

REPORT
Larimer County 2004
Methamphetamine
Crisis in Larimer
County



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Introduction

Methamphetamine (meth) use is an increasingly critical problem in Larimer County. Community concerns range from environmental hazards and associated health problems, including the clean-up of meth manufacturing waste, to child abuse and family psychosocial disorders. Addictive disorders, such as those occurring from meth use, also have a wide-ranging impact on the drug users themselves. Many users are involved in the criminal justice system. Others lose their jobs and families. Often physiological effects on the brain preclude full recovery for long-time users. The following report provides local information about methamphetamine use, arrests, deaths, and general community effects, as well as resources to address this issue and help those in need.

Larimer County Statistics

The 1996 National Household Survey on Drug Abuse (NHSDA) estimated that about 4.8 million people have used meth in their lifetime. In 1996, rates of lifetime use were lowest in the South at 1.5%, and highest in the West at 4.1% ([Substance Abuse Mental Health Services Administration](#)). Exact levels of meth use in Larimer County are unknown; however, many indicators of its prevalence can be observed. This section of the report provides data on the number of arrests, meth lab seizures, child protection reports, meth-related deaths, hospital admissions, and admissions to treatment facilities.

Table 1: Methamphetamine Arrests by Law Enforcement Agency

	Larimer County Sheriff	Larimer County Drug Task Force	Estes Park Police	Fort Collins Police	Loveland Police	Berthoud Police	Colorado State University
Methamphetamine (synthetic narcotic) Arrests*	Included in Larimer County Drug Task Force numbers.	2001=64 2002=21 2003=77	Not available	2002 = 46 2003 = 93	2003 = 211 reports with 214 arrests 2002 = 100 reports with 88 arrests	2003 = 4 2004= 5 (just in first ½ of year) ****	Cases are included in city numbers. There are very few 'on-campus' meth arrests.
Methamphetamine Lab Seizures	See LC Drug Task Force	2001=29 2002=21 2003=16**	4***	See LC Drug Task Force	See LC Drug Task Force	See LC Drug Task Force	See LC Drug Task Force

* These numbers include sale, manufacture, and possession
 These numbers represent **active labs, not those found in the set-up stage or former labs.
 ***Over the last four years.
 ****Berthoud figures are estimated based on total drug arrests. 2004 figures represent Jan - July 2004.

A recent study of pretrial inmates at the Larimer County Detention Center found that at least 44% had some form of methamphetamine involvement (either had charges and/or were admitted users). Of those, 25% were female and 75% were male (Larimer County Health and Human Services, 2004). Table 1 shows methamphetamine arrests and the number of meth lab busts (seizures) among Larimer County law enforcement agencies. The Larimer County Drug Force is a multi-jurisdictional drug task force staffed by personnel from Fort Collins Police Services, Larimer County Sheriff's Office, Loveland Police Department, Colorado State University Police Department, Drug Enforcement Administration, and the Colorado National Guard.

In Larimer County, an estimated 154 child protection referrals were meth-related from February to July 2004; these are cases in which abuse or neglect was reported. The following table shows demographic information for the children involved in those cases.

Table 2: Methamphetamine-Related Child Protection Referrals (February 2004 to July 31, 2004)

Demographics	Number of Children	
Age	0 to 5	61
	6 to 10	27
	11 to 16	40
	Unknown	26
Ethnicity	Bi-racial	6
	Caucasian	82
	Hispanic	41
	Native American	2
	Unknown	23
Gender	Female	68
	Male	77
	Unknown	9

“Child Welfare is challenged by the scope of problems resulting from parents addicted to methamphetamine. For children, the long term effects of this problem are devastating. These include an overall increase in child maltreatment and the associated costs related to health screening, evaluation, treatment, out-of-home placement, legal expenses, and permanency planning. Children removed from drug endangered environments are likely to suffer from physical health complications, emotional trauma, and behavioral and learning difficulties.”

--Angela Mead, Director of the Hub, Larimer County Department of Human Services

The number of *methamphetamine-related deaths* in Larimer County was relatively low over the last several years, according to the Larimer County Coroner's Office. Accidental deaths involving meth were 1 in 2001, two in 2002, and two in 2003. This means there was a three year average rate of 0.63 per 100,000 compared to the Denver area (Denver, Adams, Arapahoe, and Jefferson Counties combined) which had a three year average rate of 0.78 per 100,000 (Denver Coroner's Office; Drug Abuse Warning Network—DAWN, 2000-2002). While the number of deaths may be low, hospitals are seeing many patients who have conditions related to meth use in the emergency room and for inpatient services. See Table 3.

Table 3: Methamphetamine-Related Hospital Admissions

	Poudre Valley Hospital		McKee Hospital	
Inpatient Admissions (abuse or overdose)	2003	6	2003	10
			2002	13
			2001	1
			2000	0
Emergency Room Visits (abuse, dependency or other stimulant-related effects)	2003	45* 24 female, 21male Ages: 0-19 (14), 20-34 (22), 35-49 (9)	2003	68 33 female, 35 male Ages: 0-19 (13), 20-34 (42), 35-49 (13)
			2002	30
			2001	11
			2000	14

*Half of all people were released to home after treatment, 6 were admitted, & the remaining people were released to other settings.

Larimer County meth users also participate in treatment programs around the state. In 2003, there were approximately 114 Larimer County residents receiving publicly-funded treatment for meth use,

compared to 1,076 who received treatment for alcohol abuse ([Colorado Alcohol and Drug Abuse Division](#)). These substance abuse treatment facilities receive some public funds to help provide services, though these funds do not represent the entirety of their budgets.

The Dangers and Costs of Meth Use

Methamphetamine is a highly addictive stimulant that causes brain damage among its users. It is relatively inexpensive compared to other drugs like cocaine and heroin, which makes it more accessible to the drug-using population. The drug can be manufactured using everyday household items, producing toxic by-products that can cause death.

Brain damage from methamphetamine use causes increased nervousness, irritability, paranoia, visual and auditory hallucinations. Hallucinations may become part of users' everyday life, even without continued use. They may also develop a false sense of confidence and power. With longer term use, meth users may develop permanent psychological problems such as delusions of grandeur leading to aggressive behavior and poor coping abilities; they may develop more severe mental illnesses including paranoid schizophrenia and major depression (Larimer County Drug Task Force).

Beyond these individual problems, the 'human' costs of methamphetamine use are wide and varied. The drug is so addictive that it becomes the number one priority for many users; children are neglected, jobs and other responsibilities are neglected. *Lives fall apart*. Men and women are equal opportunity users. Their children are at high risk of becoming users and of exposure to the environmental toxins produced by manufacturing the drug at home. Children, in some cases, help their families make meth by doing simple tasks. Babies born to mothers who use meth are 100% addicted, and must go through withdrawal just as adults; sadly, they may also have long-lasting or permanent physiological problems.

Among the economic costs to the community, law enforcement, the judicial system, and the jail, each report an increase in meth 'traffic' in the system—taxpayers are financing this increase. Users frequently become involved in the criminal justice system, as they may commit crimes directly (possession, sale, manufacturing) or indirectly (steal money to pay for meth, assault someone while using meth) related to methamphetamine. Taxpayers are footing the bill for housing inmates at the jail. Other economic costs include the loss of productivity for employers of meth users and the burden of insuring repeated participation in substance abuse treatment programs. Health care costs are incurred in the treatment of multiple health problems caused by meth, including those from exposure to manufacturing toxins. It is likely that emergency room use from accidents related to meth use has increased.

During the last two years, the use and production of methamphetamine has cost communities in Northeastern Colorado nearly \$1 million. According to a study by the Colorado State University (CSU) Cooperative Extension and the Colorado Department of Local Affairs, government costs related to methamphetamine increased by \$916,850 from 1999 to 2001 in Morgan, Logan, Washington, Yuma, Phillips, Sedgwick, and Kit Carson Counties (The Fort Morgan Times, Nov. 12, 2002). Larimer County may be facing a similar expenditure increase.

Growing local awareness has forced expenditures for educating service providers and developing safety protocols, particularly for those who may come into contact with homes where meth is made ('meth labs') or where meth manufacturing waste is dumped. The clean up of meth labs can be very costly, with estimates ranging from \$4,000 to over \$100,000 (McFadden and Associates). Some places can never be used again.

Local Intervention Efforts

Treatment efforts are bleak given the current state of substance abuse funding in Colorado. Although services currently being provided are good, there are gaps in the continuum of treatment options and a general lack of availability of methamphetamine treatment. As mentioned earlier in the report, most meth-specific treatment is provided outside the County. Recently, however, the local Mental Health and Substance Abuse Partnership, a collaboration of local service providers and other stakeholders, developed priorities for substance abuse programs in Larimer County should funding become available. The State of Colorado is pursuing a federal 'Access to Recovery' grant that, if awarded, could bring as much as \$15 million per year

for three years into the state for substance abuse treatment. It is possible that a portion of this money could be used in Larimer County to recover substance abuse treatment funds lost from budget cuts or to create new programs.

Environmental concerns are being addressed through media coverage and the provision of local education/awareness meetings. These typically focus on safety issues among public service workers, such as highway and park clean-up crews, police officers, and discuss how to recognize methamphetamine waste, potential labs/manufacturing sites, and how (not) to handle abandoned waste sites (i.e., call HazMat immediately 9-1-1). House Bill 1182, which passed the Colorado legislature this year, requires that the State Health Dept. to adopt standards for meth clean-up, and that homeowner use a certified firm to clean before they can receive a certificate that exempts them from lawsuits.

Another recent presentation offered in the community was “Understanding Methamphetamine Addiction: Biopsychosocial Effects on Parents, Children and the Community”, hosted by Larimer County Drug Endangered Children’s Initiative. The workshop featured educational presentations on the physiological effects of meth, and the impact it has on people’s lives. One of the presenters at the workshop was a former meth user who openly shared her story with the group:

One of seven siblings, all addicted to meth, S.J. was a user for over 20 years. It took losing her husband and son, and nearly killing her sister before she decided to get help. In a meth induced rage, the last words she said to her husband and son were “get out” and “you’re getting on my nerves”. A few minutes later they were killed by a train. After this, S.J. continued using meth for 5 years, trying to escape her pain. Last year, she was cooking the drug when she blew up the lab. Her sister, who was standing next to her, suffered 3rd degree burns and was hospitalized for a year. Finally, S.J. decided to seek treatment and was admitted to a residential substance abuse treatment program located in Denver. (Edited from the Coloradoan, April 24, 2004).

Substance abuse treatment programs have varied success rates, typically based on one year of abstinence. These rates range from 2% to 50% depending on the treatment method and length of the program. One successful model is the Matrix model which is an outpatient treatment approach ([Rawson et al., 1990](#)). The model integrates treatment elements from a number of specific strategies, including relapse prevention, motivational interviewing, psychoeducation, family therapy, and 12-Step program involvement.

Opportunities for Action and Resources

- [Arapahoe House, Comprehensive Drug, Alcohol, and Behavioral Health Services](#); Thornton, CO 80260, (303) 657-3700, www.arapahoehouse.org
- [Colorado Alcohol & Drug Abuse Division](#) (ADAD) (303) 866-7480
- Colorado Alliance for Drug-Endangered Children- www.colodec.org/index.asp
- Colorado Department of Public Health and Environment-[Methamphetamine Lab Cleanup Guidelines](#)-<http://www.cdphe.state.co.us/hm/methlab.pdf>
- [FirstCall Information and Referral](#), Dial 211 or 970-407-7066
- Island Grove Residential Treatment Center; 1140 M Street Greeley, CO 80631, (970) 356-6664 - 24 Hr. (TDD/TTY), (970) 351-6678 - Outpatient Treatment
- Island Grove, Hope Center Fort Collins; (970) 493-1157; Loveland 669-1700
- Jacob Family Services 484-8427
- [Larimer Center for Mental Health](#) (970) 221-2114
- Larimer County Child Protection (24 hours) 498-6990
- Larimer County Drug Task Force 416-2560
- Methamphetamine Information Line (888) 8NO-METH (888-866-6384)
- Narcotics Anonymous (970) 282-8079, www.fortnet.org/na
- [National Institute on Drug Abuse \(NIDA\)](#)
- Turning Point Center for Youth and Family Development, 221-0999, www.turningpnt.org