



ALASKA METH EDUCATION PROJECT SUMMARY OF ASSESSMENT OF PROVIDERS NOVEMBER 2006

The Alaska Meth Education Project (AME) contracted with the Four A's agency to do a statewide assessment of the existing meth education programs in Alaska. Our intention has always been not to re-create the wheel so we needed to know what existed before we started. You can see in the report that there is very little happening in providing meth education in Alaska, and there is no focused education effort. This study also looked for existing Alaska treatment programs and contains those results. The intention of the AME program has always been to attack the Meth problem in Alaska through prevention by providing some statewide meth education.

We were pleased to see that many agencies in Alaska are aware of the issues surrounding meth and some have dealt with it on a limited basis. It was also good to see that most programs believe we need a statewide meth education effort. We will use this information and the suggestions as we develop the AME project. On the other hand some responses did not think we had much meth use in Alaska or thought it was limited to other areas of the state. It is good to keep in mind you may not see the problem now but prevention efforts are done so you may never see the problem. The recent record bust of a meth shipment to Alaska consisting of over 100,000 hits worth over \$1 million on the street tells us it is here, big time, and will be a problem. Additionally the recent Federal, State, and local laws restricting the sale of the key ingredients to cooking meth have reduced the number of home labs but all signs point to the fact that the supply is now coming from outside.

This assessment shows we need to develop a statewide meth education program. We have started this effort by founding AME. Similar programs exist all around the country and we will look at these for models as examples. Our first step was to build a web site. (www.AlaskaMethEd.com) This is up and running and is providing education via links to other good sites. We will upgrade and link this web site as the program develops.

The idea of doing a meth education program started last spring and is happening under the direction of the Tri Borough Commission, the City and Borough of Juneau, and the Fairbanks Community. We are taking the first steps to developing an education program. We will need lots of assistance and professional input. Please contact me if you questions and suggestions.

Tim Anderson

AME Program Coordinator

745-3323 or 232-7332

Email: tima@pobox.mtaonline.net or AndersonTL@ci.anchorage.ak.us

EXECUTIVE SUMMARY

The Alaskan AIDS Assistance Association (Four A's) conducted a statewide Methamphetamine Assessment Survey with the support of the Alaska Methamphetamine Education Project. The results of the assessment indicate that no community in Alaska hosted any on-going meth prevention/education program nor is there a specific methamphetamine addiction treatment center or curriculum. In the findings section, ideas of requirement components of a prevention/education and/or a treatment program are shared by respondents.

OVERVIEW

The Alaskan AIDS Assistance Association (Four A's) conducted a statewide Methamphetamine Assessment Survey with the support of the Alaska Methamphetamine Education Project. The purpose of the assessment was to collect a directory of the current efforts within Alaska to address methamphetamine addiction in two primary areas, prevention/education and treatment for methamphetamine addiction, to determine if there are any applicable programs that could be tailored as a greater preemptive response to the growing meth problem in Alaska. This assessment is the initial step in developing a statewide response against the use of methamphetamines.

The assessment was conducted through telephone interviews with various agencies, businesses, and organizations across the state of Alaska. The assessment will be utilized to help determine the course of action to help prevent the use of methamphetamine and to develop community watch programs and treatment options for those addicted to methamphetamine.

DATA COLLECTION METHODOLOGY

The assessment was conducted through telephone interviews. A two-page survey was used as a template to gather information regarding current prevention/education and/or treatment

programs and opinions of the criteria needed for a successful prevention and treatment program (refer to Appendix A). A second survey was generated to target retail suppliers who sold the necessary products to produce methamphetamines (refer to Appendix B). The survey gathered information regarding employee education and awareness about methamphetamines.

A directory of 85 contacts was established, with a total of 48 agencies responding (56 % response rate) (refer to Appendix C). The list of contacts was created by using a Community Resource booklet covering all of Alaska, obtaining referrals from interviewees, and conducting an internet search. The contacts included treatment centers, for-profit businesses, school districts, government agencies and non-profit agencies. In addition, all five regions of Alaska (Far North, Interior, Southeast, South Central, and Southwest) were included in the survey to provide a larger cross section of the available services that address methamphetamine prevention/education and treatment throughout the State of Alaska. The remaining 36 contacts were re-called multiple times and were left messages but did not respond back.

Of the 48 surveys who responded, their demographics are:

- 1 survey was completed in the Far North
- 6 surveys were completed in the Interior
- 9 surveys were completed in the Southeast
- 29 Surveys were completed in the South Central
- 3 Surveys were completed in the Southwest

FINDINGS

Two major areas were explored in the assessment: (1) prevention/education, and (2) treatment of methamphetamine addiction. The prevention/education component searched for

programs that targeted both specific populations (i.e. youth, ethnic minorities) and the general community. The assessment results indicated there is no current type of methamphetamine prevention/education program for specific populations or the general community in Alaska. The contacts neither had a program themselves nor knew of any within Alaska. Any awareness and education about methamphetamine that was conducted was sporadic and inconsistent. Educational efforts had the tendency to be a one-time occurrence versus a formal and consistent program with multiple intervention tools.

Although there is a lack of any formal prevention/education program, an overwhelming majority of the contacts agreed there was a definite need for methamphetamine prevention/education in their community. Most respondents recognize methamphetamine is in their community and it is a problem that will continue to grow if it is not addressed. When asked what components should be included in a prevention/education program, respondents consistently indicated that a program(s) should be created to target both specific populations and the general community.

One of the main specific populations identified by respondents was youth; specifically sixth graders. It was felt that the middle and high school years, which are were transitional periods where experimentation was a major component of life, including experimentation with drugs. By starting at an earlier stage of development and continuing the program through these experimental years, the youth would be better equipped to deal with the peer pressure and general temptation to try meth. Experienced counselors at treatment facilities spoke of how many of the individuals they provided treatment to first tried drugs when they were between 8 and 11 years old and used on a regular basis by the age of 12 – 15. In 2004, an estimated 1.4 million Americans over the age of 12 had used methamphetamine in the previous year, and

600,000 had used it in the previous month (HRSA HIV/AIDS Bureau, 2004). According to the 2005 Youth Risk Behavior Surveillance System (YRBSS), 7.8% of 9th-12th graders in the Anchorage bowl had tried methamphetamine.

A program that targets youth is suggested to be interactive and visual. No matter how good the information is children will not pay attention to it if it does not captivate their interest. In addition, it is felt that a youth program needs to utilize multi-interventions. By using multiple intervention tools, the youth are reached in different modes allowing for a more comprehensive understanding of methamphetamine. One suggestion offered was a peer-to-peer education program. The program would include group discussions lead by peers talking about meth and the myths behind it. Respondents who suggested a youth program felt it was important to personalize the program to the students so it appeals to them and their decision making abilities to say no to methamphetamine and other drugs.

Another suggestion regarding youth was to incorporate a meth program within established programs that promote self-confidence and self-awareness. Respondents feel that most youth who use methamphetamine also tend to use or experiment with other drugs, are depressed or unhappy, or may feel like outcasts. To empower youth to turn away from meth or any type of drug, they will need self-confidence and a sense of self-worth. Without these components, respondents feel that an educational program alone will not be effective.

A second specific group identified was teachers or other adults who work with children (i.e. social workers, day care providers, pediatricians). These adults need to be equipped to identify signs that may indicate use by youth or the exposure to the dangerous and toxic living conditions of a meth lab.

Community wide prevention/education was equally identified as an important tool to combat meth. A basic overview of what methamphetamine is, what it looks like, and what it does to the body over short and long periods of time should be included as well as the effects methamphetamine has in and on the community. Many people do not realize how methamphetamine can jeopardize a community's safety. Respondents felt that if people knew more about the adverse effects meth could cause to a community and to their own bodies if used, it would increase the community members' direct involvement in eliminating meth from their community.

Ideas included awareness classes for the general community to identify a possible meth lab and how to report it. In addition, local retailers who sell the material needed to start a meth lab would be targeted. Instituting and or enforcing a Meth Watch type program was seen as a major component to an awareness program. Three major retailers were contacted to determine if they currently had any type of methamphetamine program instituted. The three grocery stores (Fred Meyers, Carrs & Wal-Mart) indicated that all medicines that contain psuedoephedrine and ephedrine are kept behind the pharmacy counter so customers must ask for it. Their formal program is to educate staff during the hiring orientation and posters.

Another area respondents identified to be included in an awareness program was the use of methamphetamine and sex. A few respondents spoke of situations where youth were given meth by adults who were seeking sexual contact. Inhibitions may lower when an individual is on methamphetamine which can lead to sexual violence and risky or unwanted sexual behaviors, leading to other health issues (i.e. STDs or HIV).

The respondents in smaller cities and/or rural Alaska expressed concern that any program would be primarily targeting large urban settings. Respondents identified the importance to

ensure prevention/education reached all Alaskan communities and the communities worked together to end this issue. An idea to reach this goal was the establishment of methamphetamine educators who would travel to rural Alaska, bringing both the community wide and the youth methamphetamine awareness programs.

The second area explored in the assessment was the treatment of methamphetamine addiction. The results of the assessment showed that there were limited treatment facilities instituted a methamphetamine specific treatment program. If a person were to enter a facility with a methamphetamine addiction, most of the facilities would individualize a program. The lack of methamphetamine-specific programs in treatment centers suggests that there is an insufficient amount of accessible resources within the state to base a community level prevention/education program. Currently, there are few to no individuals who are equipped to develop and/or implement a either a prevention/education program or an addiction treatment curriculum.

Many of the contacts felt there should be a specialized program to address methamphetamine addiction due to the increased popularity of the drug and highly addictive quality. Respondents feel that treatment and education for a methamphetamine addiction should be different from other substance abuse addictions. Methamphetamine can permanently alter brain function and communities need to understand the medical aspect of methamphetamine because it is a large component that is missing from treatment. There needs to be focus on how to get a methamphetamine user's brain functioning again. It is important for the individual to learn how to control their impulses and cravings for methamphetamine. They need to be shown techniques on how they can train their brain and their imagination to restructure and refocus so they can learn and develop better coping and communication skills to overcome their addiction.

In order to do this there needs to be more involvement and a more cognitive approach taken when treating a methamphetamine addict. Treatment programs need to provide excitement through activities that keep the individual focused on something else besides methamphetamine. A treatment that garners and captures a person's attention is critical in their rehabilitation or they will relapse.

Although there were a large number of people who supported having a specialized treatment program for methamphetamine, there were some individuals who believed that such a program was not necessary. Their reasoning: an addiction is an addiction. People who use one drug typically use other drugs as well. If a person was a methamphetamine user there could be additional facets incorporated into an individualized program to enhance their treatment and recovery, but it does not necessarily mean there needs to be a specific program designed for methamphetamine. Any drug treatment that already exists can or should be able to encompass methamphetamine addictions in their treatment programs. In addition, a small number of people come in with a methamphetamine addiction only. It is more common to see a person with a methamphetamine addiction in conjunction with another substance abuse problem. This is why a general substance abuse program should be able to address methamphetamine addictions as well as other substance abuse problems.

Some suggestions made by the respondents to improve methamphetamine treatment were to incorporate components from the Matrix Model by having family and significant others of methamphetamine users involved in their recovery. Respondents felt it is important that the user has a strong support system that will encourage them to remain clean. Providing families and friends with information on the signs of methamphetamine use will help them detect if a person they know has a methamphetamine problem. Other treatment programs that would be

useful to the methamphetamine user are classes on recovery skills, relapse skills, and extra group and individual training/counseling on methamphetamine use. In addition, a step-down or transitional housing unit should be incorporated into treatment so recovering addicts have a place to stay until they can go back to work or get on their feet again. This would be helpful so they are not tempted to be in a place where they would be likely to relapse again.

APPENDIX

A

Contact with Agency, Business, or Organization	Phone Number
Akeela Treatment Services	(907) 561-5266
Alaska Area Native Health Service	(907) 563-2662
Alaska Family Services	(907) 746-6279
Alaska Women's Resource Center (AWRC)	(907) 279-0528
Aleutian/Priblof Islands Association	(907) 276-2700
Aleutian Counseling Center	(907) 581-2751
American Red Cross	(907) 646-5401
ANARC/Ernie Turner Center	(907) 550-2423
Anchorage Alaska Addictions Treatment Program	(907) 257-4854
Anchorage Police Department	(907) 786-8500
AWARE Shelter	(907) 586-6623
Barrow Health Center	(907) 852-0366
Booth Memorial Youth & Family Services	(907) 279-0522
Bristol Bay Area Health Corporation	(907) 842-5266
Carrs	(907) 339-7702
Center for Drug Problems/Narcotic Drug Treatment Center	(907) 276-6430
Craig Public Health	(907) 826-3433
Department of Education, Educational Program Support	(907) 742-4161
Dillingham Health Center	(907) 465-2900
Drug Enforcement Administration	(206) 553-1411
Ecology & Environment Inc.	(907) 257-5000
Fairbanks Regional Health Center	(907) 452-1776
Fort Richardson Community Counseling Center	(907) 384-1418
Four A's (Juneau office)	(907) 586-6089
Fred Meyer	(907) 276-6700
Front Street Clinic	(907) 463-4201
Gastineau Human Services	(907) 780-3029
Genesis House, Inc.	(907) 243-5130
Graf Rheeneenhanjii Substance Abuse Services	(907) 455-4725
Kenaitze Indian Tribe Nakenu Family	(907) 283-6693
Nugenis Ranch	(907) 376-4534
Polaris House	(907) 780-6775
Project Special Delivery	(907) 452-4222
Railbelt Mental Health & Addictions Treatment Program	(907) 832-5557
Rainforest Recovery Center	(907) 796-8690
Ralph Purdue Center	(907) 452-6251
RITE of Anchorage, AK	(907) 562-7483
Rural Alaska Community Action Program- Homeward Bound Project	(907) 279-7535
Salvation Army Clitheroe Center	(907) 748-8715
Seaview Community Services	(907) 224-2951
Seward Health Center	(907) 224-5567
Sitka Public Health Center	(907) 747-3255
Starting Point (Eagle River office)	(907) 376-6116
State of Alaska, DHHS, Division of Alcoholism & Drug Abuse	(907) 269-3790
St. Vincent's DePaul	(907) 789-5535
Women's & Children Center for Inner Healing	(907) 451-8164
Wal*Mart	(907) 563-5900
Wrangell Public Health Clinic	(907) 874-3615

No Contact with Agency, Business, or Organization	Phone Number
Alaska Federation of Natives	(907) 274-3611
Alaska Human Services	(907) 561-4535
Alaska Native Tribal Health Consortium (ANTHC)	(907) 729-2908
Alaska Regional Hospital	(907) 264-1113
Alaska Youth & Parent Foundation	(907) 274-6541
Anchorage Neighborhood Health Center	(907) 257-4638
Angoon Health Clinic	(907) 788-3633
Annette Island Service Unit	(907) 886-4325
Avenues	(907) 874-3338
Bethel Health Center	(907) 543-2110
Boys & Girls Club	(907) 248-5437
Catholic Social Services	(907) 277-2554
Central Peninsula General Hospital	(907) 379-8262
Cook Inlet Council on Alcohol & Drug Abuse (CICADA)	(907) 283-3658
Cook Inlet Tribal Council	(907) 793-3208
Copper River Native Association	(907) 822-5241
Eagle River Counseling Center	(907) 694-0545
Eastern Aleutian Tribes Inc.	(907) 377-1440
Family Practice Clinic	(907) 789-2910
Fort Wainwright Community Counseling Center	(907) 353-9872
Four Rivers Counseling Services ANVIK	(907) 524-3781
Gateway Center for Human Services	(907) 225-4135
Juneau Youth Services Chemical Dependency Program	(907) 796-4131
Phillips Ayagnirvik Treatment Center	(907) 543-6735
Priblof Counseling Center	(907) 546-2342
Providence Breakthrough	(907) 562-7325
Ravens Way	(907) 966-8714
SEARHC Health Education	(907) 966-2411
Seldovia Village Tribe Prevention Program	(907) 234-7807
Southcentral Foundation (SCF)	(907) 729-5070
Substance Abuse Directors Association	(907) 770-2927
Upper Tanana Alcohol Program	(907) 883-5185
USAF Elmendorf Hospital	(907) 580-2181
Valdez Counseling Center	(907) 835-2838
Yakutat Community Health Center	(907) 784-3275
Yukon-Kuskokwim Health Corporation (YKHC)	(907) 543-6000
Yukon Tanana Counseling Services	(907) 452-8251

APPENDIX

B

Statewide Methamphetamine Educational Assessment

Agency: _____

Date of Assessment: _____

Contact Person: _____

Contact Number: _____

TREATMENT/INTERVENTION

Do you have any programs that address methamphetamine addiction/treatment:	Yes	No
If no , do you feel we need a specialized program to address methamphetamine addiction? If yes, why?	Yes	No
If yes , what is the name of your program if it exists?		
Treatment		
i) In-patient	Yes	No
ii) Out-patient	Yes	No
Is the program designed specifically to treat methamphetamine or is it a general addiction program?	Meth Specific	General
Please describe the program: Target population, duration of time in the program, eligibility criteria, etc.		
Do you have any data available on program success?	Yes	No
If yes, demographics		
Number of people served in the past year?		
What percentage/number of your participants are:		
By age	18 or under	
	19-29	
	30 or older	
By gender	Men	
	Women	
By ethnicity	Alaska Native	
	Hispanic	
	African American	
	Asian or Pacific Islander	
	Caucasian	
More than one race		
What is the percentage of participants who successfully complete the program?		

What is the percentage of participants who relapse		
Do you have a waitlist? If yes, average number of individuals on the list at any one time?	Yes	No
Is a copy of your treatment program manual available to send to us?	Yes	No
Do you know of any other treatment program in Alaska that treats meth addictions? If yes, please list:	Yes	No

EDUCATION/PREVENTION

Do you have any programs that address education/prevention of methamphetamine use in your community (i.e. social marketing, outreach)?	Yes	No
If yes , what is the name or names educational programs you are offering:		
Please describe each program in detail?		
Do you have any manuals or written materials (i.e. brochures, posters, web site) on your program(s)? If yes, can we have a copy?	Yes	No
If no , do you feel there is a need for methamphetamine prevention/education in your community or area? If so, why?		
If you could create a methamphetamine prevention/education program, what components would you want to see included?		
What individuals or groups do you feel should be targeted for education in your community or area?		
Do you know of any other treatment program in Alaska that treats meth addictions? If yes, please list:	Yes	No

APPENDIX

C

Store Questionnaire

Agency:

Date of Assessment:

Contact Person:

Contact Number:

1. Do you provide your employees with information or workshops on how to spot customers that may be buying products/ingredients used to make meth?
2. If yes, what information is provided and how?
3. What are the actions your employee must take if they suspect someone is purchasing products to make meth?
4. Do you keep OTC meds containing psuedoephedrine or ephedrine on the shelves or do customers have to ask for it from the pharmacist?
5. Do you have a Meth Watch Program?