

Best Practice Roundtables

A Community Approach to Address Substance Abuse, Including Methamphetamine, in Appalachia

The following bulleted short summaries of best practice ideas were shared at Roundtables to address substance abuse including methamphetamine in Appalachian communities. These ideas were generated by conference attendees from community teams and speakers knowledgeable about practice in this area. The Roundtables included the areas of Public and Environmental Health, Medicine and Behavioral Health, Children's Services and Education, Elected Officials and the Media, Law Enforcement and Justice.

Roundtable: Public/Environmental Health –

Lyle Snider, Recorder

Policy Issues

- Need research \$'s on
 - o standards for cleanliness of former meth labs
 - o effective procedures to assess contamination
 - o standards for disposal of waste
- SC has bill before legislature on meth clean-up, ML Tanner has copy of bill and Drug-endangered child protocol that may be replicated by other states
- Advocate for state legislators to stay out of substance abuse prevention funds
- TN has registry of people convicted of making meth on the web that should be replicated by other states

- ML – meth is causing increase in TB rates in SC
- WV law – Hospital ER's, fire, rescue required to report suspected meth cooks
- Dental health good source of meth abuse surveillance though they need training to recognize signs and symptoms
- Local county jail overwhelmed by dental and physical health needs of inmates
- Meth users grind teeth and drink high sugar drinks yields high level of tooth destruction
- Data on child at Drug Endangered Children
- Meth increases risk of HIV
- Ronnie Nunley - Boyd Co, KY public health nurses & social workers have checklist of sx & symptoms of meth lab as they visit homes
 - o Have developed resource and training materials for public utility, trash, etc workers to recognize sx of meth
 - o Env scan – black plastic in windows, children's clothing outside, burned our places on grass, trash in truck, electric lines from one

- house to another, RV's, sheds, obvious escape routes, beware of dogs, colored porch lights,
- WV has similar training for public workers
 - o Community dev specialists & st police & national guard are able to conduct training
- Programs for jr high and high sch students, meth pictures, fr public health in KY,
 - o 260,000 lb of trash out of river activity
- Local DEA in SC, VA a good resource for ed materials
- Do scary pictures affect child drug abuse - no
- Project Northland, Proj ALERT, Life Skills, Too Good for Drugs, SAMHSA website
 - o Disposables can get expensive
- VDH & VDUNN good resource for staff inservices
- Program for young women – 15/yr
- PH staff walking into meth labs
 - o Can't get State DPH Dir to address issue of employee health issues
 - o One issue is protecting workers through training, and the general public
- Dumping meth works onto ground can contaminate wells
- migrant workers who may be transporting meth from Mexico
 - o Community health center serving that population at risk of exposure & personal violence
- Public home visitors need to be accompanied by law enforcement if there are signs of substance abuse
- **Brief Recap by ML**
- Staff Safety
- Gen PH
- Env
 - o Houses
 - o Hotel rooms - also room coffee makers
 - o Autos
 - o Water
 - o Air
- Making Policy makers aware of issue
- WV – tobacco issue
 - o Involving youth to advocate for state smoking prevention and cessation funds has been very effective
- No public agency wants to assume responsibility to inspection of houses and hotels in which meth has been cooked
- VA DPH may be assuming this responsibility – not sure when
- Need law to require meth disclosure in real estate transactions
- Anderson Co SC has such a law, but rest of state does not
- Bureau of Toxic Substances –fishing on N Fork of Holston has been banned due to very old industrial river contamination

- Agency for Toxic Substances ?? (there are a few more initials) may offer resources
- Spray starch on wall to detect iodine in hotels??
- VA and most other states have GIS mapping of residences, but can't use it for mapping meth contamination because data is not collected the same way by the different SC agencies that are involved in identification and remediation of contaminated sites
 - o HIPAA might also be an issue
- TN has registry of people convicted of making meth on the web with last known address, but don't know where it was cooked
- Does TN have a registry of homes in which meth has been cooked?
- State parks and Nat Forests may be site of cooking and disposal
 - o Make meth on boats, and dump waste in water – lake or river
- In VA, brother in law cooked meth in state troopers house when he was away on vacation
- Newspapers good source of info on meth convictions
- Teen court if caught using illegal drugs – teens serve as defense lawyers, prosecutors, and jury in KY & WV
 - o More embarrassed if peers become aware of issues than if they appear before regular “adult” court

Roundtable: Medical / Behavioral Health

Brainstorming Points

- Interdisciplinary approach to treatment
- Holistic approach
- Look for underlying challenges
- Identify barriers to achieving goals(dual dx,concurrent dx, unfriendly/ “onestop”
- Having multiple providers available at each visit
- Length of treatment
- Multiple treatment modalities
- Time resource limitations
- Funding Best Practices
- Case management
- Creative financial approaches (flexible funding)
- Buprenorphine with behavior treatment
- Multiple diagnosis and medications
- Health fairs
- Screening and brief interventions in primary care
- Anticipatory guidance
- Leveraging existing primary care relationships
- Evidence based treatment outcomes
- Establishing rapport and trust

- Integrate “holistic approach”
- Outside of the box thinking
- Listen to clients needs
- Role modeling
- Transportation barriers
- Prevention/early intervention
- Transitional housing “safe house”
- Triage/One stop centers.
- Integration of Primary Care and Behavioral Health
- Medical Detox protocol
- Substance abuse treatment in a primary care context
- Full community involvement (recovering addicts, teens, faith based..)
- Economic challenges
- Paying Attention to hierarchy of needs
- Coalition as opportunity for lay and professionals to come to the table
- Team approach to interdiction given interdisciplinary rivalry that exist (seek common ground)
- Mandatory reporting and investigation with appropriate feedback to the reporter
- Turf and trust issues related to information sharing
- Reaching out to the media. Professionals to tell the story.
- Prevention professionals and treatment professionals at the table
- Encouraging positive family dynamics
- Destigmatizing
- Transforming and transitioning person

Summary of discussion around brainstorming:

Approaches to prevention and treatment must be interdisciplinary (judicial, medical, educational) beginning with complete assessment (social, spiritual, physical, existence of dual diagnosis, other existing medical diagnosis) and identification and elimination of barriers (insufficient funding, lack of trained personnel)

Treatments must be outcome driven and evidence based. (MATRIX MODEL)

-Screening and Brief Intervention Instrument (SARBI) used in the primary care setting for early identification. Using existing health care relationships to identify and treat early.

Involving full community in combating substance abuse and using a coalition as an opportunity to share best practices and leverage capabilities among professional and lay persons.

Coalition should focus on de-stigmatizing of addiction in order to facilitate prevention, early detection and intervention. Everyone is affected by substance abuse.

Brain storming Points: Best practices for medical and behavioral health professionals in engaging allied professionals and the community: How to be an effective coalition member.

- **Ask allies in the coalition to help prepare health professionals to deal with substance abuse issues.**
- **Treatment is effective “treatment works”**
- **Getting the community to acknowledge the problem**
- **Professionals reaching out to professionals**
- **Go regional**
- **Coalition to coalition**
- **“Administration Parsimony”, rewarding efficiency and best practice-current practice works against integration.**
- **Prevention ******
- **Professional education around coalition building**
- **Team approach-treatment and enforcement**
- **Be vocal --“squeaky wheel”**
- **Coalition building**

Consensus Recommendations:

1. Integrating Primary and Behavioral health care
2. Interdisciplinary integrated approach to evidenced based and outcome driven treatment
3. Using Coalitions to engage professionals, other stakeholders and the larger community in combating the SA challenges, de-stigmatizing SA, eliminating barriers to recognition and treatment and recognizing the entire community is affected by this problem
4. Focus on prevention

Roundtable: Children’s Services

- Survey kids; what do they want? A safe place to play.
Org. team to raise \$ to build center for organized play, health education, etc.
- Multi-facet approach: Educate docs, Mentor, Organize Group activities (sports, etc.), Drug arrests, followed by one time treatment offer. Organize Local-to-Regional Efforts/Coalitions:
- Invite to the Table Members of Service Groups:

Coop extension, mental health/Soc. Services(substance abuse), healthcare, dental, pharmacy, law enforcement, legal, media(develop pos. relationships), faith, school, child protection, community development, drug task force, EMS, 911, National Guard, Child prevention services, Environmental, Disaster Relief, (meth. lab clean-up), Political.

- Use non-competitive sports, fishing & other activities to insert drug prevention messages
- Seek out people with same interests, PASSION.
Find a Champion among the skeptical organizations
- Conduct Key leader surveys
- Fundraising: Grants ie; sports (fishing) tournaments

- Set Goals-short/long-term
Narrow Focus
Prevention-KIDS-KIDS: (too late to wait til high school)
Kids "Self-Policing", Recognition/Awards Program
- Collect Data -
Comm. needs assessment, implement focus groups.
- Partnerships: *Be Extreme* for at risk girls, *Project, Northland, Outward Bound*, more to come

- Drug Screenings

Roundtable: Elected Officials

- suggest reason for addiction is socioeconomic

- costs of meth: increased community costs – medical, dental and police. Addiction services paid out of taxes. For poor counties, weak tax base: reemphasize this is a community problem.

- Community response is necessary – schools, etc

- Is shotgun approach better, i.e., referencing all drugs rather than simply meth in petitioning elected officials for assistance.
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- integrate financial requests into larger projects, i.e., collaborate and find niches for addiction response,
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- financial considerations shape elected officials responses

- must attract diverse groups in the community to "buy in" to the problem definition and solutions.

- “politics” can inhibit coalition building – “turf wars”. Solution: use of media, use one leader to influence another, to negotiate boundaries. Community meetings in one state reflected hopelessness – hope must originate in the political arena, major job of elected officials to better “cheerlead”...not to continuously mislead, break promises.

-Elected officials, ministers (lack of representation) avoid common participation in solution building: turf war”. Ministers/ churches protect their facilities from the larger communities. Churches face the ACA, problems that inhibit free access to their facilities?????

- People in poverty or in addiction feel powerless and ways must be found to engage their participation in coalitions/community change. Need diversity. People must believe themselves heard, and believe they will make a difference in order to participate. Addicts think in short term solutions rather than long term.

- Good approach to politicians: “I need your help”. One element that politicians may be unable to control is the timetable to achieve outcomes.

-Recommendation: approach legislators, ask assistance to become less dependent on federal or grant funds. One answer was start a foundation. Seek support from individuals. Opens up communication with legislators.

- Ask politicians how they can be helped. Be present at political meetings, i.e., commissioner meetings, fiscal court meetings, school board meetings, etc. Keep messages simple...”being in their face is important”.

-politicians expect meetings, to be fed, and be informed. Media must be involved . Write what you want prior to submission.

- restatement of the frustration of working with the ministry – won’t work in unity.

-“Can I educate you about my position?’ Good strategy with politicians. Don’t assume politicians know the reality of their community.

-Political necessity of assisting kids: high risk kids need more than punishment. Work with alternative education departments. Teach kids how to live rather than read or write??? Personal testimonies necessary in schools...schools must start early in intervention. DISCUSSION FILLED WITH CONFLICTING OPINIONS

Need outcome measures for activities. Identify problem, must then define solution.

Roundtable: Law and Justice

- OK pseudoephedrine law – behind the counter, restrict number of pills per year, record who purchases by driver's license
 - 50-60% reduction on meth labs in state
- TN now has pseudoephedrine law – went into effect July 1st, labs down 40% since
 - Now coming in from other states, chemical substitution – rates going back up
 - Larger groups buying smaller amounts and pooling
- Need to focus now in interdiction – have been successful on lab seizures, now need to focus on drug being brought in from outside
- Get business partners engaged, see if they can provide financial support
- New TN law
 - Class B felony for manufacturing meth
 - Describes if a certified lab person can say were attempting to manufacture meth, then there's no defense
 - Limits purchase to 3 packs per month across the state – database isn't up and running yet
 - Illegal to have more than 9 grams of pseudoephedrine
 - Felony to contain anhydrous ammonia
 - No personal use loophole now – all felony charges
- Few facilities to treat people with meth addiction – need longer term treatment
- Focus on prevention
- Drug courts have demonstrated modest success – Monroe Co., TN example
 - Have to be convicted first
 - Mainly small time sellers and meth users
 - Have to report before judge weekly for 4-5 months, then twice a month
 - Drug screened weekly
 - Intensive counseling
 - Consequences if bust drug screen – already have sentence and can be jailed
 - Therapist does treatment, DA's office, judge, community corrections all involved – meet together to determine how compliant person is
 - Hiring full time coordinator to keep up with paperwork
- Two communities working with churches via their drug court – drug court mandating participation in faith based treatment programs
 - Grant opportunities for faith based organizations
- Law enforcement role in prevention – presentations to schools and civic groups – get other professionals, docs, dentists, business leaders, etc., to present to schools
- Have had success in having inmates give presentations to youth in AL, not legal to bring inmates into schools in TN
- Work with school nurses and counselors to engage youth

- “Meth Sundays” – get invited to churches and give presentations – incorporates scripture to engage participants
- TN National Guard drug team – go out to schools and give presentations, mentor program
- Meth hotline for tips – initially sponsored by businesses in the community
- Johnson city police use mobile classroom for drug education, gun lock giveaways and gun education
- Meth watch – program going to businesses helping them to know what they stock that could be used for meth production, who to call, and what to report
- National guard uses trailer to deliver education programs – bring information out to the community
- Community policing – knock on doors and talk to members of the community
- KASPER – KY pharmacy tracking system, successful in preventing people from doctor shopping – has been talk of similar program in TN
- KY UNITE program – \$22mil for first three years; initial funds to law enforcement; includes investigation, treatment and prevention – pays for faith based programs, hired 63 investigators for a 29 county area
- Lack of communication and information sharing across law enforcement agencies is key obstacle, compounded when dealing with non-law enforcement agencies including docs, MH system, etc.