

Mayor's Anti-drug Coalition - Meth in Meridian Community Meeting

On January 25, 2006 a *Meth In Meridian* community meeting was held at the Meridian Middle School. The meeting was the result of a partnership between the Mayor's Anti-drug Coalition, Meridian Police, Meridian Kiwanis, and the Mayor's Youth Advisory Council. Presenters included Monte Stiles, Shelley Oldham, and Sgt. Tracy Basterrechea.

The intent was to raise the level of awareness of the impact of meth in our community and provide a mechanism to empower those wanting to make a difference to do so by joining with us to reduce and end the problem.

Questions were taken from the audience that evening and we have endeavored to get them answered by our presenters and others. They are posted here on this page.

Questions for Shelley:

How are your children doing? Are there any ongoing issues that you face with your children?

Our children are doing great! Our oldest son is 7 now and he is very active in karate and Cub Scouts. Our middle boy is 5 and doing very well in kindergarten. Our twins are 3 and are right in the middle of potty training. I do have some disciplinary issues with our 5 year old, but having talked with his teacher and having explained our entire situation to her, we have decided that these issues may possibly be typical 5 year old behavior. I also have great communication with his pediatrician and we are keeping a close eye on things, but right now he is just too young to tell. He is the middle guy, so he wants to be big like his big brother but he also wants to get away with everything that the twins get away with.

What was your reason for your first experience?

The first time I ever used meth I was in college. I had been downtown drinking with some friends and I went to an after hours party. When someone offered me meth I decided to try it, partly because my inhibitions were low and partly because I had never heard of it or anything bad about it.

Can a meth user get to the point where they can gain weight and

sleep? How long after you quit (2 to 3 years) using meth does the twitching in your head or toes stop?

I had been using for 8 years and in the last 3 years of my use I had been eating everyday and sleeping every night, even when I was high. When I first started using I had lost a bunch of weight, but after using for a few years I put the weight back on. I personally think that every person is different. I know people who have used for longer than I had and they are grossly thin, but I also know people who would gain weight when they were using and lose it when they were not. I do not recall ever having any twitching in my head or toes, but I have seen people that do and I'm not sure if it will ever go away or not.

Do meth users get sick when they don't get their fix when needed?

I wouldn't call it sick. I would call it major depression. I might have used the excuse of being physically sick in order to explain the tiredness, but I was never throwing up or anything. I was just mainly exhausted; tired to the point of falling asleep standing up. After the initial 30 days of being clean I continued to be severely tired and depressed for quite some time.

What is the time line for detox from meth? How long in treatment? Do or will self-help programs work for this? Such as NA or AA will they work for the meth users?

The initial detox may only take 30 days, but that does not mean that you are in the safe zone at that point. There is still the mental aspect of the addiction to deal with which could take any where from 18 to 24 months.

Does the amount of meth increase or do you just use the same amount and use it more often?

It increases as your tolerance increases.

How does one help a person recover from meth use? Medications? Counseling?

I think that love and support help tremendously but not to the point of enabling that person to use again. Relapse prevention classes are very helpful, and a strong support group is important. Medications may be helpful to some people under a doctor's care. But I believe that the biggest factor for recovery is simply time. It takes time to repair the damage that has been done to not only your body but your mind and spirit as well.

Questions to Sgt. Basterrechea:

What is the next drug you see coming into our area?

Heroin always seems to come to our area in cycles. I believe it is probably the next drug to have a more noticeable impact on the area. Ecstasy was very prevalent in the area approximately four (4) or five (5) years ago, but several investigations which put it's distributors in federal prison seemed to have a noticeable effect. This drug could make a comeback and have a very negative impact on the area if we do not keep tabs on it.

What are the SRO's doing in our schools to curb meth use?

SRO's do several things to help curb meth use in our schools. SRO's have done educational/prevention classes in the lower grades and have also provided different drug classes in conjunction with Drug Free Idaho for the older school aged students. SRO's have also assisted the schools by using drug sniffing K-9's on school grounds as a way to detect drugs and to work as a deterrent for kids bringing drugs to school.

What are the signs of a home-based drug distribution center?

Signs of a home-based drug distribution center have not changed over time. You should watch for high volume short term traffic. Pay attention to the activities of your neighbors; are they secretive; do they have people showing up at their residence at all hours of the day; is there a certain time frame in which your neighbors get high levels of short term traffic; these are all activities which MAY be indicators of a drug dealer living in your neighborhood.

Why are so many age groups involved?

So many age groups are involved, because young drug users/dealers grow older and do not get out of the drug scene. Just like any business, they need to build a customer base and what better way than to get to your children early.

What is the difference between crank, crack and cocaine?

Crank is a street name for methamphetamine. Cocaine when mixed with sodium bicarbonate and converted to freebase forms "crack", which is the smoke-able form of cocaine.

What makes meth so addictive?

Methamphetamine is so addictive because it is both mentally and physically addicting. Because of the adverse affects from methamphetamine use, many long term methamphetamine users once clean, need to be on prescription anti-depressants to function in a normal capacity.

Questions for Becky Kelly, Drug Education Coordinator, Meridian School District

I. Why don't we have random drug test in school?

The Meridian School District recognizes that drug testing is a major deterrent to drug use, if nothing else, giving students a good reason to refuse. Parents can choose, and are encouraged by the schools to randomly drug test their child if there is a concern, with the belief that the home environment is the most appropriate environment for drug testing. The school counselors can give any parent who is interested guidance and resources on where to go for drug testing, community counseling and treatment programs.

Drug testing in the schools has come up in the past and has been discussed by District Administration and the Board of Trustees. Based on the reasons listed below, we did not pursue putting drug testing in our policy:

1. The Meridian School District is the largest school district in the state, with over 30,000 students and growing. The sheer number of secondary students makes drug testing difficult to administer and fund.
2. How is a school setting to provide an environment that would guarantee an uncontaminated test that would show accurate results? How would the personnel necessary to administer the test be provided?
3. The cost would be considerable. Where is the money going to come from? The drug prevention funds received each year from the state of Idaho and at the federal level could not support this program. This year, it looks like our Safe and Drug Free Schools monies will be cut by 50%, so that makes it even more difficult.

The School District's main focus is education. There is a legitimate question as to whether the school is the best agent to enforce drug testing. However, the discussion is continuing, and the School District is open to that discussion.

II. Why is it we do not have recovering addicts speak at the schools? Experience with drugs goes a long way when you are talking about drugs. (Recovering addict for over 17 years)

The Meridian School District does have recovering addicts speak in their schools. However, we have to be careful whom we invite to be speakers. When a speaker who now has a successful life talks about their past addiction, the students can misinterpret the message. Adolescents can think, "This person used drugs and was able to recover and now leads a good life. That means I can use drugs for awhile and still be OK." We try to have people speak who have suffered an obvious, serious consequence for their choice to use drugs, i.e., Shelley, one of the speakers tonight. Shelley has the obvious burns on her

body. We have had other people speak who have suffered strokes or are now in a wheel chair, due to past drug use.

We continue to have several guest speakers in our small student support groups, for example, a sobriety support group, which seems to be the best setting for that discussion.

III. Why can't there be a credited class in grammar and high school so that if there are addicts in school they could help with out everyone knowing it and /or it would be free?

There is such a class at all four of our large high schools. The Meridian School District is the only district in the state, to my knowledge, that offers this class. The students who take the class get a semester elective credit for each semester they participate. The class is not identified as being a drug recovery class, but is simply a humanities credit with a general name. Any student is welcome to take this class who wishes to maintain sobriety and work on leading a balanced life. The course includes a daily support group, drug education, tutoring for students whose academics have suffered because of drug use.

At the elementary level and middle school, credits toward graduation aren't part of the system. However, students receive drug education through their counselors and their Health classes, beginning in Kindergarten.

The Meridian School District offers to all students a drug prevention curriculum, small student support groups during the school day, and school counseling services. Drug and alcohol assessments are offered free of charge to any student, grades 6 – 12, and several evening drug education and awareness classes are available. Various Parent Education classes are also offered each semester, for help with parenting every age level of child.

Any parent interested in help with a drug or alcohol issue with their student is encouraged to access our many services through their drug prevention counselor at the high schools, or through the building counselor at middle school and elementary.

Recovery questions: Vern Garrett

***What treatment centers are there in Idaho? What is the cost?
How successful is recovery without a treatment program?***

Answer: A list of the State of Idaho approved substance abuse providers is available by region within the state with listed services provided and populations served at www.substanceabuse.idaho.gov. In addition, information about local providers is available at www.idahocareline.org or by telephone at 211.

The cost of substance abuse treatment will vary by the services provided and the agency

providing services. Many health insurances cover substance abuse treatment and some agencies offer sliding scales for payment. Idaho has been awarded a Federal Grant called Access To Recovery-Idaho (ATR-I) to help pay for services for individuals within the grant's target population and with income at less than 175% of poverty. You may obtain more information at 1-800-922-3406.

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It is possible to stop using any drug if the user is motivated enough. Motivation to stop using can be varied. External motivators can include family, employment, legal systems and health. Internal motivators can include guilt, anger, "reaching one's bottom" and a sense of loss as people detach from you. Recovery in the drug/alcohol treatment vernacular means more than to just stop using the drug. To simply stop using, or engage in abstinence, does not mean the person has entered recovery. Recovery includes maintaining abstinence from mood altering substances, and also adopting a set of behaviors and attitudes that cause positive change in all areas of a person's life. Methamphetamine is a difficult drug to stop using due to the neurological damage that occurs with use. Because the damage is significant and long lasting an addict may have a great deal of difficulty returning to feeling "normal" when he/she stops using. As identified in "I'll Quit Tomorrow" by Vernon Johnson, a person initially uses to achieve a feeling of euphoria. Each subsequent use is directed toward the goal of euphoria. As the addiction progresses, the addict no longer reaches a state of true euphoria. Nonuse produces a sense of pain, quite pronounced in methamphetamine users. Eventually the addict uses, not to gain euphoria, but to escape from pain. Using becomes "normal." At that point the dependence is complete and stopping difficult, if not impossible, without help.

Are there rehabilitation options for users in our community?

Answer: Yes. Ascent Behavioral Health Services is a Meridian provider at 898-9755. Information on State of Idaho approved providers is available at www.substanceabuse.idaho.gov and local provider information is available at www.idahocareline.org or by telephoning the Care Line at 211.

How do you treat someone with an on going drug problem? Because I'm an adult, do I not matter or am I just another drug user?

Answer: A person with an ongoing drug problem should be treated like anyone with a serious illness that needs treatment to resolve the problem. No one is responsible for contracting the illness of addiction. We do not blame people that have serious illness such as diabetes and cancer for having the illness. People are, however, responsible for dealing with their illness. An addict deals with their illness by seeking detoxification and treatment, just as a diabetic deals with their illness by changing their diet and taking medications. Addicts deserve empathy, compassion and treatment options.