STRATEGIC PLAN
TO REDUCE
METHAMPHETAMINE USE
IN GREENE AND DAVIESS COUNTIES, INDIANA

Strategic Prevention Framework-State Incentive Grant

June, 2008

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INTRODUCTION

Indiana’s SPF-SIG vision as it relates to methamphetamine

The Strategic Prevention Framework State Incentive Grant is a five-year cooperative agreement from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (SAMHSA/CSAP) awarded to the Office of the Governor to reduce substance use and abuse across the lifespan of Indiana citizens. The vision of the State’s SPF-SIG is to Imagine Indiana Together- with a network of grassroots organizations collaborating to develop “healthy, safe, and drug-free environments that nurture and assist all Indiana citizens to thrive” [6]. One of the priorities identified by the State was the prevention and reduction of the use of methamphetamine among Black youth and among White women and men 18 to 44 years of age. In July 2007, the Southwest Indiana Methamphetamine Alliance was awarded a grant from the State to address methamphetamine use in Greene and Daviess Counties.

State-level data on methamphetamine

According to the State Epidemiological Profile, 4.5% of the Indiana population has used methamphetamine at least once in their life, 0.8% used in the past year, and 0.2% used in the past month (2006 data). The rate for past-year use was greatest among 18- to 25-year-olds. Lifetime prevalence of methamphetamine use among Indiana high school students in 2006 was 6.2%. From 2000 to 2005, the rate of treatment admissions reporting methamphetamine use in Indiana more than doubled from 4.0% to 10.9%. [9]

Vision and mission statements

The vision of the Southwest Indiana Methamphetamine Alliance is to reduce substance abuse and its impact on individuals, families, and communities. The mission is to instill hope and change beliefs, behaviors and social norms related to substance abuse.

Organizational structure

An organizational chart of the Southwest Indiana Methamphetamine Alliance is included in the Appendix to illustrate the organizational components and structure of the coalition. Current members of the Local Advisory Council (LAC), Local Epidemiology and Outcomes Workgroup (LEOW), and other Workgroups are included.

Demographics and location of the community

Daviess and Greene Counties are neighboring rural counties in southwestern Indiana, with a combined population of 63,580. The land area of the two counties is over 970 square miles. The largest towns are Washington (11,279), and Odon (1,405) in Daviess County, and Linton (5,786), Bloomfield (2,534), Jasonville (2,497) and Worthington (1,482) in Greene [13]. The small towns and communities are nestled among rolling, fertile farmlands that stretch to the horizons.

Over 98% of the population in the two counties is White. American Indian, Asian, and Black individuals each constitute 0.3% of the population. Slightly more than two percent of the residents are Hispanic (of any race) [13]. The Hispanic population of the two counties has grown dramatically in recent years, from 232 individuals in 1990 to 1,340 in 2006 [13, 15]. The
majority of Hispanic individuals (75.7%) lives in Daviess County, with over three-fourths of those (82.8%) living in and around Washington. In Greene County, one-third of the Hispanic population (34.5%) lives in the Linton area [8].

Amish and Mennonite communities are present in both counties. The Amish community first settled in Daviess County in the mid 1800’s [3]. Approximately 2,450 individuals are members of the Mennonite or Amish communities in Daviess County, and approximately 136 Amish members reside in Greene County [14].

*History of methamphetamine efforts in Greene and Daviess Counties*

Community groups in both counties have responded to the problem of methamphetamine use. In Greene County, citizens came together in 2003 to form Greene United Against Meth (GUAM). They have created public awareness campaigns, provided information seminars to professionals and the general public, and presented educational activities at four participating school corporations. In Daviess County, the Meth Awareness is Necessary (MAIN) Team was formed in 2004. They have held forums, community meetings and educational events, as well as used newspaper articles and advertisements to raise awareness of the issue in Daviess County. Both are grassroots coalitions made up of volunteers from governmental agencies, businesses, law enforcement, schools, and concerned citizens. The Southwest Indiana Methamphetamine Alliance is a collaborative effort of the two community-based coalitions, who have come together to increase their impact on the methamphetamine problem in their communities. Being a dual community, there were many obstacles to overcome. The counties are very wide spread therefore getting the key people together for one meeting was difficult. Initially, we formed equal groups in both counties then after meeting they decided how much more could be accomplished by meeting as combined counties. Meetings were then held at a central location, which required everyone to drive approximately the same distance. General strategies for working together as one were communicating often, being open and honest during meetings and keeping the overall goal of the grant in mind.

**ASSESSMENT**

**Assessing the Problem**

*Brief overview of all substance abuse related problems in the community*

The State Epidemiological Outcomes Workgroup identified funding priorities for Daviess and Greene Counties. The priority is to prevent and reduce the use of methamphetamine among Black youth and among White women and men 18 to 44 years of age.

Through our Epidemiological Profile, the Southwest Indiana Methamphetamine Alliance documented the substance-abuse-related problems in the two counties. With regard to methamphetamine, the following key findings were reported:

- 4.2% of high school seniors in Daviess and Greene Counties have used methamphetamine in their lifetime, exceeding the state rate of 3.4%.
- 52% of students who reported using methamphetamine were females.
- The average age of first use of methamphetamine reported by students was 14.1 years.
- Nearly all individuals initiate methamphetamine use after having used alcohol and marijuana.
- 38% of individuals receiving DMHA-funded addiction treatment in Daviess County and 25% in Greene County used methamphetamine as the primary or secondary drug of choice.
- Methamphetamine use has had devastating consequences to the individual users and their families, and has created significant burdens on the law enforcement, judicial, child welfare, and health care systems in both counties.

Over 2,000 students from four school corporations in Daviess and Greene Counties participated in the “Alcohol, Tobacco and Other Drug Use Survey” conducted by the Indiana Prevention Resource Center in the spring of 2007. Reported use of methamphetamine in the past 30 days varied by grade level and ranged from no 10th-grade students reporting past month use to 1.5% of 11th-grade students [7]. Due to the small number of students in racial or ethnic groups other than White and non-Hispanic, it is not possible to analyze the school survey data across race and ethnicity variables.

![Figure 1: Rates of Methamphetamine Use in the Past 30 Days for Daviess-Greene Students, by Grade Level, 2007.](source: Indiana Prevention Resource Center, 2007a.)
Between the State Fiscal Years (SFY) 2001-2006, a total of 361 individuals in the two counties received addiction treatment for methamphetamine as either the primary or secondary drug of choice from State-funded treatment providers. This represents 32.3% of all clients. Forty-four percent of the clients were female, and over 99% were Caucasian. Less than two percent were Hispanic [5].

In addition to the state-funded treatment providers, each county has a private treatment provider. In Daviess County, the Lighthouse Recovery Center currently provides residential addictions treatment to 51 clients, 31 of whom (60.8%) are being treated for methamphetamine. Almost two-thirds (61.3%) of the current clients are males. The Greene County Rehabilitation Center provided treatment to 240 clients during 2006 and 2007, with approximately 40 of the clients having used methamphetamine.

The Epidemiological Profile also documented the prevalence of other substance use among school-aged youth in Daviess and Greene Counties. Alcohol is the most commonly used substance in all grades, followed by cigarettes. Over-the-counter drugs were the third most commonly used substance in the past 30 days by 6th-, 7th-, and 9th-graders, while marijuana was the third most commonly used substance in the past month by 8th-, 10th-, 11th-, and 12th-graders. Almost three-fourths (72.2%) of high school seniors had used alcohol at least once in their life, half (50.9%) had used cigarettes, and almost one-third (29.2%) had used marijuana. Thirty percent of high school seniors reported having binge drank (defined as having five or more drinks in one setting in the past two weeks) [7].
Figure 3. Rates of Use of Select Substances in the Past 30 Days for Daviess-Greene Students, by Grade, 2007

Comparison of State Strategic Plan data
In the State Strategic Plan, it was estimated that 4.5% of Hoosiers (12 years and older) had used methamphetamine at least once in their life, 0.8% used it in the past year, and 0.2% claimed current use. No local data on adult methamphetamine use is available for the two counties. Treatment admissions data showed that State rates of patients reporting methamphetamine use at admission have been significantly lower than the rates in Greene and Daviess Counties.
In 2007, students in Daviess and Greene County schools reported monthly and lifetime use of methamphetamine at rates similar to State rates on the IPRC survey. Rates of lifetime use by 12th graders were slightly higher for students in Daviess or Greene Counties (4.2%) than the State rate (3.4%).

Table 1. Percentage of Students Reporting Monthly and Lifetime Use of Methamphetamine, by Grade, 2007 (Indiana Prevention Resource Center, 2007a).

<table>
<thead>
<tr>
<th>Grade</th>
<th>Monthly</th>
<th>Lifetime</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6th</td>
<td>0.1</td>
<td>0.4</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>7th</td>
<td>0.5</td>
<td>1.0</td>
<td>0.6</td>
<td>0.9</td>
</tr>
<tr>
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<td>0.7</td>
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<td>1.5</td>
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<tr>
<td>12th</td>
<td>1.0</td>
<td>3.4</td>
<td>0.9</td>
<td>4.2</td>
</tr>
</tbody>
</table>

Source: Indiana Division of Mental Health and Addiction, 2007a.
The following table compares State and local rates of youth who reported use of cigarettes, alcohol, and marijuana in the past month on the IPRC school survey. Rates of cigarette use were higher for Daviess-Greene students in every grade, while rates of marijuana use were lower than State rates for every grade. Rates of use of alcohol in the past month were higher than State rates in 6th, 7th, 8th and 11th grades, but lower in 9th, 10th, and 12th. The significance of these differences has not been determined.

Table 2. Percentage of Students Reporting Monthly Use of Select Substances, by Grade, 2007 (Indiana Prevention Resource Center, 2007a).

<table>
<thead>
<tr>
<th>Grade</th>
<th>Daviess-Greene</th>
<th>Indiana</th>
<th>Daviess-Greene</th>
<th>Indiana</th>
<th>Daviess-Greene</th>
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<tr>
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<tr>
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<td>14.6</td>
</tr>
<tr>
<td>12th</td>
<td>28.2</td>
<td>35.2</td>
<td>24.3</td>
<td>39.7</td>
<td>11.1</td>
<td>15.8</td>
</tr>
</tbody>
</table>

Chosen priority/intervening variable
To decrease the use of methamphetamine in Greene and Daviess Counties, the Southwest Indiana Methamphetamine Alliance SPF-SIG project will address community norms, and methamphetamine beliefs, attitudes, norms and expectancies. These priorities, chosen by the Local Advisory Council (LAC), have been identified by the Pacific Institute for Research and Evaluation (PIRE) as intervening variables in methamphetamine use [12].

Criteria and rationale for determining priorities
The priorities were chosen after a detailed review of the risk and protective factors present in the two counties, the patterns of methamphetamine use, and the consequences of its use. The LAC reviewed the intervening variables identified by PIRE and determined which priorities to be targeted in this strategic plan based on the following criteria: which had the biggest potential for impact, the availability of necessary resources, the willingness for cooperation among required partners, the extent of risk factors in the communities that lead to the intervening variables, and the capacity within the communities to develop strategies to respond to the risk factors.

The following risk factors were identified in the Epidemiological Profile.
a. Family management and conflict

Almost one-fourth (23.1%) of family households with children in the two counties were headed by a single parent. The divorce rate (2006 estimate) was 9.1% in Daviess and 11.0% in Greene, compared to 10.7% for the state [8]. There were 21 case filings for termination of parental rights in the two counties in 2006, and 115 Children in Need of Services (CHINS) case filings that year [10]. The following figure depicts the levels of substantiated child abuse and neglect in the two counties.

![Figure 7: Rates of Child Abuse and Neglect, per 1,000 Population, 2006.](source: Indiana Youth Institute, 2007.)

The Epidemiological Profile reported on information collected from 19 former methamphetamine users (7 women, 12 men) during two focus-group sessions conducted in Daviess County in February 2008. All of the women reported that their parents had divorced, and almost three-fourths (72.7%) of the men had parents who had either divorced or were never married. Use of drugs or abuse of alcohol by their parents was reported by 68% of the participants. Six of the seven women reported that violence occurred in their home, and over half (57.9%) of the participants had family members who had been incarcerated.

b. School failure

Both Greene and Daviess Counties have high rates of adults without high school diplomas. In Greene County 19.1% of adults aged 25 or older do not have a high school diploma. In Daviess County, the rate is 26.6%. Both of these rates exceed the state rate of 14.6% [8]. In 2006, 119 students dropped out from the eight public school corporations in the two counties [10]. Sixty-one percent of the former methamphetamine users who participated in the February 2008 focus groups did not graduate from high school. The following chart identifies the number of students in the two counties who were expelled due to drug or weapons violations.
c. **Antisocial behavior**

There were 284 case filings for juvenile delinquency in 2006 in the two counties combined. Figure 7 shows the trend of juvenile delinquency cases for the past six years [10].

![Figure 8: Number of Expulsions and Suspensions Due to Alcohol, Drugs or Weapons, by County, 2001-2005.](image)

Source: Indiana Division of Mental Health and Addiction, 2006.

![Figure 9: Number of Juvenile Delinquency Case Filings, by County, 2001-2006.](image)

Source: Indiana Youth Institute, 2007.

d. **Perceptions of Risk of Harm and Peer Disapproval**

Combined data from the school surveys indicates the level of perceptions of peer disapproval for the use of alcohol, and risk of harm (Figures 10 and 11).
Eighty-three percent of the previous methamphetamine users who participated in the focus groups were employed while they were using methamphetamine. All of the men and 60% of the women who were employed reported using methamphetamine while working.

All of the female focus group participants reported being with friends when they first used methamphetamine. For male participants, five were with friends, four with family members and...
three with co-workers, indicating the strong correlation between methamphetamine use and peer use/approval.

e. **Unsupervised Activities**
The school survey data provides information on children who have unsupervised after-school hours at home or in social situations. By 7th grade, almost half (47.9%) of the students have over ten days of unsupervised socialization during after-school hours. By 8th grade, most students (55%) have over ten days with unsupervised after-school hours at home [7].

![Figure 12: Percent of Daviess-Greene Students with Unsupervised After-School Hours at Home, by Grade, 2007.](image1)


![Figure 13: Percent of Daviess-Greene Students with Unsupervised Socialization During After-School Hours, by Grade, 2007.](image2)

Assessing the Systems

Existing prevention infrastructure
Numerous community-based programs are operated in both counties, providing prevention, treatment, and law enforcement services. A listing of available community resources has been compiled for both counties (see Appendix). The prevention infrastructure in each county consists of the Local Coordinating Councils, the methamphetamine awareness coalitions (GUAM and MAIN), school-based programs, and 4-H programs. In Daviess County, the Learning Network at the Purdue Extension Office provides prevention programs at the schools and coordinates Red Ribbon Week and other community awareness projects. An Afternoons Rock program is in existence in Daviess County at the YMCA. Two new Afternoons Rock program will be implemented in Greene County in the fall of 2008.

Effectiveness of community prevention infrastructure.
The Local Coordinating Council (LCC) in each county ensures comprehensive strategic planning, networking, and collaboration among all entities involved in ATOD prevention. Limited financial resources have resulted in the largely-volunteer nature of most of the prevention efforts. Other than a small stipend received by the LCC/MAIN chair in Daviess County, funding for the Afternoons Rock staff, and local funding to support the prevention efforts of the Daviess County Learning Network staff, the only paid prevention personnel in the two counties are the SPF-SIG personnel. There are no paid positions in any of the schools with a primary duty of ATOD prevention.

A “Community Readiness” survey was completed by 67 key leaders in the two counties and reported in the Epidemiological Profile. Over four-fifths of the respondents indicated concern over the sufficiency of alcohol and other drug abuse prevention programs in their communities. Over half (54%) of the respondents answered “very true” and 29% answered “moderately true” when asked if they were concerned about whether the community has sufficient ATOD prevention programs.

Eighty-two percent of the community leaders answered “moderately true” or “very true” when asked if they know which alcohol and other drug abuse prevention programs serve their community. With regard to personal involvement in organized activities for the prevention of alcohol and other drug abuse, 40% indicated their involvement in such activities had increased over the past year, and 70% said it was “moderately true” or “very true” that they spend time collaborating with others on prevention. Three-fourths of the respondents (75%) said staff in their organization knew which ATOD programs serve their communities.

Most prevention efforts in the communities have not been rigorously evaluated, so their effectiveness has not been systematically assessed. The SPF-SIG process provides an opportunity to increase effectiveness of the community prevention infrastructure, and evaluate the effectiveness as well.
Available financial resources
Local funding for prevention activities is available from the local Drug-Free Community Funds in each of the counties, and the United Way in Daviess County which funds the Learning Network prevention activities.

State funding for prevention is available from the Indiana Division of Mental Health and Addiction for the SPF-SIG project and Afternoons Rock. The Indiana Tobacco Prevention and Cessation Board funds tobacco prevention efforts in both counties. Drug-Free Schools money from the Indiana Department of Education funds school-based efforts such as materials, informational/motivational convocations, and awareness campaigns.

Federal funding has been received by the Daviess County Police Department through a Community-Oriented Police Support grant.

Gaps/challenges in community’s resources and infrastructure
Limited funding creates challenges to the prevention infrastructure. With few staff receiving funding to do prevention, much of the work is carried out by volunteers, who often have full-time jobs with other duties and priorities competing for their time. There are few professional ATOD-prevention resources in the two counties, and no universities or other professional resources to provide assistance in research, data analysis, evaluation or capacity-building.

One gap that needs improvement is our school prevention efforts. Only one school in our communities has done the DARE program, and there are no SRO officers.

Different funding streams for various programs can lead to different approaches, emphases, and language. Weaving them together to form a comprehensive, complementary, collaborative effort without duplication of efforts requires ongoing dialogue and networking. The Local Coordinating Councils provide a vehicle for coordination among the diverse efforts.

Merging two community-based coalitions into one coalition serving both counties has required developing a system to ensure that both counties receive equal attention and representation. The LAC, LEOW and Workgroups are required to have equal representation from both counties.

Transportation resources are a significant challenge in providing services to low-income individuals. The land area of the two counties is over 970 square miles, and very few public transportation resources are available. Providing culturally-competent services to individuals living in poverty and to the growing Hispanic population will require trainings and continuous evaluation.

Amish and Mennonite communities are present in both counties. Approximately 2,450 individuals are members of the Mennonite, Beachy Amish Mennonite, and the Old Order Amish communities in Daviess County. A smaller community of Amish and Beachy Amish Mennonite, with approximately 136 members, is located in Greene County. Communication is a major challenge with our Amish Community. They utilize different modes of communication than other groups in the community. They do not have access to media, telephone and emails. Local law enforcement has discovered there is awareness and concern of the possibility of drugs.
affecting their community. Identifying the leaders and the community structure would help in engaging them in our efforts.

**Capacity of community to collect, analyze and report on data**

The capacity of the community to collect, analyze and report data is limited. As noted in the Epidemiological Profile, local data collection systems do not currently capture all information on methamphetamine use and its consequences. Noted absences in data include collection of comprehensive demographic factors of users (including age, gender, educational level, income, race and ethnicity); location of use, arrest, or manufacture; and documentation when consequences (e.g., hospital/emergency room visits, child protective service cases, court-appointed special advocate cases, sexually-transmitted diseases) are a result of, or associated with, methamphetamine use. Many data systems in the counties are not electronic, making manual review of records necessary and requiring significant time for collecting, extracting, and analyzing data. Access to non-computerized data can be problematic.

**Capacity of community to implement strategic prevention framework**

The community has considerable capacity to implement the strategic prevention framework. Aside from the limitations discussed above, the community is able to identify capacity needs and training opportunities, and has experience with planning, implementing, and sustaining prevention programs. Although evaluation expertise is not readily available within the community, the ability to contract with out-of-county resources ensures comprehensive and effective evaluation services.

Most of the individuals involved in prevention have lived and worked in the two counties their entire lives. Many have significant experience working with the targeted populations, ensuring the ability to provide culturally-appropriate services. The expansion of the Hispanic population has created the need for trainings to ensure serving this population in culturally-appropriate ways. Outreach to, and involvement of, the Hispanic population in the prevention efforts will also be important.

**Criteria and Rationale for SPF SIG Priorities**

**Description of LEOW**

The Local Epidemiological Outcomes Workgroup (LEOW) was established in December 2007 to collect and review epidemiological data on the patterns and consequences of methamphetamine use in Greene and Daviess Counties. Jean Graham and Jonus Uland are co-Chairs of the LEOW. Other members are Melinda J. Berry, Cheri R. Campbell, Blakely Clements, and Jean Anne Sanders.

**Data sources used to analyze findings**

The following data sources were used in the analysis of the methamphetamine problem in the two counties:

- IPRC school surveys from four school corporations within the two counties
The LEOW met five times between December 2007 and February 2008 to identify data sources that could be used to document the methamphetamine problem. Information on risk and protective factors, intervening variables, and consequences of use was obtained through analysis of the SPF-SIG Methamphetamine Logic Model provided by DMHA, and the prevention literature. This information was used by the LEOW to determine relevant data. Schools, treatment facilities, law enforcement agencies, hospitals, and social service agencies were contacted to provide data on the prevalence, consequences, risk and protective factors of methamphetamine use. Most data was provided in aggregate, although some data had to be retrieved through manual extraction of the information from written records.

Policies, procedures, and processes being considered to further identify priorities
The LEOW will continue to identify, collect and analyze epidemiological data relevant to methamphetamine use. They will also continue to advocate for better data collection systems within local agencies, by heightening the awareness of the types of data that can be used to document the methamphetamine problems and how that data can be used to identify, track, and evaluate prevention efforts. The LEOW will look for new data sources that will allow the coalition to understand more fully all the variables associated with methamphetamine use in the two counties.

Description of Local Priorities

Procedures and processes used to determine final priorities
A four-hour session to determine the priorities for the SPF-SIG project was held in April. The session was facilitated by outside professionals and included Local Advisory Council (LAC) members, LEOW members, Workgroup members and other interested community members. This community workgroup discussed the possible priorities through a systematic analysis of the data reported in the Epidemiological Profile. Information on consumption patterns, consequences and risk factors was reviewed, and participants individually ranked the risk and protective factors they felt most important to intervene upon. The facilitators guided the group in sharing the rankings and discussing them in relation to the biggest potential for impact, the availability of necessary resources, the willingness for cooperation among required partners, and
the capacity within the communities. The group established a listing of their priorities, which was then reviewed by the LAC Executive Committee and narrowed to two priorities.

**Final decision regarding priorities**

The final decision regarding the SPF-SIG priorities was made by the Executive Committee of the Local Advisory Council, who met to review the recommendations of the community workgroup and decide on the final priorities, using the criteria outlined above. The LAC Executive Committee consists of the LAC chairman, chairmen from each Workgroup, and the Program Director. The Executive Committee members are: Dan Murrie, Daviess County Deputy Prosecutor; Nancy Cummings, Greene County Tobacco Prevention and Cessation Coordinator; Cindy Barber, Learning Network Coordinator; Ron Morgan, Chief Deputy, Daviess County Sheriff Department; and Christa Turpin, Middle Way House.

**Priorities**

The SPF-SIG project will address community norms, and methamphetamine beliefs, attitudes, norms and expectancies. These priorities have been shown to be correlated with methamphetamine use, which results in meth-associated problems. SPF-SIG strategies will target existing risk factors that impact community norms. The target population consist of: 1) Families with children in probation, and parent in community corrections, 2) Construction, trucking and fast-food employers/employees.

<table>
<thead>
<tr>
<th>Community Norms</th>
<th>Meth beliefs, attitudes, norms, expectancies</th>
<th>Meth use</th>
<th>Meth-associated problems</th>
</tr>
</thead>
</table>

**Consumption patterns and consequences, populations, risk and protective factors, and geographic areas**

As documented in the Epidemiological Profile, nearly all methamphetamine users have previously used alcohol, marijuana and tobacco, and most have used other illicit drugs. Initiation of methamphetamine use occurs primarily through friends. Unlike alcohol or any other illicit drug, women use methamphetamine at rates nearly equal to that of men. It was previously thought that women used methamphetamine for weight loss but findings from our focus groups prove that use is primarily recreational and not therapeutic, i.e. weight loss. Methamphetamine users are more likely to be employed in blue collar service industries.

Many risk factors that precede unhealthy community norms and methamphetamine beliefs, attitudes, norms and expectancies are found in Greene and Daviess Counties. These include: early initiation in substance abuse; early antisocial behavior; academic failure; being the victim of physical or sexual abuse; family conflict and management problems; favorable parental attitudes toward and involvement in substance abuse; unsupervised youth; low perception of risk; low perception of peer disapproval; and having friends who engage in substance abuse.

Findings of the Epidemiological Profile indicated that methamphetamine is snorted, smoked and injected by Daviess and Greene County residents. The most common motivations reported by focus group participants for using methamphetamine were: having fun, a desire for more energy,
and heightened sexual enjoyment. Individuals were most likely to be home or at a family member’s home when they used methamphetamine the first time.

Consequences of methamphetamine use impact the health care, criminal justice and social and child welfare systems. Children of methamphetamine users are at heightened risk of neglect and abuse [1, 11] and use by pregnant women can have severe health consequences on the fetus, including retardation, premature birth, & developmental disorders [1]. Other consequences include arrest, medical emergencies, sexually-transmitted diseases, and interpersonal violence.

Over 99% of all clients treated for methamphetamine addiction from SFY 2001 -2006 by state-funded providers in the two counties were Caucasian, and less than two percent were Hispanic [5]. Due to the small number of students in racial or ethnic groups other than Caucasian and non-Hispanic, the school survey data could not be analyzed across race and ethnicity variables. All of the focus group participants were non-Hispanic Caucasians, and every individual arrested in Greene County in 2006 and 2007 on meth-related charges was Caucasian. Racial data on Daviess County arrestees was not available.

Data on the location of use, arrest, or manufacture of methamphetamine was not available, so differences in methamphetamine usage could not be identified for specific geographical areas within the two counties. Poverty is correlated with methamphetamine use, and both counties have very high rates of poverty. Analysis of the poverty data by US Census Block Group shows that while there are areas in and around the towns of Washington, Bloomfield, Jasonville, and Linton with high rates of poverty, there are substantial numbers of families in poverty living throughout the counties in more rural and isolated settings [8].

**CAPACITY BUILDING**

**Areas Needing Strengthening**

*Capacity-building efforts directed at resource gaps and redundancies*

Currently, on-going public awareness campaigns on methamphetamine issues exist in both counties. The Local Coordinating Councils provide opportunities for collaboration, with established networks ensuring a comprehensive approach and message. The SPF-SIG project has made linkages with law enforcement and the judicial systems, school and community-based individuals. Capacity-building efforts that need to be strengthened include skills to secure alternative sources of funding, improved data collection systems, enhanced assessment & evaluation skills among coalition members, and cultural competency in serving the Hispanic population.

*Current education and recruitment efforts*

Coalition members continuously encourage individuals to become more involved with the SPF-SIG project, with a specific emphasis on outreach to schools, business, faith-based, and Hispanic communities to increase their involvement in the project. Information about the SPF-SIG project is shared at GUAM and MAIN meetings and the LCC meetings. The Southwest Indiana Methamphetamine Alliance (SIMA) seeks to maintain diverse membership that represents all sectors of the community. Membership is open to anyone who works or lives in Daviess or
Greene Counties, is interested in the efforts of, and supports the vision of SIMA. SIMA seeks to maintain a balance of membership on the Local Advisory Council (LAC) by Greene and Daviess representatives. The LAC consists of a minimum of four members from each county.

Coalition’s procedures for communication, decision-making, conflict resolution, and leadership

The LAC meets monthly, the LEOW meets quarterly (unless more frequent meetings are required), and Workgroups meet on an as-needed basis. An email listserv has been created to ensure effective communication to coalition members. Conflict resolution is built into the procedures of the LAC through respectful communication among members and inclusiveness and open approach to diverse ideas and opinions. Discussions and decisions follow Robert’s Rules of Order, with decisions based on simple majority. Voting procedures are outlined in SIMA’s Operating Procedures. A conflict of interest statement is signed by all members to ensure unbiased decision-making.

Community-level Activities

The following capacity-building activities are planned for the community:

- MAIN will carry out a “Battlefield of Addiction” event to bring attention to the harm of methamphetamine use.
- GUAM will carry out a community vigil during their week-long community awareness campaign “Meth is Death”. Main is doing alternate youth activities during the summer.
- MAIN will host a 5k walk/run to raise awareness of methamphetamine.
- GUAM will distribute calendars to the schools, using winning artwork from their meth awareness poster contest.
- Daviess and Greene Counties Local Coordinating Council (LCC) offer mini-grants to the community. There are three categories in which funds can be granted, they are 1) Prevention and Education, 2) Criminal Justice, 3) Intervention and Treatment.
- Summer Fun In The Park 2008 is a program started in Daviess County by several leaders from local community organizations, including the City of Washington, Purdue Extension, and Washington Community Schools. Research shows that youth with unsupervised time are more likely to engage in risky behaviors such as underage drinking, sexual activity, and cigarette smoking than other youth. Unsupervised youth are also three times more likely to use marijuana or other drugs. Currently Daviess County does not have in place any programs that provide programming for youth from low income families during the summer when the greatest amount of unsupervised time takes place. These leaders concluded that there was a need for programming to meet the needs of youth who would potentially be unsupervised during the summer and would be unable to afford the only available programs. The decision was made to collaborate to provide something four days per week all summer. The City parks would be utilized on a rotating schedule to ensure that there would be several options to choose from geographically.

Agency-level Activities

The Training/Outreach Workgroup will monitor training needs of coalition members and work with the Program Director to ensure procurement of needed trainings. Trainings on the chosen parenting/life skills program will be received by the facilitators to ensure effective implementation of the program. Trainings for delivering culturally-competent services to low-
income families and Hispanic populations will be provided to coalition members to ensure culturally-competent policies and practices throughout the SPF-SIG project. Project staff (i.e. program director) will obtain all necessary trainings to receive and maintain the DMHA-required IAPP certifications.

**Role of LEOW**

*Expected role of LEOW*

The LEOW will continue to meet quarterly to identify, collect and analyze relevant data regarding methamphetamine use, consumption patterns, consequences, and risk factors in Daviess and Greene Counties. The LEOW will also gather and analyze data on community readiness, community capacity, and infrastructure for prevention, and report the findings to the LAC. They will continue to work with various entities within the counties to improve data collection, storage, and reporting systems. The LEOW will update the Epidemiology Profile annually (either internally or through contract with a qualified data analyst/evaluator) so that relevant epidemiological data on the use, consequences and risk factors associated with methamphetamine is available to the Local Advisory Council.

*How strategies will be monitored*

The Indiana Prevention Resource Center has been contracted to provide evaluation of the SPF-SIG project. Evaluation questions will be developed to monitor the processes and outcomes of the SPF-SIG project. The Program Director will work with the Executive Committee to monitor the evaluation findings of the IPRC. Those findings will be reported to the LAC and the LEOW, as described above, to be included in the annual Epidemiological Profiles. The LAC will review the findings to determine any necessary adjustments or modifications to the project strategies and/or activities.

*Information missing from the local Epidemiological Profile*

Data on rates of adult use of methamphetamine in Greene and Daviess Counties are not available. Arrest records and treatment admissions were used to estimate the prevalence of methamphetamine use by adults in the two counties. Geographic information of arrests was not included in the Epidemiological Profile. This information would need to be retrieved manually by reviewing every arrest record to extract location of arrest data, an arduous task requiring a tremendous amount of time. Information on the source of the methamphetamine found at the time of arrest was not included in the Profile because that data is not currently collected by law enforcement agencies. Information on the source of methamphetamine in the two counties was estimated by the regional agent of the US Drug Enforcement Administration.

**PLANNING**

*State Planning Model*

The State developed a model based on highest-need to aid in the selection of the priority areas for the SPF-SIG. For methamphetamine, the State used the rate and total number of arrests for possession of synthetic drugs. Counties in the top 10th percentile of either highest rate or largest number of arrests for possession were selected as “highest need”.

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Community-based Activities
Priority/Intervening Variable: Community norms

Strategy 1: Parenting skills, and children’s and family’s life skills program

- Targeted population: Families with children in probation, and parents in community corrections.
- How strategy affects priority: Children in probation have exhibited early anti-social behavior, a risk factor for methamphetamine use. By improving parenting and life skills among families with children in probation, or among parents in the correction system, a positive impact is expected on the following risk factors that precede unhealthy community norms regarding methamphetamine beliefs, attitudes, norms and expectancies:
  - Early initiation in substance abuse
  - Anti-social behavior
  - Academic failure
  - Victim of physical/sexual abuse
  - Family conflict
  - Parental attitudes toward substance use

- Steps to Implement Strategy:
  - Involve the courts, Probation Departments and Community Corrections
  - Discuss with judges and prosecutors the possibility of mandating or providing incentives for participation in program (e.g., shortened probation, gas cards, or other incentives.)
  - Identify locations for the programs to be delivered.
  - Review possible evidenced-based interventions.
  - Decide on an evidence-based parenting/life skills enhancement strategy that is culturally appropriate to the targeted population.
  - Recruit facilitators
  - Explore transportation barriers and possible resources
  - Identify ways to measure long-term impact, (e.g., possibility of data collection by the Probation Departments for tracking recidivism rates of participating and non-participating families.

Strategy 2: Drug-free workplace campaign

- Targeted population: construction, trucking and fast-food employers
- How strategy affects priority: Increasing awareness of and screenings for drug use by area employers is expected to increase employee’s perception of risk of negative consequences for using drugs while working. Increased perception of risk is correlated with decreased drug use. A drug-free workplace campaign is expected to impact the following risk factors that precede drug use:
  - Peer substance use
  - Perceived risk of negative consequences

- Steps to Implement Strategy:
  - Research drug-free workplace media campaigns and materials
- Hire a marketing agency to help create an advertising plan for Drug Free Workplace campaign.
- A community-wide survey will be collected to determine awareness of employee drug use in the workplace.
- Identify newspaper, radio and other media outlets
- Develop schedule for dissemination of messages (to coincide with national drug-free workplace campaign)
- Research evidence-based drug-free workplace materials that can be used by interested employers
- Identify and contact potential employers, educating them on the scope and consequences of the problem related to productivity, etc.
- Determine number of employers currently carrying out drug screening on employees
- Explore potential for supporting adoption of drug-screening policies by more employers
- Distribute materials to interested businesses. Materials could be provided to assist employers in educating employees on drug use issues, establishing drug-free workplace policies, implementing drug-screenings, etc.
- Explore areas of support that could be offered by SIMA for increasing the number of employers who perform drug screens (e.g., networking with hospitals for lab expertise, providing financial resources or vouchers for screenings, etc.)

 Allocation Approach

How community-based activities linked to State priorities

The community-based activities outlined above will impact the community beliefs and community norms related to methamphetamine use, which have been shown to impact methamphetamine use [12]. By decreasing methamphetamine use, the community-based activities will contribute to the State’s priority to “prevent and reduce the use of methamphetamine among Black youth and among White women and men 18 to 44 years of age.” However, as result of the findings in the epi profile for Greene and Daviess County it was proven that age was valid but changing direction from culture to now targeting religion, economic, educations and ethnic issues.

How activities address priorities from local Epidemiological Profile

The activities target risk factors that are present in both counties, as documented by the Epidemiological Profile. These risk factors have been shown to precede unhealthy community norms correlated with methamphetamine use [12].

How community will ensure relevant and appropriate policies, practices and programs are used

The Local Advisory Council will identify policies, practices, and programs that are supported by evidence to indicate their ability to impact the risk- or protective-factors that have been selected as priorities by the LAC. They will review feedback from the IPRC evaluation findings and other data reported in the Epidemiological Profiles, and will use that information to make mid-course adjustments to ensure relevant and appropriate policies, practices, and programs.
How community will ensure that funded activities are culturally competent and inclusive

Programs will be chosen to ensure effectiveness with the targeted population -- rural, low-income or blue-collar-worker individuals. Over 98% of the population in the two counties is White. A very small percentage of the targeted population may be Hispanic (less than 2%). Program staff will either be members of, or have experience working with, the targeted population. The Cultural Competency Workgroup will work with the Program Director to analyze cultural competency issues across the SPF process and identify training needs within the LAC. Trainings will be delivered to the LAC members to ensure understanding of cultural differences that must be taken into account to competently serve the target population. The LAC will continue to conduct outreach to the Hispanic population to involve them in the coalition activities, with a goal of having Hispanic representation on the LAC.

How community will ensure that activities are sustainable after the grant period

The Strategic Prevention Framework process will help ensure the sustainability of the project after the grant period. Systematic and comprehensive approaches to impact methamphetamine use will be built upon a solid foundation of local epidemiological data. Evidence-based prevention strategies will be implemented and rigorous evaluation will provide feedback on the successes of the project. Publicity of the project successes will help further community support for the project, including commitment of financial and other available resources. Formative evaluation procedures will be used to allow mid-course adjustments in programming. These adjustments will address any ineffective aspects of the project, thus improving the success of the project. The enhanced capacity of the communities to collect and report data, including data on the outcomes of the evidence-based program, will improve the ability to acquire funding from new sources both within and outside the communities. The SPF-SIG project has established linkages with the Grants Consortium in Greene County. Staff of the Consortium possesses grant-writing skills that can be utilized to pursue continued funding. Fundraising trainings will be offered to coalition members as needed to ensure continuation of funding after the State grant ends.

Implications of Allocation Approach

How strategies will be measured

The parenting/life skills program will be measured through pre- and post-tests to determine the impact of the program on the individual’s understanding of, and attitudes toward, positive parenting and life skills. Process information will be collected to determine the number of individuals participating in the program, and location of the program. Once the evidence-based program has been chosen, dialogue with the contracted evaluator will take place to determine other evaluation needs, including the potential for tracking participants’ recidivism.

A community-wide pre- and post-survey will be collected to determine any change in the community’s awareness of drug-free workplace issues as a result of the media campaign. Businesses will be surveyed before and after the media campaign to determine any change in their awareness of employee drug use and its consequences. Additionally, information on the number of employers conducting drug screens will be collected.
Long-term outcomes

Long-term outcomes of the strategies will be measured by drug use and consequence indicators that are collected on the IPRC school survey and the SAMHSA National Outcomes Measures (NOMS) survey (for adults). The adult data will be obtained from DMHA for the two counties if possible, or a community survey of NOMS will be designed and carried out locally. Data on drug usage, age of onset, perception of risk and perception of peer approval will be analyzed.

Anticipated assistance from the State

The coalition anticipates continued assistance from the State in coalition processes, data collection and analysis, training and technical assistance on SPF processes, and knowledge of evidence-based strategies.

IMPLEMENTATION

Implementation Process

Programs, practices or policies being considered for funding

The LAC is investigating potential parenting and life skills programs. Information on Strengthening Families is being reviewed, with an eye toward the best fit for the target population, community resources. It is our goal to have selected the program and have the proper training by the end of this year so we could implement in January 2009. A public awareness campaign on drug-free workplace issues will be implemented. The goal for implementation is October 2008. The LAC will begin reviewing available materials, again with an eye toward the best fit for the target population.

Mechanisms to be used to implement the strategies

The Program Director will research evidence-based parenting/life skills programs and drug-free workplace campaigns and share the information with the LAC members. The LAC will discuss, prioritize and vote on the specific programs/materials to be used, based on the following criteria: relevance of strategy to the targeted risk factors, appropriateness for targeted population, and feasibility given the community’s readiness to act. Public resources (e.g., federal lists of evidence-based interventions, peer-reviewed journals, etc.) will be used to identify evidence-based strategies, programs and practices. The LAC will follow the guidelines established by CSAP for determining the adequacy of evidence of effectiveness for various interventions [2].

Non-duplication of anti-drug coalition infrastructures

Daviess and Greene Counties are rural counties with very few resources or programs for ATOD prevention. Aside from a volunteer program at the Daviess County Jail (Long Distance Dads), which facilitates contact between incarcerated men and their children, no parenting/life skills programs are offered in the two counties for the targeted population. The SPF-SIG parenting/lifeskills program will complement and not duplicate this effort. Although some drug-free workplace efforts may exist internally within certain employers, no community-wide initiative is in existence in either county. LAC members are actively involved in the both counties’ Local Coordinating Councils. This networking, as well as the small number of
The presence of prevention resources in existence in the two counties, makes coordination of efforts straightforward and ensures that anti-drug efforts are not duplicated within the counties.

**Expected Outcomes of Implementation Phase**

*Anticipated outcomes*

SIMA anticipates the following outcomes from implementation of the two chosen strategies:

- Increased knowledge and attitudes of positive parenting and life skills among families involved in the judicial system.
- Decreased recidivism of children in the probation system.
- Increased awareness in the community of drug issues in the workplace.
- Increased employers’ awareness of drug issues in the workplace.
- Increase in number of local employers with drug-free work policies.
- Increase in number of local employers implementing drug screenings.

*Monitoring, analyzing, and making adjustments during the implementation phase*

The Program Director and LAC will monitor the evaluation findings to determine the effectiveness and impact of the SPF-SIG programs on the targeted outcomes. LAC members will use the information to make any necessary mid-course adjustments to programs, policies and practices of the SPF-SIG project.

*Sustainability and cultural competence*

Sustainability and cultural competence will be addressed throughout the implementation phase. Regular monitoring and analysis of the evaluation findings will allow the LAC to ensure effective use of grant funds. Documenting the outcomes resulting from the SPF-SIG strategies will provide solid evidence of their effectiveness. Publicity of the project successes will help further community support for the project, including commitment of financial and other available resources. The enhanced capacity of the communities to collect and report data, including data on the outcomes of the evidence-based program, will improve the ability to acquire funding from new sources both within and outside the communities.

Programs will be chosen for their appropriateness to the target populations. The Cultural Competency Workgroup will assess and monitor cultural competence of chosen policies, practices and programs.

**EVALUATION**

The Indiana Prevention Resource Center has been contracted to provide evaluation of the project. Evaluation questions will be developed to monitor the processes, outcomes, and impact of the SPF-SIG project. As described above, the Program Director and LAC will monitor the evaluation findings to determine the effectiveness and impact of the SPF-SIG programs on the targeted outcomes. LAC members will use the information to make any necessary mid-course adjustments to programs, policies and practices of the SPF-SIG project. The Program Director will share the evaluation results with the LEOW so that the information can be included in the
annual Epidemiological Profiles updates. The LEOW will continue to gather data from existing sources and data collection instruments to monitor usage, patterns of consumption, consequences, and risk and protective factors of methamphetamine use in the two counties. The required National Outcomes Measures data will be collected (either by DMHA or by SIMA), and school survey information will be accessed to evaluate the long-term impact of the SPF-SIG project.
REFERENCES


3. Daviess County Visitor’s Bureau, www.daviesscounty.net/history.asp


9. Indiana State Epidemiology and Outcomes Workgroup (E. Wright, Principal Investigator), (2007). *The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile*. Indianapolis, IN: Indiana University Center for Health Policy.


15. US Census Bureau. *1990 Census of Population and Housing*. Accessed online at censtats.census.gov/cgi-bin/pl94/pl94data.pl
List of Resources

Daviess County

• Just Say No Programs in Elementary Schools
• Afternoons Rock Program at YMCA
• Power House in Washington
• The Barn in Odon
• Lighthouse Recovery Center
• Long Distance Dad Program for Inmates
• GED Program for Inmates
• AA and NA Groups
• Post Prom Events
• Red Ribbon Week
• Anti Drug March and Rally
• LEAD Program - Legal Education to Arrest Delinquency
• Keeping Our Kids Drug Free Program for all area high school students
• Turning Bullies into Buddies Program
• STAND Program - Students Taking A New Stand
• SADD Program - Students Against Drunk Driving
• Random Drug Screenings in 3 Daviess County Schools
• Keeping Kids From Ever Using Drugs Presentation
• Ephedrine Tracking Program at Daviess County Sheriff Department
• KATS Program at Washington Police Department - Active tracking system for canine activities
• H3 Program (Habits, Hang-ups and Hurts) at Antioch Christian Church
• MAIN Team
• Daviess County LCC
• COPS Grant
• 4 Communities
• Daviess County Community Foundation
• United Way of Daviess County
• Daviess Community Hospital
• 4-H
• Samaritan Center, Counseling Services
• Transitions Behavioral Health Services
• C.R.O.P (Community Resources Organizations and Programs)

Greene County

• GED Program for Inmates
• 12-Step Program that has a spiritual emphasis
• AA Group
• Thinking for a Change Program
• Families Supporting Families Program
• Greene County LCC
• Middle Way House
• GUAM (Greene United Against Meth)
• Greene County Rehabilitation, Inpatient and Outpatient services
• Greene County Hospital
• 4-H
• Greene County Alliance
• Greene County Community Foundation
• Red Ribbon Week
• Meth Awareness Vigil
• Hamilton Center, Counseling Services
• Open Arms Christian Ministries Home for Girls
• Meth is Death Week