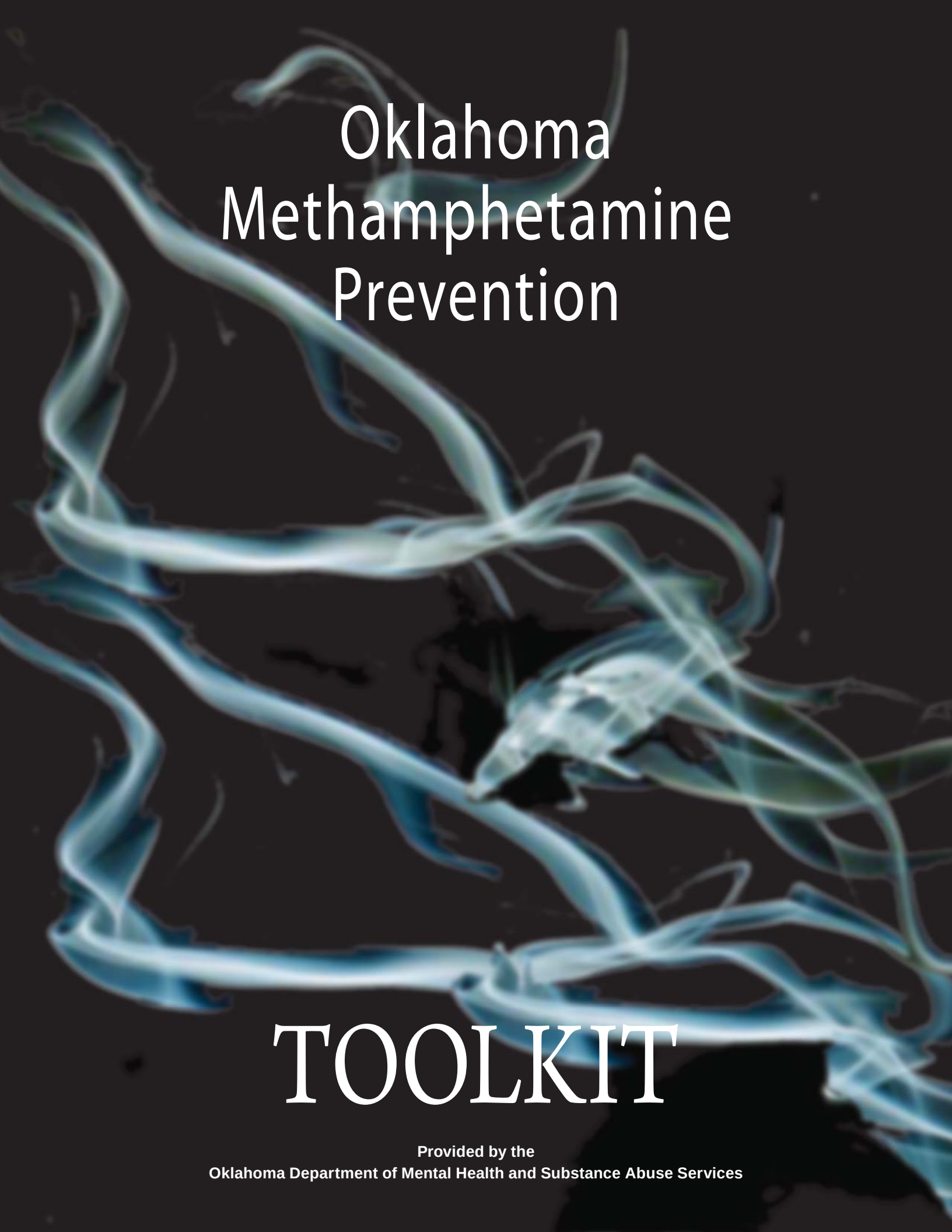

Oklahoma Methamphetamine Prevention

TOOLKIT

Provided by the
Oklahoma Department of Mental Health and Substance Abuse Services

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Dear Community Leader,
Now is the time to take control of the problems in our communities that create increased risk for methamphetamine abuse. By accepting the challenge to do something about methamphetamine use in your community you are a true leader. We applaud you for taking a leadership role in preventing methamphetamine abuse by participating in the community toolkit training.

Grant funding provided by the Substance Abuse and Mental Health Services Administration has enabled ODMHSAS to form the Oklahoma Prevention of Methamphetamine Abuse Initiative. The Initiative addresses the growing problem of methamphetamine abuse and addiction in Oklahoma. The goals of the project are to:

1. Reduce the incidence and prevalence of methamphetamine abuse and addiction through conducting community-based prevention and;

2. Increase training and education of state and local law enforcement and government officials, prevention and education officials, members of the community anti-drug coalitions, other key stakeholders, and parents on the signs of meth abuse and addiction and the options for prevention.

The purpose of this toolkit is to provide community advocates, like you, the necessary knowledge and skills to develop and implement evidence-based methamphetamine prevention programs, policies and practices.

Each of us plays an integral part in the prevention of methamphetamine abuse. We hope this toolkit will help you lead the methamphetamine prevention movement in your community. We sincerely thank you for your support in this endeavor, and look forward to supporting your efforts.

Jessica Hawkins
Oklahoma Methamphetamine Prevention Initiative
Tel: 405.522.5952; Fax 405.522.6784. Email: jhawkins@odmhsas.org

"Methamphetamine remains the principal drug of concern in the state of Oklahoma."

- DEA Briefs and Backgrounds 2008

What is meth?
An addictive central nervous system stimulant.

What does meth look like?
Crystalline powder or rock-like chunks, varies in either white, yellow, brown or pink.

How is meth used?
Meth can be smoked, injected or snorted.

What are the short-term effects of taking meth?
Brief, extremely pleasurable "rush," high agitation and violence, wakefulness and insomnia, decreased appetite, irritability, anxiety, nervousness and convulsions.

What are the long-term effects of taking meth?
Increased tolerance, paranoia, hallucinations, repetitive behavior, delusions of parasites or insects crawling under the skin, toxic psychosis, stroke, heart attack and death.

Source: Meth360, organized by The Partnership for a Drug-Free America. www.drugfree.org/meth

Methamphetamine
(speed, crank, crystal, ice)

Methamphetamine, also known as meth, is a synthetic stimulant with a high potential for abuse and addiction. Meth that is produced in small "mom and pop" laboratories appears as white, odorless powder that can be swallowed, snorted, injected or smoked. The more pure form of meth is hydrochloride, which is in crystallized form and manufactured in large laboratories. Other names for meth include speed, tweak, crank, crystal and ice.

Meth abuse is a serious problem throughout the country for a number of reasons. Meth directly impacts not only the user and their immediate family, but entire communities. The health of the user, as well as anyone around a person who uses meth, is exposed to harmful toxins, which are absorbed into the ground and other surroundings. In addition to environmental hazards, meth use is also directly related to increased crime rates. The crime rates and abuse rates can turn into even larger problems such as the need for additional law enforcement, meth lab decontamination funding and training, increased child welfare services, treatment facilities, and much more.

Initial use of meth may produce high energy, greater stamina and a euphoric rush. Because meth enhances mood and energy level by increased dopamine production in the beginning stages of use, it can be extremely addictive. Meth is usually inexpensive and accessible. Other reasons that have been cited for beginning use of the drug include the ability to work longer hours, weight loss and increased sexual endurance.

The reality of meth is that it can quickly cause mood changes, depression, increased heart rate and anorexia in the short term. Over longer periods of abuse, meth can cause chronic fatigue, paranoia, tooth loss, malnutrition, skin disorders and ulcers. The release of dopamine also becomes limited with continued use by limiting regrowth of nerve endings.

Source: U.S. Drug Enforcement Administration, 2008.

History of Methamphetamine Timeline

1893 Discovery

A Japanese chemist first synthesizes amphetamine in a lab. During World War II the drug was often used to increase endurance.

1960s & 1970s Early Users

Amphetamine, also known as speed or uppers, became commonly used by athletes, college students and truck drivers.

1980s Crystal Meth

Cooks discover that ephedrine produces methamphetamine, better known as crystal meth, and is twice as potent.

1986 DEA's First Attempt

The DEA introduces legislation requiring pharmaceutical companies to keep sales and import records.

1990s Meth Explodes

Meth cooks begin using pill form medications, which must be broken down causing explosions, and fires. Today, Mexico produces the largest amount of meth and smuggles it into the United States.

Meth in Oklahoma

Methamphetamine use has been described as "the greatest drug threat to Oklahoma. It is available throughout the state, and abuse of the drug is increasing" (NDC Drug Policy Information Clearinghouse, 2006).

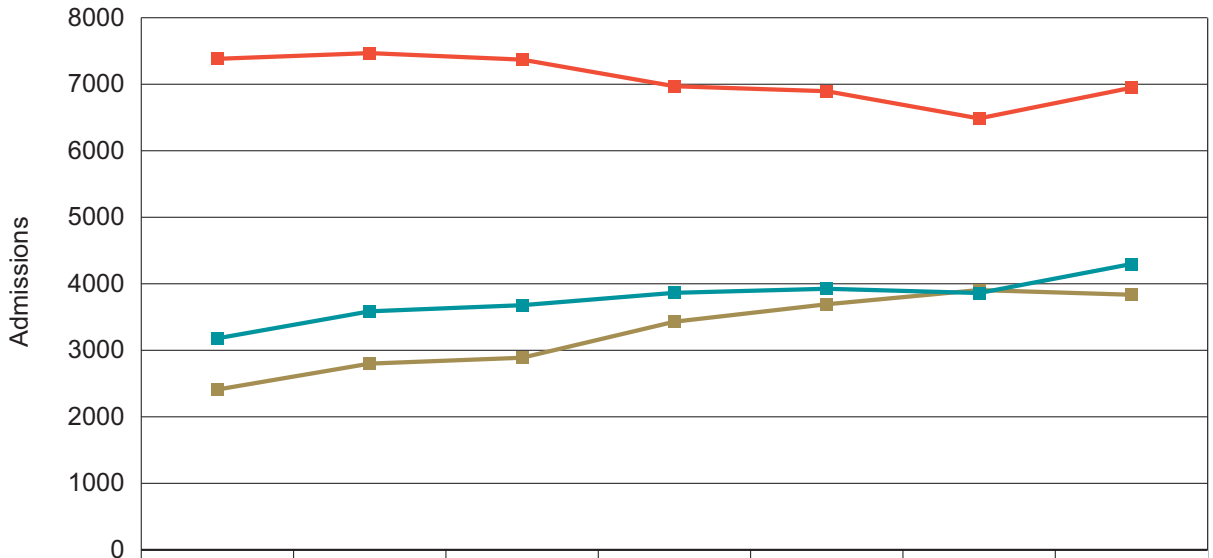
Recent trends have shown that up to 30% of people receiving substance abuse treatment through the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) cite methamphetamine as one of their top-three drugs of choice, ranking only behind alcohol and marijuana in FY2007. According to the Youth Risk Behavior Survey (YRBS) data from 2007, 5.5% of Oklahoma high school students surveyed have used methamphetamine in their lifetime, compared to 4.4% nationally. Of all twelfth graders surveyed, 7.3% have used methamphetamine, compared to 4.5% nationally.

Additional problems associated with methamphetamine use affecting Oklahoma communities include "mom and pop" meth labs, the endangerment of children and financial cost to taxpayers. In 2005, at least one child was killed at a meth laboratory, and another 48 directly affected were reported. Law enforcement and the decontamination of meth labs alone cost the state an average of $7.3 million per year. The number of meth labs seized by the Oklahoma Bureau of Narcotics increased from 10 in 1994 to 1,277 in 2004. A 2004 Oklahoma state law (House Bill 2176) has made a significant impact on methamphetamine laboratories by placing restrictions on the availability of pseudoephedrine. In addition to law enforcement and cleanup efforts, communities become financially responsible for substance abuse treatment, increased crime, and caring for meth-endangered children.

However, methamphetamine continues to be a problem that affects our entire state. Preventative action at the state and community levels is essential to stopping this growth. Prevention efforts are already under way in a number of communities throughout Oklahoma. The ODMHSAS Prevention Services Division offers this toolkit and technical assistance to support communities in developing a plan of action.

Sources: U.S. Drug Enforcement Administration, 2008; Oklahoma Department of Mental Health and Substance Abuse Services, 2008.

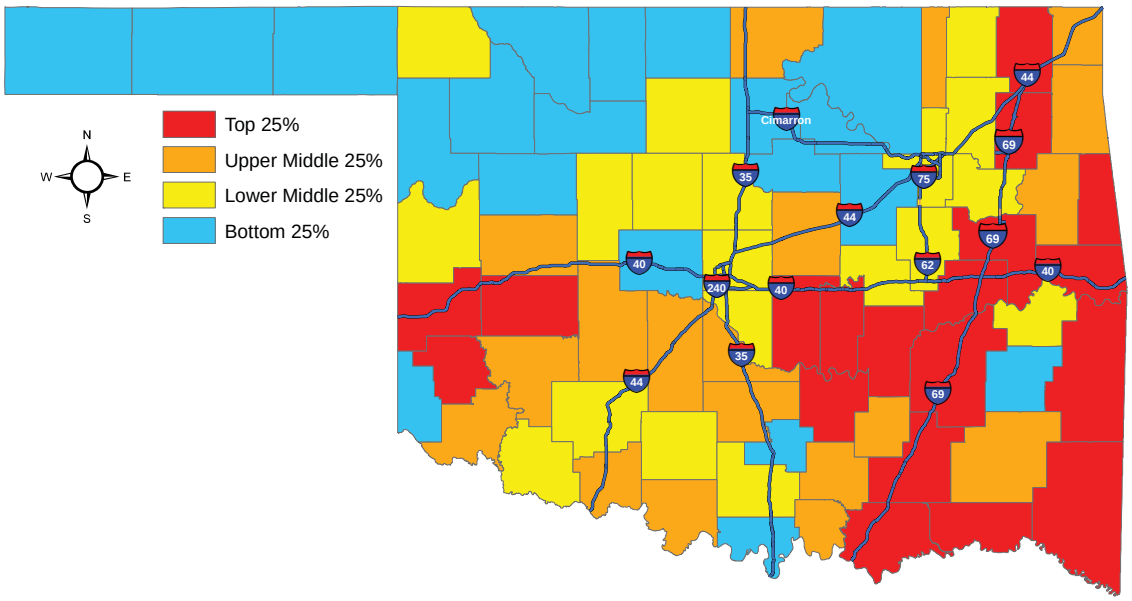
Top Three Drugs of Choice for Substance Abuse Admitted Consumers Served From FY01-FY07



Drug of Choice	FY01	FY02	FY03	FY04	FY05	FY06	FY07
Alcohol	7,382	7,468	7,370	6,970	6,895	6,486	6,947
Marijuana/Hashish	3,180	3,586	3,678	3,864	3,925	3,861	4,297
Methamphetamine	2,410	2,800	2,888	3,430	3,692	3,906	3,835
Percent Change	Alcohol (-8%)		Marijuana (+35%)		Methamphetamine (+57%)		

Meth Treatment Rates from FY05 to FY07

Source: Oklahoma Department of Mental Health and Substance Abuse Services, July 2008



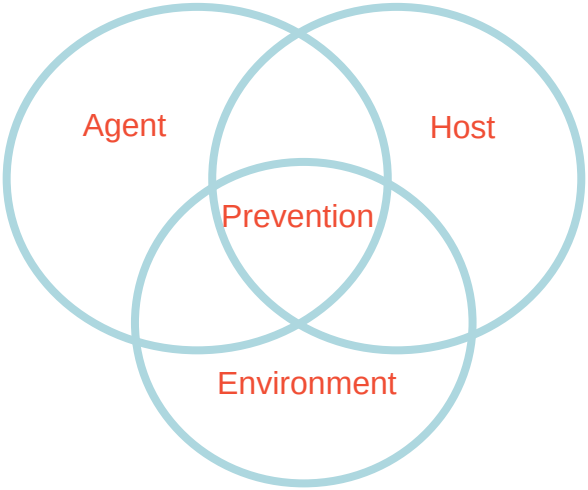
Taking Action in Your Community

Foundations for Prevention

Prevention and the Public Health Model

Three Ways of Targeting Prevention Programs

1. Universal - prevention for an entire population
2. Selective - prevention for targeted subsets considered at-risk
3. Indicated - prevention for those already showing signs



The Public Health Model (PHM) of Prevention

- The host is the individual affected by the health problem.
- The agent is the catalyst, substance, or organism causing the health problem.
- The environment is the context in which the host and agent exist.
- The PHM stresses that problems arise through the relationships and interactions among host, agent and environment.
- Prevention must target all three components.

Community-Based Prevention Strategies

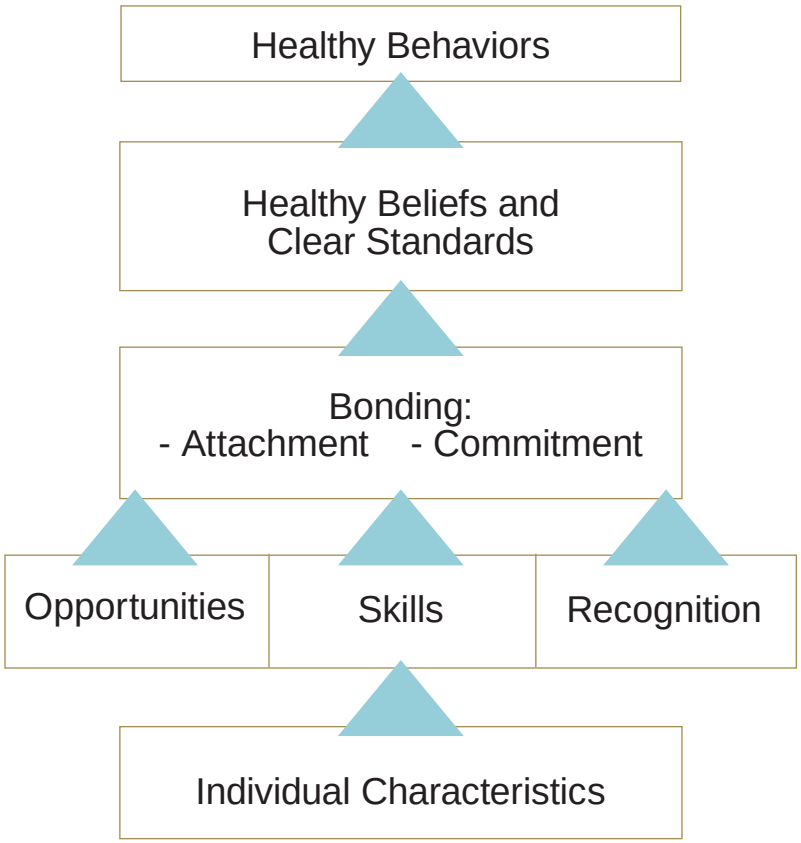
According to the Substance Abuse and Mental Health Services Administration, community-based programs consolidate the efforts of diverse local groups interested in addressing substance abuse problems. These programs work for and with people in the community.

For additional information visit:
https://preventionplatform.samhsa.gov

Risk and Protective Factors

Grounded in the Public Health Model, predictors of problem behaviors and positive youth outcomes can be identified with the use of data-based risk and protective factors. Protective factors are those that safeguard against the influences of negative outcomes, while risk factors are characteristics of individuals, families and environments that affect the likelihood of negative outcomes. (Arthur, Hawkins, et al., 1994, Hawkins, Catalano, Miller, 1992). The Social Development Model (SDM) incorporates research results on risk and protective factors. The model guides communities toward their vision of positive futures for young people. The SDM suggests that by building protection, the goal of healthy behavior for all children and youth can be met.

Social Development Model (SDM)



Protective Factors:

By Domain:

Individual	School
Family	Community
Peer	Society

Associated with reducing potential for drug use and unhealthy behaviors.

Within the community, protective factors provide opportunities and recognition for prosocial involvement.

Bonding builds attachment to families, schools, communities and peer groups.

Bonding with adults who hold healthy beliefs and clear standards allows for strong, attached relationships.

Offers individual characteristics of positive social orientation, high intelligence and strong character.

For more information on SDM visit: http://www.drugabuse.gov/NIDAHome.html

Risk Factors

Risk factors are conditions that increase the likelihood that children will become involved in problem behaviors in adolescence and young adulthood. (Hawkins, et al., 1994)

	Substance Abuse	Depression and Anxiety	Delinquency	Teen Pregnancy	School Drop-Out	Violence
Community						
Availability of drugs	●					●
Availability of firearms			●			●
Community laws and norms favorable toward drug use, firearms and crime	●		●			●
Media portrayals of violence						●
Transitions and mobility	●	●	●		●	
Low neighborhood attachment and community disorganization	●		●			●
Extreme economic deprivation	●		●	●	●	●
Family						
Family history of the problem behavior	●	●	●	●	●	●
Family management problems	●	●	●	●	●	●
Family conflict	●	●	●	●	●	●
Favorable parental attitudes and involvement in the problem behavior	●		●			●
School						
Academic failure beginning in late elementary school	●	●	●	●	●	●
Lack of commitment to school	●		●	●	●	●
Peer and Individual						
Early and persistent antisocial behavior	●	●	●	●	●	●
Rebelliousness	●		●		●	
Friends who engage in the problem behavior	●		●	●	●	●
Gang involvement	●		●			●
Favorable attitudes toward the problem behavior	●		●	●	●	
Early initiation of the problem behavior	●		●	●	●	●
Constitutional factors	●	●	●			●

Strategic Prevention Framework (SPF)

Overview
Five steps comprise the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework. By following these five steps, communities can build the infrastructure necessary for effective and sustainable prevention. Each step contains key milestones and products that are essential to the validity of the process. The SPF reflects a public health, or community-based, approach to delivering effective prevention. This information brief examines each of the five steps used to promote understanding of the requirements to successfully implement the strategic prevention framework.

Step #1: Assessment
Assessment involves the collection of data to define problems and mobilizing key stakeholders to collect the data and implement prevention strategies. Part of this mobilization may be the development of an epidemiological workgroup that has the ability to spearhead the data collection process. This workgroup may then be responsible for defining the problems and the underlying factors that will be addressed during the implementation step. Assessing resources includes assessing cultural competence, identifying service gaps, and identifying the existing prevention infrastructure in the community. Step 1 also involves an assessment of readiness and leadership to implement policies, programs, and practices.

Step #2: Capacity
Capacity involves the mobilization of resources within a geographic area (state/community). A key aspect of Capacity is convening key stakeholders, coalitions, and service providers to plan and implement sustainable prevention efforts. Resources may include available financing, organizational support, and joint partnerships. Readiness, cultural competence, and leadership should be strengthened through education and training. Additionally, Capacity should include a focus on sustainability as well as evaluation capacity.

Step #3: Planning
Planning involves the development of a strategic plan that includes policies, programs, and practices to address the problems identified with the community assessment. The planning process produces Strategic Goals, Objectives, and Performance Targets as well as Logic Models and preliminary Action Plans. In addition to the Strategic Goals, Objectives, and Performance Targets, planning may also involve the selection of evidence-based policies, programs, and practices.

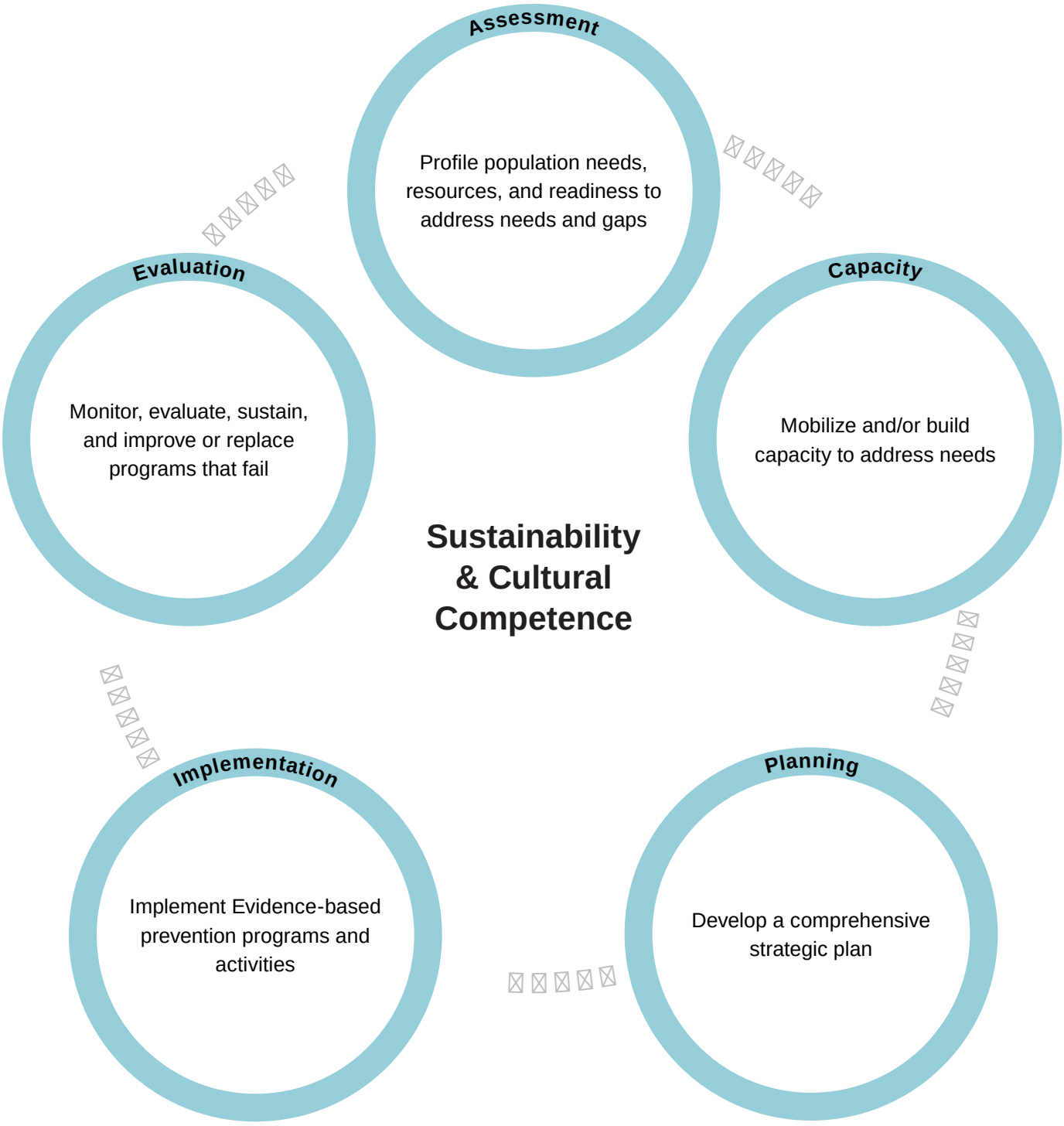
Step #4: Implementation
Implementation involves taking action guided by the Strategic Plan developed through extensive planning. Action plans and the selection of specific policies, programs, and practices should be outlined during implementation (if not previously established during the planning stage). An evaluation plan, the collection of measureable data, and the ongoing monitoring of implementation fidelity should be created during implementation.

Step #5: Evaluation
Evaluation involves measuring the impact of the SPF and the implemented programs, policies, and practices. An important part of the process is identifying areas for improvement. Step 5 also emphasizes sustainability since it involves measuring the impact of the implemented policies, programs, and practices. During the evaluation step, effectiveness, efficiency, and fidelity of implementation in relation to the Strategic Plan should be assessed.

Implications of the SPF
SAMHSA is expanding its resources for states and communities beyond programs, policies, and practices to include a focus on infrastructure development and sustainability.

Community Level:

Implement community-level, evidence-based prevention practices using the Strategic Prevention Framework (SPF)



Oklahoma Department of Mental Health and Substance Abuse Services

Meth Prevention Project Statement

The Oklahoma Department of Mental Health and Substance Abuse Services was awarded a three year methamphetamine prevention grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2006. The Oklahoma Methamphetamine Prevention Collaborative convened in 2007 to lead meth prevention in the state of Oklahoma holistically by representing all segments of society, identifying and mending gaps in statewide infrastructure, and implementing sustainable strategies to achieve long term change. The Collaborative's goals are to prevent the initiation of meth use, and to reduce meth use and the problems related to meth use. To successfully fulfill the vision of the Collaborative, this toolkit aims to guide Oklahoma communities in developing comprehensive, sustainable methamphetamine prevention programs.

According to the Foundations of Prevention, designed by SAMHSA, prevention is an active process that creates and rewards conditions that lead to healthy behaviors and lifestyles. Communities should begin with a needs assessment in order to better understand the scope of the issue, as well as to identify what resources are already in place to assist in the implementation of a community-based prevention plan. The Strategic Prevention Framework (SPF) is an outline of specific steps that will assist in prevention program development.

In addition to the tools communities can utilize mentioned within the Oklahoma Methamphetamine Prevention Toolkit, the ODMHSAS Prevention Services Division offers technical assistance and training. Please call 405-522-3619 for more information.

OK METHAMPHETAMINE PREVENTION COLLABORATIVE

Methamphetamine At-A-Glance

4.9% of Americans aged 12 and over have used methamphetamine (12 million people).

.6% of Americans aged 12 and over have used methamphetamine in the past year (1.4 million people).

.2% of Americans aged 12 and over have used methamphetamine in the past month (600,000).

Meth use is greatest among those aged 19 - 40.

Males and females use meth at similar rates.

Source: The Substance Abuse and Mental Health Services Administration/Office of Applied Studies, 2006. The NSDUH Report: Methamphetamine Use, Abuse, Dependence: 2002, 2003 and 2004.

Evidence-Based Programs and Practices

According to the National Registry of Evidence-based Programs and Practices (NREPP), evidence-based practices (EBPs) generally refer to approaches in prevention or treatment that are validated by some form of documented scientific evidence. Evidence often is defined as findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence are considered valid as well. Evidence-based practice stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.

To address issues that may arise when putting too much emphasis on program evidence, NRPP suggests defining what constitutes evidence-based within the context of your specific program. The NREPP says, "Within the context of the NREPP there is no single, authoritative definition of evidence-based practice. SAMHSA expects that people who use this system will come with their own perspectives and contexts for understanding the information that NREPP offers."

The Substance Abuse and Mental health Services Administration (SAMHSA) provides several objectives for each of the evidence-based programs for organizations to effectively compare their specific needs to each program's criterion. Several research measures are also summarized for the user to provide a range of objective information about the research that has been conducted on each particular intervention.

When using the National Registry of Evidence-based Programs and Practices, "SAMHSA encourages NREPP users to keep the following guidance in mind: NREPP can be a first step to promoting informed decision-making. The information in NREPP intervention summaries is provided to help you begin to determine whether a particular intervention may meet your needs. Direct conversations with intervention developers and others listed as contacts are advised before making any decisions regarding selection or implementation of an intervention."

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) currently requires that all contracted prevention service providers use evidence-based prevention (EBP) strategies, policies, practices and programs through its Community Prevention Action Plan process.

Source: SAMHSA - National Registry of Evidence-based Programs and Practices http://nrepp.samhsa.gov

Evidence-based Program Research

Questions to ask the program developer as described by SAMHSA

Implementations

- Where has this intervention been implemented?
- In what settings? With what populations?
- What are the particular challenges to effective implementation?
- How might these challenges be overcome?
- What common mistakes have been made, and how can we avoid them?
- Can you provide contact information for 2-3 directors of implementation sites that currently are in the process of implementing the intervention?

Adaptations

- Has your intervention been adapted in any ways that might be relevant to its implementation in a setting like mine (describe your setting) or with a population like mine (describe your population)?
- Have you been able to identify whether there are any “core components” of the intervention--parts of the intervention that must be implemented and/or should not be adapted?

Staffing

- What are the staffing requirements (number and type)?
- What are the minimum staff qualifications (degree, experience)?
- What methods are used to select the best candidates (philosophy, skills)?
- Is there a recommended practitioner-to-client ratio?
- Is there a recommended supervisor-to-practitioner ratio?

Quality Assurance Mechanisms

- What are the core components that define the essence of the intervention?
- How are supervisors prepared to provide effective support for practitioners?
- What is the supervision protocol for providing effective support for practitioners?
- What practical instruments are available to assess adherence and competence of the practitioner’s use of the intervention’s core components?
- What tests have been done to ensure the validity and reliability of the fidelity instruments?

Training and Technical Assistance

- Is training required before a site can implement this intervention?
- Who conducts the training, and where is it conducted?
- Can staff at implementation sites be certified to conduct the training?
- Who is typically trained (practitioners, staff selection interviewers, staff trainers, staff supervisors/coaches, agency administrators)?
- What is the duration of the training (hours, days)?
- Is retraining required/available?
- What on-site assistance is provided by the developer, if any?
- How long does it usually take for a new implementation site to become a high fidelity user of the intervention?

Costs

- How much does it cost to secure the services of the developer?
- What is included in that cost?
- If the intervention costs more than my budget allows, is there a way to implement only part of the intervention?
- Do costs include salaried positions? In-kind costs? Special equipment?

Evidence-Based Prevention Program Examples:

Program Name	Target Age / Population	Curriculum / Focus
Community Oriented Policing	Community at Large All Ages	- Full-service, personalized policing - Officer works with citizens to identify and solve problems - Objective: Preventing crime and resolving community problems - Identify and eliminate hazards that may promote crime or disorder
Creating Lasting Family Connections	Youth Age 13-17 and Their Parents	- Family strengthening and substance abuse and violence prevention curriculum - Designed to help youths and families in high-risk environments - Parent and youth training components consist of five or six weekly sessions - Early intervention and case management services, to provide a support system for the families in the program
Leadership and Resiliency Program	Youth Age 14-19	- Resiliency groups are held during the school day, as well as alternative activities offered after school, on weekends, and during the summer - Focus on community service, altruism, learning about managed risk, social skills improvement, and conflict resolution - Operates year-round with increased alternative programming when school is not in session
Positive Action	Entire School Community	- Grounded in a broad theory of self-concept positioning that people determine their self-concepts by what they do; that actions, more than thoughts or feelings, determine self-concept; and that making positive and healthy behavioral choices results in feelings of self-worth - Links thoughts, feelings, and actions - Enhances the development and integration of affective and cognitive brain functions
Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students)	High-risk, Multi-problem Adolescents	- School-based Center for Substance Abuse Prevention (CSAP) Model program that places highly trained professionals in schools - Information dissemination, normative and prevention education, problem identification and referral, community based processes and environmental approaches - Not curriculum-based

Program Name	Target Age / Population	Curriculum / Focus
Project Towards No Drug Abuse (TND)	High School Ages 14-19	- An interactive school-based program consisting of twelve 40- to 50-minute lessons - Lessons include motivational activities, social skills training, and decision-making components that are delivered over a 4-week period - Originally designed for high-risk youth
Too Good For Drugs (TGFD)	All School Ages (K-12)	- A long-term, school-based prevention program developed by the Mendez Foundation - Includes a 10-lesson curriculum used in kindergarten through twelfth grade - Provides education in social and emotional competencies and reduces risk factors while building protective factors that affect students in that particular age group
Reconnecting Youth	High School Ages 14-18	- An indicated school-based program for students at risk for school dropout and exhibiting multiple behavior problems - It uses a partnership model involving peers, school personnel, and parents to deliver interventions
Parenting Wisely	Parents and Children (All Ages)	- A self-administered, computer-based program that teaches skills to enhance relationships and decrease conflict - Seeks to improve problem-solving, parent–school communication, school attendance, and grades while reducing disciplinary infractions - Uses an interactive CD–ROM in which parents view video scenes of common family problems
The Healthy Workplace	Adult Workforce Ages 18-30	- A set of workplace substance abuse prevention interventions that reduce unsafe drinking, illegal drug use, and prescription drug abuse while improving the health practices of adult workers - Program integrates substance abuse prevention material into popular health promotion programs
Team Awareness	Adult Workforce (All Ages)	- Promotes social health and increased communication between workers - Improves knowledge and attitudes toward drug-related protective factors in the workplace such as company Employee Assistance Programs - Increases peer referral behaviors

Oklahoma Methamphetamine Prevention Initiative (OMPI)

Community Assessment Steps

The Oklahoma Department of Mental Health and Substance Abuse Services Prevention Services Division is available for assistance in developing methamphetamine prevention programs. Program staff will assist in completing a comprehensive community assessment. The following are a list of steps we use in assessing the community.

- Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) project staff describes meth prevention program overview with communtiy coalitions. Communtiy members must make a commitment to the project.
- Utilization of the Tri Ethnic Center's Community Readiness Tool, allows Program staff to outline five dimensions within the community necessary for implementing prevention programs. These dimensions include: community efforts, leadership (formal and informal), community climate, community knowledge about the issue, and resources related to the issue.
- Using the tool provided, the readiness level of the community can then be addressed. The resulted readiness level will show the appropriate steps to take on the meth prevention initiative in. Individual members should then be asked to volunteer to work on different aspects of the recommended strategies.
- At the next meeting, the community members should provide feedback on their strategy assigned tasks.
- Project staff then presents the County Assessment Profile (all the 77 counties, assessment profiles are available on request from ODMHSAS). ODMHSAS staff can then take them through the Community Anti-Drug Coalitions of America (CADCA) 'But Why' exercise. This exercise allows the community members to add flesh to the presented profile. This brings out the risk and protective factors prevalent in their community that boost or diminish the problem behavior.
- Having identified the risks and protective factors, the next task is to prioritize them based on their magnitude, impact and changeability, using the Center for Applied Prevention Technology (CAPT) Prioritizing Tool.
- This will lead us to have at least two risk factors for the community to focus on for their program. We then guide the community to use the Substance Abuse and Mental Health Services Administration's (SAMHSA) tool for identifying and selecting evidence-based interventions to select a best fit program (that addresses the identified risk factors) for implementation.
- As time permits, during all of the above process we may present on what prevention is, and conduct an overview of the Strategic Prevention Framework so that the community will have a good foundation on prevention and the recommended framework for the entire program operation.

County profiles including methamphetamine and other relevant data for all 77 counties produced by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) are available to the public for needs assessment. Four counties contracted with ODMHSAS through the Meth Prevention Initiative grant awarded by SAMHSA. Within these counties, coalition/community members trained to mobilize the community, and implement evidence-based prevention programs to address the meth problem in their various communities. Additional trainings were provided to the target counties on process and outcome evaluations, developing and implementing their evaluation plans, National Outcome Measures (NOMs), media advocacy, and developing their Community Action Plans during the providers' quarterly meetings/trainings. Target counties were also trained on their chosen evidence-based programs, which were Too Good For Drugs (TGFDs) and Creating Lasting Family Connections (CLFC). The initial training and outreach measures were done within these counties based on methamphetamine treatment rates over a three year period, Fiscal Years 2004-2006. The following is a brief synopsis of the steps taken within each of the counties. Contact information is also provided to assist in future program development activities throughout Oklahoma communities.

Oklahoma Methamphetamine Prevention County Examples

Atoka:

- Atoka County ranked third in Oklahoma on the Oklahoma Department of Mental Health and Substance Abuse Services methamphetamine treatment admissions for Fiscal Years 2004-2006.
- The Choctaw Nation Healthy Lifestyles (CNHL) contracted with ODMHSAS as the fiscal agent for Atoka County in 2007. CNHL is a member of the Partnership For Change (PFC), which is the local chapter of the Oklahoma Health Department's Turning Point Partnership (TPP). CNHL is leveraging the TPP health and safety infrastructure to organize the community and implement meth prevention strategies in Atoka.
- After successful completion of the ODMHSAS staff-led assessment and capacity training, the community identified several risk factors that may increase the likelihood of meth use in their community. For logistics reasons the community selected the top three risk factors (lack of knowledge of effects, peer pressure and weakening family values/community norms) to address, using the most appropriate evidence-based program – Too Good For Drugs curriculum and Media Advocacy/Campaigns as their main strategies.
- Too Good for Drugs (TGFDs) is a school-based prevention program, developed by The Mendez Foundation www.mendezfoundation.org for kindergarten through 12th grade that builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers. The program is designed to benefit everyone in the school by providing needed education in social and emotional competencies and by reducing risk factors and building protective factors that affect students in these age groups. TGFD focuses on developing personal and interpersonal skills to resist peer pressures, goal setting, decision-making, bonding with others, having respect for self and others, managing emotions, effective communication, and social interactions. The program also provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle.
- The TGFDs is being implemented in Atoka, Caney and Stringtown public schools in conjunction with the After School program in Caney.
- The media campaign involving flyers, posters, billboards, television and radio will target the whole county in its coverage.
- **Contact Person**: Melissa Cress
  Choctaw Nation Healthy Lifestyles, Atoka Methamphetamine Prevention Initiative
  Phone: 580-345-2230. Email: mcress@choctawnation.org

Methamphetamine Prevention County Examples

Beckham:

- Beckham County ranked first in Oklahoma on the Oklahoma Department of Mental Health and Substance Abuse Services methamphetamine treatment admissions for Fiscal Years 2004-2006.
- Beckham County Health Department contracted with ODMHSAS as the fiscal agent for Beckham County in 2007. The County Health Department is a member of the Beckham – Roger Mills Community Coalition, which is the local chapter of the Oklahoma Health Department's Turning Point Partnership (TPP).
- After successful completion of the ODMHSAS staff-led assessment and capacity training, the community identified several risk factors that may increase the likelihood of meth use in their community and chose the Creating Lasting Family Connections (CLFC):www.copes.org and Media Advocacy/Campaigns as their main strategies.
- Creating Lasting Family Connections (CLFC) is a family-focused program that aims to build the resiliency of youth aged 9 to 17 years and reduce the frequency of their AOD use. CLFC is designed to be implemented through a community system, such as churches, schools, recreation centers, and court-referred settings. The six modules of the CLFC curriculum, administered to parents/guardians and youth in 18-20 weekly training sessions, focus on imparting knowledge and understanding about the use of alcohol and other drugs, including tobacco; improving communication and conflict resolution skills; building coping mechanisms to resist negative social influences; encouraging the use of community services when personal or family problems arise; engendering self-knowledge, personal responsibility, and respect for others; and delaying the onset and reducing the frequency of AOD use among participating youth. The program emphasizes early intervention services for parents and youth and follow-up case management services for families.
- The CLFC is being implemented in Sayre and Elk City.
- The media campaign involving flyers, posters, billboards, television and radio will target the whole county in its coverage.
- **Contact Person**: April Combs
  Beckham County Health Department
  400 E Third, Elk City, OK 73644
  Phone: 580-225-1173. Email: aprilc@health.ok.gov

McCurtain:

- McCurtain County ranked fourth in Oklahoma on the Oklahoma Department of Mental Health and Substance Abuse Services methamphetamine treatment admissions for Fiscal Year 2004-2006.
- The McCurtain County Health Department contracted with ODMHSAS as the fiscal agent for The McCurtain County Methamphetamine Prevention Initiative in 2007. The County Health Department is a member of the McCurtain Coalition For Change (MCC), which is the local chapter of the Oklahoma Health Department's Turning Point Partnership (TPP). The County Health Department is using the TPP health and safety infrastructure to organize the community and implement meth prevention strategies in McCurtain County.
- After successful completion of the ODMHSAS staff-led assessment and capacity training, the community identified several risk factors that may increase the likelihood of meth use in their community and chose the Too Good For Drugs (TGFDs) curriculum, Project Alert and Media Advocacy/Campaigns as their main strategies.

- Project ALERT is a school-based prevention program for middle or junior high school students that focuses on alcohol, tobacco, and marijuana use. It seeks to prevent adolescent nonusers from experimenting with these drugs, and to prevent youths who are already experimenting from becoming more regular users or abusers. Based on the social influence model of prevention, the program is designed to help motivate young people to avoid using drugs and to teach them the skills they need to understand and resist pro-drug social influences.
- The TGFDs and Project Alert are being implemented in Broken Bow, Wright City and Idabel public schools.
- The media campaign involving flyers, posters, billboards, television and radio will target the whole county in its coverage.
- **Contact Person**: Arlinda Copeland
  McCurtain County Health Department
  1400 Lynn Lane, Idabel, OK 74745
  Phone: 580- 286-6528 E-mail: arlindac@health.ok.gov

Washita:

- Washita County ranked fifth in Oklahoma on the Oklahoma Department of Mental Health and Substance Abuse Services methamphetamine treatment admissions for Fiscal Years 2004-2006.
- The City of New Cordell contracted with ODMHSAS as the fiscal agent for Washita County in 2007. The city is a member of the Custer-Washita Health Action Team (C-WHAT), which is the health and safety coalition for the Custer and Washita counties. The City of New Cordell is using the C-WHAT health and safety infrastructure to organize the community and implement meth prevention strategies in Washita County.
- After successful completion of the ODMHSAS staff-led assessment and capacity training, the community identified several risk factors that may increase the likelihood of meth use in their community and chose the Too Good For Drugs (TGFDs) curriculum and Media Advocacy/Campaigns as their main strategies.
- The TGFDs is being implemented in Burns Flat/Dill City, Cordell, Canute, Sentinel and Washita Heights public schools.
- The media campaign involving flyers, posters, billboards, television and radio will target the whole county in its coverage.
- **Contact Person**: Mayor Alex Damon
  City of New Cordell
  101 E. Main Street, Cordell, OK 73632
  Phone: (580) 832-3825 E-mail: cityadmin@cableone.net

Methamphetamine Internet Resources

Alliance for National Drug Endangered Children
http://www.nationaldec.org/

American Council for Drug Education
www.acde.org

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

Crystal Darkness Oklahoma
www.crystaldarknessoklahoma.org

The Drug Enforcement Administration - Methamphetamine Information
www.dea.gov

Foundations for Prevention
http://preventionpathways.samhsa.gov

Join Together
www.jointogether.org/

Meth Resources
www.methresources.gov

National Institute on Drug Abuse (NIDA)
wwww.drugabuse.gov

Oklahoma Department of Mental Health and Substance Abuse Services
www.odmhsas.org

The Partnership for a Drug-Free America
www.drugfree.org

PBS Frontline: The Meth Epidemic
http://www.pbs.org/wgbh/pages/frontline/meth/

Substance Abuse and Mental Health Services Administration: Melting the Ice: Fighting Meth Webcast
http:ncadi.samhsa.gov/multimedia/webcasts/w.aspx?ID=454

Substance Abuse and Mental Health Services Administration: Model Programs
http://modelprograms.samhsa.gov/

SAMHSA: National Registry of Evidence-based Programs and Practices
http://nrepp.samhsa.gov/

National Center on Substance Abuse and Child Welfare - Resource List
ncsacw.samhsa.gov/MethamphetamineList.htm

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