CRYSTAL METHAMPHETAMINE FOCUS GROUP INITIATIVE

Messaging Assessment Report

Developed for the D.C. Crystal Meth Working Group

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Prepared by:

1415 Elliot Place, NW
Washington, DC 20007
(202) 333-0400
www.reingold.com

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I. Introduction

In March 2008, the D.C. Crystal Meth Working Group contracted with Reingold—a Washington, D.C.-based strategic communications firm—to conduct focus groups involving current and former crystal methamphetamine users living in Washington, D.C. The focus groups were convened with the following twin purposes:

- Obtain feedback on the D.C. Crystal Meth Working Group's brochure and website
- Ask parallel questions relative to the standardized survey conducted by the Working Group in 2007

Four focus groups involving the following groups of current or former meth users were held: gay, lesbian, bisexual, and transgender (GLBT) persons of any age, held April 10 at the Washington, D.C., Whitman Walker Clinic; general population members of any age, held April 17 at the Whitman Walker Clinic; African-American/Latino persons of any age, held April 22 at the Us Helping Us organization; and members of the youth population aged 16–22, held April 24 at Us Helping Us.

Nine people attended the GLBT focus group, one of whom was in harm reduction, the other eight who were in recovery; six attended the general population group, all of whom were in recovery; 13 people attended the African-American/Latino group, one of whom was a current user and the other 12 were in recovery; and just one youth attended. (Due to the low youth focus group attendance, session information is presented in a separate section at the end of the document.) There was no differentiation between the focus group participants in terms of education levels.

The moderators made demographic assumptions based on their observations during the focus groups. The GLBT focus group participants were all male. Four participants—three of whom were Caucasian and the other who was Latino—were between the ages of 25 and 34; the rest of the participants were between the ages of 35 and 54, and were all Caucasian.

The general population focus group participants were all white men. There were five participants between the ages of 35 and 54 and another participant who was over the age of 55.

The African-American/Latino focus group participants included two African-American women, both of whom were between the ages of 25 and 34; two Latino males who were between 18 and 24; two African-American males between 25 and 34; four Latino males between 25 and 34; and three African-American males between 35 and 54.

The youth was an African-American male in between the ages of 16 and 22.

Reingold recruited participants by contacting D.C. organizations that work with meth users, including some that partnered in outreach, such as the Whitman Walker Clinic, the

Sexual Minority Youth Assistance League (SMYAL), Transgender Health Empowerment (THE), Advocates for Youth, Metro Teen AIDS, Helping Individual Prostitutes Survive (HIPS), and Us Helping Us. District nightclubs were also contacted to help recruit; they included Fireplace and Apex. These and other partners promoted the focus groups by placing flyers around their respective organizations and spreading the word through other means. Participants were also recruited through the website CraigsList.org. As an incentive for attending the focus group participants were offered dinner and a $75 VISA gift card.

This report summarizes the key discussion points raised during the focus groups.

II. Focus Group Summary

Methamphetamine Use in Washington, D.C.

Meth has become a popular and abused drug over a rather short period of time in the District of Columbia. Individuals stated that as recently as 10 years ago meth was not a known commodity; since then, meth use has become ever more prevalent in the District.

Participants of the GLBT and general public focus groups said the drug is linked with the club scene in the District. A national crackdown on another “club drug,” ecstasy, created the need for a replacement “party” substance, and methamphetamine fit the bill. A cheap and potent alternative to ecstasy and cocaine, it’s become a popular party drug. One participant noted that in 1999 “nobody entered Whitman Walker Clinic for meth, but in 2003 it seemed like everyone was here because of it.”

As the media and D.C. law enforcement stepped up attention to meth, its supply has been interrupted, participants said. This has primarily raised the price of the drug, but hasn’t reduced its use, they added. While all participants agreed that its availability is diminished compared with a few years ago, they contended that it is still gaining popularity, especially among the young gay black community. Many individuals noted that they believe use has gone underground, making it hard to gauge the breadth of the problem in the District.

The public attention to meth has also educated people about its negative effects. Once seen by some as a “glamorous” or “cool” drug, education about the side effects of meth has helped to stigmatize it, which has driven users underground, participants said. The stigma is compounded as friends watch their peers “crash and burn” from meth use. The view of drug use in the Latino community is especially negative compared with other ethnic communities, the focus group found. Many participants would go so far as to hide their use from everyone in their life outside of other users, while others argued that the stigma was associated not with the drug per se, but with the method of use.

Personal Meth Use

The participants were split evenly among the focus groups between those who had been educated about meth through the media and those who were introduced to the drug through social interactions, specifically at clubs and parties. Some younger individuals were educated about the drug in high school. Certain people had never heard of the drug before their first use, while others were already a part of the drug culture when meth was introduced. Some people began using to enhance their partying experience and nothing more. One participant said, "Over major circuit party weekends I needed more than just ecstasy to dance—meth was the perfect answer."

Some individuals' use of meth tended to originate in combination with other issues happening simultaneously, such as sexual addiction. In the GLBT and general public focus groups there was a very strong correlation between the use of meth and sexual addiction/relationships due to meth being a stimulant, and therefore enhancing intercourse. Some participants of the African-American/Latino focus groups also cited this relationship as the cause of their addiction. Bathhouses were often cited as a common place of use. A few individuals stated that they were HIV-positive, a situation they attributed to the role meth played in their sexual relationship(s).

Other recurring themes in the GLBT and general public focus groups were people using for personal reasons due to depression. Losing a job, ending a relationship, feeling like a social outsider, and mid-life crises were all present during first-time use. The euphoria and energy that resulted from use temporarily alleviated the pain. There were some individuals who started using for the sole intent of partying on the weekend, and that everything in their life was "perfectly fine" when the use began.

The African-American/Latino focus group also had the same personal conflict themes as the GLBT and general public focus groups. Dysfunctional and recently ended personal relationships were an especially common reason for use. One participant cited raising a disabled child, while another has been in recovery from cancer and found meth to be a pain reliever.

For many participants the use of meth did not begin with instant addiction, but rather the occasional social use. As stated, the enhanced stimulation of sexual intercourse played an integral role for many individuals as they began personal use and was a key reason for continued use. A recurring pattern repeated in every focus group was that use would begin casually on a weekend night, but quickly escalate until there was a serious addiction that left the user unable to function without the drug.

The move from occasional use to full addiction brings with it a distinct change in the social behavior of the user. People begin to isolate themselves from public settings, instead preferring to stay at their own residence or that of another user. Users remain isolated from family, friends, workmates, etc., so eventually the only associations are with other users. The desire to actively participate in society is lost. People told stories of refusing to leave the house, or even get off the couch, for days at a time. Personal hygiene

becomes an afterthought. This is all accompanied by very negative thoughts and, at times, hallucination and extreme paranoia.

Other Drug Use

Previous drug use varied among focus group participants. There were individuals who had never used drugs, some who had used sparingly, those who had never used a "hard" drug, and finally people who had been part of the drug culture for years. Participants reporting that their first drug experience was with meth tended to be older than their peers with more drug exposure. Every person who had previously used a drug prior to meth reported having used marijuana at some point in his or her life.

One difference that did emerge between the GLBT/general public focus group and the African-American/Latino focus group was the type of previous drug use. Cocaine and crack cocaine were prevalent and cited as potential gateways to meth in the African-American/Latino focus group, whereas the majority of people in the GLBT/general public focus groups who were introduced to meth through the club culture had previously used ecstasy. These people tended to see meth as a replacement for ecstasy when that drug became harder to acquire. While there was at least one person in every group who had a habitual drug habit ranging across the drug spectrum, the African-American/Latino group had at least four people who stated that meth was only one part of a much larger drug abuse problem.

Drugs commonly used with meth included GHB and Ketamine; this was consistent throughout all focus groups. There was also a consistent statement that alcohol played a very small role in meth use, if at all, because the appetite for alcohol is severely diminished after using meth. The only time it came into play for participants was the decision-making process leading to the use of meth. Certain individuals were reluctant to either use the drug or participate in social interactions that would lead to use of the drug, and therefore drank alcohol to lower these inhibitions.

Treatment

Nearly all participants had sought treatment prior to participating in the focus groups. Every participant of the focus groups agreed that the decision to seek treatment was a result of the user "bottoming out" and reaching a "moment of clarity" about their addiction. Personal stories of jobs and homes lost and relationships with friends, family, and significant others broken were commonplace in every focus group. One individual was homeless for two months before he sought treatment, while another went through his life savings in six months due to his addiction. There were individuals in each focus group who had been to jail, a situation that led the person to seek treatment in each case.

The most common form of treatment cited in the focus groups was therapy. One individual in the African-American/Latino focus group had taken the antidepressant Paxil, prescribed by his doctor, to aid his recovery. Outpatient treatment at Whitman Walker Clinic was often cited as a resource in the battle to get clean. Group therapy

sessions provided individuals the opportunity to talk with people in similar situations; the Whitman Walker sessions were singled out as positive due to their small size and anonymity. Participants were also regular attendees of Narcotics Anonymous meetings.

Participants agreed that their first and biggest step in staying clean was removing themselves from social situations where they had previously used meth. Group counseling sessions are a continuous part of the recovery process, allowing recovering addicts to identify with others in their same position. For those people who had other addictions that played a role in their meth addiction (e.g., sex, other drugs), quitting meth also involved quitting these other addictions at the same time.

One recurring theme was the role the Internet played in people's addiction. People said that "surfing the Internet" was a temptation to use meth. Manhunt.net was commonly referenced as a site where people had gone in the past to fulfill sexual addictions, eventually leading to the use of meth through meetings arranged via the site. Banner ads for the site are common at other online addresses, which led recovering addicts back to the site. One member of the African-American/Latino group stated that he uses craigslist.org for purchasing meth.

Effective Messaging

The most important information that meth addicts said they needed is how and where to find treatment. The unanimous opinion was that although people are not receptive to messaging at the peak of their use, the availability of information on treatment options is imperative.

People commented that one must first "bottom out" before they are going to seek treatment. It is at that point that all previous messaging any one person has received comes to the fore. When a participant would decide to seek treatment they would remember previous messaging about their options. This is a small window to capture their attention; meth users typically decide on a whim to seek treatment and have a high probability of relapse if they don't receive help in short order.

Participants stated across all focus groups that during use there was not any messaging that would have directly led them to seek treatment. The GLBT and general public focus groups were unanimous in stating that most current messaging about meth use belittles the user and provides no real help to ending the problem. "Scare tactics don't work," participants stated more than once in both focus groups. Participants found this type of messaging to be judgmental and insulting. Messaging should focus on helping the user rather than portraying the person as a detriment to society or a freak. Tweaker.org was cited as a positive example.

Members of these two focus groups believed that grabbing the attention of a meth addict centered on identifying with the user. Materials that depict normal people will be more effective than materials showing scary-looking individuals who don't resemble everyday

meth users. Personal stories of meth addiction were also suggested as ways to get people's attention. Multiple people in the GLBT focus group remembered a guest on "Oprah" who was a recovering meth addict, noting that they easily identified with this person and "saw themselves sitting there."

The participants in the African-American/Latino focus group had the same opinion—few messages would directly lead them to seek treatment, but information on treatment options is very helpful when the "moment of clarity" arrived. Personal stories of users would also help them come to grips with their addiction. Highlighting "normal" individuals who have become overwhelmed by their meth addictions were more realistic and powerful than an extraordinary "down on his luck" individual. This focus group, in contrast with the GLBT/general public group, believed in scare tactics to reach users, saying they would capture their attention. When shown a graphic "Faces of Meth" video—depicting the ravages of drug on "normal" people—resonated with this audience.

Drug Use Habits

Individuals in both the GLBT and African-American/Latino focus group also discussed the characteristics of the people they used with. "The people I started using with weren't these druggie types, they were normal people. I wish I knew people like this could use a drug like meth." Another person stated that these people were all part of a glamorous lifestyle he envied.

The personal stories and first-hand accounts from meth addicts was the messaging topic most often referred to in every focus group. Although addicts are aware of their problem, viewing the issue from the outside brought about self-awareness. Individuals were also unanimous in the opinion that this type of messaging would be most helpful in reaching people who had not begun to use meth, or who had only used sparingly.

Participants agreed that treatment options should be communicated when users are "bottoming out." Making sure the user is educated at this moment brought different messaging channels to the forefront of the discussions. The Internet was the first and most prominently discussed channel, including online banner ads that communicate treatment options. Visiting websites that provide treatment information was not something most people had done until they were already in treatment.

Placing messaging materials at public places (other than clinics) drew a mixed response across all focus groups. Some participants stated they were far too infatuated with their drug habit to pay attention to a brochure. Others feared getting caught with a meth-related brochure and exposing their addiction. The issue of hypocrisy also surfaced during the GLBT focus group. Placing collateral at places such as nightclubs is a conflict of interest for some participants. Messaging about Whitman Walker treatment at the Crew Club was specifically cited. "To see advertisements about treatment programs in a place where they condone meth use is hypocritical and not right," one said. Another problem is that meth users who are in an advanced stage of addiction are antisocial so placing messages or collateral at clubs and other public places does little good.

On the contrary, however, some participants thought that posting at venues like clubs and websites such as Manhunt would be effective. Their problem had to do with who was sponsoring the ads, not where the ads were placed. By placing messaging in public places frequented by users would mean that when they decide to get help they will know where to go.

Participants throughout the focus groups agreed on the need to shine the light on meth use and abuse. The public education campaign to combat the AIDS epidemic was cited as an example of using public awareness to fight a public health problem. However, with the District having the highest HIV rate in the country, it underscored for people what happens when public messaging drops off or is no longer effective.

Brochure

Reaction to the brochure was mixed among the focus groups. The brochure came across as straightforward and nonjudgmental to the GLBT focus group. No one in any of the focus groups had seen the brochure before. Other positive comments cited the design of the front cover as attractive and the listing of the short- and long-term side effects as clear.

One practical observation was that the brochure was just a little too large to put into your back pocket; if it was smaller the fear of being caught with a brochure would be alleviated. People wanted the text to stress how addictive meth is as well as information about safe use of the drug (clean needle use and safe sex). The issue of using statistics was discussed as well, but this was seen as a double-edged sword in terms of preaching and passing judgment on the user. One thought was to place an average looking person on the cover without any copy, which might increase the possibility that someone would take one. The use of phrase “crystal meth” on the cover would prevent some people from taking the brochure.

The general public focus group had many of the same opinions about the brochure as the GLBT focus group. The clinical and nonjudgmental aspect of the brochure appealed to the focus group. An observation was that the description of the ingredients made the brochure look as though it was promoting the making of meth. People said they would like to see a message of hope as well as positive examples of recovery, cautioning that it not cross the fine line between empathy and preaching.

For instance, along with the physical side effects of meth, the brochure could highlight these emotional and social effects of addiction: “Have you lost your job? Were you kicked out of your house? Do you constantly feel bad about yourself?” The listing of Tweaker.org and Crystal Meth Anonymous received a positive response, although one person said Narcotics Anonymous should be listed as well because people often attend more than one treatment program. Everyone also noted that for the experienced user the information in the brochure is common knowledge.

The opinions about the brochure in the African-American/Latino focus group were split. Positives were the list of short- and long-term side effects, the design, and that it appeared nonjudgmental. Negatives included having too many words and being uninviting; people thought the design should capture the attention of an addict, perhaps by picturing one on the front. Most people stated that as an active user they would not stop to take the brochure unless they were lingering somewhere where it was present, like a hospital waiting room.

The common theme in every focus group was that the brochure would be better suited to meth prevention than to a current addict. People would like to see more information about treatment options, as well as greater prominence of these options in the brochure. The listing of side effects was appreciated, but current users universally know them.

Website

The overall response to the website was very positive. Half of the participants in the GLBT and general public focus groups had seen the website, while one quarter of the participants in the African-American/Latino focus group had seen the website.

People stated overall that they were very impressed by the website. Participants in every focus group viewed the website as very professional, and more importantly, credible. Tweaker.org was a website that nearly every participant was familiar with, and therefore served as a basis of comparison for many people. Some of the participants also recognized the Working Group logo from Gay Pride events.

Participants of the GLBT focus group were impressed with the overall design of the website and how "clean" the site was. People suggested that a link to the "support yourself" page should be featured more prominently on the homepage. There was also an indifferent reaction to the HIV+Meth videos on the homepage, with one participant saying, "Why would I quit for Whoopi Goldberg when I wouldn't quit for my family?" or "What do they know about meth use?" Instead they would like to see a video testimonial on the homepage, possibly connecting a short brochure testimonial with the full website testimonial.

Individuals in the general public focus group felt the website came off as clinical. Opinions were that there was too much text, diluting its focus. The professionalism of the site was noted, but people wanted larger fonts and more imagery to engage them. Again, the topic of testimonials was at the forefront of the website discussion. People empathize with someone who has been through the same situation. One observation that was echoed in the African-American/Latino focus group was that the viewer must scroll down the page to view a description of the Working Group.

Reaction to the website in the African-American/Latino focus group was mostly consistent with the other focus groups. Initial reactions were that the site is very clinical and professional; the sentiment was that people who are viewing this website are looking for help. "When I decide to go looking for help I need to know now where I can get it,

because there is only a very short time when I will be seeking help," one said. People liked the art and graphics, but stated the need to put a face on the problem. There was some confusion as to the pictures on the homepage of Working Group members; to view the description of the D.C. Crystal Meth Working Group one must scroll down the page, which causes confusion. Said one: "All of the information is helpful, but its designs and pictures that pull the viewer into the site."

The group also had a very positive reaction to the "Faces of Meth" video, which they said was the only way to affect the behavior of meth addicts.

Youth Focus Group

There was just one participant in the youth focus group and the young man's observations are presented here. He had used meth sparingly over the past few years after first being introduced to the drug by a friend when he moved to the city. At the time of his first use he had just ended a long-term relationship in which he was dependent on his partner.

Before first using meth the participant researched the drug and its effects on the user. He stated that the only effect meth had on him was to keep him awake all night; it did not increase his sexual drive, a side effect he had expected. This experience paled in comparison to his use of marijuana, his drug of choice that he'd been actively using for more than 10 years (since the age of 10). He had never experienced negative feelings after using pot, nor did he have any problem stopping use.

He stated that he knew a "handful of people" who use meth, but that every person he knew who uses meth he met through another meth user. The few times he used were at parties where every person present was also using meth. The meth users in his life began as occasional users but quickly became heavy users. Many of the meth users he had encountered were very "bad people" and would do any number of negative things to feed their addiction, he said.

The individual felt that placing side effects in the messaging is needed, especially for people who have never used before. He said collateral could be placed at bookstores, but that his friends had gleaned their knowledge of meth by word of mouth.

"As a new user I would pick up the brochure," he said. Each highlighted topic caught his eye, as did the part about short- and long-term effects. More visuals are needed to catch the eye, as is general information about meth use and treatment.

The participant had not seen the Working Group website before. He found the website to be interesting, but that people he knows who use the drug would not be interested in viewing the site, adding "I don't know what would get people to see the damage this drug can do." He also would like to see the after-effect pictures of meth users, similar to the "Faces of Meth" video, which he had seen when originally researching meth.

III. CONCLUSION

Our focus groups revealed that as public knowledge of crystal methamphetamine increases, so does the stigma associated with its use. Outreach to the meth community often involves messages that users consider either scare tactics or preaching, although our focus groups were split demographically: the GLBT and general public focus groups were unanimous that this messaging is not effective, while participants in the African-American/Latino and youth focus groups felt that this was precisely the way to grab people's attention.

Overall, the D.C. Crystal Meth Working Group's website and brochure messages were viewed as straightforward and helpful. The majority of participants noted that the brochure and website were very credible, professional, and nonjudgmental. Some suggested that the brochure be smaller and more subtle so that users could take one and conceal it; others suggested that treatment messages be presented through Internet banner ads. Nearly all concluded that treatment options are most likely to be heeded when individuals are at a low point and are ready to seek help.

IV. Recommendations

Messaging

- The materials/website should expand on the message that "This can happen to you." Participants throughout the focus groups stated they always felt they were immune to their addiction until it was "too late."

- Profile the typical path of the meth user in the form of a timeline on the website and collateral. Recreational Weekend Use → Extended Weekend Use (Thursday and Monday) → Daily Use → Isolation → Loss of friends/family/job/house, etc. → Traumatic Event (imprisonment, serious health condition, death). "Your Meth Trip" is one tag line that could be introduced throughout the materials to unify the timeline with the message. "Do you know the signs?" could also be integrated into the materials.

- Create a "Self Guide" to overcoming addiction. This could detail where an addict falls into the timeline and what the best possible treatments are for each place on the timeline.

Outreach

- Equip an army of stakeholders with treatment information. Former users are the most credible sources of information and are usually willing to support addicts seeking help. Business cards that have the website and phone numbers for finding help can equip the army. The size of the cards would allay the fears users have about being caught with meth collateral due to the size of the brochure and help initiate conversations about meth use and addiction.

- Gear the message toward the location of outreach. The GLBT group found scare tactics to be insulting and an instant turn-off to the messaging, while the African-American/Latino Group unanimously stated that the only messaging that would resonate was that relying on scare tactics.

- Increase outreach by placing collateral anywhere and everywhere meth use takes place. Making sure an addict knows where to find help when he/she is ready is vital to helping addicts. Posters should have a "take one" slip that provides the treatment center's phone number and/or website.

Website

- Create testimonials for the website. Each of the testimonials should showcase meth addicts of varying demographics and stories that connect with as many people as possible. The profiles should be highlighted and placed near the top of the homepage. Former users have the most credibility with current users.

- Place more images to grab people's attention while removing some text on the homepage.

- Highlight the link to the "Support Yourself" page on the homepage. The amount of time an addict spends searching for help should be minimized.

V. APPENDICES

Appendix A

Focus Group Moderator's Guide

Purpose: To better understand 1) effectiveness of materials and messages; 2) patterns of meth use; and 3) most effective intervention strategies.

I. Introduction (10 minutes)

Good evening. My name is ___________, and I will be moderating our group this evening. We have a very serious topic to talk about this evening - use of crystal meth. I'll be asking you a lot of questions because I want to know what *you* know and hear your opinion.

Before we get started, I want to mention a few guidelines regarding our discussion:

- I am an independent market researcher. I have been hired to learn your viewpoints on crystal meth use in the District. Please know that at no point will anyone be making judgments about what is being said, and furthermore, everything said during tonight's discussion will be kept with the utmost confidentiality.

- Taping. We are being audio-recorded for my benefit, so that I don't have to take notes during our discussion. I *do* want you to know your names and identity will not be shared with anyone. When you introduce yourself, please share only your first name.

- Please speak loudly and one at a time so that I may understand what is being said on the tapes. I would also appreciate you having no private conversations.

- I want to hear from everyone. Let's work together to make sure that everyone has an opportunity to speak.

- This is an open discussion. Feel free to respond to one another and build off one another's comments.

- Also, remember that all answers are "right." Your opinion can never be wrong.

- Please turn off all cell phones and beepers. If you must keep your phone on, turn it on vibrate.

- [Note restrooms, beverages.] Let me know if there is anything I can do to make you more comfortable.

II. Warm-Up (10 minutes)

I'd like to begin by having you tell me a little bit about yourself…

- *First name*
- *Where you grew up*
- *Short description of your history with crystal meth*

III. Experience with Meth (25 minutes)

We were just talking about meth. Now I was hoping we could discuss your relationship and experience with it.

- **Please give me a brief description of your thoughts about meth use:**
  - How popular would you say crystal meth is in DC?
    - Do you think use is increasing in the District?
  - Is there a stigma associated with using meth?
    - [If person answers "yes"] What is it?
  - How did you first hear about meth?
    - What were your thoughts about meth when you first heard about it?
    - Did you have any concerns about using meth before you tried it for the first time?
    - [If person answers "yes"] What were they?

- **Tell me about your first experience with meth:**
  - What piqued your interest in trying it?
    - Was there a significant reason that you used it for the first time?
  - What was happening in your life at the time of your first use?
    - Were you dealing with any major issues at the time?
    - What did meth do for you the first time you used it?
  - Had you tried other drugs before trying meth? [If so] What were they?
    - [If yes] Did any of these drugs lead specifically to your use of meth?

- **Current experience using meth:**
  - [If not answered during intro] How long did you/have you been using meth?
  - [if not answered during intro] How often did you/do you use meth?
  - Does your meth use go through patterns in your life or is it consistent?
    - Do some situations or people seem to influence your meth use?
    - Do you use only on weekends or at parties?

- Did/do you use other drugs in combination with meth?
  - If so, which ones?
  - Are there certain drugs/alcohol that make you more prone to using meth?
- Do you have any negative feelings after you've used meth? [If answer is yes] Tell me about them.

- **Treatment**
  - Has anyone here ever tried to stop using meth?
    - For those of you who have tried to stop, what happens to you?
    - How does quitting influence other areas of your life—your job, family, friends, school?
  - What have you done to try to stop in the past?
    - Was there a form of treatment that you felt was the most effective?
  - When you're not using, what helps keep you clean?

IV. Effective Messaging (20 minutes)

- **Types of information:**
- What type of information would be most helpful to crystal meth users?
  - Treatment options? Counseling? Anything else?

- **Staging**:
  - Are there different stages of meth use?
    - [If so] Would you please describe these stages?
  - Is there particular message during each of these stages that could challenge a person's mind about using?

- **Timing and placement:**
- Where and when would a message about getting help with crystal meth use be most effective?
  - What are the specific messaging vehicles, such as tv, radio, brochures, newspaper, etc. you would be most open to?
  - Which ones are you most likely to ignore?
  - Who would you trust most to deliver that message?

V. Effectiveness of Materials (20 minutes)

- **Brochure**
  - Has anyone here ever seen this brochure before? [If answer is yes] Where?
  - Is this a brochure you might pick up and read?
  - What do you like about it?
  - What don't you like about it?
  - What does the brochure say to you?
  - What would you do as a result of reading this brochure?
  - What would you say the brochure is trying to get you to do?
  - Is there anything missing in the brochure?

- **Website**
  - How many people here have access to the Internet on a regular basis?
  - Has anyone here ever seen or heard of the website (www. Lets Talk About Meth .org) prior to tonight?
    - Is the Website name something that is easy to remember?
  - Please take a quick glance at the Website. Does it seem interesting??
    - If so, why?
    - If not, why?
  - What do you like about the site?
  - What do you not like about the site?
  - Is there anything that is missing from the site?
  - Has anyone ever heard of or seen this video [Faces of Meth]?

VI. Conclusion (5 minutes)

[Time permitting] Is there anything else you would like to add before we end our discussion? Something that wasn't addressed during the discussion but that you feel is important.

I want to thank everyone for their time and input this evening. Our discussion has been very valuable towards our goal of treating meth abuse.

Appendix B

Gay, Lesbian, Bisexual, and Transgender Meth Users
Focus Group Notes
April 10, 2008

Facilitator: Joseph Ney, Reingold Principal
Recorder: Daniel Jorgenson, Reingold Consultant

I. Experience with Meth

1. **Please give me a brief description of your thoughts about meth use. How popular would you say crystal meth is in DC? Do you think use is increasing in the District?**

   - Crystal meth is very popular in DC; it was not 10 years ago: "In 1990s you didn't even hear about it."
   - The club scene should be used as a barometer for meth use in the District.
   - The scene moved from ecstasy to meth: There was a big crackdown on ecstasy, and the difference is meth doesn't lend itself well to large groups.
   - Meth is the "poor man's cocaine."

- Originally it was very cheap but is now more expensive than cocaine because there has been a crackdown as the public has become aware of what a problem it is.

2. Is there a stigma associated with using meth?

- There is now a stigma in the gay community, whereas a few years ago there was not.
- Meth was once seen as glamorous.
- “When you are out people can’t even tell that you’re on meth; they just think you’re happy.”
- “I hid my use from everyone, including my boyfriend, except the people I used with.”
- “Much of the stigma is derived from your method of use (smoking, snorting, or injecting), rather than if you use meth at all.”
- Injecting has the strongest negative stigma.
- “The stigma comes from whether or not you use meth, not how you use it.”

3. How did you first hear about meth? What were your thoughts about meth when you first heard about it? Did you have any concerns about using meth before you tried it for the first time?

- New York media
- Los Angeles media
- D.C. club scene
- “I had never heard of it before I used it.”
- “One day it was just a part of the drug scene, which I was also a part of.”

4. What piqued your interest in trying it? Was there a significant reason that you used it for the first time? What was happening in your life at the time of your first use?

- “It happened accidentally in Los Angeles—I went to a party and there it was.”
- “I hooked up with someone who said it would make sex better. After the first time I used I never wanted to stop using.”
- “I was into other drugs and it just showed up in front of me one night.”
- Some people used it soon after relationships ended or they were layed off from jobs.
- “It started in my early 30s when I decided to start taking risks in my life.”
- Some people used sex and alcohol to alleviate the pain of a relationship; this eventually led to partners supplying meth.

5. **What did meth do for you the first time you used it? Had you tried other drugs before trying meth? What were they? Did any of these drugs lead specifically to your use of meth?**

   - "Meth kept [me] going all night."
   - Among the group, cocaine was a commonly used drug.
   - Some participants used prescription drugs heavily.
   - Most participants had used ecstasy and marijuana before using meth.
   - A few participants said meth was the first drug they had ever used.

6. **Does your meth use change with patterns in your life or is it consistent? Do some situations or people seem to influence your meth use? Do you use only on weekends or at parties?**

   - Meth use is highly correlated with sex because it enhances intercourse.
   - "I was a sex addict before I was a drug addict—meth was the perfect companion for sex."
   - "I have a love affair with the drug. I'm perfectly happy being alone while I'm on meth—it's all about the drug itself."
   - I need it daily to function.
   - "Over major circuit party weekends, I needed more than just ecstasy to dance. Meth was the perfect answer."
   - "I started using one night a week, which led to the entire weekend; the weekend then expanded to include Thursday night, and before long I was using to get to work on Monday morning, which soon led to daily use."
   - When a significant other is a user, it leads to personal use.

7. **Did/do you use other drugs in combination with meth? Are there certain drugs/alcohol that make you more prone to using meth?**
   - Meth was often taken when coming off ketamine (K).
   - Meth is used in combination with GHB to offset its effects.
   - Alcohol is not present once meth use has begun; some people did use alcohol to work up the courage to use meth.

8. **Do you have any negative feelings after you've used meth?**

   - Paranoia was very bad during/after use.
   - Deep depression resulted from meth use.
   - "I become sick every time I use because I'm HIV positive."
   - "I thought I was always in control, but really I was depressed."

9. **Has anyone here ever tried to stop using meth? For those of you who have tried to stop, what happens to you? How does quitting influence other areas of your life—your job, family, friends, school?**

- "Quitting had a positive affect on my life. I didn't have anything going for me when I was using."
- Everyone said quitting is a result of hitting that moment of clarity and bottoming out.
- "Only when I realized the effect my use had on the people around me was I able to quit."
- "I'm going to have to attend group meetings for the rest of my life."
- "I knew I was an addict for years. If I was going to quit I wanted my life to stay the same. I had to realize that if I wanted to quit I was going to have to give certain things up. This was the only way I was going to make sobriety work."

10. What have you done to try to stop in the past? Was there a form of treatment that you felt was the most effective? When you're not using, what helps keep you clean?

- Treatment at Whitman Walker clinic
- "Group therapy helps keep me clean."
- The best form of treatment varies for each person.
- Staying away from social situations that involve meth is key.

II. Effective Messaging

1. What type of information would be most helpful to crystal meth users?

- Information on treatment is very important. Although the user may not immediately use this information, there will come a point when he or she reaches a moment of clarity from "bottoming out." At that point the user will take any previous learned treatment information and use it. This moment is usually a small window, so it is important that the addict already knows where to go for help when the moment arises.
- Objective information on treatment
- Tips on how to practice safe meth use
- Personal stories of addicts that other addicts can relate to: "put a face on success"
- "I needed someone to let me know that I wasn't a bad person."
- "I never realized I could have a good time and be sober."
- Many people said they could not imagine a message that would make them stop.
- Stay away from scare tactics and preaching—this is very insulting to users and will only turn them off.

2. Are there different stages of meth use?

- A consistent pattern in the group was use that began on Saturday nights, which turned into Friday night use; this led to using on Thursday and Sunday, and before long there was a serious addiction that left the user unable to function without the drug.
- This pattern was consistent for most people, but the rate at which it happened varied by individual. One person had used for over 20 years, while another went from using one night a week to a full-blown addiction in three months.

3. **Where and when would a message about getting help with crystal meth use be most effective?**

- Internet
- Placing ads on “Manhunt” will reach the target audience.
- Clubs are a place where the target audience resides, but they most likely will not be listening in this environment.
- Some people felt that ads sponsored by the Crew Club and similar establishments created a conflict of interest because they believe these places condone the use of meth.
- Sentiment throughout the group was that there was not a message that could get to users when they are in the midst of an addiction.
- Best time to reach someone is at the beginning of their use or before they begin using.
- “I received an email from a friend telling me I had a problem. This only made me angry and led to me using.”
- When people arrive at the point where they want to seek treatment, they are not at the clubs.

III. Effectiveness of Materials

Brochure

- No participant had seen the brochure before.
- Participants think the brochure needs a testimonial.
- “This is about as good as it gets.”
- “Very straightforward—there is no preaching or scare tactics.”
- “The source is credible and welcome.”
- “If there was a phone number I might call it.”
- People commented that if it was smaller it would easily slide into a back pocket. There is a reluctance to take brochures or other collateral for fear of being caught with the addiction, but if the user could quickly grab the brochure and put it into their pocket this would help to alleviate that fear.
- The side effects are a positive.
- “It should stress how addictive meth is.”
- “Having the phrase ‘Crystal Meth’ on the cover will immediately scare away some people who are used to this type of brochure telling them what a terrible person they are for using.”

- Placing an average and healthy-looking person on the cover with no copy was suggested as a way to reel people into reading the brochure.

Website

- Half of the participants had visited the website before.
- "It's very impressive."
- Clinical
- Professional
- Credible
- "The site looks very clean."
- The "Support Yourself" page should be featured more prominently.
- The Working Group logo was recognized.
- Everyone is familiar with Tweaker.org.
- Participants would like to see a testimonial on the homepage, possibly the full version of a testimonial that could also be featured in the brochure.
- The PSA videos on the front page drew an indifferent reaction: "Why would I quit for Whoopi Goldberg when I wouldn't quit for my family?" and "What do they [Amanda Peet, Whoopi Goldberg, Susan Sarandon] know about meth use?"

Appendix C

General Public Meth Users
Focus Group Notes
April 15, 2008

Reingold:
Joseph Ney, Facilitator
Daniel Jorgenson, Recorder

I. Experience with Meth

1. **Please give me a brief description of your thoughts about meth use. How popular would you say crystal meth is in D.C.? Do you think use is increasing in the District?**

    - "It's hard to know how popular meth is in the District."
    - D.C. is a transient city; there is a constant stream of newcomers in "rooms."
    - Meth use has not subsided; it has gone underground.
    - In 1999, "nobody entered Whitman Walker Clinic for meth, but in 2003 it seemed like everyone was here because of it."
    - "I moved here in 1990 and didn't see it anywhere."

2. **Is there a stigma associated with using meth?**

- There is beginning to be a negative stigma associated with meth.
- Education and increased prevalence are showing people its downside.
- A lot of people have seen friends in the gay community "crash and burn" due to meth use.

3. **How did you first hear about meth? What were your thoughts about meth when you first heard about it? Did you have any concerns about using meth before you tried it for the first time?**

- Parties
- High school
- Partner

4. **What piqued your interest in trying it? Was there a significant reason that you used it for the first time? What was happening in your life at the time of your first use?**

- "I was lonely. I didn't fit in and I didn't like myself."
- "I was getting older and was going through a midlife crisis."
- "I had just moved back to D.C. after being demoted from my job, which I was very depressed about."
- Feelings of being out of place.

5. **What did meth do for you the first time you used it? Had you tried other drugs before trying meth? What were they? Did any of these drugs lead specifically to your use of meth?**

- "It kept me up for two days the first time I used it."
- The user felt great.
- The drug enhanced sex for everyone.
- Users had the ability to concentrate.
- "What drugs hadn't I tried?"
- Some had tried "only marijuana."
- Some had used "only ecstasy."
- "I had never tried any drugs prior to meth."
- Nobody felt their previous drug use led to their meth use.

6. **Does your meth use go through patterns in your life or is it consistent? Do some situations or people seem to influence your meth use? Do you use only on weekends or at parties?**

- The gateway to meth was not other drugs but sex.
- "Every time I relapse it gets worse—I continually do worse shit each time."
- Each crash gets worse.

- "The use gets so bad that everything just meshes together."
- "It started as a weekend thing, but eventually it just went in cycles where I would use very large amounts at one time."
- The use increases exponentially—from weekend use to daily use to suicide use very rapidly.
- Participants were all looking to achieve that "first high."
- "The chance of relapsing is greater with meth than any other drug."

7. Did/do you use other drugs in combination with meth? Are there certain drugs/alcohol that make you more prone to using meth? Do you have any negative feelings after you've used meth?

- Ketamine and GHB are cited.
- "I had to use GHB to even feel the effects of the meth."
- "At first it was great, but eventually you just end up isolating yourself—there's no enjoyment; you don't care about anything."
- Everyone stated they experience very negative feelings when coming down from being high.
- "I wouldn't even keep track of time."
- "I didn't care about anything—eating, my job, family—I was numb to it all."

8. Has anyone here ever tried to stop using meth? For those of you who have tried to stop, what happens to you? How does quitting influence other areas of your life—your job, family, friends, school?

- "I just spent an entire weekend at home crying."
- "I lost my job, apartment, friends, family and ended up living on the street for two months. It was only after my sleeping bag was set on fire one night while I was sleeping inside of it did I decide to get it together."
- "I started having intense auditory hallucinations—this had never happened before."
- "I spent six months draining my savings account and living life like I had nothing to lose. I was the opposite of paranoid—I didn't think anyone could see me. One day I woke up, was very sick, and was completely out of money."

9. What have you done to try to stop in the past? Was there a form of treatment that you felt was the most effective? When you're not using, what helps keep you clean?

- Attending meetings is the number one way people stay clean.
- Energy drinks
- Exercise
- Sponsor

- Stayed away from the Internet—the gateway to meth was sex, and the gateway to sex was the Internet.
- Outpatient at Whitman Walker was a huge help: “It is like a sanctuary where you can take information and digest it.”
- Group therapy at Whitman Walker was small and confidential.
- Confidentiality is key—people are scared of becoming known as addicts.

II. Effective Messaging

1. What type of information would be most helpful to crystal meth users?

- “Everyone will have a moment when they know they need to quit—the information needs to already be there so that they don’t have to go looking for it.”
- “Anytime someone sees messaging it will stick in their head, even if they don’t access it for a long time.”
- Crystal is different than other drugs because of its correlation to sex and STDs—there should be a focus on harm reduction.
- The message should be, “There’s help and this is where you get it.” Scare tactics don’t work.
- People actively using are very paranoid—a message that relieves them of this paranoia is needed.
- Be nonjudgmental!
- “You can’t scare someone into not doing drugs.”
- Tweaker.org has done a very good job of presenting nonjudgmental information to users.
- “I never believed bad things would happen to me while I was on the drug—I thought I looked good while I was on the drug.”
- “We must get people talking openly and honestly about meth use.”
- “There needs to be a combination of messages, not just any single one.”

2. Are there different stages of meth use?

- “Crystal meth users may want help one minute and not the next—you just hope the person has information or doesn’t have to look too hard for it.”
- It begins with weekend use but soon moves to daily use.
- The major turning point for a few participants was the decision to use in their daily environment, like at work.

3. Where and when would a message about getting help with crystal meth use be most effective?

- The Internet

- Clubs
- Clinics
- People may not immediately use treatment information, but it will stick with them. When they do decide to seek treatment they will know what to do.

III. Effectiveness of Materials

1. Brochure

- Four of six participants would take a brochure if they saw it somewhere.
- It's not preachy and clinical—this makes it appealing.
- "It says, 'Let's talk without judgment.'"
- "Nowhere does it say that you have a chance to bring yourself back—there should be a message of hope."
- Would like to see the message, "I bet right now you're having fun, but tomorrow will be like …."
- Would like to see the message, "Have you lost your job? Do you feel bad about yourself? Is your debt growing?" Allow the viewer to identify with certain scenarios.
- "The list of ingredients makes the brochure look like it's providing a recipe."
- "There was nothing in the brochure I didn't already know." (A unanimous comment.)
- "There is no amount of information you can provide—if you don't want to stop you're not going to."
- People "liked the Working Group symbol."
- Promoting Crystal Meth Anonymous and Tweaker.org is positive.
- One group member was offended at the lack of a Narcotics Anonymous contact, noting that many addicts in recovery visit more than one group.

2. Website

- One-quarter of the participants had visited the website before.
- Clinical
- Professional
- "There's a good list of treatment resources."
- There should be larger fonts and more imagery.
- "Too much text on the website—people on meth have very short attention spans."
- "I wouldn't read the column on the right because it looks like a mess."
- There should be a testimonial on the site's home page.
- The pictures of Working Group members were confusing at first glance.

- The user must now scroll down the page to view a description of the Working Group; instead, this information should be near the top of the page so the user understands the credibility of the site.

Appendix D

African-American/Latino Meth Users
Focus Group Notes
April 22, 2008

Facilitator: Kevin Miller, Reingold Principal
Recorder: Daniel Jorgenson, Reingold Consultant

I. Experience with Meth

1. **Please give me a brief description of your thoughts about meth use. How popular would you say crystal meth is in D.C.? Do you think use is increasing in the District?**

    - Meth is gaining popularity in the young, black, gay community.
    - The last five years have seen a big increase in the popularity of meth within the District.
    - "People are more aware of it now because so many people are using."
    - "It's more difficult to find than it was two years ago."
    - "It is easy to find online (at Craigslist.org)."

2. **Is there a stigma associated with using meth?**

    - There is a gigantic stigma in the Latino community associated with using "hard" drugs.
    - "In 2002 and 2003 it was the cool drug; now it has gone underground because people are educated about meth."

3. **How did you first hear about meth?**

    - Media
    - Club scene
    - Online
    - Bath houses
    - Friends

4. **What were your thoughts about meth when you first heard about it? Did you have any concerns about using meth before you tried it for the first time?**

    - "I thought it was a trailer park drug."

- "I thought it was a rich man's drug."
- "In San Diego there were meth houses that were well known in the drug community and to the media."
- Meth was much more prominent in California before it was introduced to D.C.

5. **What piqued your interest in trying it? Was there a significant reason that you used it for the first time? What was happening in your life at the time of your first use?**

- "I never thought in a million years I would take it. I was vain and looked down on people on used drugs. I just tried it once and that was it.''
- "I was from Peru where cocaine was big. I heard meth was 10 times stronger so I wanted to see what the big deal was."
- "It was one of the drugs I hadn't tried before."
- "I wanted the excitement that came from using a drug other than crack."
- Curiosity
- "I had a disabled child at home, which was very depressing."
- "I wanted to be accepted by my significant other."
- "I was always drunk and my judgment wasn't right."
- "I had just started a new job working a lot of hours at a bar, making me tired all the time."
- "I had just moved to D.C. and wanted to be a part of the party scene."
- "I was in an unhealthy relationship."
- "I started a business with two friends and they took all of my money."
- "I had cancer."

6. **What did meth do for you the first time you used it? Had you tried other drugs before trying meth? What were they? Did any of these drugs lead specifically to your use of meth?**

- Only one participant had used meth and only meth.
- Every other participant had used marijuana.
- Most people felt that other drugs did not contribute to their meth use. Some participants were very heavily involved with other drugs, but they said this would have occurred with or without meth
- "Drinking, marijuana, crack, in that order—I then moved to meth."
- "I started with meth and then moved to any and all other drugs."
- "I used meth to wean myself off of crack."

7. **Does your meth use change with patterns in your life or is it consistent? Do some situations or people seem to influence your meth use? Do you use only on weekends or at parties?**

Period of use:

- 4 years

- 3 years
- 5 years
- 7 years
- 2 ½ years
- 4 years

Timing of use:

- Based on the responses, sex and meth use are highly correlated.
- "I only used on the weekends."
- "I started using on the weekends but quickly began using every day."
- "I would use socially, which meant I would go on binges for five days at a time."
- "I began snorting, which eventually became smoking before I finally started injecting myself."
- "I just liked sitting there by myself and being zoned out."
- "I thought I was meeting great people, but I came to find out that they were never being sincere—it was the meth that I was seeing."

8. Did/do you use other drugs in combination with meth? Are there certain drugs/alcohol that make you more prone to using meth?

- Ketamine
- GHB
- Ecstasy
- Marijuana ("balance each other out"

9. Do you have any negative feelings after you've used meth?

- Most people experienced very negative feelings after using meth.
- Isolation is common.
- "The drug is paralyzing."

10. Has anyone here ever tried to stop using meth? For those of you who have tried to stop, what happens to you? How does quitting influence other areas of your life—your job, family, friends, school?

- "When you try to stop, you build confidence in the morning, but as the day wears on it becomes harder and harder to avoid temptation."
- "There is a huge when you first quit."
- "I have AIDS; the doctor told me that if I use again I could easily die."
- People experience depression when they try to quit.
- "After you quit you want to stay inside and hide for days."
- "Everything in life was better after I quit, except for the sex."
- "After you quit you feel like the next three or four months are hanging by a thread."
- "One day you realize you have kids and you build the strength to quit."

11. **What have you done to try to stop? Was there a form of treatment that you felt was the most effective? When you're not using, what helps keep you clean?**

- Medical detox
- "Everyone around me helps me stay clean."
- Medication
- Narcotics Anonymous group

II. Effective Messaging

1. **What type of information would be most helpful to crystal meth users?**

- "People need a reality check of what is really going on."
- People on the street know they are addicted—they do not need to be reminded of this.
- "Showing someone who is actually on meth makes a big point."
- Real commercials or documentaries that show real people who have used and are addicted
- The sentiment that "There isn't any messaging that would make me quit" reverberated through the focus group.
- "D.C. has the highest HIV rate in the country—why isn't this talked about with meth?"
- Addicts are desensitized.
- One person would like to see scientific backing of messages.
- "Identify with the user: 'At the beginning using worked for you and your life; now it's three months later and it's not pretty.'"
- "Reflection is deaf—everyone could see my addiction but me. Even still, they didn't know how to deliver the message."

2. **Where and when would a message about getting help with crystal meth use be most effective?**

- Internet
- Craigslist.org
- Clubs
- Clinics
- Community centers
- Schools
- Hospitals: "People who work in hospitals never recognize meth abuse."

III. Effectiveness of Materials

Brochure

- Too many words

- "There needs to someone on the front who is 'methed out.'"
- Participants liked the short- and long-term effects.
- "It's not inviting enough."
- "It is non-judgmental, which is a good thing for myself."
- "It has a good design."
- "It's a nice brochure, but I still wouldn't stop using."
- "The brochure is very informative."
- The brochure is better suited to people who have not used before.
- "People who are high won't take the time to read this."
- "If I saw this brochure I would already be in a place where I was looking for help."

Website

- The "Faces of Meth" video was very popular with this focus group.
- Video testimonials are needed!!!
- Professional
- "The site has good design."
- "It looks like a clinic put this together."
- "When I decide to go looking for help I need to know where I can get it, because there is only a very short time when I will be seeking help."
- "There needs to be a face on the meth problem."
- "All of the information is helpful, but it's designs and pictures that pull the viewer into the site."
- "You have to scroll down the page to see a description of the Working Group."

Appendix E

Youth Meth Users
Focus Group Notes
April 24, 2008

Facilitator: Kevin Miller, Reingold Principal
Recorder: Daniel Jorgenson, Reingold Consultant

I. Experience with Meth

1. **Please give me a brief description of your thoughts about meth use. How popular would you say crystal meth is in D.C.? Do you think use is increasing in the District?**

    - "Meth is very popular in the District."
    - "It's not as easy to get anymore because so many people are buying it."

2. **Is there a stigma associated with using meth?**

    - "There is a stigma with this drug as with any other drug."
    - "Users are known for always chasing their next high."

3. **How did you first hear about meth? What were your thoughts about meth when you first heard about it? Did you have any concerns about using meth before you tried it for the first time?**

    - "I had never heard of it before I moved to D.C. (from North Carolina)."
    - A friend introduced him to meth.
    - Before he used meth for the first time he did extensive online research about the drug.

4. **What piqued your interest in trying it? Was there a significant reason that you used it for the first time? What was happening in your life at the time of your first use?**

    - "A friend I trusted asked me to do it with him so eventually I went along with his idea."
    - "I had just gotten out of a year-long relationship in which I was dependent on my partner."

5. **What did meth do for you the first time you used it? Had you tried other drugs before trying meth? What were they? Did any of these drugs lead specifically to your use of meth?**

    - "It kept me up all night."
    - It did not increase his sex drive, a side effect that he had expected.
    - "I've been smoking weed for 10 years."
    - The high of meth wasn't as enjoyable as the high from marijuana.

6. **Does your meth use change with patterns in your life or is it consistent? Do some situations or people seem to influence your meth use? Do you use only on weekends or at parties?**

    - He has used meth a few times over the past five months.
    - He has seen other people begin using and quickly become addicted and lose any sense of responsibility to everything in their life outside of meth.
    - "I know a handful of people who use meth; every meth user I know I have met through another meth user."
    - "The first time I used was just with my friend, but the other times were at parties where everyone was using."
    - "I never had any problem with stopping or craving the high."

- He had run across a number of “bad people” who are users; he commented that these people will do anything to feed their addiction, no matter how negative that might be.

7. **Did/do you use other drugs in combination with meth? Are there certain drugs/alcohol that make you more prone to using meth?**

   - Marijuana “doesn’t have any effect on my meth use.”
   - He doesn’t drink.
   - His friends use GHB, cocaine, tranquilizers, and ecstasy in combination with meth.

8. **Do you have any negative feelings after you’ve used meth?**

   - “I didn’t have any negative feelings after I used.”
   - “With meth I can only get to a certain point.”

9. **Has anyone you know ever tried to stop using meth? If you’ve tried to stop, what happens to you? How does quitting influence other areas of your life—your job, family, friends, school?**

   - He sees improvement in his friends who quit.

II. Effective Messaging

1. **What type of information would be most helpful to crystal meth users?**

   - He had done extensive research on meth before he used it.
   - “You should see the side effects in the messaging.”
   - “Most people I know just go by word of mouth.”
   - “There are different types of meth users—occasional users, private users, group settings—[and] each one of these people is in different stages and needs to be reached in a different way.”

2. **Where and when would a message about getting help with crystal meth use be most effective?**

   - At bookstores.

III. Effectiveness of Materials

Brochure

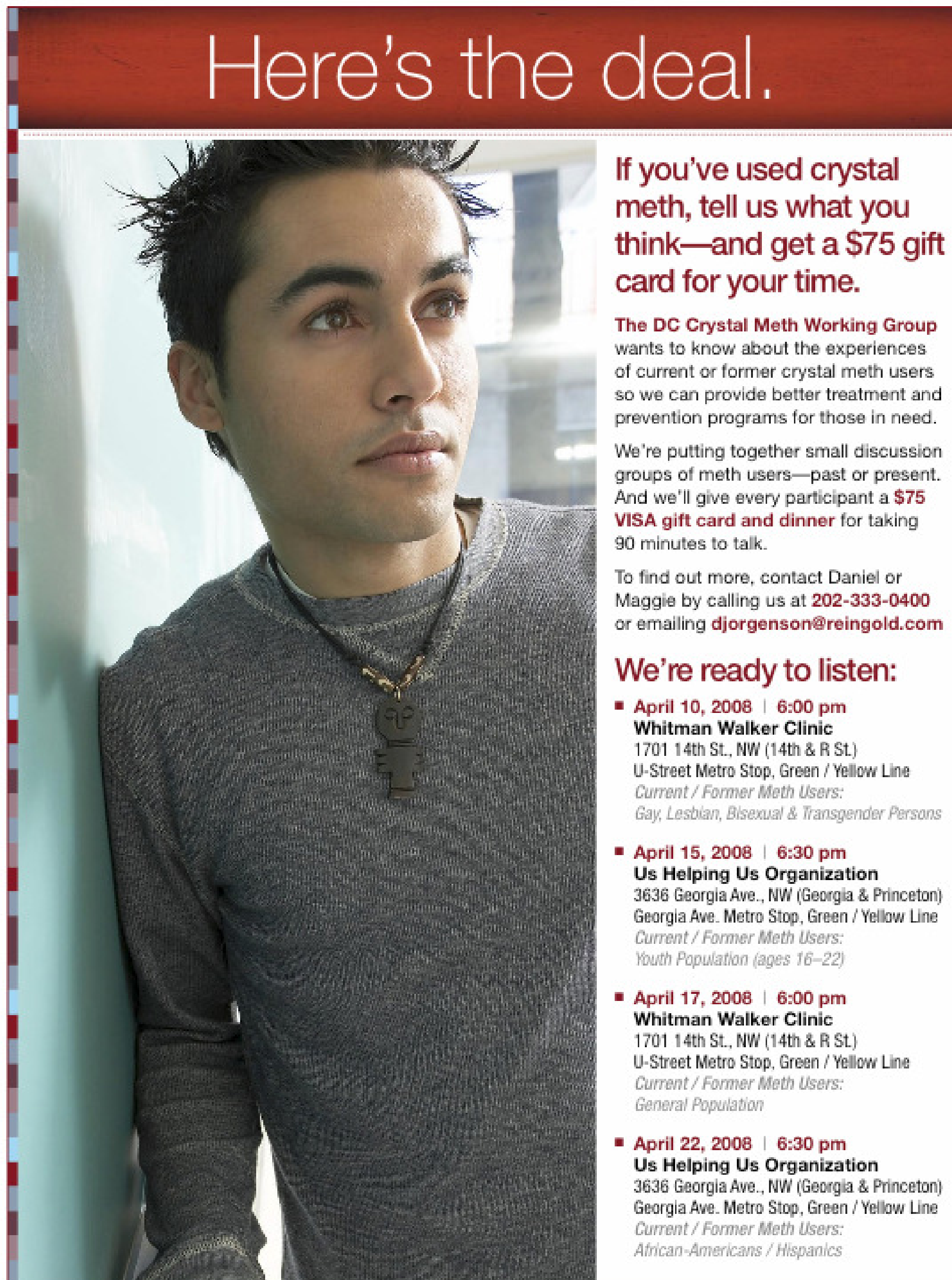
- “As a new user I would pick up the brochure.”
- “I like each highlighted topic.”

- “Short- and long-term effects are a good thing” to describe.
- “More visuals are needed to catch the eye.”
- “I would like to see general information about meth.”
- “I would share it with someone else.”

Website

- He had not seen the website before, but found it “very interesting.”
- “People I know who use the drug will not be interested in viewing this site.”
- “I don’t know what would get people to see the damage this drug can do.”
- After-effect pictures of meth would make a statement to users.
- He had seen the “Faces of Meth” video during his personal research on the drug.

Appendix F



Here's the deal.

If you've used crystal meth, tell us what you think—and get a $75 gift card for your time.

The DC Crystal Meth Working Group wants to know about the experiences of current or former crystal meth users so we can provide better treatment and prevention programs for those in need.

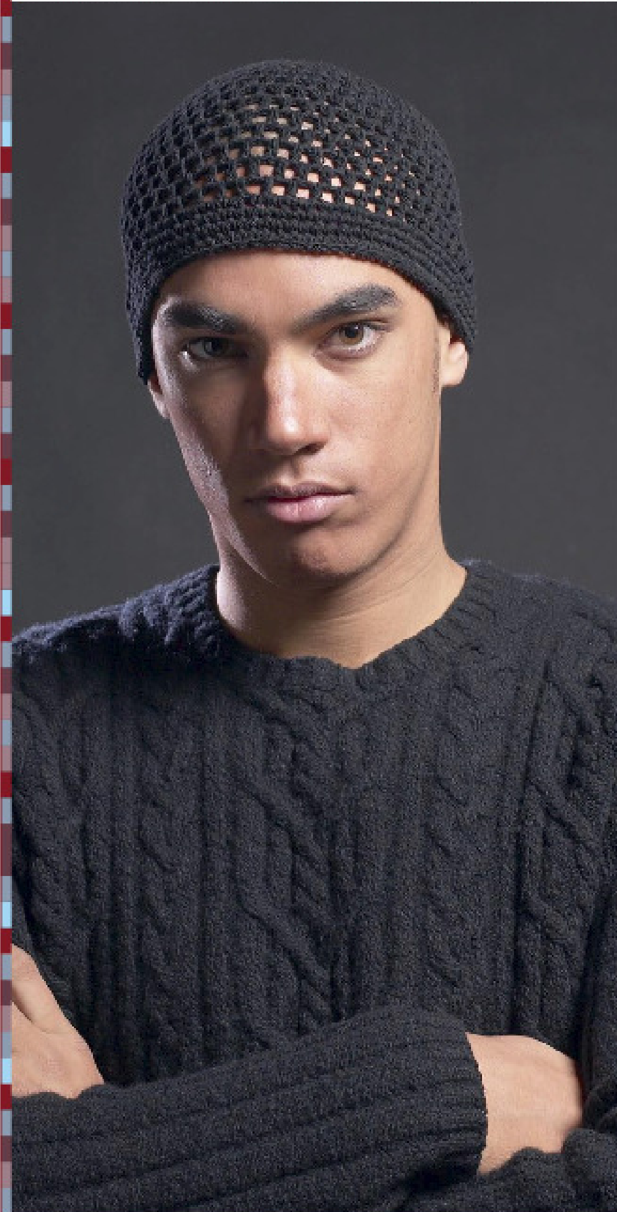
We're putting together small discussion groups of meth users—past or present. And we'll give every participant a **$75 VISA gift card and dinner** for taking 90 minutes to talk.

To find out more, contact Daniel or Maggie by calling us at **202-333-0400** or emailing **djorgenson@reingold.com**

We're ready to listen:

- **April 10, 2008 | 6:00 pm**
  Whitman Walker Clinic
  1701 14th St., NW (14th & R St.)
  U-Street Metro Stop, Green / Yellow Line
  Current / Former Meth Users:
  Gay, Lesbian, Bisexual & Transgender Persons
- **April 15, 2008 | 6:30 pm**
  Us Helping Us Organization
  3636 Georgia Ave., NW (Georgia & Princeton)
  Georgia Ave. Metro Stop, Green / Yellow Line
  Current / Former Meth Users:
  Youth Population (ages 16–22)
- **April 17, 2008 | 6:00 pm**
  Whitman Walker Clinic
  1701 14th St., NW (14th & R St.)
  U-Street Metro Stop, Green / Yellow Line
  Current / Former Meth Users:
  General Population
- **April 22, 2008 | 6:30 pm**
  Us Helping Us Organization
  3636 Georgia Ave., NW (Georgia & Princeton)
  Georgia Ave. Metro Stop, Green / Yellow Line
  Current / Former Meth Users:
  African-Americans / Hispanics

Here's the deal.



If you've used crystal meth, tell us what you think—and get a $75 gift card for your time.

The DC Crystal Meth Working Group wants to know about the experiences of current or former crystal meth users so we can provide better treatment and prevention programs for those in need.

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