Background on Methamphetamine: Test your Knowledge

What is Methamphetamine?

Methamphetamine is an addictive stimulant drug that strongly activates certain systems in the brain. It is closely related chemically toamphetamine, but the central nervous system effects of methamphetamine are greater. Both drugs have some limited therapeutic uses, primarily in the treatment of obesity. Methamphetamine is made in illegal laboratories. It has a high potential for abuse & addiction. Street methamphetamine is referred to by many names, such as "speed," "meth," & "chalk." Methampheta mine hydrochloride in the clear chunky crystallized form resembles ice; this form can be inhaled by smoking. It is referred by street names as "ice," "crystal," "glass," & "tina." "Crystal meth" is the most potent methamphetamine form available.

In medicine, methamphetamine comes in tablet form, as the prescription drug, Desoxyn®. More often, though, it is manufactured in makeshift illegal labs & sold on the street as a powder. This powder can be injected, inhaled (snorted), or swallowed by the user. A smoke-able crystallized form of methamphetamine, called "ice," is also used.

Smoking, inhaling or injecting methamphetamine will bring the user feelings of exhilaration & a sharpening of focus. It will result in an instantaneous dose delivered to the brain, giving a huge brief sensation followed by a feeling of euphoria for 2-16 hours. Using this drug may express its effects with observable human behavior such as, obsessive compulsive behavior, increased sociability, & high-risk sexual behavior.

Methamphetamine create changes in the central nervous system by increasing levels of two neurotransmitters, norepinephrine & dopamine. At low doses, it increases alertness while inhibiting appetite & fatigue. At higher doses, it induces a sense of exhilaration & euphoria. At very high doses, the drug can cause psychosis such as agitation, paranoia, & bizarre behavior. Physical effects include increased heart rate, blood pressure, & body temperature.

The risks of using methamphetamine are so extremely high as the drug works efficiently at modifying the central nervous system to inhibit the feelings of hunger & exhaustion. These binge users extend drug use "runs" for days to weeks, without food or rest, putting impossible demands on their nervous system & overall health. At this point, users are trapped in the vicious dwindling spiral of methamphetamine addiction. This illegal drug use has physically & mentally irreversibly changed them. Their drug exploration have crossed an invisible & intangible line moving them from user to addict.

Continued on page 3
Nicotine, Secondhand Smoke & Infants:  
Smoking Outside the Home Still Exposes Infants

Although you may not smoke, you may be exposed to the chemicals in tobacco smoke. How? You may breathe in the smoke given off by the burning end of a cigarette and/or the smoke exhaled from a smoker.

This smoke is called secondhand smoke also known as environmental tobacco smoke (ETS). Lung cancer & cardiovascular problems in non-smokers have been linked to secondhand smoke. Children exposed to secondhand smoke are more likely to suffer from lung diseases, ear infections & asthma. Many smokers believe that they can protect their children from tobacco smoke if they smoke away from their children, for example, by smoking outside of their homes. A new study from researchers at San Diego State University & the Centers for Disease Control & Prevention suggests that parents may NOT be offering much protection to their children from secondhand smoke by smoking outside. The researchers studied 49 households with children less than one year old.

These households were divided into three types:

• No exposure (non-smoking) control group (17 households): all residents were non-smokers for at least one year; no visitors smoked in the home for 30 days before the study.

• Indirect exposure group (17 households): the mother smoked every day; all cigarettes were NOT smoked in the same room or in a car with an infant. In 14 of these 17 households, all cigarette smoking was done outside the house. Most (76%) of the mothers in this group said that their infants were not exposed to tobacco smoke.

• Direct exposure group (15 households): the mother smoked every day; at least 20 cigarettes per week must have been inside the home; at least one cigarette per day must have been smoked at home in the same room as the infant.

The amounts of nicotine in the air, dust, on furniture & on the finger of the mothers’ index fingers were measured. Urine & hair samples from the babies were also collected & tested for nicotine & continine. Continine is a chemical the body produces when it breaks down nicotine.

Higher amounts of nicotine were found in the air, on furniture surfaces & in dust in the homes of the indirect & direct exposure groups than in the homes of the no exposure (non-smoking) group. The nicotine levels in the living rooms & bedrooms of the direct exposure group were many times higher than those in the indirect exposure group.

Infants who lived in households where they were exposed directly to tobacco smoke had higher levels of continine in their urine & higher levels of nicotine in their hair than infants in the indirectly exposed group or the no exposure group.

Mothers in both the indirect exposure & direct exposure groups had similar levels of nicotine on their fingers. (No nicotine was found on the fingers of mothers in the homes of the no exposure group.)

The results from this study show that secondhand smoke can contaminate a house even if cigarettes are smoked outside. Moreover, nicotine levels in babies who live in houses where people smoke outside are much higher than in babies who live with non-smokers.

Babies who live with smokers may be exposed to contaminated particles from secondhand smoke in several ways. First, infants may inhale the smoke from a cigarette or the exhaled air from a smoker. Even if cigarettes are not smoked near a baby, cigarette fumes may contaminate dust that settles in the carpets, on toys, on the furniture surfaces & on the floor.

These objects can remain contaminated for several months! Because babies spend a lot of time crawling on the floor & put toys in the mouths, they are especially at risk to ingest this contaminated dust.

Smokers may also contaminate their homes by bringing in clothing exposed to smoke.

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People who even tried to protect their babies from secondhand smoke by smoking outside still contaminated their homes with nicotine. The data suggest that only a complete smoke-free policy will protect a household from secondhand smoke contamination.

As the researchers stated:

“...smoking outdoors, in different rooms, or when non-smokers are absent does not completely protect non-smokers from tobacco smoke.”

They proposed several steps to reduce the risks of secondhand smoke to the non-smokers:

- Homes, cars & furniture of smokers should be decontaminated.
- Tenants & new owners of cars, apartments, offices & houses should be informed if previous tenants & owners were smokers.

Background on Methamphetamine: Test your Knowledge

Continued from page 1

What are the immediate (short-term) effects of methamphetamine use?

As a powerful stimulant, methamphetamine, even in small doses, can increase wakefulness, physical activity & decrease appetite. A brief, intense sensation or a surge of pleasure, called a "rush" or "flash", has been reported by users who smoke or inject methamphetamine.

After the initial "rush," there is typically a state of high agitation that in some individuals can lead to violent behavior. Other possible immediate effects include increased wakefulness, insomnia, decreased appetite, irritability, aggression, anxiety, nervousness, convulsions & cardiovascular events.

Oral ingestion & forced inhalation (snorting) produces a long-lasting euphoria referred to as a "high" instead of a brief, intense sensation, which reportedly can continue for as long as half a day. Both the "rush" &

In animals, a single high dose of this drug has been shown to damage the nerve terminals in the dopamine-containing regions of the brain. The large release of dopamine produced by methamphetamine is thought to contribute to the drug's toxic effects on these regional nerve terminals. High doses can elevate body temperature to dangerous, sometimes lethal levels, as well as inducing seizures.

What are the long-term effects of methamphetamine use?

Long-term methamphetamine abuse has a neurotoxic effect; damaging the brain cells that contain the neurotransmitter, dopamine & serotonin. It also causes damage to nerve terminals in the dopamine-containing regions of the brain.

Long-term use, and/or high dosages can induce a toxic psychosis which is often exhibited as violent, aggressive behavior. This violent, aggressive behavior is usually coupled with extreme paranoia.
Over time, methamphetamine appears to cause reduced levels of dopamine, which can result in symptoms like those of Parkinson’s disease, a severe movement disorder.

In scientific studies examining the consequences of long-term methamphetamine exposure in animals, concern has arisen over its toxic effects on the brain. Researchers have reported that as much as 50 percent of the dopamine-producing cells in the brain can be damaged after prolonged exposure to relatively low levels of methamphetamine. Researchers have found that serotonin-containing nerve cells may also be extensively damaged. Whether this toxicity is related to the psychosis seen in some long-term methamphetamine abusers requires further investigation.

Long-term methamphetamine abuse results in many damaging effects, including addiction. Addiction is a chronic, relapsing disease, characterized by compulsive drug-seeking & drug use which is accompanied by functional & molecular changes in the brain.

In addition to being addicted to methamphetamine, chronic methamphetamine abusers exhibit symptoms that can include violent behavior, anxiety, confusion, & insomnia. They also can display a number of psychotic features, including paranoia, auditory hallucinations, mood disturbances, & delusions (for example, the sensation of insects creeping on the skin, called “formication”).

The paranoia can result in homicidal as well as suicidal thoughts. Methamphetamine users develop a tolerance to the drug’s induced mood elevating response, thus requiring larger amounts to achieve the same state of euphoria.

Long-term effects of methamphetamine
- Dependence
- Addiction psychosis
- Paranoia
- Hallucinations
- Mood disturbances
- Repetitive motor activity
- Stroke
- Weight loss

The long-term physical damage can be massive, including many of the following:
- Severe nutritional deficiencies
- Lowered resistance to infections
- Organ damage
- Xerostomia “dry mouth”
- Severe dental decay, referred to “Meth Mouth”
- Anxiety
- Depression
- Chronic fatigue
- Delusions
- Emotional “swings”
- Toxic psychosis after prolonged, heavy use.

The following is a generalized list of symptoms; these symptoms are also found in other non-related diseases/disorders:
- Increased heart rate, blood pressure, & respiration
- Flushed or tense appearance
- Dilated pupils
- “Bloodshot” eyes
- A chemical breath odor
- Excessive sweating
- Rapid speech
- Inability to sleep or eat
- Severe weight-loss
- Rampant decaying teeth
- Scars & open sores
- Paranoia
- Hallucinations (often times auditory)
- Repetitive behavior
- Memory loss
- Depression
- Psychosis
- Teeth grinding
- Restlessness
- Tremors

How would you identify a methamphetamine user?

There are several ways of identifying a methamphetamine user. An individual’s gravitation to drug use often involves a wide range of dysfunctional behaviors that disrupts the effectual interactions in the family, the workplace, & the broader community. The driving compulsion to use this drug take over the user’s life.

These users may experience episodes of sudden violent behavior, bouts of insomnia, intense paranoia, visual & auditory hallucinations.

They may have a tendency to compulsively clean & groom; also to repetitively sort & disassemble objects such as cars & other mechanical devices.

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What is the addiction cycle of methamphetamine use?

Rush-it is the initial response the abuser feels when smoking or injecting methamphetamine; the methamphetamine rush can continue for 5-30 minutes.

High-the rush is followed by the high, sometimes called the shoulder. During the high, the abuser often feels aggressively smarter & becomes argumentative, often interrupting other people & finishing their sentences. The high can last 4-16 hours.

Binge-this is the continuation of the high. The abuser maintains the high by smoking or injecting more methamphetamine. During the binge, the abuser become mentally & physically hyperactive. The binge can last 3-15 days.

Tweaking-this occurs at the end of the binge when nothing the abuser does will take away the feeling of emptiness & dysphoria, including taking more methamphetamine. Tweaking is very uncomfortable, & the abuser often takes a depressant to ease the bad feelings. The most popular depressant is alcohol, with heroin a close second.

Tweaking is the most dangerous stage of the methamphetamine abuse cycle to law enforcement officers & other individuals near the abuser. If the abuser is using alcohol to ease the discomfort, the threat to law enforcement officers intensifies.

Crash-to a binge abuser, the crash means an incredible amount of sleep. The crash can last 1-3 days.

Normal-after the crash, the abuser returns to deteriorated state of normal. This stage ordinarily lasts between 2 to 14 days. However, as the frequency of binging increases, the duration of the normal stage decreases.

Withdrawal-it is a severe depressive stage occurring 30-90 days after the last drug use. This stage results in ninety-three percent of those in traditional treatment returning to the methamphetamine abuse cycle.

How would you identify an illegal methamphetamine lab?

Many people are not aware that they are living near and/or driving pass an illegal methamphetamine lab. The following list are “red flag” indicators:

- Unusual, strong odors, such as: cat urine, ether, ammonia, and/or acetone.
- Residences with blacken windows.
- Renters who pay their landlords in cash. (Most drug dealers trade exclusively in cash.)
- Lots of traffic - people coming & going at unusual times. There may be little traffic during the day, but at night the activity dramatically increases.
- Excessive trash including large amounts of items, such as: anti-freeze containers, lantern fuel cans, red chemically stained coffee filters, drain cleaner & duct tape.
- Unusual amounts of clear glass containers being brought into the home.

What is the effects on the children of methamphetamine users?

Children are particularly vulnerable to the health effects associated with illegal methamphetamine labs. They are generally more at risk than adults to environmental hazards because of their:

- Immature organ systems, faster metabolic rates, & weaker immune systems;
- Requirement to ingest more food, drink more fluids & breath more air per pound of body weight;
- Lack of ability for self-protection;
- Crawling, soil eating, & hand-to-mouth behaviors.

Children in adjacent apartments, & those who live in former lab properties that have not been adequately cleaned are also at risk. Childhood exposure to these toxic chemicals can result in damage to kidneys, liver or spleen, & may lead to violent behavior.

Absorption of methamphetamine through the skin may cause rapid heart rate, hypertension, seizures, or solvent intoxication. Fetal exposure to methamphetamine is a significant problem in the United States. At present, research indicates that methamphetamine abuse during pregnancy may result in prenatal complications, increased rates of premature delivery, & altered neonate behavioral patterns, such as abnormal reflexes & extreme irritability. It has also may be linked to congenital deformities.

How do you prevent methamphetamine use in your community?

Effective prevention begins with an assessment of the specific nature of the drug problem within the local community & adapting the program according to the specific needs. This could be assessed by looking at variety of indicators including drug awareness levels, drug treatment rates & emergency room admissions.

In general, prevention programs should start early, be comprehensive, & repetitively stress key points.

Family-focused prevention efforts have been found to have a greater impact than strategies that focus on parents only or children/adolescents only. There is such a program available for Allegan County’s residents, it is called “Strengthening Families”. This program is free of charge to the participants! To inquire about the program, please contact the program coordinator, at 269-686-8692.

Portions of this article was adapted with permission from Narconon Southern California http://www.stopmethaddiction.com/

Additional sources for this article were:
http://www.nida.nih.gov/
http://www.kci.org/meth_info/
http://www.drugfree.org/
Pre-term deliveries & low birth weight neonates are leading perinatal problems in the United States.

The current incipient healthcare approaches to these problems are:

- Aggressive outreach for early prenatal care;
- Smoking cessation programs for pregnant women;
- Public & professional educational campaigns for adequate weight gain during pregnancy;
- Prenatal care, case management, & home visiting for low income high risk pregnant women.

Additional Approach:

A growing body of evidence suggests that periodontal diseases (PD) are associated with adverse pregnancy outcomes, & with refractory Diabetes Mellitus (DM) in pregnancy.

The potential impact of periodontal diseases on premature delivery was initially demonstrated by the research of Offenbacher et al. which documented that women who have pre-term low birth weight neonates as a result of either pre-term labor or premature rupture of the membranes tend to have more severe periodontal disease than mothers of full-term, normal birth weight neonates.

Offenbacher, et al in a "case control study of 124 pregnant women found that after controlling for known risk factors, severe periodontitis was associated with a 7.5 to 7.9 times increase in the risk of premature delivery."

Jeffcoat, et al demonstrated "...an association between generalized periodontitis & pre-term delivery." Their prospective study of 1,313 pregnant women found that those exhibiting clinical signs of generalized periodontitis were 4.5 times more likely to have a pre-term birth compared with women who had periodontal health.

They further clarified that "for very pre-term births (<32 weeks), the risk among women exhibiting clinical signs of generalized periodontitis was 7 times greater than that of periodontally healthy women." Researchers has also speculated that these periodontal bacterial release toxins impact and/or interfere with fetal development.

The National Institutes of Health funded studies further estimated that as much as 18% of the 250,000 premature babies born weighing less than 5.5 pounds in the United States each year are due to the effects of periodontal infections.

What is the Link?

Researchers are focusing on the possibility that periodontal infections interfere with normal physiological regulation of labor & delivery. The cause is a compound found in oral bacteria called prostaglandin E2, one of a number of hormone-like substances that participate in a wide range of body functions.

One of the functions of prostaglandin E2 is to induce uterine contractions. In pregnant patient with moderate to severe periodontal disease, the levels of bacterial induced prostaglandins & cytokines steadily increase until a critical threshold level is reached that induces labor, cervical dilation & neonate delivery.

The Guthermiller, et al study has also reported a link between diabetes, pregnancy & periodontal diseases. They have demonstrated that the pregnant diabetics have more gingival inflammation & deeper periodontal pockets, than non-diabetic pregnant women.

The results of this investigation indicated that periodontal inflammation & destruction are increased in pregnant diabetics as compared to non-diabetic pregnant patients.

Addressing periodontal conditions as with other infections prior to pregnancy could deliver a significant healthcare cost saving.

These findings may have implications for diabetic control & hence, maternal & fetal outcomes in pregnant diabetic patients.
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Currently, the American Academy of Periodontology recommends that women considering pregnancy have a periodontal evaluation by a licensed dental care professional. It appears including this evaluation in the overall care plan will be very cost effective when compared to the conservatively estimated lifetime medical costs for one premature baby of $500,000.

In conclusion, prematurity is one of the major causes of neonatal morbidity & mortality. Clinical observational studies have demonstrated that periodontitis in pregnant women can be a direct risk factor for pre-term labor, with a greater influence rate compared to other risk factors. In addition, studies support that preventative periodontal therapy modalities has emerged as an important new component of the pregnancy care plan. Currently observational studies are on-going to verify, clarify & expand on these exact associations.

Facts About Smoking & Pregnancy

- Women who smoke can have a difficult time becoming pregnant.
- Between 12 & 20 percent of all pregnant women smoke.
- Rates of smoking during pregnancy are at least 12 times higher among women with nine to 11 years of education (25 percent) than among women who hold a college degree (2 percent).
- Smoking during pregnancy has been linked to 10 percent of all infant deaths.
- Smoking during pregnancy may impair normal fetal brain & nervous system development.
- Babies whose mothers smoked during their pregnancy are more likely to die from Sudden Infant Death Syndrome (SIDS) than those whose mothers did not smoke.
- The direct medical costs of a complicated birth are 66 percent higher for smokers than for non-smokers, reflecting the greater severity of complications & the more intensive care that is required.
- Reducing smoking prevalence by one percentage point would prevent 1,300 low birth-weight babies & save $21 million in direct medical costs in the first year. Over a seven year period, this means the prevention of 57,200 low birth-weight babies & savings of $572 million in direct medical costs.

Another issue to consider is second-hand smoke impact on the family overall health. Secondhand smoke, also known as environmental tobacco smoke (ETS), is a mixture of the smoke given off by the burning end of tobacco products (sidestream smoke) & the smoke exhaled by smokers (mainstream smoke). It contains a complex mixture of more than 4,000 chemicals, with more than 50 of which are carcinogens.

Parents who smoke make their children more vulnerable to respiratory illness, middle ear infections, & impaired lung function. Young children because of their under developed lungs are particularly susceptible to the effects of secondhand smoke. Exposure to secondhand smoke has been associated with an increased risk for asthma, bronchitis, & pneumonia in young children. The following statistics will demonstrate the scope of the problem:

- 27 percent of U.S. children aged 6 years & under live with a parent or other family member who smokes; the annual direct medical costs associated with this exposure to parental smoking is estimated at $4.6 billion.
- Each year, secondhand smoke is associated with an estimated 8,000–26,000 new asthma cases in children.
- Annually an estimated 150,000–300,000 new cases of bronchitis & pneumonia in children aged less than 18 months (7,500–15,000 of which will require hospitalization) are associated with secondhand smoke exposure in the United States.

Bibliography:


Sources-
http://www.cdc.gov/tobacco
http://www.helppregnantsmokercuild.org

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An Ounce of Prevention: Wash Your Hands

The most important thing that you can do to keep from getting sick is to wash your hands. By frequently washing your hands you wash away "germs". Germs are a general term for microbes like viruses & bacteria that has the capability to cause infections. You can pick up germs from other people, contaminated surfaces, and/or from animals & animal waste.

What happens if you do not wash your hands frequently?
You pick up germs from other sources & then you infect yourself by:
• Touching your eyes
• Or your nose
• Or your mouth.

One of the most common ways people acquire "colds" is by rubbing their nose or their eyes after their hands have been contaminated with the "cold virus". You can also spread germs directly to others or onto surfaces that other people touch.

When should you wash your hands?
You should wash your hands often. Probably more often than you do now because you cannot see germs with the naked eye or smell them, so you do not know where they are "hiding". It is especially important to wash your hands
• before, during, & after you prepare food
• before you eat, & after you use the bathroom
• after handling animals or animal waste
• when your hands are dirty, &
• frequently when someone in your home is sick.

What is the correct way to wash your hands?
• First wet your hands & apply liquid or clean bar soap. Liquid soap in disposable containers is considered the best. If using reusable containers, they should be washed & dried before refilling. If using a bar of soap, be sure to set it on a rack that allows water to drain or use small bars that can be frequently changed.
• Next rub your hands vigorously together & scrub all surfaces.
• Continue for 10 - 15 seconds or about the length of a little tune such as "Happy Birthday". It is the soap combined with the scrubbing action that helps dislodge & remove transient germs.
• Rinse well & dry your hands.

It is estimated that one out of three people do not wash their hands after using the restroom. So these tips are also important when you are out in public. Washing your hands regularly can certainly save a lot on your medical expenses. Washing your hands costs less than a penny, & you could say that this penny's worth of prevention can save you a visit to your health care provider.

The Center for Disease Control & Prevention (CDC) cites five common household scenarios in which disease-causing germs can be transmitted by contaminated hands.

Hands to food: germs are transmitted from unclean hands to food, usually by an infected food preparer who did not handwash after using the toilet. The germs are then passed to those who eat the food.

Infected infant to hands to other children: during diaper changing, germs are passed from an infant with diarrhea to the hands of a parent: if the parent does not immediately wash his or her hands before handling another child, the germs that cause diarrhea are passed to the second child.

Food to hands to food: germs are transmitted from raw, uncooked foods, such as chicken, to hands: the germs are then transferred to other foods, such as salad. Cooking the raw food kills the initial germs, but the salad remains contaminated.

Nose, mouth, or eyes to hands to others: germs that cause colds, eye infections, & other illnesses can spread to the hands by sneezing, coughing, or rubbing the eyes & then can be transferred to other family members or friends.

Food to hands to infants: germs from uncooked foods are transferred to hands & then to infants. If a parent handling raw chicken, for example, do not wash his or her hands before tending to an infant, they could transfer germs such as salmonella from the food to the infant.

Proper handwashing can prevent the transfer of germs in all five of these scenarios. The CDC recommends vigorous scrubbing with warm, soapy water for at least 15 seconds to be effective.

Adapted from: http://www.cdc.gov/

Teaching Tools:
• Glitterbug by Brevis; Glitterbug is a product that helps teach handwashing. http://www.brevis.com
• Glo Germ; Glo Germ is another product that helps teach handwashing. http://www.glogerm.com/
SUBJECT: Allegan County Methamphetamine Project

The Alliance For Safer Communities (ASC) & the Allegan County Community Mental Health (ACCMH) cordially invite you to attend the next Alliance for Safer Communities meeting on March 17, at 1:30 p.m. The meeting will be held at the Griswold Center, located at 401 Hubbard Street, Allegan, MI 49010.

The purpose of the Methamphetamine project is to increase community collaboration around Methamphetamine prevention, build community infrastructure to support Methamphetamine related activities, & to coordinate Methamphetamine efforts.

The Methamphetamine project will be coordinated by Allegan County Community Mental Health (ACCMH) with grant funding from Lakeshore Coordinating Council (LCC). With this grant funding, ACCMH will support the Alliance for Safer Communities in coordinating & supporting Methamphetamine efforts in Allegan County.

The presentation of data collected is planned for the April 21 Alliance meeting.

Gilda's Club-Grand Rapids is a free support community of men, women & children with cancer & their family. It offers social & emotional support as an important supplement to medical treatment. Website: http://www.gildasclubgr.org/index.html

There is a dedicated group of citizens who are working on establishing an extension of the Gilda's Club program in Allegan County. They have monthly meetings in the "Michigan Room" at the Allegan General Hospital. If you are interested in joining this effort and/or learning more on this project, please contact Gilda's Club-Grand Rapids. The Club's telephone number is 616-453-8300.

Allegan County Disease Incidence Quarterly Report: October-December 2004

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You are invited because of your expertise in working with citizens exposed to secondhand smoke to be a part of an important community-wide health promotion initiative. This is spearheaded by the Allegan County Tobacco Reduction Coalition (ACTRC) in cooperation with the Allegan County Health Department, Clean Indoor Air Task Force (CIATF).

This new initiative promotes smoke-free worksites & public places in Allegan County. As you may have heard, there is a movement across Michigan to protect workers, citizens & children from the dangers of environmental (secondhand) smoke—the second leading cause of preventable death in Michigan! A number of Michigan counties & cities have passed local policies to provide for smoke-free worksites & public places. Many others are currently working to pass local policies; Allegan County is among those. Experience shows in other communities that these initiatives are most successful when there is a wide degree of support for the effort. To that end, Allegan County Tobacco Reduction Coalition, Clean Indoor Air Task Force is reaching out to new partners to invite them to participate in this important health initiative.

The ACTRC/CIATF recognizes that different partners bring diverse views to the table & we invite you to attend this meeting to learn more about how you might be able to help.

If you would be interested in attending future meetings and/or would like further information, please contact: Kathy Yonkers-Wright, RDH, MS; at kwright@allegancounty.org and/or call her at 269-686-4523.

**HEALTH PROBLEMS Related To ENVIRONMENTAL TOBACCO SMOKE**

Key Signs/Symptoms in Adults ...
- rhinitis/pharyngitis, nasal congestion, persistent cough
- conjunctival irritation
- headache
- wheezing (bronchial constriction)
- exacerbation of chronic respiratory conditions

... and in Infants & Children
- asthma onset
- increased severity of, or difficulty in controlling, asthma
- frequent upper respiratory infections and/or episodes of Otitis Media
- persistent middle-ear effusion

**Environments Smoke...is the Second Leading Cause of Death in Michigan!**