

# Methamphetamine in Mesa County

*From issues to answers.*





# INTRODUCTION

## Purpose:

This paper is a product of the Methamphetamine Task Force. The group is a collection of community members who determined to study the impact of methamphetamine on this community and then to develop action plans based on the information.

## Mission:

The mission statement of the taskforce is to implement the best practices of prevention, law enforcement and treatment leading to maximal reductions of addiction and its resultant destructive consequences. Our guiding principles include: science-based strategies, collaboration, and inclusion.

The goal of the task force is to develop a countywide strategic plan to address the problems associated with the use, sale, and manufacturing of methamphetamine.

The following private companies and public agencies are involved in the Meth Task Force. Committee chair assignments are listed beside the person's name.

Joe Higgins, Co-Chair  
Partners, Inc

Janet Rowland, Co-Chair  
Prevention Committee Chair  
Mesa County Commissioner

Angie Palmer, Coordinator  
Partners, Inc

Dan Rubinstein—Enforcement  
Chief Deputy Dist Attorney

Jill Calvert—Drug Endangered Children  
Dept. of Human Services

Daniel Robinson—Safety  
Grand Mesa Youth Services Center  
School District # 51

Dennis Berry—Treatment  
Community Corrections Director

Hiram Reyerez—Public Relations  
Business Owner

Sheriff Stan Hilkey  
Mesa County Sheriff's Department

Chief Mark Angelo  
Fruita Police Dept

Chief Bill Gardner  
GJ Police Dept

Brian Langfitt  
Crime Stoppers & business owner

Darlene Burger  
League of Women Voters

Emily Bowman  
Mesa County Workforce Center

Dr. Teresa Coons  
Grand Junction City Council

Margaret Pearson  
Build a Generation

Lt. Tim Grimsby  
Grand Junction Police Department

Pete Hautzinger  
Mesa County District Attorney

Sgt. Kevin Imbriaco  
DEA Western Colo. Drug Task Force

Cindy Holst  
Independent Physicians' Association

Jane Houston  
St Mary's Hospital

Kurt Halliday  
Colo. West Mental Health

Judy Jepson  
Safe & Drug Free Schools/Dist51

Nancy Stalf  
Exec. Dir., Mesa County United Way

Dr. Michael Aduddell  
Director, Mesa Co. Health Dept

LaDonna Cruson  
Grand Mesa Youth Services Center

Jackie Jacobs  
Mesa County Workforce Center

Barbara Kinkelar  
Colo. West Mental Health

Marilyn Mestas  
Mesa County Workforce Center

Cindy Reed  
Grand Junction Housing Authority

Linda Gregory  
Homeward Bound of the Grand Valley

Steve Schultz  
Asst. Superintendent School Dist 51

Sherry Shafer  
Community Hospital

Dr. Doug Shenk  
Medical Director, Marillac Clinic

Capt. Troy Smith  
Grand Junction Police Department

Dr. Susie Tucker  
Independent Contractor/Statistician

Capt. Brian Wheeler  
Colorado State Patrol

Kristy Garcia  
Mesa State College

Cathy Story  
Early Childhood Partnership

John Armstrong  
Grand Mesa Youth Services Center





## Background:

Generally, data about all illegal drugs is combined into statistics that are shared about communities, states and the nation. A few years ago, law enforcement started indicating that methamphetamine was a special challenge. More recently the Department of Human Services, courts, and substance abuse treatment providers have reported a dramatic increase in the number of households impacted by methamphetamine. Property owners and medical providers also became aware of the impacts on their work. The Task Force developed because of these concerns across County systems.

The data for this paper includes arrests, hospitalizations and emergency room use, autopsies, survey data with college students and inmates at the Mesa County jail, and drug screens conducted for Mesa County Community Corrections. Focus groups with various community members are in process but are separate from this paper.

## Conclusions:

- The following conclusions are based on the data that is explored in more detail later in the paper
- Use of methamphetamine is a community problem that requires community- based solutions.
- Adverse health consequences of methamphetamine use are more rapid than those of alcohol dependence.
- Use of methamphetamine by injection tends to create more serious consequences of its use than do other methods of use.
- A majority of inmates in the Mesa County jail indicate that meth was directly or indirectly involved in the current charges against them.
- Most families with children in the custody of Mesa County Department of Human Services include adults who use methamphetamine.
- Most cases that come before a District Court judge directly or indirectly involve the use of methamphetamine.
- Most Mesa State students do not use methamphetamine.
- Methamphetamine use can start at any age. The majority of users in the criminal justice system began using before the age of twenty, but the twenties is a most typical age for having legal problems with use of the drug.
- Inmates tell us that use of the drug by other family members or friends was most influential in their initial use of methamphetamine.
- Inmates believe that if they had selected different friends, their lives would have been improved.
- Initial work on specific treatment for methamphetamine addiction in Mesa County has begun. Affordable treatment that is long enough to make a difference is the challenge. While danger and clean-up costs are high in connection with methamphetamine laboratories, few such laboratories have been located in Mesa County. Most of this illegal substance comes from outside the county or country.



## IMPACTS ON THE USER

When ingested, methamphetamine acts as a powerful central nervous system stimulant. It can be in the form of a tablet, powder, or a crystal-like substance that people can swallow, smoke, inhale or inject.

People who take methamphetamine report an initial feeling of pleasure and they may feel smart, energetic, or competent for four to six or more hours. This sense of well-being has costs associated with it. The system to access chemicals (dopamine) in the brain that cause the good feelings become depleted, resulting in elevated mood followed by depressed mood. Larger doses are required over time, and these doses have smaller impacts. In this way, people become addicted. Brain damage has been documented.

There are physical and mental health costs associated with use of methamphetamine. Regular use of methamphetamine reduces appetite, and users lose weight over time. Decaying teeth, liver damage, increased heart rate, high blood pressure, and insomnia have all been documented with methamphetamine use. Hyperactivity and developmental delays have been reported in children born to users of methamphetamine.

Those addicted to methamphetamine sometimes suffer from the delusion that small bugs are biting them under the skin. People have injured themselves trying to remove the bugs. Addicts may also suffer from paranoia and isolate themselves. Users may experience hallucinations or hear voices. The results can be unpredictable, violent behavior—making them dangerous to themselves and others. The combination of alcohol and methamphetamine seems to increase these problem behaviors.

Data from St. Mary's hospital indicated that alcohol is still the leading cause of substance abuse related admissions or use of the emergency room in Mesa County. The most precise category used at the Hospital is amphetamine. If the patient presents with a physical problem, the methamphetamine use may go undetected by a medical provider, or it may be a secondary diagnosis that did not appear in these counts. The admissions do not reflect individuals—the same person may present more than once during a year. There was an increase in the 2005 first quarter data with amphetamine approaching 10% of those seen in the Hospital's emergency room for substance abuse.

<b>Amphetamine Abuse</b>	<b>Admitted</b>	<b>Not Admitted</b>	<b>Total</b>
<b>FY2001</b>	8	13	21
<b>FY2002</b>	9	22	31
<b>FY2003</b>	5	24	29
<b>FY2004</b>	10	19	29
<b>FY2005 First Quarter</b>	4	11	15
<b>Substance Abuse</b>	<b>Admitted</b>	<b>Not Admitted</b>	<b>Total</b>
<b>FY01</b>	383	502	885
<b>FY02</b>	345	445	790
<b>FY03</b>	450	504	954
<b>FY04</b>	304	357	661
<b>FY05 First Quarter</b>	71	120	191

vices Pro-  
Fiscal Year 6/1-5/31

Substance Abuse Related Ser-  
vided by St. Mary's Hospital \*FY—





## IMPACTS ON THE CHILDREN

The Mesa County Department of Human Services, like state and national organizations, reports that neglect is common among methamphetamine addicts. For those who do not take time to feed themselves, the reality of buying and preparing meals for children on a regular basis can be too complex. Children in such households attempt to manage for themselves.

Pornography is generally present in the homes of methamphetamine users, and domestic violence is considerably more likely in the homes of meth addicts. Regular, predictable, supportive behavior of care givers is missing in such families. Children often don't receive and they can have development issues, rage, and anger and are at high risk of meth use themselves. Meth often affects entire families and makes placement with relatives difficult. Furthermore, there are few foster parents able to care for special needs children.

For the children living in methamphetamine labs, there are exposures to toxic chemicals as well as the life-style risks cited above. Five of the six methamphetamine labs uncovered in 2004 in Mesa County included endangered children.

Methamphetamine use has impacted the child welfare system in Mesa County. Adult substance abuse has been a contributing factor in the Mesa County Department of Human Services' removal of children from homes for some time. In July 2005, Mesa County Human Services had 212 children in state foster care as a direct result of their parents' involvement with meth. During the data gathering phase for this paper, 27 children were taken into State custody in Mesa County in just one month due to meth, compared to the prior record for one month of 12.

♦ Of 644 open cases with children under the age of 12 in Mesa County during the first 11 months of 2004, 483 or 75% of the cases were meth involved.

♦ For cases with children over the age of 12 during that same time, 130 or 50% were meth involved.

To provide stability for young children, Colorado state law requires that children under six years of age, must have a permanent placement within 12 months of removal from their home. Being successful in getting meth-addicted parents engaged in treatment in order to make enough progress to allow them to maintain a safe environment for children within those 12 months has been a challenge. Poverty, limited education, and limited job experiences contribute to the challenges in providing for children while also recovering from methamphetamine use.

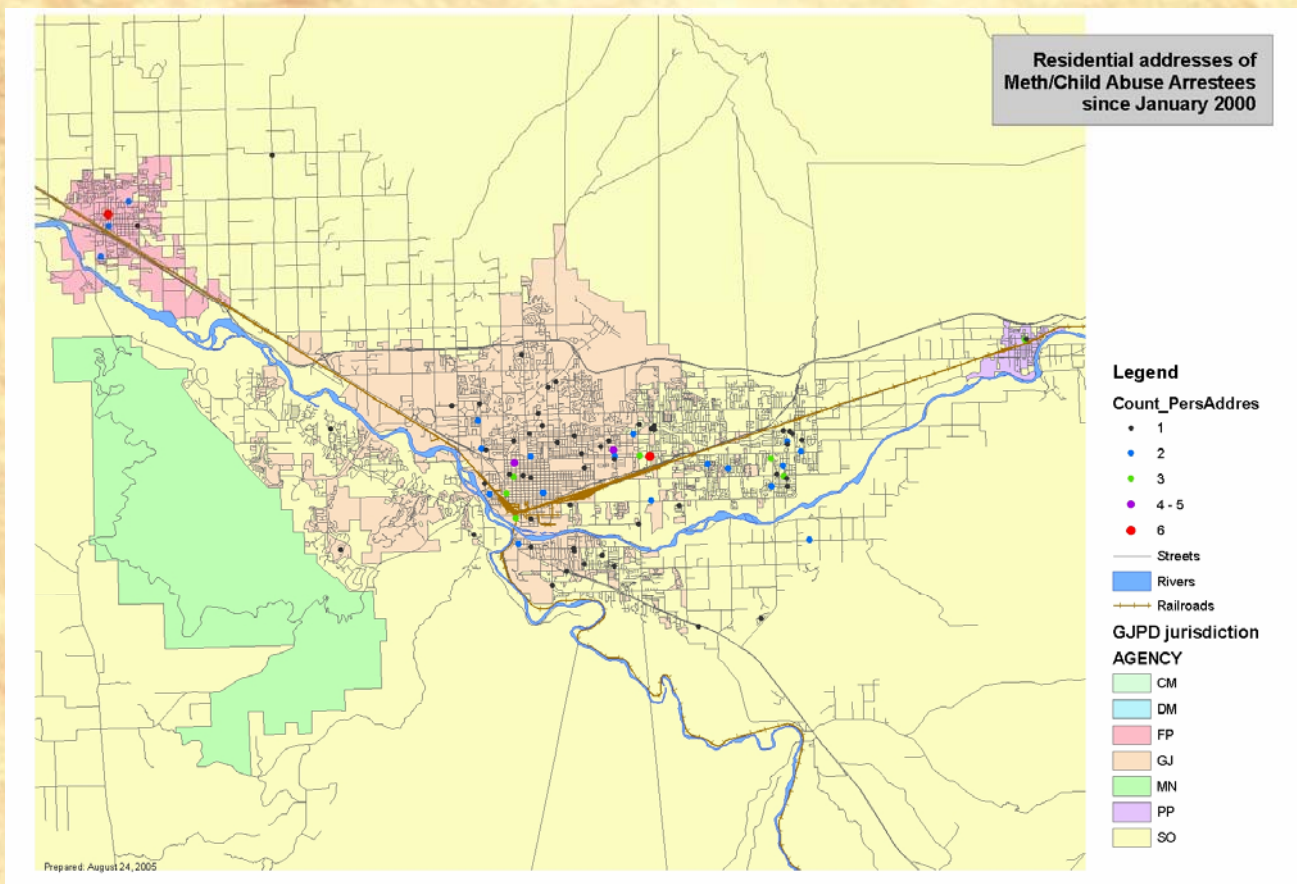
During the first nine months of 2005, there were a total of 28 cases where the parents' rights were terminated through the court system due to non-compliance with their treatment plan. Nineteen of those cases were Meth related. These are cases that started because one or both parents tested positive for Methamphetamine, had an indication of Meth use, or a history of Meth use. Some of these terminations may not be caused solely because of meth use. Usually, there are many other factors, such as mental health issues, domestic violence or criminal activity, and it is difficult to say which came first. Additionally, there are many cases that start out as meth involved, but don't end up terminating parental rights. There also may be cases that have some Meth use in past histories which were not documented in the Social Histories but were not a factor at the time of the Termination Trial.





## IMPACTS ON THE CHILDREN

Methamphetamine, once a working class drug, is no longer limited to a specific class or geographic area. The map below was used to indicate the residential addresses of those arrested for meth and child abuse between 2000 and 2004. All areas of the Grand Valley are impacted. Meth users are generally a mobile group, changing residences to avoid attention or to adjust to decreased earnings. These relocations increase the numbers of locations pictured in the map.





## IMPACTS ON THE COMMUNITY

Methamphetamine use is proving to be a major problem for the Mesa County Criminal Justice System. It is highly addictive, cheap and easy to get, much easier to make than LSD, and more attractive to users. The number of users is increasing, and more meth is starting to come in from Mexico.

Meth use is resulting in increases in auto theft, auto burglary, purse snatching, and credit card offenses. Meth users are paranoid, unpredictable, dangerous, and highly addicted. They also present a high failure to appear rate in criminal cases, and often result in defendants picking up multiple offenses prior to resolution of the cases.

Enforcement efforts are focused on public safety—arresting violators and reducing the local supply of illegal substances. Enforcement alone does not make the community a safer place.

The following data from the Grand Valley Joint Drug Task Force reveals the dollar worth of seized methamphetamine in the area since 2000.

Year	Methamphetamine (lbs.) Seizures	Worth	Clandestine Meth Labs Uncovered
2005 (through 7/7)	15.67	\$373,246	2
2004	59.55	\$1,187,972	8
2003	48.31	\$965,880	6
2002	27.38	\$546,542	1
2001	75.28	\$1,504,427	4
2000	55.01	1,130,806	9

Methamphetamine is big business, and without consistent, coordinated enforcement, additional providers might locate in the area. It is estimated that for every pound of methamphetamine produced, six pounds of hazardous waste are produced. This waste disposal posed a significant threat to the health and safety of the citizens of Mesa County, as the material is not disposed of properly.

Cleanup of meth labs is both time consuming and expensive. When labs are closed by law enforcement, hazardous materials teams dispose of the remaining materials. The property owner is responsible for cleanup, and the Colorado Department of Public Health and Environment recently published cleanup standards on their website ([www.cdphe.gov](http://www.cdphe.gov)), but there is no current enforcement of the standards. It is possible that renters or home owners are residing in units that had been used as methamphetamine laboratories.

Arrests are another component of law enforcement. The following data describes methamphetamine arrests by the Grand Junction Police Department between 2000 and 2004. Each year some names appeared more than once. In the five years there were arrests of 1,025 people—less than 1% of the adults in Mesa County, but not all were County residents.





## Methamphetamine Arrests, Grand Junction Police Department, 2000-2004.

	2000	2001	2002	2003	2004	Total
Arrests	133	289	199	252	330	1,203
Unduplicated names	120	257	185	237	302	1,025

For some meth users, the addiction can be stronger than the threat of arrest or loss of family. Of the arrestees, 12% or 149 names were 27% of the arrests during the five years. There were 143 individuals charged with child abuse and methamphetamine crimes, and thirty-seven or 26% were charged with the combination of crimes more than once.

Methamphetamine arrests and prosecutions are not the only community costs. There has been an increase in felony property crimes that is greater than population growth, according to Mesa County District Attorney Pete Hautzinger. Forgery cases increased by 190% between 2000 and 2004. Fraud and theft have also increased. At a spring meeting of local District Court Judges, it was estimated that 80% of the cases they are seeing involve methamphetamine use.

### Autopsies of Unexpected Deaths:

Autopsies are required for deaths that are unexpected or seem suspicious. Between 38 and 40 percent of Mesa County autopsies performed during the past two and one half years included the presence of a drug or alcohol related cause of death, or the presence of illegal concentrations of alcohol or other substance. Men were more likely than women to be within this group. At least one-third of the annual deaths were associated with suicides.

### Mesa County Autopsies, 2003-2005

*\*through June 30<sup>th</sup>, 2005*

Year	Total Autopsies	With Positive Toxicology	Youngest Age	Median Age	Oldest Age	% Female	% Male	Number Of Suicides
2003	163	60	16	41	78	23	77	20
2004	123	49	17	44	85	24	76	18
2005 *	77	29	20	48	69	31	69	9

Alcohol, either at a high level or a history of alcoholism, was a major factor in 60% of these substance-involved unexpected deaths. Excess medication or other illegal drugs were more common than the presence of methamphetamine—25% of the cases reviewed. Meth was present in 15% of the deaths.

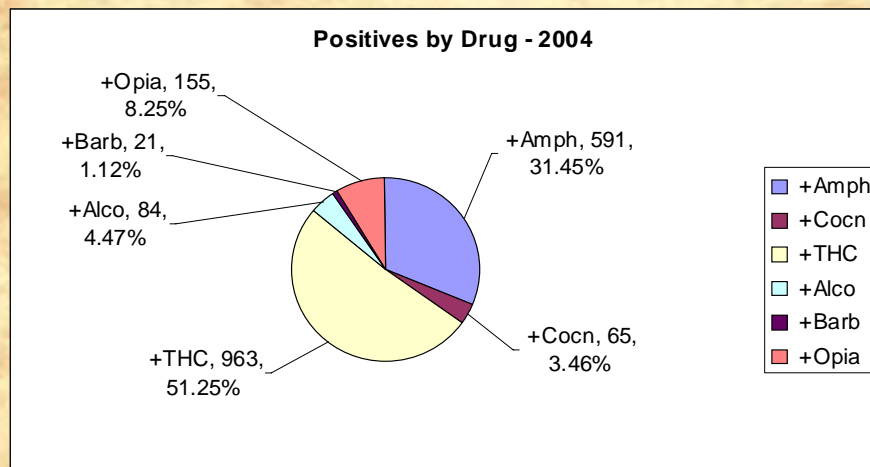




# TREATMENT OF METH ADDICTION

Data from those who were required to complete drug testing during 2003 and 2004 in Mesa County because of involvement with the legal system revealed that use of marijuana (THC on the chart) was the only drug that was more frequently identified than the amphetamine group that includes methamphetamine. The tests that are reported here are less sensitive to alcohol, so its presence is less than the reader might expect with other testing.

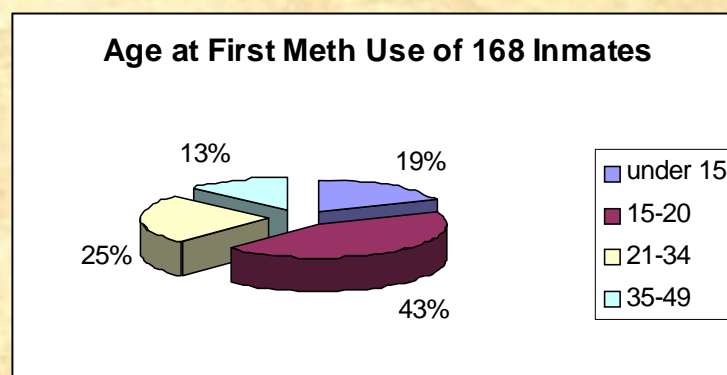
Of the 15,523 tests run during 2004, 12% were positive for one or more tested substances. Amphetamines accounted for 31% of the positive number, almost the same as that in 2003.



To learn more about how and at what age people start use of methamphetamine, a student intern conducted 200 interviews with residents of the Mesa County Jail during summer 2005. The individuals volunteered to talk about methamphetamine and agreed that they were willing to share the information, not their names—they represent only a portion of the jail population.

Two-thirds of the inmates who were interviewed were male, and one-third were female. There were 12% under the age of 21. More than one-half (52%) were between 21 and 34. One-third were ages 35 to 49, and 3% were 50 and older. Of these inmates, 179 or 90% reported that they had used methamphetamine in the past. There were 168 who reported when they had started using.

The distribution in age at first use is reported below.





One-half (or 100) of the inmates indicated that they had received some form of substance abuse treatment in the past, and 67% (or 120) indicated that methamphetamine was directly or indirectly involved in current charges against them.

- ◆ 79% were high when arrested
- ◆ 49% had methamphetamine in their possession
- ◆ 30% reported they were attempting to get money for methamphetamine

The vast majority of meth users are not sociopaths, but rather people who need help. In order to break the high and low cycle of meth use, they must “own” meth as a problem. The primary method of treatment is the Stanford Matrix method, which is a biological/behavioral therapy (BBT) approach that involves the community and family of the client. It has about a 40% success rate. There is a significant need for additional residential meth treatment capacity, both for adults and adolescents.

While Colorado West Mental Health does have bed openings, clients must have insurance or be able to pay out of pocket. Historically, Colorado has been one of three states that did not allow Medicaid coverage for substance abuse treatment. During the 2005 legislative session Medicaid coverage was expanded to cover substance abuse treatment. Whether or not funding will be available for this change in Medicaid services remains to be seen.





# PREVENTION OF METH ADDICTION

Understanding why people start using a drug can help our community to better understand how to prevent its use. Although we didn't ask these respondents, some prevention specialists consider early use of alcohol and marijuana to increase a person's likelihood of using illegal drugs.

Of those interviewed at the Mesa County jail, almost one-third (31%) of the inmates with a history of meth use reported that their friends' use got them started. Having friends who engage in problem behavior is among the well-known risk factors in principles of prevention, and there are known approaches such as mentoring, parents knowing their children's friends, and regular communications about not using drugs that tend to protect children and youth from high-risk behavior.

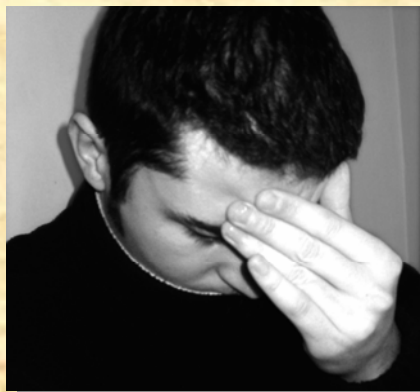
Other reasons were also provided:

- ◆ 15% of the inmates reported a desire to experiment—to take risks—led them to meth
- ◆ 13% were self-medicating for depression or other mental health problems
- ◆ 11% reported that a partner's use got them started
- ◆ 10% reported a family member—parent, cousin, sibling—introduced them to meth
- ◆ 8% cited recreation as a primary reason for trying methamphetamine
- ◆ 7% used meth to stay awake or get more done
- ◆ 2% cited weight loss as the reason they initially tried methamphetamine

Consistent with national and local law enforcement data, a number of inmates reported switching from cocaine use to methamphetamine because of the lower cost and the longer high that resulted.

A variety of answers were provided in response to the question, "What, if anything, could have prevented you from starting to use methamphetamine?" About 12% said that nothing would have worked with them, but the presence of rehabilitation services in jail, with careful follow up was recommended by a number of survey respondents. They also recommended specific treatment programs for users of methamphetamine, saying that short-term work without follow-up does not work for most users. Guidance, being held accountable earlier in life, a positive support system and a better selection of friends were suggested repeatedly.

The inmates were strong supporters of consistent prevention programs throughout school. They described the many losses they had faced: homes, family, businesses, some in a very short time. A few clearly stated, "Don't ever inject meth," yet they recognized that "Just say No" or fear-based messages would not work well.





## Focus Groups

A series of focus groups was conducted to help determine best methods for prevention. Five separate focus groups included: (1) former users, (2) recovering users in the child welfare system, (3) families of users, (4) nonusers who are at high risk for using, and (5) law enforcement. All participants were adults (i.e., over 18 years of age).

### Focus Group Demographics

**Former and Recovering Users** reported first use of methamphetamine at ages ranging from 14 – 43 years. The periods of time during which they reported using the drug included “off and on” or minimal use to 24 years, with periods of sobriety (in one case lasting 7 years) interspersed with periods of daily use. Several of the participants in these focus groups had served prison sentences or were still serving time in the criminal justice system (work release or parole). Those in the child welfare system had lost custody of their children as a result of drug-related activities. Many of the focus group participants had histories of multi-substance abuse (alcohol, marijuana, cocaine and/or heroin, in addition to methamphetamine use), and many had also sold methamphetamine and/or other drugs.

**Family Members of Users** included individuals whose spouses, parents, siblings, children and/or step-children were either current or recovering users. In a number of cases, there were multiple members of the same family who were users, and notably, several father/daughter and mother/daughter user combinations.

The “**High-Risk**” focus group included participants who had family members who were users, individuals who had histories of abuse of substances other than meth (alcohol and other drugs), and individuals whose economic and social situations put them at risk for exposure to the methamphetamine culture.

The **Law Enforcement** group included individuals from the Mesa County Sheriff’s Office, the City of Grand Junction Police Department, and the Drug Enforcement Agency Task Force.

### Focus Group Questions

1) **Knowledge and perceptions about methamphetamine use in Mesa County:** All groups discussed their knowledge or perceptions of methamphetamine use in Mesa County – e.g., who uses and frequency of use, availability of the drug.

2) **Factors contributing to the initiation of methamphetamine use:** Recovering users and family members of users were asked to discuss what contributed to their decision or their family member’s decision to start using methamphetamine. “High risk” individuals discussed factors that could influence them personally to choose to use methamphetamine. Law enforcement officers were asked to discuss the primary barriers to controlling access to methamphetamine in Mesa County.

3) **Factors contributing to an individual’s decision to quit (or not to consider) using meth:** Recovering users and family members of users discussed the factors that led to a decision to become and remain sober and drug-free. “High risk” individuals discussed the reasons why they would choose NOT to use methamphetamine. Law enforcement officers discussed the primary barriers to reducing methamphetamine use overall and to reducing recidivism among recovering users in Mesa County.

4) **Prevention:** All groups concluded by discussing their ideas and suggestions for preventing others (especially youth) from considering meth use. Factors leading to successful recovery were also discussed.



## Key Themes and Conclusions

**Knowledge and perceptions about methamphetamine use in Mesa County:** All groups agreed that methamphetamine use is widespread within our community. However, perceptions differed regarding who was using and the extent of the problem. The following comments capture the essence of the discussions:

- ♦ “As common as alcohol abuse; users are not just stereotypical ‘drug users’.”
- ♦ Users are an “older group (not kids), who use with their friends”; “They’re older, more informed, more educated people that are trying it, even for the first time.”
- ♦ There are more “younger kids and more IV users.”
- ♦ Use is “bad”, but it was “worse in 1991-92.”
- ♦ “The biggest problem in our community.”
- ♦ “Drug use fuels other crime, both property and personal.”
- ♦ “Most of the prison population is drug addicts.”

**Factors contributing to the initiation of methamphetamine use:** Family circumstances, self-medication to deal with depression and personal trauma, lifestyle and social interactions were all common themes expressed during the discussion of what led people to begin using methamphetamine:

- ♦ “I used it to escape. I had an abusive family and childhood.”
- ♦ “It happens to single parents a lot because that’s what they’re doing to take care of their kids. Someone working two jobs and trying support their kids...pressures cause her to use or start selling.”
- ♦ “You’re usually covering up something or something bothers you and is not OK with you.”
- ♦ “Liked the high... liked feeling invincible... liked not having to feel the pain.”
- ♦ “It was social to begin with... liked the lifestyle; liked being the center of attention (when she was dealing); users have their own culture within our society.”
- ♦ Peer pressure (often from family members who are users); “Grew up in a drug and alcohol home; to her it was the norm.”
- ♦ “To lose weight... have more energy”

**Factors contributing to an individual’s decision to quit (or not to consider) using meth:** As with the factors that led to a person’s decision to begin using methamphetamine, the reasons that individuals gave for why they made the decision to quit using the drug were varied:

- ♦ “Social services got involved; they took away my kids.”
- ♦ Prison – “The longer it’s out of your system, the more the ‘fog’ clears.”
- ♦ “Realized that the drug was running my life; couldn’t keep up the façade, the lies any longer.”
- ♦ “Saw someone I didn’t want to be.”
- ♦ Family intervention; intervention of God.
- ♦ “The devastation in their [her children’s] eyes because they had to go back to foster care.”
- ♦ “If they hadn’t taken my kids away, I probably wouldn’t have quit.”
- ♦ “Needed support to face what made them use in the first place; anti-depressives help some people; therapy.”
- ♦ Observing physical effects and behavior, “disgusting.”



**Preventing first use:** Comments regarding prevention ranged from, “You can’t prevent it” and “Some people are predisposed to addiction” to advocating for a focus on education and youth mentoring. The following statements are representative of the discussions:

- ♦ “We need to start saving the kids. There isn’t enough for kids to do; they just hang out and someone introduces the meth. It’s expensive to do a lot of sports and activities...it’s hard for the parents.”
- ♦ “We need to get lower income kids into programs.”
- ♦ “You can’t prevent it. People are going to try it. We need to educate people about what happens once you’re on it... how it’s going to make you feel and what it’s going to make you lose.”
- ♦ “Prevention has to start in elementary school. Many have parents who are users and have dysfunctional families.”
- ♦ One former user commented that she didn’t know if she liked her mom after her mom got sober, because she’d never seen her sober. She also didn’t know that her dad was drunk until he had been clean for two years... then she didn’t like him much either. There wasn’t much discipline and organization in her life.

**Decrease supply:**

“The access to drugs is too available even in the jail.” “You have to let it be known that we can’t just sit back and allow the dealers and the people who make this stuff to take over your community.”

**Education about the effects of methamphetamine use** should be factual and non-threatening;

Show the “unglamorous side.” One former user commented, “I know it sounds really naïve, but if it wasn’t so glamorized... The cash comes if you’re a dealer. Hip hop, rap, it glamorizes that whole, ‘I’m bad and I’m cool’.” “Get to the kids through the media.”

**Adult role models – especially teachers:**

who show that they really care about the kids and offer support without judgment can make a big difference in whether or not a young person chooses to use drugs. Some recovering users are hoping that their children will learn from their parents’ experiences and choose not to “do the powder.”

One participant admitted to her two daughters that, “While I was on it, I never thought of you.” She told them, “Don’t ever do this drug because you will forget your own children. It’s a horrible, horrible drug.”

**Regarding treatment: and the ability to stay “sober”:**

All groups expressed concern about both the cost and the availability of treatment; a common theme was that it was necessary to get arrested in order to get treatment. In addition, long-term supervision and support was considered crucial for successful recovery. “Needed to be supervised for the first year. Anything could have blown her off track; something small can always set an addict off again. Relapses start way before the time of use, sometimes months or years.”

**Education is an important part of the recovery process:**

“If I hadn’t learned what I learned in rehab, I wouldn’t be here. I have respect for meth because it is so devastating.” “Need to have something that matters in your life.” “I was always trying to quit for somebody else. I finally did it for myself. My kids were a big force behind it, but I did it for myself.” “Make examples [of recovering users] who are doing good and trying to make it.” It is difficult for recovering users to make it in the “sober” society—they need help with jobs, housing, etc.—big factor in recidivism (relapse).



### *Recovering users felt that support groups*

played an important role in maintaining their sobriety. They also stated that “having your family behind you makes all the difference in the world.” However, many family members expressed frustration and resignation – “It has to be their decision; it’s not anything that we say or do. I think that the harder that you try to help them, I think we really hinder them. I think just maybe love them and let them know you love them, but their consequences are their own.”

### *Regarding law enforcement efforts and impact on preventing use:*

“Drug access in general is very difficult to control – it’s an issue of supply and demand.” Important to impact those who are just starting to use. There are legal barriers to responding to calls about “meth houses”: Resources, including manpower, and the priority of service calls are also a problem. Things may be looking up however. According to one recovering user, “Now there’s a little bit more enforcement. You have to be a little more careful.”

### Community Involvement

**“People are concerned and they don’t know where to turn and they don’t know what to do.”**

All focus group participants expressed appreciation to the Mesa County Methamphetamine Task Force for sponsoring these opportunities to come together, relate experiences, express concerns, and work toward solutions as a community. Several specific ideas resulted from the group interactions:

*Establish “meth-specific” support groups for both recovering users and family members of users.* Although many of the focus group participants attend meetings of local, substance-related support groups and meetings, there was general agreement that having similar groups that focused specifically on the needs of methamphetamine users and their families would be beneficial.

*Engage recovering users as speakers to educate youth about the dangers of getting involved with meth.* A number of Recovering User focus group participants offered to “share their stories” in the hope that they could influence young people to avoid their mistakes. “You have to let it be known that we can’t just sit back and allow the dealers and people who make this stuff take over your community!”





The on-going work of this task force will be to identify actions that the community can take that are likely to reduce the burden of Methamphetamine use on the people of Mesa County. To assist in this work, there are prevention principles that have been observed with varied research with Methamphetamine and other illegal substances.

The following list includes a few of those principles:

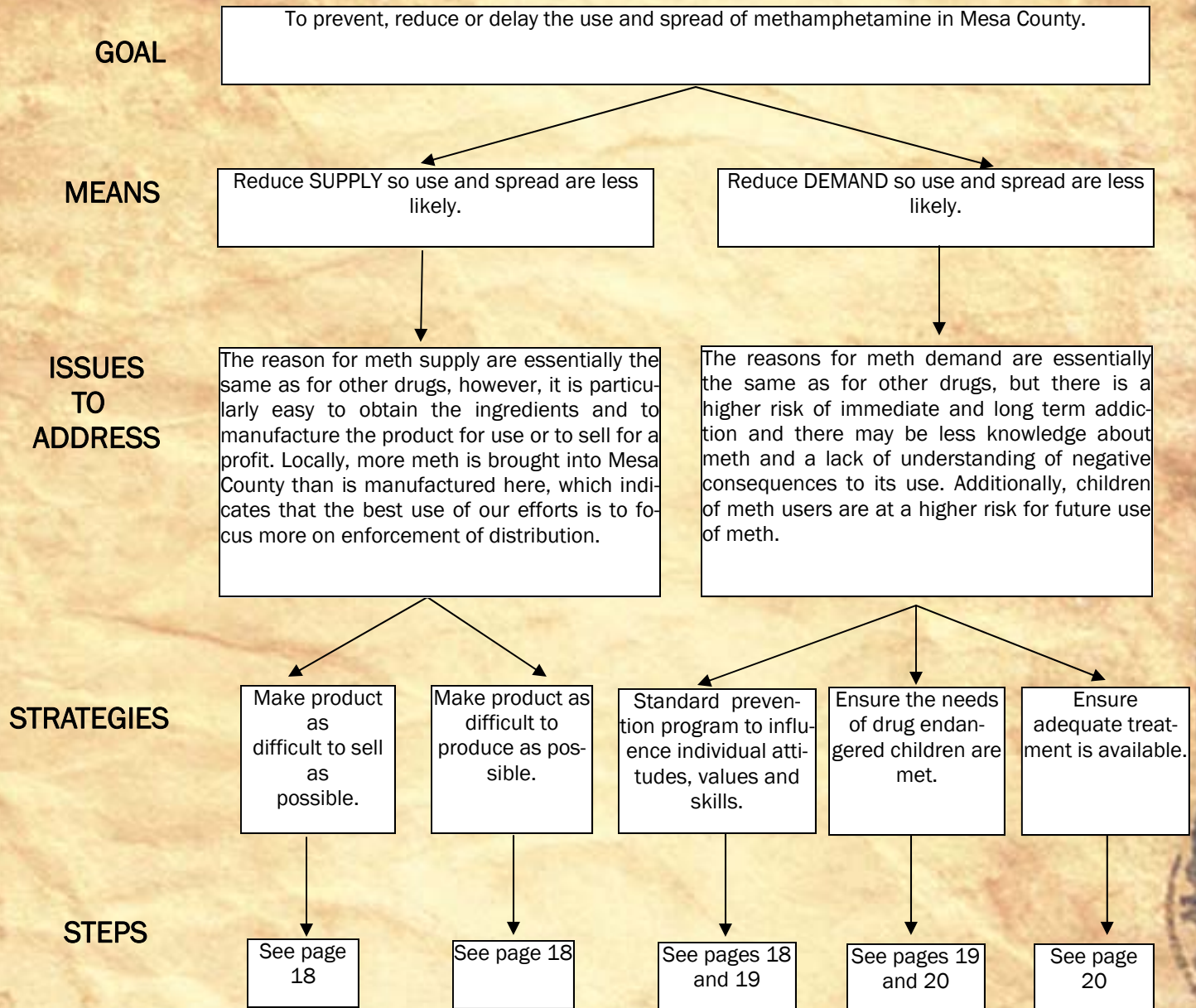
- Don't focus on a single drug in prevention. Instead focus on components that can help youth and adults make wise choices in friends, behavior, and personal growth.
- Limit access to illegal substances by limiting supplies of the substance and materials to manufacture those substances.
- Education, alone, does not change behavior. But without education, people cannot make wise decisions.
- Fear does not reduce a person's consumption of illegal substances. However, it might keep non-users from trying an illegal product. Community norms are powerful. If people believe that many others are using an illegal substance, they will be more willing to start. If people believe that a community does not tolerate the use of illegal substances, they are less likely to use in that community.
- Individuals can learn from experience. People can recover from substance abuse, but treatment and time are required.

Mesa County is not the only community that is impacted, financially and otherwise, by Methamphetamine use. We have much we can learn from what is working in other communities and from people who have overcome its impacts.





# Logic Model for Methamphetamine Strategic Plan





## **Strategy 1: Make product as difficult as possible to sell.**

### **Goal 1: Increase Arrests of Local Dealers**

**Objective 1:** Encourage allocation of existing resources towards law enforcement officers who can focus all of their attention on targeting local dealers (*Enforcement Committee*)

**Objective 2:** Encourage City of Grant Junction and Mesa County to increase or re-prioritize funding for additional officers to target local dealers (*Enforcement Committee*)

### **Goal 2: Target supply coming into Mesa County**

**Objective 1:** Continue regional efforts to address drug trafficking (*Enforcement Committee*)

## **Strategy 2: Make product as difficult as possible to produce.**

**Goal 1:** Support efforts of the omnibus bill in the 2006 Legislative session which includes limiting access to Pseudoephedrine by selling it from behind the counter (*Enforcement Committee, Executive Committee*)

## **Strategy 3: Implement standard prevention programs to influence individual attitudes, values and skills**

**Goal 1: Identify and implement science-based prevention programs appropriate for specific needs in Mesa County**

**Objective 1:** Coordinate with Benevolent Community Partnership, School Districts 49, 50 and 51 and School Resource Officers to increase capacity for healthy families and youth and implement science-based prevention efforts—including school health curriculum (*Prevention Committee*)

**Objective 2:** Coordinate prevention efforts with Community Prevention Partners (state grant) (*Prevention Committee*)

**Objective 3:** Develop an educational public relations campaign that explains what individuals and groups can do to prevent meth use and to identify and mitigate environmental and health effects of meth use and production (*Prevention Committee / PR Committee*)



**Goal 2: Increase capacity for positive relationship opportunities for youth**

**Objective 1:** Recruit mentors for children and youth (*Prevention Committee /PR Committee*)

**Objective 2:** Coordinate with Benevolent Community Partners to include increasing capacity of Faith Partners and other mentoring partnerships that emerge (*Prevention Committee*)

**Goal 3: Increase capacity for recreation and extra curricular activities**

**Objective 1:** Develop comprehensive list of youth activities in Mesa County (*Prevention Committee*)

**Objective 2:** Utilize Mesa County Teen Leadership Commission and Grand Junction City Youth Council to develop strategies

**Goal 4: Secure necessary funding to increase prevention capacity**

**Objective 1:** Develop and implement fund development plan (*Grant Committee*)

**Strategy 4: Meet the needs of drug endangered children.**

**Goal 1: Ensure all children involved in meth environments are identified by all agencies and information is appropriately shared**

**Objective 1:** Develop Memorandum of Understanding (MOU) between law enforcement agencies, the Department of Human Services and School District 51 (*Drug Endangered Children Committee*)

**Objective 2:** Coordinate with the Colorado Alliance for Drug Endangered Children to develop computer tracking system (*Drug Endangered Children Committee*)

**Goal 2: Focus prevention efforts on children and youth in the Child Welfare system of the Department of Human Services**

**Objective 1:** Develop "Tool kit" for foster parents (*Drug Endangered Children Committee/ Prevention Committee/ PR Committee*)

**Objective 2:** Develop support group for children and youth in human services system (*Drug Endangered Children Committee*)

**Objective 3:** Ensure appropriate mental health services are available to all children/youth in need. (*Drug Endangered Children Committee*)





**Goal 3: Educate the public about how to identify children in meth environments, specific signs that are reportable as abuse or criminal activity and how to report concerns.**

**Objective 1:** Coordinate with the Colorado Alliance for Drug Endangered Children to develop appropriate information and materials (*Drug Endangered Children Committee*)

**Objective 2:** Develop a public relations campaign to distribute information listed above (*PR Committee*)

**Strategy 5: Ensure adequate treatment is available.**

**Goal 1: Create and/or increase capacity for effective treatment for all users**

**Objective 1:** Define best practice in treatment (*Treatment Committee*)

**Objective 2:** Develop capacity for addicts in various systems to include first time offenders, all criminal offenders, addicts in the Human Services System, adolescents, families (addicted parents and their children), and addicts not yet in any particular "system" (*Treatment Committee*)

**Objective 3:** Include ongoing after care with wrap-around services (coordinating with the Workforce Center, Benevolent Community Partnership, etc.) (*Treatment Committee*)

**Objective 4:** Educate the public about best practice in treatment (*PR Committee*)

**Goal 2: Ensure support systems are available for family members of meth addicts**

**Objective 1:** Develop support groups for family members (*Treatment Committee*)

**Objective 2:** Develop brochure of services available to addicts and information to help family members cope with their loved one's addiction (*Treatment Committee*)

**Goal 3: Evaluate effectiveness of treatment in reducing recidivism**

**Objective 1:** Develop and implement longitudinal tracking system (*Treatment Committee*)





## CRYSTAL METH

Anonymous

If my glamorous lifestyle is appealing to you,  
And you want to try me and have nothing to lose,  
Then let me give you a piece of advice  
You are a fool and you had better think twice.

I destroy homes, I tear families apart,  
I take your children and that's just the start.  
I'm more valued than diamonds, more precious  
than gold, The sorrow I bring is a sight to behold.

If you need me remember I am easily found,  
I live all around you, in school and in town.  
I live with the rich and I live with the poor,  
I live down the road, and maybe next door.

I'm made in a lab but not like you'd think,  
I can be made right under your kitchen sink.  
Or in your child's closet and even out in the  
woods, If this doesn't scare you to death it cer-  
tainly should.

I have many names but there's one you know  
best, I'm sure you have heard of me, my name's  
CRYSTAL METH. My power is awesome try me  
you'll see, But if you do you may never break free.

Just try me once and I might let you go,  
But if you do me twice, then I own your soul.  
When I possess you you'll steal and lie. You'll do  
what you have to just to get high. The crimes you'll  
commit for my narcotic charms, Will be worth the  
pleasure you will feel in your arms.

You'll lie to your mother you'll steal from your dad,  
When you see their tears you must not feel sad.  
Just forget your morals and how you were raised,  
I'll be your conscience I'll teach you my ways.

I take kids from their parents I take parents from  
kids, I turn people away from God and I separate  
friends. I'll take everything from you even your  
good looks and your pride I'll be with you always  
right by your side.

You'll give up everything your family your  
home, Your money, your friends, you'll be ALL  
ALONE. I'll take and I'll take until you have no  
more to give, When I am finished with you, you'll  
be lucky to live.

If you try me be warned "This is not a game,"  
If I'm given a chance I will drive you insane.  
I'll ravage your body I'll control your mind  
I will own you completely your soul will be mine.

The nightmares I'll give you when you're lying in  
bed, And the voices you'll hear from inside your  
head And the visions you'll see, I want you to know  
these are your gifts from me.

By then it's too late and you'll know in your heart,  
That you are now mine, and we shall never part.  
You'll regret that you tried me (they always do)  
Remember you came to me, not I to you.

You knew this would happen how many times  
were you told? But you challenged my power you  
chose to be bold. You could have said "NO" and  
then walked away, If you could live that day over  
now what would you say?

My power is awesome as I told you before  
I can take anyone and make them a whore  
Go ahead and curse me with every breath  
Just make your choice will it be life or METH

You will take the unknown paths on your journey  
through life, Some will bring you happiness, some  
will bring you strife. But my path is one you must  
not ever cross Although it is well trodden, count-  
less lives have been lost

Now that you've met me what will you do?  
Will you try me or not? It's all up to you.  
I can show you more misery than words can tell  
Come take my hand let me lead you to Hell.



Information HotLine: 683-HELP  
Website: [www.methfree.mesacounty.us](http://www.methfree.mesacounty.us)

For presentation requests contact Angie Palmer at:  
[angela.palmer@mesacounty.us](mailto:angela.palmer@mesacounty.us) or 683-2678