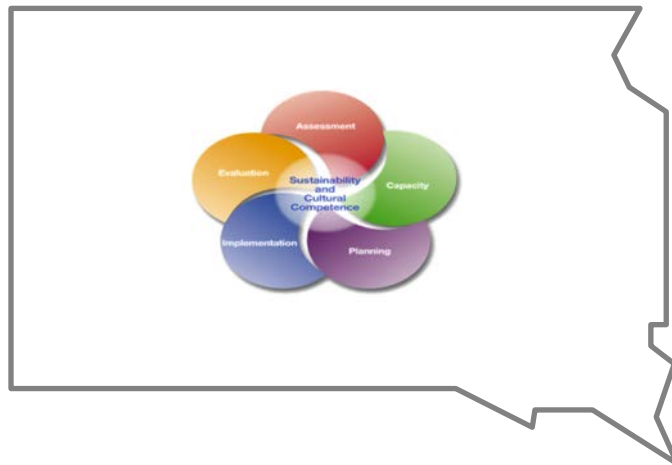


South Dakota Methamphetamine Prevention Toolkit



Provided by:

South Dakota Department of Social Services;
SE Prevention Resource Center - Volunteers of America, Dakotas;
NE Prevention Resource Center - Human Service Agency;
W Prevention Resource Center - Youth and Family Services

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Meth in South Dakota

The use of methamphetamine continues to affect rural areas as well as urban areas throughout the state of South Dakota. This increased use and demand for methamphetamine has continued to rise over the past few years.

Methamphetamine has come to the attention of the public through media, informed public officials from the local to national level, and concerned citizens.

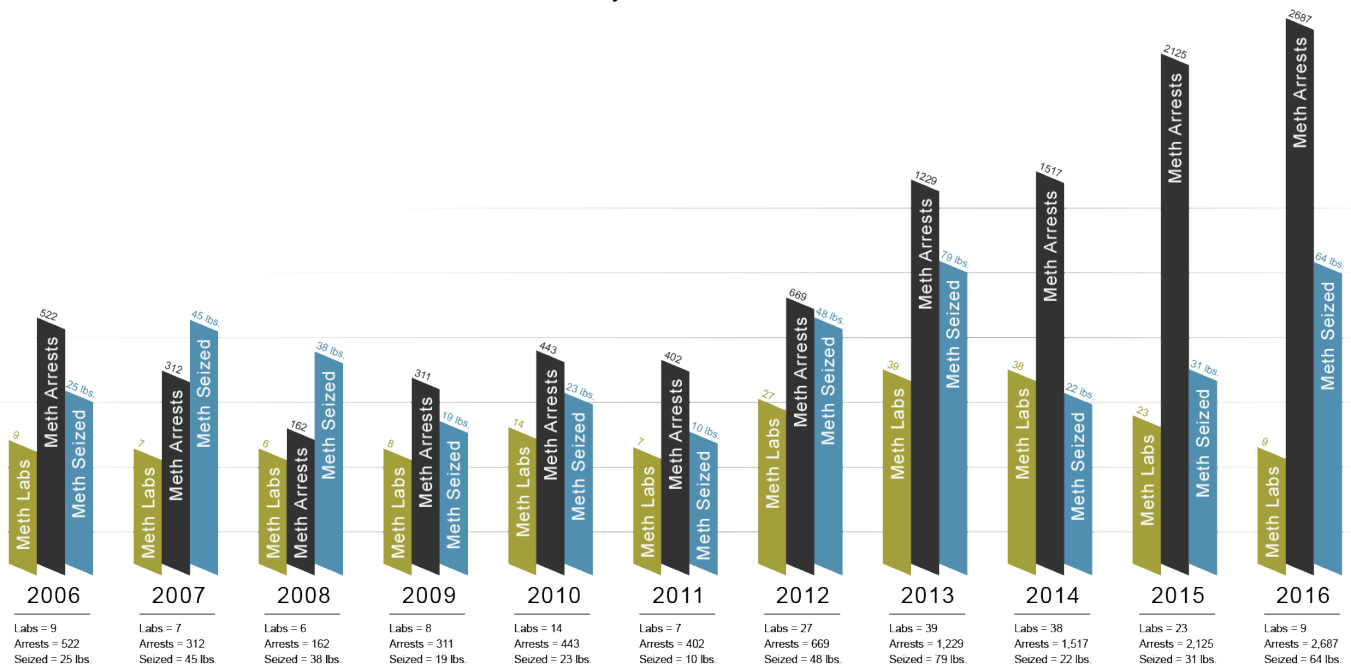
Public efforts are underway by law enforcement, politicians, social service agencies and the media to further educate the public of the dangers of methamphetamine use.

Interstate 90 which runs east to west through South Dakota is increasingly being used for the transportation of drugs and currency by trafficking organizations.

In 2016 there were 2,687 arrests in 46 counties across South Dakota with 64 pounds of meth seized and 9 labs found. The South Dakota Youth Risk Behavior Survey (YRBS) indicates that South Dakota youth have higher rates of trying meth at 3.8% compared to the national average of 3%.

Methamphetamine Stats At-A-Glance

Source: SD Attorney General's nomethever.com website





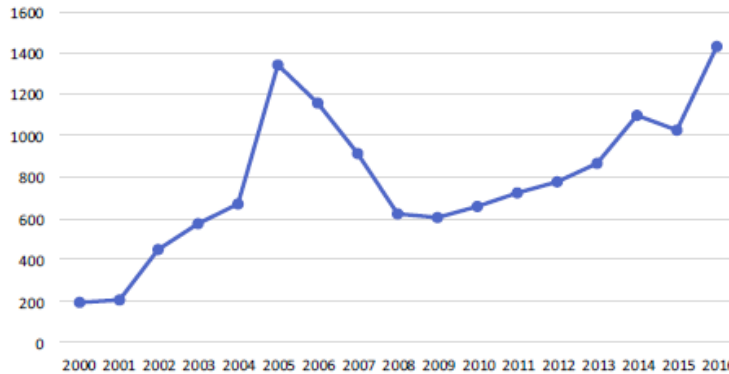
Data Brief

**Trends in Methamphetamine Treatment Admissions
2000—2016**

January 2017

Treatment admissions for clients who identified methamphetamine/amphetamine as the primary substance spiked in 2005 with nearly 1,350 admissions. Primary methamphetamine/amphetamine admissions has risen each year since 2010 with approximately 1,432 methamphetamine/amphetamine treatment admissions occurring in 2016.

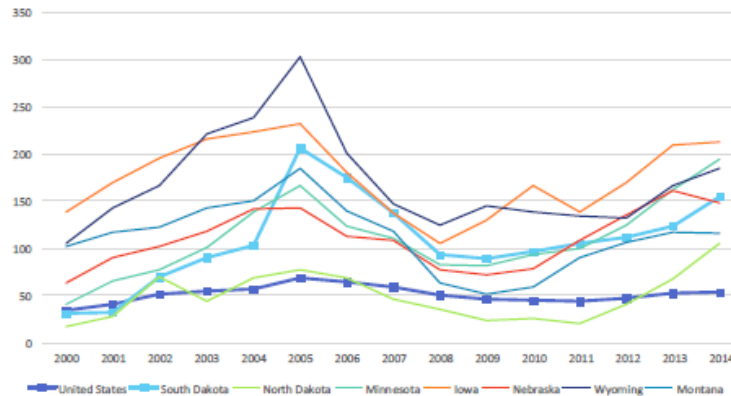
South Dakota Methamphetamine Treatment Admissions



Sources: SAMSHA Treatment Episode Data Set; 2015 and 2016 methamphetamine treatment admissions provided by DSS.

A similar trend is observed in methamphetamine/amphetamine treatment admissions data for states bordering South Dakota. In 2014, South Dakota's methamphetamine/amphetamine treatment admission rate was 155 per 100,000. Iowa had the highest rate in 2014 with 213 per 100,000 followed by Minnesota at 194 per 100,000 and Wyoming at 185 per 100,000. South Dakota and all bordering states exceeded the national average in 2014 of 53 per 100,000.

**Primary Methamphetamine/Amphetamine Admissions per 100,000 population
South Dakota and Bordering States**



Source: SAMSHA Treatment Episode Data Set: https://www.dasis.samhsa.gov/dasis2/beds_pubs/2014_beds_rpt_st.pdf;

Note: An admission is defined as the formal acceptance of a client into substance abuse treatment, and has occurred if, and only if the client begins treatment.

Support for this document and support for the South Dakota Substance Abuse Epidemiological Outcomes Workgroup is made possible by the Center for Substance Abuse Prevention, Substance Abuse Mental Health Services Administration (CSAP-SAMHSA).

What is methamphetamine?

Methamphetamine is a stimulant drug usually used as a white, bitter-tasting powder or a pill. Crystal methamphetamine is a form of the drug that looks like glass fragments or shiny, bluish-white rocks. It is chemically similar to amphetamine [a drug used to treat attention-deficit hyperactivity disorder (ADHD) and narcolepsy, a sleep disorder].



Other common names for methamphetamine include chalk, crank, crystal, ice, meth, and speed.

How is methamphetamine used?

People can use methamphetamine by inhaling or smoking, swallowing (pill), snorting, or injecting the powder that has been dissolved in water or alcohol

Methamphetamine's effects on the brain

Methamphetamine increases the amount of the natural chemical dopamine in the brain. Dopamine is involved in body movement, motivation, pleasure, and reward (pleasure from natural behaviors such as eating). The drug's ability to release high levels of dopamine rapidly in reward areas of the brain produces the "rush" (euphoria) or "flash" that many people experience.

Short-term effects

Taking even small amounts of methamphetamine can result in many of the same health effects as those of other stimulants such as cocaine or amphetamines.

These include:

- Increased wakefulness and physical activity
- Decreased appetite
- Faster breathing
- Rapid and/or irregular heartbeat
- Increased blood pressure and body temperature

Long-term effects

People who inject methamphetamine are at increased risk of contracting infectious diseases such as HIV and hepatitis B and C. These diseases are transmitted through contact with blood or other bodily fluids. Methamphetamine use can also alter judgment and decision making leading to risky behaviors. Long-term methamphetamine use has many other negative consequences.

These include:

- Extreme weight loss
- Severe dental problems
- Intense itching, leading to skin sores from scratching (meth mites, crank bugs)
- Anxiety
- Confusion
- Sleeping problems
- Violent behavior
- Paranoia—extreme and unreasonable distrust of others
- Hallucinations—sensations and images that seem real though they aren't



Photo by [Dozenist](#) / CC BY-SA

"Meth mouth"

The methamphetamine addiction

Methamphetamine is highly addictive. When people stop taking it, withdrawal symptoms can include:

- Anxiety
- Fatigue
- Severe depression
- Psychosis
- Intense drug cravings

Source: [nomethever.com](#)



Signs & Symptoms of Methamphetamine Use

There are certain signs associated with meth use that can be noticeable from the first time someone tries the drug. Not every user will display every one of these symptoms; other illicit drugs may also cause similar signs.

Signs of early meth use include:

- Euphoric "high" state (excessively happy)
- Decreased appetite
- Increased physical activity
- Anxiety, shaking hands, nervousness
- Incessant talking
- Rapid eye movement
- Increased body temperature (can rise as high as 108 degrees and cause death)
- Dilated pupils
- Sweating not related to physical activity

If you suspect someone might be using meth, symptoms can include:

- Paranoia
- Sleeplessness and severe depression
- Nausea, vomiting, diarrhea
- Extreme irritability and anxiety
- Seizures
- Teeth grinding, bad teeth, and body odor
- Skin ulceration and infections, the result of picking at the skin or imaginary bugs
- Auditory and visual hallucinations
- Violent and erratic behavior
- Nervousness
- Anhedonia - loss of pleasure
- Dryness of mucous membranes
- Burnt or blistered lips and/or fingertips from holding hot "Ice Pipes"

Source: This information was accessed in 2011 from NIDA *InfoFacts: Methamphetamine* which is no longer available on the NIDA website.

Fact Sheet: Methamphetamine - Children At Risk

Risks to children include:

- Exposure to explosive, flammable, toxic ingredients stored in kitchen cabinets, bathrooms and bedrooms
- Access to methamphetamine and paraphernalia
- Presence of loaded weapons in the home and booby traps (due to paranoia of methamphetamine users)
- Physical and sexual abuse
- Exposure to high risk populations (sexual abusers, violent drug users)
- Neglect including poor nutrition, poor living conditions
- Presence of pornography

If a pregnant woman uses meth, the baby may experience:

- Premature birth
- Growth retardation
- Withdrawal symptoms including abnormal sleep patterns, high pitched cry, poor feeding
- Cerebral injuries
- Limpness
- Apparent depression
- Shaking and tremor
- Irritability
- Fits of rage
- Sensitivity to stimuli including human touch and regular light
- Coordination problems
- Birth defects (6 times more likely) including effects on the central nervous system, heart and kidneys
- Cerebral palsy and paralysis are common

The effects of meth last longer than crack and can lead to more damage. Levels of meth present in breast milk are higher than the level in blood.

Medical personnel may notice:

Agitation, inconsolability, tachycardia, respiratory problems (often meth kids present with asthma), nausea, protracted vomiting, hyperthermia, ataxia, roving eye movements, seizures, and headaches.

Source: Mesa Center Against Family Violence

Parents who use meth often exhibit:

- Extreme mood fluctuations
- Violent behavior
- Depression
- Poor impulse control
- Bizarre behaviors
- Lack of attention to hygiene
- Acute psychotic episodes
- Poly-drug use

As meth use continues, the parent is unable to provide basic needs to the child. Due to changes in brain chemistry, the parent loses the capacity to care about anything but meth.

Children whose parents use or manufacture meth may experience:

- Respiratory problems
- Delayed speech and language skills
- Higher risk for kidney problems and leukemia
- Malnourishment
- Poor school performance/attendance problems
- Isolation
- Physical, sexual and emotional abuse
- Poor dental health
- Hyperactivity and attention disorders
- Lice
- Obesity
- Other developmental problems
- Violent behavior
- Drug usage
- Lack of boundaries/easy attachment to strangers

If you suspect meth production, leave the area immediately and contact local law enforcement!

Fact Sheet: Tips for Property Owners

Methamphetamine is a dangerous drug that poses serious health and environmental dangers. The drug can be manufactured in homes, apartments, garages and outbuildings using toxic household and agricultural chemicals that can explode or ignite without warning. Innocent bystanders visiting or living near the site of a meth lab are extremely vulnerable and at risk for injury.

Potential Costs of Labs on Your Property:

- Lost rental income while property is cleaned to remove all traces of meth contamination.
- Properly cleaning a property can cost up to \$10,000. In most cases, the property owner is responsible.
- Compromised health of tenants, staff and yourself.
- Possible premise liability lawsuit
- Decline in property values.

Be A Vigilant Property Owner!

- Perform background checks on all individuals applying to live in the property.
- Perform regular inspections of the rental property.
- Train your staff about drug paraphernalia and the dangers and warning signs of meth use/ manufacture.
- In multiple-housing properties, host tenant “Neighborhood Watch” meetings or safety socials and distribute methamphetamine education materials.
- Screen tenants.

Safety While Visiting the Property

- Keep your hands as free as possible.
- Leave the home immediately if you smell chemicals.
- Do not touch any suspicious items.
- Be aware of your surroundings and leave if your instincts tell you to.
- Call law enforcement and report any suspicious activities or items.

Property Inspections

Chemical Odors of Meth Manufacture:

- Ether-like: Aromatic, sweet odor often accompanied by a sweet taste. Sometimes described as a “hospital odor”. **Nasal irritant**
- Solvent-like: Sweet odor from common solvents. Used in paint thinners, paint removers, adhesives and cleaning fluids. Type of odor often found in an auto body shop. **Eye and nasal irritant**
- Ammonia-like: Intense, sharp, irritating odor similar to, but much stronger than that of wet diapers, glass cleaners, cattle feedlots or fertilizers. **Eye and nasal irritant**

Large Quantities of Meth Ingredients:

- Canning jars with multi-colored or layered liquids
- Aquarium tubing used in bottles or jugs
- Cold and allergy tablets
- Lithium battery casings
- Anhydrous ammonia
- Table or rock salt
- Gas-line additive
- Drain cleaner
- Camping fuel
- Matchbooks
- Starter fluid

Tenant Behavior:

- Respiratory irritation and/or chemical burns
- Hyperactivity and compulsiveness
- Aggressive and violent behavior
- Paranoia and hallucinations
- Restlessness/agitation
- Dilated pupils
- Talkativeness

Unusual Security/Ventilation Measures:

- Baby room monitors being used outdoors
- Video surveillance systems positioned to observe exterior of home.
- Elaborate fencing and heavy duty locks when it is not evident what is being secured.
- Fans positioned to ventilate the home.
- Windows blacked out or covered.
- Protective, aggressive dogs.
- Night vision equipment.

Fact Sheet: Tips for Home Visitors

Before You Go:

- Ensure that you have obtained as much information about your client as possible.
- If possible, canvass the area around the home's address. Assess potential safety concerns and take precautions.
- Communicate your schedule and likely route to your supervisor. Notify your office of your arrival.
- Carry only your ID, a cell phone and/or pager, and keys.
- Do not wear clothes and shoes that can impede your movement. Pants are best.
- Wear a name badge if you have one, but don't wear one around your neck. A clip-on is best.

Upon Your Arrival:

- Park within direct sight of the home's entry.
- Park in a well lit, unobstructed area. Don't park in the drive way of the home.
- As you exit the car, be attentive to people in the area and any unsecured dogs.
- Be aware of any meth paraphernalia in the area surrounding the home.
- Keep your hands as free as possible. Do not be distracted by talking on a cell phone. Carry a personal alarm if feasible. (Clip-on)

Safety During the Visit:

- Present yourself as calm, confident, observant, and in control.
- Position yourself between the client and the exit.
- Sit in a hard backed chair.
- Have an excuse to leave in advance.
- Be aware of your surroundings and leave if your instincts tell you to.
- Pay particular attention to the client's protectiveness relating to certain rooms of the home.
- Leave the home immediately if you smell chemicals.

Possible Meth Lab Activity

Unusual Security/ Ventilation Measures:

- Baby room monitors being used outdoors.
- Video surveillance systems positioned to observe exterior of home.
- Elaborate fencing and heavy duty locks when it is not evident what is being secured.
- Numerous fans or industrial-type fans positioned to ventilate the home.
- Alarm systems and large, protective dogs.

Chemical Odors Associated with Meth Production:

- Ether-like: Aromatic, sweet odor often accompanied by a sweet taste. Sometimes described as a "hospital odor". **Nasal irritant**
- Solvent-like: Sweet odor from common solvents used in paint thinners, paint removers, adhesives, and cleaning fluids.
- Type of odor often found in an auto body shop. **Eye and nasal irritant**
- Ammonia-like: An intense, sharp, irritating odor similar but much stronger than that from wet diapers, glass cleaners, cattle feedlots or fertilizers. **Eye and nasal irritant**

Additional Indicators of a Meth Lab:

- Numerous chemical containers, matchbooks with striker plates removed, abundance of cold tablet/diet pill containers.
- Reddish stained coffee filters, canning jars with multi-colored liquids, aquarium-type tubing used in bottles.
- Battery casings, crumpled/burnt foil.
- Windows blacked out or covered.
- People in and around meth manufacturing may exhibit respiratory irritation and/or chemical burns to skin.

Indicators of Meth Use:

- Dilated pupils
- Restlessness/agitation
- Paranoia and hallucinations
- Hyperactivity and compulsiveness
- Aggressiveness and violent behavior
- Talkativeness

If you suspect methamphetamine production, leave the home immediately and contact your local law enforcement agency.

Fact Sheet: Employee Safety Tips

Methamphetamine is a dangerous drug that poses serious health and environmental dangers. The drug can be manufactured cheaply using household and agricultural chemicals that are very toxic and can explode or ignite without warning. Individuals who work in or near homes where a meth lab is present are extremely vulnerable and at high risk for injury. Sanitation workers, postal services employees, utility workers, cable installers, meter readers and delivery drivers should all be aware of the risks.

BEFORE YOU GO:

- Communicate your schedule and likely route to your supervisor. Notify your office of your arrival.
- Carry only your ID, a cell phone and/or pager, keys and items necessary to your work.
- Do not wear clothes and shoes that might impede your movement.
- Wear a name badge if you have one, but don't wear it around your neck. A clip-on ID is best.

UPON ARRIVAL:

- Park within direct sight of the home's entry.
- Park in a well-lit, unobstructed area. Don't park in the driveway of the home.
- As you exit your vehicle, be attentive to people in the area and any unsecured dogs.
- Be aware of any drug paraphernalia in the area surrounding the home.
- Keep your hands as free as possible. Do not be distracted by talking on a cell phone. Carry a personal alarm if feasible.

WHILE AT THE HOME:

- Present yourself as calm, confident, observant and in control.
- Be aware of your surroundings and leave if your instincts tell you to.
- Leave the home immediately if you smell chemicals.

BE AWARE OF INDICATORS OF METH USE:

- Hyperactivity and compulsiveness
- Aggressive and violent behavior
- Paranoia and hallucinations
- Restlessness/agitation
- Dilated pupils
- Talkativeness

Possible Meth Lab Activity

UNUSUAL SECURITY/VENTILATION MEASURES:

- Baby room monitors being used outdoors.
- Video surveillance systems positioned to observe exterior of home.
- Elaborate fencing and heavy duty locks when it is not evident what is being secured.
- Fans positioned to ventilate the home.
- Night vision equipment.
- Protective, aggressive dogs.

CHEMICAL ODORS OF METH PRODUCTION:

- Ether-like: Aromatic, sweet odor often accompanied by a sweet taste. Sometimes described as a "hospital odor". **Nasal irritant**
- Solvent-like: Sweet odor from common solvents used in paint thinners, paint removers, adhesives, and cleaning fluids. Type of odor often found in an auto body shop. **Eye and nasal irritant**
- Ammonia-like: Intense, sharp, irritating odor similar to but much stronger than that of wet diapers, glass cleaners, cattle feedlots or fertilizers. **Eye and nasal irritant**

ADDITIONAL INDICATORS OF A METH LAB:

- Reddish stained coffee filters, canning jars with multi-colored liquids, aquarium-type tubing used in bottles or jugs.
- Battery casings, crumpled/burnt foil.
- Light bulbs with filament removed.
- Windows blacked out or covered.
- Bottles with clear tubing in the cap.
- People in and around meth manufacturing may exhibit respiratory irritation and/or chemical burns.

LARGE AMOUNTS OF METH INGREDIENTS SUCH AS:

- Cold and allergy medicine
- Anhydrous ammonia
- Lithium batteries
- Gas-line additive
- Table or rock salt
- Sidewalk de-icer
- Drain cleaner
- Starting fluid
- Camping fuel
- Matchbooks
- Iodine



In the fall of 2016, the SD Department of Social Services launched a campaign called “Meth Changes Everything” to address the rising use rate in South Dakota.

This campaign is geared at educating 9-12th grade high school students plus communities about the dangers of meth use, the effects on families and communities, and resources for individuals battling meth addiction.

The **school presentation** includes a power point and video that lasts about 45 minutes. It is ideal to do the presentation in a classroom setting to allow for more interaction and discussion with the students. While it can be presented in a large group setting if the school prefers, that is not ideal for group discussion or learning. A prevention specialist in the region will come in to provide the presentations.

Just as important, a **community presentation** and video for a town hall meeting are available to educate the public. Preferably the town hall meeting would be held the same day as the school presentations. The town hall meeting could include the video, presentation and a panel of professionals in the local community to discuss the issue of meth. The panel could include, (but is not limited to) police officers, child protection services, EMT’s, emergency room staff, and addiction counselors.

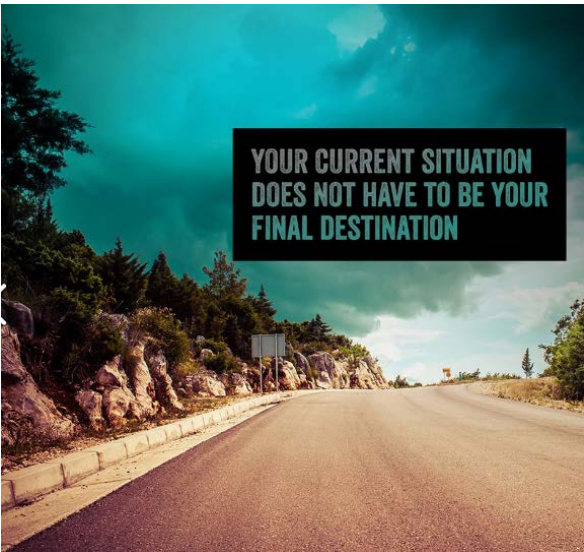
The methchangeseverything.com website has resources for community members to utilize. Two locally produced videos are listed on the website for both high school students and community members. People can go to the site and take the pledge to stand against meth. There is a section that lists available treatment options for those who may have dependence or addiction to methamphetamines and/or other drugs. There is also a section where people can share their story of how meth has impacted his or her life.

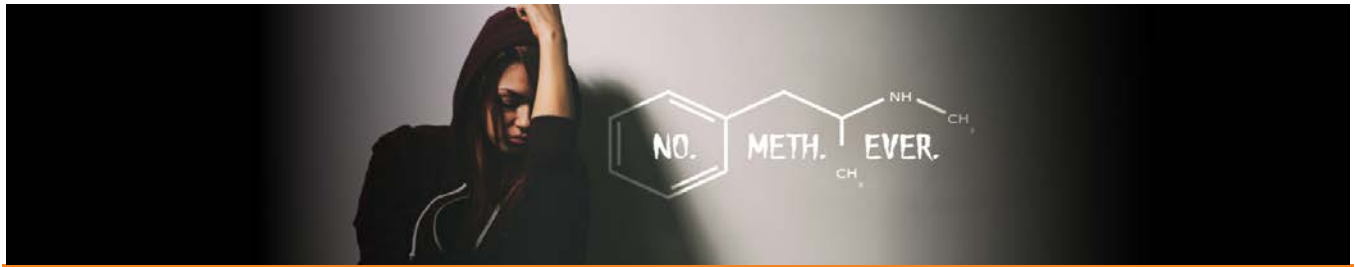
Social media is a component of the campaign. More can be found at the following sites:

Facebook - <https://www.facebook.com/methchangeseverything>

Instagram at: <https://www.instagram.com/methchangeseverything/>

“Meth Changes Everything” Campaign Images





STAND UP TO ILLEGAL DRUGS.

TEXT 'DRUGS' TO 82257

ST **PROJECT**
NDUP

Citizens are hesitant to use 911 to report crime tips due to identity issues. This is why texting has become the preferred method of communication among young citizens. Anonymous texting gives people the reassurance that their identity will not be known by suspects. **Project Stand Up** gives citizens the chance to support law enforcement in their communities with a fast and confidential text.

Anonymous text tips sent to **Project Stand Up** are connected to EVERY sheriff and police chief in South Dakota. All text tips will be monitored for drug trends and movement between communities to help reduce the use and distribution of illegal drugs in South Dakota.

For more information on **Project Stand Up** and/or on the
"No Meth Ever" Campaign go to www.nomethever.com

Classroom Education

1. LifeSkills is an evidence-based curriculum for grades 3-12. It's a substance abuse prevention program designed to provide students with the necessary skills to resist social pressures to smoke, drink and use drugs; to help them develop greater self-esteem, self-mastery, and self-confidence; to enable children to effectively cope with social anxiety; to increase their knowledge of the immediate consequences of substance use. A new unit is available to download free-of-charge.

2. Positive Action- Positive Action is an integrated and comprehensive curriculum-based program that is designed to improve academic achievement; school attendance; and problem behaviors such as substance use, violence, suspensions, disruptive behaviors, dropping out, and sexual behavior. It is also designed to improve parent-child bonding, family cohesion, and family conflict. Its concepts are universal and effective for all populations and socioeconomic levels and ages. All materials are based on the same unifying broad concept (one feels good about oneself when taking positive actions, and there is a positive way to do everything) with six explanatory sub concepts (positive actions for the physical, intellectual, social, and emotional areas) that elaborate on the overall theme.

3. Project Alert- a substance abuse prevention curriculum for 7th and 8th graders. The Project ALERT curriculum was created and tested by the RAND Corporation, a nonprofit, nonpartisan research organization. Developed over a ten-year period, Project ALERT addresses the pro-drug mindset of today's teens and effectively increases their likelihood to remain drug-free. Project ALERT has recently published its newest supplemental guide, *Club and Other Drugs: Information for Educators and Youth*, with important information for educators and youth about the dangers of ecstasy, methamphetamine, DXM, LSD, stimulants, sedatives, and steroids. Free to download at www.projectalert.com.

4. Project SUCCESS- Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) is a Substance Abuse and Mental Health Services Administration (SAMHSA) Model Program. Project SUCCESS is a program that prevents and reduces substance use and abuse among high risk, multi-problem adolescents placed in alternative schools and high-risk students in regular secondary schools. It works by placing highly trained professionals (Project SUCCESS counselors) in the schools to provide a full range of substance abuse prevention and early intervention services.

5. Too Good for Drugs-Too Good for Drugs (TGFD) is a school-based prevention program for kindergarten through 12th grade that builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers. The program is designed to benefit everyone in the school by providing needed education in social and emotional competencies and by reducing risk factors and building protective factors that affect students in these age groups. TGFD focuses on developing personal and interpersonal skills to resist peer pressures, goal setting, decision-making, bonding with others, having respect for self and others, managing emotions, effective communication, and social interactions. The program also provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle.

6. NIDA- <https://teens.drugabuse.gov/teachers/lessonplans#/questions>

These downloadable lessons based on science were developed by the National Institutes of Drug Abuse to be used by classroom teachers.

Websites for Methamphetamine Education

[Drugs and Health Blog: Methamphetamine](#)

1 6-10

Timely blog posts feature emerging trends and apply the science of drug abuse to real life. The teacher's guide features classroom activities and discussion questions for use with selected posts to encourage students to think critically about how drugs and drug abuse can affect them.

Drug Topics: *Biology, Health, Life Skills, Methamphetamine (Meth)*

[Drugs in the News: Brain Power!](#)

1 6-9

This module presents information about steroids, methamphetamine (meth), and so-called "club drugs": GHB, Rohypnol, ketamine, and MDMA, and their portrayal in the media. Students learn about the effects of each drug and how use of these drugs affects individuals and our society as a whole. Following the lesson, students will a long-term media watch competition. Additional activities include a "ripple effects" handout, a debate, the student magazine, and the CD-ROM. This is one of six modules designed for students in grades 6-9 to learn about the brain and the effects of drugs on the body.

Drug Topics: *Biology, Media and Pop Culture, Anabolic Steroids, Methamphetamine (Meth)*

[Meth Mouse](#)

1 5-12

Multiple interactive games give teens the opportunity to see how methamphetamine affects neurons and their communication.

Drug Topics: *Biology, The Brain on Drugs, Methamphetamine (Meth)*

[Mind Over Matter Series: Methamphetamine](#)

2 5-9

A visually appealing booklet for students that explains how methamphetamine changes the way the communication centers in the brain work and ultimately cause their effects. The Teacher's Guide (online and English only) includes background information, lesson plans, and activities.

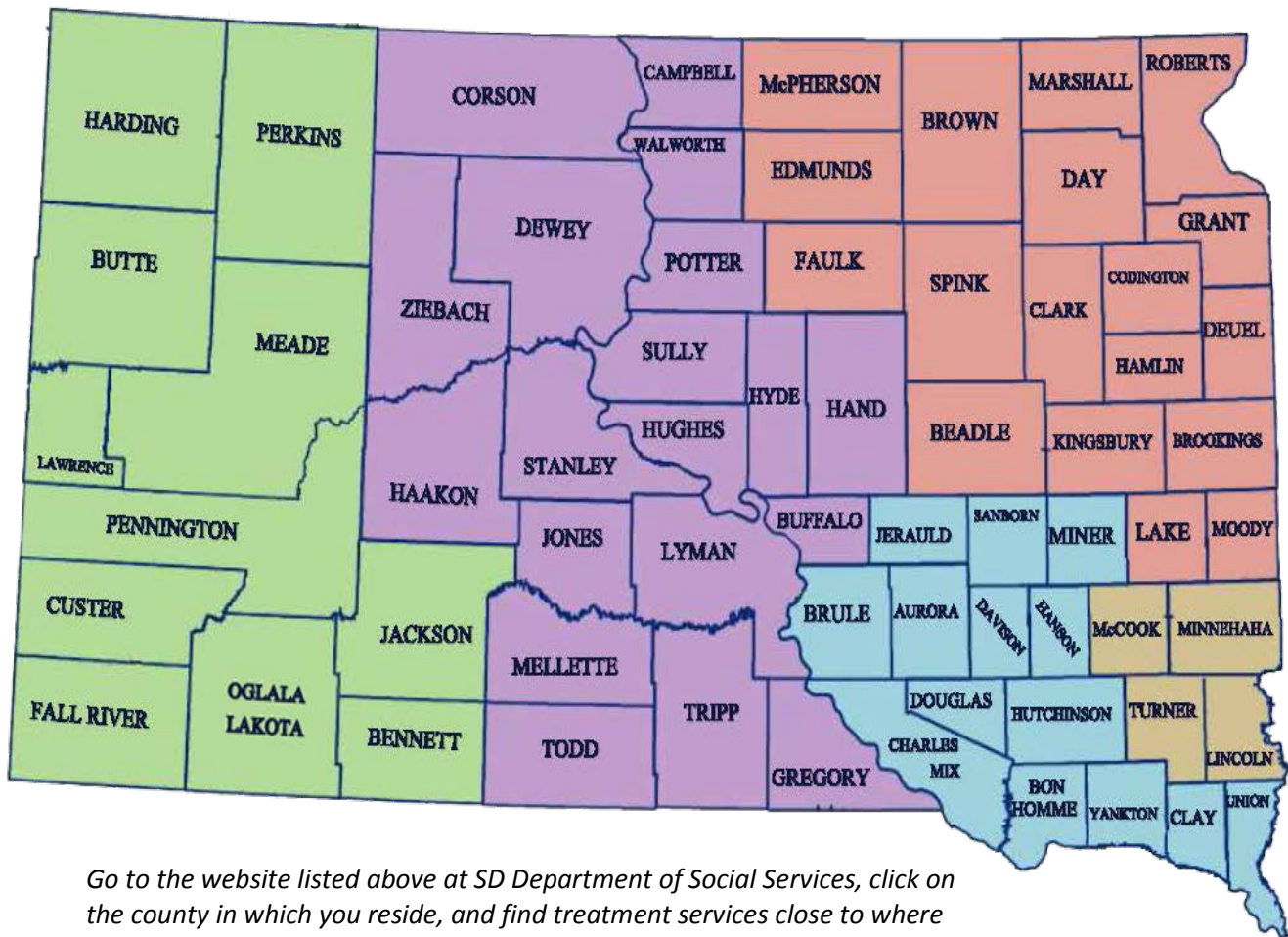
Drug Topics: *Biology, Methamphetamine (Meth)*

How to Get Help

If you know someone who may benefit from treatment as a result of meth use, there may be multiple substance use disorder treatment agencies providing services in or near your community. To find an agency in your area, please visit one of the websites below.

- SAMHSA Treatment Locator: <https://findtreatment.samhsa.gov/>
- DSS: <http://dss.sd.gov/behavioralhealth/agencycounty.aspx>

The SD Department of Social Services, Community Behavioral Health Program accredits and contracts with agencies to provide a continuum of state-funded, community-based behavioral health services which include substance use disorder treatment. Individuals who meet programmatic and financial eligibility criteria may qualify for state-funded services.



Go to the website listed above at SD Department of Social Services, click on the county in which you reside, and find treatment services close to where you live.

Building a Coalition to Combat Meth Use

Coalition: *Groups of diverse individuals or organizations of individuals who work together to reach a common goal. It is an organization of organizations. By definition, in a coalition not everyone agrees or totally has the same interests.*

Issue: a specific solution to a problem



Questions to ask when you are thinking about building a coalition with another organization:

What would the unifying issue(s) be?

What resources could come from this organization?

What obstacles might be encountered?

Guidelines for successful coalition building:

- 1. They are formed to meet a specific need.** The most effective coalitions come together around a common issue. Make sure the development of group goals is a joint process, rather than one or two group representatives deciding the goals and then inviting others to join.
- 2. Understand and respect each group's self-interest.** There must be a balance between the goals and needs of the coalition and of the individual organizations.
- 3. Respect each group's internal process.** It is important to understand and respect the differences among groups. These differences are often apparent in processes or chains of command for decision-making. Make a commitment to learning about the unique values, history, interests, structure, and agenda of the other groups and organizations.
- 4. Agree to disagree.**
- 5. Structure decision making carefully.**
- 6. Distribute credit fairly.** Recognize that contributions vary. Appreciate different contributions. Each organization will have something different to offer. Each one is important so be sure to acknowledge them all whether they be volunteers, meeting space, funding, copying, publicity, leafleting, passing resolutions, or other resources.
- 7. Give and Take.** It is important to build on existing relationships and connections with other organizations. Don't just ask for or expect support; be prepared to give it.
- 8. Develop a common strategy.** The strength of a coalition is in its unity. Work together with other organizations to develop a strategy that makes sense for everyone. The tactics you choose should be ones that all the organizations can endorse. If not, the tactics should be taken by individual organizations independent of the coalition.

9. Be strategic. Building coalitions requires a good strategy to decide what organizations to ask and who will be the one to invite those people to the table

10. To ensure consistency, send the same representative to each coalition meeting. This helps meetings run more smoothly. These individuals should also be decision-making members of the organizations they represent.

11. Formalize Your Coalition. It is best to make explicit agreements. Make sure everyone understands what their responsibilities and rights are. Being clear can help prevent conflicts.

How to form a coalition:

1. Develop an initial description of a possible coalition that makes sense.
2. Make a list of all the groups that might be part of the coalition.
3. Talk in person to representatives of each group. See what they think of the basic idea of the coalition. Revise the basic description modifying it so it takes other groups concerns into account.
4. If members of the group have been attending and supporting the events of other groups in the potential coalition, it will help with recruiting.
5. Call an initial meeting inviting representatives of groups to attend. It will help to have leaders of the key groups sign the inviting letter. Think of the racial diversity of those signing the letter. Some groups have different political perspectives and getting those represented by those doing the inviting would be important.
6. At the first meeting, it's good to have several facilitators (representing the diversity of your coalition). Make sure everyone has a chance to express his or her ideas. Work to settle on a goal(s) for the coalition that everyone supports. Pick a goal that can be accomplished.
7. Try to get groups to send the same representatives to future meetings for consistency.
8. As work proceeds, divide up tasks. Take advantage of the strengths of different member organizations. Ask every member organization to do something to help the effort. It is important to have them as active members, not just names on a list.





Strategic Prevention Framework (SPF)

Resources may include available financing, organizational support, and joint partnerships. Readiness, cultural competence, and leadership should be strengthened through education and training. Additionally, Capacity should include a focus on sustainability as well as evaluation capacity.

Overview

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

Step #1: Assessment

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

Step #2: Capacity

Capacity involves the mobilization of resources within a geographic area (state/community). A key aspect of Capacity is convening key stakeholders, coalitions, and service providers to plan and implement sustainable prevention efforts.

Step #3: Planning

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

Step #4: Implementation

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

Step #5: Evaluation

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

Implications of the SPF

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

Understanding the Strategic Prevention Framework (SPF)

The Strategic Prevention Framework (SPF) is a five-step plan that a community group uses to create substance abuse prevention activities.

Step 1. ASSESSMENT – Discover what your community needs:

- *WHAT is the greatest substance abuse problem, and WHAT do you know about WHY it is happening?*
- *WHERE is the problem taking place?*
- *WHAT group of people is the problem affecting the most?*
- *HOW can we deal with the problem and bring about a change?*
- *Is our community READY to do something about it?*

Step 2. CAPACITY BUILDING – Find what you need to meet the substance abuse problem:

- *Who are the people in your community whose help you need? Are they willing and capable of leading or carrying out the plan?*
- *Get everyone “on the same page” about why the problem needs attention and what to do about it.*
- *How much money is needed to carry out the plan, and where do we get the funds?*
- *What other resources will be needed, and how do we get them?*

Step 3. PLANNING – Develop a detailed plan that will focus on:

- *The best way(s) to tackle the problem that was discovered in Step 1 by working on a piece of the problem that you can change.*
- *The purpose of this project, and what you want the result to be.*
- *How the community will be changed by this project.*

Step 4. IMPLEMENTATION – Carefully manage the plan created in Step 3:

- *Do it.*
- *Track it.*
- *Record it.*

Step 5. EVALUATION – Review information gathered in Step 4, and decide how well the plan worked:

- *What has this plan shown us? What else do we need to know?*
- *Keep doing the activities that worked.*
- *Change or replace the activities that did not work.*

THROUGHOUT ALL 5 STEPS, REMEMBER...

1. There are many ways to view the world; so make sure that the plan values, respects, and accepts the differences of all people in the community.
2. Plan for long-term maintenance of people and efforts.

*This document is adapted from SAMHSA’s Strategic Prevention Framework that can be downloaded from:
<http://captus.samhsa.gov/prevention-practice/strategic-prevention-framework>*

Risk and Protective Factors

Many factors influence the likelihood that an individual will develop a substance abuse or related behavioral health problem. Effective prevention focuses on reducing the factors that put people at risk of substance abuse and strengthening those factors that protect people from the problem.

Risk Factor: *The conditions that increases the likelihood of substance abuse for individuals, groups, or communities.*

Protective Factor: *The conditions that either decrease the likelihood of or would buffer the risks of substance abuse for individuals, groups, or communities.*

The definitions below could be either considered risk or protective factors depending on the situation and/or circumstances involved.

- **Access/Availability** - The ease of physical access to the drug from dealers, friends, family, residence or internet.
- **Social/Community Norms Accepting of Behavior**- Informal expectations, standards, attitudes or values re: the acceptability or unacceptability of certain behaviors, including substance use, associated with the perception of family, community, cultural and peer attitudes and behaviors. Ex: family acceptance, multigenerational use, and youth perceptions.
- **Perceived Risk/Harm** – Lack of knowledge of health and safety consequences. It's the perception that negative health and safety consequences are unlikely or won't happen to them. Ex: low perception of getting cited or arrested and/or they will not be punished, lack of perceived parental enforcement of consequences.
- **Enforcement/Adjudication** – Includes the enforcement of rules, laws, and policies surrounding substance abuse and its consequences. As well as the public perception of such and, how likely people are to believe they will get caught and receive consequences for violations. Ex: lack of enforcement resources (shortage of officers, lack of knowledge/training), inconsistent application of laws, judicial practice (no prosecution by DA, low mandatory sentencing, inconsistent application of legal consequences), lack of monitoring at social events.
- **Laws/Policies Regulating Sales, Use, Possession**- Formal legislation, rules, policies, procedural guidelines, MOUs, or codes of conduct which relate to any of the other variables. Ex: state and local ordinances, community policies, campus policies, school policies.
- **Age of First Use**- Early onset of alcohol/drug use predicts misuse of these substances. The earlier the onset of any substance use, the greater the involvement/frequency of use. Onset of substance use prior to the age of 15 is a consistent predictor of alcohol/drug abuse, and a later age of onset has been shown to predict lower involvement and a greater probability of discontinuation of use.

- **Family Dynamics/Functioning** – Children’s earliest interactions occur in the family. Sometimes family situations heighten a child’s risk for later alcohol or drug use/abuse. For example, when there is a lack of attachment and nurturing by parents or caregivers, ineffective parenting or alcohol or drug abuse by a parent/sibling or physical/mental abuse in the home. Families can provide protection from later alcohol or drug abuse through good communication, family management, establishing strong bonds between children and parents, parental involvement in the child’s life and establishing clear limits and consistent enforcement of discipline. By providing parent education to influence attitudes and behaviors, how to set limits in age-appropriate ways and implementing family programming it can dramatically decrease the likelihood that a young person will engage in problem behaviors.
- **Mental Health** – Some mental health disorders are associated with an increased risk of substance use in youth and young adults. Anxiety, poor impulse control, depression, as well as other issues are factors that are present when a teen first starts using substances. By using mental health promotion and prevention strategies these mental health and secondary substance use disorders may be reduced substantially.
- **School Connectedness** – Students who lack a sense of belonging or attachment in school have a higher risk of becoming involved with alcohol or drug use and delinquency. Individuals who have a low degree of commitment to their school often have poor classroom behavior or social skills, academic failure, poor school achievement and peer rejection. By enhancing peer relationships, self-control, reinforcement of life skills and alcohol/drug refusal skills and addressing aggressive behaviors, poor concentration, and negative, disorderly or unsafe school climates it can lower alcohol or drug use involvement and increase the probability of discontinuation of use. In addition, by strengthening students’ bonding to school it can reduce the likelihood of students dropping out of school.
- **Community Connectedness** – When community members lack a sense of belonging or attachment to their community they have a higher risk of becoming involved with alcohol or drug use and delinquency. This could include living under extreme economic deprivation, inadequate youth services, lack of opportunities and rewards for pro-social involvement, discriminatory surroundings, community disorganization (low neighborhood attachment, lack of strong social institutions) and lack of community bonding or cohesion. By mobilizing communities to develop neighborhoods where atmosphere, appearance, and safety are important, increasing supervision of young people and providing opportunities for youth to contribute to the community it can build greater social **connectedness** and a stronger attachment to his/her **community**.

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