

SUBSTANCE ABUSE ANNUAL REPORT FOR FISCAL YEAR 2008

(Public Health Code – Public Act 368 of 1978)

June 17, 2009

Section 6203: With the assistance of the department, the office shall:
(F) Evaluate, in cooperation with appropriate state departments and agencies, the effectiveness of substance abuse services in the state funded by federal, state, local, and private resources, and annually during the month of November, report a summary of the detailed evaluation to the governor, legislature, commission¹ and committee².

¹ "Commission" refers to the advisory commission on substance abuse services established by PA 368, section 6221. This commission was eliminated as a result of Executive Order 1991-3, MCL 333-26321.

² "Committee" refers to the interdepartmental committee on substance abuse established by PA 368, section 6201. This committee was discontinued in the late 1970s.



MICHIGAN DEPARTMENT OF COMMUNITY HEALTH OFFICE OF DRUG CONTROL POLICY

Annual Report for Fiscal Year 2008

Required by Public Act 368 of 1978, Section 6203(f)

The Michigan Department of Community Health, Office of Drug Control Policy (ODCP), is the lead agency for the administration of federal and state funds for substance use disorder treatment and prevention services. ODCP also administers Michigan's publicly-funded drug education and violence prevention, drug law enforcement, and problem gambling services.

The following report was prepared to give the reader information about ODCP administered services, the people we help, and the effectiveness of our programs in serving the people of Michigan.

Hyperlinks [\[in blue\]](#) are found throughout this document, click on these to view related information and reports on our website.

ODCP Vision

A future for the citizens of the state of Michigan where the impact of substance use no longer threatens the health and safety of our communities.

ODCP Mission

Promote wellness, strengthen communities, and facilitate recovery.

Visit our website, www.michigan.gov/odcp, for more information about our office.

For additional copies of this report or for a copy of our *Legislative Report*, visit our website and along the left choose "Reports and Statistics," then under "Data" choose "[S.A. Annual & Legislative Reports](#)."

One Woman's Story of Addiction and Recovery

Each year, approximately 70,000 Michigan residents with a substance use disorder enter MDCH-funded treatment. Each has a story with a past and a present. Each faces an uncertain future as to where their lives will unfold. These stories share many similarities and yet each has its own unique set of circumstances, challenges, and opportunities.

What follows is the real-life story of one young woman in Michigan. In telling her story, we hope to give readers a clearer idea of what is involved in treatment and recovery. The details of her story come primarily from an interview conducted with her and from her treatment client admission and discharge records, used with her permission. We do not use her name, because it is her *journey*, and not the woman herself, that is our primary focus. Her story spans more than a decade.

Beginning Addictions

Growing up in a family with two younger siblings who had behavioral problems, she felt compelled to be the "perfect" child, if only to lessen some of her parents' burden and to be a good role model. This family dynamic defined her teenage years and placed a perceived heavy responsibility on her. During her adolescence, she appeared to fill that role admirably, and she seemed to handle all of her responsibilities well. In outward appearance, she was strong and healthy. She was a capable student and a successful athlete. She was selected to be part of a sports team that competed on a national level. Despite her important role on the team, she desperately wanted a more prominent position that she believed she could get by losing weight, and she began to exert extreme control of her food intake.



Her weight became an obsession. She was and is always conscious of her weight. To this day she can look at an old photograph and identify her exact weight (to the pound) at the time. This obsession evolved into an eating disorder, when she would not eat anything for days and would see her weight drop to unhealthy levels.

While she paid too much attention to her weight, she gave too little thought to the consequences of her alcohol consumption. She was able to secure a position during high school at a local party store; this gave her convenient access to alcohol. She blacked out the first time she drank alcohol, but she did not perceive this as a negative experience. On each drinking occasion, she drank to the point of blackout (alcohol-induced amnesia). She only recalls one instance when she only had one drink, and she describes the anxiety of this situation as overwhelming. "Blackout drinking became as normal to me as brushing my teeth," she acknowledged. "Hangovers also became a normal way of life for me." When she abstained from alcohol, the

Treatment Clients

Persons served in FY 2008:
70,978 clients

Gender:

Male	64.3 %
Female	35.7 %

Age:

12 - 17	4.5 %
18 - 35	49.4 %
36 - 54	41.2 %
55 and older	4.9 %

(median age is 34)

Race/Ethnicity:

White	64.7 %
African Amer./Black	28.9 %
Hispanic	2.8 %
Native American	1.3 %
Multiracial/Other	2.3 %

Primary Substance Reported at Admission:

Alcohol	42.2 %
Marijuana	19.4 %
Cocaine	14.4 %
Heroin	14.2 %
Other Opiates *	7.8 %
Methamphetamine	0.8 %
All Others	1.2 %

**includes prescription drugs*

[\[Additional Demographic Info\]](#)

[\[Primary Substance by County\]](#)

826,000 estimated persons in Michigan, over the age of 12, are currently dependent on or abusing alcohol or an illicit drug (about one out of every 10 residents). Many are not aware that they have a problem and many of those who do know that they have problem don't seek treatment because they feel that they can't afford it.
(NSDUH Sub-state Estimates 2004-06)

39 % of high school females describe themselves as slightly or very overweight. About one out of every five (19%) females in high school have gone without eating for 24 hours or more to lose weight or to keep from gaining weight during the past 30 days.

(2001 MDCH report on the Role of Michigan Schools in Promoting Healthy Weight)

17 years old is the average age of first use for all those entering substance abuse treatment programs in Michigan.

About one out of every six of youth ages 14 to 18 report binge drinking each month.
(NSDUH State Estimates 2005-2006)

In FY 2008, about 4,000 youth were admitted into treatment programs for a substance use disorder.

withdrawal symptoms would make her intensely ill. Despite this, the All-American girl image that she projected to family and friends remained intact.

Stressors

Her drinking binges continued through the summer before starting college. That summer and early fall, her two closest friends, both in their late teens, died. The unexpected deaths hit her hard. In addition, she was involved with a boyfriend who was physically and verbally abusive.

Ages 12 to 17	Survey on Drug Use & Health
16.3 %	Alcohol Use
9.9 %	Binge Alcohol Use
2.1 %	Alcohol Dependence
5.0 %	Needing But Not Receiving Treatment for Alcohol Use
10.4 %	Illicit Drug Use
2.3 %	Illicit Drug Dependence
4.0 %	Needing But Not Receiving Treatment for Illicit Drug Use

(Michigan Average Annual Rates from NSDUH State Estimates 2005-2006)

For multiple reasons, she was unprepared for life in a college setting, and she never completed her first year. A downward spiral began that included intentional "cutting," a behavior that is a form of self-mutilation, and multiple suicide attempts. Some of those attempts were more superficial while the more serious attempts resulted in trips to the hospital. Despite recurrent trips to the emergency room, repeat hospital stays, and other warning signs, she did not receive the level of assistance from the health care system that she needed. During one hospital visit, she was referred to the local mental health agency where she was given a prescription for an anti-depressant and sent on her way. She finished her initial prescription, did not refill it or request a refill, and began using a boyfriend's anti-depressants until they ran out; she then stopped taking medications. There was no further follow-up and no therapeutic intervention. There were several missed opportunities for intervention over a period of five or six years.

She had a succession of boyfriends, all of whom were using or abusing substances. Her living situation was not stable, moving in with boyfriends or friends and then back in with her parents. She smoked marijuana regularly and used cocaine with a boyfriend for a period of time. During all this, she was able to maintain gainful employment. A "party girl" image was even encouraged at some jobs. She noted, "The managers where I worked planned my schedule around my drinking by taking me off the morning shifts." She described how she "pushed all relationships away – including friends, parents, boyfriends, co-workers, and roommates." She fell into a pattern where she "went to work, drank, and passed out – every day."



First Treatment Experience

Her first arrest for drunk driving in her early twenties resulted in jail time and a mandatory stay in short-term residential treatment. This first treatment episode demonstrated how clients who are not ready to make changes, and do not see a problem with their substance use, will not receive the full benefit of treatment. She saw treatment as a "break" from her family, from her relationships and as a way to avoid the lecture she would get at home for her behavior. While in the facility for 21 days, she never seriously considered the notion that she would stop drinking, or that she was an alcoholic. She saw it as an opportunity to meet people, more than anything else. When other residents there would talk about "recovery," she found the entire discussion odd and perplexing. She had no intention of maintaining sobriety. So she followed the program requirements, said what people wanted to hear, and "completed" treatment.

Mental Health & Substance Use Disorders

HELPGUIDE.org reports that people who self-injure have some common traits - one being that they have co-existing problems with obsessive-compulsive disorder, substance abuse, or eating disorders. The Hispanic Journal of Behavioral Sciences confirmed this in a 2007 study that shows an extensive correlation between substance abuse, self-mutilation, suicide attempts, and histories of physical and/or sexual abuse.

It is typical for clients to be facing two or more serious challenges in addition to their substance use disorder. These include major trauma, mental health disorder, criminal justice system involvement, and unstable/unsafe living environment. The new ODCP Strategic Plan takes this complexity into account.

Substance Use & Communicable Diseases

Substance use is a major risk factor in the spread of communicable diseases (CD) such as HIV/AIDS, TB, hepatitis, and sexually transmitted diseases. ODCP funds CD testing, counseling and education for substance use disorder treatment clients, and training for treatment counselors on issues related to CD.



Is Alcoholism Inherited?

Children of alcoholics are 4 times more likely to become alcoholics when compared to other children, although the child’s environment and habits are also factors.
(American Academy of Child and Adolescent Psychiatry)

Investigations have shown that there can be a certain hereditary tendency for developing alcohol problems. It is also known that certain personality characteristics, which are partly inherited, influence the risk of becoming addicted. People who are often anxious, and who seek excitement in life, and who are more antisocial, will more often become alcoholics.
(http://web4health.com)

When she returned to her parents' home afterwards, her mom and dad tried to help her by identifying extended family members who were alcoholics (vs. those who were not). By comparing her to those relatives, their message was that she was “not an alcoholic” and that she simply needed to have more control to “drink in moderation.” This is a fairly common response from family and friends when confronted with a loved one’s addiction. Her primary diagnosis at this time was alcohol dependence. While well intentioned, the advice from her family to solve her problem by exerting more will power was certainly counter-productive to her recovery. She resumed drinking the next day, and this time she was careful to hide it from her family.

For the next year, her life returned to what it had been before her arrest. At the age of 23, as a condition of her probation for drunk driving, she entered into outpatient counseling for her alcohol use. She failed to receive (or accept) the direction, guidance, or discipline that she needed. She quickly learned how to manipulate her counselor, and her sessions turned into a quid-pro-quo where they would play music together, and he would rubber stamp the progress notes that she typed up.

Relapse

The medical system does not regard relapse as a failure of treatment. Relapse to addiction occurs at similar rates to other chronic medical conditions such as diabetes, hypertension and asthma. Like other chronic relapsing disorders, addiction to substances may require a change in treatment until abstinence is achieved. This is similar to when a diabetic does not take their medication or fails to exercise as outlined by their physician; their non-compliance and relapse are not seen as a failure but their treatment is altered to more effectively address their problems.
(Alcohol and Other Drug Problems: A Public Health and Public Safety Priority 2008)

About a year later, she was arrested again for drunk driving. She was involved in an early morning car crash, in which she hit a parked, unoccupied truck. Her Blood-Alcohol Content (BAC) was 0.33. In an attempt to avoid more time in jail and to appease the court, she thought it would “look good” to go back into weekly treatment prior to her hearing. Recovery was still not her goal. She was trying to manipulate her way out of further sanctions. Not wanting to deal with the previous counselor, she demanded to be assigned a new one. This proved beneficial in allowing her to make some initial progress in recovery.

5th, Michigan's rank among states for Driving Under the Influence (DUI) arrests. According to the FBI, there were 45,568 Michigan DUI arrests in 2004.

64 % of treatment admissions for alcohol use, during FY 2008, were for persons who had been admitted to treatment previously.

.08 BAC is the legal limit for driving. A woman weighing 150 pounds would need to consume 3 drinks¹ in an hour to be over the legal limit; a 200 pound man - 5 drinks¹.
¹ These are estimates, many variables affect BAC, including cumulative effect of drinks when drinking for several hours and an individual's metabolism rate.

41 % of all persons receiving treatment during FY 2008 were found to also have a mental health disorder.
[\[MH in Treatment\]](#)

Another Treatment Experience

The new counselor was more attuned to co-occurring disorders and structured a treatment plan that addressed some of the mental health issues (eating disorder, depression, suicide attempts) that were factors in her use. This was the first time that counseling was having a constructive impact on her. It was the first time that crucial mental health issues were included in her treatment plan. At the same time, her ability to say the right words, manipulate, and deceive others had not diminished. She had become an expert at this sort of thing. So while some of the problems that she had experienced since adolescence were now being addressed, she was still drinking.

With her second arrest, the judge ordered her to serve the remainder of her previous sentence *and* sent her back to residential treatment. She spent 46 days in jail and began her court-ordered treatment at a different residential facility in October that year. Would this residential stay prove to be different than the last one? Was this a step towards recovery for her or just another chance to practice her considerable skills of deception and self-delusion?

This time was different. When she entered the facility, the staff asked her if she wanted recovery, but unlike previously when she essentially scoffed at that question, she now realized that she "did not know." This was a step in the right direction from her previous belief (she didn't have a problem) to real consideration that something in her life was not working. She now emphasizes that a suggestion made at an AA meeting was a defining moment for her. There was nothing magical about the words or the insight, but this new notion did change the way she thought about her future. The suggestion was simply that she try the 12-steps and sobriety for one year. More importantly, she was reassured that she would have a lifetime to go back to drinking if this 12-month experiment did not "work" for her. So she decided to give one solid year of effort to learn about her addiction and about sobriety.

Law Enforcement Grant Supported Activities

Persons served in FY 2008:
 2,118 participants received treatment services through 15 drug courts.
 400 participants received treatment services in jails and detention centers.
 766 at-risk and delinquent youth were provided intensive intervention services.
 641 children were provided assistance when drug raids were conducted in homes.

[\[ODCP Law Enforcement webpage\]](#)

<p>57% of treatment clients, during FY 2008, reported involvement with Michigan's correctional or judicial system; 36% of clients (more than 25,300) are on probation; and 3% of clients (more than 2,300) are involved in Drug Court programs.</p>	<p>400 participants received treatment services in jails and detention centers, with approximately 12,580 jail days averted during FY 2008.</p>	<p>82% of prisoners who agreed to participate in the <i>Residential Substance Abuse Treatment for State Prisoners Grant (RSAT)</i> program completed successfully during FY 2008.</p>
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Recovery

Readiness to Change

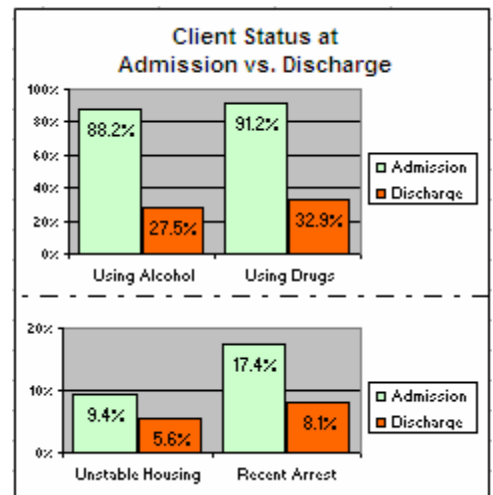
There are six stages that a person with a substance use disorder may experience while using substances and seeking treatment; they are:

1. Pre-contemplation: a person who is not currently considering change.
2. Contemplation: ambivalent about change.
3. Preparation: some experience with change and are trying to change.
4. Action: practicing new behavior for 3-6 months.
5. Maintenance: continued commitment to sustaining new behavior.
6. Relapse: resumption of old behaviors.

(Prochaska and DiClemente)

She credits the second residential facility for putting her on the path to recovery. Some of this success simply may reflect the attitude with which she approached this experience. She seemingly was no longer trying to fool people (herself included) after that second trip to jail. After completing the second residential stay, she (very importantly) returned to outpatient counseling the next day. She attended AA meetings and found a sponsor who was just tough-minded and savvy enough to help her move forward. She tackled her legal problems through her involvement in sobriety court. She credits that experience with teaching her, in her words, "About life, appreciation, structure, accountability, and responsibility."

Her one year trial with sobriety and recovery has now become 32 months. *Recovery is a lifetime process.* She seems to grasp that. With her two convictions, she rightfully lost her privilege to drive. During that time, she had to walk or ride her bike to get to work and run errands. She has now regained her driver's license, and her car is fitted with an ignition interlock device. In order to operate the vehicle, she must continually prove to the device that she has not consumed alcohol.



She was married at the age of 26; her husband is also in recovery. Both will continue to face challenges. She notes that the sobriety court and the restrictions put in place were essential to her recovery. She also is aware that "a life without restriction is a dangerous life for me." As these external restrictions are removed, more of the responsibility will be placed on her and the system of support she has built to maintain her recovery.



Recently, she gave birth to a baby girl. Due to her recovery and continued abstinence, there were no concerns that the infant would suffer from a Fetal Alcohol Spectrum Disorder (FASD). Becoming a mother immediately places a new level of accountability and responsibility on her. Today she is better equipped to handle this, and looks forward to having more children with her husband. She continues to attend AA meetings, perform service work, and sponsor others who have substance use disorders.

Summary

Babies & Substance Abuse

Alcohol (wine, beer, or liquor) is the leading known preventable cause of mental and physical birth defects in the United States. It is estimated that each year in the United States, 1 in every 750 infants is born with a pattern of physical, developmental, and functional problems referred to as fetal alcohol syndrome (FAS), while another 40,000 are born with fetal alcohol effects (FAE).

[\[Women & pregnant women treatment clients\]](#)

This is one individual's story. While there is not any one thing that can be held up as an example of the "right" way to go about treatment, there are difference makers in this story – the judge who would not allow her to play games, the second residential facility that was able to be the right place at the right time, the AA groups, her tough-minded sponsor, the supports that she gathered around her and of course, this young woman. And the difference is only everything.

With other individuals, the people and things that make a difference in their lives might be entirely different. For some, the difference-makers may be parents, or clergy, or employers. For still others, the more fortunate, the difference-maker is an education program in school that helps them to decide to avoid using substances in the first place.

Just a few years ago, the public behavioral health network in Michigan, as in much of the nation, was not well-equipped to assist people with multiple, complex disorders. We've improved over time, with supportive department policy, better training for staff, better coordination among providers, and a broad-based program of system transformation. Just as recovery is a lifelong process, the quest for quality improvement is a continuing one.

Education Grant Supported Activities

Persons served in FY 2008:

Over 1.8 million school-aged youth in both public and private schools received alcohol, tobacco, and other drug and violence prevention programs and services through *Safe and Drug-Free Schools and Communities Act (SDFSCA)* funding.

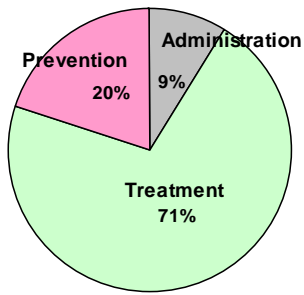
29,972 parents also received direct services to help keep their children safe and drug free.

16,122 youth received drug and/or violence prevention services in an after-school/summer setting.

[\[ODCP Education webpage\]](#)

Send comments and questions to our office by email at MDCH-ODCP-DSAGS@michigan.gov.

Additional information about the Office of Drug Control Policy ...



Substance use disorder treatment and prevention: Regional coordinating agencies (CAs), established by Pubic Act 368 of 1978, locally manage treatment and prevention services for substance use disorders. Michigan has sixteen CAs (see [Coordinating Agency Map](#)) who contract with over 400 providers to make services available statewide.

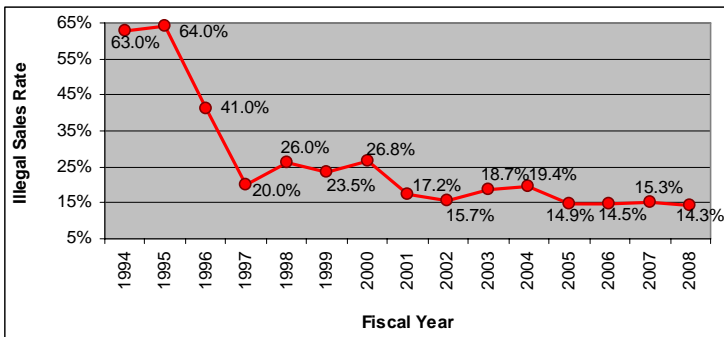
In Fiscal Year 2008, ODCP administered over \$63 million in federal funds and \$21 million in state funds to purchase services on behalf of Michigan residents. Please see our [Legislative Report](#) for spending details and information on providers (including types/quantities of services, and amounts/sources of funds).

Problem Gambling: Services available to Michigan residents include: 24-hour help-line, treatment programs, and prevention programs. State restricted revenue, for problem gambling services, comes from several sources: casinos, lottery, and race tracks. Please see the [ODCP Problem Gambling webpage](#) or www.gamblersresponsibly.org for more information.

Region	No. of Clients
Wayne County, including Detroit	182
Detroit Metro (outside Wayne Co.)	124
East Region	48
West Region	40
Upper Peninsula	9
Statewide During FY 2008	403

Youth Tobacco Sales Rates, *Synar*: A key target for prevention is reducing youth access to tobacco. Statewide, prevention agencies, anti-tobacco groups, selected tobacco retailers, and law

enforcement agencies continue to work at reducing the frequency of illegal tobacco sales to youths under age 18.



Since 2001, our annual random inspection of tobacco retailers has shown sales to underage individuals are consistently below 20%, with the 2008 rate of 14.3% being the lowest to date. Please see our [Youth Tobacco Sales Rates, Synar report](#) and our [Synar & Tobacco Information webpage](#) for more details.

For More Information:

Reports with statistical information by regional areas are also available as listed below. They are on our website at www.michigan.gov/odcp, along the left side choose "Reports and Statistics":

[Treatment Client Demographics \(includes Correctional/Judicial involvement statistics\)](#)

[Treatment Services Penetration Rates](#)

[Primary Substance Reported by County at Admission](#)

[Treatment Client Activity Summary \(TEDS\)](#)

[Women & Pregnant Women Clients - Admissions and Discharges](#)

[Treatment Discharge Reasons](#)

[Mental Health Disorder as Factor in Treatment](#)

[Treatment Outcomes in Abstinence, Employment, and Housing at Discharge](#)

[Prevention - - Communicable Disease](#)

Our website also has information about other programs we oversee:

[Strategic Prevention Framework / State Incentive Grant \(SPF/SIG\)](#)

[Prescription Drug Abuse](#)