

Oregon's Meth Epidemic and Strategies for Response

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Overview

What is methamphetamine?

Methamphetamine is a drug that increases wakefulness and physical activity and decreases appetite. Chronic, long-term use can lead to psychotic behavior, hallucinations, and stroke. Its effects are intensely pleasurable, according to researchers; it produces arousal and “revs up” the dopamine nervous system.

How is it made?

Meth can be produced in small labs from a menu of commonly available chemicals. Intense odors in production may be a reason it is often produced in rural areas or small towns, where houses are more widely separated. However, the current trend is toward production in “superlabs” capable of producing 10 pounds or about 44,000 pure doses in a single batch. Labs are becoming less common in Oregon due to steps to restrict the raw materials for production. Most sources suggest that labs are being moved to Mexico.

Who uses it?

According to the 2002 *National Survey on Drug Use and Health*, about 12 million Americans have tried methamphetamine—one in every 20 people over the age of 12. An estimated 1.3 million smoke, snort or inject it. Before trying meth, most users try other substances, known as “gateway drugs”—chiefly alcohol and tobacco, and to a lesser extent other illegal drugs. Meth is a longtime problem in Oregon. Since 1992 Oregon has had the highest per capita ratio of meth users in treatment of any state. In 2003 the state Office of Mental Health and Addiction Services reported that more than 1,700 children were treated for methamphetamine misuse in the state. Of that number, more than 1,000 were girls, up from 630 in 1999, and 742 were boys, up from 600.

Treatment for meth addiction:

Meth addiction is treatable, but recovery can be lengthier and require more one-on-one intervention, as users may be “combative” in withdrawal. Meth has lingering effects on users’ nervous systems, especially reduced dopamine production. Many users do not receive the sustained treatment needed to reduce recidivism. Treatment for withdrawal may require medical intervention, but mental health intervention and behavioral changes are critical in many cases.

The ripple effect of meth:

Meth contributes disproportionately to crime in Oregon, particularly identity theft, car theft, burglary, and child abuse and neglect. An estimated 85 percent of property crimes and identity theft in Oregon are associated with meth use. In Multnomah County, researchers estimate that the cost of meth-related crimes and social services—not including the impact on police, courts, treatment or jails—amounted to \$360 per household in 2004. In Jackson County, virtually all current child abuse and neglect cases are said to involve meth use as a factor. Finally, meth labs leave behind highly toxic byproducts and residues—five to six pounds per pound of meth.

Approaches to the Problem & What We Know So Far About What Works

Strategies to address methamphetamine abuse break down into three general areas: prevention, law enforcement, and treatment. In some cases they overlap.

Prevention

Strategies for prevention range from general drug abuse prevention programs to highly targeted efforts. Since meth use most often follows from abuse of “gateway” drugs, many people in the field argue that resources for basic drug abuse prevention are as critical as resources to address any single drug. *Effective* prevention is the least expensive option.

Prevention strategies and networks are in place around the state, comprising both public and private agencies and resources.

Education and/or non-legal sanctions through families, schools, workplaces and communities:

- **Youth outreach**—Meth use is increasing among high school and even middle school students who are leapfrogging “gateway” drugs into meth. Research-based anti-drug curricula are available. A creative local example of youth education is the Oregon Partnership’s Meth Awareness Project (MAP), which involves teens in creating 30-second commercials spotlighting the dangers of meth that have been broadcast on network television. The Oregon Partnership is now airing a report on this project using a control group to assess the direct impact on teen participants. The Multnomah County Sheriff’s Department has a “Faces of Meth” program available to schools, focusing on dramatic photographs of the rapid physical deterioration of meth users.
- **Community outreach**—Parents, schools, neighborhood and civic groups have created community-based coalitions in a number of Oregon communities to conduct public education about meth. In spring 2005, OCF funded Salem’s “No Meth, Not in My Neighborhood” project, which engages a range of community organizations, including law enforcement. The measurable impact of such projects is not always clear.
- **Workplace**—Some employers conduct aggressive campaigns to maintain drug-free workplaces. Nearly 80 percent of Douglas County employers reported substance abuse-related problems in the workplace in 2004, such as employee absenteeism and tardiness; lost productivity; and performance, safety and injury issues. The area’s largest employer, Roseburg Forest Products, randomly tests 25 percent of its employees each year, and about 5 percent of those fail. The company offers prevention programs, but if employees cannot remain drug-free, they lose their jobs.

Restriction of “precursor” substances:

The Oregon legislature and Oregon Pharmacy Board have instituted restrictions on the sale of pseudoephedrine (contained in such cold remedies as Sudafed) by placing them behind the counter, limiting and tracking the number of purchases made by an individual, and requiring prescription for their sale. These steps are credited with helping to reduce the number of Oregon-based meth labs. The effect on overall supply is unclear as yet.

The federal government has declined to require similar steps nationally, so that neighboring states without the regulation remain an easily available source of ephedrine-related compounds. The pharmaceutical industry has slowed action at the national level, though one major company—Pfizer—has broken ranks to support increased regulation of pseudoephedrine. Stronger measures for this approach are under discussion in Oregon, as is federal legislation that supporters hope will be enacted by the end of 2005.

Law Enforcement

Since methamphetamine is a controlled substance, producing, selling and possessing it is obviously a law enforcement issue. Federal, state and local funding is more likely to be available for this strategy than others.

Law enforcement efforts can be categorized broadly into:

- **Interdiction**—interrupting the production of meth before it reaches the market and arresting dealers. The number of meth labs shut down in Oregon is trending downward. In 2004, 53 labs were seized in Oregon—down from 244 in 2001. As noted above, the “superlabs” appear to be moving out of state or to Mexico.
- **Prosecution**—taking offenders off the streets. However, Oregon’s efforts are characterized by probation, short sentences, and lack of mandated treatment for abusers. Efforts are underway to raise the felony status for creating a meth lab, dumping its byproducts, and abusing or neglecting children as a result of drug abuse or production.
- **Community action**—Local neighborhoods have mounted their own campaigns to change local ordinances and create more power for authorities to address drug trafficking. This is not a new strategy—for example, in the early 1980s the Portland Organizing Project, an OCF grantee, persuaded the city council to expand legal authority to shut down pervasive “crack houses” that were focuses of drug abuse and violence in several neighborhoods. More recently, neighborhood activists in Welches (near Mt. Hood) have succeeded in passing a similar ordinance.

Treatment

According to the Governor's Task Force on Methamphetamine, Oregon ranks 4th in the nation in illicit drug use but 45th in access to treatment, and the treatment shortage is especially acute for 18 to 25 year-olds (where Oregon ranks 49th). Done correctly, treatment is estimated to save \$7 in incarceration costs for every \$1 in treatment costs.

Treatment for meth addiction can be effective, but often multiple rounds of inpatient and outpatient treatment are needed before success is achieved. Addicts may be psychotic and need antidepressant and antipsychotic medication. Effective intervention will often involve modifying the addict's thinking, expectancies, and behaviors, and increasing skills in coping with various life stressors. Extended treatment produces the best results.

There are a number of drug abuse treatment programs in Oregon with the capacity to assist addicts toward recovery. The key is building the capacity of these programs to meet the demand, and connecting users systematically to the programs. Some promising models and organizations include:

- **Drug treatment courts**—Offenders receive immediate treatment, daily supervision, and have substantial treatment obligations.
- **Penitentiary treatment programs**—Offenders are not allowed to leave prison without completing treatment. There is evidence that addicted prisoners are more amenable to treatment than users outside. Both drug courts and prison treatment tend to reduce recidivism.
- **Drug-endangered children (DEC) programs**—In 11 states, including two Oregon counties (Marion and Lincoln), officials have developed multi-agency plans to assist and protect children whose well-being is jeopardized by meth labs, dealing, or addiction in the family home. DEC programs intend to provide a comprehensive response by coordinating the efforts of law enforcement, child protective services, prosecutors, and health professionals. A DEC alliance has recently been created in Oregon, and recommendations for DEC expansion are included in the Meth Task Force report.
- **Peer education, counseling, and support for addicts**—Thugz Against Drugz (Seaside), founded by a former drug abuser, provides referrals and residential recovery programs for addicts.
- **Relief nurseries**—Prevention specialists single out relief nurseries as a potentially key resource in treatment of abusing parents and their children, and reduction of pressure on an already overloaded foster care network.

What Are the Policy Arenas?

An organizational infrastructure for addressing the meth epidemic is largely in place. The January 2005 recommendations of the Governor's Methamphetamine Task Force provide the most comprehensive map for action to date. Some task force participants see it as weighted too heavily toward law enforcement. They would like to increase the state's capacity for prevention programs and treatment. The overarching policy issue is allocation of public resources among prevention, law enforcement, and treatment. In addition, some of our reference people identified a need for better statewide coordination of educational campaigns and materials for a consistent statewide message that can also be adapted to specific community campaigns.

Action is underway in the nonprofit sector and at every level of government. For example:

- **Nonprofit sector**
 - ▶ Community organizing at the neighborhood level for local ordinances
 - ▶ Partnerships to promote meth awareness through media, schools, churches, etc. and education programs based on best practices
 - ▶ Alliances of social service programs to offer sustained and “wraparound” treatment programs for drug abusers with mental health issues
- **Local government**
 - ▶ Coordination of law enforcement, social services, schools, and community groups for prevention, enforcement and wraparound treatment. Several county task forces have mustered broad community commitment; e.g., Jackson, Lincoln, Marion, and Multnomah counties.
- **State legislature, administration, and Meth Task Force** (if sustained beyond summer 2005)
 - ▶ Further regulation of pseudoephedrine products
 - ▶ Revision of felony statutes
 - ▶ Sentencing/treatment programs
 - ▶ Protection of vulnerable children
- **U.S. Congress and federal agencies** (notably the Food and Drug Administration; White House Office of National Drug Control Policy; and Drug Enforcement Administration)
 - ▶ Shutting down superlabs in Mexico
 - ▶ Federal “precursor” substance restrictions
 - ▶ Federal appropriations for prevention, enforcement, and treatment, including drug-endangered children programs

Potential Impact for Private Philanthropy

The scope and the nature of the meth epidemic—a statewide and national, law enforcement and public health issue—requires substantial, well targeted public investment to effect a reversal of current trends. Private philanthropy may play a role as well.

In addition to specific grants and initiatives, private funders can promote a balanced perspective on the meth problem in its larger context. Alcohol—one of the gateway drugs to meth—is a deadly drug and the most expensive to Oregonians, but it does not have the media attention that meth currently has.

Grantmaking Options

Foundations that make grants to support healthy children and families can have an impact on the meth problem in Oregon communities without a significant shift in philosophy or priorities. They could consider commitments to:

- Make responsive grants for research-based statewide and local programs—e.g., OCF has recently made grants to the Jackson County Task Force (via the Walker Fund), the Salem anti-meth community-based coalition, relief nurseries across the state, wraparound treatment programs, CASA, etc.
- Identify specific funding gaps in existing anti-meth efforts and build capacity of nonprofits to meet them
- Allocate strategic grants for emerging education and prevention programs, such as the new alliance for early intervention with “drug-endangered children”
- Encourage coordination among current coalitions and networks through assistance for joint media campaigns, shared staffing, or other needs
- Promote grantmaker forums about creative opportunities for impact by private philanthropy

Policy options

- Create foundation roundtables to disseminate research findings and discuss collaborative responses to gaps in Oregon’s attack on meth
- Convene private parties such as colleges, employers, landlords, pharmacies, and nonprofits to discuss viability of private policies to deter meth and other drug abuse

- Promote formal and informal networking, op-ed pieces, research and dissemination of findings, letters to elected officials, media campaigns, community-based education and public testimony to:
 - ▶ encourage enactment of recommendations of the Governor’s Meth Task Force, such as mandated combinations of sentencing and treatment via Drug Courts, treatment of prisoners, and formation of protocols and alliances for drug-endangered children
 - ▶ strengthen state and federal regulation of pseudoephedrine and other “precursor” substances (this is underway)
 - ▶ increase or redirect public funding toward prevention, the most cost-effective approach, and proven treatment regimens
 - ▶ promote local nuisance/drug house ordinances to assist community-based efforts to identify, shut down, and clean up labs
 - ▶ place the meth problem in perspective that encourages strengthened public sector response to “gateway” drug abuse among youth

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