

Methamphetamine Community Assessment

Goal(s):

To assess Jefferson County residents' knowledge, beliefs, and social norms regarding methamphetamine (meth); to identify the county's needs and assets regarding current methamphetamine education efforts.

Background:

Methamphetamine is a dangerous and addictive stimulant that can be easily manufactured or "cooked" using common household ingredients. The ease of its production and the highly addictive nature of the substance have led to increased use across the United States. For the past several years, Missouri has led the nation in methamphetamine lab seizures. In 2005, 2,252 meth labs were seized in Missouri; 256 of those were located in Jefferson County. In its "2006 Status Report on Missouri's Alcohol and Substance Abuse Problems," the Missouri Department of Health's Division of Alcohol and Drug Abuse finds that persons aged 25-34 comprised 40.8% of methamphetamine treatment admissions in 2005. Those 35 years of age and older (34.3%) represented the second highest percentage of admissions. Persons 18-24 years of age (22.2%) and under the age of 18 (2.2%) constitute the remaining individuals seeking treatment. The same report also reveals 17 as the average age of first drug use in Jefferson County. Further, the 2005 Youth Risk Behavior Survey determined that 6.4% of Missouri high school students admitted ever having used methamphetamine. Despite the pervasiveness of methamphetamine in Jefferson County, community education about the substance has, thus far, been limited. Consequently, the Methamphetamine Community Assessment (MCA) was created to inform and guide the creation of county-wide methamphetamine education program.

Target Population:

The Methamphetamine Community Assessment was intended to survey all residents of Jefferson County aged 18 and older. To ensure a comprehensive pool of respondents, the survey's readability level was set at 5th grade, according to the Flesch-Kincaid Grade Level Scale.

Methods:

Formative research concluded that no existing survey concentrated solely on methamphetamine. As a result, the Jefferson County Health Department created the Methamphetamine Community Assessment, drawing upon subject areas covered in the nationally validated Behavioral Risk Factor Surveillance Survey and the National Survey on Drug Use & Health. The MCA consists of 20 questions, and is divided into four sections: beliefs about meth, general knowledge about meth and drug prevention, availability of and social norms about meth in Jefferson County, and demographic information.

To ensure that the survey was clear, readable, and unbiased, pilot-tests were conducted at a DeSoto P.A.C.E. class and at the Hillsboro W.I.C clinic. Members of the

Methamphetamine Action Coalition and Jefferson County Health Department staff members established face and content validity of the survey tool. The MCA surveys were collected from June 6th until July 20th and were distributed via convenience and snowball nonprobability sampling methods.

By the end of the distribution period, 308 respondents completed surveys. During data analysis, 45 surveys were excluded from consideration in this report, as 15 respondents were under the age of 18, and 29 respondents lived in a zip code not contained within Jefferson County; 1 respondent was excluded because of a missing zip code (Table 1). Thus, 263 surveys were deemed eligible for analysis. The mean age of the respondents was 38.77. The units of assignment for age analysis are consistent with the Missouri Department of Health's units in its 2006 Status Report. The majority of the respondents were self-identified white females (97% white, 84% female) (Table 2).

Results:

Behavioral Beliefs:

County-wide, 82.5% of respondents believe that people put themselves at “great risk” physically and in other ways when they try meth once or twice. When asked how much people risk harming themselves physically and in other ways when they use meth once or twice a week, 89.7% of participants believe this to be a “great risk.” Almost all of the respondents (94.3%) believe meth labs pose a “great risk” to the environment (Figure 1).

Knowledge:

Although most respondents “strongly agree” that meth is illegal (97.3%), fewer “strongly agree” that meth is addictive (91.6%). Asked whether meth can give users more energy, 50.6% of respondents chose “don’t know.” Another 20.5% “strongly agree” that meth does indeed provide more energy. A majority of respondents “strongly agree” that meth causes brain damage (90.1%), yet 7.2% either “don’t know” or “strongly disagree” with the idea. Overall, most respondents “strongly agree” that using meth can make you smell or look bad (78.3%); however, 12.5% of participants “don’t know” whether meth can impact your appearance (Table 3).

More than half of respondents (56.7%) “strongly disagree” that drug education is best handled by schools, not by parents. More than a quarter (20.5%) of respondents are “neutral” concerning which group should handle drug education. Only 33.1% of respondents “strongly agree” that there are places in their communities where they can learn more about how to prevent their children from using drugs. Another 37.6% “don’t know” whether these resources exist in their communities (Table 4).

Availability:

A little more than 44% of respondents “don’t know” how difficult it would be to get some meth. The same number of respondents (44.1%), however, indicated that it would either be “fairly easy” (24.7%) or “very easy” (19.4) to acquire meth (Figure 2). When stratified by gender, the prevalence of having meth less readily available is higher for males (70.7%) than for females (53.4%). A strong majority of respondents have not been

approached within the past 30 days to either sell (98.5%) or try (97.3%) meth. Overall, participants think they are “very likely” (76.8%) or “likely” (12.5%) to report a neighbor suspected of making meth in his or her home; respondents think that their neighbors are “very likely” (55.1%) or “likely” (18.3%) to take action if they suspected a meth lab in the neighborhood (Table 5).

Discussion:

Because random error cannot be calculated with the types of sampling methods used in this initial venture, the Jefferson County Health Department intends to conduct a random-digit dial sample to corroborate the MCA findings and ensure external validity.

Additionally, a random survey of this type ensures a more representative sample of Jefferson County residents, particularly regarding gender. Although the MCA sample of respondents mirrors the racial make-up of Jefferson County in 2004 according to the U.S. Census Bureau (97.3% white), the gender of the sample does not accurately reflect that of the county itself. In 2004, female residents comprised 50.3% of the population, compared with 84% female respondents in the MCA sample.

Many of the respondents who were “neutral” regarding which group should best handle drug education, wrote on their surveys that both schools and parents should handle drug education. Nevertheless, the findings regarding drug education and drug education resources are contradictory. Although more than half of respondents strongly believe that parents are better suited than schools to handle drug education, only one-third are well aware of community resources to aid them in this venture. While some may suggest that these resources simply do not exist, a sense of community apathy and/or lack of agency promotion may be the real culprit. Community agencies offering drug prevention resources must further publicize their services to help those parents who wish to discuss these issues with their children and must emphasize that drug education can be a cooperative effort between schools and parents.

Although it appears that recent efforts to expose the environmental impact of methamphetamine have succeeded, basic education about the drug must be more concentrated, particularly regarding the reasons people use methamphetamine, its high first-time addiction rate, and its impact on physical appearance. Health educators must acknowledge these gaps and utilize the data to enrich discussions within the existing school curricula.

A significant portion of respondents believe/know that it would be rather easy to acquire methamphetamine. Yet, the majority of respondents also declared that they would be very likely or likely to report a neighbor who was suspected of manufacturing the drug. This data begs the question “If the respondents are willing and likely to report a neighbor, who is the source of the easily accessible methamphetamine?” Close friends, family members, and acquaintances may provide the missing link. Forthcoming drug education efforts should focus on overcoming the struggle and reaping the benefits of reporting all methamphetamine users, including friends and family members.

Results of the Methamphetamine Community Assessment will be distributed to local media outlets, social service agencies, faith-based organizations, and political leaders.

The MCA data should be used to set program goals, guide future legislation, and seek additional funding to reduce the prevalence of methamphetamine use in Jefferson County.

Table 1. Frequency and Percent of Valid Jefferson County Zip Codes – MCA, 2006

Valid Zip Code	City	Frequency	Percent
63010	Arnold	19	7.2
63012	Barnhart	7	2.7
63016	Cedar Hill	17	6.5
63019	Crystal City	8	3.0
63020	DeSoto	51	19.2
63023	Dittmer	11	4.2
63026	Fenton	10	3.8
63028	Festus	36	13.7
63048	Herculaneum	5	1.9
63049	High Ridge	11	4.2
63050	Hillsboro	25	9.5
63051	House Springs	30	11.4
63052	Imperial	21	8.0
63060	Lonedell	1	.4
63069	Pacific	1	.4
63070	Pevely	7	2.7
63087	Valles Mines	1	.4
63627	Bloomsdale	2	.8
Total		263	100.0

Table 2. Demographic characteristics of sample – MCA, 2006

		Frequency	Percent
Sex	Male	41	15.6
	Female	221	84.0
Age	18-25	59	22.4
	26-34	62	23.6
	35 +	142	54
Race	White	255	97.0
	Black	2	.8
	Asian	0	0
	Hispanic / Latino	1	.4
	American Indian / Alaska Native	1	.4
	Other	3	1.1
	Missing	1	.4

Table 3. Knowledge about methamphetamine, by percent – MCA, 2006

	Meth is illegal.	Meth is addictive.	Meth can give you more energy.	Using meth can cause damage to your brain.	Using meth can make you look or smell bad.
Strongly agree	97.3	91.6	20.5	90.1	78.3
Agree	.8	2.3	5.7	2.3	4.6
Neutral	.4	1.1	10.3	1.5	1.5
Disagree	0	0	1.9	0	.8
Strongly disagree	1.1	.8	10.6	1.5	1.9
Don't know	.4	3.0	50.6	4.2	12.5
Missing	0	1.1	.4	.4	.4

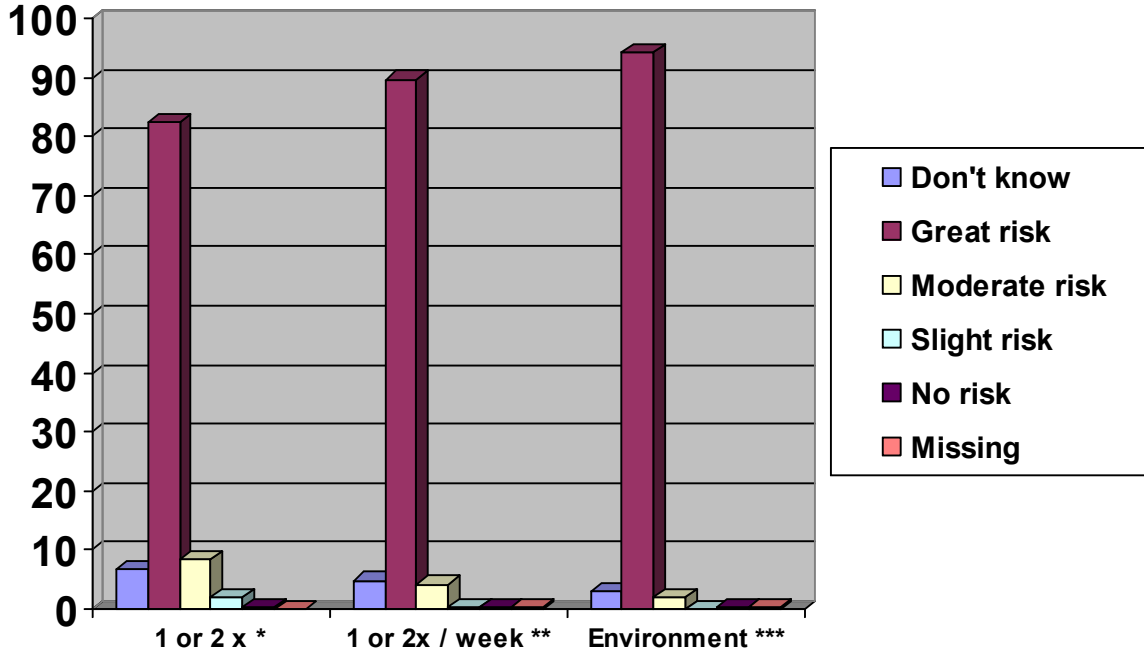
Table 4. Percentage of Jefferson County residents who believe drug education is best handled by schools and who are aware of drug prevention resources in their community – MCA, 2006

	Drug education is best handled by schools, not by parents.	There are places in my community where I can learn about how to prevent my child from using drugs.
Strongly agree	4.6	33.1
Agree	2.7	10.3
Neutral	20.5	11.4
Disagree	9.9	3.8
Strongly disagree	56.7	3.8
Don't know	4.2	37.6
Missing	1.5	0

Table 5. Percentage of Jefferson County residents and/or their neighbors likely to take action on a methamphetamine laboratory in their neighborhood – MCA, 2006

	If you suspected that a neighbor was making meth in his or her home, how likely is it that you would do something about it?	If you and your neighbors suspected that another home in your neighborhood was making meth, how likely is it that your neighbors would do something about it?
Don't know	5.7	18.6
Very likely	76.8	55.1
Likely	12.5	18.3
Unlikely	2.7	3.8
Very unlikely	2.3	4.2

Figure 1. Percentage of Jefferson County residents' beliefs regarding the risks of methamphetamine use and methamphetamine laboratories – MCA, 2006



*How much do people risk harming themselves physically and in other ways when they try meth once or twice?

**How much do people risk harming themselves physically and in other ways when they use meth once or twice a week?

***How risky are meth labs to the environment?

Figure 2. Percentage of Jefferson County residents for whom it would be difficult to get methamphetamine – MCA, 2006

