

Methamphetamine Related Outcomes for Kansas Youth



First Year Results

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This project was funded in part by the US Department of Health and Human Services by a grant provided through the Substance Abuse and Mental Health Services Administration.

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Executive Summary

The Kansas Methamphetamine Prevention Project saw positive results in the perceived supply of methamphetamine, demand for methamphetamine, and in the use of methamphetamine among high school seniors. These positive results occurred in counties that fully implemented the Project's recommended components and are based on case studies of intervention and comparison counties. The results of a comprehensive, multi-community study will provide more definitive evidence about the Project's potential effectiveness, however the multi-community study will require two more years to complete. In the mean time, the short-term case study results detailed in this report suggest the Kansas Methamphetamine Prevention Project is contributing to positive outcomes in Kansas communities.

More than thirty-five counties in Kansas began implementing the four core components of the Methamphetamine Prevention Project in 2003. The four components ask communities to (1) build public awareness, (2) provide targeted education and skills building, (3) change specific features of the community's physical environment and (4) seek relevant changes in the policies and practices of key local institutions.

Four implementing counties were able to achieve "full implementation" in the first twelve months. A county is considered to be "fully implementing" when all components are put in place and have widespread or county-wide adoption. Given that the only financial resources provided to local communities came in the form of mini-grants (most were for less than \$1,000) it is a testament to how important the methamphetamine problem is in these counties that key leaders stepped forward and provided the time, resources and assets of their local community to support project implementation. For the fully implementing communities, the investment of substantial local resources appears to be paying off.

Key findings of the case studies include:

- Three of the four fully implementing counties saw an all time low in the perceived availability of methamphetamine among high school seniors.
- These improvements in perceived availability ran counter to both statewide trends and the trends of comparison counties.
- All counties with available data saw improvement in reported rates of friends who used methamphetamine in the past year (to rates that were an historical low).
- For counties with available data, use of methamphetamine among high school seniors in the past thirty days decreased by as much as 24% from levels reported before project implementation.

Important limitations exist on these potentially positive findings. For example, some measures used to gauge attitudes and perceived availability included LSD and cocaine and therefore could be influenced by community factors other than the methamphetamine specific efforts of the project. Also, broader influences on the availability of methamphetamine and young people's perception of the drug could have had a significant effect on the outcomes measured in this evaluation. Other important limitations exist on how strongly these early numbers can be interpreted. Hopefully, the multi-community evaluation will provide more definitive answers in the near future. However, after one just one year of implementation, the case study evaluation appears to validate the hard work of community volunteers as they try to end an epidemic of local manufacture and use of one of the most addictive illicit drugs.

Overview of the Project

The Kansas Methamphetamine Prevention Project supports local community efforts to prevent the manufacture and use of methamphetamine. The Project helps communities implement the core components of a successful prevention program originally developed in Shawnee County, Kansas. The components are highly flexible to allow local community adaptation and include providing information to the general public, providing specific prevention education and skills building to targeted audiences, changing the physical design of the environment and changing key community policies and practices.

Core Component	Example Community Implementation
Build Awareness	Community Meetings Mass Mailings / Flyers Public Service Announcements Media Campaigns
Prevention Education & Skills Building	Teacher and Student Training School Prevention Curriculum 4-H Training Chance Encounter Occupational Training Meter Readers (Power / Water) Mail Carriers Bus Drivers Hotel Employees
Environmental Change	Tamper Tag Program Retail Meth Watch Program Entrance and POP Signage Precursor Drug Product Placement Enhanced Surveillance In-Store Video Precursor Product Placement Farmers Co-op Video Farm Watch Program Anhydrous Ammonia Tank Placement
Policy & Practice Changes	Increase EPIC Reporting by Local Police Retail Meth Watch Program Reporting of Suspicious Buys Sales Limits on Precursor Drugs Farm Watch Program Reporting of Anhydrous Theft

Table 1.1

Table 1.1 provides examples of how these four core components were implemented by local communities in Kansas. Successful implementation of these components required each community to form a task force or use an existing coalition as a means to gaining widespread involvement. Retailers, law enforcement, non-profits, faith-based organizations, youth organizations, schools and local governments all had to help implement the effort. This multi-sector, multi-strategy approach was part of the model program and is considered a key element to success.

To support local task forces and coalitions, the Kansas Methamphetamine Project provided four comprehensive trainings across the state attended by more than 200 people and seventy communities. The Project offered mini-grants to attending communities to help them implement what they learned. Every community received a cd-rom with comprehensive education materials, publicity materials (brochures, press releases, etc.) that could be customized with local information and a complete set of methamphetamine related data for their county.

In addition to these financial and material resources, the Project provided technical support via the

Kansas Regional Prevention Center System and the Agricultural Extension Service. Finally, for those components that needed statewide implementation the Kansas Methamphetamine Prevention Project convened on the state level the same partners as communities gathered to support implementation.

Statewide project members helped develop and implement the statewide retail MethWatch program, purchased tamper tags in bulk to achieve lower purchase prices on behalf of local communities and conducted frequent statewide media and training efforts. This parallel state effort made local implementation easier by sharing key resources such as logos, training videos, and public service announcements. The statewide effort also served as a bridge for sharing local successes and innovative ideas between participating communities.



Overview of the Evaluation

There are two major elements to the Kansas Methamphetamine Prevention Project outcome evaluation. The first is a multi-community trial that examines the prevention process and outcomes in both intervention and comparison communities over the long term. This type of evaluation is important but requires years to complete. In the mean time, the Project needs some outcomes analysis to insure that the Project is on track and achieving early results. The second element of the outcome evaluation is a series of case studies that can meet these near term information and accountability needs of the Project. This report highlights the methods and results of the case study effort.

Evaluation Data Types, Elements and Sources		
Data Types	Data Elements	Data Sources
Process Data	Partnership Meetings	Grantee Final Reports
	Direct Prevention Services	On-Line Documentation System
	Media Coverage	Press Clipping Services
	Advocacy Efforts	Monthly Narrative Reports
Intermediate Data	Policy Changes	On-Line Documentation System
	Practice Changes	
	Environmental Changes	
Outcomes Data	30 Day Use	Kansas Communities That Care Student Survey (KCTC)
	Perceived Availability	
	Friends Who Use	

Three types of data were collected using multiple methods and observers. First, data about the process in communities was collected using newspaper clippings, mini-grant reports, on-line documentation and monthly narrative reports. These data included information about partnership meetings, advocacy efforts, direct prevention services and the media

coverage generated by local efforts. Second, intermediate outcomes in the form of environmental, practice and policy changes were collected via an on-line documentation system. Finally, perceived availability, rates of methamphetamine use in the past thirty days and other outcomes data were collected from the statewide youth survey conducted by schools throughout Kansas. Table 2.1 displays the data types, elements and sources used for the Kansas Methamphetamine Prevention Project's first year outcome evaluation.

There are one hundred and five counties in Kansas. For this study, each county was categorized as either high implementing, implementing or non-implementing. High implementing meant that all four components of the model program were in place and intermediate outcomes data suggest that these were reaching the entire county. For example, a high implementing county is one that both starts a tamper tag program and insures widespread participation. An implementing county is one that has started the same tamper tag program but only has a handful of farmers or farmer cooperatives participating to date.

In addition to not yet achieving widespread participation in a core component, implementing counties may have only started one or two of the four core components. A comprehensive youth education effort might be present but important environmental and policy efforts such as the retail MethWatch program may have yet to begin.

Community Categories for the Case Study	
Category	Criteria
High Implementing	Implemented all four of the project components.
	Project components achieved widespread participation.
Implementing	Implemented some but not all four of the project components.
	Project components did not achieve widespread participation.
Non - Implementing	Project components were not implemented.

Table 2.2

Again, to qualify as a high implementing community, all four components of the program (awareness, education / skills, environmental change, policy / practice change) had to be in place and achieve widespread implementation. Table 2.2 summarizes these criteria.

Counties that were designated as high implementing communities using these criteria became the subjects of the case studies. While all of the case study communities are high implementing, not all had the same outcomes data available. Some communities only implemented the youth survey every other year while others only had data for a subset of the desired outcomes. As a result, not every case study could examine all three of the desired methamphetamine related outcomes (30 day use, perceived availability and friends who use).

There are several reasons for using the behaviors, attitudes and perceptions of seniors as the benchmark outcome in this evaluation including:

- Outcome measures used in the evaluation must be available for both implementing and non-implementing communities to allow for comparisons.
- Outcomes measures must also have several years of baseline data available to allow for comparisons.
- Outcomes data must be reliable so that the same information is being collected using the same means each year and in each community.
- Outcomes data must be valid. That is it must truly measure the condition it claims to describe.

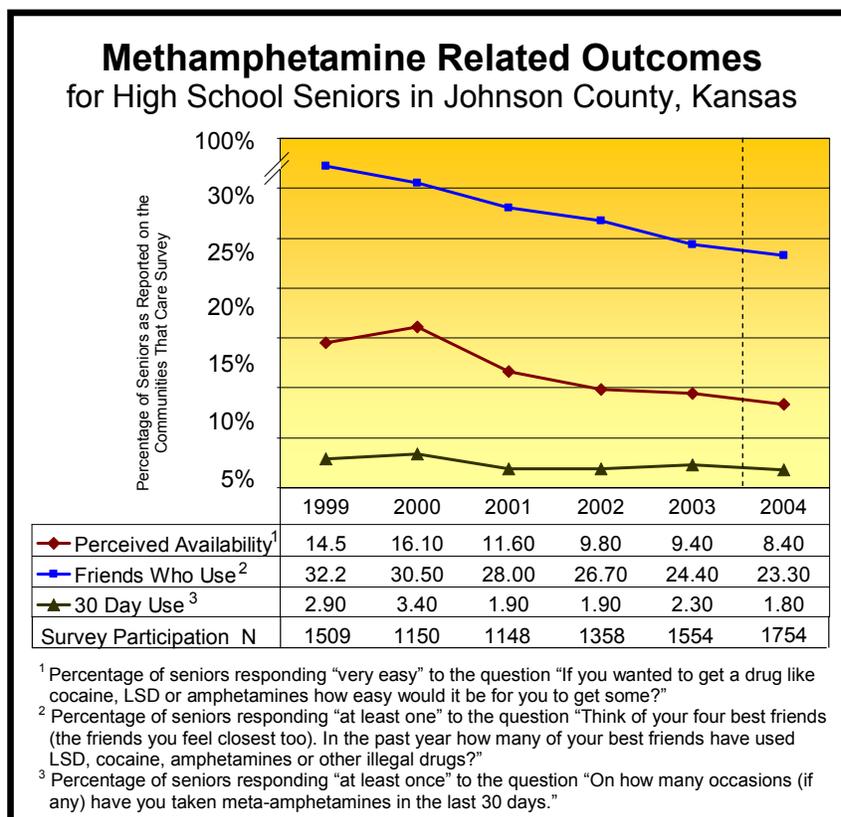
Meth lab closure rates are highly variable depending on the size and training of the local police force. High school data are the only data available that meet all of these criteria. The KCTC survey has been validated across age and cultural backgrounds. This survey was also created using Kansas youth as a

primary study population. There are no surveys of young adults in Kansas (a key population that uses methamphetamine) nor are there data available about other important sub-populations that might be at higher risk for methamphetamine use. While such data would be helpful if available, the best valid data reliably available in Kansas to gauge methamphetamine related outcomes is the youth survey.

The youth survey in Kansas is administered to students in the 6th, 8th, 10th and 12th grades. Younger students are far less likely to report methamphetamine use and have less of an opportunity to gauge its availability in the community. Seniors, who often have friends that are young adults, are best positioned to provide insight into community conditions and behaviors of the four grades surveyed in Kansas. For all of these reasons the behavior, perceptions and attitudes of high school seniors in Kansas are the benchmark of choice for determining if the Methamphetamine Project is achieving desired results.

Community Case Study: Johnson County

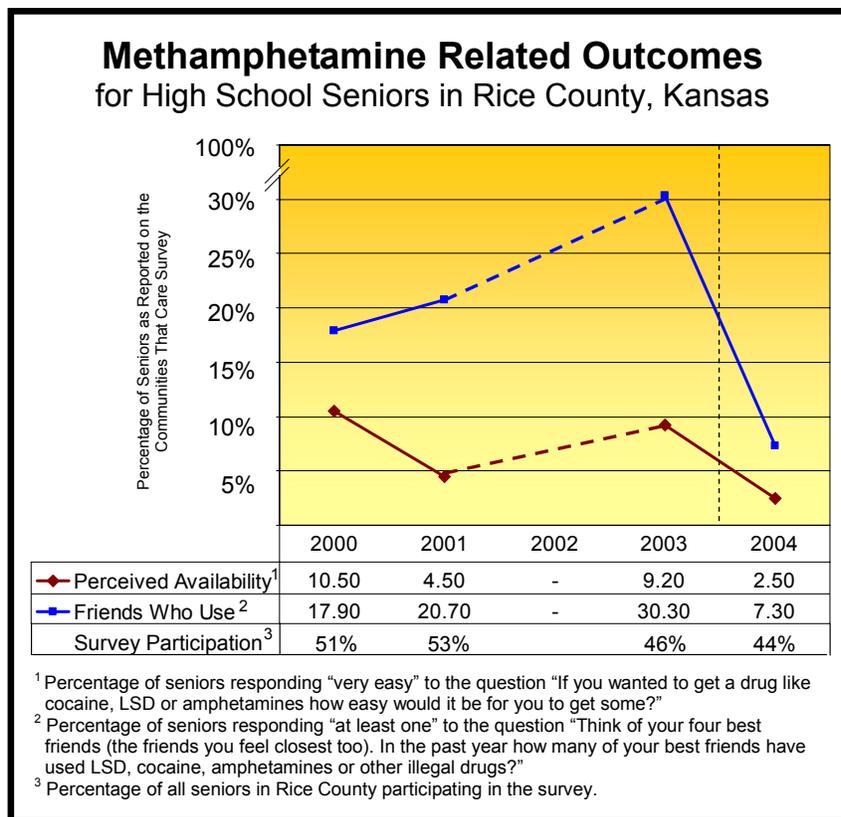
Johnson County is the most populous county in Kansas and is part of the broader Kansas City metropolitan area. With over twenty municipalities in the county, organizing a community response that reaches the whole county can be a daunting effort. The Johnson County Methamphetamine Prevention Project was successful in stimulating wide spread retailer adoption of the Meth Watch Program. The Project achieved its educational objectives through teacher in-service training and town hall meetings. Important skills training objectives were achieved through targeted outreach to everyone from babysitters to members of the clergy. Finally, key practice changes were achieved through the partnership including new mapping procedures used by law enforcement to better track clandestine methamphetamine labs.



These strong process and intermediate results contributed to positive outcomes for youth in Johnson County. In 2003 generally favorable trends were already present in the county with the exception of 30 day use which had seen a year over year increase. After the Project's efforts there was a return in 30 day use back to positive trends while the positive trends in other outcomes were sustained. Because of the county's size there are no comparisons in the state but the statewide trends in Kansas for 2004 ran counter to the Johnson County results.

Community Case Study: Rice County

Situated in the rural south central region of Kansas, Rice county's population is a fraction of Johnson's. With only 10,412 people and a land area of more than 700 square miles, mobilization in Rice County focused on the small town retailers and large agricultural base of the community. Personal visits by the County Sheriff's office to every retailer of any precursor product (from fuel additives to ephedrine based cold medicines) insured the most comprehensive retailer Meth Watch participation in the state. The Rice County Meth Watch Committee capitalized on the unique assets of a rural community. For example, John Deere Days and the Rice County Farmer's Health Fair were ideal venues for community awareness campaigns as were mailings by the Farmers Cooperative Union. Educational objectives were achieved through area high schools, first responder trainings, and church-based trainings. The Rice Committee was able to achieve high participation in the tamper tag program and important policy and practice changes were achieved through high-level participation in the Committee from all sectors.



Results from the Rice County youth survey appear strong. Perceived availability and reported rates of friends who use were both down significantly. Data for 2002 are not available but data for 2004 are demonstrably better than for any year prior to the Meth Watch Committee's efforts. High implementation paired with a comparatively smaller community may have resulted in a higher "dose" of the intervention for the community. These factors may partially explain the comparatively stronger effects seen in the Rice County case study.

Rice County does have comparison counties in Kansas that did not implement the components of the Kansas Methamphetamine Prevention Project. The comparison counties were selected using the HRSA stratum that takes into account all important demographic features including similar size, distribution across age groups, distribution across racial and ethnic groups, income and other variables. Using this matching system, two non-implementing counties were identified. Table 3.1 shows the results for Rice County, the two comparison counties and the overall rates for the state of Kansas. Only Rice county saw consistently positive trends. Where comparison counties' rates of perceived availability either worsened or stayed the same, Rice County's results improved. One comparison county saw improvement in

Table 3.1 **Comparison County Data: Methamphetamine Related Outcomes for High School Seniors**

Outcome	County	2000	2001	2002	2003	2004
Perceived Availability	Rice	10.50	4.50	-	9.20	2.50
	County A	7.00	7.60	4.00	4.20	4.20
	County B	7.10	6.70	8.00	-	8.80
	State	12.74	11.58	10.50	9.40	10.10
Friends Who Use	Rice	17.90	20.70	-	30.30	7.30
	County A	20.50	21.10	11.50	19.80	12.40
	County B	12.00	16.20	12.00	-	15.40
	State	21.72	21.70	20.30	19.90	20.10

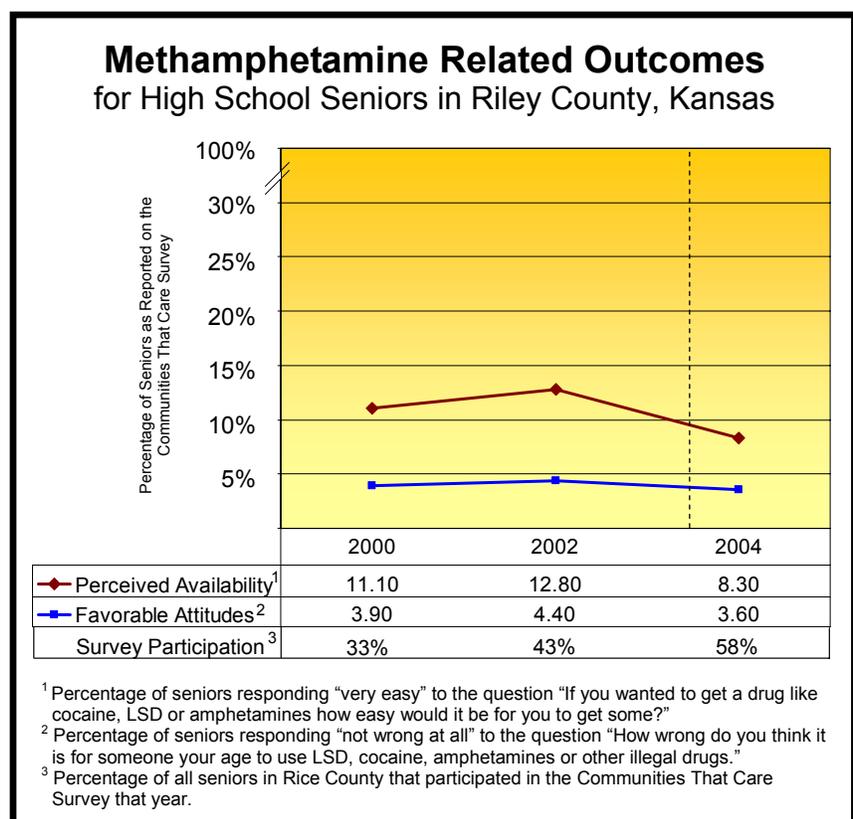
the rates of friends who use, but the state and second county did not. Furthermore, only Rice County saw results that represented historical lows for all the outcomes. This one positive example should not be viewed as “definitive

proof” that the Meth Prevention Project is responsible for all of the improvement seen in community indicators. Rather, the consistently positive results from high implementing counties such as Rice along with the opposite results in comparison counties and in statewide trends can suggest that the Methamphetamine Prevention Project is a contributing factor to improvement in community indicators.

Case Study: Riley County

Riley County is located in the north central region of Kansas and is slightly smaller than Rice County but with six times the population at approximately 62,291 residents. While certainly not an urban setting, Riley county is near to a large army base and home to a major state university. The Riley County Methamphetamine Project saw widespread involvement in the tamper tag program and major retailers also participated in the Meth Watch program. The largest element of the Riley County Project’s plan was educational efforts directed at middle and high school students. Project staff and volunteers trained teachers throughout the school system, provided direct training to hundreds of students and supplemented these efforts with general education at fairs and community meetings.

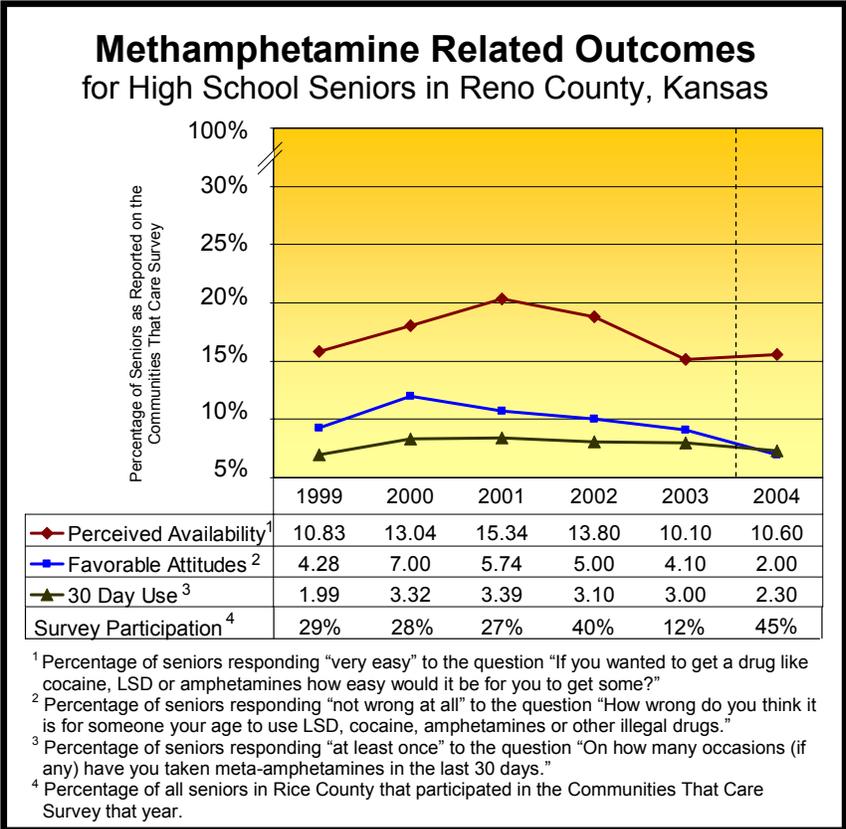
This effort appears to have contributed to a reversal in



methamphetamine related drug trends in Riley County. Perceived availability improved and favorable attitudes toward methamphetamine use saw a year over year improvement of 18%. Both figures for 2004 were all time lows for these outcomes in Riley County.

Community Case Study: Reno County

Reno County is Rice County’s southern neighbor. Reno County is more populated with 63,832 residents and is significantly larger. The population per square mile of Reno County is three times that of Rice County (51.6 Reno County vs. 14.8 Rice County). The presence of several larger towns required slightly different community mobilization techniques and provided different opportunities for outreach to the Reno County team. For example, the Reno County Sheriff’s office distributed neighborhood resource guides on meth lab identification to neighborhoods in larger towns and bigger youth events such as the Hutch Fest Teen Night created opportunities for reaching the county’s youth. Spearheaded by the Reno County Sheriff’s Department, the Reno County Methamphetamine Project saw strong participation in the Meth Watch program, distributed tamper tags and creatively involved youth in education efforts in the schools and at community events.



Methamphetamine related outcomes for Reno County were generally positive. Favorable attitudes fell by more than 50% to a new low. Rates of methamphetamine use in the past 30 days fell by 23% from 2003 levels. Perceived availability of meth showed mixed results with a slight increase over 2003 but at a rate still well below the previous three years.

Reno County does not have matched Kansas counties for which outcomes data are available. The only comparison data available are statewide trends and rural county trends. Table 3.2 displays

comparison data for all Kansas counties and for rural counties on perceived availability, favorable attitudes and rates of methamphetamine use in the past 30 days. Comparisons show that Reno County’s positive outcomes for favorable attitudes and 30 day use run counter to statewide trends. Rural county data are not available for 2004 but past years show that Reno County has had generally higher rates for all three outcomes than its peer communities across the state.

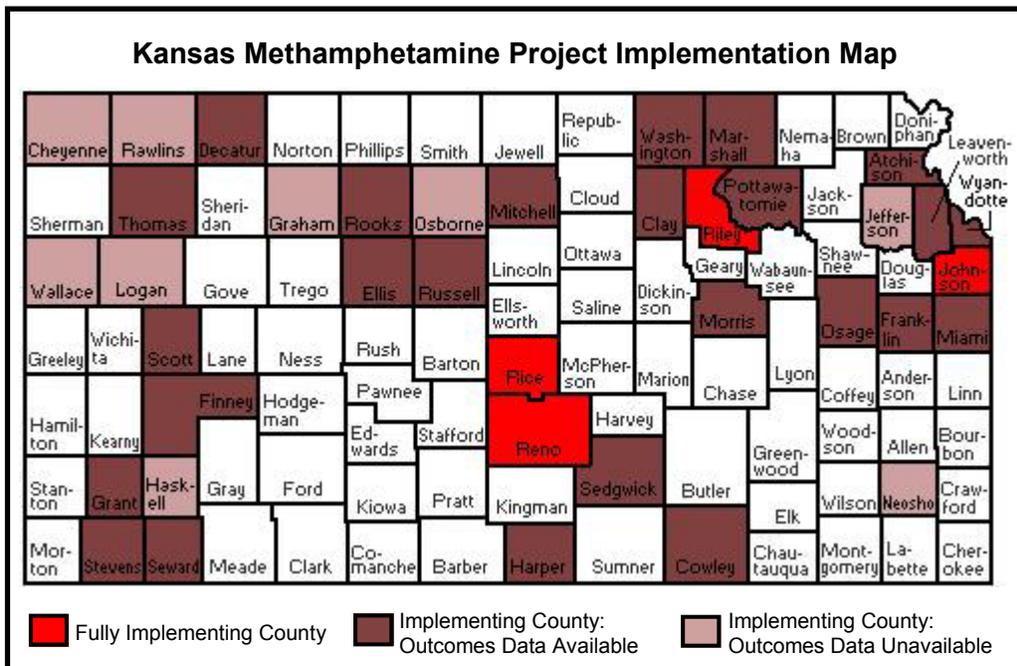
Table 3.2

**Reno County Comparison Data:
Methamphetamine Related Outcomes for High School Seniors**

Outcome	Comparison	1999	2000	2001	2002	2003	2004
Perceived Availability	Reno	10.83	13.04	15.34	13.80	10.10	10.60
	Kansas Rural	10.36	10.60	10.60	9.90	8.60	-
	Kansas Statewide	12.74	11.58	11.22	10.50	9.40	10.10
Favorable Attitudes	Reno	4.28	7.00	5.74	5.00	4.10	2.00
	Kansas Rural	3.23	3.27	3.27	3.00	3.00	-
	Kansas Statewide	3.60	3.39	3.50	3.20	3.20	3.70
30 Day Use	Reno	1.99	3.32	3.39	3.10	3.00	2.00
	Kansas Rural	2.41	2.36	2.50	2.00	2.40	-
	Kansas Statewide	2.50	2.46	2.29	2.10	2.40	2.50

Other Counties in Kansas

Of the more than thirty implementing counties four were able to achieve “full implementation” in the first twelve months. Given that the only financial resources provided to local communities came in the form of mini-grants (most were for less than \$1,000) it is a testament to how important the methamphetamine problem is in these counties that key leaders were willing to step forward and provide the time, resources and assets of their local community to support project implementation.



Other counties in Kansas are also trying hard to reduce the harm methamphetamine is doing to their communities and residents. That in the first twelve months their efforts have not yet fully matured should not be seen as a negative finding nor should

it suggest that they are on the wrong track. This case study approach set criteria for “fully implementing” and then explored the results in only these communities based on the premise that holding communities

accountable for outcomes before they can fully implement their projects is inappropriate. Outcomes for all communities are being tracked and over the coming years as more communities implement the project, more opportunities to learn about the relative strengths and weaknesses of the project will emerge. Appendix A provides a complete table of methamphetamine related outcomes for all implementing counties in Kansas that have available data. Also included in the appendix are available data from comparison non-implementing counties.

Conclusion

For the fully implementing communities, the investment of substantial local resources appears to be paying off. Three of the four saw an all time low in the perceived availability of methamphetamine among high school seniors. The counties with available data saw improvement in reported rates of friends who used methamphetamine in the past year. Use of methamphetamine among high school seniors in the past thirty days decreased from levels reported before project implementation. These are substantial changes that represent a real improvement in community life.

Important limitations exist on these potentially positive findings. For example, some measures used to gauge attitudes and perceived availability included LSD and cocaine and therefore could be influenced by community factors other than the methamphetamine specific efforts of the project. Likewise, the countervailing trends in comparison communities could be due to the same limitation. Any school-based survey is likely to underreport problem behaviors since young people of the same age not in school are more likely to engage in these behaviors but are not included in the survey results.

Also, broader influences on the availability of methamphetamine and young people's perception of the drug could have had a significant effect on the outcomes measured in this evaluation. It is important to note that low incidence behaviors in small populations are likely to vary widely year to year and results from smaller counties should be viewed with this in mind. Other important limitations exist on how strongly these early numbers can be interpreted. Hopefully, the multi-community evaluation will provide an opportunity to address these limitations and provide more definitive answers in the near future.

This evaluation does not conclude that the Methamphetamine Prevention Project is solely responsible for improved outcomes but it does conclude that the Project is likely to have contributed to achieving them. This conclusion is based on the highly uniform positive results across all four fully implementing counties. This conclusion is strengthened by the countervailing trends seen statewide and in comparison counties that did not have a methamphetamine prevention effort. Local communities are to be congratulated on the scale of their commitment, the breadth of their implementation and the hope they've created with such positive early results.