U.S. Department of Justice
Office of Community Oriented Policing Services

Proceedings of the

New England Methamphetamine Summit and Listening Post

July 24, 2009

The Boston Park Plaza and Towers

SAI LLC
From Vision To Results

COPS
COMMUNITY ORIENTED POLICING SERVICES
U.S. DEPARTMENT OF JUSTICE

Acknowledgments

The New England Methamphetamine Summit and Listening Post is the result of the commitment of the Department of Justice Office of Community Oriented Policing Services (the COPS Office), the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration, the Drug Enforcement Administration (DEA), and Strategic Applications International (SAI). We, and the staff at SAI, have a long-standing commitment to address methamphetamine challenges across the nation, facilitating over 25 statewide or national summits in conjunction with the partners mentioned above. We have consistently heard from the national perspective that the New England area does not have a meth problem. However, in talking to law enforcement officers and substance abuse professionals "on the ground" in these New England states, they are beginning to experience hot spot or warning signs that methamphetamine manufacturing, use, and distribution may be on the rise.

SAI is grateful for the multiple and valuable contributions many partners have made to all aspects of planning and carrying out this event. We appreciate everyone's efforts and look forward to future efforts in New England and other communities struggling with methamphetamine challenges.

In addition, we would like to recognize the speakers. Each provided valuable information that helped to frame and inform the issues, concerns, and potential effective interventions. Participants were asked to work in state-specific, small discussion groups to generate a clearer framework describing the comprehensive nature of methamphetamine, beyond the data that suggests it is an insignificant problem. This work now forms the body of this proceedings document with highlighted strategies that will serve as the foundation for the ongoing work in the participating states.

SAI, COPS, CSAT, and the DEA appreciate the generous support of all who endeavored to make this a successful event.

James E. Copple and Colleen K. Copple
SAI Principals

COPS
COMMUNITY ORIENTED POLICING SERVICES
U.S. DEPARTMENT OF JUSTICE

The Office of Community Oriented Policing Services (the COPS Office) is the component of the U.S. Department of Justice responsible for advancing the practice of community policing by the nation's state, local, territory, and tribal law enforcement agencies through information and grant resources.

Community policing is a philosophy that promotes organizational strategies which support the systematic use of partnerships and problem-solving techniques, to proactively address the immediate conditions that give rise to public safety issues such as crime, social disorder, and fear of crime.

Rather than simply responding to crimes once they have been committed, community policing concentrates on preventing crime and eliminating the atmosphere of fear it creates. Earning the trust of the community and making those individuals stakeholders in their own safety enables law enforcement to better understand and address both the needs of the community and the factors that contribute to crime.

The COPS Office awards grants to state, local, territory, and tribal law enforcement agencies to hire and train community policing professionals, acquire and deploy cutting-edge crime-fighting technologies, and develop and test innovative policing strategies. COPS Office funding also provides training and technical assistance to community members and local government leaders and all levels of law enforcement. The COPS Office has produced and compiled a broad range of information resources that can help law enforcement better address specific crime and operational issues, and help community leaders better understand how to work cooperatively with their law enforcement agency to reduce crime.

- Since 1994, the COPS Office has invested more than $12 billion to add community policing officers to the nation's streets, enhance crime fighting technology, support crime prevention initiatives, and provide training and technical assistance to help advance community policing.
- By the end of FY 2008, the COPS Office had funded approximately 117,000 additional officers to more than 13,000 of the nation's 18,000 law enforcement agencies across the country in small and large jurisdictions alike.
- Nearly 500,000 law enforcement personnel, community members, and government leaders have been trained through COPS Office-funded training organizations.
- As of 2009, the COPS Office has distributed more than 2 million topic-specific publications, training curricula, white papers, and resource CDs.

Contents

Background

The purpose of this 1-day meeting was to both identify the nature of the methamphetamine problem for law enforcement, prevention, and treatment in the New England states; and to examine promising strategies to stem the tide of this emerging drug abuse threat. The meeting was a "listening post" for federal agencies and an opportunity to provide current data profiles and trends of methamphetamine use in the region. Participants received tools and resources to enhance and support their capacity to respond in a comprehensive and strategic manner.

General Barry McCaffrey, the former Director of the Office of National Drug Control Policy, was quoted, "Americans are constantly in search of a new high." In fact, the United Nations Global Drug Strategy (2005) indicated that Americans account for 60 percent of global drug consumption while producing only 4 percent of all illicit drugs. In addition, the United States incarcerates more of its citizens for drug use than any other industrialized country in the world. Taking it a step further, in 2007 the United Nations Global Health Indicator Report stated that methamphetamine is the number one global drug problem surpassing the economic, social, and health consequences of all other illicit drugs.

Many of the states on the West Coast and in the Midwest have faced the challenges of methamphetamine manufacturing, distribution, and use in their communities as people "in search of a new high" touch the lives of everyone in the community. With a reported 43 percent of the methamphetamine coming into the United States across the Mexican border and distribution connected to organized crime, particularly the MS-13 gang and the Mexican drug cartels, states have challenges on numerous fronts. The New England states have typically been labeled as not having a "meth problem" as defined by the data. However, anecdotally law enforcement officials and substance abuse treatment professionals can detail the impact of methamphetamine found in communities across all the New England states. It is this dynamic that generates the crux of the matter in regard to these discussions:

- What has "worked" in New England to reduce the spread of methamphetamine?
- What lessons learned from communities in other parts of the United States can the New England states implement to continue to address methamphetamine challenges effectively?

There are a number of issues that provide a framework for addressing the challenges of methamphetamine in our communities: the generational component, increased prevention and treatment capacity building, red flag issues in communities, and the contributing economic influences. Traditionally, meth users were also meth "cookers" or manufacturers, with a clan-like structure to the methamphetamine distribution and use patterns. This leads to a strong generational influence as children are raised in unsafe environments with limited positive role models to influence decision-making and critical thinking skill development.

The intense nature of the challenges presented by methamphetamine in our communities include but are not limited to environmental issues related to toxic cleanup, lengthier treatment intervention, costly medical and dental interventions, extensive law enforcement resources to identify and "bust" meth labs, social services resources related to drug endangered children and resources dedicated to addressing violence, including domestic violence and violent crimes within the community. It is not possible to address the complexity of methamphetamine in our communities without increasing the conversation between key partners and stakeholders and without promoting collaboration across multiple agencies therefore inherently building the capacity to address substance abuse issues beyond methamphetamine.

In fact, states in the West and Midwest that saw a brief reduction in data related to methamphetamine lab busts and treatment admissions are reporting anecdotal evidence that these activities are rising once again. States such as Indiana, Ohio, and Texas theorize that the dip in the data reflected the passing of the laws related to the purchase and control of pseudoephedrine, an over-the-counter medicine commonly used in meth production. Initially these laws provided a challenge to manufacturers who need to acquire the ingredients necessary to manufacture meth. However, more recently, manufacturers are reportedly implementing a network of "buyers" at stores in a wide area, including across county and state lines. This practice, called "smurfing," provides a challenge to law enforcement to enforce without the assistance of technologically advanced electronic databases and thus more "buyers" are able to purchase the necessary ingredients. Also, manufacturers are developing easier and more cost-effective strategies to make meth such as the "one-pot method," which involves manufacturing meth with fewer products and often in a 2-liter bottle.

Nick Reding has detailed the economic indicators and social fabric conducive to methamphetamine use in rural America in his book, *Methland: The Death and Life of an American Small Town*. Participants in the New England Methamphetamine Summit can identify numerous small, rural communities that face economic challenges similar to the meat packing industry described in this book. They, and the communities they serve or represent, can relate to the price of despair and the futility of hope so devastatingly detailed in *Methland*.

In 1997, the Drug Enforcement Administration warned that methamphetamine was soon to become the number one drug problem facing the citizens of the United States, but very few people listened. However, summits were held in states across the nation, including Georgia, Hawaii, Iowa, Kentucky, Ohio, Montana, Washington, and West Virginia, to determine the impact of meth and to discuss strategies to combat it.

Unfortunately, as predicted, methamphetamine has had a devastating impact on communities across the nation. Some of those states are currently participating in an Eight State Meth Initiative funded through the COPS Office, addressing a comprehensive, statewide, data-driven, strategic approach to tackling the meth issue. Those participating include, Arizona, Indiana, Florida, Utah, Idaho, Minnesota, Kentucky, and Hawaii. All are currently at varying levels of creating and implementing statewide strategic plans. (see page 18)

Perhaps as the New England states move forward with aggressively addressing the continued prevention of methamphetamine manufacture, distribution, and use, they will be able to learn from the states currently embroiled in large-scale, systemic efforts to address this issue. The Boston University School of Public Health supports that the following components be included in an effective strategic plan to address meth:

- Centralize coordination of information, intelligence, and data but decentralize service delivery to meet the unique needs to the individual
- Be inclusive in planning efforts; include nontraditional partners but target specific responsibilities for each participating agency
- Establish and implement a mandatory, standardized system of reporting and accountability
- Provide horizontal credit for all stakeholders and reward vertical action, or data-driven outcomes and defined outcomes.

The challenge to the participants was to use the comprehensive strategies to address methamphetamine as a foundation to build the capacity to address other emerging issues around substance abuse such as prescription drugs, resurgence in heroin, alcohol-pops and the attraction for young women; poly drug use among adults; and the growing evidence of substance abuse among women.

Partners

The New England Methamphetamine Summit would not be possible without funding and support from the Office of Community Oriented Policing (the COPS Office), the Center for Substance Abuse Treatment (CSAT), and the Drug Enforcement Administration (DEA). In addition, the Office of National Drug Control Policy (ONDCP) continues to participate and offer resources to support these efforts. These federal agencies are integral to the comprehensive approach to address methamphetamine, and their willingness to participate models the behavior that is required at the state and local level.

Office of Community Oriented Policing Services

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Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U.S. Department of Health and Human Services (HHS), promotes the quality and availability of community-based substance abuse treatment services for individuals and families. CSAT works with states and community-based groups to improve and expand existing substance abuse treatment services under the Substance Abuse Prevention and Treatment Block Grant Program. CSAT also supports SAMHSA's free treatment referral service to link people with the community-based substance abuse services.

CSAT was created in October 1992 with a congressional mandate to expand the availability of effective treatment and recovery services for alcohol and drug problems. To that end, CSAT supports a variety of activities aimed at fulfilling its mission which is to improve the lives of individuals and families affected by alcohol and drug abuse by ensuring access to clinically sound, cost-effective addiction treatment that reduces the health and social costs to our communities and the nation.

CSAT's initiatives and programs are based on research findings and the general consensus of experts in the addiction field that, for most individuals, treatment and recovery work best in a community-based, coordinated system of comprehensive services. Because no single treatment approach is effective for all persons, CSAT supports the nation's effort to provide multiple treatment modalities, evaluate treatment effectiveness, and use evaluation results to enhance treatment and recovery approaches.

Drug Enforcement Administration

The mission of the Drug Enforcement Administration (DEA) is to enforce the controlled substances laws and regulations of the United States and bring to the criminal and civil justice system of the United States, or any other competent jurisdiction, those organizations and principal members of organizations, involved in the growing, manufacture, or distribution of controlled substances appearing in or destined for illicit traffic in the United States; and to recommend and support nonenforcement programs aimed at reducing the availability of illicit controlled substances on the domestic and international markets.

The DEA's primary responsibilities include:

- Investigating and preparing for the prosecution of major violators of controlled substance laws operating at interstate and international levels
- Investigating and preparing for prosecution of criminals and drug gangs who perpetrate violence in our communities and terrorize citizens through fear and intimidation
- Managing a national drug intelligence program in cooperation with federal, state, local, and foreign officials to collect, analyze, and disseminate strategic and operational drug intelligence information
- Seizing and forfeiting assets derived from, traceable to, or intended to be used for illicit drug trafficking
- Enforcing the provisions of the Controlled Substances Act as they pertain to the manufacturing, distributing, and dispensing of legally produced controlled substances
- Coordinating and cooperating with federal, state, and local law enforcement officials on mutual drug enforcement efforts and enhancement of such efforts through exploitation of potential interstate and international investigations beyond local or limited federal jurisdictions and resources
- Coordinating and cooperating with federal, state, and local agencies, and with foreign governments, in programs designed to reduce the availability of illicit abuse-type drugs on the United States market through nonenforcement methods such as crop eradication, crop substitution, and training of foreign officials

- Taking responsibility, under the policy guidance of the Secretary of State and U.S. ambassadors, for all programs associated with drug law enforcement counterparts in foreign countries
- Working with the United Nations, Interpol, and other organizations on matters relating to international drug control programs.

Office of National Drug Control Policy

The White House Office of National Drug Control Policy (ONDCP), a component of the Executive Office of the President, was established by the Anti-Drug Abuse Act of 1988.

- The principal purpose of ONDCP is to establish policies, priorities, and objectives for the nation's drug control program. The program aims to reduce illicit drug use, manufacturing, and trafficking, drug-related crime and violence, and drug-related health consequences. To achieve these goals, the director of ONDCP is charged with producing the National Drug Control Strategy. The strategy directs the nation's antidrug efforts and establishes a program, budget, and guidelines for cooperation among federal, state, and local entities.
- By law, the director of ONDCP also evaluates, coordinates, and oversees both the international and domestic antidrug efforts of executive branch agencies and ensures that such efforts sustain and complement state and local antidrug activities. The director advises the President regarding changes in the organization, management, budget, and personnel of federal agencies that could affect antidrug efforts; and regarding federal agency compliance with their obligations under the strategy.

In addition, Strategic Applications International would like to thank Kim Dalferes for her outstanding commitment to planning, coordinating, and implementing this event. Her continuous networking and outreach to states provided the gentle nudge that many of the teams needed in order to support requests for travel and participation during these challenging financial times.

Overview of the Summit Design

Summit Outcomes

The following served to define the expected outcomes or deliverables from the summit:

1. Participants will leave with an overview of the successes and challenges in the nation's effort to combat methamphetamine.

2. Participants will leave with a current state data profile of methamphetamine respective to their state.

3. Participants will leave with an understanding of methamphetamine in New England from the perspective of the law enforcement data, substance abuse treatment data, and an understanding of the community impact of methamphetamine.

4. Participants will share state-specific information that serves to inform the discussion of regional strategies, best practices, and program guidelines for building a safer community.

Summit Design

States were allowed to create a team of participants. Each was strongly encouraged to invite representatives from the following target audiences:

- Law Enforcement
- Substance Abuse Prevention and Treatment Providers
- Government Agency Representatives—Health, Substance Abuse, Mental Health, Environmental, and Corrections
- Policymakers
- Court System Representatives
- Environmental Health Representative

Summit Structure

- Setting the Stage: Successes and Challenges
- Best Practices: Media, Enforcement, Community Interventions
- State Specific Small Group Work: Identify the Problem, Identify the Evidence/Data, Identify Best Practices or Promising Strategies
- Report Out: Discussion of Future Strategic Planning Efforts and Regional Approach

Participants

- Seven states participated and sent teams for this event:
    1. Connecticut
    2. Maine
    3. Massachusetts
    4. New Hampshire
    5. New York
    6. Rhode Island
    7. Vermont
- Five federal partners provide resources and other support, including Mary Lou Leary, Deputy Assistant Attorney General, Office of Justice Programs, U.S. Department of Justice:
    1. Office of Community Oriented Policing Services (COPS)
    2. Center for Substance Abuse Treatment (CSAT)
    3. Office of National Drug Control Policy (ONDCP)
    4. Drug Enforcement Agency (DEA)
    5. Office of Justice Programs (OJP)

Summary of State-Specific Small Group Sessions

In the small group sessions, state teams worked to collectively answer the following questions:

1. What are the dominant drug problems in your state?
2. Do you see any early indicators of methamphetamine use or increase in methamphetamine use? What evidence do you have to support these indicators?
3. Has your state done, or is it now doing, anything to prevent the spread of an emerging methamphetamine problem?
4. What are you currently doing in the areas of enforcement, treatment, and prevention related to methamphetamine? Have you implemented model strategies that may be shared or useful to other states?
5. How can the Federal Government assist with efforts to address methamphetamine in your state?

Each of the states represented indicated that alcohol continues to be the predominant "drug of choice." However, challenges are also presented related to marijuana, heroin, and prescription drug use. Despite the small numbers related to methamphetamine use in the New England states, each state indicated the importance of being diligent in addressing methamphetamine in a preventative capacity.

States report the following emerging trends related to methamphetamine:

- Ecstasy is being "cut" with methamphetamine.
- Large lab seizures in surrounding states, such as New Jersey, may indicate increased trafficking in the New England area.
- Methamphetamine sales using the Internet and the U.S. Postal Service or other shipping methods are increasing.
- There is increased use within the gay community, particularly in urban areas.
- Early indicators of methamphetamine use at college parties and its availability at high schools are surfacing.

Each of the states participating in this event brings a unique approach to substance abuse related issues, more specifically methamphetamine. There were states, such as Maine, with an effort coordinated by a steering committee comprised of key stakeholders statewide. And, there were states with a less-coordinated approach. The value of this event was that the state teams determined that at the very least a coordinated approach at the state level is important and that there may be value in coordinating efforts between states, perhaps at a regional level.

State teams reiterated the financial challenges they are facing and the impact that has on addressing emerging drug threats. Funding and support for programming such as Access to Recovery or implementation of real-time data tracking efforts would be helpful to the New England states. One of the areas that the teams determined would be most valuable was the creation and implementation of national standards related to all aspects of methamphetamine, data indicators, prevention, treatment, tracking of pseudoephedrine, critical populations, and clean up of identified sites.

Summit Agenda-At-A-Glance

9:00 a.m.	Welcome and Greetings
9:15 a.m.	Summit Purpose and Agenda Review
9:30 a.m.	Successes and Challenges in the Nation's Effort to Combat Methamphetamine
10:30 a.m.	BREAK
10:45 a.m.	Working with the Media to Combat Methamphetamine
11:15 a.m.	Presentations and Discussions Methamphetamine in New England, Joanna Panagiotopoulos, DEA Methamphetamine Profile from Enforcement, David Kelley, HIDTA Community Impact of Methamphetamine, Jed Barnum, New Champions Crystal Meth Prevention Project
12:30 p.m.	Lunch
1:00 p.m.	Moving from Vision to Results: Establishing Policy Priorities in a New Administration Mary Lou Leary, Deputy Assistant Attorney General, Office of Justice Programs
1:30 p.m.	State Presentations and Discussion
4:00 p.m.	Resources and Next Steps Discussion
5:00 p.m.	Wrap-Up/Adjourn

Summary of Summit Presentations

Greetings from Partners

James E. Copple, Principal
Strategic Applications International

Deborah Spence, Senior Social Science Analyst
Office of Community Oriented Policing Services

Mr. Copple and Ms. Spence welcomed attendees and opened the discussion related to the impact of methamphetamine on communities in the New England states. Overall data indicate that methamphetamine is less frequently used than alcohol, heroin, or prescription drugs in most New England communities. Nevertheless, the devastating impact methamphetamine has on individuals, families, and communities affects the environment, the economy, the health care system, the law enforcement officers, and the judicial system.

Mr. Copple outlined the purpose and overview of the summit agenda. He noted that methamphetamine is a complex problem that will by its nature need a multifaceted, community-wide approach that targets key stakeholders. The summit was designed to encourage state teams to identify critical areas for improvement and to inform participants of the latest trends and strategies.

Summit Outcomes:

- Participants will leave with an overview of the successes and challenges in the nation's effort to combat methamphetamine.
- Participants will leave with a current data profile of methamphetamine respective to their state.
- Participants will leave with an understanding of methamphetamine in New England from the perspective of the law enforcement data, substance abuse treatment data, and the community impact of methamphetamine.
- Participants will share state-specific information that serves to inform the discussion of regional strategies, best practices, and program guidelines for building a safer community.

Opening Presentation: 9:30 a.m.

Successes and Challenges in the Nation's Effort to Combat Methamphetamine

Dr. Edwin Craft, Lead GPO and Activities Coordinator
Methamphetamine Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment

Dr. Craft's presentation focused on the epidemiology, the challenges and opportunities in treating methamphetamine clients, the recovery-oriented system of care, the unique needs related to the critical populations, and SAMHSA's response to both prevention and treatment of methamphetamine use. First, Dr. Craft illustrated the epidemiology through a variety of data sources as follows:

- DEA reported national laboratory incidents have increased in 17 states between 2007 and 2008.
- 2007 National Survey on Drug Use and Health (NSDUH) reports the following:
  - There was a larger decrease in lifetime methamphetamine use by men from 2002 to 2007 and a smaller decrease for women during this same time frame.
  - Largest group of users is the 18 to 25 age range.
  - The West region reports the greatest use among persons ages 12+.
  - 257,000 persons ages 12 or older begin to use methamphetamine in 2007.
  - The mean age at first use is 18 in 2002 and 2005 and goes as high as 22 in 2006.
- SAMHSA Treatment Episode Data Set indicates:
  - There was a steady increase in primary methamphetamine/amphetamine admission rates by a number of states between 1997 and 2007.
  - The peak year for admissions related to methamphetamine is 2005 with 172,000, and only 143,000 in 2007.
  - Methamphetamine is the primary substance abused, accounting for 7.5 percent of admissions.

This presentation framed both the challenges and opportunities associated with treating methamphetamine clients. Rand Drug Policy Research Center (2005) estimates the economic burden of meth use in the United States in 2005 to be $23.4 billion. This considered factors such as treatment costs, health care costs, premature death, lost productivity, criminal justice resources, child endangerment, and the impact on the environment. In addition, data as previously reported may not capture those who are most affected by meth and therefore the numbers of users and costs associated with methamphetamine may in reality be higher.

The challenge inherent in treating meth clients relates to a lack of voluntary requests for treatment until after an average of 7.5 years of use, with many entering through the criminal justice system. Methamphetamine users have a significant HIV risk, especially men having sex with men (MSM) which, many fear because of the social stigma, have "gone underground" by relying primarily on Internet communication to acquire meth. As much of the meth production and use is in the rural areas, the challenges of transportation, staffing, childcare, and provision of actual services are real. In addition, retention rates for meth users in outpatient treatment are frequently poor and residential treatment is often cost-prohibitive.

Across our nation, there is a stigma related to meth use which can act as a strong deterrent for accessing services. For example, women fear losing custody of their children, and in some communities meth-using clients do not disclose meth use for fear of retribution in the criminal justice system contributing to high drop-out rates. Some of the clinical challenges presented by methamphetamine-dependent individuals include but are not limited to:

- Limited understanding of addiction
- Cognitive impairment
- Anhedonia
- Sexual reactivity and meth craving
- Elevated potential for violence
- Persisting "flashbacks" of meth paranoia
- Sleep disorders
- Poor retention in outpatient treatment
- Elevated rates of psychiatric co-morbidity.

Despite these challenges, methamphetamine treatment works; it is not significantly different than treatment for other substances; and it does not evidence poorer outcomes. With attention to specific clinical issues and application of effective strategies, treatment outcomes can be substantially improved. The following Behavioral/Cognitive Behavioral Treatments are recommended:

- Cognitive/Behavioral Therapy (CBT)
- Motivational Interviewing (MI)
- Contingency Management (CM)
- 12 Step Facilitation Therapy
- Community Reinforcement Approach (CRA)
- Matrix Model of Outpatient Treatment
- Relapse Prevention
- Recovery-Oriented Systems of Care.

One area of focus related to methamphetamine treatment is Recovery-Oriented Systems of Care. The tenants of this process include a commitment to recovery as a "holistic" process involving a diverse group of private and public resources, with every contributing resource "owning" a piece of the recovery process. Ownership of the recovery process belongs to the community with support from the Federal Government across the spectrum of programming and funding. The provision of recovery support services in conjunction with clinical treatment provides a more continuous and less disrupted treatment response, ultimately focused on reducing relapse.

In November 2008, SAMHSA hosted, in conjunction with other federal partners, *Methamphetamine: The National Summit to Promote Public Health, Partnerships, and Safety for Critically Affected Populations*. The focus was on three critical populations: justice-involved; lesbian, gay, bi-sexual, transgender (LGBT); and women. Many states have identified unique challenges related to these populations, and the Summit was an opportunity to address those issues. For example, the U.S. Department of Justice describes methamphetamine addiction as one of the most difficult substance abuse problems to treat. Individuals need support and services available upon release from incarceration, focused not only on meeting the terms of probation or parole but also on long-term sobriety. The LGBT population faces complicating psychosocial issues related to homophobia, discrimination, fear, loss, and stigma, which all contribute to the susceptibility to use methamphetamine to erase the burdens (Gay and Lesbian Medical Association, 2006). More than 70 percent of methamphetamine-dependent women report histories of physical and sexual abuse and many of these women have the added challenge of young, dependent children. Women often require treatment that goes beyond substance abuse and includes social and psychological issues (UCLA Integrated Substance Abuse Programs at www.methamphetamine.org/html/special-pops-women.html).

SAMHSA is focused on providing resources to assist communities and states to address the issues related to methamphetamine use. Around the critical populations, the following resources are or will be available:

- SAMHSA/CSAT TIP: *Substance Abuse Treatment: Addressing the Specific Needs of Women* (June 2009)
- SAMHSA/CSAT Video: *Intensive Outpatient Treatment: Family Education Video*
- SAMHSA/CSAT gender-specific adaptation of the Matrix Model specific to women's needs
- Support for Training of Trainers to deliver the *A Provider's Introduction to Substance Abuse Services for Lesbian, Gay, Bisexual and Transgender Individuals* (2001) curriculum
- Support for *Minority MSM Training Curriculum* developed by Addiction Technology Transfer Center's network.

Since 2002, SAMHSA has funded three cohorts of grants related to methamphetamine prevention, totaling nearly $15 million. The goal of the prevention grants funded in 18 states was to build the capacity and infrastructure at the community level, to help communities develop and initiate intervention to change attitudes and social norms around methamphetamine, and to prevent or reduce the use of methamphetamine. Activities funded included training for a cadre of professionals, establishing referral and linkage systems to supportive services, implementing school-based and evidence-based prevention interventions all infused through the Strategic Prevention Framework.

State epidemiological workgroups identify priority substance abuse consumption and consequences areas and create community profiles. Funding is provided through the SPF SIG grants to address the data-driven target communities. As of January 2009, three states (Indiana, Kentucky, and Tennessee) have identified methamphetamine as their priority area. In fiscal year 2009, approximately $38 million will be awarded for SPF SIG grants that will target the highest need related to substance abuse, including methamphetamine.

The following is a list of funded CSAT programs that serve methamphetamine clients:

- Access to Recovery (ATR)
- Screening Brief Intervention and Referral to Treatment (SBIRT)
- Treatment Drug Courts
- Minority AIDS Initiative
- Homeless Addictions Treatment Program
- Pregnant and Post-Partum Women Program
- Targeted Capacity Expansion–Methamphetamine (TCE Meth)
- Substance Abuse Prevention and Treatment Block Grant (SAPTBG).

In 2008, discretionary services grantees reported 17,975 of their clients used methamphetamine, representing 2.1 percent of all clients in discretionary programs (GPRA, 2009). Using the SAMHSA Services Accountability Improvement System, Dr. Craft demonstrated that more than half (61.6 percent) of the methamphetamine-using clients were between the ages of 18 and 34, and 60 percent were male. Using this same data system, Dr. Craft also demonstrated positive statistics showing a significant difference in meth use after a 6-month follow-up for clients accessing treatment services, including a decrease in arrest rates, an increase in employment, an increase in housing and an increase in feelings of social connectedness.

Specific to the New England states, 131 clients have accessed services through the discretionary grant programs and reported methamphetamine use. This is approximately 0.2 percent of all the clients in CSAT discretionary grant programs.

Dr. Craft highlighted a number of other initiatives and partners that are integral to address the issues related to methamphetamine; this includes but is not limited to the following:

- SAMHSA National Methamphetamine Summit and support for Governor's Summits
- Collaborations to address Native American meth use
- Collaborations with the Administration for Children and Families (ACF)
- Collaboration with the Centers for Disease Control (CDC)
- Strong support through Addiction Technology Transfer Centers
- Implementation of evidence-based practices such as the Matrix Model.

In closing, Dr. Craft urged the participants to seek support, technical assistance, and training through SAMHSA, CSAT, and in particular himself. He reminded the participants that methamphetamine is devastating to the user, the children and families, the environment, and the community.

James E. Copple, Principal
Strategic Applications International

Mr. Copple provided a "view from the trenches" sharing background information related to the global impact of methamphetamine, the cyclical or recycling nature of methamphetamine, and a vivid description of the devastating impact on communities across the nation. Mr. Copple gave participants a personal review of the Nick Reding book titled, *Methland: The Death and Life of an American Small Town*. While this book is compelling, it also illustrates the economic indicators influencing the meth epidemic and describes the social fabric interwoven through meth-use patterns in rural America. *Methland* highlights the price of despair and the futility of hope for many individuals and communities across the country.

Trafficking patterns for methamphetamine indicate that 43 percent of meth is coming into the United States via the Mexican border. This poses a significant challenge for those border states such as Arizona, California, and Texas. In fact, there is indication that methamphetamine distribution involves organized criminal activity such as MS-13 gangs and the Mexican drug cartels. In an effort to increase awareness about methamphetamine, in the late '90s the DEA facilitated events and planning to address meth. Unfortunately few listened or made any significant systems change to address the challenges related to this devastating substance.

Currently, SAI is involved with an Eight State Meth Initiative funded by the COPS Office. The states involved are committed to making systems change that not only addresses the challenges of methamphetamine but systemically enhances the states' ability to provide effective services for all substance abuse related issues. The states participating include:

- Arizona
- Florida
- Hawaii
- Idaho
- Indiana
- Kentucky
- Minnesota
- Utah.

Mr. Copple's remarks challenged the participants to examine the existing framework related to substance abuse issues. He asked the audience to believe the data that indicate small numbers of users but to further examine such core ideas as meth use in a specific population or specific age group that can be addressed. He encouraged participants to recognize the cyclical nature of funding and the generational forgetting that pervades our professional field. In his presentation, Mr. Copple reminded the participants that effective prevention of methamphetamine will be supported by prevention research that illustrates effective prevention themes responding to various influences. Effective prevention will include risk factors, protective factors, environments of resilience, and a perspective of both the individual and the environment. Simultaneously, treatment systems need to recognize that treatment works, that engaging the family and environment strengthens the intervention, and that programs and policies must reinforce a recovery approach to treatment.

In closing, Mr. Copple stressed the importance of research and data. His concern that data remains in silos and that states often lack the capacity to facilitate data collection or analysis contributes to the ongoing concerns about methamphetamine. He asked the participants to move beyond evidence-based or best practices and to address the changing dynamics through innovation and experimentation that is supported by strong evaluation. New England states typically identify a lack of problems related to methamphetamine and Mr. Copple urged them to look at more targeted data sets such as:

- Neighborhood drug use patterns
- Arrestee data
- Emergency room admissions
- School-based surveys
- Media mainstreaming
- State and community treatment admissions.

The strongest challenges to address methamphetamine remain a reflection of the strongest challenges to building our capacity to address any and all substance abuse. In other words, implementing a surveillance system to monitor and analyze trends and building the community capacity to identify and report emerging drug use trends.

Media: 10:45 a.m.

Media Approaches to Reduce Demand for Methamphetamine

Bob Denniston, Director, National Youth Anti-Drug Media Campaign
Office of National Drug Control Policy

Mr. Denniston began by describing the National Youth Anti-Drug media campaign as having a goal to prevent and reduce teen use of drugs, including methamphetamine. The media campaign has broad bipartisan support and features a "paid" campaign which is fully integrated with equal value matched by media outlets. The Partnership for a Drug-Free America is a key partner. The media campaign is focused on a multicultural audience and features both formative, and process-related evaluation. The development and research process for the media materials happens in three phases, Exploratory Research, Expert Review, and Media Placement, with continuous feedback loop at every step:

- Advertising Strategy Development involves analyzing national studies, reviewing qualitative research, working with an advisory team and collaborating with subject matter experts.

1. Develop the advertising concept.
2. Continue to share with Media Campaign Advisory Team and continually update qualitative research.
3. Produce the advertising.
4. Create and test copy.
5. Place media and track results.
6. Continue to edit and re-energize the media campaign following results of evaluation studies.

We were fortunate to have Mr. Denniston highlight a number of Anti-Meth campaign materials such as the CADCA *Strategizer: Preventing Methamphetamine Use in Your Community*. The Anti-Meth Campaign has a balanced message approach focusing on preventing meth use and helping to dispel the myth that meth addiction is impossible. The media itself is placed in target markets in areas of the country with the highest meth use rates among young adults, as determined using available NSDUH state-by-state meth use rate data. ONDCP also highlights a Native American component of this campaign. The overall media campaign expends about 10 percent of the budget ($6 to $8 million) each year to reduce the demand for methamphetamine by young adults, age 18–25, with an average first use of meth in the late teens or early 20s. As the media materials are placed in data-driven markets, it is more likely to be found in the West than in New England.

In June 2008, the Anti-Meth Campaign was launched and ran for 2 months using a tiered strategy based on state meth use rates. This means that the top 10 states received all types of media, with a layer scaled back for the following states. The campaign ran an estimated 400MM media impressions using 23 TV markets in 10 states, 39 alternative weeklies in 18 states, 69 local newspapers in 31 states, and network radio/open letters in 50 states. The 10 states targeted most heavily included: Alaska, Arizona, Arkansas, Montana, Nevada, New Mexico, Oklahoma, Oregon, South Dakota, and Wyoming. All 50 states received the general market "open letter" print ads with eye-catching graphics and informative text. In addition, a "Life after Meth" photo exhibit serves to dispel the myth that there is no effective treatment for methamphetamine addiction.

ONDCP also prepared materials targeting American Indians and Alaskan Natives as the 2006 NSDUH data shows those populations to have the highest current use rates of any illicit drug. The National Indian County Methamphetamine Initiative media slogan was "There are lots of cool things about being Native. Meth isn't one of them." Initially the Native Wellness Institute conducted exploratory focus groups to inform the campaign strategy. The groups were conducted among Navajo, Pueblo, Oglala Lakota, and Alaska Native tribal communities in New Mexico, South Dakota, and Alaska. After talking with elders, adults, parents, teens, and meth users themselves, the focus of the campaign was determined to be on teens who were nonusers. The key messages included:

- Meth is a dangerous trap, but it's one you have the power to avoid.
- There is hope to fighting meth on the reservation/village. Together we have the power.
- We can do something about meth on our reservation/village. We can protect our family and our traditions by learning more about meth and spreading the word to other adults, our elders, and our children.

The tone of the media approach was to be empowering, to be positive, to be respectful, to be truthful, to avoid blame, and to use cultural strength words such as wisdom, power, sacred, and family. The strategy of employing a youth-driven message to adults may be effective because children play an important and persuasive role in the Native culture. Media are available to download and listen at www.ncai.org or www.methresources.gov.

The 2009 Anti-Meth Campaign will combine data from NSDUH with DEA's National Meth Lab Seizure system to more accurately target the markets to the areas of highest use. They will target the increase in small-scale domestic lab seizures as a result of "smurfing" or crossing county or state lines to purchase small quantities of pseudoephedrine at a large number of outlets with little or no risk of being detected. In the fall of 2009, 16 states will receive the full complement of media materials, starting with a launch event on September 3 in St. Louis. The states targeted are Alaska, Arizona, Arkansas, Illinois, Indiana, Iowa, Kentucky, Montana, Missouri, Nebraska, Nevada, New Mexico, Oklahoma, Oregon, Washington, and Wyoming. These latest resources are available at www.methresources.gov.

In closing, Mr. Denniston highlighted the ways that communities can access and use the campaign resources:

- Register for Anti-Drug Update
- Print materials from the web site for dissemination
- Use components of the "Strategizer" Toolkit
- Customize the "Open Letter to Parents" for local print ads
- Access information from www.TheAntiDrug.com/Resources
- Access ads for re-distribution or nonbroadcast.

Focused Presentation #1: 11:15 a.m.

Methamphetamine in New England

Joanna Panagiotopoulos, Intelligence Analyst,
Drug Enforcement Administration

The DEA New England Field Division (NEFD) area of responsibility includes Maine, New Hampshire, Vermont, Massachusetts, Connecticut, and Rhode Island. Ms. Panagiotopoulos initially provided a general assessment of the threat of methamphetamine in New England and shared information about the current trends in trafficking methamphetamine related to availability, production, cultivation, processing, prices, purities, and abuse.

Currently there appears to be a low threat throughout the New England area related to methamphetamine. In fact, all of the New England states are moderately vulnerable to both wholesale methamphetamine trafficking and local clandestine laboratory production. However, the states vary greatly in their independent methamphetamine threat potential.

Trends related to trafficking in methamphetamine related to availability illustrate that commercial grade or wholesale crystal methamphetamine or "ice" is available. The DEA has determined that approximately 1–3 pound shipments of crystal meth are shipped via express mail packages from the west or southwest states to New England. Most often, specific customers receive shipments for personal use and or low level distribution among friends and close associate. In 2007, two separate 11-pound deliveries were seized and recorded as the largest seizures in DEA NEFD.

Methamphetamine tablets known as "yaba" are typically available in Maine. These tablets contain methamphetamine and most often are cut with caffeine. Often yaba tablets resemble Ecstasy (MDMA). The DEA has determined that they are manufactured in Canada and then transported over the Canadian/United States border into Aroostook County, Maine via commercial tractor-trailers.

In addition, locally manufactured methamphetamine is available. In the last 5 years, the DEA NEFD Clandestine Laboratory Enforcement Team, or CLET, has been involved in a number of seizures in the New England states including: 9 in 2004; 15 in 2005; 10 in 2006; 5 in 2007; 2 in 2008; and 3 thus far in 2009.

Prices vary from $50 per gram to $21,000 per pound, with the higher prices typically related to the sale of crystal methamphetamine or "ice." Purity can vary from 34–60 percent for gram-quantities; 31–100 percent for ounce-quantities; and 64–99 percent for pound-quantities, with the higher purity typically associated with "ice."

In conclusion, Ms. Panagiotopoulos detailed the demographic indicators in New England as determined using SAMHSA 2006–2008 statistics related to substance abuse treatment for reported primary substance of abuse. These data are available from SAMHSA for each of the New England states.

Focused Presentation #2: 11:15 a.m.

Methamphetamine Profile from Enforcement

David Kelley, Deputy Director
New England High Intensity Drug Trafficking Areas (HIDTA) Program

Mr. Kelley used a map to illustrate the high intensity areas in New England where methamphetamine appears to be a problem. He indicated that they know how to "do enforcement well" but that the HIDTA program needs to work more closely with communities to address these issues. He used photographs of a women from 1998 and then in 2002 after becoming addicted to methamphetamine.

The intelligence that the HIDTA program is working with indicates that there are two sources of supply for methamphetamine in New England, Mexican super labs and domestic "user lab" production. He spoke about the safety issues related to busting meth labs and the sophistication of "smurfing" pseudoephedrine to avoid the new reporting laws. Unfortunately New England communities are often ill-equipped to deal with the dumpsites from a methamphetamine lab, creating an unsafe situation for individuals and for the surrounding environment. He used photos to illustrate the jumbled mess that home meth labs often present to law enforcement officers looking to enforce the law.

Law enforcement officers are exposed to many hazards related to methamphetamine. Meth is relatively simple to make from commonly available ingredient. Unfortunately, "cooks" have little formal training and are generating potentially deadly gases and toxic waste. They are frequently well-armed with paranoid tendencies. Since "cookers" are often "users," they are frequently cooking which puts anyone who interacts with them at risk. The following are six groups that are often at risk:

1. Lab operators and associates.
2. First responders and investigators.
3. Clean up contractors.
4. Neighbors of the lab environment.
5. Residents of buildings or land previously or currently being used as labs or dump sites.
6. Children that live in lab locations.

Mr. Kelley indicated that meth traffickers are often affiliated with bike gangs or established gangs such as MS-13. They often traffic in high-end crystal meth and engage in violent behaviors on a more regular basis. This poses a number of challenges for law enforcement including locating and closing down the source, which could be domestic labs or smuggled across the Mexican border. Law enforcement is also focused on breaking up distribution rings at both the national and local level which requires constant communication, collaboration, and sharing of information. Officers deal with violence, domestic abuse, and other property crimes in areas where methamphetamine is trafficked, manufactured, or used.

In closing, Mr. Kelley highlighted the partnerships that help to make law enforcement efforts successful. Law enforcement works with environmental protection and hazardous-material teams to dismantle and clean up meth labs. They provide education and outreach to community members about the dangers of meth. Law enforcement works with child and adult protection workers to safeguard children and incapacitated adults exposed to meth production. Often, law enforcement is called on to provide assistance to the legislature in drafting relevant legislation and providing information to key decision-makers in communities.

Focused Presentation #3: 11:15 a.m.

Community Impact of Methamphetamine

Jed Barnum, Project Manager,
New Champions Crystal Meth Prevention Project

Mr. Barnum began his presentation with a review of the different components that are measured to estimate the impact of methamphetamine and social cost. These components include such things as treatment costs, premature death, productivity or lack thereof, crimes and the costs related to the criminal justice system, child endangerment and the social services costs, and cost to the environment (RAND Corp, 2009). The upper limit of the cost estimate can total more than $48 million.

The New England states have not seen a high number of meth users, but this is beginning to change with meth slowly moving into the general population, specifically in Vermont and New Hampshire. Generally speaking, the meth epidemic in the Northeast remains concentrated among gay men. This population often live in closely situated urban areas with relatively high gay populations, are wealthy, college-educated, frequent travelers between cities, who primarily use methamphetamine in a sexual context. Further defining the community among gay men in Maine, meth is less popular than alcohol, marijuana, and cocaine with supply kept down since other drugs are less costly. In addition, the stigma associated with meth use helps to reduce use.

The use of methamphetamine among gay men has the following impact:

- Increased rates of HIV and STD transmission
- Increased mental health challenges such as paranoia, psychosis, and depression
- Increased incidences of domestic violence
- Loss of productivity and/or income leading to debt and possible foreclosure
- "Inadvertent" trafficking as meth is shared with friends
- Increased pressure on an already fragile population.

Mr. Barnum pointed out that although meth use may be concentrated among gay men, the consequences of that use go beyond that specific population. One HIV case can cost $1 million in the United States. However, as the current primary users are gay men, he shared the following reasons or explanations:

- Gay men historically function outside perceived social norms.
- Social opportunities may be scarce and include meeting in bars or online.
- Social interactions may include a greater likelihood of alcohol use.
- Gay men face great societal pressure and may be more likely to experience depression.
- Crystal meth is a means to "self-medicate" and erase the stress of daily living in a challenging situation.

It is important to note that men who have sex with men may not be gay and consider this to be a behavior, not an identity. For this population, the prevalence of crystal meth use has been shown to be 20 times that of the general population with 10–30 percent having used crystal meth in the past 6 months. A number of studies have documented the association of increased sexual risk-taking such as marathon sex sessions and unsafe sex practices. However, the risks inherent with this behavior include prolonged wakefulness, reduced inhibitions, heightened sexual desire, increased risk for HIV transmission, and other sexually transmitted diseases.

Specific to Massachusetts, Project Explore 2000 data showed that 13 percent of enrolled MSM used crystal meth in the past 6 months, 10 percent at the Boston site alone, and meth was significantly associated with unsafe sex. The NIDA club drugs study in 2003 surveyed 873 MSM at Boston gay bars and 10 percent had used crystal meth in the past 6 months. In 2007, the MDPH partner notification study: 20 percent had used meth and of those 65 percent screened positive for PTSD; 49 percent had depression symptoms, and 59 percent had social anxiety. Of the participants, 68 percent of them had a history of STDs and 65 percent were HIV positive. Also in 2007, the Crystal Collaborative Van Project found 11 percent of MSM used crystal meth and reported consequences such as loss of job (25 percent), loss of housing (21 percent), rotting teeth (50 percent), and loss of family or partner (8 percent).

Mr. Barnum went on to paint the picture of meth use among gay men with a number of case studies, many of which accessed treatment services with mixed results. The success of treatment is dependent on the client actively engaging in the difficult work necessary to achieve recovery despite the allure of the crystal meth and the exciting lifestyle often associated with its use. A number of factors may bring gay men into the recovery process including:

- Seroconversion
- Decreased work performance or job loss
- Increasingly strained relationships with loved ones, relationships, and family
- Shame
- Fear related to meth-induced psychosis
- Health issues referral from primary physician or HIV complications.

In conclusion, Mr. Barnum highlighted the impact that crystal meth has on gay men: the destruction of friendships and communities, "girlfriends" reaching out for help for gay guys, lack of communication with family and friends, and lack of relationship with anything other than crystal meth. His closing remarks included a call to action that balances prevention activities capitalizing on strong social networks with a fear that increasing the stigma related to crystal meth use may drive the behavior further "underground," away from the mainstream and any interventions.

Keynote Speaker: 1:00 p.m.

Moving from Vision to Results: Establishing Policy Priorities in a New Administration

Mary Lou Leary, Deputy Assistant Attorney General,
Office of Justice Programs, U.S. Department of Justice

Ms. Leary opened her remarks with a call to continue the excellent work already being done to address the methamphetamine issues in New England. She continued to highlight resources and programs recommended or funded through the Federal Government.

The Office of Justice Programs (OJP) provides innovative leadership to federal, state, local, and tribal justice systems by disseminating state-of-the art knowledge and practices across America, and providing grants for the implementation of these crime-fighting strategies. Because most of the responsibility for crime control and prevention falls to law enforcement officers in states, cities, and neighborhoods, the Federal Government can be effective in these areas only to the extent that it can enter into partnerships with these officers. Therefore, OJP does not directly carry out law enforcement and justice activities. Instead, OJP works in partnership with the justice community to identify the most pressing crime-related challenges confronting the justice system and to provide information, training, coordination, and innovative strategies and approaches for addressing these challenges.

Ms. Leary discussed the importance of addressing the issues of drug-endangered children. She urged participants to consider preventive measures to educate communities about the dangers presented to children in volatile situations often as a result of methamphetamine production or use. In addition, she praised the excellent work already being done by states that have implemented strategies to address drug endangered children.

In addition, Ms. Leary highlighted the current administrations focus on drug courts. She indicated that funding and other supportive measures are being considered to maintain and expand drug courts across the country. The devastating impact of methamphetamine production, use, and distribution in communities across the country includes a financial cost that is far larger than the cost to identify those persons willing to participate in a treatment program thus reducing the cost to corrections agencies.

State Small Group Sessions: 1:30 p.m.

Small Group Work

What are the dominant drug problems in each state? (This does not have to be just methamphetamine; please discuss all drug-related issues.)

- In Vermont, alcohol continues as the most dangerous drug problem, with large numbers of DUI fatalities. Prescription drugs also pose a serious problem, with 80 overdose deaths in 2008. Smuggling prescription drugs into correctional facilities is also problematic. In 2003, the state began to see huge increases in heroin, and this is now seen as a statewide epidemic. Cocaine is also prevalent and marijuana is seen along the Canadian border. There is also a problem of ecstasy, cut with methamphetamine, coming in from Canada. For example, a traffic stop in 2004 resulted in the seizure of 750 pounds of ephedrine coming into Vermont from Canada.

- In New York, after alcohol abuse, the most abused drug is marijuana, with the greatest threat from hydroponic marijuana and smuggling over the New York border from Canada. New York also has problems with cocaine and crack cocaine, and an emerging heroin threat. Other emerging threats include prescription drugs and opiates, especially through Internet trafficking. However, methamphetamine in New York is still fairly low, with only 184/180,000 treatment admissions last year.

- In Maine, there are also continuing problems with alcohol, prescription drugs, opiates, and marijuana. Like New York and Vermont, Maine must deal with drugs coming in over the Canadian border and with Internet pharmacy abuses.

- Massachusetts reports similar problems with alcohol, heroin, marijuana, prescription drugs, and cocaine.

- Overall, the states also noted that there have been instances of substance abuse involving hallucinogens such as salvia, mushrooms, LSD, and PCP. Black marketing and selling of ADHD drugs has recently emerged.

Do you see any early indicators of methamphetamine use and what evidence do you have to support these indicators?

- Many of the New England states reported only sporadic and minor issues with methamphetamine. There appears to be a lack of meth labs and few purchases have been targeted by undercover purchases. Some meth seizures have revealed ecstasy cut with methamphetamine. All are reporting seeing ecstasy being "cut" with meth as a possible emerging trend.

- 2005–2006 in Maine resulted in 22 investigated reports of suspected meth labs, with just 7 confirmations. Lab seizures have not been increasing, but the presence of children at the seizures has caused concern. It should also be noted that in December 2008, a substantial seizure occurred in New Jersey, with 165 pounds of methamphetamine destined for the New York metro area seized. This could indicate that methamphetamine distribution in the New York area has moved from in-state lab production to trafficking, probably out of Mexico or Canada.

- Lab seizures in New York peaked in 2003 with 72, and have since been reduced to just 15 in 2008 and 3 for the first half of 2009. Though some are presenting for treatment for meth, percentages are small compared to overall substance abuse treatment requests. There is a population of gay males in the New York City area that are presenting for treatment for meth addiction. Massachusetts is also reporting increases of meth use among its gay male population.

- New Hampshire noted new problems with trafficking through the U.S. Postal Service, primarily through illegal Internet sales. Connecticut also noted seizures through FedEx and UPS.

- Meth use in Rhode Island has begun to emerge in the gay communities, particularly at clubs. The state is also seeing some appearances of meth at college parties and some reports of availability at high schools.

Has your state done, or is it now doing, anything to prevent the spread of an emerging meth problem?

- Vermont has conducted extensive education and awareness training for its Departments of Health and Corrections. Additional training has also been provided for fire, EMS, and law enforcement personnel. The Vermont Department of Health has also provided statewide awareness training for dentists and pharmacists. Vermont believes that its precursor laws (addressing ephedrines) have had strong impact on limiting access to meth-making chemicals.

- Maine has a "Methamphetamine Prevention Project" with a steering committee comprised of a diverse group of stakeholders from across the state. Maine also has a "Meth Watch" Program. Through the AmeriCorps program, in partnership with DEA, more than 500 foster care workers, utility/electrical line workers, landlords, social workers, law enforcement officers, correctional officers, substance abuse prevention workers, and medical workers have been trained to recognize the presence of methamphetamine. Maine has also developed a "Community Response to Meth" Toolkit. This toolkit will be distributed at upcoming trainings in all regions of the state. Maine also has a continuing initiative that provides awareness training for first responders.

- New York's main efforts have focused on state laws and procedures that support the Combat Meth Act and regulate precursor substance sales. New York State has criminalized the possession of precursors with intent to manufacture meth. There is also mandatory clandestine lab reporting to the New York State Police. The New York State Police utilize "MethCheck" to track pseudoephedrine purchases. Also, the New York City Department of Health is providing grants to community organizations to educate the LGBT community about crystal meth addiction and treatment.

- Massachusetts currently has pending legislation to implement stiffer penalties for meth possession and a new precursor chemicals law to make it illegal to possess precursor chemicals. Pending legislation will limit the sale of pseudoephedrines and create harsher penalties for lab seizures when children are present. The state also has a "Crystal Meth Working Group" with membership from state and local provider agencies. Massachusetts has also developed prevention training, titled "Getting Prepared for Crystal Meth" that is designed for first responders, law enforcement, and child welfare personnel. The state also has the "Crissy" campaign as well as the "Love Trip" web site http://thelovetrip.org.

- New Hampshire has taken a multiagency approach to develop a meth strategy. Partners include the U.S. Attorney, the State Department of Health and Human Services, the legislature, and state police. The strategy includes prevention efforts that work with the public at the grassroots level.

What are states currently doing in enforcement, treatment, and prevention? Any model strategies that may be useful for other states?

- In 2005, Vermont created a "Statewide Methamphetamine Coalition" which focuses on education, enforcement, legislation, prevention, and treatment. The benefits of this coalition include enhanced networking and intelligence gathering, modeling for other substance abuse work (such as addressing prescription drugs), and creating interagency cooperation and relationships. This coalition has been effective in developing interagency memoranda of understanding as well as convening a state methamphetamine summit.

- Massachusetts has a "Crystal Meth Working Group" (see previous description in question 3). The state's "Project Impact" also works to address HIV and includes meth abuse prevention.

- New Hampshire has the "Government Leaders Methamphetamine Task Force" which also partnered with the HIDTAs and created a statewide meth strategy (http://doj.nh.gov/documents/meth_strategy.pdf) in March 2006. This strategy incorporates and addresses many aspects of the meth problem, including legislation, law enforcement, protection of children and incapacitated adults, prevention, treatment, environmental protection, and public awareness/outreach.

- Maine's meth network includes "Meth Watch" and its work through AmeriCorps (see previous description in question 3).

- New York has incorporated its National Guard armories into its law enforcement's priorities. The state has also used the "matrix training model" with regard to methamphetamine abuse treatment, particularly with and for the LGBT community. In terms of enforcement, New York has created a "drug intelligence officer" (DIO) through its hidden trafficker program.

How can the Federal Government help your state?

- All states indicated that additional funding and support, such as the "Access To Recovery" (ATR) initiative, would be especially useful to states. With state budgets currently operating under such dire fiscal conditions, it is not likely the states can move forward to address emerging drug threats without leadership and support from the Federal Government.
- Data tracking continues to be an issue. A national real-time data tracking model would be exceptionally helpful. This database should be designed to track specific sub-sets, such as women or justice involved individuals, in order to design treatment models that meet the needs of each population.
- The states also noted that perhaps there should be some national research as to why meth has not emerged in the New England area in the same way as the epidemic emerged in the Midwest and West regions of the United States.
- It was suggested that if the Federal Government created a national meth strategy, with specific data indicators, collecting and tracking such indicators could be a condition of funding. But, this would mean that the Federal Government would need to identify precise and measurable data elements.
- National standards for pseudoephedrine logs and data tracking need to be designed and enforced. States are working individually alone without a national standard.
- Rural issues need to be addressed. Meth is still primarily a rural substance abuse and law enforcement issue.
- Cultural competency needs to be discussed and addressed, especially when dealing with issues related to gender, LGBT, and rural communities.
- National standards should be created for meth lab clean-up and site reviews. This should be done similar to other national/federal standards for toxic waste removal and human habitation standards.

Closing: 4:00 p.m.

Resources and Next Steps

James Copple, Summit Facilitator,
Strategic Applications International

Mr. Copple closed the summit with a brief review of the complex issues facing New England states related to methamphetamine. He encouraged the participants to take the information they learned and apply it to practices in their states and communities.

Team Rosters

Team rosters include participants in the New England Summit.

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The facilitation team would like to thank the participants for their commitment and ongoing efforts related to the challenges presented by methamphetamine use in their communities.

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e0110211252
January 2010