Section 5: Methamphetamine Prevention, Intervention and Treatment

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Holding Meth At Bay Is Difficult Process, Source: This information was accessed in 2011 from www.nationalmethcenter.org, a website which is now disabled.

Intervention Strategies, Source: This information was accessed in 2011 at www.methresources.gov which now redirects to the ONDCP website (2012).

Links:

Prevention: ***Methpedia.org,*** http://methpedia.org/prevention

Treatment: ***Methpedia.org,*** http://methpedia.org/treatment-resources

Preventing Methamphetamine Use in Your Community, CADCA Strategizer #53 www.cadca.org/resources/detail/preventing-methamphetamine-use-your-community

Combating Methamphetamine Abuse, BJA Fact Sheet, U.S. Department of Justice, Bureau of Justice Assistance, Office of Justice Programs, October 2009 www.bja.gov/Publications/CombatMethFS.pdf

Early Intervention

Recognizing early signs and symptoms of meth use is a first step in early intervention. There are certain signs associated with meth use that can be noticeable from the first time someone tries the drug. Not every user will display every one of these symptoms; other illicit drugs may also cause similar signs.

Signs of early meth use include: euphoric high state (excessively happy), decreased appetite, increased physical activity, anxiety, shaking hands, nervousness, incessant talking, rapid eye movement, increased body temperature (can rise as high as 108 degrees and cause death), dilated pupils, and sweating not related to physical activity.

Intervention and treatment works differently for each person. A licensed practitioner can help to guide individualized assessments and treatment plans, including a range of services from support groups to psychiatric care, until an effective plan is determined. However, if you recognize these signs or symptoms in friends or family members, there are a few steps to keep in mind and prepare for before discussing the issue with them:

Be safe – Never confront a person who is high on meth. Methamphetamine users frequently become psychotic (i.e., gross mental impairment characterized by delusions, hallucinations, incoherent speech, agitated behavior, loss of touch with reality) from using meth, and their behavior could pose real danger to you. Talk at a time and in a place that feels safe. If the person becomes angry or violent, leave and bring up the subject later when everyone is calm.

Plan what to say – Tell them that you're worried and that's why you want to talk. Be specific about how you know that they are using and why you are concerned. You may want to have a hotline number or some facts on hand about real examples of people who have sought treatment and have overcome their meth addiction.

Listen – After you finish talking, ask what they think – and listen. It's critical that you hear what they're saying so you can offer to help. But you shouldn't feel like you have to personally solve this problem – there are counselors and other professionals who are specially trained to help at times like this.

Keep at it – Getting someone to seek treatment might be a continuous process – not a one-time event. In highly structured interventions, led by professionals, the discussions are planned to guide the person from one step to the next in gaining sobriety and entering treatment, increasing the likelihood of success.

Once your friend or loved one commits to entering treatment, the first task for a practitioner is to determine the severity of drug use and the level of "life functioning" in legal, family, medical and psychiatric arenas.

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Methamphetamine Prevention

At the present time, research about prevention programs specifically focused on meth is limited. At least one research project points to the success of a comprehensive approach to meth prevention for a youth audience. In this report, the combination of a school-based prevention program, plus a family-focused intervention, shows promise in reducing adolescent meth use

Currently, more research must be conducted to determine the effectiveness of prevention programs focused on meth use in the young adult population, particularly since meth usage typically starts in the late-teen years or early twenties – a time when young adults are less likely to be involved in school, family or community prevention programs.

Although meth-specific prevention research is limited, the National Institute on Drug Abuse has developed "Prevention Principles" to serve as the foundation of effective substance abuse prevention programs to combat general drug abuse; these principles are grounded in research about effective drug abuse prevention programs.

According to these principles, drug prevention programs should be comprehensive, and they are most effective when they address individual risks for abusing drugs; include family, school, and community prevention efforts; and are consistent with an overall campaign message and delivery. As such, drug prevention programs should be comprehensive and inclusive, aiming to prevent all illicit drug use, often by preventing use of those drugs considered the drugs of first use.

Addressing Risk and Protective Factors – Many factors can contribute to a person's risk for drug abuse, from aggressive behavior and exposure to substance abuse to poverty and peer pressure. Protective factors, including strong family bonds and academic success, can help to counter those risk factors. Prevention programs should work to strengthen those protective factors while addressing all forms of drug abuse – whether taken alone or in combination with other drugs. Education about drug abuse should address illegal and legal drugs, including prescription and over-the-counter medications. All programs should be tailored to address risks specific to the local community and audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness.

Prevention Planning – Family, school, and community programs should all be incorporated to maximize prevention campaign effectiveness**. Family-based prevention** programs should strive to enhance family bonding and relationships. Parental monitoring and supervision are critical for drug abuse prevention. **Prevention programs in the school setting** can be designed to address a wide range of school-aged students, from elementary school-aged children to high school-aged teens, depending on the substance and nature of the drug-related topics**. Programs aimed at key transition points**, such as the transition to middle and high school, have proven effective, even among high-risk families and children. Reaching people in various settings – school, clubs, faith-based organizations, through the media, etc. – can help to validate and maximize prevention efforts.

Message **Delivery** – When communities adapt programs to match their needs, they should retain core elements of the original research-based prevention program. All programs should include guidelines for teacher training, interactivity (role-playing, peer discussion groups, etc.), and long-term planning.

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PREVENTION: Holding meth at bay is difficult process

The concept of drug abuse prevention sounds pretty simple on the surface: (1) Identify populations that are vulnerable to the temptations of drug use, and (2) give them information they can use to make the choice not to get involved. Easily stated, not as easily completed.

Some of the potential problems: lack of funding for materials and trainers; some governments not receptive to anti-drug programs; difficulty getting communities into motion. To put the difficulty into perspective, look at some basic groups that need large doses of prevention:

The individual child The big risks are those with drug-abusing friends, children with lots of free time on their hands or so-called "latchkey" kids who have three to five unsupervised hours to spend alone every day after school. To keep this group on the straight and narrow requires lots of information, mentoring and supervision -- none of which are cheap or easy to provide.

Families One of our greatest challenges is identifying and assisting families who need help with preventing their children from becoming involved with drugs. Methamphetamine has a real attraction for youth because of its seeming power to give them more energy. Young women also find the appetite-suppressing nature of the drug appealing because it helps them lose weight. Parenting and anti-drug programs are essential in helping families understand the environment in which their children are living, the indicators of drug usage, and how parents can educate and interact with their children to prevent drug abuse and addiction.

Schools Critical elements of in-school anti-drug work are teaching teachers the basics of drug-abuse prevention and providing it on a steady basis. Many schools are now overwhelmed with demands for good test scores and limited budgets. As a result, students may not be exposed to drug education on more than a hit-and-miss basis. Some prevention experts think only consistent K-12 drug education will keep the vulnerable students from using drugs.

Communities As risks for drug epidemics in neighborhoods become apparent, members must step up and endorse a variety of processes -- from placing billboards and passing out literature to building coalitions of individuals or neighborhoods and organizing meth action teams. Once more, good prevention programs grow not only from good training and training materials but from inspiration from within the communities themselves.

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Intervention Strategies

Screening, Brief Intervention, Referral and Treatment (SBIRT)

The majority of people who require treatment for illicit drug or alcohol use are either unaware that they need help or choose not to seek it. To combat this public health challenge, SBIRT was created to encourage health care providers to help diagnose, intervene in, and treat drug abuse before it becomes a more serious problem. Federally-funded SBIRT programs are already established in 17 states and territories.

Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users. In these settings, medical professionals screen for drug using behavior and provide brief substance abuse intervention, if necessary.

The main components of SBIRT include:

- **Screening** – To quickly assess the severity of substance use and identify the appropriate level of treatment.
- **Brief intervention** – To increase insight and awareness regarding substance use and motivate patients to change their behaviors.
- **Referral to treatment** – To provide those identified as needing more extensive treatment with access to specialty care.

Drug Courts

A drug court can be defined as a special court given the responsibility to handle cases involving substance-abusing offenders through comprehensive supervision, drug testing, treatment services, and immediate sanctions and incentives. Drug courts can be used as a tool in the fight against meth as they combine intensive rehabilitation services for addicts with legal requirements to complete treatment. They offer longer treatment periods, an emphasis on addressing co-occurring mental health disorders, and intensive community supervision and monitoring.

For more than a decade, a number of drug courts have been extremely effective in stemming the tide of meth-affected areas of the nation. Federally-funded drug courts in California, Oregon, Hawaii, Nevada, Oklahoma, and Kentucky have been using the drug court model to successfully intervene and manage the methamphetamine-addicted offender. Drug courts in these states have used the coercive power of the justice system with effective treatment strategies to successfully intervene and manage the meth-addicted offender.

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For more information about SBIRT:
www.whitehouse.gov/sites/default/files/page/files/sbirt_fact_sheet_ondcp-samhsa_7-25-111.pdf

For more information about Drug Courts: www.nij.gov/topics/courts/drug-courts/welcome.htm

For information about Maine's Adult Drug Courts:
http://www.courts.state.me.us/maine_courts/drug/index.html