

A series of technical assistance
manuals for community coalitions

53

STRATEGIZER[®]

PREVENTING
METHAMPHETAMINE
USE IN YOUR
COMMUNITY

 CADCA[®]



PREVENTING METHAMPHETAMINE USE IN YOUR COMMUNITY

*Developed by Community Anti-Drug Coalitions of America
in collaboration with the Office of National Drug Control Policy*

STRATEGIZER 53

INTRODUCTION

Methamphetamine is among the many drugs that have infiltrated the American landscape. Meth abuse has devastated some areas of the United States.¹ Known by many street names, but often referred to simply as “meth,” this can be a ruinous drug. Its addictiveness can destroy the lives of entire families and cause serious collateral damage to the larger community. Increases in infectious diseases such as hepatitis and HIV/AIDS, crime, identity theft, unemployment, and child neglect are all associated with the abuse of methamphetamine.²

The good news is that throughout the country, initiatives by community coalitions and state and federal policymakers have begun to have a positive effect.³ Lifetime meth use has declined significantly among youth (ages 12-17) and young adults (ages 18-25) from 2002 to 2006.⁴ And since 2004, meth laboratory seizures have decreased dramatically – indicating law enforcement officers are finding fewer and fewer domestic labs.⁵

Despite these positive trends, however, it is vital for coalitions to continue to use our power of partnerships to prevent meth abuse. We can also play a key role in *dispelling* the myth that meth users *can't* recover by spread-

ing the word about successful treatments and their effectiveness in reducing the rates of relapse. There are effective treatments for methamphetamine addiction, and research shows that the outcomes are comparable to those for treatment of other drugs.

The Office of National Drug Control Policy (ONDCP)'s Media Campaign conducted a news media content analysis to measure the state of methamphetamine coverage within targeted news media over the course of one year. Results found that news stories about individuals in recovery from meth addiction were infrequent, suggesting that there is not enough information available about the efficacy of meth treatment, particularly concerning a user's ability to recover.⁶ The analysis also underscored something coalitions have long been aware of: that using the media to tell real stories about real people in recovery is a powerful prevention tool.⁷

Toward that end, the ONDCP created the “Life After Meth” series featuring individuals who have successfully overcome meth addiction. The media showed great interest – the launch events were well attended and the Anti-Meth Campaign garnered thousands of impressions through extensive radio, television, and

print coverage. Reporters were especially interested in interviewing former users and hearing their testimonials about how they were able to beat meth. Many of these success stories exist in your communities, and *Preventing Methamphetamine Use in Your Community* will help you spread the word that treatment works.

Preventing Methamphetamine Use in Your Community is intended to help drive interest in your communities about meth abuse, prevention, and successful treatment. At your fingertips is everything you need to create a localized community action and media campaign. These free, ready-to-use educational and

media outreach resources are aimed at both low meth use states and those which have battled meth abuse over the years. *Strategizer 53* suggests specific strategies, including how to use these resources, calling attention to best practices and successful coalition case studies.

While the patterns of meth use vary greatly in different areas of the country, your initiatives and your unified voices will once again prove that through a focused, single vision, we can continue to change the direction of drug abuse in communities across the Nation.

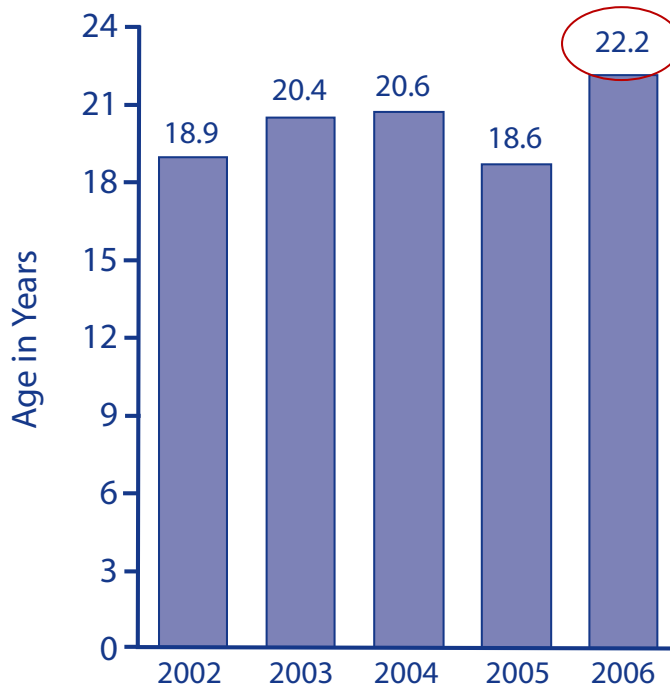
METH ABUSE BASICS

What is Methamphetamine?

Meth is a highly addictive stimulant that affects the central nervous system.⁸ Users inject, snort, smoke, or ingest it orally.⁹ After taking meth, people can experience an intense sensation called a “rush” or “flash,” as well as increased energy, alertness, and talkativeness.¹⁰ There is a range of possible side effects, including decreased

appetite, convulsions, dangerously high body temperature, stroke, an irregular heartbeat, and cramps.¹¹ Chronic use often leads to addiction; psychotic behavior including paranoia, hallucinations, and rage; and physical problems such as cardiovascular disease, tooth decay, and body sores.¹²

Mean Age of First Methamphetamine Use (2002 - 2006)²⁰



Meth is a white, odorless, bitter-tasting crystalline powder that easily dissolves in water or alcohol. It is frequently called "speed," "meth," or "chalk." Due to its appearance, in its smoked form it is often referred to as "ice," "crystal," "crank," or "glass."¹³

Methamphetamine was originally formulated in the early 20th century for use in nasal decongestants and bronchial inhalers. Later on during World War II, it was used by the troops to help them stay alert and reduce battle fatigue. In the 1950s and 60s, it was popularly prescribed for weight loss. Today, it is a Schedule II stimulant available only through a prescription. As a medication, methamphetamine is indicated for the treatment of narcolepsy, a sleep disorder, and for attention deficit hyperactivity disorder (ADHD).¹⁴ These medical uses are limited, and the doses are much lower than those typically abused.¹⁵

Case Study #1: A Circle of Collaborative Pressure in Oregon

One day Shirley Morgan looked out of her window in rural Oregon and saw her neighbors dumping what looked like chemicals in their backyard. That sighting, which turned out to be a homegrown meth lab, led to the birth of the Mt. Hood Coalition Against Drug Crime.

“Our challenge at the beginning was getting people on board, as they were scared or because, in general, rural Oregonians are known for their ‘do your own thing mentality,’” explains Morgan who heads the coalition. “So we partnered with law enforcement agencies and created a wall of protection. We needed our citizens to know it was both safe and necessary to stand up for what was going on in our community.”

Since its inception, the Mt. Hood Coalition Against Drug Crime has used what Morgan calls a “circle of collaborative pressure,” which combines media and community outreach to tackle the far ranging issues surrounding meth abuse. From subjects such as meth house environmental hazards to treatment opportunities, they work with the local newspaper and provide it with hard facts and personal stories. They also focus on educating and involving as broad a community

base as possible – from businesses, the schools, the Lions Club, and the faith community, to name a few.

Among their highly successful drives was the “landlord awareness” program. Through articles in the local paper, as well as a direct mail campaign, they reached out to landlords, encouraging them to take action if they suspected any of their properties were being used as meth labs.

The Mt. Hood coalition and other coalitions throughout Oregon were also instrumental in helping pass the country’s first legislation to require a prescription for cold medicines containing pseudoephedrine and ephedrine, the main ingredients used to make meth, to be put behind the counter. Many coalition leaders were involved with the Governor’s Meth Taskforce and came out in full force to testify at hearings. Prior to the vote in the legislature, they also worked the press in their individual communities to keep the meth story on the front pages and editorial sections of their local newspapers. So when it came time for a vote, the bill sailed through legislature, opposed only by a handful of lawmakers.⁴¹



Morgan’s community is about an hour east of Portland, and has no local radio or TV stations. While their one local paper has been involved in the anti-meth campaign since the coalition was formed, they’ve also had to think outside the box in getting their message out to the public. One of their most successful media strategies is buying advertising space on the billboard on the highway to Portland. “The billboard is extremely visible, and it’s clear people are getting the message,” says Morgan.

The Mt. Hood Coalition Against Drug Crime has seen many successes since its inception. The coalition began with 35 members, and today, that number has grown to 185. One of their sources of great pride is that there is now a private, park-like setting where the meth lab once stood.

“It’s all about the average citizen standing up for what’s going on if you want to effect change,” concluded Morgan.

While most of the meth in the U.S. is currently produced in large foreign or domestic laboratories, the drug can be easily made with inexpensive over-the-counter ingredients like *pseudoephedrine*, found in common cold and allergy remedies.¹⁶ The ease of this clandestine synthesis contributes to its availability and widespread abuse.

To synthesize meth, producers need precursor chemicals to make the drug. However, proactive steps taken by coalitions, concerned citizens, and policymakers have made it harder for domestic producers to get their hands on these ingredients. Of major importance have been initiatives putting certain non-prescription medicines used to make meth behind the counter. Tightening of international chemical controls has also had an impact, all contributing to a drop in U.S. meth lab seizures by more than 70 percent since 2004.¹⁷ Unfortunately, foreign drug trafficking organizations (DTOs) – primarily Mexican and Asian – and Canadian outlaw motorcycle gangs (OMGs) have taken up much of the slack.¹⁸

Scope of Abuse

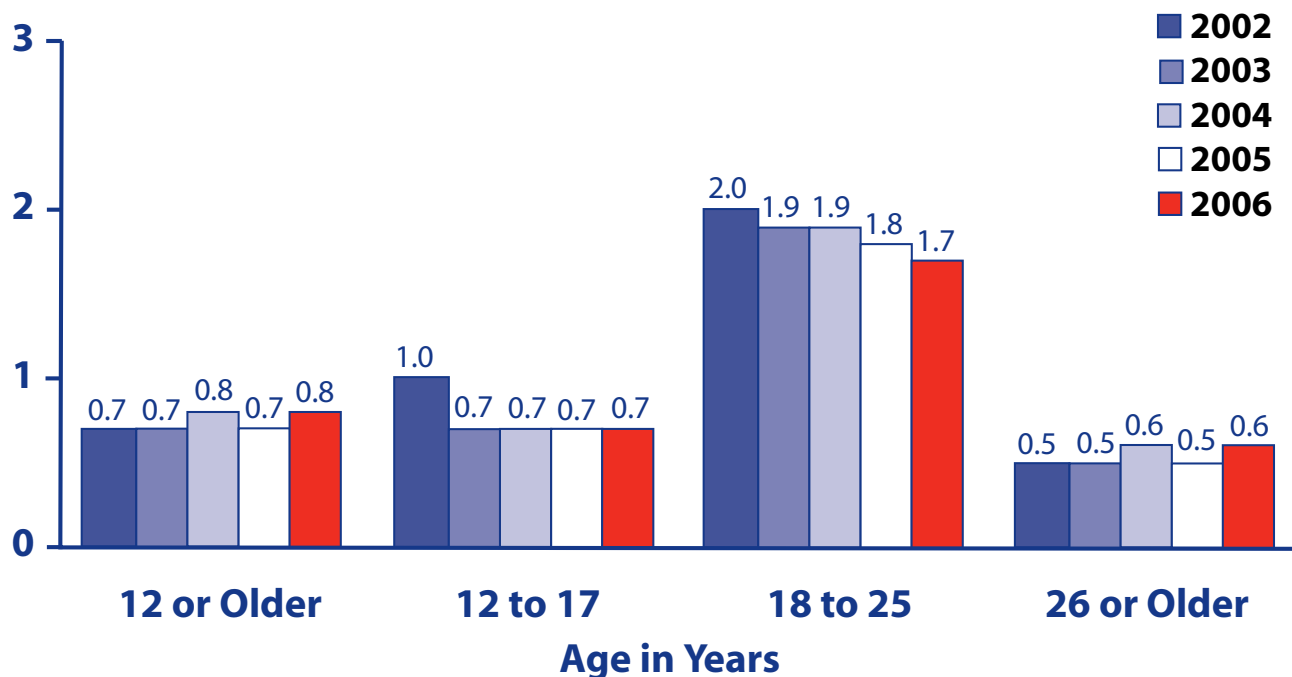
The current cycle of meth abuse was first seen in the western part of the United States. Over time, it began to spread eastward to other rural, suburban, and urban areas. One national survey estimates that more than fourteen million people in the United States have tried meth at some time in their lives.¹⁹

Among the populations hit especially hard by meth abuse are American Indians and Alaska Natives. According to the National Survey on Drug Use and Health (NSDUH), Native communities have the highest use rates, 1.7 percent for American Indians/Alaskan Natives and 2.2 percent for Native Hawaiians. This rate is substantially higher than for other ethnicities: whites (0.7%), Hispanics (0.5%), Asians (0.2%), and African Americans (0.1%).²¹

According to the 2006 NSDUH, an estimated 5.8 percent of the U.S. population aged 12 or older have used methamphetamine at least once in their lifetimes for non-medical purposes.²²

Past Year Methamphetamine Use by Age (2002 - 2006)²³

Percent Using in Past Year



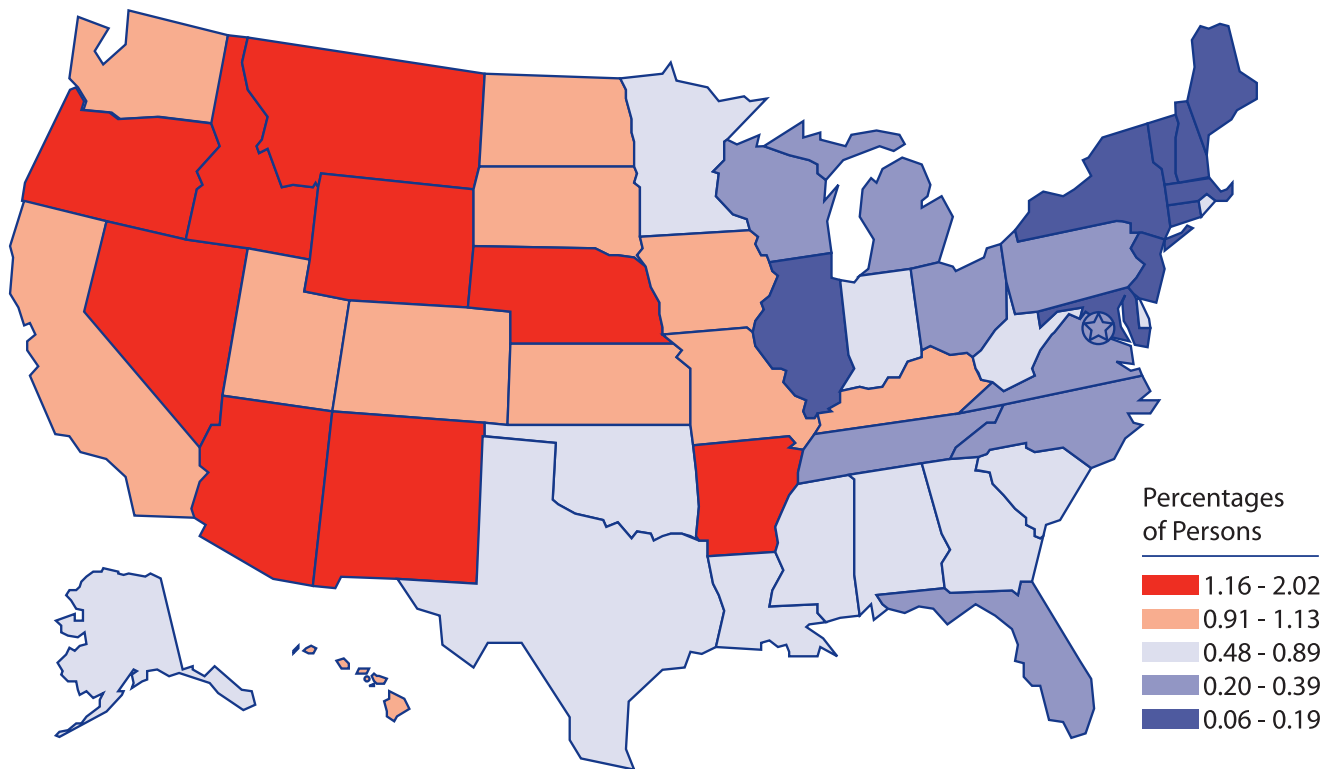
Preventing Methamphetamine Use in Your Community

Research shows that overall teen meth drug use is down. However, young adults are more likely to use than teens: the mean age of first methamphetamine use is 22.2 years old.²⁴ In fact, among young adults age 18 to 25, there are nearly 200,000 current meth users.²⁵ Figure 1 shows the most recently available state-by-state comparison data for past year meth use rates for persons 12 or older. Check <http://www.oas.samhsa.gov/amphetamines.htm> for updates to the state-level data.

It should also be noted that meth use and associated problems vary considerably from state to state and even within a given region. For example, the data indicate

that meth use was higher in the West (1.6%) than in the Northeast (0.3%), Midwest (0.5%), or South (0.7%) in 2006, which underscores how use rates can vary state by state.²⁶ Therefore, national data may mask local realities. In other words, there are communities where meth abuse may not be declining, such as in the lesbian, gay, bisexual, and transgender (LGBT) community, and in California, where the California Department of Alcohol & Drug Programs recently issued fact sheets for media use stating that five percent of Californians report using meth - a statistic that is slightly higher than the national average.²⁷

Figure 1. Percentages of Persons Aged 12 or Older Reporting Past Year Methamphetamine Use, by State: 2002, 2003, 2004, and 2005²⁸



Nevertheless, meth abuse continues to be a significant problem in many communities, and there is much evidence of the importance of maintaining community efforts to combat the problem. According to the 2007 Monitoring the Future Study of 8th, 10th, and 12th graders, 60% of 12th graders saw “great risk” in trying crystal meth (ice) once or twice. And 25% of 12th graders said crystal meth (ice) would be fairly easy or very easy to get.²⁹

The Effects of Meth Abuse

Methamphetamine is a powerful stimulant. Even in small doses, it can cause: ³⁰

- Increased attention and activity, and wakefulness
- Appetite loss
- Irritability and aggressiveness
- Euphoria
- Increase in blood pressure
- Irregular heart rate or heartbeat
- Hyperthermia (elevated body temperature)
- Convulsions with methamphetamine overdose. If not treated immediately, convulsions can result in death. ³¹

Chronic abuse may result in: ³²

- Addiction
- Anxiety
- Confusion
- Insomnia
- Mood disturbances
- Violent behavior
- Psychosis including paranoia, visual and auditory hallucinations, delusions (such as the sensation of insects under the skin), and repetitive motor activity
- Memory loss
- Severe dental problems often called “Meth Mouth”
- Weight loss

The Science of Meth Addiction ³³

The human brain is composed of billions of nerve cells called *neurons*. When one neuron wants to send a message to another, it does so using chemical messengers called *neurotransmitters*. The transmitter most affected by meth is *dopamine*, a neurotransmitter that acts in the pleasure pathway, because it helps a person feel good doing the things they like, such as walking along a beach, attending a baseball game, or eating a favorite meal. When something good happens, the neurons release *dopamine*, which passes on the “pleasure message.” This process is stopped when *dopamine* is pumped back into the neuron that released it, where it is stored for future use. It is a natural recycling process.

Methamphetamine can affect different brain structures, but impacts those that contain *dopamine* the most. Meth causes neurons to release much larger amounts of *dopamine* than they normally would, which in turn gives the person an extra sense of pleasure, a “rush,” that can last a long time, even an entire day. Eventually, however, these pleasurable effects cease, and are followed by deep, unpleasant feelings, called a “crash.”

As occurs with other drugs, chronic meth use can lead to tolerance. Each successive rush becomes less euphoric, and it takes more meth to achieve the same level of high.³⁴ In an impossible battle to prevent a crash, users often ingest meth at increasingly higher doses, more frequently, or by changing their method of intake.³⁵ Eventually they may have a difficult time feeling pleasure from anything, even a chocolate sundae, or a magnificent sunset. But they are addicted, and meth has become the centerpiece of their lives.

Collateral Damage

Meth abuse can affect entire communities. An obsession with getting more of the drug often results in the user stealing to support the habit, being absent from work, and neglecting or abusing their families. Of major concern are the endangered children of drug users, who are prone to abuse and neglect.

Furthermore, meth labs create environmental contamination, and are a particular threat to neighbors, service workers, and law enforcement officers who may encounter meth labs and houses. The general public



Preventing Methamphetamine Use in Your Community

is also at higher risk of crime, identity theft, and for certain populations, HIV-AIDS (because of the reuse of contaminated syringes, needles, and other drug paraphernalia). Some are attracted to the drug for its initial sexual performance enhancement effects. Unsafe sex practices while under the influence of meth contribute to the spread of HIV and other STDs. In short, meth abuse is a serious community issue.

Recovery from Meth Addiction

It is not easy for people to break the cycle of meth addiction, but successful initiatives in many communities across the country have demonstrated that with the proper help, recovering users can go on to live full and productive lives. The road to recovery, however, can be long and arduous. For some, it takes significantly more time in treatment than other substance abuse clients. This has enormous financial implications coalitions should be aware of in planning for meth-specific services.

Not only do users have to deal with deep emotional scars and the shattered lives caused by their abuse, there are also physical scars. Scientists using imaging equipment now know that chronic meth abuse changes the brain, some parts of which do not recover even after two years of abstinence.³⁶ This same study, however, showed that *some* brain changes (e.g., improvement in motor and verbal memory skills) are partially reversible with prolonged abstinence.³⁷ Therefore, treatment

is critical and detoxification is the crucial first step toward recovery.

Withdrawal from meth is typically characterized by drug craving, a depressed mood, disturbed sleep patterns, and an increased appetite. Although there are currently no medications available to treat meth addiction or overdose, several cognitive behavioral interventions have been found to be effective. These therapies help modify a patient's thinking and actions and increase skills in coping with various life stresses.³⁸

For example, the Matrix Model, a comprehensive behavioral treatment approach that combines behavioral therapy, family education, individual counseling, 12-Step support, drug testing, and encouragement for non drug-related activities, has been shown to be effective in reducing meth abuse.³⁹ Contingency management (CM) interventions, which provide tangible incentives in exchange for participating in treatment and maintaining abstinence, also have seen success. Researchers say that combining the Matrix Model with CM provides treatment professionals with an even more powerful weapon against methamphetamine abuse.⁴⁰

So while success is not easy, people do recover from meth abuse, and each day of abstinence offers a new possibility of hope. Therefore, there has been a major initiative to debunk the myth that treatment is not effective.



Case Study #2: Navajo County Coalition Finds Creative Solutions Working with its Distinct Communities

For coalition leaders in Navajo County, Arizona—where methamphetamine abuse is a major problem—the toughest challenge is not only keeping more youth from joining the ranks of meth users, but also in figuring out a way to work with the distinct communities within the 10,000 square mile radius of the county. Four years ago when the Navajo County Coalition Against Drug Abuse began trying to address the meth problem, few people would even talk about the issue. This was due largely to the dynamic make up of the county, where 48 percent of the population is Native American (Navajo, Hopi, and Apache), eight percent is Hispanic, and a large number of non-reservation people who are a part of faith-based communities.

One common thread among all population groups, however, is the alarming meth abuse that's taking place throughout the county. Statistics show that in Arizona, Navajo County ranks as the highest in methamphetamine use among 12th graders; and the second highest among 8th and 10th graders. In addition, 90 percent of Navajo County inmates are charged with meth-related crimes; and 62 percent of DUI arrests in the county are meth-related.⁴¹ Local businesses report difficulty in hiring and maintaining young adults because of their inability to pass drug tests, and meth-related crimes have increased local home insurance rates.

“To organize as a coalition, it's all about breaking through the stigmas and stereotypes. Many families didn't see it as their problem and in communities like the large Mormon

community, this was not something they were open to discussing,” explained Debe Campbell, Director of the Navajo County Coalition Against Drug Abuse. Campbell noted that it didn't help that methamphetamine remains legal only on the Hopi Reservation.⁴² The Navajo Nation Council made the drug illegal in February 2005.⁴³

To break down some of the community barriers, the group has held town halls and forums across the county, featuring people in recovery from the local area. Some programs are for the general public, and others are directed toward businesses, families, and teenagers. For many of the young people who have participated in the forums, it is evident that meth is nothing new to them. “It struck a nerve with some of them because they recognized what was happening in their own households,” Campbell noted. “Some kids left in tears.”

Coupled with these forums, the coalition also initiated a two-week summer Junior Leadership Academy for teenagers, designed to build leadership skills to help fight drug abuse in their local areas. As part of the program, the teens visited the county juvenile and adult jail facilities, and toured the county courthouse, speaking with the Presiding Superior Court Judge and Chairman of the coalition, Dale Nielson.

The coalition has also been running ongoing public service announcements highlighting local stories of recovery on county radio stations, cable television and theater screens. “By doing this, people realize that it is not about ‘those people talking

to us about their problem,’ it was about ‘people talking to us about our problem,’” Campbell explained. “They could see how it was impacting their own communities.”

The coalition also convened the first ever White Mountain Summit Against Drug Abuse on September 7, 2007. It was attended by 125 leaders, including mayors, school administrators, probation officers, police officers, judges, town councilors, and others from all of the county's population groups. Prior to the summit, the coalition created a 32-page newspaper insert with articles about meth education, personal testimonies, treatment options, and local ads, many with strong anti-meth messages.

Once the summit began, each delegation was seated at its own table, where they were instructed to discuss barriers, problems, and solutions to the meth problem in each of their community areas. They were also asked to come up with specific plans of action that could be implemented before the next summit, which is to take place in September 2008. After hours of discussion, each table reported back to the entire summit, and for the first time ever, Navajo County's distinct communities realized how much they had in common in fighting meth abuse.

“It's amazing that we've seen a complete turnaround in the county. Just by bringing it out of the closet and on to the table, people now see meth abuse as everybody's problem,” Campbell says.

STRATEGIES FOR CHANGE

Coalitions are in the perfect position to fight methamphetamine abuse through a multi-faceted approach to raise awareness, educate, influence attitudes and norms, demonstrate the benefits of behavior change, suggest or prompt an action, and refute myths and misconceptions. It is true that meth is a particularly difficult drug to address, but coalitions' experience and tools for action – such as media outreach, policy development, and environmental change – provide you with a powerful and effective armory.

The strategies for change below are universally applicable, intended both for states that currently have more serious meth abuse problems than others, and those that do not and would like to keep it that way.

General Strategies

- At a coalition organizing meeting present the issues surrounding methamphetamine abuse and establish priority areas on which members want to focus. Some of them might be:
 - Prevention; methamphetamine should be incorporated in comprehensive substance abuse prevention, with appropriate information, messages, and materials to support non-use of methamphetamine (regular meth users often abuse alcohol and other drugs and their use of meth needs to be viewed within a broader substance abuse context).
 - Treatment education and outreach; dispelling the myth that meth users cannot recover.
 - Regulating the sale of products that contain pseudoephedrine products.
 - Workforce drug testing/outreach to businesses.
 - Landlord education.
 - Focusing on drug endangered children of meth users.
 - Working for new legislative mandates.
 - Developing anti-meth materials and resources.
 - Developing an online anti-meth blog and information service.
- Engage local media. Contact your local newspapers and the news desks at your local television and radio stations. Educate them about meth abuse in your state and local community. You might offer them local experts to address the issue, or families who have experienced the effects of meth abuse. Equip them with credible evidence-based information about meth to help them report on it accurately. Encourage them to debunk myths about meth and counter exaggeration and hysteria (e.g., meth babies, instantly addictive, can't be treated, biggest drug problem, etc.). To complete the story, media outlets may also ask for facts or visuals, such as photos, charts, or video footage. Be certain any experts, former users and/or their families or others feel comfortable speaking to the media and sharing personal information that may be published or broadcast. Be straightforward with media about personal information or details that may or may not be used in a story.
- You can also create and disseminate public service announcements (PSAs) that place the spotlight on the problem and your efforts to combat it. Download NYADMC's Anti-Meth Campaign radio and television public service announcements (see page 15) and work with local stations to get them on the air.

Case Study #3: Indiana Coalition Focuses on Meth Prevention in the Workplace

Most people would expect to find a meth user on the streets or a clandestine lab – not in a 9-5 job. However, statistics show that 50 percent of methamphetamine abusers are in the workforce.⁴⁴ Coalition leaders in Dearborn, Indiana, say this creates a host of problems for employers, including absenteeism and safety risks, resulting in loss of productivity, increased medical costs, workplace violence, and identity theft. And they have launched an effort to educate businesses about the issue.

In late 2006, the Dearborn County Sheriff's Office announced that Indiana was one of the top producers of methamphetamine in the country, with meth considered the second largest drug threat in the state.⁴⁵ The Dearborn County Citizens Against Substance Abuse (CASA) found that many businesses in Dearborn were not aware that meth could pose a problem in the workplace. To address this oversight, the group partnered with their local Chamber of Commerce to warn businesses that meth use is their problem too, because it can impact their workforce and their bottom line.

According to the Department of Labor, meth is sometimes used by people who work long shifts and are attracted to the drug because they think it will make them more productive or provide an energy boost.⁴⁶ As such, these meth users frequently hold jobs, but they are literally just a breath away from becoming binge users.⁴⁷ The most common occupations for low intensity meth abuse are in the construction, mining, and trucking industries.⁴⁸ Because many low intensity abusers are frequently employed, workplace prevention and intervention efforts can be critically important.

"We usually picture meth users as horrific people with disintegrated lives, but we need to remember that when meth users start their addiction, they can look and act just like us," explains Donna Thacker, CASA's Community Coordinator. "We think that if businesses are made aware of this, they can perhaps intervene and help the community address its meth problem."

Among the strategies CASA used to call attention to meth prevention in the workplace was to host an on-air discussion at a local

radio station to introduce the issue and spark a dialogue within the community. Later, they co-hosted a luncheon forum with the Chamber of Commerce. The event featured state and local government leaders, law enforcement officials, and meth experts who explained the impact of meth on crime, the workplace, and family. Businesses learned what they can do to address the issue, and were given a sample statement to incorporate into their business policies so that employees are aware that meth use in the workplace will not be tolerated.

One of the most important things businesses can do is to educate themselves and their employees by distributing materials about meth and making them available in the workers' lounge. "Often co-workers are the first ones to notice when someone is acting strange," Thacker says. "By letting supervisors know, the business might be able to refer the individual for treatment so that they stop the abuse before it gets serious."



Preventing Methamphetamine Use in Your Community

- Download NYADMC's Anti-Meth Campaign “Open Letters” (see page 15) and place them in local newspapers and other periodicals. Be sure to localize them with your coalition’s contact information. They can be used as posters or as a call-to-action to notify the public about a particular event you are sponsoring. The letters can be replicated and distributed throughout your community in local shops, schools, libraries, gas stations, medical offices, girls and boys clubs, etc. They send a powerful message, and are designed in a way to capture peoples’ immediate attention.
- Put the NYADMC Anti-Meth Campaign banners (see page 15) on your Web site.
- Create programs/events that will provide a media hook for press coverage. The fact that your coalition is using NYADMC Anti-Meth Campaign materials to educate your community about meth can itself be a focal point for a story and possible media interest.
- Create press packets tied to programs or events you create. Packets should include:
 - A press release about the program/event, which describes the meth abuse situation in your locality and state, and quotes from a member of your coalition or an appropriate policymaker (or perhaps a law enforcement officer or judge). You might substitute one of the quotes with one from a former user and/or family member.
 - Download NYADMC Anti-Meth Campaign backgrounders (see page 15), localized with the latest statistics about meth abuse in your state and community.
- Develop resources to share with your community. They might include online content, community call-

in numbers, or print materials such as brochures, flyers, or posters with information and action items. Be sure to include a Web site or phone number where parents or family members can get help and more information, including finding appropriate prevention programs and treatment centers in their area. *Remember, you don’t have to re-invent the wheel! The National Institute on Drug Abuse’s (NIDA) Methamphetamine Research Report and InfoFacts, as well as any of the materials from the Anti-Meth Campaign, are yours to use free of charge, and can be tailored to your own community.*

Possible Programming Ideas

- Once your coalition has established a vision for your meth education and outreach initiative, organize a town meeting to call attention to the issue.
 - Send out press materials announcing the event and naming the panelists.
 - Invite the audience to join the discussion or ask questions.
 - CADCA *Strategizer 49 “Community Briefings: A Prevention Tool for Communities”* can advise you on organizing a town hall meeting.
- Work with your state and local governments to move non-prescription cold remedies containing pseudoephedrine and ephedrine behind-the-counter.
- If your state has a serious meth problem, work with other coalitions to educate the governor and state legislators about the value of a direct funding stream from the state budget for meth prevention.
- Create a Drug Endangered Children component, and mobilize key core agencies in the community to develop a unified protocol for children found in meth homes. But avoid demonizing meth users by

portraying all meth-using parents as abusive and neglectful or avoid over-stating the problem.

- Organize a “Life After Meth” exhibition (see page 15), instructions for which can be downloaded from the NYADMC’s Anti-Meth Campaign Web site.
 - Hold an opening event featuring key coalition members, a former user, and local and/or state politicians and policymakers
 - While the exhibit is still open, hold a roundtable discussion or town hall meeting to discuss meth abuse
- Organize a one-day summit on meth abuse to bring together diverse contingents of your community. Be sure to include organizations that serve and represent populations experiencing the highest rates of meth use and meth-related problems. Also include human resources or employee assistance program representatives.
- Organize a breakfast or luncheon with local business community groups, such as the Chamber of Commerce, to discuss the success of workplace drug screening not only in identifying employees who are using meth, but also in getting them the treatment they need. In addition to the NYADMC Anti-Meth Campaign materials, you can also use the Department of Labor’s free materials to educate business owners about this program.
 - Enlist the involvement of a former low intensity user to drive home the point that employees anywhere might be doing meth, and that successful treatment is available.
 - Invite the audience to join the discussion or ask questions.
- Partner with any relevant area employers, especially those with shift employees, who might be vulnerable to meth abuse.
 - Work with human resources departments to host brown bag lunches and disseminate meth resources.
- Coordinate your meth prevention efforts with National Alcohol & Drug Addiction Recovery Month activities. Recovery Month is celebrated every September.
- Organize an outreach initiative to landlords, calling attention to the importance of their role in preventing meth labs in their buildings.
 - Be sure to involve and invite law enforcement agents, as they play a key role in cracking down on the meth labs.
- Organize an outreach initiative for teens such as a meth awareness leadership training forum to provide young people with the tools to talk to their peers, and develop outreach programming and materials which speaks the language of their generation. Avoid validating teen hearsay/word-of-mouth claims that “everybody’s doing it,” or that meth use is more common among adolescents than is known to be the case. Cite national statistics regarding adolescent meth use, while acknowledging that local conditions may be somewhat different.
- Create a newspaper insert about meth abuse in your community. You might want to include articles about meth education, personal testimonies, treatment options, and local ads, many with strong anti-meth messages. You can link the insert to a specific event such as the kick-off of the “Life After Meth” exhibition, teen event, or town meeting or it can be a stand alone piece.
 - Use existing print ads from methresources.gov to defray the cost.
 - Try to get the paper and printing donated.

CASE STUDY #4: KANSAS COALITION FOCUSES ON DRUG ENDANGERED CHILDREN OF METH USERS AND PRODUCERS

Methamphetamine abuse impacts communities across the country, leading to increased crime, identify theft, and in some cases, child abuse and neglect. Coalitions like the Kansas Methamphetamine Prevention Project in Topeka, Kansas, have implemented strategies that have reduced meth use and alleviated the harmful impact of the drug on children.

According to Cristi Cain, State Coordinator of the Kansas Methamphetamine Prevention Project, there have been reports of children in their state who mistakenly ingested meth that parents had left lying around in their homes.⁴⁹ “Not only are the chemicals and the production process harmful to children, but the behavior caused by meth use can lead parents to be careless and also neglect their children for long periods of time,” Cain further explained.

According to the El Paso Intelligence Center, in 2003, there were 14,260 meth lab-related incidents in Kansas.⁵⁰ In nearly 1,500 of them,

at least one child was present.⁵¹ Research shows that even small amounts of meth can significantly injure or cause death in a young child.⁵² And because meth users tend to stay up for days and then suddenly crash, children in meth homes are often left unattended for long periods of time.⁵³ They also sometimes suffer from abuse at the hands of caregivers and others who frequent the drug-laden home.⁵⁴

The Kansas coalition has implemented a Drug Endangered Children program, which requires coalition leaders to mobilize key core agencies in the community to develop a unified protocol for children found in meth homes. Each organization and agency has agreed to follow certain rules and procedures with the best interest of the child in mind. The protocols extend to the fire and police departments, EMS, medical and mental health professionals, child protective service workers, and prosecutors. Sample protocols are provided online at: <http://www.ksmethpreventionproject.org/decprotocols.htm>.

Part of their effort as a motivating force has also been to ensure that meth training programs include a segment on drug endangered children. Toward that end, the coalition has developed brochures and resources for the community on the subject. Coalition leaders are also working on an initiative that addresses the problem of newborn babies being exposed to substance abuse. This strategy, Cain notes, benefits the coalition’s overall mission – not just their meth prevention efforts. “Since meth is a hot topic, when people hear about the impact of the drug on children, they want to be involved in our other community efforts as well,” she explains.

The work of the coalition has generated enormous interest in the local media. It has also opened the hearts of neighbors, including one family which has agreed to adopt six children who were exposed to meth.

AVAILABLE EDUCATIONAL/MEDIA MATERIALS

ONDCP Materials

As the meth scourge has grown, so has the national focus on education, prevention, and treatment. In 2007, the Office of National Drug Control Policy (ONDCP) launched a comprehensive Anti-Meth component of its National Youth Anti-Drug Media Campaign. The effort includes advertising, news media outreach, and a variety of online resources. It highlights the dangers associated with meth use for the individual, families, and communities, but also delivers a powerful message of hope that people can and do recover. Using a variety of mediums, it stresses the availability and efficacy of treatment and the importance of community involvement. The downloadable materials for coalitions to adapt and use in their own communities are free and available at <http://www.methresources.gov/antimeth>.

Materials are:

“Open Letter” Print Advertisements

These stunning print pieces each convey strong and distinct messages:

- “There can be life after meth.”
- With peoples’ involvement, “meth might have met its match.”
- Meth is a “menace that destroys your body and everything you love.”

Each piece can be adapted to include local contact information, a call-to-action, and other relevant information specific to your community.

Radio and TV Public Service Announcements (PSAs)

Short, powerful PSAs that must be used unedited and only in an educational or non-broadcast setting. Television ads for ONDCP’s Anti-Meth Campaign were generously donated by the Partnership for a Drug-Free America and the Tennessee District Attorney’s General Conference.



Banner Ads

Anti-Meth Web banners are available for coalitions to use on their site or any other Web site. The banners link to anti-meth campaign information available on methresources.gov.



“Life After Meth” Exhibit

This poignant photography exhibit features testimonials and photographic portraits of recovering meth users, coalition advocates, law enforcement officials, and treatment providers. Looking deep into their eyes and hearing what people have to say, audiences leave the exhibition with a clear understanding about the impact meth can have on individuals, families, and communities. It ends with a message of hope – that there is *Life After Meth*. Coalitions can download the images and set up the exhibition anywhere. It can also be used on Web sites and for other outreach purposes.



Fact Sheets

ONDCP has created simple, yet comprehensive, fact sheets to download and use as backgrounders:

- General Fact Sheet on Meth
- State-Specific Fact Sheets

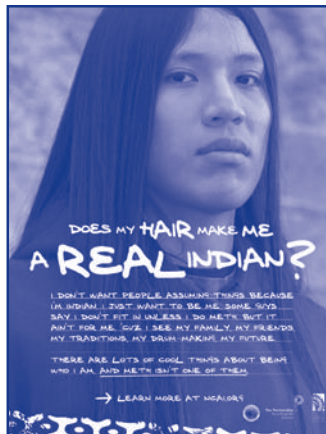
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American Indian/ Native Alaskan PSA Materials

American Indians and Alaska Natives are hit hard by meth abuse and in response, ONDCP, BIA, and HHS have funded a meth educational/media outreach initiative coordinated by the National Congress of American Indians (NCAI). Building on Native American culture and pride, this is the first ever anti-meth advertisement campaign specifically targeted to the tribal nations. It was designed by NCAI, the Partnership for a Drug-Free America, and the Native Wellness Institute and carefully tested with the target audience, including parents and youth. Radio PSAs, print advertisements, posters, and strategies for distributing them are all available, at no cost, at www.ncai.org/meth. The materials have a unifying, empowering message.

NIDA Materials

In addition to resources available through ONDCP's Anti-Meth Campaign, the National Institute on Drug Abuse (NIDA) has ready-to-use materials for coalitions to disseminate about methamphetamine abuse, addiction, treatment, and about the science of meth, which can be found at <http://www.nida.nih.gov/DrugPages/Methamphetamine.html>. NIDA also has drug abuse materials targeted to teenagers & young adults, parents & teachers, medical & health professionals, and researchers. Some are available in Spanish.



The Meth Project

This initiative began in a state faced with a severe meth abuse problem. The project has expanded into other states as a prevention program with “hard-hitting,” “saturation level” messaging aimed primarily at teenagers. Campaign tools include TV, radio, print, and online advertisements intended for placement in paid media outlets (not as PSAs) along with public policy and community outreach. Among its current messages are: “My sister looked up to me even after I made her an addict;” and “Beating an old man for money isn’t normal. But on meth it is.” Before considering adopting a saturation-type campaign such as The Meth Project (which is not free), coalitions need to understand your own local meth use levels and attitudes, the stage of meth-maturity in your state, whether there is evidence teens have significant knowledge about meth (for fear of introducing a new drug idea to them) in emerging or yet-to-emerge markets, and local receptivity to fund such a campaign. For more information, visit <http://www.methproject.org>.

Partnership's Meth360

Meth360 is a free program composed of community PowerPoint presentations that are delivered by professionals from law enforcement, prevention and treatment who have been trained as Meth360 presenters. The program's goal is to unite communities in the fight against methamphetamine abuse. Meth360 is unique, because it is designed to be co-delivered by teams of trained professionals to groups of community members. The individual experiences and expertise of each presenter provides audiences with a “360-degree” view of the meth issue. In four pilot areas, 170 professionals trained as Meth360 presenters made over 200 presentations to 7,100 people.

The program is currently being expanded statewide in the original four pilot states (Virginia, New York, Oklahoma, and Washington), as well as in 10 expansion states (Colorado, Florida, Illinois, Indiana, Iowa, Missouri, Nebraska, Nevada, North Carolina, and Texas). For more information on Meth 360 and how you can implement the program locally, visit <http://www.drugfree.org/meth360>.

CASE STUDY #5: NEVADA'S COALITION DREAM TEAM AND THE STATE'S LANDMARK STATE FUNDING STREAM

In his January 2007 State of the State address, Governor Jim Gibbons told the Legislature that "Nevada has one of the highest rates of methamphetamine addiction in the country, and the highest rate for people 12 years old and older. "Everyone, I repeat, everyone, is at risk."⁵⁵ He went on to describe how addiction has had a devastating impact on Nevada's families, schools, the criminal justice system, and the economy. At the same time, he also assured the lawmakers that "with the right balance of awareness, treatment and prevention, this seemingly untamed demon drug can be overcome."⁵⁶

Earlier that same day, the Governor had established by Executive Order a Meth Working Group, chaired by the Attorney General, and consisting of law enforcement, state agencies, legislators, the First Lady, and others on the front lines fighting the meth epidemic. They were charged with making recommendations to the Legislature on or before April 1 so that it could swiftly authorize funding "to strike a decisive blow against the traffickers of meth, while also helping those hooked on meth to break free."⁵⁷ Within months, the Nevada Legislature passed a bill allocating \$3 million per year in perpetuity for substance abuse prevention, and an additional

\$2 million for two years for Meth Prevention.

Even before the Governor made his commitment to fight the scourge of methamphetamine, the 12-member coalition of the Nevada Statewide Coalition Partnership was working behind the scenes to educate state officials about the meth epidemic that was growing across the state – from small frontier villages, to the glitter of Las Vegas. After his State of the State address, the coalitions moved into full swing. Their testimony and other efforts provided invaluable information to the lawmakers, helping to shape the legislation. Just as important, they established an infrastructure within the Partnership to decide how the State funds would be divided fairly among the coalitions, based on such factors as population and reported cases of meth abuse.

"It was like the perfect storm, but in the positive sense. Everyone came together at a distinct moment in time," explains Kevin Quint, Executive Director of Join Together Northern Nevada. "The Executive Branch, motivated by the First Lady and a new Attorney General who had made meth their #1 priority; a committed legislature; an involved state alcohol and drug agency; a dedicated mental health depart-

ment; and a remarkable group of coalitions that were committed to creating a system of prevention, rather than individual silos vying and competing for funds. I feel proud to be a part of it."

Once the \$2 million in meth prevention funding was in place, the Partnership put together a statewide media and outreach effort. "We decided to take a positive, social-norms approach," explains Stevie Burden, the Prevention Program Supervisor from the Nevada Dept of Human Resources/Bureau of Alcohol & Drug Abuse who works with the Partnership. "So we hired a media consultant, and together, we created a campaign called *Most of Us*."

Television, radio, and print ads, for example, inform the general public and targeted audiences that, "Most of your friends don't do meth. Come join us." Some of the materials have statewide messages; others are localized for each of the coalitions and their communities. "It is a unique campaign," says Burden. "We can create an ad with statewide statistics, but then really hone in on the facts for specific urban, suburban, rural, or frontier areas of the state. But the bottom line is we are all in this together."

IN CONCLUSION

Community coalitions, with the help of state, local, and federal policymakers, have repeatedly demonstrated that the incidence of meth abuse can be significantly lowered, and users can be successfully treated. This is no easy task, however. Those communities which have demonstrated the greatest successes are those that create partnerships to reach those most in need, and most in danger of becoming meth users. These efforts combined with an ongoing general drug prevention strategy which involves as broad a constituency as possible – from the schools to businesses, to healthcare

providers, law enforcement, parent groups, and the media – can result in a powerful line of defense.

By using the materials and strategies contained in Meth Strategizer 2008, and by taking a cue from some of the success stories and best practices of others, any community, anywhere in the United States, can successfully begin to combat meth abuse, and bring hope to individuals, families, and communities that there is life after meth.

ENDNOTES:

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[2] <http://www.nida.nih.gov/researchreports/Methamph/Methamph.html>.

[3] www.whitehousedrugpolicy.gov/news/press08/031208.html.

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[5] DOJ, National Drug Intelligence Center, National Methamphetamine Threat Assessment 2008, December 2007

[6] ONDCP Meth-related Media Content Analysis, March 2007.

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[9] <http://www.whitehousedrugpolicy.gov/drugfact/methamphetamine/index.html>.

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[12] Ibid.

[13] op.cit. NIDA/NIH.GOV researchreports

[14] Ibid.

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[18] <http://www.usdoj.gov/ndic/pubs26/26594/index.htm#Overview>

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(NSDUH), SAMHSA, 2006.

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[22] Substance Abuse and Mental Health Services Administration (SAMHSA), Results from the 2006 National Survey on Drug Use and Health: National Findings, September 2007.

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[25] <http://cadca.org/coalitionsonline/article.asp?Id=1624>.

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[30] <http://www.nida.nih.gov/researchreports/Methamph/methamph3.html#short>

[31] Ibid.

[32] Ibid.

[33] http://teens.drugabuse.gov/mom/mom_meth2.asp

[34] http://www.dol.gov/asp/programs/drugs/working-partners/sp_iss/methamphetamine_basics.asp

[35] op.cit. NIDA/NIH.GOV Research Reports. Methamph3.htm.

[36] Ibid.

[37] Ibid.

[38] Ibid.

[39] <http://www.nida.nih.gov/researchreports/methamph/methamph5.html#treatment>

[40] <http://cadca.org/coalitionsonline/article.asp?Id=1305>

[41] <http://archive.newsmax.com/archives/articles/2005/8/16/152930.shtml>

[42] <http://cadca.org/coalitionsonline/article.asp?Id=1544>

[43] Ibid.

[44] <http://cadca.org/coalitionsonline/article.asp?Id=1261>

[45] op.cit. CADCA - 1261

[46] op.cit. DOL – Working Partners

[47] Ibid.

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[49] <http://cadca.org/coalitionsonline/article.asp?Id=965>

[50] Ibid.

[51] Ibid.

[52] Ibid.

[53] Ibid.

[54] Ibid.

[55] <http://www.leg.state.nv.us/74th/SOS/sos.cfm>

[56] Ibid.

[57] Ibid.

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WANT TO LEARN MORE?

Office of National Drug Control Policy, Department of Justice, Department of Health and Human Services
www.methresources.gov

**Office of National Drug Control Policy
National Youth Anti-Drug Media Campaign**
www.TheAntiDrug.com
WhiteHouseDrugPolicy.gov

Community Anti-Drug Coalitions of America
www.cadca.org

National Indian Country Methamphetamine Initiative
www.ncai.org

Bipartisan Meth Caucus
www.house.gov/larsen/meth

National Institute on Drug Abuse
www.nida.nih.gov
www.drugabuse.gov/MethAlert/MethAlert.html#Anchor-Populations-59276

**Substance Abuse and Mental Health Services Administration (SAMHSA)
Health Information Network (SHIN) - formerly the National Clearinghouse for Alcohol & Drug Information (NCADI)**
www.samhsa.gov
www.ncadistore.samhsa.gov

Department of Health and Human Services – Centers for Disease Control
www2a.cdc.gov/phlp/Methlab.asp

Department of Labor
www.dol.gov/asp/programs/drugs/workingpartners/sp_iss/methamphetamine_basics.asp

The Meth Project
www.methproject.org/

Partnership's Meth360
www.drugfree.org/meth360

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