PREVENTING THE USE OF CLUB DRUGS: BUILDING COMMUNITY SUPPORT

EDUCATION DEVELOPMENT CENTER, INC.

Moderator: Carlos Pavao
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Operator: Good day and welcome to today's "Preventing the Use of Club Drugs: Building Community Support" conference call. All lines will be open and interactive for today's conference.

We do ask that if you're on a speakerphone, please utilize your mute button when not speaking to help cut down on background noise. Also, do not put your line on hold – doing so may feed music into the entire conference. And as a last note, today's call is being recorded.

At the completion of the Q&A session, please remain on the line to complete a polling questionnaire.

At this time, I would like to turn the call over to Mr. Carlos Pavao. Please go ahead, sir.

Carlos Pavao: Welcome everyone to the Northeast CAPT Learning Series. My name is Carlos Pavao, I'm the Training and Technical Assistance Manager here at the Northeast CAPT. And in today's audio conference, we're going to be discussing the current trends and the uses of club drugs and how to build community support for prevention efforts. The usage of club drugs is on the rise beyond clubs, due to the greater availability and cheaper prices throughout the U.S.

This audio conference will specifically focus on two club drugs: ecstasy and methamphetamines. According the 2002 National Survey on Drug Use and Health, 2.1 million people over the age of 12 used ecstasy in the last year. That's 0.9 percent of the population; versus 1.4 million people between the ages of 18-25 who used meth in the last year and that's 0.6 percent of the population.

While the national problem at this point appears to be concentrated in the central and western regions of the country, meth arrests and lab seizures have been on the rise on the East Coast. To dig a little deeper into these trends, today we will hear from Detective Don Ingrasselino, who is a police detective for the State of New Jersey and a detective for the Bergen County Prosecutor's Office of Narcotics Task Force. Then, we're going to hear from Yvonne Stroman who is a Director of Community Prevention Partnership in Berks County, Pennsylvania. Yvonne's going to share with us her experiences when it comes to community building prevention efforts around ecstasy and youth.

And finally, we're going to hear from Dr. Brian Dew who is an assistant professor at Georgia State University and a founding member of the Atlanta Methamphetamine Working Group. He will explain to us how he and his team identified meth as a problem in Atlanta, and what this task force is doing to combat the use of meth.

The format of today's audio conference is that each panelist will have an opportunity to speak for about 20 minutes. I will be asking you a series of questions. After each panelist is done, within about a 20-minute period, we're going to be having a five-minute Q&A. I'd like now to turn our attention to Detective Ingrasselino – Detective?

Don Ingrasselino: Hi, how are you?

Carlos Pavao: How are you?

Don Ingrasselino: How's everybody doing today?

Carlos Pavao: Doing good here. I have a short question for you.

Don Ingrasselino: Certainly.

Carlos Pavao: How are club drugs, particularly, ecstasy and meth, distributed to children in the Northeast region and also in the other regions of the U.S.? And who's using ecstasy and meth?

Don Ingrasselino: That's a good question. When I answer questions regarding distribution or use, I always begin with a drug trafficking origins. Traditionally, Colombian and Dominican drug organizations controlled the heroin and cocaine transportation routes through the Northeast. However, Mexican drug organizations have taken a large chunk of this transportation, and are now taking it away from the Dominican and Colombian organizations and cutting them out.

However, we have a designer drug craze in the streets, and what we're seeing now is Europeans, Israelis, and the Russians entering the market. Clearly, no set organization into the transportation and distribution is seen. First and foremost, we look at many concerns and problems with numerous different types of drugs, depending on the area and location in which you live and work. Originally, we were looking at a large heroin and cocaine transportation route into a large designer drug. And when I refer to a designer drug, I refer to ecstasy, GHB, ketamine and crystal meth.

My work within Bergen County, New Jersey, which is in close proximity to New York and Philadelphia – New Jersey's population is about 9 million, where approximately 1 million live in Bergen County. We also have international airports and major shipping hubs all over this area.

Bergen County, where I'm from, deals with a mixture of drug issues, ranging from street level nickel and dime marijuana dealers to high-level cocaine, ecstasy, and heroin distributors.

This leads me to the topic here, which is preventing the use of club drugs. The problem I see and the way I lecture, is I do not refer to drugs like ecstasy, ketamine, GHB, and meth as club drugs anymore. The reason being is even though I have witnessed all these drugs heavily used in the nightclub scene, each and every drug is used on a daily basis, basically mainstream. They mainstream these drugs and that's what we're seeing now.

I will concentrate on two of the most popular from what we're seeing here and one of the most dangerous, ecstasy and crystal meth. First, I will mention the latest drug to be poly-drug use, that's something I love to teach and we see on every individual I arrest and every individual I speak with. Poly-drug use, I speak about it as an introduction of tool more so than to the citizens of a body.

Basically, if you're an ecstasy user, for example, and you want to go out for an evening to a bar, nightclub or just to your college campus, you start by taking one tablet of ecstasy. Then later on, you might want to change your mood or your emotion or your feeling and then you might try drugs such as ketamine, you might smoke some crystal meth, you might do some GHB, therefore if you start early enough you'll probably do a pill or two of ecstasy and you're feeling happy, you're having a good time.

Later on, you really want to come down from that high, you want to change your mood, you want to relax, you're not going to want to do it naturally, you're going to want to do it by using any different type of drug that will change that mood – ketamine, which will put you in a trance-like state, or GHB, which will very slow your emotions and how you're feelings. However, if you're up all night, you want to party more, you have no more ecstasy, you'll smoke crystal meth or utilize crystal meth, which then keep you up further – maybe another day, maybe two days.

I witnessed all these drugs heavily used in the nightclub scene. To begin, originally, ecstasy is methylenedioxymethamphetamine or MDMA. Used to begin as a club drug, known to produce stimulant and psychedelic effects, which is similar to amphetamines. It's sold in tablet form and you used to be able to purchase these tablets from $20 to $30 a tablet. This is when I started five, six years ago now. And this was – these are very expensive just for one tablet because once you grow accustomed to these tablets you need five a night just to have a good time.

A shift has recently been observed to powder form and snorting this drug. It's more abundant in tablet form and you can now make your own tablets, stamp your own tablets, therefore you get your own powder. Also, individuals who use this drug know that cops know their ecstasy users, know their abusers and know their dealers. They know they're going to be looking for tablets, so if you change up your routine and simply change it to a powder form there's a chance you might be able to fake out a cop.

The others would sell a few tablets to a few individuals looking for their nighttime partying fix. However, now we're seeing the popularity grow so much that we're selling thousands of tablets, we're buying thousands of tablets, we're seeing individuals that used to sell only five, ten tablets at a time, get a couple hundred at a time.

Use was very popular in the suburban communities and mostly abused by white men and women, ages 16 to 24. And ecstasy tablets were only commonplace in major cities and only slightly made its way into small communities. The changes of this particular drug are numerous. You've got your "push-away from the club scene," you have your mainstream use, everyday use. The price of ecstasy has dropped dramatically, where now we're purchasing few tablets for $6 or $7. Ecstasy can be purchased in any community or any area. Larger amounts are abundant, the dealers are willing to sell small amounts, although you still have your dealers who normally can

do a thousand-pill on the side or they'll get their normal user or normal abuser and they'll sell them by tablets.

Smaller communities are gaining control of small and large amounts for cheaper prices now. They're moving into larger communities where the ecstasy was abundant. They are buying 100 tablets, even 10 or 20 tablets and bringing them back to their community and selling it off. For example, many people from different areas in the U.S. travel to New York and New Jersey. We did this all the time, and what I'll explain how we do road interdiction, is where we know where these drug trafficking areas, we know these places where ecstasy is in very high demand. And we watch these areas. We see people from all over. Recently, we arrested people from North Carolina, South Carolina; I've arrested people from Georgia, just driving up into New York and New Jersey just to get their fix of ecstasy because of the drop in price.

The way I compare ecstasy is now it's very, very similar to marijuana use. Younger kids are using it at 12 to 13 years of age now, and they're experimenting after school, during school, and anywhere they spend their time. So after-school programs, colleges, basketball games, malls, I know this from speaking with these individuals, knowing where they're getting it from.

Secondly, I'll talk about methamphetamine, specifically crystal meth, which is a derivative of the Methamphetamine class. Crystal meth is a stimulant with very strong effects – the brain and central nervous system. Crystal is made of a highly volatile toxic substance that is melted in different combinations forming what some describe as a mix of laundry detergent and lighter fluid. Smoking crystal results in an instantaneous dose of almost pure drug to the brain, meth has recently emerged into the Northeast after having a strong following for years in the West, Southwest and Midwest.

One problem I've not seen in our area yet is production. We're not seeing the production very strongly in New Jersey and New York. Now, I'm talking about New York City because that's where I deal with most of our narcotics.

We should all know the production of crystal is extremely dangerous due to the volatile substances used in production. From a law enforcement perspective, the observations I see in crystal meth is that it's taking over for ecstasy in the nightlife scene; especially in the gay community. But in New York and New Jersey, that's just a cross-over of communities. That's where the popularity grows from either nightlife scene is not a problem, per se, just staying the gay community. It will crossover into an average nightlife scene.

Our area is still extremely expensive though due to the production not being of high-demand right now. We buy grams of crystal meth anywhere from $120 to $400, to $240 per gram. Users speak very highly of the drug and have not seen the long-term abuse unless they know people who have used it for long-term abuse on the West Coast or in the Southwest. So they're not seeing the high level of abuse or the degradation of the area because it's only been in our area for such a short time.

Problems now with meth making its way into our area are ignorance in law enforcement in our area because I speak to numerous individuals who do not know what crystal meth looks like. It wasn't popular in our area until recently therefore they don't know and they have lack of training in meth. I speak to many people, a lot of my colleagues, and they are just unaware of the look, the scent, the packaging, the feel, the price, and that's why right now and recently spending a lot of time teaching about crystal meth in our area because it's going to hit hard and it's going to hit soon. So from what I'm seeing is there are no set policies or procedures in combating crystal in our area. And that's what I'm trying to establish right now.

Carlos Pavao: Thank you. Thank you so much for painting that wonderful landscape. Some of the data that I actually quoted earlier from the National Survey on Drug Use and Health, indicate that only .9 percent of the population actually use ecstasy as compared to .6 of the population which actually uses meth. So, given that this is a very small percentage of the population, why is it a community problem?

Don Ingrasselino: From my standpoint, I argue that any type of abuse or use of any type of drug is and will always be a problem within any community. From a law enforcement perspective, I began in the narcotics field almost six years ago. When I began, ecstasy use was extremely popular in the nightlife scene, nightclubs, bars or raves. That's the only place you saw it at. However, it was rare finding this drug outside. The only you way you would buy it as an undercover would basically be to call your dealer and say listen, I need to go out tonight, I'm going to have a good time. I need my pill. That's the only way you did it. However, watching this drug from my standpoint, I have observed the drug specifically popular in one community where ecstasy emerges into mainstream, everyday use: college campuses, high school events and everyday use.

Now I'm changing my observations towards crystal meth and it's slowly emerging in our area and it’s starting in the nightclub scene which was very similar to ecstasy. And those of you who battle crystal meth epidemics, you see it's a very hard battle to fight. If the argument is that user abuse is in a very small percentage, why should we be concerned? I would argue try living in that small community. Try working in that small community. Try policing that small community, because it's going to be impossible to spend your everyday life there.

It would also be wrong to say that these percentages will stay at a small percent because it's likely that these numbers will increase every year, even if it's a small amount.

Carlos Pavao: So, tell us, Detective Ingrasselino, what do you do to combat club drugs in New Jersey?

Don Ingrasselino: My office takes a many layer approach to fighting drugs and it basically involves cooperation on every level of government. We start by highway interdiction which involves strong training and recognition into hidden compartments and vehicle traps which we have a major problem with here. And that's how a lot of our drugs are moved and transferred. In hidden, very sophisticated compartments. We conduct heavy surveillance and interdiction in high drug trafficking areas where we send undercovers as well as patrol uniforms into these high drug trafficking areas. This will gather intelligence on the users and abusers as well as dealers in using this interdiction.

Secondly, we obtain information and knowledge regarding stash houses and storage facilities which we have a strong problem with here where they're using $2,000 a month rental just to put their drugs in. We do this by making contacts through the internet, by using investigative techniques that are newly available. A lot of new internet programs that are out are very helpful to police. Our contacts range from neighbors, postal workers, real estate agencies and even landlords. We also conduct investigations into hotel/motels where we make connections with hotel staff and use many law enforcement networks including EPIC, which is the El Paso Intelligence Center, U.S. Customs and Border Services.

There we conduct investigations into money laundering and follow the money trails and accounting for many individuals or companies where the end result there would be asset forfeiture and seizure. We also use wire taps where we listen to individuals conduct their daily business.

Finally, something I do daily is we use undercover operations. That would place a cop into an organization to learn everyday habits. Including nightclubs, bars, and college campuses, something I've done a lot of. These approaches are used by many law enforcement agencies, however, sometimes resources are lacking and they'll only use one layer or not enough layers or

they don't go each route with it. The way I look at the resources is that politics, or your current bosses, or chiefs, or your politicians basically set the trend for this. I've had bosses who have had no interest in combating narcotics even though it's a battle that needs to be fought everyday. Funding is a major problem with narcotics because they like to allocate funding elsewhere.

Carlos Pavao: OK, thank you so much. Who are some of your partners at the local level? And which relationships have been very useful to you?

Don Ingrasselino: One thing that I have noticed in my career is that law enforcement work cannot be done alone, especially narcotics. So, I utilize my co-workers on a daily basis. I look for experience, knowledge, and we learn from one another. Narcotics, as everyone knows, is a changing field every single day. Just like I mentioned about ecstasy earlier, it's changing into the mainstream where crystal meth is now hitting our area and once that hits mainstream we have a big problem, because our area has a major problem with heroin, which I did not get into. Heroin and crack is two of our most popular drugs. I utilize patrol officers and detectives from every town that I work in. These individuals know their local abusers, they know their dealers, and they often have a lot of information on these people including pictures, family members, cars, things that I don't know of because I'm not there that often. I go further into other counties, especially my surrounding areas, and I utilize state police agencies all the time. They have a larger scale of information and the local towns do not.

I also utilize federal agencies. I was lucky enough to be a federal agent prior to doing narcotics; I worked with government with immigration for three years and I kept most of my contacts there and I utilize them all the time. Federal agencies have a wealth of knowledge and an abundance of money they're willing to use for assistance. My office approaches these levels by using on-loan programs, where detectives from our office go to each of these agencies: local agencies, county agencies, and federal agencies, and in turn they send agents to detectives and police officers to our agencies to learn what we do and we learn what they do. We work hand in hand

with one another and we've built good relationships, and they leave here after a year or two years or we come back in a year or two years and we keep those relationships.

Partnerships with many aspects outside of law enforcement affinities are important. Partnerships with hotel staff are crucial, including the maid service, front desk clerks, and even management. They will help you. They want to combat their problem as well; they don't want the riff raff using their facilities. They want to keep these people out. When I'm conducting searches at stash houses and storage facilities, I make relationships with neighbors, postal workers, and facility staff. Some other areas that I utilize are the Medical Examiner's Office in case of an overdose situation. State police laboratories which are normally civilians, they're not police officers. They need to analyze my drugs. I often go to community leaders. I need to explain to them the current trends and concerns we are seeing; therefore, they will get it out to their people and their parents, their politicians, their local ability.

As an instructor, I have had many partnerships that other officers do not have. I've been lucky enough to teach all over the world, and for the government on numerous occasions. I spoke with doctors, nurses, social workers, parents, teachers, and students. Each time I've conducted a lecture, I've gotten positive feedback. These individuals have often explained that they have learned new aspects of the drug world. I also come away with resources that I can utilize if needed. I exchange numbers and email addresses with most of these people. I often explain that I am an excellent resource and that I am willing to exchange knowledge with these people where they can tell me about their communities, their careers, and I'll tell them about mine and what to look for themselves and for their children.

One of my biggest things that I love to do is working with parents and students. Parents don't know about the newest trends. They come up to me and they tell me they have been enlightened by what I've taught them. They're going to keep a closer watch on their kids and they know a little bit more about it. But clearly partnerships and resources need to be established in every

community to help fight the long battle. Those that utilize the resources will always have the upper hand in this war. OK, Carlos?

Carlos Pavao: OK, thank you so much, Detective Ingrasselino.

Don Ingrasselino: No problem.

Carlos Pavao: Now, let's turn to Yvonne Stroman for Community Prevention Partnership out of Pennsylvania who is actually currently working on implementing education for our youth who use or misuse ecstasy. Yvonne, could you tell us about your organization? How did it begin, what's its mission, and who do you serve?

Yvonne Stroman: The Community Prevention Partnership of Berks County was initially established in 1991 as a partnership of public and private organizations, which included city government, the Reading school district, the Council on Chemical Abuse which is our single county authority, as well as local youth organizations, and the Hispanic center. And the focus of the partnership was to collaborate efforts in the community to address the problem as it relates to youth and their use of substances in the Berks County community. Community Prevention Partnership is county-based in that we serve the county of Berks and we are situated in Southeastern Pennsylvania along known drug trafficking routes. We are about two hours from New York City, we're an hour from Philadelphia and we are two and a half hours from the Baltimore-D.C. area.

Some of our main routes – like Route 222, as well as the Pennsylvania Interstate – are very well known routes in which people use to bring drugs in and out of our community. And that was a need that the community saw as a way in which people could gain access to drugs. So in 1992, through a federal grant from the Substance Abuse and Mental Health Administration, also known as SAMHSA, specifically the Center for Substance Abuse Prevention, the Partnership enhanced

its efforts to reducing substance abuse among youths through further strengthening the community collaboration.

The Partnership was able to identify risk factors associated with use of substances and devised strategies as a means of advancing the coalition's effectiveness to reducing and preventing substance use and abuse among our youth.

It's important to mention over the course of the past 13 years the partnership has continued to vie for other grants and contracts and expanded it's delivery of prevention programs and services. So today we have more than 15 programs and service deliverables that are carried out of our office, affecting the lives of infants, children and youth, young adults, neighbors and communities as a whole.

Through grants and contracts, the partnership carries out its mission for mobilizing communities, providing education, providing technical assistance and resources to identify their problems and develop strategies to address them by conducting research to assess the effectiveness of programs developed and carried out by the partnership.

The mission of the Partnership is to make a difference by offering a variety of prevention services to the Berks County community to help address problems and risks, such as alcohol, tobacco and other drugs, but also teen pregnancy, violence, abuse, crimes, school drop-outs and other related issues.

We serve all of the Berks County community through various programs that we have here, and while our target is youth and their use of substances we also work with families, as well as communities as a whole through mobilization efforts so that they can utilize the community collectively to address those issues.

Carlos Pavao: Great, how did your organization define the problem about drugs in your community?

Yvonne Stroman: We initially started with data that was collected locally from law enforcement officials, school administrators and hospital personnel; interviews with law enforcement officials and reports from school administrators confirmed that ecstasy and other club drugs was a problem in Berks County. It was during this time, in 2002, that raves were being discovered by law enforcement.

There were some reports from emergency rooms that teenagers were overdosing as a result of having used ecstasy. Events in the community were being advertised as teen night or alcohol free parties. Parents were allowing their children to attend these parties because they thought they were safely chaperoned, but what was occurring at these venues were the distribution and use of club drugs.

Youth were becoming more creative as it relates to using “E” and they were often times passing these pills along as candy, so parents were unaware of their child’s use and very few arrests were being made because of this.

So while parents were identifying that there weren’t any problems as it relates to ecstasy and other club drugs, youths knew they were here and they were actually accessible to youth and they were using them. Law enforcement were also aware of the prevalence of club drugs due to some arrests.

Hospital personnel knew it was here due to some evidence of overdoses, however, the community as a whole didn’t know how to address the problem.

So basically what was happening was that overdoses were occurring, police were becoming aware of these rave parties, but they really didn’t know how to address these problems. People

were left to deal with how to bring about the education to the community, so that folks are more aware of ecstasy and other club drugs.

Carlos Pavao: Yvonne?

Yvonne Stroman: Yes.

Carlos Pavao: Could you enlighten us about the process your organization went through to address this problem?

Yvonne Stroman: In 2002 the Partnership was awarded funding through the Center for Substance Abuse Prevention that allowed us to take a look at the ecstasy problem in Berks county by taking a multi-level approach to first, raising the communities awareness of ecstasy and other club drugs, as well as developing a proactive measure and effort to decrease or eliminate the use these substances.

We got together some data and from that data, had to come up with a plan of action. How do we 1) get the community's attention to raise the awareness and 2) what are we going to do to enhance to prevention efforts. The ecstasy and other club drugs project is an outreach program that is based on an approach developed by the State of Maryland, it is a comprehensive network of individuals, groups, businesses, government, schools and state agencies working together to achieve the objectives such as informing and educating the public and also intensifying and focusing on law-enforcement efforts.

We took that model, that was being done at the State of Maryland and we implemented it on a smaller scale, focusing on the communities within the county to address youth and young adults who are using the drugs through a systemic and community based graphic approach.

The ecstasy and other club drugs project took off and encompassed a task force, which was a collaboration of various sectors of the community, including government, law-enforcement, schools, media, we also had youth serve on our task force, as well as hospitals, prevention specialists and business's and parents. It was important that we got as many sectors of the community as possible in order for the project to work in order to effectively educate the community.

The education approach to affecting change in the community included sectors within the community educating themselves. In other words law-enforcement could approach law-enforcement officials to do the education; parents educated parents and youth educated youth. The task force was responsible for the implementation of awareness and educational training.

The training addressed the problem of ecstasy and other club drugs and introduced the fact that young people in Berks County were engaged in its use.

The task force also targeted the environment and policy issues concerning ecstasy and other club drugs.

The task force developed sub-committee's that were essential to the evolution of the project, as well as mediums to raise the level of community awareness. The subcommittees that were formed were media, the web site, the systems training, as well as community training.

We used the expertise that we had developed, with the community grassroots and task force to affect change in the community, and educate the community. And we were able to branch out to the different community groups that we had worked with over the past years to engage them in this process.

The Media Committee planned, developed and launched a countywide media campaign that focused on ecstasy and other club drugs. It reached all facets of mediums; newspaper articles, radio, TV, billboards. We used posters, used movie theater public service announcements, commercials, and banners at community events. There were two radio commercials that were produced. One targeted parents making them aware of the signs of ecstasy and other club drug use. The other targeted students that were actually made and produced by students themselves.

The Web site was established as another venue to inform the general public about the dangers of ecstasy and other club drug use. Youth were pivotal in assisting with educating parents. Parents weren't aware of ecstasy and other club drugs at the time. We used youth who had experienced with the use of ecstasy and other club drugs themselves to let parents know, how they were getting it, and how they were using it, what were some, ways that they could talk to their own children about the use of ecstasy and other club drugs. So where appropriate, former ecstasy users would share their stories with parents to educate and raise awareness.

Another component that was essential to how we implemented the project was the evaluation. The evaluation component of the project involved a process evaluation and an outcomes evaluation. The process evaluation looked at the development of the project, who was at the table, and how decisions were made.

The outcomes evaluation comprised of two distinct parts. One part involved surveying a representative sample of students ranging in grades from seventh grade to college-age students at two points in time. One was at the beginning of the project. Another one was at the end of the project. The surveys were administered as anonymous surveys with no type of identifier used. We didn't want students to – we thought it best that students would be more honest if they didn't have to disclose who they were.

The other component of the evaluation involved conducting focus groups representing various sectors of the community. The focus groups were conducted at two points in time of the project. At each focus group the participants were asked to complete a survey that included demographic information, as well as their attitudes and beliefs towards substance use, including ecstasy and other club drugs. Participants were asked to give their perception of the extent of the problem with ecstasy and other club drugs in Brooks County and suggestions for educating people their ages about the drugs.

The findings revealed that participants from time two said that the community was more informed about ecstasy and other club drugs versus at time one, where respondents said that there was no information available about ecstasy and other club drugs.

We considered the project to be a success because we were able to elevate the level of community awareness.

Through focus groups, we had asked them was what were some of the best ways to get the word that ecstasy and other club drugs was here in (Berks) County and that youth were using them. Strong proponents said that the media message is that was delivered into all areas of the community were really helpful.

Carlos Pavao: Great, Yvonne. What were some of the challenges that you encountered and how did you begin to build community support?

Yvonne Stroman: Some of the challenges that we encountered with the project included how we would be able to reach the entire community — the entire county of Berks due to its diversity. Berks County has a population of approximately 374,000 persons, and the county is characterized as encompassing an urban, suburban and rural areas. Thirty-six percent of the people live in the suburbs. Forty-two percent live in the rural areas devoted to agriculture, which represents almost

half of the geographic area of the county, and 22 percent of the population, live in an urban area, which is known as Reading. Reading has recently, in the last 10 years, experienced a significant increase in its Hispanic Latino population.

The county has gone from a predominantly white Pennsylvania Dutch to a Latino population representative of a mixture of 21 Spanish-speaking cultures, including Puerto-Rican, Mexican, Dominican, Cuban and Central and South American. We have had the savvy in our approach to be all-inclusive; we had to think about how we were going to include everyone as relates to education.

The development of the literature was in English and in Spanish as well as community presentations that we did to raise the level of awareness, to make sure that we reached all parents and professionals. Our community presentations were also done in English and Spanish. The other challenge presented to us was the sustainability of the project once the funding ended. As we all know, grants are for a certain period of time and once the funding ended we had to think about how we were going to sustain that project. Fortunately we had a taskforce that was committed to sustaining that project. The task force remained committed with the community education piece because it was really pivotal to our success, even once the funding had ended.

We also took a proactive stand of continuing to look for local and state funding to support the Community Prevention Partnership is well respected in the community with strong community foundation. It was helpful that we are a community-based organization and have been in existence for a number of years. In addition, the Partnership has significant experience in risk prevention programs with rigorous and evaluation components. We have a good history of recruiting community members and key stakeholders to address issues relative to community prevention efforts, and so those strong ties are essential in helping us do the project at the level in which we did it.

Carlos Pavao: Great, great. What collaborations were pivotal to the success of your community mobilization and prevention efforts, Yvonne?

Yvonne Stroman: There were many collaborations that I think were very helpful and Don alluded to it earlier. We knew that we had to have law enforcement officials, county detectives, the district attorney; we knew that we had to have them at the table because they were the ones reporting to us what was happening. We knew that we needed to have hospital personnel at the table as well as media, and also a diverse staff. We knew that we need to have educators, to talk to other educators. We knew that we had to have the medical professional talk to other medical professionals. We had a diverse staff, who had that level of expertise and experience.

The staff working on the project were representative of the community – i.e., we had a bilingual staff, bicultural staff. We also had a mature staff. So, you know, Berks County is very mature in terms of a number of our population, our, you know, senior citizens. So, we had a mature staff at our table as well, as well as a young staff. Some of our staff were professionals with degrees and some were stacked with a level of experience in working with community, and we also had staff who were qualified, who had come from the prevention field working with us as well as educators. We also knew that we had to have a connection with youth; youth who were at the table that were letting us know, how was it best to approach other youths insofar as utilizing them for focus groups, as well as taking them with us at the community education settings to talk to other parents about what they're experience was with ecstasy. So, we knew that youths had to be at the table.

Some of the youths were previous ecstasy and other club drug users and some of them weren't, but they also told us how it was best to framework those media messages so that it would get youths attention. We also had business people at the table. Local businesses donated their expertise and time, and so in terms of the development of posters and commercials as well as the movie theater, public service announcements and the graphic and designs. We had, you know,

our advertising through billboards. Some of that was pro bono and some of that was at cost, but we knew that we had to have folks at our table that was willing to give that time and that expertise. And the media campaign, which helped us reach all corners of the community to bring about the education and awareness, we knew that we had to have radio. We had to have TV and newspaper at our table to assist us with, you know, when and how to get that message out in the community. Key collaborations, that had we not had them at the table, were extremely important. I don't think that the project would've been as successful as it was.

Carlos Pavao: Great, thank you so much, Yvonne. That sounds like great work that you're doing in Pennsylvania. Again, thank you so much.

Yvonne Stroman: You're welcome.

Carlos Pavao: At this time, we would like to open up for questions from the audience. So, does anyone have any questions?

Operator: Again, all the lines are open at this time. If you do have a question, you simply need to speak out.

Carlos Pavao: OK, let's go to out final panelist. Our final panelist is Dr. Brian Dew of Georgia State University, and he's been working on the community needs assessment on amphetamine use in Atlanta. Dr. Dew, as a researcher, what were some of the indicators that meth was a growing problem in Atlanta? Can you give us some background?

Dr. Brian Dew: Yes, sure. Greetings everyone, and hello from Atlanta, Georgia. I'll be glad to speak to that issue. Methamphetamine use in Atlanta, compared to the West Coast, Southwest and Midwest, is a fairly new phenomena and when I came to Atlanta about four years ago methamphetamine use was just starting to appear on the scene. And what I mean by that is the

treatment admissions data, emergency room data, ethnographic research. We were out doing some research on the streets and in bars among different populations and realized that methamphetamine really was not discussed or talked about that much. However, starting in about 2002 we started seeing more and more indicators that specifically addressed an increase in meth use in the Atlanta community.

As Don mentioned earlier, meth use has been traditionally viewed on the West Coast as problematic, in the Southwest as well as in Midwest and it's just now getting up into the Northeast. Well, in Atlanta we're seeing even a greater amount of use of methamphetamine than even in the Northeast. In fact, Atlanta has the highest rates of meth use of any major city on the East Coast, and so the problem is that we do not have the grassroots foundation as far as our treatment centers, our law enforcement as well as AIDS service providers to really deal with issues related to methamphetamine. So, there's a lot of work that needs to be done.

Some indicators that meth was a growing issue in Atlanta, I mentioned some of the epidemiological data. For example, in 2001 our treatment admissions for public substance abuse issues here in Atlanta. We only had about one percent of our admissions in the city for meth. In 2004, for the calendar year 2004 that rate had increased to nearly ten percent. So, in a four year period we saw the increase in meth related treatment admissions go from one to ten percent, and that's just a significant increase in Atlanta specific.

Other types of epidemiological data, as I mentioned, emergency room data, National Forensic Laboratory Information Systems, which provides all the testing of drugs when they are seized upon an arrest. Cocaine has always been the biggest problem in Atlanta. Traditionally, marijuana has always been the biggest problem as supported by the NFLIS data. However, in 2004, for the first time in the last fifteen years, rather, marijuana has been replaced by another drug and that being methamphetamine. So, we're seeing about a quarter of all our drugs that are

now being seized by law enforcement in the city of Atlanta now be methamphetamine or crystal meth.

In addition, what we've noticed too in the community is the community is beginning to respond to the growing meth problem here in Atlanta. For example, three years ago we only had about four to five crystal meth anonymous meetings in the city. Now, we have over 17 meetings that meet on a weekly basis. Our ethnographic research where we've gone out and done street outreach, we've gone into bars, we've talked to different populations – members of different populations, both in the gay and bisexual community as well as with women and with the heterosexual community. We're seeing meth begin to spread in the city. Eight years ago methamphetamine would have been primarily focused in the MSM, or men who have sex with men community. However, in the last three years we've seen meth use spread to other populations. In fact, Atlanta is the only city in the country where primary public treatment admissions for women outnumber men coming into treatment for methamphetamine.

So, indeed it's applicable to both men and women regarding meth use. We've also began seeing an increase from our AIDS service providers, these specifically relate to MSM. However, we are starting to see about 15 to 20 percent of our new infections for HIV are meth related in this city. So, AIDS service providers are demanding training and information related to how they can help their clients come in who are already testing positive, who already have HIV or AIDS, as well as for some preventive messages in order to reach these communities. So, that's, I think, a good summary of some of the indicators, Carlos, that we're seeing in the city of Atlanta.

Carlos Pavao: Great, great. How did you determine the extent of the problem in the city of Atlanta?

Dr. Brian Dew: Well, one of the first things we did is based on some of the epidemiological data, as well as our outreach efforts. The first thing we did is we recognized that methamphetamine was problematic, and then we did some research with community officials, law enforcement officials,

substance abuse treatment officials, and determined what knowledge was there in the community as well what resources were already in existence, and then what was needed. And what we found in our discussions was that very little was being done, very little resources were being devoted to meth use, and I think part of that has to do with the political nature of Atlanta being in the South, and especially as it was related to the gay and bisexual male community that meth was predominantly used five to eight years ago. There was, I think, a lot of political pressure not to fund outreach efforts for this particular population.

So, we, in talking to officials on the West Coast, and Southwest, and Midwest and also some affiliates up in the Northeast, the South and particularly Atlanta have been very slow in responding to the meth issue. However, what we did do is we had individuals that – we had one particular person who had been a recovering meth addict for about four years who definitely felt a need for community involvement and contacted about eight different people in the city, and they comprised of mental health professionals, public health professional, medical doctors, AIDS service providers as well as researchers. Called a meeting and just said, “We have a problem and it’s not being addressed,” and as a result of that, the crystal meth – Atlanta Crystal Meth Task Force was formed. We had about eight persons to attend our initial meeting. That organization grew to about fourteen people and it was a very successful launch of a community based program in order to provide some education and intervention in the community when very little was done.

As a result of that, the Atlanta Crystal Meth Task Force, our working group, decided that one thing that was definitely needed was to do a needs assessment based on just some providers of services – AIDS service providers, treatment providers. So, we put together a community forum for – we had a size limit of 85 people for this forum and we reached our capacity 10 days prior to, as far as registration. So, we had to cut off folks from coming because the need was in such demand to get education, and we did focus groups and we decided to ask questions about what services were being offered, what was needed. So, that helped us to establish a basic needs

assessment as far as from the treatment and public health end. We also, too, began talking to mental health professionals as well as community health in both the city and the county governments, and got representatives from these offices to contribute to Atlanta's crystal meth taskforce.

Carlos Pavao: So, Dr. Dew, was the community aware of the meth problem in Atlanta?

Dr. Brian Dew: Well, as was mentioned earlier, there was a great deal of ignorance and in some degree still exists in Atlanta was that methamphetamine was not a well-known drug in Atlanta. It was, again, traditionally seen as a West Coast drug, as a Midwest drug or as a Southwest drug and it was not really predominantly seen as a drug that was really running rampant in Atlanta. And what we've had to do as a result of that is to do a lot of education in places where other parts of the country have already done that, for example, with county officials. In fact, just in a report that was written about six months ago we had a county public health official report that methamphetamine was not a problem in this city.

So, we have our work cut out for us, but we are recognizing that we just need to do some basic Methamphetamine 101, and all we have to do is let the statistics speak for themselves. The fact that, for example, it's not just an MSM problem that this is indeed becoming a problem with women as well as with the heterosexual male community. One thing that we're also seeing is, Atlanta has a very high population of African-Americans in our population here in Atlanta and the city itself comprised of DeKalb and Fulton counties, African-Americans comprise about 56 percent of our population in these two counties. And one of the thing that's been very, very clear about the research and the data is that we're not finding, historically, a lot of methamphetamine use in the African-American community.

As I said earlier, traditionally cocaine has been the major problem in this city. So, we are having to do some education and we're starting to see an insertion of methamphetamine use into the

African-American community, especially into the gay and bisexual black male community. So, that's something that we are definitely keeping our eyes out here for as far as community awareness. That lack of awareness or ignorance on the part of our mental health and community – mental health and public health systems, it's really stymied our effort to obtain funding, especially in the city.

We have approached city officials about obtaining or tapping into some city funds regarding substance abuse intervention and education, and we were flat out denied because the city officials didn't perceive that to be a significant problem in this city. So, those things combined, there's definitely a need and we're finding more luck with our state officials. In Georgia we have the State Department of Human Resources and we've been able to tie in some meth education and prevention along with HIV. And, if you look at the state of Georgia, methamphetamine use comprises about 15 percent of treatment admissions outside the city of Atlanta for meth. So, we're having both problems in Atlanta with meth, but you could argue that it is even a bigger problem outside of metropolitan Atlanta.

Carlos Pavao: Wow, Dr. Dew. What were some of the challenges that you faced in the coordination of this needs assessment?

Dr. Brian Dew: Well, one of the things that we've done and I'll speak a little bit about the needs assessment in Atlanta, we were awarded at Georgia State University… we were very fortunate to be awarded a state contract. It was a sixty thousand dollar contract, which is not a whole lot of money in the grand scheme of things, but we're in the process of being given those funds and we'll be starting our needs assessment December 1st, but we've already started putting some things in motion. Just having $60,000 will allow us to do some basic needs assessment in the community and we've been talking about that already. Some of the obstacles facing this needs assessment is that these were funds that were not earmarked specifically, originally for methamphetamine interventions in the community. These are Center for Disease Control funds

from 2004 that were not allocated in the State of Georgia, and so the state determined that this was a growing need and that they needed to evaluate meth use and its relationship to HIV.

Our timeline is very short. We've been given a six-month timeline in which the study has to commence as well as has to be completed by. We do, however, have some wonderful resources in the community that we've established through our Atlanta meth taskforce and which are going to help us to do outreach into the community. We are pulling together resources from service providers, from treatment, from medical folks to help us with the needs assessment. We're going to be doing individual interviews with active methamphetamine users, which is unique, both HIV positive as well as those who don't know about their HIV status, or those who are negative, at least they report. We're doing focus groups with recovering meth users who have at least two months of clean time or recovery of meth, and we're also pulling together focus groups for the medical and AIDS service providers in order to solicit what the needs are in the community.

One of the things that we're going to be doing also is find out what are out best recruitment strategies. If we were to develop a needs assessment, conduct a needs assessment and determine that there is need for intervention in the community – which of course we think there is – we will need to determine what's the best way to provide educational and prevention materials to active methamphetamine users or to those who are HIV positive. For example, those who we know are continuing to engage in sex and to use meth.

As far as a challenge or obstacle to coordinating the needs assessment, one of the things that we're doing is collaborating and working with existing bars as well as sex clubs and bathhouses in Atlanta to pass out information regarding methamphetamine use as well as to conduct face-to-face interviews. And one of the things we've been doing right now is working to build relationships which will allow us to go into a facility and collect data. In other cities, for example in the Northeast and on the West Coast, New York in particular and in D.C., in Chicago and of course L.A., these are types of data collection strategies for need assessments, which have been

very successful in going into, for example, a sex club and being able to, not approach someone but have them come up to a table for example and be willing to fill out a questionnaire on methamphetamine use.

One thing that's another obstacle is that the materials, because they are being funded by the CDC through the state of Georgia, they have to also meet the IRB approval from the University. And some of the materials that we're developing, which are specifically targeted towards MSM population that our methamphetamine users would need to be, certainly, appropriate but also appealing to that audience, which would mean that we would make it somewhat sexually provocative in order to be appealing to this population. And of course, these images have to be approved by both the state as well as the University IRB in order for us to use these materials.

Carlos Pavao: Great. Now, how did you begin to get buy-in for meth prevention from the community, and also from the state to receive funding?

Dr. Brian Dew: Yes, well we were very fortunate in that the Atlanta Crystal Meth Task Force was comprised of individuals that represented both agencies, both private and public, as well as treatment, and as well as university researches. And in our example, being involved with the university, it allowed us to have an entity which the state felt comfortable in funding, and I know for – in Atlanta where we had some political pressure, opposition to funding a particular project – this allowed to get out foot in the door. So, but, you know, that's what we were able to do. I've also talked to some folks in other communities where, for example, they may not have a large university or may not live in a metropolitan area and one of the things I would encourage them to do is to try to do some teaming up with some, whether a college or a university professor, someone who would be interested in doing substance abuse research in which you can pull both the university and a community into a collaborative effort.

One thing that I will say that is very important to do if you can't do the collaborative work with the university is that an agency or some type of organization in the community needs to do a needs assessment. I mean that's very important in establishing that, whether through talking with law enforcement, talking with public health officials, talking with substance abuse treatment officials. Getting some information in hand that will support your case, so when you submit your proposal, whether it's to a local or a state, or even a national organization to seek funding, that you have clearly document that there is indeed a problem. Now, in cities that's a little bit easier because you can get, if you live in a large metropolitan area you have information from regional hospitals or you might have law enforcement data, DEA data. You might have, you know, public treatment admissions data in certain cities that could allow you to establish more legitimacy that methamphetamine is a problem in that community. But developing trust with local medical treatment and other service providers is also important: that the more collaborative you can make a project, the more likely you are to obtain funding from a state or community source.

Carlos Pavao: Dr. Dew, it sounds like you're a wonderful public relations agent. What collaborations were so pivotal to the success of your needs assessment, and also for your community mobilizations efforts?

Dr. Brian Dew: Sure, what I think the most significant piece of collaboration that we have done is our work with the recovering methamphetamine community. And the fine individuals who, in my opinion, are the most passionate about this issue are those who have lived everyday a struggle with meth dependants or meth abuse.

And we were very fortunate that we had between three and five individuals who stepped forward, and said, look I'm a recovering meth addict and I know that problems that this drug can cause, not only in my life, but in other's lives and I'm willing to do something about it. And that energy helped to drive the beginnings of this organization and the reaching out and the summit that we did. So that's a really, really pivotal collaboration in order to bridge into with recovering users.

Also, to be willing to go out and do some trainings, for example, we've done some basic methamphetamine 101 workshops for treatment officials, substance abuse treatment for front-line workers for example, and in public health who were doing HIV testing. These relationships that you establish with key community organizations only make it easier when you call upon them to pull together to submit, for example, a proposal or RTP for funds.

So in our state the huge funding source for our public health concerns is the Georgia Department of Human Resources. If it wasn't for our community task force and our work that we had done in the community, a lot of it was volunteer work to be quite honest with you, we would have never been the recipient of that needs assessment, the funds to conduct a needs assessment. So, you know that relationship and the volunteerism really helped our organization.

Carlos Pavao: Why, Dr. Dew, it sounds like you've had a lot of challenges in your initiative. So what are the next steps for your project?

Dr. Dr. Brian Dew: Well, our most important thing is to conduct a very thorough needs assessment. We at Georgia State University have over eleven students who are working on this project. We have about eight individuals in the community who are being funded to do a very thorough and balanced needs assessment where we will go and try and have a diverse sample in our focus groups, as well as in our individual interviews and then to, of course, the interpretation and the writing up the results.

We in Atlanta feel confident if we can show and we can prove, we have the data, we could show very clearly that the relationship between, for example HIV and meth is there, we might be the recipient of some additionally funding from the state. We know there's a lot riding on this needs assessment, as far as additional funding. We hope to acquire, not only state funding, but to seek out some additional funds that would be helpful in providing some education and prevention

efforts in the community, and not just with the MSN community, but also with the heterosexual community including both men and women.

There's been absolutely nothing done in this city to target, for example, when it comes to intervention or education with methamphetamine, so that work is definitely needed.

And also to is, one thing that we would be doing in the future is to enlarge our efforts to include not only metropolitan Atlanta but to do some outreach into our rural community. Although about 50 percent of our residence, live in the state of Georgia in metropolitan Atlanta, we have got to do a better job of partnering with local officials in rural areas because they simply don't have the funds or the sources to do it themselves.

And, we really need to reach out to do some education with some community treatment centers, who simply don't have the information or the resources to provide adequate care; even for those who come forward and say they need treatment in our rural areas.

Carlos Pavao: Thank you so much, Dr. Dew. Thank you, and Yvonne and also to Detective Ingrasselino.

At this time, we would like to open up for questions from the audience. Does anyone have any questions? OK.

In closing, we have one final question for each of the panelists. Based on your experiences, what advice or tips do you have for prevention providers for building community support around the issue of drug prevention. Detective Ingrasselino, would you like to go first?

Don Ingrasselino: Sure, absolutely. Obviously, my answer will revolve around law enforcement as to participation about the specialty; for example, narcotics. You need to find an individual specifically in my field, assigned to a narcotics aspect of it. And there are individuals assigned to

different kinds of narcotics aspects. Some will be involved with different types of large scale investigation and some will be in small scale. So, we're looking for somebody who will deal with the community.

It's not really so much on the large scale, but just on smaller scale; someone who would deal with the community and know the aspects of each drug, especially combating, for example, methamphetamine. You need to find an individual in that scenario – you need to establish contact with that person, maintain contacts with that individual and exchange phone numbers, exchange emails, and contact them on a weekly, if not daily, basis. And just grow together through careers and constantly pick that individuals brain and let them pick your brain regarding these things.

In my experience, I go to all these different communities and I find one individual that I will always go to. Going to different people you will get a different answer. So, to bring the community together, find this particular leader or this particular parent, or this particular doctor or social worker, and contact with them needs to be constant. Introduce them around, let them introduce you around, meet more people, but constantly use that person as your "go-to" guy or girl, for example. This is what I try to do and this is the way I got into working for the Office of Weed and Seed, and for a couple years now I've been doing this and it's excellent. And now I'm learning more and more that what the rest of the country is dealing with as well as what I'm dealing with.

Carlos Pavao: Thank you so much. Yvonne, do you have some parting thoughts?

Yvonne Stroman: I do. As a community-based organization, I have found in my work experience here, that is pivotal to allow the community to really get their arms around any problem that they may see as it relates to alcohol, tobacco and other drugs with use. In order to get their buy-in – they are the experts, just as they see – they're at the front line and they see things that we may not be privy to, and particularly with this project we really allowed those key people at the table to really

take ownership for this project. Insofar as how it was developed, how it evolved, what the process were. We allowed them to make key decisions insofar as how we were going to get the message out to the community.

So those key players – and we really took a look at who's at the table and who really needed to be at the table, so that it really mimicked each sector of the community – from the media, to the schools, to law enforcement to the prevention specialists in the hospitals – specific organizations – all those key people who were at the table had some level of input insofar as what the next appropriate step would be so that the project could be as successful as possible. We really provided the forum, in terms of the application – yes, the Community Prevention Partnership vied for those dollars. But it was taxpayers dollars at work and we allowed them to say, "these are the next logical steps that need to take place in order for this project to be as successful as it can be".

Never once did we say, "It's the Community Prevention Partnership's" project, but we saw it as a community initiative, a community project. And, really, it took off from there because everybody came around the table and they bought into it because they owned it. And we really thought that it was important that the community owned the project. So, you know, to that I say: our experience shows that whether it's ecstasy and other club drugs, whether it's methamphetamine projects, the community has to have the buy-in at all levels in order for it to be a success.

Carlos Pavao: Thank you so much, Yvonne. Dr. Dew, do you have some parting wisdom?

Dr. Dr. Brian Dew: Yvonne, I couldn't agree more as far as the utilization of support in your community and the importance of including them in every step: from initiation of a program, to the actual conducting of an intervention program. That's very, very essential. Also too – in realizing that many of our listeners are from the East Coast and realizing that probably many members of our communities are not aware of methamphetamine or if they are aware of meth, they don't know a whole lot about it.

One is – my advice is to not get discouraged at doing these prevention efforts. Sometimes, you're going to have the door slammed in your face – especially if you're seeking funding – simply because people don't perceive this – methamphetamine use in particular – to be problematic. And also to – like I mentioned earlier – is the importance of incorporating individuals who are passionate about this issue. And as an academic, I am very passionate, but my relationship to this research or this project is at a different level than it would be for someone who's actually walked day by day in the shoes of being a meth addict, or having someone who is working with meth addicts from a treatment perspective, or working with individuals in an HIV clinic and they're seeing meth users come in who have either seroconverted or who are positive and who can't stay off of meth once they've seroconverted or HIV positive. So again, having people on your team who are going to be inclusive and be very active participants will help fuel your energy as far as your efforts in the community.

Also, too, is one last thing is that use of panel discussions have been very helpful here in Atlanta and on those panel discussions having a wide variety of individuals whether be on age or demographics such as gender or maybe an injection user verses a smoker verses someone who snorts the drug. That can be very, very, very helpful. And individuals can often times share their experiences and people will listen in ways that, they might not other wise hear their stories. So that is something I would actually throw in to as a tip.

Carlos Pavao: Thank you so much. I want to thank all the panelists for taking time out of their busy schedules to be on today's audio conference. And thank you also to the participants for taking time out of their busy schedules to listen to today's audio conference. So, at this time, we would like to do the evaluation. So, Jimmy, if you could please initiate that? But before we do that, just for our own internal evaluation purposes; if you have more than one person listening to the audio conference today, if you could e-mail Valda Grinbergs how many people and their names of folks

who actually listened to the audio conference today that would be great. We need to keep track of those folks.

Operator: Certainly, at this time, we will conduct a brief electronic survey after I finish reading the entire question and all the possible responses. Please answer by firmly pressing the star key followed by the number on your touch-tone phone that corresponds to your choice. If you are using a speakerphone, please make sure your key function is turned off to allow your signal to reach our equipment. There will be a brief pause to give everyone a chance to respond.

Here we go, our first question: "Please rate your satisfaction with each of the following aspects of today's workshop. Number one: Quality of the information you received, star one for very dissatisfied; star two for somewhat dissatisfied; star three for somewhat satisfied; and star four for very satisfied."

Again, quality of the information you received. Star one, very dissatisfied; star two somewhat dissatisfied; star three, somewhat satisfied; star four, very satisfied. And we'll pause for just a moment.

Next: "The relevance of the information to your work." Again, "star one for very dissatisfied; star, two for somewhat dissatisfied; star three for somewhat satisfied; and star four for very satisfied." Again that scale, one through four for relevance of the information to your work.

Our third question: "Organization of the workshop." Again, that's scaled one through four. Star one, very dissatisfied through star four for very satisfied.

Question number five: "Opportunities for questions and discussion." Star, one, very dissatisfied through star, four for very satisfied.

Our sixth question: "Handouts or materials." Star one, very dissatisfied through star four for very satisfied

And our final question: "How likely are you to use the information and ideas that you received in the workshop?" Star one for not at all likely; star two for not very likely; star three for somewhat likely; and star four for very likely. Again, our final question: How likely are you to use the information or ideas you received in the workshop? Star one for not at all likely through star four for very likely.

And that does conclude our survey session. Mr. Pavao, did you have something further you wanted to add?

Female: No, that's it. Thank you.

Operator: That does conclude our conference. Again, thank you all for your participation. We hope you enjoy the rest of your day.

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