to identify those that may increase the risk of sedation and impairment (opioids, benzodiazepines)

4. EDUCATE/ADVISE patient on:
 - Educate patient on holding cannabis minimally 1 week prior to surgery
 - Risks associated with combining cannabis with alcohol or other drugs
 - Against cannabis use and driving
 - Following up with a Primary Care Physician for a referral to counseling or a treatment program for SUD and any co-occurring problems, such as depression, that may be impacting cannabis use

OTHER SUBSTANCES

SUGGESTED ACTIONS

1. CONFIRM use of illicit/recreational drugs through clinical interview. Review illicit drug use, prescribed medications, and assess for other co-occurring problems (e.g. pain, anxiety, and depression).

2. EXPRESS CONCERN using empathy. Recommend cessation, and discuss associated increased risk of perioperative complications.

3. CREATE A PERIOPERATIVE PLAN proactively
 - If patient admits to recent use of Molly or LSD, order a Point Of Care Urine Drug Screen during the preoperative clinic visit and on the Date Of Surgery
 - Discuss with in-house Preoperative Anesthesia as needed
 - Communicate with the patient, surgical team, anesthesia team, and other disciplines (e.g. pain service, addiction service, psych consult team)

4. EDUCATE/ADVISE patient on:
 - Against illicit/recreational drug use and driving
 - Mixing illicit/recreational drugs with their postoperative opioid prescription (if applicable)
 - Following up with Primary Care Physician for behavioral health/counseling referral

4

Develop and Socialize Workflow

Develop a workflow for SUD screening. Consider other similar process to model after like screening for diabetes or other preoperative assessments. Provider and staff buy-in is key a successful implementation of SUD screening and care coordination. To help achieve buy-in, include those who will be most impacted by the new workflow.

REAL WORLD INSIGHT

OPEN is piloting universal SUD screening using the TAPS tool for new patients in a surgery clinic at a large academic medical center. The TAPS questionnaire is sent to the patient via the patient portal. The responses are automatically scored by the EMR. During the new patient visit, the medical assistant reviews the questionnaires tab during rooming and for high risk results, flags the chart for the provider to confirm the results and initiate the plan of care. Click [here](#) for an example workflow.

5

Launch SUD Screening

- Continuously monitor and review key metrics to determine how implementation is going. Talk to those doing the work!
- Use QI methodologies like Plan-Do-Study-Act (PDSA) cycles to refine and adjust interventions based on data and feedback
- Ensure that adjustments are communicated to and understood by all stakeholders
- Develop strategies to sustain the gains, such as updating policies, procedures, and standard work

KEY TAKEAWAYS



Universal screening can transform lives impacted by Substance Use Disorder

- SUD screening and care coordination in perioperative period allows us to engage and help patients who may not otherwise access the healthcare system
- To successfully implement screening, spend time talking to with team members to create a workflow with them and investigate area resources available for patients with SUD
- Continuously monitor completion of the screening questionnaire and adjust as needed

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**QUESTIONS?
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