



Methamphetamine in Jefferson County

Understanding the Impact of
Methamphetamine Abuse:
Issue Paper & Recommendations
FINAL DRAFT--April, 2008

Jefferson County Meth Action Team

Introduction:

“People often forget that meth hurts not just individuals, but families, neighborhoods and entire communities. You might not be using meth or know anyone who is – but it doesn’t mean it’s not affecting you.”

--The Partnership for a Drug-Free America

Methamphetamine use has significant impact beyond the individual user. The manufacturing and distribution of meth has been shown to cause significant damage to innocent children, the environment, the economy and the infrastructure of communities and to be a drain on public resources. Meth use affects EVERYONE in our community.

Meth users are prone to neglectful behavior, violence and paranoia. These tendencies can cause physical and psychological harm, not only to themselves, but to their children, their families and to the community, including law enforcement and first responders.

This paper was written as an outcome of the Jefferson County Meth Action Team in its deliberation, prioritization, and actions as citizens and agencies responding to the problems of methamphetamine use and treatment needs in Jefferson County.

After reviewing data from local, state and national resources, the Jefferson County Meth Action Team finds that methamphetamine use is a public health and public safety problem in our community. Methamphetamine use also causes significant problems at the state and national level.

The purpose of this document is to provide information and guidance about methamphetamine use in Jefferson County. The Meth Action Team hopes this report will increase awareness and be utilized as an educational tool for the residents of Jefferson County. The Meth Action Team also hopes this report will offer guidance and recommendations to the Board of County Commissioners and the Port Townsend City Council for future policy decisions.

Problem:

Methamphetamine use and addiction is a continuing problem throughout Jefferson County; affecting the jails financially, taxing police and sheriff, creating increased demand for mental health and substance abuse treatment, as well as costing untold amounts in child welfare, public health, legal justice system, and public education expenses. Directly or indirectly, methamphetamine and other addictive legal and illegal substances are impacting all individuals, families, children, the environment, schools, housing, neighborhoods, and businesses throughout the county.

Effects of Meth on Users¹:

“The crystalline white drug quickly seduces those who snort, smoke or inject it with a euphoric rush of confidence, hyperalertness and sexiness that lasts for hours on end. And then it starts destroying lives...”

--David J. Jefferson, “America’s Most Dangerous Drug”, Newsweek

This is Your Brain on Meth

Dopamine is a feel-good chemical produced by the brain. Upon first use, meth kicks dopamine production into high gear — this is what produces the initial euphoric rush. Meth changes brain chemistry, and after extended use, the brain can no longer respond to dopamine. The result is that users can no longer feel good, and increase consumption of the drug in an attempt to recapture the first high. This cycle often leads to addiction.

Negative Effects

- Meth becomes focus of life – users neglect families, home, work, personal hygiene and safety.
- Prolonged use leads to bingeing, consuming the drug continuously for up to 3 to 5 days without sleep (some sleepless binges last up to 15 days) and ends with intolerable crashes.
- Users are driven into severe depression, followed by worsening paranoia, belligerence, aggression— a period known as “tweaking”.
- Users eventually collapse from exhaustion and sleep for long periods of time often forcing neglected children to try to fend for themselves.

How Meth Can Affect a Community²:

“People don’t understand how tragic this drug can be. Meth is now one of Child Protective Services’ biggest concerns. Using meth and raising kids don’t mix!”
-Robert Judd, Child Protective Services

Children at Risk

Thousands of children are neglected every year after living with parents, family members or caregivers who are meth users or meth cooks. Children who reside in or near meth labs are at great risk of being harmed by toxic ingredients and noxious fumes. Cooking meth is extremely dangerous, and labs often catch on fire and explode. Children whose parents have been using or making meth are often placed in foster homes, straining social services in states hit hard by meth. These children need special care: they may be malnourished, suffering the effects of physical or sexual abuse, and often have behavioral problems as a result of **neglect**.

Crime

Meth labs, use of meth and sales of the drug, are often associated with other crimes, including burglary, identity theft, domestic violence and even murder. Teens and adults addicted to the drug will eventually steal valuables from their friends or family to pay for their habit. Meth-

related crime requires extra attention from law enforcement, and meth users are often violent, posing an added risk to local law enforcement.

Environmental Harm

A meth lab can operate unnoticed in any neighborhood, posing a health hazard to everyone around. For each pound of meth produced, five to six pounds of hazardous waste are generated. The chemicals used to make meth are toxic, and “meth cooks” routinely dump waste into streams, rivers, fields, backyards and sewage systems, which can contaminate water resources. Poisonous vapors produced during cooking permeate insulation and carpets, often making homes and buildings uninhabitable. Cleaning up these sites requires specialized training and can cost thousands of dollars per site.

Health Care

Meth use is a strain on a community’s health care resources. Children removed from homes where a parent is making or using meth often require extensive medical attention. Meth use can damage teeth resulting in extensive dental care expenses. Meth use is associated with spreading hepatitis and HIV, as the drug lowers inhibition and increases libido, which can lead to unsafe sexual practices and needle-sharing.

In addition to these strains on a community’s health care system, communities assume responsibility for funding treatment to help meth users recover from addiction.

National Statistics Regarding Meth:

“...the federal government still budgets far more for stopping drug flow and enforcing drug laws (\$8.3 billion this year) than it does for treatment and prevention (\$4.6 billion).”

--Claudia Kalb, “And Now, Back in the Real World”, Newsweek

- Approximately 11.7 million Americans ages 12 and older reported trying methamphetamine at least once during their lifetimes, representing 4.9% of the population ages 12 and older.³
- There were 73,400 Methamphetamine related Emergency Department visits in 2004 (DAWN).
- There were 158,880 treatment admissions that listed methamphetamine as the primary substance of abuse in 2006 which was 8.6% of the overall treatment cases in 2005. 56.8% of these admissions were for people ages 21-35. 10.9% were ages 12-20.⁴
- According to the 2006 National Drug Threat Assessment of the Department of Justice, 39% of local and state agencies reported that methamphetamine is the greatest drug threat in their region. Methamphetamine received the highest vote among law enforcement agencies compared to all other drugs, with cocaine coming in second.
- Children living in homes with meth users may witness domestic violence against one or both of their parents. One study found that over 85% of women and 69% of men in treatment for meth dependence reported experiencing violence. 80% of women reported violence from their partners.⁵

Washington State Statistics Regarding Meth:

***“This is the biggest problem to ever hit the state, period.
Meth wrecks families more frequently and more completely than any drug we’ve ever seen.”
--Washington Attorney General Rob McKenna, May, 2006***

- Young adults in Washington State are using meth at a rate nearly twice the national estimate. Data from 2002 through 2005 show that 3 percent of Washington residents between the ages of 18 and 25 reported past year meth abuse, compared with a national estimate of 1.6 percent.⁶
- Meth prevalence rates in Washington across all ages exceed the national estimate. Data from 2002 through 2005 indicate that 1.03 percent of Washington residents 12 and older reported past year meth abuse, compared with 0.6 percent nationwide.⁷
- Meth treatment admissions in the State of Washington have almost doubled since the late 1990s, increasing from 4,056 admissions in State fiscal year (SFY) 1998 to 8,052 in SFY2004.⁸
- Readmission to publicly funded treatment for methamphetamine addiction occurs in the year following primary treatment for about 1 in 5 clients.⁹
- The number of meth lab incidents in Washington reported to the Drug Enforcement Administration decreased from 1,441 in 2002 to 206 in 2006.¹⁰
- As of September 30, 2005, the total confinement population for the Washington State Department of Corrections was 17,788 and rough estimates of incarceration costs for methamphetamine-related drug crimes total nearly \$31 million per year.¹¹
- Based on June 2005 data, drug crimes that involve methamphetamine make up approximately 36 percent of all drug convictions (6.4% of all convictions).¹²
- According to the Washington State Department of Social and Health Services, the monthly costs for providing chemical dependency treatment are \$167 per client for stimulant abusers. In SFY 2004 there were 6,512 adults and 1,540 youth admitted to DASA-funded treatment for methamphetamine; the costs for methamphetamine-related treatment are thus estimated at \$1.3 million for each month of treatment.¹³

Meth in Jefferson County:

***Methamphetamine addiction erases what makes us human. The drug becomes the addicted person’s only reason for living. Family, friends, husbands, wives, lovers, even children are discounted to the point where they become commodities to be traded, used or at best ignored in the addict’s world.
The only value lived becomes the drug itself.
--Jefferson County Prosecuting Attorney Juelie Dalzell***

Prevalence

- Adult reported methamphetamine use in the past year is less than 1% or about 65 residents, similar to Washington State. 5.5% of Jefferson County adults have used methamphetamine during their lifetime.¹⁴
- 9% of Jefferson County residents at or below 200% of the Federal Poverty Line have reported use in their lifetime.¹⁵

- Reported meth use, in the past year, is higher, about 1%, among those at or below 200% FPL in both Jefferson County and Washington State.¹⁶
- Youth (10th grade) reported lifetime methamphetamine use is about 8%, or about 25 10th grade students, slightly (but not significantly) higher than Washington State.¹⁷
- On the 2006 Healthy Youth Survey, 1-4% of Jefferson County 8th and 10th grade students said that they had used methamphetamines within the past 30 days.¹⁸

Treatment

- The adult publicly funded treatment rate is significantly higher than Washington State (2004, 2005 and 2006); Jefferson County has the eighth highest rate in the State (2006).¹⁹
- The youth publicly funded treatment rate is significantly higher than Washington State (3 year period 2004-06); Jefferson County has the fourth highest rate in the State (2006).²⁰
- In Jefferson County, for publicly funded treatment, there are approximately 72 adult treatment admissions and 5 youth treatment admissions annually where methamphetamine is designated the primary drug (3 year admissions average, 2004 through 2006).²¹
- Publicly-funded alcohol/drug treatment services are provided on a rationed basis in our community. In 2005, in Jefferson County, 66.3% of adults in households who qualified for and were in need of DASA-funded chemical dependency treatment did **not** receive it. 169 people received treatment, 332 were unable to access publicly-funded treatment.²²
- Publicly-funded mental health services are very limited and most individuals receiving these services must be in crisis or have Medicaid eligibility. If the individual does not meet the proper criteria they most likely will not receive publicly-funded service.

Impact on the Legal System

- Jefferson County Jail costs over the past two years have reportedly risen from \$30,000 to more than \$210,000 a year; and most of the additional costs can be directly attributed to methamphetamine.²³ Jefferson County drug court reports that the primary addiction diagnosis is methamphetamine for approximately 70% of their offender population. Approximately 85% have used methamphetamine.
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- Meth-related prosecutions are on the rise, severely taxing the legal system.

Impact on Families

- Children who reside in homes where parents are involved in methamphetamine and other substance use, as well as criminal behavior, are extremely vulnerable to abuse, neglect or endangerment.
- Jefferson County's Division of Children and Family Services report that approximately 24% of their cases had methamphetamine involvement or meth-related allegations.
- Inhalation, absorption, or ingestion of toxic chemicals, drugs, or contaminated foods or drink that may result in respiratory difficulties, nausea, chest pain, eye and tissue irritation, and chemical burns.²⁴

- Initial studies indicate pre-natal exposure to meth may lead to birth defects, fetal death, growth retardation, premature birth, and a range of other developmental disorders.²⁵ With appropriate care, however, initial studies have shown that many children who have been exposed to meth *in utero* can go on to meet normal physical and developmental milestones.²⁶ However, the long-term impact of meth on children's health is still unknown.

Intervention & Treatment

“A problem with drugs or alcohol doesn't discriminate; it can happen to anyone anywhere... It cuts across race, gender and economic lines and occurs in every region of this country.”
--The Partnership for a Drug-Free America

Methamphetamine addiction is more similar than it is different from other forms of addiction.

Understanding that drug addiction is a disease is key to successfully overcoming some of the barriers to seeking treatment. Drug addiction is a complex disease with the potential to have serious negative impacts on the individual, the family, and the community. It is characterized by compulsive, at times uncontrollable, drug craving, drug-seeking, and use/abuse that persists even in the face of extremely negative consequences. For many people, drug addiction becomes chronic, with relapses possible even after long periods of abstinence.

The path to drug addiction is complex and begins well before the act of taking drugs. Genetics and the environment contribute to the risk of addiction. The Center for Disease Control's Adverse Childhood Experiences Study has proven that difficulties experienced by children increase the risk of poor health including substance abuse and addiction. Substance use and addiction is often the consequence of a person's attempt to cope with unbearable emotional pain. Over time, a person's ability to choose not to take drugs can be compromised. Drug seeking becomes compulsive, in large part as a result of the effects of prolonged drug use on brain functioning and, thus, on behavior.

The compulsion to use drugs can take over an individual's life. Addiction often involves not only compulsive drug taking, but also a wide range of dysfunctional behaviors that can interfere with normal functioning in the family, the workplace, and the broader community. Family members, especially children, are impacted by the chaos and neglect that accompanies addiction. Children are more likely to have health and developmental consequences including behavior problems, poor academic performance, and a higher risk of their own addiction and mental illness. Positive social and family relationships tend to break down and be replaced by substance using peers.

Addiction also can place people at increased risk for a wide variety of other illnesses. These illnesses can be a consequence of poor living conditions, dangerous social contacts, malnutrition, and poor health habits that often accompany life as an addict, or because of the toxic effects of the drugs themselves.

Methamphetamine addiction can result in temporary and long-term neurological damage, including paranoia, hallucinations, cognitive impairment, and mood disturbances. Some of these symptoms may persist long after withdrawal has ended. Addictive substances, such as methamphetamine, opiates, sedatives, inhalants, marijuana, phencyclidine, and alcohol can cause physiological damage. This includes potentially permanent damage to neurotransmitters leading

to an increased incidence of mental illness. Though there is some research to point to specific differences between methamphetamine and other drugs, the process of addiction and the client treatment needs are more similar than different.

***Addiction is a disease, regardless of the substance.
Like other diseases, it can be treated!***

People Do Get Well from Meth Addiction²⁷:

METH MYTH:

“Once a meth addict, die a meth addict.”

*Research proves meth addicts have the same success rates for recovery as other addicts.
It may take longer to regain brain function or to start feeling good about things
than with some other drugs of choice.*

--www.methtalk.com

Recovering from meth addiction can be difficult, but is not impossible. Research shows that meth addiction is treatable and people do get well.

Challenges of Meth Treatment

Because of the drug’s destructive nature, treating meth addiction presents unique challenges. Upon entering treatment, a meth user may:

- Require several nights of good sleep, since meth users have often been awake for days
- Be more agitated during the first month and have a very short attention span
- Have delusions or extreme agitation
- Have physical problems, such as wounds, seizures, other health issues and advanced tooth decay
- Require longer treatment than they might from an addiction to another substance

What Works?

There are many forms of treatment, but effective treatment will raise awareness; addresses physical, psychological, emotional and social problems; and will involve family and friends. Treatment is usually more successful when the individual has the support of loved ones.

State and National research indicate several key factors in treating methamphetamine addiction. Rapid access to treatment system through multiple entry points, intensive engagement of the client into services, longer stays in treatment, relapse prevention programs which require client monitoring and accountability, and support services for affected children and families of addicts.

Treatment for Meth is Getting Better and Better

The National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have invested tens of millions of dollars into researching the effects of meth and effective treatments. According to NIDA and other experts, one treatment method, the Matrix Model, has shown significant success in treating meth addiction.

And Keep in Mind

- **Treatment options vary.** Sometimes a variety of approaches are needed to help someone achieve recovery. Recovering people may need to do inpatient treatment,

outpatient treatment, 12-Step meetings and/or mental health counseling. Different combinations of treatment work for different people.

- **Treatment takes persistence but it pays off in the end.** Recovery is not instantaneous. It is an ongoing, difficult process that requires work to maintain, but it can lead to a profound life transformation and enormous personal growth.
- **Treatment does work.** People with drug or alcohol problems can get well; they can regain their physical health and well-being and improve their relationships with others.
- **Act Now!** When it comes to addiction, you cannot wait. Addiction is a disease, a serious health problem, like heart disease, that can happen to anyone. If left untreated, it can progress and may even be fatal. Don't wait until something bad happens. GET HELP NOW!

Recommendations from the Jefferson County Meth Action Team:

“Properly addressing the meth issue is going to take some bold, innovative thinking, and part of that innovative thinking is realizing that the “cost” of doing nothing or just applying “cosmetic” solutions is enormously more expensive than the “price” you pay for using the proper solution.”

-www.allpositiveoptions.com

The Jefferson County Meth Action Team recommends that the citizens of Jefferson County focus on reducing the factors that lead to costly financial, social and health outcomes of methamphetamine use. The group believes that energy and resources should be directed, comprehensively, toward efforts in prevention, intervention, treatment and aftercare.

The Jefferson County Meth Action Team hopes that the following recommendations offer direction for leadership and positive action:

- Addiction is a complex disease that affects the individual, family, and community. To successfully prevent and treat addiction there should be an **ecological model** of services designed to meet the needs of a diverse population with accountability for positive outcomes. An ecological model looks at prevention and treatment as intertwined and is accessible through any point in the health and social services arena. This model targets the identified addict for treatment as well as prevention and treatment for the children, family, and social support network of the addict.
- Substance abuse and addiction is a community issue. **Public education and outreach** through a wide range of sources and media will help citizens learn how to recognize and respond to substance abuse.
- Our community values every individual whether low income or with plentiful resources. Prevention and intervention activities should have **consistent and adequate funding at the local, state and federal levels.**
- People who are ready to get help **will find multiple avenues for assistance and referral** into the treatment system. It is expected that the primary routes will be through the health care system, social services, children's services, schools, the legal justice system, substance abuse treatment and the mental health system.

- **Intervention Services** should be made available to the community. Concerned family and friends would have a resource to turn to learn more about the process of interventions and have trained facilitators available to assist them.
- **Families need a continuum of integrated treatment.** Multiple approaches to treatment and recovery will more effectively honor the perspective and preference of the person seeking help. Programs and/or providers shall have proper accreditation and utilize evidence-based programs. Programs and/or providers will be responsible for providing evaluation measurements to funding sources as required.
- **People need rapid access to treatment** when they are motivated to make change. Wait times for assessment and intake in both mental health and treatment agencies need to be minimal with accountability to the community as well as regulatory agencies. Access to inpatient treatment facilities should be expedited.
- **All Jefferson County students should have access to Prevention/Intervention Services.** Schools are ideal sites for prevention programs and intervention services as well as ongoing mental health and substance abuse treatment services.
- People who seek help with addiction and substance abuse **often are self medicating or suffering** from an untreated mental illness. All routes of access will **acknowledge and consider the co-existing nature of mental health and substance abuse disorders.**
- Addiction has serious impacts on family members. A family includes children, parents, partners, spouses, relatives, and close friends. Providing information, support, prevention, and intervention to those who request help is an integral component of the ecological model. **Family member treatment choices** should be funded and independent of the choices and treatment outcome of the identified addict.
- **Agencies and providers of services should be mandated collaborators.** Agencies and providers need to work together, share information and look at treatment crossover as a means for their patients/clients' long-term recovery, safety and well-being.
- In order for substance abuse and/or mental health treatment to be effective, and for a better chance of lasting recovery, **support resources should be made available,** including:
 - Affordable housing
 - Transitional housing
 - Therapeutic childcare
 - Education
 - Workforce development
 - Transportation assistance
 - Access to healthcare and dental care
 - Support to families headed by grandparents, extended family
 - Parenting education and support

For help and further research— Local Methamphetamine Resources:

- **Safe Harbor Recovery Center**
360-385-3866
- **Turning Point Recovery**
360-385-4855
- **Narcotics Anonymous/Alcoholics Anonymous**
360-379-1016/360-385-0266
- **Jefferson Mental Health Services**
360-385-0321
- **Jefferson County Meth Action Team/Meth 360 Presentations**
360-379-4495

National Methamphetamine Resources:

- The Partnership for a Drug-Free America
www.drugfree.org/meth
(Comprehensive information, resources, video stories and tips from experts and parents)
- American Council for Drug Education
www.acde.org
- Community Anti-Drug Coalition of America
www.cadca.org
- The Drug Enforcement Administration —Methamphetamine Information
www.dea.gov/concern/amphetamines.html
- Just Think Twice
www.justthinktwice.com
(A youth oriented site created by the Drug Enforcement Agency's Demand Reduction Program)
- KCI: The Anti-Meth Site
www.kci.org
(Extensive resources and links about methamphetamine)
- MethResources.gov
www.methresources.gov
(The federal government's directory of information and programs related to meth)
- The National Alliance for Drug Endangered Children
www.nationaldec.org
(Alliance for those concerned about children endangered by caregivers who manufacture, deal or use drugs)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
www.samhsa.gov
- SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI)
www.ncadi.samhsa.gov

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**Representatives from the following agencies and organizations are members of the
Jefferson County Meth Action Team:**

Chimacum School District
Division of Children & Family Services (CPS)
Domestic Violence/Sexual Assault Program of Jefferson County
Jefferson County Community Network
Jefferson County Juvenile Services
Jefferson County Meth Action Team
Jefferson County Prosecutor's Office
Jefferson County Public Health
Jefferson County Sheriff's Office
Jefferson Healthcare
Port Townsend Police Department

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For Further Information:

Please contact Anne Winegar, Program Manager for the Jefferson County Community Network and Convener of the Meth Action Team, at 360-379-4495 or awinegar@co.jefferson.wa.us