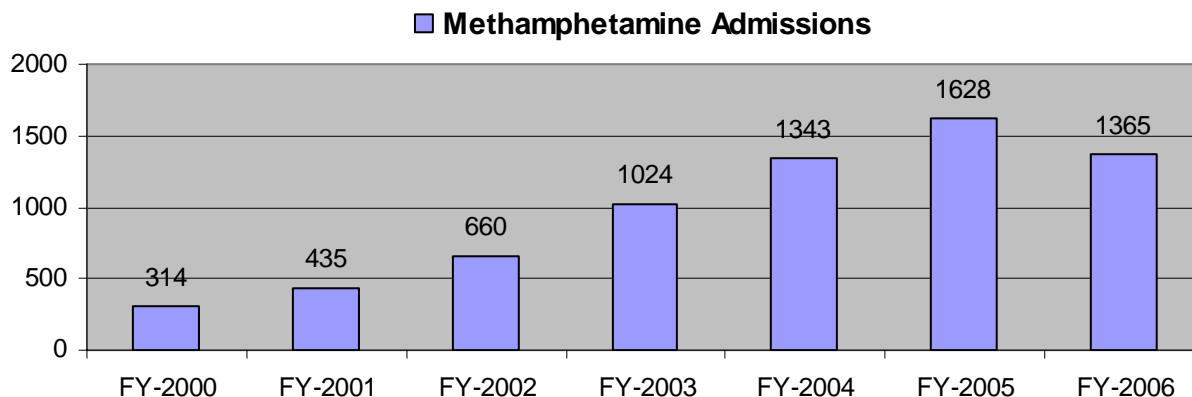


MICHIGAN

2006 State Snapshot on Methamphetamine



Michigan providers first detected a noticeable number of methamphetamine-involved admissions in fiscal year (FY) 2000. Although there was a decrease in admissions in FY 2006, the reported quantity of these admissions has more than quadrupled since that time.

Demographics FY 2006

The profile of a typical methamphetamine user in Michigan is: median age of 29, slightly more likely to be male than female (56% to 44%), and predominantly white (94.1%).

Treatment Effectiveness Data

From matching each client's admission data to his or her discharge, it was found that 54.8% of all methamphetamine admissions (detox excluded) either completed their treatment program or were transferred to other programs to get additional treatment services.

Treatment helps reduce homelessness: 68.2% of all methamphetamine admissions reporting to be homeless at the time of admission had made dependent or independent living arrangements by the time of their discharge.

Treatment is effective in stopping use: 72.7% of all methamphetamine admissions who had reported using daily at the time they were admitted into treatment had stopped using methamphetamine entirely by the time of their discharge.

Treatment helps get people back to work: 25.5% of all methamphetamine admissions who were unemployed at the time of admission were working full or part time by the time of their discharge.

Other State Activities to Note:

- ▶ The Michigan Department of Community Health, Office of Drug Control Policy (MDCH/ODCP) is lead coordinating agency for the statewide methamphetamine strategy, originally released in July 2002. The strategy now includes eight multi-disciplinary committees, which are: Media/Public Awareness, Law Enforcement, Environmental, Prevention, Treatment and Education, Child Welfare, Prosecution/Judicial, and Retail. A state **methamphetamine task force** was formed in the summer of 2002 and continues to meet quarterly to discuss methamphetamine initiatives. ODCP is the lead staff for this task force, which includes MDCH/ODCP, MSP, U.S. Drug Enforcement Administration (DEA), U.S. Customs Service, Michigan High Intensity Drug Trafficking Area (MI-HIDTA), FBI, Prosecuting Attorneys Association of Michigan, SCAO, various county and city police agencies, Department of Agriculture, Department of Environmental Quality (DEQ), Michigan Association of Substance Abuse Coordinating Agencies (MASACA), retailers associations, media associations, the U.S. Attorneys' Offices, and a whole host of other state and local agencies. Participation on this task force now numbers in excess of 60.
- ▶ In FY 2004, ODCP received a grant from SAMHSA – **Center for Substance Abuse Prevention (CSAP)** to further prevention efforts around methamphetamine. The goal of this grant was to enhance and strengthen the capacity and capability of the task force and, therefore, enable Michigan to employ a statewide multi-agency regional infrastructure for the purpose of planning and implementing strategies effective at preventing, reducing, or delaying the use or spread

of methamphetamine in high risk communities in the state of Michigan. The majority of the funding was originally allocated to four regional substance abuse coordinating agencies, which were to develop the regional infrastructure and prevention programming for their counties. In 2006, two more regional substance abuse coordinating agencies were added, resulting in twenty counties covered through this project.

- ▶ A statewide “**Meth Watch**” retail and community education campaign was implemented in May 2005, whereby Michigan modeled itself after the Kansas Meth Watch Program. For this effort, in December 2004, ODCP applied for and received a grant from the Consumer Healthcare Products Association (CHPA) in the amount of \$100,000. Through a partnership with the Michigan Retailers Association, this community-based program has worked with various retailers across the state of Michigan by training their employees to recognize and identify individuals who are attempting to obtain the necessary precursors for the illegal production of meth. Not only has this program created partnerships between retail stores and local law enforcement agencies, it has also worked towards limiting the accessibility and theft of precursors used in the production of meth. General meth awareness seminars and various training events have been conducted, and mini-grants were utilized to encourage communities to participate in and support the Michigan Meth Watch program.
- ▶ **Legislation** restricting the sale of pseudoephedrine in Michigan went into effect December 15, 2005. Additional methamphetamine legislation went into effect in July 2006, which:
 - Adds exposure to methamphetamine to the definition of child abuse and requires officials to conduct an investigation if exposure is suspected;
 - Allows local law enforcement officers to seek medical treatment for children exposed to methamphetamine without a court order;
 - Creates a Methamphetamine Reporting Act to better enable law enforcement officials to track methamphetamine production and use;
 - Requires sites of lab locations to be posted on the internet, along with their clean-up status;
 - Requires the Department of Community Health and the Department of Environmental Quality to develop new procedures for clean-up of household and environmental contamination resulting from methamphetamine production; and
 - Prohibits the use of the Internet or other electronic methods to publish information regarding production of methamphetamine or to sell ephedrine or pseudoephedrine-based products that can be used in its production.
- ▶ A Michigan **Drug Endangered Children** (DEC) Protocol was approved in August 2006 and includes both a response and a specific medical protocol. The State of Michigan is currently working with Native American Tribes to develop DEC protocols for their use.

If additional resources were made available to improve methamphetamine services, the areas in most need of assistance would be:

- ▶ Residential and intensive outpatient capacity
- ▶ Expanded technical assistance to counties
- ▶ Wrap-around services

For more information, please contact the Michigan Single State Authority for Substance Abuse (SSA):

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