

PREVENTION IN ACTION

Battling Methamphetamine Use

PERSPECTIVE

The "Just Say No" drug prevention strategy is not enough to keep at-risk teens from experimenting with drugs. And the dangers of experimentation are high, particularly with methamphetamine, which is reportedly so addictive that just a few "hits" have the capacity to addict the user.

Rather than a hit-and-run message, a good-quality intervention must incorporate psychological, social, and cultural strategies to take youth out of the context that would lead to experimentation in the first place. This involves creating a tight-knit social fabric around the youth with clear expectations.



BY CARL C. BELL, M.D.

Such an intervention also requires helping young people cultivate a sense of connectedness to

people and places, a sense of power and belief in themselves, the confidence that they can handle challenges and make good decisions, and a sense of their uniqueness and value.

A good-quality intervention also helps youth develop social skills; provide close monitoring to protect them from risk situations; minimize trauma, which often leads to risky behaviors; and provide state-of-the-art treatment for those who become addicted.

Toward this end, one key strategy is to provide activities that prevent boredom. Doing so not only occupies youth, but it also offers an opportunity to monitor youth behavior in a subtle way and teaches social skills necessary to develop and sustain positive relationships.

In all cases, interventions should be customized to best serve the population being targeted. Kids share certain universal developmental aspects to their lives. But kids are also unique individuals with varying cultural, racial, and ethnic perspectives, not to mention class and regional styles. Universal approaches that will reach all youth should be considered, but we also need to tailor the approaches so the messages are culturally relevant, recognizable, and not offensive to the target culture.

Finally, encouraging law enforcement efforts aimed at stopping the drug distribution system early—before youth have an opportunity to get in trouble—is critically important.

DR. BELL is chief executive officer and president of Community Mental Health Council Inc. in Chicago and serves as director of public and community psychiatry at the University of Illinois at Chicago.

In the war on drugs, methamphetamine is an insidious and tireless enemy.

According to statistics presented during a recent public Webcast addressing methamphetamine prevention sponsored by the U.S. Department of Justice (DOJ) Office of Community Oriented Policing Services, the Drug Enforcement Administration, and the Partnership for a Drug-Free America (PDFA), about 12 million Americans older than 12 years have tried methamphetamine, and 1.4 million Americans are addicted to it. Additionally, the results of a 2004 survey from the National Institute on Drug Abuse showed that more than 6% of high school seniors and more than 5% of 10th graders nationally reported lifetime use of the drug.

In a 2006 survey by the National Association of Counties (NAC), nearly half of the 500 participating counties reported that methamphetamine, or meth, is their primary drug problem. The results of separate NAC surveys reported in 2005 and 2006, respectively, showed that meth was the most commonly found drug in patients at public hospital emergency departments and demonstrated a significant increase in out-of-home placements for children because of parents' methamphetamine use or production.

Gains have been made on some battlefronts, but stubborn and unexpected obstacles hinder advances on others.

For example, the federal government has spent billions targeting the meth "super labs" in western states that are capable of producing huge quantities of the drug. Shutting down those facilities, however, has had little impact on the availability of meth. Rather, these actions pushed the large-scale production back into Mexico and have opened up more "business opportunities" for mom-and-pop meth labs that have been springing up across the country, particularly in the rural Midwest.

The super labs are a more important target. But the homespun labs, which account for more fires, explosions, child endangerment, and other problems, in many ways present a greater public health threat. Additionally, they make meth more accessible than ever to a wider range of people. And widespread access to the Internet has brought meth directly into people's living rooms by offering countless Web sites with detailed instructions for making meth.

The dangers of methamphetamine abuse extend beyond those associated with temporarily altering the consciousness of users. Meth stimulates central nervous system activity "by producing the mother of all dopamine releases," according to Dr. Richard Rawson, associate director of the Integrated Substance Abuse Programs at the University of California, Los Angeles. Once the effect wears off, however, users "crash" and are often profoundly depressed, which triggers their desire for more meth to regain the high.

Side effects of the drug include irritability, insomnia, confusion, tremors,

and aggressiveness. The increased dopamine production can induce psychosis, which may persist for months after the drug has been stopped. Meth also constricts blood vessels in the brain, leading to heart attacks, strokes, and potentially irreversible brain damage.

To put the brakes on meth abuse in the United States, the government recently passed a law called the Combat Methamphetamine Act, which provides legal pathways for targeting meth traffickers as well as a national standard for regulating meth precursors, including restrictions on the sale of over-the-counter medications containing pseudoephedrine.

Such efforts are positive, but community-level preventive interventions are needed that include local agencies, schools, parents, law enforcement, faith-based groups, and others with a vested interest in preventing meth use and intervening in meth abuse, according to Michael Townsend, director of the Methamphetamine Demand Reduction Program, a federally funded effort by the PDFA designed to reduce demand for the drug.

"Community partnerships are an effective approach to spreading this kind of word, and it's absolutely essential that the community get involved because [meth

abuse] affects the whole community," Mr. Townsend stated during the DOJ Webcast. Toward this end, the PDFA has developed a campaign called Meth 360, which has been piloted in several communities across the country. The approach relies on grassroots educational presentations delivered by teams made up of prevention, law enforcement, and treatment representatives.

"We call it Meth 360, because meth affects the whole community," Mr. Townsend said. "It's important that everyone get involved at the local community level to give everyone a 360-degree view of the problem."

After partnerships have been established, prevention approaches can be localized. The key is to "make sure that [the collaboration] is addressing your problem, and that the right people are at the table," said Ron Glensor, deputy chief of the Reno, Nevada, police department, and one of the panelists participating in the DOJ Webcast. "And once you get to the table, be patient. Meth is not an easy problem to resolve, but you can make it better."

By Diana Mahoney, New England bureau.
Share your thoughts and suggestions at clinicalpsychiatrynews@elsevier.com.

Family-Focused Strategies Can Work

When thoughtfully designed and carefully implemented, the methamphetamine prevention message is well received, new research supported in part by the National Institutes of Health's institute on drug abuse shows.

In an assessment of drug prevention interventions delivered to middle school students in rural Iowa, programs that relied on the development of strong partnerships among families, schools, and communities led to significant reductions in methamphetamine abuse in later years, according to Richard L. Spoth, Ph.D., and his colleagues at the Partnerships in Prevention Science Institute at Iowa State University, Ames (Arch. Ped. Adolesc. 2006;160:876-82).

In one of the studies, 667 families of rural Iowa sixth graders were randomly assigned to participate in one of two interventions—the Iowa Strengthening Families Project (ISFP) or the Preparing for the Drug Free Years (PDFY) program—or to a control group.

The ISFP is made up of seven 2-hour sessions, including 1 hour of separate, concurrent skills-building curricula for the child and the parents, and 1 hour of a joint family curricula. The goal of the project is to enhance family protective factors and to reduce family risk processes.

The PDFY program has a five-session design, only one of which requires the child's attendance. The goal of the program is enhance protective parent-child interactions.

At the 12th-grade follow-up, which included 457 of the original families, none of the students who had participated in the ISFP reported methamphetamine use within the past year, compared with 3.6% of the PDFY group and 3.2% of the controls.

In the second study, 679 families of seventh-grade students were randomly recruited to participate in one of three approaches: a school-based, goals-directed intervention called Life Skills Training (LST) combined with a modified version of the ISFP called the Strengthening Family Program for Parents and Youth; the LST program alone; or a minimal-contact control group. The LST program consisted of 15 sessions geared toward specific goals and taught to students during regular classroom periods, with five follow-up sessions 1 year later.

Of the initial study group, 597 families were available for 12th-grade follow-up evaluations, which showed that the adolescents who participated in the combined interventions had a relative reduction in lifetime methamphetamine abuse of 65%, compared with the controls.

In both studies, Dr. Spoth said, the most effective interventions were those that had strong family components and were delivered in a manner that was sensitive to local culture and conditions—factors that must be taken into consideration when designing prevention programs targeting at-risk adolescents.