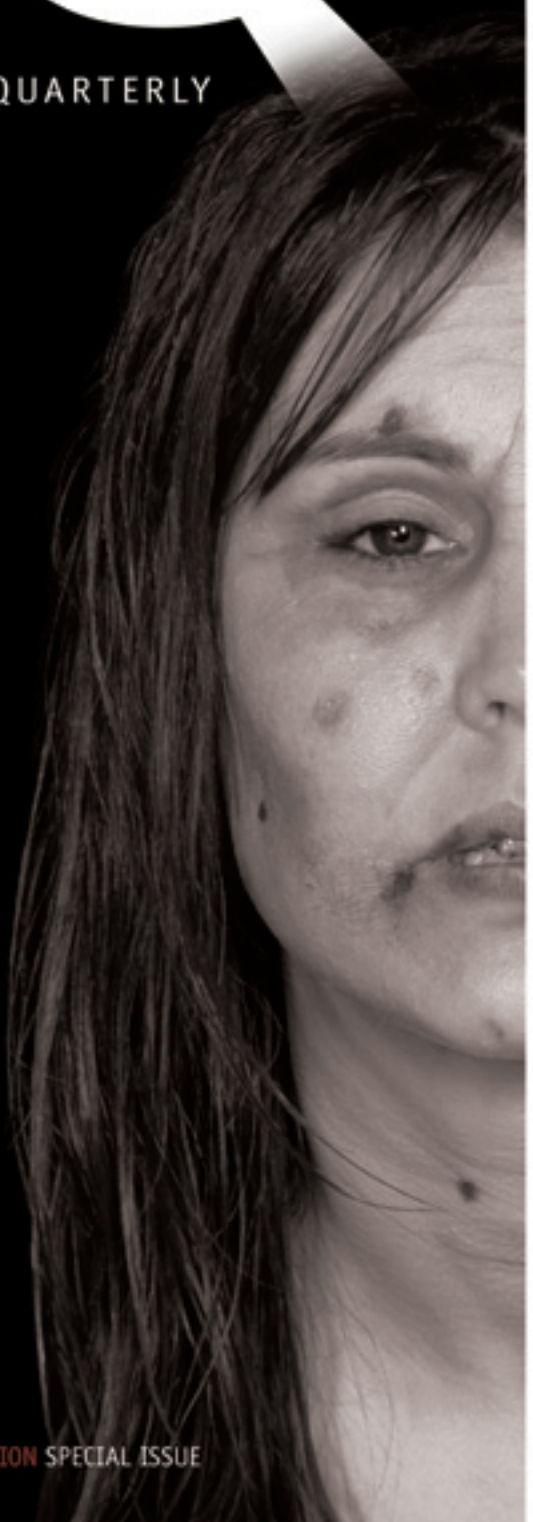
IQ

INITIATIVE QUARTERLY

Till Meth Do Us Part



AN INITIATIVE FOUNDATION SPECIAL ISSUE

METH

THE ICE SHATTERS NOVEMBER 1

There are reasons we choose
to live and work in Greater Minnesota.

Meth threatens every one of them.

Give us one day, and we'll give you the
critical information and career-focused
tools to join us on the front lines.

The end of meth will not come from experts alone.
It will come from organized communities
who have had enough.

St. Cloud Civic Center

8:00 a.m. to **4:00** p.m.
Tuesday, November 1, 2005

$50 Registration fee includes lunch and CD/DVD toolkit with meth videos and practical resources.

Featured Presentations:

- The Impact of Meth in Minnesota
- Meth Addiction & Treatment
- Author Dirk Johnson: *America's Home-Cooked Menace*
- David Parnell: Facing the Dragon
- Iowa: A Model Solution

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INITIATIVE FOUNDATION

Minnesota Initiative Foundations

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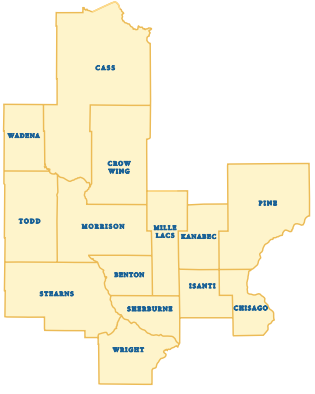
CONTENTS

FEATURES

DEPARTMENTS

COVER

Jessica: Before and After.
Photograph by Jim Altobell
Visual effects in the cover photo have been re-created through cosmetic and digital enhancement.



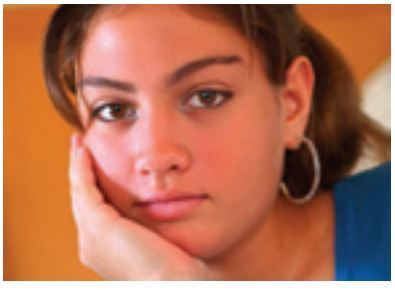
"Our mission is to unlock the potential of the people of central Minnesota to build and sustain healthy communities."

INITIATIVE FOUNDATION FOCUS AREAS

- Strengthen Children, Youth, and Families
- Promote Economic Stability
- Preserve Space, Place, and Natural Resources
- Build Capacity of Nonprofit Organizations
- Embrace Diversity & Reduce Prejudice
- Increase Utilization of Technology

INITIATIVE FOUNDATION

START SEEING METH.



Lakewood Health System recently received the CentraCare Foundation's **"Spirit of Caring" award** for its year-long and region-wide awareness program: **"Methamphetamine: The Facts".**

Lakewood Health System *is comprised of a hospital with 24-hour emergency care, a 100-bed Care Center, a senior apartment facility, a 24-hour assisted living facility and primary care clinics in Staples, Browerville, Eagle Bend, Motley and Pillager.*

It's everybody's job.

We can't win the fight against methamphetamine alone. Everyone has a role in identifying meth, its users, its makers and the innocent bystanders being harmed. Awareness is the first step in winning the battle. To learn more about how you can START SEEING METH, contact **218-894-8330**.

Lakewood HEALTH SYSTEM

218-894-1515
401 PRAIRIE AVE NE • STAPLES, MN
www.lakewoodhealthsystem.com

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Undercurrents

Dear Friends,

Time and again during the boating season, the hollow chirp of a midnight phone call pierces the quiet of our country home. Startled, I try not to listen to one end of the conversation between the county dispatcher and my husband, Neal, a sheriff's department lieutenant, as they discuss a possible water tragedy. I say a prayer and try to fall back asleep. Sometimes, I just can't.

In Minnesota, there is another poisonous undercurrent that is pulling once-secure families into the depths of addiction. It is a homemade drug called methamphetamine, and people from all walks of life are drowning in it.

Meth's long-lasting, ultra-addictive highs and toxic by-products slowly take the lives or souls of its users and those who love them. As you read this letter, a young child in your community is crying out for a caring embrace, a plate of food, or even a clean diaper from hopelessly addicted, hallucinating parents who cower from "shadow people" in a filthy, chemical-laced home.

Worse still, meth is a rural epidemic. Since it can be manufactured and used without fear of discovery by next-door neighbors, it is surfacing in county after rural county, leaving millions of taxpayer dollars in its wake. Between 1999 and 2003, more than 750 clandestine meth labs were busted in mostly greater-Minnesota hometowns.

Because it threatens all we do, the Initiative Foundation has launched a statewide campaign called Minnesota ICE (Intervention, Care, Education): A Rural Response to Methamphetamine. By empowering you and your community with crucial information and effective strategies, Minnesota will own the ultimate weapon in the battle against meth . . . hope.

Please read this magazine.

Kathy Gaalswyk, President
Initiative Foundation

IQ
INITIATIVE QUARTERLY

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BY MATT KILIAN

No More Minnesota "Ice"

The Initiative Foundation Responds

On a crisp October morning in 2003, Initiative Foundation program manager Linda Kaufmann arrived in Buffalo for a grant review at the Wright County Crisis Nursery. During the visit, Kaufmann rattled off standard grant questions and scribbled notes. When she asked about the program's biggest challenge, nursery director Diane Coffield paused for a moment. Her response eventually led the foundation into its battle with methamphetamine.

Coffield shared how she came to know about the horrors of meth addiction, how it was "cooked" in homes using allergy pills and hardware-store chemicals, and how crisis nurseries were summoned to take custody of small children who hadn't eaten, bathed, or been loved by a sober parent in days or weeks. Because each child's skin and clothing were considered toxic, her staff held them with rubber gloves.

"Our eyes and ears were opened after that experience," says Kaufmann. "Meth kept surfacing in talks with nonprofits and communities. It became clear that we could play a role in getting the word out, assisting with project funding, and helping to coordinate efforts."

Although drug awareness and intervention are not on the Initiative Foundation's six-point list of focus areas, it concluded that the epidemic potential of meth threatened every one of them. The more president Kathy Gaalswyk learned, the clearer the course of action became.

"How can our communities invest in economic development when they are forced to divert millions to meth-related expenses?" asks Gaalswyk. "How can they pay attention to parks and trails if they have toxic waste issues? How can they focus on youth programs if one of their highest priorities is getting kids out of meth labs? That's why we decided to take on this issue in full-force."

The Initiative Foundation began by partnering with Hazelden, an internationally renowned addiction treatment and drug research organization, to host regional community-awareness meetings and workshops on effective treatment options. Many workshops had waiting lists and every community meeting became a standing-room-only event. Attendees were either captivated, concerned, or afraid.

PHOTOGRAPH BY JIM ALTOBELL

Kathy Gaalswyk: "We decided to take on this issue in full-force."

An initial $50,000 in grants to Morrison and Crow Wing counties demonstrated the community-based model that the foundation believes will be the most-effective anti-meth strategy. With a shortage of financial and human resources, both counties rely on residents to help fight meth. Forming task forces around three key components—meth intervention, care, and education—volunteers raise community awareness, assist law enforcement, and reach out to current users and families to support their recovery.

Besides the Initiative Foundation and Hazelden, the five other Minnesota Initiative Foundations joined the effort to launch an initiative called Minnesota ICE (Intervention, Care, Education): A Rural Response to Methamphetamine. "Ice" is one of the most common street names for meth. The statewide initiative begins with a conference in St. Cloud on November 1. It will feature the latest trends and information, compelling keynote speakers, and sessions for families, K–12 teachers, community leaders, employers, law enforcement, and healthcare providers. (See the ad inside the front cover or visit **www.ifound.org**)

Other components of Minnesota ICE include:

- Educational workshops and county-wide forums.
- Anti-meth grants for prevention and intervention projects.
- A statewide media campaign to increase meth awareness.
- Free resource guides and toolkits for schools, communities, parents, employers, healthcare providers, and others.

"Our belief in the power of local people is the basis for everything we do," says Gaalswyk. "We never tell people what issues they should care about, but when they bring the issues to us, we do everything possible to help them succeed. And we will succeed." ***IQ***

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Meth Myths

Truth vs. conventional wisdom

Conventional wisdom:
Meth is a greater problem in the Twin Cities, not here in rural Minnesota.

The truth:
The opposite is true. In 2003, the majority of the more than five hundred meth labs busted by Minnesota law enforcement agents were located in rural or semi-rural areas. Most of these (206) were located in the Initiative Foundation's fourteen-county area, including Cass, Wadena, Crow Wing, Todd, Morrison, Mille Lacs, Kanabec, Pine, Benton, Isanti, Stearns, Sherburne, Chisago, and Wright.

Meth producers prefer the isolation of rural locations where they are less likely to be detected. Rural and agricultural communities also provide opportunities to obtain a key ingredient in a popular meth formula. Anhydrous ammonia—a fertilizer used to grow corn and other crops—is often stolen out of tanks in fields or on farm sites for use in the production of meth.

Conventional wisdom:
Meth is just the latest "fad" drug, like cocaine was in the 1980s. Its appeal will eventually fade.

The truth:
Compared to other illegal drugs, meth is easy to manufacture, more readily available, less expensive, and highly addictive. This, say experts, is why meth use will continue to increase unless communities take action. Estimates are that only 20 percent of the meth used in Minnesota is actually made in the state. The bulk of it is smuggled in delivery trucks and hollowed-out car bumpers, usually from Mexico and southwestern states. "Superlabs" in the southwest and Mexico can churn out ten pounds of meth in a

BY KAYLEEN LARSON

ILLUSTRATION BY CHRIS McALLISTER

day, compared with the few grams painstakingly produced in a mini-lab.

Conventional wisdom:
People can become addicted to meth after only one use.
The truth:
Using meth one time does not cause addiction. Many users, however, find the unusually intense and long-lasting "high" produced by meth to be extremely pleasurable. Meth boosts brain levels of the neurotransmitter dopamine, which causes feelings of euphoria and increased energy. With each subsequent use, the body's supply of dopamine is reduced, creating a chemical imbalance that leaves a person feeling flat and depressed. To feel better, users seek another "hit" of meth. Using meth once may not create an instant addiction, but it can kick-off the intense up-and-down emotional cycle that leads to a loss of control and addiction.

Conventional wisdom:
There is no effective treatment for meth addicts.
The truth:
Meth addicts can be helped, but addiction poses particular difficulties and hurdles for those seeking treatment. While meth does not produce an intense physical withdrawal, users experience a severe type of depression when they stop using. Unable to experience pleasure, this "dead" feeling can be extremely unpleasant and can last for months, which can cause meth addicts to relapse at a much higher rate than other drug addicts. Experts agree that to be successful in their recovery efforts, meth addicts need longer, more intensive treatment than is the current standard. ***IQ***

METH BOILED

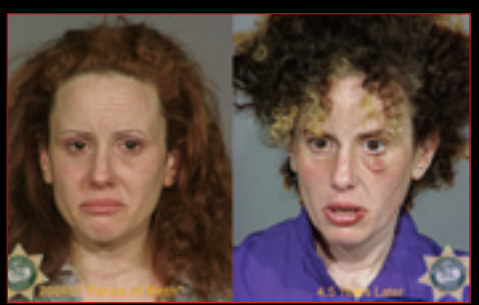
Methamphetamine or "meth" is navigating its way across America in tsunami proportions under the cover of many names—chalk, fluff, crank, go-fast, zip, speed, dope, cristy, L.A., ice, crystal, crystal glass, quartz, yaba, and more. As it sails through cities and drifts into small towns, elite suburbs, and rural areas, it leaves in its wake a channel of splintered lives and capsized communities.

Producing powerful euphoric feelings, meth is a Schedule II stimulant that works on the central nervous system, causing the release of high levels of dopamine into the section of the brain that controls the feelings of pleasure. Almost instantly, an intense rush is felt, giving the user a sense of power with an unnatural increase in energy and alertness, accompanied by a decrease in appetite. Use, and consequently addiction, is hitting our communities in epidemic proportions.

To better understand the drug, it is important to know where it came from. Methamphetamine was first manufactured in 1919 by a Japanese chemist and was used to increase productivity in factories. In World War II, it was given to fighter pilots to increase levels of alertness for days at a time.

According to Rick Moldenhauer, Department of Health and Human Services, pharmaceutically produced methamphetamine hydrochloride has been prescribed for many years in controlled dosages in tablet form for treatment of Parkinson's disease, depression, narcolepsy, attention deficit disorder, weight loss, and other diseases. It is a perfectly appropriate medication for certain diseases and is still prescribed today.

Moldenhauer says during the 1970s and 1980s, some outlaw motorcycle gangs began manufacturing meth in small clandestine labs and the drug became known as a biker drug. These "entrepreneurial" gangs developed a network for distribution throughout California and other western states and cornered the market on the production and distribution of meth.



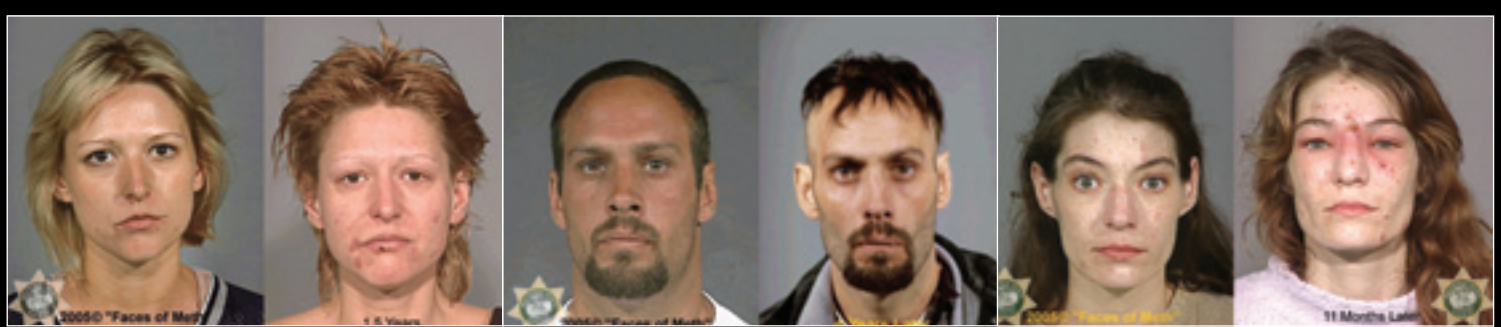
The meth produced today is also much stronger than its predecessor of thirty years. Due to a lack of quality control in production, however, it is very unpredictable. "It is not made by chemists in lab coats with test tubes and beakers," says Moldenhauer. "It is being made in fish houses and trunks of cars in cast-iron pans and baby-food jars." This process creates a residue of incomplete chemical processes. The users are not only getting the drug in their system, they are receiving high doses of the solvent chemicals.

The DEA reports 20–30 percent of meth production in America is produced in small, homemade or clandestine labs with a variety of common products. While recipes vary, one precursor mandatory to the production of meth is ephedrine or pseudoephedrine (found in over-the-counter cold tablets). "Meth cannot be made without it," says Brent Lindgren, Mille Lacs County Sheriff. Other materials include, but are not limited to: rubbing alcohol, gasoline additive, muriatic acid, acetone, anhydrous ammonia (farm fertilizer), camp-stove fuel, hydrogen peroxide, iodine, lye, matches, ether, trichlorethane (gun scrubber), toluene (brake cleaner), drain cleaner, slat, lithium, kitty litter, and coffee filters.

Taken individually, these materials are highly corrosive, volatile, organic solvents. When mixed together and heated, or cooked over an open flame with propane, they become highly explosive. Each pound of methamphetamine creates five or six pounds of toxic waste. The leftover chemicals and by-products are often poured down drains or directly onto the ground, posing long-term environmental hazards. Cleanup costs are exorbitant.

BY VIVIAN CLARK

DOWN



Meth can be smoked, snorted, injected or ingested. It causes the brain to create an excessive amount of the neurotransmitter dopamine, which facilitates critical brain functions.

At elevated levels produced by meth, dopamine produces an exaggerated sense of euphoria. Users report that they feel energetic and alert with an increase in self-confidence and power.

David Merkel is forty-three years old and lucky to be alive. His physician told him he probably will not live to collect Social Security. Merkel has been a self-proclaimed "meth head" since the age of fifteen. After twenty-eight years of various drug and alcohol addictions, including smoking meth and marijuana, he has had a tumor removed from his chest. His sinuses are full of polyps, which make it difficult to breathe through his nose. As for his lungs, he has developed asthma and needs three different inhalers every day. And he has emphysema. "I have been told to expect an oxygen tank and a wheelchair in a few years," he says.

Merkel blames his meth addiction on these as well as other physical ailments. His knees are twisting outward due to muscle loss around his joints. He must wear supports in order to walk without his knees buckling. Nerve damage in his feet causes severe chronic pain. The bone structure, muscles, and supporting tendons and ligaments are degenerating and he wears braces on both legs so he can walk. "Basically, it's like my feet are rotting from the inside."

Merkel also has "meth mouth." He has no molars and chronic infections in his mouth include gaping, open sores that won't heal. He receives treatment on a regular basis—even having the sores sutured, followed by long-term antibiotics. "But the sores always come back," he says.

According to Merkel, he has irreversible brain damage affecting everyday functions that should be automatic, such as breathing and swallowing. He relies on medications to tell his body what

DAVID MERKEL: "BASICALLY, IT'S LIKE MY FEET ARE ROTTING FROM THE INSIDE."

Stages of Meth Use

RUSH (5–30 MINUTES)
The abuser's heartbeat races and metabolism, blood pressure, and pulse soar. Feelings of pleasure.

HIGH (4–16 HOURS)
The methamphetamine abuser often feels aggressively smarter and becomes argumentative.

BINGE (3–15 DAYS)
The methamphetamine abuser maintains the high for as long as possible and becomes hyperactive, both mentally and physically.

TWEAKING
The most dangerous stage of the cycle. Tweakers probably have not slept in 3–15 days and are irritable and paranoid. A tweaker often behaves or reacts violently, and if using alcohol or another depressant, his negative feelings and the associated dangers intensify. The tweaker craves more meth, but no dosage will help re-create the euphoric high, which causes frustration and leads to unpredictability and the potential for violence.

CRASH (1–3 DAYS)
The abuser does not pose a threat to anyone. He becomes very lethargic and sleeps.

NORMAL (2–14 DAYS)
The abuser returns to a state that is slightly deteriorated from the normal state before the abuse.

WITHDRAWAL (30–90 DAYS)
No immediate symptoms are evident, but the abuser first becomes depressed and then lethargic. The craving for methamphetamine hits and he may become suicidal. Taking methamphetamine at any time during withdrawal can stop the unpleasant feelings—consequently, a high percentage of addicts in treatment return to abuse.

Binge and high-intensity abusers smoke or inject meth to achieve a faster and stronger high. The patterns of abuse differ in the frequency in which the drug is abused and the stages within their cycles.

Source: www.drug-rehabs.org

PHOTOGRAPH BY VIVIAN CLARK

to do. He takes a pill to go to sleep and one to wake up; one to focus his mind during the day and one for depression.

"If you think it won't happen to you, think again," says Merkel. "It can happen to anyone."

David Merkel grew up in the rural community of Spring Valley, Minnesota, in a loving, Christian, farming family. He felt he did not fit in anywhere. At the age of thirteen, he began drinking beer and smoking pot. At fourteen, he said he had turned into an "all-day pothead" and alcoholic.

His peers experimented with other drugs: white cross, black beauties, mushrooms, acid, quaaludes, mescaline, cocaine, and meth. "I liked meth. I liked it a lot." By the age of fifteen, meth had become his drug of choice, along with alcohol.

"The more crank I smoked, the more I could drink," he says.

After the age of eighteen, he spent ten years moving from state to state—performing many different jobs. He has lived in high-rise apartments and in a cardboard box under a bridge. "I have seen a lot of ugliness. That was my life. It was all I knew," he says. "I wasn't a nice person."

While in California, "I had the best crank I ever had." After moving back to Rochester several years later, he was still chasing the high. "A friend gave me some crank that was just as good as the California stuff, better even," he continues. "He told me he made it himself and would teach me how to do it."

He set up his lab in an outbuilding at his family farm. While cooking, he usually wore a respirator. "The smell was terrible—especially toward the end of the process," says Merkel. "But I got to the point where, to me, it smelled like cookies fresh from the oven. I knew when it was time to sample the cookies."

He produced about a half-ounce daily, which he smoked himself. Merkel said he binged an average of fourteen days at a time, then slept for a couple of hours, before starting over. "We called ourselves 'responsible meth heads,' because we ate a little and drank lots of juice and sport drinks. We drank stuff like Ensure and Gatorade and took vitamins."

At one point, he said he speculated on how much of the stuff he needed to kill himself. "Now, I am glad I never found out." He weighed 120 pounds. His eyes were hollow and empty—he says his soul was gone. And his feet always hurt.

In September 2003, Merkel was arrested at his home. His charges included possession and manufacturing of methamphetamine and weapons charges, among others. He says he is still looking at the possibility of serving time in prison or county jail, but sentencing has been postponed.

Merkel has been clean for seventeen months and resides in a sober-living facility. "I am grateful to know that I am an alcoholic and an addict," he admits. "By the grace of God, I haven't had a relapse. It is one day at a time."

Telling his story and lecturing at schools and businesses helps Merkel to achieve his goal of living the rest of his days drug- and alcohol-free.

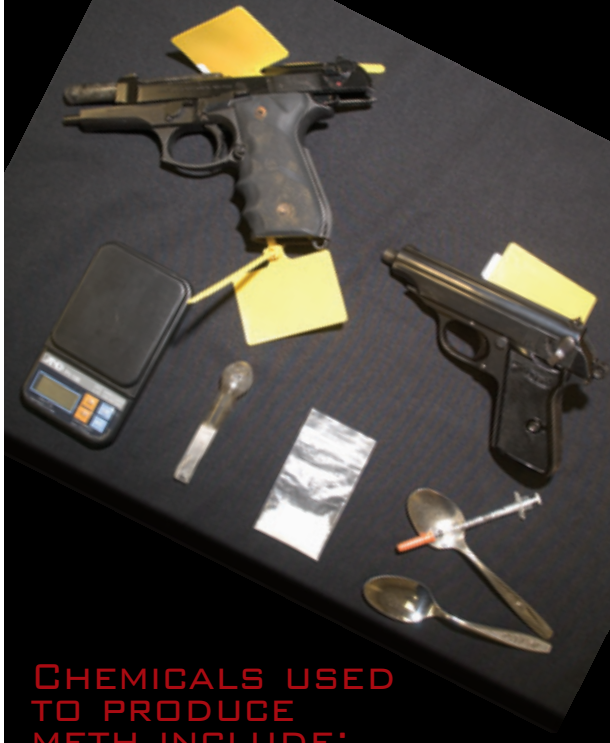
"If I can help one person," he says, "my life and my addiction were not a waste."

Carol Falkowski is the director of research communications at Hazelden Foundation, a nationally renowned addiction treatment facility and resource center. Also the author of the book, *Dangerous Drugs*, Falkowski says the progression from occasional use to addiction can occur over a period of months. "I don't believe it is instantly addictive," says Falkowski, "however, many people say they knew after the first time they tried it, they were going to try it again.

"Addiction is a diagnosable medical disorder wherein a person's compulsive drug use dominates every aspect of life," she says. Because of the insatiable craving for the drug, addicts will do almost anything to get it, including behaviors that violate their value systems or are criminal.

Hazelden Foundation is experiencing an unprecedented number of people seeking treatment for meth use. Admissions are the highest they have ever been with 10 percent of admissions in 2004 entering the program for meth treatment, compared to 3 percent in 1998. "It is a growing drug problem," says Falkowski.

Treatment of meth addiction is not impossible. Research has proven long-term treatment programs are met with great success. With the combined and persistent efforts of families, and community awareness and education, law enforcement and treatment facilities, there is hope to calm the tsunami wave of methamphetamine. ***IQ***



Chemicals used to produce meth include:

- ephedrine (cold and allergy medicine)
- pseudoephedrine (cold and allergy medicine)
- alcohol (rubbing/gasoline additive)
- toluene (brake cleaner)
- ether (engine starter)
- sulfuric acid (drain cleaner)
- methanol (gasoline additive)
- lithium (camera batteries)
- trichloroethane (gun scrubber)
- sodium hydroxide (lye)
- red phosphorus (matches, fireworks)
- iodine
- sodium metal (can be made from lye)
- table salt/rock salt
- kerosene
- gasoline
- muriatic acid (driveway cleaner)
- camp-stove fuel
- paint thinner
- acetone
- anhydrous ammonia (an agricultural fertilizer whose sales are controlled)

Source: www.streetdrugs.org

Rick Moldenhauer and a few of meth's toxic ingredients.

BELOW
Meth cooks put anhydrous ammonia in ordinary propane tanks to disguise it, but the tanks weren't built to hold such a corrosive substance and often explode.

PHOTOGRAPH BY JIM ALTOBELL

THE METH LAB NEXT DOOR

DEADLY CHEMICALS, DESPERATE COOKS CREATE RECIPE FOR DISASTER

THE SUSPECTS WERE DIRTY, STRUNG OUT, AND PARANOID. They hadn't slept for days and their feet were covered with chemical burns. A Morrison County law enforcement officer, on his first meth-lab raid, searched one of the men's pockets and jammed his gloved hand hard into a dirty needle. Tom Ploof, now Morrison County's Chief Deputy Sheriff, hasn't forgotten the strain of waiting for test results and finding out he was okay. That was nearly ten years ago. There have been many more such raids and a dirty needle is only one of the risks that Ploof and other First Responders have faced during meth lab busts in central Minnesota. § The danger lies in the toxic volatility of the chemicals used to "cook" the drug. The Minnesota Bureau of Criminal Apprehension has reported that annually an average of twenty-five first responders in Minnesota suffer injuries requiring medical attention. No one is sure what the long-term effects of exposure will be. § The meth "cook" uses one of a number of recipes designed to separate the ephedrine or pseudoephedrine from the other ingredients in the medication and then alter its chemical structure to create the highly addictive street drug. According to Ploof, the resale value—$80 to $100 per gram—is more than ten times the cost of production, with 20 to 30 percent of the meth in Minnesota manufactured in these "mom-and-pop"-style labs. The rest comes from the southwestern U.S. and Mexico. § Meth cooks combine highly flammable solvents, corrosive chemicals, metals, and salts to distill and purify the drug, using a heat source to accelerate the process and producing noxious and explosive fumes. It's clearly a recipe for disaster. "These are not controlled experiments done by trained chemists," says Don Adams, director of Stearns County Environmental Services. "And the cooks are probably impaired when they're doing them." § That impairment presents another significant risk to the SWAT team and firearms experts who are first on the scene in a meth lab bust. In addition to risks of contamination, explosions, fire, and booby traps, they often must deal with an equally volatile cook/user who is paranoid and likely armed. Ploof remembers one suspect clawing his way toward a Thompson submachine gun as they were trying to subdue him. § A meth lab found south of Brainerd had a collection of swords and knives lining every wall. "Obviously, the officers were motivated to get that guy under control pretty quickly," adds Terry Sluss, meth coordinator for Crow Wing County. Sluss, who is also a county commissioner and an emotional behavior disorders specialist for Brainerd schools, has been active in researching the meth problem, writing grant proposals to bring help to the county, and educate citizens on the challenges and costs of the problem. The way meth works on the brain accounts for the volatile behavior of the cook/user. "They'll do anything for the drug and risk losing everything," says Sluss. § Labs have been found in homes, apartments, abandoned trailers, underground chambers, the trunks of cars, portable crates, and tote bags. "We've seen a teenager cooking meth in his backpack at school," says Ploof. In rural and small town Minnesota, where the fumes and suspicious behaviors associated with clandestine drug labs have been easy to hide in forests and isolated buildings, this problem has been quietly stewing for a decade, with the numbers exploding in the last few years.

§ BY JO ANN SHROYER §

Officials in Crow Wing County estimate the cost of dealing with meth labs during 2004 at $1.8 million. Other counties report similarly alarming figures, with the vast majority of crimes and arrests now connected in some way to meth trafficking and use. In Morrison County, Ploof says, 90 percent of drug activity is related to meth. "And 95 percent of crime is meth-related. It consumes more of the time and resources of law enforcement than any other drug."

"We're just beginning to measure the cost to clean up the mess of meth," says Kathy Gaalswyk, president of the Initiative Foundation. "There are expenses related to law enforcement, social services, environmental cleanup, and more. Community leaders are now finding important ways to share information and coordinate resources, which we hope will lessen the expense over time."

Nevertheless, Ploof says, they are making headway on the problem in Morrison County. After years of relentless operations against labs, Morrison County is seeing a leveling off of busts and arrests. In Crow Wing County, there were seven labs busted in the first half of 2004. "We've started to turn things around," says Sluss. "It's been a year since our last bust."

Meth cooking creates five to seven pounds of toxic waste or sludge for every pound of the drug produced. "And the environment isn't high on the meth cook's list of priorities," says Adams. "They dump the by-products into a ditch, down the drain, or into the sewer, where they can migrate into the groundwater. The fumes contaminate any absorbent material at the site." In a house, it's carpeting, wallboard, furnishings, and clothing. Depending on how long the lab has been in operation, cleanup ranges from scrubbing the place down with detergent to totally gutting the structure. Costs can range from several thousand dollars for light contamination to tens of thousands for a serious mess. Counties are adopting ordinances that place responsibility for cleanup on the property owner, who often is the cook. But rental units and motel rooms have also been used for meth cooking. "It's wise for these owners to keep a close watch on that property," says Adams.

Five years ago, a house managed by Rick Fargo's Progressive Property Management in Brainerd was the target of a meth lab bust. "The house is five blocks from downtown," says Fargo. "And the renter was the last person you'd ever suspect would do this." The tenant, a middle-aged man whose life had taken a rough turn, got involved with acquaintances who proposed setting up a meth lab in the basement of the house. "Luckily the sheriff's office caught it early, so the contamination was light," says Fargo. Nevertheless, the cleanup, done by one of only a few qualified companies in Minnesota, costs almost $4,000. In addition to carefully screening their tenants, recommends Fargo, landlords also must keep a close eye on the property, make sure they know the neighbors, and talk to the sheriff if they have concerns. "And don't be afraid to look into those garbage cans for evidence of meth cooking."

Environmental damage is usually localized, says Adams, and doesn't compare to the large scale industrial pollution we've seen in the past or the impact of feedlot runoff on ecosystems. Nevertheless, counties must work with law enforcement, cleanup crews, and property owners to guarantee the property is clean before it's released to new occupants. While environmental concerns are serious, Adams adds, the most worrisome effect of meth labs is the toll it takes on human beings, particularly children.

The statistics are sobering: children are found living in as many as 40 or 50 percent of meth labs. They are especially vulnerable to the effects of the chemicals, through inhalation, absorption through the skin, and ingestion, and are in grave danger from fires, chemical spills, and explosions. Moreover, these children are

ABOVE: LEFT TO RIGHT
THE TOXIC CHEMICALS AND BY-PRODUCTS FROM COOKING METH ARE SO DEADLY THAT HAZ-MAT (HAZARDOUS MATERIAL) SUITS ARE WORN WHEN LAW ENFORCEMENT PERSONNEL ENTER METH LABS. (PHOTOS COURTESY CROW WING COUNTY SHERIFF'S DEPARTMENT.)

living in chaos, neglect, and abuse, says Lynda Erickson, social services supervisor in Crow Wing County, where thirty-three of the fifty children under age eight in foster care on May 1, 2005, had parents involved with meth.

State guidelines, based on federal law, require that children must be placed in permanent care after six months to a year, a difficult task for parents dealing with addiction and adjudication because of meth. "Sometimes parents have made good choices for their children, even if they weren't able to make good choices for themselves. They have to let them go," says Erickson. "Watching them say their final goodbyes is awful. But I have to respect them for doing this for the sake of their child."

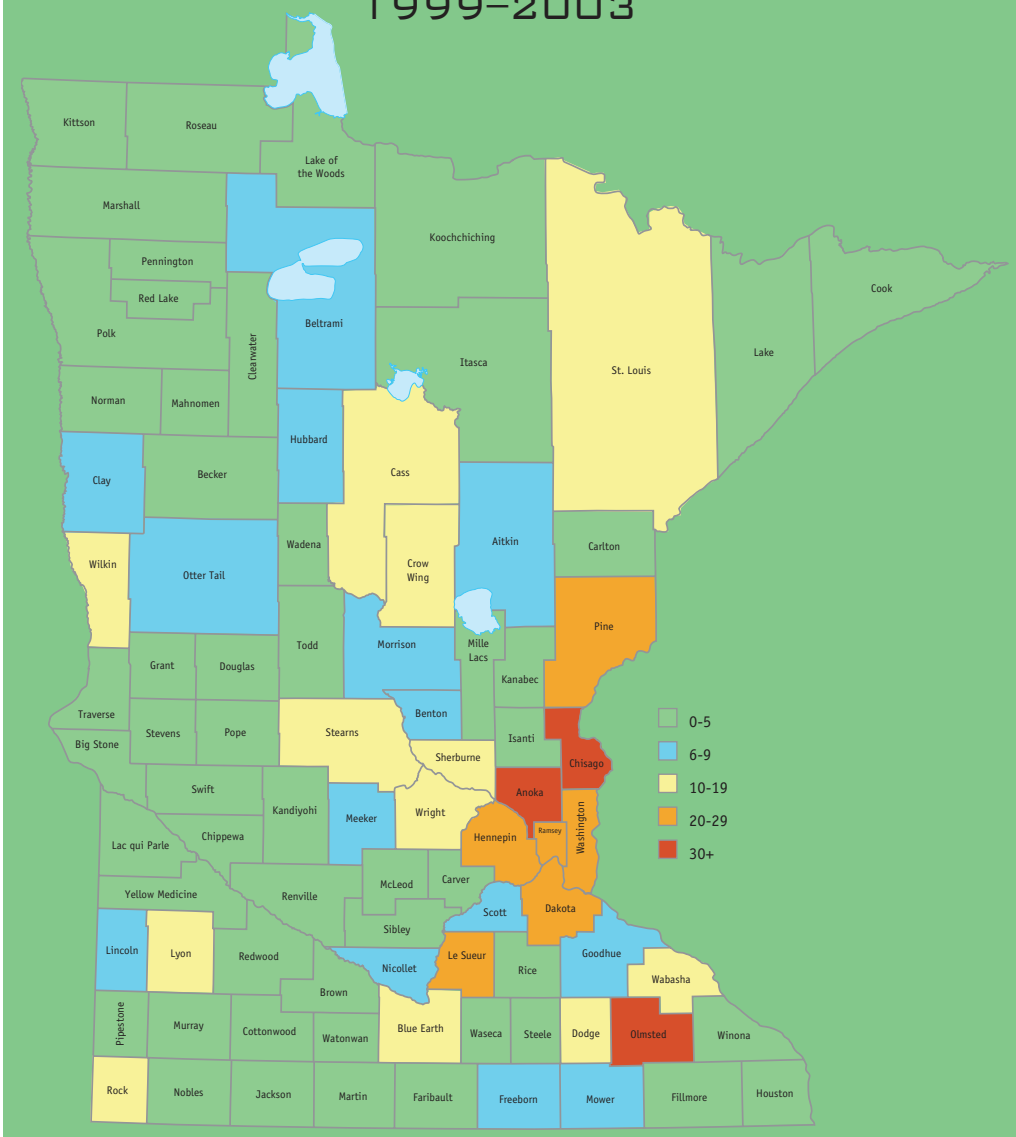
The families who make it, though, are the inspiration that keeps Erickson and her team going back to a difficult job every day. "There is a tendency to give up on these families," she says. "So few of them make it." But when they do manage to rebuild their lives and reunite their families, it's because they've had the help of the entire community. "It takes more than social services," she says. "It takes mentors, good people, stepping forward to do what they can to support these families. When that happens, it makes all the difference." *IQ*

How to Recognize a Meth Lab

The Minnesota Department of Health offers these clues that may indicate illegal production or sale of drugs. Report all suspicious activity to your local sheriff department, police department, or anonymous tip line.

- Access to property denied to landlords, neighbors, or other visitors
- "Cooks" with no visible means of support, but making cash purchases and payments
- Fans blowing out windows, blinds pulled, or windows blackened
- Security measures, such as cameras or baby monitors, outside of buildings
- Suspicious activity in the neighborhood, such as people coming and going at all hours of the day or night
- Burn pits, stained soil, or dead vegetation, indicating dumping of chemicals or waste
- Apartments or buildings that smell like chemicals, including sweet, bitter, ammonia, or solvent smells
- Neighbors isolating themselves or behaving oddly—acting paranoid, talking too much or not at all
- Garbage or waste piles containing unusual amounts of meth-related materials. *(See p. 13)*

METH LAB BUSTS FROM 1999–2003



Source: Minnesota Department of Health

Morrison County beckons with the allure of the Mississippi River, of peaceful communities, and good neighbors. Like many rural enclaves, people move here to get away from "big city" problems, yet lying under the surface and in the ditches of this idyllic setting is the surging creep of methamphetamine and its destructive human and environmental ruin. But in the midst of this encroaching, harmful blight emerged a concerned citizenry who've moved away from ignoring the issue to confronting it and calling it what it is: Everyone's business.

Meth's resurgence has followed the trajectory of many drugs—from relative obscurity to front-page news. In a 2005 Blandin Foundation survey of alumni who participated in its Community Leadership Program, 26 percent cited reducing illegal drug use as one of the top five issues facing their community. Of the 425 meth-related busts in Minnesota in 2003 (the last year statistics were tracked), 208 were in the fourteen central Minnesota counties served by the Initiative Foundation; only seven occurred in the same region in 1999. • This potent and alluring drug is a noxious mix, which like all mood-altering drugs, initially induces users to feel good. But over time, its stranglehold and addictive capacities can and have robbed users of nearly everything—leaving behind devastating long-term physical problems for them and those who live with or near them. • Josh Larson and his mother, Trudy, have walked through the fire together. Handsome, funny, and thoughtful, Josh is the boy across the street, your daughter's prom date, the kid who used to mow your lawn. Now he's a twenty-three-year-old recovering meth addict who has 12 percent less lung capacity, a rap sheet, and a lot of time to make up. He's the living face of meth use and thanks to many factors—law enforcement, successful treatment, and the unconditional love of his mom and family, his is a story of possibility. • "I started using meth because it made all the teenage stuff—talking to girls, trying to fit in, the rejection—easier," begins Josh. "Once I was hooked, I didn't care about anything, or anyone." Angry, argumentative, and dour, Josh had become a son Trudy did not know. • "He had become so diffi-

Morrison County's Rural Route to a Crystal-Clear Minnesota

THE COUNTY LINE

BY CATHERINE STOCH

cult and he wasn't my difficult kid," says Trudy. "He was the easy, funny one." But it got to the point where the calls from jail and failed treatments were too much. In fall 2003, when he was busted and the cuffs were put on, Josh said he knew he had to change. Through his sentencing, he was court-ordered to Minnesota Teen Challenge, a residential, drug-and-alcohol treatment center that focuses solely on young users. "I believe that if Josh hadn't been stopped, we'd have buried him," says Trudy.

"Long-term treatment is the only answer," says Josh. "The only way out is long-term treatment with supportive family and friends."

While Josh is one of a few success stories, the problem of meth use and manufacture has exploded and its personal and social consequences are beginning to be felt like nothing before. "We've seen people lose everything in a year's time," says Mike Pender, Little Falls chief of police and a twenty-one-year veteran of the force. "It's probably the toughest task that law enforcement has faced since I've been here."

"But there is also great hope that the leaders in communities who are working to confront this problem find solutions together," says Kathy Gaalswyk, president of the Initiative Foundation. And sure enough, an organized, committed and pro-active group of community citizens surfaced with a mission to tackle this issue.

PHOTOGRAPH BY SLIKERS STUDIO

PHOTOGRAPH BY JIM ALTOBELL

LEFT: MOTHER, TRUDY LARSON, BELIEVES THAT IF HER SON, JOSH, HADN'T BROKEN THE BONDS OF ADDICTION, "WE'D HAVE BURIED HIM."

ABOVE: PROTECTING CHILDREN IS CRITICAL TO SOCIAL SERVICES SUPERVISOR, MELANIE BESEMAN.

THE MORRISON COUNTY METHAMPHETAMINE REDUCTION PROJECT, SPEARHEADED BY SANDRA DRISCOLL, COMMUNITY HEALTH EDUCATOR OF MORRISON COUNTY PUBLIC HEALTH, AND FUNDED THROUGH A $10,000 INITIATIVE FOUNDATION GRANT, HAS BEGUN TO TALLY UP SUCCESSES.

In 2002, reports of clandestine meth labs, increases in petty theft, and farm thefts of anhydrous ammonia (used in the production of meth) began surfacing. Coupled with increased calls to social services about children who lived with or near adults who made and/or used meth, such reports piqued the interests of local law enforcement and government officials.

According to Morrison County Administrator Tim Houle at the annual county board retreat in 2004, nearly every department spoke of meth as a serious problem. From that meeting, "there was a realization that this was something that needed to be taken seriously and we had to figure out how to deal with it," says Houle. "It wasn't a matter of planning for when meth would arrive, but what to do when it was clear it had arrived."

Meth's financial impact is beginning to become painfully visible and its costs are mounting. Tax money—your tax money—is earmarked for clean up, law enforcement, social services, and myriad related costs. Since 2003, two full-time deputies have been added to the Morrison County sheriff's office, with 90 percent of their time dedicated to the meth epidemic. One full-time officer was added to the Little Falls police force, and all three work with the cross-jurisdictional drug task force, which means they go where the problems lie, regardless of geographical boundaries. Increasing incarceration costs for meth-related inmates is soaring. In 2003, the costs for medical expenses were 154 percent over budget and 106 percent over budget in 2004.

"The additional salary costs," says Morrison County sheriff Michel Wetzel, "ninety-thousand dollars for the two officers, is a direct additional budget cost in the county. Meth takes up an obscene amount of my time and quite frankly, I'd rather talk about anything else. But public awareness is catching up and their input is invaluable." Public involvement, coupled with aggressive law enforcement, is making a dent.

During late 2003 into early 2004, a work group convened to develop a county ordinance that would effectively reduce methamphetamine use and manufacture. In February 2004, prompted by the concern of a citizen who believed he had moved into a house that once housed a meth lab and reinforced by the committee's findings, the Morrison County commissioners passed the "Cleanup of Clandestine Drug Lab Site Ordinance." The teeth of the ordinance includes not only identification and notification of a site, but cleanup costs, which, depending on the location, can either be the responsibility of the property owner, or, in the case of Morrison County, the county would pay for cleanup on public road right-of-ways.

A critical component of the ordinance, which differs from many others, is the addition of the child protection component, which involves social services and helps keep children safe. "The ordinance was written to include social services along the way," says Melanie Beseman, Morrison County Social Services supervisor. Children are at particular risk when caught in the middle of meth users. "Seventy-five percent of children in an out-of-home

placement are due to meth use by the parent. We are getting to the point of returning some children home and keeping them home. It is significant to note that these parents had access to excellent long-term treatment and had extended family and community support."

The broadened awareness within governmental entities was paralleling community response and led to partnerships that included all facets of community. Awareness about meth was also on the rise. In October 2003, two educational programs conducted by Deb Durkin from the Minnesota Department of Health, were held and attracted more than three hundred people. Her presentation brought graphic, real images of meth's effects and led to further educating the public.

In June 2004, a community forum was held to invite the public to join the effort. As described by Houle, a long list of public comments was condensed and a "four-legged stool" was made: Treatment, Education, Prevention, and Enforcement. "These four components had to be in place," says Houle. "Taking away one of the legs will likely cause it to tip—take away two legs and it'll tip over. We had to have all four to really make an impact."

This approach attacked the problem at all levels and included the community as the foundation. "I love that Morrison County is using the assets of the people to get involved," says Karl Samp, director of community initiatives at the Initiative Foundation. "It's a grassroots movement, not top-down, but bottom-up. Meth is a community problem and needs a community response."

With the task forces in place, continuing to build a base of citizens who have the knowledge and tools to make informed choices in their communities and within their families remains a priority. Goals include creating a crime watch and reporting to reduce meth-related crime by 50 percent; investigating and evaluating "best practices" for meth treatment; creating at least one educational piece for specific groups, to reach at least 50 percent of the target audience; and establishing funding needs of local law enforcement for meth-related crimes and two strategies for securing funding. Results so far include creating an anonymous drug tip line, hiring another officer for the anti-drug team, and starting a local support group for families of meth users.

"There's also been a decrease in the number of meth labs during the past six months," added sheriff Wetzel. "Neighbors are calling with reports, law enforcement is working hard, and we're seeing some changes. It's a community problem and the only way to really get rid of it is to solve the problem together."

In Morrison County, the community-wide approach to meth has been forward-thinking. In partnership with the Initiative Foundation, a dedicated, focused group has grown exponentially and taken strides to return to a landscape not marred by the environmental and human ruin that meth inflicts, but one rich in human possibility.

"There are so many possibilities," says Josh Larson. "So many options and things to do."

Efforts to combat meth's grip will only succeed when meth is viewed, as it is in Morrison County, as everyone's business. *IQ*

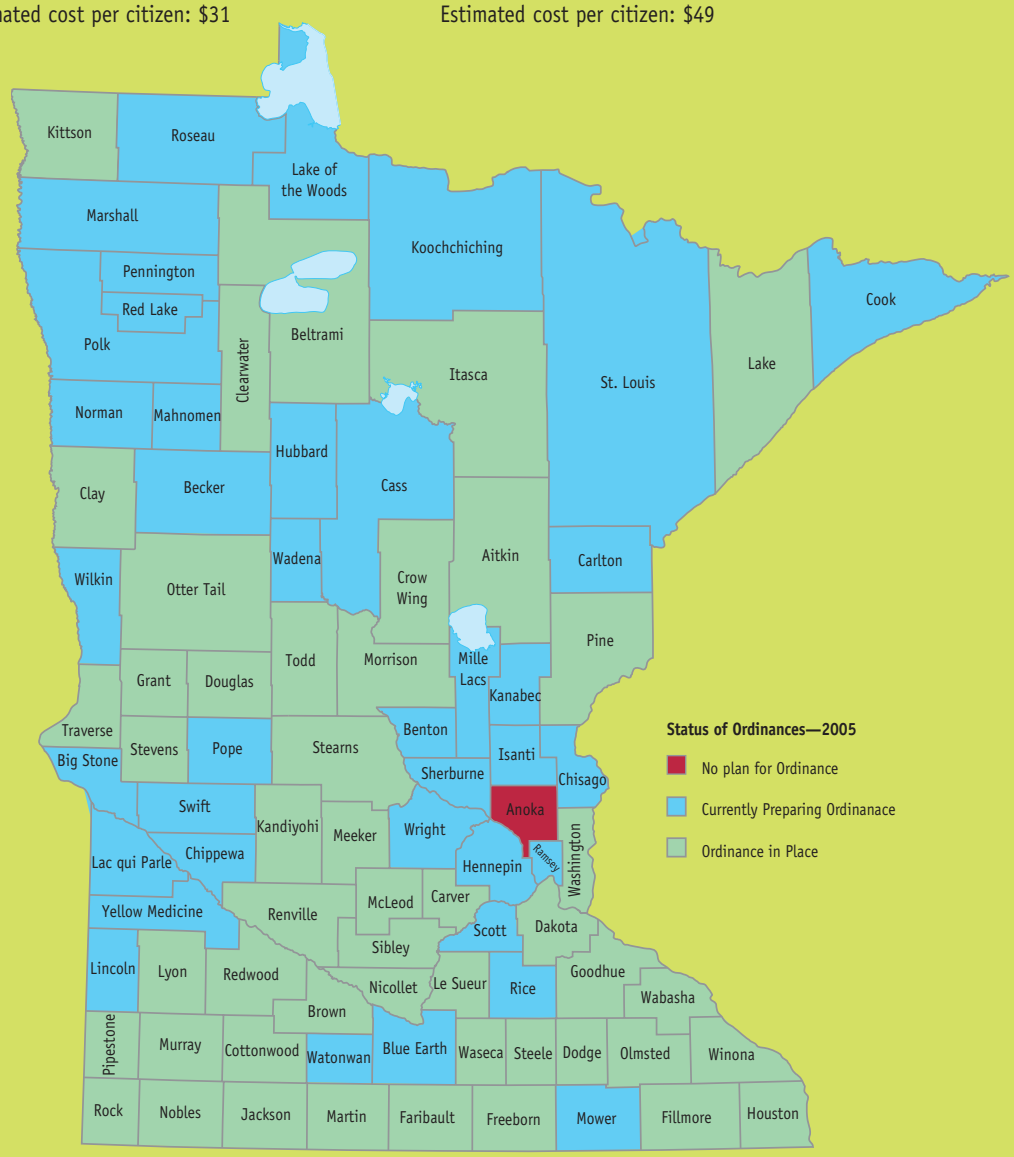
Impact of Meth on Minnesota Counties

CHISAGO COUNTY
Estimated cost from meth in 2004: $1.6 million
Population: 46,165
Estimated cost per citizen: $35

CROW WING COUNTY
Estimated cost from meth in 2004: $1.8 million
Population: 58,430
Estimated cost per citizen: $31

PINE COUNTY
Estimated cost from meth in 2004: $999,153
Population: 27,746
Estimated cost per citizen: $36

MILLE LACS COUNTY
Estimated cost from meth in 2004: $1.2 million
Population: 24,317
Estimated cost per citizen: $49



Source: Association of Minnesota Counties and information provided to the Initiative Foundation as of September 1, 2005.
To view sample meth lab ordinances, go to www.health.state.mn.us/divs/eh/meth/ordinance/index.html.

Save these Pages

Maybe you're a meth addict searching for help. Maybe you're a teacher searching for grade-specific curriculum. Maybe you're a parent searching for tips on talking to your kids.

Whatever your questions, you will likely find reliable answers within the next few pages. We've compiled some of the highest-quality, most credible resources on methamphetamine in Minnesota. Because resources are constantly growing and changing, this directory should be construed as a starting point rather than a comprehensive listing. If you can't find the exact information you need, please note that many of the included organizations also maintain vast resource lists of their own.

Thanks for helping us end the meth epidemic in Minnesota.

The Initiative Foundation, IQ Magazine, and Minnesota ICE do not expressly endorse any of the treatment providers or organizations in this resource directory. Always cross-reference and verify web-based information with other government, educational, and scientific sources.

To contact the Initiative Foundation, call 1-877-632-9255 or go to www.ifound.org

COMPREHENSIVE INFORMATION AND RESOURCES

California Dept. of Justice & Narcotics Officers' Association
www.stopdrugs.org

Children and Family Futures
www.cffutures.com

Drugstory.org (Journalism Resource)
www.drugstory.org

Hazelden
www.hazelden.org

Minnesota Institute of Public Health
www.miph.org
(Click Select Topic, then Other Drugs)

National Association of State Alcohol/Drug Abuse Directors
www.nasadad.org

Street Drugs
www.streetdrugs.org

Substance Abuse and Mental Health Services Administration
www.health.org

University of Minnesota Extension Service
www.extension.umn.edu

SCIENTIFIC RESEARCH

American Council for Drug Education
www.acde.org.

Health Services/Technology Assessment Text
www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.57310

Institute for Intergovernmental Research
www.iir.com

Matrix Institute
www.matrixinstitute.org

Monitoring the Future
www.monitoringthefuture.org

National Institute on Drug Abuse
www.nida.nih.gov

RESOURCES FOR METH ADDICTS

American Council for Drug Education
www.drughelp.org

National Alcohol and Drug Addiction Recovery Month 2005
www.recoverymonth.gov

MINNESOTA CRISIS LINES

Minnesota First Call for Help
1-800-543-7709 or 2-1-1

Crisis Line – Aitkin, Cass, Crow Wing, Morrison, Todd, and Wadena counties
1-800-462-5525

Crisis Line – Dakota County
(952) 891-7171

Crisis Line – Cottonwood, Nobles, Pipestone, Jackson, and Rock counties
1-800-642-1525

Crisis Line – Lincoln, Lyon, Murray, Redwood, and Yellow Medicine counties
1-800-658-2429

Crisis Line – Northern Minnesota
(218) 723-0099

MINNESOTA RESIDENTIAL TREATMENT PROGRAMS AND LOCATORS

TREATMENT PROGRAM SEARCH ENGINES

Addiction Treatment Research
www.addictiontreatmentresource.com

Center for Substance Abuse Treatment
www.csat.samhsa.gov

Christian Recovery
www.soberrecovery.com/links/christianrecovery.html

Drug Rehabs
www.drug-rehab.com

Minnesota Department of Human Services
www.dhs.state.mn.us/Licensing/ProgramLists/pdf/flcdt.pdf

National Council on Alcoholism and Drug Dependence, Inc.
www.ncadd.org

Substance Abuse Treatment Facility Locator
www.findtreatment.samhsa.gov

NORTHERN MINNESOTA PROGRAMS

Bemidji: Archdeacon Gilfillan Center/ Bishop McNairy Recovery Center
(218) 751-6553

Carlton: Liberalis Women's Chemical Health Services
(218) 384-4106

Crookston: Glenmore Recovery Center
(218) 281-9511 www.riverviewhealth.org

Duluth: Howard Friese Halfway House for Men
(218) 728-4566 www.cadt.org

Duluth: Marty Mann Halfway House for Women
(218) 724-5424 www.cadt.org

Duluth: Miller Dwan Medical Center
(218) 786-1356

Duluth: Center for Alcohol and Drug Treatment
(218) 723-8444

Duluth: Thunderbird & Wren Halfway House
(218) 727-7699

Grand Rapids: Hope House of Itasca County (male only)
(218) 326-1443

Grand Rapids: Hope House Women's Recovery House
(218) 327-9944

Grand Rapids: Northland Recovery Center
(218) 327-1105

Littlefork: Pineview Recovery Center
(218) 278-4607

IQ MAGAZINE METH RESOURCE DIRECTORY

Nevis: Pine Manor, Inc.
(218) 732-4337
Red Lake Falls: Redlake Nation Chemical Health Programs
(218) 679-3995

Thief River Falls: Glenmore Recovery Center
(218) 681-8019 www.riverviewhealth.org

Thief River Falls: Northwest Recovery Center
(218) 681-6561

Virginia: The Range Treatment Center
(218) 741-9120

Virginia: Twelfth Step House, Inc.
(218) 749-4328

CENTRAL MINNESOTA PROGRAMS

Brainerd: Aurora Four Winds Lodge Treatment Program
(218) 828-2393

Brainerd: Saint Joseph's Medical Center Focus Unit
(218) 828-7374 www.sjmcmn.org

Cambridge: Dellwood Recovery Center
(763) 689-7723, ext. 8222
www.cambridgemedicalcenter.com

Center City: Hazelden Recovery Services
(651) 257-4010 www.hazelden.org

Fergus Falls: Fergus Falls Regional Treatment Center
(218) 739-7200

Fergus Falls: Lake Region Halfway Homes, Inc.
(218) 739-9084

Maple Lake: Maple Lake Recovery Center
(320) 963-6865 www.mlrecovery.org

Monticello: Prairie House Recovery
(612) 501-1197

Pine City: Meadow Creek
(763) 444-4838

St. Cloud: Focus 12 Halfway House
(320) 252-6654

St. Cloud: Journey Home
(320) 259-9149

St. Cloud: Passage Home
(320) 259-5692 www.centracare.com/sch/centers

St. Cloud: St Cloud Hospital Recovery Plus
(320) 229-3761 www.centracare.com

Scandia: Rebecca's Residence
(651) 433-5839

Staples: Next Step
(218) 894-0034 www.nextstepgo.com

Wadena: Bell Hill Recovery Center
(218) 631-3610

Waverly: New Beginnings at Waverly
(763) 658-5800
www.newbeginningsatwaverly.com

Willmar: Willmar Regional Treatment Center
(320) 231-5905

SOUTHERN MINNESOTA PROGRAMS

Albert Lea: Fountain Center
1-800-533-1616 www.fountaincenters.org

Granite Falls: Project Turnabout
(320) 564-4911 www.projectturnabout.com

Mankato: House of Hope
(507) 625-4373

Marshall: Project Turnabout Halfway House
(507) 532-3008 www.projectturnabout.com

New Ulm: New Ulm Medical Center Substance Abuse Services
(507) 233-1118

Owatonna: West Hills Lodge Inc.
(507) 451-1172

Rochester: Fountain Centers Recovery House of Rochester
(507) 281-3000

Rochester: The Gables
(507) 282-2500

Rochester: Guest House
(507) 288-4693 www.guesthouse.org

Rochester: Pathway House
(507) 287-6121

Winnebago: Adolescent Treatment Center of Winnebago
(507) 893-3885

Woodstock: New Life Treatment Center
(507) 777-4321

TWIN CITIES METRO AREA PROGRAMS

Anoka: Anoka/Metro Regional Treatment Center
(763) 712-4000

Anoka: Transformation House (male only)
(763) 427-7155 www.transformationhouse.com

Anoka: Transformation House 1 (female only)
(763) 427-7155 www.transformationhouse.com

Blaine: Anthony Louis Center North
(763) 757-2906

Eden Prairie: Pride Institute, Gay and Lesbian Chemical Dependency and Mental Health Care
1-800-547-7433

Eden Prairie: Temporary Living Center
(952) 942-6400

Forest Lake: Fairview Recovery Services – Forest Lake Inpatient Programs
(651) 982-2066

Fridley: Transformation House
(763) 786-8172

Fridley: Unity Hospital Substance Abuse Services
(763) 236-4513

Hastings: Dakota County Receiving Center, Inc.
(651) 437-4209 www.detoxone.org

Loretto: Vinland National Center
(763) 479-4538 www.vinlandcenter.org

Mendota Heights: Margaret's House
(651) 686-0518

Minnetonka: Omegon, Inc.
(952) 541-4738 www.omegon-mn.org

Minneapolis: American Indian Services
(612) 813-1155

Minneapolis: Fairview Recovery Services-Minneapolis Inpatient Programs
(612) 672-6600 www.fairview.org

Minneapolis: House of Charity Day By Day Program
(612) 594-2000

Minneapolis: Minnesota Teen Challenge (male only)
(612) 373-3366 www.mntc.org

Minneapolis, Minnesota Teen Challenge (female only)
(612) 871-9221 www.mntc.org

Minneapolis: Nuway House, Inc.
(612) 872-0506 www.nuwayhouse.org

Minneapolis: Prodigal House
(612) 721-3358

Minneapolis: Progress Valley I – Men's Residence
(612) 827-2517 www.progressvalley.org

Minneapolis: Progress Valley II – Women's Residence
(612) 869-3223

Minneapolis: Eden House (male only)
(612) 338-0723 www.rseden.org

Minneapolis: Salvation Army Harbor Light Center
(612) 338-0113

Minneapolis: Transformations House II
(763) 786-8172 www.ourturningpoint.org

Minneapolis: Turning Point, Inc., Male Residential Program
(612) 520-4004

IQ MAGAZINE METH RESOURCE DIRECTORY

Minneapolis: Veterans Affairs Medical Center Addictive Disorders Section
(612) 725-2000, ext. 1921

Minneapolis: Victory Through Faith, Inc.
(612) 827-0484

Minneapolis: Wayside House Inc.
(952) 926-5626 www.waysidehouse.org

Plymouth: Hazelden Center for Youth and Families
(763) 509-3800 or 1-800-257-7800
www.hazelden.org

Plymouth: On-Belay House
(763) 546-8008

Prior Lake: Anthony Louis Center
(952) 226-5190

Richfield: Progress Valley II
(612) 869-3223

St. Paul: Juel Fairbanks Chemical Dependency Services
(651) 644-6204

St. Paul: Ramsey County Receiving Center
(651) 266-4009

St. Paul: Regions Hospital Alcohol and Drug Abuse Program
(651) 254-4804 www.regionshospital.com

St Paul: Saint Joseph Hospital Health Inpatient Chemical Dependency Program
(651) 232-3256 www.healtheast.org

St. Paul: Tapestry LLC
(651) 489-7740 www.meridiannetwork.com

St. Paul: Twin Town Treatment Center
(651) 645-3661

Stillwater: Cedar Ridge
(651) 426-3300

Wayzata: Way 12 Halfway House
(952) 473-7371

PARENT EDUCATION AND AWARENESS

A Family Guide to Keeping Youth Mentally Healthy and Drug Free
www.family.samhsa.gov

Mothers Against Methamphetamine
www.mamasite.net

National Families in Action
www.nationalfamilies.org

National Family Partnership
www.nfp.org

National Youth Network
www.nationalyouth.com

The Anti-Drug
www.theantidrug.com

The Partnership for a Drug-Free America
www.drugfree.org

YOUTH EDUCATION AND AWARENESS

Check Yourself
www.checkyourself.org

Freevibe
www.freevibe.com

Girls and Boys Town National Hotline
1-800-448-3000 www.girlsandboystown.org/hotline

National Institute on Drug Abuse for Teens
www.teens.drugabuse.gov

Students Against Destructive Decisions
www.sadd.org

RESOURCES FOR EDUCATORS AND SCHOOLS

American Council for Drug Education
www.acde.org

Drug Abuse Resistance Education (DARE)
www.dare.com

Meth Education for Elementary Schools
www.cstl.semo.edu/coned/Medfels/medfels.htm

National Education Association Health Information Network
www.neahin.org/programs/substance/index.htm

Parents – The Anti-Drug, Teachers' Guide
www.teachersguide.org

Project ALERT
www.projectalert.best.org

Safe and Drug-Free Schools Program
www.ed.gov

Substance Abuse and Mental Health Services Curriculum
www.modelprograms.samhsa.gov/template.cfm
(Click "Programs-at-a-Glance")

U.S. Department of Education Higher Education – Center for Alcohol and Other Drug Abuse and Violence Prevention
www.edc.org/hec

RESOURCES FOR EMPLOYERS

Division of Workplace Program
www.dwp.samhsa.gov/index.aspx

Institute for a Drug-Free Workplace
www.drugfreeworkplace.org

National Drug-Free Workplace Alliance
www.ndfwa.org

U.S. Department of Labor
www.dol.gov/workingpartners

U.S. Drug Enforcement Administration
www.dea.gov/demand/dfmanual/index.html

RESOURCES FOR LAW ENFORCEMENT

Clandestine Laboratory Investigators Association
www.clialabs.com

Drug Court Clearinghouse
www.spa.american.edu/justice/map.php

Minnesota Department of Public Safety, Bureau of Criminal Apprehension
www.dps.state.mn.us/bca/bca.html

National Association of Drug Court Professionals
www.nadcp.org

National Crime Prevention Council
www.ncpc.org

National Criminal Justice Reference Service
www.ncjrs.org

RESOURCES FOR LOCAL GOVERNMENTS AND COMMUNITY TASK FORCES

Association of Minnesota Counties
www.mncounties.org/Meth_Info/Main.htm

Community Anti-Drug Coalitions of America
www.cadca.org

Community Coalition Drug Prevention Campaign
www.helpyourcommunity.org

Minnesota Department of Health
www.health.state.mn.us
(Click Methamphetamine and Meth Labs: Laws and Ordinances)

Minnesota Meth Watch Program
www.minnesotamethwatch.com

National Association of Counties
www.naco.org

Office of National Drug Control Policy
www.whitehousedrugpolicy.gov

Rural Assistance Center
www.raconline.org
(Search Options: Methamphetamine)

MINNESOTA COUNTY INITIATIVES

Crow Wing County
www.methwatch.info

Lyon County Sheriff's Department
www.lyoncountysheriff.org

M.E.A.D.A Coalition of Wright County
www.meada.org

Faribault County
http://frcsd.org/faribault_county%20meth%20task%20force.htm

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Retirement Planning to Reach Your Goals

We are living longer, healthier lives. As a result, retirement, for many, may last 20 years or more. So, if "time is money," how many years do you have in the bank? Because inflation will more likely decrease the purchasing power of your money, your dollars may buy less during your retirement than they do today. For example, at 3.5% inflation, $100 today would be worth only $42.31 in 25 years, and would be further reduced to $30.00 in 35 years.

The sooner you start building your nest egg, the longer it has to grow. Consider the following examples that assume no taxes or inflation. Suppose, at age 25, you save $100 per month for 20 years and earn 6% interest. If you make no additional contributions after the age of 45 and your savings continue to earn 6% interest, at age 65 your savings will be $148,182. However, if you begin at age 45, save $100 per month for 20 years and earn 6% interest, at age 65 your savings will be worth only $46,204. In order to achieve savings of $148,182 over 20 years, you would need to earn interest at a rate of approximately 15% per year—or save significantly more money per month!

While both scenarios illustrate the same amount of money being saved, the additional 20 years and the **compound interest** factor make all the difference in the world. If you are in your prime earning years and start setting money aside now, you have a better opportunity to save for the retirement you desire.

Identify Your Goals

The first step in developing a savings strategy that best meets your retirement needs is determining your objectives. How do you envision your "golden years"? Spend some time thinking about what is really important to you. Allow yourself to dream about what you want your future to look like. Thinking about it early puts time on your side. At what age do you want to retire? Where do you see yourself living? Do you enjoy travel? Would you like to continue to work at least part-time? Are you imagining yourself playing golf every day? These questions and others will help you shape a vision for your retirement.

Once you have a sense of your objectives, it's time to estimate your financial needs. A good, general rule of thumb is that a person's living expenses in retirement will be roughly 30% less than his or her current expenses. While some costs may increase, such as health care and leisure activities, others most likely may decrease. For example, retirees tend to spend less on mortgages and education.

Know Your Resources

The second step in planning is to determine from where you will attain your retirement money. Most people draw on three main sources of income during retirement—**Social Security**, **employer-sponsored plans**, and **personal retirement savings**. Each offers important resources that will add to your overall retirement plan. The choices you make today will invariably influence your financial security in your later years.

With Social Security, the benefits received are based on the income you have earned over the course of your life, subject to a maximum amount. It offers, for most, only a base level of income, which many retirees supplement with savings from employer-sponsored plans, such as **pension plans, 401(k) plans, 403(b) plans, Simplified Employee Pensions (SEPs), and Savings Incentive Match Plans for Employees (SIMPLEs)**. The tax advantages and, in many instances, **matching contributions** from employers, make these savings vehicles a popular complement to personal retirement savings, which often include **traditional Individual Retirement Accounts (IRAs)** and **Roth IRAs**.

Make a Plan

Now that you've thought about your retirement objectives and your potential sources of income, the last step is developing a plan that works for you. Analyze your present spending habits to find out where your money is actually going, and how much you have available to put aside for retirement savings. If you're like most people, you probably could save more money. It may be worthwhile to investigate ways in which you can adjust your lifestyle to decrease spending, and thus increase the amount available for savings. Can you "nip and tuck" without detracting from your quality of life? Are there short-term sacrifices you are willing to make for long-term gain?

Save!

When it comes to saving, stick to your plan, but monitor it regularly. Make sure our disciplined approach to saving continues to meet your current needs and your future retirement goals.

Start Now

It's never too late to start saving, and the sooner the better. Put yourself in a position of working toward your retirement goals, as soon as you can.

Jim is a Chartered Retirement Planning Counselor and Principal of Olmsted and Associates. For more information please contact Jim at 1-877-855-2224 or e-mail him at olmsted@uslink.net.

Jim Benson, CRPC

Conception.
Perception.
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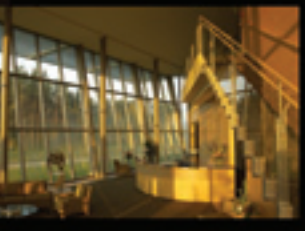



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Life AFTER Meth

How five Minnesotans escaped meth and how they fight the urge to go back

Meth has ensnared many Minnesotans, generating fears—legitimate or exaggerated—that perhaps no one is safe when exposed to its addictive allure. But the essential power that meth has to destroy is not in the drug itself, but in the power of addiction. Addiction is ruining lives and overwhelming treatment centers and law enforcement—wreaking devastation in the lives of addicts and those who love them. One of the greatest hopes that the addict can find is in the stories of those who have been through the hell of meth addiction and who have found a new life—literally, a life after meth. • No one knows the inside story of meth abuse like a user or former user. If there is any comfort to be taken from examination of a meth addict's descent into the hell of futility and powerlessness, it bears witness to recovering addicts who are willing to be risk-takers of a different kind, to share the stories of their addiction and recovery.

BY CYNTHIA MOE AND MIKE RAHN PHOTOGRAPHY BY JIM ALTOBELL

Brian Andrews: When Brian Andrews snorted methamphetamine for the first time, he felt a surging shock that ran all the way from his nose to the back of his brain. Within seconds, his mind was racing, and—what he remembers best—he was talking nonstop, experiencing the racing euphoria that is a signature effect of this powerful stimulant.

Meth was one more milepost on a highway of multiple substance abuse for Andrews, one that began with alcohol and progressed through marijuana and cocaine.

"My dad owned a bar and I grew up thinking that what people were doing there looked like fun," says Andrews. He and his friends would sneak a beer when they could.

Marijuana and alcohol were the drugs of opportunity during Andrews' teen years. When a friend asked to borrow $25 and Andrews came through, he was rewarded with a line of cocaine. The friend later shared methamphetamine, which became a focal point of the nineteen-year-old's life for the next half-dozen years. Andrews embraced meth with little hesitation.

"I was sure that I would always be a user," says Andrews. He was not moved to stop or seek help, even when his father died of meth-induced heart failure at age thirty-nine. "His heart exploded," says Andrews. Another friend died in jail of a meth overdose around the same time. "Little by little, as I focused on it, the memory of my dad made me begin to see my own dependence."

Scrapes with the law made him a familiar name and face among Crow Wing County law enforcement personnel. Andrews was defensive and combative, and became distant from his mother, who had discovered her son's drug use. His mother confronted him and asked him to write a letter to his third-grade sister.

"She asked me to explain my involvement with drugs," says Andrews. "She told me that if I ended up in jail or dead, she would give the letter to my sister." Andrews describes this as "opening the doorway to the possibility of my recovery."

Despite guilt over his drug use, Andrews remained uncommitted. He entered treatment as a means of working the law enforcement system, rather than to clean up his life. His rap sheet included alcohol, marijuana, probation, and unregistered firearm violations.

"I'm actually grateful to the law," he says. "They pushed me into a corner. I went into treatment just to get the law off my back, but that's where I began seeing who I was, who I had been before, and the lives I was affecting. After six years of meth, it was losing its effect. The good feelings it had given me were harder to experience."

ABOVE: Brian Andrews and his family.

When he entered treatment at Brainerd Regional Human Services Center, he found hope in meeting people with whom he had once used meth and who now were finding ways to stay clean. But he also saw the other side of recovery—the relapses that are common among users trying to become clean.

"Two roommates relapsed right in their rooms," says Andrews. "I asked my counselor, 'How many stay clean the first time?'"

His counselor dodged the question, answering, "I did, so you can do it."

Andrews left treatment in Brainerd and went to a halfway house in Mankato. Staying clean, he was given an opportunity to stay beyond the normal period, but was unsure what a future beyond its doors held for him. "A counselor asked, 'What's your passion?'" says Andrews. "I didn't know. I began surfing the Internet for aptitude and interest tests and discovered that I liked sales and marketing. I walked into Rasmussen Business College with my head held high, but secretly, I wondered whether drugs had damaged my ability to think. I scored well on everything."

Next spring, Andrews will graduate from Rasmussen with an associate degree in business management and marketing.

Others who use meth are not so lucky. Whether due to long-term use or to the effects of a "bad batch" in either recipe or quality control, some suffer damaging neurological effects that can lead to radically altered perceptions and behaviors, even what some might call drug-induced psychosis. One of his former fellow users, says Andrews, "thinks that he's God and that he can control the weather. Another apologized to me for killing my father. I told him he was mistaken, but he insisted, so I told him I didn't hold it against him."

Andrews is now twenty-five, living with his fiancée—herself a recovering meth addict—and raising a fifteen-month-old daughter. He manages a Brainerd gas and convenience store and has been soul-baringly honest in informing prospective employers and others about his recovering status.

I began seeing WHO I WAS, who I had been before, and the lives I was affecting. After SIX YEARS OF METH, it was losing its effect.

"It's part of the twelve-step process of recovery," he says. "People respect that you have the courage and honesty to tell them. On July 19, 2005, I celebrated being clean for three years. Being clean is probably the biggest accomplishment of my life, because without it, I don't have a life."

—Mike Rahn

Tausha Towler is twenty-eight—three years older than Brian Andrews. More than just exposure to a social environment in which alcohol use was accepted, Towler lived with parents who were heavy drug users.

"By age six, I knew where my parents kept their stash. I was stealing joints at age seven. By ten, I was smoking cigarettes—two packs a day. Ultimately, the choice to use alcohol and drugs was mine, but my parents didn't have time for me. I believe that if I had been loved and supported, and not exposed to some of the things I experienced, it might have been different."

Towler was put in foster care from age fifteen to seventeen. "It was a Christian environment—I was given discipline and boundaries and people cared about my well being. I was sent back to my parents at age seventeen for my senior year of high school. I cried—I didn't want to go back."

Without finishing high school, Towler dropped out, and then had a child by age twenty. Following her long-term experiences with alcohol and marijuana, she became "a complete slave" to meth.

"I went almost immediately from snorting meth to shooting up—everyone around me was doing that. I wanted to feel what they were feeling. I have a permanent mark on my arm from doing that."

"In 2000, I was committed for drug abuse and my daughter was taken away. To get her back, I jumped through the legal hoops, but I had no desire to change. I spent two weeks in Focus Unit (at St. Joseph's Medical Center). They recommended a halfway house, but instead I left."

Towler entered and left treatment facilities in Elk River, St. Louis Park, and St. Paul. Trying and failing, she followed treatment programs during the week, but drank on unsupervised weekends. Eventually, she returned to Brainerd and to heavy meth use.

"I had to have it to do anything—eating, even sleeping." Towler failed mandatory drug tests and was notified that court action was being initiated to terminate parental rights to her daughter, Paige, then age four. To avoid a court proceeding in which she

BELOW: Tausha Towler and her daughter.

" MY DAUGHTER wants to be like me. How I act will determine WHAT SHE'LL BECOME."

would likely lose parental rights to both Paige and a second child with whom she was pregnant, Towler surrendered parental rights to her daughter. The father did as well and four-year-old Paige was adopted by her father's cousin. Recounting losing her first-born daughter is visibly painful to Towler, particularly when relating the stressful adjustment with which her child continues to struggle in her new home. But Towler is just as clearly resolute in making the best of where she is and concentrating on making the best life for her and her younger daughter, now three.

Recovering meth addicts seem to know exactly when they last used.

"On December 11, 2001," says Towler, "I made the choice to be clean." She went through treatment programs at regional human service centers in Fergus Falls and Brainerd. "It's been three-and-a-half years since I've used. I take pride in keeping my promises, because there have been so many broken promises in my life. I don't want my daughter to bang on my door, wondering what I'm doing inside."

But leaving meth behind, despite resolve and support, requires changing habits—avoiding the places, people, and things associated with drug use. "I know my triggers," says Towler. "Drinking, going in bars—I know I can't have a drink." Sometimes a commitment to stop abusing contributes to a separation among friends. "When I told my friends that I was clean and sober, they began avoiding me. We all have consciences—some choose not to follow them. Some are also afraid of change and don't have anyone supporting them. And most won't listen to someone who hasn't been a user." Towler has the support of sober friends, acquaintances through a twelve-step program, as well as advocates she met through the court system. Her support system does not include her parents, one of whom is dead, the other in prison. Dead, too, is the father of her elder daughter.

How does one influence young people not to experiment with meth or other addictive substances? Towler speaks with the urgency driven by her own experiences as both child and parent. "A lot depends on who a young person comes in contact with," she says. "There are kids ages fourteen, fifteen, and sixteen who are not only using meth, but making it.

"My daughter wants to be like me," Towler continues. "How I act will determine what she'll become. Parents need to be in their kids' lives. Show them they're important to you and that they can express themselves without fear. Tell them, 'You might not understand, you can be mad, but I love you, and I'm going to do my best to protect you.' Discipline shows them that you care. They may resist, but they will respect you, and most will be grateful in the end."

And if, after all of a parent's best efforts, a child takes the path to substance abuse?

"Don't think of it as your fault, if you know you did the right things." ***—Mike Rahn***

identifying a METH user

Although this list includes the generalized symptoms associated with meth users, keep in mind that just because a person is experiencing symptoms listed below, it does not automatically imply they are using meth.

Users may experience: agitation, excited speech, decreased appetites, and increased physical activity levels. Other common symptoms include dilated pupils, nausea and vomiting, diarrhea, elevated body temperature, occasional episodes of sudden and violent behavior, intense paranoia, visual and auditory hallucinations, bouts of insomnia, a tendency to compulsively clean and groom or repetitively sort and disassemble objects, such as cars and other mechanical devices.

ADDITIONAL SYMPTOMS INCLUDE:

- increased heart rate, blood pressure, and respiration
- flushed or tense appearance
- dilated pupils, bloodshot eyes
- a chemical odor on their breath or odd body odor that smells like cat urine, glue, or mayonnaise
- excessive sweating
- rapid speech
- inability to sleep or eat
- severe weight loss
- rotting teeth
- scars and open or acne-type sores
- hallucinations (often auditory)
- memory loss
- psychosis or depression
- teeth grinding
- restlessness or tremors
- pale face

PARENTS ARE ADVISED TO LOOK FOR THESE WARNING SIGNS:

- changes in normal teenage behavior
  - grades suddenly dropping or starting to skip class
  - staying up all night or days at a time, then crashing
  - intense focus on one thing, like cleaning their room
  - constant movement or spending a long time taking things apart
  - light bulbs missing or hollowed out (used to smoke meth)
  - the outside casings of ballpoint pens missing
  - plastic sandwich-size bags with corners either cut or torn off
  - wadded-up aluminum foil

Sources: Narconon Southern California; information from Justin Beaulieu, former meth user; and Dustyn Bruch, Chemical Dependency counselor with Fairview Recovery Services for the Elk River school district.

ABOVE: Fred and Jessica (from cover photo).

Jessica and Fred: Jessica, a beautiful and articulate woman in her early thirties, knows too well the destructive power of meth. When a boyfriend introduced her to the drug at the age of sixteen, she became enthralled with the way meth made her feel.

"I felt attractive. I felt comfortable in my own skin, confident. And I had a lot of energy—I could stay awake for days." About the same time, Jessica met Fred through a mutual acquaintance and the two became "party pals." During the honeymoon stage of the addiction, meth seemed to make everything better.

Jessica and Fred began dating and sank deeper into addiction. Despite the chaos of drinking, using meth, and parties that often ended in violence, they got married and moved into a small house.

"We became the central location for other people to meet," says Jessica. "We called ourselves 'basement dwellers.' From about 1996 to 1998, we hung out in the basement. We would use drugs and be awake for days. That's when the 'shadow people' started coming alive to me."

As meth altered her brain's chemicals, Jessica experienced hallucinations and paranoia. She thought people were hiding in her house, that FBI agents were crouching in the yard to ambush her, and that satellites were listening to her conversations. "I thought my home was bugged. I took my furnace apart—I was always seeing people hiding just around the corner."

Through that dark time, Fred struggled to keep the people who loved him most from knowing how deeply he was trapped by meth.

"I was always one that had to play things out with the family," says Fred. "I had family come for a visit and I had to go out and eat with them. I was sitting there, trying to swallow food and act normal, and I was completely (stoned)."

The insanity of Fred's and Jessica's lives reached its peak when Fred, drunk and high on meth, made Jessica stand in front of a target in their basement while he shot broadhead arrows at her with his compound hunting bow. He stares at his hands; shaking his head at the memory. "I thank God that he made me miss her," he says.

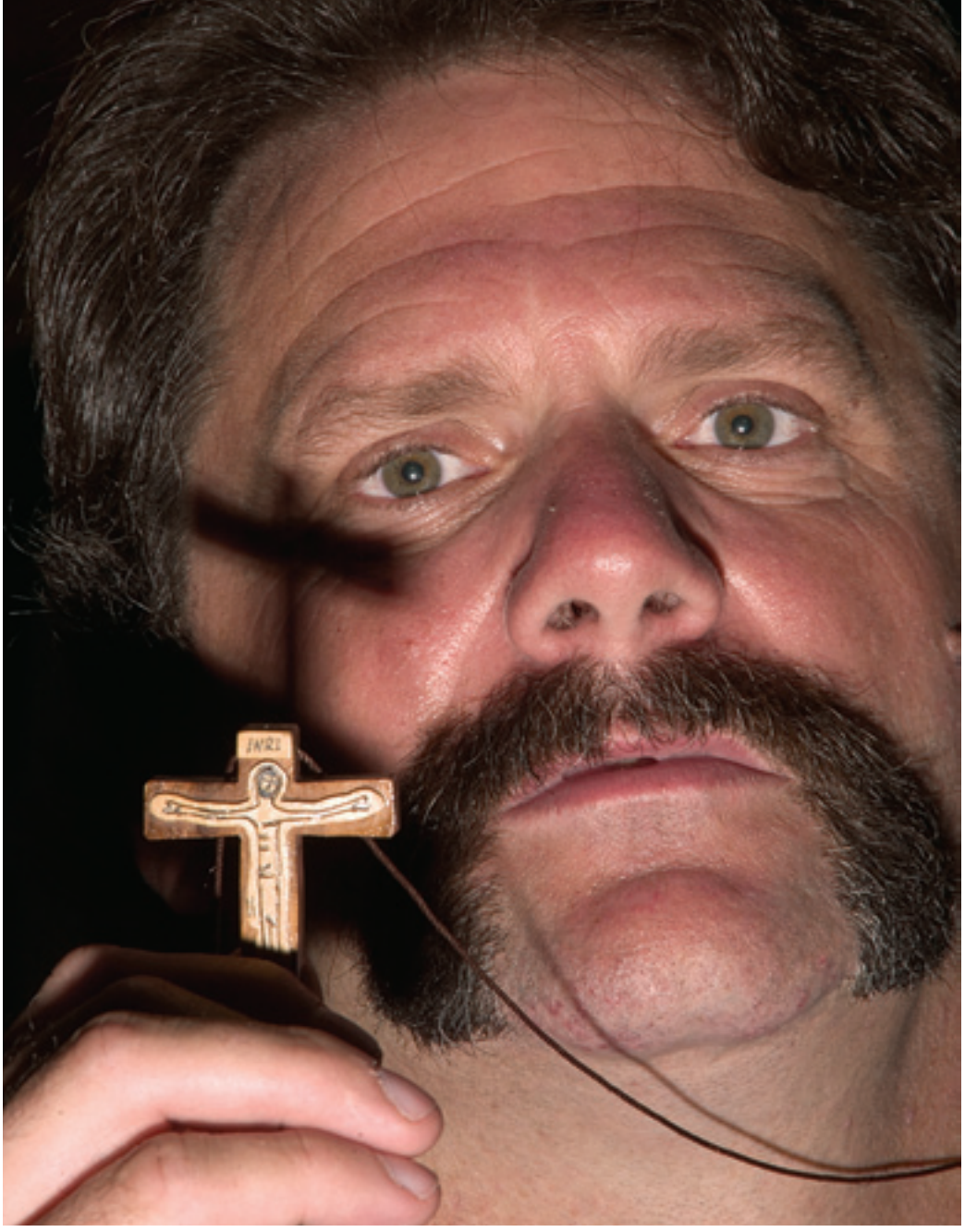
Jessica and Fred believe that becoming Christians is the only reason they survived their addictions. Although their lives did not change overnight, they say the event marked the beginning of the end of a meth-fueled lifestyle. Both made their way into treatment, but while they struggled to get and stay clean, the strain took its toll on the fragile marriage. They divorced in 2001. Despite the loss of his marriage, Fred saw new hope emerging from the ashes of his old life.

"I was in this rut and I couldn't get out of it. I had good intentions and I never followed through. So when I got the tools from treatment, I had a new rut to follow. I started a new habit and had new tools to use. When I took my initial step toward God and cleaning myself up, he delivered me from all that."

We would USE DRUGS and be awake for days. That's when the 'shadow people' started coming ALIVE TO ME."

Now, three years later, Fred and Jessica are sober and work every day to maintain their sobriety. Jessica began "Divine Mercy," which reaches out to victims of meth abuse—both addicts and families. They see their addictions as terrible, but redeemable, and they use their hard-won knowledge to help others find freedom. Fred and Jessica also remarried last July.

"We went through all this crud of our own free will," says Fred. "But now God can take it and make it a good thing." *—Cynthia Moe*



ABOVE: Hoheisel's Christian faith has helped him turn his life around.

"FAILURE is an event —not a PERSON."

Brad Hoheisel: Brad Hoheisel had used drugs and alcohol for decades before he was introduced to meth, but like Jessica, he found himself caught in the addiction almost overnight. "It enhanced everything. Everything was better. I could work harder, longer, without getting tired."

Hoheisel was a successful business owner, a husband, and the father of three children. Although he drank and used drugs, he did not allow his addictions to get in the way of his "normal" life—until the meth took hold. It wasn't long before he was pursuing the drug daily, even cooking it.

"I didn't sell much," he says. "If I did, it was to a friend or to one of the guys who worked for me. If I owed a guy $600 for labor, I might give him $400 and $200 worth of meth." Hoheisel was arrested several times and by the time he realized that he had to confront his addiction, he was facing a four-year prison sentence. He was accepted to the Challenge Incarceration Program, which offers reduced sentences to inmates who are willing to work through eighteen months of intensive rehabilitation.

When part of his rehab included writing his criminal history, Hoheisel was stumped. "My instructor looked at me and said, 'You don't think you are a criminal, do you?' I said, 'No!' To me, a criminal was a murderer or a rapist. The instructor shook his head and said, 'Hoheisel, where are you?' That was the first time I realized that I was a criminal, a lawbreaker who deserved to be in prison."

Hoheisel wants families who are dealing with a loved one's addiction to realize that, while the addicted person needs help, they must also look to their own well being. "It scares me to think about the huge number of families and friends that are entirely hopeless over this thing."

Hoheisel is fortunate to have come through meth addiction with his life and mind intact. About 25 percent of incoming mental-health patients test positive for meth. Among chronic users, death can come suddenly and violently. He lost a friend who tried to cook his own meth. The friend snorted the compound he had created, laid down, and died.

Others die from accidents that result from the risk-taking behavior that meth promotes, including explosions during the cooking stage. Hoheisel acknowledges the tragedy of lives lost to addictions and hopes addicts can see those stories as cautionary tales that will help them get clean. "In Alcoholics Anonymous, Bill W. says that many will die by the bottle in order for us to stay sober," he says.

Hoheisel is now a chemical dependency counselor at Brainerd Regional Human Services Center. He spends his time helping people sober up and begin facing the real source of their addiction—emotional pain, self-loathing, and being overwhelmed by the struggles of everyday life. He has learned to listen deeply—to see past the maze of addictive behavior to the trapped people looking for a way out. Hoheisel sums up his philosophy on dealing with fellow addicts simply.

"Failure is an event," he says. "not a person."

—Cynthia Moe

Recovery Strategies: The lie surrounding meth addiction is that an addict has almost no hope for recovery. In fact, addiction to this drug has about the same rate for recovery as any other drug—around 60 percent. One of the reasons for meth's devastating reputation is due to the drug's actions as a neurotoxin, which alters the brain's chemicals in a manner that takes time to correct. An addict may need four weeks to gain the mental clarity to work a twelve-step program, but most treatment programs are not designed to detain a person longer than a month. Addicts are released from treatment before they understand the nature of their addiction or have the tools to overcome it. Often they return to the environment that made the drug available to them in the first place. Soon they are using again. Meth addicts often need three or more commitments in rehab before they are able to lay down the addiction and face their problems with sobriety.

A common thread in recovery is participation in a formal treatment program; often extended treatment. The likelihood of self-cure by willpower alone diminishes with the intensity and longevity of meth use. Notable in many success stories are initial missteps on the path back to sobriety, relapses to meth use—sometimes more than once—before achieving long-term abstinence. No one should underestimate the difficulty of future sobriety for a meth user. But neither should loved ones and friends—or the user—give up hope.

How can a meth user's life be reclaimed? What are the strategies that have been proven most effective in freeing users from the cycle of euphoria, depression, self-neglect, and destructive behavior? There is presently no pharmacological solution, no magic bullet drug to break the cycle, though antidepressant medications can be helpful in combating the depression that often accompanies abstinence during treatment.

Cognitive behavioral strategies have proven most successful. This means working to modify the recovering user's way of thinking, expectations, and behaviors, and helping them to improve coping skills to better deal with stresses that may have contributed to substance abuse. Activities, friends and acquaintances, social settings, and other environmental or personality factors that contributed to the patterns of substance abuse may be altered or avoided to aid in recovery. Both inpatient and outpatient programs are available, and both have demonstrated success.

There are no simple answers, but there is always hope that life can go on—there is life after meth. ***IQ***

ten tips for a formal INTERVENTION

GOAL: To have the person begin treatment immediately.

1. Enlist a professional to help plan the intervention.

2. Bring together the people most significant to the user (three to six is best, no children)—the people who are concerned and who have clout with him or her. Only include people who are comfortable with the process.

3. Have a plan—decide who is going to say what.

4. Make all arrangements for the person to begin treatment immediately following the intervention. Know the insurance details at the selected hospital or treatment facility.

5. Identify the objections you might hear from the substance user and be prepared to answer each one.

6. Decide what consequences you're prepared to follow through with if the person refuses to enter treatment. For a teenager, it might be: "We will file a petition with the court to have you placed in treatment." For a spouse: "I will no longer cover up for you," or even, "I won't remain in this relationship with you."

7. Be prepared to follow through with these consequences if treatment is refused.

8. Tell the person that you care about him or her, but explain what you are concerned about. Bring a list of examples. Be truthful and clear. Example: We love you very much, but...

9. Rehearse the intervention at least once. Know your roles.

10. Get a commitment from the person that he or she is willing to get help, and get them there immediately.

Source: The Partnership for a Drug-Free America

selecting a TREATMENT program

If you or someone you care for needs treatment, it is important to know that no single treatment approach is appropriate for all individuals. Finding the right treatment program involves careful consideration of such things as the setting, length of care, philosophical approach, and your or your loved one's needs.

TWELVE QUESTIONS TO CONSIDER WHEN SELECTING A TREATMENT PROGRAM:

1. Does the program accept your insurance? If not, will they work with you on a payment plan or find other means of support for you?

2. Is the program run by state-accredited, licensed, and/or trained professionals?

3. Is the facility clean, organized, and well-run?

4. Does the program encompass the full range of needs of the individual (medical, including infectious diseases; psychological, including co-occurring mental illness; social; vocational; legal; etc.)?

5. Does the treatment program also address sexual orientation and physical disabilities as well as provide age, gender, and culturally appropriate treatment services?

6. Is long-term aftercare support and/or guidance encouraged, provided, and maintained?

7. Is there ongoing assessment of an individual's treatment plan to ensure it meets changing needs?

8. Does the program employ strategies to engage and keep individuals in longer-term treatment, increasing the likelihood of success?

9. Does the program offer adequate counseling (individual or group) and other recommended behavioral therapies that would serve to enhance the individual's ability to function in the family/community?

10. Does the program offer medication as part of the treatment regimen (if appropriate)?

11. Is there ongoing monitoring of possible relapse to help guide patients back to abstinence?

12. Are services or referrals offered to family members to ensure they understand addiction and the recovery process to help them to support the recovering individual?

The U.S. Department of Health and Human Services, Substance Abuse, and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT) provides a toll-free, 24-hour treatment referral service to help you locate treatment options near you. For a referral to a treatment center or support group in your area, call 1-800-662-HELP (4357).

HELP RESOURCES See the Resource Directory on page 23 of this issue.

BY JULIE SAFFRIN

Real-World Connection

Students' New Rite of Passage: Saying "No" to Meth

"The first time I tried meth," says former meth user Justin Beaulieu of Staples, "it was 1999 and I was a senior in high school. Somebody said, 'Here, try this,' and I was like, "hey, cool.' We didn't know how bad it was."

According to the 2004 Minnesota Student Survey, 26 percent of teens try drugs because of their friends. Reasons they try meth include weight loss and feelings of energy and power. "Adolescents don't feel like they have a lot of control," says Carol Falkowski, director of research communications at Hazelden Foundation. "Unlike other drugs, meth makes them feel very much in control. The message for kids is that they can't control meth—meth will control them. It's highly addictive." Of the 10 percent receiving treatment at Hazelden, 18 percent are under age eighteen.

PHOTOGRAPH BY JOEY HALVORSON

Former user Justin Beaulieu: "I didn't think I'd get addicted."

Beaulieu told his story to students in Staples in February as part of a year-long forum. "I didn't think I would get addicted," he says. "When you're young, you think you can jump out of trees and nothing will happen."

He went from using every other month, to every weekend, to every day. Beaulieu became a drug dealer to support his addiction, seeing children as young as nine smoke meth. He and his friend, Chris, went on a seventeen-day meth binge.

Beaulieu's wake-up call came on day eighteen when he found that Chris had died overnight. He entered Minnesota Teen Challenge as an inpatient December 2003. Even though he has been clean for eighteen months, is married, and a father of a four-year-old, he says, "Every day I wake up and still crave meth." He believes educating kids early and teaching them to make positive decisions are the answers. He'd also like to see mandatory drug testing in schools. "If we can keep one kid from doing it, it will stop others."

Many teachers say it's hard to tell when a student is using drugs. Dustyn Bruch, a chemical dependency counselor with the Elk River school district in Sherburne County, said more than one hundred teens were either assessed or received treatment for meth last year. Merging those students back into the same school does not work. "There are so many drugs accessible," says Brusc. "Many kids must switch schools."

Judy Johnson, prevention specialist with Fairview Hospital Systems, works with Elk River school district under a federal grant to offer drug prevention support services to students, teachers, and principals. Johnson believes early education is key. She implemented Project ALERT, a middle-school curriculum that focuses on abstaining from alcohol, tobacco, and marijuana use. Elk River middle schools also hired former meth user, David

Parnell, to speak to students.

"David attempted suicide because of his battle with meth addiction," says Johnson. "He shot himself in the face. When he spoke, you could hear a pin drop."

"It has to be homes, schools, and communities," agrees Falkowski. "Same message, different messengers."

In Wright County, Buffalo city council member Teri Lachermeier and county commissioner Karla Heeter brought together court services, a parent liaison, and a United for Youth representative, and started Methamphetamine Education Coalition of Wright County.

MEADA worked with eleven Wright County school districts to create a DVD panel discussion that involved recovery centers, a parent of a user, Buffalo High School's assistant principal, law enforcement, a psychologist, and an audience asking questions. With cooperation from Buffalo High School, they put together drug tests for parents to administer at school to a child they suspect is using.

"This drug steals our kids' souls," says Lachermeier. "We want to educate the youth because if they don't know what it is, they'll never know that they should never try it." ***IQ***

2004 Minnesota Student Survey

The 2004 Minnesota Student Survey was administered to public school students. Of the 342 districts that were invited to participate, 301 took part. The following percentages of male and female students admitted to methamphetamine use (meth, speed, crank, crystal meth) at least once during the last twelve months:

9th Grade		12th Grade	
Male	Female	Male	Female
4%	3%	6%	4%

Source: Minnesota Department of Education

BY VIVIAN CLARK

Meth-Busters

Cops and Citizens Join Forces

From the 1950s to 1990s, America has witnessed speed, barbiturates, acid, heroin, crack cocaine, and marijuana. None of these drugs have gone away—they have been overshadowed by methamphetamine.

Over the past decade, methamphetamine has become the drug of choice in rural Minnesota. Mille Lacs County sheriff Brent Lindgren said he remembers a 911 call in 1997. A teenager said her father was badly burned while making meth in a camper. "We didn't know what meth was then," says Lindgren. In 2004, Mille Lacs County alone spent $1.2 million taxpayer dollars to combat meth.

PHOTOGRAPH BY JIM ALTOBELL

Mille Lacs County Sheriff Brent Lindgren: "We haven't peaked yet."

The war on meth has been an uphill struggle. Law enforcement officers went back to school for training sessions with the Drug Enforcement Agency (DEA) and Bureau of Criminal Apprehension (BCA) to learn as much as they could, as quickly as possible.

Laws have been created and amended with the changing face of meth. In addition to limiting the amount of the precursors needed to manufacture meth, tougher sentencing has been passed for possession, conspiracy to manufacture meth, and the manufacturing itself.

Crow Wing County has already passed the precursor ordinance. Since June 2004, they have seen a significant decrease in meth lab busts, says Andy Galles, senior narcotics agent with the Crow Wing County sheriff's department. "There are simply less (labs) in the county," says Galles. He says approximately 80 percent of meth confiscated in Crow Wing County comes from other states.

Lindgren reports a large number of clandestine labs in Mille Lacs County. "Meth in the one- to two-ounce range is manufactured here," he says. "About 80–90 percent of our busts are in this range. Usually, when there is possession of three or more ounces, it has been trucked in."

Lindgren says taking away one ingredient alone will not solve the meth problem. It will take resources for law enforcement, a decrease

Prison Meth Statistics for Minnesota

72% of methamphetamine offenders were incarcerated in a non-metro county.

90% of the 1,012 offenders in prison for the manufacture or sale of methamphetamine are male. Their average age is 32, with nearly 40 percent falling between the ages of 25 and 34.

72% (733) inmates of the 1,012 methamphetamine offenders are experiencing their first prison term.

Source: Minnesota Department of Corrections

in labs, tougher sentencing, treatment, follow-up, and community awareness to put a dent in the problem. "We haven't peaked yet," he says.

The public is one highly effective law enforcement tool. Neighbors calling in tips have helped set up hundreds of busts in Minnesota.

It may take six to eighteen months to set up a bust. Officials require a large amount of detail before the SWAT team or Special Emergency Response teams can search. Investigators perform nighttime surveillance or even dig in garbage cans to gain information.

Galles says they investigate all tips. "What may seem like something insignificant may be the missing piece to solve our puzzle," he says.

Crow Wing and Mille Lacs as well as other counties have billboards advertising a meth tip line—callers remain anonymous. Within three weeks of the billboard going up in Mille Lacs County, Lindgren says several busts had been made as a direct result of the tip line.

Programs such as DARE are helping to spread the word. Galles says the drug task force team spends hours giving presentations to citizen groups, retailers and business owners, and it is working in Crow Wing County.

Lindgren says as law enforcement shifts their focus, "We are going to see a change. Everything we can do to make it tougher is going to help slow down the problem." ***IQ***

Meth RISING

When compared to the overall total prison population, there has been a noticeable increase in the percentage of methamphetamine offenders from 2001-2004.

Date	Number of meth offenders*	Total prison population	Meth offenders as % of total population
1/1/01	139	6,187	2.2%
7/1/04	1,012	8,333	12.1%

*Does not include amphetamine

BY CANDYCE HEGSTROM

The Rock-Bottom Line

Drug-Free Policies Protect Employers, Support Employees

Patty Mannie knows the signs. A worker who had been a good producer began slacking off. He used to be punctual, now he's late. He's lost weight and doesn't care about his appearance. "He had trouble maintaining eye contact," says Mannie. "He looked at me, then his pupils darted to the side, and jumped around. He picked at his arm, like he was trying to pick something off of it."

PHOTOGRAPH BY JIM ALTOBELL

Human resources specialist Patty Mannie: "Train, train, train!"

Using a specific checklist, Mannie noted her observations, and compared her list with the shift manager's list. Shortly after, she drove the employee to the clinic for a drug test. The test confirmed methamphetamine use.

As a human resources specialist in the Brainerd area, Mannie has seen the impact of methamphetamine abuse on the local workforce. Once, eleven of the thirteen people to whom she extended job offers failed the pre-employment drug screening.

Drug abuse costs American businesses in excess of $100 billion a year, mostly in lost productivity, but also because of higher workers' compensation rates, theft, poor quality of products, and increased use of health services. To reduce these costs, many companies are implementing a drug-free workplace strategy.

The first step toward a drug-free workplace is a written drug policy, which new employees must agree to as a condition of employment.

The drug policy should address the following areas:

- Pre-employment drug screening as well as random testing and "reasonable suspicion" drug testing.
- A split-urine test with half the urine being used for the first test. If the employee claims the test is incorrect, another test is performed on the remaining urine. Some companies require the employee to pay for the second test. If the second test is negative, the company may reimburse the employee for lost time.
- Since Minnesota state law prohibits the immediate dismissal of workers who test positive for drugs or alcohol the first time, the employer must offer to give the worker a leave of absence while attending treatment. The worker is responsible for treatment costs, although some company-sponsored health insurance policies cover them. The drug policy should state that the employee will be terminated if he or she fails subsequent drug testing or fails to complete the treatment plan.
- Next, as Mannie says, "train, train, train!" Make training mandatory. Managers need to know the warning signs of substance abuse. The drug policy has to be enforced across all departments, with zero tolerance for violations.

With a drug policy in place, employers can feel more comfortable hiring individuals recov-

ering from chemical dependency. The ability to work and feel good about himself or herself is a component of the addict's recovery. It's best if the supervisor treats the recovering addict the same as other employees—stating what the expectations are for the job and providing feedback on performance.

Know the signs of drug abuse and intervene—this makes a safer workplace for employees, ensures productivity, and reduces potential liability and costs. Be commited to prevention and a drug-free workplace, have a drug policy that enforces that commitment, and educate workers. Employers can help reduce meth abuse on the job and in the community. ***IQ***

Seven Points for Employers

These steps should be followed to implement and maintain a drug- and alcohol-free workplace program. Although they may seem obvious, some employers have neglected one or more—and later regretted their omissions.

- **KEEP** written records that document suspect employee performance. These can be used as a basis for referral for testing.
- **KNOW** your employees. Become familiar with each one's skills, abilities, and normal performance and personality.
- **BECOME** familiar with symptoms of drug use.
- **DOCUMENT** job performance regularly, objectively, and consistently.
- **TAKE ACTION** whenever job performance fails, regardless of whether drug or alcohol use is suspected.
- **KNOW** the exact steps to be taken when an employee has a problem and is ready to go for help.
- **COMMUNICATE** immediately with your supervisor when you suspect a problem, and have a witness to your action when confronting an employee.

Source: U.S. Drug Enforcement Administration

Behind the Counter

Do Laws Go Far Enough or Too Far in Restricting Meth's Key Ingredient?

In Minnesota, pseudoephedrine is now classified as a Schedule V substance, which puts it in the same category as opium. Pseudoephedrine—the active ingredient in many over-the-counter cold medications—is also used to manufacture methamphetamine.

The Omnibus Crime Bill was signed into law June 2, 2005. Now to purchase products containing pseudoephedrine, consumers must go to a pharmacy, be at least eighteen years old, show a photo ID, and sign for the purchase. Purchases are limited to six grams—one purchase every thirty days.

"Senator Meth" Julie Rosen, R-Fairmont, is the chief architect of Minnesota's meth legislation and the force behind the Minnesota Meth Task Force. "The cornerstone of the bill is the restrictions on pseudoephedrine," says Rosen.

Rosen's district is along the Iowa border—she saw what happens when a neighboring state has strict drug laws. After Iowa passed precursor restrictions, border counties experienced an increase in bulk purchases and thefts of pseudoephedrine. At a sheriff's request, Rosen focused on getting statewide restrictions passed on her side of the border.

"You cannot manufacture meth unless you have pseudoephedrine or ephedrine," says Terry Sluss, commissioner and methamphetamine prevention coordinator for Crow Wing County. He credits proactive legislation for the dramatic reduction in clandestine labs documented in his area—from seven in the first half of 2004 to zero since the legislation passed.

However, the new state law restricting sales to pharmacies troubles Representative Larry Howes, R-Walker. Residents of his rural area can no longer buy these medications from con-

BY TENLEE LUND

PHOTOGRAPH BY JIM ALTOBELL

State Representative Larry Howes: "We can order (pseudoephedrine) online and get 999 pills."

venience stores. "The farther north you go, we don't have drugstores," he explains. "Or they're not open Sunday or Saturday night." The law passed, according to Howes, "with no regard to the fact that we can order (pseudoephedrine) online and get 999 pills, then order another 999 ten minutes later."

Howes and Sluss agree the new law makes it more difficult to acquire quantities large enough to manufacture meth.

Carol Falkowski, with the Hazelden Foundation, believes that limiting precursors is part of an approach that also involves prevention, law enforcement, and treatment. "Law enforcement says the lion's share of our meth comes from criminal organizations," she says.

Rosen agrees that lawmakers face two issues: "home-grown meth and Mexican meth. This bill is very heavy on the home-grown meth, which sucks resources out of most of our counties." But the bill also addresses Falkowski's concerns through appropriations for ten new Bureau of Criminal Apprehension agents; penalties for intent to manufacture and endangerment of children and vulnerable adults; addressing cleanup of contaminated property; and appropriating grants to counties with a "comprehensive meth approach," including drug treatment.

"Meth is morphing continuously," says Rosen, which is why the legislation's effectiveness will be monitored—and she's already working on amendments for next session. ***IQ***

BOOK REVIEW

The Home-Cooked Menace

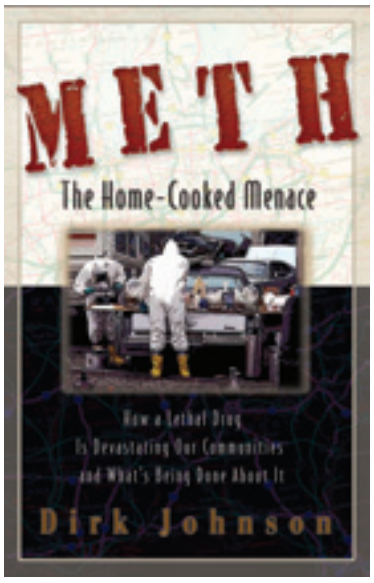
Works of compelling fiction sometimes leave readers musing: "Wouldn't it be amazing if that were true?" After reading the recently published *Meth, The Home-Cooked Menace*, one may wish, "Wouldn't it be great if this were only fiction?"

The drug the book describes is not only becoming the most available highly addictive substance in America, but is capable of ensnaring almost anyone. The life of a meth addict is a litany of ever-broadening loss: loss of will and self control, loss of health, job, parental rights, friendships, self-respect, sanity, and—in some cases—even one's own life.

Author Dirk Johnson has spent more than a decade-and-a-half as a reporter for the *New York Times*, as well as writing for *Newsweek* magazine, and is a five-time winner of the New York Times Publisher's Award. Johnson has covered tragedies, including the murder-suicides at Colorado's Columbine High School and the bombing of the federal building in Oklahoma City. It is appropriate that an author with such experience cover the meth scene in America. Methamphetamine is a tragedy that is leaving thousands of destroyed lives in its wake; far more than either of the above events.

Johnson sees that meth is difficult to control, in part, because its availability does not rely entirely on definable distribution networks. Meth's production and distribution has, over time, taken on some of the same dimensions as such drugs as cocaine and heroine, due to its profit potential. But meth is also unique in that almost anyone with a recipe and sufficient disregard for the hazards of brewing a highly flammable, explosive substance, can make it on their kitchen stove.

BY MIKE RAHN



The book covers several consequences of meth's production and use, from fires and explosions, direct health consequences to users, and the neglect of children, all of which cut across a broad swath of social resources. Police, firefighters, healthcare workers, social service workers, hazardous waste personnel, lawmakers, family members, and, of course, chemical dependency professionals, are all struggling to deal with the consequences of meth use.

"*Meth, The Home-Cooked Menace* addresses issues that the recent meth epidemic has created and that communities are suddenly being forced to deal with head-on," says Karen Chernyaev of the Hazelden Foundation. "It does so with a thorough understanding of addiction and delivers a message of compassion. People who are connected to meth in one way or another may learn from the solutions some communities have come up with. This book will also help the general public understand the unique and urgent challenges that meth poses."

Much like sharing the story of almost any recovering meth addict, this book traces a path through pain, fear, heartbreak, despair, and hope. The key and final word is hope, the emotion that makes individual recovery possible and motivates those who labor to limit the damage being done by a most destructive epidemic. ***IQ***

Available from www.hazelden.org

BY JIM ATKINS

> GUEST OPINION COLUMN

The Real Epidemic

The methamphetamine epidemic threatens to turn young people from across the country into psychotic, violent criminals. Heroin, ecstasy, and crack cocaine remain as popular and readily available as ever, and young people are still dying lonely deaths with needles in their arms, but the newness and shock of those drug epidemics have passed, so we have moved on.

We have a short attention span, especially when a crisis gets stale. It doesn't take long for familiarity, boredom, and our collective denial to move a drug epidemic from the front page of the newspaper to that black hole in our conscience where we bury the problems that turn out to be too complex, expensive, or controversial to resolve. When shocking things become mundane, they become invisible to us, and we look right through them.

ILLUSTRATION BY CHRIS MCALLISTER

Each drug epidemic presents a unique set of challenges. In fact, the methamphetamine epidemic is probably the biggest challenge our law enforcement agencies have been faced with for decades. However, at the heart of all of our drug epidemics is the phenomenon of untreated addiction, which is, in my opinion, the real epidemic.

Addiction is a very treatable illness, regardless of the addict's drug of choice. Well over half of the meth addicts who complete chemical dependency treatment remain abstinent. This is statistically identical to outcomes for all others who complete treatment, including those whose drug of choice was alcohol.

Unfortunately, most addicts don't get into recovery because they never have a chance to receive treatment. We don't need to devote our limited resources toward finding a solution to meth addiction. Methamphetamine has been around for almost a century. Since the 1960s, it has been widely available on the streets in some parts of the United States and we have been successfully treating meth addicts ever since.

I discovered meth in the early 1980s when I lived in San Antonio, where the first meth epidemic had turned invisible a decade earlier. As brutal as that experience turned out to be for me and my family, meth was not the problem.

Like most of those who become addicted to meth, I was already an addict by the time I discovered that particular drug. Like all of the drugs that came before it, meth beat me to a pulp and dismantled my life, so I moved on to the next drug, which again proceeded to do the same.

My problem was, and remains, addiction. The same is true for every addict I have ever known, and I have known thousands, but few of us are able to accept that fact without help.

The solution to this drug epidemic, the previous drug epidemics, and all of the drug epidemics that will undoubtedly follow this one is to make treatment available to every addict who needs it. All of our past efforts to resolve the drug problem have failed because they didn't address the real problem—addiction.

All of our past efforts to resolve the drug problem have failed because they didn't address the real problem—addiction.

The lasting benefits of chemical dependency treatment transcend the miraculous rebirth that takes place in the lives of recovering addicts and their immediate families. We stop destroying everything in our paths, but that's just the beginning. We also become active participants in our own lives, in our communities and in our world. We teach at your child's school, sit next to you in your house of worship, serve in the United States House of Representatives, process your mortgage application, perform surgery, serve in the military, design rockets, build bridges, vote, pay income taxes, and fly 747s, but without treatment and recovery, most of us will become casualties of the real epidemic—untreated addiction. ***IQ***

Jim Atkins is director of admissions at The Hazelden Foundation. He has been a presenter at methamphetamine conferences and workshops since 2002 and has even presented before Congress. Other appearances include various Twin Cities area media as well as national periodicals.

Jim and his wife, Meg, have been married for fourteen years. They live in rural northwestern Wisconsin, where they share their lives with golden retrievers, Bess and Lucy.

Your best resource in the fight against meth addiction

Meth addiction is an overwhelming problem. The solution needs to be equally comprehensive in scope. Since 1949 Hazelden has engaged individuals, families, and communities in providing addicts the very best chance for lasting recovery. Hazelden resources include:

- *The Matrix Model*, an evidence-based outpatient curriculum with 20 years of proven effectiveness in treating meth addiction
- industry leaders such as Carol Falkowski, who is nationally recognized for researching drug trends
- a history of successfully treating meth addiction at our facilities

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It's about compassion.
Exceptional, understanding care is at the very core of our culture. As a member of the Benedictine Health System, our mission has always been to adhere to the values of hospitality, stewardship, respect and justice. And we apply those values every day, no matter what you're fighting.

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Our staff includes 100 specialists, backed by over 1,000 committed professionals. That's substantially more specialists and staff members than any other hospital in our region. They all have one job: to make sure you are cared for compassionately and professionally. Because your health is everything.

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