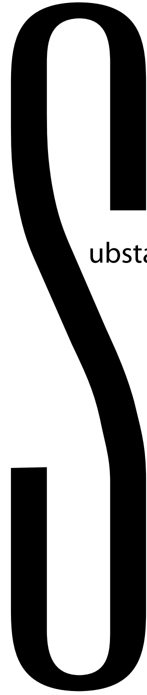

ubstance abuse kills people and makes them ill.

It hurts families and neighborhoods, disrupts education, impacts workplaces, and burdens our social, criminal justice and health care systems.

Substance abuse is estimated to cost taxpayers nearly $70 billion annually in unnecessary health care costs, extra law enforcement, crime and lost productivity (U.S. Department of Health and Human Services, 1997).

Because the effects of illicit drug use and chemical dependency have proven to be both pervasive and devastating, the Institute for Health Policy at Brandeis University in 1993 named substance abuse our nation's

number one health problem.

Kent County Health Department

MINK Substance Abuse Coordinating Agency

700 Fuller N.E.
Grand Rapids, Michigan 49503

West Central Michigan Regional Substance Abuse Advisory Council

1999 Membership

Montcalm County
Florence Hill
Bob Brown

Ionia County
Commissioner Deborah McPeek
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Newaygo County
Jack Long
Commissioner Robert Hallmeyer

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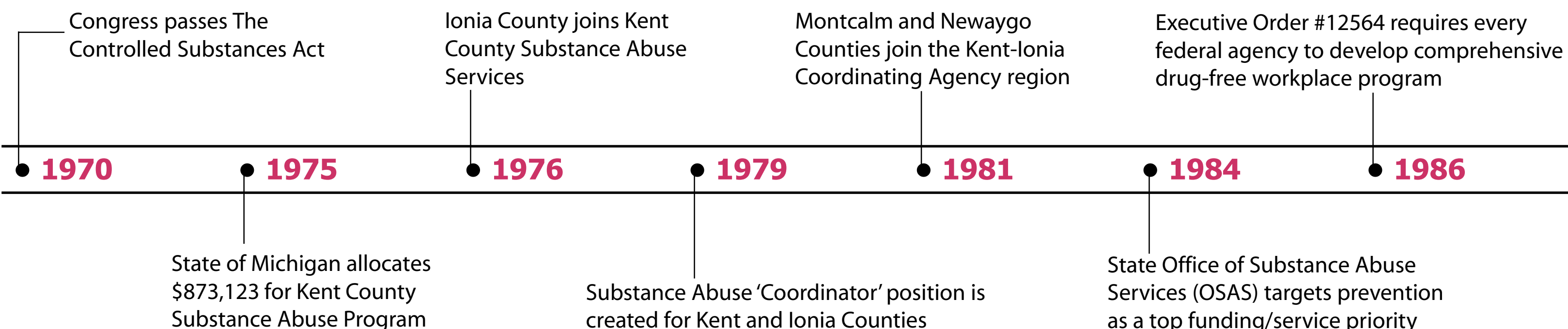
Russell Stothers

Thank you to all who have volunteered their time to serve as members of the Advisory Council over the years. Your support, commitment, and expertise ensured that the prevention and treatment of substance abuse remained a priority in West Central Michigan.



Introduction

Over the last thirty years our thinking about substance abuse and how to treat it has undergone significant change. Once seen as resulting from individual moral weakness, we now see chemical dependency as a disease, and one that is impacted by heredity, society, economy and a multitude of other factors. This shift in perspective has not only brought prevention to the front line of our efforts to reduce substance abuse, but has also given rise to legislation that has affected the way substance abuse treatment services are funded and delivered.

The Controlled Substances Act of 1970 provided the legal foundation for the government's fight against abuse of drugs and other substances by integrating several laws to regulate the manufacture and distribution of narcotics, stimulants, depressants, hallucinogens, and steroids, as well as chemicals used in the production of controlled substances.

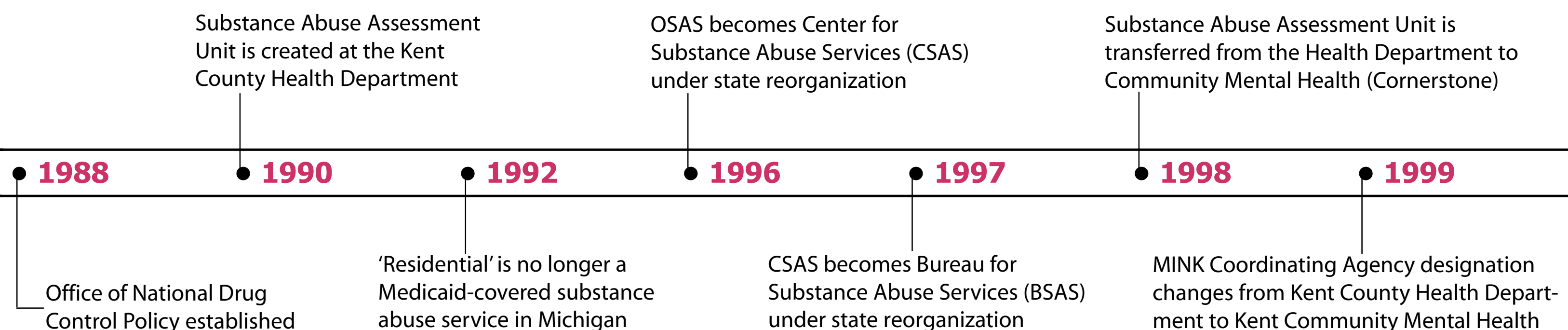
Other laws regarding public drunkenness and health insurance coverage began to change the way we thought about substance abuse and how it is treated. Laws that decriminalized public drunkenness during the 1970's allowed for substance abuse treatment instead of incarceration. In the early 1980's, health insurers were required for the first time to provide coverage for residential and outpatient substance abuse services in all contracts for group and individual health insurance policies.

The Controlled Substances Act also set into motion the allocation of public funds for substance abuse treatment and prevention services. The (then) Michigan Department of Public Health encouraged a regional approach to determining substance abuse needs, and designated local substance abuse coordinating agencies to allocate funds for substance abuse treatment and prevention within the designated region.

In West Central Michigan the Kent County Health Department was a designated coordinating agency, and was joined by Ionia County in 1976, and then Montcalm and Newaygo Counties in 1981, to form the MINK (Montcalm, Ionia, Newaygo, and Kent) region. The four-county MINK region is now part of a substance abuse network in Michigan consisting of 14 other regional substance abuse Coordinating Agencies, over 1,000 state-licensed local substance abuse treatment and prevention programs, several thousand substance abuse workers, and thousands of volunteers.

For the last eighteen years the MINK Coordinating Agency, with oversight from the Michigan Department of Community Health's Bureau of Substance Abuse Services, has been responsible for identifying local substance abuse needs and subcontracting with local agencies for the delivery of substance abuse services. A comprehensive continuum of services has been developed to meet the treatment needs of residents of the four MINK counties, and to put prevention programs in place in our communities.

Now, with the transfer of the substance abuse assessment and Coordinating Agency functions from Public Health to Community Mental Health, we have the opportunity to look back on substance abuse trends in the MINK region during the last decade. Providing such an overview is the purpose of this report.



Substance Abuse Services in the MINK Region

Area Description

Montcalm, Ionia, Newaygo and Kent Counties are located in the southwestern corner of Michigan's Lower Peninsula. In 1990, the combined population of the four counties was 648,920, and represented 7% of Michigan's 9.3 million people. The City of Grand Rapids, in Kent County, with a population estimated to be 189,126 in 1995, is the largest city in the MINK region, and second most populated city in the State of Michigan (following Detroit which had an estimated population of 1,027,974 in 1995).

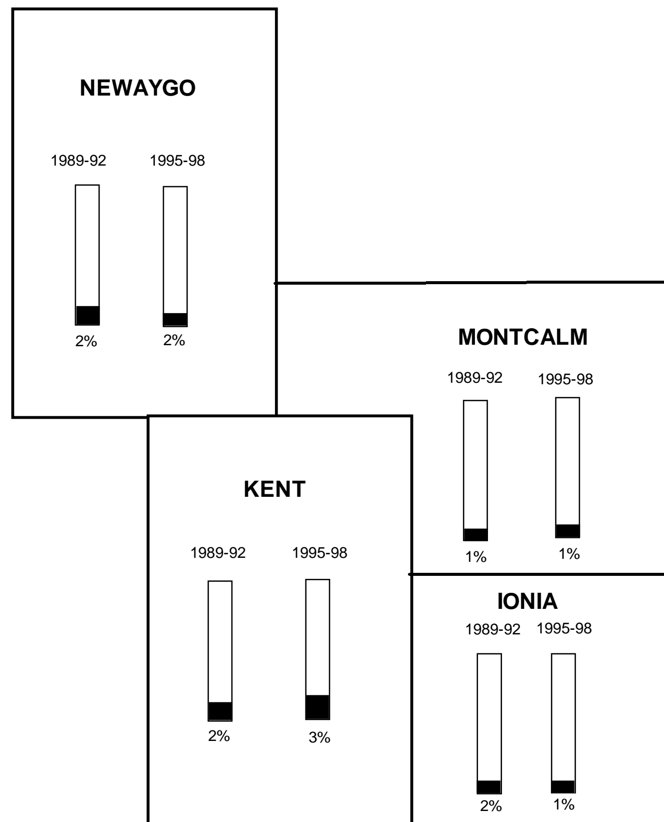
Percentage of Residents Served

Despite estimated increases in population size for all of the MINK counties between 1989 and 1998, the percentage of residents served increased only in Kent County. In Montcalm and Newaygo Counties, the percentage of residents served stayed the same, while in Ionia County, the percentage decreased. In the case of the latter, such a decrease may be attributed to proximity of substance abuse services, such as those that became available through St. Lawrence Hospital in Lansing, a shorter drive for residents of southeastern Ionia County. The increase seen in the percentage of Kent County residents served is not surprising considering that the majority of substance abuse providers in the MINK region are located within Kent County.

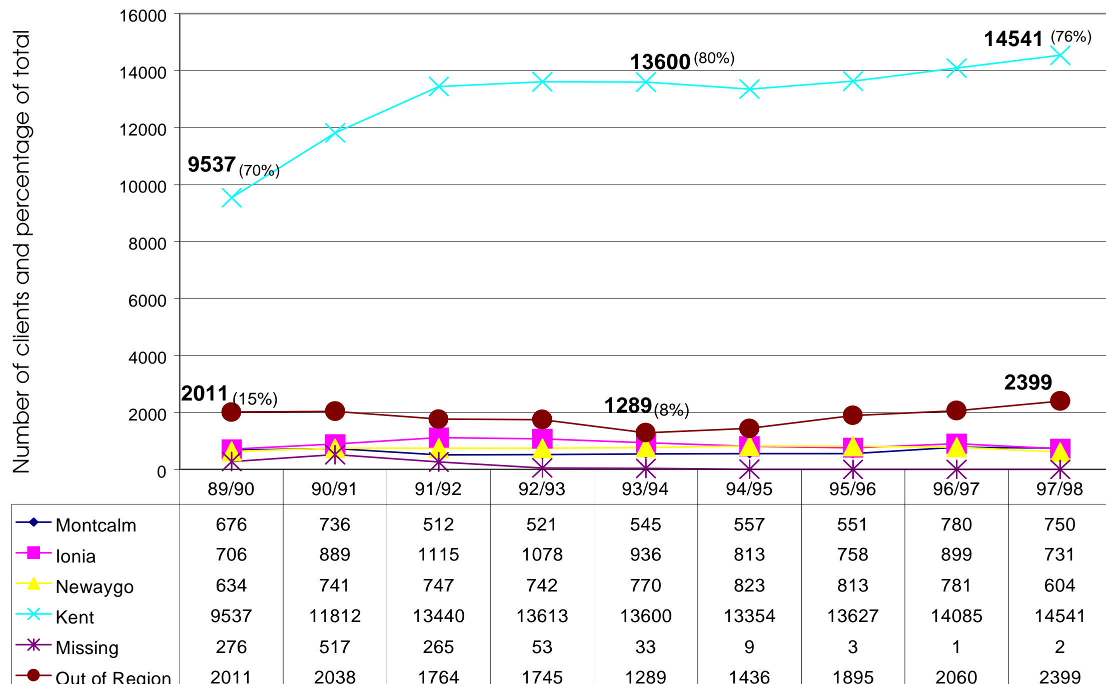
MINK Client Residency

A further examination of the data above reveals that Kent County residents made up the greatest proportion of clients served between 1989 and 1998. Residents of other counties, as well as other states, made up 8%-15% of clients served, greater than the percentage of MINK clients from Montcalm (3%-5%), Ionia (5%-6%), and Newaygo (3%-5%) Counties

Percentage of County Residents Served, 1989-92 and 1995-98



MINK Clients by County of Residency, 1989-1998



	89/90	90/91	91/92	92/93	93/94	94/95	95/96	96/97	97/98
Montcalm	676	736	512	521	545	557	551	780	750
Ionia	706	889	1115	1078	936	813	758	899	731
Newaygo	634	741	747	742	770	823	813	781	604
Kent	9537	11812	13440	13613	13600	13354	13627	14085	14541
Missing	276	517	265	53	33	9	3	1	2
Out of Region	2011	2038	1764	1745	1289	1436	1895	2060	2399

independently. Despite the perception that MINK agencies only serve clients that are residents of one of the four MINK counties, residents of other counties and other states have and do access services in the MINK region. Funding to support services for individuals from outside the region, however, has followed the individual from his or her county or state of residence and have not been provided by the MINK Coordinating Agency.

Total MINK Clients

In 1989, 13,840 clients received substance abuse services in the MINK region. By 1997, this number had increased to 19,027, an increase of 37%. This increase follows a national trend that has been observed by direct measures of substance use indicators such as the number of drug related deaths and emergency room admissions, both of which have increased steadily and are much higher than in 1980 (National Institute of Justice *Journal*, April 1999).

Increases in clients seeking treatment services tend to follow increases in the number of people initiating drug use. Such an increase during the late 1970's and early 1980's was followed by a decline in drug use initiation around 1983. A subsequent increase in first-time drug use during the early 1990's was reflected in an increase in clients seeking treatment in the MINK region during that period.

Increased case finding following the start-up of MINK's Central Diagnostic and Referral Center (CDR) in 1990 also likely contributed to the increase in client admissions in the early 1990's. The CDR assesses clients seeking admission to state-funded substance abuse treatment services (residential, intensive outpatient, methadone), evaluating treatment needs, income eligibility, and other factors, prior to admissions (Michigan Public Health Institute, 1996).

MINK Clients' Risk Factors for Substance Abuse

Risk factors are defined as "those characteristics, variables, or hazards that, if present for a given individual, make it more likely that this individual, rather than someone selected at random from the general population, will develop a disorder" (Mrazek and Haggerty, 1994). Environmental factors may also increase the probability of substance abuse within geographic areas.

Calkins and Aktan (1998) described several factors that contribute to the probability of substance abuse by individuals living in Michigan:

- Major international airports such as Detroit Metro Airport and the smaller Kent County International Airport, as well as other airports throughout the state;
- An international border with Ontario, Canada; land crossings at Detroit, Port Huron, and Sault St. Marie; and water crossing through three Great Lakes and the St. Lawrence Seaway, that connects to the Atlantic Ocean;
- Numerous colleges and universities;
- School Dropout Rates that remain high. In the 1996-97 school year, nearly 30,000 students dropped out of school statewide (6.6%);
- A large population of skilled workers with relatively high income levels (especially in the auto industry), as well as a large population with low or marginal employment skills.

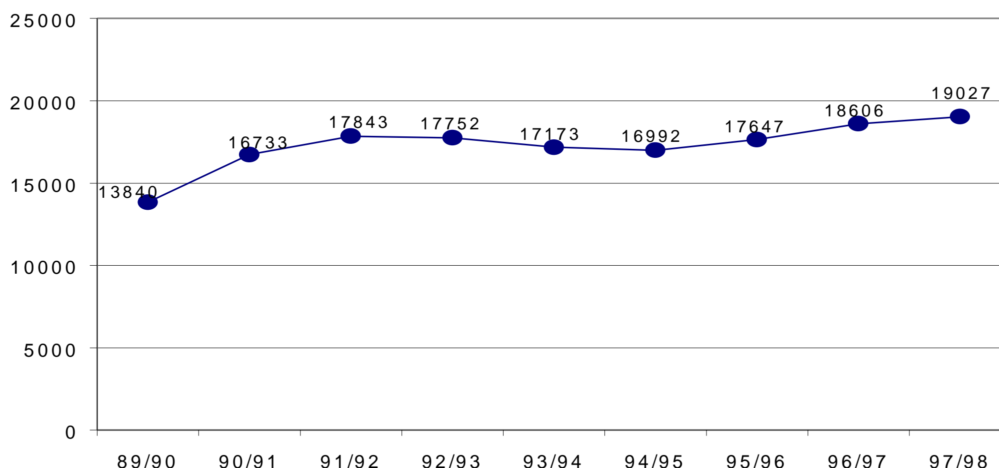
High School Drop Out Rates

As Calkin and Aktan reported in 1998, dropping out of school is a risk factor (i.e. contributes to the increased probability) for substance abuse. The four Intermediate School Districts (ISD) in the MINK region recorded average dropout rates consistent with or below the statewide average of 6.6%. During the 1996-1997 school year, the Montcalm ISD reported an average dropout rate of 6%, Ionia ISD 4%, the Kent ISD 5%, and the Newaygo ISD 4%. (Michigan Department of Education, *Michigan School Report*).

Poverty

Poverty is also a risk factor for substance abuse. Within the MINK region, the greatest number of persons living in poverty are concentrated in Kent County with an estimated 51,365 (10%) . Though the *percentage* of the population living in poverty is higher in the other three MINK Counties than in Kent County, the *number* of persons living in poverty in those Counties is much lower. In Montcalm County, an estimated 8,226 residents lived in poverty in 1995 (15%); in Ionia County 6,159 residents (11%), and in Newaygo County 5,919 residents (15%).

Total Number of MINK Clients by Year, 1989-1998



MINK Client Population Demographics

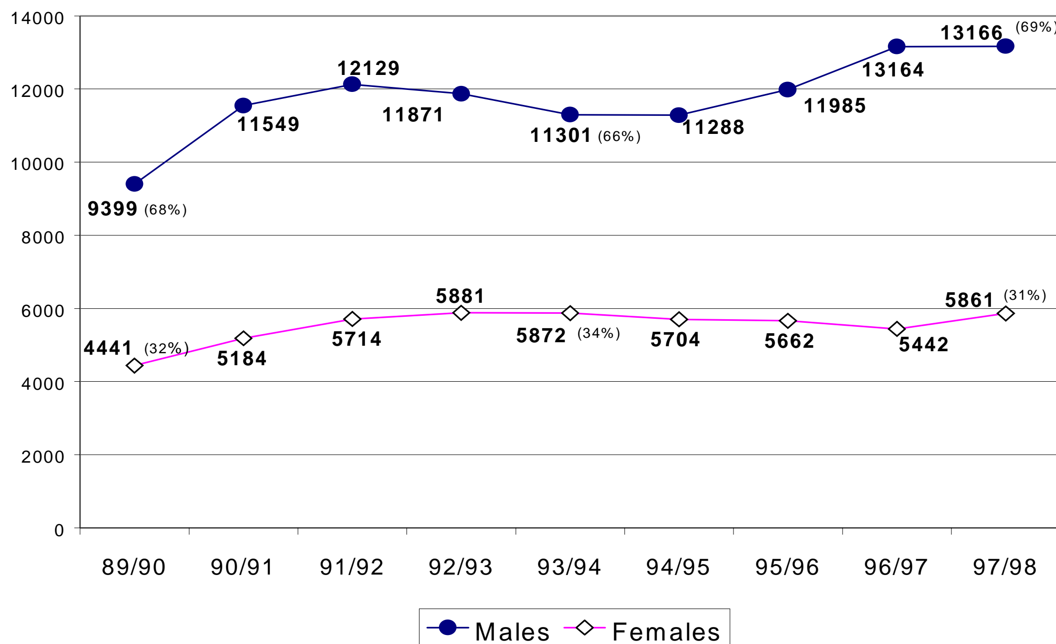
Gender

Males have consistently made up the greater proportion of MINK clients accessing substance abuse treatment services during the last 10 years, accounting for over 2/3 of clients annually. In 1989, males made up 68% of MINK clients and in 1997 accounted for 69%. In terms of numbers, the total number of males seeking treatment climbed from 9,399 clients in 1989 to 13,166 in 1997, an increase of 40%.

Nationally, in 1995 (the approximate midpoint for these years of data), 70% of individuals in publicly funded substance abuse treatment programs were male.

The Substance Abuse and Mental Health Service Administration (SAMHSA) in 1995 reported that men, ages 15 to 44, are more likely than women to have substance abuse disorders which include alcohol and other drug abuse and dependence.

Number and Percentage of MINK Clients by Gender, 1989-1998



Race

In 1997 Barry R. McCaffrey, our National Drug Czar, made a compelling observation about the racial stereotypes many of us have about drug users, particularly those who use crack cocaine.

"The truth is," McCaffrey said, "most drug users in the United States are white. African Americans constitute only 15% of current U.S. drug users. Before falsely stigmatizing any minorities, we should bear in mind that more whites than blacks use both forms of cocaine."

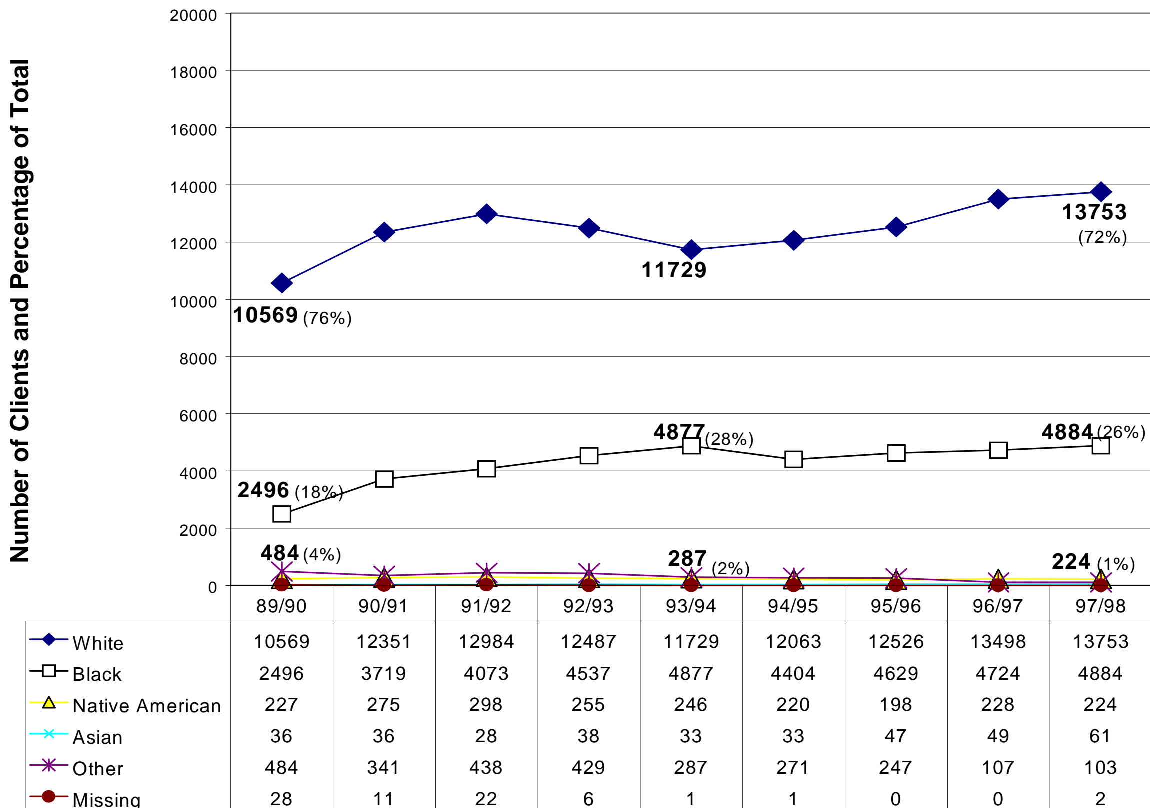
McCaffrey's observation is also applicable at the local level, within the MINK region. Between 1989 and 1998, the majority of MINK clients seeking treatment were white. During this time, the number of white clients increased from 10,569 to 13,753, a 30% increase. However, despite the fact that the number of white clients is almost three times greater than the number of black clients, the number of black clients seeking treatment during this time increased 95%.

One possible explanation comes from the National Institute of Justice *Journal* which in 1999 reported that, according to national medical examiner and emergency room data, cocaine and heroin users "are increasingly likely to be African American." African Americans, who in 1982 accounted for 23% of

deaths due to cocaine nationally, accounted for 44% of cocaine deaths by 1996. Increased case finding among this population also likely accounts for increases in the number of African American clients in treatment in the MINK region.

Other racial/ancestral population groups made up less than 4% of the MINK client population in 1989 and less than 1% by 1997. It is unclear, however, if this decrease is the result of additional barriers for these populations in accessing treatment services, or perhaps a decrease in substance abuse within these populations.

MINK Clients by Race, 1989-1998



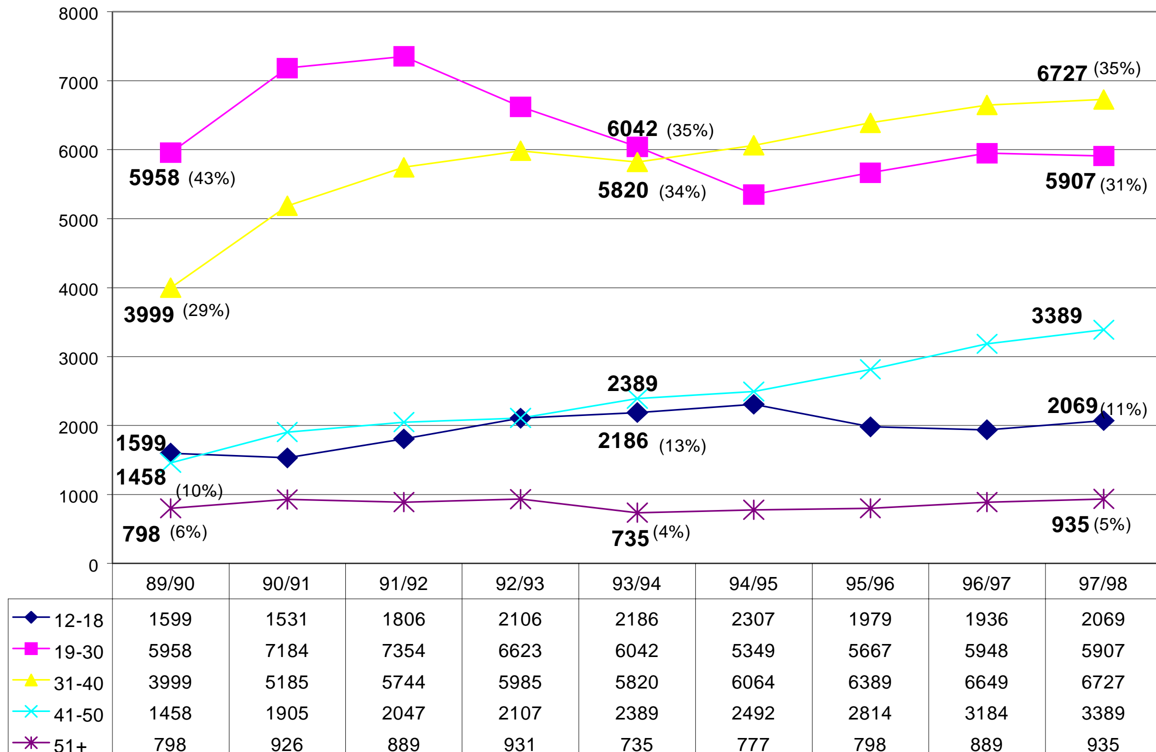
	89/90	90/91	91/92	92/93	93/94	94/95	95/96	96/97	97/98
White	10569	12351	12984	12487	11729	12063	12526	13498	13753
Black	2496	3719	4073	4537	4877	4404	4629	4724	4884
Native American	227	275	298	255	246	220	198	228	224
Asian	36	36	28	38	33	33	47	49	61
Other	484	341	438	429	287	271	247	107	103
Missing	28	11	22	6	1	1	0	0	2

Age

In 1989, persons between 19 and 30 years of age were the largest percentage of MINK clients, although by 1997 the largest percentage of MINK clients was persons aged 31 to 40. This apparent aging of the MINK client population may well reflect the aging of chronic and relapsing drug users who were in the former age category in 1989, but are now in the latter. As noted in the National Institute of Justice *Journal*, "the fraction of today's population using illicit drugs is well below the peak of the early 1980's. However, the severity of drug-related problems has not declined much, probably because drug abusers have such difficulty quitting and because the problems they cause themselves and society change, but do not abate, as their drug using careers *lengthen* and their health deteriorates" (italics original).

The notable increase in the percentage of clients aged 41 and 50, likely following a similar dynamic, is also supported by national emergency room and medical examiner data which indicates that the population of frequent drug users, in particular those that use cocaine and heroin, is getting older. Almost half of the reported deaths related to cocaine and heroin occurred in people 30 years old or older

MINK Clients by Age, 1989-1998



	89/90	90/91	91/92	92/93	93/94	94/95	95/96	96/97	97/98
12-18	1599	1531	1806	2106	2186	2307	1979	1936	2069
19-30	5958	7184	7354	6623	6042	5349	5667	5948	5907
31-40	3999	5185	5744	5985	5820	6064	6389	6649	6727
41-50	1458	1905	2047	2107	2389	2492	2814	3184	3389
51+	798	926	889	931	735	777	798	889	935

in 1982; by 1996, two-thirds were 35 or older. Correspondingly, persons aged 18 to 25, who accounted for 23% of cocaine and heroin-related deaths in 1982, accounted for only 8% by 1996.

According to National Institute on Justice, SAMHSA's Office of Applied Studies reported a "shift in the age distribution of illicit drug users. The heavy drug using cohorts of the 1970's continue to get older. The average age of illicit drug users and the proportion that are age 35 has risen steadily since 1979." Likewise, NIJ reports, "drug use is declining across all demographic groups, but the decline has been notably sharper among more educated segments of the population, probably reflecting these groups' greater sensitivity to health messages."

Among persons 12 to 18 years of age, admissions for substance abuse treatment in the MINK region followed a national upward trend in 1992. Nationally, the latest SAMHSA data shows an increase in the percentage of clients age 18 and under, from 5% in 1992 to 9% in 1998, in treatment for substance abuse. During the same period, in the MINK region, the percentage of clients aged 12 to 18 decreased slightly, from 13% in 1992 to 11% in 1998.

Children and adolescents are a priority population for substance abuse prevention and intervention efforts throughout Michigan. This is reflected in the percentage of adolescents in treatment in the MINK region (as compared to the percentage of adolescents in treatment nationally). The Student Assistance Program — a school-based intervention to identify, assess, and provide referrals for at-risk youth in the MINK region — could have contributed to the number of adolescents identified and referred for treatment in the region during the early and mid-1990's. A decrease in the number of 12 to 18 year old MINK clients in 1996 may correspond to the discontinuance of the Student Assistance Program that year.

Substance Abuse in the MINK Region

Pregnancy and Drug Use

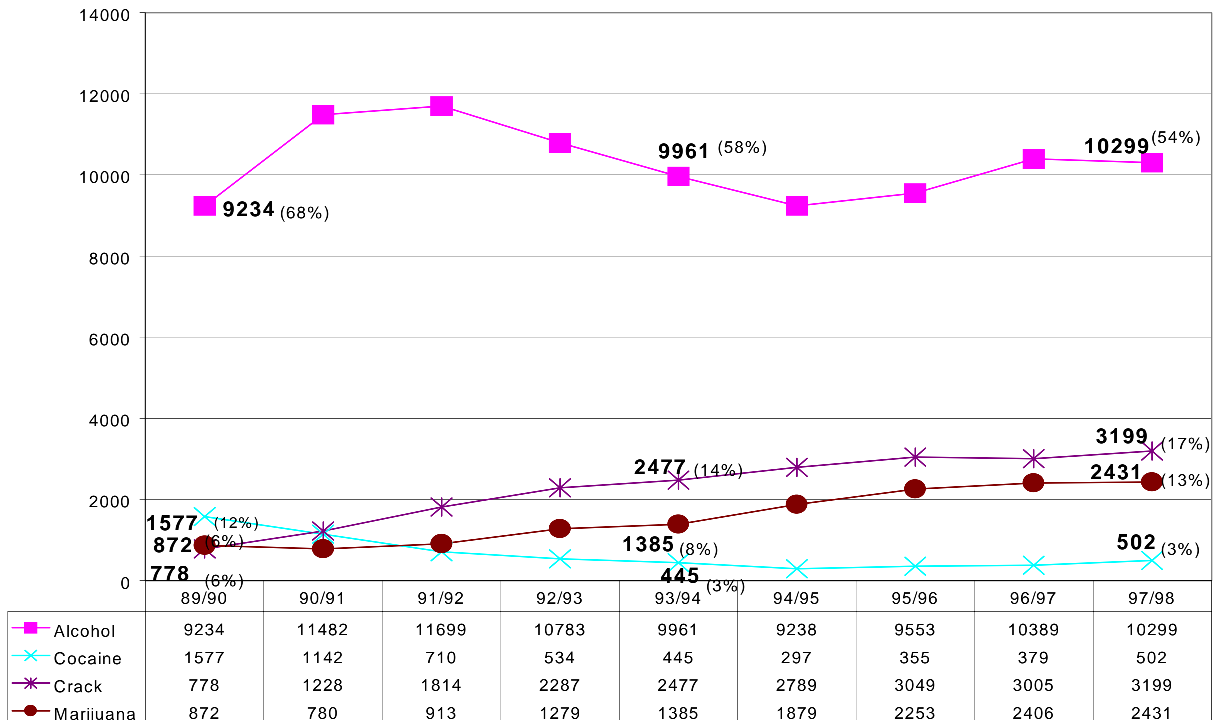
Determining the prevalence of substance abuse in pregnant women in the MINK region has been difficult. Since 1992 approximately 7% to 8% of data was missing for this category. Available data for client admissions shows that pregnant women accounted for 3% to 6% of MINK clients in treatment.

Data from Michigan live birth certificates (Office of the State Registrar) from 1994, revealed that 18.5% percent of women reported using tobacco during pregnancy, 1.7 % indicated the mother drank alcohol, and 1.0% reported drug use.

The 1994 *National Pregnancy and Health Survey*, a hospital survey of 4 million new mothers conducted by the National Institute on Drug Abuse found that of the women surveyed 757,000 (19%) drank alcohol, 820,000(20%) smoked cigarettes, and 221,000 (6%) used illegal drugs during pregnancy.

Differences in the reported prevalence of substance abuse during pregnancy in Michigan and nationally may be the result of the different data collection mechanisms, actual differences in prevalence or other unknown factors. However, local data must be collected to truly understand the prevalence of substance abuse during pregnancy in the region.

MINK Client Primary Substance Use, 1989-1998



	89/90	90/91	91/92	92/93	93/94	94/95	95/96	96/97	97/98
Alcohol	9234	11482	11699	10783	9961	9238	9553	10389	10299
Cocaine	1577	1142	710	534	445	297	355	379	502
Crack	778	1228	1814	2287	2477	2789	3049	3005	3199
Marijuana	872	780	913	1279	1385	1879	2253	2406	2431

Primary Substance Use

As evidenced by the chart above, of the top four substances of primary use, alcohol remained the leading drug of choice in the MINK region during the past 10 years. In spite of this, however, there has been a decline in the percentage of clients reporting alcohol use. Whether this is due to the increasing popularity of other drugs or an actual decline in alcohol use is unknown. Nationally, according to Drug-Free Resource Net, Partnership for Drug-Free America "alcohol — including beer, wine, and hard liquor — is the most commonly used and widely abused psychoactive drug in the country." In 1995, there were 1.9 million admissions to publicly funded substance abuse treatment facilities in the United States, over half of which, 54%, were alcohol treatment admissions. This percentage matches the

percentage of MINK client admissions for alcohol for that year.

Although cocaine was the second most popular drug of choice in the region in 1989, the percentage of MINK clients using cocaine decreased over time as the percentage of clients using crack increased. The downturn in 1990 may have resulted from a crack-down by the Colombian government on the Medellin drug cartel, which made cocaine substantially less available for a short time (NIJ *Journal*, April 1999).

At the same time however, crack was becoming increasingly popular, due to both its availability and relatively low price. In addition, the prices for crack, by both the ounce and kilogram, have remained relatively stable during the past three years, as did the price of 'rocks' which have ranged from $5 to $50, with $20 being the most common price (Calkins and Aktan, 1998).

The use of marijuana has also increased among MINK clients during the past 10 years based on client reports of use. Mirroring local trends, data presented at the June 1998 meeting of the National Institute of Health's Community Epidemiology Work Group showed that use of marijuana "is on the increase." Mexican marijuana continues to be increasingly available. In Michigan, in 1994 and 1995, primary marijuana treatment accounted for 9% to 12% of statewide admissions. In 1996, 1997, and 1998 primary marijuana treatment accounted for 14% to 16% of statewide admissions (Calkins and Aktan, 1999).

Conclusion

While no one would dispute the great physical, emotional, economic and societal toll taken by the use and abuse of alcohol, tobacco and other drugs, it is clear that substance abuse, both individually and in the population, is a dynamic phenomenon. Communities and clinicians must approach the problem on several fronts, using a variety of tools, always prepared for the unexpected, and always ready to reassess and refine current intervention and prevention efforts.

In the MINK region, the transition of substance abuse treatment, as well as the local Coordinating Agency, from Public Health to Community Mental Health is one attempt to change our treatment and funding paradigms to reflect a shift in thinking about substance abuse. Only time will tell if these changes have their desired effects.

Over the last 10 years -- the time period examined in this report -- local substance abuse trends seem to resemble state and national trends in many, but not all, areas. Increases in drug use nationally have tended to be observed locally, and have generally resulted in a subsequent increase in admissions for treatment locally. Likewise, the increase in the average age of drug users, and particularly chronic users, is reflected in both national and local data.

Within the MINK region, the demographic characteristics of the MINK client population point to several groups for whom prevention and intervention efforts are a priority. At the same time, prevention needs to focus on the entire community in enhancing skills and knowledge, promoting leadership, and nurturing relationships -- in other words, building community capacity.

The racial breakdown of MINK clients has remained relatively stable, though significant increases in the number, if not percentage, of African Americans in treatment may deserve additional examination, as well as the virtual under-representation of other racial/ethnic/ancestral populations.

Likewise, does the fact that the majority of MINK clients are male reflect a predisposition to substance abuse or greater ability to access treatment among males, or rather, additional barriers to treatment for females?

Finally, with the transition of substance abuse to Community Mental Health, as well as the transition of Medicaid to a managed care model, what new data can be collected and developed to provide additional insight to substance abuse and its treatment in the MINK region? Certainly, the increased identification of dually diagnosed individuals, and the integration of their treatment, has the potential to provide new and important data to the communities in the MINK region. In addition, the impact of managed care on publicly funded substance abuse treatment must be assessed and monitored.

The MINK region has benefited from the cooperation and collaboration of numerous public and private agencies, clinicians, law enforcement personnel, justice officials, educators, volunteers, and caring citizens. Although changes in the administration of substance abuse funding within the MINK region will likely mean some small change for all, the prevention and treatment of substance abuse remains vital to the health of individuals in our communities, and to the health of our communities themselves.

Notes on this PDF publication:

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Community Report on Substance Abuse in the MINK Region, 1989-1999

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Community Report on SUBSTANCE ABUSE in the MINK Region 1989-1999

Montcalm/Ionia/Newaygo/Kent
Substance Abuse Coordinating Agency