

***Final Report
September 2008***

Methamphetamine

A Comprehensive Substance Abuse Prevention Plan



**Communities Mobilizing Against Methamphetamine Addiction
Butte County Public Health Department
Butte County Methamphetamine Strike Force**





A message from the Director of the Butte County Public Health Department

It has been my pleasure to work with The Methamphetamine Strike Force on The Communities Mobilizing Against Methamphetamine Addiction project. Funding from The California Endowment gave Butte County the opportunity to conduct the comprehensive study of the impacts of methamphetamine on our community.

The project began with town hall meetings in Paradise, Oroville, Chico and Gridley. The meetings allowed us to involve the community and to meet community members that then began to work with us as Planning Advisors.

Many individuals in the recovery community also attended, shared their stories and offered to work with us on solutions. The Planning Advisory groups that formed were representative of diverse populations impacted by methamphetamine. The tremendous work they completed via focus groups made it possible for recommendations to be developed for our community.

An environmental scan was conducted giving us the opportunity to apply a public health model to determine solutions to the methamphetamine epidemic. As a community we worked to identify sentinel events that give us the ability to track trends and outcomes. This will serve us well into the future and allow the planning of primary prevention strategies as well as improvements in substance abuse treatment delivery. Methamphetamine is unique in its addictive properties and the grip it has in rural communities. While combating this vicious drug we want to maintain vigilance and deal with all substances of abuse. A recent study by The National Center on Addiction and Substance Abuse at Columbia University found that nineteen percent of teenagers found it easier to purchase prescription drugs than cigarettes, beer or marijuana. A lack of understanding between generations was cited, with parents not understanding the risk surrounding prescription drugs. Future education campaigns certainly must include trends and substances parents should be aware of.

Our gratitude is extended to Drs Janice and S. Alex Stalcup for their dedication, commitment and understanding of the impacts of methamphetamine on rural California. Their work with us throughout this year helped us bring together our medical and treatment providers to address barriers, challenges and to increase our capacity to apply the medical model of addiction. The conversation has been advanced and we have begun to change the social norm around addiction as a disease to reduce the stigma of treatment.

While there is much work to be done, and our project does not address all system changes, the recommendations are meant to provide guidance for parents, families, medical professionals, teachers, law enforcement, business owners and anyone interested in joining together as a community to solve this epidemic.

Sincerely,

Phyllis Murdock





A message from the Butte County Sheriff's Office

As the Sheriff of Butte County, I have long witnessed the devastation experienced by my community and its citizenry due to the manufacturing, sales and use of methamphetamine. Every element of our society and every aspect of our lives have been negatively impacted by this drug. Violent crime, in all of its manifestations, can be largely attributed to drug abuse, and meth is the most common denominator. It has also been estimated that a full 85 percent of property crime is drug related.

Aside from criminal activity, consider for a moment how this drug has influenced the following areas of social interaction: drug dependency, dangerous exposures and educational privations experienced by our children; personal health and the costs attendant

to medical care; environmental contamination, to include waterways and groundwater, landfills, sewage; structural and wild-land fires, real estate values and losses due to contamination, to name just a few. How do you calculate the damage, and how do you stem the tide?

Butte County has established a well-deserved reputation for effectively fighting the methamphetamine war through the work of the Butte Interagency Narcotics Task Force (BINTF), a joint effort of local law enforcement agencies (Oroville, Chico, Gridley-Biggs, Paradise), the Sheriff's Office, the District Attorney's Office, the Probation Department and state agencies. For over 20 years this unit has labored in this field, developing a national reputation for success in bringing down meth labs and dealers. Through the Drug Endangered Children's program (DEC), hundreds of youngsters have been successfully saved from unfit or unsafe homes due to a drug environment. Our Methamphetamine Task Force is the most recent, and the most far reaching attempt to address the many societal aspects of the meth problem.

I would be remiss if I did not express deep appreciation for the continued partnership of the Butte County Department of Public Health, Nursing Supervisor Alice Kienzle and The California Endowment in the development and enactment of the Prevention Plan and its varied components.

We at the Sheriff's Office look forward to our continued partnership with the members of the Methamphetamine Strike Force, and together we will ensure the success of the Prevention Plan.

Sincerely,

Perry Reniff



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*You've seen what it does to the body.
It's even worse on the spirit.*

**Recovering Addict at Paradise
Community Forum**

We give special acknowledgment to those who have experienced the devastation of personal or family addiction and stepped forward to show the real “faces of addiction.”

They bravely told their stories and shared intimate moments of their lives to help us better understand their personal struggles.

We are forever grateful.

For those individuals and families who are currently struggling to find their way through addiction, we hope this is only the beginning of what we can do as a community to make their journey easier.

Prison doesn't scare an addict – recovery does.

**Recovering Addict at Oroville
Community Forum**

Executive Summary

In 2007 and 2008, with a grant from The California Endowment, a community-based initiative was undertaken by the Butte County Public Health Department in collaboration with the Butte County Methamphetamine Strike Force, multiple public and private organizations, and leaders and stakeholders. After town hall meetings, extensive surveying, focus groups, and analysis of sentinel events and data, a public health-based approach in response to the methamphetamine epidemic in Butte County was developed.

Methamphetamine: A Countywide Problem

Methamphetamine is among the greatest problems facing northern California communities. In the Pacific Region, which includes Butte County, 94.3 percent of law enforcement officials identified methamphetamine as the greatest drug-related threat in their jurisdictions (National Drug Intelligence Center, 2007). Despite dramatic improvements, Butte County is still plagued by a major methamphetamine problem. In 2006, Butte County ranked sixth among California counties for methamphetamine activity. The nature of this threat is exemplified by drug seizure and treatment data. According to the Federal-Wide Drug Seizure System, the amount of methamphetamine seized in the Pacific Region increased from 1,889 kilograms in 2005 to 2,440 kilograms in 2006; in 2007, 1,968 kilograms had been seized in the region as of November 1.

Methamphetamine is not solely a law enforcement issue. It is also a mental health issue in that substance abuse compounds and exacerbates mental illness. Brain imaging studies have shown structural and functional changes that account for impaired verbal learning, decreased motor function, and emotional and cognitive problems that often impede recovery. As a health issue, even with one use of methamphetamine, small blood vessels in the brain can be damaged, leading to stroke, and chronic methamphetamine abuse causes inflammation in the circulatory system that can lead to irregular heart rhythms and cardiac arrests. There are many other resulting complications, and impacts reach far beyond the individual addict.

Family violence is often correlated with substance abuse. Many women begin using methamphetamine with their partners. It helps victims cope with abusive relationship and to “forget” trauma they likely experienced as children. Abusive partners socially isolate victims, cutting off systems of support. Some families are especially at-risk. Children, for example, that are raised in households where substance abuse is multi-generational, are reported to have a 20 to 30 percent decrease in dopamine receptors, an inherited risk for later substance abuse. Additionally, drug and alcohol use during pregnancy are devastating to the developing fetal central nervous system and organ development with life-long implications.

Data and Sources

Multiple sources were used to frame the methamphetamine problem in Butte County. Between August 2007 and June 2008, a combination of primary and secondary data was acquired across a spectrum of community interests that in some way was affected by the methamphetamine problem. Strong response rates in several instances produced robust data sets for analysis. The following are sample presentations of findings across data sources. Separate reports have been prepared on several sources.

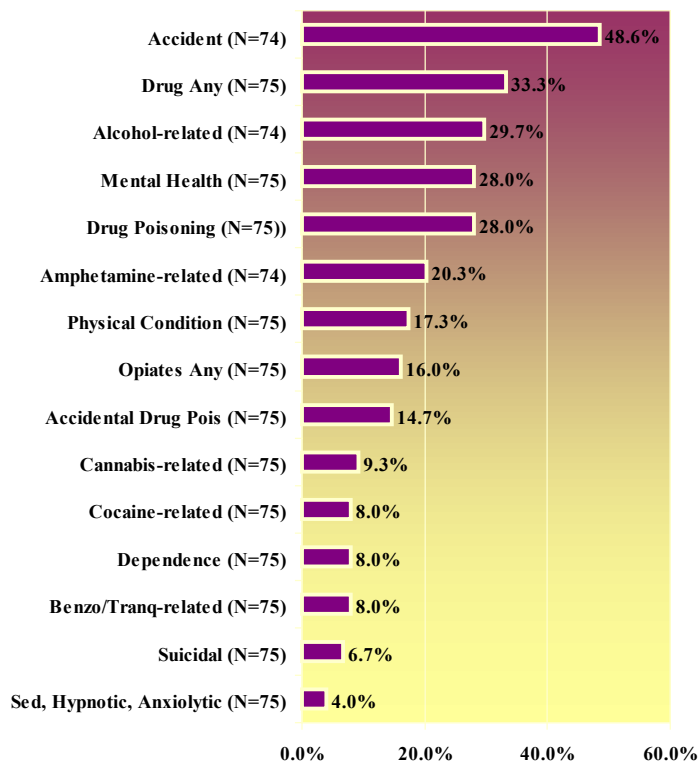
Individuals booked into the Butte County Jail were asked about the substances that they had used at least once during a 30 day period before incarceration. The table below shows the percentage of use in descending order of frequency, with methamphetamine following alcohol and marijuana:

Substances Used

Substance	Percentage of Use
Alcohol	81.9%
Marijuana	58.1%
Methamphetamines (i.e., methamphetamine, crank, chalk, glass, ice, & crystal)	42.8%
Amphetamines (i.e., speed, bennies, uppers, & ecstasy)	33.2%
Cocaine (i.e., blow, coke, crack, & snow)	28.6%
Prescriptions not for medical use (i.e., Vicodin, Oxycontin, Percocet, Darvocet)	24.0%
Valium or other tranquilizers (i.e., Xanax, Ativan, benzos, & sleeping pills)	20.4%
LSD/Acid	19.1%
Heroin/Opium (i.e., morphine, black tar, & monkey)	12.8%
Barbiturates (i.e., barbs, roofies, phennies, special K)	11.3%
Inhalants (i.e., ames, nitrous, cleaning fluids, glue, & paint)	7.4%
PCP/Angel Dust	6.1%
Quaaludes/Ludes (714s)	5.0%

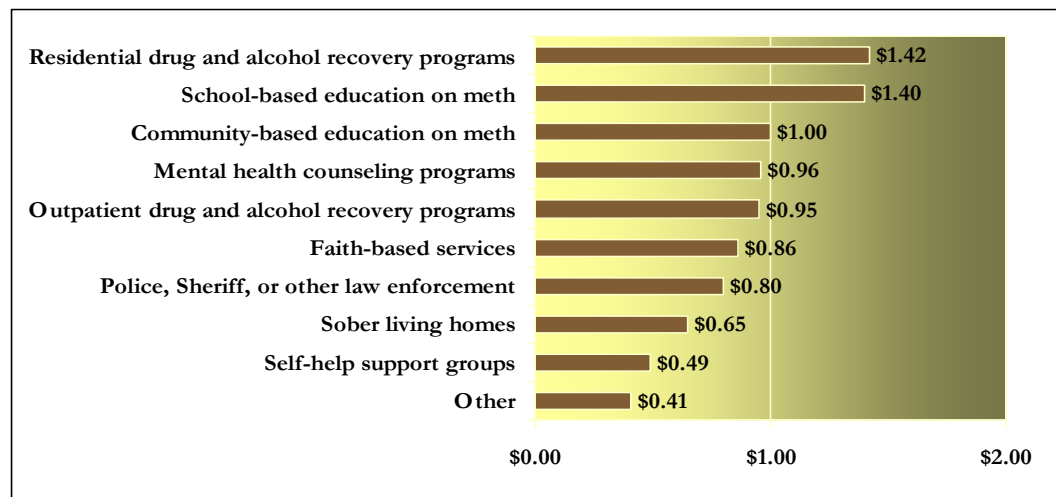
- Of the 1,513 adults arrested by the Oroville Police Department between June 4, 2003 and March 2, 2008 on a drug or alcohol related offense(s), 495 adults (32.7%) were arrested on a methamphetamine-related offense(s).
- Butte County experienced an increase in methamphetamine lab seizures from four in 2006 to 16 in 2007. Butte County ranked fourth in the State per capita for its number of drug lab seizures
- During the 2007 calendar year, 57 drug endangered children investigations were conducted. These investigations involved 122 children. The Children’s Services Division provided services to 110 of these children, and 63 were removed from their homes.
- A review of 75 medical charts of patients seen in Enloe Medical Center’s emergency room was conducted in January 2008. The reasons for their use of the ER, which could be for more than one health issue, are presented at right.

Reasons for Admission to Enloe Hospital Emergency Room



- Two-hundred thirty-four (234) Department of Employment and Social Services clients completed an addiction assessment from early spring 2007 to early 2008. Greater than one-half (55.6 percent) of the DESS clients reported using methamphetamines for a period of one year or greater.
- Four community forums were held to obtain input from the general community. More than 600 residents attended forums in Chico, Gridley, Oroville, and Paradise, and 418 attendees completed an anonymous survey. They were asked to hypothetically spend \$10 for methamphetamine services. The graph below presents a ranking of proposed expenditures across communities.

Expenditures for Methamphetamine Services



- Among educators (teachers and school administrative personnel), 45.8 percent indicated that methamphetamine is a big problem in their school, and 33.3 percent reported that it is a problem.
- Greater than one-quarter (29.3%) of Butte County youth attending a REACH youth development retreat in February 2008, reported that they knew of friends or fellow students who could not live at their home because someone in the household was using methamphetamine (N=212).
- An analysis of comments from forums and from focus groups composed of students, adults and youth, faith-based community representatives, persons in recovery and Hmong community members identified environmental factors that can influence a person’s use of methamphetamine. In order of frequency of thematic responses, the eight influences are: predisposition (heredity, genetics); environment (peer pressure, culture of permissiveness, poverty); history of sexual or physical abuse; boredom or curiosity; mental health disorders; family problems; lack of social support (low self-esteem, feelings of alienation, no direction); and to lose weight.

Recommendations

The more than 50 recommendations contained in the plan are organized into four community domains: education, treatment, enforcement, and media. Within each domain, the prevention plan proposes interventions at the primary, secondary, and tertiary levels, which correlate with the medical model of disease intervention.

- Primary prevention avoids the development of a disease.
- Secondary prevention activities are aimed at early disease detection, thereby increasing opportunities for interventions to prevent progression of the disease and emergence of symptoms.
- Tertiary prevention reduces the negative impact of an already established disease by restoring function and reducing disease-related complications.

Sample recommendations for each domain and at each level are:

Education

Intervention Level	Target Group	Strategy
Primary	Youth	Support programs that provide positive role models and keep youth from getting “bored” <ul style="list-style-type: none"> Identify those at risk by predisposition factors Help them build resilience and get involved in the community Preserve youth’s mental health and well-being
Secondary	Adult	Set benchmarks for identifying at-risk youth and establish protocols for early intervention in a school/agency setting
Tertiary	Youth	Establish collaborative support among schools, juvenile justice system, law enforcement, and community service providers for the continuum of services for youth with addiction

Media

Intervention Level	Target Group	Strategy
Primary	Adult	Provide prevention resources for school personnel and the medical community to establish the importance of early identification and intervention
Secondary	Youth / Adult	Promote visibility of treatment options, including CARE
Tertiary	Adult	Educate parents and community about identifying risk factors, current and emerging trends, and economic impact of meth and other substance addiction

Treatment Strategies

Intervention Level	Target Group	Strategy
Secondary	Youth / Adult	Establish countywide protocol for universal screening and referral, with treatment services to begin within 72 hours of identification <ul style="list-style-type: none"> Introduce brief intervention screening in emergency rooms and small “immediate” care settings. Promote formal referral process for treatment Establish MOU and/or other agreements to streamline referrals to centralized services
Tertiary	Adult	Develop medically-appropriate recovery services for pregnant women, working hand in hand with law enforcement and child welfare services personnel to promote treatment.

Law Enforcement

Intervention Level	Target Group	Strategy
Primary	Adult	Establish partnerships with Butte College and California State University, Chico, to produce probation officers and treatment professionals that understand addiction.
Secondary	Youth / Adult	Implement 90-Day Challenge and empower parents to be involved with their teens’ legal process
Tertiary	Adult	Track early offenders and help them find ways to contribute to the community

For a complete report, including recommendations go to www.2stopmeth.org.

Introduction

In 2007, the Butte County Public Health Department received a grant from The California Endowment to begin a comprehensive process of compiling information across the County that would form the foundation of this community-based prevention plan to address the methamphetamine epidemic in Butte County.

The project is distinctive in that a public health model serves as a framework for the *Prevention Plan* – including the 10 essential elements of public health services, and the public health epidemic approach. Primary, secondary, and tertiary prevention strategies were identified for treatment, education, law enforcement and media initiatives. This *Prevention Plan* represents a unifying strategy for all those affected by the pervasive and devastating epidemic that is methamphetamine addiction.

Methamphetamine: A Brief History

Methamphetamine is a potent and easily manufactured version of amphetamine. In the 1930s, amphetamine was used as a nasal decongestant and kept soldiers around the world alert during World War II. After the war, amphetamines flooded the market and were prescribed for a range of issues, including weight loss, depression, fatigue, and increased energy for athletes. Available at pharmacies in San Francisco without prescriptions, these potent stimulants called “uppers” or “speed” played a role in the emerging drug culture of the 1960s. When veterans returned from Vietnam addicted to military-issued methamphetamine, the risks of addiction were hardly considered as use of methamphetamine grew out of control.

In 1971 Congress passed the Comprehensive Drug Abuse Prevention and Control Act, which among other things classified amphetamine and methamphetamine as Schedule II drugs – the most restricted category of legal drugs.

It became increasingly difficult to legally obtain the drug for any reason deemed recreational and not medical, including alertness, stamina, or increased productivity. In response to an ever-increasing demand for black market stimulants, illegal production, especially of methamphetamine dramatically increased.

“Meth is the leading drug-related law enforcement problem in the country,” says McGregor W. Scott, United States Attorney for the Eastern District of California.

The harms associated with drug abuse – addiction, overdose, and the spread of HIV/AIDS and hepatitis – continue to mount, while entire communities are devastated by high incarceration rates. The destructive nature of methamphetamine can be seen across the nation, reaching epidemic

“If we follow the research and focus our efforts for maximum impact, we can turn the corner on methamphetamine-related problems in this county, and improve the overall quality of life. Living with meth equates to death and diminishes all of us.”

Helen Harberts
Butte County District Attorney’s Office

proportions. Child abuse and neglect, domestic violence, assaults, burglaries, robberies, petty thefts, and rural crimes have increasingly been found to be related to methamphetamine use. Wide availability of methamphetamine in rural communities, in particular, has exacerbated significant shortages of resources for drug treatment and infectious disease prevention, creating new public health challenges.

Methamphetamine is also the greatest drug threat to Northern California. In the Pacific Region, which includes Butte County, 94.3 percent of responding law enforcement officials identified methamphetamine as the greatest threat in their jurisdictions (National Drug Intelligence Center, 2007). When Sheriff Perry Reniff was elected to office in 2002, Butte County had the highest number of meth labs per capita in the country. Faced with limited resources, Sheriff Reniff launched a campaign and challenged every county agency and public and private organization to participate in a strike force with the mission of “Eliminating methamphetamine from Butte County by supporting Prevention, Treatment, and Enforcement efforts.” The Butte County Meth Strike Force was born and has continued to grow in scope over the last six years.



Despite dramatic improvements, Butte County is still plagued by methamphetamine. In 2006, Butte County ranked sixth out of 21 counties in California for methamphetamine activity. One indicator of its prevalence is that of 2,740 individuals receiving Butte County Department of Behavior Health services for substance abuse issues in fiscal year 2006-2007, 50.8 percent reported their primary drug problem as methamphetamine. Approximately 90 percent of children who are removed from their homes in Butte County came from methamphetamine-related environments.

The nature of this threat is exemplified by drug seizure and treatment data. According to the Federal-Wide Drug Seizure System, the amount of methamphetamine seized in the Pacific Region increased from 1,889 kilograms in 2005 to 2,440 kilograms in 2006; 1,968 kilograms had been seized in the region as of November 1, 2007. Additionally, according to the most recent treatment data, a significant number of amphetamine-related (including methamphetamine) treatment admissions to publicly funded facilities were recorded in recent years.

Precursor chemical control legislation, aggressive law enforcement efforts, and public awareness campaigns are credited with some reductions in the production of methamphetamine throughout the region. The number of methamphetamine laboratory seizures in Butte County decreased significantly from 41 in 2003 to 10 in 2006, according to the Butte Interagency Narcotics Task Force. Increased seizures may have limited accessibility of methamphetamine for a short time, but it also shifted production to Mexico, which increased trafficking. Additionally, methamphetamine laboratory operators have become smarter about hiding their labs and waste materials.

One byproduct of aggressive law enforcement is that some methamphetamine laboratory operators in the region have recognized that laboratory waste materials provide valuable evidence to law enforcement authorities. As a result, laboratory operators in California’s Central Valley are increasingly setting fire to laboratory dumpsites before abandoning them or burying waste materials

on the property around the laboratory site as the waste is produced. Such practices cause wildfire hazards and significant environmental damage that result in tremendous cleanup costs.

Addiction: Disruption of Multiple Systems in the Brain

For generations, addiction has been perceived as a character flaw or a personal choice, especially in rural communities. Although the costs are ultimately shouldered by society, the concept of addiction as a private issue has persisted. Only recently have we learned to recognize that addiction is a disorder or a disease that can be medically treated. Advances in neurobiology have led to increased understanding about associated behaviors, and the development of Addiction Medicine will continue to contribute to our ability to address the risk factors for addiction as a community.

Methamphetamine Addiction

Methamphetamine is highly addictive, and its effects vary depending on whether ingested orally, snorted, smoked, or injected intravenously. Smoking or injecting methamphetamine increases the potential for addiction and its subsequent consequences because the drug is absorbed in the brain more rapidly. Although the euphoric effects can be felt in 3-5 minutes when snorted, and ingestion is noticeable within 15-20 minutes, neither compares to the immediate intense rush produced when methamphetamine is smoked or injected intravenously (NIDA, 2008). Lasting only a few minutes this initial rush, described as “extremely pleasurable,” is the result of a rapid increase in the concentration of dopamine in the brain’s reward centers.

Pleasure-Reward System

Although drug abuse disrupts multiple brain systems, addiction is driven by overstimulation of the brain’s pleasure-producing chemistry and related brain circuits. Dopamine is a neurotransmitter associated with pleasure. Overstimulation of dopamine receptors interferes with the normal experiences of pleasure, calmness and alertness. Rapid development of

Compulsion: loss of control

- *The inability to stop – the addict is compelled to use*
- *Not rational and not planned*

Continued Use Despite Adverse Consequences (CUDAC)

- *Addiction is when a person continues to use even though s/he knows it is causing problems*
- *Addiction is staged based on adverse consequences*

Craving: daily symptom of the disease

- *Intense psychological preoccupation with getting and using the drug*
- *Dysphoric and agitating*

Hypofrontality: decreased baseline metabolism in prefrontal cortex secondary to decreased dopamine input

- *Compromised reasoning ability*
- *Impaired decision making*

Neuroadaptation: overstimulation of brain regions results in decreased sensitivity and responsiveness

Anhedonia: lack of pleasure or the capacity to experience it

Tolerance: process by which the reward and pleasure centers of the brain adapt to high concentrations of pleasure neurotransmitters and become unresponsive to normal stimulation

tolerance, cravings and withdrawal symptoms allows for a quick transition from substance abuse to addiction. Drug use persists because sobriety becomes “pleasure-less,” and rewards associated with the substance are increasingly valued.

Most individuals have underlying issues that contribute to their addiction, and one of the keys to sustained recovery is identifying reasons the drug is desired. Risks for addiction come from both positive and negative reinforcement. In addition to producing pleasure – a positive reinforcement – a drug can also relieve negative states such as boredom, anxiety, and depression. This cycle of positive and negative reinforcement from chronic use is believed to result in neuroadaptation, and certain brain pathways stop reacting to stimulants. As the brain loses sensitivity, the effects of the drug seem to decrease, and an addicted individual will respond by increasing their use to avoid the symptoms of withdrawal.

Methamphetamine use follows a “binge and crash” pattern that changes in frequency and duration as the brain’s pleasure-reward system becomes damaged and “deaf” to the effects of the drug. This neuroadaptation makes it impossible for an addict to attain the very intense initial rush, often leading to a run where the user is not only chasing that unattainable high but avoiding the inevitable swing of the pendulum that leads to symptoms of withdrawal including depression, anxiety, fatigue, and an intense craving for the drug. To avoid withdrawal symptoms, an addict increases the dose, decreases intervals between doses and alters the method of ingestion to one with a faster brain absorption.

Memory and Drive

Memory systems are extremely important in motivating behavior. Dopamine receptors are most highly concentrated in the frontal cortex, the memory portion of the brain. With the introduction of a stimulant that increases dopamine activity, an individual will form a pleasurable memory that can affect behavior and will continually be associated with the drug. For someone with little pleasure in life this association may lead to further use as rewards become overvalued and risks are ignored.

These memories and their associated behaviors are largely unconscious. This unconscious memory and drive is the mechanism that can cause environmental cues to increase cravings and lead to relapse. Relapse is a common obstacle for individuals who are actively working on sobriety.

Hypofrontality

Although behaviors are initially driven by the value of a pleasure or reward, they are regulated by “conditioned responses,” as the value of an item is a function of its context (Volkow, 2007). When dopamine signals overwhelm the brain due to overstimulation, the prefrontal cortex disengages and loses the ability to change or modify circumstantial behaviors. Hypofrontality diminishes the brain’s ability to weigh consequences and results in a loss of control, with compulsions that are not rational or planned. An addict continues drug use despite the knowledge that there will be adverse consequences—the brain is “stuck” and cannot shift behaviors.

The Frontal Cortex is associated with:

- *Recognizing Consequences*
- *Impulse Control*
- *Judgment*
- *Moderating Social & Sexual Behavior*
- *Motor Function*
- *Problem Solving*
- *Memory*
- *Language*

During a run the addict can go without sleep or food for several days. This intense and sustained overstimulation of the central nervous system, coupled with the lack of sleep, leads to irrational and often dangerous behaviors. Consequential psychotic behaviors may include paranoia, hallucinations (visual and auditory), and delusions.

Behavior changes can persist for months to years after methamphetamine use has stopped, and relapse is common and often expected, especially in earlier recovery efforts. Brain imaging studies have shown structural and functional changes that account for impaired verbal learning, decreased motor function, and emotional and cognitive problems that often impede recovery.

Addiction: A Mental Health Problem

Co-occurring disorders (COD) is a term which refers to an individual with both a “substance related disorder and one or more mental disorder” (Center for Substance Abuse Treatment, 2006). Research indicates a clear link between substance abuse and mental illness as well as the impact of COD on the course of treatment. An increasing body of research shows that treatment methods should be guided by the degree of severity in the mental health disorder. Fortunately, advances in pharmacology have made it possible to treat many people with severe mental health disorders in substance abuse treatment programs, even those who would have required institutionalization in the past.

Because individuals with COD enter the system through a variety of settings – such as the emergency room, private offices and clinics – it is important that all health care providers and treatment counselors are skilled in assessing signs and symptoms of mental illness as well as substance abuse. Research shows that only 10 percent of alcohol abusers are getting the medical standard of care, indicating a failure in early detection and treatment (Pappas, 2008). Although this figure doesn’t include other substance abuse, the numbers are likely similar. Additionally, when a person presents a health crisis it is an excellent time to initiate treatment and recovery services. The crisis creates a moment of clarity, and it is critical to engage the methamphetamine user in treatment almost immediately. If this engagement does not occur within a 72-hour time frame the person will most likely return to their addiction. This limited time frame also highlights that the jail and emergency rooms are ideally situated as initial stabilization and treatment units. The success of this model has been documented in the work done by Drs. S. Alex and Janice Stalcup of the New Leaf Treatment Center.

Focus Group Response

“We need a cooperative effort to bridge the gap between the community and the recovering community. The reality is, it’s a community disease. We need funding for treatment rather than prison. When parolees leave prison, they need treatment rather than being let out onto the street with nothing. Keep families together whenever possible. Stop balancing the budget on the backs of the poor.”

An integrated treatment plan must take into account: the individual’s needs, the complex nature of addiction and mental illness in the context of “culture, ethnicity, geographic area, socioeconomic status, gender, age, sexual orientation, religion, spirituality, or cognitive disabilities” (TIP 42). These factors must be incorporated into the treatment plan – there is no appropriate “one size fits all” approach.

Addiction: A Health Problem

As a central nervous system stimulant, acute effects of methamphetamine include: increased heart rate and respirations, elevated blood pressure and body temperature, and decreased food intake and sleep time. Even with one use methamphetamine can damage small blood vessels in the brain that can lead to stroke. Acute psychological effects include: increased alertness, increased sense of wellbeing or euphoria, and increased socialization. In high doses irritable and aggressive behaviors can be exhibited as well as auditory hallucinations and paranoia. Moods can rapidly change from friendly to violent. With an overdose, dangerously high body temperature can lead to convulsions and death. Methamphetamine is slowly metabolized allowing more time for the drug's neurotoxic effects. One dose can show effects for 8-10 hours.

The chronic effects of methamphetamine abuse cause inflammation in the circulatory system that can lead to irregular heart rhythms, cardiac arrests, and strokes. Intravenous methamphetamine users further damage blood vessels and are at high risk for skin abscesses. Chronic use tends to increase the frequency and degree of psychological disorders – there is a progressive social deterioration. Chronic and prolonged use changes the brain's structure and chemistry, which can persist for years after abstinence from methamphetamine use.

Hepatitis C (HCV) is a blood-borne virus that causes scarring to the liver (cirrhosis) and can cause liver cancer. Known as the “silent epidemic,” HCV can take 10-20 years for symptoms to develop, and most people with HCV do not know they have it. Approximately 80 percent of people infected with HCV develop chronic infection and, of those, 10-25 percent will eventually have serious liver damage, including cirrhosis and liver cancer. Anyone can become infected, but some are at higher risk – those who received blood transfusion, clotting factor or organ transplant prior to 1992, as well as hemodialysis patients and infants born to infected mothers.

Injection drug users (IDUs) are at the highest risk for new cases of HCV from sharing contaminated needles and “works” (associated injection equipment) and the Centers for Disease Control reports that 50-80 percent of IDUs become infected with HCV. Additionally, research has shown “that the manner in which methamphetamine compromises a person's immune system encourages HCV viral load to rise” (Cutler, 2008). There are approximately 600,000 HCV-positive individuals in California, and 4,000 of them are in Butte County. According to the California Department of Public Health, Center for Health Statistics, Butte County also has the highest reliable death rate in California – for every 100,000 residents, 14.6 will die of liver disease/cirrhosis, compared to the statewide death rate of 10.6 (Butte County Health Status Profile for 2008).

Methamphetamine use is frequently linked with increased rates of HIV and other Sexually Transmitted Infections (STI). The drug's ability to increase sexual arousal, along with decreased inhibitions and clouded thinking, often leads to sex with casual or multiple partners, or exchanging sex for money and/or drugs. Men who have sex with men (MSM) and use methamphetamine are at increased risk for HIV-infection because of higher baseline prevalence in HIV and risk behaviors, such as multiple partners and unprotected anal sex. Fear of arrest and stigma preclude individuals from seeking early medical care and treatment, which increases unknown transmission further.

Because preventive health care and screening for health problems are reduced among methamphetamine users, chronic illness may not be detected until later in the disease process. Due to poor dietary and oral hygiene habits, advanced tooth decay and gum disease are also prevalent among chronic methamphetamine users. According to the American Dental Association, *meth mouth* is “caused by a combination of drug-induced psychological and physiological changes” resulting in xerostomia (dry mouth), as well as tooth grinding and clenching. Methamphetamine users tend to snack more and are less likely to have a “defined meal” pattern, they consume carbonated beverages on a regular basis, are more likely to smoke cigarettes and are less likely to brush their teeth on a regular basis (Morio, Marshall, Qian, & Morgan, 2008).

Addiction: *The Family*

Addiction is a disease that affects the entire family. Often families don't have the knowledge to detect early drug use or identify a child at risk. Family dynamics may make it easier to initially live in denial and/or enable behaviors of the addict to continue, and when addiction escalates it is difficult to break established patterns. Ironically, the typical societal response to drug addiction has been to increase consequences, which have a minimal impact on the behavior of individuals with drug addiction, as their ability to weigh consequences is diminished by the nature of the disease. However, family and friends of an addict are more likely to face the stigma and consequences of addiction. There also is a tendency to "rescue" the family member even when the individual in addiction is perpetrating physical, emotional and financial abuse. Recurring themes from family members are feelings of helplessness and hopelessness, fear for the addict's health and wellbeing and often fear of the addict's behavior.

Finding information and a "place to start" can be overwhelming. Many family health care providers are undereducated in addiction medicine or are reluctant to assess and refer for addiction. When identified in adolescence, it is generally more difficult to find appropriate rehabilitation treatment – the only residential treatment centers in Butte County are for adults. The inability to follow through with referral deters health care providers from making the initial assessment.

Without the services available for addicts that are provided through the legal system, rehabilitation is very expensive and un-affordable for many families. The increasing number of families in poverty compounds the problem of addiction.

According to the 2008 County Nutrition Profiles, 15 percent of the total Butte County population is living in poverty, and of that 21.2 percent are children. With three-year funding from Child and Family Services Improvement Act of 2006, Butte County along with Lake, Tehama, and Trinity counties formed a collaboration cluster to address the issue of methamphetamine use on families in Child

Welfare Services. The four counties report that at least 80 percent of families that enter child welfare services have substance abuse problems, and at least 75 percent of them report methamphetamine as their primary drug of choice. This Northern California Regional Partnership for Safe and Stable Families intends to establish models for assessment, intervention, and treatment services for all child welfare families affected by substance use disorders. This example of community collaboration between Child Welfare, Alcohol and Drug Services and the Courts across four counties highlights the great need for services in our area. Still, access is limited to those who have entered the Child Welfare system, one that carries its own stigma.

For the addict, reentering a dysfunctional family environment may be a major challenge to remaining drug-free. Environmental cues or "triggers" are responsible for 50 percent of relapse. Triggers are an immediate and overwhelming craving stimulated by people, places, or experiences associated with prior use. Reentry services need to emphasize an assessment of the addict's environment and appropriate action should be taken to find alternative living arrangements when necessary. Butte County has a lack of "clean and sober" living environments that are adequately monitored, especially for adolescents and parents with dependent children.

Family violence is often correlated with substance abuse. Many women begin using meth with their partners (husbands, boyfriends, etc). Using meth not only helps victims cope with a current abusive relationship but also helps them to "forget" or "ignore" the trauma they likely experienced as children. Studies indicate up to 90 percent of people victimized as adults were also victimized as children.

When a person is assessed with a family history of addiction you are obligated to let them know they are at risk for having a fatal disease.

S. Alex Stalcup, M.D.

Abusive partners socially isolate victims, cutting off all forms of support, making access to recovery services unrealistic for the addict. Abusive partners may also “forbid” victims from getting treatment to maintain control in the relationship. In general, batterers do not want relationship dynamics shared with others, especially service providers.

The family is the “most central and enduring influence” in a child’s life (Schor, 2003). The parents’ physical and emotional health, their social circumstances, and their parenting skills influence the health and welfare of the child. Children mimic the behaviors of people around them, so being raised in a family with a history of addiction heightens the risk for substance abuse, in addition to genetic factors. If the parents or primary caregivers are stuck in addiction the child is also at increased risk for neglect or abandonment, lack of a positive social support system, physical, emotional and/or sexual abuse, and exposure to environmental toxins.



Addiction: Women and Children

A primary risk factor for addiction is genetics. With a history of methamphetamine in Butte County that reaches more than 30 years, families with multigenerational addiction are all too common. The importance of early and thorough family history can’t be overemphasized in screening children for risk factors. Some children have a 20-30 percent decrease in dopamine receptors (D2 hypofrontality), an inherited risk for later substance abuse. Multigenerational patterns of “discipline, means of expressing emotion, and patterns of communication” combined with genetic predisposition for addiction or emotional instability increase the risk of many children repeating the dysfunctional patterns (Hawkins n.d.). The farther back substance abuse can be traced in a family the more likely there is a genetic link.

D2 hypofrontality reduces the ability of a child to regulate internal emotions and experience pleasure. This “bored kid” is highly susceptible to drugs because they are so effective at relieving boredom. Unfortunately they work too well, and when the drug is not used the boredom returns, worse than pre-drug use. Young people need the tools to self-evaluate if they are in trouble and at risk for addiction. They need to be challenged and provided with realistic alternatives to drugs. Support services should recognize the distinction, “Is the youngster bored, depressed, or addicted?” Intervention should address the underlying issue and increase engagement. Building an awareness of symptoms in at risk youth, such as use of tobacco and truancy, can help improve preventive efforts.

An additional risk factor for addiction is childhood sexual abuse. Nearly two-thirds of individuals in treatment report physical or sexual abuse as a child (NIDA, 2008). Seventy-three percent of women incarcerated in Californian prisons had a history of “undesired sexual contact” before the age of 13. In males, the percentages are difficult to substantiate because of decreased reporting, but qualitative data reveals that it is a significant issue as well.

A third childhood risk factor is co-occurring disorders, especially when there is a failure to identify and treat mental health issues. In an alternative sentencing program, male youth offenders between

Bored and curious kids are at an increased risk for addiction.

S. Alex Stalcup, M.D.

the age of 13-18 self-reported history of depression (24.8%), attention deficit hyperactivity disorder (19.5%), and/or a substance use disorder (30.6%) (Langhinrichen, O'Brien, O'Farrill-Swails & Ford, 2005). Tobacco exposure in-utero is a neurotoxin that changes the developing brain chemistry of the fetus, potentially reducing dopamine receptors. These brain changes increase the risk of Attention Deficit Disorders (ADD/ADHD) as well as mental health problems, with figures indicating that up to 50-60 percent of these children are at high risk for addiction.

Methamphetamine use during pregnancy is a primary priority when considering the effects on women and children. Fifteen percent of pregnant women in the United States reportedly use substances; the rate in California is 19 percent. Stalcup estimates that in methamphetamine prevalent areas, five percent of pregnant women use meth (2008). Drug and alcohol use are devastating to the developing fetal central nervous system and organ development. These well-documented effects have life-long implications that are shouldered not only by the child's family, but also by health, education, social services and the corrections system in our county.

How do you counsel a child who asks, "Why did my mommy love drugs more than she loved me?"

Social Worker at Gridley Community Forum

Any substance used during pregnancy is substance abuse and needs to be treated as a medical emergency. Pregnancy provides a unique opportunity for the identification and treatment of substance using women. Universal screening, assessment, referral and treatment services are essential to addressing this epidemic. Universal screening should occur with all women of childbearing age, whether pregnant or not, and in all medical settings. Ideally medical providers/clinicians would use a standardized assessment tool and rely upon a countywide standardized protocol to direct them in what to do with women who screen positive for drug/alcohol use. Availability of comprehensive addiction treatment services for pregnant women may also increase the compliance of medical providers with universal screening, as one of their biggest concerns is identifying an addict but having nowhere to send her for treatment.

Drug-using pregnant women that fear prosecution and the potential loss of their children are less likely to seek essential prenatal and medical care. The threat of criminal prosecution creates a climate of fear and mistrust between doctors and patients, endangering the health of the pregnant woman and her future children. Collaboration with law enforcement and child welfare services to promote treatment as an alternative to prosecution may increase the likelihood that a pregnant drug-user will access early intervention.

Addiction: Screening and Treatment

Early recognition of addiction and risks for addiction should be an integral part of health care. The stigma of addiction has been counterproductive and prevents many individuals from seeking assistance and their family members from asking questions. *Standardizing* questions as part of a family history review can open up a discussion of risk factors for addiction and provide an avenue for patients or families struggling with addiction.

Ironically, the typical societal response to drug addiction has been to increase consequences, which have a minimal impact on the behavior of individuals with drug addiction, as their ability to weigh consequences is diminished by the nature of the disease. Anyone involved in the treatment of addicts needs to understand the neurobiology of addictions so that they recognize behaviors may not be intentional but the result of brain damage. The paradigm for addiction treatment is a client-centered, chronic care model that is recovery oriented. *Crossing the Quality Chasm* defines "patient centered care" as care that is "respectful of and responsive to individual patient preferences, needs, and values and ensures that patient values guide all clinical decisions" (Institute of Medicine, 2006). Methamphetamine addiction is multi-faceted and requires a "team" to address the many medical, social, and often legal issues facing the addict. When an

addict begins treatment, often the underlying issues that initially led to the addiction explode leaving the addict vulnerable to relapse. The team can motivate the addict to test and monitor his or her symptoms in the same way as a diabetic checks his or her blood sugar. For the addict this means urine drug testing and monitoring “cravings” for drug use. By monitoring symptoms, addicts can be treated effectively to minimize the chance of relapse.

We have learned that “three month” inpatient rehabilitation programs don’t address the full range of medical and behavioral health issues, not to mention environmental factors that increase recidivism. Similar to any chronic disease there may be times when symptoms are worse and risk for relapse is increased, so the individual in recovery will need more intensive monitoring and follow-up. Successful treatment models require persistent, long-term involvement of the addict with services that properly address their individual needs along a continuum of care. The focus is shifted away from acute episodes of stabilization to sustained recovery management to increase the number of individuals and families where recovery is a reality.

A public health model provides an effective approach to organizing care for the addict and their family, and to systematically track trends and outcomes through a centralized reporting and referral system. Stalcup encourages an assessment of current funding streams with an eye for increasing the efficiency of services. Strengthening programs and expanding the capacity of communities to provide services could increase early detection, ease of referral, and access to treatment. A guided approach will slow the growth of health problems, directly impacting the expenses associated with caring for a late stage addict, as well as the rippling effects on family members and the community.

RECOVERY:

The process of pursuing a fulfilling and contributing life, regardless of the difficulties one has faced. It involves not only the restoration but continued enhancement of a positive identity and personally meaningful connections and roles in one’s community. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices, and opportunities that promote people reaching their full potential as individuals and community members (Evans, 2006)

What is a Public Health Model?

The public health model combines concern for the individual and public safety with a history of mobilizing community partnerships to identify and solve health problems. There are several principles of a “planning framework” for the practice of public health:

- Each community or population sub-group should have access to strategies, service and activities, which optimize their health.
- Each community or population sub-group should have access to a healthy and safe environment.
- Public health efforts must proceed in partnership with non-health sectors.
- A supportive legal and political environment is integral to the public health effort.
- Improvements in knowledge about current and emerging health determinants and risks are vital to effective public health efforts.

- Priority setting and decision making should be based on scientific evidence as far as possible and on criteria that are open to public scrutiny and debate.
- Optimizing population health outcomes require effective linkage between public health and health systems planning.
- An ongoing capacity to scan and monitor the social and environmental trends likely to impact on future health status is essential for long term planning to prevent ill health.

A very successful public health model can be seen in the work of Dr. Alex and Janice Stalcup at the *New Leaf Treatment Center* in Lafayette, California. After receiving training on their program model, Butte County Public Health and Behavioral Health formed a partnership to provide immediate and seamless referrals. The pilot project, *Partnerships in Recovery*, began in July 2006, as a six-month outpatient program including group counseling by an Alcohol and Drug counselor from Behavioral Health and case management by a Public Health Nurse (PHN).

One of the benefits of this program, as reported by several clients is early identification and early initiation of the treatment process. In some accelerated cases, clients were able to start services within 24 hours of requesting help. A notable weakness of the program is the limited availability of healthcare providers with knowledge about administering recovery-based intervention and medication. During early intervention, clients reported withdrawal symptoms, compounded behavioral health symptoms, and suicidal ideation – pathology which could be minimized with medications. The Stalcup program uses a “Craving Identification and Management” (CIM) model, which provides mental health treatment and establishes a regular daily schedule, along with medications to reduce the symptoms of detoxification. Relapse prevention in the CIM model integrates tools for reducing cravings and strategies for addressing environmental cues with family counseling and appropriate medical services. As success relies on the swift identification and “reduction” of stress in the client’s environment to avoid relapse, it is vital to have a complete medical component in place to address this need.

PUBLIC HEALTH MODEL

Identification of Sentinel Events

- *Child custody/welfare*
- *Property crimes*
- *Drug arrests*
- *Probation/parole caseloads*
- *Domestic violence*
- *ER utilization/health crisis*
- *Teen misbehavior/school problems*

Case Finding

- *Centralized case reporting*
- *Regulations to protect health*

Assessment

- *Bio-psychosocial factors*
- *Environmental*
- *Cues*
- *Stress*
- *Mental illness*
- *Drug withdrawal*
- *Prior legal history*
- *Intergenerational family addiction*
- *Poverty*

Treatment/Monitoring

Rehabilitation /Follow-up Treatment or Therapy

Methods and Findings

Between August 2007 and June 2008, a comprehensive effort was undertaken to compile numerous indicators that would help organizers to frame the impact of methamphetamine on Butte County communities, to identify priorities for action, and to research and assess the applicability of evidence-based and promising practices that could be used to address the problem. A combination of primary and secondary data was acquired across a spectrum of community interests that were in some way dealing with this problem, ranging from individuals and families to businesses affected by methamphetamine. We also sought data from health, human service, substance abuse and law enforcement agencies who may have patients or clients involved with methamphetamine.

As will be seen, strong response rates in several instances produced a robust data set for analysis. Although findings cannot be construed as representative of a class or group of respondents because representative sampling methods were not utilized, it is fair to say that findings represent the interests of those affected by methamphetamine as they most often comprised the groups that attended community forums, trainings on methamphetamine, or were the respondent group most motivated to complete surveys.

The following is a presentation of findings across data sources. Separate detailed reports have been prepared on several of these sources, which are available upon request. Where applicable, preceding each presentation of findings is a brief overview of activities and/or sources that were accessed in order to compile this information.

Butte County Meth Strike Force

Strike Force Capacity Survey

In August 2007, members of the Butte County Meth Strike Force (MSF) were surveyed about their experiences participating in the Strike Force as well as goals, planning processes, and interest in further participation. The survey was completed by 22 participants.

- Although law enforcement, substance abuse, and health/medical service providers account for more than half of the membership, other areas of the community that are represented also include business, education, justice system, mental health services, and general community members. More than 80 percent agreed that “members of the MSF represent major sectors of the community concerned with meth,” but clearly missing from the membership were those representing elected officials and the faith community.
- There was some uncertainty about the level of input sought from local organizations and the community, as well as MSF efforts to identify policy barriers and actions toward impacting those policies “that impede the County from effectively responding to the meth crisis.”
- Respondents indicated that the MSF was *Somewhat Effective* in its efforts, with an average mean score of 3.41 out of 5, when asked about bringing together parties with an interest in the issue, building a clear mission, developing procedures, linking with other organizations, planning and carrying out planned actions, making use of members’ resources/connections, and ability to assess progress. Those who had participated in the MSF for more than one year tended to rate the effectiveness slightly higher than those with less time as a member.

- Passion and commitment of members are cited as strengths of the MSF, as well as the development of inter-agency collaboration. Weaknesses identified by members are primarily a lack of structure and organization, and most members are limited in their ability to contribute because they are already overcommitted.

Advisory Group

The MSF has been supported fully by agencies that work to solve substance use problems, but one of the key objectives of the Communities Mobilizing Against Methamphetamine Addiction project was to increase involvement of community members and those impacted by methamphetamine in developing the prevention plan and the decision-making process.

- The Planning Advisory Group(s) came together to inform and seek input from the communities and coalitions they represent. In order to increase diversity and broaden the community perspective without losing key advisors due to the geographical barriers, two advisory groups were formed – North County and South County. The advisors brought new issues for consideration and rich information that was lacking within the MSF.
- Advisory groups conducted focus groups and interviews to gather information from populations disproportionately affected by methamphetamine use. They also brought forward issues around access to drug treatment and health care, as well as biases within the community toward substance abuse and treatment.
- Advisory group members led us to community leaders and geographic areas for further consideration and will continue working with the MSF to implement the work that has been started.

Focus Groups

Focus group discussions in Spring 2008 included recovering addicts, students from Butte College Alcohol and Drug Studies (ADS), a church group, Hmong adults and Hmong youth. Participants disclosed recurring and disparate themes, attitudes, and beliefs, illustrating the diversity of views across the county population. In particular, those with personal experience articulated a compassionate approach, while other segments expressed support for tougher laws and strong discipline.

- All focus groups identified homelessness, financial and health problems, and an increase in crime as community problems resulting from methamphetamine addiction. Three in the Hmong adult focus group stated that meth is not a problem or a very small problem in the Hmong community, while Hmong youth respondents indicated that meth use is “giving Hmong youth and community a bad name.”
- Focus group participants indicated that people start using meth in their teens (answers ranged from ages 11 to 18). The reasons given for people starting to use meth were similar: low self-esteem, pressure from friends and family, curiosity, weight loss, and to ease symptoms of depression. An adult from the Hmong focus group stated that “Poverty communities have more drug dealers,” and are thus more likely to be exposed to meth.
- While most groups said it was easy to obtain meth in Butte County, Hmong adult and youth groups said it’s easy because it’s produced locally (“They cook it here in Oroville,” one Hmong adult said). A church group respondent, perhaps due to the crackdown on Sudafed and other ingredients, said, “It used to be easy, now it’s not as easy; the good stuff is gone and not available and what people are selling now is junk.”

- One question in particular brought vastly different responses, “If you could build an ideal community where meth did not exist, how would you do it?” Recovering persons said, “communication classes,” “drug test everyone on a random basis,” and “structured living groups.” Church group responses included “start with teaching children not to use the drug” and “find a good way to show people the affects that meth has.” The Hmong groups favored tough discipline for their fantasy world. Hmong adult responses included “kill all those that use it or legalize it,” “have strict laws,” “cultural sensitivity for reporting systems,” and “get rid of gangs.” Hmong youth responses included, “put meth users in prison,” “banish them,” and “check points for drug trafficking in community.”

Law Enforcement

Butte County Jail Methamphetamine-related Bookings

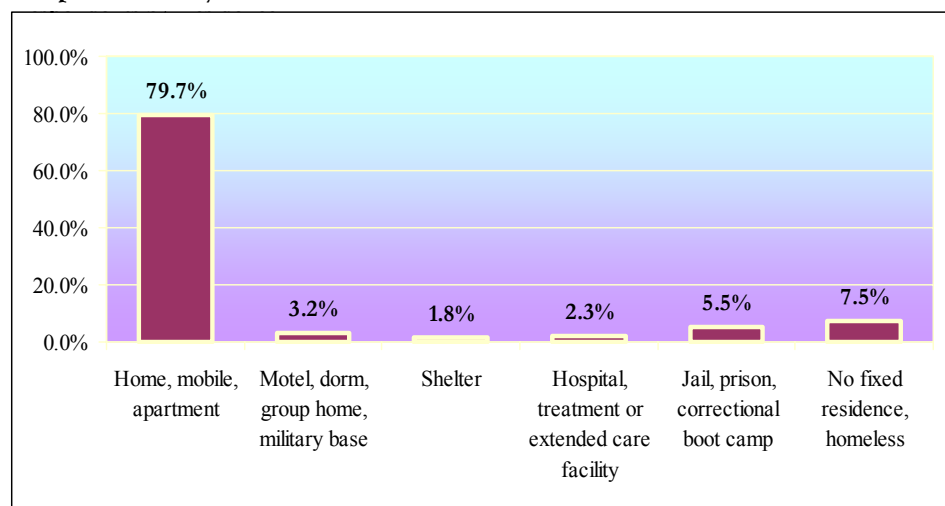
- For calendar year 2007, there were 1,020 *meth-related* bookings
- As of May 5, 2008, there had been 364 *meth-related* bookings for the year

Butte County Jail Survey

Surveys based on the National Institute of Justice’s *Arrestee Drug Abuse Monitoring (ADAM) Program* were disseminated to individuals at the time of their intake into the Butte County Jail. The ADAM program collects data about drug use, drug and alcohol dependency and treatment, and drug market participation among recently booked arrestees (within 48 hours) in 40 communities around the United States. The survey was completed by 448 individuals between March and May 2008. All respondents were informed that the Butte County Meth Strike Force was seeking solutions to the widespread impact of methamphetamine. They were informed that the specific focus was to expand access to treatment programs for anyone seeking help and to break the cycle of intergenerational addiction.

- Butte County Jail respondents were asked where they had lived in the 30 days prior to their arrest (N=439). Nearly 80 percent resided in a house, mobile or apartment. The distribution of respondents by residence is presented at left.
- Butte County Jail respondents were also queried about the substances that they had used at least once during the same 30 day period. The table shows the percentage of use in descending order of frequency:

Respondents by Residence

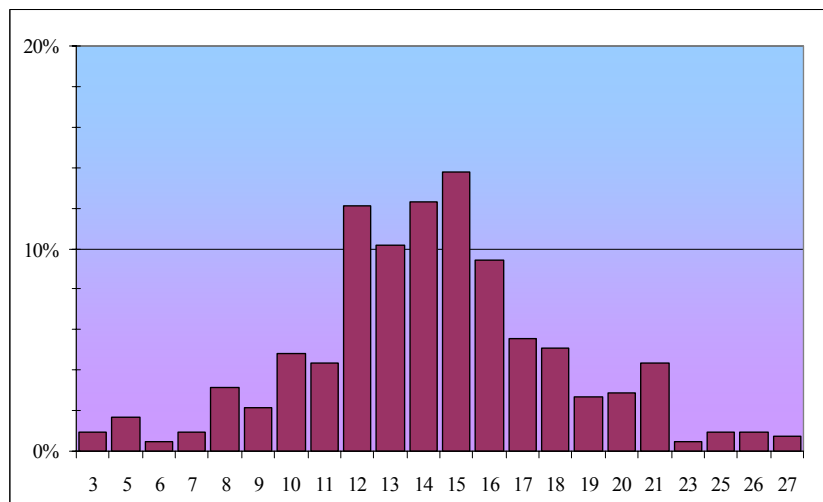


Substances Used

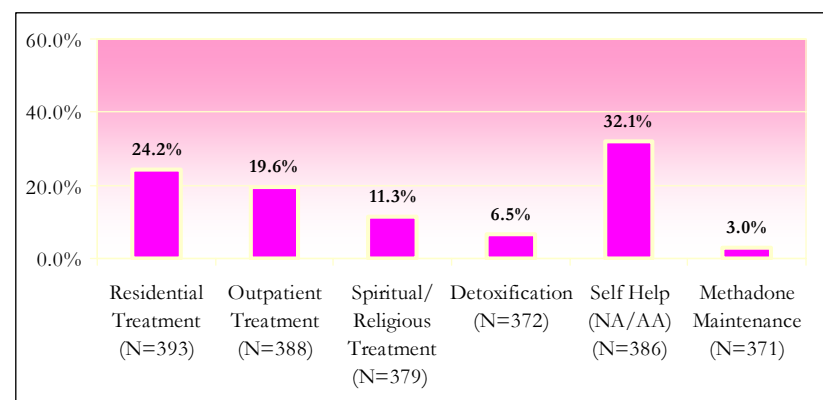
Substance	Percentage of Use
Alcohol	81.9%
Marijuana	58.1%
Methamphetamines (i.e., methamphetamine, crank, chalk, glass, ice, & crystal)	42.8%
Amphetamines (i.e., speed, bennies, uppers, & ecstasy)	33.2%
Cocaine (i.e., blow, coke, crack, & snow)	28.6%
Prescriptions not for medical use (i.e., Vicodin, Oxycontin, Percocet, Darvocet)	24.0%
Valium or other tranquilizers (i.e., Xanax, Ativan, benzos, & sleeping pills)	20.4%
LSD/Acid	19.1%
Heroin/Opium (i.e., morphine, black tar, & monkey)	12.8%
Barbiturates (i.e., barbs, roofies, phennies, special K)	11.3%
Inhalants (i.e., ames, nitrous, cleaning fluids, glue, & paint)	7.4%
PCP/Angel Dust	6.1%
Quaaludes/Ludes (714s)	5.0%

- Approximately seven percent (7.4%) of jail respondents reported using of *methamphetamine* on a regular basis (N=420). This compared with 45.1 percent of jail respondents that reported using *alcohol* (N=419) and 27.1 percent reported using *marijuana* on a regular basis (N=420).
- Among jail respondents, 4.7 percent reported that they were looking for or trying to buy or sell *meth* when they were arrested, and 14.7 percent reported they had recently used *meth* when they were arrested (N=373)
- While approximately 70 percent (70.3%) of jail respondents reported that the first drug that they had ever used was *alcohol*, 24.8 percent reported *marijuana*, and only 2.2 percent indicated *methamphetamine* (N=404).

Age of First Use



Treatment Program Participation



- Most jail respondents reported an initial use of drugs or alcohol between the ages of 12 and 16, with a mean age among respondents of 14.5.
- Nearly one-third (32.1%) of Butte County Jail respondents indicated that they had attended or were participating in a self-help program such as Narcotics Anonymous or Alcoholics Anonymous, and nearly one-quarter (24.1%) had been in a residential treatment program. Almost one-fifth (19.1%) had received outpatient treatment services.

Oroville Police Department Drug Arrests

- Of the 1,513 adults arrested by the Oroville Police Department between June 4, 2003 and March 2, 2008 on a drug or alcohol related offense(s), 495 adults (32.7%) were arrested on a *methamphetamine-related offense(s)*. These offenses include 11377 (Possession of Controlled Substance), 11378 (Possession of Controlled Substance with Intent to Sell), 11379 (Transport of Controlled Substance), and 11379.6 (Manufacture of Controlled Substance).

Chico Police Department Drug Arrests

- Between June 6, 2003 and February 6, 2008, there were 515 reported *amphetamine/methamphetamine-related* arrests. The leading charge among those arrested was *drug possession*.

Butte Interagency Narcotics Task Force (BINTF): 2007 Annual Report

- Butte County experienced an increase in methamphetamine lab seizures from four in 2006 to 16 in 2007. Butte County ranked fourth in the State per capita for its number of drug lab seizures and sixth statewide for the total number of labs seized. Butte County also tied with Los Angeles County for first in the State per capita for rescuing children from methamphetamine labs.
- In 2007 BINTF arrested 278 people, seized 14 clandestine laboratories, and seized 29 weapons, according to BINTF's annual report. Cleanup costs in Butte County for these labs in 2007 totaled more than \$26,000.
- From 2006 to 2007 there was an increase in finished product taken off the streets in Butte County, including over 2,400 grams of methamphetamine. The annual report identified the total street value of BINTF drug seizures for 2007 was \$97,972,681, and greater than \$350,000 (street value) was *methamphetamine* (crystal, powder, and solution).
- Of the 210 primary drug violations reported by BINTF in 2007, 54.3 percent were for *methamphetamine*.
- During the 2007 calendar year, 57 drug endangered children investigations were conducted. These investigations represent 122 children, who were all entered into the Child Welfare System/Case

Management System (CWS/CMS) with Butte County Children's Services Division (CSD) and referred for Victim Witness services. CSD provided services for 110 of those children, and 63 were removed from their homes.

I would love to see 10 life sentences for meth dealers/makers because they are responsible for the deaths of so many others.

Recovering Addict at Chico Community Forum

Health, Behavioral Health, and Related Human Services

Butte County Coroner Data for 2007

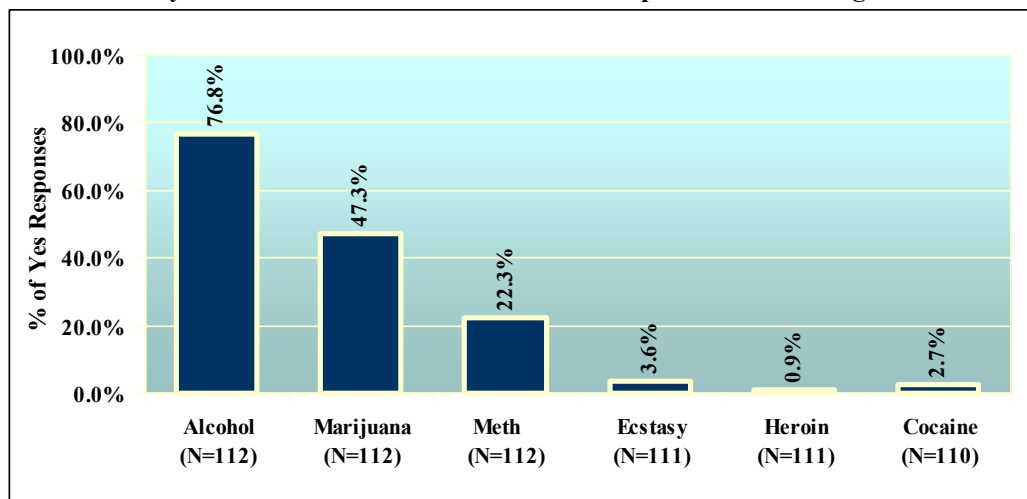
- According to the Butte County Public Health Department, in 2007 there were 109 deaths where the primary cause or a contributing factor was found to be alcohol or an illegal substance. Slightly less than one-half (47.7%) of deaths were attributed to alcohol, while 37.6 percent were ruled as being associated with drug abuse or mixed polypharmacy poisoning. Methadone and methamphetamine were each associated with 7.3 percent of deaths.

California Department of Public Health (CDPH) Gonorrhea Study

Data on drug use among Butte County residents with gonorrhea were collected by CDPH between January 1, 2007 and February 28, 2007.

- Approximately nine percent (8.8%) of respondents to the CDPH survey (e.g., those individuals with gonorrhea completing the interview) reported that they had injected drugs in the 12 months prior to their gonorrhea (GC) diagnosis (N=114), and approximately 89 percent (88.6%) of respondents reported that they had used *alcohol and/or drugs* in the 12 months prior to their GC diagnosis.
- Overall, slightly less than one-quarter (22.3%) of respondents indicated that they had used methamphetamine within the prior 12 months, and slightly less than one-third (32.5%) of respondents reported that their recent sex partner had used *methamphetamine or speed* during the previous 12 months (N=114). The graph below shows the reported use pattern by substance for the 12-month period prior to respondents' GC diagnosis.

Use Pattern by Substances for 12 Months Prior to Respondents' GC Diagnosis



California Gonorrhea Surveillance System (CGSS)

An analysis of methamphetamine use of Butte County residents with gonorrhea was compiled by CGSS between January 1, 2007 and June 30, 2007.

- A small sample – 32 females and 23 males – found that more than one-third of women (34.4%) had used methamphetamine in the previous 12 months. Males reporting to have used methamphetamine during the same period were at 22.7 percent. The same respondents reported that their partners had used methamphetamine at higher rates – 36.7 percent for females and 50.0 percent of males.

North Valley Early Intervention Program

- The North Valley Early Intervention Program (EIP), which consists of eight counties including Butte County, reports that as of September 30, 2007, there were 135 active clients with HIV disease. Within the caseload, 43 HIV-positive clients have either a substance abuse or mental health disorder - or both. Of the 35 clients with a drug abuse issue, methamphetamine is the primary drug for 43 percent (15) clients, and 23 percent (8) report poly-substance abuse.

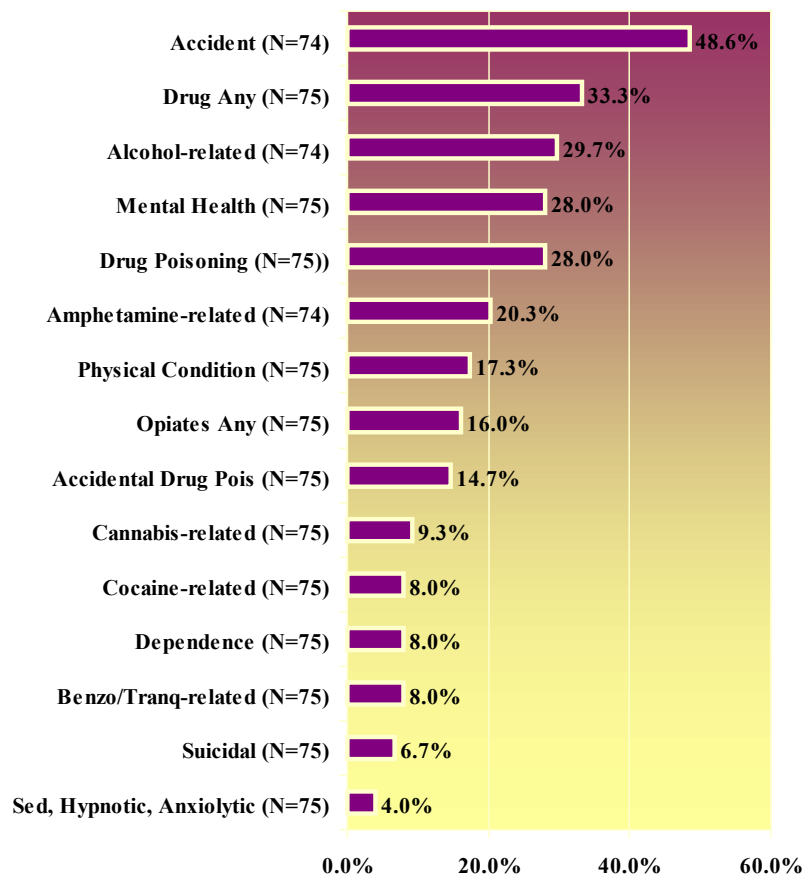
Enloe Medical Center

Enloe Medical Center generously agreed to collaborate with Public Health on this chart review as a means to understanding the impact of methamphetamine on the health care system. This first-time collaborative represents a step in the direction of multi-agency collaboration needed to treat addiction. Charts were selected for review that met the criteria for history of substance use or abuse.

- A *purposive* review of 75 medical charts of patients seen in Enloe Medical Center’s emergency room, clinics, or admitted to the hospital during January 2008 was conducted. Charts were selected based on medical billing codes (ICD-9) that may be used because of physical or mental symptoms seen with co-occurring addiction. Slightly greater than one-half of patients were female (52.0%).

- The mean (average) age was 40.27 years; the *youngest* was two (2) and the *oldest* 95. Greater than 80 percent of patients had some form of insurance - 58.1 percent had *Medi-Cal/Medicare* and 31.1 percent had *private insurance* (N=74). Three-quarters (75.0%) were *unemployed*. The reasons for their use of the emergency room, which could be for more than one health issued, are presented in the graph at right.

Reason for Admission to Enloe Hospital Emergency Room



- If more treatment options were available and utilized, each of these clients could have benefited from referral to a treatment provider. While this modest chart review did not begin to document the full impact of methamphetamine on our hospital system, it has allowed us to put into place a system for future research.

Butte County Behavioral Health Substance Abuse Services - FY 2006/2007

Butte County Department of Behavioral Health (BCDBH) offers low to no cost outpatient treatment to the community, with programs in Chico, Oroville and Gridley. It is imperative that individuals seeking treatment be engaged within 72 hours, and delays to treatment access inevitably impacts client engagement in services as well as treatment outcomes. All other residential and intensive outpatient treatment programs, with the exception of the Salvation Army, require payment. Depending on the severity of an individual's addiction, some clients will not be able to recover from their addiction without this level of care, which poses a great disadvantage to low income individuals in need of treatment.

- Individuals request services by calling an intake line, which is open 24 hours a day 7 days a week, and are given the next orientation group available in the city closest to their address. Orientation groups are offered weekly at each site, but post orientation assessment appointments may not be available for up to 5 weeks due to lack of funding and county staff shortages.
- BCDBH and the Department of Employment and Social Services (DESS) contract with a community hospital to provide perinatal day treatment services at no cost to pregnant and parenting women. BCDBH also provides assessment within 72 hours to all DESS clients that have had their children detained. These programs include child care, parenting education, and nursing care. Again, delays from intake assessment to treatment are more than one month negatively impacting client engagement and outcomes.
- In collaboration with Probation, Superior Court, Public Defender, Department of Employment and Social Services, and the District Attorney, BCDBH offers a number of drug court programs, which are designed to include immediate assessment and treatment placement for non-violent drug offenders by court order. Coerced treatment with timely assessment/engagement in treatment result in increased treatment success.
- Of the 2,740 persons entering Butte County Behavioral Health for substance abuse issues in FY 2006/2007, slightly greater than one-half (50.8%) reported that their primary drug problem, which could include alcohol, was methamphetamine. This number has steadily increased from less than one-third (29.5%) in 1996/1997.

Catalyst Domestic Violence Services

Catalyst provides shelter and counseling services for victims of domestic violence in Butte County. They also offer a 24-hour hotline that is maintained by trained volunteers.

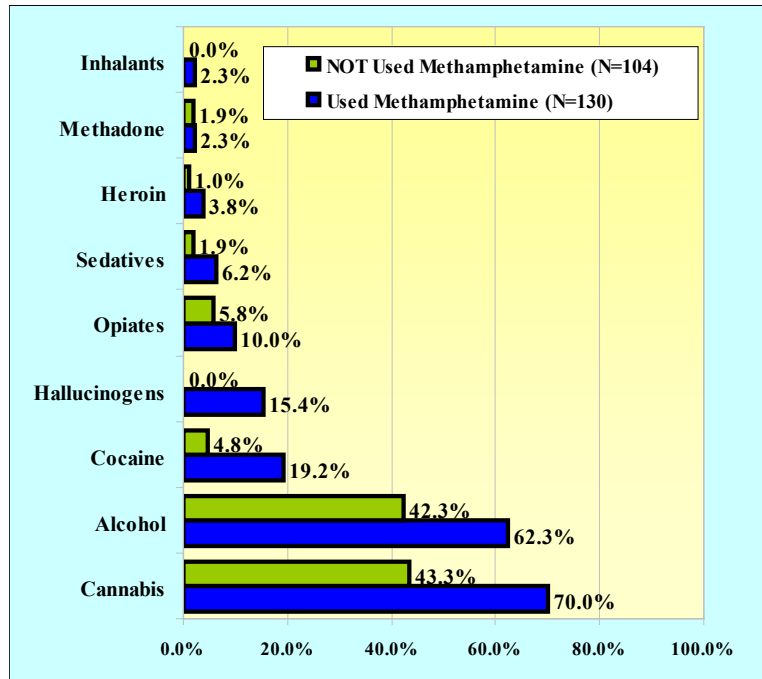
- From a review of intake records for Catalyst's emergency shelter, it is estimated that approximately one third to one half of the residents have had a recent history of methamphetamine use or are currently dealing with methamphetamine use, addiction or recovery. As the shelter sees anywhere between 10 and 25 women per month, this indicates that at least 100 women with a current or recent addiction to methamphetamine will receive shelter services per year.
- Residents of Catalysts' emergency shelter report using meth in order to cope during the tension building stage of the cycle of intimate partner violence. Additionally, victims use it to cope with the traumatic effects of a battering incident, whether it is emotional or physical violence because the mind altering state helps them "forget" about the abuse.
- Between June 1, 2007 and December 31, 2007, 117 clients of Catalyst reported recent use of drugs and/or alcohol. Domestic violence shelter staff are not equipped with effective treatment skills/strategies. Commitment to recovery is required to stay in Catalyst's emergency shelter, so getting victims involved in treatment is often directly connected to the victim's ability to be safe and remain in shelter. Catalyst supports women in recovery by discussing recovery openly during the intake process and providing support during relapse. They do not ask victims to leave the shelter program due to relapse but assist their efforts to get connected with treatment programs

Butte County Department of Employment and Social Services

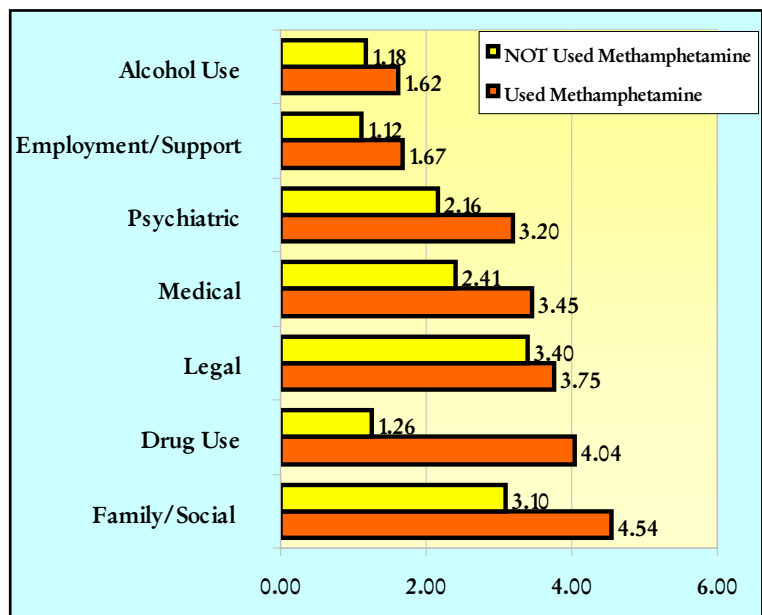
The Addiction Severity Index (ASI) is routinely completed by clients whose child(ren) have been detained by Butte County Department of Employment and Social Services (DESS). The ASI is a standardized instrument based on subjective assessments from both the client and the clinician. It is used to determine the level of clinical intervention required in seven problem areas for substance abusing individuals: *medical status, employment and support, drug use, alcohol use, legal status, family/social status, and psychiatric status*. Severity scores range from zero (0) to nine (9), with higher severity scores indicating greater problems.

- Two-hundred thirty-four (234) DESS clients completed an ASI assessment from early spring 2007 to early 2008. Greater than one-half (55.6%) of the DESS clients reported using methamphetamines for a period of *one year or greater*. The mean number of years that methamphetamines was used for the 130 DESS clients that reported having used for this period was 7.42 years; the longest number of years was 27.
- A comparative analysis between DESS clients that reported having used methamphetamine and and DESS clients that reported not having used methamphetamine produced patterns of use that were greater for methamphetamine users for four (alcohol, cannabis, hallucinogens, and inhalants) of the 10 other substances tracked by the ASI (excluding *methamphetamine*). This difference was found to be statistically significant ($p < .05$). The graph on the next page shows these differences.
- The mean number of times that DESS clients reported on the ASI that they had been arrested and charged with drug offense was 0.88 times, with a range of up to 14 times. Comparing DESS clients that

Analysis of DESS Clients Using Methamphetamine and Other Substances



ASI Comparison Between Methamphetamine and Non-Methamphetamine Users



reported having used methamphetamine and those that reported not having used methamphetamine, the mean number of drug offenses (e.g., arrested and charged) was statistically significant between groups ($p < .001$). Those that used methamphetamine were arrested an average of 1.44 times, and those not using methamphetamine, 0.17 times.

- An analysis of differences between DESS clients that reported having used methamphetamine and clients that reported not having used methamphetamine were statistically significant. There were higher mean severity scores for those reporting having used methamphetamine in five (5) of the seven (7) problem areas (e.g., medical, employment/support status, drug use, family/social status, and psychiatric status). The graph at right compares the two groups.

Treatment Facilities

A survey was conducted of seven treatment centers using a modified version of the *National Survey of Substance Abuse Treatment Services* (N-SSATS), an instrument designed to collect data on the characteristics and utilization of services at alcohol and drug abuse treatment facilities.

- Two facilities offer long-term residential treatment, but most are limited to outpatient services.
- Four reported that service fees were based on a *sliding fee scale*, and three of the four reported providing treatment at *no charge* for clients unable to pay. Three also reported accepting *Medicare*, and three accept *Medi-Cal*. Two indicated that they do not accept any payment, but their services are limited to outpatient care.
- One agency reportedly accepts *adolescents as clients* (N=6), and five reported the capacity to accept clients with *co-occurring mental health and substance abuse disorders*. All six reported to accept *criminal justice* clients into treatment.
- Site visits were conducted with two faith-based service providers in Butte County. Both sites indicated their reluctance to apply for federal or other funding stems from a desire to maintain purity of faith-based content in their programs. Hence, there is no accessible outcome data for these service providers.

George Walker Salvation Army Recovery Center

As a result of the community rallying together with a unified vision, the Salvation Army opened a state of the art recovery center in Chico in November 2007. The waiting list is described as “at a stand still” because openings are only available every six months when current beneficiaries graduate from the program.

- As of August 10, 2008, there were 53 men and 38 women on the waiting list for the fifty-bed facility. Of those on the waiting list, 30 men and 16 women are currently incarcerated.
- The program has been successfully completed by 20 men and three women.

My fiancé and I have been seeking treatment for over a year. The availability is shockingly absent.

Community Forum Survey Response

Women in Treatment

Local health and mental health staff were asked to assess the current services available for women in need of treatment for their methamphetamine-related problems. Themes identified from interviews and written comments are summarized on the next page.

Treatment Services for Women in Butte County

Theme	Sample Statement
Programs Work	<i>I have definitely seen the benefits...Women are reunited with their children after detainment, taught recovery tools, gained [an] understanding of abusive and unhealthy relationships, and increased their coping skills in life and with parenting!"</i> <i>Once the client is engaged...I believe it to be a good treatment experience...</i>
Entry into Programs can be Frustrating and Tough	<i>Some of the challenges of the intake process include the minimal amount of support...they [women] are given at a crucial and stressful time in their life.</i> <i>This very cumbersome intake system weeds out the women who most need the help.</i>
Lack of Communication Among Programs	<i>I did an intake for a women that been with a program for about a year, and the only information I could get about her termination was "she was not taking her recovery serious."</i> <i>Another problem is their [the program's] poor cooperation with court counselors, re: court reports and general communication with us.</i>
Repeating Sections of Treatment is Hard on Clients	<i>...even though the absences are excused they are required to go back and start intake over. I understand not wanting participants to miss anything, but this is devastating to their self esteem and stress level.</i> <i>They continue to repeat [but] for how long? ...We all know just showing up is a miracle [and] asking for 100% attendance from someone living in a dysfunctional house is impossible when they haven't even been able to get the services they need to get clean.</i>

Community Input

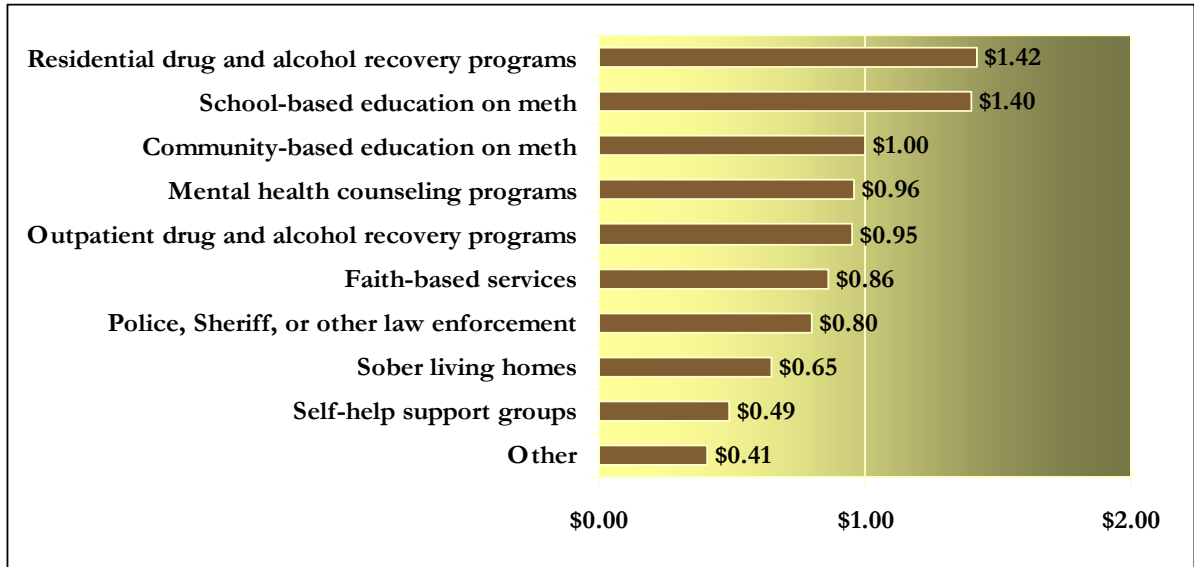
Community Forums

Four community forums were presented throughout Butte County to obtain input from the general community on methamphetamine. The range of those attending included families affected by methamphetamine, former users, teachers, substance abuse and mental health counselors, and others with experience and insight into the crisis. Public comment followed an update by representatives of the Butte County Meth Strike Force and a presentation on the devastating effects of methamphetamine. More than 600 residents attended the four forums in Chico, Gridley, Oroville, and Paradise.

- Nearly 100 people publicly described their personal experiences with methamphetamine. A majority of the speakers were in recovery, but teachers, counselors, pastors, family and neighbors of users, and treatment providers also offered anecdotes. Recurring themes among the stories included: intergenerational addiction, a need for increased access to treatment services, the significance of environmental influences after leaving treatment, and the intense shame from stigma around addiction. They also highlighted common experiences with sexual assault, relationship violence, and mental health issues.
- Many recovering addicts reported that they were addicted to methamphetamine as early as junior high or elementary school (ages 9-12). They emphasized a need to begin effective drug education with children, ages 5-8. Nearly all of those in recovery indicated that drug court, law enforcement, and Children's Services (CSD) had been instrumental in turning their lives around. They explained that an addict must hit bottom before they decide to change, which was facilitated by those authorities.
- An anonymous survey was completed by 418 in attendance regarding their view on (a) funding priorities for combating methamphetamine; (b) the impact of methamphetamine on individuals and the community; (c) problems accessing treatment for methamphetamine-related problems; and (c) other perceptions about the methamphetamine problem in Butte County.

- Attendees were asked to hypothetically spend \$10 for methamphetamine services that ranged from expansion of law enforcement to education and treatment. The graph below presents the ranking of expenditures across the four communities. *Residential drug and alcohol recovery programs* and *school-based education on methamphetamine* received the highest ranking.

Expenditures for Methamphetamine Services



- Though on the whole respondents were consistent across the four communities with regard to expenditure priorities, some variation is noted. The chart below assesses expenditure priorities in order of ranking by community.

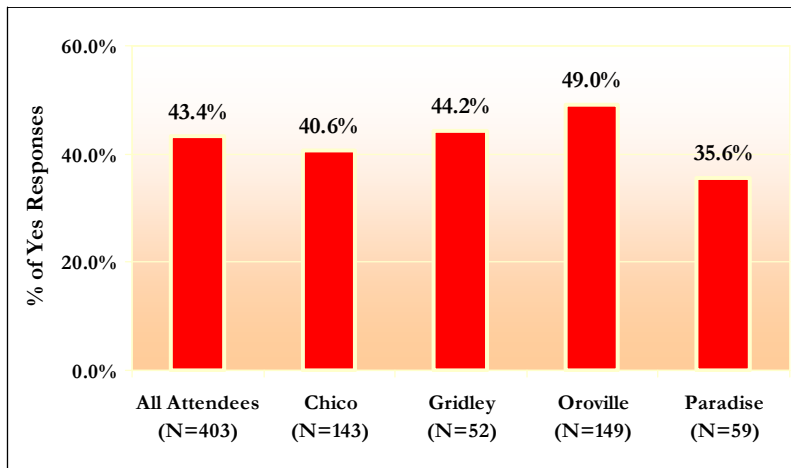
Expenditure Priorities for Methamphetamine Services by Community

Chico (N=147)	Gridley (N=54)	Oroville (N=157)	Paradise (N=60)
School-based education on methamphetamine	School-based education on methamphetamine	Residential drug and alcohol recovery programs	Residential drug and alcohol recovery programs
Residential drug and alcohol recovery programs	Police, Sheriff, or other law enforcement agencies	Drug court services	School-based education on methamphetamine
Mental health counseling programs	Faith-based services	Faith-based services	Police, Sheriff, or other law enforcement agencies
Community-based education on methamphetamine	Community-based education on methamphetamine	School-based education on methamphetamine	Community-based education on methamphetamine
Drug court services	Residential drug and alcohol recovery programs	Outpatient drug and alcohol recovery programs	Outpatient drug and alcohol recovery programs

- Community forum attendees were also asked a series of questions pertaining to how methamphetamine may have affected them or others that they know. As the graph below shows, high percentages of community forum participants reported having “taken care of child(ren) because the parent’s meth use was interfering with his or her ability to care for the child(ren).”

- Nearly one-half (47.6%) of all attendees had been a victim of a crime where methamphetamine was a contributing factor, and more than 60 percent indicated that they had known a co-worker or employee that had a problem with methamphetamine.

Effects of Methamphetamine on Parenting



- With many in attendance having personal knowledge about methamphetamine services and treatment, high percentages of participants also reported that they knew someone that has had difficulty accessing treatment for his or her methamphetamine problem. The chart on the next page presents responses for all participants and by community.

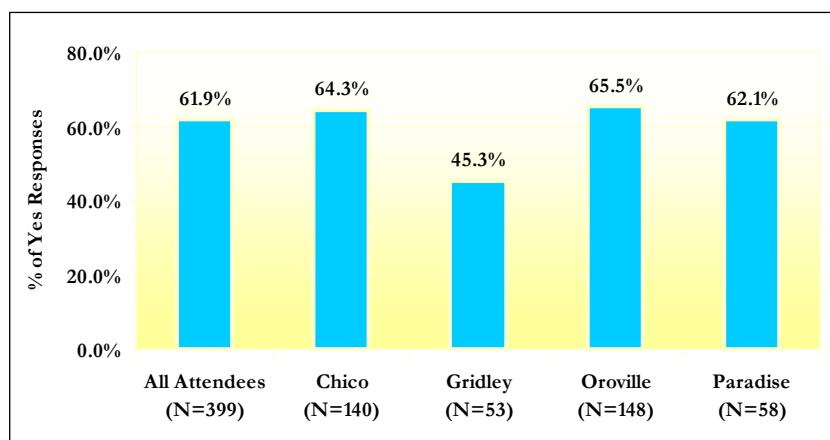
difficultly in access treatment services were summarized according to major themes drawn from participant comments during the public comment portion of the community forum. Two primary themes emerged: (a) lack of funding for treatment, and (b) treatment scarcity and availability. Sample comments that are demonstrative of participant statements by community are presented below.

- The reasons for having

Access to Treatment Restrictions

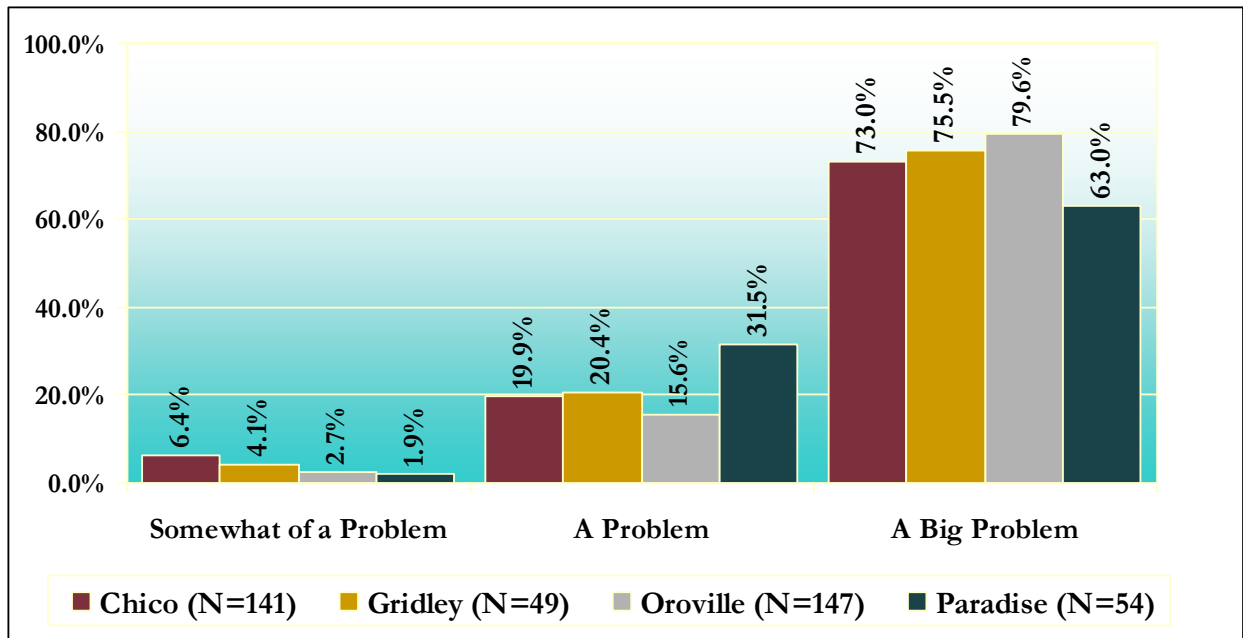
Theme	Chico	Gridley	Oroville	Paradise
Lack of Funding for Treatment	<i>I know of people who could use treatment of some sort, and have no funding to get it.</i>	<i>My son has a problem, but no financial resources... to get treatment.</i>	<i>Most people don't have the funding to enter a drug program</i>	<i>Financial reasons.</i>
Treatment Scarcity and Availability	<i>Many patients have a hard time getting into programs within the community.</i>	<i>...Not sure where to go to get the help they needed.</i>	<i>No where to go.</i>	<i>There is a lack of treatment centers in this area.</i>

Knowledge of Persons Having Difficulty Accessing Treatment



- Lastly, participants were asked to assess how much of a problem methamphetamine is in their community. Without exception, the vast majority of participants responded that it is a big problem for their community. The distribution of responses by level of problem and community is presented below, with the exception of those who indicated "A Small Problem" and "Not a Problem at All," which were indicated by less than one percent of all attendees.

Methamphetamine in the Community



Healthcare Provider Education

Dr. Alex Stalcup, MD, a renowned expert in community-based methamphetamine response-planning and implementation, gave presentations to healthcare providers in April 2008. He discussed the importance of medical support throughout detox and recovery and encouraged the development of centralized community-based services. All those who attended were asked to complete a survey.

- All of the physicians who completed the survey (n=11) indicated that “the convening [did] provide information that will allow you to better recognize methamphetamine dependence” in patients. Most reported that they feel prepared to treat patients under the influence of methamphetamine, but one third said that they are “prepared very little.”
- 63.6 percent reported that they perceived there to be *some cooperation* among health care providers, substance abuse treatment centers, and social service programs in providing treatment, and 36.4 percent indicated that there was *very little cooperation*. The same question was asked of two Oroville Hospital providers attending a separate presentation, and they each indicated that there was *very low cooperation*.
- Sixty percent (60%) also reported that they perceived healthcare providers as having *low motivation* to cooperate in the treatment of their patients’ methamphetamine dependence, and 30 percent responded that there was *moderate motivation*. Oroville Hospital attendees were split between *high motivation* and *low motivation* in response to this question.

Educator Education

Educators throughout Butte County were invited to attend Dr. Stalcup’s presentation, also in April 2008, about methamphetamine addiction among youth. He addressed the dangers of Zero Tolerance policies and encouraged school administrators to sentence students who are caught with drugs to more activities – sports, arts, music, working with animals – to preserve their mental health and increase wellbeing. Dr. Stalcup advocated for teaching self-efficacy to teenagers, starting in middle school, and to encourage them to resist giving control over their lives to a destructive substance. Participants were also asked to complete a survey.

- Among educators (teachers and school administrative personnel), 45.8 percent indicated that methamphetamine is a *big problem* in their school, and 33.3 percent reported that it is a *problem*. Other responses were: 16.7 percent, *somewhat of a problem*; 4.2 percent, *a small problem*, and 0 percent, *no problem at all*.
- In response to the question, *how prepared do you feel the school(s) at which you work is prepared to deal with youth under the influence of methamphetamine (N=22)*, the distribution of responses is presented at right.

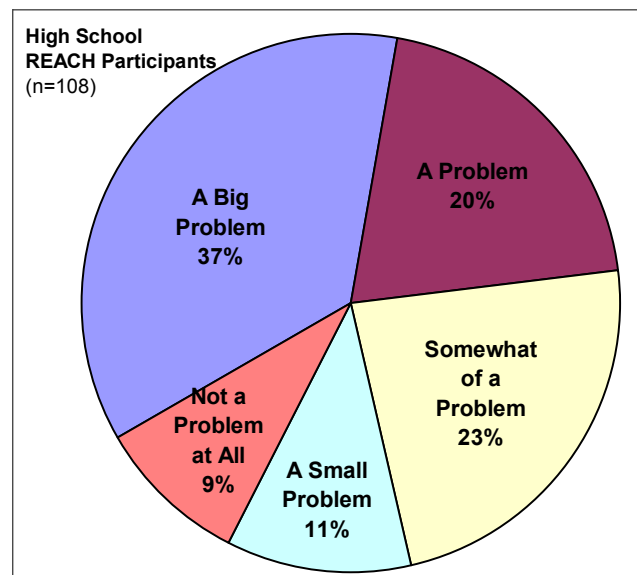
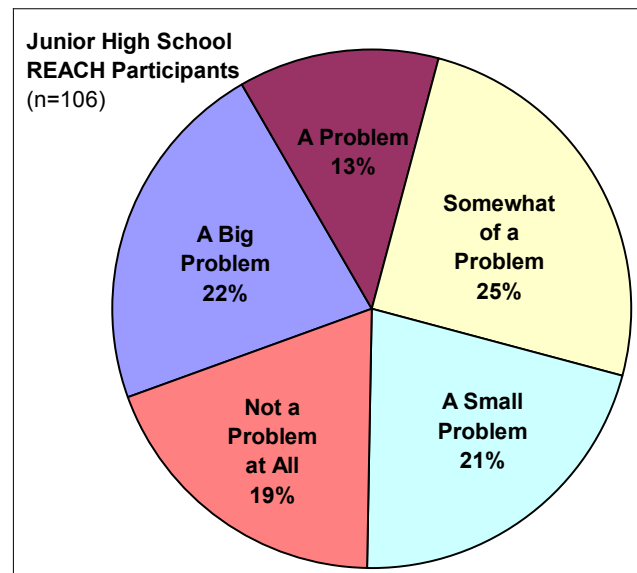
Completely Prepared	9.1%
Somewhat Prepared	27.3%
Prepared Very Little	36.4%
Not Prepared Whatsoever	27.3%
Not Applicable; There is No Meth Problem at the School(s) Where I Work	0.0%

Friday Night Live REACH Retreat

Friday Night Live is a school-based program offered by Butte County Behavioral Health at multiple sites throughout Butte County. The goal of Friday Night Live is to reduce and prevent teen use of alcohol, tobacco, and other drugs through community engagement and leadership opportunities. Every spring they offer a weekend youth development retreat for youth, and Friday Night Live chapters throughout Northern California are invited to attend.

- Almost one-third of Butte County youth (28.6% of junior high students (n=105) and 29.9% of high school students (n=107)) attending a REACH conference reported that they knew of friends or fellow students who could not live at their home because someone in the household was using methamphetamine. Similarly, 27.4 percent of junior high REACH youth responded yes to the question, Do you know of friends or fellow students who are using or have used methamphetamine? (N=106), but almost one-half of high school REACH youth (49.1%) indicated that they know of young people who are using or have used meth (n=108).
- Nearly 60 percent of junior high REACH youth and greater than three-quarters of high school REACH participants from Butte County indicated that meth addiction is a problem among youth in their community. The distribution of responses by level of problem is presented at left.

How much of a problem is meth addition among youth in your community?

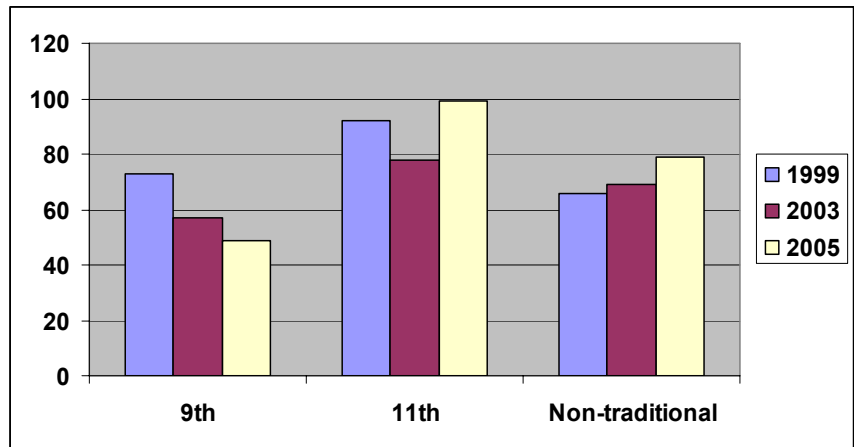


California Healthy Kids Survey

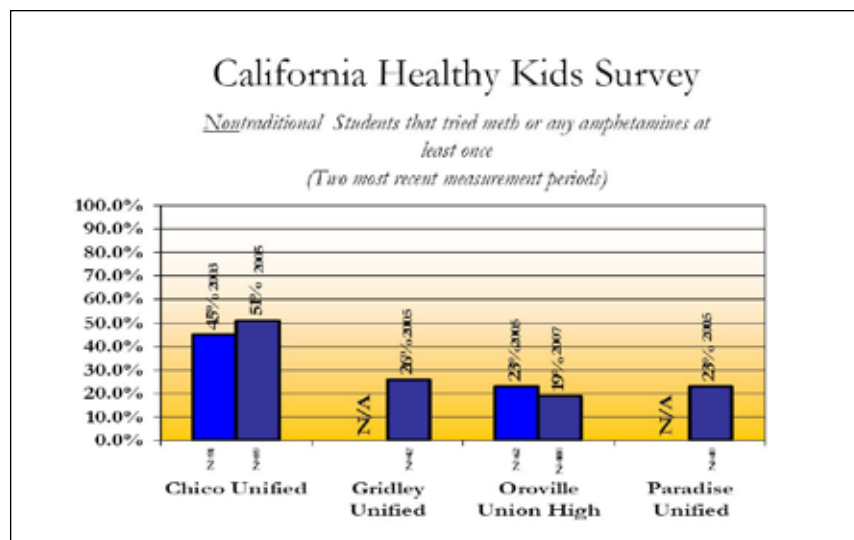
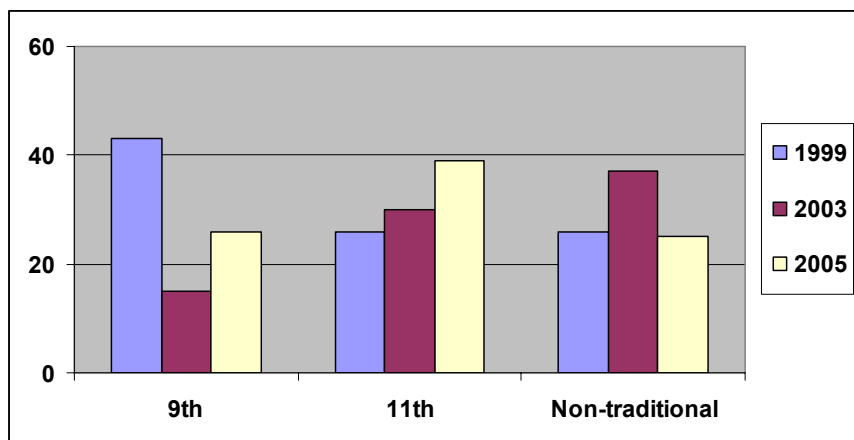
The California Health Kids Survey (CHKS) is administered once every two years to grades 5, 7, 9, and 11. It is a youth self-report assessment of youth health risks, assets, and behaviors using indicators of drug use, violence, crime, and physical and mental health. The methamphetamine-related data for Butte County schools was manually compiled for three different points in time.

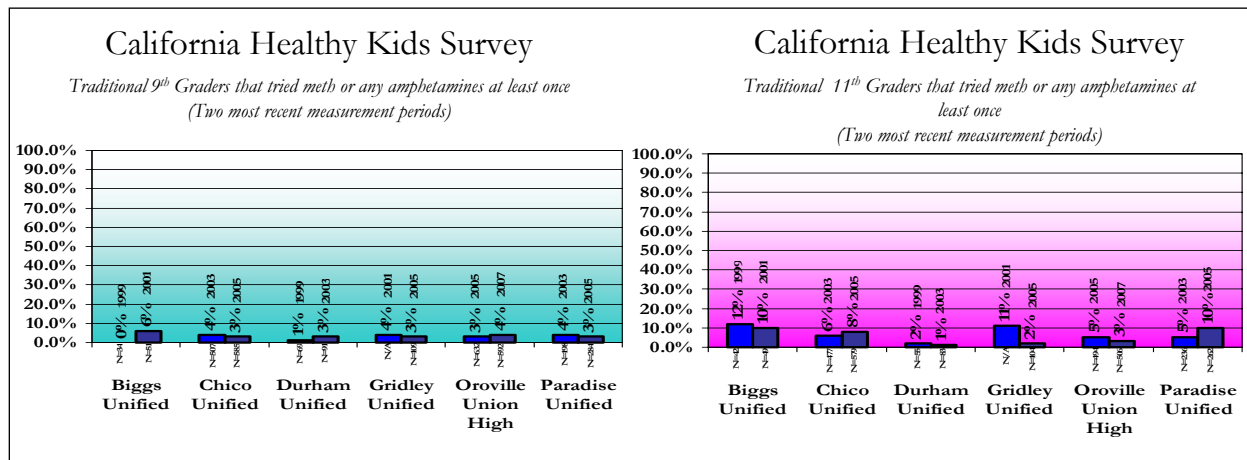
- According to the CHKS, the number of ninth graders in the *traditional education track* that tried methamphetamine or any amphetamines at least once continually decreased from 1999 to 2005. Use among 11th-grade students in the *traditional education track* and those in the *nontraditional education track* increased slightly during the same period.
- According to the CHKS, the number of ninth-graders in the *traditional education track* that used methamphetamine or any amphetamines during the past 30 days decreased from 1999 to 2005, although there was a slight increase from 2003 to 2005. Use among 11th-grade students in the *traditional education track* increased slightly during the same period, and those in the *nontraditional education track* peaked in 2003.
- Methamphetamine and amphetamine use as reported by non-traditional school students on the CHKS survey are substantially higher than students enrolled in traditional educational programs.

Number of Butte County Students who Tried at least Once



Number of Butte County Students who Used in the Past 30 Days





- A comparison of responses between 9th and 11th graders by school district on the CHKS between two time periods shows some change and increases in some communities, and also between 9th and 11th grades.
- Data from a 2007-2008 pre- and post-test for a large sample of students receiving the Minnesota Smoking Prevention Program tobacco education lessons showed increased knowledge and changes in perceptions of the danger of tobacco use. Average scores on the pre-test of 935 students were 6.3 correct responses out of 10 and for the post-test, 9.2 – an increase of nearly 50 percent.

Tobacco Use Among Students

	2001	2003	2005	2007
Grade 7 - CHKS	6%	4%	4%	3%
Grade 7 - California Student Survey	4%	4%	4%	3%
Grade 9 - CHKS	12%	10%	10%	11%
Grade 9 - California Student Survey	11%	10%	10%	N/A
Grade 11 - CHKS	18%	15%	17%	16%
Grade 11 - California Student Survey	19%	15%	15%	N/A

California Access to Recovery Effort (CARE)

The CARE Program provides treatment and recovery support services for youth ages 12-20 through a grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). With a goal of allowing “people in need of substance abuse treatment to make individual choices for recovery that reflect their personal values,” the program must serve a minimum of 30 percent methamphetamine clients in order to meet program requirements.

- This program began in Butte County in Fall 2007.

Business Survey

A survey was prepared for dissemination to small businesses. Local chambers of commerce and the Sheriff's Office assisted in distribution.

- Twenty (20) of 29 business owners/managers (69.0%) responded *yes* to the question, “*Since you have owned/managed your business has the business ever been embezzled, burglarized, robbed, or vandalized?*” Of those that responded *yes*, 45.0 percent suspected or had confirmed that methamphetamine was in some way involved.
- Nearly two-thirds (64.3%) of business owners responding to a five-level Likert-scale survey question concerning the magnitude of the methamphetamine problem in Butte County, indicated that it is a *big problem*.

Influencing Factors

Cultural Influences

Ethnic communities face many of the same issues such as bored youth, school absenteeism, and property crimes. Additional isolation due to language barriers and cultural differences contributes to a general distrust of the “system” that prevents many from seeking needed assistance.

- Recent discussions about challenges in the Hmong community revealed 11 residential vandalisms and break-ins of Hmong homes between late 2007 and February 2008. The “burglaries” are believed to be linked to drug use among Hmong youth. Committing the crime within their own community ensures a level of protection from law enforcement. Hmong residents are often reluctant to go out of their community and tend to report incidents to community leaders – based on fear of involving outsiders.
- Hmong community leaders see a benefit to forming relationships with the police departments and other organizations to so they can bring knowledge and problem-solving back to their community.
- These cultural bridges have been successful in a variety of contexts and may prove effective across cultural communities.

Environmental Influences

An analysis of comments from the community forums and from focus groups composed of students, adults and youth, faith-based community representatives, persons in recovery and Hmong community members distilled factors that can influence a person’s use of methamphetamine. In order of frequency of thematic response, the eight influences are as follows:

1. Predisposition → heredity, genetics, generational (family history)
2. Environment → peer pressure, culture of permissiveness, poverty
3. History of sexual or physical abuse
4. Boredom or curiosity
5. Mental health disorders → depression → self-medication
6. Family problems
7. Lack of social support → low self-esteem, feelings of alienation, no direction
8. To lose weight

Prevention: A Comprehensive Approach at Three Phases

“We are still standing on the banks of the river, rescuing people who are drowning. We have not gone to the head of the river to keep them from falling in...” Gloria Steinem, 2002

During the past year, the grant team gathered data throughout Butte County, with input from the Methamphetamine Strike Force. Numerous government and community agencies, businesses, community leaders, and other citizenry have all contributed to the recommendations that comprise this prevention plan for Butte County.

Recommendations are organized into four community domains: education, treatment, enforcement, and media. Within each domain, the prevention plan proposes interventions at the primary, secondary, and tertiary levels. Also included are community partnerships that may facilitate the process.

In medicine, *prevention* is any activity which reduces the burden of mortality or morbidity from disease. This takes place at primary, secondary, and tertiary prevention levels.

- *Primary prevention* avoids the development of a disease. Most population-based health promotion activities are primary preventive measures.
- *Secondary prevention* activities are aimed at early disease detection, thereby increasing opportunities for interventions to prevent progression of the disease and emergence of symptoms.
- *Tertiary prevention* reduces the negative impact of an already established disease by restoring function and reducing disease-related complications.

The primary institutions of detection, Children’s Services, emergency rooms, and law enforcement do not seem to be having a problem detecting methamphetamine abuse and addiction. The clear goals in secondary prevention are to interest more people in recovery, and assist them in getting their recovery needs met.

Don Fultz, Feather River Tribal Health

Though *Primary Prevention* alone is not sufficient to address the complicated and pervasive nature of addiction, it is an important strategy in preventing new generations of drug addicts and creating public awareness.

The predominant healthcare approach in the United States is reactive – treating after the fact. This may be due to the perception that it is easier to treat a symptom than to tackle an invisible potential outcome. Alternately, a proactive approach takes measures to prevent illness or injury in the first place.

In the area of public health and safety there have been notable successes in primary prevention. These include minimum-drinking-age law, routine immunizations, water fluoridation, seat belt laws, motorcycle helmet laws, and antismoking legislation. While these initiatives were initially viewed as “impossible,” today they are taken for granted.

Campaigns to educate the public about drug abuse/addiction have had limited success in changing perceptions about the harms of drug use, especially in high risk populations. In a study of the

Montana Methamphetamine Campaign, there was a 60 percent increase in the perceived harm of methamphetamine and a 45 percent decrease in lifetime methamphetamine use among teens between 2005 and 2007. Yet 40 percent that started taking methamphetamine heard the message, but the message had no impact on their use. Primary prevention works, but those at higher risk are less likely to heed the message.

In *Secondary Prevention*, it is important to identify children and adults that are at-risk for addiction. Children are naturally curious, and when that curiosity does not have an outlet they may become bored and primed for adventure—whatever that adventure may be. Some adults experiencing loss or without a sense of purpose may be also tempted to find comfort or escape their circumstances by using methamphetamine, or other substances. The real danger is for those that are at an increased risk for addiction. Secondary prevention suggests that addiction can be averted in childhood by identifying those at increased risk and taking steps to promote, mentor, nurture, and cultivate their strengths and talents.

Tertiary Prevention addresses the treatment, support, and rehabilitation of the addict, which can include involvement by law enforcement. The main purpose is to stabilize health issues and to address recovery often after the addicted person has hit the proverbial bottom. This is where the majority of our dollars go.

The Ridge is different from other places because they are 'stuck' up on a mountain where everyone uses, and their parents use....boredom really contributes a lot to teens getting into meth.

Paradise High School focus group participant

Recommendations

The recommendations that follow were developed by topical working groups composed of experts in education, media, treatment, and law enforcement.

Intervention Level	Target Population	Education Strategies
Primary	Youth	Develop and Incorporate resiliency tools such as the “40 Developmental Assets” and “Athletic Code of Conduct” throughout Butte County schools
Primary	Youth	Support programs that provide positive role models and keep youth from getting “bored” <ul style="list-style-type: none"> • Identify those at risk by predisposition factors • Help them build resilience and get involved in the community • Preserve youth’s mental health and well-being
Primary	Adult	Distribute educational fliers to parents, through PTA mailers, that include tips to help keep kids drug-free.
Primary	Youth	Standardize the Student Assistance Program model countywide to include regular trainings and case management meetings
Primary	Youth	Evaluate current middle school and high school drug/addiction curricula for effectiveness <ul style="list-style-type: none"> • Incorporate 2-3 booster lessons to address Stalcup materials (i.e. brain science, recognizing signs of addiction) so all students know the effects of meth and addiction • Find ways to engage and educate those who don’t come to class • Inform and educate but don’t browbeat with the message • Utilize teenage presenters, with whom students will more readily relate
Primary	Adult	Educate school personnel and parents that alcohol use is a common part of the meth culture – a likely gateway – and that youth methamphetamine users are also frequently under the influence of alcohol
Primary	Youth/Adult	Raise funds for production of a compelling, community-wide documentary presentation to air on local broadcast affiliates (ABC, NBC, CBS, and FOX) on the methamphetamine culture in the north state and how to approach addiction and treatment.
Primary	Youth/Adult	Address zero tolerance policies in schools so that youth are not suspended and left unsupervised
Secondary	Adult	Set benchmarks for identifying at risk youth and establish protocols for early intervention in a school/agency setting

Intervention Level	Target Population	Education Strategies
Secondary	Youth	Develop and adopt countywide infrastructure for school-based alcohol, tobacco, and other drugs (ATOD) prevention, intervention, and treatment services, including an assessment tool to be used across sites
Secondary	Youth/Adult	Promote California Access to Recovery Effort (CARE) program to increase access for treatment of 12-20 year-olds
Secondary	Youth/Adult	Consider adopting the Bison Daughters Native American “wellbriety” program, in which a known and trusted tribal member offers AA-type or NA-type group lessons, into a public program.
Secondary	Youth/Adult	<p>Utilize California Healthy Kids Survey (CHKS) to target interventions</p> <ul style="list-style-type: none"> • Add questions to identify environmental factors, such as where and when teens are using • Review data by school site to identify regional needs • Enhance substance abuse education and intervention in sites where tobacco and alcohol use is high.
Secondary	Youth	Implement “30-day” challenge in schools and teach youth to apply bio-psycho-social model to self
Tertiary	Youth	Establish collaborative support among schools, juvenile justice system, law enforcement, and community service providers for the continuum of services for youth with addiction
Tertiary	Youth	Provide outreach to youth with a family history of addiction, sexual abuse, domestic violence, known gang affiliation, incarceration or mental illness and families of current users.
Tertiary	Youth	Implement Ready To Succeed (RTS) Program at Community Day School
Tertiary	Youth	Develop transition programs and system for sharing information about students with special needs
Tertiary	Youth/Adult	Establish a speakers’ bureau of people in recovery for drug prevention and community education programs

Intervention Level	Target Population	Media Strategies
Primary	Youth/Adult	Develop a local anti-meth catch phrase
Primary	Youth/Adult	Promote self-efficacy and addiction education through media outlets that will reach target populations <ul style="list-style-type: none"> • Incorporate media message on high school campuses
Primary	Adult	Provide prevention resources for school personnel and the medical community to establish the importance of early identification and intervention
Primary	Youth/Adult	Get input from media representatives and outlets about appropriate and effective approaches to advertising <ul style="list-style-type: none"> • Concerted effort to coordinate media efforts regionally • Saturate with the message • Maintain consistency of message
Primary	Youth/Adult	Incorporate other state campaign materials in local media (MeNotMeth, Montana Meth Project)
Primary	Youth/Adult	Destigmatize drug testing by viewing as a treatment tool.
Secondary	Adult	Develop campaign relevant to local communities: <ul style="list-style-type: none"> • Change community perception of addiction to a medically-treatable disease but <u>not</u> a victimless crime • Reduce stigma and increase visibility of addiction • Get general public focused, energized, and prepared to demand a solution • Educate community about reporting crimes and benefits of early law enforcement involvement
Secondary	Youth/Adult	Promote visibility of treatment options, including CARE
Secondary	Youth/Adult	Encourage community's use of 2StopMeth.org

Intervention Level	Target Population	Media Strategies
Tertiary	Youth/Adult	Address intergenerational effects of addiction
Tertiary	Adult	Implement a policy review committee to track legislative/policy changes and disseminate information
Tertiary	Adult	Educate parents and community about identifying risk factors, current and emerging trends, and economic impact of meth and other substance addiction
Tertiary	Youth/Adult	Encourage community to report crimes and get involved
Tertiary	Youth/Adult	Keep community optimistic: There <i>IS</i> hope for recovery
Tertiary	Youth/Adult	Encourage media to report meth-related crimes

Intervention Level	Target Population	Treatment Strategies
Secondary	Youth/Adult	<p>Establish countywide protocol for universal screening and referral, with treatment services to begin within 72 hours of identification</p> <ul style="list-style-type: none"> • Introduce brief intervention screening in emergency rooms and small “immediate” care settings. • Promote formal referral process for treatment • Establish MOU and/or other agreements to streamline referrals to centralized services
Secondary	Youth/Adult	<p>Centralize services for ATOD detoxification, treatment, probation, and public health support</p> <ul style="list-style-type: none"> • Fund position for ATOD referral professional to triage and screen • Develop outreach specialist training program to connect individuals with solid recovery history with addicts in crisis
Secondary	Youth/Adult	<p>Provide access to low-cost treatment services for non-criminally involved offenders</p>
Secondary	Youth/Adult	<p>Expand addiction medicine services in Butte County</p> <ul style="list-style-type: none"> • Provide detox/treatment program based on current evidence-based practices under supervision of practitioners who understand addiction and recovery medicine • Assure continuing education on addiction is provided to area practitioners. • Incorporate Najavitis “Seeking Safety” treatment model for PTSD and substance abuse with women. • Increase provision of program using evidence based practice that allows children to remain with recovering parent when safe and appropriate. • Increase access to physicians that will prescribe medications to improve recovery rates and cut down recidivism. • Improve referral pathways to be more efficient
Secondary	Adult	<p>Increase referrals of pregnant substance using women to the Public Health Nurse Home Visitation Program</p>
Secondary	Youth/Adult	<p>Offer peer-support models as an alternative to 12-step approach</p>

Intervention Level	Target Population	Treatment Strategies
Tertiary	Adult	Develop medically-appropriate recovery services for pregnant women, working hand in hand with law enforcement and child welfare services to promote treatment.
Tertiary	Youth/Adult	<p>Improve current Safe and Sober Living environments and increase supervision.</p> <ul style="list-style-type: none"> • Based on the Esplanade House model, offer apartments with counselors on site, drug testing, a place free of environmental triggers/ temptations
Tertiary	Youth/Adult	Engage in additional assessment of environmental triggers and devise strategies to avoid a repeat of events that led to methamphetamine use.
Tertiary	Youth/Adult	<p>Increase cross-system collaboration to better share information and provide integrated service experience</p> <ul style="list-style-type: none"> • Build on Regional Partnership for Promoting Safe and Stable Families • Analyze for trends in local service needs
Tertiary	Adult	<p>Establish formal support services for people in transition (from jail, prison, or inpatient rehab):</p> <ul style="list-style-type: none"> • Mental health services • Employment programs • Housing programs

Law Enforcement Strategies		
Intervention Level	Target Population	
Primary	Adult	Establish partnerships with Butte College and California State University, Chico, to produce probation officers and treatment professionals that understand addiction.
Primary	Adult	Evaluate the need for laws to hold scrap metal dealers accountable for stolen metals to prevent metal theft for drug money.
Secondary	Youth/Adult	<p>Increase enforcement of intoxication laws through “therapeutic” arrests to break cycle of drug use/abuse prior to late-stage addiction.</p> <ul style="list-style-type: none"> • A “legal hook” has been shown to be effective in getting methamphetamine users into treatment.
Secondary	Youth/Adult	Implement 90-Day Challenge and empower parents to be involved with their teens’ legal process
Secondary	Adult	<p>Create an in-custody jail treatment program and official referral pathways for outpatient recovery jail program</p> <ul style="list-style-type: none"> • Establish MOU and/or other agreements to streamline referrals to centralized services
Secondary	Youth	Develop formal partnerships involving school districts and probation/courts/law enforcement to establish a school accountability program for students cited on drug charges
Secondary	Youth	Expand use of drug testing to include saliva tests that can be administered by health officials at school sites.
		Strengthen existing programs that provide a healthy re-integration from juvenile hall back to school
Tertiary	Youth	<ul style="list-style-type: none"> • Power Source (teaches self-esteem) • MAP (Boys & Girls Club program for minors reentering the community) • County’s pending collaborative with www.assessments.com (evidence-based evaluation tools) • Partner inmates with addiction with sponsor before and after release

Law Enforcement Strategies		
Intervention Level	Target Population	
Tertiary	Adult	<p>Establish the county jail as a medical detox and stabilization site for the addicted offender.</p> <ul style="list-style-type: none"> • Increase psychiatric and mental health services • Provide comprehensive and regular training program for staff regarding substance abuse, mental illness, and the problem-solving court model • Partner inmates in addiction with sponsor before and after release • Explore changes to jail clearance/background check process to facilitate drug counselors entering and counseling inmates with meth addictions
Tertiary	Youth/Adult	Track early offenders and help them find ways to contribute to the community
Tertiary	Adult	Explore establishing a bail/OR program that releases inmates directly into treatment beds. By releasing to treatment pending trial, there may be improved outcomes and inmates will have a vested interest in staying in the program as they faced trial.
Tertiary	Youth/Adult	<p>Consider treating Drug Endangered Children (DEC) convictions, whether misdemeanor or felony, in Drug Court.</p> <ul style="list-style-type: none"> • Expand drug court staffing in treatment and probation to increase DEC's treatment capacity • Impact the families that present the highest risk for the next generations.

Strategic Partnerships	
Intervention Level	Target Population
Primary	Adult
Primary	Adult
Primary	Adult
Primary	Adult
Primary	Adult
Primary	Adult
Primary	Adult
Primary	Youth/Adult
Primary	Adult
Primary	Adult
Secondary	Adult
Secondary	Youth/Adult
Secondary	Youth/Adult
Secondary	Youth/Adult
Secondary	Adult
Secondary	Youth/Adult

Strategic Partnerships

Engage faith-based community leadership in prevention and early intervention efforts

Engage ethnic community leadership in prevention and early intervention efforts

Educate businesses frequently utilized by target populations about the importance of recognizing and reporting suspicious behavior (i.e. purchasing pseudofedrine)

Organize volunteers (recovery community, retired professionals, etc.) for mentoring and community education opportunities (speakers' bureau?)

Homeless Advocates at the table for implementation activities.

Veterans at the table for implementation activities

Collaborate with program directors from Chico State University and Butte College in developing probation and treatment programs

Utilize media (TV, radio, newspaper, billboards, YouTube, etc.) resources

Outreach to Butte County Education professionals about high risk populations and effective intervention; Also collaborate in addressing Zero Tolerance policies

Train and work with landlords to help detect renters who have problems with meth

Educate law enforcement and probation about therapeutic arrests and effective service models, and incorporate them in school accountability programs

Public Health Department to consider expanding pilot project (PIR) program and offering 90-day challenge and education for youth and parents.

Educate school personnel about early identification and engage them in conversations with local service providers

Collaborate with social service providers and medical providers in establishing protocols and treatment referral process

Outreach to parents about early signs of addiction and the importance of being involved in their teens' lives

Seek partnerships with Faith-based community and ethnic communities to identify high-risk individuals and support treatment process. Work with leaders to develop culturally appropriate treatment programs and materials,

Strategic Partnerships		
Intervention Level	Target Population	
Secondary	Adult	Engage treatment facilities and recovery programs (AA / NA) in community education and outreach efforts.
Tertiary	Youth/Adult	Support effective collaboration between law enforcement, courts, and probation with integrated service provision and data process.
Tertiary	Youth/Adult	Discuss potential curriculum needs with Butte College and Chico State program directors
Tertiary	Youth/Adult	Expand capacity of Public Health Department to provide services for youth at risk of addiction
Tertiary	Youth/Adult	Increase communication among community leaders to strengthen resource implementation
Tertiary	Youth/Adult	Collaborate with innovative programs and opportunities, such as Screening and Assessment for Family Engagement, Retention and Recovery (SAFERR) Advisory group and California Access to Recovery Effort (CARE), in order to strengthen their efforts
Tertiary	Youth/Adult	Engage service providers who are currently caring for target populations, including perinatal, child care, education, family practitioners, and health clinics
Tertiary	Youth/Adult	Create pathways for graduates from treatment facilities and participants in recovery programs (AA / NA) to get connected with their community and contribute to preventative education
Tertiary	Adult	Collaborate with targeted University services to enhance their ability to care for community (i.e. Women's Center, CADEC, PRIDE, Student Health Services)
Tertiary	Youth/Adult	Outreach to school personnel
Tertiary	Youth/Adult	Pre-existing case management services
Tertiary	Youth/Adult	Engage social service providers (mental health, employment, housing, Catalyst, Rape Crisis Intervention, Far Northern Regional Center, Independent Living Services, Valley Oak Children's Services) in process of community service provision

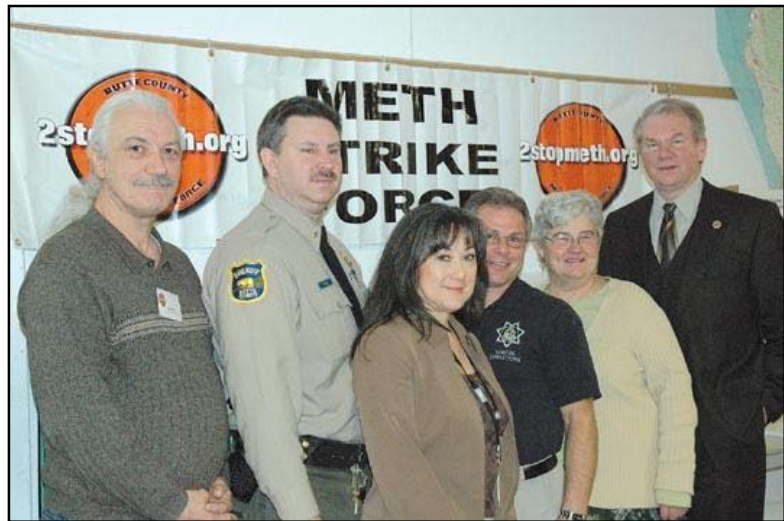
Next Steps

Communities Mobilizing Against Methamphetamine Addiction provides Butte County with a comprehensive strategic action plan for combating the methamphetamine epidemic. The past year of data collection and analysis has confirmed that methamphetamine use presents a threat to all Butte County residents. It is not necessary to have an addict in your immediate family to be affected by the social and economic impact of methamphetamine. Substance abuse is a problem that puts the safety of our community at risk. Methamphetamine's effect on the individual, on our children and on the family outweighs the harm caused by other substances of abuse. Methamphetamine is uniquely dangerous in its ability to rapidly produce tremendous pleasure and a strong high. Rapid acting, high peaking drugs damage the pleasure areas of the brain, a tragedy when you consider that early use creates brain changes resulting in a life long disease. Our medical, social, and legal systems are over-burdened by addicts that were not identified or treated during early stages in their addiction.

Extensive research on best practices and innovations in prevention and treatment, as well as consultation with experts in addiction medicine and law enforcement, were utilized in the formation of the recommendations. Based on the numerous sources providing information on methamphetamine's impact - advisory members, public agencies, the educational and healthcare systems, businesses, community leaders, and private citizens - the Butte County Methamphetamine Strike Force formed several committees to distill this information and to produce final recommendations.

While the data and research were extensive, this document does not fully address all populations affected by substance abuse. Not all racial and ethnic minorities were heard. They sometimes lack a "voice" by community leaders and coalition groups that act as catalysts for successful integration of recommendations affecting these populations. Community leaders, community coalitions, and grassroots groups are paramount in addressing policy issues at the agency as well as local, state, and federal government levels.

The momentum created through the collaboration of multiple agencies and the data collection process needs to continue in order to decrease the impact that methamphetamine and other substance abuse have on our community. The grant team's hope is that this document and the specific action-oriented recommendations will be used as a beginning to mobilize our efforts as a community. The plan was also prepared as a reference for agencies, community groups, and individuals when applying for funding to start pilot projects and/or expand current programs that address prevention, treatment and addiction related strategies. Prevention of future generations of addicts and early intervention requires a community that is mobilized—working together we can all rise to the challenge.



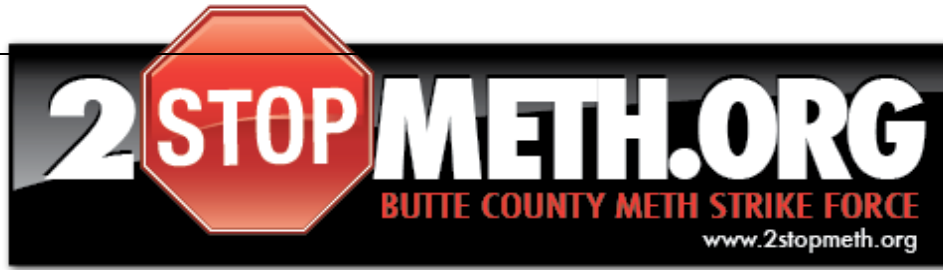
Multiple agencies, non-profit organizations, and concerned citizens came together to form the Butte County Meth Strike Force.

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Paradise Public Forum Survey

The BUTTE COUNTY METH STRIKE FORCE is interested in your thoughts about the methamphetamine problem in Butte County. Please take a few minutes to complete this one sheet (front and back) anonymous survey (we are not asking for your name). THANK YOU!

INSTRUCTIONS: If you had \$10 to spend to respond to the methamphetamine problem in Butte County, how would you spend your money? You can spend it all in one area or divide it across several areas. Your response should total \$10.

<u>Community-based education on methamphetamine</u> (for example, messages on billboards or public service announcements in newspapers, radio, and television).....	\$ _____
<u>Drug court services</u> (for example, Proposition 36 Court or Drug Court).....	\$ _____
<u>Faith-based services</u> (for example, services provided by churches or programs having a religious or spiritual foundation).....	\$ _____
<u>Mental health counseling programs</u> (for example, services provided by Butte County Behavioral Health or nonprofit organizations).....	\$ _____
<u>Outpatient drug and alcohol recovery programs</u> (for example, day treatment programs)	\$ _____
<u>Police, Sheriff, or other law enforcement agencies</u>	\$ _____
<u>Residential drug and alcohol recovery programs</u> (for example, 30 day inpatient treatment)	\$ _____
<u>School-based education on methamphetamine</u>	\$ _____
<u>Self-help support groups</u> (for example, Narcotics Anonymous (NA))	\$ _____
<u>Sober living homes</u>	\$ _____
<u>Other</u> (please specify): _____	\$ _____

TOTAL =	\$ <u>10.00</u>
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Please turn over this sheet to continue the survey.

Have you ever taken care of a child(ren) because the parent's *meth* use was interfering with his or her ability care for the child(ren)?.....

Yes No

Have you ever been a victim of a crime where *meth* was a contributing factor?.....

Yes No

Have you ever known a co-worker or employee that had a problem with *meth*?.....

Yes No

Do you know of anyone that has had problems accessing treatment for his or her *meth* problem?.....

Yes No



If yes, please explain. _____

How much of a problem is *meth* in the Paradise community?

No problem at all A small problem Somewhat of a problem A problem A big problem

Please share with us a little about yourself.

What is your gender? Male Female

What is your age? _____ years

What is your race/ethnicity? (You can choose MORE than one)

Asian Black Indian Latino Native American White Other

What do you do for a living? (If you are unemployed, on disability, or retired, please let us know.)

THANK YOU!



Business Survey

The BUTTE COUNTY METH STRIKE FORCE is interested in your thoughts about the methamphetamine (meth) problem in Butte County. Please take a few minutes to complete this anonymous survey (we are not asking for your name). Some of the questions on the survey may not apply to you. If they do NOT apply, you will be instructed where to *skip* ahead in the survey. THANK YOU!

Please tell us a little about your business.

1. Which type of business best describes the business you own/manage?

- Agricultural (e.g. chemicals and supplements, tractors, or farm supplies)
- Automotive (e.g. dealer, parts, repair, or service)
- Computer and Electronic (e.g., computer stores, Internet services, or repair)
- Construction (e.g., carpentry, roofing, or paving)
- Finance and Legal (e.g., accountants, attorneys, banks, or insurance)
- Food and Dining (e.g., grocery stores, pizza, or restaurants)
- Health and Medical (e.g., dentists, doctors, or therapists)
- Home Repair and Improvement (e.g., home improvement stores or garden centers)
- Manufacturing (e.g., lumber, concrete, or textiles)
- Personal Care (e.g., beauty salons, manicures, or massage therapists)
- Real Estate (e.g., apartments, condominiums, homes, or property management)
- Shopping (e.g., book stores, clothing, department stores, or furniture)
- Sports and Recreation (e.g., bars/nightclubs, boating, golf, or skiing)
- Travel (e.g., hotels and lodging or travel agencies)
- Other (please specify): _____

2. How long have you owned/managed your current business?

_____ year(s) OR *if less than a year* _____ month(s)

3. How many full-time or part-time employees, including yourself, do you have working for you?

_____ full-time employees _____ part-time employees

Please turn over the page to continue the survey.

4. What were your estimated annual receipts for last year?

- Less than \$100,000
- \$100,001 to \$500,000
- \$500,001 to \$1,000,000
- \$1,000,001 to 2,500,000
- \$2,500,001 and Greater

5. Since you have owned/managed your business, has the business ever been embezzled, burglarized, robbed, or vandalized?.....
Yes No

5a. For any of these crimes (i.e., embezzlement, burglary, robbery, or vandalism), has *meth* been suspected or confirmed as contributing factor? (e.g., person or persons committing embezzlement, burglary, robbery, or vandalism who were under the influence of *meth* OR person or persons committing embezzlement, burglary, robbery or vandalism with reported intent to buy or manufacture *meth*)

<input type="checkbox"/> YES , <i>meth</i> was suspected/ confirmed as a contributing factor in at least one incident of embezzlement, burglary, robbery, or vandalism ↓ <i>If YES, please go to 5a below</i>	<input type="checkbox"/> NO , <i>meth</i> was NOT suspected/ confirmed as a contributing factor in at least one incident of embezzlement, burglary, robbery, or vandalism ↓ <i>If NO, please skip to Question 6, which is on the next page.</i>	<input type="checkbox"/> DON'T KNOW if <i>meth</i> was suspected/confirmed as a contributing factor in at least one incident of embezzlement burglary, robbery, or vandalism ↓ <i>If DON'T KNOW, please skip to Question 6, which is on the next page.</i>
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5b. How do you know, or why do you suspect that at least one of these crimes was *meth-involved*?

5c. Since you have owned/managed your business, approximately what have been the costs of the following for all suspected or confirmed *meth-involved* crimes (e.g., costs reported to insurance companies or law enforcement):

Costs to repair your business (e.g., cost to replace broken windows; damaged locks, doors, or display cases; damaged merchandise)..... \$ _____

Costs to replace stolen merchandise/property..... \$ _____

5d. Since you have owned/managed your business, approximately how many days has the business closed for all suspected or confirmed *meth-involved* crimes? (e.g., for repairs, filing paperwork)..... _____ days

5e. Since you have owned/managed your business, have you or any employees been hospitalized for physical injuries as a result of any suspected or confirmed *meth-involved* crimes?.....
Yes No

5f. Since you have owned/managed your business, have you or any employees sought trauma-related counseling as a result of any suspected or confirmed *meth-involved* crimes? (e.g., depression or anxiety)
Yes No

5g. Since you have owned/managed your business, have you installed a security system as a result of any suspected or confirmed *meth-involved* crimes?
Yes No

5h. As a result of any suspected or confirmed *meth-involved* crimes, have you moved your business to another location?.....
Yes No

5i. Have you ever filed an insurance claim regarding any suspected or confirmed *meth-involved* property damage that was denied by an insurance company?.....
Yes No Never Filed

6. Does the business require drug testing/screening for potential new employees?.....
Yes No



6a. If *yes*, have any potential new employees failed a drug test/screening with a positive *meth* result? UPON ANSWERING 6a., PLEASE SKIP TO QUESTION 7 ON THE NEXT PAGE.

Yes No Don't Know

If "Yes"

If "No", Please skip to question 6b.

6b. If your business does NOT require drug testing/screening for potential new employees, why not?

Please turn over the page to continue the survey.

7. Does your business periodically drug test its employees?.....

Yes No



7a. If yes, has any employee ever tested positive for *meth*?.....

Yes No Don't Know



If "Yes"

If "No", please skip to question 7c.



If "Yes"

7b. If yes, have you ever terminated any employee for testing positive for *meth*?
UPON ANSWERING 7b., PLEASE SKIP TO QUESTION 8.

Yes No

If "No" or "Don't Know", please skip to question 8.

7c. If your business does NOT periodically drug test employees, why not?

8. Have you ever had an employee that has been arrested on a *meth*-related charge?

Yes No Don't Know

9. Have you ever suspected that an employee had a problem with *meth*?

Yes No Don't Know

10. How much of a problem is *meth* in Butte County?

No Problem at All Not Really a Problem Somewhat of a Problem A Problem A Big Problem Don't Know

11. What do you think should be done about the *meth* problem in the County? (If you don't think *meth* is a problem in the County, you are done!)

Thank you!



If you would like to get involved in dealing with the *meth* problem in Butte County and would like us to contact about ways you could help, please provide us with a little bit of information:

Your Name:

Business Address:

Business Phone:

E-mail:

THANK YOU!



April 4, 2008: Roundtable Convening with S. Alex Stalcup, M.D. at Oroville Hospital

Please take a few minutes to complete this brief anonymous survey regarding the impact of Dr. Stalcup's roundtable convening as it relates to your practice and general questions about treating individuals with a methamphetamine problem. Your responses will be beneficial in helping us to develop a better understanding of the value of this convening and to plan for the future. Thank you!

1. Please identify your profession:

- Nurse Practitioner
- Physician Assistant
- Primary Care Physician
- Psychiatrist
- Registered Nurse
- Social Worker
- Substance Abuse Counselor
- Therapist
- Other ▼

(Please specify): _____

2. Did the convening provide information that will allow you to better recognize methamphetamine dependence in your patients?

- Yes
- No
- I already had a clear recognition

3. During the discussion on *pharmacological management*, did you acquire any information that you anticipate integrating into your practice?

- Yes
- No

If you checked "Yes", please specify what information you anticipate integrating into your practice and how you will use it.

4. During the discussion on *the social model of detoxification vs. understanding of pharmacotherapy*, did you acquire any information that you anticipate integrating into your practice?

- Yes
- No

If you checked “Yes”, please specify what information you anticipate integrating into your practice and how you will use it.

5. During the discussion on *enhancing patients’ motivation toward recovery*, did you acquire any information that you anticipate integrating into your practice?

- Yes
- No

If you checked “Yes”, please specify what information you anticipate integrating into your practice and how you will use it.

6. During the discussion on *methamphetamine treatment for women*, did you acquire any information that you anticipate integrating into your practice?

- Yes
- No

If you checked “Yes”, please specify what information you anticipate integrating into your practice and how you will use it.

7. During the discussion on *system identification and using the public health model*, did you acquire any information that you anticipate integrating into your practice?

- Yes
- No

If you checked “Yes”, please specify what information you anticipate integrating into your practice and how you will use it.

8. During the discussion on the *California Society of Addiction Medicine's recommendations to improve the response to methamphetamine*, did you acquire any information that you anticipate integrating into your practice?

- Yes
- No

If you checked "Yes", please specify what information you anticipate integrating into your practice and how you will use it.

9. In regard to treating patients with methamphetamine dependence, what level of *cooperation* do you feel there is among health care providers, substance abuse treatment centers, and social service programs in providing treatment?

- Complete Cooperation
- Some Cooperation
- Very Little Cooperation
- No Cooperation Whatsoever

10. Please indicate the perceived *level of motivation* among primary care providers to cooperate in the treatment of patients with methamphetamine dependence?

- High Motivation
- Moderate Motivation
- Low Motivation
- No Motivation

11. How prepared do you feel in treating patients under the influence of methamphetamine?

- Completely Prepared
- Somewhat Prepared
- Prepared Very Little
- Not Prepared Whatsoever

12. What factors do you feel contribute to the likelihood of a person to begin using methamphetamine?

13. Please provide any additional comments you may have in regard to Dr. Stalcup's presentation or about methamphetamine in general on the back of the survey. THANK YOU!



April 3, 2008: Methamphetamine Discussion with S. Alex Stalcup, M.D.

Please take a few minutes to complete this brief anonymous survey regarding the impact of Dr. Stalcup's presentation as it relates to your work and questions about meth in schools. Your responses will be beneficial in helping us to develop a better understanding of the value of this convening and to plan for the future. Thank you!

1. Please identify your profession:

- School Counselor
- School Nurse
- School Officer
- School Psychologist
- School Superintendent
- Social Worker
- Substance Abuse Counselor
- Teacher
- Therapist
- Other ▼

(Please specify): _____

2. During the discussion on *what to do to help at-risk youth*, did you acquire any information that you anticipate integrating into your work?

- Yes
- No

If you checked "Yes", please specify what information you anticipate integrating into your work and how you will use it.

3. During the discussion on *continuation schools*, did you acquire any information that you anticipate integrating into your work?

- Yes
- No

If you checked “Yes”, please specify what information you anticipate integrating into your work and how you will use it.

4. During the discussion on *risk and resilience*, did you acquire any information that you anticipate integrating into your work?

- Yes
- No

If you checked “Yes”, please specify what information you anticipate integrating into your work and how you will use it.

5. During the discussion on *sequencing questions to determine if youth are in trouble with meth*, did you acquire any information that you anticipate integrating into your work?

- Yes
- No

If you checked “Yes”, please specify what information you anticipate integrating into your work and how you will use it.

6. During the discussion on *school as a trigger to use meth*, did you acquire any information that you anticipate integrating into your work?

- Yes
- No

If you checked “Yes”, please specify what information you anticipate integrating into your work and how you will use it.

7. During the discussion on *developing a school-based meth prevention plan*, did you acquire any information that you anticipate integrating into your work?

- Yes
- No

If you checked “Yes”, please specify what information you anticipate integrating into your work and how you will use it.

8. How big of a problem is meth in the school(s) at which you work?

- A Big Problem
- A Problem
- Somewhat of a Problem
- A Small Problem
- Not a Problem at All

9. How prepared do you feel the school(s) at which you work is to deal with a youth under the influence of meth?

- Completely Prepared
- Somewhat Prepared
- Prepared Very Little
- Not Prepared Whatsoever
- Not Applicable; There is No Meth Problem at the School(s) Where I Work

10. What factors do you feel contribute to the likelihood of a person to begin using meth?

11. Please provide any additional comments you may have in regard to Dr. Stalcup’s presentation or about meth in general.

Thank You!

The **Butte County Meth Strike Force** is seeking solutions in our community for reducing the widespread impact of methamphetamine. Specifically, we want to expand access to treatment programs for anyone seeking help and to break the cycle of intergenerational addiction. Please take a few minutes to complete this anonymous survey – we are not asking for your name. Please be assured that your participation and responses will NOT affect your stay in the Butte County Jail. Thank you for participating!

1. During the past 30 days, where have you lived most of the time? *Please check only one.*

- | | |
|--|--|
| <input type="checkbox"/> House, mobile home, or apartment | <input type="checkbox"/> Hospital, treatment facility, or extended care facility |
| <input type="checkbox"/> Motel, dorm, group home, or military base | <input type="checkbox"/> Jail, prison, or correctional boot camp |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> No fixed residence / homeless |

2. Please indicate which drugs from the following list that you have ever used more than once.

- | | | |
|--|------------------------------|-----------------------------|
| Alcohol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Amphetamines (speed, bennies, uppers, ecstasy) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Barbiturates (barbs, roofies, phennies, special K) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cocaine (blow, coke, crack, snow) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Herion / Opium (Morphine, black tar, monkey) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Inhalents (Ames, nitrous, cleaning fluids, glue, paint, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| LSD / Acid | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Marijuana | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Methamphetamines (meth, crank, chalk, glass, ice, crystal) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| PCP / Angel Dust | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Quaaludes/Ludes (714s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Valium or other tranquilizers (Xanax, Ativan, benzos, sleeping pills) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other prescriptions not for medical use (Vicodin, Oxycontin, Percocet, Darvocet, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. What drug did you use first? *Please check only one.*

- | | |
|---|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Marijuana |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Methamphetamines |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> PCP / Angel Dust |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Quaaludes/Ludes |
| <input type="checkbox"/> Herion / Opium | <input type="checkbox"/> Valium or other tranquilizers |
| <input type="checkbox"/> Inhalents | <input type="checkbox"/> Other prescriptions not for medical use |
| <input type="checkbox"/> LSD / Acid | <input type="checkbox"/> Other (please identify): |

4. How old were you when you first used this drug? _____ years old

5. What drugs do you currently use on a regular basis?

- | | | | | | |
|----------------|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| Alcohol | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Marijuana | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Amphetamines | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Methamphetamines | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Barbiturates | <input type="checkbox"/> Yes | <input type="checkbox"/> No | PCP / Angel Dust | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cocaine | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Quaaludes/Ludes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Herion / Opium | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Valium or other tranquilizers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Inhalents | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other prescriptions not for medical use | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| LSD / Acid | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other (please identify): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. Please answer the following questions regarding the primary drug (the drug you use the most) that you use:

What is the name of the drug that you use the most? _____

How old were you when you first tried **it**? _____ years

Have you used **it** in the last 12 months? Yes No → Please skip to **Question 7**

In the past 30 days, how many days have you used **it**? _____ day(s)

During the past 12 months, have you consciously tried to cut down or quit using **it**? Yes No

If **yes**, were you successful? Yes No

During the past 12 months, have you felt that you needed or were dependent on **it**? Yes No

Are you now receiving treatment or detox for **it**? Yes No

Have you received treatment or detox for **it** in the past? Yes No

Do you feel you could use treatment for **it**? Yes No

7. Are there any other drugs that you have used illegally in the past 30 days? *If yes, please specify.*

8. Have you ever participated in any of the following treatment programs?

Residential Treatment Center	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Detox	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Outpatient Treatment Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Self-Help (AA, NA, CA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spiritual or Religious (Salvation Army)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Methadone Maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. What year were you most recently in a treatment program? _____

10. Had you recently used any drugs when you got involved in the activities for which you were just arrested?

Alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Marijuana	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cocaine / Crack	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Methamphetamines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heroin / Opiates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tobacco	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. Had you been looking for, or trying to buy or sell, any drugs when you got involved in the activities for which you were just arrested?

Alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Marijuana	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cocaine / Crack	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Methamphetamines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heroin / Opiates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tobacco	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12. Are you currently covered by health insurance?

Individually purchased (<i>Blue Cross</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Retirement Medicare	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer or union-funded, including state employee benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	State Government funded (<i>CMSP, Medi-Cal, Medicaid</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability Medicare	<input type="checkbox"/> Yes	<input type="checkbox"/> No	None (<i>Uninsured</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Butte County Methamphetamine Strike Force Focus Group Summary

Butte County Methamphetamine Strike Force focus group discussions in March and April 2008 disclosed recurring and disparate themes, attitudes and beliefs among respondent groups that included recovering addicts, Butte College alcohol and drug studies (ADS) students, a church group, Hmong adults and Hmong youth. It's interesting to note that some groups, like the college ADS course students, largely answered in the third person, while Esplanade House participants, volunteered insightful first-person responses.

In general, those in the Esplanade House focus group shared a more sympathetic view of the plight of the meth addict, while the church group and Hmong adult group took a stricter, less tolerant view. This illustrates how one population segment with personal experience articulates a compassionate approach, while another segment expressed support for tougher laws and strong discipline.

The composition of focus groups is as follows:

- **Butte College alcohol and drug studies students** (*Number of respondents = ?*)
- **Esplanade House** – (5 male, 4 female; 8 white, 1 other; all between 26 and 40) All reported “clean since” between 7/17/03 and 2/11/08, an average 2.5 years All reported they had been affected in some way by meth.
- **Faith Community** – (4 male, 9 female; 11 white, 2 Asian; 2 under 18, 1 18-25, 3 40-64, 7 over 64). None had ever used meth.
- **Hmong Youth** – (7 male, 3 female; 9 under 18). None had ever used meth.
- **Hmong Adult** – (8 male, 2 female; ages between 18 and 64).

THE QUESTIONS

What are the unique problems that your community (culture) has regarding methamphetamine use?

All focus groups identified homelessness, financial and health problems, and an increase in crime. Three in the Hmong adult focus group stated that meth is not a problem or a very small problem in the Hmong community, while Hmong youth respondents indicated that meth use does exist and is “giving Hmong youth and community a bad name.”

How do you think addiction and homelessness are related?

Typical answers across groups indicated that meth addiction can lead to homelessness. Specific common answers included not paying rent/mortgage due to money being spent on meth, addicts can lose their jobs and homelessness can follow, and incarceration can accelerate homelessness. One Esplanade House respondent said, “One causes the other, they go hand-in-hand,” while a Butte College ADS student stated homelessness is a distinct possibility because “any incoming resources are spent on meth.” A church respondent indicated addiction was more of a choice, saying, “Users don’t care if they live on the street because what is important is that they have their drugs.”

In your experience, what age do you think people started using meth?

All groups' answers ranged from 11 to 18.

Why do people start?

Answers were similar across all groups, including low self-esteem; peer pressure from friends, older siblings, and parents; curiosity; to lose weight; or to "cure" depression. One recovering person stated, "watching parents tweaking long enough you'll end up doing it," and Hmong adult and youth groups identified gangs as a reason people get started using meth.

What if anything could have prevented them from starting?

All groups said education – from schools, parents, and the media and through community presentations – as a prime prevention tool. Other commonly voiced answers included more diversionary activities, responsible parenting, and mentors to instill self-confidence and self-esteem. One recovering addict wanted to make a difference himself, saying, "As an addict, I want to bridge the gap between us and law enforcement. I can't be involved with Big Brothers Big Sisters because I'm a felon. I talk to kids that are *already* on probation in high school instead of talking to kids *before* they are on probation. Why can't we bridge the gap between the recovering addict who wants to assist law enforcement and social services to help the child before he gets into the hall/system or adult?"

How can the public be better informed about addiction?

All groups presented similar responses, which included: (a) through the media; (b) through schools; (c) using community surveys to educate; (d) making sure schools and parents are educated; and (e) as one recovering addict stated, "from recovering addicts who know the truth."

Where do most people learn about meth?

Common across-the-board answers included TV, the streets, and family members, older siblings, school, movies and the Internet. A Hmong adult respondent said, "Poverty communities that have more drug dealers."

At what age should prevention be started?

All respondents tended toward young ages; "as young as possible," one respondent said. Recovering persons tended toward slightly lower ages suggesting that prevention education start at about six, while other groups suggested waiting until children were in fifth to seventh grade.

What should be the target for prevention measures?

All agreed on schools and at home, with other answers including doctors, and mentors, such as youth sports coaches.

Do you know someone who is currently (or are you) struggling with methamphetamine addiction and need help?

Esplanade House: Five of nine said yes, and one stated, "I know enough for everyone in the room." The church group had none, though one former user referred to her former friends. Two of 10 Hmong adults and two of 10 Hmong youth said yes. The Butte ADS summary had no response to this question.

What contributes to their continual use?

While one church group respondent stated “the craving,” other from the same group suggested users were addicted by choice. They characterized persons with an addiction as being motivated by “fun,” “the pick-up,” and the desire to “achieve that high.” Recovering persons offered reasons such as a choice in partners that leads to co-dependency, as well as “they don’t know how to stop.” Another recovering person offered this view: “I have a friend who works with influential people and is afraid to ask for help for fear of what people will think.”

What is the main way of using?

All groups identified smoking and snorting, and most mentioned injections, particularly for hardcore users.

How is your health affected?

Most groups identified several maladies, including cancer, heart problems, high blood pressure, AIDS, loss of teeth and body disfigurement. A Hmong youth respondent said that meth users “rot from the inside out.” Recovering persons and the Hmong adult group also identified mental health as having an effect of meth use. One recovering persons also stated, “brain chemistry is all fouled up.”

What is the comfort level in discussing addiction with a health care provider?

Recovering persons reported that there is a low-comfort level, saying that there is no tolerance shown to addicts and that addicts consider doctors like cops when they are using. One admitted, “I had a (needle) ‘miss’ and told them it was a spider bite.” The other groups gave responses that indicated some comfort in opening up to health care providers, and confidential discussions should be OK, with one Hmong youth respondent giving a characteristic answer, “not comfortable – don’t want to disgrace self, family.”

How is their/your family affected?

All groups agreed that families of meth users are indeed affected, severely, emotionally, financially, physically, spiritually, and educationally, with abandonment, shame, incarceration, and stigmatism also occurring.

How are their/your finances affected?

It was unanimous that meth addiction leads to financial problems, with a common byproduct including stealing and cheating to get money, possibly resulting in jail. One recovering person stated, “What finances? They are depleted” and another said, “It’s a depletion on the taxpayers who pay for police and prisons.”

How easy is it to get meth in Butte County?

While most groups said it was easy to obtain meth in Butte County; Hmong adult and youth groups said it’s easy because it’s produced locally (“They cook it here in Oroville,” one Hmong adult said). A church group respondent, perhaps due to the crackdown on Sudafed and other ingredients, said, “It used to be easy, now it’s not as easy; the good stuff is gone and not available and what people are selling now is junk.”

If you know any teens currently struggling with meth use/addiction, are they attending school?

Universal responses included cutting school, quitting school and running away from home.

What could be done to help (the meth problem)?

Common responses included peer counseling, mentors, sponsors and NA and AA meetings – even on school campuses for high school students, according to a Butte ADS student. Recovering persons referred to a relationship with a “higher power.”

Of those you know that no longer use methamphetamine, what contributed to their decision to stop?

There were many responses. Answers included parole, jail, family support, interventions, a near-death experience, and the desire to change. One recovering person said, “I cared when I saw my daughter born,” and a church respondent stated it “depends which consequence turns on the light.”

How long were they using meth prior to stopping?

Answers varied between “don’t know” from the Hmong groups, to “two to three years,” to “whole life.”

Do you know how to access service for education? For treatment?

Answers varied. Recovering persons said yes, with one saying, “but I don’t think a lot of people do (know); we do because we’ve been through it.” The Hmong adult group response was to the negative, including one participant that said that lack of funding means that there are no resources to help the addicts.

What are barriers to accessing services?

Recovering persons identified “funding,” “money,” “knowledge” and “willingness,” while the church group respondents reflected more moral responses, including, “people are afraid to tell on themselves,” and “(they) fear judgments.”

If you could build an ideal community where meth did not exist, how would you do it?

This question brought vastly different responses. Recovering persons said, “communication classes,” “drug test everyone on a random basis,” and “structured living groups.” Church group responses included “start with teaching children not to use the drug” and “find a good way to show people the affects that meth has.” The Hmong groups favored tough discipline for their fantasy world. Hmong adult responses included “kill all those that use it or legalize it,” “have strict laws,” “cultural sensitivity for reporting systems,” and “get rid of gangs.” Hmong youth responses included, “put meth users in prison,” “banish them,” and “check points for drug trafficking in community.”

Closing wrap-up: If you had one minute to tell the governor what Butte County needs most to assist those affected by addiction, what would you tell him?

The recovering persons developed this group appeal: “We need a cooperative effort to bridge the gap between the community and the recovering community. The reality is, it’s a community disease. We need funding for treatment rather than prison. When parolees leave prison, they need treatment rather than being let out onto the street with nothing. Keep families together whenever possible. Stop balancing the budget on the backs of the poor.”

The church group responses included “change the screwed up judicial system,” “tougher judges and more severe penalties to stop repeat offenders,” “have more school counselors,” “have more recovery centers,” and “have more education in the schools dedicated to prevention.” The Hmong adult group’s answers included asking for more resources and more money for support programs and counselors, while the Hmong youth responses pleaded not to cut school budgets and to help create a better economy.