

**Methamphetamine Prevention Network
Action Plan – Updated March 7, 2008**

Task Force: Educated Communities & Professionals

Strategy: Increase the public's awareness of the dangers of meth use among all age groups and discourage meth use

Overall Project Description, Target Population & Location: Distribution of select anti-meth printed material(s) at key locations throughout the County, intended to reach the public broadly.

1. What specific actions must be taken to implement the strategy?

Selected printed material(s) with a clear, consistent, current, and accurate anti-meth message will be placed in key public locations county-wide to discourage meth use, increase awareness of the dangers of meth, and prompt referrals for treatment.

2. Is this strategy a “best practice” or based on research? Explain.

Distribution of printed prevention materials, by itself, is not an evidence-based practice. However, multi-pronged approaches to prevention that include delivering anti-drug messages through multiple channels at once have been proven to be more effective. There has been no distribution of anti-meth materials countywide to date. The Task Force views this as a first step, and one that can be effectively combined with the radio, print, television ads, and community presentations scheduled and already underway.

3. What time frame is needed for planning and implementation?

Materials will be distributed in May 2008.

4. What resistance or barriers might we face as a result of implementation?

Increased prevention activity may generate more demand for treatment.

5. What are the expected milestones and results from implementation of this strategy?

February 8 & March 8, 2008 – Task Force reviewed and selected among many available meth prevention materials, ultimately choosing two brochures from Journeyworks in Santa Cruz: “45 Scary But True Facts About Meth” and “How Meth Affects Your Brain.”

March & April – ADP obtains the materials in both English & Spanish. Each brochure will be customized with referrals to 2-1-1 and www.dontw8.info.

April – Regional representatives on the EC&P Task Force finalize list of locations where the materials will be distributed including Family Resource Centers, public health clinics, Dept of Social Services offices, community clinics, Sansum clinic in Carpinteria, doctor's offices (general practitioners, obstetricians, dermatologists), pharmacists, dentists, weight loss centers, homeless shelters, youth organizations, food distribution sites (e.g., PHP, Food Banks). Organize volunteers and staff to deliver.

April – EC&P Task Force finalizes method for tracking distribution (process evaluation).

May 2008 – Deliver materials. Speak to someone at each site, if possible, about why the materials are there. Keep a list of where delivered. Monitor 2-1-1 calls to see if there is an increase in volume.

June 2008 – Replenish supply as needed.

July & August 2008 – Evaluate choice of materials and method of distribution.

September 2008 – Arrange for ongoing monitoring of meth prevention materials distribution by community coalitions and County staff.

Anticipated results include:

- * increased public and professional awareness of the dangers of meth use
- * increased referrals for treatment for meth addiction
- * deterrence of meth usage

6. Who are the responsible parties and what are their specific roles and responsibilities?

Regional coalitions – responsible for identifying sites, preparing materials, distributing materials, replenishing materials

2-1-1 – Receive and process referrals; track data on any increase in meth-related calls

ADP/ADMHS – Ongoing coordination of the effort by regional coalitions

7. What resources will be required and where will they be obtained?

ADP has agreed to purchase the brochures.

8. How will the action plan be reviewed and monitored and accountability assured?

Monitoring by this Task Force through September 2008, then by ADP & the community coalitions.

9. What is the data indicator/source and who oversees the management of this source?

Because this is a rather simple action plan, we will be conducting a process evaluation only. We will also attempt to obtain data from Family Services Agency on any increase in 2-1-1 calls and from ADP on any increase in visits to the www.dontw8.info website.