

Lincoln-Lancaster County Methamphetamine Collaborative Planning Initiative Final Report

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A special thank you goes out to the many individuals who gave of their time and many talents to this project. The Planning Partners appreciate your input and support throughout the planning process and look forward to partnering on the successful implementation of recommendations included in this final planning report.

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Project Summary

Project:	Lincoln-Lancaster County Methamphetamine Collaborative Planning Initiative
Planning Partners:	Lancaster County Substance Abuse Action Coalition Lincoln Action Program Lincoln Free To Grow
Funding:	Community Health Endowment of Lincoln Grant - \$78,815
Program Description:	Methamphetamine use is a serious public health issue and a fast growing problem nationally, regionally, and locally. In response to this growing problem, the Lancaster County Substance Abuse Action Coalition and Lincoln Action Program Lincoln Free To Grow partnered on a comprehensive, collaborative planning initiative. The intent of the planning initiative was to engage the community in developing solutions to the effects of and problems associated with methamphetamine in Lincoln and Lancaster County.
Methodology:	Input on methamphetamine was gathered through: 1) focus group sessions with community health and human service agencies and other organizations; 2) focus groups sessions with neighborhood organizations, direct service providers in neighborhoods, and neighborhood property and safety stakeholders; 3) one-on-one surveys with neighborhood residents in the Clinton, Near South, and Everett neighborhoods; 4) written surveys (community residents, clients, public health nurses, drug court, physicians, individuals in treatment and recovery for methamphetamine addiction); and 5) Lincoln Action Program's Community Needs Assessment Survey.
Outcome:	Data collected as part of this planning effort was analyzed and consolidated into a summary of key themes and implementation recommendations.
Output:	Implementation recommendations, or solutions to address methamphetamine use, production and treatment, focus in areas including children; neighborhoods, crime, and safety; community support for substance abuse; treatment; and data collection.
Next Steps:	The Lancaster County Substance Abuse Action Coalition, Lincoln Action Program Lincoln Free To Grow, and the Community Health Endowment of Lincoln are collaborating to transform these recommendations into bold solutions that will collectively reduce problems associated with methamphetamine use, production and treatment in Lincoln and Lancaster County.



Introduction

In June 2006, the Lancaster County Substance Abuse Action Coalition and Lincoln Action Program Lincoln Free To Grow were awarded a \$78,815 collaborative grant from the Community Health Endowment of Lincoln to engage the community in developing solutions to the effects of and problems associated with methamphetamine use, production, and treatment in Lincoln and Lancaster County.

The Lancaster County Substance Abuse Action Coalition is the coordinated community response to improving the health of Lancaster County residents by reducing the misuse of alcohol, tobacco, and other drugs. Initiated in 2002, the Coalition is represented by over 75 agencies and over 1500 individuals working together to realize a vision of a community free of substance abuse.

Lincoln Action Program is a private, non-profit Community Action Agency dedicated to improving the lives of individuals and families with low incomes in Lancaster County. Lincoln Free To Grow, a program of Lincoln Action Program, is an example of a valuable partnership approach to social service and community development that encourages self-sufficiency and improves quality of life in Lincoln's neighborhoods.


The partnership between these two organizations was a natural match to gather data and input at the neighborhood and community levels, and to formulate bold recommendations.

Methodology

The first step in the process was to identify and understand the problems resulting from methamphetamine use in Lincoln and Lancaster County.

The Planning Partners' approach was to look at the problems from the perspective of individuals and families directly affected by methamphetamine use and abuse, residents of neighborhoods where problems associate with use and abuse were reported, and from the broader community perspective including service organizations, government and residents.

In late 2006 and early 2007, representatives from the Lancaster County Substance Abuse Action Coalition and Lincoln Action Program Lincoln Free To Grow asked for public input on methamphetamine through: 1) focus group sessions with community health and human service agencies and other organizations; 2) focus group sessions with neighborhood organizations; direct service providers in neighborhoods; and neighborhood property and safety stakeholders; 3) one-on-one surveys with neighborhood residents in the Clinton, Near South, and Everett neighborhoods; 4) written surveys (community residents, clients, public health nurses, drug court, physicians, individuals in



treatment and recovery for methamphetamine addiction); and 5) Lincoln Action Program's Community Needs Assessment Survey.

The results of these public input sessions and other data collection efforts were used to develop recommendations to address methamphetamine use, production, and treatment in Lincoln and Lancaster County.

Survey Tools

The Lancaster County Substance Abuse Action Coalition and Lincoln Action Program Lincoln Free To Grow used three survey tools to gather data and information on methamphetamine use, production and treatment in Lincoln and Lancaster County. These survey tools included: 1) a focus group survey; 2) an individual and neighborhood survey; and 3) a methamphetamine user survey.

Focus Groups

Utilizing the focus group survey, Planning Partners conducted nine (9) focus groups gathering input from over 150 individuals representing organizations in Lincoln and Lancaster County. These included, but were not limited to, substance abuse treatment providers; mental health treatment providers; substance abuse prevention organizations; health care providers; law enforcement; first responders; businesses; dentists; hospitals, clinics, and health department; adult and juvenile drug court programs; teachers and school administration; local and state government; and individuals in recovery for a methamphetamine addiction.

Planning Partners conducted five (5) focus group sessions gathering input from neighborhood associations, landlords, residents, school personnel, businesses, health and human service agencies and other interested individuals living and working in the Clinton, Near South, and Everett Neighborhoods in Lincoln.



Purple:

Clinton North 17th to North 33rd
 Northern Boundary: RR tracks
 Southern Boundary: W Street

Green:

Everett South 9th to South 13th
 Northern Boundary: G Street
 Southern Boundary: South Street

Blue:

Near South South 13th to South 27th
 Northern Boundary: H Street
 Southern Boundary: South Street

Individual and Neighborhood Surveys

Utilizing the individual and neighborhood survey, the Planning Partners conducted over 100 one-on-one surveys with residents in the Clinton, Near South, and Everett Neighborhoods gathering first hand knowledge of the methamphetamine problem and other problems affecting residents of these older and diverse neighborhoods.

Written Surveys

Over 100 written surveys were collected from community residents; Lincoln Action Program case-managed clients; public health nurses; drug court participants; physicians; and individuals in treatment for an addiction to methamphetamine.



Lincoln Action Program Community Needs Assessment

Lincoln Action Program developed and released a Community Needs Assessment during the same timeframe as the planning initiative. The 480 responses received from clients, staff and community residents were also considered and used in the formulation of the final recommendations.

Planning Process Benefits


Some of the benefits of the methamphetamine collaborative planning initiative included the ability to:

- gather input from a wide variety of community groups, health and human services organizations, neighborhood organizations, businesses, and individuals on methamphetamine;
- gauge awareness, recognition, and severity of methamphetamine and related problems;
- conduct research on other local, state and national programs;
- form new partnerships and renew existing partnerships;
- connect service organizations and neighborhood residents to work towards solutions to a common problem; and
- formulate bold community solutions to the problems associated with methamphetamine in Lincoln-Lancaster County.

Planning Process Challenges

Some of the challenges of the methamphetamine collaborative planning initiative included:

- coordinating a variety of individuals in the information gathering stages of the initiative;
- differing view-points and opinions on severity of methamphetamine, its related problems and its impact on the community;
- difficulty in convincing some of the individuals and organizations of the importance in participating in the planning effort;
- difficulty in fitting data and information gathering sessions into already busy schedules;

- 
- problems associated with misinformation, lack of data, or lack of reliable information that made it difficult to make comparisons or draw conclusions; and
 - variances in local data collection on methamphetamine.

Local Data on Methamphetamine

Requesting and accessing local data on methamphetamine was one of the greatest challenges of this project and a constant barrier to providing any kind of statistical analysis or report on the state of methamphetamine in Lincoln and Lancaster County

Planning Partners knew going into this project that local data and comparable statistics on methamphetamine were not readily accessible. This fact did not change with further investigation. The following were the general responses given when Planning Partners asked local agencies for methamphetamine data.

- Data on methamphetamine is not collected by my organization.
- Data on methamphetamine as an illegal substance is collected by my organization but is not segregated from data on other illegal substances for any reason.
- Data on methamphetamine is collected by some individuals in my organization but is not easily accessed without manually reviewing individual files.
- Data on methamphetamine is collected by a majority of individuals in my organization but is not easily accessed without manually reviewing individual files.
- Data on methamphetamine is collected by my organization but the accuracy of that information is uncertain, i.e. data is self-reported, lack of quality control, duplicated, etc.
- Data on methamphetamine is collected by my organization and is relatively accurate but not likely comparable to data from other organizations because of differing data collection tools, type of service, cost of service or outcomes.

Summary of Key Themes

The following is a list of the most prevalent themes, in no particular order, resulting from the input received during the planning process. The Planning Partners have reported here what was heard during the many focus groups and interviews that were a part of this project. **It is important to note that there were some disagreements among participants and misinformation about current practices.**

Methamphetamine use and dependence is a city-wide problem.

It is difficult to look at just one area of Lincoln and say there is the methamphetamine problem. Methamphetamine abuse does not discriminate based on neighborhood or income.

More people in Lincoln abuse alcohol compared to other substances. Marijuana is second in number of abusers. The third drug of choice has varied over time; currently it is methamphetamine.

While the number of methamphetamine production labs is down significantly since the passage of the state law regulating the sale of over the counter drugs containing pseudoephedrine, there is evidence that use has remained steady. As the community cracks down on methamphetamine, the use of substitute drugs has historically increased. Treatment providers emphasized the need to address substance abuse treatment generally rather than focusing on methamphetamine.

Methamphetamine users are generally between 30 and 40 years old.

Methamphetamine use and dependence occurs among youth, but marijuana remains the major drug of choice among juveniles. Women are just as likely to be methamphetamine users as men. Methamphetamine appeals to women because it gives them energy to get things done, results in weight loss, and users said it helps them cope with abuse and problems

in relationships. Public health nurses reported concerns about the effects of maternal methamphetamine use on fetal health.

The pattern of methamphetamine addiction differs from that for other substances.


The drug hits users hard and fast and users' lives spin quickly out of control. Methamphetamine users reportedly care only about their next high and ignore all other obligations. Compared to other drugs, the effects of methamphetamine are intense and the social consequences are devastating.

Methamphetamine use has devastating, long-term effects on users.

These effects include loss of the ability to manufacture the brain chemicals serotonin and dopamine, and "meth mouth" which is characterized by severe dental decay. Loss of serotonin leads to chronic depression, which requires on-going treatment. The University of Nebraska Medical Center College of Dentistry reported that dental restoration can cost anywhere from \$5,000-\$40,000.

Children are the unseen victims of methamphetamine use.

Children of addicted parents are neglected and sometimes abused. Teachers report that they do poorly in school, dress inappropriately, and lack adequate food. Older children are often responsible for their siblings. Teenagers want to live independently to get away from the substance abuse. A typical pattern we saw



in interviews with drug court participants and recovering users is “generational addiction” where users get drugs from other family members, including parents. Public health nurses, teachers, child protective services, health and human service workers, Lincoln Action Program/Head Start case workers and others who work with families in the home need to initiate and coordinate ongoing communication about families and children at risk.

Because of methods used by various law enforcement agencies and service providers to track cases, it is difficult to quantify the extent of the problem and trends.

There was general agreement on the need for more consistent and reliable data, recognizing that agencies need to maintain internal consistency in record keeping for their own tracking purposes. Participants specifically called for more information from law enforcement documenting the extent of the problem in order to avoid the “sensationalism” of methamphetamine abuse that has occurred in other communities. There was also a call for attempting to quantify the broader social costs of methamphetamine addiction, including the costs of related crimes, foster care, and other services provided to families and children of methamphetamine addicts.

Drug use and dependency raises safety concerns for neighbors, families, and the community.

One-half of the participants in neighborhood focus groups and surveys said that drugs have affected them or their families or have caused them to change their behaviors to feel safe. Changes include staying indoors, telling children to avoid certain houses, keeping children indoors, avoiding certain retailers, and moving out of a neighborhood. Several mentioned fear of reprisals for reporting suspicious activities. According to one respondent, “I resent that fear curtails my movements.” A few mentioned safety issues associated with properties that had been used as labs. There was general agreement among representatives of schools, social service agencies, treatment providers and law enforcement that the

safety of children living in homes where parents are users is significantly endangered because of neglect and/or abuse.

Residents do not distinguish between methamphetamine and other drugs.

Sixty-three percent of residents from three neighborhoods who participated in focus groups and completed surveys said there was a “drug problem” in their neighborhood. Seven percent specifically mentioned methamphetamine. Residents understand the signals of drug activity such as short-term traffic at all hours of the day and night, but the type of drug being used or produced was “invisible.” Residents did not know what methamphetamine looks like or the paraphernalia associated with production and use. Perception of where drug activity takes place in the neighborhood depends greatly on proximity. They reported “pockets” of suspected drug activity, including houses where drugs are made and/or sold, neighbors who might be using, and retail locations where panhandling or dealing was witnessed. People are aware of suspected “drug houses” on their block but do not know what happens on the next block.

Respondents to neighborhood surveys name police most often as a potential source of information about methamphetamine and other drugs.

Any strategies that are designed to provide information to residents at a neighborhood level should include law enforcement as an information channel. This includes providing information to residents about detecting and responding to methamphetamine abuse and/or referring people to other sources of information and providers.

More residents see drug problems in their neighborhood as a law enforcement issue rather than a health issue.

While most residents said they personally had done nothing to address the drug problem in their neighborhood, the next most common response to this question was “I called the police.” Reported results were

mixed. Residents appear to expect immediate action to “get rid” of the problem. When that does not happen, they get discouraged and quit calling. Follow up by police on what was done would help close the loop and offers an opportunity for education and building neighborhood relationships. Another issue is that residents do not know who to call or what information they need to report when they do call.

Some neighborhood residents associate burglaries, assaults, prostitution, domestic violence, and other crimes with drug trafficking and use (not specifically methamphetamine).

Not all residents recognize the connection, however. Getting users into the legal system and keeping them incarcerated is seen as reducing the amount of neighborhood crime. Residents say the current prison system “does not work” because offenders are released and do the same thing over again. Fewer residents recognize the treatment issues and challenges associated with methamphetamine dependence and the relationship between successful treatment, rather than just incarceration, and crime reduction. It was difficult to determine in some cases whether comments advocating incarceration were aimed at dealers or users or both.

Residents see run-down rental properties and lower rents as both a precursor and outcome of drug problems in the neighborhoods.

Landlords spoke of the frustrations in the eviction process; once a problem is identified it takes three months to complete the process. Screening can also be challenging because you may rent to one person who then lets others live in the home or apartment. Both landlords and residents need to be a part of a community-wide solution.

Methamphetamine users are likely to be involved in larcenies, thefts, prostitution, and other crimes to support their dependency.

A general law enforcement statistic is that 80% of all criminal activity is drug-related. It is less risky for a user to steal something to pay for his or her addiction than to manufacture the drug.

Drug courts are a major channel for getting users into a treatment program.

However, the failure rate is high for methamphetamine users who end up in treatment via this route. Arrest is often not enough to motivate users to get clean. Recovering users spoke of “losing everything” including families, children, and their self-respect before they sought treatment.

Providers in Lincoln work well together to address community needs.


Service problems arise when different “systems” and sets of rules are in conflict and some individuals don’t fit within “the system.” Law enforcement and providers have cooperated to develop strategies for fighting methamphetamine in the community.

Community-based programs need to be supported and improved.

Consistent step down and aftercare programs are critical. Participants also cited a need to develop community-based programs for juveniles who have been expelled from school and are waiting for treatment and to provide counselors for Drug Court and substance abuse service programs that stay with the individual beyond the program. Users report struggling after inpatient treatment because they return to an environment, including friends and family, where drug use is encouraged.

Treatment capacity in Lincoln is limited, resulting in waiting times of 4-6 months.

Additional resources are needed to expand both inpatient and outpatient capacity. Treatment providers said that a community-level response is needed for all substance abuse and not just methamphetamine. The real need is to better serve the needs of



substance abusers and the community and providers adapt to the nuances of the drug.

Best treatment practices need to be identified, communicated, and agreed upon by providers, educators, and law enforcement.

Because failure rates are higher for methamphetamine dependence than for other chemical substances due to lack of appropriate treatment, repeated treatment is usually necessary. Users often switch to other substances such as alcohol. Without appropriate treatment, many users will continue to commit crimes and end up in the penal system.

Public and private funding for methamphetamine treatment often does not pay for the length or level of treatment necessary to improve the probability of success.

Unlike other substance abusers, it generally takes a methamphetamine user 30-45 days to “gain traction” or begin to respond to treatment. Managed care does not recognize that intense inpatient treatment is needed, opting for a lower level of care. Clients have to fail at a lower level of care before they can get the treatment they need. A course of treatment can run up to a year.

Medical and other providers do not know where to refer users for treatment.

Physicians who responded to a survey said that they see more alcohol and marijuana dependence, but do see methamphetamine abuse as well. The biggest need in the medical community, and particularly for obstetrics and gynecology practitioners, dermatologists, and family practice physicians, is for information on treatment options. Providers also told us that it is sometimes difficult to discuss health issues and treatment with suspected abusers who are seeking treatment for other problems. (Example: Clients visit the People’s Health Center for dental problems and the provider suspects a current or prior methamphetamine addiction). General education of physicians, dentists, and office

managers on the signs of abuse is also needed.

Public attitudes in Lincoln are at times perceived as not supportive of treatment or recovery.

Respondents perceive that some segments of the community do not recognize the problem. The community as a whole does not support recovery, and dependence is looked upon as “shameful.” Individuals in recovery report struggling with failed relationships, feeling inadequate as a parent, and an embarrassment to family and friends. They struggle to find employment. Community support can take many forms.

Diverse communities within Lincoln need specific strategies for education and prevention.

Spanish-speaking and other immigrant populations need family education in their native language on the signs of abuse and how to respond. Some cultures are reluctant to report suspected problems because of the fear of police, uncertainty about the effects of reporting on the family, and the desire to solve family issues within the family. Outreach to these communities should recognize cultural considerations and is best done by organizations other than law enforcement.

Businesses and employers are affected by methamphetamine abuse and should be involved in a community-wide solution.

Residents reported avoiding certain retailers because of dealers and users congregating in the vicinity. Employers suffer loss of productivity from employees who use methamphetamine. Insight Employee Assistance Program has just initiated a program to inform employers of the symptoms of methamphetamine abuse by employees. Larger employers might be willing to contribute to a public education campaign. The Retail Watch Program that helps retailers identify purchases that could be intended for drug production has high awareness and use.

There needs to be a paradigm shift from individually accepting illegal drug related activity in a neighborhood to organizing community partnerships to actively discourage such activities.

Neighborhood associations may not have the resources to develop solutions on their own, but can play an important role in neighborhood awareness and organizing. Residents need to recognize the importance of working together to educate neighbors, report suspicious activities, and let violators know that it “cannot happen in our neighborhood.”

The community has excellent resources to draw upon in continuing to provide education and training.

Respondents spoke of very good training programs in place for medical responders and school personnel. The School Community Intervention Program (SCIP) program works with middle school families to identify problems and solutions. Faculty at the University of Nebraska-Lincoln Dental School provides education for dentists. Lincoln is one of four cities selected nationally to participate in Meth 360, an educational program aimed at educating parents and concerned citizens. There is a need to inventory current programs, audiences, and content and with adequate funding, to offer training to groups that express a need.

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Implementation Recommendations

The goal of the Methamphetamine Collaborative Planning Initiative was to engage the community in developing solutions to the effects and problems in Lincoln and Lancaster County associated with methamphetamine.

To accomplish this goal, the Planning Partners combined survey results and key themes and into five areas. These areas included:

1. **Children;**
2. **Neighborhoods, Crime, and Safety;**
3. **Community Support for Substance Abuse;**
4. **Treatment; and**
5. **Data Collection.**

On June 1, 2007, a group of approximately 50 individuals, representing each of these areas and with a general interest in methamphetamine solutions and the community, came together to review and discuss the planning initiative's results and key themes.

Individuals in attendance were asked to convene in small groups (aligned with the five implementation areas listed above) and were charged with developing objectives, strategies, and activities to guide in the development of solutions to the methamphetamine problems in Lincoln and Lancaster County.

The results of the June 1 planning session, along with other programmatic information collected during the project period, have guided the Planning Partners in formulating implementation recommendations. It is important to note that all information and comments collected as a result of this planning effort were considered in the formulation of key themes and the implementation recommendations included in this report.

The Planning Partners recognize that the following implementation recommendations broadly reflect the overwhelming needs of Lincoln and Lancaster County in response to methamphetamine and that it will take many partners and many years to accomplish the recommendations in full.



LINCOLN-LANCASTER COUNTY METHAMPHETAMINE COLLABORATIVE PLANNING INITIATIVE IMPLEMENTATION RECOMMENDATIONS

RECOMMENDATION 1


Mobilize community leaders and champions to advise and direct unduplicated efforts to combat methamphetamine in Lincoln and Lancaster County in a coordinated fashion.

- Strategy 1.1: Receive the support and endorsement of the Implementation Recommendations from Mayor Chris Beutler.**
- Strategy 1.2: Establish a Lincoln-Lancaster County Methamphetamine Action Team (MAT) for the purpose of addressing the Implementation Recommendations included in this report.**
- Strategy 1.3: Hire a Project Director for the purpose of providing staff support to the MAT and the Implementation Recommendations included in this report.**
- Strategy 1.4: Compile an inventory of current methamphetamine-related programs in the community, including their client demographics and provided services, for the purpose of having a clear picture of available capacity, need, and service gaps.**
- Strategy 1.5: Engage MAT in an innovative pilot walk-through of community systems related to methamphetamine production, abuse, and treatment for the purpose of developing a clear and coherent view of the current system's strengths and limitations.**

RECOMMENDATION 2

Document a clear and accurate picture of the impact of methamphetamine on Lincoln and Lancaster County (children, families, agencies, neighborhoods), publish the information, and distribute to policymakers, treatments providers, law enforcement, corrections, educational institutions, and other community organizations.

- Strategy 2.1: Form a Data Subcommittee of MAT that includes persons with knowledge and expertise in data collection, information technology, existing community linkages, and other related specialties.**

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- Strategy 2.2:** Hire a Data Coordinator to work with the MAT Data Subcommittee, law enforcement, corrections, treatment providers, and other health and human services agencies to determine what community data is available regarding methamphetamine abuse, treatment, and enforcement.
- Strategy 2.3:** Determine future data tracking needs, comparable standards and protocols for data collection, and the need for a separate data collection system for methamphetamine similar to the system used to collect domestic violence data in Lancaster County.
- Strategy 2.4:** Develop a methamphetamine cost analysis to measure the full financial impact of methamphetamine on the community.



RECOMMENDATION 3

Significantly impact the general lack of knowledge regarding methamphetamine among residents of Lincoln and Lancaster County through community education and awareness efforts.

- Strategy 3.1: Expose the extent of methamphetamine production and abuse in Lincoln and Lancaster County through a coordinated public education campaign.**
 - 3.1.1 Partner with Mayor Chris Beutler as a spokesman for methamphetamine awareness and utilize his public visibility and access to media outlets and notable individuals for purpose of regular community education.**
 - 3.1.2 Work in partnership with local media sources to highlight the specific and significant impact of methamphetamine on the community. For example, engage the local newspaper to consolidate methamphetamine related crimes into a weekly feature that also provides information on how residents can report suspected methamphetamine related activity.**
 - 3.1.3 Provide timely and accurate information to the community on emerging trends in methamphetamine production and distribution, i.e. “strawberry meth.”**
- Strategy 3.2: Schedule, coordinate presenters, and identify key neighborhoods and organizations for Meth360 presentations to raise awareness of methamphetamine.**
- Strategy 3.3: Create specific joint parent/child methamphetamine presentations.**
- Strategy 3.4: Utilize the unique perspectives and experiences of persons in recovery in public education opportunities.**
- Strategy 3.5: Provide education and outreach efforts in a culturally and language appropriate format to racial and ethnic communities.**



RECOMMENDATION 4

Identify and successfully address public policy issues to impact the abuse of methamphetamine in Lincoln and Lancaster County.

- Strategy 4.1:** Facilitate the collaboration between the Lincoln-Lancaster County Methamphetamine Action Team (MAT) and the local chapter of the national Drug Endangered Children (DEC) Program to identify issues that affect the abuse of methamphetamine in Lincoln and Lancaster County. This partnership will facilitate the coordination of efforts by law enforcement, medical providers, child welfare workers, and other agencies to ensure that children found in unsafe environments where methamphetamine is present will receive appropriate attention.
- Strategy 4.2:** Continue to advocate for adequate insurance coverage for methamphetamine treatment. Advocate for policy revisions for methamphetamine treatment as determined. Advocate for parity in insurance coverage for substance abuse and mental health treatment.

RECOMMENDATION 5

Expand affordable and accessible treatment opportunities for methamphetamine abusers in Lincoln and Lancaster County.

- Strategy 5.1:** Facilitate a partnership between MAT and Lincoln and Lancaster County's treatment community to research and identify best practice projects and alternatives to treatment that support successful treatment and decrease recidivism by methamphetamine users.
- Strategy 5.2:** Engage the treatment community to use local methamphetamine data and the Implementation Recommendations in this report to leverage funding for expanded methamphetamine treatment.
- Strategy 5.3:** Develop affordable and accessible after care and step down treatment programs to sustain the methamphetamine treatment and recovery progress for recovering methamphetamine abusers.



RECOMMENDATION 6

Address the unique and significant needs of children with methamphetamine addicted parents.

- Strategy 6.1:** Implement an information sharing and response system that allows educators and social service providers to more effectively share information and respond to individual children who are at risk of being negatively impacted by methamphetamine abuse.
- Strategy 6.2:** Convene educators, social service providers, treatment and health care providers, law enforcement, and other adults who come into contact with children affected by methamphetamine abuse to research best practices and investigate potential policy changes that enable children to safely report methamphetamine abuse.

RECOMMENDATION 7

Raise awareness among health care providers about methamphetamine abuse and treatment in Lincoln and Lancaster County.

- Strategy 7.1:** Provide health professionals, who provide prenatal services, with specialized resources to assist in the identification and referral of pregnant methamphetamine users. Resources may include educational materials regarding the impact of methamphetamine on fetal health, peer support programs, and information on treatment options.
- Strategy 7.2:** Work closely with the Lancaster County Medical Society and the Lincoln District Dental Association to disseminate information and education to medical professionals regarding patient identification, medical implications of methamphetamine abuse, and how to approach patients regarding their abuse of methamphetamine.



RECOMMENDATION 8

Empower new and existing neighborhood networks to address methamphetamine within neighborhoods and on individual blocks.

- Strategy 8.1:** Increase neighborhood access to information related to the identification, reporting, and follow-up process of suspected drug activities through existing and/or new Neighborhood Watch Programs.
- Strategy 8.2:** Utilize methamphetamine related crime statistics and other related data to create and implement a portable neighborhood specific “Methamphetamine Response Project.” The project would include, but not be limited to, identifying existing and potential neighborhood leadership; offering opportunities for leadership training; providing support and technical assistance to identify problem properties; creating a targeted response; facilitating follow-through, and achieving desired outcomes for the purposes of improving the health and safety of neighborhoods located throughout Lincoln and Lancaster County.

RECOMMENDATION 9

Raise awareness throughout the local business community about methamphetamine abuse in Lincoln and Lancaster County.

- Strategy 9.1:** Provide education and presentation opportunities, such as Meth360, to employers regarding the signs and symptoms of methamphetamine abuse and steps for reporting and assisting employees abusing methamphetamine.
- Strategy 9.2:** Continue to support cooperative efforts of law enforcement and retailers with programs such as Meth Watch, to help curtail the suspicious sale and theft of common household products used in the illicit manufacturing of methamphetamine.



Other Activities

During the same time frame of the Lincoln-Lancaster County Methamphetamine Collaborative Planning Initiative, Planning Partners have been involved in the following methamphetamine related activities. Each of these activities has been relevant and has had a positive effect on the outcomes of the Lincoln-Lancaster County Methamphetamine Collaborative Planning Initiative.

Meth360

Meth360 is an educational presentation for adults on methamphetamine designed to be co-delivered by member of law enforcement and a community representative. In 2006, the Lincoln Police Department was selected by the Police Executive Research Forum to collaborate with The Partnership for a Drug-Free America in bringing this national Methamphetamine Demand Reduction Program to Lincoln. The Lincoln Police Department, Planning Partners, and other community representatives have been trained as Meth360 facilitators and are currently conducting Meth360 presentations upon request. The availability of this Methamphetamine Demand Reduction Program to Lincoln, at no cost, is already addressing an identified need for reliable, accurate, and consistent information on methamphetamine.

Region V Southeast Nebraska Methamphetamine and Other Drug Advisory Board


Planning Partners attend and participate in monthly meetings and other activities hosted by the Region V Southeast Nebraska Methamphetamine and Other Drug Advisory Board. As Lancaster County is located in Region V, continued support of and participation in Region V's efforts on methamphetamine is important to the implementation and sustainability of recommendations resulting from this planning effort.

Midwest/Great Lakes Methamphetamine Legislative and Policy Planning Conference

In February 2007, a member of the Planning Partners team attended the Midwest Methamphetamine Planning Conference, which offered the opportunity to network with other state and federal methamphetamine representatives, to learn about other methamphetamine programs and future trends, and to collaborate on solutions to the problems caused by methamphetamine.

2007 Midwest Methamphetamine Conference

Planning Partners had the opportunity to attend this conference in May 2007 located in Lincoln, as well to present a status update on the Lincoln-Lancaster County Methamphetamine Collaborative Planning Initiative.



For additional information on the Lincoln-Lancaster County Methamphetamine Collaborative Planning Initiative contact:

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L I N C O L N
ACTION
P R O G R A M
Helping Families—Changing Lives



The Methamphetamine Collaborative Planning Initiative was funded by a grant from the Community Health Endowment of Lincoln.