

Grand Traverse County Substance Use Assessment



Conducted by the



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Addiction Treatment Services
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Catholic Human Services/Up North Prevention
Central United Methodist Church
Children & Family Services of Northwestern Michigan/Third Level Crisis Center
Department of Health & Human Services
Families Against Narcotics (FAN)
Grand Traverse Band of Ottawa and Chippewa Indians
Grand Traverse Counseling Services
Grand Traverse County Adolescent Health Clinics
Grand Traverse County Commission on Aging
Grand Traverse County Community Collaborative
Grand Traverse County Drug Free Coalition
Grand Traverse County Health Department/Office of the Medical Examiner
Grand Traverse County Sheriff's Department
Grand Traverse Regional Community Foundation
Harm Reduction Michigan
Kingsley Area Schools
Leelanau County Sheriff
Michigan 86th District Court
Michigan State Police
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Munson Healthcare Behavioral Health Services
Munson Medical Center
Northwestern Michigan College
Northern Lakes Community Mental Health Authority
Northern Michigan Regional Entity
NMSAS Recovery Center
Pine Rest
Project Unity for Life
Shift Chiropractic
STudents Against Negative Decisions (STAND)
Substance Free Coalition of Northwest Michigan
The Presbyterian Church of Traverse City
Traverse City Area Public Schools
Traverse City Police Department
Traverse City Rotary
Traverse Health Clinic
United Way
Well-Spring Psychiatry
WTCM

Executive Summary

Introduction

The Northern Michigan Public Health Alliance is a partnership of seven local health departments that together serve 31 counties, including Grand Traverse County. Since it was organized in late 2014, the Alliance conducted the 2015 regional community health assessment in collaboration with hospitals and other community partners and was awarded over \$6M in federal, state, and local grants to address priorities identified in community health assessment and increase public health capacity.

Based on its expertise in community health assessment and community health improvement planning, the Michigan Department of Health and Human Services designated the Alliance as the backbone organization for the Northern Michigan Community Health Innovation Region, one of five “CHIRs” in the state. Another cycle of community health assessment is currently underway across a 31-county region, including Grand Traverse County. “MiThrive” utilized the gold standard community health assessment framework called Mobilizing for Action through Planning and Partnerships. The hallmark of this approach is complementing secondary data—reliable statistics compiled by authoritative sources—with primary data collection—local surveys, focus groups, key informant interviews and other methods.

A key strength of the Alliance is the mix of assets and skills its members can tap from its members. The Grand Traverse County Substance Use Assessment is a good example. The members of the assessment team bring different strengths that no one agency is likely to possess. The Alliance was contracted to perform a substance use epidemiologic assessment of Grand Traverse County with liquor tax dollars received from Catholic Human Services, who serves as the fiduciary for the Grand Traverse County Drug Free Coalition.

Community Served

For the Substance Use Assessment, the community is defined as Grand Traverse County. However, some data was collected from organizations or individuals from beyond Grand Traverse County, for example people in in-patient treatment facilities who are from other counties.

Process and Methods

To learn about Grand Traverse County’s substance use and needs, data was collected in two phases:

1. Secondary data collection: Gathering existing data from reliable sources
2. Primary data collection: Collecting input from local leaders and the public to provide additional information

The secondary data collection gathered data from a wide variety of reputable sources, including Michigan Department of Health and Human Services, U.S Census Bureau, and U.S. Substance Abuse and Mental Health Services Administration, among others. Altogether, over 100 indicators were collected, organized, and analyzed.

Gathering Community Input

To solicit input from people representing the broad interests of the community, the Alliance Team conducted a variety of primary data collection methods: surveys of the Grand Traverse Drug Free Coalition and Family Against Narcotics chapter; focus groups of older adults, people in recovery, treatment specialists, and others; and key informant interviews that targeted leaders representing the broad interests of the community. Over 170 individuals representing over 60 organizations participated in primary data collection activities.

Prioritized Significant Substance Use Needs

The Alliance Team utilized both secondary data and primary data to prioritize significant issues. Trends of substance use and impacts, drawn from the secondary data, were used to estimate scope and burden of the need and community input was also considered in the prioritization.

The significant issues identified through the assessment are based on issue briefs and data for tobacco, e-cigarettes, vaping, marijuana and opioids.

1. Youth prevention to reduce rates of substance use initiation
2. Reduce opioid use by reducing the stigma through education/outreach and expanding opioid use disorder integrated services
3. Policy changes and stricter enforcement to reduce access to marijuana, e-cigarettes, alcohol, opioids and illicit drugs.

Additionally, the assessment ranked nine important approaches to meeting those needs, and for addressing their root causes:

- ✓ Purposefully promote prevention
- ✓ Actively implement appropriate treatment
- ✓ Strategically partner with government
- ✓ Thoughtfully advocate for effective policy
- ✓ Strategically expand programming
- ✓ Purposefully implement community strategies
- ✓ Dramatically increase access to treatment
- ✓ Meaningfully change culture
- ✓ Deliberately reduce stigma

Available Resources

Fifty (50) local resources were identified that may serve as treatment and/or recovery resources to individuals who are struggling with substance use disorders. However, it is worth noting that while there are many substance use treatment programs in Grand Traverse County, not all are affordable, or offer financial assistance/sliding scales, which is a barrier to many seeking treatment. Additionally, services located in Grand Traverse County, often serve the entire Northern Michigan area. Availability of immediate access may be a barrier also.

Next Steps

This report summarizes the substance use assessment and will assist in guiding the Grand Traverse Drug Free Coalition with a prevention plan that will provide practical guidance for how to address the needs in the community in order to reduce substance use overall.

Section 1: Introduction

About The Grand Traverse County Drug Free Coalition

A Community Call to Action led to establishment of the Grand Traverse County Drug Free Coalition after community leaders in the judicial system, law enforcement and medical examiner's office noted a 200%+ increase in drug related fatalities in Grand Traverse County from 2015 (7 deaths) to 2017 (23 deaths).

The Grand Traverse County Drug Free Coalition began meeting in early 2015 when community leaders came together to address the opioid epidemic. The coalition is made up of over 100 members representing various sectors of the community including, law enforcement, schools, parents, youth, families, religious groups, tribal groups, medical professionals, prevention specialists, and local non-profits and businesses. Each member brings a different perspective and expertise that provides the coalition with valuable input and resources.

In October of 2017, the coalition received funding from Northern Michigan Regional Entity to hire a full time coordinator, complete a local data assessment, and engage three Youth Engagement Liaisons to facilitate prevention programs in the county's high schools. The coalition is formalized with by-laws, an executive committee and workgroups focused on Medical, Law Enforcement, Treatment and Recovery, Prevention and STAND (STudents Against Negative Decisions).

Mission of Grand Traverse County Drug Free Coalition

To create a community-wide culture of awareness and action in the prevention, treatment and recovery of substance use disorders

Vision of Grand Traverse County Drug Free Coalition

A substance use disorder free Grand Traverse County - #SUDfreeGTC

Goals

- Coordinate Grand Traverse County efforts to reduce substance use
- Convene diverse stakeholder group in order to reduce the duplication of efforts
- Identify gaps in treatment and recovery and develop solutions to bridge the gaps
- Leverage resources to address system and policy issues
- Host events to provide education and raise awareness to the community and reduce stigma
- Apply for a Drug Free Communities Grant in order to implement prevention strategies for youth and adults

The Substance Free Coalition of Northwest Michigan was created to support the work of local county coalitions and sectors working to achieve sustainable population-level reductions in substance use rates in Antrim, Benzie, Grand Traverse, Kalkaska and Leelanau Counties with the following goals set in 2019.

1. Enhance collaboration between local, regional, and super-regional coalitions
2. Implement common regional outward communication strategy
3. Develop Substance Use Reduction Strategies
4. Identify funding opportunities and build funding strategy for existing and new work

About the Substance Use Assessment

A needs assessment is a best practice in the field of public health and is a systematic process for determining the health needs of a particular area or population. In this case, the needs of Grand Traverse County surrounding substance use, and then using the results to spur community change. The assessment was undertaken in order to gather data for Grand Traverse County on the various types of substances used- alcohol, tobacco, marijuana, opioids, heroin and other drugs. Different kinds of data were collected, both primary and secondary data, in order to better capture the current reality of substance use in the County.

Secondary data contains demographic, morbidity and mortality data that was previously collected and is looked at retrospectively for rates and trends. Secondary data provides a baseline to compare data to in the future and helps guide primary data collection.

Primary data is gathered through focused group discussions or is collected in real time from community members where there may be gaps in secondary data. Primary data collected for this assessment included: focus groups, key informant interviews, community input boards, and surveys.

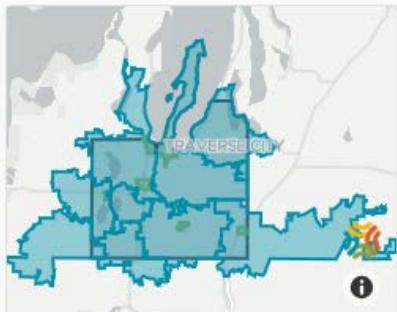
Finally, the primary and secondary data are analyzed together to create issue briefs and identify opportunities for prevention efforts, areas of intervention or gaps that need additional resources (financial or services).

Section 2: Community Served

Grand Traverse County, Michigan has a population of 90,715 people with a median age of 42. Median household income of \$68,872 exceeds State rate of \$63,958. The population of Grand Traverse County continues to steadily grow (up 4.3% since 2010), outpacing the rest of Michigan. At 19.2%, adults 65+ represent a greater proportion of the population than the State (16.3%), and the segment is growing faster in the county. Youth and teens (10 – 19 years of age) account for 11.6% of the Grand Traverse County population.

The ethnic composition of the population of Grand Traverse County is composed of 84,069 White residents (92.7%), 2,378 Hispanic residents (2.62%), 1,350 Two+ race residents (1.49%), 1,120 Black residents (1.23%), and 1,028 Native American residents (1.13%). Only 4.38% of the people in Grand Traverse County speak a non-English language, and 98.8% are U.S. citizens. The large majority, 94.5%, of people in Grand Traverse County have a high school diploma.

Grand Traverse County Demographic Data



Grand Traverse County

Our Community is defined as a 1-county area in Michigan.

[Grand Traverse County](#)

Population

90,715

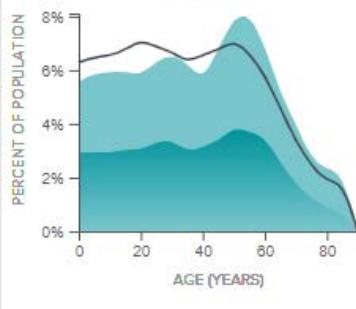
people

Population change since 2010 **+4.3%**

Population and population change for the 1-county area (ACS 2012-2016).

[Grand Traverse County](#)

Age Distribution chart



Age distribution of the population by gender for the 1-county area (ACS 2012-2016).

[Grand Traverse County](#)

Median Family Income

\$68,872

U.S. Dollars

OUR COMMUNITY

\$68,872

MICHIGAN

\$63,958

\$67,871
UNITED STATES

Median family income for the 1-county area (ACS 2012-2016).

[Grand Traverse County](#)

Median Age

The median age of Our Community is

42.0

years-old

This is **older than** the U.S. median age of 37.7 years.

Median age of the population versus U.S. for the 1-county area (ACS 2012-2016).

[Grand Traverse County](#)

Percent of Population with High School Education



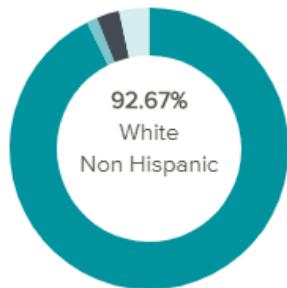
94.5% of people in Our Community have graduated HS

OUR COMMUNITY U.S. BENCHMARK

HS = High School. Percent with HS education for the 1-county area (ACS 2012-2016).

[Grand Traverse County](#)

Race & Ethnicity



OUR COMMUNITY U.S. BENCHMARK

Race and ethnicity by percent of total population for the 1-county area (ACS 2012-2016).

[Grand Traverse County](#)

Low Income Status



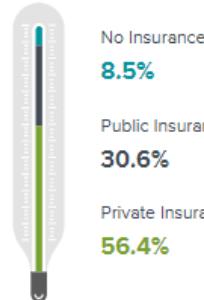
17.9% of people in Our Community are low income*

OUR COMMUNITY U.S. BENCHMARK

Percent of population living below 150% federal poverty level in the 1-county area (ACS 2012-2016).

[Grand Traverse County](#)

Health Insurance



No Insurance

8.5%

Public Insurance

30.6%

Private Insurance

56.4%

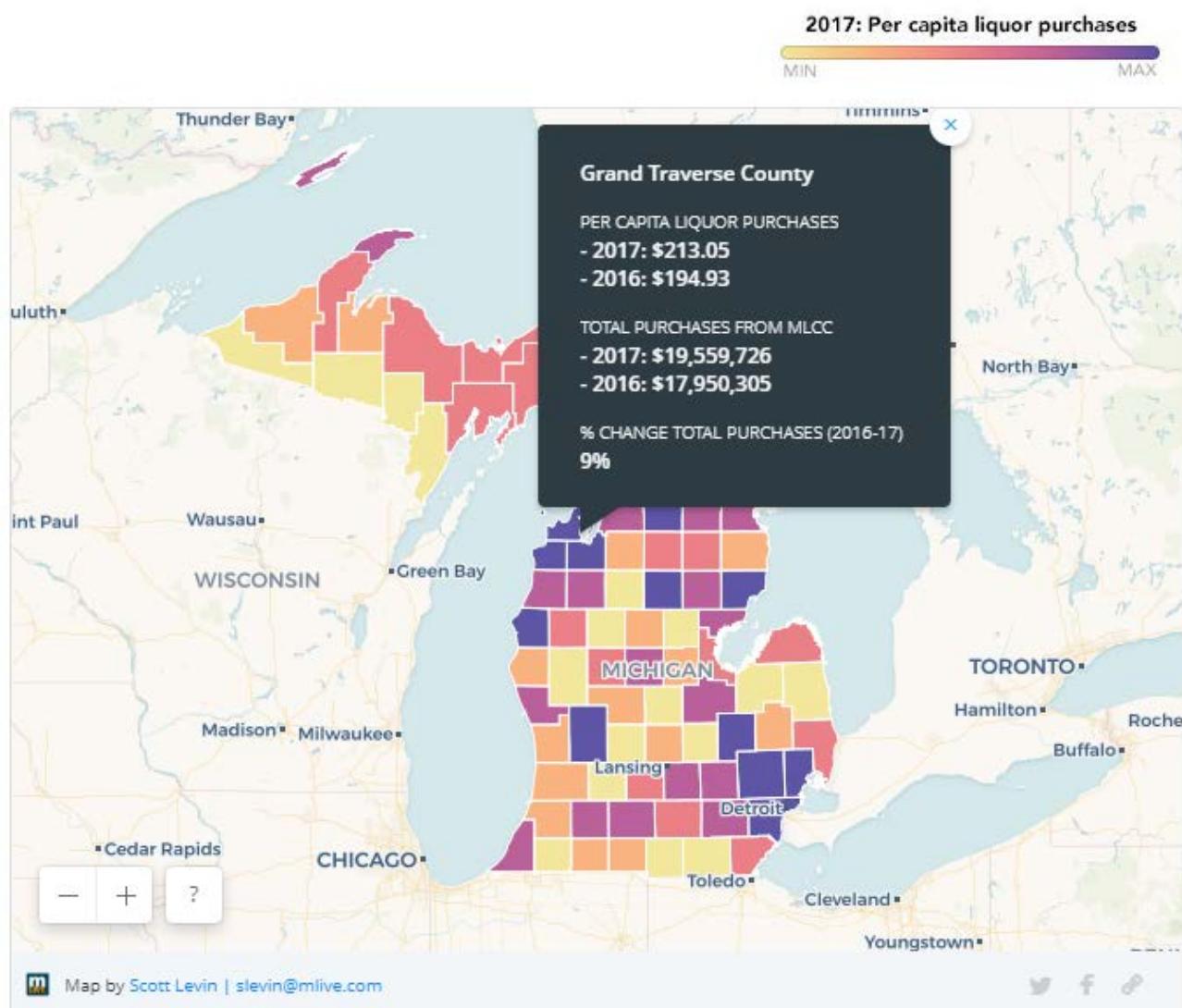
OUR COMMUNITY U.S. BENCHMARK

Percent of the population by insurance status for the 1-county area (ACS 2012-2016).

[Grand Traverse County](#)

Grand Traverse County per Capita Liquor Sales

- Grand Traverse County ranks 3rd among the 83 counties in 2017 per capita wholesale liquors sales. This number does NOT include wine or beer sales.
- Sales are up 9% from 2016.
- The county has 114 businesses selling liquor by the glass and 208 retailers with liquor licenses.
- Those 322 establishments purchased \$19,559,726 in wholesale liquor in 2017.
- Additionally there are 18 wineries located in Grand Traverse County and 10 breweries
- Grand Traverse County also ranked 3rd of 83 counties for wineries economic impact.



https://www.mlive.com/news/index.ssf/2017/08/top_stores_establishments_for.html

Grand Traverse County Marijuana

- As of 1/1/2010 there are 15 medical marijuana dispensaries; this number is expected to increase with the legalization of recreational marijuana in Michigan.
- The City of Traverse City established a medical marijuana ordinance in 2018.

Section 3: Process and Methods

The Northern Michigan Public Health Alliance was contracted to collect, analyze, and interpret data for the Substance Use Assessment from Catholic Human Services, Traverse City. The individuals that conducted the substance abuse assessment process are listed below.

Northern Michigan Public Health Alliance Substance Use Assessment Team

Name	Title
Wendy Hirschenberger, MPH, CPHA	Health Officer, Grand Traverse County Health Department
Jane Sundmacher, MEd	CHIR Executive Director, Health Department of Northwest Michigan
Melanie Perry, MPH, CHES	Public Health Planner, District Health Department #10
Nicole Schaub, MPH, CHES	Public Health Planner, District Health Department #10
Carrie Field, MPH	Community Health Coordinator, Health Department of Northwest Michigan
Emily Llore, MPH	Community Health Coordinator, Health Department of Northwest Michigan
Sarah Oleniczak, MPH, MCHES	Deputy Health Officer, District Health Department #10

Best practice in community assessment is to collect and analyze both secondary data (data collected from reliable sources) and primary data (input from local leaders and public to provide complementary information). It is important to use both types to gather enough information for a full exploration. There are weaknesses to both types of research, but when primary and secondary data are used correctly, together they can provide an accurate understanding of a complex problem. Both secondary and primary data were collected in the Grand Traverse County Substance Use Assessment.

Secondary Data Collection

From April through December 2018, secondary data was collected using most recent year available from a variety of local, state, and national sources in order to compare indicators for Grand Traverse County with state and/or federal rates. These include over 100 indicators related to alcohol, tobacco, and other drug use; hospitalization and treatment for substance use; and deaths from substance use, as well as demographic statistics. Secondary data sources are listed below.

- Catholic Human Services
- Community Commons
- Grand Traverse County Adolescent Health Clinics
- Kaiser Family Foundation
- Michigan Behavioral Risk Factor Surveillance System (ages 18+)
- Michigan Department of Health and Human Services
- Michigan Department of Licensing and Regulatory Affairs
- Michigan Office of Highway Safety
- Michigan Profile for Healthy Youth
- Michigan Substance Use Data Repository
- Michigan Youth Risk Behavior Survey (grades 9-12)
- Northern Michigan Regional Entity
- University of Michigan Monitoring the Future Survey
- US Centers for Disease Control and Prevention
- US National Institutes of Health

Grand Traverse County Drug Free Coalition Input

In April of 2018 the Public Health Alliance team provided a preliminary primary data presentation to the members of the Grand Traverse County Drug Free Coalition. The team highlighted trends and the need for more current youth data in Grand Traverse County. As a result, the Traverse City Area Public Schools and Kingsley Schools quickly mobilized in order to complete the 2018 MiPHY assessment in the area middle and high schools. This data was a key to understanding local trends in youth substance use. At the August 9th coalition meeting, the Public Health Alliance presented a second review of their secondary data results which included the new MiPHY data. The plan for collecting primary data was also presented.

In the fall of 2018, multiple focus groups were conducted including one following the Grand Traverse County Community Collaborative meeting on August 23rd led by the Public Health Alliance. Members from the coalition as well as other community stakeholders attended and helped to answer the question "What can we do in Grand Traverse County to increase prevention and treatment of substance use?" Results from this assessment, the focus groups, key informant interviews and youth summit feed-back were presented at the February 2019 coalition meeting where the Public Health Alliance conducted a data theming exercise with coalition members.

Primary Data Collection

From August through December 2018, primary data was collected in Grand Traverse County. In order to gain a variety of perspective across the community, multiple methods and target audiences were engaged. Altogether, over 170 individuals contributed to the assessment through the methods listed below.

Table 2. Primary Data Collection Timeline

Collection Method	Target Audience	#	Aug	Sept	Oct	Nov	Dec	Feb
Surveys	Drug Free Coalition	10	X	X				
	FAN/Dry House	47	X	X	X			
Focus Groups	GT Collaborative	24	X					
	Older Adults	6				X		
	Recovery Providers	7				X		
	People in Recovery	9				X		
	Youth	12				X		
	Youth	32				X		
Key Informant Interviews	Law Enforcement	1				X		
	Medical Provider	1				X		
	Recovery Provider	1				X		
	Service Agency	1				X		
	FAN Board	1				X		
	Recovery/FAN Agency	1				X		
	Youth Medical Providers	2				X		
	Key Informant Total	8				X		
Focused Discussion	Drug Free Coalition	10					X	
Focused Discussion	Drug Free Coalition	15						X

Section 4: Gathering Community Input through Primary Data

Focus Groups

A focus group is a gathering of deliberately selected people who participate in a planned discussion intended to elicit their perceptions about particular topic or area of interest in an environment that is nonthreatening and receptive. Focus groups are a collective on purpose. Unlike interviews, which are one-on-one, focus groups allow members to interact and influence each other during a discussion and consideration of ideas and perspectives.

For the Grand Traverse County Substance Use Assessment, two types of focus groups were facilitated: Consensus Workshop Method and traditional method.

- The Consensus Workshop Method was implemented with members of the Grand Traverse County Collaborative by a facilitator trained in Technology of Participation Methods. The 90-minute workshop allows the entire group to participate and enables meaningful dialogue, broadens perspectives of participants, and results in clear ideas and conclusions around one specific focus question.

For the Grand Traverse Substance Use Assessment, the collective answer to the focus question, “What can we do to increase prevention and treatment of substance use here in Grand Traverse County?” was—

1. Purposefully promote prevention
2. Actively implement appropriate treatment
3. Strategically partner with government
4. Strategically expand programming
5. Purposefully implement community strategies
6. Dramatically increase access to treatment
7. Thoughtfully advocate for effective policy
8. Meaningfully change culture
9. Deliberately reduce stigma

Please see Attachment A for the full Consensus Workshop Report.

- Traditional focus groups were convened for three categories of stakeholders: people in treatment for substance use disorder, treatment providers, and older adults (Other methods were used to garner perspectives from youth, discussed below). Questions and probes were researched and selected from the Massachusetts Technical Partnership for Prevention and the focus groups were conducted by an experienced facilitator.

Overall themes from these focus groups were:

- *Concerns regarding use* of alcohol, heroin and Fentanyl, prescription drug use, and suboxone.
- *Concerns regarding treatment*, such difficulties people who are seeking recovery experience; lack of education preceding treatment; lack of access to treatment on weekends and during the night; and lack of whole person care.
- *Concerns regarding law enforcement and the court system*, including recovery; community's negative perceptions of police; limited use of drug court; lack of medication assisted treatment once a person is in the criminal justice system; and lack of support for substance use disorders following release from incarceration.
- *Concerns regarding youth prevention*, such as need for increased education initiatives; perceptions from people in recovery that the DARE program is ineffective; and recommendations for more awareness around addiction such as Munson's Open Talks and Addict Awareness Parades.
- *Concerns regarding stigma* evident in multiple domains (police, housing, treatment etc.)
- *Concerns about new prescription laws* leading to unintended consequences of increased street drugs

Key themes from each of the focus groups, with a summary of discussion or a related quote from a participant are below:

- **People In Recovery**
 - *Stigma*
“Some people afraid to go to 12-step because they’re afraid to be seen walking into the building because of stigma.”
 - *New laws restricting opioid prescriptions*
“(My) problems started when I got cut off my scripts and went to heroin. Instead of seeing my doctor.”
 - *Lack of information about treatment*
“(There’s) not anything in place to find out how to get help”
 - *Difficulties getting into treatment*
“It didn’t used to be (hard) like this to get help. Treatment centers wanted you in and there was room always. Now here – there isn’t space”.

- **Treatment Providers**

- *Current substance use*
“I’m seeing a lot more opiate and heroin use, but it hasn’t eclipsed alcohol use.”
- *Trauma and substance use*
“(The inpatient population) is dealing with huge amounts of trauma and long-term addiction and lack of support for trauma from 20-30 years ago”
- *Social determinants of health and substance use*
“There’s a huge housing crisis here and people tend not to do well when they are not in a stable housing situation.”
- *Recommendations to address substance misuse and abuse*
Prevention and education; public health strategy; whole person approaches
- *Treatment in the criminal justice system*
“If you’re in jail, good luck getting any kind of treatment”
- *Recommendations for target groups for prevention and treatment*
Senior citizens, Tribal members, young adults, active users

- **Older Adults**

- *Local culture of alcohol*
“Alcohol is one of Traverse City’s dirty little secrets”
- *Substance use among older adults*
Concerns with seniors mixing alcohol and medication
- *Storing medications*
“Another fear that some people have is that their grandchildren might come into their medicine cabinet and take their pills. Grandma and Grandpa are easy targets.”
- *Prevention*
“You have got to start in kindergarten.”
- *Pain management*
“When you’re hooked on something like Percocet for a long time and the physician keeps prescribing and prescribing it...where does education for him come in?”

For full Focus Group Reports, please see Attachment B.

Surveys

Surveys are used in community needs assessment to complement other primary and secondary data, quantifying needs and/or filling gaps in the data. Two surveys were administered for the Grand Traverse County Substance Use Assessment: 1) survey of Drug Free Coalition members and 2) survey of Families against Narcotics (FAN) meeting attendees.

Grand Traverse County Drug Free Coalition Member Survey

This three-question survey was used as a proxy for a small group activity that was planned for the coalition's August 2018 meeting but was not implemented due to time constraints. Responses to the open-ended questions are summarized below.

1. What is working to prevent and treat substance use in Grand Traverse County?
 - o Prevention
 - Education about opioids
 - o Treatment/Harm Reduction
 - More treatment options
 - Medication Assisted Treatment
 - Sobriety and Drug Courts
 - Syringe Access Program
 - o Recovery
 - Alcoholics Anonymous, Narcotics Anonymous
 - Faith-based organizations
 - o Community readiness to address substance use
 - o Nothing
2. What are the community conditions enabling substance use in Grand Traverse County?
 - o Inadequate treatment services
 - Lack of Medication Assisted Treatment
 - Lack of rehab center availability
 - o Poverty
 - o Culture
 - Denial
 - Stigma
 - Ignorance about substance use disorder
 - Abundance of bars, breweries, wineries
 - o Belief alcohol and drugs are not harmful
 - o Inadequate sentences
3. What are the root causes to substance use in Grand Traverse County?
 - o Disease
 - Substance use disorder
 - Mental illness

- Trauma/Adverse Childhood Experiences
 - Domestic violence
 - Substance use by caregivers
 - Homelessness
 - Abuse and neglect
- Culture
 - Hopelessness from unemployment, lack of affordable housing, lack of transportation
 - Acceptability of excessive or binge drinking, drug use
 - Easy access
 - Focus on corrections instead of treatment
- Limited access to health care
 - Inadequate supply of psychiatrists, especially child psychiatrists
 - Refusal of some physicians to treat high-risk populations

For the full Drug Free Coalition Survey Report, please see Attachment C.

- Families Against Narcotics (FAN) Survey

Members of the FAN Board of Directors and residents and guests of Unity House completed the survey were asked to rank the top ten strategies on a list of 40+ strategies to prevent or treat substance use in Grand Traverse County. The top ten strategies are listed below:

 1. Make treatment more affordable
 2. Corrections diversions to treatment, no jail
 3. Make sure treatment is adequate
 4. Identify and treat mental illness
 5. Increase prescription education for providers
 6. Make available a continuum of care for recovery
 7. Increase harm reduction strategies by increasing Narcan availability
 8. Eliminate stigma
 9. Empower youth to make informed decisions
 10. Ensure financial resources are available for prevention

For the full FAN /Unity House Survey Report, please see Attachment D.

Community Input Wall

Community input walls are often used in primary research to quickly gather constituent responses to a focus question. They involve posing a question and then asking participants to answer it on sticky notes. The method allows quick anonymous feedback for community assessments. For the Grand Traverse County Substance Use Assessment, a community input board was used to gather perspectives of youth who were attending a substance use conference. There were five questions posed and their top answers are summarized below:

1. What makes you stay drug-free?
 - Positive social support and relationships
Family, general support, friends
 - Hobbies and Activities
Sports and entertainment options
 - Staying Healthy
Maintaining a positive attitude and taking care of your overall health
2. What makes it hard to stay drug Free?
 - Peer pressure
Having friends do it around you and pressure you. Dealing with situations where it is accepted and trying to fit in
 - Mental health issues
Dealing with stress, depression, anxiety, and negative home life
3. What are some problems associated with drug use in your community?
 - Getting into trouble with the law or in school
Crime, missing school, car accidents, domestic abuse
 - Health issues
Death and overdose, depression and mental health issues, injuries
 - Loss of relationships
Losing your family, losing what's important to you
4. If STAND could do one thing to prevent substance use/abuse, what would it be?
 - Awareness and education
Provide education in a variety of formats and have speakers
 - Provide judgement free support
Provide support that won't make youth afraid to ask for help
 - We can't do much.
People make their own choices
 - Punitive measures
Drug searches, more punishment

5. If your STAND Club was given \$2,000 for activities/events, what would they look like?

- Coping and support mechanisms
 - Fun get away day (i.e. Lake Ann Camp day) – a day to get away and re-charge
 - De-stress room
 - Concentrated support groups
 - Therapy dogs/animals in schools for when someone needs a break
 - Alternative outlets (fidget spinners, video games, walks outside)
 - Support groups, anonymous, after school
 - Concert/Hot Tub - you can only go in if you pass a drug test
- Event/calls to awareness
 - Awareness walks
 - Red ribbon week
 - More events like the drug free Traverse City basketball game, but speakers at half time during the game
 - Assemblies, but less about “say NO”
 - Guest speakers, motivational and those that have been through it
 - More awareness and education around the topic

For the full Youth Community Input Wall Report, please see Attachment E.

Key Informant Interviews

Key informant interviews are qualitative in-depth interviews with people who know what is going on in the community. The purpose of key informant interviews is to collect information from a wide range of people—including community leaders, professionals, or residents—who have first-hand knowledge about the community. These community experts, with their particular knowledge and understanding, can provide insight on the nature of problems and give recommendations for solutions. For the Grand Traverse County Substance Use Assessment, key informant interviews were conducted with leaders from multiple sectors. Each interviewee was asked the same set of questions. Questions and responses are summarized below:

- What are the underlying/root causes of substance use in Grand Traverse County?
 - Substance abuse reflects underlying trauma and acts as a coping mechanism
 - Mental health issues going untreated
 - Youth don't have enough support or education and turn to drugs to cope
 - Drugs are easily available (both legal and illegal), poverty increases likelihood of abuse but all incomes are at risk. There is an overall culture of substance abuse
- What resources exist in this community to help protect people?
 - Law enforcement/Justice system
Sheriff, Traverse Narcotics Team, Interdiction Team, Sobriety Court
 - Community groups
Families against Narcotics, Drug Free Coalition, 5-County Substance-Free Coalition
 - Care and support providers
12-Step recovery programs, mental health programs for adolescents, STEP program, Big Brother Big Sister, school prevention, and harm reduction programs

- Are there gaps in services or resources that prevent someone from living a substance free life or getting treatment?
 - Treatment
 - Not enough recovery services/beds in the region
 - Gap in mental health services – especially for youth
 - Not enough after recovery support or housing
 - Gap in suboxone and gabamethadone providers
 - Prevention/Education
 - Not enough public awareness or education
 - Reactive responses rather than proactive at a community systems level
 - Culture in our community promotes alcohol and other substances
 - Giving resources and support to providers
- What are the barriers to accessing recovery services or treatment?
 - Lacking in number of services and providers
 - Long wait times
 - Stigma to admit addiction
 - Financial issues and barriers
 - Barriers with insurance
 - Lack of transportation
 - Not enough funding to support services in the area (mental health)

For Key Informant Interview Report, please see Attachment F.

Summary of Primary Research

To organize hundreds of primary data points, results were framed by the results, described above, of a Consensus Workshop that answered the question, “What can we do to increase prevention and treatment of substance use in Grand Traverse County?”. As discussed above, participants’ collective response was:

- Purposefully promote prevention
- Actively implement appropriate treatment
- Strategically partner with government
- Thoughtfully advocate for effective policy
- Strategically expand programming
- Purposefully implement community strategies
- Dramatically increase access to treatment
- Meaningfully change culture
- Deliberately reduce stigma

Attachment G: Primary Research Summary, is a series of tables, one for each of these goals, that summarizes the related primary data collected in the Substance Use Assessment.

At their February 2019 meeting, Drug Free Coalition members reviewed these tables and completed a Technology of Participation focused discussion exercise called a Cooperative Study of Data to evaluate overall primary research results. It consists of four questions, deliberately asked in this order: objective question, reflective question, interpretive question, and decisional question. The discussion was robust and all of the groups did not complete the exercise within time constraints. A summary of that primary data review exercise is below:

Goal	What are some words and phrases that stand out?	Where have you experienced this?	What are some new questions or insights raised for you?	What are the implications for the Drug Free Task Force?
Purposefully promote prevention	Social support, mental health awareness, education, prescription opioids, resilience, root cause	STAND meeting-- youth recognize the issue Brother in recovery	Why is this not incorporated into the education curriculum if this is a known/growing problem with youth?	Developing peer to peer education strategies for prevention among youth, physician regulated, awareness and patient education
Actively implement appropriate treatment	Provide judgement-free support for youth Over-prescription Opioids are a problem	Criminal justice system Psychiatry practice	How can criminal justice system coordinate with Medication Assisted Treatment?	Advocate for better support for youth w/S.U.D. Educate physicians, prescribers, courts, criminal justice system
Thoughtfully advocate for effective policy	Prescribing best practices Relationship between substance abuse and social consequences	Changes in state laws – how policies are interpreted	Review policies – Everything is not black and white.	Review policies – Recommend changes.
Strategically increase treatment	Judgement-free	ACES Lack of resources or options such as hospital detox, MAT, drug court	Lack of mental health resources	Rethinking treatment Creating hybrids

Purposefully implement community strategies	Unsafe environment to return to Peer coaches in ED Counselors in schools Building awareness	Know of situations where people do not want to be in an unsafe environment Building awareness one overdose at a time	Educating the medical community—overwhelming for them too Kids are saying “more punishment”	Opportunities for community awareness at multiple levels: public, medical, family
Dramatically increase access to treatment	“Lack of” difficulty— increase (desire to) not enough	Lack of beds for inpatient treatment. Especially after detox, causing them to go back	Who is the consumer? Especially regarding understanding the process	Starting point: educate process of treatment
Meaningfully change culture	Traverse City promotes alcohol and other substances (Festivals, bars, wineries, breweries, marijuana dispensaries) Coping mechanism for stress	Highly advertised for locals and promotion of vacation destination. Beer tents, brew fests, restaurants serve alcohol.	Difficult for someone to maintain recovery when advertisement/ accessibility are everywhere.	Planning/promotion of events and activities that are substance free Increase support groups that promote healthy coping skills (Seeking Safety)

Section 5: Substance Use Secondary Data (Grand Traverse, Michigan, and US)

Traffic light indicators will be used to demonstrate data trends.



← **RED** indicates an increase, a high value or an area that could be considered for intervention

← **YELLOW** indicates numbers or rates are stable, but still concerning

← **GREEN** indicates numbers or rates are decreasing, favorable or low

Data is organized by substance and grouped by Youth or Adults when possible

- Alcohol
 - Youth
 - Adult
- Tobacco and other Tobacco Products
 - Youth
 - Adult
 - Maternal Smoking
- Marijuana
 - Youth
 - Adult
- Opioids and Heroin
 - Youth
 - Adult
- Cocaine and other Drugs
 - Youth
 - Adult
- All Drugs Combined
 - Youth
 - Adult

Limitations of secondary data:

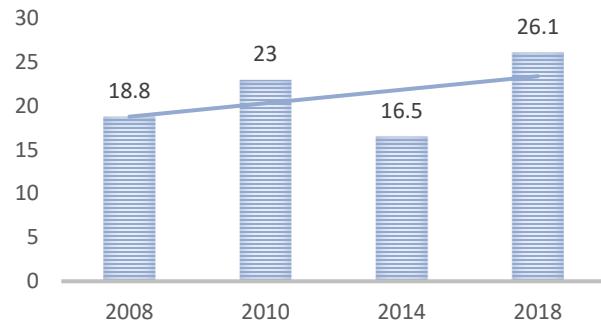
- Data is previously collected - retrospective look backwards for trends
- Provides a baseline to compare or guide primary data collection
- Identifies gaps in data
- Lack of local (Grand Traverse County) data for some substances
- Lack of reference (State and National level) data
- Limited age stratified data available
- Available data on youth has been updated with 2018 MiPHY data for Grand Traverse County
- Lag in data reporting years varies; most recent data available is included in the report



YOUTH ALCOHOL USE

Current Alcohol Use- High School

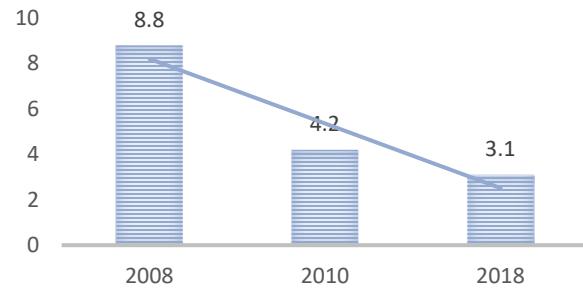
% of high school students who reported they used alcohol in the past 30 days in GT County	
Year	Alcohol Use
2008	18.8
2010	23
2014	16.5
2018	26.1



 A substantial increase in alcohol use during the past 30 days among Grand Traverse County high school students was reported in 2018.

Current Alcohol Use- Middle School

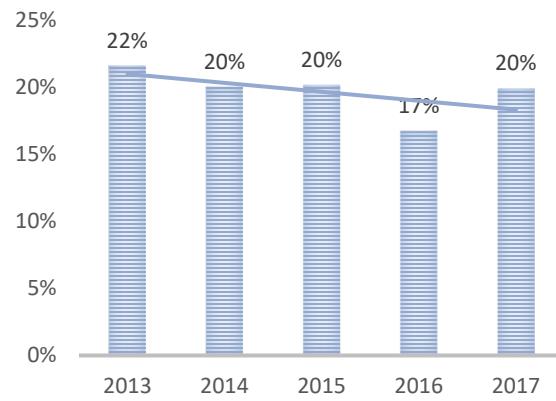
% of middle school students who reported they used alcohol in the past 30 days in Grand Traverse County	
Year	Alcohol Use
2008	8.8
2010	4.2
2018	3.1



 Grand Traverse County middle school students showed a decrease in reported alcohol use during the past month over the past decade.

Current Alcohol Use- Youth ages 13-19

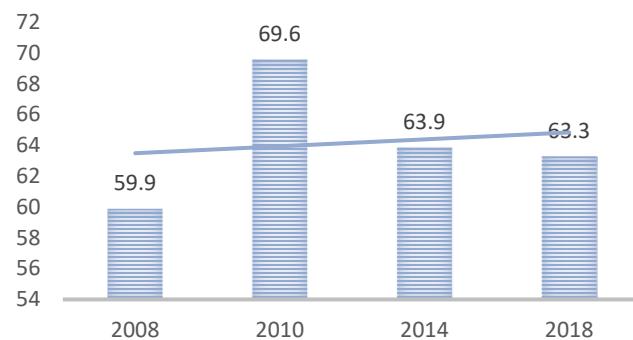
In the past 3 months, have you drank more than a few sips of alcohol (beer, wine coolers, liquor, other)?			
Alcohol Use: GT County Youth Ages 13-19			
Year	# surveyed	Yes	%
2013	528	114	22%
2014	539	108	20%
2015	506	102	20%
2016	454	76	17%
2017	427	85	20%



 About 20% of teens consistently reported drinking more than a few sips of alcohol during the past 3 months.

Alcohol Access- High School

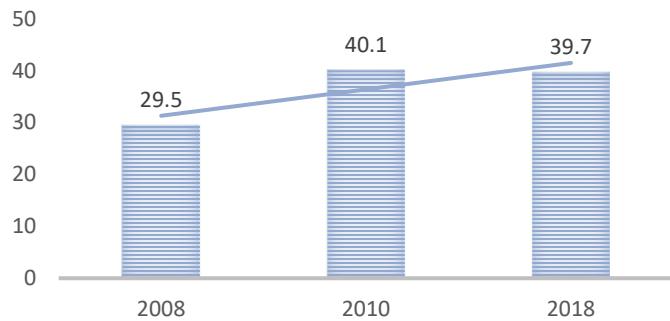
% of high school students who reported it was easy to get alcohol in Grand Traverse County	
Year	Access to Alcohol
2008	59.9
2010	69.6
2014	63.9
2018	63.3



Over 60% Grand Traverse County high school students have consistently reported that access to alcohol is easy.

Alcohol Access- Middle School

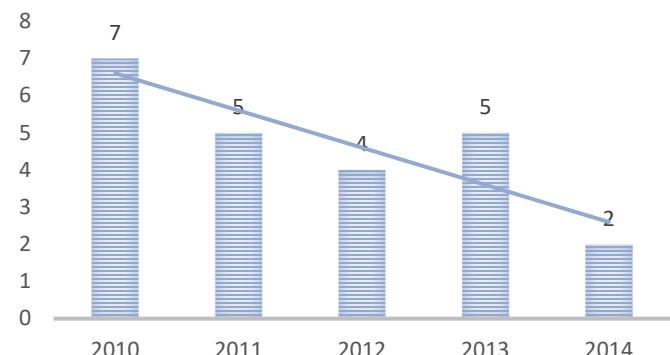
% of middle school students who reported it was easy to get alcohol in Grand Traverse County	
Year	Access to Alcohol
2008	29.5
2010	40.1
2018	39.7



40% of Grand Traverse County middle school students have reported that access to alcohol is easy, an increase of 10% over the past decade.

Alcohol Access- Sales to minors

# of alcohol sales to minors in Grand Traverse County	
Year	GT County
2010	7
2011	5
2012	4
2013	5
2014	2



Alcohol sales to minors has steadily decreased in Grand Traverse County. No data is available after 2014 on this indicator.

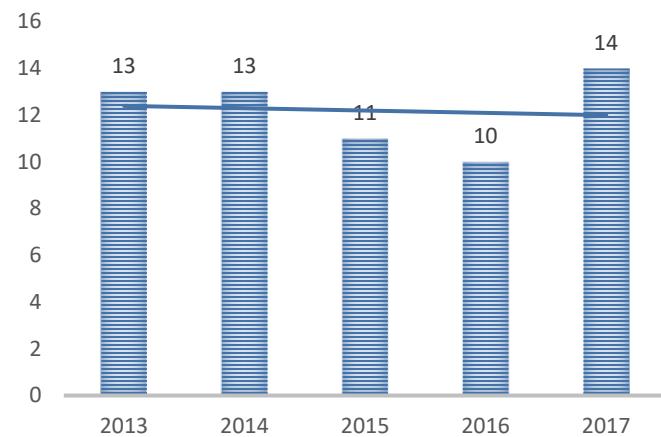
Statewide, for Michigan high school students according to the Youth Risk Behavior Survey:

- 60% of Michigan students drank alcohol (at least 1 drink on at least 1 day of their life) with 12th graders reporting the high of over 72% in 2015
- 15% of Michigan students reported drinking alcohol before the age of 13 years, with 9th graders reporting the highest at over 17% for 2013 and 2015
- 26% of Michigan students reported currently drank alcohol (at least 1 drink in the past 30 days) overall in 2015 with 12th graders reporting the high of over 40% in both 2013 and 2015
- 38% of Michigan students usually obtained the alcohol they drank by someone giving it to them in 2015

Distracted/Drunk Driving

Grand Traverse County Youth RAAPS Data from KTOWN and Youth Wellness Centers, Ages 13-19

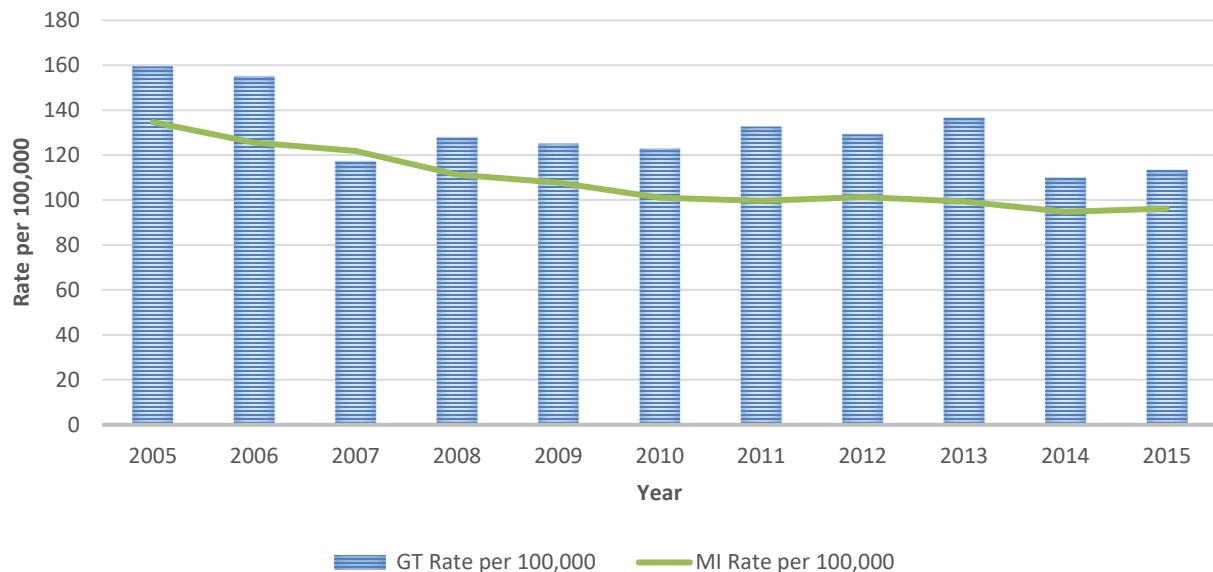
In the past 12 months, have you driven a car while texting, drunk or high, or ridden in a car with a driver who was?	
Year	% Yes
2013	13
2014	13
2015	11
2016	10
2017	14



- 14% of Grand Traverse County youth said they driven or ridden in a car with a drunk, high or distracted driver in 2017
- 4% of Michigan teens said they had drove a car when they had been drinking alcohol in 2017
- 15% of Michigan teens said they had rode with a driver who had been drinking alcohol within the last month in 2017

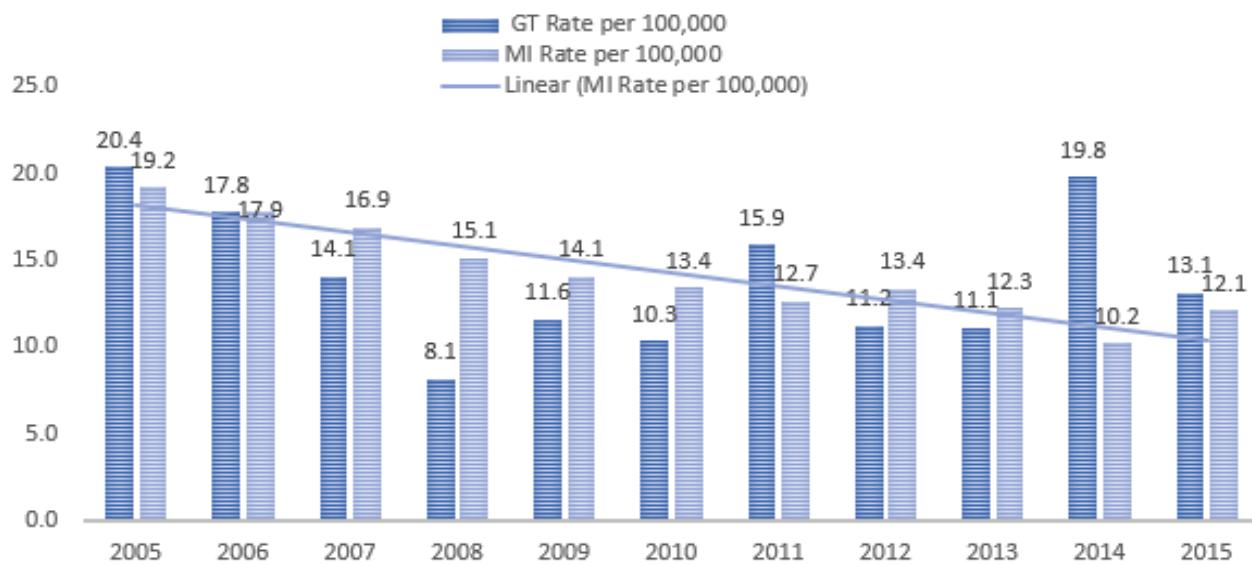
ADULT ALCOHOL USE

Number of Alcohol Related Crashes in Grand Traverse County and Michigan, 2004-2015



Grand Traverse County's alcohol related crash rate exceeds the state average, but has slightly declined over a decade.

Number of Deaths and Incapacitating Injuries from Alcohol Related Crashes in Grand Traverse County and Michigan, 2004-2015



Grand Traverse County's alcohol related crash injuries and deaths have exceeded the state rate in the most recent years, but has declined over a decade overall.

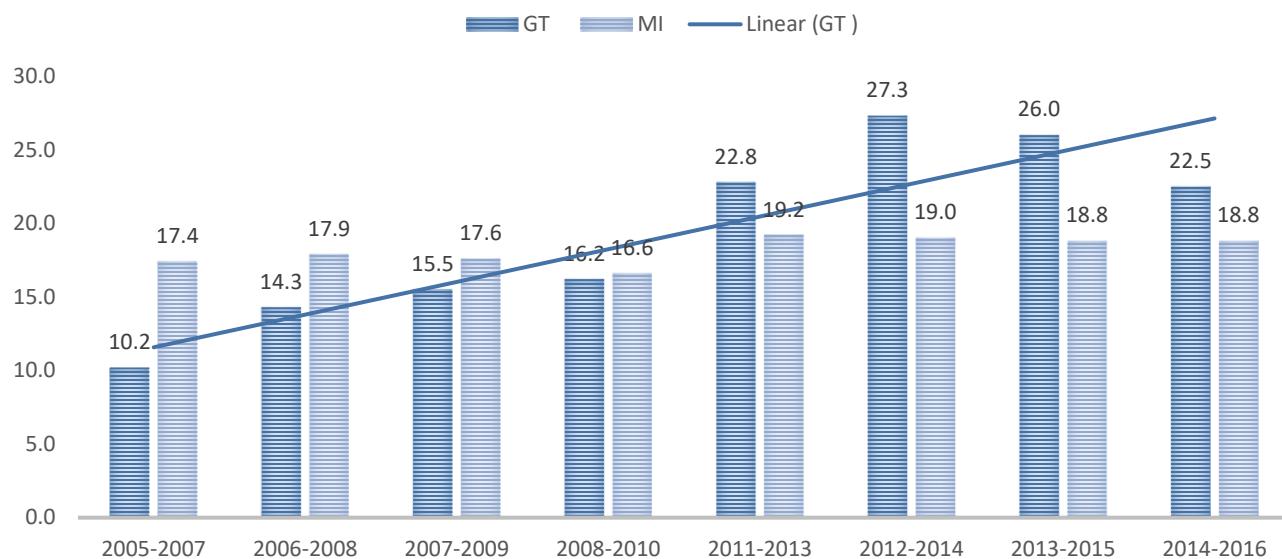
Binge Drinking

Binge drinking is associated with many health problems, including unintentional injuries, sexually transmitted infections, high blood pressure, stroke, and poor diabetes control. Binge drinking increases the chances of breast cancer, heart disease, sexually transmitted diseases, unintended pregnancy, and many other health problems. Drinking during pregnancy can lead to sudden infant death syndrome and fetal alcohol spectrum disorders.

Estimated % of adults who drink based on type (heavy vs binge) in Grand Traverse County and Michigan			
Years	% of Adults by Drinking Type		Binge Drinking
	Heavy Drinking	Binge Drinking	
2005-2007	7.0	5.6	10.2
2006-2008	8.8	5.6	14.3
2007-2009	7.1	5.6	15.5
2008-2010	7.2	5.4	16.2
2011-2013	10.9	6.4	22.8
2012-2014	12.1	6.4	27.3
2013-2015	10.1	6.5	26.0
2014-2016	10.0	6.7	18.8

Heavy- The proportion who reported consuming on average more than two alcoholic beverages per day for men or more than one alcoholic beverage per day for women.

Binge- The proportion who reported consuming five or more drinks per occasion at least once in the previous month.



 Grand Traverse County adults binge drinking rate has more than doubled in the past decade, while binge drinking rates in Michigan and US have remained stable. Adults in Grand Traverse County binge drink more than the Michigan average, but are consistent with the US rate of 27%.

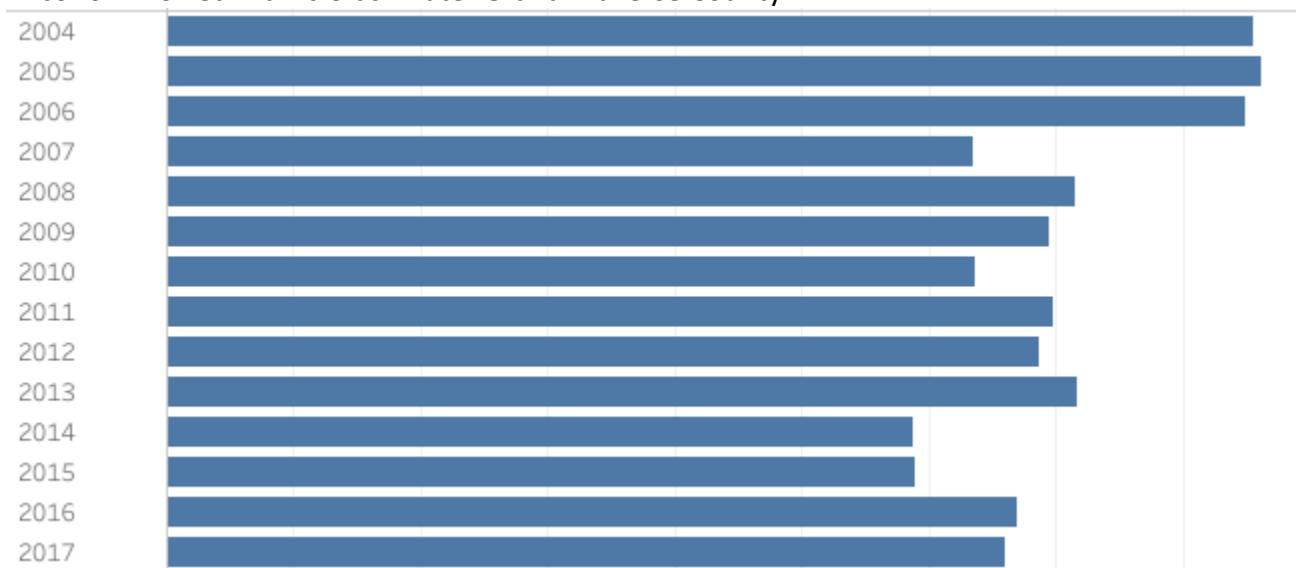
Binge drinking rates for US adults is 27% vs 21% for US high school students

Estimated % of adults who drove a motor vehicle after drinking alcohol in Grand Traverse County and Michigan, 2006-2010		
	Driving after Drinking	
Years	GT	MI
2006-2008	0.9	2.7
2008-2010	0.9	2.7

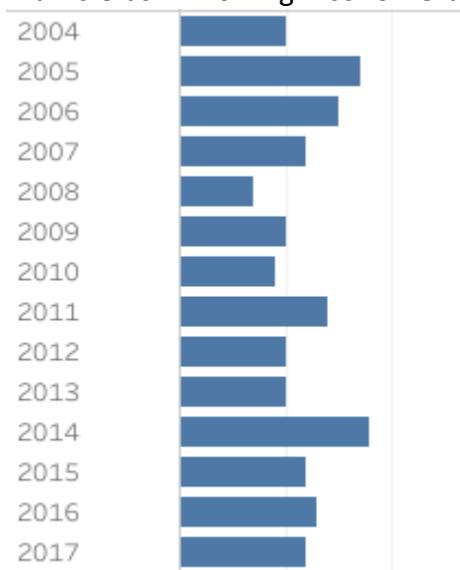
- Adults were less likely to drive a vehicle after drinking alcohol than teens in Grand Traverse County
- Michigan adults (18+) reported a 6% Alcohol Dependence or Abuse in the Past Year in Michigan from 2014-2015 compared to 6.5% for the US overall.

*BRFS discontinued the question for following years

Alcohol Involved Traffic Crash Rate- Grand Traverse County



Incapacitating Injury or Death Resulting from a Traffic Crash Involving Alcohol- Grand Traverse County



- The Grand Traverse County alcohol involved crash rate has decreased, however the number of incapacitating injuries and deaths has not decreased.

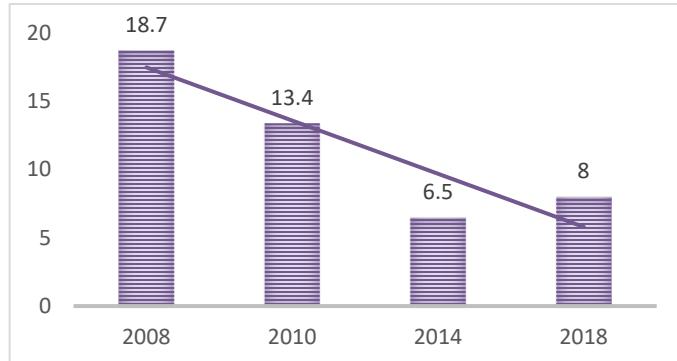
TOBACCO



YOUTH TOBACCO USE

Current Tobacco Use- High School

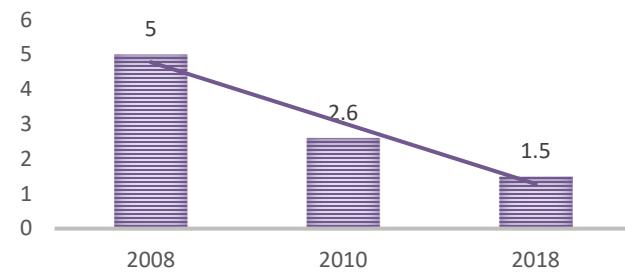
% of Grand Traverse high school students who reported they used tobacco in the past 30 days	
Year	Tobacco Use
2008	18.7
2010	13.4
2014	6.5
2018	8



Tobacco use among Grand Traverse County high school students steadily decreased from 2008 to 2018.

Current Tobacco Use- Middle School

% of Grand Traverse middle school students who reported they used tobacco in the past 30 days	
Year	Tobacco Use
2008	5
2010	2.6
2018	1.5

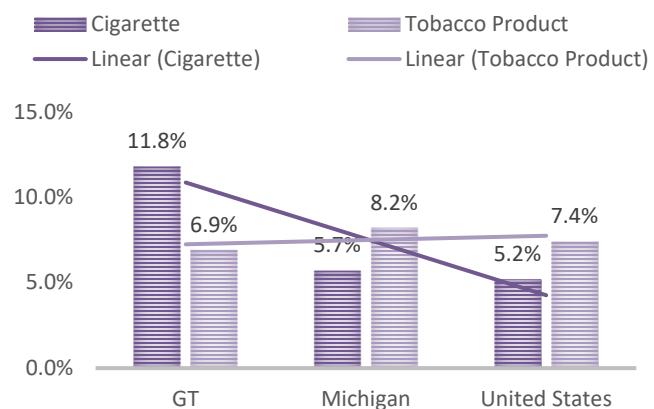


Tobacco use among Grand Traverse County middle school students steadily decreased from 2008 to 2018.

Current Tobacco Use- Teens age 12-17

Tobacco Products include cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco.

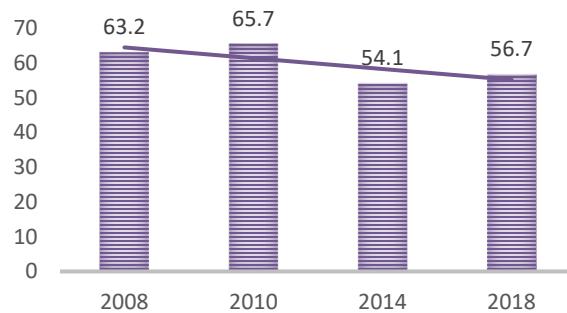
Teens Ages 12-17 Reporting Cigarette and Tobacco Product Use in the Past Month		
	Cigarette	Tobacco
GT	11.8%	6.9%
Michigan	5.7%	8.2%
United States	5.2%	7.4%



Grand Traverse County teen usage of cigarettes exceeds both the Michigan and US rates, while tobacco product usage is slightly lower than Michigan and US.

Tobacco Access- High School

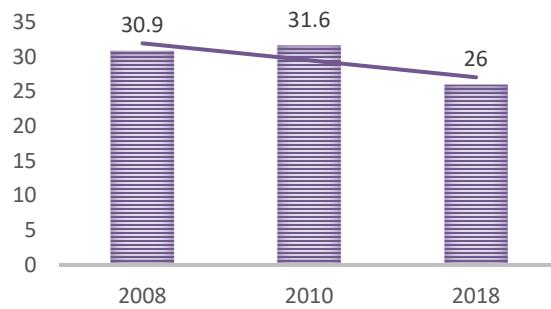
% of Grand Traverse high school students who reported it was easy to get tobacco products	
Year	Access to Tobacco
2008	63.2
2010	65.7
2014	54.1
2018	56.7



- Over 56% of Grand Traverse County high school students have reported that access to tobacco is easy, a decrease of 6% over the past decade, but easy access is concerning.

Tobacco Access- Middle School

% of Grand Traverse middle school students who reported it was easy to get tobacco products	
Year	Access to Tobacco
2008	30.9
2010	31.6
2018	26



- 26% of Grand Traverse County middle school students have reported that access to tobacco is easy, a decrease of 5% over the past decade.

Statewide, for Michigan high school students according to the Youth Risk Behavior Survey:

- 31% of Michigan students had tried smoking in 2017, down from 51% in 2007
- 10.5% of Michigan students reported they were current smokers (at least once in last month) with 3.2 indicating they were frequent smokers (20+ days in a month) in 2017
- 10% of Michigan students indicated they smoked more than 10 cigarettes a day in 2017
- 15% of Michigan high school students said they were currently vaping compared to 38.5% in Grand Traverse County
- 12% of Michigan students said they usually bought the products in a convenience store/gas stations
- 6% of Michigan students currently use smokeless tobacco, over 9% smoke cigars
- 23% of Michigan high school students reported they currently smoked cigarettes, cigars, used smokeless tobacco or an electronic vapor product
- 54% of Michigan high school tobacco users have not tried to quit

YOUTH E-CIGARETTES AND VAPING

E-CIGARETTES TYPICALLY DELIVER NICOTINE

YOUTH NICOTINE EXPOSURE CAN:

- CAUSE ADDICTION
- HARM THE DEVELOPING BRAIN

E-CIGARETTE USE SURGED DURING 2017-2018

IN 2018:

1 IN 5 HIGH SCHOOL KIDS
1 IN 20 MIDDLE SCHOOL KIDS
CURRENTLY USE E-CIGARETTES

HELP PREVENT YOUTH E-CIGARETTE USE

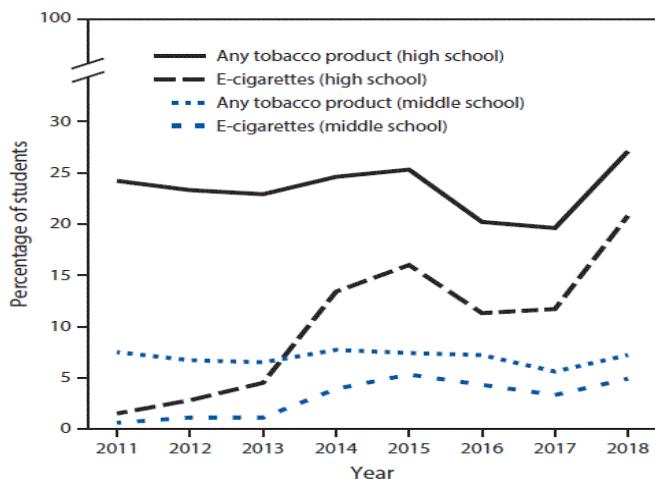
- **KNOW THE RISKS OF E-CIGARETTES**
- **TALK TO YOUTH ABOUT THESE DANGERS**
- **BE TOBACCO FREE**

National Youth Tobacco Survey as reported in Cullen et al., MMWR 2018
<http://bit.ly/CDCVA18>

ceaserv4

WWW.CDC.GOV

Electronic cigarettes are battery-powered devices that provide nicotine and other additives to the user in the form of an aerosol. E-cigarettes entered the U.S. marketplace in 2007, and by 2014, e-cigarettes were the most commonly used tobacco product among U.S. youths. Current e-cigarette use increased considerably among U.S. middle and high school students during 2017–2018, reversing a decline observed in recent years and increasing overall tobacco product use during 2017–2018. Frequent e-cigarette use increased among high school students. Although e-cigarettes have the potential to benefit adult smokers if used as a complete substitute for combustible tobacco smoking, the use of any form of tobacco product among youths, including e-cigarettes, is unsafe. According to the Surgeon General, e-cigarette use among youths and young adults is of public health concern; exposure to nicotine during adolescence can cause addiction and can harm the developing adolescent brain. The rise in e-cigarette use during 2017–2018 is likely because of the recent popularity of e-cigarettes shaped like a USB flash drive, such as JUUL; these products can be used discreetly, have a high nicotine content, and come in flavors that appeal to youths.

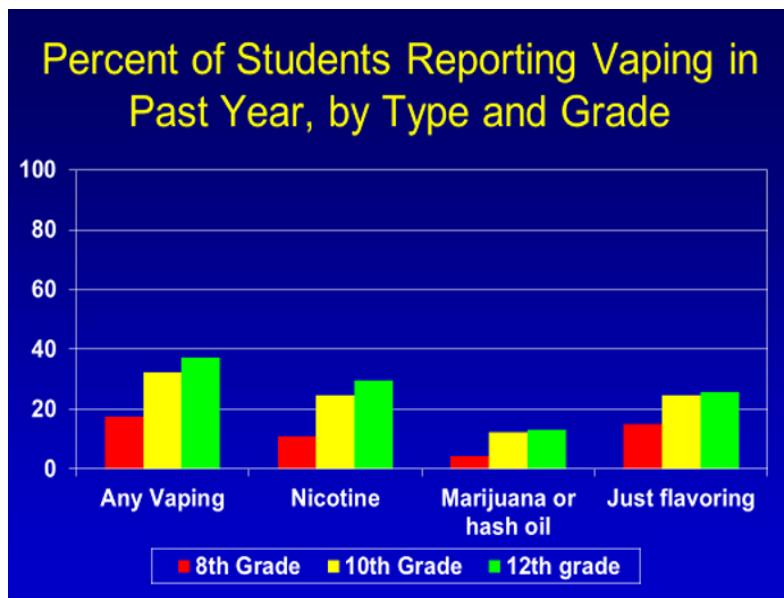


Percentage of middle and high school students who currently use e-cigarettes* and any tobacco product† — National Youth Tobacco Survey, United States, 2011–2018

● E-cigarette use significantly rose among high schoolers nationwide and is also rising among middle schoolers.

● E-cigarettes now account for the majority of tobacco product use among high school students.

The 2018 Monitoring the Future Study by the University of Michigan also found that the most striking finding of this year's survey of drug use and attitudes among 8th, 10th, and 12th graders in hundreds of schools across the country is a **SUBSTANTIAL AND SIGNIFICANT INCREASE IN VAPING**.



Source: University of Michigan, 2018 Monitoring the Future Study

- ⊕ Factors that make vaping so attractive to youth include its novelty and the easy concealability of the latest vaping devices, which better allows youth to vape without adults knowing about it.
- ⊕ Preventing youth from using drugs, including nicotine, vaping will require policy changes, education campaigns and prevention programs in all schools

Grand Traverse County – MiPHY Survey 2018

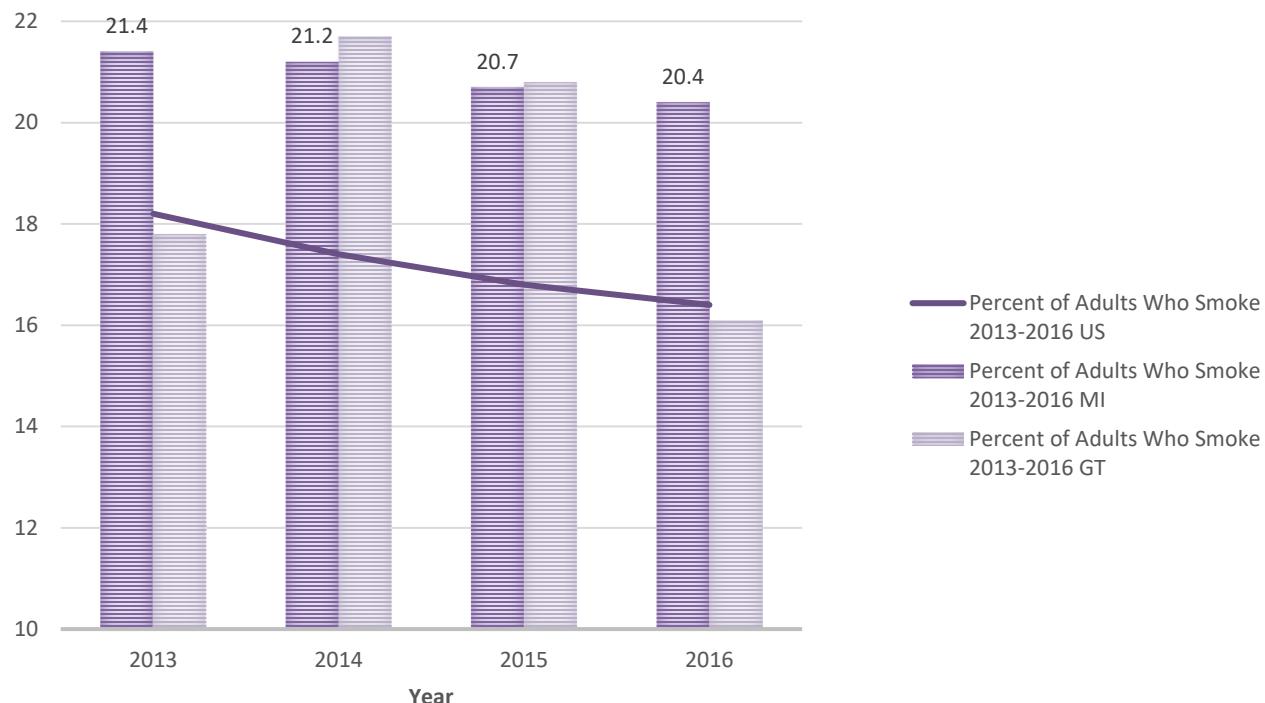
- 39% of Grand Traverse County high school students used an electronic vapor product during the past 30 days compared to 21% of high school student nationwide for past 30 days
- 13% of Grand Traverse County middle students used an electronic vapor product during the past 30 days compared to 5% of middle school students nationwide for past 30 days

National Adolescent Drug Trends 2018- Vaping and E-cigarettes

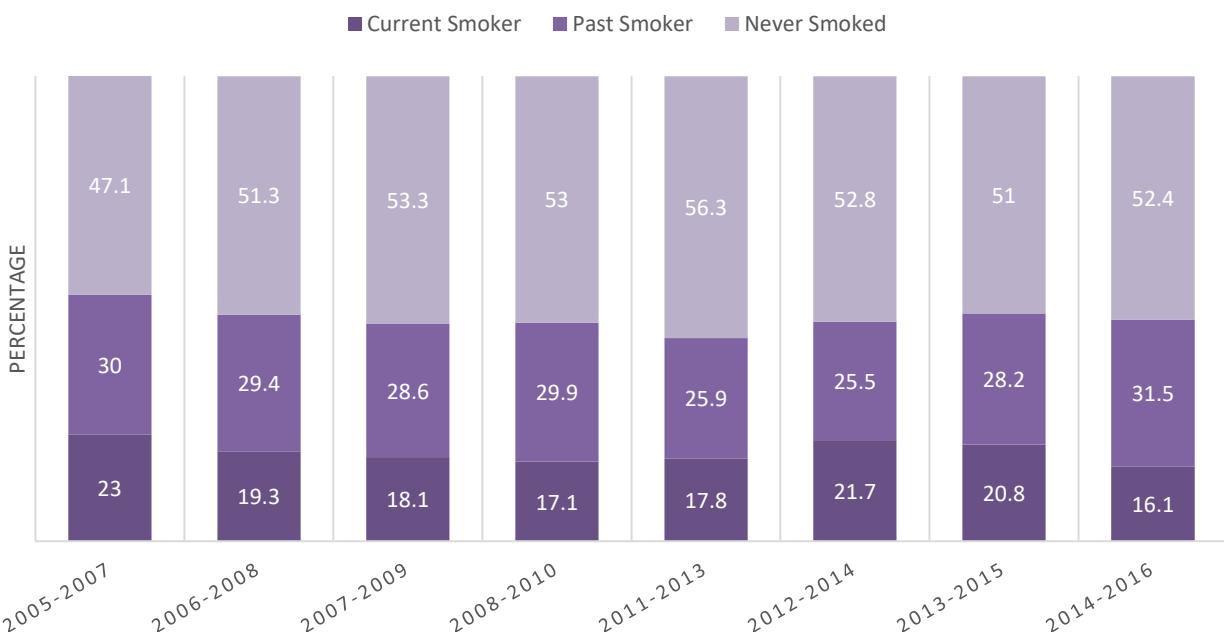
- Vaping is making substantial inroads among adolescents, no matter the substance vaped
- 2018 saw substantial increases in vaping across all substances, including nicotine, marijuana, or just flavoring
- Overall, rates of vaping are second only to alcohol among substances surveyed, for vaping within the past year nationally
 - 17.6 percent of 8th graders
 - 32.3 percent of 10th graders
 - 37.3 percent of 12th graders
- Vaping Surged in 2018- Largest Year-to-Year Increase in Substance Use Ever Recorded in the U.S. for 10th and 12th Grade Students
- More Students Use Nicotine in 2018 than 2017 in 12th Grade due to Vaping
- Marijuana vaping is also increasing
- E-cigarette use significantly rose among high schoolers nationwide and e-cigarettes now account for the majority of tobacco product use among high school students

ADULT TOBACCO USE

Percent of Adults Who Smoke 2013-2016, Grand Traverse vs Michigan vs US

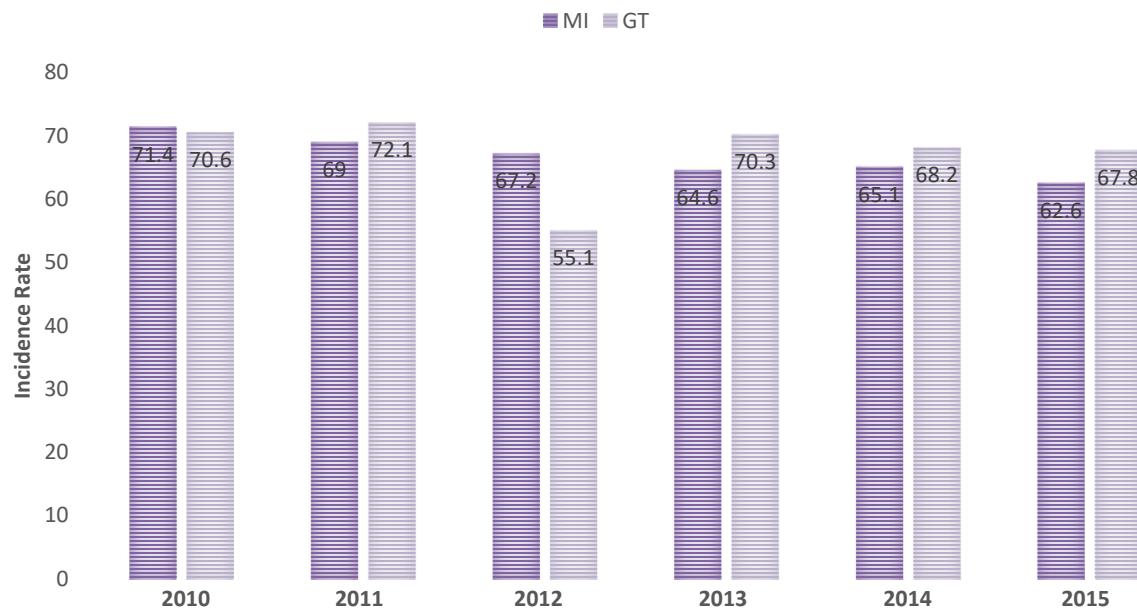


Estimated % of Adults by smoking status in Grand Traverse County, 2005-2016



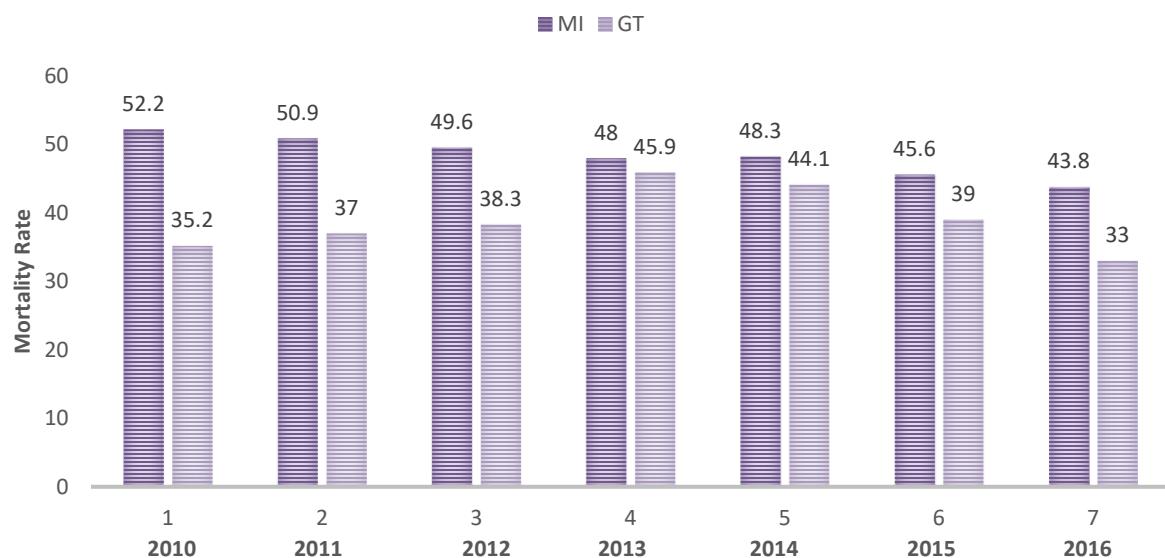
Overall, the percent of adult current smokers in Grand Traverse County has slightly declined in the past decade, but not significantly. However, compared to the rest of Michigan, Grand Traverse County rates are lower.

Lung Cancer Age-Adjusted Incident Rate per 100,000 People, Grand Traverse County & Michigan



Lung cancer incidence rates remained relatively stable in both Michigan and Grand Traverse County.

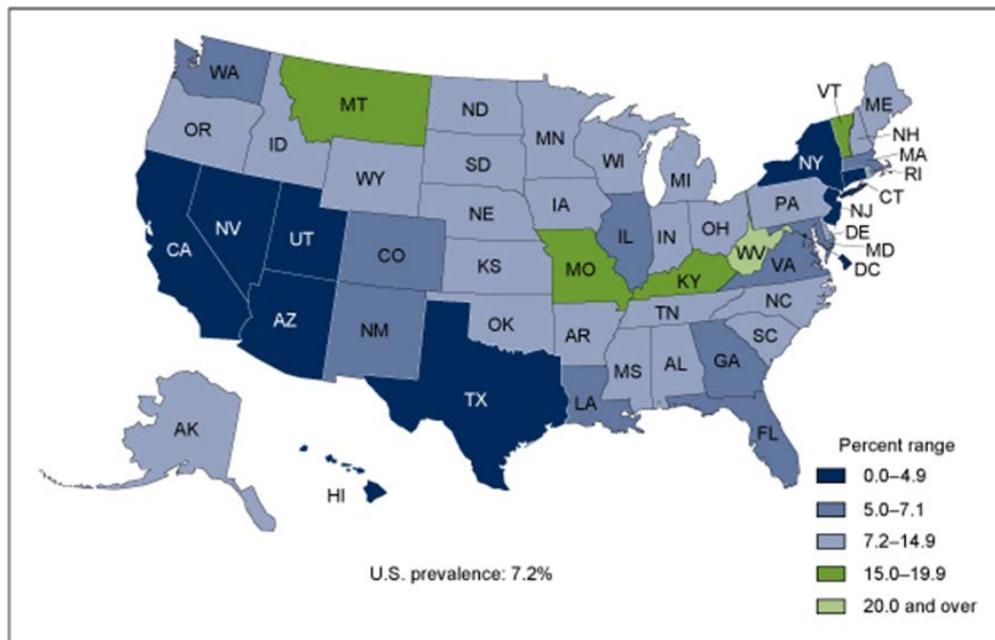
Lung Cancer Age-Adjusted Mortality Rate per 100,000 People, Grand Traverse County & Michigan



Lung cancer mortality rates are lower in Grand Traverse County, which is indicative of higher survival rates due to early stage at detection, better treatment or both.

MATERNAL SMOKING

- Maternal Smoking is linked to negative infant and child outcomes including low birthweight, preterm birth, and various birth defects
- In 2016, 7.2% of women who gave birth smoked cigarettes during pregnancy in the US.
- 15.3% of pregnant women in Michigan smoked while pregnant (2017)
- Most Northern Michigan Counties have higher rates than the state average in 2013.



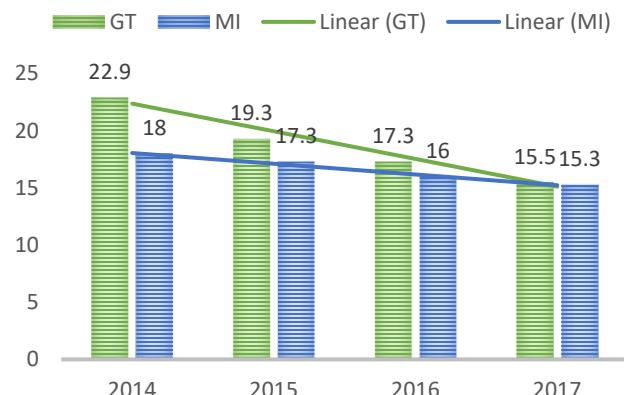
Women were most likely to smoke cigarettes during pregnancy:

- Aged 20–24 (10.7%)
- Aged 15–19 (8.5%)
- Aged 25–29 (8.2%)

● Grand Traverse County maternal smoking rates were higher than the Michigan average until 2017.

● Grand Traverse County maternal smoking rates are double the national average

% of Women who smoked cigarettes during pregnancy				
	2014	2015	2016	2017
GT	22.9	19.3	17.3	15.5
MI	18	17.3	16	15.3



- Grand Traverse County smoking during pregnancy rates decreased by 8% from 2014 to 2017
- Northern Michigan counties continue to experience a higher % of women who smoke during pregnancy compared to the State Average at 16% (2016) and 15.3% (2017)
- Northern Michigan smoking during pregnancy rates decreased 6% from 2014 to 2017, after a region wide intervention from the Northern Michigan Public Health Alliance

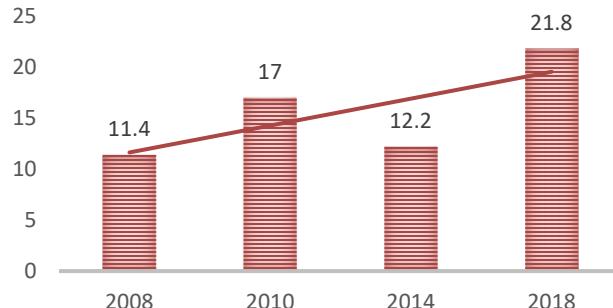
///MARIJUANA///



YOUTH MARIJUANA USE

Current Marijuana Use- High School

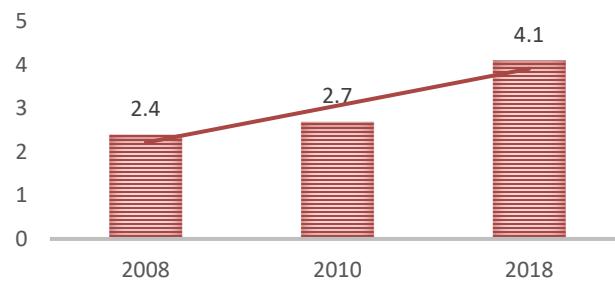
% of Grand Traverse County high school students who used marijuana in the past 30 days	
Year	Marijuana Use
2008	11.4
2010	17
2014	12.2
2018	21.8



Grand Traverse County high school marijuana use nearly doubled between 2014 and 2018

Current Marijuana Use- Middle School

% of Grand Traverse County middle school students who used marijuana in the past 30 days	
Year	Marijuana Use
2008	2.4
2010	2.7
2018	4.1



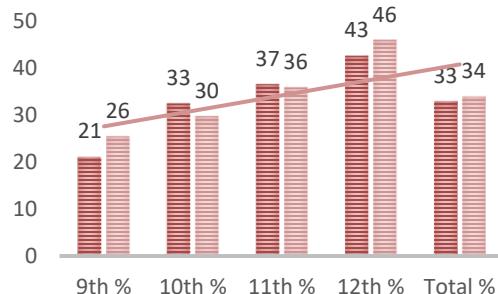
Marijuana use among Grand Traverse County middle schoolers has slowly increased in the past decade

Ever Used Marijuana, Michigan High Schoolers

Rates increased overall by 1% from 2013 to 2015, with the highest use in 12th graders

Estimated % of Michigan students who ever used marijuana (1 or more times in their life) by grade level					
Years	9th	10th	11th	12th	Total
2013	21	33	37	43	33
2015	26	30	36	46	34

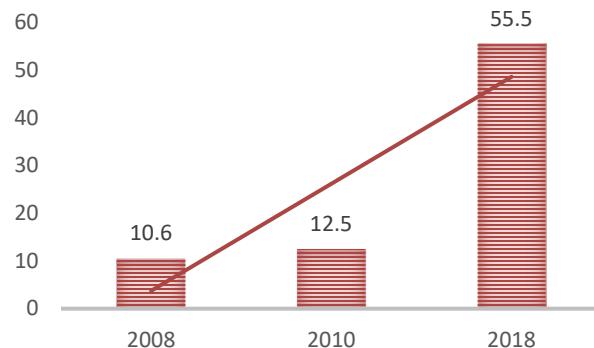
2013 VS 2015



- Marijuana is the most commonly used and readily available illegal drug in the state of Michigan, and is popular among high school students in every racial and ethnic group in the region. 35.4% of the high school students in Michigan reported using marijuana at least once.
- 24% of all Michigan high school students said they are current marijuana users in 2017.

Marijuana Access- High School

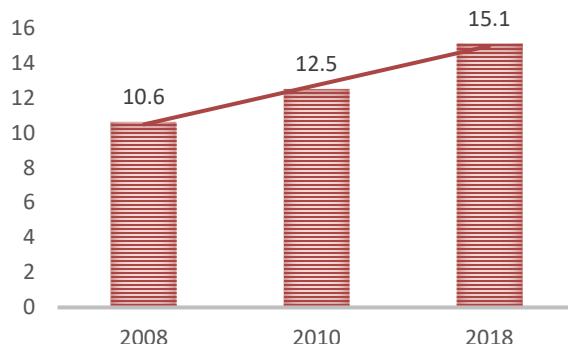
% of Grand Traverse County high school students who reported it was easy to get marijuana	
Year	Access to Marijuana
2008	10.6
2010	12.5
2018	55.5



- Ease of access has dramatically increased for Grand Traverse County high school students. Access will increase further with the Michigan marijuana law change in 2019.

Marijuana Access- Middle School

% of Grand Traverse County middle school students who reported it was easy to get marijuana	
Year	Access to Marijuana
2008	10.6
2010	12.5
2018	15.1

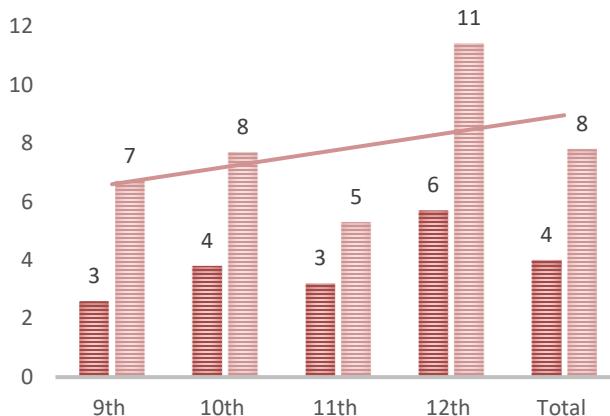


- Ease of access has gradually increased for Grand Traverse County middle school students. Access will increase further with the Michigan marijuana law change in 2019.

Estimated % of Michigan students who ever used synthetic marijuana by grade level					
Years	9th	10th	11th	12th	Total
2013	3	4	3	6	4
2015	7	8	5	11	8

% of Grand Traverse County students who used synthetic marijuana one or more times during their life	
2018	Synthetic MJ
High School	8
Middle School	11.2

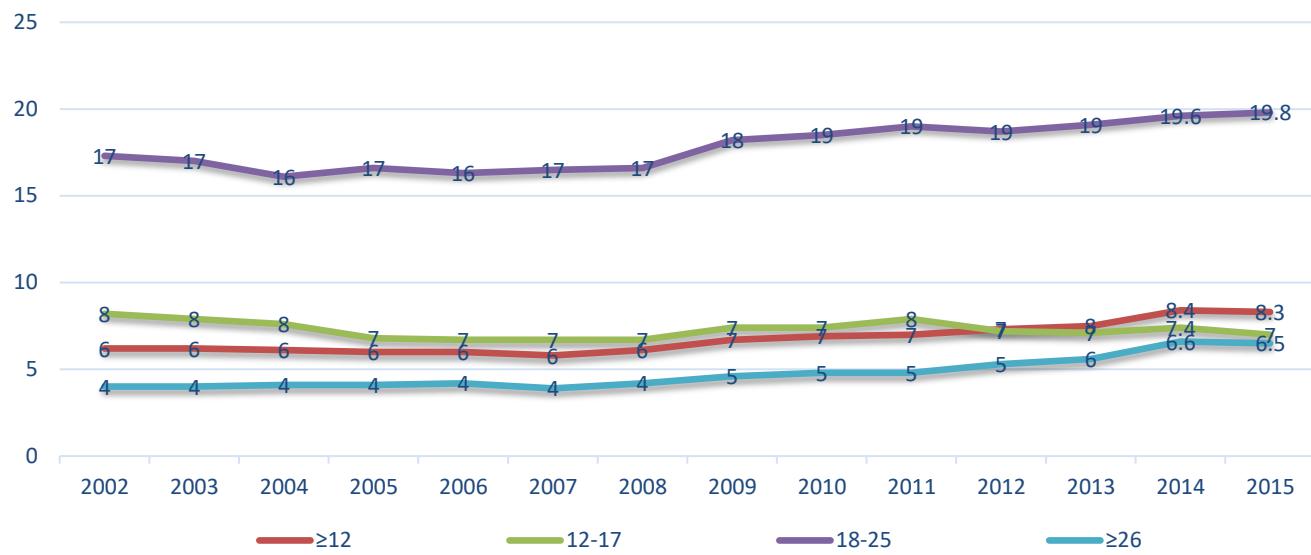
2013 VS 2015



- Grand Traverse middle school synthetic marijuana use is higher than high schoolers

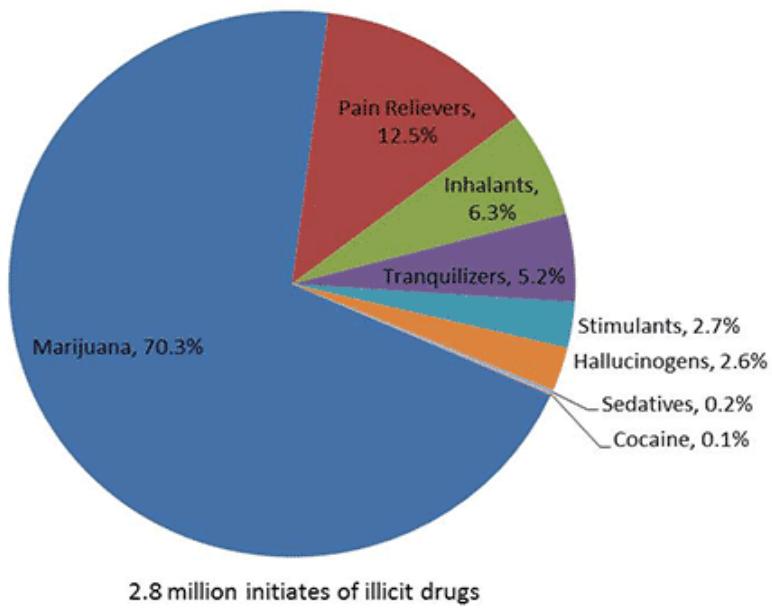
ADULT MARIJUANA USE

Past Month Marijuana Use among People Aged 12 or Older, by Age Group: % use, 2002-2015, US



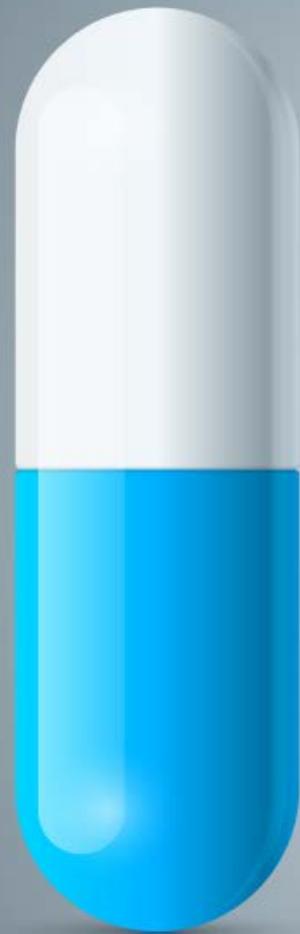
The 18-25 year old age group has by far the highest percentage of marijuana users in the US.

First Specific Drug Associated with Initiation of Illicit Drug Use 2013



Marijuana use account for 70% of the first substances used that lead to the initiation of illicit drug use. Since younger age groups that use marijuana the most, this is a prevention target.

||| OPIOIDS & HEROIN |||



Morphine



Methadone



Oxycodone



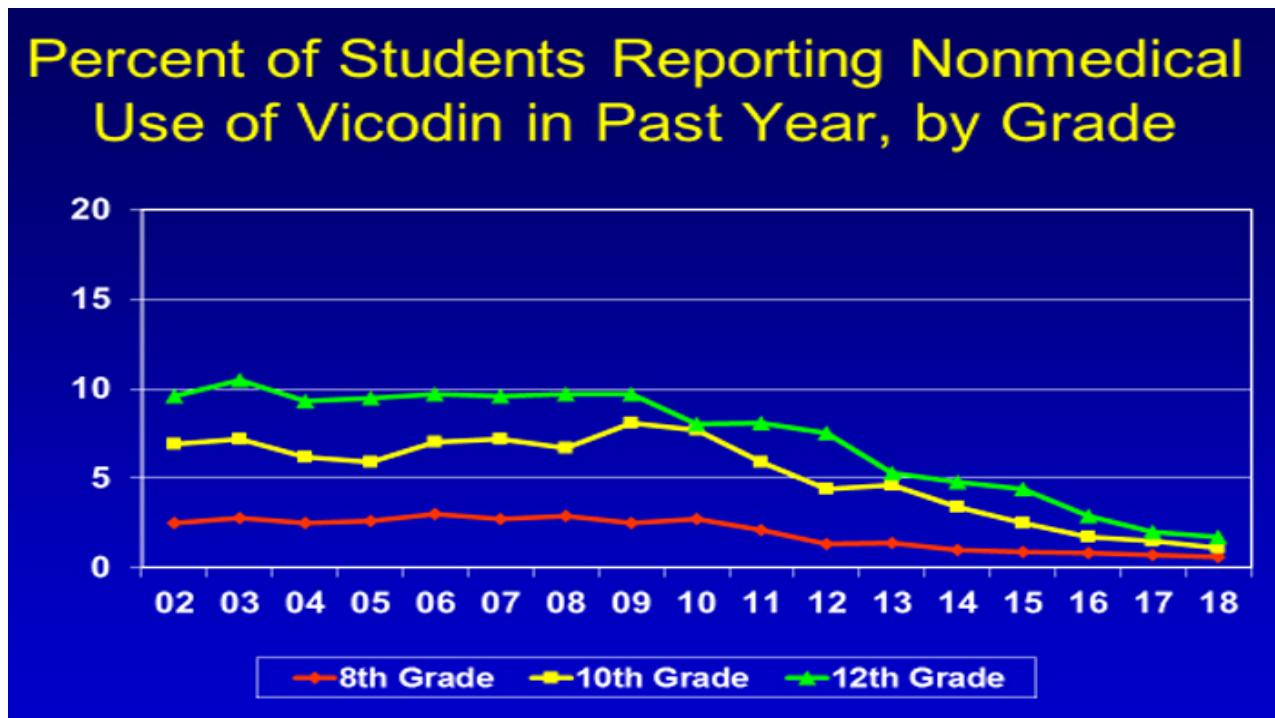
Heroin



Prescriptions

YOUTH OPIOID & HEROIN USE

Opioids- US High School Students

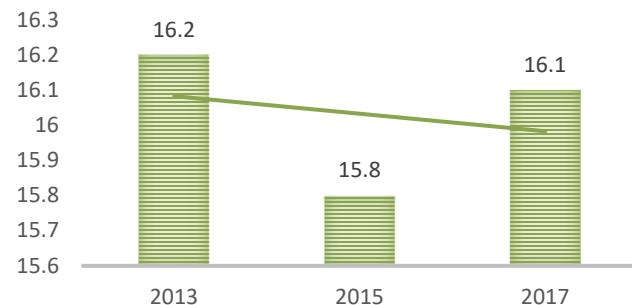


Source: University of Michigan, 2018 Monitoring the Future Study

- Despite the continued rise in opioid overdose and overall overdose deaths and high levels of opioid misuse among adults, lifetime, past-year, and past-month misuse of prescription opioids dropped significantly over the last five years in 12th graders.
- In the past five years, Vicodin® use notably dropped by 58.4 percent in 8th graders, 75.4 percent in 10th graders and 67.2 percent in 12th graders.
- Teens also think these drugs are not as easy to get as they used to be. One in three 12th graders (32.5 percent) said that prescription opioids were easily available in the 2018 survey, compared to more than 54.2 percent in 2010.

Michigan High School Students- Ever Used Opioids

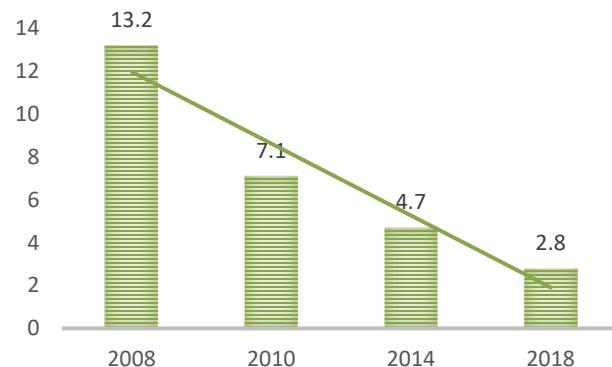
Estimated % of Michigan students who ever took prescription drugs without a doctors prescription by grade level	
Years	Opioid Use
2013	16.2
2015	15.8
2017	16.1



- Michigan high school opioid ever use remained steady throughout the past 5 years

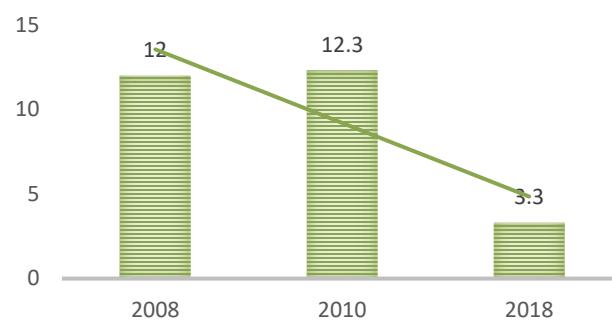
Current Opioid Use- Grand Traverse County Youth

% of Grand Traverse County high school students who took painkillers such as OxyContin, Codeine, Vidodin, or Percocet without a doctor's prescription during the past 30 days	
Year	Opioid Use
2008	13.2
2010	7.1
2014	4.7
2018	2.8



- Grand Traverse County high school opioid use decreased significantly in the past decade

% of Grand Traverse County middle school students who took painkillers such as OxyContin, Codeine, Vidodin, or Percocet without a doctor's prescription during the past 30 days	
Year	Opioid Use
2008	12
2010	12.3
2018	3.3



- Grand Traverse County middle school opioid use decreased significantly in the past decade

Current Heroin Use- Grand Traverse County

% of Grand Traverse High School Students Who Use Heroin in the Last 30 Days	
Year	Heroin Use
2010	0.3
2014	0.6
2018	0.3

- Grand Traverse County high school heroin use remained low

Estimated % of Michigan students who ever used heroin by grade level, 2013 & 2015					
Years	9th	10th	11th	12th	Total
2013	2	2.7	1.6	4.1	2.8
2015	2.1	3.1	1.6	3.2	2.5

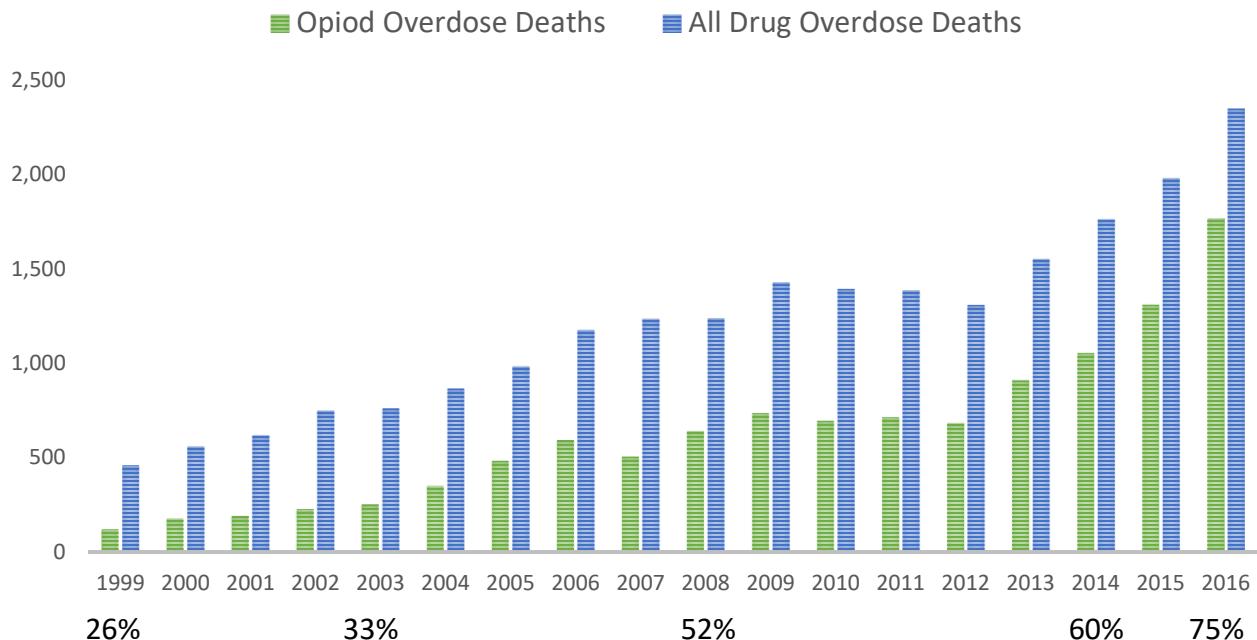
% of Grand Traverse Middle School Students Who Ever Used a Needle to Inject Any Illegal Drug into Their Body	
Year	Injectable Drug Use
2008	4.6
2010	5.4
2018	9.6

- Grand Traverse County middle schoolers have injected drugs with needles at a much higher rate than Michigan high school students

% of Michigan students who ever injected any illegal drug into their body by grade level					
Years	9th	10th	11th	12th	Total
2013	2.2	1.9	1.2	2.6	2.1
2015	3.3	1.7	1.5	2.9	2.4

ADULT OPIOID & HEROIN USE

Opioid related drug deaths in Michigan residents



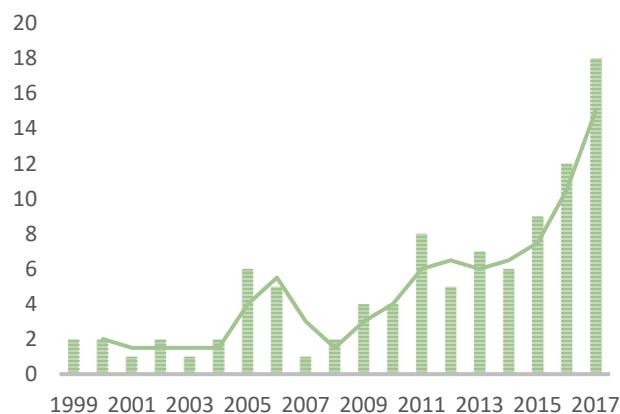
● Opioid overdose deaths accounted for 26% of all Michigan drug overdose deaths in 1999, but increased to 75% in 2016. US Opioid overdose deaths rose from 48% to 66% from 1999 to 2016.

● Since 2013, the Michigan opioid overdose death percentage has exceeded the US percentage; Michigan drug overdose deaths in 2017 exceed traffic, gun deaths combined.

● Opioids including heroin account for 73 percent of Michigan's drug overdose deaths in 2016, according to state data.

Grand Traverse County

Opioid Overdose Deaths 1999-2017



Opioid Prescription rate 2009 - 2016



● Opioid overdose deaths have dramatically increased in the past 5 years in Grand Traverse County. Since 2009, the number of opioid overdose deaths has quintupled.

Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least **3** other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and **death** for users.

People who are addicted to...



ALCOHOL



MARIJUANA



COCAINE



Rx OPIOID PAINKILLERS

are
2x

are
3x

are
15x

are
40x

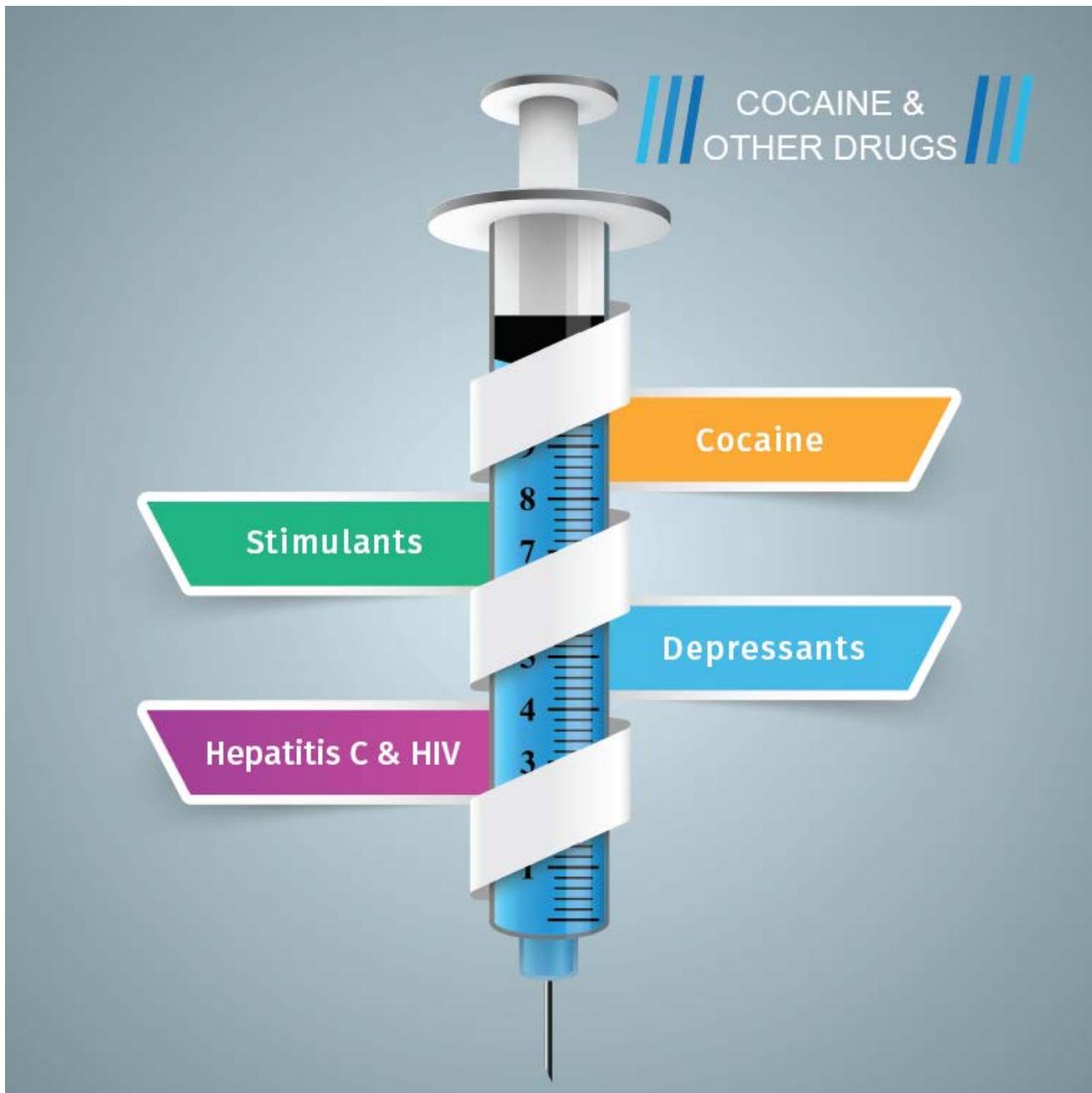
...more likely to be addicted to heroin.

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.

Heroin use is part of a larger substance abuse problem. Nearly all people who used heroin also used at least 1 other drug. Most used at least 3 other drugs.

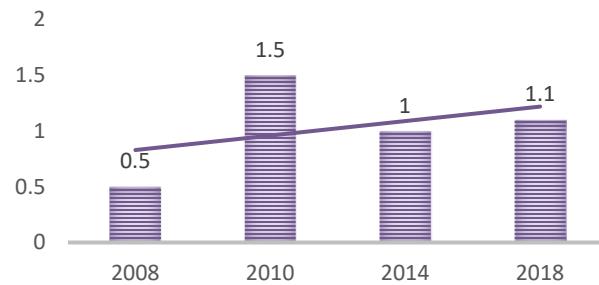
People who are addicted to...

- Alcohol are 2 times more likely to become addicted to heroin.
- Marijuana are 3 times more likely to become addicted to heroin.
- Cocaine are 15 times more likely to become addicted to heroin.
- Prescription opioid painkillers are 40 times more likely to become addicted to heroin.
- Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.



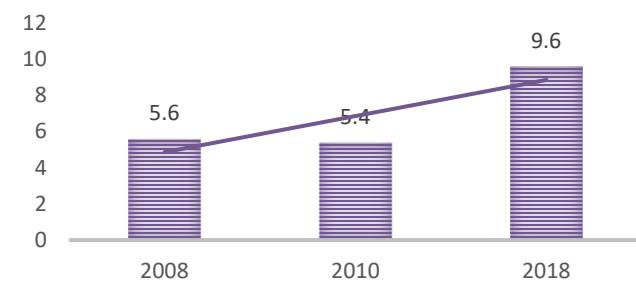
YOUTH COCAINE & OTHER DRUG USE

% of Grand Traverse County High School Students Who Used Cocaine in the Last 30 Days	
Year	Cocaine Use
2008	0.5
2010	1.5
2014	1
2018	1.1



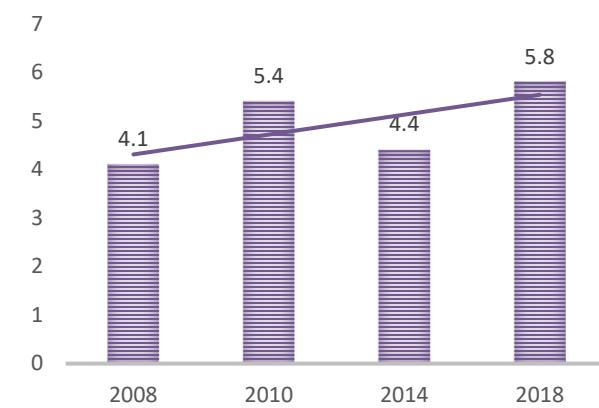
- Grand Traverse County high school current cocaine use has doubled, but rates remain very low

% of Grand Traverse County Middle School Students Who Ever Used Cocaine in their Lifetime	
Year	Cocaine Use
2008	5.6
2010	5.4
2018	9.6



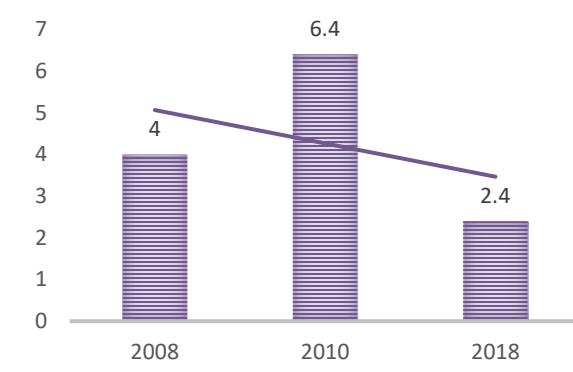
- Grand Traverse County middle school cocaine use ever nearly doubled in the past decade

% of Grand Traverse County high school students who took a prescription drug such as Ritalin, Adderall, or Xanax without a doctor's prescription during the past 30 days	
Year	RX Use
2008	4.1
2010	5.4
2014	4.4
2018	5.8



- Grand Traverse County high school current prescription drug improper use increased

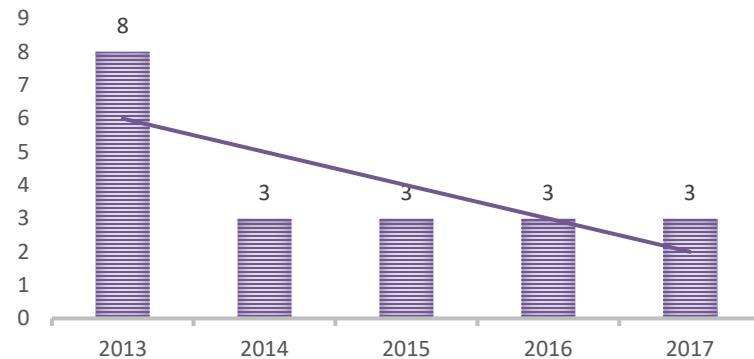
% of Grand Traverse County middle school students who took a prescription drug such as Ritalin, Adderall, or Xanax without a doctor's prescription during the past 30 days	
Year	RX Use
2008	4
2010	6.4
2018	2.4



- Grand Traverse County middle school current prescription drug improper use decreased

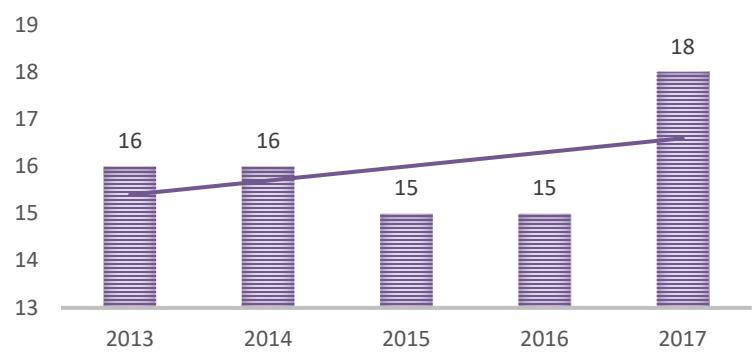
Grand Traverse County Youth RAAPS Data from KTOWN and Youth Wellness Centers, Ages 13-19

In the past 3 months, have you used someone else's prescription or used any nonprescription drugs to sleep, stay awake, concentrate, calm down, or get high?	
Year	% Yes
2013	8
2014	3
2015	3
2016	3
2017	3

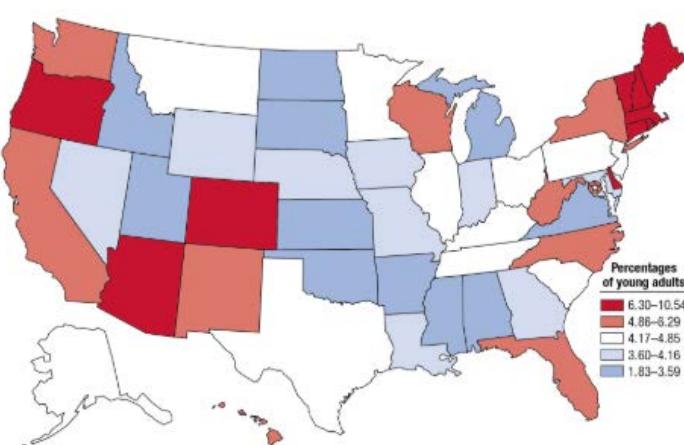


- Recent use of stimulants or depressants in Grand Traverse County teens decreased in the last 5 years

In the past 3 months, have you used marijuana, other street drugs, steroids, or huffed household products?	
Year	% Yes
2013	16
2014	16
2015	15
2016	15
2017	18



ADULT COCAINE & OTHER DRUG USE



- The combined 2014–2015 National Surveys on Drug Use and Health, 1.7 million young adults aged 18 to 25 in the US used cocaine in the past year (4.98% of the young adult population).
- Cocaine use in Michigan young adults was estimated at 3.6%, which was a slight increase from 2013-2014, but still much lower than the Northeast US states (6.4 – 10.5%).

- Cocaine was listed as a contributing factor in 9 deaths in Grand Traverse County in the last 5 years. High purity levels of cocaine (up to 90%) causing the increased number of fatal drug overdoses that are directly related to the abuse of the drug.

Youth High Risk Substance Use

High-risk substance use is defined as any use by adolescents of less prevalent substances with a high risk of adverse outcomes (e.g., mortality, morbidity, criminal justice involvement, school dropout), namely misuse of prescription pain killers and use of select illicit drugs (i.e., cocaine, heroin, methamphetamines, inhalants, hallucinogens, or ecstasy), as well as injection drug use as a method of administration with a high risk of blood-borne diseases (e.g., HIV, hepatitis).

- Adolescents' misuse of prescription drugs is associated with having sex without a condom, having four or more sexual partners, and experiencing dating violence.
- Adolescents who are bullied are more likely to have multiple sexual partners, have sex without a condom, use substances, and experience depression
- Injection drug use places adolescents at direct risk for HIV, while drug use, regardless of mode of administration, places adolescents at risk of overdose.
- Drug use is also associated with sexual risk behavior, experience of violence, and mental health and suicide risks

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2007 Total	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	Trend
Ever used select illicit drugs	22.6	20.0	22.5	17.3	15.4	14.0	
Ever injected illegal drugs	2.0	2.1	2.3	1.7	1.8	1.5	
Ever misused prescription opioids⁺	NA	NA	NA	NA	NA	14.0	NA

Source: National Youth Risk Behavior Surveys, 2007-2017

Findings from the National Youth Risky Behavior Survey

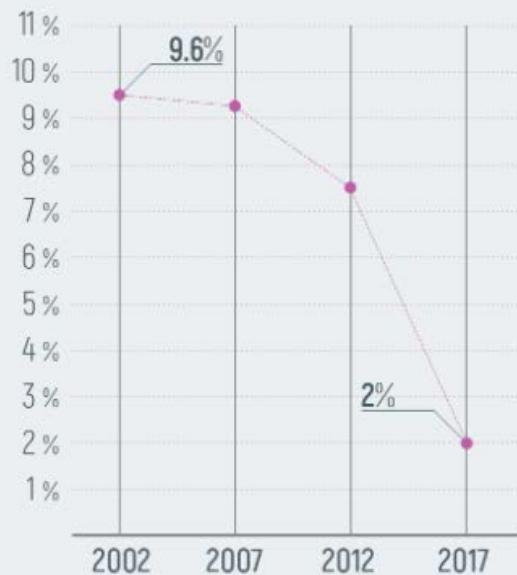
- The percentage of students who had ever used select illicit drugs decreased significantly from 2007 (22.6%) through 2017 (14.0%).
- The percentage of high school students who had ever injected illegal drugs decreased significantly from 2007 (2.0%) through 2017 (1.5%);
- A significantly higher percentage of male students (2.0%) than female students (0.8%) had ever injected illegal drugs. Youth who are bullied or who experience mental health problems or suicide ideation are more likely to engage in risky behavior, including sexual risk and drug use.
- In 2017, 14.0% of students had ever misused prescription opioids.

PAST-YEAR MISUSE OF PRESCRIPTION/OVER-THE-COUNTER

VS

ILICIT DRUGS

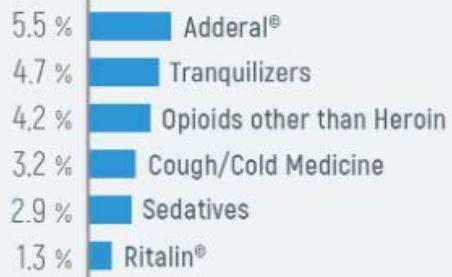
VICODIN®



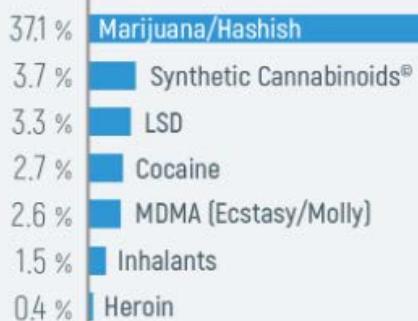
Past-year misuse of Vicodine among 12th graders has dropped dramatically in the past 15 years. Misuse of all Rx opioids among 12th graders has also dropped dramatically, despite high opioid overdose rates among adults.

Source: 2017 Monitoring the Future Survey

PRESCRIPTION/OTC



ILICIT DRUGS

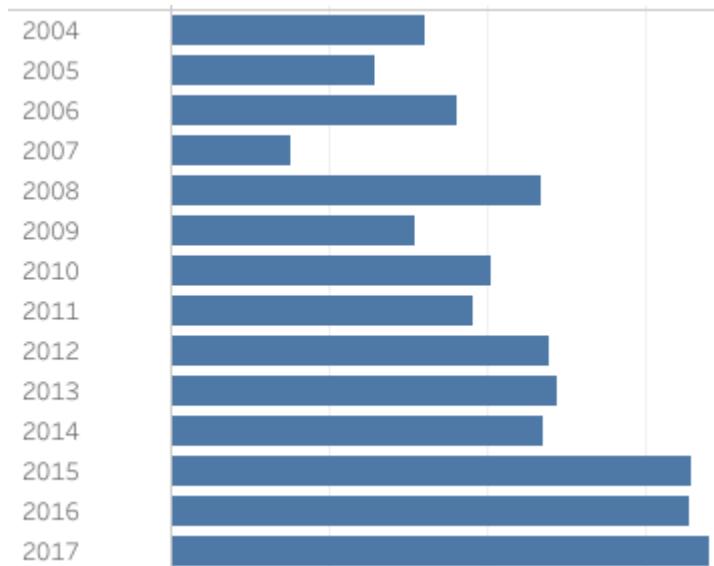


Past-years use among 12th graders

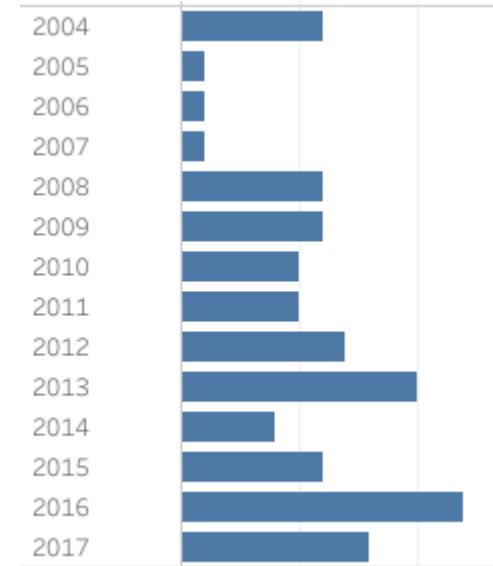


ADULT ALL DRUGS COMBINED USE

Drug Involved Traffic Crash Rate-
Grand Traverse County

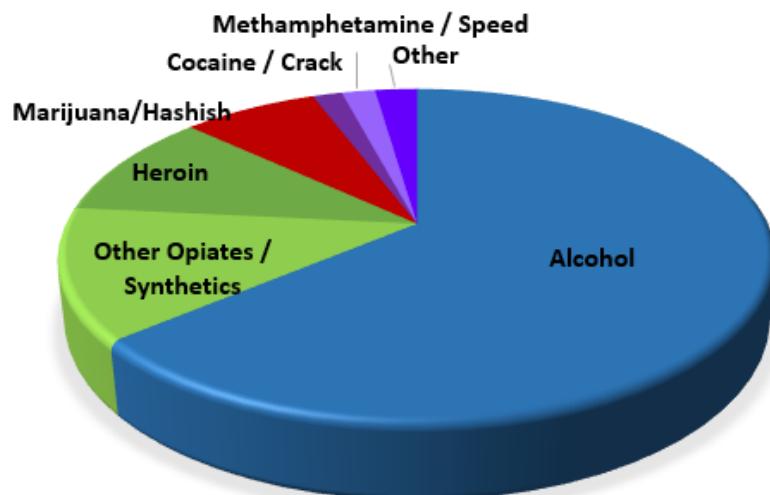


Incapacitating Injury or Death Resulting from a
Drug Related Crash- Grand Traverse County



- Both the drug involved traffic crash rate and the number of incapacitating injuries or death from a drug related crash have increased significantly in Grand Traverse County since 2004

NMRE Primary Admission Substance Data for 2017-2018



NMRE Admissions 2017-2018	%
Alcohol	64%
Other Opiates / Synthetics	13%
Heroin	10%
Marijuana/Hashish	7%
Cocaine / Crack	2%
Methamphetamine / Speed	2%
Other	2%
Total	100%

- Alcohol accounts for about two thirds of all admissions for treatment in Northern Michigan
- Opioids and Heroin combined account for almost one quarter of all admissions for treatment in Northern Michigan
- Munson Hospital reported 174 drug overdose related hospital visits in 2018

Summary of Secondary Data

Key findings from the secondary data collection include the following:

Alcohol

- Over 60% Grand Traverse County high school students have consistently reported that access to alcohol is easy
- 40% of Grand Traverse County middle school students have reported that access to alcohol is easy, an increase of 10% over the past decade
- 60% of Michigan students drank alcohol (at least 1 drink on at least 1 day of their life) with 12th graders reporting the high of over 72% in 2015
- 38% of Michigan students usually obtained the alcohol they drank by someone giving it to them in 2015
- 14% of Grand Traverse County youth said they driven or ridden in a car with a drunk, high or distracted driver in 2017
- 15% of Michigan teens said they had rode with a driver who had been drinking alcohol within the last month in 2017
- Grand Traverse County's alcohol related crash rate exceeds the state average, but has slightly declined over a decade
- Grand Traverse County adults binge drinking rate has more than doubled in the past decade, while binge drinking rates in Michigan and US have remained stable. Adults in Grand Traverse County binge drink more than the Michigan average, but are consistent with the US rate of 27%
- Alcohol accounts for about two thirds of all admissions for treatment in Northern Michigan
- A substantial increase in alcohol use during the past 30 days among Grand Traverse County high school students was reported in 2018
- About 20% of Grand Traverse County teens consistently reported drinking more than a few sips of alcohol during the past 3 months.
- 15% of Michigan students reported drinking alcohol before the age of 13 years, with 9th graders reporting the highest at over 17% for 2013 and 2015
- 26% of Michigan students reported currently drank alcohol (at least 1 drink in the past 30 days) overall in 2015 with 12th graders reporting the high of over 40% in both 2013 and 2015
- 4% of Michigan teens said they had drove a car when they had been drinking alcohol in 2017
- Grand Traverse County's alcohol related crash injuries and deaths have exceeded the state rate in the most recent years, but has declined over a decade overall.
- The Grand Traverse County alcohol involved crash rate has decreased, however the number of incapacitating injuries and deaths has not decreased

- **Alcohol is still the most abused substance, especially among youth**
- **Since alcohol is a legal substance, it is incredibly easy to gain access to (even for youth)**
- **Driving under the influence seems to be a big issue in Grand Traverse County with severe consequences of accidents, injuries and death**

Prevention Strategy: Host speakers (youth summit) and education campaigns teaching us about the facts and risks.

Tobacco & E-Cigarettes

- Grand Traverse County teen usage of cigarettes exceeds both the Michigan and US rates
- Over 56% of Grand Traverse County high school students have reported that access to tobacco is easy, a decrease of 6% over the past decade, but easy access is concerning
- 15% of Michigan high school students said they were currently vaping compared to 38.5% in Grand Traverse County
- 54% of Michigan high school tobacco users have not tried to quit
- E-cigarette use significantly rose among high schoolers nationwide and among middle schoolers
- E-cigarettes now account for the majority of tobacco product use among high school students
- 39% of Grand Traverse County high school students used an electronic vapor product during the past 30 days compared to 21% of high school student nationwide for past 30 days
- 13% of Grand Traverse County middle students used an electronic vapor product during the past 30 days compared to 5% of middle school students nationwide for past 30 days
- Vaping Surged in 2018- Largest Year-to-Year Increase in Substance Use Ever Recorded in the U.S. for 10th and 12th Grade Students
- More students nationwide use nicotine in 2018 than 2017 in 12th grade due to vaping
- E-cigarette use significantly rose among high schoolers nationwide and e-cigarettes now account for the majority of tobacco product use among high school students
- Grand Traverse County maternal smoking rates are double the national average
- 26% of Grand Traverse County middle school students have reported that access to tobacco is easy, a decrease of 5% over the past decade
- 10.5% of Michigan students reported they were current smokers (at least once in last month) with 3.2 indicating they were frequent smokers (20+ days in a month) in 2017
- 10% of Michigan students indicated they smoked more than 10 cigarettes a day in 2017
- 12% of Michigan students said they usually bought the products in a convenience store/gas stations
- 23% of Michigan high school students reported they currently smoked cigarettes, cigars, used smokeless tobacco or an electronic vapor product
- Grand Traverse County maternal smoking rates were higher than the Michigan average until 2017.

- Traditional tobacco use continues to decline for both adults and youth
- The focus on measurement and prevention strategies need to include e-cigarettes/vaping
- Tobacco is still considered the first substance that should be addressed in prevention for early elementary students
- Vaping is making substantial inroads among adolescents, no matter the substance vaped
- 2018 saw substantial increases in vaping across all substances, including nicotine, marijuana, or just flavoring
- Maternal smoking remains an issue to monitor in Grand Traverse County

Prevention Strategy: Advocate for effective policy change (with a focus on e-cigarettes) and start tobacco prevention strategies in early elementary aged children.

Marijuana

- Grand Traverse County high school marijuana use nearly doubled between 2014 and 2018
- Ease of access has dramatically increased for Grand Traverse County high school and middle school students. Access will increase further with the Michigan marijuana law change in 2019
- Grand Traverse middle school synthetic marijuana use is higher than high schoolers
- The 18-25 year old age group has by far the highest percentage of marijuana users in the US
- Marijuana use account for 70% of the first substances used that lead to the initiation of illicit drug use. Since younger age groups that use marijuana the most, this is a prevention target
- Marijuana vaping is also increasing across the US
- Marijuana use among Grand Traverse County middle schoolers has slowly increased in the past decade
- Marijuana is the most commonly used and readily available illegal drug in the state of Michigan, and is popular among high school students in every racial and ethnic group in the region. 35.4% of the high school students in Michigan reported using marijuana at least once
- 24% of all Michigan high school students said they are current marijuana users in 2017

- ✚ Marijuana use continues to be the second most abused substance among adolescents, but it is quickly becoming a top contender among the "baby boomer" generation (see page 2).
- ✚ According to Grand Traverse youth, marijuana is easy to get, widely used, and the medical marijuana law makes the messaging around marijuana confusing
- ✚ Synthetic marijuana use is an emerging trend among youth
- ✚ Evidence-based prevention strategies for youth targeting marijuana use is critical
- ✚ Marijuana use is a known risk factor for advanced drug use as is the initiation drug of choice 70% of the time nationwide

Prevention Strategy: Teach families how to start talking to their kids early and keep talking to them through adulthood.

Opioids and Heroin

- Grand Traverse County middle schoolers have injected drugs with needles at a much higher rate than Michigan high school students
- The 18-25 year old age group has by far the highest percentage of marijuana users in the US
- Opioid overdose deaths accounted for 26% of all Michigan drug overdose deaths in 1999, but increased to 75% in 2016. US Opioid overdose deaths rose from 48% to 66% from 1999 to 2016
- Since 2013, the Michigan opioid overdose death percentage has exceeded the US percentage
- Munson Hospital reported 174 drug overdose related hospital visits in 2018
- Opioid overdose deaths have dramatically increased in the past 5 years in Grand Traverse County
- Alcohol users are 2 times more likely to become addicted to heroin.
- Marijuana users are 3 times more likely to become addicted to heroin.
- Cocaine users are 15 times more likely to become addicted to heroin.
- Prescription opioid painkiller users are 40 times more likely to become addicted to heroin.
- Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.
- Michigan high school opioid ever use remained steady throughout the past 5 years
- Despite the continued rise in opioid overdose and overall overdose deaths and high levels of opioid misuse among adults, lifetime, past-year, and past-month misuse of prescription opioids dropped significantly over the last five years in 12th graders
- In the past five years, Vicodin® use notably dropped by 58.4 percent in 8th graders, 75.4 percent in 10th graders and 67.2 percent in 12th graders
- Teens also think these drugs are not as easy to get as they used to be. One in three 12th graders (32.5 percent) said that prescription opioids were easily available in the 2018 survey, compared to more than 54.2 percent in 2010
- In 2017, 14.0% of students had ever misused prescription opioids
- Opioids and Heroin combined account for almost one quarter of all admissions for treatment in Northern Michigan
- Heroin is widely available throughout the state of Michigan and availability has increased in Northern Michigan

- Since 2008, opioid-related deaths accounted for over 1/2 of all drug overdose deaths in both Michigan & the US.
- Rural community opioid-related death rates have increased 7-fold.
- Suicide rates are 40% higher in rural areas and drug overdose suicides are increasing.

Prevention Strategy: Focus on prevention in youth; preventing drug use and alcohol abuse improves quality of life, academic performance, workplace productivity and military preparedness.

All Other Drugs

- Grand Traverse middle school cocaine use ever nearly doubled in the past decade
- The 18-25 year old age group has by far the highest percentage of marijuana users in the US
- Munson Hospital reported 174 drug overdose related hospital visits in 2018
- Both the drug involved traffic crash rate and the number of incapacitating injuries or death from a drug related crash have increased significantly in Grand Traverse County since 2004
- 95% of the substance abuse problems treated in Michigan include both alcohol and drug abuse
- 2.6% of Michigan high school students reported using an injected illegal drug at least once
- Grand Traverse County high school current cocaine use has doubled, but rates remain very low
- Grand Traverse County high school current prescription drug use increased
- Recent use of various drugs in Grand Traverse County teens slightly increased in the last 5 years
- The combined 2014–2015 National Surveys on Drug Use and Health, 1.7 million young adults aged 18 to 25 in the US used cocaine in the past year (4.98% of the young adult population)
- Cocaine use in Michigan young adults was estimated at 3.6%, which was a slight increase from 2013–2014, but still much lower than the Northeast US states (6.4 – 10.5%)
- Cocaine was listed as a contributing factor in 9 deaths in Grand Traverse County in the last 5 years that involved mixed drug intoxication
- Adolescents' misuse of prescription drugs is associated with having sex without a condom, having four or more sexual partners, and experiencing dating violence.
- Adolescents who are bullied are more likely to have multiple sexual partners, have sex without a condom, use substances, and experience depression
- Injection drug use places adolescents at direct risk for HIV, while drug use, regardless of mode of administration, places adolescents at risk of overdose.
- Drug use is also associated with sexual risk behavior, experience of violence, and mental health and suicide risks
- The percentage of students who had ever used select illicit drugs decreased significantly from 2007 (22.6%) through 2017 (14.0%)
- The percentage of high school students who had ever injected illegal drugs decreased significantly from 2007 (2.0%) through 2017 (1.5%)
- A significantly higher percentage of male students (2.0%) than female students (0.8%) had ever injected illegal drugs.

- The number of arrests that are related to OxyContin abuse in Michigan has increased dramatically over the last several years. Individuals that abuse the drug often obtain it through robberies, doctor shopping, home break-ins and through the process of forging prescriptions.
- Cocaine continues to be a primary drug threat in Michigan
- Methamphetamine is readily available in Michigan, and is being locally produced in northern counties of the state.

Prevention Strategy: Increase local access to evidence-based treatment and work to reduce the stigma for those struggling with addiction so they can access treatment without the fear of discrimination.

Grand Traverse County Trends

Youth

- Alcohol remains top abused substance
- Tobacco smoking is declining, but e-cigarette use and vaping is increasing
- Synthetic marijuana use is increasing and access to marijuana increased for youth
- Accidental or intentional overdose deaths in youth have increased

Adults

- Alcohol use is consistently rising, as is binge drinking
- Marijuana use continues to rise and will increase with legalization
- Dramatic increase in number of drug and alcohol-related deaths
- Increase in opioid-related deaths
- Increase in drug-related crashes
- Increase in opioid and heroin admissions regionally

Prevention of initial substance use is key:

- ✚ Preventing drug use and alcohol abuse improves quality of life, academic performance, workplace productivity and military preparedness
- ✚ Living substance-free, including tobacco-free, increases people's chances of living long, healthy and productive lives
- ✚ Substance use is associated with a range of destructive social conditions, including family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse, and crime
- ✚ Substance abuse contributes to a number of negative health outcomes and public health problems, including cardiovascular conditions, pregnancy complications, HIV/AIDS, sexually transmitted infections, domestic violence, child abuse and neglect, motor vehicle crashes, homicide and suicide

Section 5: Available Treatment & Recovery Resources

Tables on pages 64-69 list over 50 local resources identified that may serve as treatment and/or recovery resources to individuals who are struggling with substance use disorders in the Grand Traverse County. These resources are presented alphabetically by organizational name. The resource lists were current for 2018, the year of this assessment.

As organizations frequently change their services or eligibility standards. That is, being listed in this document does not guarantee that these services are available from the providers listed here. It also does not indicate an endorsement of the quality of services provided. It is also worth noting that while there are many substance use treatment programs in Grand Traverse County, not all are affordable, or offer financial assistance/sliding scales, which is a barrier to many seeking treatment. Additionally, services located in Grand Traverse County, often serve the entire Northern Michigan area. Availability of immediate access may be a barrier also, as openings are limited for each of these resources.

Additionally, it is unclear how many of these resources provide integrated mental health care and substance use treatment, and thus, may have limited utility based on what the community or individual desires. Thus, while there are many existing resources, there is still a great need for integrated resources to address people with multiple co-occurring substance use diagnosis, mental health or other chronic conditions, in order to provide services to meet the needs of Grand Traverse County citizens. A summary of barriers often encountered are listed below:

Barriers to prevention, treatment and recovery of substance use disorders

- Lack of patient awareness of the danger of drug and opioid use
- Challenges in making appropriate mental health diagnoses
- The role that trauma plays in substance use disorders
- Ease of obtaining access to substances
- The stigma attached to substance use disorders
- Lack of provider awareness of pain management options in lieu opioids/drugs
- Treatment options are not accessible due to location
- Treatment options are not accessible due to lack of financial resources
- Entry points in our health care system (emergency rooms, primary care, behavioral health, law enforcement, etc.) do not communicate with one another
- Treatment options are not accessible due to waiting lists
- Patient/family denial
- Recovery programs and support are not geographically accessible
- The availability of transitional housing / sober living options
- Families do not understand and know how to support family members in recovery
- Recovery programs and support are not affordable
- Lack of recovery programs and support that can meet the needs of employed patients
- Providers do not understand opioid recovery and how to manage/support these patients
- Our legal system is not designed to encourage and support recovery
- Employers do not understand how to support and work with employees in recovery

Treatment Resources for Grand Traverse County			
Name	Services provided	Address	Payment Options
Addiction Treatment Services	Drug Addiction Treatment, Transitional Housing and Living, Outpatient Treatment, Dual Diagnosis, Women, Men, Court Appointed Clients	747 East 8th Street Traverse City, MI. 49686	Medicaid Payment Assistance, Private Pay Insurance, Self-Pay, Sliding-Scale Fee
Aleda E Lutz VAMC	Mental Health Treatment Services, Outpatient Treatment, Dual Diagnosis, HIV - AIDS Clients, Gay and Lesbian, Seniors, Court Appointed Clients, Hearing Impaired Clients	3271 Racquet Club Drive Traverse City, MI. 49684	Private Pay Insurance, Military Insurance
Bear River	Drug and alcohol detox, outpatient treatment, residential treatment, IOP,	2594 Springvale Road Boyne Falls, MI 49713	Medicaid, self-insured, private pay
Catholic Human Services	Holistic, Substance Abuse Treatment, Drug Addiction Treatment, Outpatient Treatment, Women, Men, Hearing Impaired Clients	1000 Hastings Street Traverse City, MI 49686	Medicaid Payment Assistance, Medicare Assistance, Private Pay Insurance, Military Insurance, Self-Pay, Sliding-Scale Fee
Centra Wellness	Publicly funded Community Mental Health Service Provider for Manistee and Benzie Counties	6051 Frankfort Hwy # 200 Benzonia MI 49616	Medicaid Payment Assistance, Private Pay Insurance, Self-Pay, Discounted/sliding fee schedule available
Child and Family Services	Mental Health Treatment Services, Outpatient Treatment, Hearing Impaired Clients	2806 Davenport Avenue Saginaw, MI. 48602	Medicaid Payment Assistance, Medicare Assistance, Private Pay Insurance, Military Insurance, Self-Pay, Sliding-Scale Fee
Dan's House	Transitional and supportive housing for those who have experienced chronic homelessness and also suffer from persistent, severe Alcohol Use Disorder, Harm reduction	PO Box 1711 Traverse City, MI 49685	

Treatment Resources for Grand Traverse County			
Name	Services provided	Address	Payment Options
Drug Court	The program provides a continuum of treatment as well as incentives and sanctions for nonviolent felony and misdemeanor offenders.	Grand Traverse County 280 Washington Street Traverse City MI 49684	Payment plan
Harbor Hall	Drug Addiction Treatment, Drug Detox, Transitional Housing and Living, Residential Short-Term Treatment, Residential Long-Term Treatment, Dual Diagnosis, Men	704 Emmet Street Petoskey, MI. 49770	Medicaid Payment Assistance, Private Pay Insurance, Self-Pay
Harm Reduction Michigan	Harm reduction, syringe exchange, overdose prevention, safer substance use, HIV, HEP C testing, referral for treatment, naloxone training	501 West Front Street Traverse City MI 49684	
Mercy Street 231	Drug Addiction Treatment, Outpatient Treatment, Residential Short-Term Treatment, Services for Teens, Dual Diagnosis, Gay and Lesbian, Seniors, Women, Men, DUI/DWI Offenders, Court Appointed Clients	161 East Front Street Traverse City, MI. 49684	
Munson	Drug Addiction Treatment, Health Services, Outpatient Treatment, Women, Men, Hearing Impaired Clients	1105 6th Street Traverse City, MI 49684	Medicaid Payment Assistance, Medicare Assistance, Private Pay Insurance, Military Insurance, Self-Pay, Sliding-Scale Fee
NMSAS Recovery Center	Methadone treatment, suboxone and outpatient therapy	2136 West M-32 Gaylord MI 49735	
Northern Lakes Community Mental Health	Mental Health Treatment Services, Outpatient Treatment, Dual Diagnosis, HIV - AIDS Clients, Gay and Lesbian, Seniors, Court Appointed Clients, Hearing Impaired Clients, Spanish Speaking, Foreign Languages other than Spanish	105 Hall St Suite A, Traverse City MI 49684	Medicaid Payment Assistance, Medicare Assistance, Private Pay Insurance, Military Insurance, Self-Pay

Treatment Resources for Grand Traverse County			
Name	Services provided	Address	Payment Options
Pine Rest - Traverse City	Relapse Prevention, Residential Long-Term, Residential Short-Term, Sober Living, Substance Abuse Treatment, Mental Health Treatment Services, Outpatient Treatment, Spanish Speaking	116 East 8th Street Traverse City MI 49864	Medicaid Payment Assistance, Medicare Assistance, Private Pay Insurance, Self-Pay
Project Unity for Life	Facilitates reentry and reintegration of the formerly incarcerated and people in recovery into community life; Temporary housing	1689 Park Drive Traverse City, Mi. 49686	
SAMHSA Provider List	Methadone Assisted Treatment	Grand Traverse County	see next table
Sobriety court	Treatment for repeat DUI offenders to reduce recidivism	Grand Traverse County 280 Washington Street Traverse City MI 49684	Payment plan
Traverse Health Clinic	Opioid Health Home, Care Management, Methadone Assisted Treatment	1719 South Garfield Avenue Traverse City MI 49686	Medicaid, no insurance
Well-Spring Psychiatry	Substance abuse and mental health co-occurring conditions, suboxone treatment	2400 Northern Visions Drive Traverse City, MI, 49684	Advance pay
West Brook Recovery Center	Detoxification, Outpatient, Residential Long-Term, Residential Short-Term, Suboxone Used in Treatment, Substance Abuse Treatment	800 Cottage View Drive Building 50 Suite 1020-A, Traverse City MI 49684	Private Pay Insurance, Self-pay

Grand Traverse County Medically Assisted Treatment Providers		
Provider	Address	Phone
Bruce Baker MD	West Brook North, LLC 800 Cottage View Drive, Suite #1020-A, Traverse City MI	866-964-7280
Virginia Barrett NP	1719 S Garfield Avenue Traverse City	231-935-0799
Jason Beatty	3600 Veterans Drive Suite 3 Traverse City, MI 49684	(517) 881-6199
Richard Beck MD	2150 South Airport Road West Suite #D Traverse City	231-935-0363
Jennifer Bowling NP	1719 S. Garfield Avenue Traverse City	231-935-0799
Marilyn Conlon MD	2400 Northern Visions Drive Traverse City	231-922-9625
James Frew	814 South Garfield Avenue Suite C Traverse City OR 615 East 8th Street Traverse City	231-922-8722
Roger Gerstle MD	1719 S. Garfield Avenue Traverse City	231-935-0799
Christopher Gustafson MD	121 S Garfield Ave Suite A Traverse City	231-714-4021
Thomas Hartwig MD	1105 6th Street Traverse City	231-935-6382
David Hendricks MD	Another Path, PLC 153 1/2 East Front Street Traverse City	231-941-6670
Natalie Mattson NP	814 S Garfield Suite C Traverse City	231-922-8722
Scott Monteith MD	202 S Union Street POB 1042 Traverse City	231-775-3463
Julie Moore PA	1010 S. Garfield Avenue Traverse City	231-346-5233
Marylee Pakieser NP	TRAVERSE HEALTH CLINIC 1719 South GARFIELD Avenue Traverse City	231-935-0799
Rachel Plum MD	NLCMH 105 Hall Street Suite A Traverse City	231-922-4850
Linda Rasmussen NP	1719 S Garfield Avenue Traverse City	231-925-0799
Jonathan Robertson DO	1203 E 8th Street Traverse City	231-943-1515
Scott Selle MD	3643 West Front Street Suite C Traverse City	231-935-0614
Robert Townsend	Denali Healthcare Traverse City 3291 Racquet Club Drive, Suite C Traverse City	231-420-1381
Donald Weston III, MD	West Brook North, LLC 800 Cottage View Drive Traverse City	866-964-7280

Recovery Resources for Grand Traverse County		
Name	Services Provided	Location
Alano Club, Growth Through Recovery	Narcotics Anonymous group meetings	892 Duell Road Traverse City MI 49686
Bay Point Church	Narcotics Anonymous group meetings	Secor Road Traverse City MI 49685
Bethlehem Lutheran Church	Alcoholics Anonymous group meetings	1050 Peninsula Drive Traverse City MI 49686
Boardmen Group	Narcotics Anonymous group meetings	222 Cass St Traverse City MI 49684
Centra Wellness Network	SMART Recovery meetings	6051 Frankfort Highway Benzonia MI 49616
Central United Methodist	FAN Chapter meetings; Narcotics Anonymous group meetings	222 Cass St Traverse City MI 49684
Dan's House	Wet house, harm reduction	
Families Against Narcotics	Chapter meetings	222 Cass St Traverse City MI 49684
Freedom Group	Narcotics Anonymous group meetings	341 Washington St. Traverse City MI 049684
Friends Meeting Place	Alcoholics Anonymous group meetings	202 South Oak Street Traverse City MI 49684
Frontside Group	Narcotics Anonymous group meetings	4125 Cedar Run Road Traverse City MI 49685
Grace Episcopal Church	Alcoholics Anonymous group meetings	341 Washington Street Traverse City MI 49684
Growth Through Recovery	Narcotics Anonymous group meetings	3055 S. Cass Traverse City MI 49684
Harm Reduction Michigan	Harm reduction, syringe exchange, overdose prevention, safer substance use, HIV, HEP C testing, referral for treatment	501 West Front Street Traverse City MI 49684
Just for Today by the Bay	Narcotics Anonymous group meetings	Church Of Christ 3250 Rennie Street Traverse City, MI. 49686
Living Clean Group	Narcotics Anonymous group meetings	Friends Meeting Place 202 South Oak Traverse City, MI. 49684

Recovery Resources for Grand Traverse County		
Name	Services Provided	Location
Never Alone Group	Narcotics Anonymous group meetings	Church Of Christ 3250 Rennie Street Traverse City, MI. 49686
Project Unity for Life	Dry house for those in recovery	
Recovery 1st Group	Narcotics Anonymous group meetings	Faith Reformed Church 1139 East Front Street Traverse City, MI. 49684
Rise & Recover	Narcotics Anonymous group meetings	1023 South Division Street Traverse City MI 49684
Salvation Army	Alcoholics Anonymous group meetings	1239 Barlow St Traverse City MI 49686
Sunday NA Group	Narcotics Anonymous group meetings	1105 6th St Traverse City MI 49684
TC Retreat	Men's Recovery, Transitional housing	PO Box 93 Traverse City, MI 49685
TGIF Group	Narcotics Anonymous group meetings	White Church 206 South Oak Street Traverse City, MI. 49684
The Porch	SMART Recovery meetings	747 E Eighth Street Traverse City MI 49684
Women in Recovery Group	Narcotics Anonymous group meetings	First Baptist Church 244 Washington Street Traverse City, MI. 49684

Prevention Resources Identified by Grand Traverse County Drug Free Coalition	
School Based Prevention	Community Grants
STAND- Students Against Negative Decisions <ul style="list-style-type: none"> • Traverse City West High School • Traverse City Central High School • Traverse City High School • Kingsley High School • St. Francis High School • Grand Traverse Academy 	Grand Traverse County Health Department Syringe Service Program
	R-Corp
	Munson Medically Assisted Treatment (SAMHSA)
Prevention Education Mandated In Schools High School Required Health & Physical Education Community "Jim" Elks Addiction Policy Forum Moms On a Mission Student Liaisons Drug Sniffing Dogs Health and Wellness Classes	Impact 100- Addiction Treatment Services
	100 Women Who Care
	State Opioid Response Grant
	Liquor Tax Grants- NMRE
	Rotary
	2% Tribal Grants
	Harm Reduction Grant
	Kiwanis
	Grant Traverse Regional Community Foundation

Section 6: Substance Use Issue Briefs

-  **Alcohol**
-  **Tobacco & E-Cigarettes**
-  **Marijuana**
-  **Opioids & Heroin**

Grand Traverse County Drug Free Coalition
Consensus Workshop of Grand Traverse Community Collaborative
August 23, 2018

What can we do in Grand Traverse County to increase prevention and treatment of substance use?

Purposefully promote prevention	Actively implement appropriate treatment	Strategically partner with government	Strategically expand programming	Purposefully implement community strategies	Dramatically increase access	Thoughtfully advocate for effective policy	Meaningfully change culture	Deliberately reduce stigma
Identify and treat mental health issues	Determine gaps in treatment, prevention, and recovery	Promoting needle exchange, Narcan, MAT	Increasing programming to assist families with substance use issues	Encourage civic groups in promoting drug-free programs	Increase access to treatment and insurance and number of facilities	Establish strong stance against laws that encourage drug use	Change retail messaging to promote healthier options	Reduce and eliminate stigma
Teach resiliency	Make sure treatment is adequate	Increasing harm reduction strategies	Expanding programs in all levels of schools	Community education—town meetings	Affordable treatment	Adopt Health in All Policies for local govts.	Changing cultural identify of county	
Figure out root causes of misuse	Community engagement during treatment	Expand diversions program in all levels of govt.	Expert speakers at school assemblies	Develop community communication strategy	Make treatment more accessible and affordable	Advocate where possible		
Ensure resources are available for prevention	Peer Recover Coaches in ERs and step-down units	Implement surveillance to track trends, misuse	Early education curriculum in schools	Determine human and financial cost of misuse	Ensure resources are available for treatment	Establish stronger anti-drug policies at schools		
Empower youth to make informed choices	Verify evidence-based successes	Correction diversions—to treatment, not jail	Family-based interventions	Properly educate community members				
SUD counselor in schools	Increase MAT options	Legislate where possible						
Stop demand Actively	More prescription education for providers and patients					Technology of Participation Consensus Workshop Facilitated by Jane Sundmacher Jane.Sundmacher@nwhealth.org or 231-347-5041		

Senior Themes

- **Have you noticed any trends in substance use in this area? Is there anything about this community that you think makes it more likely for people to abuse substances?**
 - “Alcohol is one of Traverse City’s dirty little secrets”
 - **Probe: What is it about TC that makes alcohol abuse such an issue?**
 - “Lot of bars”
 - “In recent years, the city is being very generous with handing out different kinds of liquor licenses
 - “Is every other storefront downtown going to be a bar?”
 - “It just leads to bad behavior. I see a lot of invitations on Facebook and it seems they all involve alcohol. Not just paddling for pints but book clubs and knitting classes and beer and hymns”
 - “Right alongside it is drug abuse and it doesn’t matter your age. Young, old, rich, poor, in-between; it doesn’t matter. It affects everybody”
 - “Senior population is the easiest target [to come down on]...why do seniors have to suffer first when you’re trying to get a handle on things?” – *In reference to seniors being the first targeted population in restricting access*
 - **Do you think substance abuse is an issue in your age group? Why or why not?**
 - Yes, concerns with seniors mixing alcohol and medication
 - “They’re hooked. When they try to come off, one doctor told them they won’t give them any more – so they went to another physician”
 - Yes, “some people get addicted because it doesn’t bother them and they’re constantly taking it” vs. someone who has more side effects from pain medication
 - “They’re happy when they’re on their meds. Not so happy when they’re not on their meds”
 - **How do you usually store your medications? Has the way you have stored medication changed based on information about opioids?**
 - “Another fear that some people have is that their grandchildren might come into their medicine cabinet and take their pills. Grandma and Grandpa are easier targets”
 - “We don’t have medications so we don’t lock them up...Do try to stay conscientious”
 - “Haven’t been as careful on that. Have to change and figure out something where I can lock some things up”

Senior Themes Continued

- **Is there anything that you think is working well in our community to keep people from misusing substances?**
 - “No” – multiple focus group members
 - Open Talks at Munson
- **Can you think of anything else that could be done to prevent substance misuse and abuse in our community?**
 - “You have got to start in kindergarten...I can remember when my kids came home with the no smoking agenda and they would say Mom and they would throw the cigarettes away”
 - “Educate around people not just educate people...education to caregivers, the spouse, and their kids”
 - “If there could be a video with a group talking about it [detox] and how painful it is and that's why some of them don't come off is because they don't want to go through that pain and they need a lot of support”
 - “Tap into the incarcerated population”
- **Other Themes**
 - **PAIN**
 - “You can't expect to hit 75 years old and not be in some kind of pain. Learn to live with it, don't take stuff to deaden it. Don't think that as soon as you're in pain that you need to take something for it”
 - “They asked, are you sure, what if you're in pain? – I said, then I'll call my doctor and make him have me in and talk to me about my pain”
 - “I have people in my life 'I've never taken a pill in my life' like it's some badge of honor...but yet, they are dealing with what I would call chronic pain and their quality of life isn't exactly what it should be. Plus, they're spending a boat load of money on what I call some pretty quack medicine”
 - “Had quite a bit of dental work done this year and was in pain, they were kind enough to give me Valium and...I must admit that really helped me get through a very tough situation”
 - “I know you have pain but you have to work with it somehow”
 - **DOCTORS**
 - “One of my physicians, every time I am there – he constantly asks “are you having trouble sleeping?”
 - “When you're hooked on something like Percocet for a long time and the physician keeps prescribing and prescribing it...when the physician notices that someone is asking for this medication...where does the education come in?”
 - “I don't think physicians take time to listen and to sort it out. I think they're starting to do it but because we got to this crisis point”
 - “You have to be proactive and tell the surgeon you don't want it [pain medication]. Or, like somebody said, rip up the prescription and throw it out”
 - “I think as long as you are going to a doctor and under a doctor's care you should be able to get it [prescription opioid]”

Provider Themes

- **What opiates and other substances are your clients using? Are there any patterns or changes over time in use in our community?**
 - Seeing a lot more opiate and heroin use. Still hasn't eclipsed alcohol.
 - Seen people who've gotten in trouble with opiates moving away from opiates...we now have a fentanyl epidemic. I've also seen a lot of clients move to methamphetamine.
 - Cretum has also become more popular [Note: Tree supplement with opioid compounds]
 - Addiction rates across the nation have not changed that much...We had this window of time where that [heroin] was easy to get and now we're seeing the consequences and they're horrific but more people are not struggling with addiction
 - As we limit the supply side – there are people who are comfortable with street drugs and there are people who are really not that comfortable with street drugs so I've found that people are pushing for other things (benzos, flexarol, gabapentin)
- **What kinds of problems do you see in patients who misuse prescription drugs and/or other substances in your community?**
 - Huge housing crisis here...people tend not to do well when they're not in a stable housing situation
 - Psychological stress of the times we live in convinces people they are justified in using substances and people get hooked; accidentally a lot of times
 - Housing and stress. Sort of Maslow's hierarchy, the lowest level.
 - Speaking of the inpatient population – dealing with huge amounts of trauma and long term addiction and lack of support for trauma from 20-30 years ago...and co-occurring disorders and not managing whole person care
 - By the time they land to us, they're almost embarrassed to say "I didn't know this resource was here" and my employer didn't offer support. Support now is focused on adding beds and treatment.
- **What can you recommend to address substance misuse and abuse in our community?**
 - **Not Direct Quotes** – More prevention and education, more public health strategy, more whole person approaches, better activation of volunteers and the community
- **What resources exist in this community to help protect people?**
 - Way more resources in GT with beds, non profits...but it's also expensive to live here
 - GT is pretty ok with suboxone...we do have a lot of resources so people don't have to travel.
 - Lots of Medication Assisted Treatment options but not a lot that do it well and follow the true model

Provider Themes Continued

- **What barriers exist in our community?**
 - Money – what bugs me about these big grants – where it says the money has to go is not always on target. Recycling bullying and suicide programs but missing the mark
 - Easy to keep naming who should be at the table – but we do a really s***** job of defining what the table is. What's our point? What's our end goal?
 - Because of the stigma – people who really need this aren't showing up. Because TNT might be watching...This is a community that is still heavy on corrections
 - Culturally, but definitely as a community, are waiting for people to get sick before we do anything...there isn't a whole lot of support before you're sick
 - Very little on the prevention/education side of things
 - Dependent on the number of resources available. May call during the week and still not have a bed.
 - If you're in jail, good luck getting any kind of treatment
 - Still no residential support after incarceration
- **Are there certain places, people, organizations, groups that will be important for us to consider?**
 - Senior citizens – they stay in their own sphere
 - Tribal representation
 - Young adults: Tough to get young adults engaged / Treatment centers full of early 20 year olds. They need to be at the table. / Age of first admission is trending down / College population sticks to themselves
 - Active Users – No one ever has that group. It's difficult for them to advocate for themselves. That's why we have 50% no show rates
 - Lots of people who are ready to roll but no place to plug in – family members, parents who have lost children
- **What is your experience with prescription monitoring? (challenges, successes)**
 - Prescription monitoring – some griping about MAPS, then it got better
- **PIHPs**
 - My headline for all of this is that we have a PIHP system that is broken, inadequate, inaccurate, unethical, and doing wrong by patients
 - NMRE is completely dropping the ball in this region
 - NMRE – scattershot and non-strategic efforts
 - It's a vision of the epidemic and it doesn't capture the reality of everyone who is impacted. It's not such a limited vision of the target population
 - NMRE is only doing more of the exact same thing they have always done...Have gotten additional funds but are doing more of the same
 - No strategy, no information on harm reduction. Thank goodness for NMSAS.
 - Failing to coordinate and ask providers about creative solutions, bogged down in bureaucracy and struggle with running efficiently

Recovery Group Themes

- **Are there things in this community that have helped you and others in your recovery?**
 - NA
 - AA
 - CHAPS
 - ATS – anger management
 - Michigan Rehab Services
 - Infectious Disease Practice
 - CMH
 - Catholic Human Services
 - The PIER
 - Munson Social Worker – helpful in checking out Medicare and finding out what was available
 - Father Fred
 - Goodwill Inn
 - Munson Inpatient
 - Section 8 Housing
 - Harm Reduction MI – naloxone distribution

Recovery Group Themes – Barriers to Recovery

Information

- [Lack of] Accurate information, timely information. There's no advocacy...need someone to sit with you to help you use the phone.
- Lack of adequate knowledge by hospitals and public health agencies
- Not anything in place to find out how to get help
- 800 numbers on TV but no personal assistance in that. Especially in hospitals, lack of empathy
- Lack of knowledge on leaving treatment for those not in the recovery community

No more clean needle act in Michigan

Difficult to find & get into treatment

- Process of getting into a place like this [inpatient treatment] is extremely difficult. AA, Smart Recovery. Process when you're physically/mentally in that place.
- Had to do so much research on my own to find this place. So many hoops to jump through. Then waiting like a month to actually get in...A lot of addicts won't even deal with that. If they do get through that, if they don't die in the meantime. Small percent of people who will go through all that BS
- Especially with alcoholics/addicts – to get on the phone and to be clear and to have someone understand what you're saying. Mind's not working right. You need help and other people can't do it for you.
- No hospital detox. If you're an alcoholic or addict, no resources unless you threaten to kill yourself. They will take the chance of you seizing out or dying back in the community. We are slowly killing ourselves...When we say people are dying to get in, we mean it.
- Every task is difficult when you're down and out. Even a normal person – it's difficult to get through all of this. Especially if you're on your own. Not eating, not drinking water, very unhealthy. So many physical things wrong to pull yourself together long enough to even figure it out.
- God forbid you want to get help on a weekend. It's like trying to cash a check on a Saturday. Like we don't die on the weekend. My addiction doesn't just operate M-F
- CMH only assists with dual diagnosis. Underlying issues ignored
- Methadone only available in Gaylord
- Impossible to get medication assisted treatment through the jail
- Didn't used to be like this to get help. Treatment centers wanted you in and there was room always. Now here – there isn't space

Recovery Group Themes – Barriers to Recovery

- **Longer Care/ More Follow up/ Cost**

- Lack of funding – spent 30 days trying to find a treatment center for longer
- No follow up. No next step. Should be a 3 month standard.
- People go home to the same crap – same spouses and parents. Nothing to help our families change. Go back to the community and right in the thick of it.
- Treatment needs to involve family on a much larger scale.
- Insurance won't pay for longer care/individual therapist/group family therapy

- **Shortage in Housing**

- **Stigma**

- Try and build affordable housing in a rich community
- People going out of business because there aren't people to work there
- Community loves the idea of a wet house because it cleans up the streets but they don't want to see us
- Some people afraid to go to 12 step because they're afraid to be seen walking into the building because of stigma
- Stigma totally attached to police and addiction
- It's a scary thing to be in public because you're condemned. You're an addict. You use needles, you act like that. But that's not the person I want to be.
- Disease makes us act inappropriately. Don't punish it. If I had cancer, my family wouldn't disown me but because of alcohol they do.

Recovery Group Themes – Availability

- **How and where did you or people that you knew get pills, heroin, or other drugs? Have you noticed changes in availability?**
 - It's everywhere nowadays. Know a person and you just meet people that conjugate in that and coming through the house and resources spread like anything else.
 - Most of the people that I see that use heroin are people that need it for pain.
 - When you're physically addicted, then you're the person cutting it. Then driving down to GR for it so you're using it and cutting it up and using it to fund your habit
 - Lots of people who get prescriptions are poor. If I have money available, helping someone pay their rent. Find an older person and someone who could depend on me...Economy is so bad that people who would never sell their pills ever – are now
- **New Laws**
 - Difference in availability with new laws – people are getting weaned off or completely cut off – which is a horrendous thing to do and dangerous. When people get desperate they break the law.
 - Meet the right person with heroin – a lot cheaper than oxytocin.
 - When the government is concerned about prescription pills –whether for pain or addicts – it drives them to something cheaper. I will switch to something else....without actually treating it. That is when demand for street drugs goes up. When doctor cuts you off it's not like you're just done
 - Cut them off, you put them on the street
 - Fear of OD'ing has scared people lately
 - Problems started when I got cut off my scrips and went to heroin. Instead of seeing my doctor

Recovery Themes - Narcan

- **What can you tell me about Narcan?**

- Not Sure
 - Narcan wasn't easy to get ahold of just in case something bad happened
 - Don't know where to get Narcan but I've had it because of overdoses
 - No info on my community where to get it. First responders just started to carry it.
- Cons:
 - Scary thing to bring up because you don't know if they're going to talk to the cops
 - Crashes you out and throws you into withdrawal.
- Pros
 - It works. Just doesn't work as well on fentanyl.
 - I always carry naloxone.
 - I provide naloxone to others

Recovery Group Themes Continued

- **What was your experience with the police and first responders?**

- **First Responders – All positive feedback**

- Police and first responders. Night and day difference. Cops ruin your life. First responders save your life.
 - Amazing, respectful

- **Police/Court System Pro**

- Addiction does revolve around illegal activities. End results is trouble
 - Instill the fear of being institutionalized early.
 - Was a time that I blamed the police for a lot of things. But they're doing their job. It's the law.

- **Police / Court System Con**

- Law enforcement is not good
 - Putting me in jail doesn't do anything. As soon as I was off probation – go straight to where I was going to get high. This was the first experience I had to go through treatment – was more beneficial than going through jail.
 - Look at Portugal, put you in treatment instead of jail. Result has been lower use. Get people the treatment they need rather than jail
 - This town is just designed to screw people – more police per capita than Detroit. Don't offer drug court. Half the people in jail for drunk driving. A lot of the classes from ATS and counseling work but this town in general is not a good place unless you have a family. A lot of people who do get in trouble just saw screw it and move away.
 - Façade to maintain up here. Beautiful community. Beautiful people. Nobody does that up here.
 - Grand Traverse County – inappropriate for not allowing medication assisted treatment in their drug court. We've got judges practicing medicine and that's inappropriate.
 - Our drug enforcement branch of the police have a part called the interdiction team. If they feel you are a drug user they will follow you and constantly harass you and search and stop you. Just makes you feel hunted. Adds a whole other layer of stress to being an addict.
 - Budget depends on making sure to convict people.
 - Everyone in any amount of trouble up here is basically forced to take a plea bargain. I was never offered drug court. Not giving people the option of treatment. Viewing addicts as criminals and not people who need help
 - Unfortunate that treatment is tied to the correction system... Dynamic of people trying to outfox the system.
 - Convicted...no offers on going to NA or resources. Never offered me any resources at all. Maybe didn't put two and two together. But crimes were driven by addiction. Making really bad choices.
 - Not great. Alcoholic – no more we're just going to drive you home. You go to jail period. To be able to go from jail to a treatment facility is rare.

Recovery Group Themes Continued

- **What would be the best way to reach people who use pills, heroin, or other drugs with information?**
 - Speakers can help reach people
 - Be honest with your family
 - Keep encouraging those who are trying to get treatment
 - Wellbriety – through the tribe
 - I trust talking to anyone – except law enforcement.
 - Seen plenty of doctors, white collar...it isn't just low income. Need to be more open that this is a problem.
 - Education from those who have been there
 - Use people in NA, AA to reach others
 - Have addict awareness parades
- **Do you have any ideas for what could be done to keep young people from first starting to use (pills, heroin, alcohol, tobacco, marijuana, etc.)?**
 - Not DARE--DARE taught me new ways to get high/ DARE taught me how expensive drugs are/ Don't have cops do it
 - Make sure that whoever is presenting is relatable and not just demonizing
 - Have members of the community present
 - People in high school need to hear from those who have been through it
 - Start telling them when they're 3. Teach families to start talking to them. Talk to them way way before.
- **Other things to help the community?**
 - Clean shooting facilities
 - Decriminalization
 - Community for those on suboxone
- **Before we finish, is there anything else that you think it's important for us to know?**
 - Treatment should be mandatory and should be offered the first time.

Overall Themes

- Trends in Substance Abuse
 - Alcohol
 - Heroin & Fentanyl
 - Prescription Drug Abuse
 - Suboxone
- Treatment
 - Lack of whole person care and follow up
 - Lack of education preceding treatment
 - Difficult to locate treatment options for those seeking recovery
 - Lack of access on the weekends and during nights
 - Suboxone

Overall Themes

- Law Enforcement & the Court System
 - Recovery community has mostly negative perceptions of the law enforcement community
 - Concerns over lack of MAT and treatment available once you are in the court system
 - Lack of support after release.
 - Lack of use of drug court
- Prevention
 - Youth Prevention
 - Do not use DARE – multiple instances of feedback from the recovery community
 - Use speakers who have ‘been through it’ – either family members or those in recovery
 - All Groups
 - Use speakers who are recovering addicts
 - Educate everyone.
 - Educate around users, not just the users themselves. Families, caregivers, etc.
 - Provide more awareness around addiction through events like Munson’s Open Talks and Addict Awareness parades
- Stigma
 - Stigma is a huge barrier for those who would like to get treatment and for those in recovery
 - Stigma is evident at multiple system levels: police, housing, treatment, etc.
- Community & System Level Barriers
 - PIHP – lack of whole person care. Doing the same thing as always and not strategizing for broader impact.
 - Lack of access to care on weekends and nights. Long waiting periods
 - Housing
 - New prescriptions laws are having both positive and negative impacts. Negative – turning people to street drugs instead of into treatment.

Q1 What is working to prevent/treat substance use in Grand Traverse County?

Answered: 9 Skipped: 1

#	RESPONSES	DATE
1	MAT	9/5/2018 10:12 AM
2	Sharing information about MAT and starting a clean syringe exchange program. Lots of educational opportunities on the opioid issue.	9/4/2018 4:27 PM
3	more awareness, more treatment options,	8/14/2018 2:49 PM
4	For some Sobriety and Drug Courts, for others AA and NA, for others relationships with church/synagogue.	8/14/2018 2:28 PM
5	Criminal investigations which remove the sellers of illegal drugs	8/14/2018 2:23 PM
6	I do not think anything is working all that well as it appears we are having more and more incidents associated with over doses.	8/14/2018 12:33 PM
7	The conversation is being started in the community and new resources are being developed and implemented. While there is never enough treatment providers, there are excellent treatment providers in GTC and their services are growing.	8/14/2018 10:48 AM
8	N/A, A/A, Northern Michigan Regional Entity, Don't know what middle school and high school prevention curriculum looks like, so can't respond to that.	8/14/2018 10:25 AM
9	Community collaborations, coalitions, and organizations are very motivated and ready to address the issue. The community seems to be ready to talk about the issue.	8/14/2018 9:31 AM

Q2 What are the community conditions enabling substance use in Grand Traverse County?

Answered: 9 Skipped: 1

#	RESPONSES	DATE
1	The corrections focus. Providers are further traumatizing people with SUD, not helping them usually.	9/5/2018 10:12 AM
2	Lack of MAT programs, rehab center availability.	9/4/2018 4:27 PM
3	poverty, culture in some areas	8/14/2018 2:49 PM
4	Availability	8/14/2018 2:28 PM
5	inadequate sentencing for drug charges	8/14/2018 2:23 PM
6	I think we still believe "it can't/doesn't happen here". Stigma associated with addiction is still an issue.	8/14/2018 12:33 PM
7	-Ignorance as a whole that the community has a substance use problem - Lack of education of the community on substance use disorders and treatment options which has lead to a shaming and punishment approach to dealing with the issue.	8/14/2018 10:48 AM
8	A bar on every corner, prevalence of drugs in the community, higher than normal stress levels.	8/14/2018 10:25 AM
9	Not enough treatment for those who need it, stigma, families are unsure about what to do, kids believe alcohol/tobacco/other drugs are not that harmful to health/low risk.	8/14/2018 9:31 AM

Q3 What are the root causes to substance use in Grand Traverse County?

Answered: 9 Skipped: 1

#	RESPONSES	DATE
1	Like everywhere: trauma, and then treating people with addiction poorly	9/5/2018 10:12 AM
2	Addiction is a neurological, physiological disease. If we can recognize it as such, like cancer or heart disease, we will be better equipped to handle the overwhelming crisis in our communities.	9/4/2018 4:27 PM
3	poverty, mental health,	8/14/2018 2:49 PM
4	Lack of mental health services and miss diagnosis. Multiple incarcerations due to addiction causing homelessness; lack of transportation, causing lack of job, causing hopelessness.	8/14/2018 2:28 PM
5	Easy access. Over prescription of opioids.	8/14/2018 12:33 PM
6	I don't have proof, but my belief is that the root causes of substance use everywhere, including GT County, include: undiagnosed/misdiagnosed/self-medicated mental or behavioral health issues; trauma; and those who become addicted after prescribed use of opioid medications.	8/14/2018 11:30 AM
7	- Childhood trauma-(domestic violence, substance use by caregivers, abuse/neglect) - extreme poverty in areas around traverse city, ingrained in the culture as acceptable social behavior (excessive or binge drinking and smoking), - lack of access to basic needs (shelter, food, education, and health care)- it is extremely difficult to access psychiatric treatment for children and adolescents in the area, health care providers are limited in areas outside of traverse city limits and there is a high rate of refusal by health care providers to see high risk populations.	8/14/2018 10:48 AM
8	Stress, Adverse Childhood experiences, opiate prescriptions more than necessary to ease the pain, lack of control after prescribing.	8/14/2018 10:25 AM
9	Current health care system, current policies or lack of, stigma, law enforcement set up/jail systems.	8/14/2018 9:31 AM

FAN and Dry House Survey

Importance of each to prevent or treat substance use in GT County	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	AVERAGE
eliminate stigma	10	10	10	10	10	10	10	8	10	8	3	7	2	6	8	9	8	10	10	10	10	7	10	10	10	10	9	6	10	8	8	7	10	10	2	10	8	10	10	10	10	10	9	10	7	10	8.7	
identify and treat mental illness	10	8	8	10	10	9	10	8	10	8	1	7	6	8	10	10	8	10	10	10	10	10	10	10	9	7	9	9	7	8	8	7	10	10	9	9	9	10	10	8	10	8	10	8.9				
make sure treatment is adequate	10	8	8	10	8	9	6	8	10	10	7	8	7	8	10	9	9	10	10	10	10	10	10	10	9	10	10	9	10	10	9	10	10	9	10	7	10	9.1										
substance use counselors in schools	10	8	9	10	8	9	7	6	10	8	8	6	7	10	10	10	8	10	10	10	10	7	8	10	10	9	5	10	8	10	9	8	5	10	10	5	6	10	7	10	10	6	5	10	9	10	8.5	
peer recovery coaches in emergency rooms		7	9	10	8	6	5	7	8	7	3	5	4	7	8	8	8	10	10	10	10	9	10	10	7	5	7	4	10	6	7	7	10	10	5	5	10	10	8	2	10	10	7.6					
determine gaps in treatment, prevention and recovery	9	7	10		8	8	7	6	9	8	3	7	6	8	10	8	8	10	10	10	5	9	10	10	7	8	7	7	8	10	6	10	9	10	10	8	8	10	7	10	8.2							
increase access to treatment by increasing access	10	10	10	10	10	10	8	9	8	10	8	1	7	8	10	8	6	8	10	10	10	8	10	10	8	5	10	5	10	8	10	8	10	6	10	6	10	10	7	10	8.5							
increase access to treatment by increasing facilities	10	10	10	10	10	10	9	8	10	10	6	9	8	10	8	9	8	10	10	10	10	8	10	10	8	10	8	5	10	10	8	10	10	10	7	10	7	10	9.0									
build a support network to ease transition back		10	7	10	10	9	5	8	10	9	6	10	6	8	9	9	10	10	10	10	10	9	10	10	8	10	8	9	10	10	10	7	10	10	6	10	9.0											
increase medically assisted treatment	8	6	3	10	10	9	5	8	10	7	5	7	7	7	10	9	7	10	10	10	10	9	6	10	10	1	1	3	1	3	5	5	5	6	9	5	8	7	5	6	10	10	8	2	10	7	9	7.0
make treatment more affordable	9	8	9	10	10	8	5	10	10	10	6	8	8	10	10	9	9	10	10	10	10	10	10	10	8	10	10	9	8	7	10	9	7	10	10	10	10	8	3	10	8	10	9.0					
verify evidenced base success	8	8	10	10	8	4	6	10	5	3	9	6	8	8	7	10	10	10	10	9	10	10	8	8	10	7	10	10	8	5	10	10	7	10	10	5	10	6	5	10	5	6	8.2					
change the cultural identity of the county	9	9	10	8	6	6	7	6	6	4	9	5	5	10		8	10	10	10	9	10	10	5	5	9	2	7	7	6	5	8	6	10	10	5	10	10	9	2	1	6	10	7.4					
change retail messaging to promote healthier options	7	10	10	10	8	7	4	7	7	5	8	5	10	7	9	10	10	9	6	9	10	10	5	5	8	6	7	8	10	5	5	6	5	8	8	1	7	10	10	9	2	1	7	5	7.2			
implement GT surveillance to track trends and misuse	7	6	8	6	3	6	7	6	2	6	1	5	10	4	7	10	10	10	5	9	10	10	5	3	1	5	10	8	7	7	7	6	8	5	8	7	6	10	7	2	1	8	1	6.3				
develop coordinated community communication strategy	7	6	8	8	3	7	8	8	3	8	3	4	10	9	6	10	10	10	5	10	10	10	5	3	1	5	8	8	10	6	9	10	6	6	7	8	10	9	10	7	3	1	7	3	7.0			
expand diversion programs in government	5	7	10	10	2	7	9	7	2	8	3	6	8	7	7	10	10	10	6	9	10	10	8	10	10	6	8	8	6	8	10	6	7	7	10	1	8	9	10	10	4	5	6	8	7.5			
community education town meetings	7	8	6	7	7	4	7	7	5	2	7	6	5	5	8	8	10	10	10	5	10	10	6	5	10	8	8	4	8	10	6	5	10	9	8	9	10	10	3	1	5	5	7.2					
encourage civic groups in promoting drug free programs	7	10	8	8	6	7	3	7	10	8	5	8	9	8	8	8	10	10	10	4	9	10	10	7	5	6	4	10	7	4	7	6	6	8	10	8	3	3	5	5	7.4							
corrections diversions to treatment not jail	10	7	10	10	10	3	9	10	10	9	9	10	10	8	7	10	10	10	8	8	10	9	10	8	8	10	10	9	8	10	10	7	10	10	10	10	10	8	10	9	10	9.1						
expert speakers at school assemblies	7	8	10	10	6	7	4	5	9	6	6	7	10	8	6	9	10	10	10	6	9	10	10	7	10	8	8	10	10	7	7	10	10	9	4	10	9	10	10	8	2	5	7	8	8.1			
early education in schools curriculum	7	8	10	10	8	7	8	7	10	8	7	8	10	10	8	9	10	10	10	10	6	9	10	10	7	5	8	7	10	10	8	7	7	9	5	10	10	6	5	7	10	8.4						
determine human and financial cost of misuse	7	8	10	8	6	5	6	8	9	4	9	5	10	4	7	10	10	10	6	8	10	10	4	1	8	5	8	10	7	8	8	9	10	10	10	9	5	10	7	9	7.2							
increase programming to assist families of SUD	8	9	8	10	8	9	3	7	9	8	7	8	6	5	8	10	10		10	9	10	10	7	6	10	5	5	8	5	4	10	10	7	8	8	9	10	10	9	5	10	7	9	8.0				
teach resiliency	8	9	5	10	6	7	3	7	8	4	8	8	6	8	8	10	10		10	10	5	6	10	6	6	8	8	5	10	7	8	8	6	10	10	5	8	2	10	7	9	7.5						
figure out root cause for misuse	7	9	6	6	6	7	8	9	10	9	8	10	8	7	10	8	10	10		10	10	5	10	10	10	10	9	10	10	6	10	9	10	10	8	6	5	2	10	7	10	8.2						
stop demand	7	10	8	10	8	6	5	9	10	8	7	10	5	5	10	8	10	10		10	10	6	10	10	8	8	7	10	6	6	6	10	8	6	3	8	10	6	7	8	10	9	5	7.9				
properly educate community members	8	10	8	7	8	8	6	8	10	7	7	10	9	7	8	9	10	10		10	10	7	8	10	7	10	8	10	6	9	6	7	8	9	7	10	10	10	5	10	10	8.4						
empower youth to make informed decisions	7	10	10	9	7	8	9	7	10	8	8	9	8	10	10		10	10	10	10	10	9	10	10	8	10	7	10	8	10	7	10	10	6	9	7	10	6	6	6	10	6	6	8.7				
increase harm reduction strategies by promoting needle exchanges	10	10	7	10	10	6	2	8	7	6	8	8	10	10	10	7	10	10		7	10	9	10	10	10	10	10	10	1	6	5	6	10	8	10	5	3	6	2	7	8	7.7						
increase harm reduction strategies by promoting narcan availability	10	10	6	10	10	9	4	8	5	9	8	10	10	10	10	8	10	10		10	10	9	10	10	5	8	10	10	10	10	6	8	10	10	5	10	7	10	8.8									
increase harm reduction strategies by promoting medically assisted treatment	10	10	2	10	10	9	4	8	10	8	8	10	10	10	10	8	10	10		7	10	10	1	1	6	1	1	5	7	10	8	6	6	10	6	2	10	7	9	7.5								
advocate for law changes	10	10	8	10	10	9	10	8	10	6	9	10	6	10	1	7	10	10		10	10	5	10	10	6	10	10	4	7	10	6	9	10	10	8	10	7	2	7	10	8.5							
establish stronger anti-drug policies at schools	8	10	3	6	7	7	2	5	10	8	8	9	6	8	10	10	9	10	10		10	10	4	10	5	6	5	8	9	6	6	7	7	4	10	10	10	2	1	8	10	7.3						
adopt healthy living in all policies for local government	8	5	6	7	2	8	8	6	7	9	5	8	8	8	8	10	10	9	10	10		10	10	5	1	10	5	8	1	10	3	10	6	5	9	1	10	10	10	3	10	6	7	7.0				
ensure resources are available for treatment	8	10	8	10	10	7	10	10	8	7	9	8	7	10	8	10	10	9	10	10		10	10	5	10	10	9	8	10	4	10	6	7	10	10	10	10	10	10	7	8	8.7						
ensure resources are available for prevention financial	10	10	10	10	9	5	9	10	9	7	9	8	8	10	9	10	10	10	10	10	10	10	10	10	7	10	10	6	8	9	10	3	8	6	7	10	10	8	10	10	7	10	8.7					
ensure resources are available for prevention facilities	10	3	10	10	9	5	10	10	9	8	9	9	8	10	9	10	10	10	10	10	10	10	10	10	8	7	9	10	3	8	6	7	10	10	6	10	7	10	8	10	7	10	8.6					
ensure resources are available for prevention personnel	10	3	10	10	9	5	8	10	9	7	9	10	8	10	9	10	10	10	10	10	10	10	10	10	7	10	10	6	9	10	10	10	10	10	10	10	10	6	10	6	10	6	10	6	10	6	10	8.6
expanding prevention programs in all schools	8	10	10	9	7	6	5	9	8	7	8	10	8	7	8	9	10	10	10	10</td																												

Community Input Wall

What keeps you drug free?

1. Positive social support and relationships

Family, general support, friends

2. Hobbies and Activities

Sports & entertainment options

3. Staying Healthy

Maintaining a positive attitude and taking care of your overall health

4. Miscellaneous

Agency support, fear of what has happened to others, etc.

Community Input Wall

What makes it hard to be drug free?

1. Peer Pressure

Having friends do it around you and pressure you. Dealing with situations where it is accepted and trying to fit in

2. Mental Health

Dealing with stress, depression, anxiety, and negative home life

3. Miscellaneous

It's available, societal pressures, the difficulties of addiction

Community Input Wall

What have been some problems associated with substance use/abuse in your community?

1. Getting into trouble with the law or in school

Crime, missing school, car accidents, domestic abuse

2. Health Issues

Death & Overdose, Depression and mental health issues, injuries

3. Loss of values and relationships

Losing your family, losing what's important to you

Community Input Wall

If STAND could do something to prevent youth substance use/abuse what would it be?

1. Awareness and Education

Provide education in a variety of formats and have speakers

Sub Theme: Provide education through events like All American Smoke Out and other similar events that raise awareness

2. Provide judgement free support

Provide support that won't make youth afraid to ask for help

3. We can't do much. People make their own choices

4. Punitive measures

Drug searches, more punishment

Youth Discussion Question

If your STAND club was given \$2000 to do anything (activities, events) in your schools to prevent substance use/abuse what would it look like?

- Coping & Support Mechanisms
 - Fun get away day (i.e. Lake Ann Camp day) – a day to get away and re-charge, 1x each month
 - De-stress room
 - Concentrated support groups
 - Therapy dogs/animals in schools for when someone needs a break
 - Alternative outlets (fidget spinners, video games, walks outside)
 - Support groups, anonymous, after school
 - Concert/ Hot Tub - you can only go in if you pass a drug test (What about those using? They probably need to hear the message)
- Events/ Calls to Awareness
 - Awareness walks
 - Red ribbon week
 - More events like the drug free TC basketball game, but speakers at half time during the game
 - Assemblies, but less about “say NO”
 - Guest speakers, motivational and those that have been through it
 - More awareness and education around the topic
- Other
 - Law-enforcement and student relationship building, knowing LE is a resource for this topic in the community
 - Coping w/family that is impacted, not always the user themselves
 - STAND app for support (Student to student option or student to teacher option)

Key Informant Interviews

What are the underlying/root causes of substance use in Grand Traverse County?

- Substance abuse reflects underlying trauma and acts as a coping mechanism for many. Also reflects mental health issues going untreated.
- Youth – Don't have enough support or education and turn to drugs to cope
- County Characteristics: Drugs are easily available (both legal and illegal), poverty increases likelihood of abuse but all incomes are at risk, overall culture of substance abuse
- Complicated: This question is difficult because it is such a multi-faceted issue

Key Informant Interviews

What resources exist in this community to help protect people? Are there certain resources that will be important for us to consider?

- Community Groups
 - Law Enforcement (Sheriff, Traverse Narcotics Team, Interdiction Team, etc.)
 - Families Against Narcotics
 - Substance Free Coalition
 - 5 County Substance Free Coalition
- Care & Support Providers
 - 12 Step Recovery Programs
 - Mental Health programs for adolescents – YHWC, Ktown, Pine Rest
 - STEP Program
 - Big Brother Big Sister
 - School prevention and harm reduction programs
- Other
 - Sobriety Court
 - Our community has natural beauty and people who care about the problem

Key Informant Interviews

Are there gaps in services or resources that prevent someone from living a substance free life or getting treatment?

- Treatment
 - Not enough recovery services/beds in the region
 - Gap in mental health services – especially for youth
 - Not enough after recovery support or housing
 - Gap in suboxone and gabamethadone providers
- Prevention/Education
 - Not enough public awareness or education
 - Reactive responses rather than proactive at a community systems level
 - Culture in our community promotes alcohol and other substances
 - Giving resources and support to providers

Key Informant Interviews

What are the barriers to accessing recovery services or treatment?

- Lacking in number of services and providers
 - Not enough beds
- Long wait times
- Stigma to admit addiction
- Financial issues and barriers
- Barriers with insurance
- Lack of transportation
- Not enough funding to support services in the area (mental health)

Grand Traverse County Substance Use Assessment
Grand Traverse County Drug Free Coalition

PRIMARY DATA COLLECTION RESULTS

To organize hundreds of data points, results were framed by the following components of a “Practical Vision” created by members of the Grand Traverse Community Collaborative at their meeting on August 23, 2018.

Through a facilitated process, participants’ collective answer to the question,

“What can we do to increase prevention and treatment of substance use in Grand Traverse County?”:

- ✓ Purposefully promote prevention
- ✓ Actively implement appropriate treatment
- ✓ Strategically partner with government
- ✓ Thoughtfully advocate for effective policy
- ✓ Strategically expand programming
- ✓ Purposefully implement community strategies
- ✓ Dramatically increase access to treatment
- ✓ Meaningfully change culture
- ✓ Deliberately reduce stigma

Purposefully Promote Prevention

Youth Community Board	Focus Groups	Key Informant Interviews	Survey—Task Force	Survey—Dry House
What keeps you drug free? <ul style="list-style-type: none">Positive social support and relationshipsHobbies, sports and activitiesStaying healthFear of what has happened to others	Recommend more prevention (Providers)	Only one teen shelter in the area	Denial enables substance use disorder	Empower youth to make informed decisions
	Very little prevention and education exists (Providers)	Not enough host homes to take older teens wanting to escape a parent who uses		Teach resilience
	Lack of accurate, timely information (Recovery)			Determine root cause of substance use
		More education on prevention is needed		Determine human and financial costs of the issue
What makes it hard to be drug-free? <ul style="list-style-type: none">Peer pressureMental health issues (stress, anxiety, depression, home life)Substances are readily availableSubstances are readily availableAddictionSocietal pressures		Need to further promo and abstinence from prescription opioids. Only sure way to prevent addiction and the consequences that go along with them		Stop demand
		We can break the vicious cycle through prevention and abstinence. People do not start with heroin, they begin with prescription opioids either from an injury or illness or illegally.		
If STAND could do something to prevent youth substance use, what would it be? Awareness and education in a variety of formats				
		Definitely need more education on prevention and abstinence.		
		No much focus on adults and prevention		

		Reduce opiate prescriptions to break the cycle of becoming addicted to opioids- leads to heroin use		
		All the local work is focusing on youth		
		Prevention, protecting people—harm reduction, help protect them from diseases they may get from needle sharing		
		A lot of resources but seems a bit scattered and not coordinated enough		
		5 county coalition- focus on prevention/education		

Actively Implement Appropriate Treatment

Community Boards	Focus Groups	Key Informant Interviews	Survey—Task Force	Survey—Dry House
Provide judgement-free support that won't make youth feel afraid to ask for help	Substance use is an issue among older adults (Seniors)	There is only one agency in the area that offers substance use disorder treatment for adolescents.	Un/misdiagnosed mental health issues enable substance use disorder	Identify/treat mental illness
	Pain in older adults enables substance use (Seniors)	Access to mental health treatment for teens is a gap.	Medically assisted treatment is working	Increase medically assisted treatment
	Some want pain or sleep meds and physician won't prescribe them (Seniors)	Lack of mental health providers in schools or for youth in general.	Need to recognize substance use disorder is a disease	
			Over prescribing of opioids is a root cause	
	Some don't want meds and doctors wants to prescribe them (Seniors)	Once addicted to prescription opioids, the cycle moves to the need for higher potency which usually means illegal drugs like heroin and this is where most of the overdoses and deaths happen.	Excellent treatment facilities are available	
	Recommend whole person approaches (Providers)	Strong 12 step recovery community, financial aid, food stamps, support services, in-patient and out-patient treatment, drug court and sobriety court		
	“Still no residential support following treatment” (Providers)	Not enough beds for inpatient or outpatient and recovery centers		
	No hospital detox (Recovery)			

	Insurance doesn't cover longer care, individual therapist or group/family therapy (Recovery)	Need more detox, recovery, and rehab in the region		
		Adults: recovery and treatment are dealing with addiction, but not underlying stresses from childhood, myriad of problems not addressed throughout their life, look for alternative/drugs to solve problems		
	"Treatment should be mandatory and offered the first time (convicted)" (Recovery)			
	Many comments re suboxone--both positive and negative (Recovery)			
		Not enough beds in recovery units. Transition from detox to in-patient treatment		
		Availability of inpatient beds; qualified clinicians who can treat, limited substance use disorder psychiatrists,		
		Hard to recruit providers		
		Wait times for mental health or treatment for chronic pain- 4-8 week wait to get in		
		Need more recovery services		

Strategically partner with government

Community Boards	Focus Groups	Key informant interviews	Survey—Task Force	Survey—Dry House
	"If you're in jail, good luck getting any kind of treatment" (Providers)	Can't get into college even though substance free, denied enrollment due to probation	Sobriety and Drug Courts are working	Expand diversion programs in government
			Criminal investigations that remove sellers are working	Corrections diversions to treatment, not jail
	Impossible to get medically assisted treatment in jail (Recovery)	Law enforcement in schools to help with prevention	Corrections focus enables substance use disorder	
		Sheriff's Office, Traverse Narcotics Team, Sheriff's Office Interdiction Team, Sheriff's Office Drug Take back POD. Jail, Courts	Inadequate sentencing for drug charges enables substance use disorder	
	Treatment is more beneficial than jail			
		Increase prescription disposal accessibility and capacity		

Thoughtfully Advocate For Effective Policy

Community Boards	Focus Groups	Key Informant Interviews	Survey—Task Force	Survey—Dry House
	Recommend public health approach (Providers)	Medical community education prescribing best practices and trauma informed care	Poverty and related stressors enable substance use disorder	Advocate for law changes
	Difference in availability with new opioid laws leads to heroin use (Recovery)			Establish stronger anti-drug policies in schools
	Law enforcement interdiction policy adds stress and use (Recovery)		Incarcerations due to substance use disorder cause unemployment, homelessness, lack of transportation	Adopt Health in All Policies approach
	NA or other resources were not offered in jail or at release (Recovery)			

Strategically expand programming

Community Boards	Focus Groups	Key Informant Interviews	Survey—Task Force	Survey—Dry House
If STAND had \$2,000 for activities to prevent substance use, what would it look like? Coping and support mechanisms: de-stress room, therapy dogs, drug-free events, support groups, etc. Also, coping for students with family members who are addicted Events/Calls to awareness: awareness walks, speakers at half time, motivational guest speakers from those who have been through it	“You’ve got to start in Kindergarten” (Seniors)	Not enough resources to support younger people emotionally	AA/NA and faith-based programs work for some	Provide early education in school curricula
	Educate family members, caregivers (Seniors)	Hard to resist temptations, not enough information on what drugs would do to you, no other coping mechanisms, drugs filled the void		Increase programs to assist families of substance use disorder
	Recommend more education (Providers)	Families Against Narcotics (FAN) and Substance Free Coalitions		Encourage civic groups promote drug-free programs
	“DARE taught me new ways to use drugs” (Recovery)	Sobriety courts, prevention programs in schools, counselors		
	Education from those who have been there—not law enforcement (Recovery)			Sponsor expert speakers at school assemblies
	“Start telling them when they’re 3. Teach family to talk with them” (Recovery)	Gap in suboxone providers, gabamethadone providers, distance barrier for those needing treatment (only one is in Gaylord)		
		Exploring what resources physician's need, how to have difficult conversations with patients.		
		Not enough local recovery services and easier access to them		

Purposefully Implement Community Strategies

Youth Community Boards	Focus Groups	Key Informant Interviews	Survey—Task Force	Survey—Dry House
Conduct drug searches and use more punishment	Open Talks at Munson work well (Seniors)	Need housing after treatment... can't return to unsafe environments, need more stable housing	Syringe exchange program is working	Offer syringe exchange program
	Recommend activating volunteers (Providers)		Community is very motivated and ready to address issue	Place peer recovery coaches in Emergency Departments
	"Lack of knowledge on leaving treatment for those not in the recovery community" (Recovery)	Pharmaceutical companies and insurance providers keep getting wealthier; addiction numbers and deaths keep rising.	Conversation is starting in the community	Place substance use disorder counselors in schools
		Poverty-contributes to drug use and abuse,	Denial of substance use issues enables substance use disorder	Promote Narcan availability
		Gap in public awareness of resources that are available	Easy access enables substance use disorder	
		Build community awareness of problem		
		Medical community education of available treatment		

Dramatically Increase Access To Treatment

Community Boards	Focus Groups	Key Informant Interviews	Survey—Task Force	Survey—Dry House
	Difficulty to find and get into treatment (Recovery)	Mental health illness not being treated especially anxiety disorders	Lack of medically assisted treatment enables substance use disorder	Make treatment affordable
	"Process of getting into (inpatient treatment) is extremely difficult (Recovery)	Remove access issues due to financial barriers	Lack of rehab center availability enables substance use disorder	Assure treatment is adequate
	Methadone only available in Gaylord (Recovery)	Increase Naloxone training and distribution	Not enough treatment options enables substance use disorder	Increase access to treatment
			Difficult to access treatment for children/adolescents	Increase number of treatment facilities

Meaningfully Change Culture

Meaningfully Change Culture

Community Boards	Focus Groups	Key Informant Interviews	Survey—Task Force	Survey—Dry House
	“Alcohol is one of TC’s dirty little secrets” (Seniors)	GTC unfortunately has an archaic, entrenched, bureaucratic, political and medical and system that makes change too slow and real progress almost non-existent, despite what those same systems claim.	Culture in some areas enables substance use disorder	Change cultural identity of the county
	Housing crisis creates stress (Providers)			Change retail messaging
	“Stress convinces people they are justified in using” (Providers)		Childhood trauma enables substance use disorder	
	“Inpatients are dealing with a huge amount of trauma: (Providers)		Acceptable to binge drink or drink excessively for some	
	“People go home to the same crap—nothing to help our families change (Recovery)	Everything tends to be reactive rather than be proactive		
		Money is being spent on the wrong people in the wrong places. We have created a whole industry that instead of making things better, in many ways perpetuates the problem		
		Culture of our community, opioids, and alcohol is still number one abused drug in Grand Traverse County festivals, many bars, wineries, breweries.		
		Public expects people to be able to handle the alcohol as a social user, not abuser.		
		People are bothered by use of marijuana, but not as much about alcohol/DUIs.		

		Interesting that using opioids is illegal (unless prescribed) but people are empathetic, but with alcohol (which is legal) we want to throw the book at them and lock them up.		
		Opiates affect all classes; Easy access to substances in our county. County is tourist destination... including wineries, breweries, marijuana?		
		Shame of being addicted		

Deliberately Reduce Stigma

Community Boards	Focus Groups	Key Informant Interviews	Survey—Task Force	Survey—Dry House
	"Because of stigma, people who really need treatment are not showing up" (Providers)	Childhood trauma, mental health illness- anxiety, underlying medical conditions that result in chronic pain	Stigma enables substance use disorder	Eliminate stigma
			Shaming and punishment enables substance use disorder	Properly educate community
	"Stigma is totally attached to police and addiction" (Recovery)	Primarily stigma (perception of people who have addiction issues) and financial/money issues.	Treating people w/addiction poorly is a root cause	
		Recidivism rates, individuals giving up, stigma, too hard to do		
		Hard drugs- people are more understanding of addiction, not as much with alcohol.		

Grand Traverse Substance Abuse Assessment Data Sources				
Substance	Population	Data Indicator	Data Source	Level
Alcohol	Youth	% of high school students who reported they used alcohol in the past 30 days, Grand Traverse County 2008, 2010, 2014, 2018	MDHHS (MiPHY) http://mi-suddr.com/data/	County
Alcohol	Youth	% of middle school students who reported they used alcohol in the past 30 days, Grand Traverse County, 2008 & 2010, 2018	MDHHS (MiPHY) http://mi-suddr.com/data/	County
Alcohol	Youth	% of high school students who reported it was easy to get alcohol, Grand Traverse County, 2008, 2010, 2014, 2018	MDHHS (MiPHY) http://mi-suddr.com/data/	County
Alcohol	Youth	% of middle school students who reported it was easy to get alcohol, Grand Traverse County, 2008, 2010, 2018	MDHHS (MiPHY) http://mi-suddr.com/data/	County
Alcohol	Youth	# of alcohol sales to minors in Grand Traverse County (2010 – 2014)	MDHHS (LARA) http://mi-suddr.com/data/	County
Alcohol	Youth	Estimated % of students who ever drank alcohol (at least 1 drink on at least 1 day of their life) by grade level, Michigan 2013 & 2015	MI Youth BRFS: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI	State
Alcohol	Youth	Estimated % of students who drank alcohol before the age of 13 years by grade level, Michigan, 2013 & 2015	MI Youth BRFS: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI	State
Alcohol	Youth	Estimated % of students who currently drank alcohol (at least 1 drink in the past 30 days) by grade level, Michigan, 2013 & 2015	MI Youth BRFS: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI	State
Alcohol	Youth	Estimated % of students who usually obtained the alcohol they drank by someone giving it to them by grade level, Michigan, 2013 & 2015	MI Youth BRFS: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI	State
Alcohol	Youth	% of Teens Ages 12-17 Reporting Alcohol Dependence or Abuse in the Past Year 2014-2015	MDHHS	County/State
Alcohol	Youth	Binge Drinking Among High School Students: Percentage of high school students engaging in binge drinking, past 30 days, US	https://www.cdc.gov/healthreport/dashboards/index.htm	US
Alcohol	Youth	Drunk Driving Among High School Students: Percent of high school students engaging in drinking and driving, past 30 days, US	https://www.cdc.gov/healthreport/dashboards/index.htm	US
Alcohol	Youth	In the past 3 months, have you drunk more than a few sips of alcohol (beer, wine coolers, liquor, other)?	RAPPS GTCHD Adolescent Clinics	County
Alcohol	All	# of alcohol related crashes in Grand Traverse County and the state of Michigan (2004-2015)	MDHHS (MI Office of Highway Safety) http://mi-suddr.com/data/	County/State
Alcohol	All	# of Deaths/Injuries from Drug Related Crashes by Year in Grand Traverse County and the state of Michigan (2004-2015)	MDHHS (MI Office of Highway Safety) http://mi-suddr.com/data/	County/State
Alcohol	All	Multiple Indicators	https://www.cdc.gov/nchs/nhis/SHS/tables.htm	US
Alcohol	Adult	Estimated % of adults who drink based on type (heavy vs binge) in Grand Traverse County and Michigan, 2005-2016	MI BRFS http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424---00.html	County/State
Alcohol	Adult	Estimated % of adults who drove a motor vehicle after drinking alcohol in Grand Traverse County and Michigan, 2006-2010	MI BRFS http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424---00.html	County/State
Alcohol	Adult	% of Adults Ages 18+ Reporting Alcohol Dependence or Abuse in the Past Year 2014-2015	MDHHS	County/State
Alcohol	Adult	Binge Drinking Among Adults: Percentage of adults engaging in binge drinking, past 30 days	https://www.cdc.gov/healthreport/dashboards/index.htm	US
Alcohol	Adult	Drunk Driving Among Adults: Number of fatalities in motor vehicle crashes with driver blood alcohol concentration (BAC) > 0.08	https://www.cdc.gov/healthreport/dashboards/index.htm	US
All	Youth	Michigan, High School Youth Risk Behavior Survey, 2017	MI Youth BRFS: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI	State
All	Youth	Monitoring the Future Survey: High School and Youth Trends of Drug, Alcohol and Tobacco use in the United States	https://www.drugabuse.gov/publications/drugfacts/monitoring-future-survey-high-school-youth-trends	US
All	Youth	High School Youth Risky Behavior Survey	https://nccd.cdc.gov/youthonline/App/Default.aspx	Michigan
All	Youth	Youth Risk Behavior Survey Trends	https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf	US
All	Youth	"National Adolescent Drug Trends in 2018." Monitoring the Future: University of Michigan	http://www.monitoringthefuture.org	US
All	Youth	"National Adolescent Drug Prevalence Trends in 2018." Monitoring the Future:	https://www.drugabuse.gov/trends-statistics/monitoring-future/monitoring-future-study-trends-in-prevalence-various-drugs	US
All	All	# of Deaths/Injuries from Drug Related Crashes by Year in Grand Traverse County and Michigan, (2004-2015)	MDHHS: http://mi-suddr.com/data/	County/State
All	All	# of Drug Related Traffic Crashes by Year in Grand Traverse County and Michigan (2004-2015)	MDHHS: http://mi-suddr.com/data/	County/State
All	All	NMRE Treatment Admission Data by Primary Substance (2016 & 2017)	NMRE	County
All	All	Drug Related Traffic Crashes, Rates, Injuries and Deaths	https://mi-suddr.com/blog/2018/09/26/traffic-crashes/	County
All	All	Alcohol Related Traffic Crashes, Rates, Injuries and Deaths	https://mi-suddr.com/blog/2018/09/26/traffic-crashes/	County
All Drugs	All	Drug Overdose mortality	https://opioidmisusetool.norc.org/?utm_source=govdelivery&utm_medium=email&utm_campaign=fyi_newsletter	County

Cocaine	Youth	% of Middle School Students' Use of Cocaine Within their Lifetime in Grand Traverse County, 2008, 2014, 2018	MDHHS (MiPHY) http://mi-suddr.com/data/	County
Cocaine	Youth	% of High School Students Who Ever Used Cocaine in the Last 30 Days in Grand Traverse County, 2008, 2010, 2014, 2018	MDHHS (MiPHY) http://mi-suddr.com/data/	County
Cocaine	Youth	Estimated % of students who ever used cocaine by grade level in Michigan, 2013 & 2015	MI Youth BRFS: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI	State
Cocaine	Young Adults	Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2013 to 2015.	https://www.samhsa.gov/data/sites/default/files/report_2736/ShortReport-2736.html	US
Distracted Driving	Youth	In the past 12 months, have you driven a car while texting, drunk or high, or ridden in a car with a driver who was?	RAPPS Grand Traverse County Health Department Adolescent Clinics	County
Drugs	Youth	In the past 3 months, have you used marijuana, other street drugs, steroids, or snuffed/huffed household	RAPPS Data from Grand Traverse County Adolescent Clinics	County
Drugs	Youth		http://mi-suddr.com/data/?tags=Rx%20Drugs%2Cllicit%20Drugs%3BAdult%2CYouth%3BCounty	
Heroin	Youth	# of Heroin-Related Drug Poisoning Deaths by Year in Grand Traverse County and Michigan, 1999-2015	http://mi-suddr.com/opioids/	County/State
Heroin	Youth	% of High School Students Who Used Heroin in the Last 30 Days in Grand Traverse County, 2010, 2014, 2018	MDHHS (MiPHY) http://mi-suddr.com/data/	County
Heroin	Youth	Estimated % of students who ever used heroin by grade level in Michigan, 2013 & 2015	MI Youth BRFS: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI	State
Inhalants	Youth	% of Middle School Students who Sniffed Glue, or Breathed the Contents of Spray Cans, or Inhaled any Paints or Sprays to Get High in the Past 30 Days in Grand Traverse	MDHHS (MiPHY) http://mi-suddr.com/data/	County
Inhalants	Youth	Estimated % of students who ever used inhalants (sniffed glue, breathed the contents of spray cans, or inhaled paints) by grade level in Michigan, 2013 & 2015	MI Youth BRFS: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI	State
IV Drug Use	Youth	% of Middle School Students Who Ever Used a Needle to Inject Any Illegal Drug into their Body in Grand Traverse County, 2008, 2014, 2018	MDHHS (MiPHY) http://mi-suddr.com/data/	County
Marijuana	Youth	% of high school students who used marijuana in the past 30 days in Grand Traverse County, 2008, 2010, 2014, 2018	MDHHS (MiPHY) http://mi-suddr.com/data/	County
Marijuana	Youth	% of middle school students who used marijuana in the past 30 days in Grand Traverse County, 2008, 2010, 2018	MDHHS (MiPHY) http://mi-suddr.com/data/	County
Marijuana	Youth	% of high school students who reported it was easy to get marijuana in Grand Traverse County, 2008, 2010, 2018	MDHHS (MiPHY) http://mi-suddr.com/data/	County
Marijuana	Youth	% of middle school students who reported it was easy to get marijuana in Grand Traverse County, 2008, 2010, 2018	MDHHS (MiPHY) http://mi-suddr.com/data/	County
Marijuana	Youth	Estimated % of students who ever used marijuana (1 or more times in their life) by grade level in Michigan, 2013 & 2015	MI Youth BRFS: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI	State
Marijuana	Youth	Estimated % of students who ever used synthetic marijuana by grade level in Michigan, 2013 & 2015	MI Youth BRFS: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI	State
Marijuana	Youth	% of high school students who used synthetic marijuana one or more times during their life in Grand Traverse County, 2018	MDHHS (MiPHY) http://mi-suddr.com/data/	County
Marijuana	Youth	% of middle school students who used synthetic marijuana one or more times during their life in Grand Traverse County, 2018	MDHHS (MiPHY) http://mi-suddr.com/data/	County
Marijuana	Youth	Trends in Prevalence of Marijuana/ Hashish for 8th Graders, 10th Graders, and 12th Graders in US-2017 (in percent)*	https://www.drugabuse.gov/drugs-abuse/marijuana	US
Marijuana	All	Past Month Marijuana Use among People Aged 12 or Older, by Age Group in US: Percentages, 2002-2015	https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.htm#illicit02	US
Marijuana	Adult	Prevalence of Marijuana Use Among U.S. Adults Doubles Over Past Decade	https://www.nih.gov/news-events/news-releases/prevalence-marijuana-use-among-us-adults-doubles-over-past-decade	US
Meth	Youth	% of High School students who used methamphetamine one or more times during the past 30 days in Grand Traverse County, 2008, 2010, 2014, 2018	MDHHS (MiPHY) http://mi-suddr.com/data/	County
Meth	Youth	% of Middle school students who ever used methamphetamine in Grand Traverse County, 2008, 2014, 2018	MDHHS (MiPHY) http://mi-suddr.com/data/	County
Meth	Youth	% of students who ever used methamphetamine by grade level in Michigan, 2013 & 2015	MI Youth BRFS: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI	State
Opioids	All	Opioid Overdose Deaths	https://www.kff.org/state-category/health-status/opioids/	State, US
Opioids	All	Opioid Overdose Deaths and Opioid Overdose Deaths as a Percent of All Drug Overdose Deaths	https://www.kff.org/other/state-indicator/opioid-overdose-deaths/	State, US
Opioids	All	Opioid Overdose Death Rates and All Drug Overdose Death Rates per 100,000 Population (Age-Adjusted)	https://www.kff.org/state-category/health-status/opioids/	State, US
Opioids	All	Prescription Opioid Overdose Deaths and Death Rate per 100,000 Population (Age-Adjusted)	https://www.kff.org/other/state-indicator/opioid-overdose-deaths/	State, US
Opioids	All	Opioid Overdose Deaths by Type of Opioid	https://www.kff.org/state-category/health-status/opioids/	State, US
Opioids	All	Opioid Overdose Deaths by Race/Ethnicity	https://www.kff.org/state-category/health-status/opioids/	State, US

Opioids	All	Opioid Overdose Deaths by Age Group	https://www.kff.org/state-category/health-status/opioids/	State, US
Opioids	All	Opioid Overdose Deaths by Gender	https://www.kff.org/state-category/health-status/opioids/	State, US
Opioid	All	Opioid overdose mortality	https://opioidmisusetool.norc.org/?utm_source=govdelivery&utm_medium=email&utm_campaign=fyi_newsletter	County
Opioid	All	U.S. County Prescribing Rates, 2016	https://www.cdc.gov/drugoverdose/maps/rxcounty2016.html	
Opioid	All	Opioid Use Disorder Documented at Delivery Hospitalization — United States, 1999–2014	https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a1.htm?s_cid=mm6731a1_e	US
Opioid	All	Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017	https://www.cdc.gov/mmwr/volumes/67/wr/mm675152e1.htm?s_cid=mm675152e1_e	US
Opioid Reversal (naloxone)	All	# of Naloxone saves in Grand Traverse County by month/year; #'s are reported from GT Sheriff, TCPD, MSP.	Catholic Human Services	County
Opioids	All	# of Opioid-Related Drug Poisoning Deaths by year in Grand Traverse County and Michigan, 1999-2017	http://mi-sudr.com/opioids/	County/State
Opioids	All	Rate of Opioid-Related Hospitalizations per 10,000 in Grand Traverse County, 2008-2013	http://mi-sudr.com/opioids/	County
Opioids	All	Rate of Opioid RXs per 100 in Grand Traverse County, 2009-2016	http://mi-sudr.com/opioids/	County
Opioids	All	Trends in Emergency Department Visits for Suspected Opioid Overdoses — United States, July 2016–September 2017	https://www.cdc.gov/mmwr/volumes/67/wr/mm6709e1.htm?s_cid=mm6709e1_e	US
Other RX	Youth	Estimated % of students who ever took prescription drugs without a doctors prescription by grade level in Michigan, 2013 & 2015	MI Youth BRFS: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI	State
Other RX	Youth	% of high school students who took a prescription drug such as Ritalin, Adderall, or Xanax without a doctor's prescription during the past 30 days in Grand Traverse County, 2008, 2010, 2014, 2018	MDHHS (MiPHY) http://mi-sudr.com/data/	County
Other RX	Youth	% of middle school students who took a prescription drug such as Ritalin, Adderall, or Xanax without a doctor's prescription during the past 30 days in Grand Traverse County, 2008, 2010, 2018	MDHHS (MiPHY) http://mi-sudr.com/data/	County
Other RX; Pain	Youth	% of high school students who took painkillers such as OxyContin, Codeine, Vidodin, or Percocet without a doctor's prescription during the past 30 days in Grand Traverse County, 2008, 2010, 2014, 2018	MDHHS (MiPHY) http://mi-sudr.com/data/	County
Other RX; Pain	Youth	% of middle school students who took painkillers such as OxyContin, Codeine, Vidodin, or Percocet without a doctor's prescription during the past 30 days in Grand Traverse County, 2008, 2010, 2018	MDHHS (MiPHY) http://mi-sudr.com/data/	County
RX	Youth	In the past 3 months, have you used someone else's prescription (from a doctor or other health provider) or used any nonprescription (from a store) drugs to sleep, stay awake, concentrate, calm down, or get high?	RAPPS GTCHD Adolescent Clinics	County
RX	All	RX Drug Utilization; type of rx prescribed by zip code (2007-2016)	LARA MAPS http://www.michigan.gov/lara/0,4601,7-154-72600-424264--,00.html	State, County
Tobacco	Youth	% of high school students who reported they had used tobacco in the past 30 days in Grand Traverse County, 2008, 2010, 2014, 2018	MDHHS (MiPHY) http://mi-sudr.com/data/	County
Tobacco	Youth	% of middle school students who reported they had used tobacco in the past 30 days in Grand Traverse County, 2008, 2010, 2018	MDHHS (MiPHY) http://mi-sudr.com/data/	County
Tobacco	Youth	% of high school students who reported it was easy to get tobacco products in Grand Traverse County, 2008, 2010, 2014, 2018	MDHHS (MiPHY) http://mi-sudr.com/data/	County
Tobacco	Youth	% of middle school students who reported it was easy to get tobacco products in Grand Traverse County, 2008, 2010, 2018	MDHHS (MiPHY) http://mi-sudr.com/data/	County
Tobacco	Youth	Estimated % of students who ever tried cigarette smoking by grade level in Michigan, 2013 & 2015	MI Youth BRFS: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI	State
Tobacco	Youth	Estimated % of students who currently smoked cigarettes (at least 1 cigarette in the past 30 days) by grade level in Michigan, 2013 & 2015	MI Youth BRFS: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI	State
Tobacco	Youth	Estimated % of students who currently smoked cigarettes daily by grade level in Michigan, 2013 & 2015	MI Youth BRFS: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI	State
Tobacco	Youth	Estimated % of students who usually obtained their own cigarettes by buying them in a store or gas station by grade level in Michigan, 2013 & 2015	MI Youth BRFS: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI	State
Tobacco	Youth	Estimated % of students who currently used smokeless tobacco by grade level in Michigan, 2013 & 2015	MI Youth BRFS: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI	State
Tobacco	Youth	Estimated % of students who currently used electronic vapor products by grade level in Michigan, 2013 & 2015	MI Youth BRFS: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI	State
Tobacco	Youth	Estimated % of students who currently used tobacco (all forms) by grade level in Michigan, 2013 & 2015	MI Youth BRFS: https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI	State
Tobacco	Youth	% of high school students who used an electronic vapor product during the past 30 days in Grand Traverse County, 2018	MDHHS (MiPHY) http://mi-sudr.com/data/	County
Tobacco	Youth	% of middle school students who used an electronic vapor product during the past 30 days in Grand Traverse County, 2018	MDHHS (MiPHY) http://mi-sudr.com/data/	County

Tobacco	Youth	Percent of high school students who are current cigarette smokers in US	https://www.cdc.gov/healthreport/dashboards/index.htm	US
Tobacco	Youth	Percent of children (3-11 years) exposed to secondhand smoke in US	https://www.cdc.gov/healthreport/dashboards/index.htm	US
Tobacco	Youth	Teens Ages 12-17 Reporting Cigarette and Tobacco Product Use in the Past Month	https://www.kff.org/other/state-indicator/teens-ages-12-17-reporting-cigarette-and-tobacco-product-use-in-the-past-month/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D	
Tobacco	Youth	In the past 3 months, have you smoked any form of tobacco (regular or e-cigarettes, cigars, black and mild, hookah, vape pens) or used smokeless tobacco (dip, chew, snus)?	RAPPS GTCHD Adolescent Clinics	County
Tobacco	Youth	Use of Electronic Cigarettes and Any Tobacco Product Among Middle and High School Students — United States, 2011–2018. MMWR Morb Mortal Wkly Rep 2018;67:1276–1277. DOI: http://dx.doi.org/10.15585/mmwr.mm6745a5	MMWR Morb Mortal Wkly Rep 2018;67:1276–1277. DOI: http://dx.doi.org/10.15585/mmwr.mm6745a5	US
Tobacco	All	Lung cancer age-adjusted incident rate per 100,00 people in Grand Traverse County, 2000-04, 2005-09	MDHHS (Vital Records http://mi-sudr.com/data/	County
Tobacco	All	Lung cancer age-adjusted death rate per 100,00 people in Grand Traverse County, 2000-04, 2005-09	MDHHS (Vital Records http://mi-sudr.com/data/	County
Tobacco	All	Lung cancer age-adjusted incident rate per 100,00 people at the State (MI) and Local (GT) Level, 2010-2014	MDHHS	State, County
Tobacco	All	Lung cancer age-adjusted death rate per 100,00 people at the State (MI) and Local (GT) Level, 2010-2014	MDHHS	State, County
Tobacco	All	Percent of Adults Who Smoke in Grand Traverse County	https://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134707--00.html	County
Tobacco	All	Percent of Adults Who Smoke in US and Michigan	http://www.cdc.gov/brfss/index.html	State, US
Tobacco	All	Annual per capita cigarette consumption	https://www.cdc.gov/healthreport/dashboards/index.htm	US
Tobacco	All	Various- keywords cigarettes, smoking	https://www.cdc.gov/nchs/nhis/SHS/tables.htm	US
Tobacco	All	Percent of Women Reporting Smoking and Smoking Cessation During Pregnancy	https://www.kff.org/womens-health-policy/state-indicator/percent-of-women-reporting-smoking-and-smoking-cessation-during-pregnancy/	State, US
Tobacco	All	State Medicaid Program Coverage of Tobacco Dependence Treatments by Type of Coverage	https://www.kff.org/medicaid/state-indicator/cessation-treatment-under-medicaid/	State, US
Tobacco	All	State Smoking Restrictions for Worksites, Restaurants, and Bars	https://www.kff.org/other/state-indicator/state-smoking-bans/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D	State, US
Tobacco	All	Percent of Smokers who Attempt to Quit Smoking	https://www.kff.org/other/state-indicator/attempts-to-quit-smoking/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D	State, US
Tobacco	All	Percent of Smokers who Attempt to Quit Smoking by Gender	https://www.kff.org/other/state-indicator/attempts-to-quit-smoking-by-gender/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D	State, US
Tobacco e-cigarettes	Youth	Use of Electronic Cigarettes and Any Tobacco Product Among Middle and High School Students — United States, 2011–2018	https://www.cdc.gov/mmwr/volumes/67/wr/mm6745a5.htm?s_cid=mm6745a5_e	US
Tobacco	Adult	Estimated % adults by smoking status in Grand Traverse County, 2005-2016	MI BRFS http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424---00.html	County
Tobacco	Adult	Percent of adults who are current cigarette, cigar or pipe smokers (age-adjusted)	https://www.cdc.gov/healthreport/dashboards/index.htm	US
Tobacco	Adult	Percent of Adults who Smoke by Gender	https://www.kff.org/other/state-indicator/smoking-adults-by-gender/	State, US
Tobacco	Adult	Percent of Adults who Smoke by Race/Ethnicity	https://www.kff.org/other/state-indicator/smoking-adults-by-raceethnicity/	State, US

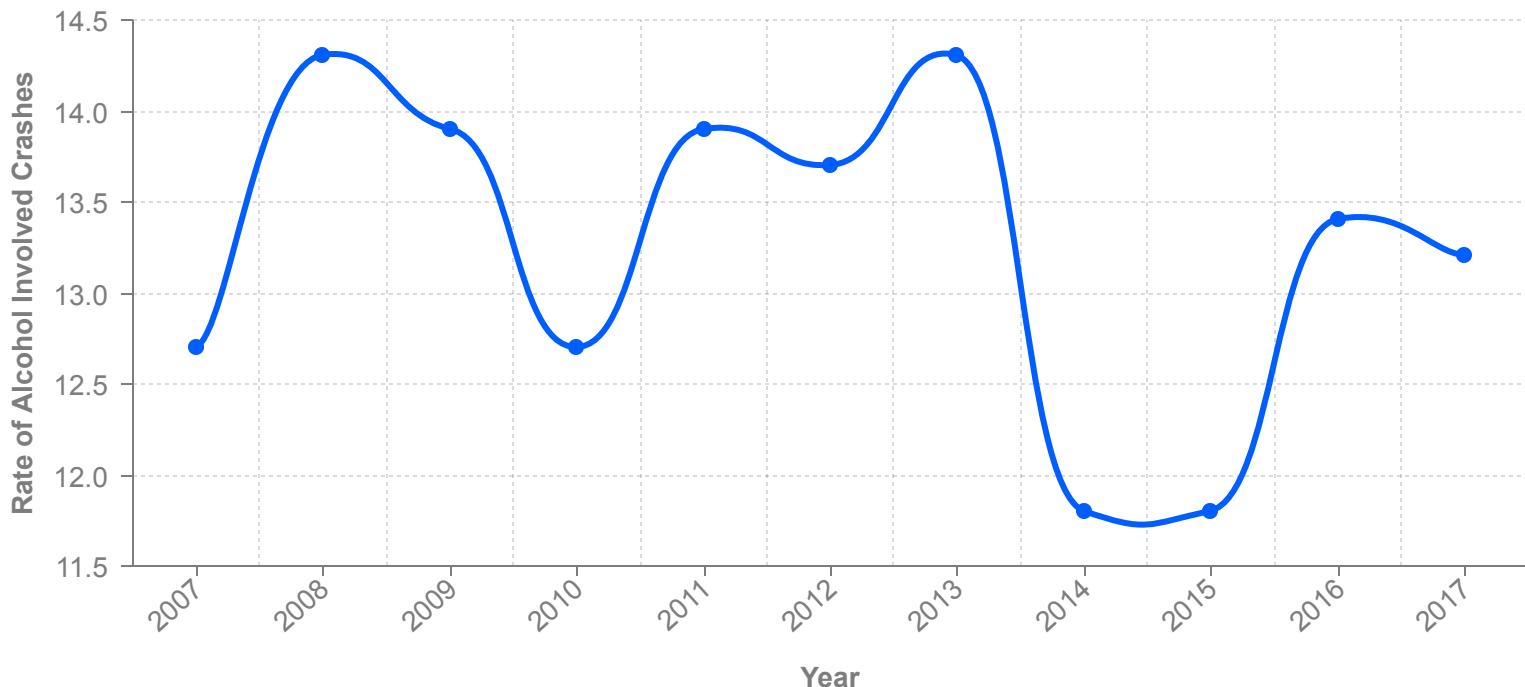
Grand Traverse Substance Abuse Analysis

Alcohol

- Alcohol is still the **most abused substance**, especially among youth.
- Since alcohol is a legal substance, it is **incredibly easy to gain access to** (even for youth).
- Driving under the influence seems to be a big issue in GT County with **severe consequences**.

Descriptive Summary

Rate per 100,000 of **Alcohol-Related Crashes**, GT County, 2007-17



"Alcohol is one of Traverse City's dirty little secrets!"

-Focus Group Participant

Between 2007-17,

127

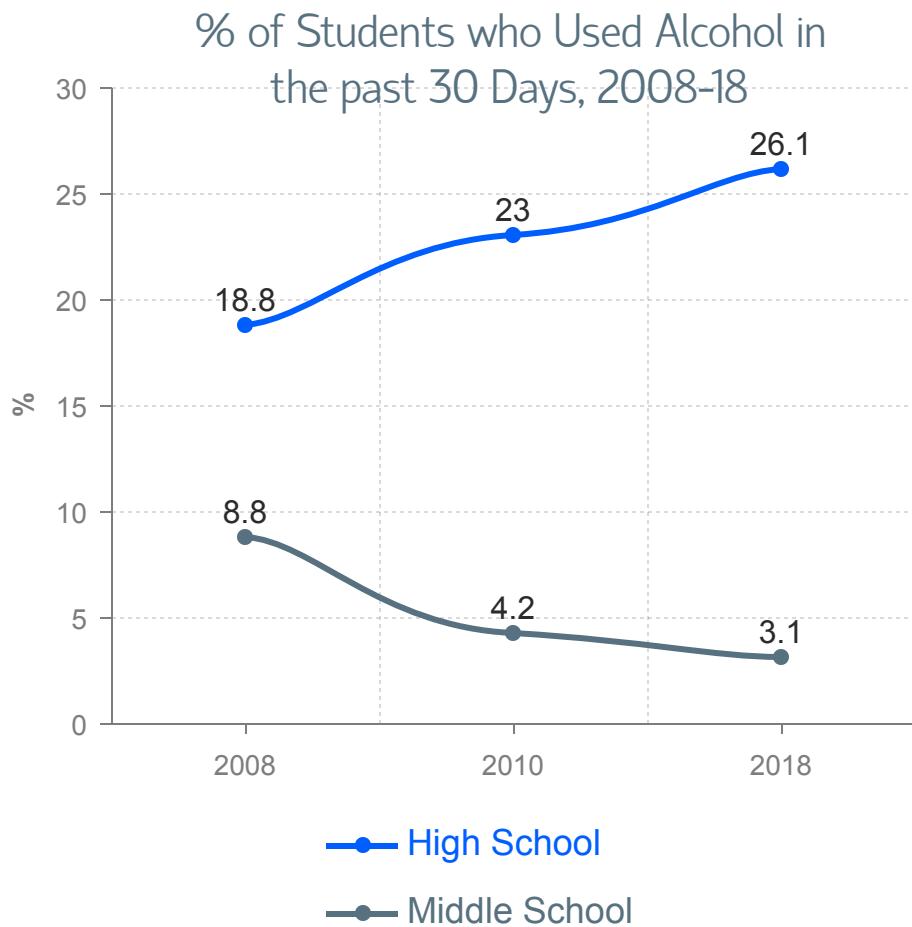
DEATHS/SERIOUS
INJURIES FROM ALCOHOL-
RELATED CAR ACCIDENTS

Total Alcohol-Related
NMRE Admissions, 2017

▼ 63%

747

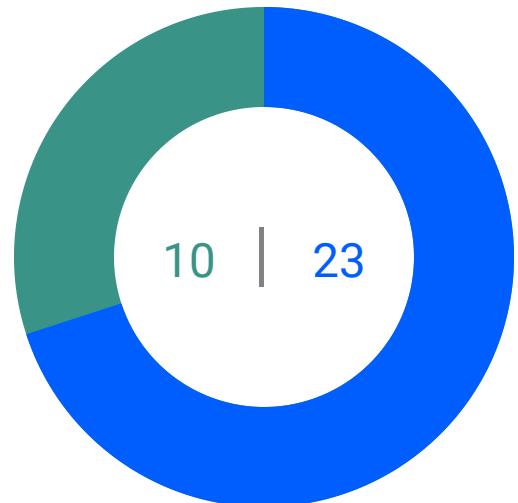
% of all **NMRE Admissions** for 2017 where the primary reported substance used was **alcohol**



% of Students who Reported it was Easy to get Alcohol, 2018



Estimated % of Adults who Drink by Type:
Heavy vs. **Binge**, 2014-16



Alcohol is One of GT County's Biggest Industries
Ranks **3 out of 83 COUNTIES**
Per Capita Wholesale Liquor Sales

Prevention Strategy Highlight from Prevention-Minded Youth:



Education & Events: Host speakers (youth summit) and education campaigns teaching us about the facts and risks.

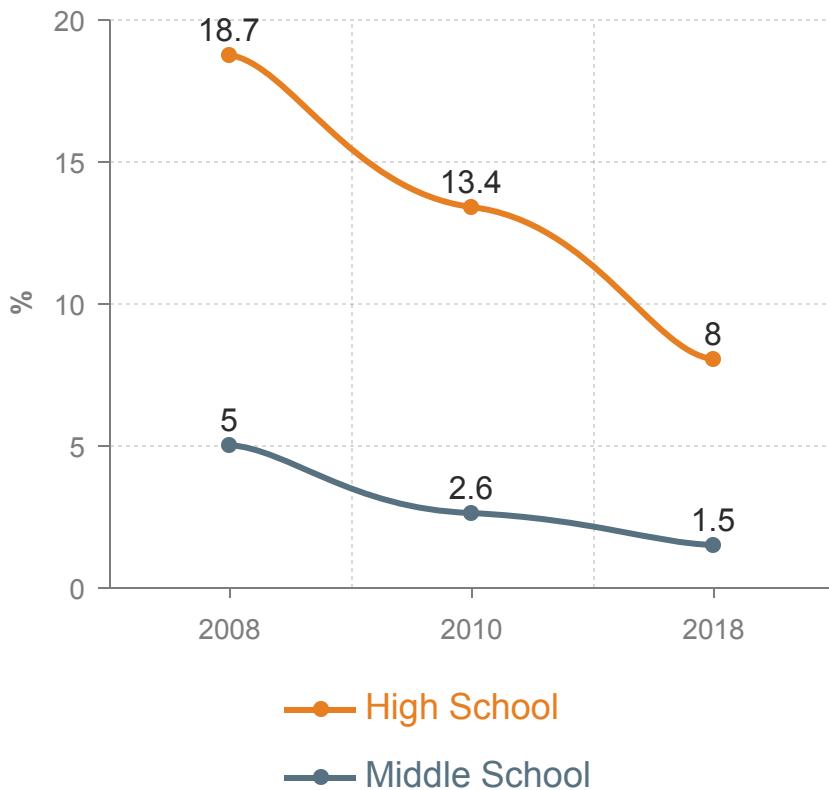
Grand Traverse Substance Abuse Analysis

Tobacco & E-Cigarettes

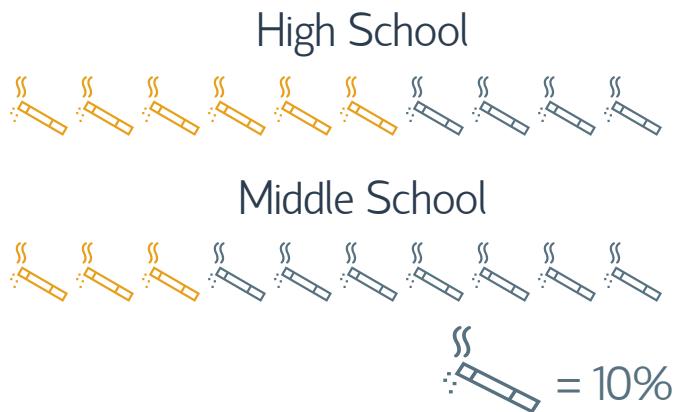
- Traditional tobacco use **continues to decline** for both adults and youth.
- The focus on measurement and prevention strategies needs to be **broadened to include e-cigarettes**.
- Tobacco is still considered the **first substance that should be addressed in prevention** for early elementary students.

Descriptive Summary

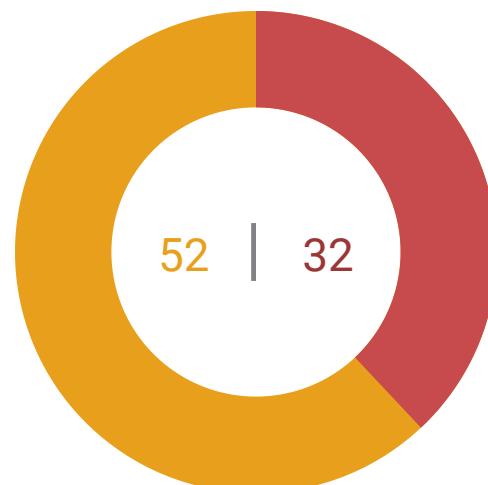
% of Students who Used Tobacco
in the past 30 Days



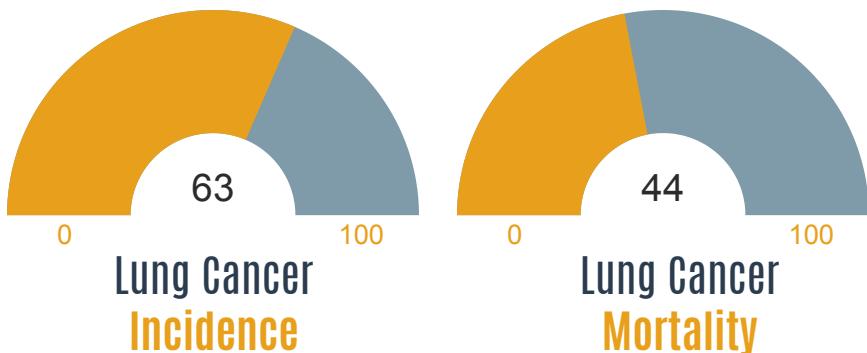
% of Students who Reported it was Easy to get Tobacco Products, 2018



Estimated % of Adults who Reported having
Never Smoked vs. Past Smoker, 2014-16



Age-Adjusted Lung Cancer Incident Rate per 100,000 vs. Age-Adjusted Lung Cancer Mortality Rate per 100,000, 2005-09

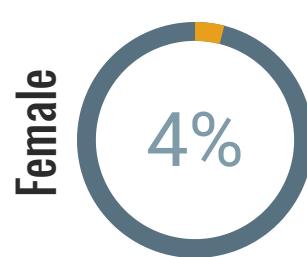
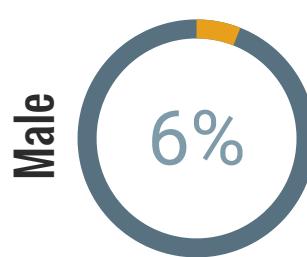


NEW TREND ALERT

Electronic Cigarette Use

% of GT County Students who Used a E-Cigarette in the Last 30 Days, 2018

% of MI Adults who Use E-Cigarette Every Day or Some Days, 2017



of Tobacco Users who Received Counseling &/or Medication through the Michigan Quitline

2015	2016	2017
3,345	3,858	3,178

Prevention Strategy Highlight from Local Prevention Experts:



Advocate for **effective policy change** (with a focus on e-cigarettes) and start **tobacco prevention strategies** in early elementary aged children.

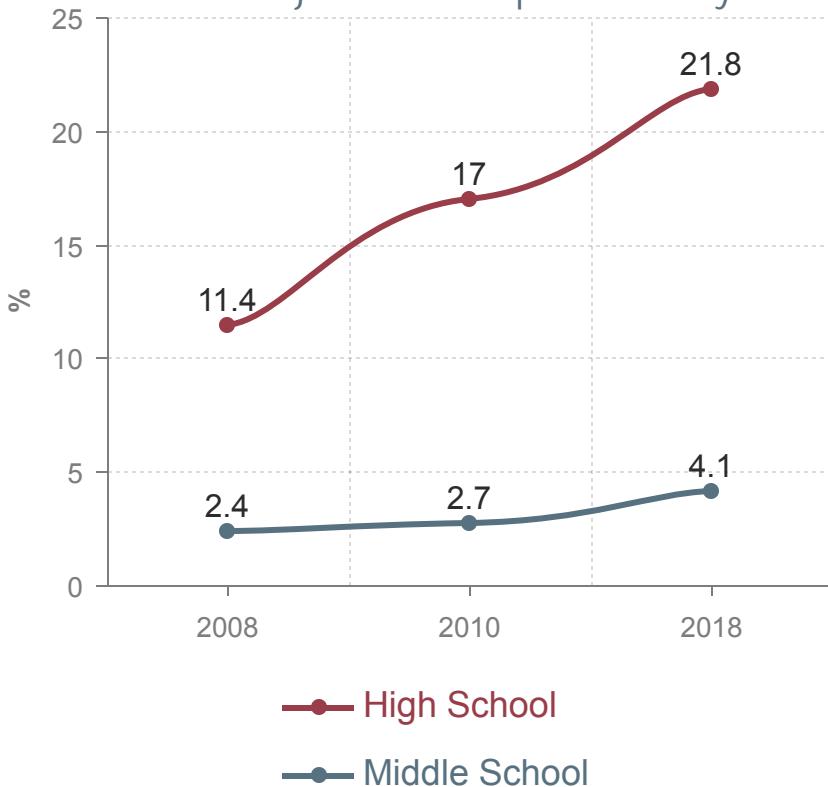
Grand Traverse Substance Abuse Analysis

Marijuana

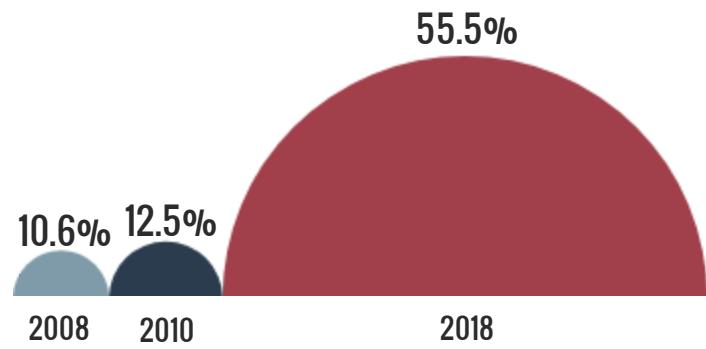
- Marijuana (MJ) use continues to be the **second most abused substance among adolescents**, but it is quickly becoming a top contender among the "baby boomer" generation (see page 2).
- According to GT youth, **MJ is easy to get, widely used, and the medical MJ law makes the messaging around MJ confusing.**
- **Synthetic MJ** is an emerging trend among youth.
- Evidence-based prevention strategies for youth targeting MJ use is critical; **MJ use is a known risk factor for advanced drug use.**

Descriptive Summary

% of Students who Smoked Marijuana in the past 30 Days



% of High School Students who reported it was easy to get Marijuana



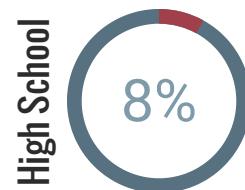
NEW TREND ALERT

Synthetic Marijuana Use

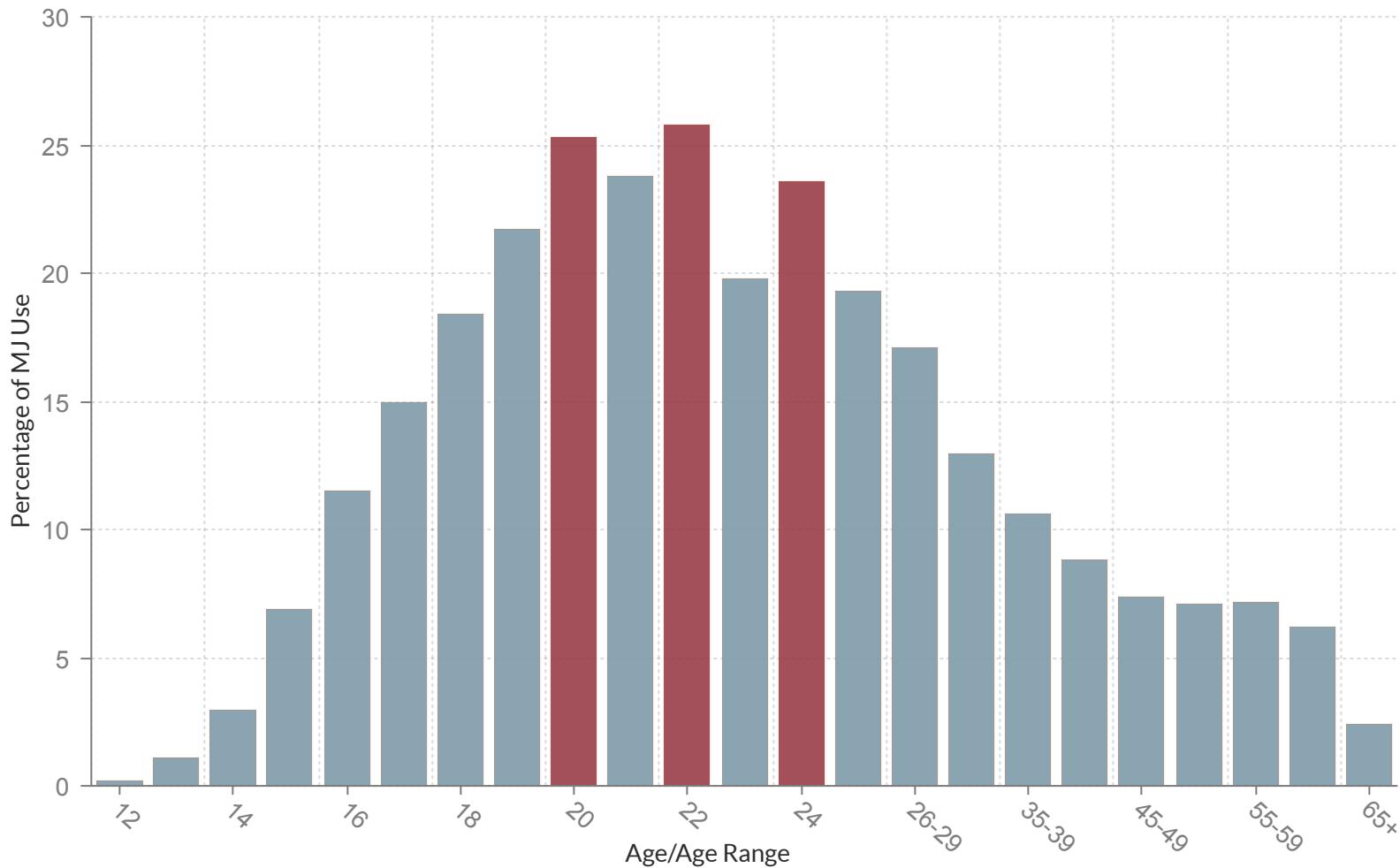
% of Students who Used Synthetic Marijuana 1 or More Times in their Life

What makes it hard to be drug free?

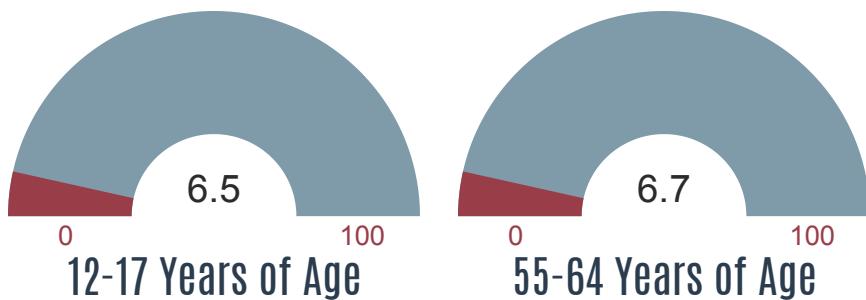
1. Peer Pressure
2. Mental Health Struggles
3. Availability & Societal Pressures



National % of Marijuana Use in the past 30 Days by Age, 2017



Average % of Past Month MJ use Among "Baby Boomer" Population Surpasses Average Teen % in 2017



Prevention Strategy Highlight from Recovering Addicts:



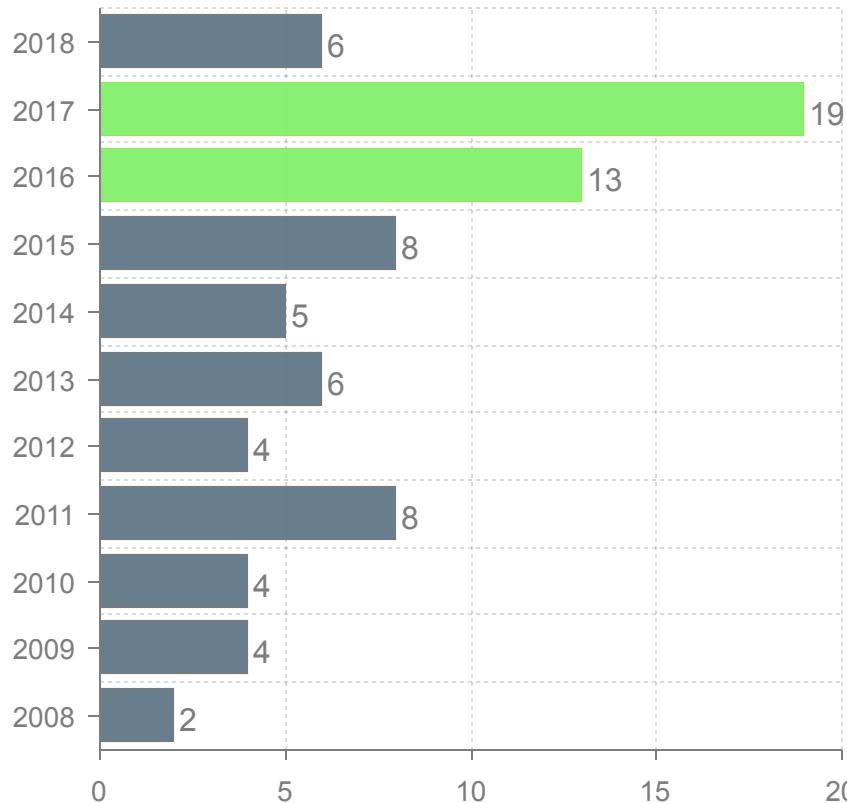
Teach families how to **start talking to their kids early and **keep talking** to them through adulthood.**

Grand Traverse Substance Abuse Analysis

Opioids & Heroin

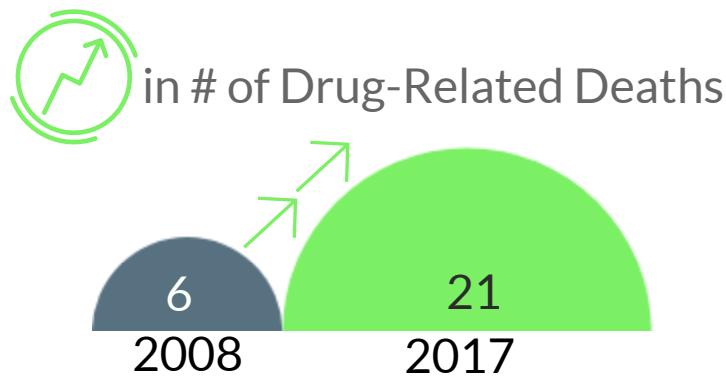
- Since 2008, opioid-related deaths accounted for over 1/2 of all drug overdose deaths in both Michigan & the US.
- Rural community opioid-related death rates have increased 7-fold.
- Suicide rates are 40% higher in rural areas and drug overdose suicides are increasing.

of Opioid-Related Drug Poisoning Deaths
Grand Traverse County, 2008-18



Descriptive Summary

Grand Traverse County Snapshot



"People do not start with heroin, they begin with prescription opioids from an injury, illness or illegally. Once addicted to prescription opioids, the cycle moves to the need for higher-potency illegal drugs like heroin. This is where most of the overdoses and deaths happen"

Key Informant Interview Participant



20



Naloxone saves from GT Sheriff, 2016-18

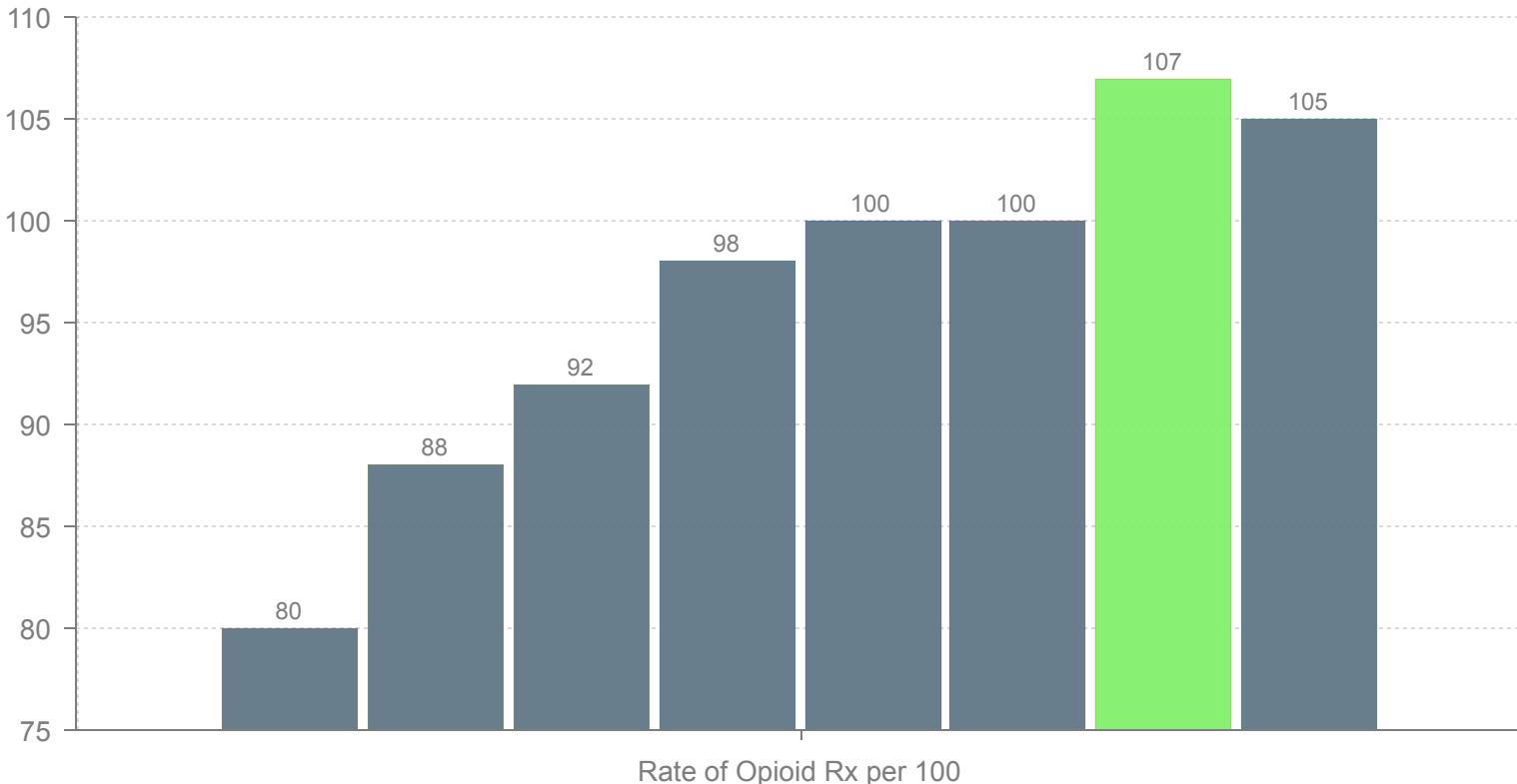
Excludes saves from other Naloxone carriers

▼ 24%

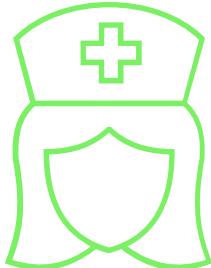


% of all **NMRE Admissions** for 2017 where the primary reported substance used was either **opioids/synthetic** or **heroin**

Rate of Opioid Prescriptions per 100 in Grand Traverse County, 2009-16



Prevention Strategy Highlight from Local Prevention Experts:



Increase local access to evidence-based treatment and work to reduce the stigma for those struggling with addiction so they can access treatment without the fear of discrimination