

**Needs Assessment  
of  
Marijuana, Methamphetamine,  
and Prescription Drug Use  
in Mariposa County**

**Submitted to  
Mariposa Safe Families, Inc.  
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**by  
Susan Robinson  
5253 Montana del Oro Drive  
Mariposa, CA 95338**

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## Preface

This is an addendum to the assessment of drug abuse which appears in the Mariposa County Department of Human Services Division of Alcohol and Drug Programs *Strategic Plan for Alcohol and Other Drug Prevention, 2007-2012*. It was necessary to look at national, California and local data to get a clear picture of the problems posed by Marijuana, methamphetamine and prescription drug abuse. In some cases where local data was not available, state figures were helpful. Information about over-the-counter (OTC) drug abuse is included, since this problem came up in the discussions, and it relates to prescription drug abuse.

There is an additional section to discuss problems in Yosemite Valley. While the Valley is a separate (federal) jurisdiction, problems spill over into the rest of the County, and they affect Mariposa County school children living in the Valley and El Portal. Several Valley residents requested that this section be included in the assessment for the *Strategic Plan for Alcohol and Other Drug Prevention Plan*.

It is difficult to assess the extent of the problems caused by Marijuana, methamphetamine and prescription drugs for several reasons. First, the data reflects only the number of individuals caught with drugs, or sufficiently affected by drugs as to seek services. There is no way to assess the total number of people abusing drugs in Mariposa County. Second, law enforcement and health care agencies routinely list alcohol as the primary diagnosis and may not always ask about or list the secondary drugs involved. These drugs are harder to determine without a drug test. Therefore, when events are reported, it is alcohol that is listed. Third, several agencies (California Highway Patrol, Sheriff's Department, John C. Fremont Emergency Room) admit to hand calculating the data for this assessment because their computer database did not disaggregate according to specific drug used. Fourth, clients are not always willing to state the drugs they use, if those drugs are secondary to the reason they are seeking help. This is the case with clients of Mountain Crisis and John C. Fremont Hospital. Finally, it was very difficult to get longitudinal data from agencies to determine whether the problem is increasing or declining.

In the initial *Strategic Plan for Alcohol and Other Drug Prevention, 2007-2012*, several agencies and individuals were acknowledged for their contributions. That list has grown to include many more people who took time to gather and submit information for this assessment.

Anti Drug Abuse (ADA) Enforcement Program	Matthew DiPirro
California Highway Patrol	Officer Chris Michael
Club Live (MMS)	Georgia Gallagher
Delaware North Corporation	Joe Rabon
Friday Night Live (MCHS)	Meghan Kehoe

Heritage House	Bryan Blew
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Mariposa County Probation - ADAPT	John Trujillo, Ph.D., N.C.C., Alcohol and Drug Specialist
Mariposa County Probation Department	Vicki Meisels, Anita Hopman
Mariposa County Sheriff's Department	Sheriff Brian Muller, Undersheriff Doug Binnewies
Mariposa County Unified School District	Supt. Randy Panietz, Jan Davis
Mariposa Safe Families	Kathy Delaney, Alison Tudor
Mountain Crisis Services	Kristin Fiester
North County Clergy	Tony Perez and Hans Frei
North County Family Enrichment Center Board	
Pioneer Market	David Sizemore, Eric Johnson (Pharmacy Manager)
Rite Aid Pharmacy	Patti Fennell, Manager and
Shared Leadership	Richard Radanovich, Pharmacy Manager
Yosemite Magistrate Court	Vanessa Holt
Yosemite National Park	Laurie Yu
Yosemite Valley Clinic	Kim Tucker
	Susan Robinson

## Executive Summary

Quantitative and qualitative data was gathered to assess the extent of Marijuana, methamphetamine and prescription/over-the-counter drug abuse in Mariposa County. Marijuana is the drug that is most predominant across all social, economic and geographic groups. It is easy to obtain, socially acceptable, and many feel the drug creates fewer problems than alcohol or cigarettes. Methamphetamine is seen as the most dangerous drug; it has disastrous consequences for families. Prescription and over-the-counter drug use appears to be on the rise, especially with teenagers who may not understand the risks.

If there is a “gateway” drug, students feel it is either cigarettes or alcohol. The use of these usually begins in the middle school years. Interviewed middle school-age youth say that nothing will stop them from experimenting with drugs because their friends do it and it is something to do. They say they will try drugs even if education or more activities are offered to them. This appears to be the most vulnerable group for drug abuse. Another at risk group is children who have been raised around drugs. The intergenerational cycle of drug abuse is a serious concern of clergy, law enforcement, social service workers and persons recovering from drug addiction.

Prevention strategies suggested begin with helping parents to build connected, supportive families. Following this, prevention might involve educating parents, students, law enforcement, merchants and the community at large about the dangers of drugs and ways to create a safer community. Community awareness of the problem is key, and keeping the dialogue open by routinely providing data from a variety of agencies is the way to keep focused on prevention efforts and successes.

## General Drug Problem in Mariposa County

Drug abuse affects both individuals and society. Consequences to individuals range from incarceration, damaged interpersonal relationships, exposure of children to drug abuse, accidents resulting from intoxication, violence associated with involvement in the drug trade, drug overdoses, to death. Consequences to society include the substantial drug-related costs involved with the criminal justice, treatment, and local health care system. The health and economic cost alone from drug and alcohol abuse amounts to over \$350 billion a year (National Institute on Drug Abuse NIDA).

The National Survey on Drug Abuse and Health (NSDUH) article *Children Living with Substance-Dependent or Substance-Abusing Parents* (April 16, 2009) reports that combined data from 2002 to 2007 indicate that over 8.3 million children under 18 years of age (11.9%) lived with at least one parent who was dependent on or abused alcohol or an illicit drug during the past year. About 2.1 million of these (3.0%) lived with a parent who was dependent on, or used, illicit drugs.

In 2006, hospitals in the United States delivered a total of 113 million emergency room visits. The Drug Abuse Warning Network (DAWN) estimates that 1,742,887 ER visits (15%) were associated with drug misuse or abuse. The 2008 DAWN Update Study summarized that this estimate included:

- 958,164 ER visits involving illicit drugs alone or in combination with other drugs;
- 577,521 ER visits involving the use of alcohol alone or in combination with other drugs; and,
- 860,108 ER visits associated with non-medical use of pharmaceuticals alone or in combination with other drugs.

The analysts found that of the 1.7 million drug abuse visits, about two thirds (66%) were associated with a single drug type. ER visits involving non-medical use of pharmaceuticals alone accounted for another 28%. About 34% of the visits involved some combination of illicit drugs, alcohol, and/or non-medical use of pharmaceuticals. In 2004, DAWN reported over 15,000 emergency room visits by adolescents aged 12 to 17 whose suicide attempts involved drugs.

Due to California's diverse culture and unique geography, there are many issues that affect the state's drug situation. Drugs such as cocaine, heroin, methamphetamine, and marijuana are smuggled into the state from Mexico; however, methamphetamine and marijuana are produced or cultivated in large quantities within the state (US DEA, 2007). In 2007, there were 143,692 felony drug violation arrests in California (CA Department of Justice). Of those, 38.3% were for narcotics, 11.2% were for marijuana, 49.5% were for dangerous drugs (which includes Methamphetamines), and other drug offenses were 0.9%. The

estimated CY 2006 cost to society of drug abuse was \$22.1 billion. This estimate takes into consideration loss of productivity, health care costs, prevention and treatment costs, criminal justice costs, and losses due to crime. (CA Department of Alcohol and Drug Prevention -ADP)

The results of the 2007-2008 California Student Survey given annually to ninth and eleventh graders are summarized for this report, since there is no similar report for Mariposa County. Students tell which drugs they have used at least once in their lives.

- Prescription pain killers are second to Marijuana in California 11th grades and third to Marijuana in 9<sup>th</sup> grades, just after inhalants.
- All non-Marijuana drugs are exceeded by recreational use of cold/cough medicine (“to get high”) in 11<sup>th</sup> grades, and equal to Marijuana in 9<sup>th</sup> grades.
- There are no meaningful declines on any measure with exception of methamphetamine in 11<sup>th</sup> grades.
- There are some increases in indicators of heavy/risky use in California 11<sup>th</sup> grades.

### California Student Lifetime Use of Drugs

	Grade 9 (%)	Grade 11 (%)
<b>Street Drugs</b>		
Marijuana	25	42
Inhalants	14	15
Methamphetamines	5	7
LSD/psychedelics	5	8
Ecstasy	6	10
<b>Prescription/Medicinal Drugs*</b>		
Painkillers	12	18
Barbiturates	2	3
Sedatives/tranquilizers	4	6
Diet pills	9	8
Ritalin/Adderal	4	6
<b>OTC Cold/Cough Medicines</b>	<b>26</b>	<b>25</b>

**Table 1 From: West Ed**

The survey concluded that the previous years’ declining trend is over in California, and that heavy use is a persistent problem. Early identification and intervention with high risk youth is essential. New data on prescription and over-the-counter use is a red flag for prevention efforts. We may be underestimating drug use among adolescents.

### MARIPOSA COUNTY DATA

Drug abuse continues to grow in rural areas like Mariposa County because prevention is so difficult for these reasons:

- Over the last two decades, downturns in the farming, manufacturing, and mining industries have devastated many rural communities.
- The isolation of rural areas helps manufacturers hide their labs and growers hide their plants.
- Prevention efforts and support programs for those who abuse substances, and for their families, are also scarce. It is expensive and difficult to get the message out to remote areas.
- Rural culture tends to emphasize individualism and self-sufficiency, religion, conservative beliefs, rigid norms, strong family ties, and distrust of outsiders. Many rural communities do not want to admit that there is a drug problem.

Clay, Rebecca A., *Rural Substance Abuse: Overcoming Barriers to Prevention and Treatment* SAMHSA News, July-August 2007.

### **Mariposa County Coroner's Office**

In 2006, Mariposa County had five (5) drug-related deaths not including alcohol. (CA Dept. of Alcohol and Other Drug AOD Programs) In 2008, the Coroner's Office reports two (2) drug-related deaths, one for morphine and the other for multiple drugs, primarily Oxycodone.

### **Mariposa County Unified School District Aeries Discipline Data 2007-2009**

The school district maintains a discipline data base in its *Aeries* system. Its accuracy is dependent on the principals entering data. For this study, the school district provided information on five drug-related offenses at K-6, 7-8, and 9-12 grade levels. (See Appendix A)

- Unlawfully possessed, used, sold or otherwise furnished, or been under the influence of any controlled substance (drugs or alcohol).
 

2007-08:	26 offenses: Fifteen (15) in 7-8; twelve (12) in 9-12
2008-09:	31 offenses: two (2) in K-6, two (2) in Grades 7-8 and twenty-seven (27) in Grades 9-12
- Unlawfully offered, arranged, or negotiated to sell any controlled substance (drugs or alcohol)
 

2007-08:	0 offenses
2008-09:	2 offenses: all in Grades 7-8
- Unlawfully possessed or unlawfully offered, arranged or negotiated to sell any drug paraphernalia
 

2007-08:	1 offense	Grades 9-12
2008-09:	1 offense	Grades 9-12
- Unlawful possession of any controlled substance except for the first possession of not more than one avoirdupois ounce of Marijuana
 

2007-08:	0 offenses
2008-09:	9 offenses 2) in K-6 and seven (7) in Grades 9-12

- Unlawfully selling a controlled substance
 

2007-08:	0 offenses	
2008-09:	3 offenses	Grades 9-12

The incidents reported above involved these types of use of the drugs or alcohol:

Possession:	2007-08	13	
	2008-09	7	
Used and/or under the Influence:	2007-08	13	
	2008-09	34	Three (3) in K-6
Sold or offered to sell:	2007-08	1	
	2008-09	5	

The substances involved were:

Marijuana		
2007-08	11	
2008-09	22	
Alcohol		
2007-08	10	
2008-09	18	
Prescription Drugs		
2007-08	6	
2008-09	6	
Methamphetamines		
2007-08	0	
2008-09	0	

In summary, except for possession 07-08 and for the incidence of prescription drugs, incidents in every category listed above grew in 2008. Of note, incidents involving Marijuana doubled. For the first time in 2008, there is documented evidence of elementary student involvement with drugs.

### **The 2007 California Healthy Kids Survey**

However, on the CA Healthy Kids survey, four (4) percent of students in Grade 7 said they had been high from using drugs on school property, seven (7) percent of 9<sup>th</sup> graders, and twenty-seven (27) percent of 11<sup>th</sup> graders. One (1) percent of Grade 7 students, five (5) percent of Grade 9 students and two (2) percent of Grade 11 students said they had actually smoked marijuana on school property.

Seven (7) percent of Mariposa's 7<sup>th</sup> graders, twenty (20) percent of 9<sup>th</sup> graders, and forty-one (41) percent of 12<sup>th</sup> graders had tried Marijuana at least once in their lives. To the question, "Have you used Marijuana in the past thirty days?" a total of twenty-seven (27) percent of students in the grades studied answered "Yes." This number is comprised of three (3) percent of 7<sup>th</sup>, eight (8) percent of 9<sup>th</sup> and seventeen (17) percent of 11<sup>th</sup> graders. This total is much higher than the nineteen (19) percent of 9-12<sup>th</sup> graders on the 2007 national Youth Behavioral Risk Survey (YBRS) who answered "Yes" to the same question.

## **Mariposa County Sheriffs Department 2008**

During a February 2009 interview, Sheriff Brian Muller and Undersheriff Doug Binnewies, stated that: "Drug use takes a huge toll on families. Drug use is a cancer that destroys families. Grandparents are raising their grandchildren. Parents are in jail or in rehab. There are 'voiceless' children who are drug babies or who witness drug use every day. This is a generational issue: what the parents do, the kids will do in several years. There is a cycle of abuse. There are lost kids without goals other than what they see their parents doing, getting immediate gratification."

The Sheriffs Department provided 2008 data on adult drug cases occurring in elementary school areas: twenty-two (22) incidents were in the Greeley Hill Elementary School attendance area; six (6) were in the Lake Don Pedro Elementary School area; forty-seven (47) were in the Mariposa Elementary School attendance area; twenty-three (23) were in the Woodland Elementary School area. These numbers indicate that there are a number of students living in homes where drugs are being abused.

The 2008 data the Sheriff's Department reported to the DOJ included 353 juvenile drug arrests and investigations (Appendix B). Undersheriff Binnewies explains, "Typically, all juveniles caught with drugs/alcohol are 'arrested,' but they are not all processed into Juvenile Hall. Many are taken into custody for the violation and released to their parents or guardians, and reports are filed with the Probation Department and DA. The dynamics that play into this are: location, amount of juveniles, availability of Juvenile Hall staffing, room available at Juvenile Hall, weight of crime and individual's role and exposure, etc. I think we contact and investigate only a small fraction of the juvenile drug crime culture, because they are more clandestine about it, they are scared of getting caught, etc., and law enforcement doesn't come in contact with juveniles as often as adults."

The total number of juveniles arrested in 2008 for being under the influence of drugs, possession or possession for sale was fifty-two (52 or 14.7%). This includes three (3) for being under the influence of cocaine. The drug-related arrests were higher than the twenty-five (25) juveniles or 7.1% arrested for alcohol.

The total number of adults arrested in 2008 for drug offenses were:

35 Felony	(4 Narcotic, 12 Marijuana, 19 Dangerous Drugs)
178 Misdemeanor	(20 Marijuana, 158 Other Drugs)

In order to see another aspect of the data, Undersheriff Binnewies manually broke down the 2008 statistics reported to the DOJ (above):

- Sales
  - Methamphetamine 28
  - Marijuana 6
  - Pharmaceutical 2

- Under the Influence
 

Methamphetamine	38
Marijuana	3
Glue/Paint	1
  
- Possession
 

Methamphetamine	14
Marijuana	72
Pharmaceutical	2

These 2008 drug arrest totals total 166; significantly, they are higher than the 2008 totals for public alcohol intoxication, which were 153. (These totals differ from those totals reported to the DOJ above. That reporting is collected using a specific BCS code, which relates to the most significant charge in the criminal matter, and this may not be the drug charge.)

**Mariposa County Probation Department**

Probation statistics indicate that there were forty-five (45) referrals of juveniles for drugs and alcohol during 2007. (Juvenile Hall Needs Assessment, 2008) Of these, nine (9) Juvenile Hall bookings for 2007 were for drugs. There were eleven (11) bookings in 2008 for drugs.

In 2008, the Probation Department began to conduct the prevention and early intervention *Alcohol and Drug Awareness for Parents and Teens (ADAPT)* Program for youth with first-time drug and/or alcohol offenses. Fifty-six (56) youth aged 15-17 years were in the program from May 18, 2008, through May 26, 2009. Data on the habits of these youth is collected and analyzed.

There is a strong positive correlation between cigarette smoking and drug use. Fifty-two (52) of the fifty-six (56) youth are cigarette smokers (and one other said s/he didn't smoke cigarettes, but did smoke marijuana):

- 100% of the 52 smokers also used alcohol.
- 98% of those smokers also used marijuana (all but one of the 56 students).
- 19% of the smokers used drugs other than marijuana.
- Eight (8) or 15% of the smokers used cocaine.
- Of the four (4) non-smokers, two (2) used alcohol, two (2) used marijuana, and one (1) used other drugs.

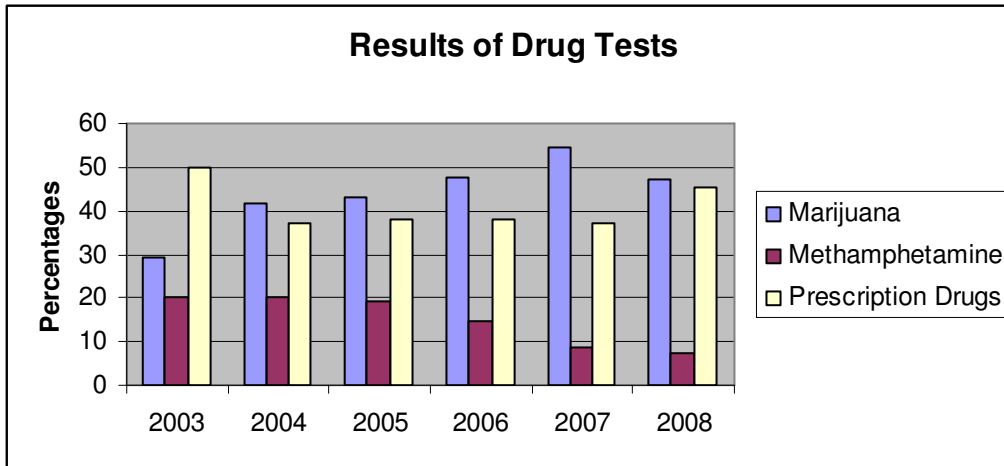
The majority of the youth use both alcohol and drugs. Fifty-four (54) of the fifty-six (56) students or 96.4% used alcohol.

- Of the fifty-four (54) students using alcohol, fifty-one (51) or 94% also use marijuana.
- Eight (8) of the fifty-four (54) also use cocaine (14.8%) and ten (10) students (18.5%) use other drugs.

### **Anti-Drug Abuse (ADA) Enforcement Program**

The grant-funded Anti-Drug Abuse (ADA) Enforcement Program combines the efforts of the Probation and Sheriffs Departments to prevent the use and reduce the availability of drugs in Mariposa County. As part of this effort, drug tests on offenders are run routinely. (See Appendix C)

- There were 187 tests conducted in 2003 and 949 tests in 2008. During these six years, there were 5,123 drug tests.
- The average positive results for those six years, 2003-2008 were:
  - 46.7% Marijuana;
  - 13.9% Methamphetamines;
  - 39.4% Prescription Drugs



**Chart 1**

The Final ADA Report FY2008-2009 states that “Marijuana and Methamphetamine are predominately the drug of choice in Mariposa County.” During the year there were 124 investigations leading to arrests. Of those, sixty (60) were drug-related and sixty-four (64) methamphetamine-related. There were eleven children present at the drug scenes.

To reduce the illegal drug-related activities and the availability of drugs, the ADA Task Force provides intense supervision of targeted offenders. That supervision includes field tests and drug testing on a regular basis. In 2008-2009 there were 374 defendants in Drug Court and PC1210.1 Probation. There were 2,338 urine samples collected, and of those 437 (18.7%) were positive for the presence of drugs.

### **DOJ ARREST STATISTICS (1994-2007) for Mariposa County**

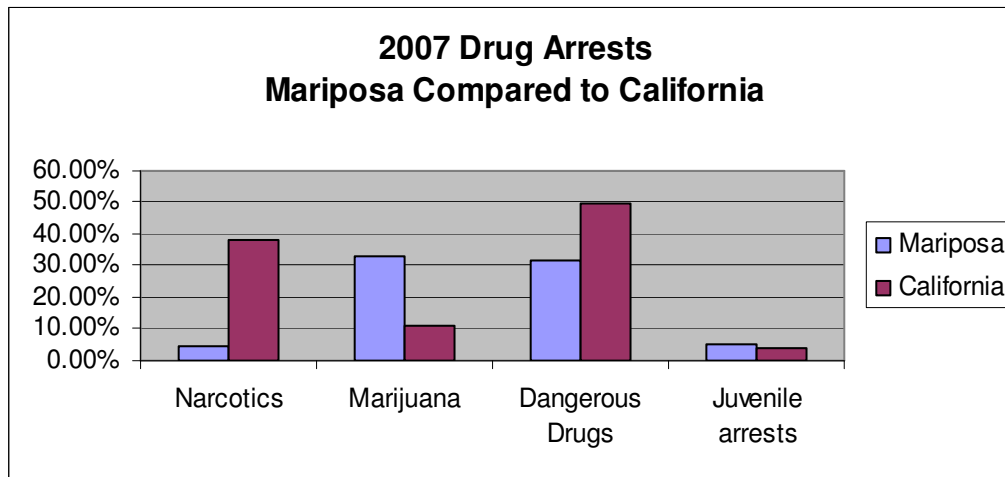
In “Crime in California, 2007,” the Department of Justice (DOJ) defines drugs as follows:

**Narcotics--** heroin, cocaine, opium, morphine, fentanyl

**Dangerous Drugs--** barbiturates, Phencyclidine, methamphetamines

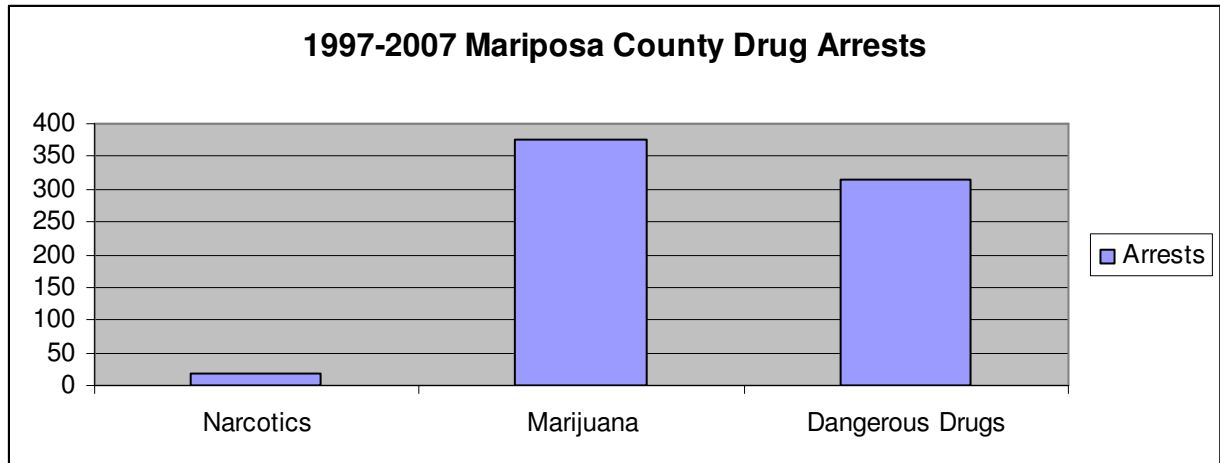
According to the DOJ, in 2007, there were 174 Mariposa County felony and misdemeanor drug offenses.

- Two (2) or 4.5% were for Narcotics compared to 38.2% in California.
- Fifty seven (57) or 32.8% were for Marijuana compared to 11.2% in California.
- Fourteen (14) or 31.8% were for Dangerous Drugs compared to 49.5% in California.
- 101 or 58% were for other drug-related incidents.
- Nine (9) or 5.2% of the 174 arrested were juveniles. This is higher than the California 2007 average juvenile arrests of 3.8%.
- It appears that the percentage of Mariposa's arrests for Marijuana significantly exceeds the percentage of California Marijuana-related arrests.



**Chart 2**

Over the eleven year span (1997-2007), there were 1,395 total Mariposa County drug offenses. Of those, nineteen (19) or 1.4% were for Narcotics. 376 or 27% were for Marijuana. 314 or 22.5% were for Dangerous Drugs. Other drug-related offenses accounted for 686 or 49.2% of the arrests. Ninety-nine (99) or 7.1% were juvenile drug arrests.



**Chart 3**

**2007 INDICATORS OF ALCOHOL AND OTHER DRUG RISK AND CONSEQUENCES** This report summarizes trends seen in the 2004 data for Alpine, Amador, Calaveras, Inyo, Mariposa, Mono and Tuolumne Counties, combined.

The report states that in 2004 there were 273 admissions to alcohol and drug treatment, an increase from 142 in 2000. The rate of admissions in 2004 was 1,914 per 100,000, more than double the statewide average of 802 per 100,000. Roughly forty-four (44) percent of admissions in 2004 were for alcohol use, a sharp decrease from seventy-seven (77) percent of admissions in 2000. Methamphetamine use accounted for about one-third of admissions in 2004, an increase from twelve (12) percent in 2000. Admissions for marijuana use accounted for eighteen (18) percent of admissions in 2004, an increase from seven (7) percent in 2000. Roughly seventy-eight (78) percent of admissions in 2004 had initiated substance use before age twenty-one, and slightly less than two-thirds had initiated substance use before age eighteen. In 2004 there were eight (8) admissions for youth between ten and seventeen years. Six (6) of these admissions were for marijuana use, and two (2) were for alcohol use.

**Health Data Summaries for California Counties, Department of Health Services, Center for Health Statistics**

This report lists the 2004 Mariposa County admissions for treatment for these drugs:

Methamphetamines	58
Cocaine	7
Marijuana	44
Alcohol	145

**JOHN C. FREMONT EMERGENCY ROOM** (Report on one-half CY 2009)  
The John C. Fremont Emergency Room reports that between January 1, 2009,

and August 26, 2009, there were 3,168 total Emergency Room admissions. 114 of these admissions (or 3.5%) were of ninety-two (92) patients whose diagnoses were alcohol and/or drug related. Drugs involved included: hallucinogens, opioids, alcohol, tobacco, cannabis (marijuana), sedative/hypnotic/anxiolytics, cocaine, and amphetamines.

### **MARIPOSA COUNTY BEHAVIORAL HEALTH SERVICES**

Mariposa County Behavioral Health Services counsel Alcohol and Other Drug clients in the Drug and Alcohol and Drug Court Programs and in the Driving Under the Influence (DUI) Programs.

From January 1, 2008, through December 31, 2008, there were 397 unduplicated clients served for drug abuse or dependence in the Drug and Alcohol and Drug Court programs. Eighty-three (83) or about 21% of those clients had co-occurring diagnoses, meaning they were involved with more than one drug.

- 1 specified drug disorder--undetermined
- 14 opioid dependence\*
- 83 alcohol dependence
- 2 sedative, hypnotic, or anxiolytic dependence
- 7 cocaine dependence
- 89 cannabis (marijuana) dependence
- 75 amphetamine dependence
- 10 polysubstance dependence
- 35 cannabis abuse\*\*
- 54 alcohol abuse
- 1 sedative, hypnotic, or anxiolytic abuse
- 1 opioid abuse
- 3 cocaine abuse
- 21 amphetamine abuse
- 1 caffeine intoxication/inhalant, phencyclidine (PCP) abuse

\**dependence* = regular use and in a pattern; cannot do without the drug

\*\**abuse* = occasional use; not yet addicted

117 clients were in DUI Programs; twenty-nine (29) had co-occurring diagnoses (about 25%).

- 72 alcohol dependence
- 1 cocaine dependence
- 6 cannabis dependence
- 8 amphetamine dependence
- 7 polysubstance dependence
- 62 alcohol abuse
- 5 cannabis abuse
- 1 cocaine abuse
- 5 amphetamine abuse

As of June 2009, there were 152 clients for the 2009 calendar year. Seventy-one

(71) of the clients are in the DUI program and eighty-one (81) are in all the rest of the programs, which include:

- PC1000, a 16- week education for first time offenders;
- Prop 36, for local probation and parolees and drug court “flunkees;”
- The Adult Drug Court Outpatient Program, twelve (12) weeks of education and twelve (12) weeks of relapse prevention at Heritage House.

### **CALIFORNIA HIGHWAY PATROL**

The California Highway Patrol does not scan for drugs if the blood alcohol level is over .08%. In 2007, there were six (6) CHP arrests for driving under the influence of drugs. In 2008 there were seven (7) arrests for driving under the influence of drugs

### **MOUNTAIN CRISIS SERVICES**

Although staff suspect that there are more clients using drugs than admit to it on the intake surveys, they submitted this data.

- From July 2007-July 2008, Mountain Crisis served forty-seven (47) clients suffering from domestic violence. Thirty-five (35) or 74.5% admitted to using one or more drugs.
- From July 2008-July 2009, Mountain Crisis served thirty (30) clients suffering from domestic violence. Seventeen (17) or 56.7% admitted to using one or more drugs.

The staff sees a big increase in the abuse of pain killers, which women use to self- medicate after being beaten.

### Summary

Drug-related offenses in Mariposa County schools are increasing. In 2007, Mariposa County led the State of California in the rate of Juvenile drug-related arrests and in the rate of Marijuana arrests. The number of Mariposa County drug arrests in 2007 was triple the number in 1997. In 2008 there were 692 total arrests and investigations related to drugs in the county. Drug-using teens also smoke and drink. From 2003-2009 Mariposa County Probation conducted 5,123 drug tests.

Without longitudinal data, it is impossible know for certain if the number of clients/patients is rising, but in the first half of 2009, the JCF Emergency Room admitted 119 patients for alcohol or drug-related issues. In 2008, Behavioral Health served 397 clients with drug-related diagnoses.

When we look at these statistics, we must realize that they are only numbers of people who have been caught with drugs or had significant problems that led them to seek services. This is only a fraction of the population using drugs in Mariposa County.

## Marijuana

Marijuana is the most frequently used illicit drug in the world today. Marijuana today is more than twice as powerful on average as it was twenty years ago. It contains twice the concentration of THC (delta-9-tetrahydro-cannabinol), the chemical that affects the brain. (The Center for Substance Abuse Research-CESAR)

Why do children and young teens start using Marijuana? Curiosity and the desire to fit into a social group are common reasons. The use of alcohol and drugs by other family members plays a strong role in whether children use drugs. Researchers find that physically and sexually abused children and teens (male and female) are at a greater risk than other young people of using Marijuana and other drugs and of beginning drug use at an early age. (NIDA *Marijuana: Facts Parents Need to Know*, pp. 9-10)

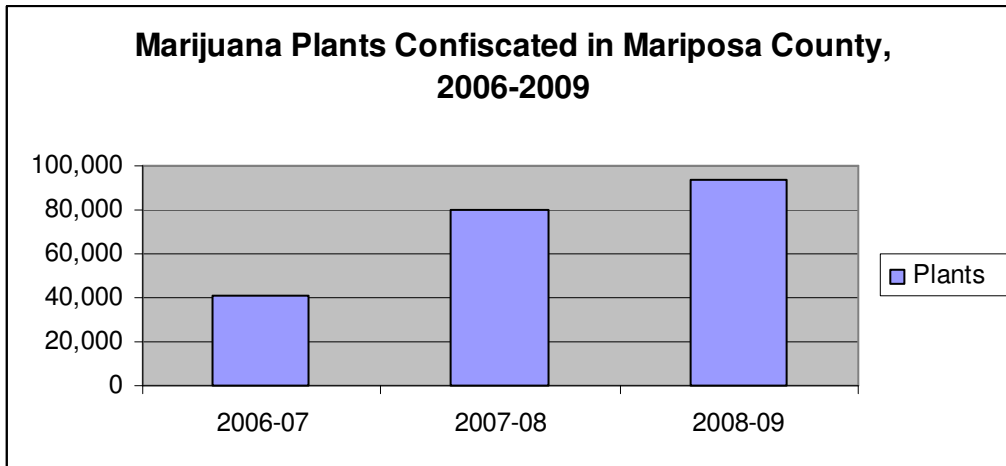
For more than a generation, Marijuana has evaded the scrutiny of the scientific community and achieved a level of social acceptance. However, in recent longitudinal studies of early users, investigators specifically correlated Marijuana use with respiratory problems, neurocognitive decline, general malaise and lower academic achievement. (*Medtox Journal*, July 2009) Marijuana increases heart rate by 20-100% shortly after smoking; this effect can last up to three hours. In one study, it was estimated that Marijuana users have a nearly five-fold increase in the risk of heart attack in the first hour after smoking the drug. Numerous studies have shown Marijuana smoke to contain carcinogens and to be an irritant to the lungs. In fact, Marijuana smoke contains 50-70% more carcinogenic hydrocarbons than does tobacco smoke. Marijuana users usually inhale more deeply and hold their breath longer than tobacco smokers do, which further increases the lungs' exposure to carcinogenic smoke. (NIDA)

Marijuana gardens continue to be a problem in Mariposa because plants are easy to grow in isolated locations. There is a vigilant environmental prevention effort by the **Anti Drug Abuse (ADA) Enforcement Program**. ADA aims to "reduce the availability and use of drugs...by using multi-jurisdictional drug task forces to identify, arrest, and prosecute street-level drug offenders in Mariposa County." In FY2008-09 alone 93,498 Marijuana plants with a street value of \$233,745,000 were confiscated. Processed Marijuana weighing 6.49 pounds and valued at \$19,470 was also seized. Compare this most recent data to the 2006 Campaign against Marijuana Planting (CAMP) report that Mariposa County seized 25,663 plants and ranked 20<sup>th</sup> among thirty-four counties.

The efforts of this task force have been increasingly more vigilant and effective. From 2006 to 2009 there have been dramatic increases in the number of Marijuana plants confiscated.

- (FY 06-07) Number of Marijuana Plants confiscated = 40,974 at a street value of \$81,948,000.

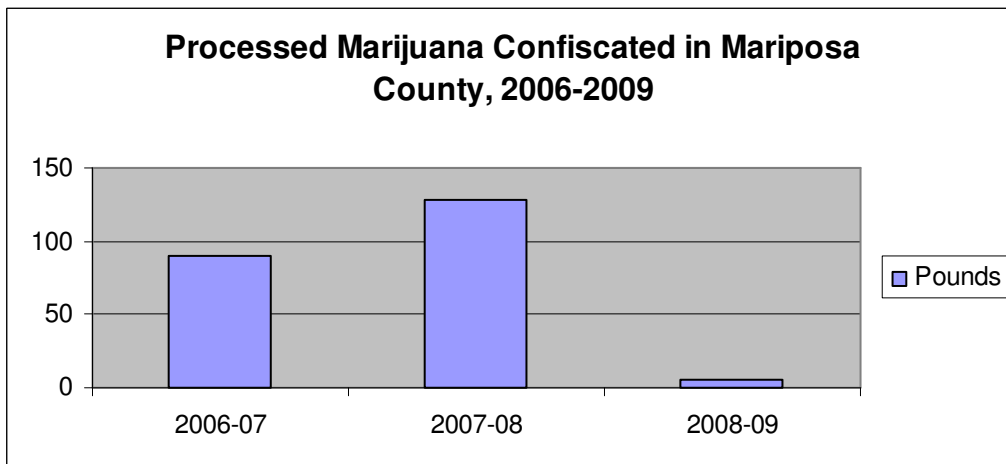
- (FY 07-08) Number of Marijuana Plants confiscated = 79,790 at a street value of \$195,580,000.
- (FY 08-09) Number of Marijuana Plants confiscated = 93,498 at a street value of \$233,745,000



**Chart 4**

More processed Marijuana has been seized, as well.

- (FY 06-07) Processed Marijuana (in grams) 90.33 pounds with street value of \$263,825.
- (FY 07-08) Processed Marijuana (in pounds) 128.52 lbs. with a street value of \$387,760.
- (FY 08-09) Processed Marijuana (in pounds) 5.97 with a street value of \$19,470.



**Chart 5**

It appears that the effectiveness of the ADA Task Force has resulted in a dramatic decrease in the amount of processed Marijuana confiscated in the past year.

### **Mariposa County Sheriff's Office**

In an interview with Undersheriff Doug Binnewies and Sheriff Brian Muller in March 2009, the Sheriff said, "15-16 years olds are at greatest risk of using Marijuana. Use affects their academics and drive. It is accepted as a recreational drug without negative side effects...Many parents role model that using Marijuana is OK. Marijuana use is more readily accepted in California. Kids think it is safer than alcohol. No one seems to believe that this is the *GATEWAY DRUG*, and it *does* lead to experimentation with other, more dangerous, drugs."

The Sheriff's Office provides the following data for 2008. (See Appendix B)

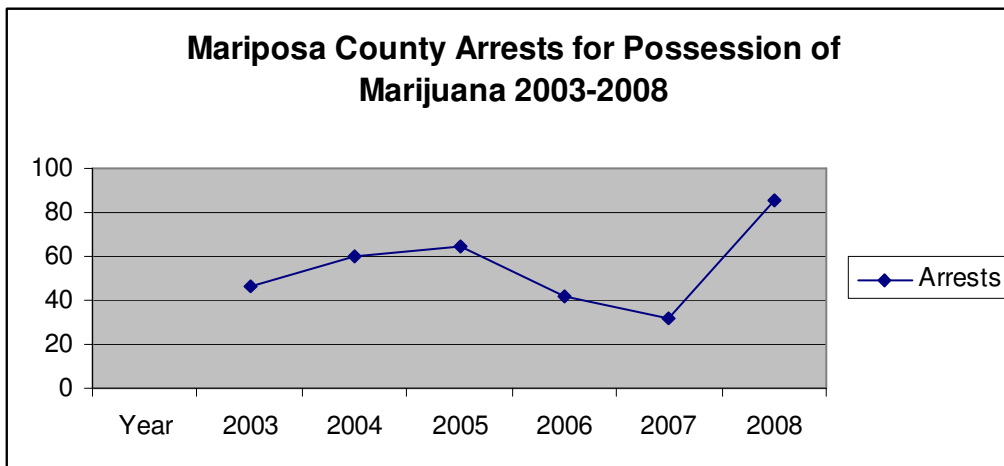
2008 Juvenile arrests and investigations: 353 (including alcohol)

There were forty three (43) drug-related arrests (12.2% of the total juvenile arrests). Twenty-five (25 or 7.1%) of the total arrests were alcohol-related arrests. It is significant to note that there were more juvenile drug-related arrests than alcohol-related arrests. Of those forty-three (43) arrests, thirty (30 or 69.8%) of the juveniles were arrested or under investigation for being under the influence of or in possession of Marijuana.

2008 Adult arrests and investigations: 319 (including alcohol)

Of those 319 arrests, fifty-five (55 or 17%) were related to Marijuana, compared to forty-eight (48 or 15%) for public intoxication.

The arrests for *possession of Marijuana* fluctuate, and they seemed to be on a decline, until 2008. In 2003 there were forty-six (46) charges for possession of Marijuana. In 2004, that number increased by fourteen to sixty (60), and in 2005 it increased by five more to sixty-five (65). In 2006 it decreased lower than the 2003 level to forty-two (42). Then in 2007 it decreased again to thirty-two (32). In 2008, there were seventeen (17) juvenile arrests or investigations and seventy-two (72) adult arrests for possession of Marijuana, for a total of eighty-five (85).



**Chart 6**

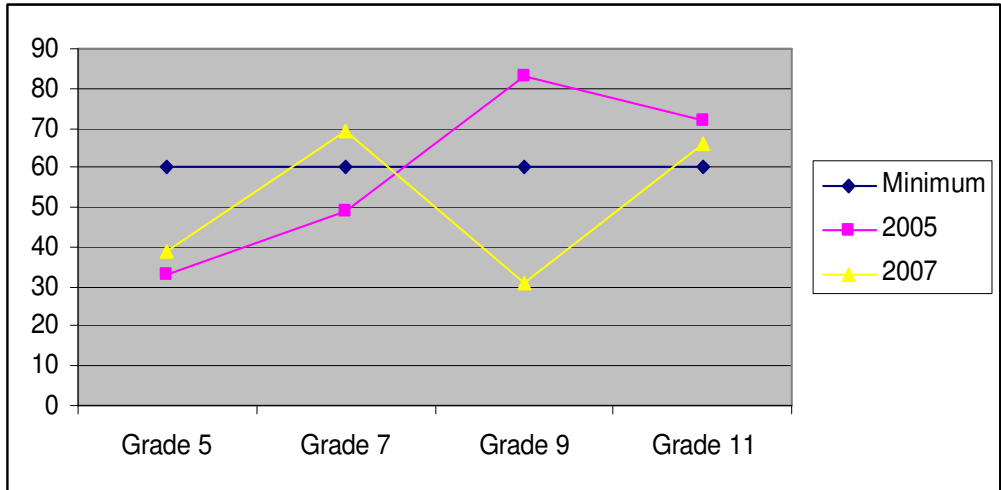
Sheriff Muller commented, "With the Compassionate Use Act 215, we are seeing more prescriptions from physicians. Even juveniles are getting prescriptions. With a prescription, you can possess eight ounces of product and grow twelve Marijuana plants (six ripe and six maturing). Possession of Marijuana is easier with this act. We think it is necessary that this county has a database of who has I.D. cards because we see abuses of them daily."

The Sheriff's Office has no written policy specifically addressing the issue of medical Marijuana. It is the unwritten policy of the Sheriff's Office that the Marijuana amounts established in Health and Safety Code, section 11362.77, shall be the basic guideline followed for each investigation. Even though the amounts listed in 11362.77 are considered to be a maximum allowable amount, each investigation involving the cultivation, possession and use of Marijuana shall be evaluated on a "case by case" basis. The Mariposa County Health Department is currently working on a Mariposa County policy for Medical Marijuana Use.

### **California Healthy Kids Survey (CHKS), 2005 and 2007**

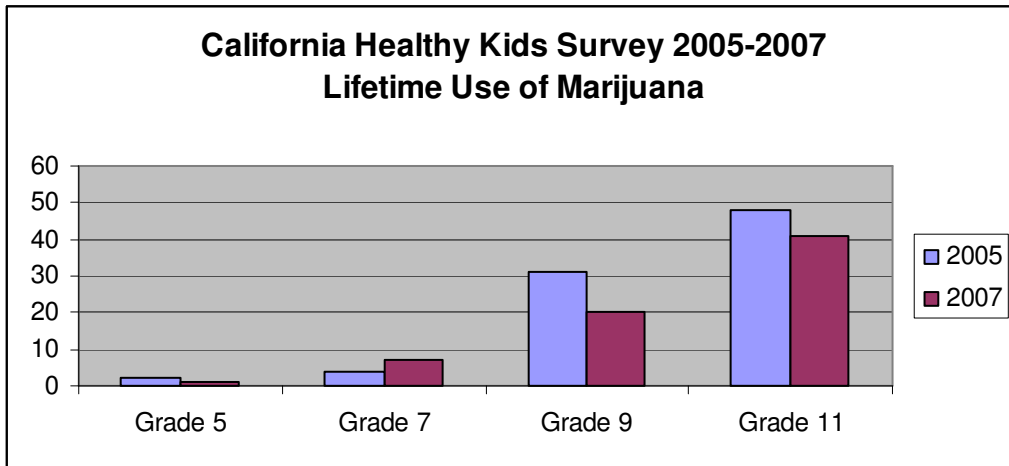
This data should be looked at with caution, due to the low numbers of student participants at 5<sup>th</sup>, 7<sup>th</sup>, and 9<sup>th</sup> grade levels. According to CHKS standards, the district must collect completed answer sheets from a minimum of sixty (60)% of students at each surveyed grade level to produce representative data. The lower the percentage of participating students below sixty (60)%, the less representative and useful are the results. Each 5<sup>th</sup> grade student's participation was completely voluntary and anonymous, but required the written consent of a parent or guardian. This resulted in a very low percentage of 5<sup>th</sup> grade participants, hence very low reliability of data. Students in 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> grades took the survey with passive parent consent (meaning that students took the survey unless the parents sent a note requesting they not participate). It is difficult to draw comparisons with data on students in Grades 7 and 9, due to fluctuating percentages of participants in 2005 and 2007.

This chart shows the percentages of students at each grade level taking the survey in the two years. Only Grade 11 has had adequate numbers in both survey years.



**Chart 7: Percentages of students taking CHK Survey in 2005 and 2007**

Given the warning above, the percentage of students who have used Marijuana at least once in their lives seemed to decline in 2007, except for students in Grade 7. There is a very low percentage of 5<sup>th</sup> graders reporting lifetime use of Marijuana, two (2)% in 2005 and one (1)% in 2007. Four (4)% of 7<sup>th</sup> graders in 2005 reported using Marijuana at least once, and seven (7)% reported using the drug in 2007. In 2005, thirty-one (31)% of 9<sup>th</sup> graders reported trying Marijuana compared to twenty (20)% in 2007. In 2005 forty-eight (48)% of students in 11<sup>th</sup> grade reported having used Marijuana at least once; in 2007, this dropped to forty-one (41)%.

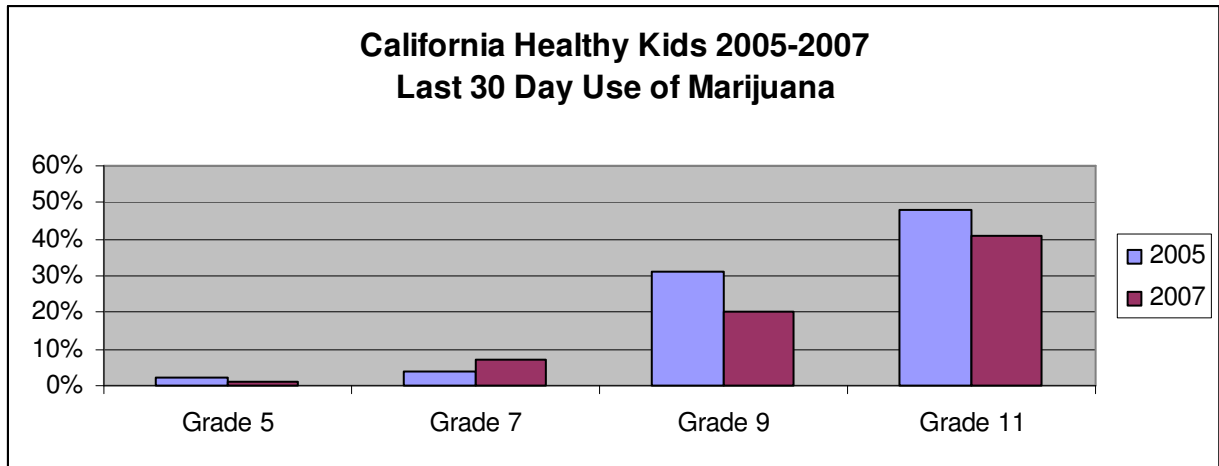


**Chart 8**

While the data may not be reliable at Grades 5, 7, and 9, it is important to note that in 2007 over 40% of the students in Mariposa 11<sup>th</sup> grade admitted to trying Marijuana.

The “Last 30 Day Use” statistics indicate how many students may be more than casual users of Marijuana. In 2007, Marijuana use during the past thirty (30) days among Mariposa 7<sup>th</sup> graders was three percent (3%); among 9<sup>th</sup> graders it was

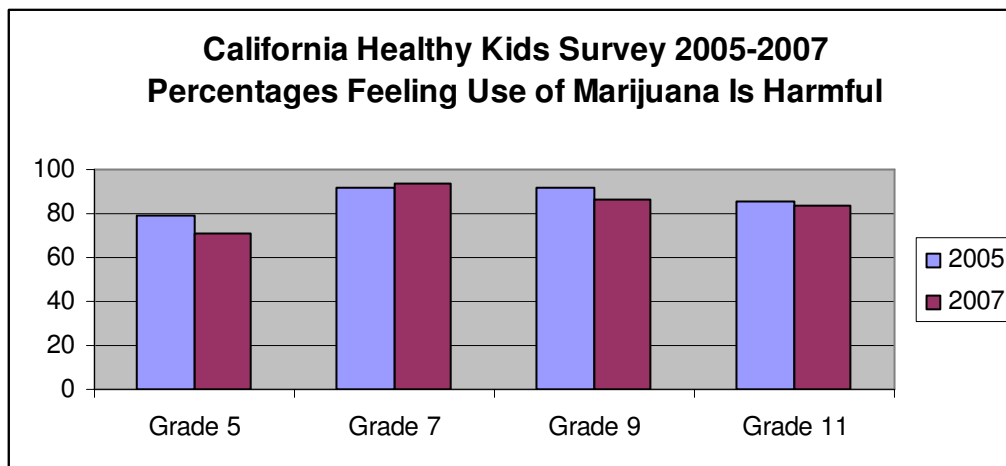
eight percent (8%); and among 11<sup>th</sup> graders it increased to 17 percent (17%). This is similar to the nineteen (19)% of 9-12<sup>th</sup> graders who used Marijuana in the last 30 days on the national 2007 Youth Behavioral Risk Survey (YBRS).



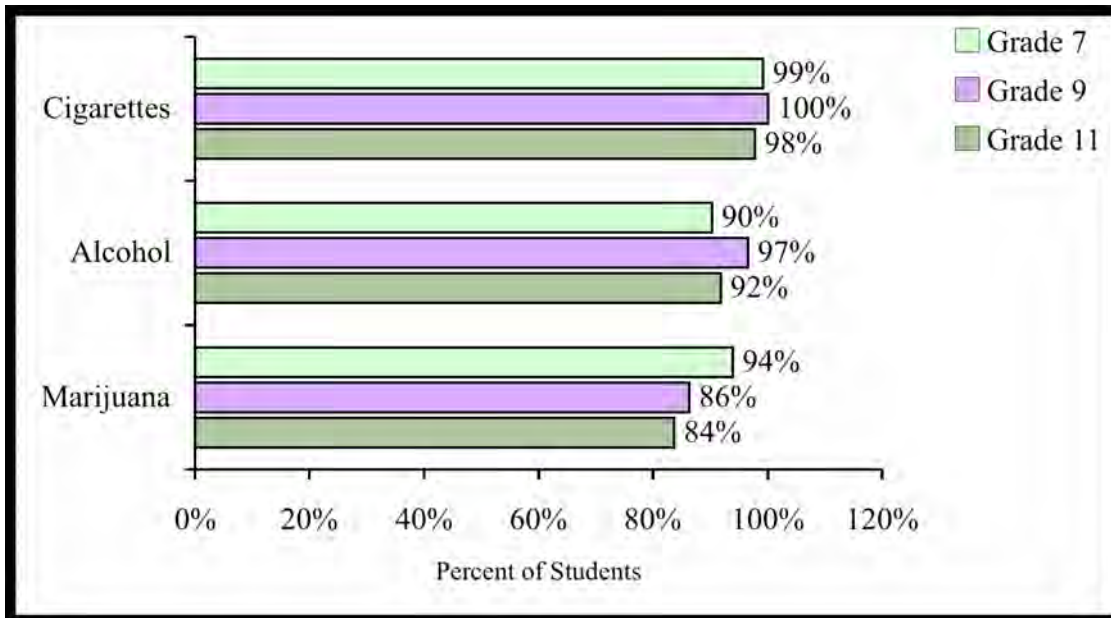
**Chart 9**

It is of interest to note that the number of students who feel that using Marijuana is harmful is shrinking, except at Grade 7.

Research has consistently shown that the great majority of students believe that frequent use of cigarettes, alcohol, and Marijuana is harmful. However, it seems that while 98-100% of Mariposa students feel daily use of cigarettes is harmful, and 90-97% feel that daily use of alcohol is harmful, far fewer students (84-94%) feel that Marijuana use is harmful.



**Chart 10a**

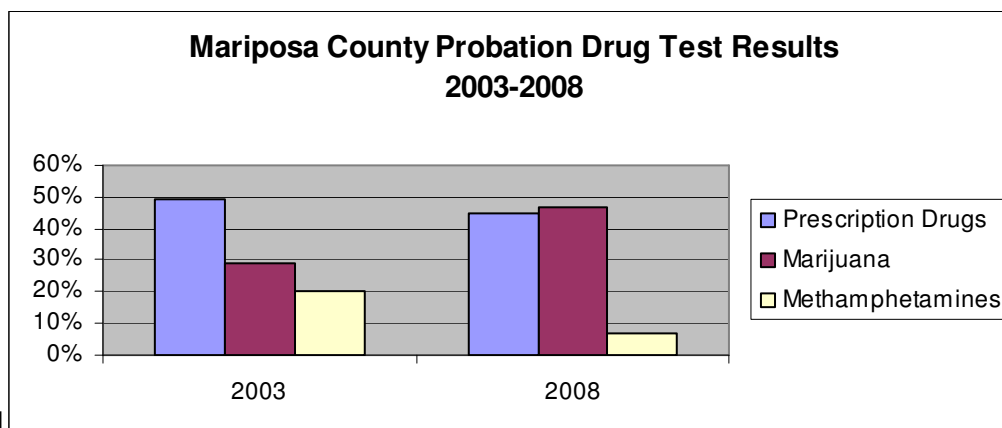


**Chart 10b : Percentages of Students Who Feel Frequent Use of Alcohol, Tobacco, and Other Drugs is Harmful**

**Mariposa County Probation**

Mariposa County Probation runs a diversion program, **ADAPT**, for first time teen drug and/or alcohol offenders, using the *Toward No Drugs* curriculum. Of the fifty-six (56) youth in the program from May 2008-May 2009, 92.9% smoked cigarettes, and of those smokers, 98% also used Marijuana. Of the two (2) non-smokers, one (1) smoked Marijuana. (100% of the smokers also used alcohol, so a majority of these youth use two or more drugs.)

From 2003 to 2008 Probation has conducted 5,123 drug tests. Of those, 396 (7%) involved juveniles. The “drug of choice” over the years has changed. In 2003, prescription drugs were found in 49.7% of the tests, Marijuana in 29.9%, and methamphetamine in 20.3%. In 2008, Marijuana was found in 47.3% of the tests, followed by prescription drugs in 45.2% and methamphetamines in 7.5% of the tests. Clearly, Marijuana has grown in use, while prescription drug use has remained consistently in the high 40 percent range.

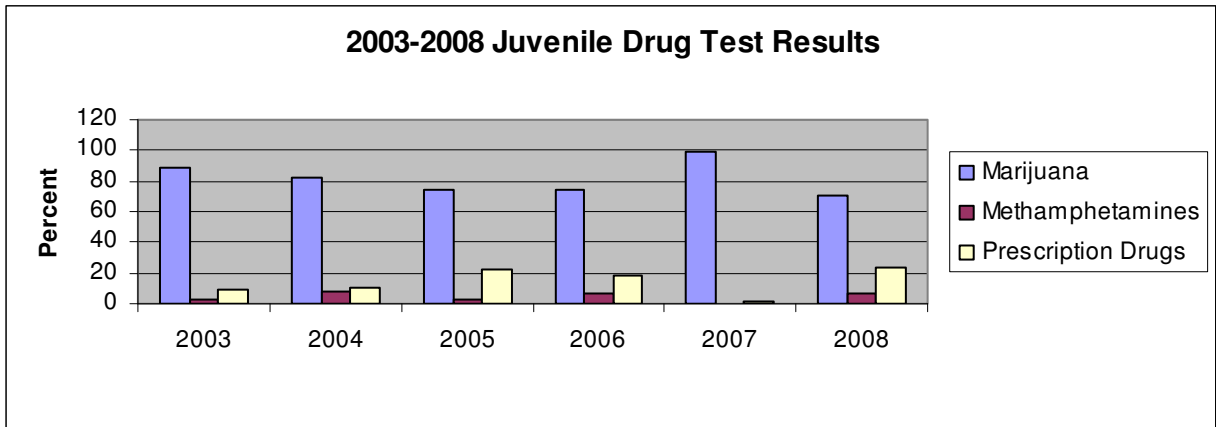


**Chart 11**

In 2008, there were 949 drug tests, and fifty (50 or 5.3%) were for juveniles. Thirty-five (35 or 70%) of the juvenile drug tests were positive for Marijuana. Twelve (12 or 24%) were positive for prescription drugs, and three (3 or 6%) tested positive for methamphetamine.

Of the 899 adult tests, 444 (49.4%) were positive for Marijuana, sixty-eight (68 or 7.6%) and 416 (46.3%) were positive for prescription drugs.

Juvenile Drug Tests for the years 2003 through 2008 indicate that Marijuana was consistently the drug most indicated by the tests.



**Chart 12**

**Mariposa County Behavioral Services**

In 2008, 354 clients were served in Drug and Alcohol and DUI Programs. 135 (38.1%) of the clients were involved with cannabis (Marijuana). Ninety-five (95 or 26.8%) of the clients had diagnoses of cannabis dependency, which means that they use it regularly and in a pattern. Forty (40 or 11.3%) of the clients had diagnoses of cannabis abuse, meaning that they use it occasionally and are not yet addicted.

**Mountain Crisis Services**

During FY2007-2008, Mountain Crisis served forty-seven (47) clients suffering from domestic violence. Of those, thirty-five (35 or 74.5%) admitted to using one or more drugs. Fifteen (15 or 31.9%) of the clients used Marijuana. Four (4) of these clients who admitted to using drugs, used all three. And three other clients admitted to using both Marijuana and methamphetamine.

During FY2008-2009, Mountain Crisis served thirty (30) clients, victims of domestic violence. Seventeen (17 or 56.7%) admitted to using one or more drugs. Of those seventeen, six (6 or 20%) used Marijuana. Three of the clients who admitted to using drugs used both prescription drugs and Marijuana.

**John C. Fremont Hospital Emergency Room** (one-half year of CY2009 data)

“Anecdotally, the visiting physicians say that they see much higher Marijuana use here than in other areas they serve.” (Chuck Bill CEO John C. Fremont Hospital, August 2009) The director of the Emergency Room comments that Marijuana is seen frequently in the UDCs (Urine Drug Screens) that they do on patients. However, In the ER data for January through August 2009, only four (4) patients were actually admitted with cannabis abuse, and that was the secondary diagnosis.

**Mariposa County Unified School District**

The school district reported that in 2007-08 there were eleven (11) Marijuana-related incidents. Two (2) of these were at the 7-8<sup>th</sup> grade level and nine (9) were at the high school level. In 2008-09 that number doubled to twenty-two (22) Marijuana-related incidents. Two (2) of these were at the elementary level, two (2) at middle school level, and eighteen (18) at the high school level.

**Anti-Drug Abuse (ADA) Enforcement Program**

This is a cooperative, grant-funded program involving the Mariposa County Probation and Mariposa County Sheriff’s departments. The FY2008-09 Final Progress Report states that “Marijuana and methamphetamine are predominately the drug of choice in Mariposa County...other drugs are relatively minimal in this rural county.”

Summary

The Sheriff’s Department documents more adult and juvenile drug-related arrests than alcohol-related arrests. Arrests for possession of Marijuana in 2008 were triple the 2003 number. Over 40% of eleventh graders say they have tried Marijuana at least once and about 17% admit to using it within the last thirty days, indicating more regular use. In general, students at Grades 5, 7, 9, and 11 think that using Marijuana is less harmful than smoking or drinking. The number of Marijuana-related disciplinary incidents in the school district doubled in the past year, and for the first time, included two elementary incidents. Students who do use Marijuana regularly, also drink and smoke. Probation drug tests show that Marijuana is found in almost half of all tests, followed closely by prescription drugs. About 38% of Behavioral Health clients being seen for drug-related issues are there for cannabis abuse or dependency. JCF Hospital staff notice significant Marijuana use by Mariposa residents, although there are few Marijuana-related admissions. Clearly, Marijuana use is predominant in the county.

## Methamphetamine

“One of the saddest things I have ever done was to speak at a former student’s funeral. This was a boy who had solid work ethic, earned good grades and everyone in my family loved. He started taking methamphetamine, became depressed, and one night just went in and shot himself. He didn’t have a chance. I knew his grandmother, who dropped out of school on drugs, and his mother—same thing.” (Mariposa County teacher)

Methamphetamine is a potent central nervous system stimulant made by mixing cold medicines which have the ingredients ephedrine or pseudoephedrine and household products like drain cleaner, alcohol, engine starter, salt, iodine, floor cleaner, lye, etc. Methamphetamine is smoked, snorted, injected or administered orally. Its use can be lethal, addictive, and unpredictable. (Streetdrugs.org)

After increasing during much of the 1990s, methamphetamine use has stabilized nationally since 2002, and domestic production of methamphetamine has decreased dramatically since 2004. However, the 2008 DEA Briefs for California contend that methamphetamine is the primary drug threat in California. The use of methamphetamines is the fastest growing type of abuse in the state, which has the capacity to produce more methamphetamine than any other state in the nation; 28% of the country’s methamphetamine capacity is found in this state alone. Rural areas in the Central Valley are the source of much of the methamphetamine produced in California and seized elsewhere.

### **2007 Key Indicators of Community Alcohol and Drug Use-Mariposa County**

This systematic collection of data on selected community-level indicators is used to assist with prevention planning. The 2007 Key Indicators combined 2004 data from seven small, rural counties (Alpine, Amador, Calaveras, Inyo, Mariposa, Mono, and Tuolumne) in order to determine incidence per 100,000 persons. In 2004 there were 273 admissions to alcohol and drug treatment, which is equated to 1,914 per 100,000, *more than double the statewide average* of 802 per 100,000. Eighty-nine (89 or 32.6%) of these admissions were for methamphetamine use.

### **Mariposa County Behavioral Services**

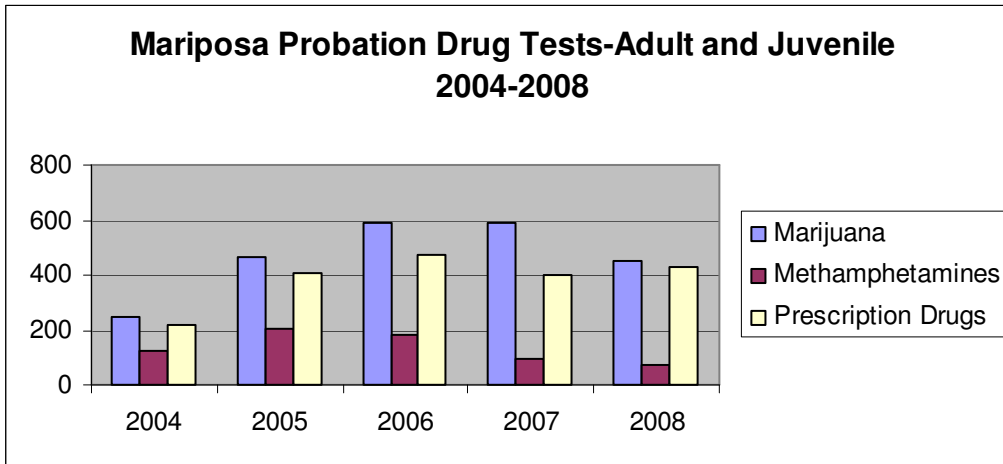
During FY 2007-2008, 354 clients were seen by Mariposa County Behavioral Services. The amphetamine-related diagnoses for treatment were as follows:

- 97 or 27.4% Amphetamine dependence (use regularly and in a pattern)
- 26 or 7.3% Amphetamine abuse (use occasionally, not yet addicted)
- 123 or 34.7% Total amphetamine-related diagnoses

### **Mariposa County Probation**

Mariposa County Probation data show that from 2003-2008 there were 5,123 drug tests. Seven percent of those tests (386) involved juveniles. Over the six years, the average drug use indicated by those tests (adults and juveniles) was:

46.7% Marijuana; 13.9% methamphetamines; 39.4% prescription drugs. The incidence of positive tests findings for methamphetamines has declined since 2006.



**Chart 13**

In 2004, methamphetamine was identified in 21% of the 592 drug tests. In 2008, only 7.5% of the 949 tests identified methamphetamine. (Appendix C)

**Mountain Crisis Services**

During FY2007-2008, Mountain Crisis served forty-seven (47) clients suffering from domestic violence. On the intake survey, twelve (12 or 25.5%) admitted to using methamphetamines. Four (4 or 8.5%) of the clients admitting to using a combination of Marijuana, methamphetamines and prescription drugs. Three (3 or 6.4%) admitted to using both Marijuana and methamphetamines.

In FY2008-2009, Mountain Crisis served thirty (30) clients suffering from domestic violence. Of those, four (4 or 13.3%) admitted to using methamphetamines on the intake survey. One (1) of these clients used both methamphetamines and prescriptions drugs.

**Department of Justice**

The Department of Justice website displays Mariposa Drug Arrest data from 1997-2007. Methamphetamines are classified by the DOJ as “dangerous drugs,” along with barbiturates and Phencyclidine. In 2007, eight (8) percent of the 174 drug arrests (felonies and misdemeanors) for Mariposa County were for dangerous drugs. (Appendix D)

**Mariposa County Sheriff’s Department**

In 2008, there were 353 juvenile drug-related arrests and none of them were for methamphetamines. There were 319 adult drug-related arrests and eighty (80) or 25.1% were for methamphetamines. (Appendix B)

Methamphetamine sales	28
Possession of methamphetamines	14
Under the influence	38

### **Mariposa County Child Welfare**

In July, 2005, the National Association of Counties published a survey of 500 counties from 45 states that found methamphetamine to be a major cause of child abuse and neglect. Seven out of ten counties from California were identified as respondents to the survey. The findings indicated that the impact of methamphetamine use on child welfare may be higher in California than the national average: "Forty percent of all child welfare officials in the survey report increased out-of-home placements because of methamphetamine in the last year. During the past five years, 71% of the responding counties in California reported an increase in out-of-home placements because of methamphetamine." In fact, for this study Mariposa County reported 75% of families on CWS caseloads have used methamphetamines to some degree. (California's Methamphetamine Crisis: Examining Strategies for Prevention, Treatment, and Law Enforcement *Briefing Paper* January 18, 2006)

### **Mariposa County Unified School District**

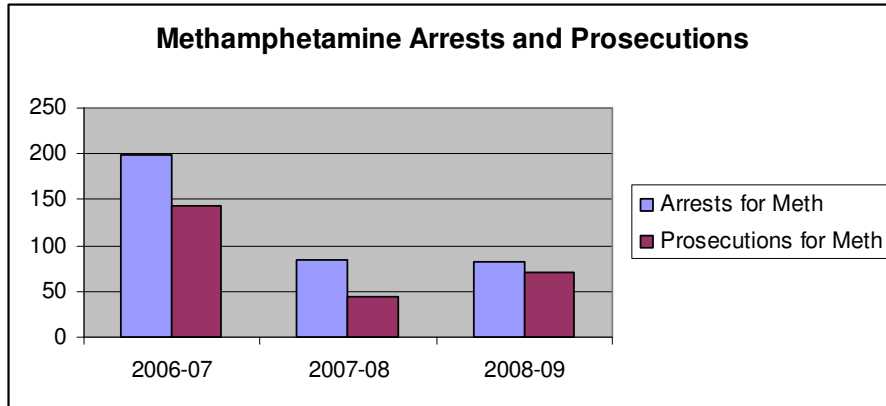
There were no MCUSD methamphetamine-related disciplinary incidents in either 2007-2008 or 2008-2009 school years. (Appendix A)

### **John C. Fremont Clinic** (Data for first half of 2009)

The John C. Fremont Emergency Room reports that between January 1, 2009, and August 26, 2009, there were 3,168 total Emergency Room admissions. There were 114 admissions (or 3.5%) of 92 individuals for alcohol and drug related diagnoses. Only four (4) of the patients had diagnoses of amphetamine abuse, and all four of those were secondary to other diagnoses.

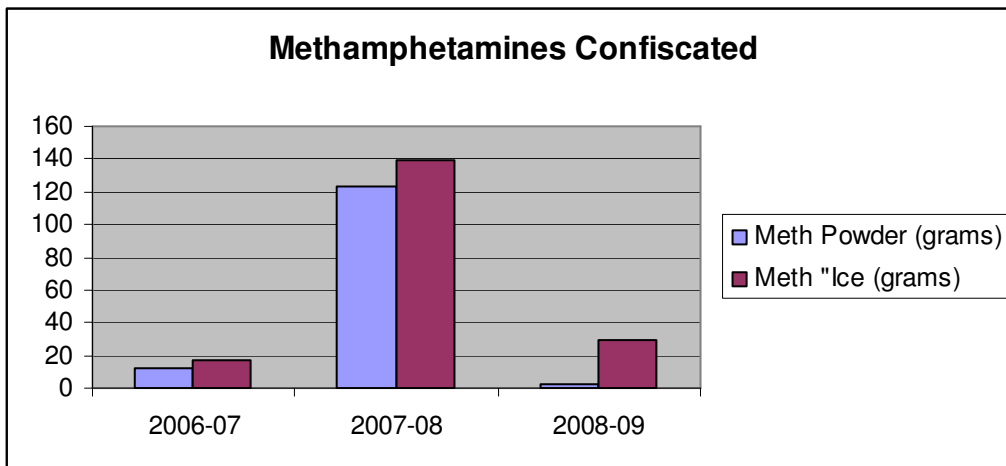
### **Anti-Drug Abuse (ADA) Enforcement Program**

This grant-funded program, run by Mariposa County Probation and Sheriff's Departments, aims to identify individuals who operate methamphetamine labs, Marijuana gardens and sell drugs. The FY08-09 Final Progress Report states that "Marijuana and methamphetamine are predominately the drug of choice in Mariposa County...In comparison, other drugs are relatively minimal in this rural county." In FY06-07, there were 198 arrests for methamphetamines resulting in 144 prosecutions; in FY07-08, there were 84 arrests and 44 prosecutions. In FY08-09, there were 64 arrests resulting in 70 referrals for prosecution.

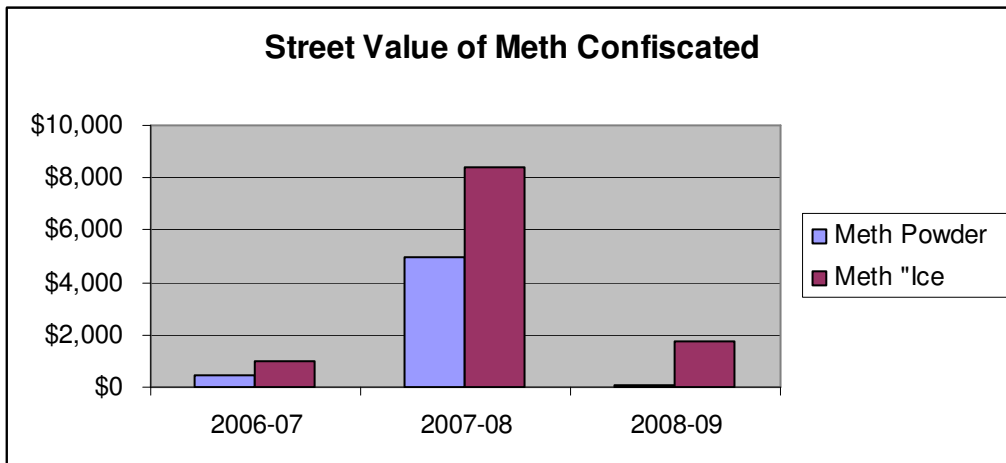


**Chart 14**

In 06-07 12.2 grams of meth powder with a street value of \$488 and 16.9 grams of meth "Ice" valued at \$1014 were confiscated. In 07-08, 123.7 grams of meth powder with a street value of \$4948 and 139.6 grams of meth "Ice" valued at \$8376 were confiscated. In 08-09, 1.9 grams of meth powder with a street value of \$76 and 29.3 grams of meth "Ice" with a value of \$1758 were confiscated.



**Chart 15**



**Chart 16**

It appears that methamphetamine-positive drug tests, arrests, and confiscations are declining in Mariposa County. However, usage may be steady or even increasing, according to users themselves. Users say they get prescriptions for Marijuana or prescription drugs to avoid being “caught” on drug tests; they also take cranberry pills or Niacin to test clean. More data of a longitudinal nature is needed to make the determination of increasing methamphetamine use. The following interview sheds some light on the issue.

### **Heritage House-Bryan Blew**

Bryan Blew works with clients at the Heritage House, offering individual and group support for prevention and abstinence of alcohol and other drugs. Heritage House also holds *12 Step* informational meetings. He comments, “Meth is huge—the number one problem. This is based on incidence, ease of access, the consequences and the generational impact of meth. Use is increasing. Meth is generic for all speed. It can destroy your life in 15 years. It is not as rare as you’d think for children as early as twelve and thirteen years old to be using it—addicts admit that is when they started. Meth use is progressive. Drug addicts have a drive to do better, but guilt, remorse and shame cause people to go back and use again. To sell to kids is against the rules for addicts, but kids get meth from their parents.”

### Summary

In Mariposa County, methamphetamine use plays a large part in the perpetration of both domestic violence and child abuse. Methamphetamine abuse does not normally occur in school-age populations; however methamphetamine addicts say they started using the substance in their early teens. In adults, almost 35% of the Behavioral Health clients have amphetamine-related diagnoses; 25% of adult drug arrests in the county are for methamphetamine-related offenses. Although drug testing results and Department of Justice data appear to indicate a decline in methamphetamine activity, ex-users (Shared Leadership and Heritage House clients) say use is rising. An annual collection of methamphetamine-related data from key agencies is indicated to determine if, indeed, use is indeed on the upswing.

## Prescription Drugs / Over-The-Counter Drugs

During the past fifty years, the use of prescription drugs to treat medical and mental disorders has risen substantially in the United States. From 1960 to 2005, consumer expenditures on prescription drugs rose from \$2.7 billion to \$200.7 billion. Expenditures are projected to be nearly \$500 billion by 2016 – a 148 percent increase in just eleven years. This increased use of prescription drugs for legitimate medical reasons has unfortunately resulted in broadening the inappropriate and illegal use for recreational purposes. In fact, among young people twelve to seventeen years old, prescription drugs have become the second most abused illegal drug, behind Marijuana. A consequence of the abuse of prescription drugs before age sixteen is that there is a greater risk of dependence later in life. (Lynskey, et. al. (2003). *Escalation of drug use in early-onset cannabis users vs. co-twin controls*. JAMA 289 (4): 427–433.)

See Appendix E for the three categories of prescription drugs.

Another category of concern is over-the-counter (OTC) drugs. Availability of nonprescription dietary supplements and cough/cold suppressants is widespread, with more than 140 cough and cold medications containing the active ingredient dextromethorphan (DXM). OTC drugs of choice are cough and cold medicines containing DXM, including Coricidin®, Robitussin®, and NyQuil® products. Other abused OTC drugs are sleep aids (Unisom®), antihistamines (Benadryl®), and anti-nausea agents (Gravol® or Dramamine®). The report *Misuse of Over-The-Counter Cough and Cold Medications among Persons Aged 12-25* reveals that nearly 1 million people in that age group had misused these OTC drugs in 2006. Specifically, 30.5% had misused a Nyquil product, 18.1% misused a Coricidin product and 17.8% misused a Robitussin product. When taken in large amounts, DXM can produce hallucinations or dissociative, “out-of-body” experiences. Long term effects can include: blurred vision, loss of physical coordination, intense abdominal pain, vomiting, uncontrolled violent muscle spasms, irregular heartbeat, delirium and even death. A local Mariposa pharmacist relates that youth have dropped No Doze into highly caffeinated energy drinks and have ended up in the emergency room with heart palpitations.

Prescription drug abuse falls into two categories.

- The first is medical abuse of prescription drugs: While the vast majority of people with chronic pain may safely use pain medication, what may not be evident is that as many as 8.6 to 11.7 million people taking prescription drugs also suffered from coexisting medication abuse or addiction problems (2004).
- The second is nonmedical use, misuse and abuse of prescription drugs and over-the-counter OTC medicines. Prescription drug abuse is defined here as *use of prescription medications without medical supervision for the intentional purpose of getting high, or for some reason other than what the medication was intended*. (SAMHSA 2007) “Every day 2,500 kids

ages twelve to seventeen abuse a prescription painkiller for the first time. Their perception is that these drugs are safe because they are prescribed by a doctor.

According to the 2006 Partnership Attitude Tracking Study (PATS), an alarming number of teens have a false sense of security about the safety of abusing prescription and OTC medications:

- Two in five teens (40 percent or 9.4 million) agree that prescription medicines, even if they are not prescribed by a doctor, are “much safer” to use than illegal drugs;
- Thirty-one (31) percent or 7.3 million teens believe there’s “nothing wrong” with using prescription medicines without a prescription “once in a while;”
- Nearly three out of ten teens (29 percent or 6.8 million) believe prescription pain relievers, even if not prescribed by a doctor, are not addictive; and
- More than half of teens (55 percent or 13 million) do not agree strongly that using cough medicines to get high is risky.
- More than three in five teens say prescription pain relievers are easy to get from parents’ medicine cabinets; half of teens say they are easy to get through other people’s prescriptions; and more than half (52 percent) say prescription pain relievers are “available everywhere.” The majority of teens (56 percent) agree that prescription drugs are easier to get than illicit drugs. The majority of teens get prescription drugs free.
- While 70 percent of parents warn their children about the risks of Marijuana, only 36 percent have similar conversations about prescription drug abuse.
- More that one-third of teens say they feel some pressure to abuse prescription drugs, and nine (9) percent say using prescription drugs to get high is an important part of fitting in with friends. (Seventeen, 2006)

### **California Data**

According to the 2008 California Student Survey, lifetime use rates for prescription pain killers (e.g., Vicodin®, OxyContin® and Percodan®) increased from nine (9) percent for 9th graders in the 2005-06 school year to 11.6 percent in 2007-08. 11th graders increased from fifteen (15) percent in 2005-06 to 17.6 percent in 2007-08. Prescription pain killers were second to Marijuana in 11<sup>th</sup> grade and third in 9<sup>th</sup> grade, just after inhalants.

### **California Region 8** (Fresno, Kings, Madera, Mariposa, Tulare)

Whereas nationally, 4.9% of all persons aged twelve or older had used pain relievers in 2005-06, in California it was 4.95%. California Region 8 (Fresno, Kings, Madera, Mariposa, Tulare) was eleventh in the state at 4.56%.

### **John C. Fremont Emergency Room Data**

The director of the JCF Emergency Room comments that “We see lots of patients on pain medications. These are in the twenty (20) to fifty (50) year-old

range. If they say they need pain medication and they are on a pain contract, we must treat them. [A pain contract is a signed agreement between doctor and patient that lays out the conditions under which the patient will be prescribed opioid pain medications for the relief of chronic pain.] We do not see many kids abusing prescription drugs, only an occasional teen using Tylenol.” The John C. Fremont Emergency Room reports that between January 1, 2009, and August 26, 2009, there were 3,168 total Emergency Room admissions. 114 of these admissions (or 3.5%) were of ninety-two (92) patients whose diagnoses were alcohol and/or drug related. The diagnosis codes indicate that the following prescription drugs were used:

*Opioid use (both abuse and dependence)	Primary Diagnosis	1
	Secondary Diagnosis	10
*Sedative, Hypnotic, or Anxiolytic abuse	Primary Diagnosis	1
	Secondary Diagnosis	2
*See Appendix E for definitions of prescription drug categories		

**Mariposa Behavioral Health Services**

In 2008, 354 clients were served by the Alcohol and Other Drug (AOD) or Driving Under the Influence (DUI) Programs. Of those,

- 14 or 4.0% Opioid Dependency (use regularly and in a pattern)
- 2 or 0.6% Sedative, Hypnotic or Anxiolytic (tranquilizer) Dependency
- 1 or 0.2% Opioid abuse (occasional use, not yet addicted)
- 1 or 0.2% Sedative, Hypnotic or Anxiolytic (tranquilizer) Abuse

There were prescription drug diagnoses for eighteen (18) clients or 5.0% of the total clients served in 2008.

**Mariposa County Unified School District**

The disciplinary entries in the MCUSD *Aeries* database (Appendix A) listed six (6) prescription drug incidents out of twenty-seven (27 or 22.2%) in 2007-08 and six (6) out of forty-six (46 or 13%) prescription drug-related incidents in 2008-09.

**Mariposa County Sheriff’s Department**

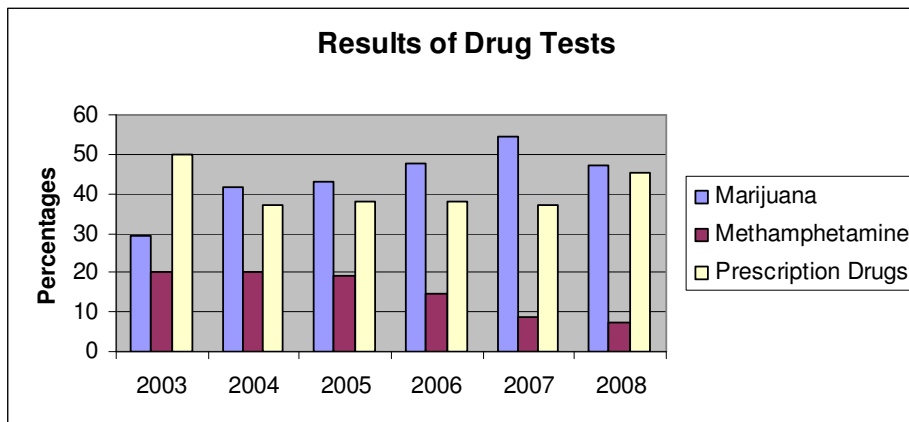
During an interview in March 2009, Mariposa County Sheriff Brian Muller said, “Children twelve years and older are at the greatest risk of using prescription drugs. It is seen as ‘cool’ to bring pills to school and sell them. They are easy to obtain, regardless of socioeconomic status. Adults are not providing these to kids; kids are stealing them from parents or medicine cabinets, and parents are not aware. ‘Scriptees’ are in their 20’s and 30’s. They are established in Medicare and can get to doctors on their own.”

In 2008, there were 353 juvenile arrests and investigations in Mariposa County, and ten (10 or 2.8%) of those involved prescription drugs. All of these occurred on school campuses. Of the 319 adult arrests, four (4 or 1.25%) involved prescription drugs. (Appendix B) Sheriff Muller commented, “Prescription pain

pills are the drug of choice, especially Vicodin, Oxycodone, and Ritalin because they are easily obtained. In this economy, especially, they are cheaper. MediCal covers these prescription drugs. Oxy (at \$1-\$5) is odorless, easy to take, and easily concealed. We are seeing an increase in the selling of prescription medicines at middle and high school levels. At this point, it is voluntary for pharmacies to share databases so they can check to see who is going from pharmacy to pharmacy, getting prescriptions filled. As a safeguard, we request a police report when people report their drugs have been 'stolen,' but there is a low incidence of legal consequences, because it is hard to prove that drugs were actually stolen. We don't think it is commonly known that these prescription drugs are dangerous. Kids seem to think that if it is a prescription, it is safe."

**Mariposa County Probation**

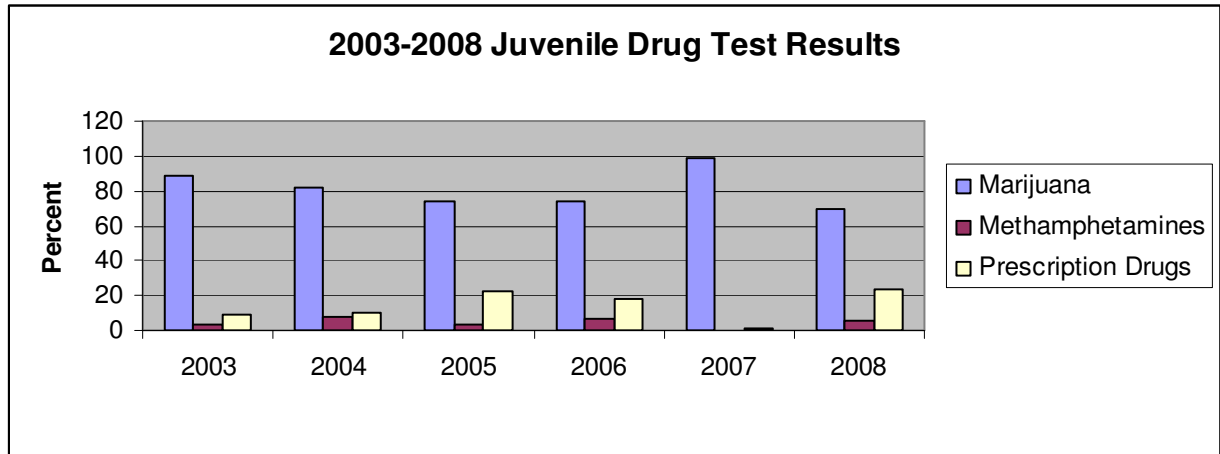
From 2003-2008, Mariposa County Probation conducted 5,123 drug tests. Of those, 396 (7%) were on juveniles. The "drug of choice" over the years for all ages has changed from prescription drugs to Marijuana, but only slightly. (See Appendix C)



**Chart 17**

In 2003, prescription drugs were found in 49.7% of the tests, Marijuana in 29.9%, and methamphetamines in 20.3% and. Five years later, in 2008, Marijuana was found in 47.3% of the tests, followed by prescription drugs in 45.2% and methamphetamines in 7.5% of the tests. Prescription drugs, however, continue to be abused at steady level in Mariposa County.

For juveniles, drug test data indicate that prescription drug abuse is increasing. In 2003, 88.24% of the tests were positive for Marijuana, 2.85% for methamphetamines, and 8.82% for prescription drugs. In 2008, seventy (70)% were positive for Marijuana, six (6)% for methamphetamines, and twenty-four (24)% for prescription drugs. (Appendix F)



**Chart 18**

**Mountain Crisis Services**

From July 2007-July 2008, Mountain Crisis served forty-seven (47) clients suffering from domestic violence. Thirty-five (35) or 74.5% admitted to using one or more drugs. Eight (8) clients, or seventeen (17) % used prescription drugs. Four (4) of the thirty-five clients admitted to using Marijuana, methamphetamines and prescription drugs.

From July 2008-July 2009, Mountain Crisis served thirty (30) clients suffering from domestic violence. Seventeen (17) or 56.7% admitted to using one or more types of drugs. Seven (7) used prescription drugs. Three (3) of these clients admitting to drug use listed both prescription drugs and marijuana; one (1) used both methamphetamines and prescriptions drugs.

Staff at Mountain Crisis Services see an increase in their clients’ use of prescription drugs, generally painkillers, to self medicate after being beaten. They feel that there is a need for the medical field to education patients about the use of Vicodin, and to use more over the counter medications for smaller problems.

**Heritage House**

At the Heritage House Bryan Blew offers individual and group support for prevention and abstinence of alcohol and other drugs. Heritage House also holds *12 Step* informational meetings. When asked how much of a problem prescription drug abuse is, Bryan Blew commented, “Kids under eighteen do this. It is out of control and increasing. Kids use over-the-counter drugs like cough syrup, the plant stevia, and dexine (Coricidin), which is a semi paralytic and hallucinogen. It can cause strokes...People on probation get prescriptions for pot or prescription drugs so they don’t get caught with Meth. Prescription drug abuse rates are increasing—they are easy to get and not noticed.”

**Anti-Drug Abuse (ADA) Enforcement Program**

The FY2008-09 Final Progress Report of this grant-funded program operated by both the Mariposa County Probation and Sheriffs Departments states that, compared to Marijuana and methamphetamine abuse, other drug use is minimal in the county. The report lists drugs seized during the year. Prescription drugs seized, beginning in FY 2008-2009, include:

Clonazepam	(nine pills)	approximate street value of \$90.00
Hydrocodone	(29 pills)	approximate street value of \$58.00
Xanax	(one pill)	approximate street value of \$10.00
Seroquil	(three pills)	approximate street value of \$15.00

Summary

JCF Emergency Room, Behavioral Health and Sheriff's Department report 5% or less of their clients are there for abusing prescription drugs. However, Mariposa Probation drug tests showing positive for prescription drugs almost doubled in five years, from 220 positive tests in 2004 to 429 positive tests in 2008. For the last four years, about forty-five (45) percent of the drug tests are positive for prescription drugs. Mountain Crisis and Heritage House staff state that prescription drug abuse is increasing. It is important to continue gathering data on prescription drug abuse in the county.

## Yosemite Valley

The Yosemite National Park is 1,200 square miles. In El Portal there are also 1200 acres for Park Administration, managed by the Park but not part of it. Located in these 1200 acres are the Resources Management Complex (about 400 employees), the Yosemite Park Warehouse, El Portal School, and employee housing, both privately owned and apartments provided by the Park. Also in El Portal there are two hotels that serve Yosemite visitors, Cedar Lodge and Yosemite View. These are privately owned on private land. Their workers live in El Portal or in Mariposa and their children attend Mariposa County schools. Also, the Park employees living in El Portal are entitled to the services of Mariposa County, and all of Yosemite Valley is part of the county. So, including Wawona, there are between 2,500 and 5,000 people who are citizens of Mariposa County working in Park areas. According to several key leaders interviewed, there is a significant problem with drugs and alcohol both in the Park and in El Portal. Although Park Service and Delaware North Corporation have tried many prevention strategies (noted below), the pervasive problem with alcohol and marijuana abuse continues and affects an estimated 500-850 workers.

### Risk factors

- There is a well defined social strata in the valley, consisting of highly paid executives, upper and mid-level managers, Park Service employees, long-term workers, and a very large population of entry level seasonal workers with limited opportunity for advancement.
- Workers may take jobs due to the allure of the outdoors and to get away from where they are living. Once in the Park, many notice the isolation from cities and families; they live in very close quarters, as well as between the towering walls of Yosemite Valley. Some begin to feel “Valley-itis,” a trapped feeling equivalent to cabin fever. When Supervisor Janet Bibby visited the Park, she saw the many 18-25 year old employees there and she said it seemed “like being on a college campus, but without the sense of responsibility.” There were 600-900 employees, some falling within the lower socioeconomic tiers, including many youth away from home, without strong family support, feeling disenfranchised and disillusioned.
- The Code of Federal Regulations requires that all alcoholic beverage sales be consistent with the laws of the state—therefore, Yosemite would adopt the California law. However, the State of California has no authority to regulate the sale of alcoholic beverages in the Park because Yosemite is an area of exclusive federal jurisdiction, the result of a 1940’s Supreme Court decision stating that the ABC has no authority in Yosemite National Park. Therefore, the concession contract is the only regulation of alcohol and tobacco. Alcoholic beverage sales in Yosemite are managed by the Park through the oversight of the Concession Contract that allows a

private business to operate restaurants, bars and grocery sales. This whole area is poorly understood. In Yosemite, it results in a big problem. There is limited staff and supervisor training pertaining to the law governing the sale of alcoholic beverages in the Park. The Park's primary concession, Delaware North Corporation, is concerned. DNC has recently written and adopted policies and brought in someone to check the system. The California ABC website has "model house policies," easy suggestions for what to tell staff. There is better training now, using "Tips" from Anheuser Busch. DNC has emphasized ABC training during the last 3-4 years. There needs to be more.

- Although there is an attempt to follow federal OSHA temporary labor camp regulations, much of the employee housing is substandard—there is a major population in Mariposa County living in marginal quarters. Most of these are DNC employees, as park service employees live elsewhere. There are high numbers of adults living in dorm/tent conditions, well beyond the age you would expect that lifestyle to be tolerable. Many live in canvas tents or small cabins without running water or kitchen, with remote indoor restrooms, hot in summer and cold in winter. The "WOB's" (Cabins Without Baths), built after the flood, are 10x12' wooden box structures with a window. These can accommodate a window air conditioner and they do have electricity. They are situated in high density locations with other WOB's, all very close together and not soundproof—a "ghetto" environment, some say.
- There is a lot of stress from work. Anxiety leads to use of alcohol, illegal drugs, or abuse of over-the-counter or prescription medications. "People are disposable" is what some employees think, when they are pushed by young managers who want to produce numbers at the employees' expense. Some younger managers "party" with the younger employees. They can get away with it, especially at the High Sierra Camps. Older employees think, "I am not a favorite because I don't party with them." So they self medicate at home with alcohol.
- There are many dual diagnosis clients treated at the Yosemite Valley Clinic for both psychological issues and drugs/alcohol issues.
- This is a hard place to work. For at least the last thirty years, there has been a cycle that has not changed. After Easter break, there is a big push for the busy summer season. In the evenings, many employees reward themselves for working hard by drinking. This is followed by "August Syndrome," which affects both employees and tourists. Starting in early August, some tourists are hot and tired, rude and demanding. At the same time, a number of employees leave the Park, resulting in longer shifts for the rest. People self-medicate to relax by using alcohol and marijuana. There is tremendous stress and the Clinic institutes "suicide

watches.” Later in the fall (after Labor Day when school is back in session) the “newlyweds and nearly deads” come; there are shorter hours and the parties start because of the free time. After the first snows, the Badger Pass Ski Season begins and things are fairly calm up until Easter break. Then the cycle begins again.

There are problematic consequences of drug and alcohol abuse in the Park. Work efficiency is lowered. There is a disregard for the environment (lots of littering by employees), contributing to the well-documented bear problem. Guest service can be compromised, resulting in customer complaints and refunds. There is always the issue of park visitor and employee safety. The concessioner is reluctant to hire local Mariposa youth because of their potential exposure to the alcohol and marijuana abuse. Finally, there can be a negative perception of Yosemite by the public. For obvious offenders, there are a federal detention facility and a U.S. Magistrate Court.

Where does the drug and alcohol abuse occur? Those who were interviewed state that alcohol and drug abuse happens in various places: employee living quarters and recreation areas, the Ice Rink, the Pizza Deck near Curry Village, Badger Pass, parties, El Portal and the Community Center.

The Delaware North Corporation wants the Park to be a safe place for families and so has taken many steps to prevent drug and alcohol abuse. These include:

- Employees caught using or in possession of a controlled substance in their rooms will lose their housing or their job. Employees receive one warning for possession or use of alcohol under the age of 21, plus administrative supervision, except when the Park is short-staffed. (Employees know this.)
- There is a new Drug and Alcohol Policy with the mechanism to fire an employee who refuses to test for cause. (The only random drug testing is for Department of Transportation workers.) There are no longer employee discounts on alcohol or cigarettes.
- At social events where there is liquor, everyone must wear wristbands with only three holes on the tag. These are cut off, one at a time, for each drink served.
- House rules include “Do not serve an intoxicated person.”
- In the Community Center you can use alcohol, but there is an attendant there every night from 9:00 pm to 1:00 am to supervise, or to contact Housing Security or the NPS if there are problems.
- There is a lot of partying in the kitchens of the new, three-story complexes in Curry Village, even though there are new barbecue areas outside.
- The benches off the deck in Curry Village that employees referred to as “the cheap seats” have been removed. Employees who challenged the removal of the benches moved back into the area and sit on lawn chairs.
- There are rules for behavior: No loitering, Do not be under the influence.

- There are two night housing managers in the winter and three or four in the summer, to supervise Yosemite Village, the Lodge, Curry Village and Wawona.
- The new Wellness Center offers a place for exercise, dance, and learning about fitness.
- There is 24-hour transportation available for all employees, and their guests, for any reason.
- DNC offers transportation for workers in Wawona, also driving them home after a DNC-provided dance or concert.
- To keep employees busy and entertained, there is a monthly calendar filled with activities (boxing, yoga, shopping trips, Bingo, trips to Santa Cruz and Monterey Bay, movie nights, El Portal events, campfires, meditation classes, Dodgers vs. Giants baseball games, Karaoke, a shuttle to the Mobil Station Deli in Lee Vining or Sal's Taco Night in El Portal, kickball games, and dances with live bands). There are ongoing arts and crafts offered.
- DNC has changed its recruiting to pull employees who want to be in the service industry from nearby locations in the San Joaquin Valley. DNC has seen a 21% overall reduction in employee turnover, and a 30% reduction in the housekeeping staff turnover rate.
- To motivate employees to set goals for upward achievement, DNC tried a Distance Learning Fair. Managers can apply for an educational reimbursement for up to \$5200 a year, and this has recently been extended on a limited basis to hourly non-union employees.
- There is an Employee Assistance Program (EAP) for concessionaire employees, who receive health insurance after five months of employment. This now provides a rehabilitation program. There is also a TARP (Teamsters Alcohol-or Drug-Recovery Program). Many, but not all, federal employees are eligible for health insurance benefits. All federal employees have access to an Employee Assistance Program.

But despite these strategies, the problem of drug and alcohol abuse persists. When asked for suggestions for strategies that could work to reduce the underlying causes of the problem and change the dominant subculture, key leaders suggest:

- There should be random drug testing. (Currently the two unions oppose this.) You only have to pass one drug test before working for DNC. This never has to be repeated.
- There should be better pre-employment screening to prevent dangerous people from being hired.
- Provide basic language arts and math skills classes; advise employees about successful approaches to distance learning.
- Bring in an independent social science researcher to assess conditions, do a work force analysis and an economic analysis to determine what people are struggling with and to learn what incentives would help employees to set and attain goals for bettering themselves.

- The Park Service social scientist focuses on visitors and their experience. Some of his time and resources could be devoted to studying the employee drug/alcohol abuse situation and how it affects the visitor experience.
- Make lighting and architectural improvements, appropriate to the Park environment, to gathering areas, such as the Curry Village Pizza Deck and Ice Rink.
- Schedule small conferences during the off-season to stabilize the work schedule for year-round employees.
- Improve the housing. Housing management is a huge issue here, more than in other parks. Raze the tent villages, WOBS, and substandard trailers and construct housing areas similar to the new, three-story complexes in Curry Village. None of this can be planned until the litigation over the Merced River Plan is completed.
- Once there is housing to accommodate families, attract employees with families, who are settled and motivated to succeed, and whose children can attend MCUSD schools.
- Improve training for the new managers—train them to identify signs and symptoms of drug and alcohol abuse, as well as the stress behaviors brought about by a range of adverse work and living conditions. Set the rule: Managers should not drink with their employees.
- Hold more social and recreational activities—some people, all they do is drink with their own small groups, or alone.
- Fund an adequate number of housing supervisors.
- Design a well-coordinated approach for efficient and timely communication between rangers, security, and housing supervisors.
- Hold formal training of security officers to deal with alcohol use and assess the degree of impairment. This would include assessment of “poly-drug” use, the concurrent use of alcohol and marijuana and alcohol and methamphetamines.
- There should be a written Memorandum of Understanding (MOU) between Park Services and Behavioral Health and Recovery as well as other social services. The Park generates tax revenue to provide these services, which are not constrained by federal jurisdiction.
- Include a Park ranger on the AOD Advisory Board.

## Focus Groups and Interviews: Qualitative Knowledge

Throughout 2009, focus groups and key leaders discussed the following core questions, which were listed in the current Mariposa County Department of Human Services Division of Alcohol and Drug Programs *Strategic Plan for Alcohol and Other Drug Prevention, 2007-2012*:

- 1) What is the nature and extent of drug use in the county?
- 2) For which drugs are we seeing increased use rates?
- 3) What are the harmful consequences of drug abuse in our county?
- 4) Which drugs are having the greatest impact?

Focus group and interview participants also responded to these added questions:

- 5) Why are drugs being used?
- 6) Is there a “gateway” drug?”
- 7) How aware is our community of drug abuse?
- 8) Which populations are at greatest risk of abusing drugs?
- 9) What other drugs are being used?
- 10) Which powerful prevention strategies have you seen, experienced or would you like to suggest?

Participants in the focus groups were parents in Shared Leadership, high school students in Friday Night Live, Mariposa Middle School Club Live, a Mariposa Middle School Advisory class, Mariposa County Health Department, and the North County Family Enrichment Center Board. Key Leaders who participated in interviews included: Sheriff Brian Muller, Undersheriff Doug Binnewies, Linda Murdock (Behavioral Health and Recovery Services), Kim Tucker (Delaware North Corporation), Joe Rabon, (Director of Human Resources, Delaware North), Susan Robinson (Yosemite Clinic), Laurie Yu (Clerk of the Yosemite Magistrate Court, Sean Pence (Yosemite Valley Clinic), Eric Johnson (Pioneer Pharmacy Manager), Richard Radanovich (Rite Aid Pharmacy Manager), Bryan Blew (Heritage House), two Yosemite Valley health providers, store managers of Pioneer Market and Rite Aid, JCF Emergency Room Manager Nanette Wardle, Kristin Fiester (Mt. Crisis Services), and two North County clergymen.

This is a summary of opinions voiced in groups and interviews. Appendix G presents these opinions in a spreadsheet.

### **What is the nature and extent of drug abuse in Mariposa County, and which drugs are having the biggest impact?**

Most groups say that Marijuana is the number one problem in magnitude. It is perceived to be “safe,” social, and used across all socioeconomic and geographic populations. However, methamphetamines are seen as the drug causing the most damage, destroying relationships and lives. Middle school and high school students see prescription drugs as the #2 problem.

### **For which drugs are we seeing increased rates of use?**

The belief is that the use of methamphetamines (in adults) and prescription drugs is increasing. The practice of mixing drugs with alcohol was also mentioned as being on the rise. Students comment that you hear about Marijuana almost every day at school and that “Marijuana use is constant.”

### **What are the harmful consequences of drug abuse in our county?**

Most of the comments had to do with methamphetamine use: Meth is addictive. You lose friends and the trust of your kids; you lose financially, and you lose your sense of right and wrong. You lose brain cells and make bad decisions. Two local boys recently even killed to get drug money. You get wrinkly and have bad teeth. You can become depressed and aggressive. Methamphetamine use affects the children of users—their parents don’t care about them, they see drug use, and they learn no goals except immediate gratification. Children become drug users later and the cycle continues. This cycle is extremely difficult to break.

About Marijuana, students say you can get suspended from school or probation, and if you are in sports, you will be off the team because of the Sports Contract you sign. Several students and adults commented that they think Marijuana does not do much harm, and that it does less harm than alcohol.

### **Why are drugs being used?**

Young people explain that they use drugs because they are bored, they are curious and they want the thrill of the experience. They acknowledge that peer pressure, feeling accepted and looking cool are also factors. Some say that teens use drugs to overcome physical or mental limitations (behavior problems, depression and stress).

Adults say that drugs can build your confidence and can help you escape from unfavorable home conditions. They can also help you get the job done because they keep you awake and alert. They can help you fit in or to hide. Drugs are used to relieve pain; abused women say they use painkillers to self medicate. Drugs are easy to get.

When asked, “What is the most important issue” for youth as it relates to drug use, respondents agreed that lack of parent guidance/mentoring is the biggest issue. Running 2-3 are peer acceptance and ease of getting drugs. The message voiced by several participants was that if a child’s parents are already doing drugs, that child is lost.

### **Is there a “gateway drug?”**

Some middle school youth say, “Alcohol. It is a much bigger problem than drugs.” Others students explain that kids start smoking first, then using pot, and it starts at middle school. They conclude, though, that “It is just whatever kids get to first.” MCHS students feel that tobacco is the gateway drug. They comment

that “When kids make the decision to smoke, they usually have a mindset to drink, too. Alcopops are a gateway for younger kids.”

Adults agree that alcohol and cigarettes lead youth to further experimentation. A Health Department representative makes the point that “there is a ‘gateway drug’ for only about five percent of users. The others just try drugs and can leave them after the experiment loses its charm.”

### **How aware is our community of drug abuse?**

Young people think the community is not aware of drug use and that it is spreading. “Some of the community thinks we are all on drugs; the majority of us are not frequent users.” Adults believe that the community is aware of Marijuana use, but they need to know more about prescription drug abuse. The Sheriffs believe that law enforcement and merchants could use more training so that they are not behind the curve.

### **Which populations are at the greatest risk of abusing drugs?**

The consensus is that youth, twelve years old and older, are at greatest risk of using prescription drugs, alcohol and cigarettes, especially those who have been exposed by their families to drugs. Students in middle school and high school are at greatest risk of using Marijuana and prescription drugs. Adults 18 years old and older are at greatest risk of using methamphetamines. Older adults are misusing prescription pain killers; they go to different doctors to get prescriptions.

### **What other drugs are being used?**

These drugs were mentioned: Ecstasy, alcohol, inhalants, tobacco, over the counter drugs, acid, skittles and the plant stevia.

### **Which powerful prevention strategies have you seen, experienced or would you like to suggest?**

The most common prevention strategy mentioned was to support strong family connections; parents need to be parents. Give help to grandparents raising grandchildren due to parental involvement with drugs. Help parents learn how to talk with their children and recognize signs that children may be trying drugs.

In the absence of parental supervision, connect youth with adult mentors and peer support groups, help them build trusting relationships and give them someone else to talk with.

The range of suggestions made by youth includes:

- Nothing—kids are going to try drugs even if you offer more activities or if you educate them.
- Teach kids the long term side effects, using videos, not controlling scare tactics. Tell youth the truth and let them decide.
- Have a popular high school student talk with middle school students.
- The sports contract is a deterrent.

North County representatives ask for more law enforcement, help for grandparents, things for youth to do, like sponsored sports or a bowling alley, and small group social activities where kids can just be themselves.

Other suggestions include:

- Educate youth about prescription drugs.
- Create a database of Mariposa County residents holding medical marijuana cards.
- Use recovering addicts to help teachers teach concepts.
- Work with expectant mothers—break the cycle.
- Offer after school activities like YMCA, but with transportation.
- Ask doctors to prescribe the least powerful pain killers for smaller problems; universal use of Vicodin is a problem.
- Promote parties without drugs.
- Base the prevention on the benefit people get from drugs.
- Work with families involved with drugs to prevent the cycle of abuse, using programs like Celebrating Families and the 52-week Family Endangerment Program.
- Offer more training to law enforcement and merchants.

## Parents and Drugs

Research consistently shows that teens who learn a lot about the risks of drugs at home are up to fifty (50) percent less likely to use drugs. (*Exposure to Substance Use Prevention Messages and Substance Use among Adolescents: 2002 to 2007*, Substance Abuse and Mental Health Services Administration SAMHSA 2009) Yet many parents have difficulty talking with their children about drugs and alcohol...Only thirty-two (32) percent of teens report they are learning about the risks of drug use at home. (Steven Paslerb, Partnership for a Drug Free America, 2009)

Adolescents can be particularly vulnerable to alcohol and drug use in periods of transition such as entering middle school or high school, or moving to a new town and a new school. Parents should be especially attentive to their child's moods and behavior at these times, and be alert for opportunities to initiate conversations about the risks of alcohol and drug abuse.

The Partnership for a Drug-Free America/Met Life Foundation Parents Attitude Tracking Survey 2008 measures attitudes and behaviors of parents with children aged 10-19 that relate to substance abuse. The 2008 survey documents significant year-to-year improvement in parents' acceptance of responsibility for preventing or stopping their child's drug use or drinking, and in parents' confidence that they can prevent or stop drug or alcohol use by their teens. Parents appear to be talking more in general with their children about drug risks, for instance the risks of cough medicine abuse.

The report concludes that "a number of factors may have influenced these improvements in parents' perceptions and behavior, including parent – targeted media efforts intended to raise awareness of teen prescription drug abuse and encourage parents to take preventive action."

There is a notable change from the previous Partnership Attitudes Tracking Survey, where sixty-five (65) percent of teens said they use drugs "to feel cool." The 2007 survey finds that 73% of teens say they use drugs to cope with school pressure. The reason "to have fun" is also declining.

In fall, 2009, Mariposa County School District parents of students in Grades Five and Eight were asked to respond to a twelve-question "Mariposa Parent Survey on Drugs and Children," based on the Parents Attitude Tracking Survey (See Appendix H). The questions are designed to gain knowledge of parents' attitudes about dealing with drugs, as well as to raise questions in the minds of parents about how they store prescription drugs and to suggest safeguards they could be taking to prevent their children's exposure to drugs.

Parents of 135 fifth graders and 191 eighth graders attending Back to School Night events at Catheys Valley, Coulterville-Greeley Hill, Lake Don Pedro,

Mariposa Elementary, Mariposa Middle, Sierra Home School, and Woodland schools, were handed surveys and an envelope for returning each survey anonymously to the teachers. If parents did not attend the event, then surveys were sent home with students. Overall, there were only 86 surveys returned, a rate of 26.4%. There were 70 Fifth grade parents surveys (37%) and 16 Eighth grade surveys (8.4%) returned. Mothers completed 64 (or 71.1%) of the surveys, fathers completed 13 (or 14.4%), and guardians completed 7 surveys (or 7.8%). Four couples of mothers and fathers did the survey together.

Survey results (Appendix I) point out these attitudes of responding Mariposa County parents:

- 76.5% agree that their children will be offered drugs by age 18.
- 86.5% believe that their children have not been offered drugs yet.
- 79.3% disagree that there is very little parents can do to prevent their children from trying illegal drugs. (This is the same as the national average)
- 95.4% feel parents should forbid their children to use illegal drugs at any time. (The national average was 84%.)
- 43.1% feel that Marijuana is the biggest problem for Mariposa's children; 31.7% feel the problem is methamphetamine, and 19.5% feel that it is prescription drugs. The majority of respondents checked all three.
- 95.9% say they monitor the behavior of their pre/teen's friends. (The national average was 80%)
- 67.8% have 0-5 prescription or over-the-counter drug products in their homes; 23% have 5-10 products, and 9.2% have more than 10 products.
- Many of these drugs are kept in high, hidden, or secure places. However, sixty-three responses were that medical products are kept in the open or in an unlocked medicine cabinet.
- 91.8% agreed that if was very true or somewhat true that they would notice if any prescription or over-the-counter drugs were missing or had been used without their knowledge. However, only 65% answered that this was "Very true."
- 94.1% said "No" to the statement, "Using prescription medication to get high is much safer than using street drugs and they will not become addictive."
- 77% said that they or another adult in the home had discussed the effects of prescription and over-the-counter drug abuse with the children in their home in the past year. (The national average in 2008 was 72%.)
- The last question was ambiguous. "I would discuss drugs with my child more often if I had specific information about drugs or over the counter medicines and their effects." 44.7% of parents strongly agreed. 29.4% agreed a little and 22.4% strongly disagreed. The strong disagreement could have meant
  - I would talk with my children regardless of more information.
  - No, I won't discuss any more often.
  - No, don't give me any more information.

Conclusions:

- It was disappointing to receive so few of the parent surveys. However, the returned surveys indicate that those who responded feel empowered to address drug abuse issues with their children. Because the consensus opinion of focus groups and interviews was that parents are the key to prevention, there must be a strong effort to reach the parents who did not choose to participate in the survey.
- 74.1% of the parents strongly agreed or agreed a little that with more information they would discuss drugs with their children more often.
- Over three quarters of the parents felt sure that their children would be offered drugs by age 18. These parents need refusal strategies to give their children when they are offered drugs.
- Parents are mostly concerned about Marijuana.

## Mariposa County Capacity for Prevention

During the course of this year's research, it has become obvious that there are many assets available for prevention of drug abuse in Mariposa County. It will be the job of the yet unformed Mariposa County Prevention Coalition, a cadre of committed community leaders and partners, to use this assessment to determine priorities, plan prevention strategies, build capacity for prevention, and orchestrate partnerships. Membership of this Prevention Coalition will include representatives from the following entities:

- 1) The Mariposa County Sheriff's Department;
- 2) The Mariposa County Department of Probation;
- 3) The Mariposa County Department of Mental Health;
- 4) The Mariposa County Office of Education;
- 5) Friday Night Live (FNL);
- 6) Local parents; and
- 7) Community volunteers.

Based on the interest of the medical community, it might be advantageous to invite a hospital and/or pharmaceutical representative, as well.

### **Mariposa Community Key Leader Survey** (Appendix J)

On March 4, 2009, twenty four key leaders in Mariposa took the Community Key Leader Survey, developed by Goodman and Wandersman at the University of South Carolina to determine readiness for prevention efforts. This instrument uses key leaders to look at three areas: awareness, concern, and action across community levels. Key leaders respond to questions in these three areas both on a personal level and a perceptual level of their organization's responses. Members of this group were from the Superior Court, the clergy, the local mediation center, Shared Leadership (a parent empowerment group), Project Respect, Mariposa Safe Families, Mountain Crisis Services, the school district, Infant Child Enrichment Services (ICES), First 5, Domestic Violence Response Team (DVRT), Human Services, District Attorney's Office, UC Merced, and the community at large. The results are reported as "Areas of Strength" and "Opportunities for Building Capacity." (Appendix K has detailed Survey results.)

#### Areas of Strength

1. 87.5% are aware of AOD prevention programs in Mariposa.
3. 91.7% want to learn more about community related AOD prevention programs.
4. 100% believe prevention of AOD abuse is important.
12. 83% are concerned about whether we have enough AOD prevention programs here.
22. 66% say their organization, as part of its mission, is concerned with preventing AOD abuse among youth.
23. 75% say that members of their organizations are assigned to collaborate with others concerning the prevention of AOD abuse in Mariposa.
24. 75% say that their organization is interested in information on the time and

energy commitments that a community-related AOD abuse prevention program would require.

37. 100% agree at least a little that it is very effective to offer AOD abuse prevention resources to employees and their families at their workplace.
39. 87.5% say that their organization would be quite willing to make available AOD abuse prevention resources to employees and their families.

#### Opportunities for Building Capacity

(These could be baselines for measuring growth.)

2. 54.9% collaborate around prevention of AOD abuse in Mariposa.
11. 67.5% know which types of services are offered by the different AOD program providers in Mariposa.
17. 45.9% say that their personal involvement in organized activities for the prevention of AOD abuse has increased.
20. 58.3% say that their organization has a written policy concerning the use of alcohol and other drugs by employees.
28. 37.5% say that in the last 12 months their organization's exchange of information with other organizations re. prevention of AOD abuse has increased a little or a lot.
30. 33.3% say that in the last 12 months, their organization's sharing of resources with other organizations re. prevention of AOD abuse has increased a little or a lot.
31. 37.5% say that in the last 12 months their organization's co-sponsoring events with other organizations re. prevention of AOD abuse has increased a little or a lot.
32. 33.3% say that in the last 12 months their organization's coordinating services with other organizations re. prevention of AOD abuse has increased a little or a lot.
33. 41.7% say that in the last 12 months their organization's undertaking of joint projects with other organizations re. the prevention of AOD abuse has increased a little or a lot.
34. 12.5% say that their organization's participation in media coverage concerning prevention of AOD abuse has increased a little or a lot.
35. 62.5% are aware of specific programs offered to employees and their families in the workplace which address AOD abuse prevention.

There are many initiatives run by various agencies that could be viewed as preventive against drug and alcohol abuse. Some of these are:

#### **Mariposa Safe Families Initiatives**

- **Shared Leadership** is a committee of Mariposa Safe Families, Inc. made up of parent leaders who are committed to helping to create change in their homes and their communities. They may be parents, grandparents, kinship care providers, foster parents or anyone in a parenting role who speaks from his or her own perspective - not in a staff role for an organization.

- **Celebrating Families!** is a new program that targets children of alcoholics and addicts. It was offered once and is temporarily suspended with the intent to seek additional funds to offer it again in the future. It is designed to support families dealing with chemical dependency, whether it is alcohol or some other type of drug. The mission of Celebrating Families! is to help children and families be healthy, responsible and addiction free!
- **Safe at Home** events in the North County and Mariposa connect parents and caregivers with concrete supports such as health, education, social and recreation services to strengthen families.
- **Friday Night Live** and **Club Live** are school and community based youth development programs that engage young people as active leaders and resources in the community. The main focus is promoting healthy lifestyles free of alcohol, tobacco, or other substance abuse among youth. This program includes a **FNL Mentoring Program**.
- **Family Enrichment Center Programs** provide workshops for parents on budgeting, nutrition, and other aspects of parenting.

### **Anti-Drug Abuse (ADA) Enforcement Program**

The grant-funded Anti-Drug Abuse (ADA) Enforcement Program combines the efforts of the Probation and Sheriffs' Departments to prevent the use and reduce the availability of drugs in Mariposa County. The program also sponsors school and community informational presentations about drugs and alcohol.

### **Blue Ribbon Commission on Children in Foster Care**

The charge of the California Blue Ribbon Commission on Children in Foster Care is to provide recommendations to the California Judicial Council on the ways in which the courts and their partners can improve safety, permanency, well-being, and fairness outcomes for children and families.

### **Mariposa County Probation Department**

**The ADAPT Program** is designed to address the use of alcohol and/or drugs by teens before they become integrated into the juvenile justice system. As they participate in the curriculum, teens will create the knowledge, skills and strategies they need to make healthy choices about substance abuse and to resist peer pressure to use. The program will also help parents to recognize and then change social norms surrounding youth alcohol consumption and their acceptance of underage youth drinking if they are supervised or in a controlled environment. The Prevention strategy, *Class Action*, involves secondary school youth who are exhibiting at-risk behaviors, but have not yet been arrested or convicted of a drug or alcohol-related crime. The Early Intervention Strategy for youth who have been charged with an alcohol or drug related crime is Project *Toward No Drug Abuse (TND)*. This program is also being used as a diversion program, in lieu of more formal charges. A part-time Juvenile Probation Officer and an Alcohol Drug Specialist facilitate this 12-week alcohol and drug curriculum.

Mariposa County Probation has a **full-time officer assigned to the schools.**

**Mariposa County Project Respect (MCPR)** is a community-wide effort to end bullying in Mariposa County. To that end, MCPR is committed to creating a safe, trusting, community environment of mutual support, kindness and respect. This addresses risk factors of alienation and underlying abuse issues. Project Respect is a community-wide project of the Mariposa County Domestic Violence Coordinating Council and Mariposa County Unified School District.

**SMILE**, a cross-age after school mentoring program, beginning Fall 2009, will work in tandem with Project Respect at two schools to provide elementary and high school aged students with experiences designed to discover strengths, celebrate individuality, develop leadership, increase resilience and enrich life through community linkages. The program will be a targeted prevention/intervention partnership with teachers, school counselors, and education professionals, and it will include a component for parent involvement in leadership development. It is funded by MHSA PEI.

**The "Social Host Accountability" Ordinance** was passed in October of 2008 by the Mariposa County Board of Supervisors. It is an attempt to limit teenage drinking (parties) in the county by holding the parents responsible if they are aware of a party or underage drinking is taking place on private property. The California State Legislature has no laws against teenage drinking in private residences, so some counties have taken it upon themselves to regulate this.

#### **Local Merchants' Prevention Initiatives**

At Pioneer Market, there is a videocam on the aisle where over the counter medications are housed. Other ephedrine are behind the pharmacist's counter. Cash registers are keyed to limit the purchase of certain items. In the pharmacy, the pharmacist states that insurance companies report when there are multiple prescriptions for medications. "We note when people refill their meds earlier and earlier, or when they call other doctors for the same prescription. Sometimes I get a call from another pharmacist who sees a bottle I usually fill. When this happens we alert the physician, who works with the patient to design a medication contract."

At Rite Aid, employees must take the computer-based training on methamphetamine ingredients. Pseudoephedrine training is required for all pharmacy staff and management. Registers limit the amount of methamphetamine ingredients that can be purchased. All pseudoephedrine is kept behind the pharmacist's counter. "Meth Check" tear-offs for over-the-counter medications containing ingredients that could be used to manufacture methamphetamine are provided for customers to take to the pharmacy counter. When a client presents the tear-off at the counter, s/he is asked to swipe a driver's license. The pharmacist will be alerted if too much has been purchased. This prevents "smurfing," the serial purchase of multiple packages of cold and

allergy medicine in order to obtain pseudoephedrine for meth production. In California, it is illegal for retailers to sell more than three (3) packages or nine (9) grams of pseudoephedrine-containing product in any single transaction. Law enforcement officials report that meth manufacturers skirt the California sales restriction by returning to the same store multiple times to purchase at the three-box limit or by traveling from store to store to do so.

### **Behavioral Health AOD Interventions**

The Drug and Alcohol, Drug Court / Adult Drug Court Outpatient, Driving Under the Influence and the Family Endangerment programs can be viewed as preventing of the cycle of abuse.

Heritage House participants voice willingness to speak with children in the schools, especially during occasions like Red Ribbon Week.

Behavioral Health has established *Guidelines for Clients Using Prescription Drugs, Methadone and Medical Marijuana*. (See Appendix N)

**Mariposa County Sheriff Department Decoy Program** seeks to prevent the sale of alcohol to underage minors.

**Mariposa County Parent Teacher Associations, Organizations, and Clubs** are actively engaged in guarding the safety of students on school campuses and at off-campus, school-related events. They can also effectively communicate anti-drug and alcohol messages and education to parents.

**Mariposa County Unified School District Programs:** (MCUSD website 9-1-09)

- **Tobacco Use Prevention Education(TUPE)**
- **Safe and Drug Free Schools**
- **After School Education and Safety (ASES) Programs**
- **Foster Youth Services Program**
- **MCHS Sports Contracts**—Athletes sign no alcohol/no drug agreement.
- **MCHS Grizzly Boosters Sober Grad Night**—also supported by local community service organizations

### **Mariposa County Health Department**

A Health Department nurse works with pregnant women who have used drugs. She has good results in teaching women about the dangers of using marijuana while pregnant, if the children are with the parent. Another nurse does workshops for Behavioral Health Prop 36 on infectious diseases you can get from doing drugs.

### **Greeley Hill Prevention Strategies**

***Saturday Night Live*** is a youth group sponsored by the Barlows and the Figueroas. Leaders involve teens in activities like soccer, watching videos, tossing around the “Be real” ball. It gives them something to do.

The minister of the Wildwood Community Church takes individual youth paint balling to show them you can have fun without drugs.

### **Mariposa County Youth Recreation Programs**

## Conclusions and Recommendations

The questions to be addressed by this assessment are:

1. How much of a problem is Marijuana, methamphetamine and prescription drug abuse in our county?
2. For prevention, which problems, which populations should be priorities?
3. Which strategies?
4. Which information can be collected annually to find out if prevention strategies are working?

It is important to remember that the numbers gathered in this report indicate only the number of people who have been caught with drugs or had significant problems that led them to seek services. This is only a fraction of the actual population abusing drugs in Mariposa County. Conclusions are drawn from the quantitative data submitted by Mariposa, state and federal agencies and from the qualitative data gathered in local focus groups and interviews. To get a true picture of the problem, we should examine longitudinal data routinely gathered from local agencies involved with substance abuse issues.

However, the Mariposa County data available indicates that the abuse of drugs is a growing problem. The quantitative data indicates that Marijuana is the most frequently used drug. The qualitative data obtained from focus groups, interviews, and parents also points to Marijuana as the number one problem in magnitude. It is perceived to be “safe,” social, and it is used across all socioeconomic and geographic populations. However, methamphetamines are seen as the drug causing the most damage by destroying relationships and lives.

Data and personal observations point to middle school as the population usually involved with Marijuana, prescription drug and over-the-counter drug experimentation. Middle school students themselves say that they begin with tobacco and alcohol use, and move on to Marijuana. Serious methamphetamine use and prescription drug abuse occurs later on, in adults.

Advice of many respondents is that the best prevention begins with looking at the causes people have given for their drug use and addressing those causes. If stress and depression from family conditions (economic, physical, or emotional) lead people to escape by using drugs, where do you start the prevention? If a lack of confidence and low self esteem lead people to want too look “cool” and succumb to peer pressure, where do you start the prevention? If boredom leads teens to look for thrills through experimentation, where do you start the prevention? If a genetic predisposition or exposure to family drug use leads young people to follow the pattern of least resistance, where do you start the prevention? When these root-cause-based strategies are too difficult, expensive and time consuming to implement, then prevention programs for the larger population are chosen.

For years, prevention programs have targeted elementary school children with the Sheriff's DARE Program, Red Ribbon Week, and "Just Say No!" campaigns. Somehow, those do not appear to have "sticking power" with middle school youth. New prevention strategies targeting the interests and personalities of young teens and their parents are indicated. Research has shown that teens who hear about the risks of drugs at home are much less likely to use them. On the "Mariposa Parents Survey on Drugs and Children," parents and guardians asked for specific information to share with their children.

Specific prevention strategies should be designed for children at risk due to drug involvement of their parents; they were consistently referred to in this study as "lost," unless the cycle is broken. Suggestions have included peer support groups, adult mentors, and small group social or sports activities.

Other suggestions were made which fall in the category of environmental prevention, or changing the underlying environment and social conditions contributing to drug abuse. These include:

- Create a database of Mariposa County residents holding medical marijuana cards.
- Offer after school activities like YMCA, but with transportation.
- Ask doctors to prescribe the least powerful pain killers for smaller problems; universal use of Vicodin is a problem.
- Offer more training to law enforcement and merchants.

In a community like Mariposa County, we have the capacity to implement several general public health and safety approaches with parents and students, such as:

- enhanced community collaboration based on routinely collected and shared data
- high visibility law enforcement, especially in locations where drugs are being used
- increased public information about drugs (especially prescription and over-the-counter drugs)
- social norm modification with programs like Club Live and Friday Night Live
- restricting youth access

When prevention strategies are put into place, the community must receive information about what those efforts are and whether they are working. Annual collection of the following data for placement into a "Prevention Report Card" could demonstrate improvement. The following are some considerations for inclusion in such a document.

## What Could Be on a Prevention Report Card?

### **Sheriff Dept. Information**

- Number of death caused by drugs, by type of drug used
- Number of arrests/investigations by drug and juvenile/adult

### **Board of Supervisors Information**

- Existence of an advanced Social Host ordinance re. marijuana
- Number of policies at community events to prohibit sales of pro-marijuana-themed merchandise
- Number of lighting requirements outside areas where dealing/use occurs

### **Mariposa Safe Families Information**

- Development of a youth-led campaign to raise public awareness (of video games promoting drug use, for instance)
- Number of youth development activities, after school programs, and early prevention programs
- Number of parenting programs which teach parents of preteens and younger adolescents the skills they need to improve family communication regarding drugs and bonding (Guiding Good Choices, for example)
  - Number of strategies to increase public awareness about the harm of the drug;
  - Number of evidence-based media campaigns
  - Number of strategies to increase public awareness of the harm of the drug
- Number of informational programs or communications for parents and students re. the prevalence of prescription drugs used by teens and their effects

**Behavioral Health Information** - Number of treatment services by age and drug involved

### **CA Healthy Kids Data**

- Percentage of students in Gr. 7, 9, and 11 who report using cigarettes, alcohol or marijuana in the past 30 days.
- Percentage of students in those grades who perceive Marijuana as harmful, as compared to those perceiving cigarettes and alcohol as harmful.

### **MCUSD Data**

- Number of MCUSD drug related student discipline referrals, by grade, type of referral and drug involved
- Number of school-based prevention programs
- Number of after-school safe study rooms for grades K-12

### **Probation Data**

- Number of ADAPT students professing to use drugs; number of ADAPT students who stay clean after class
- ADA: Number of seizures of marijuana plants and/or paraphernalia; number of seizures of methamphetamine labs and materials
- Percentage of positive drug tests for Marijuana, prescription drugs and methamphetamine

### **Hospital Emergency Room Data**

- Number of ER visits directly related to drugs or drugs/alcohol, by age and drug used
- Number of Emergency Room practices to identify, screen and refer ATOD-related injuries

### **Social Services**

- Number of children placed outside the home due to caregiver drug abuse.
- Number of domestic violence incidences related to drug use

### **Local Merchants and Community Organizations**

- Number of retailers trained to recognize when someone buys supplies for manufacturing methamphetamine
- Number of options for ensuring that ingredients, whether in bulk form or other retail cold remedies, are controlled
- Number of retailer trainings about products they sell that have potential for inhalant use
- Pharmacy practices to track prescriptions and identify abuse patterns
- Number of employer drug-free workplace policies and family Employee Assistance Program services

As described in the section “Capacity for Prevention,” as well as throughout this report, there are many groups in Mariposa County already focused on prevention or intervention of drug abuse. The Mariposa County Prevention Coalition has the task of orchestrating the efforts of these organizations as they plan effective prevention strategies for the residents of our county.