

CITY-COUNTY COMMON

County-City Building •555 S. 10th Street•Lincoln, NE 68508

County Commissioners
(402) 441-7447

Mayor
(402) 441-7511

City Council
(402) 441-7515

AGENDA
CITY COUNTY COMMON
MONDAY, JANUARY 7, 2008
COUNTY-CITY BUILDING
555 SOUTH 10TH STREET
ROOM 113
8:30 A.M.

1. **Approval of City-County Common Meeting Minutes of November 6, 2007.**
2. **Approval of Common Meetings Dates for 2008**
- 8:35 AM 3. **Completion of Denton Road** - Don Thomas, County Engineer; Randy Hoskins, Assistant City Engineer
- 8:50 AM 4. **A Lincoln Lancaster Project on Youth Problem Gambling** - Kit Boesch, Human Services Director; Lisa Olivares, Project Coordinator for Project, "The Odds Are"
- 9:15 AM 5. **Meth 360 Presentation** - Kit Boesch, Human Services Director; Ray Stevens, County Commissioner; Chief of Police Tom Casady; Captain Joy Citta

CITY-COUNTY COMMON MEETING MINUTES January 7, 2008

Common Members Present: Chair Dan Marvin (8:34 am); Vice-Chair Ray Stevens; Mayor Chris Beutler (8:37 am); Jon Camp (8:40 am); Doug Emery (8:35 am); Robin Eschliman; Larry Hudkins; Deb Schorr; Ken Svoboda and Bob Workman.

Common Members Absent: Jonathan Cook, Bernie Heier and John Spatz.

Other Interested Parties: Gwen Thorpe, Deputy Chief Administrative Officer; Randy Hoskins, Assistant City Engineer; Don Thomas, County Engineer; Kit Boesch, Human Services Director; Lyle Fisher, Lincoln Chamber of Commerce; Marvin Krout, Planning Department Director; Rick Hoppe, Administrative Aide to the Mayor; Lisa Olivares, The Odds Are Project Coordinator; Chief of Police Tom Casady; Police Captain Joy Citta; Eric Hunsberger, HHS Behavioral Health; Cori Beattie, Deputy County Clerk; Mary Meyer, City/County Clerk; and other interested parties.

The Nebraska Open Meeting Act posted on rear wall of Room 113.

Vice-Chair Stevens called the meeting to order at 8:33 am with self-introductions of Common members.

1. Completion of Denton Road - Randy Hoskins, Assistant City Engineer (Attachment A)

Hoskins gave options of concrete at \$785,000, or asphalt at \$770,000, on completing the quarter mile of West Denton Road, to the RUTS concept, and eventually to 5 lanes, with center and curbing. Storm water would drain into ditches with either option and could do south half first and north half later.

The S.W. Village development road is being paid by the project developer, including sewer/water, with estimates of \$4 million plus infrastructure up front. Based on agreements the developer would generate \$1.5 million of project impact fees, having a year to get the road in place. Hoskins assumes if the property was sold the agreement made would run with the land. Plus, the \$150,000 earth excavation fee resulted by not using the original alignment but cutting a new road.

Svoboda stated concern as residents are disrupted, Wal-Mart is out, and the developer is suggesting to sell. How much original money, and money from the \$27 million bond set aside for road completion? Hoskins stated a little over \$1.1 million. Svoboda asked if project on pending, with money assessed to other projects? Hoskins replied no, but do look at how to spend in a timely fashion.

Svoboda questioned if it would be a temporary road if recommending to complete for 10 years plus? Need options to complete in reasonable amount of time and money, as people were promised the original West Denton Road would remain until completion, or connection to Highway 77. Now they have a roundabout. Hoskins replied the project engineer could determine cost for the appropriate standard.

Marvin questioned the annexation agreement if we do differently. Krout commented to amend the agreement as they're reducing their exposure, obligations, but are ultimately required to put in a four lane road and generate \$1.5 million impact fees. Remaining costs would be less than \$1.5 million and may be able to negotiate in return for their obligation being reduced.

Marvin requested a trip count indicating the need to build to the larger roadway as Public Works has alternate design to handle traffic for 10 years, not obligating to build more road than needed. We do need to protect other projects. Krout commented \$1.5 million roughly translates into ½ million square feet commercial space, possibly the development level to indicate 4 lanes.

Stevens stated with \$1.1 million earmarked the City could spend to that amount, with the developer doing

this section to 4 lanes when \$1.5 million is generated, with reimbursement cost up to 4 lanes assuming agreement renegotiated. Hoskins thought when impact fees came in instead of giving back they would maintain.

Svoboda suggested to hone the estimate, and eliminate unnecessary items. The developer obligated but now could try 2 lanes, asphalt or concrete, with recommendation for 10 years. Also, at one time the County Board was willing to contribute to this project, and asking if they are still willing? Schorr replied Alvo and Arbor Roads are high on her list and added there was a county road. Camp wondered what implications this situation may have on future developers in like circumstances, possibly should have a game plan for projects sustaining loss of a major tenant. Mayor Beutler stated he will address and review the options, legal implications, assess projects competing for funds, and within 30 days should have a plan.

1. Approval of City-County Common Meeting Minutes of November 6, 2007.

Stevens moved and Svoboda seconded approval of the minutes of the meeting on November 6, 2007. Marvin, Stevens, Mayor Beutler, Emery, Eschliman, Hudkins, Schorr, Svoboda and Workman voted aye. Cook, Heier and Spatz were absent from voting. **Councilman Camp erroneously omitted.** Motion carried 9 - 0.

2. Approval of Common Meeting Dates for 2008

Marvin made motion, and Svoboda seconded to accept Common Meeting dates for 2008. Marvin, Stevens, Mayor Beutler, Camp, Emery, Eschliman, Hudkins, Schorr, Svoboda and Workman voted aye. Cook, Heier and Spatz absent from voting. Motion carried 10 - 0.

4. A Lincoln Lancaster Project on Youth Problem Gambling Kit Boesch, Human Services Director; Lisa Olivares, Coordinator of, "The Odds Are"; Eric Hunsberger, HHS, Behavioral Health with the Gambling Assistance Program **(Attachment B)**

Boesch stated a 2 year grant received from the Gamblers Assistance Program. Even though Human Services receives money through Keno, do realize people with gambling problems face significant tribulations. Gamblers Assistance focuses on youth to help them understand gambling differences. Hunsberger stated youth gamble, not only on games but on chance or skill, and common activities become problem gambling risk factors. The grant reflects the health care cache stemming from LB332 in 2005 and LB1039, consisting of 5% of lotteries coming as revenue through marketing, and going directly into prevention of problem gambling. In 2006 spearheaded to address youth problem gambling.

Olivares contacts youth, teachers, parents, counselors, and providers presenting the developed pilot project, with curriculum data from the Toronto YMCA. Age group of 12-17 targeted. Administers pre-survey followed by 2 hour presentation, and then asks the participants for their ideas. After data collection do a post-survey. Olivares added they monitored county trends and now have presenters for adults, youth, and trainers. The data has been presented to LPS for hopeful curriculum inclusion.

Some information on youth gambling for grades 6 through 12 includes:

- (a) 15% of 6th graders gamble
- (b) 20% of 6th graders played Bingo for money
- (c) 4.5% of 6th graders gambled in the last 30 days
- (d) 42.9% of 12th graders gambled last year, 39.6% bet on cards, 21% had gambled in last 30 days
- (e) 12th graders increased gambling activity by 15% in two years
- (f) internet gambling huge, with kids having access, not needing to show I.D.

Kids agree gambling can lead to drinking or drugs. Also, parents may feel their children are safe at home, not realizing some games build debt and stress. The overall point is to educate and build the goal. Boesch stated they first thought to replicate gambling problem information, but none was available. Developed a program which may be used nationally and internationally, and trying to institutionalize. If taught in the

health curriculum wouldn't need money to continue, but persisting with pilot testing and improvement.

Eschliman stated statistics show nearly ½ of 12th graders gamble, how much is problem gambling? Olivares replied they only collected in Lancaster County for 2 years and do not have lots of data. People do ask us as there isn't anyone else to use as a resource. Eschliman asked for an estimate of kids going to counseling because of a problem. Olivares replied developing the data. Boesch added at college age if they gamble away their college fund it becomes very significant with high stress, and great family impacts. Marvin asked if studies done of addiction higher with children than people who start later? Boesch stated very little data. Olivares added the LPS ultimate goal is having our teaching materials in Friday folders, introducing parents and students to the material. Have met with LPS, who listened on how we could get into the curriculum.

Camp added he's hearing gambling is everywhere, but thinks some gambling aspects build a little competitiveness. Is there grading on how authorities view items, like board games? Boesch replied the only research done twice was on KENO, and both reports requested by the Legislature. Most research is on economic impact, how adult gambling affects our community. Camp asked if a distinction between men, women, boys, girls, age and sex of who gambles more? Olivares replied boys. No age group in general.

Workman asked if high school students get credit cards, and play the stock market? Olivares said no data on the stock market but know kids take parents credit cards, with the code. Schorr was surprised no one had done research and we're the first in the country. Will we be able to package and recoup some of our investment while sharing? Boesch replied it is 100% state funded, public money, and public information.

Svoboda stated the large variable from when he was in high school is the internet. Are filters on high school and library computers eliminating school gambling? Boesch stated library and LPS computers had safeguards, filters, but with a cell phone you can gamble while in class. Svoboda asked if studied that boys gamble on sports they participate in? Olivares didn't know specifically, but have a list of items to study.

Mayor Beutler asked if addressing community learning center, non-profits, such as the Light House? Olivares replied they have a list of entities. Boesch added the first year was program development, now talking to schools, church groups, CLC's. Olivares commented the YMCA asked for presentation and believe it's through networking, but a problem is having 2 people delivering, and we need others to teach.

5. Meth 360 Presentation Chief of Police Tom Casady; Captain Joy Citta; Kit Boesch, Human Services Director **(Attachment C)**

Boesch stated meth affects our community, county, state, and country. Very expensive as people need treatment, and our community facilities are full. Casady stated he is a member of the Police Executive Research Forum, consisting of 500 country research oriented police managers. Approached to have Lincoln be a site for 2nd phase of a 2 year project. The Meth 360 materials developed by the Partnership for Drug Free America and although we have done meth presentations we gained through the information from the Partnership for Drug Free America.

Meth 360 has presenters from the Lincoln Police Department, and from a treatment or prevention provider, training people on delivering the presentation, which is part of our obligation to the Partnership. Captain Citta spearheaded the project for the Police Department. Citta stated is it called Meth 360 as meth is all around, and we take a 360 view. In the video meth is thrown from a car, where children and families live. Will explain how meth affects the community, why it's a highly addictive stimulate drug, and the various ways people digest and use it.

Citta provided Power Point presentation and video clips:

- what meth looks like, and the different names
- how it's created. The use of certain drugs more difficult to attain once laws passed

- Labs in homes, cars, hotel rooms, various places.

Meth contains chemicals that are digested and found in our homes. People have to realize how dangerous, plus the effects on the body. The information for making meth is available through simple recipes.

Other highlights:

- what a lab looks like: in/around, homes, cities, counties. State labs come from Mexico, California
- transition of meth and how it got into communities
- a quote “when you take meth it’s like running five marathons all at one time”
- both men and women, mostly a young age group, 18 to 25
- gives people a great high, a lot of energy, increases confidence, sex drive, blood pressure
- very attractive and very addictive

But:

- decreases appetite, the need for sleep; loss of inhibitions
- false sense of control and confidence

And:

- increases dopamine in the brain, a feel good, but can do naturally - with exercise

Captain Citta showed video of meth taking over a life and the effects, with before and after pictures.

Complete characteristic changes to the body in short periods of time

Meth users:

- pick skin off, pick sores
- don’t see the dentist, or have dental hygiene
- let things go - children, home, job

What happens:

- the brain uses dopamine to feel good but after a while the brain cannot respond;
- start using more, leading to addiction
- video presentation showing how a man lost \$100,000 job and how he feels now
- meth is treatable, with a number of programs

What happens in the community? Where does it affect you?

- cook one pound of meth and there is 6 pounds of toxic waste
- meth labs are expensive, but have seen a decrease in this community
- it goes in our yard, the trash, the motel rooms you may stay in

Chief Casady added we had 4 Lincoln meth lab explosions, one fatal in 2002. A man ran out the door, on fire. His wife and best friend kept running. People grabbed him to extinguish the flames, but he died.

Citta added meth labs:

- do explode and create fires
- at different kinds of places, and cleanup very difficult

At risk:

- children. Photo of child who was neglected, a meth lab raid found child playing with batteries

Chief Casady said there have been child related deaths in Lincoln strongly related to methamphetamine

- children often live in unsanitary conditions
- will find children’s toys, bottles, and related objects in meth locations
- guns, weapons in house

Involves cost:

- people need money to buy, or make meth, and need equipment, etc.
- increases burglaries, robberies, child abuse, neglect
- treatment at health centers, emergency rooms, first responders, fire/police who deal with meth

What can we do/How parents play huge roles:

- is everyone’s job to stop the use of meth and drugs in our community
- children do respect parents, and their ideals and should be talked to at a very early age
- need to educate ourselves, need to know what’s going on
- need to know what to look for, take action on

Information available:

- The Partnership for Drug Free America has informational website, packets, etc.
- parents need to help children all the time, studying, know what affects them

Citta stated a very quick overview. The presentation is 30 minutes to 1 hour. Casady added there is the PTA version and then the Optimist Club luncheon version, can do both.

Mayor Beutler asked if presentation could be pulled off the police website and shown to children at home? Casady replied not now, but available on The Partnership for Drug Free America website. Workman believes we wouldn't have rushed for a new jail if not for meth, adding Montana has television advertisements on meth, will this happen in Nebraska? Casady responded they have had good cooperation with media, and have good free PSA's. Would like to see more in prime time, more frequently.

Camp asked if we utilize Channel 5, Citta replied no but could. Camp recalled drivers education with graphic photos, asking if reluctant to show those types of photos? Casady replied somewhat as we want to avoid portraying methamphetamine as creating this effect in everyone. Most photos are chronic addicts, people who consistently used meth abusively over a long time, causing physical affects. Some people use and do not exhibit physically. Another problem is you have to be careful as you never know who is related.

Camp stated today had gambling and meth presentations. Possibly presents the solutions necessity to be more graphic. Casady stated Meth 360 consistently gives information to a broader audience, and partner throughout Nebraska. Really no good data on the extent meth is abused in the community. Contrary to belief don't know if the prominent abuse drug, after alcohol and marijuana. Lincoln drug scene observers who would argue crack cocaine is as large a problem. Now trying to get better community surveillance on what drugs are abused by collecting data from existing sources, and cultivating new sources, as we don't know positively what drugs are abused, how often, how seriously, don't know how it's changing. The police arrest data is not a good indicator, only telling who we arrest, but sometimes we arrest people as we tap into a vein of methamphetamine cases. Do have sources like drug screens, pre-employment and employment screens, drug court and people going to jail. Also from emergency rooms on drugs detected in lab work. But do not have sources to bring all data together and do the analysis now.

Schorr asked if treatment centers used to monitor and track? Casady replied they are sources. The federal government ran a program, The Arresting Drug Abuse Monitoring program, collecting data on people arrested. Did analysis and surveys to collect, collate, and report data on drugs of abuse and community use. The program ended because of lack of funding. The program director, Dr. Phyllis Newton, met with the Community Health Endowment and us, as we all are interested in a process to collect data. Would look at hospitals, drug testing labs, Drug Courts, Department of Corrections, and treatment providers, such as CenterPointe, St. Monica's, etc.. for data.

Marvin remembered discussion on Lancaster County General Assistance dental care rising being related to meth, with an astounding percentage. Hudkins asked if the PSA's are primarily done through the Nebraska Broadcasters Association, or how do you access? Through individual syndicates? Boesch replied when the meth report officially comes from the Community Health Endowment do have about 20 trained people, and a lot of PSA's which can go out at the same time. Hudkins believes education and awareness are essential items and as he serves as KRVN group president to contact him if there is anything they could help with through the Nebraska Broadcasters Association. Workman reiterate to overstate to the maximum, as we have seen the State of Montana claim a 50% reduction in meth use, hopefully we can do the same.

Chairman Marvin called for close of the meeting. Adjournment by acclamation at 9:50 a.m.

Mary Meyer
Clerk

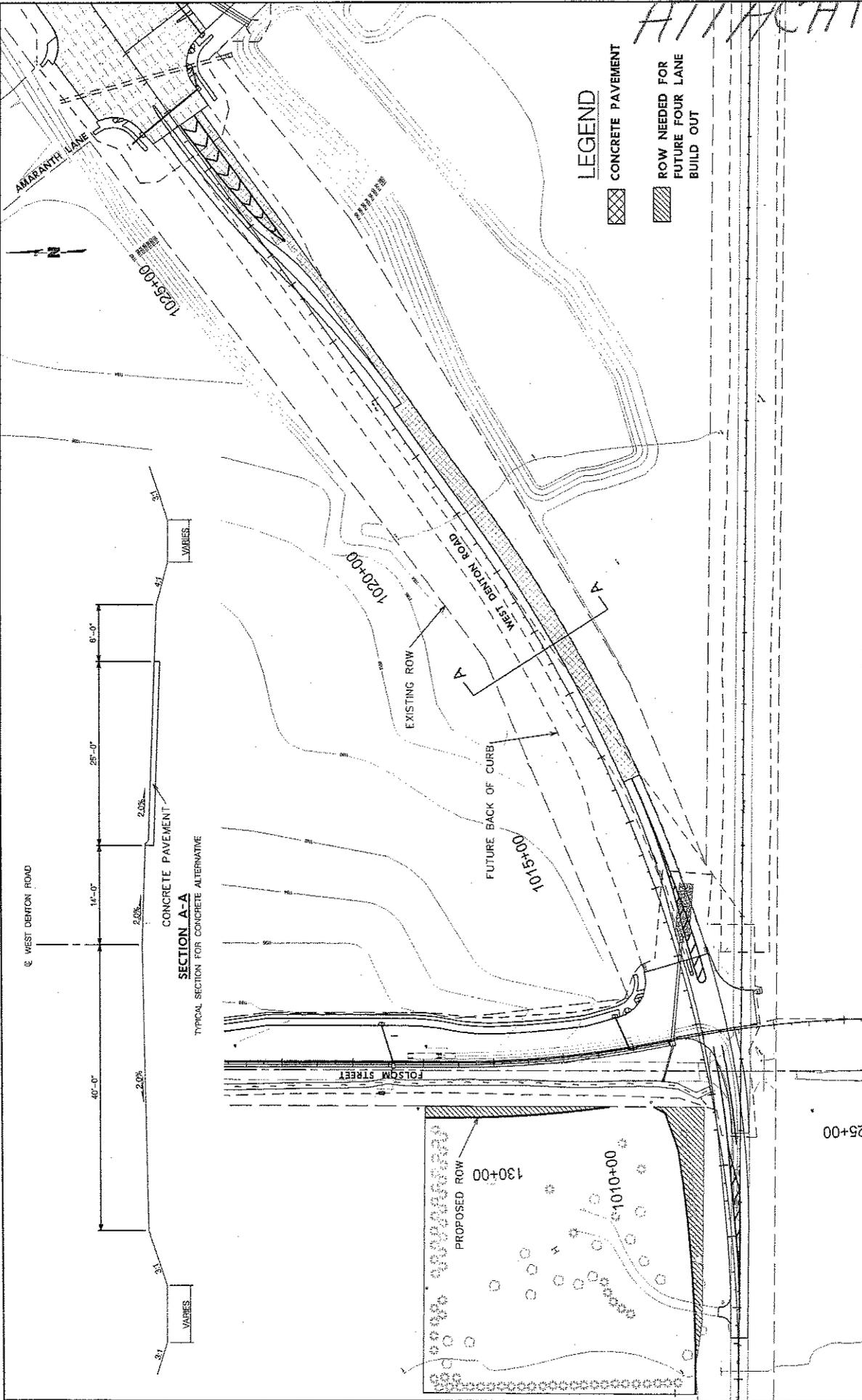


FIGURE 1

WEST DENTON ROAD IMPROVEMENTS

West Denton Road Preliminary Opinion Of Probable Cost

Concrete Alternative

11/25/2007

Pavement Items

Item Description	Unit	Quantity	Unit Price	Extension
9" P.C. Concrete Pavement W/Integral Curb	Sq. Yd.	3,000.00	35.00	105,000.00
6" P.C. Concrete Pavement W/Integral Curb	Sq. Yd.	0.00	32.00	0.00
Combined Curb and Gutter	Lin. Ft.	0.00	15.00	0.00
8" Concrete Base	Sq. Yd.	0.00	34.00	0.00
Asphaltic Conc. For Arterial Streets	Sq. Yd.	4,100.00	32.00	131,200.00
Doweled Tie Bar	Each	0.00	5.50	0.00
6" Concrete Driveway	Sq. Ft.	350.00	5.00	1,750.00
Concrete Sidewalk, 4" Thick	Sq. Ft.	0.00	3.25	0.00
Concrete Median Surfacing, 4" Thick	Sq. Ft.	0.00	3.65	0.00
Colored Concrete Median Surfacing, 4" Thick	Sq. Ft.	0.00	4.50	0.00
Concrete Median Nose	Each	0.00	500.00	0.00
Standard Monument Box (In Place)	Each	0.00	200.00	0.00
Adjust Manhole to Grade	Each	0.00	200.00	0.00
Temporary Surfacing (Build & Remove)	Sq. Yd.	0.00	34.00	<u>0.00</u>
				237,950.00

Removal Items and Earthwork

Item Description	Unit	Quantity	Unit Price	Extension
Pavement and Sidewalk Removal	Cu. Yd.	200.00	15.00	3,000.00
General Clearing and Grubbing	Lump Sum	1.00	7,500.00	7,500.00
Retaining Wall Removal	Lin. Ft.	0.00	75.00	0.00
Pavement Sawing	Lin. Ft.	24.00	5.00	120.00
Earth Excavation	Cu. Yd.	50,000.00	3.00	150,000.00
Over-Excavation	Cu. Yd.	0.00	6.50	0.00
Topsoil	Cu. Yd.	0.00	15.00	0.00
Mobilization	Lump Sum	1.00	50,000.00	50,000.00
Construction Staking	Lump Sum	1.00	10,000.00	10,000.00
Traffic Control	Lump Sum	1.00	5,000.00	5,000.00
Variable Message Sign	Day	0.00	85.00	<u>0.00</u>
				225,620.00

Storm Sewer

Item Description	Unit	Quantity	Unit Price	Extension
48" RCP Storm Sewer, Class III	Lin. Ft.	0.00	125.00	0.00
42" RCP Storm Sewer, Class III	Lin. Ft.	100.00	105.00	10,500.00
36" RCP Storm Sewer, Class III	Lin. Ft.	0.00	85.00	0.00
30" RCP Storm Sewer, Class III	Lin. Ft.	0.00	70.00	0.00
24" RCP Storm Sewer, Class III	Lin. Ft.	150.00	55.00	8,250.00
18" RCP Storm Sewer, Class III	Lin. Ft.	0.00	45.00	0.00
15" RCP Storm Sewer, Class III	Lin. Ft.	0.00	38.00	0.00
72" Storm Sewer Inlet (Complete)	Each	0.00	2,200.00	0.00
Manhole 15" To 30"	Each	0.00	4,000.00	0.00
Manhole 36"	Each	0.00	4,500.00	0.00
Manhole 42" to 48"	Each	1.00	5,500.00	5,500.00
Conc. For Headwalls, Collars, Etc.	Cu. Yd.	0.00	400.00	0.00
Resteel for Headwalls, Collars, Etc.	Pounds	0.00	2.00	0.00
Storm Sewer Removals	Lump Sum	1.00	2,000.00	<u>2,000.00</u>
				26,250.00

Miscellaneous Items

Item Description	Unit	Quantity	Unit Price	Extension
Roadway Lighting	Lump Sum	1.00	20,000.00	20,000.00
Traffic Signals	Lump Sum	0.00	0.00	0.00
Concrete for Retaining Walls	Cu. Yd.	0.00	350.00	0.00
Reinforcing Steel for Retaining Walls	Pounds	0.00	2.00	0.00
Concrete Protection Barrier	Lin. Ft.	0.00	45.00	0.00
Relocate Concrete Protection Barrier	Lin. Ft.	0.00	5.00	0.00
Pavement Markings and Signing	Lump Sum	1.00	30,000.00	30,000.00
Erosion Control Items	Lump Sum	1.00	80,000.00	<u>80,000.00</u>
				130,000.00

Subtotal for Construction Cost = 619,820

Contingencies (10.0%) = 61,982

Total Estimated Construction Cost = 681,802

Preliminary Engineering (8.0%) = 54,544

Estimated Right-of-Way Costs (11,408 SF) = 30,000

Right-of-Way Contingencies = 5,000

Estimated Construction Engineering Costs (10.0%) = 68,180

Total Preliminary Opinion Of Probable Cost (Concrete Alternative) = 784,982

West Denton Road Preliminary Opinion Of Probable Cost

Asphalt Alternative

11/25/2007

Pavement Items

Item Description	Unit	Quantity	Unit Price	Extension
9" P.C. Concrete Pavement W/Integral Curb	Sq. Yd.	0.00	35.00	0.00
6" P.C. Concrete Pavement W/Integral Curb	Sq. Yd.	0.00	32.00	0.00
Combined Curb and Gutter	Lin. Ft.	0.00	15.00	0.00
8" Concrete Base	Sq. Yd.	0.00	34.00	0.00
Asphaltic Conc. For Arterial Streets	Sq. Yd.	7,070.00	32.00	226,240.00
Doweled Tie Bar	Each	0.00	5.50	0.00
6" Concrete Driveway	Sq. Ft.	0.00	3.75	0.00
Concrete Sidewalk, 4" Thick	Sq. Ft.	0.00	3.25	0.00
Concrete Median Surfacing, 4" Thick	Sq. Ft.	0.00	3.65	0.00
Colored Concrete Median Surfacing, 4" Thick	Sq. Ft.	0.00	4.50	0.00
Concrete Median Nose	Each	0.00	500.00	0.00
Standard Monument Box (In Place)	Each	0.00	200.00	0.00
Adjust Manhole to Grade	Each	0.00	200.00	0.00
Temporary Surfacing (Build & Remove)	Sq. Yd.	0.00	34.00	<u>0.00</u>
				226,240.00

Removal Items and Earthwork

Item Description	Unit	Quantity	Unit Price	Extension
Pavement and Sidewalk Removal	Cu. Yd.	200.00	15.00	3,000.00
General Clearing and Grubbing	Lump Sum	1.00	7,500.00	7,500.00
Retaining Wall Removal	Lin. Ft.	0.00	75.00	0.00
Pavement Sawing	Lin. Ft.	24.00	5.00	120.00
Earth Excavation	Cu. Yd.	50,000.00	3.00	150,000.00
Over-Excavation	Cu. Yd.	0.00	6.50	0.00
Topsoil	Cu. Yd.	0.00	15.00	0.00
Mobilization	Lump Sum	1.00	50,000.00	50,000.00
Construction Staking	Lump Sum	1.00	10,000.00	10,000.00
Traffic Control	Lump Sum	1.00	5,000.00	5,000.00
Variable Message Sign	Day	0.00	85.00	<u>0.00</u>
				225,620.00

Storm Sewer

Item Description	Unit	Quantity	Unit Price	Extension
48" RCP Storm Sewer, Class III	Lin. Ft.	0.00	125.00	0.00
42" RCP Storm Sewer, Class III	Lin. Ft.	100.00	105.00	10,500.00
36" RCP Storm Sewer, Class III	Lin. Ft.	0.00	85.00	0.00
30" RCP Storm Sewer, Class III	Lin. Ft.	0.00	70.00	0.00
24" RCP Storm Sewer, Class III	Lin. Ft.	150.00	55.00	8,250.00
18" RCP Storm Sewer, Class III	Lin. Ft.	0.00	45.00	0.00
15" RCP Storm Sewer, Class III	Lin. Ft.	0.00	38.00	0.00
72" Storm Sewer Inlet (Complete)	Each	0.00	2,200.00	0.00
Manhole 15" To 30"	Each	0.00	4,000.00	0.00
Manhole 36"	Each	0.00	4,500.00	0.00
Manhole 42" to 48"	Each	1.00	5,500.00	5,500.00
Conc. For Headwalls, Collars, Etc.	Cu. Yd.	0.00	400.00	0.00
Resteel for Headwalls, Collars, Etc.	Pounds	0.00	2.00	0.00
Storm Sewer Removals	Lump Sum	1.00	2,000.00	<u>2,000.00</u>
				26,250.00

Miscellaneous Items

Item Description	Unit	Quantity	Unit Price	Extension
Roadway Lighting	Lump Sum	1.00	20,000.00	20,000.00
Traffic Signals	Lump Sum	0.00	0.00	0.00
Concrete for Retaining Walls	Cu. Yd.	0.00	350.00	0.00
Reinforcing Steel for Retaining Walls	Pounds	0.00	2.00	0.00
Concrete Protection Barrier	Lin. Ft.	0.00	45.00	0.00
Relocate Concrete Protection Barrier	Lin. Ft.	0.00	5.00	0.00
Pavement Markings and Signing	Lump Sum	1.00	30,000.00	30,000.00
Erosion Control Items	Lump Sum	1.00	80,000.00	<u>80,000.00</u>
				130,000.00

Subtotal for Construction Cost = 608,110

Contingencies (10.0%) = 60,811

Total Estimated Construction Cost = 668,921

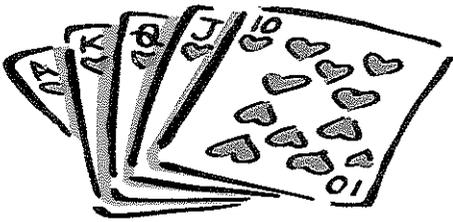
Preliminary Engineering (8.0%) = 53,514

Estimated Right-of-Way Costs (11,408 SF) = 30,000

Right-of-Way Contingencies = 5,000

Estimated Construction Engineering Costs (10.0%) = 66,892

Total Preliminary Opinion Of Probable Cost (Asphalt Alternative) = 770,813



ATTACHMENT
B

“The Odds Are...” - Youth Problem Gambling Prevention Program

What is it?:

- ❖ A problem gambling prevention effort targeting youth ages 12-17 in Lancaster County.
- ❖ Based out of Lincoln Lancaster Human Services.

What is our goal?:

- ❖ To introduce harm reduction materials illustrating the impact of youth problem gambling.

Why do we need to do this?:

- ❖ Because according to the 2005 NRPFS Survey, the percentage of youth involved in gambling in Lancaster County, escalated from 15.3% in grade 6 to 42.9% in grade 12.
- ❖ Because we don't know what parents know about youth problem gambling, its prevalence, or its potential harm.
- ❖ Because to date, there has been very little assessment of problem youth gambling in Lancaster County.

Who do you contact for more information?:

- ❖ Lisa Olivares – Project Coordinator
“The Odds Are...”
(402) 770-9635
olivareslisa@yahoo.com
- ❖ Maya Chilese, Prevention Educator, MA, PLMHP, CCGC
(402) 525-3565
mtchilese@hotmail.com





METH360



The Partnership
for a Drug-Free
America®

ATTACHMENT

Meth360 Information Kit

Thank you for attending today's Meth360 presentation. Enclosed you will find fact sheets containing information on methamphetamine in the following topic areas:

1. Facts About Meth
2. Effects on Users
3. Effects on Communities
4. Families & Prevention
5. Intervention & Treatment
6. Communities & Prevention

We hope this information will be useful to you as you educate yourself further on the threat of methamphetamine to your community. Please take action to help protect your community:

- Further educate yourself: drugfree.org/meth
- Get involved with a prevention organization
- Speak out in schools and other public forums
- Write letters to the editor or TV station manager
- Email friends about meth
- Talk to your kids, grandkids, nieces, nephews

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Thank you for attending a Meth360 presentation.

Meth360 is a continually developing program, and your feedback and input are valuable tools in helping to shape future versions of the presentation.

Please visit www.drugfree.org/meth360survey to complete a brief, 2-minute evaluation of today's presentation.

The logo for METH360, featuring the word "METH" in a bold, sans-serif font, followed by "360" in a larger, stylized font where the "3" and "6" are connected. The "0" is a simple circle. The entire logo is set against a dark, textured background.

Facts About Meth

The logo for The Partnership for a Drug-Free America, featuring a large, stylized letter "P" with a small circle to its right. Below the "P" is the text "The Partnership for a Drug-Free America" in a smaller, sans-serif font.

What is Meth?

Methamphetamine – also known as meth, crank, crystal and speed — is a powerfully addictive central nervous system stimulant.

What Does Meth Look Like?

Meth is available as a crystalline powder or in rock-like chunks. Meth varies in color, and may be white, yellow, brown or pink. Meth can be smoked, injected or snorted.

Where is Meth Made?

Two-thirds of our country's meth supply is produced in super labs in Mexico and Southern California, and trafficked throughout the country. The remaining third is made in small meth labs found in basements, kitchens, garages, bedrooms, barns, vacant buildings, campgrounds, hotels and trunks of cars.

How is it Made?

Meth can be made from household ingredients, including over-the-counter cold medications containing ephedrine or pseudoephedrine, red phosphorous, hydrochloric acid, anhydrous ammonia, drain cleaner, battery acid, lye, lantern fuel and antifreeze. The fumes, vapors, and spillage associated with cooking meth are toxic, combustible and hazardous to children, adults and the environment.

What are the Short-Term Effects of Taking Meth?

Immediately after smoking or injection, the user experiences an intense sensation, called a "rush" or "flash," that lasts only a few minutes and is described as extremely pleasurable. (Snorting or swallowing meth produces euphoria — a high, but not a rush.) Following the "rush," there is typically a state of high agitation that in some individuals can lead to violent behavior. Other possible immediate effects include increased wakefulness and insomnia, decreased appetite, irritability and aggression, anxiety, nervousness and convulsions.

What are the Long-Term Effects of Taking Meth?

Meth is addictive, and users can develop a tolerance quickly, needing larger amounts to get high. In some cases, users forego food and sleep and take more meth every few hours for days, "bingeing" until they run out of the drug or become too dysfunctional to continue using. Chronic use can cause paranoia, hallucinations, repetitive behavior (such as compulsively cleaning and grooming or disassembling and assembling objects), and delusions of parasites or insects crawling under the skin. Users can obsessively scratch their skin to get rid of these imagined insects. Long-term use, high dosages, or both can induce full-blown toxic psychosis. This behavior is usually coupled with extreme paranoia. Meth can also cause strokes, heart attack and death.

Why Some People Use Meth

- Meth initially produces euphoria, enhanced wakefulness, increased physical activity, decreased appetite.
- Users experience a sense of well-being and high energy; a release of social inhibitions, feelings of cleverness, competence and power.
- Alters mood in different ways:
 - Within 5 to 10 seconds after smoking/intravenous injection, intense “rush” or “flash” that lasts only few minutes, described as extremely pleasurable.
 - Snorting/ingesting orally produces euphoria – high but not intense rush.
 - Snorting produces effects within 3–5 minutes.
 - Ingesting produces effects within 15–20 minutes.

“The crystalline white drug quickly seduces those who snort, smoke or inject it with a euphoric rush of confidence, hyperalertness and sexiness that lasts for hours on end. And then it starts destroying lives.”

— David J. Jefferson, *"America's Most Dangerous Drug"*, *Newsweek*

Negative Effects

- Meth becomes focus of life – users neglect families, home, work, personal hygiene and safety.
- Prolonged use leads to bingeing, consuming the drug continuously for up to 3 to 5 days without sleep (some sleepless binges last up to 15 days) and ends with intolerable crashes.
- User driven into severe depression, followed by worsening paranoia, belligerence, aggression – a period known as “tweaking”.
- Users eventually collapse from exhaustion and sleep for long periods of time often forcing neglected children to try to fend for themselves.

This is Your Brain on Meth

- Dopamine is a feel-good chemical produced by the brain.
- Upon first use, meth kicks dopamine production into high gear — this is what produces the initial euphoric rush.
- Meth changes brain chemistry, and after extended use, the brain can no longer respond to dopamine.
- The result is that users can no longer feel good, and increase consumption of the drug in an attempt to recapture the first high.
- This cycle often leads to addiction.



Meth Warning Signs

If you think someone you know might be using meth, or you're a parent who suspects your teen might be using, here is a list of warning signs to look for.

Physical Symptoms:

- Weight loss
- Abnormal sweating
- Shortness of breath
- Sores that do not heal
- Dilated pupils
- Burns on lips or fingers
- Track marks on arms
- Dental deterioration

Mental Symptoms:

- Paranoia
- Anxiousness
- Nervousness
- Agitation
- Extreme moodiness
- Severe depression
- Hallucinations
- Delusions of parasites or insects crawling under the skin

Behavioral Symptoms:

- Withdrawal from family and friends
- Change in friends
- Increased activity
- Long periods of sleeplessness
- Long periods of sleep
- Incessant talking
- Irritability
- Twitching and shaking
- Decreased appetite
- Erratic attention span
- Repetitious behavior, such as picking at skin, pulling out hair, compulsively cleaning, grooming or disassembling and assembling objects such as cars and other mechanical devices
- Aggression or violent behavior
- Convulsions
- Carelessness about appearance
- Deceit or secretiveness

Paraphernalia:

- Rolled up paper money or short straws
- Pieces of glass/mirrors
- Razor blades
- Burned spoons
- Plastic tubing
- Syringes/needles

In all cases of meth use, a user may experience a loss of inhibitions and a false sense of control and confidence. This can lead to dangerous behavior and potential harm to the user and to those around him.

**METH360**

Effects on Communities

How Meth Can Affect Your Community



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Meth can cause harm not only to those who use the drug, but their family, friends and neighbors too. Here are a few ways meth can affect communities:

Children at Risk

Thousands of children are neglected every year after living with parents, family members or caregivers who are meth users or meth cooks. Children who reside in or near meth labs are at great risk of being harmed by toxic ingredients and noxious fumes. Cooking meth is extremely dangerous, and labs often catch on fire and explode. Children whose parents have been using or making meth are often placed in foster homes, straining social services in states hit hard by meth. These children need special care: they may be malnourished, suffering the effects of physical or sexual abuse, and often have behavioral problems as a result of neglect.

Crime

Meth labs, along with sales of the drug, breed crime, including burglary, identity theft, domestic violence and even murder. Teens and adults addicted to the drug may steal valuables from their friends or family to pay for their habit. Meth-related crime requires extra attention from law enforcement, and meth users are often violent, posing an added risk to local police.

Environmental Harm

A meth lab can operate unnoticed in any neighborhood, posing a health hazard to everyone around. For each pound of meth produced, five to six pounds of hazardous waste are generated. The chemicals used to make meth are toxic, and "meth cooks" routinely dump waste into streams, rivers, fields, backyards and sewage systems, which can contaminate water resources. Poisonous vapors produced during cooking permeate insulation and carpets, often making homes and buildings uninhabitable. Cleaning up these

sites requires specialized training and costs thousands of dollars per site.

If you have questions about environmental contamination from an illegal lab, contact your state's environmental agency.

Health Care

Meth use and production also strains a community's health care resources. Meth labs often explode, and those inside the lab may suffer severe chemical burns and respiratory damage. Additionally, children removed from homes where a parent is making or using meth require medical attention. Many meth cooks are uninsured, and the cost of their care goes uncompensated. Meth use is also associated with spreading hepatitis and HIV, as the drug lowers inhibition and increases libido, which can lead to unsafe sexual practices. Additionally, as the drug can be injected, users may share needles.

Other health care costs tied to meth use include the need for dental care to repair the damage meth can do to a user's teeth, and funding for treatment to help meth users recover from addiction.



Effects on Community

What Are Signs of a Meth Lab?

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What Are Signs of a Meth Lab?

A typical meth lab is a collection of chemical bottles, hoses, glass jars, tubing and pressurized cylinders containing anhydrous ammonia or hydrochloric acid — both highly poisonous and corrosive.

Labs are frequently abandoned, and the toxic chemicals are left behind. Chemicals may also be burned or dumped in woods or along roads.

What does a meth lab smell like?

Strong chemical odors such as ether, ammonia (smells like cat urine) and acetone (smells like nail polish remover).

The most common chemicals used in the meth-making process are over-the-counter cold and asthma medications containing ephedrine or pseudoephedrine.

Here are signs of a meth lab:

- Unusual strong chemical odors such as ether, ammonia (smells similar to cat urine) and acetone (smells similar to nail polish remover)
- Large numbers of empty pill bottles or blister packs, especially of cold or asthma medication
- Propane tanks with blue corrosion on fittings or with bent or tampered valves
- Heating sources such as hotplates/torches
- Excess matchbooks
- Stripped lithium batteries
- Cookware coated with white residue
- Mason jars or other glassware

- Plastic tubing
- Hoses leading outside for ventilation
- Soft drink bottles with hoses attached
- Drain cleaner, paint thinner, toluene, denatured alcohol, ammonia, starter fluid, antifreeze, hydrogen peroxide, rock salt/iodine
- Lantern or camp stove fuel
- Iodine- or chemical-stained bathrooms or kitchen fixtures
- Excessive amounts of trash, particularly chemical containers, coffee filters with red stains, red-stained cloth and empty duct tape rolls.
- Secretive or unfriendly occupants
- Extensive security measures or attempts to ensure privacy such as "No Trespassing" or "Beware of Dog" signs, fences, and large trees or shrubs
- Curtains always drawn or windows blackened or covered on residences, garages, sheds, or other structures
- Increased activity, especially at night
- Frequent visitors, particularly at unusual times
- Renters who pay their landlords in cash

*** If you suspect a dwelling or property may be an illegal lab, contact your local police, or sheriff's department. If it's an emergency, call 911. Do not enter a site that you think may have been used for cooking meth. Meth labs present extreme dangers from explosions and exposure to hazardous chemicals.

The logo for METH 360 features the word "METH" in a bold, sans-serif font, followed by "360" in a larger, stylized font. The "360" is partially enclosed by a circular graphic element that resembles a speech bubble or a stylized "G".

Families & Prevention

Help Your Child Lead a Healthy,
Drug-Free Life

The logo for The Partnership for a Drug-Free America features a large, stylized letter "P" in the upper right corner. Below it, the text "The Partnership for a Drug-Free America" is written in a smaller, sans-serif font.

It Can Happen to Anyone Anywhere

A problem with drugs or alcohol doesn't discriminate; it can happen to anyone anywhere — even a child in the most loving home. It cuts across race, gender and economic lines, and occurs in every region of this country. It's a health issue for you, your child and your family. Tobacco, drug and alcohol abuse is one of the most important and preventable adolescent health problems today.

Why Do Kids Experiment with Drugs and Alcohol?

Many experiences of young adulthood are universal such as seeking greater independence and acceptance by friends, rebellion and risk-taking, as well as physical and hormonal changes. But it's important to remember that teens today are exposed to a unique set of societal and cultural pressures. The top two reasons why kids use drugs or alcohol are:

Recreation: Teens may experiment with or regularly use drugs or alcohol just to get high. Restless, bored or risk-taking teens may smoke a joint or have a few drinks simply to fill their time. These actions also provide a way to instantly bond with a group of like-minded kids. Soon drugs define their existence and they spend increasing amounts of time seeking ways to get high.

Self-Medication: Teenagers may turn to drugs or alcohol to cope with problems and pressures, or as an antidote to unhappy feelings or uncomfortable situations. If a teen is using drugs or alcohol for self-medication, it could also point to other, broader emotional or psychological problems.

Parents are Crucial

Parents and caregivers are crucial in helping to prevent this behavior, but are largely unaware and feel ill-equipped to respond. **Parents must educate themselves and get through to their kids:** Kids who learn a lot about the risks of drugs at home are up to **50 percent less likely to use drugs; Nine out of 10 parents of teens** (92 percent or 22 million) say they have talked to their teen about the dangers of drugs, **yet fewer than one third of teens** (31 percent or 7.4 million) say they "learn a lot about the risks of drugs" from their parents.

As a parent or caregiver, you have a tremendous influence on your child's life. Your constant and caring involvement can help inspire your child to make healthy, drug-free choices.

The Right Conversation at the Right Time

What you say to your child — and how you say it — will change as your child grows and matures.

The First Year of Middle School / Junior High (Age 10-14)

Be especially alert during your child's transition from elementary to middle school. They may seem young, but their new surroundings can put them in some very adult situations: They're going to meet new kids, seek acceptance, and start to make more — and bigger — choices. Many kids this age are exposed to older kids who use alcohol, tobacco, or other drugs. This is the most critical time to engage your kid in conversations about drugs and alcohol and set a clear no-use rule.

The High School Years (Age 14-18)

Many teenagers' interests — such as fashion, music, television and video games — are harmless. It's important to allow them to express their individuality and be independent, but it's also necessary to set clear and consistent expectations and rules. Know what your child's doing after school, who he's hanging out with, and when he's expected to be home. It's not always easy. He may complain about it, but your interest shows him you care. By staying involved with your child's daily schedule, you're taking an important step toward keeping him healthy and drug-free.



Families & Prevention

Help Your Child Lead a Healthy, Drug-Free Life



How to Protect Your Child

There are many ways you can protect your kids and talking with them is one of the most effective. Communicating with your son or daughter on a daily basis helps him or her feel connected to you — and research indicates that is what matters most when a child chooses to turn down drugs.

Start Talking — and Talk Often

It's never too early to start talking with your child about drugs and alcohol, and there are many ways to get the conversation going. You can use everyday events as a starting point. Recent drug- or alcohol-related incidents in your community or family, articles in the newspaper, stories on the nightly news, and plot lines in movies and television shows can all provide moments to continue a dialogue with your child about drug and alcohol abuse. You can also take advantage of blocks of time, such as before school, on the way to soccer practice, or after dinner to discuss drugs and to voice your "no use" expectation.

Role Play

A great way to help kids prepare for situations where they might be offered drugs or alcohol is to act out scenarios. Kids are more likely to be offered drugs from a friend than a stranger. It may be difficult for your child to say no to friends — the people they look to for validation, recognition and fun. Teach him that it's okay to say no to his friends, and act out scenarios together so he has the tools to do this.

For example, you could ask your child what they would do in the following situation: Your child goes to a party where someone has brought a bottle of vodka or beer. Some older high school kids are there. Several kids are drinking or smoking joints, and they ask your child if she'd like some too. Take the role of the older teen who casually offers a can of beer or a joint to your child. Reassure your child that friends will respect his decision not to get involved. Remind him that most people are focused on themselves, which makes it less likely that they will be concerned with what others do.

Provide Your Child with Possible Responses for to Say When Offered Drugs:

- "No, thanks."
- "Nah, I'm not into that."
- "Nah, I'm okay. Thanks."
- "No, thanks. I'm on the _____ team and I don't want to risk it."
- "Nah, I'm training for _____."
- "No. I gotta go soon."

Be a Parent, Not a Pal

- P** = Provide your child with responses they can use if they're offered drugs
- A** = Actively listen to your child. Avoid interrupting. Give your undivided attention.
- R** = Reinforce your love — say the words "I love you" often
- E** = Educate your child about the risks and consequences of drug & alcohol use
- N** = Never underestimate your child's vulnerability to drugs — even at a young age
- T** = Teach the principles of "why," not just "what" to do or not to do

Answering the Question: "Did You Ever Do Drugs?"

For many parents, the answer is simply "no." However, this may be a tough question to answer for other parents. The conversation doesn't have to be awkward. You can use it to your advantage by turning it into a teachable moment. Experts believe it's best to tell the truth. However, it's not necessary to share details. Use the discussion as an opportunity to speak openly about what attracted you to drugs, alcohol or tobacco, why they are dangerous, and why you want your child to avoid making the same mistake. Remember, the issue isn't about your past. It's about your child's future. What's important now is that your kid understands that you don't want him to use these substances.



Families & Prevention

Help Your Child Lead a Healthy, Drug-Free Life



How to Spot Alcohol or Drug Use

Mood swings and unpredictable behavior are sometimes evidence of teenage "growing pains," but can also point to use of drugs or alcohol. Be aware of any unexplained changes and know the potential warning signs:

- Withdrawn, depressed, tired or careless about personal grooming
- Hostile, uncooperative and frequently breaks curfew
- Deteriorating relationships with family members
- Hanging around with a new group of friends
- Slipping grades and missing school
- Losing interest in hobbies, sports and other favorite activities
- Changed eating and sleeping patterns — up at night and sleeping during the day
- Has a hard time concentrating
- Red-rimmed eyes and runny nose, but your child doesn't have allergies or a cold
- Household money has been disappearing.
- You have found any of the following in your home: pipes, rolling papers, small medicine bottles, eye drops, butane lighters, homemade pipes or bongs (pipes that use water as a filter) made from soda cans or plastic beverage containers.

Note: Some of these warning signs could also point to broader health problems, such as an emotional issue, physical or mental illness. Research suggests that as many as half of all kids involved with drugs or alcohol may be affected by mental health problems. Before you choose a course of action, discuss your observations with your child's doctor.

The Partnership has developed a wide range of resources for parents and caregivers, which are available at www.drugfree.org/Parent.



Intervention & Treatment

People Do Get Well From Meth
Addiction

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People Do Get Well From Meth Addiction

Recovering from meth addiction can be difficult, but it is not impossible. Research shows that meth addiction is treatable — people do get well.

Challenges of Meth Treatment

Because of the drug's destructive nature, treating meth addiction presents unique challenges. Upon entering treatment, a meth user may:

- Require several nights of good sleep, since meth users have often been awake for days
- Be more agitated during the first month and have a very short attention span
- Have psychiatric problems such as delusions or extreme agitation
- Have physical problems, such as wounds, seizures and advanced tooth decay.
- Require longer treatment than they might from an addiction to another substance

What Works?

There are many forms of treatment, but effective treatment will raise awareness; addresses physical, psychological, emotional and social problems; and will involve family and friends. Treatment is usually more successful when the individual has the support of loved ones.

Treatment for Meth is Getting Better and Better

The National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have invested tens of millions of dollars into researching the effects of meth and effective treatments. According to NIDA and other experts, one treatment method, the Matrix Model, has shown significant success in treating meth addiction.

Meet Real People in Recovery from Meth

Visit www.drugfree.org/meth, where you'll find inspiring personal stories of meth recovery.

And Keep in Mind

- **Treatment options vary.** Sometimes a variety of approaches are needed to help someone achieve recovery. Different types of treatment work for different people.
- **Treatment takes persistence but it pays off in the end.** Recovery is not instantaneous. It is an ongoing, difficult process that requires work to maintain, but it can lead to a profound life transformation and enormous personal growth.
- **Treatment is possible for everyone – even you.** If you're concerned about your own drug or alcohol use, you don't have to deal with it alone. Consider talking to a doctor, therapist, teacher or family member who can lend support. Or attend a meeting of an anonymous self-help group devoted to helping members recover and lead healthy lives.
- **Treatment does work.** People with drug or alcohol problems can get well; they can regain their physical health and well-being and improve their relationships with others.



Intervention & Treatment

People Do Get Well From Meth Addiction



Finding Help

Act now. First steps are often the most difficult, but when it comes to addiction, you cannot wait. Addiction is a disease — a serious health problem like heart disease, cancer or diabetes — that can happen to anyone. If left untreated, it can progress and may even be fatal. *Don't wait until something really bad happens. Get help now.*

The Partnership has created tools on our website www.drugfree.org/intervention for those seeking help. At this site, you can:

- Get the facts. Educating yourself about drug or alcohol addiction is the first step.
- Learn about addiction, types of treatment and where to go for help.
- Take online quizzes to find out if you or someone you know needs professional help.
- Discover what family members can do to support a loved one's recovery.
- Get help for your problem and support to stay off drugs and alcohol.
- Read real people's stories of how they got well.
- Find links to the best resources on the web.

To find a treatment program, visit www.drugfree.org/intervention or call 1-800-662-HELP.



Communities & Prevention

Take Action Against Meth in Your Community

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Far beyond the harm it inflicts on users, meth affects whole communities: family members, children, law enforcement officers and first responders, homeowners, social services and healthcare professionals, utility and sanitation workers, real estate professionals and business owners. As a concerned citizen, you can help fight this devastating drug.

Here are ways you can help your community take action.

Educate Yourself

The Partnership's meth website www.drugfree.org/meth can help you learn the facts about meth. The site is updated frequently with new stories, information and resources.

Spread the Word

- Once you've learned the facts about the dangers of meth, talk about them with your friends, neighbors, coworkers and most importantly your children.
- Put up educational posters in stores in your area and where you work.
- Write letters to your local newspaper and television stations to encourage them to cover meth-related news stories — or share your personal experience with them.
- Email relevant news articles to your friends to make them more aware of the dangers of this drug.

Be Alert

- Look for signs of meth use, production and dealing throughout your neighborhood.
- Report suspicious activity to the police.
- If you're moving into a new home, ask your real estate broker about meth activity in the area.
- Share these fact sheets with local area schools to assist teachers and administrators in spotting the signs of meth use and the signals that a child may be living in a home where meth is used.

Take Action

- Go to www.drugfree.org and subscribe to our eNewsletter.
- Talk to your kid about the dangers of meth.
- Speak out in schools, places of worship or any public community forum and educate others about the dangers of meth.
- Encourage family and friends struggling with meth use to get help. Learn how at www.drugfree.org/intervention.
- Volunteer at a local treatment center, hospital or burn center, or offer your time to social workers helping at-risk youth and children whose parents suffer from addiction.
- Advocate for an in-school meth education program at PTA meetings and teacher conferences.
- Work with the local police to set up a Block Watch program in your neighborhood.
- Join a meth education, support or activist group.
- Enlist the help of groups in your community: newspapers and TV stations, faith-based organizations, neighborhood watch programs, local businesses, colleges and universities, real estate and public housing agencies, secondary schools and parents' organizations.



Additional Resources



The Partnership
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National Methamphetamine Resources

The Partnership for a Drug-Free America

www.drugfree.org/meth

Comprehensive information, resources, video stories and tips from experts and parents

American Council for Drug Education

www.acde.org

Community Anti-Drug Coalition of America

www.cadca.org

The Drug Enforcement Administration – Methamphetamine Information

www.dea.gov/concern/amphetamines.html

Just Think Twice

www.justthinktwice.com

A youth oriented site created by the Drug Enforcement Agency's Demand Reduction Program

KCI: The Anti-Meth Site

www.kci.org

Extensive resources and links about methamphetamine

MethResources.gov

www.methresources.gov

The federal government's comprehensive directory of information and programs related to methamphetamine

The National Alliance for Drug Endangered Children

www.nationaldec.org

Alliance for those concerned about children endangered by caregivers who manufacture, deal or use drugs

National Association of Counties - Methamphetamine Action Clearinghouse

www.naco.org

(Search on "meth action clearinghouse") NACo is committed to raising public awareness about and helping counties respond to the nation's methamphetamine drug problem

National Institute on Drug Abuse (NIDA)

www.drugabuse.gov

National Institute of Mental Health (NIMH)

www.nimh.nih.gov

Office of National Drug Control Policy – Methamphetamine Fact Sheet

www.whitehousedrugpolicy.gov

(Search on "methamphetamine fact sheet")

Detailed description of methamphetamine and other resources

Substance Abuse and Mental Health Services Administration (SAMHSA)

www.samhsa.gov

SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI)

ncadi.samhsa.gov or 1-800-729-6686

SAMHSA's Center on Substance Abuse Treatment (CSAT)

www.csat.samhsa.gov or 1-800-662-HELP

State and Local Resources

Partnership Local Programs

www.drugfree.org

(Choose "Affiliates" from the home page)

Local information about methamphetamine is available from the Partnership's local chapters, affiliates and alliances

SAMHSA Substance Abuse Treatment Facility Locator

dasis3.samhsa.gov

Methresources.gov – State-By-State

www.methresources.gov/MethByState.aspx

An online clearinghouse of methamphetamine information, which includes a directory of programs, fact sheets, and events, organized on a state-by-state basis