

Leelanau County Substance Abuse Prevention Coalition

June 17, 2022 – 9:30 a.m.

Leelanau County Government Center and virtually via Zoom

<https://youtu.be/Ks409QvJNug>

The meeting was called to order at 9:33 a.m. by Rebekah TenBrink.

Roll Call –

Present in Person: Gail Carlson, Audrey Sharp, Rebekah TenBrink, April Missias, Suzie Cline, Kip Belcher, Hon. Marian Kromkowski, Chet Janik.

Present via Zoom: Linda Solem, Tricia Denton, Gwenne Allgaier, Timothy Hudson, Lynda Rutkowski, Prevention Specialist, Catholic Human Services (CHS); Katrina Hernandez, Behavioral Health Consultant, Michigan Opioid Collaborative.

Introductions were made for all. Janik remarked he had a conflict and would need to leave the meeting early. He also commented on the ongoing opiate lawsuit – they are edging towards the “finish line”, and may receive funds as early as this summer; he also remarked on the thank yous received from the schools for the recent donations to the schools’ respective prom committees.

Approval Agenda/Additions or Deletions:

Motion by Missias to approve the agenda as presented. Seconded by Janik.

Discussion – none.

Ayes – All

No – 0

MOTION CARRIED.

Review and Approval of April 8, 2022, Meeting Minutes:

Motion by Janik to approve the April 8, 2022, meeting minutes as presented. Seconded by Missias.

Discussion – none.

Ayes – All

No – 0

MOTION CARRIED.

Hernandez and Hudson both had other commitments, and their presentation was moved up to accommodate them leaving the meeting early.

Guest Speakers –

Dr. Timothy Hudson, Presentation on Stigma/Q&A. Hudson co-presented a PowerPoint on Stigma and Substance Use Disorder with Hernandez (see Attachment #1).

Kromkowski asked and Hudson responded with any of the reviewed disorders, the term “use disorder” is added to the end of the term, such as alcohol use disorder, opioid use disorder, etc. He noted that Kratom has been coming up frequently as a topic. He will be hosting a roundtable later in the month on Kratom, slated for June 30, 2022, from 12:30-1:30 p.m.

https://docs.google.com/forms/d/e/1FAIpQLSeW5U77rJFIMVO7Poqpve7gR2FXxmw_xyHqECw

[xwjcGxnSbnQ/viewform](#)]. Missias asked and Hudson responded Kratom is a legal substance, there is no crime for possession or use. It is almost like a tobacco – it can have a pretty significant impact on altering one’s perception; such as a pretty significant “high”. He said Kratom is becoming more popular across the state. They will also be hosting a perinatal roundtable on Kratom as well.

Work Group Updates –
Capacity Building and Education.

No comments offered.

Updated Coalition Name, Mission, and Vision; Policies and Operational Guidelines.

TenBrink said at the last meeting, they went through our updated Coalition name, mission and vision. They are also reviewing policies and operational guidelines as well. There is a bit of a disconnect in how we are currently operating. TenBrink said she and Sharp had discussed creating a steering committee to vote on these things, so we don’t have to have them voted on collectively. If that is something you want to participate in, please let them know. Kromkowski said she would like to sit on this committee.

Research and Needs Assessment, Survey and Completed Work by Networks Northwest.

TenBrink said the survey has been completed by Networks Northwest. We received our first copy; we are now asking that this survey get released to as many people as possible. Sharp said the survey is regarding the perception of substance use within Leelanau County. The survey will be available to specialists, but preferably the general public (https://forms.office.com/Pages/ResponsePage.aspx?id=4xP8m8Tf30ioPI-m-GgVOGu22BcDiRVMili_pUi8URZUNjdJTk1YQ1JLVFBRM0hITE5SN0VCVUNWTS4u). The response window will be 10 days; they want to capture as much data as possible. They will also be putting up posters with the QR code, so people can scan it, take the survey – she completed the survey, and it took about five to eight minutes to complete. Missias voiced concern on relying on the QR Code, as that is not as user friendly; additionally, 10 days is not very long to distribute the survey.

Discussion followed on the 10-day deadline, which was scheduled to begin today, and other methods of distributing the survey. TenBrink said what they will do then, is they will touch base with Networks Northwest and let them know 10 days is not long enough, ask if we can push the deadline out, and begin on Monday? Concurrence, although with a deadline of 30 days rather than 10 days. TenBrink added, and include a friendly reminder at the 15-day mark? TenBrink will contact the Enterprise.

Focus Groups.

TenBrink continued; they will also conduct six focus groups –utilizing seniors, law enforcement, individuals in recovery, youth, medical staff, and Tribal members. They have assigned a point person for each, and those are all on different days, and will be held via Zoom. Missias said for the seniors, Zoom is not a feasible option and you will need to do that in person. TenBrink added she realizes a lot of things with the Grand Traverse Band of Ottawa and Chippewa

Indians are still closed down. They could conduct the Zoom meetings on a case-by case basis. She will confer with each point person on the focus groups. She added they might be able to Zoom the point persons in to conduct the sessions.

Local Recovery Services to Report.

TenBrink asked Denton for the needs assessment, more local recovery services, which we have discussed many times in this group that there are not too many offerings in the area, such as Alcoholics Anonymous. Are there more services we can look to gain information for our research? Denton said she will have to research and email TenBrink later.

Community Engagement.

TenBrink said this group has not met since the last full Coalition meeting.

Updates for the Community Resource Guide.

No update at this time.

Linda Solem, UpNorth Prevention Coordinator.

TIPS Training Information and Potential Roll-out for Leelanau County Breweries.

Solem said it was exciting for her and her Grand Traverse County counterpart, Lauren Reed, Coordinator of that county's Drug Free Coalition to meet TenBrink on potentially offering this training in Leelanau County. The acronym TIPS stands for Training for Intervention Procedures. This is primarily for retail outlets or where alcohol is sold – such as restaurants, golf courses, wineries – they thought what a good time to offer this prior to the start of tourist season to the new hires. Solem said she will speak first, followed by Rutkowski.

Solem said TIPS is a skilled-based training program for the responsible service, sale, and consumption of alcohol. The program was designed to prevent intoxication, underage drinking and drunk driving. It has been proven effective by third-party studies, and it is an evidenced based training program. Conducted in all 50 states and in over 50 countries, TIPS can minimize property damage caused by intoxicated patrons and provides legal protection and regulatory compliance. Business owners can also receive insurance discounts. The main reason for the training is to reduce human tragedy resulting from drunk driving and underage drinking. This is a way to best help employees learn how to serve alcohol and avoid serving alcohol to minors. It also gives a family friendly atmosphere that we all want for our communities.

Rutkowski said she works with Solem in prevention, and Rutkowski is a certified TIPS trainer. She said TIPS is one of the approximate 15 programs approved by the state to meet the requirement that all sellers of alcohol of on-premise alcohol use, must have one person on staff during operating hours that have been trained in one of these programs. The law was enacted in the early 2000s. Pre-covid, restaurants and bars had a minimal number of staff trained in these courses. Post-covid, because of the younger age of the servers, and the cyclical nature of these hires – many of these hires are not long-term employees. Lots of restaurants and bars have decided to mass train their employees. They have had a huge uptick in the number of businesses that have sought their assistance to conduct the training for the majority of their

employees. It's a program offered through CHS as a prevention initiative. The training is about a 3.5-hour program and can be done either regionally or in small groups, one intact group at a time. Allgaier asked is this a mandated program for business? Rutkowski said the Michigan Liquor Control Commission (MLCC) requires one person must be trained in this program and on duty for on-premise use of alcohol. Allgaier asked, do they check? Rutkowski said she doesn't know if the State does. She clarified it doesn't have to be just TIPS, but could be one of the other 14 state-approved programs. Discussion ensued. Rutkowski said one of the things she gets the most positive feedback from attendees, is the segment on behavioral recognition and looking for the signs of impairment/intoxication and how to react to those signs.

Kromkowski asked are there any statistics on drunk driving, as to whether the person was drinking at home or at a public location and paying for the alcohol? And where do the intoxicated drivers come from most of the time? Rutkowski said she does not have the data to answer to that. Kromkowski compared the cost of alcohol at a restaurant, as opposed to drinking at home. Belcher commented on recent changes made to the state rules, where you can serve alcohol at a pool.

TenBrink said this is another example of both the capacity building/education pieces, as well as community engagement, that will help raise awareness. She had no idea of this. It is certainly worth bringing some awareness and training via CHS. It is certainly something to talk about at the next Capacity Building meeting.

Rutkowski said while CHS doesn't charge for her time, there is a fee for the materials, which is about \$20 per person for the materials – that is the only charge.

Solem thanked everyone for letting them present today.

Coalition Assignments.

TenBrink said she had a conversation with Janik, who indicated the Coalition typically doesn't meet in the summer and we had previously discussed meeting quarterly as a whole, which would be at the end of September. Otherwise, continue to look for their emails, depending on the group you are in.

Kromkowski said with regard to TIPS, is this something we wish to take on to advocate that TIPS be done; and what would be our role? TenBrink said that would be something she would take to the Capacity Building/Education group, as a smaller whole, we can put together and go to the businesses, send out information and set times and places on hosting. Kromkowski said she would be in favor of that. She also commented on drinking at social events, such as house parties or weddings, as opposed to people drinking too much at a bar. Discussion ensued on that, including wine tours.

Allgaier asked does anyone recall that Rutkowski had mentioned that someone had notified businesses that this is a requirement? TenBrink said it was implied through the MLCC. Allgaier

said Kromkowski brings a good question; are wine tour buses required as well? We could all have a special assignment this summer.

Carlson said the TIPS training today is one of 15 similar programs. She would like to know what the other 14 are. Cline added the programs are detailed at <https://www.gettips.com/>

Allgaier gave a personal analogy, and the importance of recognizing inebriation.

Belcher commented that the belief is anything drug-wise destined for Leelanau County stops in Traverse City and gets filtered out from there; two days ago, that was not the case. He gave the example of a drug bust involving a package destined for Cedar via USPS, which contained over 200 g of meth, with a direct route to a town in Leelanau County. More comments followed. He stated that meth is the number one problematic drug and has easily supplanted heroin. Discussion ensued on recent publicity on drug exposures.

Next Steps/Adjournment:

Meeting adjourned to the call of TenBrink at 10:37 a.m.

Laurel S. Evans
Recording Secretary

STIGMA AND SUBSTANCE USE DISORDER

Tim Hudson, PhD

Katrina Hernandez, MS

BACKGROUND

- Tim Hudson:
 - Education: BA/MA: Criminology/Sociology; PhD in Human Services.
 - Experience: Behavioral health consultant for U of M covering northern 21 counties (2020-current). Investigator for CPS (2016-2019) and Medical Examiner's Office (2020-2022). Adjunct instructor at NMC and Baker (2021-current)
- Katrina Hernandez:
 - Education: BA in Criminal Justice; MS in General Psychology
 - Experience: Behavioral health consultant for U of M covering the central 20 counties (2020-current). Clinical Subjects Coordinator for U of M (2013-2020). Youth Specialist at Shiawassee County Non-secure Detention Center (2007-2012).
- No disclosures

“MAT”/“MOUD”

The American Society of Addiction Medicine (ASAM) has recommended replacing the phrase:

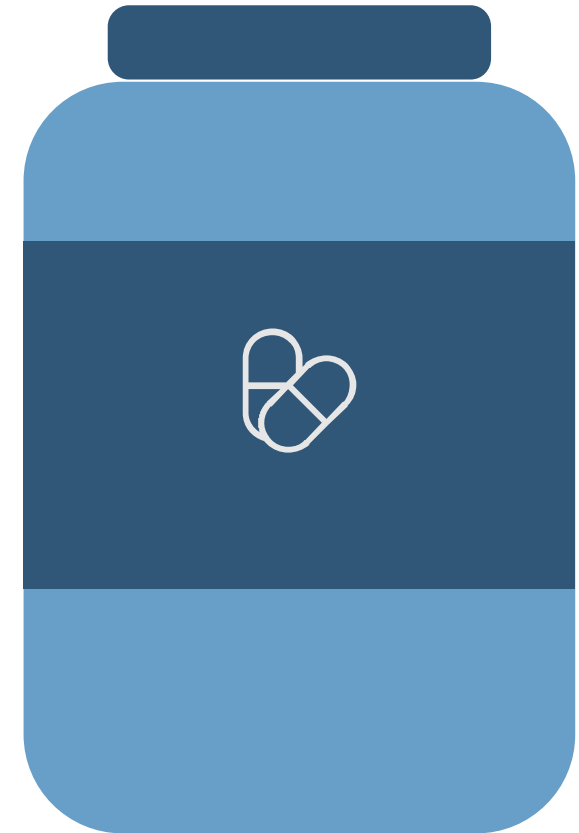
“Medication Assisted Treatment”

with:

MAT “Medications for Addiction Treatment”

and/or

MOUD “Medications for Opioid Use Disorder”



MYTHS ABOUT MOUD



MYTH 1: MOUD TRADES ONE ADDICTION FOR ANOTHER

MOUD bridges the biological and behavioral components of addiction.

Research indicates that a **combination of medication** and **behavioral therapies can successfully treat SUDs.**

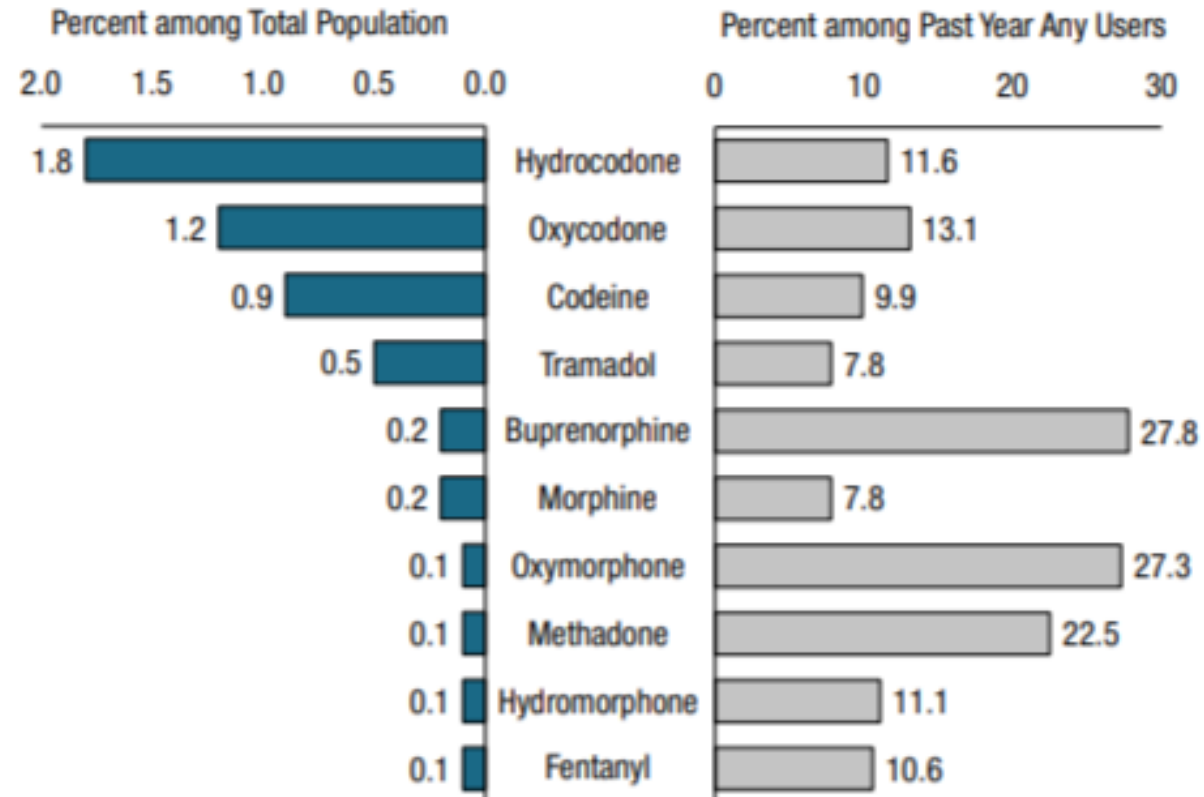
<http://www.integration.samhsa.gov/clinical-practice/mat/mat-overview>

MYTH: MOUD JUST TRADES ONE ADDICTION FOR ANOTHER



MYTH 2: DIVERSION

Figure 22. Past Year Prescription Pain Reliever Misuse among People Aged 12 or Older, by Selected Pain Reliever Subtype: 2019



Lipari RN. Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health. Published online 2019:114.

MYTH 3: MISUSE POTENTIAL OF BUPRENORPHINE

Misuse - Taking medication in a manner, by route or by dose, other than prescribed

Buprenorphine can cause euphoria
in non-opioid dependent
individuals

Misuse potential less than full
opioid agonists

Most illicit use is to prevent or treat
withdrawal and cravings

Combination product theoretically
less likely to be misused than
monoproduct

REASONS FOR BUPRENORPHINE MISUSE

“I have used Buprenorphine at least once....”

Because it gives me a better high than other prescription opioid drugs	2.9
Because it was my drug of choice to get high with	3.9
To maintain my abstinence from other drugs	62.9
Because I was trying to wean myself off drugs on my own	54.8
To hold me over during work/social events	52.9
Because I knew I would not have access to other drugs for a period of time	59.6
Because it was cheaper than other drugs	15.4
Because my drug of choice to get high with was not available	60.4
Because it was the only drug that was available	53.9
To treat my bodily pain when other drugs were unavailable	50.0
Because it helped treat anxiety, depression or other psychological symptoms	33.0

1.


Cicero TJ, Ellis MS, Surratt HL, Kurtz SP. Factors contributing to the rise of buprenorphine misuse: 2008–2013. *Drug and Alcohol Dependence*. 2014;142:98-104. doi:[10.1016/j.drugalcdep.2014.06.005](https://doi.org/10.1016/j.drugalcdep.2014.06.005)

TREATMENT ADMISSION BY DRUG, 2019

Table 2.18. Admissions aged 12 years and older, by primary, secondary, and tertiary detailed drug: Number and column percent distribution, 2019

Detailed drug	Number				Percent distribution			
	Total ¹	Primary	Secondary	Tertiary	Total ¹	Primary	Secondary	Tertiary
Admissions reporting detailed drug(s)	1,524,292	875,608	459,297	189,387	100.0	100.0	100.0	100.0
Alcohol	409,648	308,085	70,563	31,000	26.9	35.2	15.4	16.4
Marijuana/hashish	264,383	98,794	109,880	55,709	17.3	11.3	23.9	29.4
Cocaine	218,019	58,628	123,159	36,232	14.3	6.7	26.8	19.1
Crack	95,261	30,809	52,326	12,126	6.2	3.5	11.4	6.4
Other cocaine	122,758	27,819	70,833	24,106	8.1	3.2	15.4	12.7
Opiates	402,818	310,517	68,853	23,448	26.4	35.5	15.0	12.4
Heroin	284,312	238,903	35,492	9,917	18.7	27.3	7.7	5.2
Other opiates or synthetics	68,504	43,092	18,313	7,099	4.5	4.9	4.0	3.7
Oxycodone (Oxycontin, Percocet)	26,992	16,085	7,981	2,926	1.8	1.8	1.7	1.5
Hydrocodone (Vicodin)	4,180	2,100	1,459	621	0.3	0.2	0.3	0.3
Non-prescription methadone	704	366	259	79	*	*	0.1	*
Hydromorphone (Dilaudid)	3,915	1,550	1,501	864	0.3	0.2	0.3	0.5
Buprenorphine	13	10	3	--	*	*	*	--
Codeine	8,533	3,704	3,146	1,683	0.6	0.4	0.7	0.9
Tramadol (Ultram)	5,101	4,337	559	205	0.3	0.5	0.1	0.1
Meperidine (Demerol)	333	198	98	37	*	*	*	*
Propoxyphene (Darvon)	73	36	28	9	*	*	*	*
Pentazocine (Talwin)	158	136	14	8	*	*	*	*





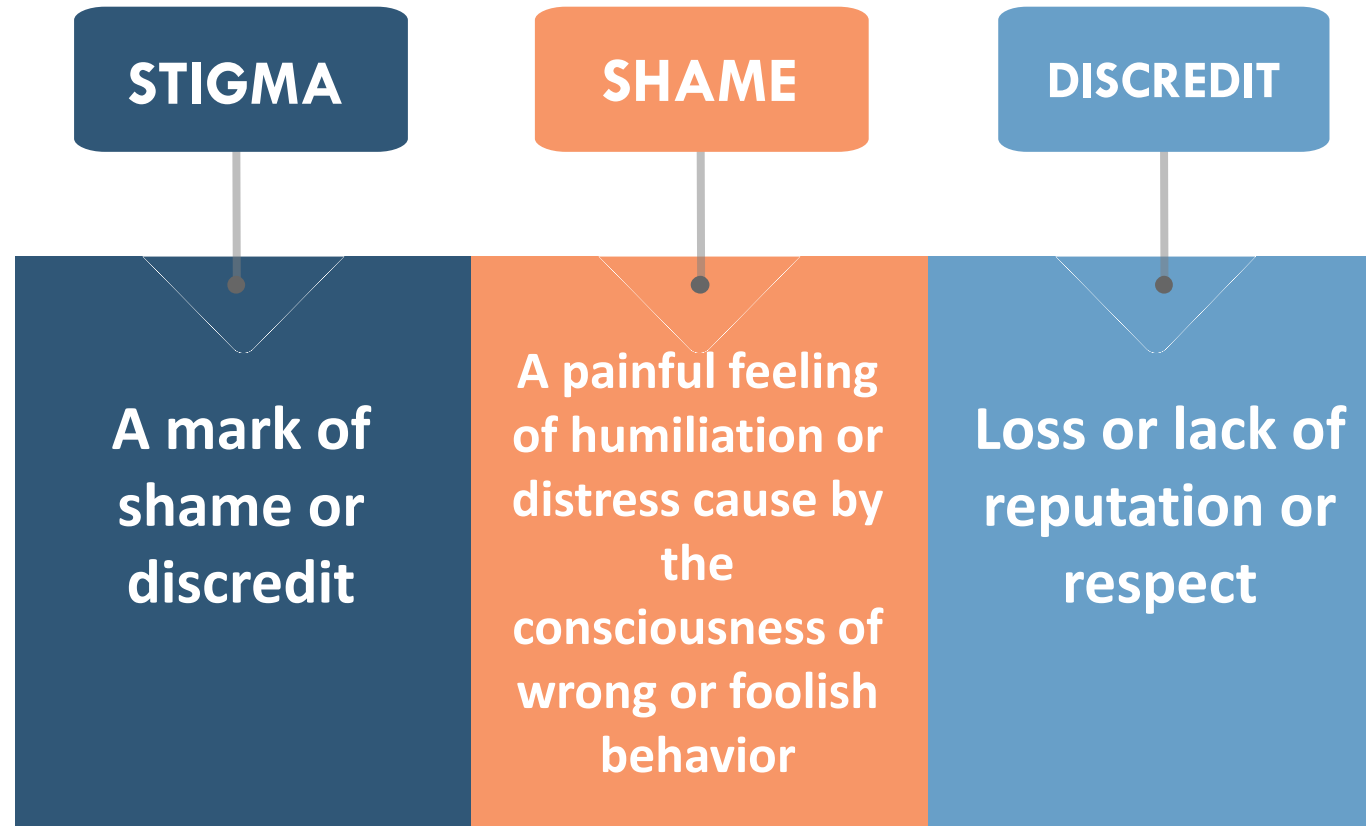
MOUD is associated with a reduced risk of opioid related overdose.

Even a single use of opioids after detoxification can result in a life-threatening or fatal overdose.

ADDRESSING STIGMA

Does language really make a difference?

DEFINING STIGMA



Stigma is **a mark of a painful feeling of humiliation or lack of respect**

To stigmatize is to encourage a painful feeling of humiliation and to express a lack of respect

TYPES OF STIGMA

Public Stigma
Driven by stereotypes
about people with
Opioid Use Disorder

Internalized stigma
Blame self

**Stigma from clinical
providers**
Belief that treatment is
ineffective

**Stigma from recovery
community**
Medications versus
“abstinence”



Slide Credit: Cara Poland, MD

HEALTH CARE PROVIDERS AND STIGMA

- Health care professionals are **the most commonly** cited source of stigma for patients receiving treatment for substance use disorders
- No other physical or mental illness is stigmatized more than substance use.
- Stigma is worst among seasoned clinicians.
 - See SUD patients as unimportant, poorly motivated, manipulative, violent
 - Leads to lower empathy, lower provider involvement, shorter visits, lower patient engagement and retention



CHANGING THE LANGUAGE OF ADDICTION

Don't say:	Instead say:
Addict Alcoholic Junkie Drunk Substance abuser	Person with SUD/ODU/AUD
Clean/dirty	Positive/negative Expected/unexpected
Abuse	Use or misuse
Relapse	Recurrence or return to use

ADDRESSING STIGMA IN OUD TREATMENT TO ACHIEVE LASTING CHANGE

- Expanding evidence-based treatment of OUDs and reducing the harms of ongoing opioid use
- Access to **sterile injection equipment** to reduce secondary transmission of HIV and hepatitis C
- Expansion of **overdose education and naloxone distribution** to reduce the case-fatality rate of opioid overdoses
- Change language used when describing Substance Use Disorders and people diagnosed with SUD

COMPARING SUD TO OTHER CHRONIC ILLNESSES

- Heritability
- Influenced by environment and behavior
- Responds to appropriate treatment
- Without adequate treatment can be progressive and result in substantial morbidity and mortality
- Has a biological/physiological basis, is ongoing and long term, can involve recurrences

DIABETES VS. ADDICTION

What if you had a patient with diabetes who:

- Didn't take their medications or adhere to diet
- Didn't get labs done
- Didn't go to nutritionist or diabetes education classes

What if we:

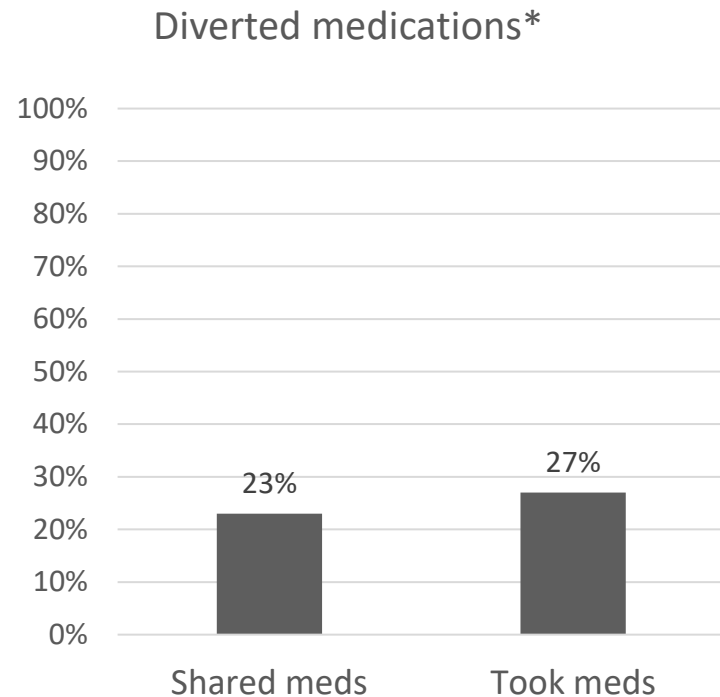
- Told them it's "your fault" you have uncontrolled diabetes because of your "choices"
- Denied them medication or medical visits until they went to the nutritionist
- Withheld their medication if they ran out early
- Kicked them out of our offices if they had episodes of hyperglycemia



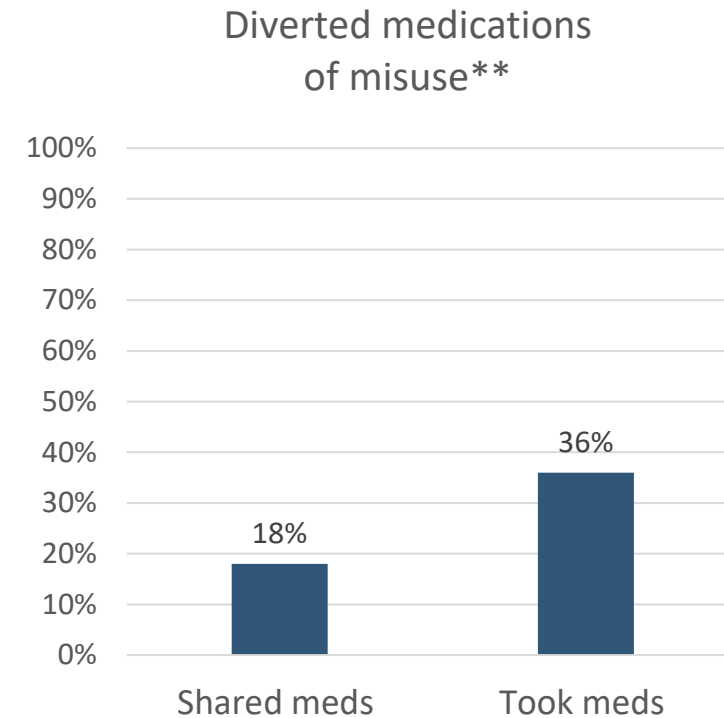
NO VACANCY

MYTH 4: DIVERSION

General population



OUD patients



*Medications = antibiotics; birth control pills; meds for allergies, pain, mood, acne

**Medications of misuse = sedatives; buprenorphine; meds for ADHD, sleep, pain