



# **Substance Abuse Issues In Monroe County**

**Prepared for the Monroe County Board of Commissioners**

Jerry A. Oley, Chairman

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## Substance Abuse; Public Health Issue In Monroe County

Kim Comerzan

Monroe County Health Department

### Description of the Problem

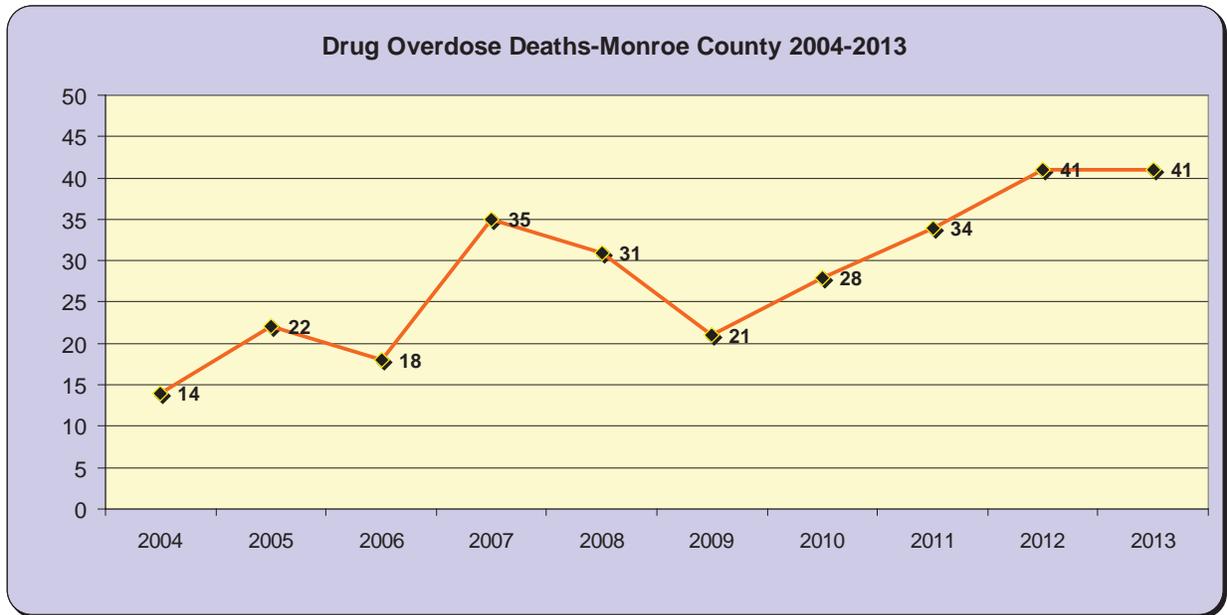
Substance abuse is not new to Monroe County, however in recent years it has become a greater concern, particularly with the upswing in the use of heroin and prescription drugs. However, Monroe is not unique as many communities in Michigan and other parts of the country are dealing with an increase in drug issues.

A review of drug deaths as presented by Dr. Carl Schmidt, Medical Examiner for Monroe County reflects an increase in drug related deaths over the past 10 years. Since 2004 Monroe County has seen a total of 285 drug related deaths with 75 of these related to heroin use, 68 related to methadone use, and 67 related to cocaine use. There are a variety of other drugs identified such as alcohol alprazolam (Xanax), codeine, diazepam (Valium) and Citalopram (Celexa, an antidepressant) in relation to death but in lesser numbers.

The total number of drug related deaths per year is listed below and then illustrated in a line graph on the following page. Note that in 2004, there were a total of 14 deaths due to drug use and 2013 saw 41 drug related deaths in Monroe County. It is also important to point out that these deaths occurred in Monroe County and they may not all be Monroe County residents.

<u>Year</u>	<u>Cases</u>	<u>Avg. Age</u>	<u>Male</u>	<u>Female</u>
2004	14	37.5	9	5
2005	22	39.4	16	6
2006	18	36.3	11	7
2007	35	40.3	24	11
2008	31	39.5	19	12
2009	21	33.2	12	9
2010	28	39.4	16	12
2011	34	39.3	19	15
2012	41	38.4	22	19
<u>2013</u>	<u>41</u>	<u>40.4</u>	<u>21</u>	<u>20</u>
<b>TOTAL</b>	<b>285</b>			

## SUBSTANCE ABUSE; PUBLIC HEALTH ISSUE IN MONROE COUNTY



Although in the last 3 years, 2011, 2012 and 2013 there was an increase in heroin related deaths; 10, 17 and 20 respectively, the drug problem in Monroe County is multi-faceted and should be addressed considering all drug use in the community. As stated by Dr. Schmidt “There are always some methadone deaths, cocaine is not as popular as it once was and the variety of drugs we find in people is also increasing.” He also points out that the number of drug deaths ebb and flow. The last peak in drug deaths occurred in 2007 when there were 4 heroin deaths and 13 with methadone. Dr. Schmidt points out a number of other key points related to drug use worth noting as follows:

- Many cases involve multiple drugs, sometimes 7 or 8
- The number of drug deaths tells us nothing about the total population of users and there is no way to extrapolate it from the former
- The average age at death of a drug user is around 40. This means that most of these deaths happen in chronic drug users and anecdotally many of these individuals have been in and out of rehabilitation programs a number of times
- There are many places to get drugs including Detroit, Toledo, Ann Arbor/Ypsilanti. Further, drugs can be obtained via Fed Ex, UPS, or U.S. mail

Upon review of the state drug related death statistics for Michigan, there has been an increase in unintentional poisoning deaths from 1999 when there were 235 reported to 973 reported in 2010 (most recent state data available). Washtenaw County, which borders Monroe, provided their drug related death data for 2011 and 2012, 64 and 33 respectively. Acquisition of statistics from other counties was attempted however, this proved unsuccessful. The statistics are beneficial to

gauge where Monroe County rates in comparison to other counties and the state of Michigan. It can be surmised that Monroe is in line with other counties across the state related to deaths caused by drug use/abuse.

It should be noted that although the Monroe County Health Department does not provide substance abuse treatment or prevention with the exception of one educational curriculum held in schools upon request, the issue of substance abuse is a public health concern. Also, though maybe not as significant as drug deaths or criminal acts related to drugs, the impact of drug use on chronic communicable diseases such as HIV, Hepatitis B and C, Syphilis and Tuberculosis is of concern. The vast majority of Hepatitis C cases we see in Monroe County are directly related to injection drug use. Information from the National Survey on Drug Use and Health Report from 2009 (most recent data attainable) identifies that of all the drugs injected in the U.S., heroin remains the highest. This survey also states that the rate of past year injection drug use was higher in persons 18 to 25 (0.28 percent) and 26 to 34 (0.26 percent) years of age. The rate of injection use among 12 to 17 year olds was 0.09 percent, the lowest in the survey. This information should be considered when planning prevention activities and the demographic audiences targeted for these prevention/education activities. Demographic information for Monroe County in 2012 as projected by the U.S. Census Bureau based on 2010 census data for the targeted population is as follows:

- 15 – 17 years of age
  - Female 3,363
  - Male 3,385
  - **Total 6,748**
- 18 -24 years of age
  - Female 6,168
  - Male 6,595
  - **Total 12,763**

### **Current activities and funding**

The Monroe County Health Department through its Solid Waste Program and in partnership with the Substance Abuse Coalition, Prosecuting Attorney, Michigan State Police and the Monroe County Sheriff's Department sponsored 9 medication take back events beginning in May 2009. The initial collection event took place at the Monroe County Health Department and twice per year thereafter at multiple other locations. There were 1,205 participants at those events and a total of 3,386 pounds of medication was received. The Solid Waste Program provided funding for the mailers to publicize the 9 events at a cost of \$15,000, and secured a contract and covered the cost for a hazardous waste vendor for all 9 events at a cost of \$12,000. The County received a "clean sweep" state grant to cover this cost for two years for a total of \$7,044.

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The special medication take back events ceased at the point the Red Med Box Program was implemented in 2013 allowing residents to bring their expired and unused medications at anytime during open hours to 6 designated law enforcement offices. The locations are:

- ✓ Michigan State Police Post
- ✓ City of Monroe Police Department,
- ✓ Bedford Substation of the Monroe County Sheriff's Department,
- ✓ Dundee Village Police Department,
- ✓ Carleton Police Department, and
- ✓ Erie Township Police Department

The Solid Waste Program secured a grant to cover the cost of purchasing and painting all of the Red Med Boxes, purchased boxes and bags used inside the bins to collect the medications and the Solid Waste Program has committed to funding the cost for in-home mailers to promote the Red Med Box Program in 2014 at a cost of \$15,000. Jamie Dean, Coordinator of the Solid Waste Program, has assisted in the roll out of the Red Med Box Program through presentations, press releases, bin set up and delivery and serves as a member of the Substance Abuse Coalition's Prevention Task Force.

The Board of Commissioners will be sponsoring two upcoming additional medication take back events in 2014. These will occur at Mercy Memorial Hospital on May 28, 2014 and at Carr Park in Bedford Township on July 15, 2014.

There are multiple sources of funding currently allocated to dealing with the problem of substance abuse in the state of Michigan. Those sources include Medicaid (treatment), Substance Abuse Federal Block Grant, State of Michigan General Funds, County Public Act 2 (PA2) Funds (Liquor tax), MICHILD (treatment) and the Adult Benefit Waiver (shifting to Medicaid with Healthy Michigan plan which is the Medicaid expansion program). The Substance Abuse Federal Block Grant dollars are allocated through the Substance Abuse and Mental Health Services Administration (SAMSHA) to Michigan Department of Community Health (MDCH) and then to the Center for Substance Abuse Treatment (CSAT) and the Center for Substance Abuse Prevention (CSAP) to provide regulatory and technical assistance in the field. These Federal Funds are matched with State general funds at approximately 75 to 25% respectively.

The PA2 dollars are generated from the liquor tax collected in the county. The tax is split 50/50 between the County and the Coordinating Agency (CA). These funds flow through the Monroe County Health Department and go directly to the Southeast Michigan Community Alliance (SEMCA), Monroe County's coordinating agency. SEMCA will remain the coordinating agency until October 1, 2014. These funds are used for substance abuse treatment and/or prevention and CANNOT be used for CA administration. The funds are more flexible than Federal Funds. They are generally used for innovative programs but can also cover traditional treatment/prevention

programs. PA2 funds are typically disbursed quarterly and can be carried forward and serve as a risk reserve, similar to a fund balance.

The total budgeted funds for Monroe County through SEMCA for the Fiscal Year 10/1/13 through 9/30/14 is \$868,121.78. Attached at the end of this document is the breakdown of where those funds are allocated with a brief description of the program activities. These activities are broken into 5 main categories:

- Prevention
- Treatment Services
- Monroe Projects
- Monroe Services
- Recovery Homes

Also reported by SEMCA (see links to Appendices A-G for full report) is data related to heroin treatment admissions for Monroe County that show an increase of 282 admissions since 2008. The admissions per year are as follows:

- 2008 – 96
- 2009 – 144
- 2010 – 205
- 2011 – 297
- 2012 – 325
- 2013 – 378

In December, 2013 a Prescription Drug and Heroin Summit was held at the Monroe County Community College as a Call to Action to reduce prescription drug and Heroin abuse in Monroe County. The result of the summit was that 4 workgroups were established to focus on specific goals in addressing the drug problem. The workgroups and their goals are as follows:

**Prevention and Awareness Group**

- Increase community awareness and involvement
- Increase support for families and parents
- Increase awareness and involvement among seniors
- Increase awareness and involvement of community youth

**Medical Group**

- Increase professional development
- Revise protocols and policies
- Lobby for state level enhancement of prescription monitoring

### **Treatment and Recovery Group**

- Develop a comprehensive treatment and recovery guide
- Enhance awareness of funding for substance abuse services
- Develop additional funding for substance abuse services
- Increase access to substance abuse treatment

### **Law Enforcement Group**

- Increase funding for enforcement
- Create community drug diversion panel
- Increase utilization of MAPs
- Promote legislation for Good Samaritan Law

Follow up meetings are being held quarterly throughout the year at the United Way building. The meeting dates are April 1, 2014, July 1, 2014 and October 7, 2014 with Treatment and Recovery meeting at 3-4:00 PM, Prevention and Awareness at 4-5:00 PM, Law Enforcement at 5-6:00 PM and Medical group at 6-7:00 PM. Law Enforcement and Medical Group are closed meetings, however Treatment & Recovery and Prevention & Awareness are both open meetings.

### **Future changes in Substance Use Disorder (SUD)**

House Bill 4891 has been introduced in legislation and will require that 9.5% of the state's net income annually from alcohol sales shall be dedicated to substance use disorder (SUD) treatment and prevention services. This money will pay for mental health treatment for substance abusers with co-occurring mild to moderate mental disorders in individuals who are not currently eligible for mental health services. These are restricted funds and must be used for SUD treatment and prevention. The funds may not be diverted to any other purpose.

The passage of the Poleski Bills, effective January 1, 2013 moved Substance Use Disorder services into the Mental Health Code. The Michigan Department of Community Health determined in 2013 that it was necessary to integrate behavior health services with SUD services, thus transferring all coordinating agencies under the regional Pre-paid Inpatient Health Plans (PIHP) structure which will take effect on October 1, 2014. The Coordinating Agencies will be under the direction of the newly aligned Pre-paid Inpatient Health Plans (PIHP). The PIHP for Monroe County will be the Community Mental Health Partnership of Southeast Michigan (CMHPSM) under the direction of a regional board that will include 4 members from each of the 4 counties that comprise the CMHPSM. The counties are Washtenaw, Lenawee, Livingston and Monroe. The regional board is required to have 4 representatives from each county, 3 members from the Community Mental Health Board and 1 from the Substance Use Disorder Oversight Policy Board. The Oversight Policy Board shall also include 4 members of each county. The

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Monroe County Board of Commissioners designated these members from the county to sit on the Substance Use Disorder Oversight Policy Board and include Commissioner Jon Cook, Floreine Mentel, Tom Waldecker, and Kim Comerzan. These four individuals currently represent Monroe County on the SEMCA Board of Directors as well.

This new structure will mean drastic changes in how SUD services are provided within Monroe County. Options are being explored in relation to what this will look like for the County as the structure develops. The four members of the SUD Oversight Policy Board have placed the best interest of Monroe County for these services at the forefront of their agenda and are committed to do everything in their power to ensure that adequate and appropriate SUD services remain here for our residents.

### **Recommendations for future activities**

Although there are many activities and individuals dedicated to making an impact on the drug problem in Monroe County, it would be prudent to also explore other activities and projects that may aid in the efforts against drug abuse in our communities.

First of all, it is necessary to understand who the drug users are in the county as well as the type of drugs most used in the community. One method that will be utilized to glean this information is a Community Health Needs Assessment. The Monroe County Health Department in partnership with Mercy Memorial Hospital has acquired funding necessary to conduct such an assessment. This assessment will be funded by the Monroe County Health Plan and coordinated by the Hospital Council of Northwest Ohio. The Hospital Council of Northwest Ohio has coordinated numerous community health assessments including our neighbor, Lenawee County. The first meeting of community partners will be held on May 1, 2014 at 10:00 AM to 12:00 PM at the Monroe County Health Department.

Analysis of the data collected as a result of the Community Health Needs Assessment will enable better evaluation of current programs and support development of additional programs with targeted efforts aimed at improved outcomes. Further, it is expected that the assessment data will assist Monroe County in securing grant funding previously unavailable without the necessary supporting data.

Second, education for prevention efforts is always recommended for many reasons but primarily for avoiding the problems from drug abuse altogether and because it is cost effective. The current education programs are primarily done by the Monroe County Substance Abuse Coalition and are focused on school age youth, which is appropriate and necessary. However, it is evident that the drugs of highest concern for Monroe County are prescription drugs and heroin. While education related to prescription drugs is important to continue for our youth, it may prove

beneficial to explore education and awareness programs directed to young adults since this is the demographic with the highest rate of heroin use from secondary survey data. We must also acknowledge that this demographic is known for risky behaviors, hence the increased use. While the majority will grow out of their use, a small percentage will continue their behavior and this can then lead to addiction.

Third, there is evidence to support the effectiveness of implementing a screening, brief intervention, and referral to treatment (SBIRT) program as a comprehensive approach in behavioral healthcare. This is a project that Commissioner Jon Cook has spent time exploring and is in support of piloting in Monroe County. Commissioner Cook has met with the SBIRT coordinator in Washtenaw County and has obtained information related to this type of project. Further exploration should identify funding and a local facility to consider this program as a pilot program initially and then more permanent as program evaluation outcomes are known.

Fourth, a review of the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP), 3 evidence based projects directed toward high school youth look promising and might be worth further review. These projects are "Project Towards No Drug Abuse" and is designed to help students develop self-control and communication skills, acquire resources to help resist drug use, improve decision making skills and develop motivation to not use drugs. "Project MAGIC (Making a Group and Individual Commitment)" is an alternative to juvenile detention for first-time drug offenders. Finally "Project Success" is designed to prevent and reduce substance use among students 12 to 18 years of age.

Currently, there are a number of activities occurring throughout the county through various venues. All of these programs and activities appear viable and promising. The main point is that prescription drug and heroin use is a community problem and it will take a collaborative and coordinated effort to address and make an impact on the issue.

SUBSTANCE ABUSE; PUBLIC HEALTH ISSUE IN MONROE COUNTY

**Monroe PA2 Budgeted Services  
For the period 10/1/13 - 9/30/14**

Type of Service	Provider	Budget Amount	Description of Services offered
Prevention	Monroe ISD	114,444.00	Home-visiting to families whose children were exposed to alcohol, tobacco and other drugs as well as families completing treatment, early identification and parent/child interaction groups.
Prevention	United Way	100,000.00	Monroe County Substance Abuse Coalition which aims to reduce use of alcohol, tobacco, marijuana, and prescription use among youth through community involvement.
Prevention	Tobacco Compliance Checks/Law Enforcement	5,000.00	Retail vendor education and results of attempts by youth to purchase tobacco products to determine regional compliance rates.
Monroe Projects	Celebrate Recovery	2,000.00	An annual state-wide event that promotes treatment services and its effectiveness. This is a regional version of the event.
Monroe Projects	Chronic Pain Study	4,228.61	A study to test a mind/body self-awareness intervention as a means to reduce chronic pain. Completed.
Monroe Projects	Emerging Drug Study	3,849.17	A study on the pattern and use of synthetic marijuana, bath salts and other emerging drugs in the SEMCA region. Completed.
Monroe Services	Michigan Rehab Services	5,000.00	Coordination so that SUD clients get vocational testing, assessment, goal development and planning, job retention services.
Monroe Projects	Provider Trainings	5,000.00	Monroe portion of the trainings SEMCA offers to provider network.
Wraparound	Catholic Charities of Monroe	25,000.00	Case Management services such as client community needs assessment, linking, transportation to services.
Treatment Services	Catholic Charities of Monroe	40,000.00	Adult, Adolescent & Older adult OP, including structured group curriculums.
Treatment Services	Hegira	41,000.00	Peer driven engagement center and assistance to clients transitioning to a lower level of care, including support services.
Treatment Services	Salvation Army Harbor Light	356,500.00	Residential Aftercare Program (RAP) is a 6-12month alternative to jail, including a structured program and full-time employment or education component.
Treatment Services	Wolverine	20,100.00	Adolescent residential program.

2/27/2014

SUBSTANCE ABUSE; PUBLIC HEALTH ISSUE IN MONROE COUNTY

**Monroe PA2 Budgeted Services  
For the period 10/1/13 - 9/30/14**

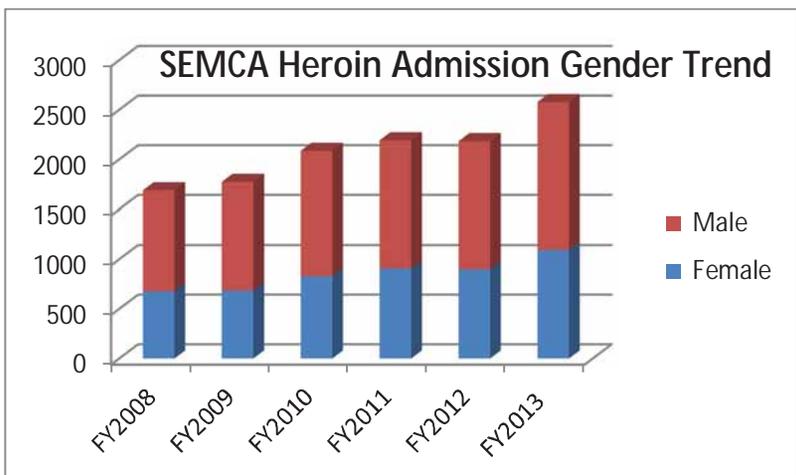
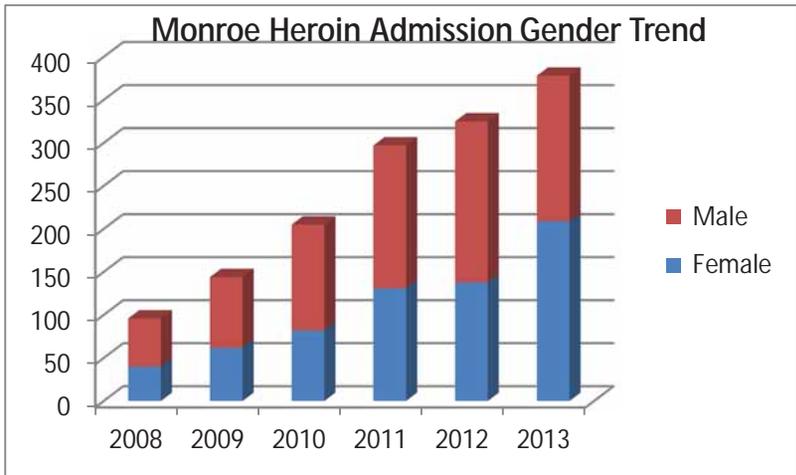
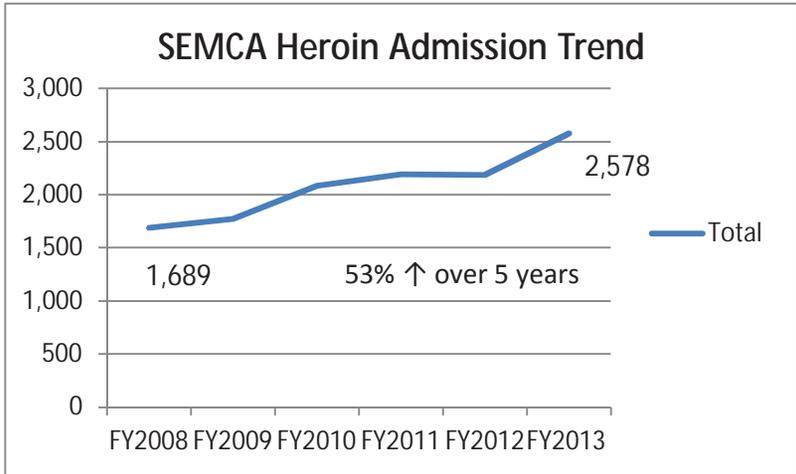
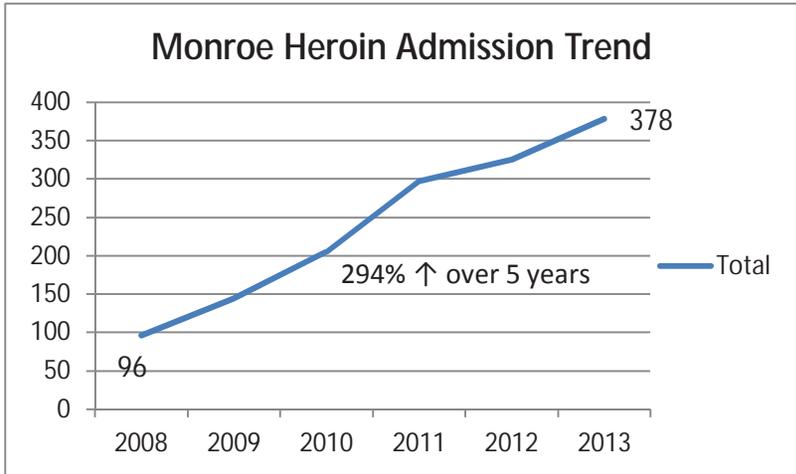
Treatment Services	Beginning Step	5,000.00	Room & board for Monroe residents in IOP with housing.
Treatment Services	Personalized Nursing	10,000.00	Recovery home including case management and peer recovery services.
Treatment Services	Salvation Army Evangline	1,000.00	Room & board for Monroe residents.
Recovery Homes	Paula's House I & II	50,000.00	Room & board for women in recovery attempting to regain or maintain custody.
Recovery Homes	Touchstone	30,000.00	Recovery housing and programming directed to homeless & indigent SUD clients utilizing peer support.
Vivitrol Pilot	Salvation Army Harbor Light	50,000.00	A short term pilot to determine effectiveness of monthly Vivitrol injections combined with treatment to control cravings for alcohol and opiate dependency.
Total Funding Budgeted		868,121.78	

Ruth/SAS/Budget/Copy of Monroe PA2 Services

2/27/2014



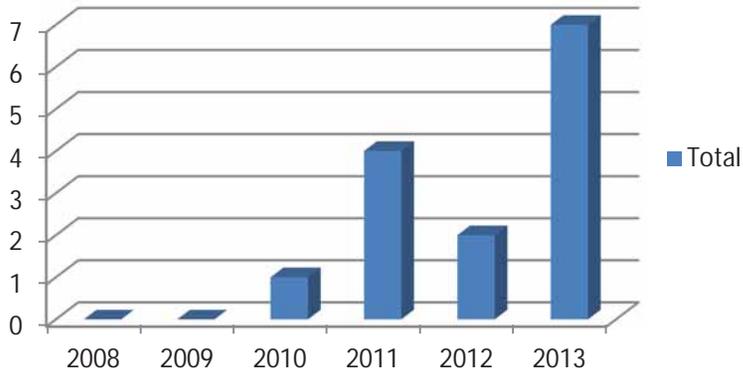
# Monroe Heroin Comparison and Statistics Using Admissions



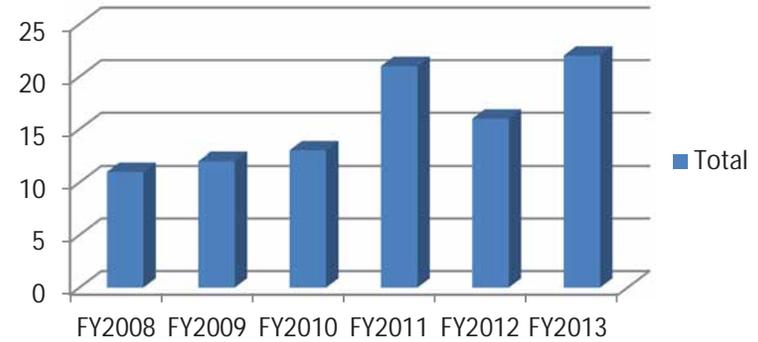


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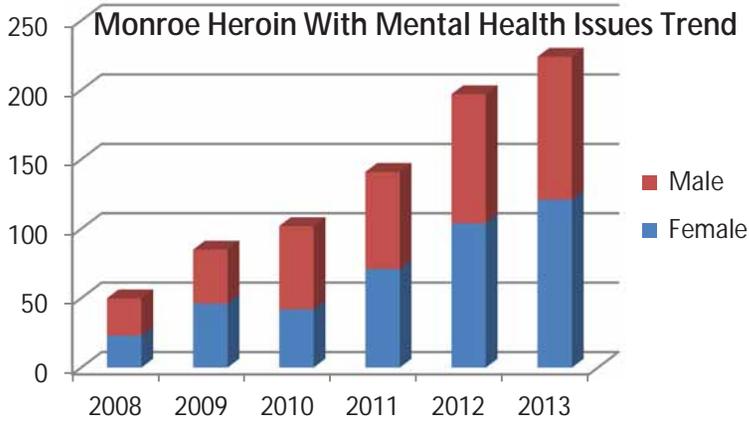
Monroe Pregnant With Heroin Trend



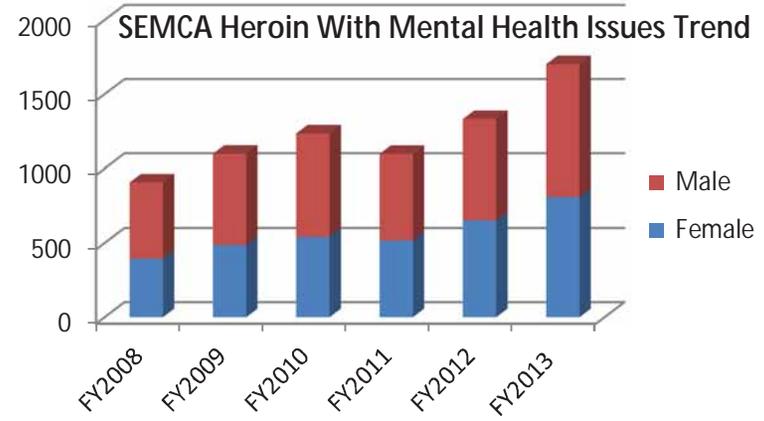
SEMCA Pregnant With Heroin Trend



Monroe Heroin With Mental Health Issues Trend

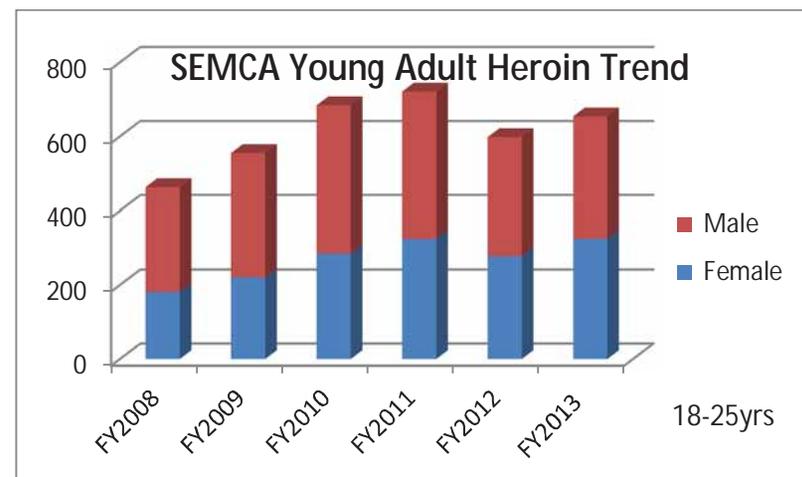
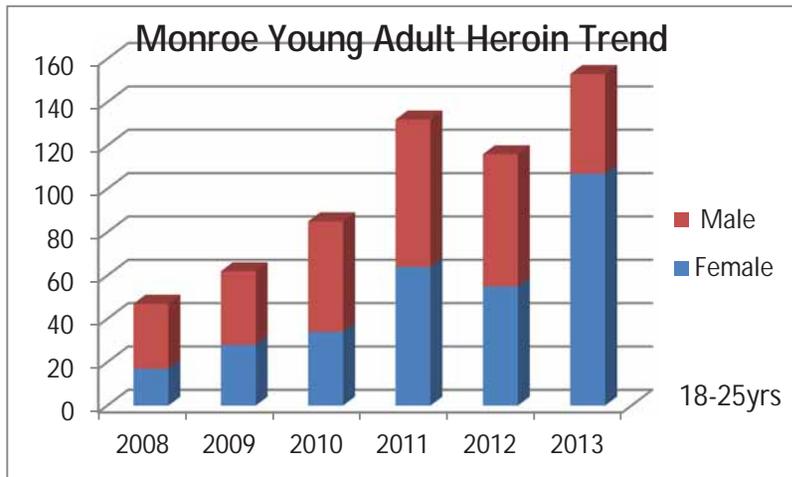
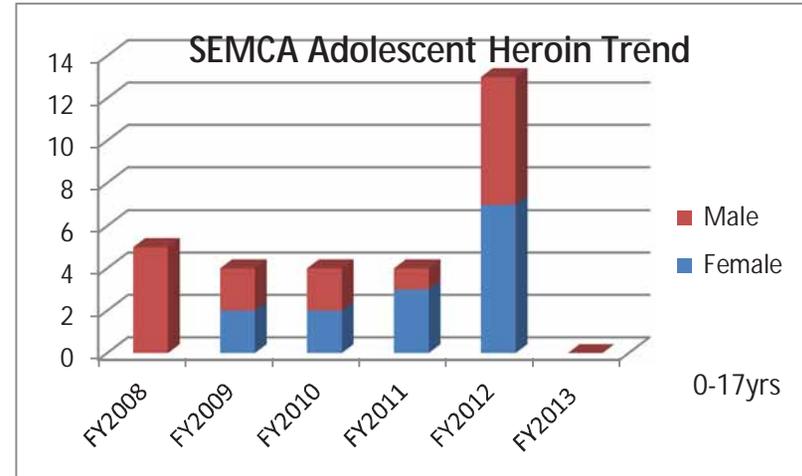
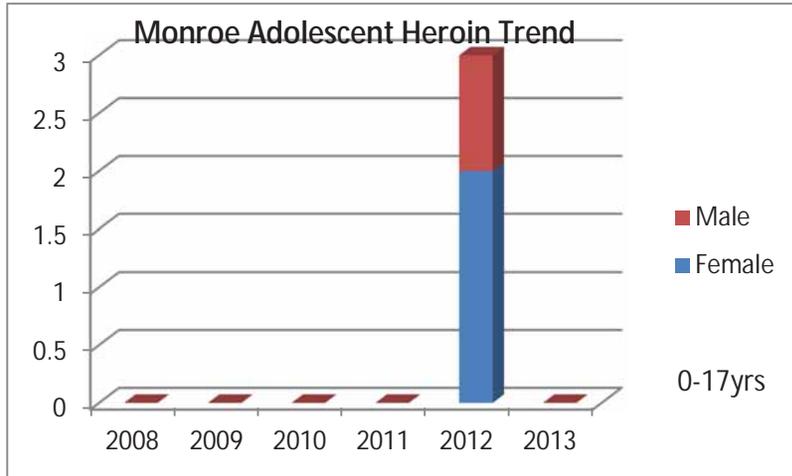


SEMCA Heroin With Mental Health Issues Trend



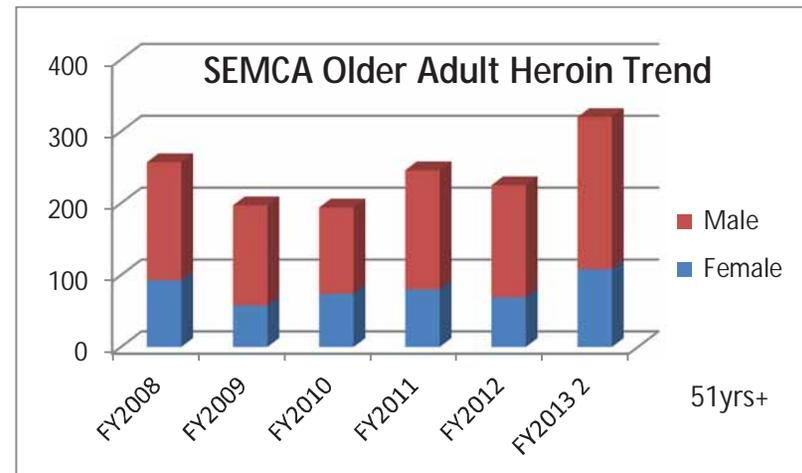
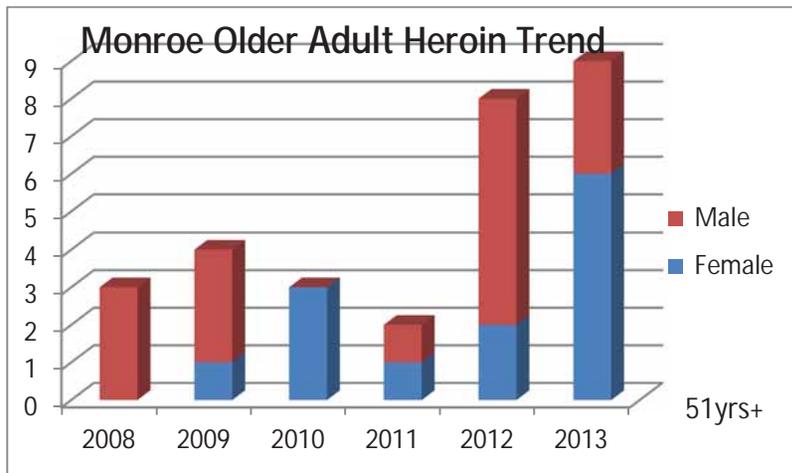
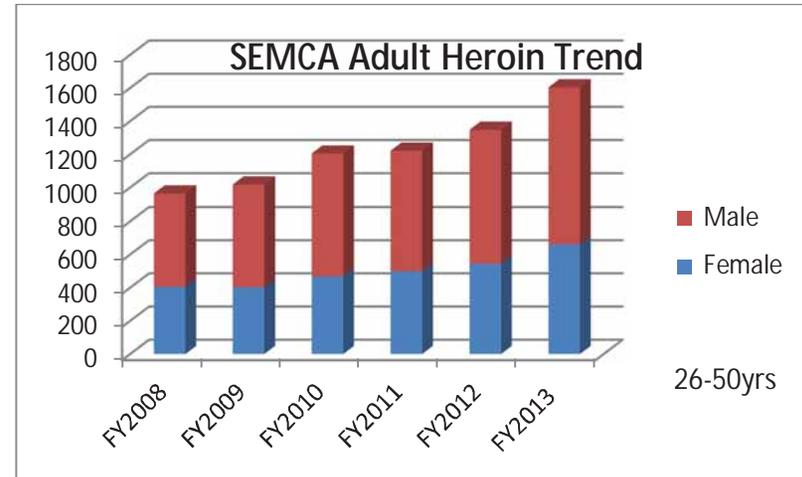
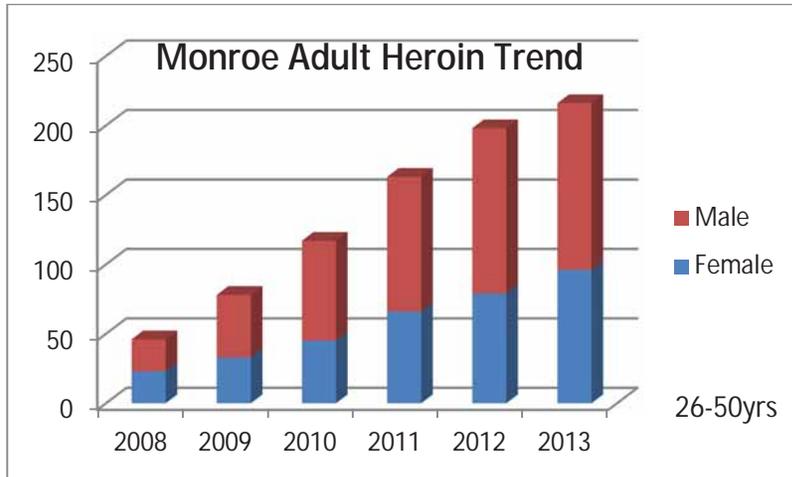


# Monroe Heroin Comparison and Statistics Using Admissions





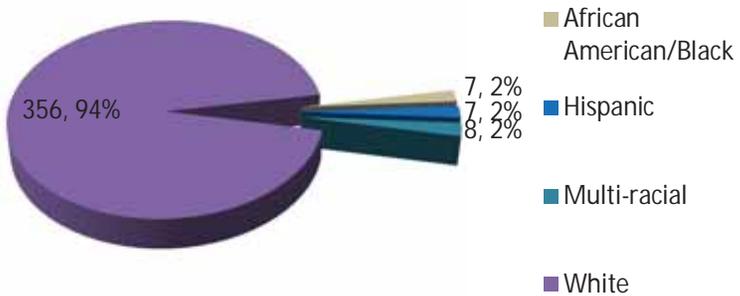
# Monroe Heroin Comparison and Statistics Using Admissions



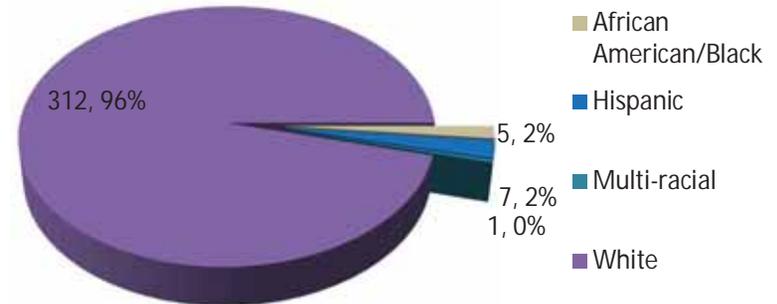


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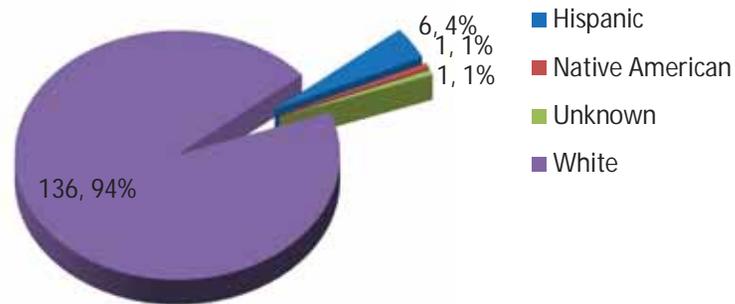
Monroe Heroin Admissions by Race 2013



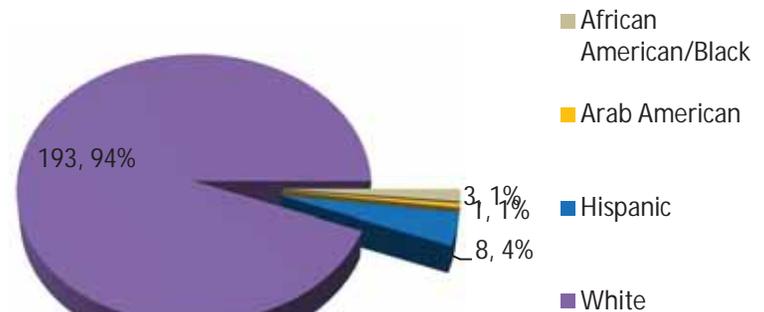
Monroe Heroin Admissions by Race 2012



Monroe Heroin Admissions by Race 2011



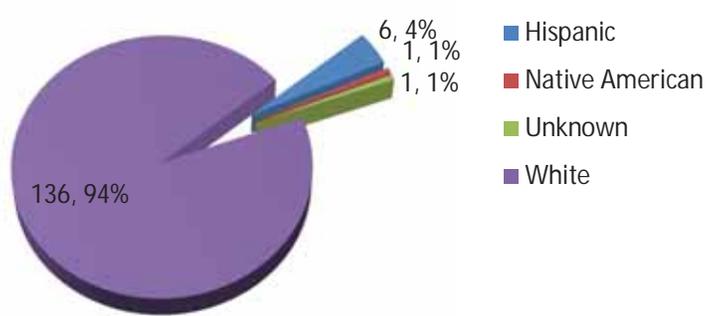
Monroe Heroin Admissions by Race 2010



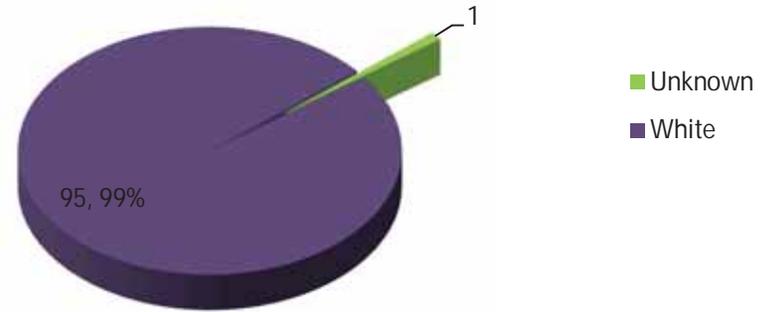


# Monroe Heroin Comparison and Statistics Using Admissions

### Monroe Heroin Admissions by Race 2009



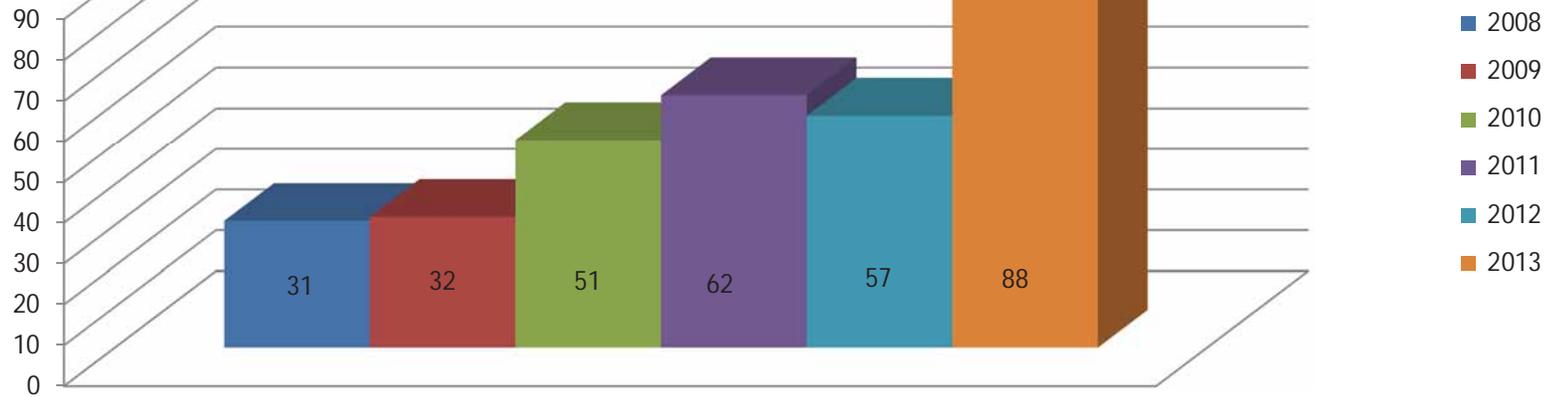
### Monroe Heroin Admissions by Race 2008



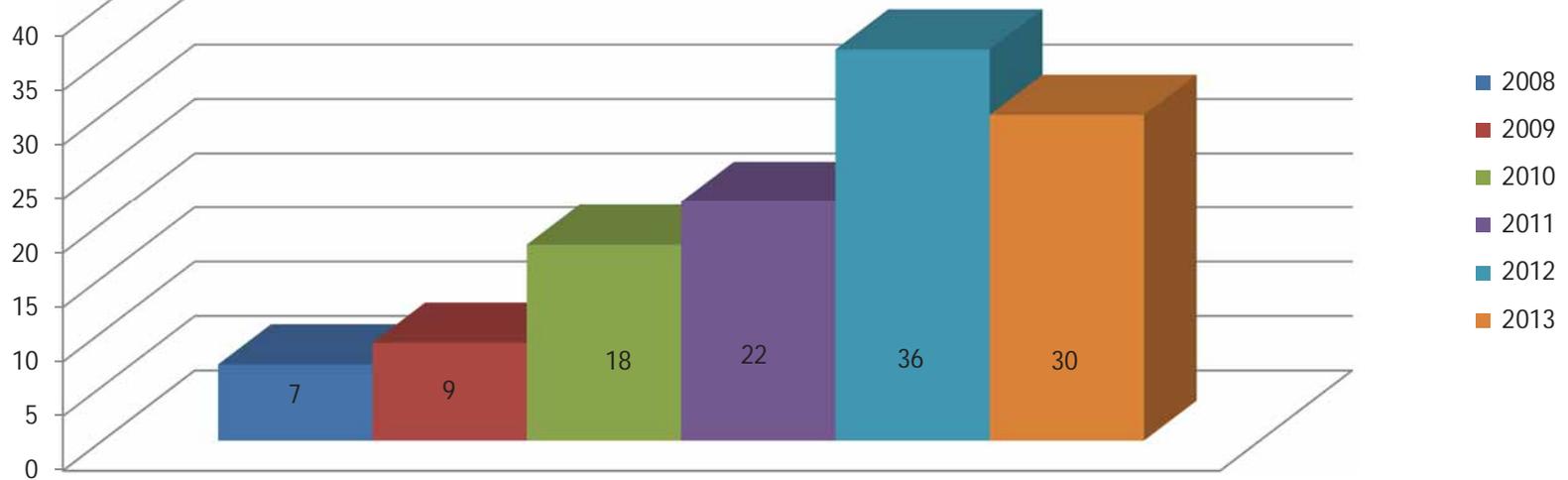


# Monroe Heroin Comparison and Statistics Using Admissions

## Monroe Heroin Admissions for Outpatient



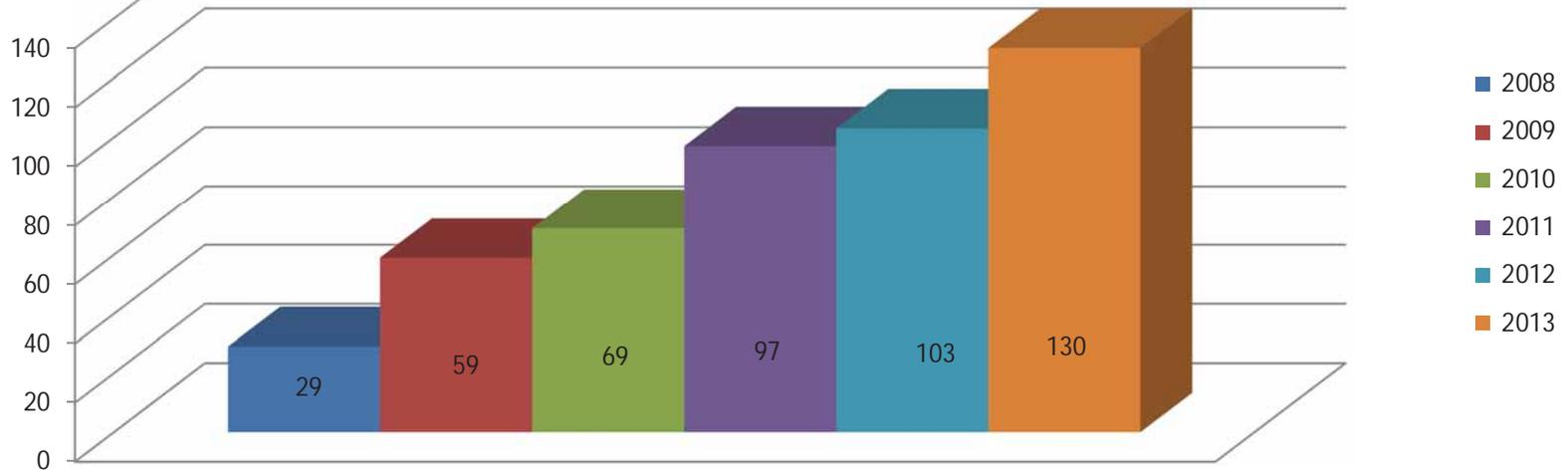
## Monroe Heroin Admissions for Intensive Outpatient



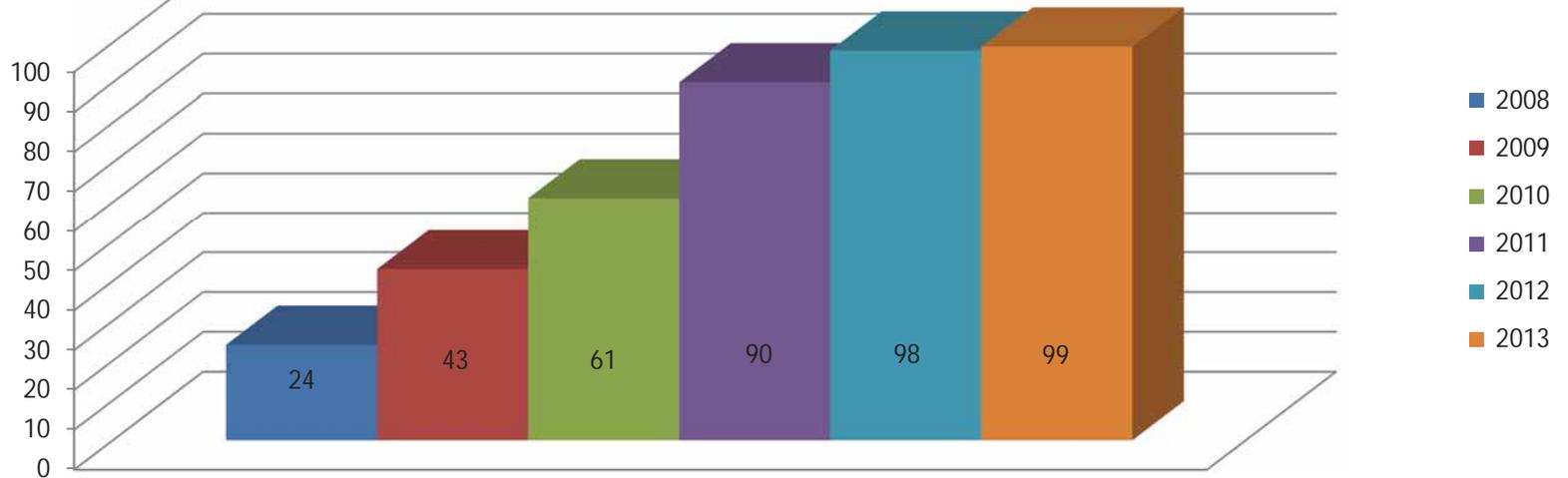


# Monroe Heroin Comparison and Statistics Using Admissions

## Monroe Heroin Admissions for Residential Detox

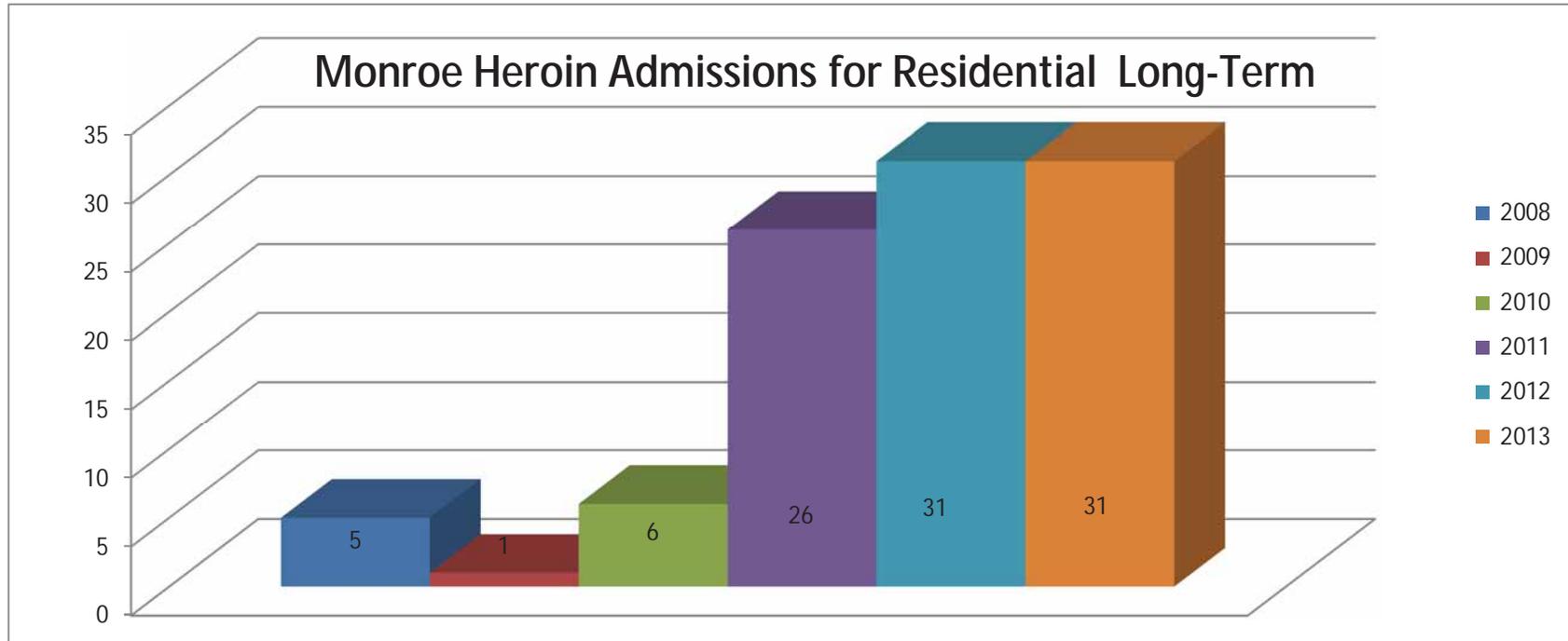


## Monroe Heroin Admissions for Residential Short-Term



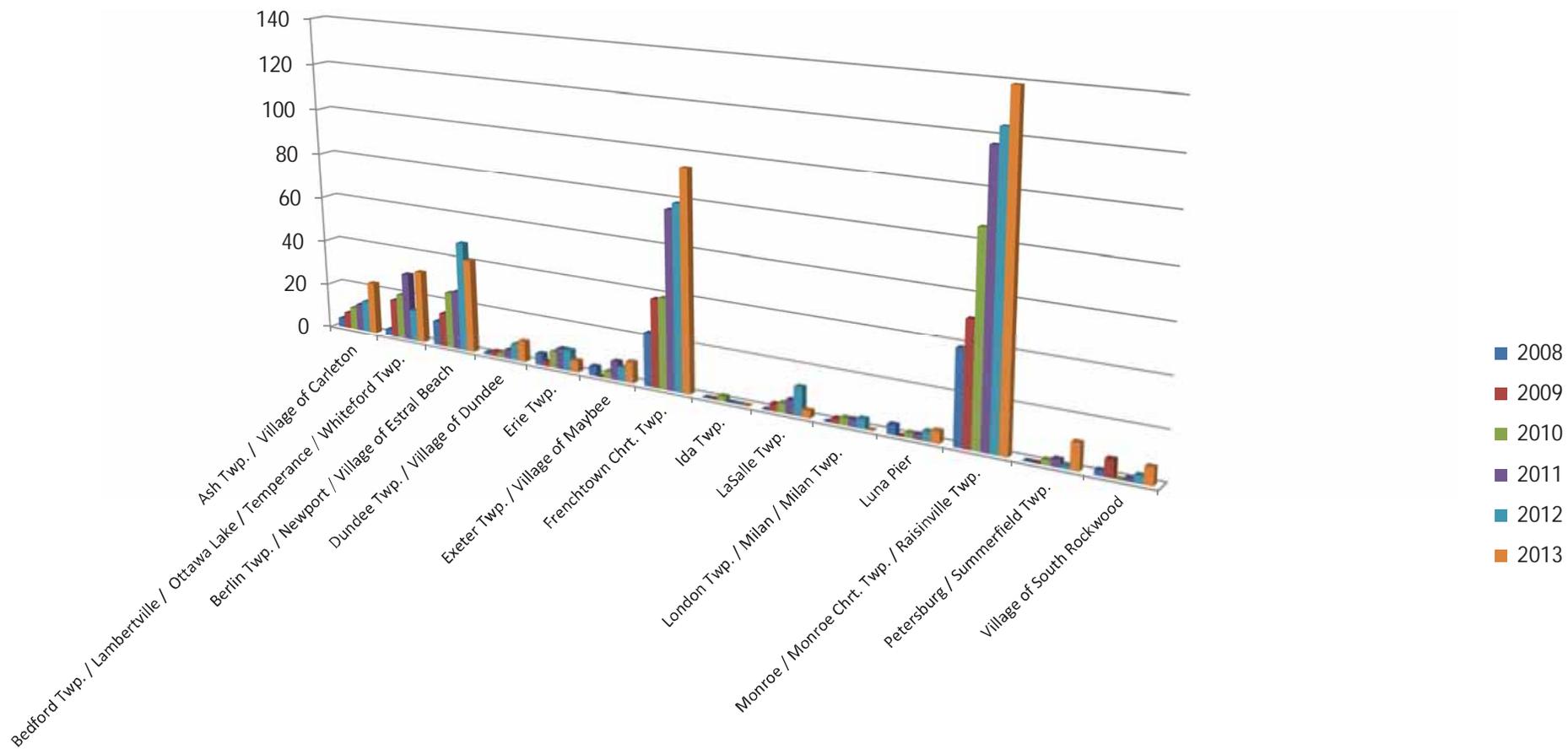


# Monroe Heroin Comparison and Statistics Using Admissions





# Monroe Heroin Comparison and Statistics Using Admissions



Monroe Heroin Admissions by Township or Village



## Monroe Heroin Comparison and Statistics Using Admissions

Monroe Heroin Admissions by Township or Village	2008	2009	2010	2011	2012	2013
Ash Twp. / Village of Carleton	4	7	10	12	14	23
Bedford Twp. / Lambertville / Ottawa Lake / Temperance / Whiteford Twp.	3	17	20	30	14	32
Berlin Twp. / Newport / Village of Estral Beach	11	15	25	26	48	41
Dundee Twp. / Village of Dundee	1	2	2	4	7	9
Erie Twp.	5	2	7	9	9	5
Exeter Twp. / Village of Maybee	4	0	3	8	6	9
Frenchtown Chrt. Twp.	23	38	39	76	79	94
Ida Twp.	0	0	2	0	0	0
LaSalle Twp.	0	3	4	6	12	3
London Twp. / Milan / Milan Twp.	0	2	3	3	4	0
Luna Pier	4	0	2	2	4	5
Monroe / Monroe Chrt. Twp. / Raisinville Twp.	39	51	86	117	124	139
Petersburg / Summerfield Twp.	0	0	2	3	1	11
Village of South Rockwood	2	7	0	1	3	7
<b>Grand Total</b>	<b>96</b>	<b>144</b>	<b>205</b>	<b>297</b>	<b>325</b>	<b>378</b>



## Monroe Heroin Comparison and Statistics Using Admissions

### Monroe Heroin Housing NOMS

Year	Positive	%	Total
2013	39	19.80%	197
2012	20	12.66%	158
2011	26	16.67%	156
2010	10	9.90%	101
2009	12	16.44%	73
2008	13	24.53%	53

### Monroe Heroin Abstinence NOMS

Year	Positive	%	Total
2013	159	80.71%	197
2012	104	65.82%	158
2011	104	66.67%	156
2010	67	66.34%	101
2009	49	67.12%	73
2008	40	75.47%	53

### Monroe Heroin Employment NOMS

Year	Positive	%	Total
2013	183	92.89%	197
2012	149	94.30%	158
2011	149	95.51%	156
2010	96	96.05%	101
2009	62	84.93%	73
2008	49	92.45%	53

### Wayne Heroin Housing NOMS

Year	Positive	%	Total
2013	202	18.31%	1103
2012	188	18.08%	1040
2011	195	18.34%	1063
2010	213	20.84%	1022
2009	151	16.13%	936
2008	178	17.62%	1010

### Wayne Heroin Abstinence NOMS

Year	Positive	%	Total
2013	874	79.24%	1103
2012	726	69.81%	1040
2011	729	68.58%	1063
2010	737	72.11%	1022
2009	660	70.51%	936
2008	731	75.35%	1010

### Wayne Heroin Employment NOMS

Year	Positive	%	Total
2013	976	88.49%	1103
2012	919	88.37%	1040
2011	969	91.16%	1063
2010	923	90.31%	1022
2009	814	86.97%	936
2008	882	87.33%	1010



## Monroe Heroin Comparison and Statistics Using Admissions

### Monroe Heroin SocialConnectedness NOMS

Year	Positive	%	Total
2013	60	30.46%	197
2012	75	47.47%	158
2011	103	66.03%	156
2010	80	79.21%	101
2009	55	75.34%	73
2008	28	52.83%	53

### Wayne Heroin SocialConnectedness NOMS

Year	Positive	%	Total
2013	411	37.26%	1103
2012	506	48.65%	1040
2011	594	55.88%	1063
2010	655	64.09%	1022
2009	616	65.81%	936
2008	451	44.65%	1010

In each of the outcomes, discharge is compared to admission for a change in the positive direction or a neutral result.

So if someone was dependent and became independent with living arrangements, this is considered an improvement. Likewise if someone was homeless and moved to dependent or independent, this is also positive.

A decrease of any kind with use of primary substance is considered positive.

Employment besides the obvious includes someone not in the labor force at admission and becomes part of the labor force even if unemployed, is considered positive.

Unemployed to part-time or full-time is considered positive.

Social connectedness refers to community resources a consumer is involved with whether it be, Al-Anon, Narconon, faith based, other community support groups or support systems i.e. recovery homes etc. Improvement consists of involvement and/ or referral to.

**SEMCA PREVENTION OUTCOME REPORT – Monroe County  
2010, 2012 Youth Survey Data**

The following table provides information collected from high school students (grade 9+) through youth surveys conducted in a school setting. This report only includes data from surveys conducted where the participants are selected in a way that ensures each student in participating schools had an equal chance of taking the survey. This data was not collected from participants of prevention programming.

Most of the survey data reported was collected through the Michigan Profile for Health Youth Survey. The survey is administered bi-annually.

**Alcohol and Prescription Drug Use**

Survey Year	Sample Size	Percent of students who used alcohol in past month	Percent of students reporting regular alcohol use to be a moderate or great risk	Percent of students who used prescription drug (such as Ritalin, Adderall or Xanax) without a doctor's prescription in past month	Percent of students who used painkillers (such as OxyContin, Codeine, Percocet or Tylenol III) without a doctor's prescription in past month
2012	2166	26.0%	68.8%	4.5%	6.3%
2010	1723	29.9%	69.3%	6.6%	9.3%

**Other Drug Use**

Survey Year	Sample Size	Percent of students who used marijuana in past month	Percent of students who used Heroin in the past month	Percent of students who used Cocaine in the past month	Percent of students who used Meth in the past month
2012	2166	17.6%	0.5%	1.0%	0.7%
2010	1723	17.3%	0.4%	1.1%	1.2%

**Synar Compliance Results**

The following table provides the results of tobacco compliance checks conducted with tobacco retailers. These results are for the state stratified random sample drawn for the state. The number of checks completed is designed to provide a representative sample at the state level. Within a CA region the sample is quite small does not constitute representative samples. It should be noted that the state and federal government apply a weighting process to the data when compiling their official Synar rate.

Year	# Checks Completed	# Stores that Sold	Compliance Rate
2014	6	1	83.3%
2013	3	0	100%
2012	2	0	100%
2011	11	0	100%
2010	6	1	83.3%

\* 80% = successful result

SEMCA Prevention Programs/Services: Monroe County FY 2014 (October 1, 2014 – September 30, 2014)

Agency Name	Intervening Variables	Target Population	Service Description	**Outcomes
Monroe ISD	<ul style="list-style-type: none"> <li>Family history of substance abuse</li> <li>Children prenatally exposed to toxic substances</li> </ul>	Families residing in Monroe County with young children (0-5 years) who have been prenatally exposed to alcohol, tobacco and other drugs.	<p>Services to Prenatal Teens are provided on-site. A Program Participation Survey is given on the first day of the program to determine what participants know about prenatal exposure. The APPI-2 will also be administered and the curriculum will be disseminated over 26 group sessions. At the conclusion of the curriculum, strengths and needs will be re-assessed by re-administering the assessment tools, and a plan for follow-up services will be made. Entry into a home visiting program will be recommended for all participants to continue to support the social emotional development of their infants and to continue a source of support for the teen parents.</p> <p>The Ages and Stages Questionnaire: Social Emotional (ASQ:SE), a valid and culturally sensitive assessment tool, is administered to children prenatally exposed to ATODs and is used to assess and monitor a child's social emotional response in various environments.</p> <p>The Adult Adolescent Parenting Inventory (AAPI) identifies both strengths and areas of concern in parenting and management skills. Utilizing this information, an individualized competency based curriculum is developed from the Nurturing Skills for Families and provided in the home which helps parents to understand appropriate early childhood development and basic parenting skills.</p>	<ul style="list-style-type: none"> <li>Increase in perception of risk of drinking alcohol while pregnant;</li> <li>Improve inappropriate social behaviors among prenatally exposed children.</li> <li>Improve the management of family problems and strengthen the bonds between parents and children who have been prenatally exposed to alcohol and/or other drugs</li> </ul>
<p><i>• Children with Fetal Alcohol Spectrum Disorder (FASD), frequently exhibit such behaviors and impulsivity, the inability to understand cause and effect and learn from natural and logical consequences, difficulties with memory and judgment, and ha high rate of maladaptive behaviors. As a result, FASD children often have difficulties developing competently in the social and emotional domains, and have poor self-regulation and decision making skills, which can result in the continued cycle of substance abuse. There are however, certain protective factors that research has shown to be effective.</i></p>				

\*\*\*Progress on Outcomes as reported by Michigan Profile for Healthy Youth Survey – administered bi-annually to 7, 9 and 11 grade students

SEMCA Prevention Programs/Services: Monroe County FY 2014 (October 1, 2014 – September 30, 2014)

Agency Name	Intervening Variables	Target Population	Service Description	Anticipated Outcomes
Monroe Public Schools		Upper elementary female students attending Monroe Elementary School	<p><b>Girl Power</b> is a gender specific support groups targeting 5<sup>th</sup> and 6<sup>th</sup> grade girls with a family history of substance abuse, violence or loss of a parent due to incarceration.</p> <p><b>Summer Program</b> is offered to female students in grades 5, 6, and 7 who reside in the MPS school district. Eligibility for participation is accepted by school referral or previous participation in the Girl Power program. The aim of the summer program is to focus on benefits of health (mental/physical), nutrition, exercise, self-esteem, and self-efficacy.</p> <p><b>Lunch Bunch</b> is an elementary program for students in 5<sup>th</sup> and 6<sup>th</sup> grades. Groups provide education in a safe and supportive environment in which children of substance abusing parents can explore and express their feelings freely to reduce a sense of belong and reduce isolation.</p>	<ul style="list-style-type: none"> <li>• Reduce early initiation of alcohol and other drug use among MPS elementary school students</li> </ul>
Monroe Public Schools	<ul style="list-style-type: none"> <li>• Low perceived risks of negative consequences</li> <li>• Early onset of ATOD Use</li> </ul>	7 <sup>th</sup> and 8 <sup>th</sup> grade students attending Monroe Middle School	<p><b>Project Alert</b> is a school-based prevention program for middle or junior high students that focuses on alcohol, tobacco and marijuana use. It seeks to prevent adolescent nonusers from experimenting with these drugs and to prevent youths who are already experimenting from becoming more regular users or abusers. Based on the social influence model of prevention, the program is designed to help motivate young people to avoid using drugs and to teach them skills they need to understand and resist pro-drug social influences.</p>	<ul style="list-style-type: none"> <li>• Reduce early initiation of alcohol and other drug use among MPS middle school students</li> </ul>

\*\*\*Progress on Outcomes as reported by Michigan Profile for Healthy Youth Survey – administered bi-annually to 7, 9 and 11 grade students

SEMCA Prevention Programs/Services: Monroe County FY 2014 (October 1, 2014 – September 30, 2014)

Agency Name	Intervening Variables	Target Population	Service Description	Anticipated Outcomes
Monroe Public Schools	<ul style="list-style-type: none"> <li>• Low perceived risks of negative consequences</li> <li>• Early onset of Tobacco use</li> </ul>	6 <sup>th</sup> grade students attending Monroe Middle School	<b>Project Toward No Tobacco Use</b> is a classroom based curriculum that aims to prevent and reduce tobacco use primarily among 6 <sup>th</sup> to 8 <sup>th</sup> grades students. Project TNT is based on the theory that youth will be better able to resist tobacco use if they are ware of misleading information that facilitates tobacco use, have skills that counteract the social pressures to obtain approval by using tobacco, and appreciate the physical consequence of tobacco use.	<ul style="list-style-type: none"> <li>• Reduce early initiation of smoking among MPS middle school students</li> </ul>
	<ul style="list-style-type: none"> <li>• Anti-social behavior or delinquency</li> <li>• Low perceived risks of negative consequences</li> </ul>	MPS High School Students	<b>Peer Mediation/Positive Peer Influence Teaching Students to Peacemakers</b> is a school-based program that aims to reduce violence in schools, enhance academic achievement and learning, motivate pro-health decisions among students, and create supportive school communities. Students will be taught how to facilitate resolving disputes among their peers, to reduce fights and disciplinary actions.	<ul style="list-style-type: none"> <li>• Reduce antisocial behaviors- (suspension and expulsion due to violence) among MPS high school students</li> </ul>
Monroe Public Schools	<ul style="list-style-type: none"> <li>• Anti-social behavior or delinquency</li> <li>• Low perceived risks of negative consequences</li> <li>• Low academic achievement</li> </ul>	MPS Middle and High School Students	<b>Student Assistance Programming Insight Class: Helping Teens to Overcome Problems with Alcohol, Marijuana and Other Drugs</b> – is a program for teens in grades 6-12 who are in trouble because of their alcohol, marijuana or other drug use as is used as a positive alternative to suspension. Through interactive group meetings, teens look at their drug use, consider the consequence of their use and make a decision about continued use. Group facilitators also have the opportunity to informally assess the level of drug use among participants and to refer students to special services including addiction assessment, counseling and other support groups. <b>Not on Tobacco (N-O-T)</b> is a school-based smoking cessation program designed for youth	<ul style="list-style-type: none"> <li>• Reduce frequency of substance use among MPS middle and high school students</li> <li>• Reduce negative consequences related to alcohol and other drug involvement among MPS middle and high school students.</li> </ul>

\*\*\*Progress on Outcomes as reported by Michigan Profile for Healthy Youth Survey – administered bi-annually to 7, 9 and 11 grade students

**SEMCA Prevention Programs/Services: Monroe County FY 2014 (October 1, 2014 – September 30, 2014)**

			<p>ages 14 to 19 who are daily smokers. NOT is based on social cognitive theory and incorporates training in self-management; relapse prevention; and techniques to manage nicotine withdrawal, weight family and peer pressure.</p> <p><b>Teen Intervene</b> is a brief early intervention program for 12 to 19 year olds who display the early stages of alcohol or drug involvement. Integrating stages of change theory, motivational enhancement, and cognitive-behavioral therapy, the intervention aims to help teens reduce and ultimately eliminate their substance use.</p>	
<p><b>Monroe Public Schools</b></p>	<ul style="list-style-type: none"> <li>• Low perceived risks of drug use</li> <li>• Early initiation of drug use</li> <li>• Favorable attitudes toward ATOD</li> </ul>	<p>MPS Elementary and Middle School Students</p>	<p><b>LifeSkills Training</b> is a school-based program that aims to prevent alcohol, tobacco and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risk behaviors. LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist prodrug influences.</p>	<ul style="list-style-type: none"> <li>• Decrease favorable attitudes toward substance use among elementary and MPS middle school students</li> <li>• Reduce intent to use ATOD among elementary and MPS middle school students</li> <li>• Reduce antisocial behavior among elementary and MPS middle school students</li> </ul>
<p><b>Monroe County Substance Abuse Coalition</b></p> <p><b>Goal 1:</b> Strengthen the collaboration with Monroe County in support of the Coalitions and its goals in reducing substance abuse among youth.</p> <p><b>Goal 2:</b> Develop an environment and prevention programs that will decrease substance use and abuse among youth.</p> <p><b>Goal 3:</b> Increase protective factors in our community that will result in decreased substance abuse youth</p> <p><b>Goal 4:</b> Positively impact the community norms in Monroe County so that both youth and adults believe that substance abuse is unacceptable.</p>				

*\*\*\*Progress on Outcomes as reported by Michigan Profile for Healthy Youth Survey – administered bi-annually to 7, 9 and 11 grade students*

**SEMCA Prevention Programs/Services: Monroe County FY 2014 (October 1, 2014 – September 30, 2014)**

<b>United Way of Monroe County/ Monroe County Substance Abuse Coalition</b>	
<b>Objectives</b>	<b>Activities</b>
<b>GOAL:</b> Change community norms surrounding substance use	
<b>Objective 1:</b> Increase community awareness and knowledge about issues involving substance abuse.	<ul style="list-style-type: none"> <li>• Update the coalition website</li> <li>• Contribute to local newspaper on substance abuse issues</li> <li>• Host booths at Bedford Trade Fair to provide information and to conduct the annual community survey regarding adult perceptions</li> <li>• Participate in the annual Making Connections</li> <li>• Host informational booths at Celebrate Children</li> <li>• Host information booths at Monroe County Fair</li> <li>• Host information booths at Backpack Program</li> <li>• Conduct quarterly education and awareness campaigns focused on ATOD prevention and education</li> <li>• Provide information regarding service access, prevention programs, meetings and support groups on the MCSAC website on all community resource distributions</li> <li>• Coordinate with local providers and organizations to increase awareness regarding substance abuse services</li> <li>• Update the Coalition with data about community need</li> <li>• Publicly recognize organizations that host alcohol free events</li> <li>• Convene quarterly law enforcement sub-committee meetings</li> <li>• Educate school boards regarding best practice findings on polices and consequences</li> <li>• Share data with policy makers, schools and the community via website and annual report</li> </ul>
<b>GOAL:</b> Develop an environment that will decrease alcohol use among youth	
<b>Objective 1:</b> Reduce alcohol use by 5%	

*\*\*\*Progress on Outcomes as reported by Michigan Profile for Healthy Youth Survey – administered bi-annually to 7, 9 and 11 grade students*

## Monroe Public Schools

### Project Alert

- **108** Middle School 8<sup>th</sup> grade students participated in the program
- **100% (108)** Students increased their knowledge of the harmful consequences of substance use as shown in the pre/post-test comparisons
- During the 10 week presentation, there were no violations of the Substance Abuse Policy

### Toward No Tobacco Use

- **403** Middle School 6<sup>th</sup> grade students participated in the program
- **98%** of the students increase their knowledge of the harmful consequences of tobacco use as shown in pre/post-test comparisons.

### Peer Mediation/Conflict Resolution

- 23 peer mediations were conducted that included 52 high school students (grades 9-12)

### Student Assistance Program

- **222** Administrative meetings for substance abuse policy violations, anger problems, etc.
- **35** Substance Abuse Team Meetings
- **71** referrals were accepted by the SAP during the reporting period.
  - 48 were related to alcohol or other drug use
  - 08 were related to tobacco use
  - 23 were related to aggressive and/or violent behaviors
- **48** students were referred to prevention educations support groups
  - 44 improved his/her behavior
  - 44 improved his/her attendance
  - 44 improved issues related to alcohol and other drug use
- **100%** of students completing the program gained knowledge about the harmful effects and consequences of drug use as measured by pre/post-test evaluation.

### Life Skills/Girl Power Program

- **100%** of the participants increased their knowledge about the risks and consequences about ATOD as shown through the Life Skills pre/post curriculum test.
- **100%** of the Girl Power participants gained awareness, due to the Life Skills curriculum and Girl Power Curriculum, on how to improve their problem solving skills, appropriate communication and attitude changes toward decision making skills.
- **100%** of the Girl Power participants made a positive change in their attitude toward healthy diets, nutrition and healthy exercise appropriate for young women

## Monroe County Intermediate School District

### Nurturing Parenting Program

- Total Number of participants serviced by the program **130**
- Total Number of new families **47**
- What degree did participants change their knowledge, attitudes and/or behaviors?  
**58%** of families showed positive change in parenting attitudes/values upon post-test.

59% of families had a child who initially tested as high risk for developmental delay but risk decreased upon exit based on ASQ scores.

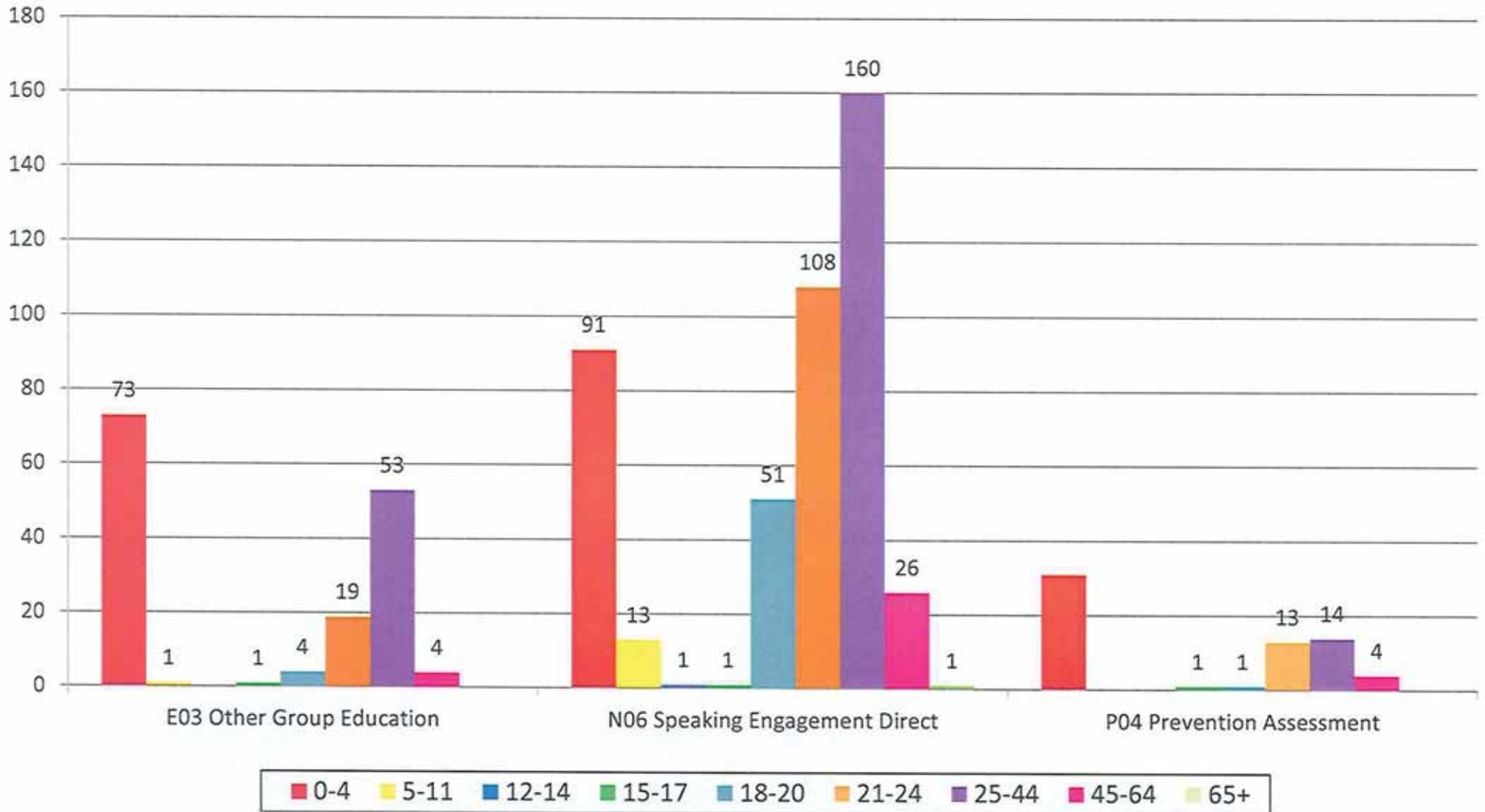
**Referrals**

**47** - Number of individuals referred for having a child who was born testing positive for drugs

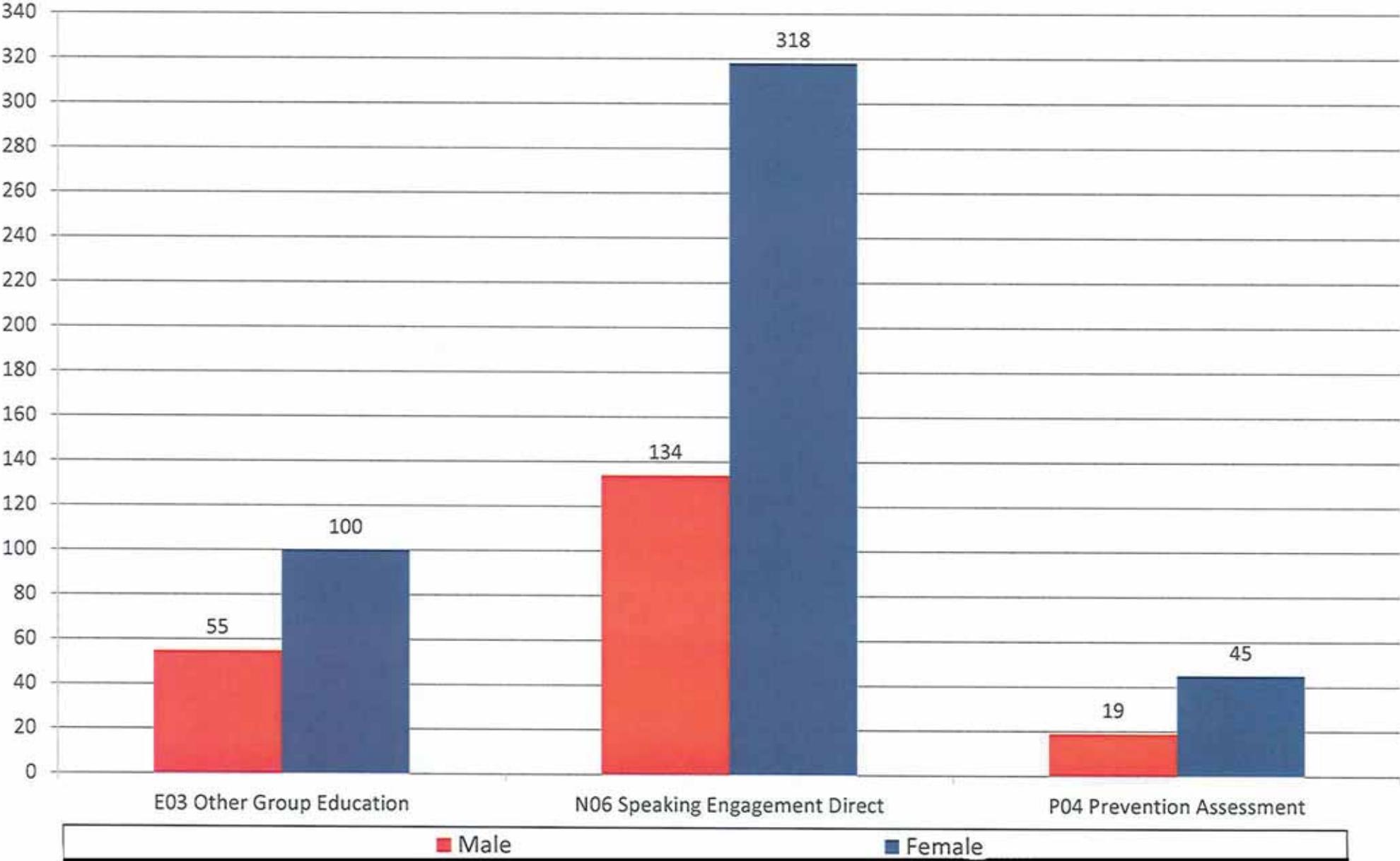
**United Way of Monroe County/Monroe County Substance Abuse Coalition**

- N/A - Not funded in FY 2013

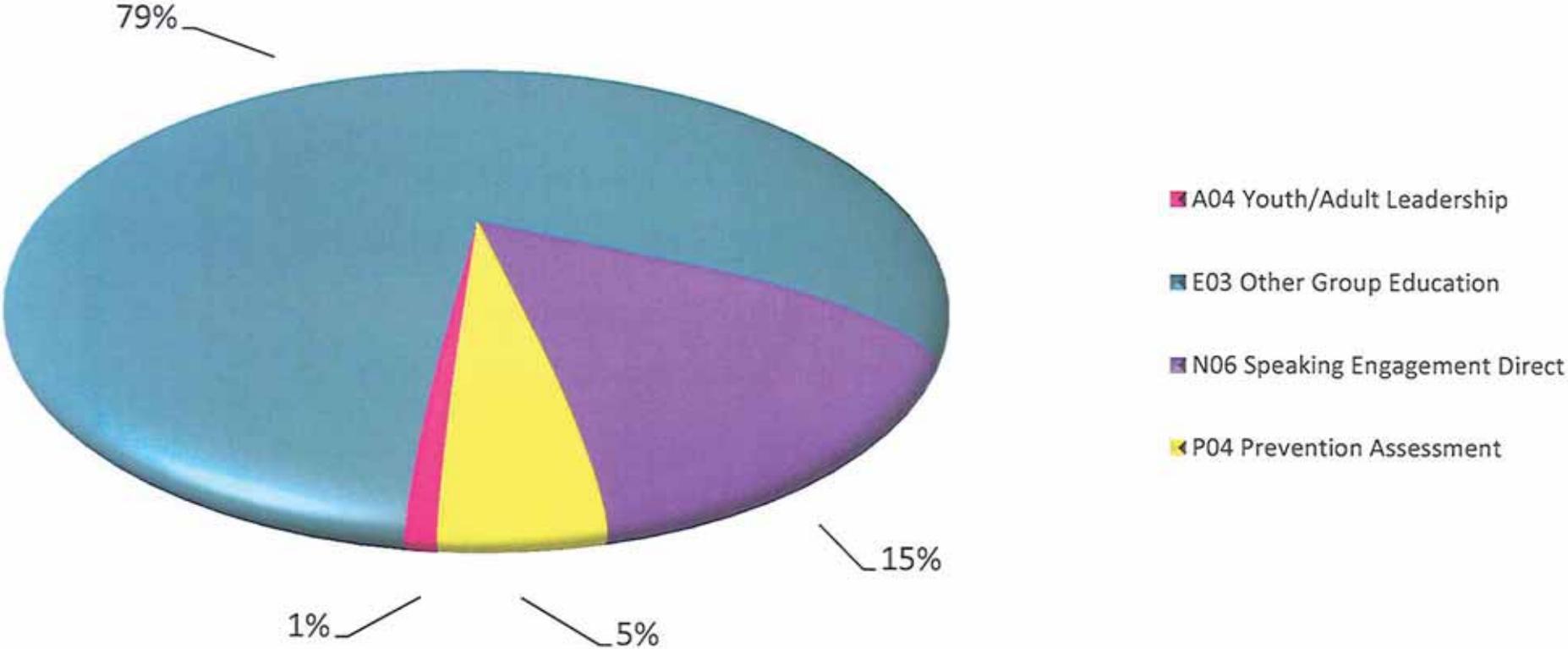
# Monroe County Intermediate School District Strategy by Age FY 12-13



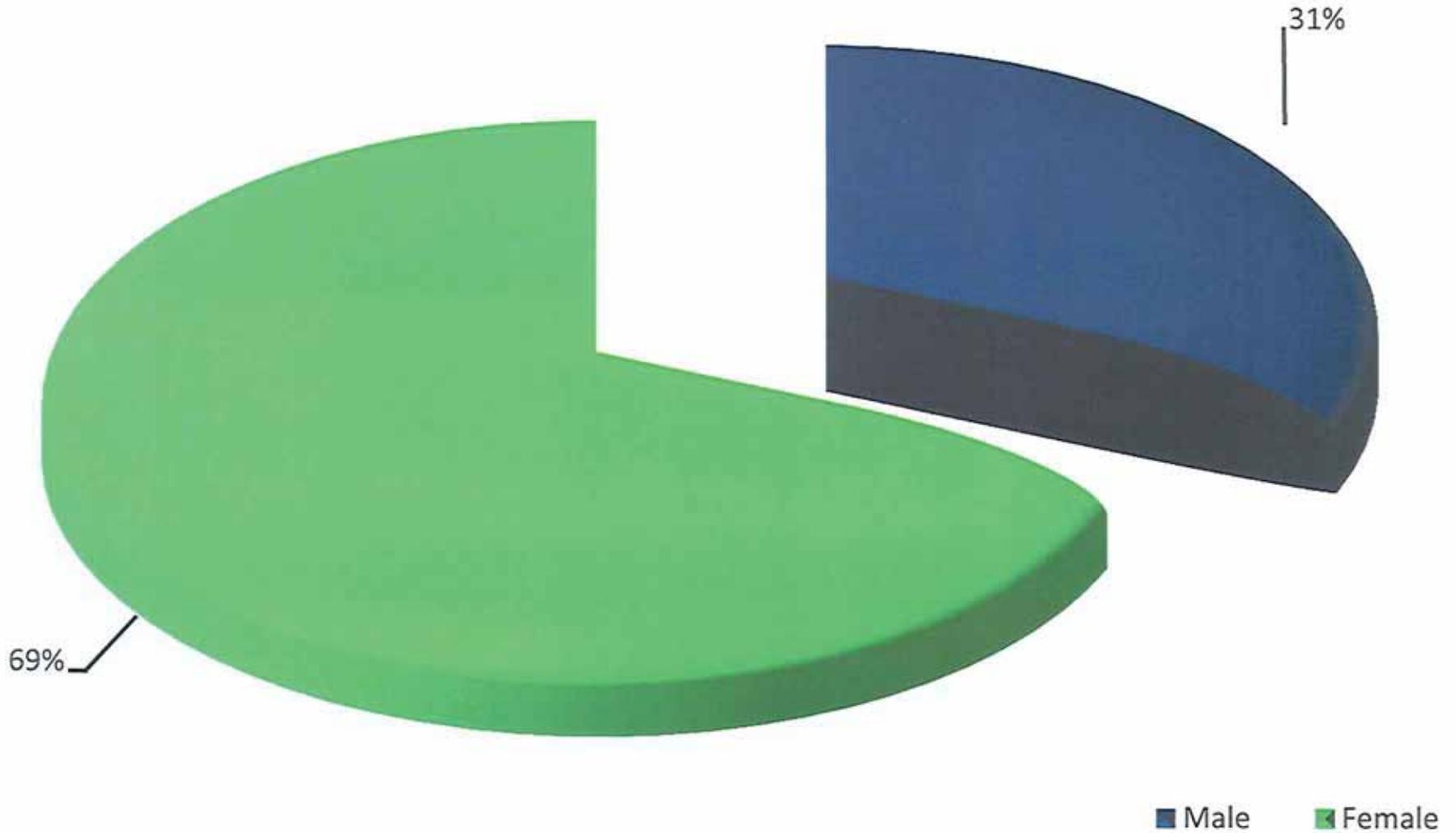
# Monroe County Intermediate School District Strategy by Gender FY 12-13



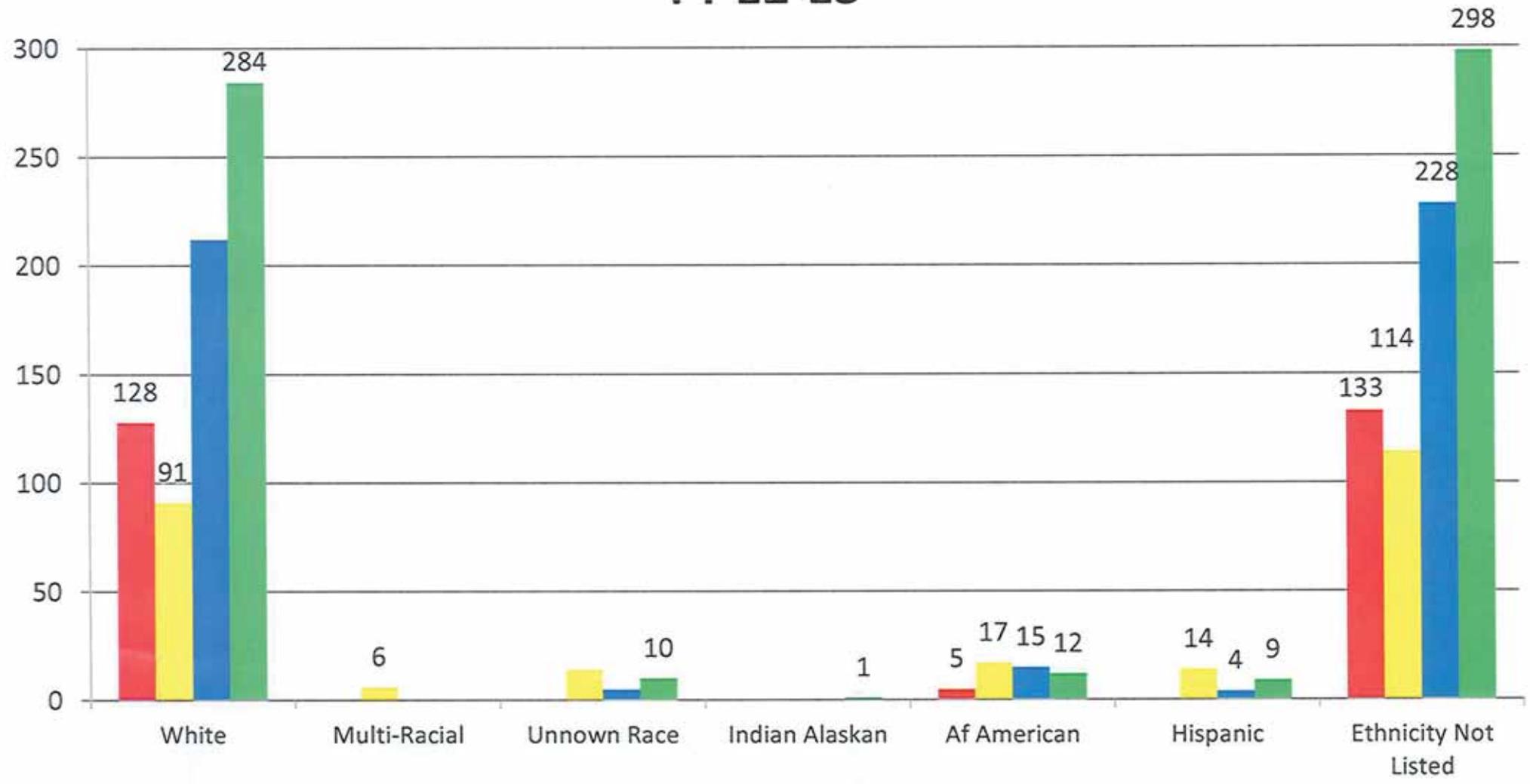
# Monroe County Intermediate School District Activity Units by Strategy FY 12-13



# Monroe County Intermediate School District High Risk Population by Gender FY 12-13

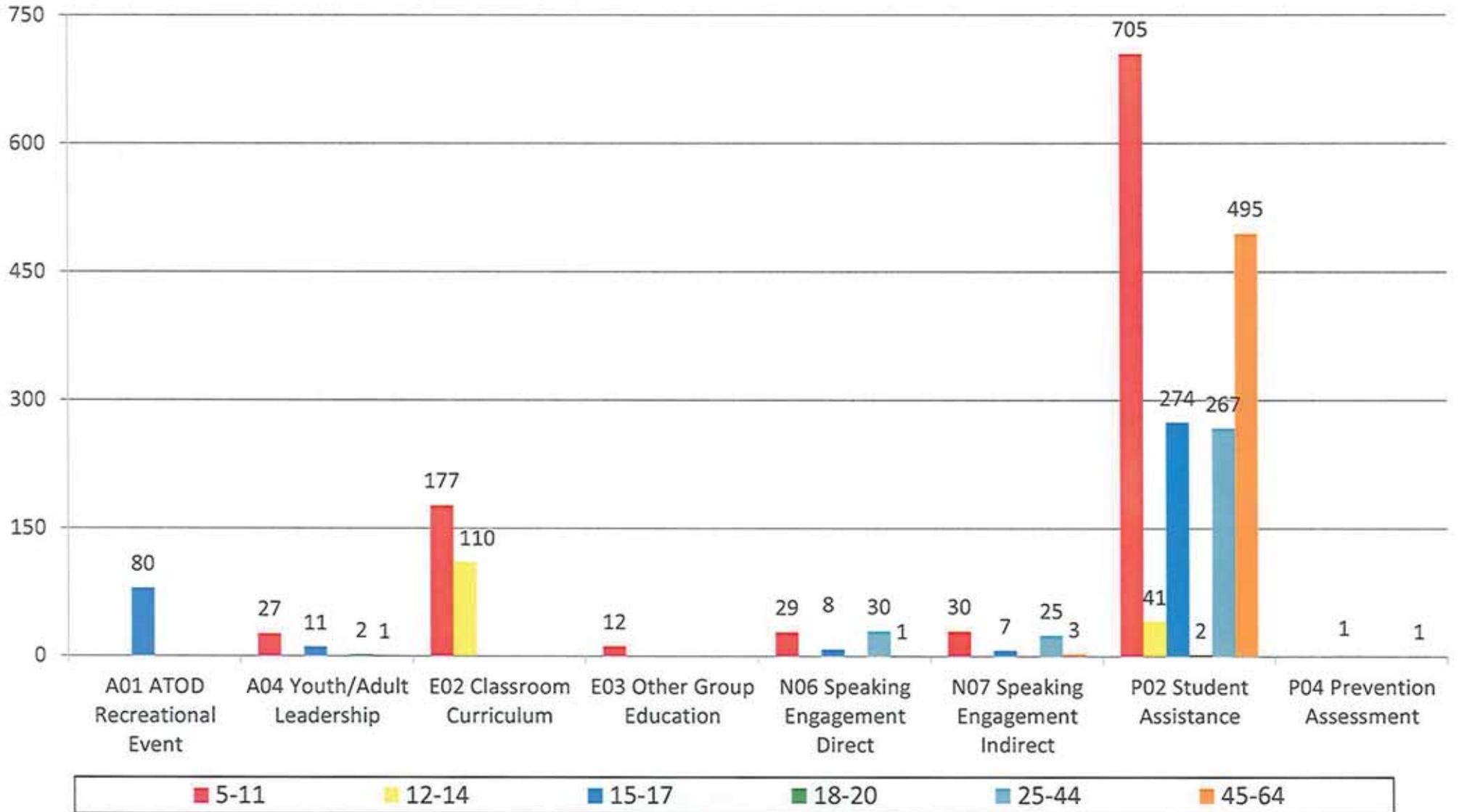


# Monroe County Intermediate School District High Risk Population by Race/Ethnicity FY 12-13

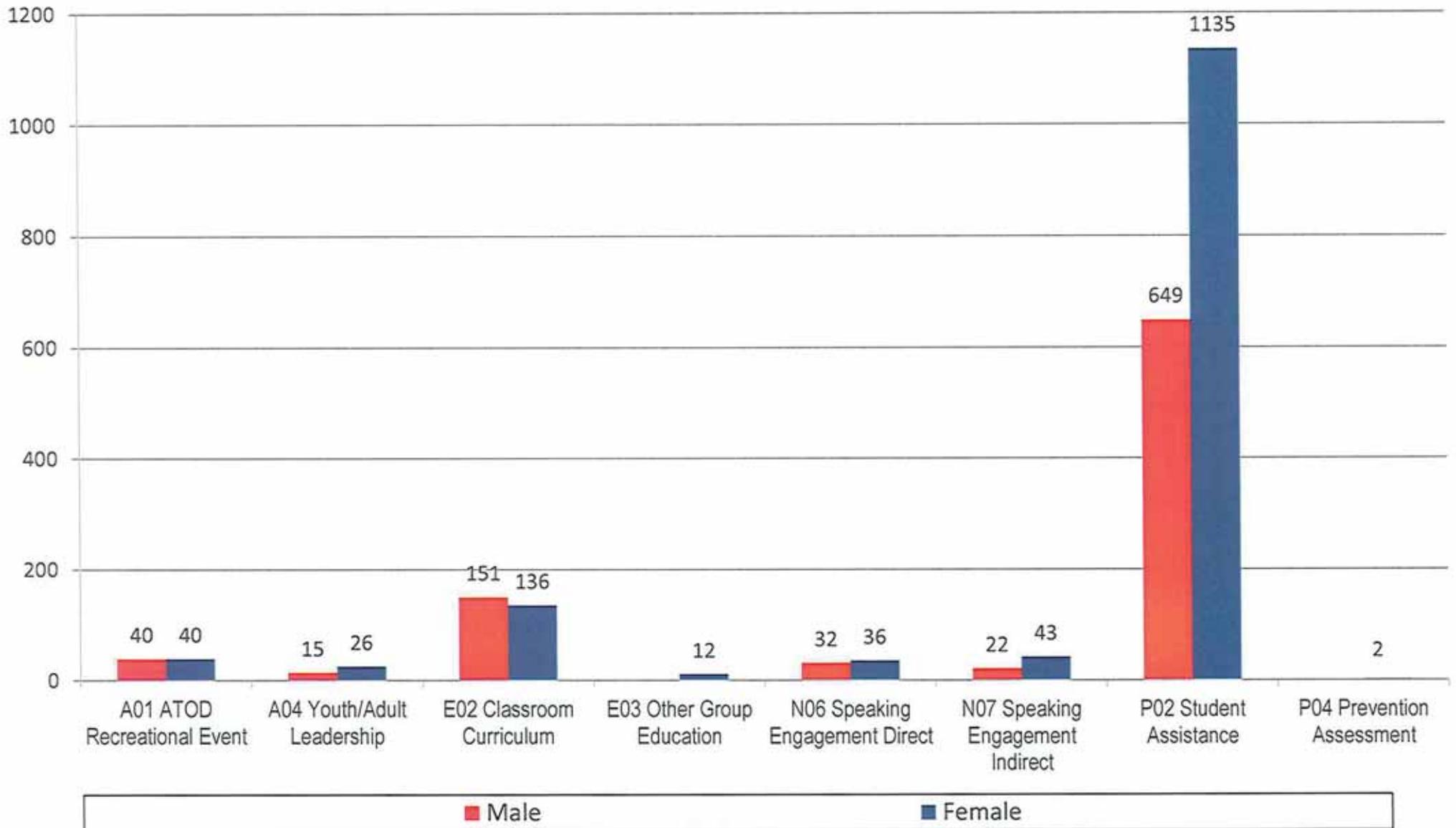


<span style="color: red;">■</span> Delinquent/Violent Youth	<span style="color: yellow;">■</span> Economically Disadvantaged
<span style="color: blue;">■</span> People Using Substances	<span style="color: green;">■</span> Other High Risk Population

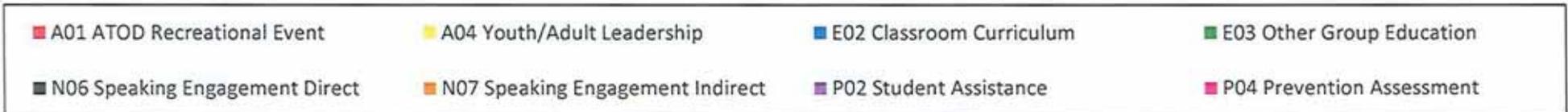
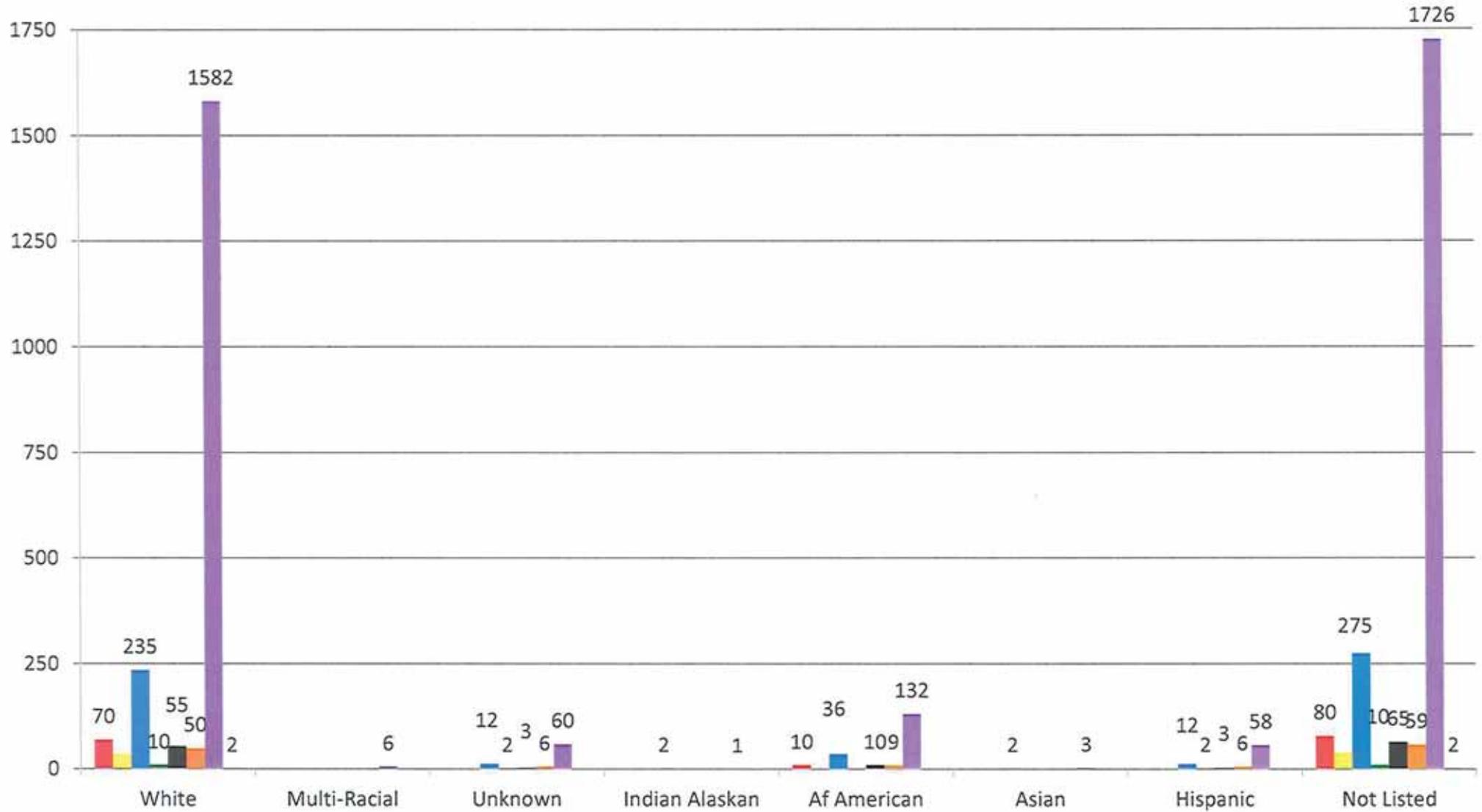
# Monroe Public Schools Strategy by Age FY 12-13



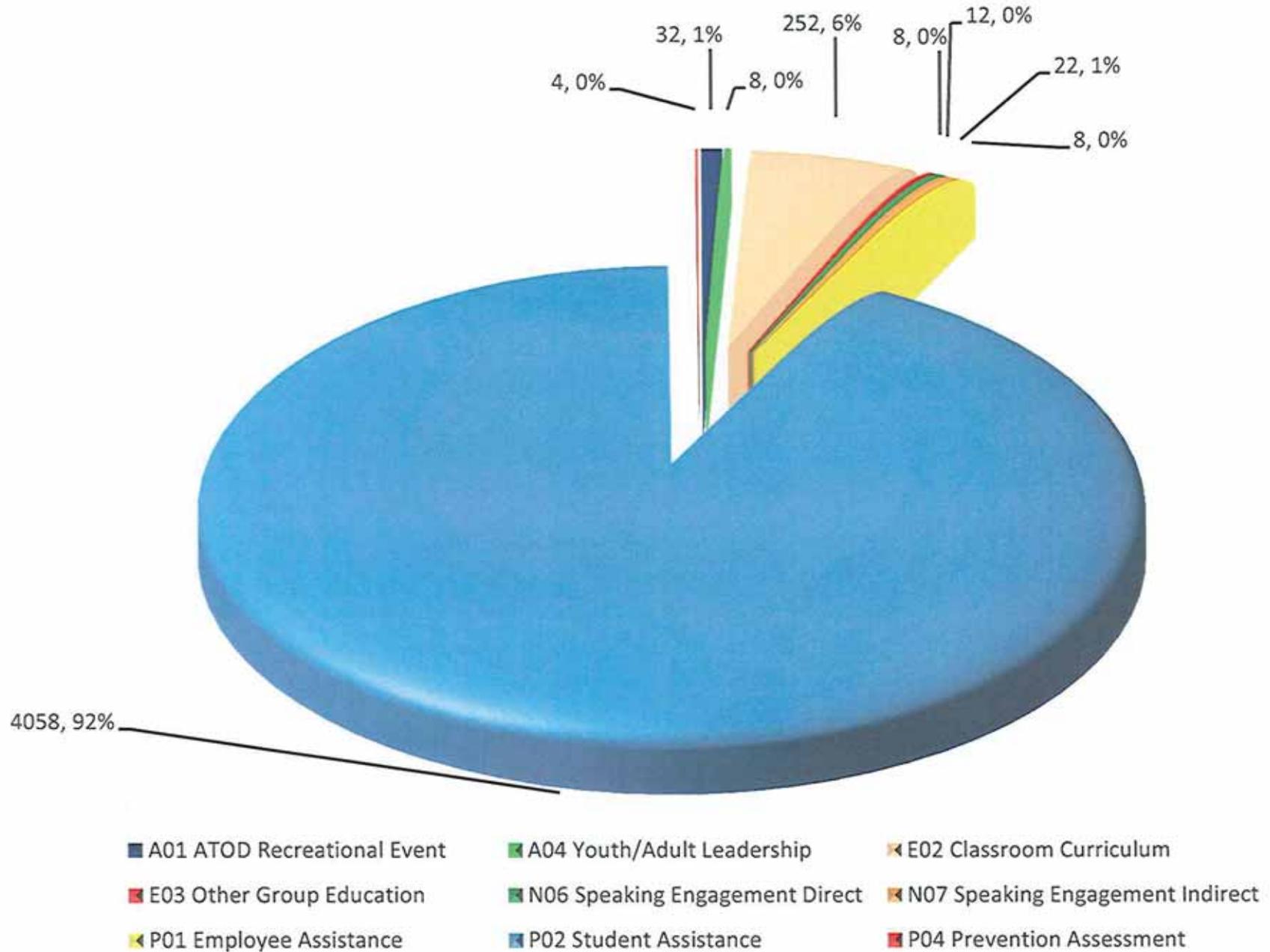
# Monroe Public Schools Strategy by Gender FY 12-13



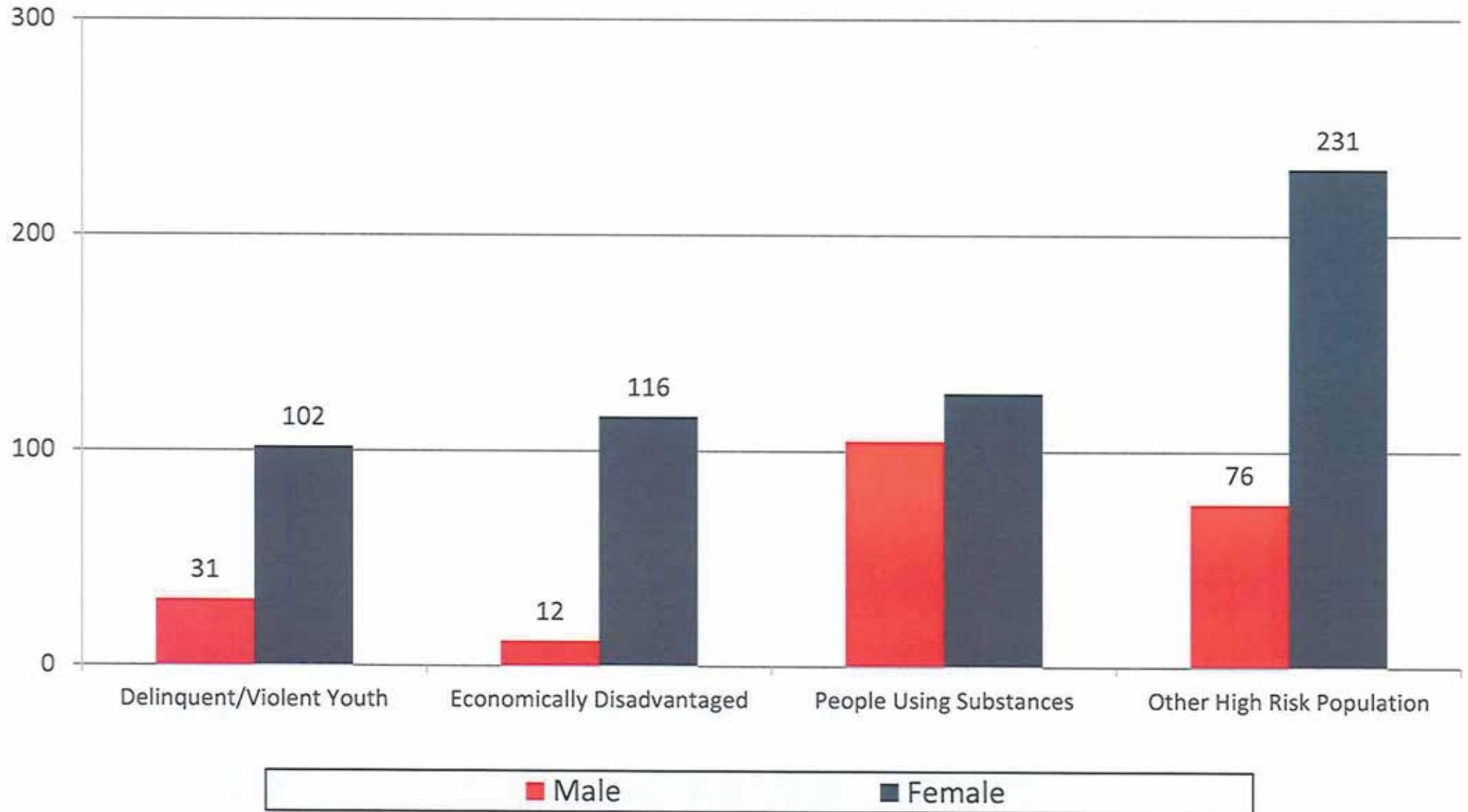
# Monroe Public Schools Strategy by Race/Ethnicity FY 12-13



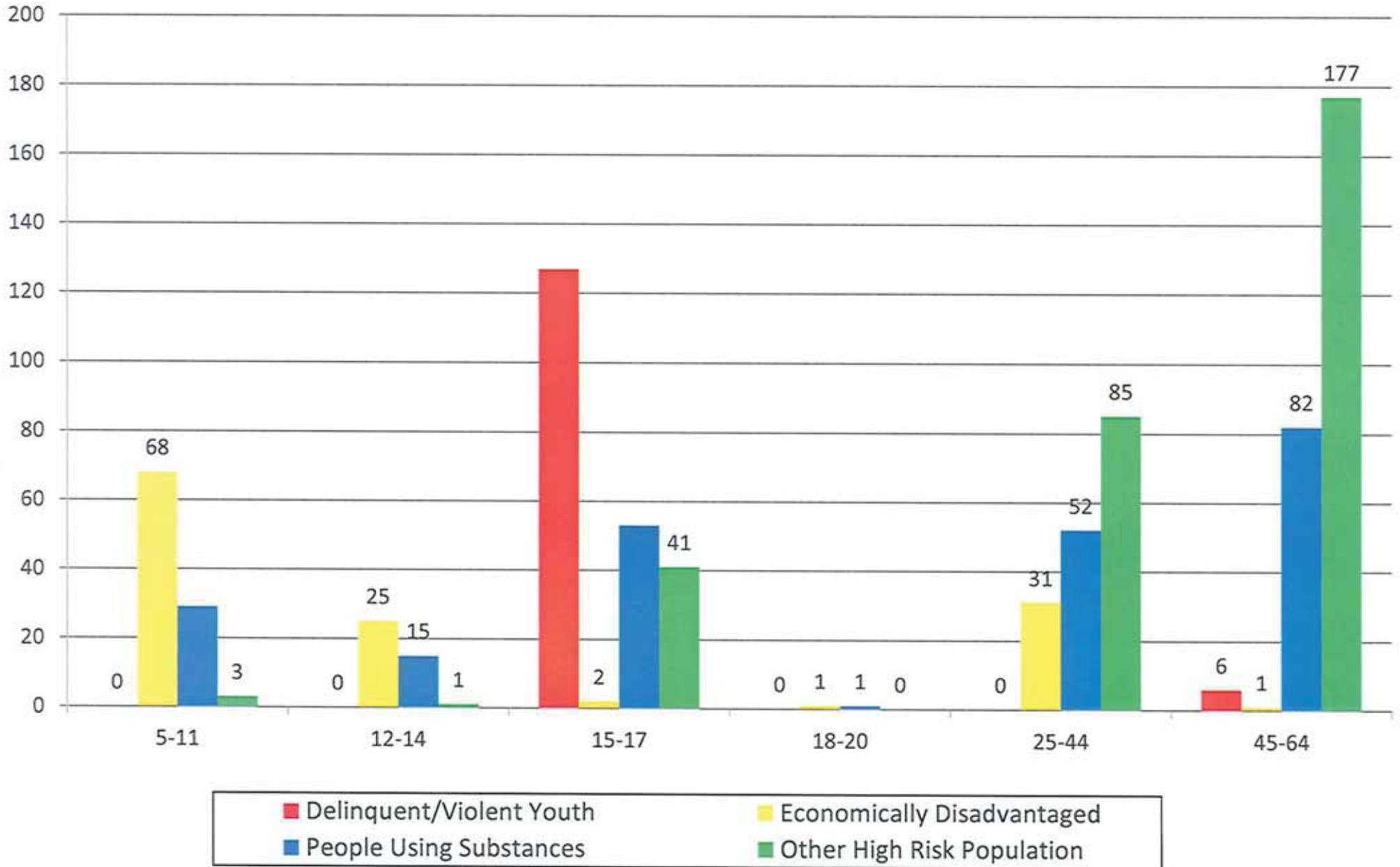
# Monroe Public Schools Activity Units by Strategy FY 12-13



# Monroe Public Schools High Risk Population by Gender FY 12-13



# Monroe Public Schools High Risk Population by Age FY 12-13



## METHADONE TREATMENT PROTOCOL--MONROE

Rainbow Center of Michigan (RCOM) uses the criteria set forth by SAMHSA to develop protocol guidelines for patient centered planing Methadone treatment of opioid dependency.

**INDIVIDUAL COUNSELING:** As a general rule, a patient are seen twice a month on an individual basis. The individual contacts may be increased or decreased depending on what stage of change the patient is in.

**GROUP COUNSELING:** Patients are generally seen twice a month in a group setting. RCOM schedules nine different groups each month. The groups cover a wide range of topics such as stages of addiction, relapse prevention, grief, stage one recovery, detoxing, Cocaine, and Methadone.

**PSYCHO-EDUCATION:** While individual therapeutic sessions are mainly a processing format, groups are where most of the education takes place. The groups are a combination of being didactic and processing.

**DETOXING:** In keeping with SAMHSA'S policy on patient centered planning RCOM's staff collaborates with the patients as to when and how much a patient will reduce their ingestion of Methadone at a time.

### TREATMENT ACTIVITIES:

- Patients are medically evaluated every thirty or sixty days depending on how stable the patient is.
- Patients have to randomly submit urine samples at least twice a month for drug testing. Staff can request extra drug screens at any time.
- Patients are seen twice a month on an individual basis.
- Patients are seen twice a month in a group setting.

Submitted by:

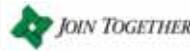
*Dave Rimka, LMSW, CCS, CAADC*

Dave Rimka, LMSW, CCS, CAADC

Clinical Supervisor



THE PARTNERSHIP  
AT DRUGFREE.ORG



## Commentary: Countering the Myths About Methadone

By Edwin A. Salsitz, MD | August 6, 2013 | 94 Comments | Filed in [Addiction](#), [Healthcare](#), [Prescription Drugs & Treatment](#)



Methadone maintenance has been used in the United States for approximately 50 years as an effective treatment for opioid addiction. Yet many myths about its use persist, discouraging patients from using methadone, and leading family members to pressure patients using the treatment to stop.

Dr. Vincent Dole of Rockefeller University in New York, who pioneered the use of methadone as an opioid addiction treatment, found his patients no longer craved heroin. They were able to return to work and school, and participate in family life and community affairs.

As methadone's use grew, the federal government decided it should only be dispensed in licensed treatment programs, which would provide a whole range of services such as counseling, vocational help and medical and psychiatric treatment.

This creation of the clinic system developed into a double-edged sword. On the one hand, it was advantageous to have many services available in the methadone clinic, but very stringent regulations came along with the clinic concept, including the requirement that patients come to the clinic daily for their methadone. Clinic hours often conflict with patients' work schedules, and make it very difficult to take a vacation. In some areas of the country, the clinics are few and far between, requiring traveling many miles each day. The biggest and probably most important obstacle has been the stigma associated with being seen entering or exiting a methadone clinic.

In an attempt to reduce that stigma, I present the six most common myths about methadone and explain why they are incorrect.

**Myth #1: Methadone is a substitute for heroin or prescription opioids.** Methadone is a treatment for opioid addiction, not a substitute for heroin. Methadone is long-acting, requiring one daily dose. Heroin is short-acting, and generally takes at least three to four daily doses to prevent withdrawal symptoms from emerging.

**Myth #2: Patients who are on a stable dose of methadone, who are not using any other non-prescribed or illicit medications, are addicted to the methadone.** Patients taking methadone are physically dependent on it, but not addicted to it. Methadone does not cause harm, and provides benefits. People with many common chronic illnesses are physically dependent on their medication to keep them well, such as insulin for diabetes, inhalers for asthma and blood pressure pills for hypertension.

**Myth #3: Patients who are stable on their methadone dose, who are not using other non-prescribed or illicit drugs, are not able to perform well in many jobs.** People who are stable on methadone should be able to do any job they are otherwise qualified to do. A person

stabilized on the correct dose is not sedated, in withdrawal or euphoric. The most common description of how a person feels on methadone is "normal."

**Myth #4: Methadone rots teeth and bones.** After 50 years of use, methadone remains a safe medication. There are side effects from taking methadone and other opioids, such as constipation and increased sweating. These are usually easily manageable. If patients engage in good dental hygiene, they should not have any dental problems.

**Myth #5: Methadone is not advisable in pregnant women.** The evidence over the years has shown that a pregnant woman addicted to opioids has the best possible outcome for herself and her fetus if she takes either methadone or buprenorphine. A pregnancy's outcomes are better for mother and newborn if the mother remains on methadone than if she tapers off and attempts to be abstinent during pregnancy. Methadone does not cause any abnormalities in the fetus and does not appear to cause cognitive or any other abnormalities in these children as they grow up. Babies born to mothers on methadone will experience neonatal abstinence syndrome, which occurs in most newborns whose mothers were taking opioids during pregnancy. This syndrome is treated and managed somewhat easily and outcomes for the newborn are good—it is not a reason for a pregnant woman to avoid methadone treatment. Mothers on methadone should breastfeed unless there is some other contraindication, such as being HIV-positive.

**Myth #6: Methadone makes you sterile.** This is untrue. Methadone may lower serum testosterone in men, but this problem is easily diagnosed and treated.

These myths, and the stigma of methadone treatment that accompanies them, are pervasive and persistent issues for methadone patients. They are often embarrassed to tell their other physicians, dentists and family members about their treatment. They may feel they are doing something wrong, when in fact they are doing something very positive for themselves and their loved ones. These misperceptions can only be corrected with more education for patients, families, health care providers and the general public.



*Edwin A. Salsitz, MD, FASAM, is Medical Director, Office-Based Opioid Therapy at Beth Israel Medical Center in New York.*

PHOTO SOURCE: <https://healthy.kaiserpermanente.org>