

Responding to

METHAMPHETAMINE

Washington State's Promising Example



“It’s a three legged stool—

Enforcement, Prevention, and Treatment.

Without all three, the stool won’t stand.”



National Crime Prevention Council *and* Drug Enforcement Administration





To enable people to create safer and more caring communities by addressing the causes of crime and violence and reducing the opportunities for crime to occur.

The National Crime Prevention Council (NCPC) is a private, nonprofit tax-exempt [501(c)(3)] organization whose primary mission is to enable people to create safer and more caring communities by addressing the causes of crime and violence and reducing the opportunities for crime to occur. NCPC publishes books, kits of camera-ready program materials, posters, and informational and policy reports on a variety of crime prevention and community-building subjects. NCPC offers training, technical assistance, and a national focus for crime prevention: it acts as secretariat for the Crime Prevention Coalition of America, more than 4,000 national, federal, local, and state organizations committed to preventing crime. It hosts a number of Web sites that offer prevention tips to individuals, describe prevention practices for community building, and help anchor prevention policy into laws and budgets. It also operates demonstration programs in schools, neighborhoods, and entire jurisdictions and takes a major leadership role in youth crime prevention and youth service; it also administers the Center for Faith and Service. NCPC manages the McGruff "Take A Bite Out Of Crime" public service advertising campaign. NCPC is funded through a variety of government agencies, corporate and private foundations, and donations from private individuals.

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The Department of Justice Office of Community Oriented Policing Services continued its dedication to Methamphetamine eradication by helping to fund the groundbreaking King County Methamphetamine Summit that brought together so many diverse groups to tackle a common problem.

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INTRODUCTION

Perhaps more than any other drug this country has experienced, methamphetamine insidiously affects everybody in the community.

—Asa Hutchinson, Director, Drug Enforcement Administration

Right now our law enforcement officers are overwhelmed with the numbers of meth labs, our jails and treatment centers are overflowing with addicts, and we need to join together across parties and across federal and state barriers to stem the flow of meth to our communities.

—Congressman Brian Baird, (D-WA)

Police officers are being trained to deal with the people and the chemicals involved in the production, trafficking, and use of meth, but they need help from local, state, and federal agencies to effectively address the issue. In Washington State, we hope to develop a national model, a blueprint for action that includes cleanup, treatment, and prevention.

—Congresswoman Jennifer Dunn, (R-WA)

WASHINGTON STATE has a methamphetamine problem and it is far from alone as a growing number of jurisdictions across the country will attest. The federal government has acknowledged the spread of meth in areas throughout the country and appropriated funds to address meth use. Congressman Brian Baird (D-WA) recently founded a Meth Caucus, a bipartisan, 74-member caucus that aims to raise national awareness and provide increased federal resources to combat the meth problem. Efforts to increase funding have begun to yield results; 2001 saw a \$25 million increase to fund the High Intensity Drug Trafficking Area initiative to fight meth and other drugs.

The National Crime Prevention Council responded to the challenge and warning issued by the Drug Enforcement Administration nearly eight years ago that methamphetamine would be our nation's number one drug problem in the coming decade. Methamphetamine, long associated with biker gangs on the West Coast began spreading to the rural areas of the Midwest in the '90s. With the spread of methamphetamine came increased violence, crime, and addiction. NCPC had worked with seven communities in the highly successful and evaluated program called the Texas City Action Plan To Prevent Crime. In those cities, NCPC assisted communities in strategic planning and mobilizing resources to prevent drug-related crime and violence. NCPC has brought to states and communities facing the current crisis in meth strategic planning skills and resources to assist in their prevention, treatment, and enforcement efforts. Washington State has become a showcase of this planning model.

Many states have long engaged the methamphetamine issue. A drug principally known on the West Coast, California and Arizona have developed innovative and creative community approaches. These states have witnessed the devastation, the violence, and the crime associated with the manufacture, distribution, and use of this drug. Other states are now being challenged and are taking important steps to develop comprehensive approaches that include law enforcement, prevention, treatment, education, child protection, and clandestine lab clean up. Washington State has launched a promising strategy.

What sets Washington State apart is its commitment to coalesce local, state, and federal efforts to combat meth in a comprehensive, statewide initiative. There, state, county, and community agencies have teamed up with congressional leaders, federal agencies, and national and local nonprofit organizations to launch the Washington Meth Initiative, a plan to integrate law enforcement, prevention/intervention, and treatment to address the methamphetamine problem.

As it often happens with ground-shifting change, a few committed individuals led the clarion call and helped create the momentum necessary to begin a movement. King County's Sheriff Dave Reichert, someone who had seen first-hand meth's negative impact on communities, brought vision, energy, and com-

We can't just keep locking people up. We need to get in front of meth by helping communities make healthy choices through prevention, creating therapeutic communities through treatment, and developing proactive criminal justice strategies.

—Dr. Priscilla Lisicich, Washington State Meth Initiative and Safe Streets

Our collective disciplines must work together to comprehensively address the meth problem in Washington State. Time has far passed to expect one jurisdiction to be successful alone.

—Terree Schmidt-Whelan, Executive Director, Pierce County Alliance

Washington now recognizes the nature of the magnitude of the meth problem and has developed strategies to address it. Many individuals from across the state have received valuable training to help them respond to the problem more effectively. And, we've modernized our statutes and increased financial commitments and the state and federal level. We've achieved consensus that this must be a multi-pronged effort to increase law enforcement, prevention and treatment.

—Dick Van Wagenen, Policy Advisor to the Governor

mitment that helped mobilize the state's law enforcement community. Dr. Priscilla Lisicich, a prevention expert and leader of a community mobilization group called the Safe Streets Campaign, brought a passion to the issue that others found contagious. Terree Schmidt-Whelan championed the issue from a treatment perspective and inspired others to follow.

The result is an innovative approach that merits recognition, and hopefully, replication. Of course, any solid strategy must be based on meeting the specific needs and building on the particular assets of the given locale. *Responding to the Methamphetamine Crisis — Washington State's Promising Example* was developed in part to affirm the value of such an approach to resolving an increasingly urgent and complex issue as well as to inspire leaders in other states to consider taking similarly comprehensive and customized action against methamphetamine.

Washington's Meth Initiative seeks to convene everyone involved to pool local, state, and federal resources to develop a strategic plan, to facilitate communications, and to make policy recommendations to the government. It appears that the effort is bearing fruit in the form of a united front against the scourge of methamphetamine.

ABOUT THIS BOOKLET

In concert with its mission — to enable people to create safer and more caring communities by addressing the causes of crime and violence and reducing the opportunities for crime to occur — the National Crime Prevention Council has written *Responding to the Methamphetamine Crisis — Washington State's Promising Example*, a document with several key purposes, highlighting the results of the meth work in one state. Primarily intended for policy makers, community coalition groups, and others who recognize the need to take a proactive stance against meth, this publication highlights one example of a promising approach. In the following pages, the reader will

- learn about the particular aspects of meth and the risks it presents to users, their families, the community, and the environment.
- discover how the meth problem presented itself in Washington.
- see how early efforts to combat meth culminated in a comprehensive approach.
- identify key players involved and their respective roles.
- recognize the three key elements in a comprehensive meth initiative, e.g., enforcement, prevention/intervention, and treatment.
- get a snapshot of the summit that galvanized the energies of a wide range of people and institutions in Washington's war against meth, including the key recommendations yielded in the exchange.
- catch up with Washington's Meth Initiative and see what progress is being made.
- find out how to access additional information and assistance to learn more about methamphetamine and build a comprehensive initiative to address the problem.

METH 101

WHAT IS METH?

Methamphetamine is an inexpensive, highly addictive central nervous system stimulant that can be injected, snorted, smoked, or ingested orally. Meth users feel a short yet intense “rush” when the drug is initially administered. The effects of methamphetamine include increased activity, decreased appetite, and a sense of well-being that can last from six to eight hours. The drug has limited medical uses for the treatment of narcolepsy, attention deficit disorders, and obesity. (National Institute on Drug Abuse, *Methamphetamine: Abuse and Addiction*, April 1998.)

Methamphetamine, also known as speed, crystal, crank, or ice, is a dangerous drug. In Washington and elsewhere, the production, trafficking, and use of meth poses a serious threat to the health and well-being of individuals, families, the community, and the general public. The costs of a meth problem are many and far-reaching. The drug takes a toll not just on the individual user but on his or her children and other family members. Meth addiction comes hand-in-hand with health and financial problems and can lead to violent and destructive behavior; child abuse, endangerment and neglect; and involvement with other criminal activities.

NATURE OF THE PROBLEM

Meth is, in large part, a home-grown problem. The United States produces more methamphetamine than any other illegal synthetic drug. Although the meth problem was once more prevalent in the western part of the country, it has spread to both urban and rural areas throughout the country. (“Methamphetamine,” *Community Drug Alert Bulletin*, National Institute on Drug Abuse, October 1998)

Increases in use have been attributed to the drug’s highly addictive capacity and its easy accessibility. In 1999, 9.4 million Americans reported they had tried meth at least once. The highest rate of use was among those aged 18 to 25, with 5.2 percent reporting that they had used meth. (Substance Abuse and Mental Health Services Administration, *Summary Findings from the 1999 National Household Survey on Drug Abuse*, August 2000)

Use among teens is growing; among high school seniors surveyed in 2000, 7.9 percent had tried meth. Over a quarter of high school seniors surveyed said it was “fairly easy” or “very easy” to obtain the drug. (National Institute on Drug Abuse, 2000 Monitoring the Future Study, Data Tables and Figures Web Site.)

More and more individuals are seeking treatment for meth addiction; records show a total of 55,745 methamphetamine treatment admissions in the United States during 1998 (the most recent data available). That marks nearly a four-fold increase from 14,496 admissions in 1992. (Substance Abuse and Mental Health Services Administration, *Treatment Episode Data Set: 1993–1998 National Admissions to Substance Abuse Treatment Services*, September 2000.)

Wake up America! We are under attack by meth. If it’s not already a problem in your area, it will be soon.

—Bill Hunt, Detective, Washington State

STREET NAMES FOR METHAMPHETAMINE

Batu	Go Fast	Shabu
Bikers' Coffee	Ice	Sketch
Blue Mollies	LA Glass	Speed
Chalk	Meth	Stove Top
Chicken Feed	Methlies Quick	Trash
Crank	Mexican Crack	West Coast
Crystal	Poor Man's Cocaine	Yellow Bam
Glass	Quartz	

EFFECTS ON USERS

Meth was ranked ninth in drug-related deaths investigated by medical examiners participating in the national Drug Abuse Warning Network. The majority of decedents were white, male, and 35 years of age or older. Most emergency room visits related to meth also involved white males over age 18. (Substance Abuse and Mental Health Services Administration, Drug Abuse Warning Network — Annual Medical Examiner Data 1998 (Adobe Acrobat File), March 2000)

Like amphetamines, meth exerts biological action by releasing the brain's neurotransmitters norepinephrine, dopamine, and serotonin. Prolonged after-effects include headache, hypertension, pallor, palpitation, and vasoconstriction. In low or moderate doses, central nervous system signs include anorexia, insomnia, irregular heartbeat, and shortness of breath. Further, ethnographic research with gay and bisexual meth users indicates that use may escalate sexual risk-taking behaviors and lead to an increase in transmission of infections and sexually transmitted diseases, including HIV, Hepatitis C, and syphilis. Further, for those injecting meth, any sharing of injection drug-using equipment can lead to transmission of blood-borne diseases like HIV and Hepatitis B and C. Prolonged exposure even to relatively low levels of meth can cause permanent damage to the brain by causing injury to up to 50 percent of all dopamine-producing cells.

Following an initial rush, meth's effects last between four and 24 hours. However, addiction often involves repeated and prolonged meth use over the course of days or weeks. During this time, the user neglects basic needs of food, water, and sleep. In later phases of such binges, physical and psychological difficulties result in feelings of aggression, tendency toward violence, paranoia, anxiety, and hallucinations. A state of toxic psychosis may occur with symptoms similar those associated with paranoid schizophrenia; in such cases, the user may become belligerent, delusional, and highly dangerous. (Office of National Drug Control Policy, *Drug Facts* "Methamphetamine," August 2001)

CLANDESTINE LABORATORIES

The meth production process causes serious problems related to public health, safety, and the environment. This synthetic drug is easy to make and most of the chemicals are readily available. The toxic fumes emitted during the production process create a health risk for those living in the vicinity, and the volatile chemicals involved are prone to cause fire and explosions. Once the meth has been produced, the remaining waste and residue is flushed down kitchen sinks, poured into rivers and streams, dumped, buried, or simply abandoned, causing a host of pernicious environmental and public health problems.

SIGNS OF AN OPERATING METH LAB

- Chemical smells like ether, ammonia, or acetone
- Heavy traffic during late night hours
- Covered windows and reinforced doors
- Inhabitants smoking outside the building (because of risk of explosion)
- Discarded containers, empty ephedrine bottles, stained coffee filters, lithium batteries, discarded propane tanks

Meth is easily produced in clandestine laboratories using ingredients commonly available at local stores. Over-the-counter cold medicines containing ephedrine or pseudoephedrine and other materials are “cooked” to produce the drug. During the “cooking” process, toxic materials are released into the air. The waste that remains is also highly toxic. Dealing with these situations is difficult, dangerous, and costly for local authorities. In addition to creating hazardous waste, meth lab operators have been known to “booby-trap” labs and carry arms to protect their business from intruders. Meth labs can be portable; they are easily dismantled, stored, or moved. The mobility of labs makes it easier for operators to elude detection. Meth labs have been found in various types of locations including apartments, hotel room, rented storage spaces, and trucks.

Make no mistake. Methamphetamine represents a threat to our nation. If we don't do something about it today, my grandchildren will be dealing with it tomorrow. This is more than a law enforcement issue; it's a public health and an environmental issue, as well.

—Sheriff Dave Reichert, King County, Washington

RISKS TO FAMILIES

Children found in the homes of meth addicts may be neglected and are often found living in hazardous, unsanitary conditions. Children of addicts also face the risk of injury and abuse, given the meth addict's tendency toward paranoia and violence. Children whose parents operate meth labs are subject to even greater risk, due to residential contamination, potential for fire and explosion, accessible drugs, and presence of weapons. In Washington, residential meth lab clean-up crews estimate they find evidence that children are or have been at the lab site in at least 35 percent of the drug labs they are called to investigate. (The Governor's Council on Substance Abuse Report: Methamphetamine Abuse in Washington, May 2000) Chemical residues left behind at meth labs can cause chemical burns, upper respiratory problems, cold and flu-like symptoms, and in some instances, death. Children under three years of age are especially vulnerable.

RISKS TO THE PUBLIC

Everyone pays the price of a meth problem. Consider the costs involved in providing law enforcement, prosecution, environmental clean up, child protective services, treatment and health care to intervene when users, traffickers, and meth lab operators victimize their families, neighbors, and community. The cost to clean up a single meth lab is estimated at \$25,000, and this figure accounts only for cleaning up the residual contamination. In Washington, lab clean up represented an estimated statewide economic loss to property owners of about \$5.5 million in 1999. (*Governor's Council on Substance Abuse Report: Methamphetamine Abuse in Washington.*) This figure doesn't take into account the cost of providing the necessary law enforcement, health department, social service providers, and environmental experts that are often involved in closure of a lab.

Meth users may resort to criminal activities to finance their habit, causing increased risks of victimization and loss of property to community members. Taxpayers also pay the price associated with meth use in the form of increased spending on social services, law enforcement, the justice system, health care for uninsured, and related costs.

RISKS TO THE ENVIRONMENT

Substances found at drug labs include various acids, sodium hydroxide, flammable solvents, anhydrous ammonia, lithium and sodium metals, red phosphorous, and propane cylinders and containers. Some of these substances can cause severe injury or death if inhaled or touched; others can react violently if heated, mixed with water, or exposed to air. Illegal drug labs also commonly contain a wide assortment of contaminated glass vials, hypodermic needles, and other hazardous debris. All of these materials must be properly disposed of to protect public health and the environment. The toxic waste generated by meth production poses an environmental risk as well — an estimated six pounds of waste is left for every pound of meth produced.

WASHINGTON STATE RESPONDS

UNIQUE CHARACTERISTICS CALL FOR A SPECIALIZED RESPONSE

In *Meth Matters: Report on Methamphetamine Users in Five Western Cities*, A National Institute of Justice Research Report, the authors state

The manufacture and use of meth raises complex questions and requires comprehensive solutions; collaboration among agencies and organizations in law enforcement, treatment, and prevention are essential if a community is to effectively respond to this drug.

—James Copple, Vice President
Public Policy and Program Development
National Crime Prevention Council

The findings presented in this study suggest that the production and use patterns of meth are different from those of other illegal drugs. These differences have policy implications for prevention, intervention, and control strategies. The results suggest that the production of meth, the profile of meth users, and the dynamics of the drug market warrant different enforcement and treatment approaches. Certain aspects of the manufacturing, trafficking, and use of methamphetamine have consequences and ramifications quite different from those of other illegal drugs. . .these differences have implications for targeting law enforcement and for developing effective drug treatment strategies. Regional differences indicate that strategies must be tailored to communities.

POLICY IMPLICATIONS FOR PREVENTION, INTERVENTION, AND CONTROL STRATEGIES

- The public must be informed about the effects and consequences of meth production and use. The national campaign against drugs must incorporate information about meth.
- Law enforcement agencies need resources and training to identify and contain meth labs. The dynamics of the meth market warrant different enforcement tactics from those used against open-air drug markets.
- Individuals addicted to meth may need to be engaged in treatment in a different manner from that used for other drug users to encourage retention.

Meth Matters: Report on Methamphetamine Users in Five Western Cities, A National Institute of Justice Research Report, April 1999

WASHINGTON TAKES THE LEAD

Washington was well aware that it had a meth problem. During the 1990s, police officers, health care providers, social service agencies, and environmental groups had all witnessed increased problems related to the use, trafficking, and production of the drug. Rates for meth-related crime were up, drug treatment admissions were on the rise, and incidences of environmental contamination were on the increase. Front-line workers were overwhelmed. They lacked sufficient manpower, training, and resources to effectively deal with the unique concerns presented by meth. Members of the law enforcement community, health care providers, social service agencies, educators, community groups, and others recognized the need to find new ways of dealing with the state's meth problem. They communicated their concerns to state policy makers, who in turn recognized the need to develop a coordinated response to the meth issue, one that would build

on anti-meth strategies already underway and ensure ongoing, cross-system collaboration to link prevention, treatment, health, child welfare, education, and justice efforts.

It's a three-legged stool—law enforcement, prevention, and treatment. Without all three, the stool won't stand.

—Carol Owens, Governor's Council on Substance Abuse

Meth involvement in state dependency cases – those in which children are in such imminent harm that they are taken from their parents, has exploded around the state. Sixty-five percent of the dependency cases last year involved [meth].

—“Home and Health Hazard,” *The Seattle Times*, May 27, 2001.

WHAT WASHINGTON DID

With state funding, a grant from the U.S. Department of Justice's Community-Oriented Policing Services (COPS), assistance from the U.S. Drug Enforcement Agency (DEA), the National Crime Prevention Council, King County's Sheriffs' Office, and the U.S. Attorneys of the Eastern and Western Districts, Washington sought to build a statewide meth initiative with a particular focus on the 15 counties experiencing the greatest share of the state's meth-related problems. (Washington is one of 19 jurisdictions participating the COPS Methamphetamine Initiative in 2001. The COPS office is working directly with participating agencies to craft innovative strategies, track and evaluate implementation, and disseminate results to the many other communities confronting similar challenges. In partnership with the DEA, this initiative also aims to provide state and local law enforcement with training on the proper collection, removal, and destruction of clandestine meth labs.) Various efforts to address meth were already underway in localities and at the state level in Washington. For instance, the 2001 Washington State legislature enacted a law to limit the sale of over-the-counter ephedrine products to 9 grams. The law went into effect July 1, 2001. But in order to effectively combat all aspects of the problem — production, distribution, and use — Washington needed a more comprehensive and coordinated approach.

The Washington State Methamphetamine Summit held in August 2001 solidified statewide, multi-disciplinary engagement in a collaborative, comprehensive initiative to address meth. This publication shares the fruits of Washington's labor in the hopes of inspiring others to follow suit. Now, in communities across Washington, law enforcement, treatment providers, prevention specialists, child protective services workers, fire department personnel, environmental agencies, and others are actively working to devise and implement effective strategies for tackling the meth problem.

METHAMPHETAMINE IN WASHINGTON

Washington is a trouble spot for meth. Concerns about the impact of methamphetamine abuse in Washington grew throughout the 1990s as rates of crime, drug treatment admission, and environmental contamination related to the drug climbed, according to a report prepared by the Methamphetamine Workgroup for the Governor's Council on Substance Abuse, chaired by Dr. Priscilla Lisicich. The problem had spread across the state to rural as well as urban areas. Despite the state's efforts to discover and clean up labs, meth abuse continued to escalate, as evidenced by increases in the number of communities reporting increases in individuals needing treatment, children involved, and the number of families affected. This group issued a report that clearly states the problem:

- The rate of admission to publicly funded treatment programs has risen from 486, or nine per year per 100,000 population, to 4,854 or 84 per 100,000 population in 1999.

- The number of residential meth labs and dumps reported statewide has increased from 38 in 1990 to 789 in 1999. Between January 1 and March 31, 2000, an additional 362 have been reported.
- 1998 school survey data reports 11 percent of high school seniors have tried meth at least once.

The growing meth problem strained state and local resources in a variety of ways. The state health department was responsible for the clean up, for providing technical assistance and training to 34 local health jurisdictions and communities, and training certified lab site clean-up workers, supervisors, and contractors, but had only one staff person assigned to the task. Obviously, it was impossible for one person to meet the demand. The state ecology department, mandated to assist law enforcement with the removal and disposal of chemicals related to clandestine labs, found itself stretched thin, as well — staff were spending too much time making runs from their offices to labs throughout the state and transporting waste (since some county dump facilities do not accept drug lab wastes). More resources, better coordination, and some proactive planning were in order.

HOW THE EFFORT EVOLVED

Once the meth workgroup had conducted a thorough assessment of the nature and extent of the meth problem in Washington, a number of important questions related to state and local policy arose:

- How can we ensure an effective, collaborative process involving all state and local agencies dealing with the myriad of meth impacts?
- What public information and education strategies are necessary for the effective prevention of future meth use?
- What treatment model and level of treatment services are necessary to successfully treat Washington residents already addicted to meth?
- What levels of training and technical assistance are necessary to adequately train staff of all health, law enforcement, judicial, child welfare, and other agencies that are called upon to respond to meth impacts?
- How can we ensure that all state and local agencies have access to current, meth-specific data needed to identify trends, provide cost/benefit analyses of the strategies implemented, and track progress toward reducing meth impacts?

The Meth Workgroup, which represented a range of state and community professionals dealing with the problem, issued a set of recommendations:

- Create ongoing, cross-system collaboration to effectively link prevention, treatment, health, child welfare, education, and law and justice efforts at the state and local levels.
- Provide strategic management of public policy efforts to reduce meth impacts.
- Provide a concentrated, long-term approach to the treatment of meth addiction that includes long-term support for relapse prevention.
- Produce a statewide public awareness and education program.
- Provide an aggressive program of training and technical assistance for public and private agencies, retailers, and other community organizations providing services related to meth impacts.

THE PLAYERS

In response to the efforts of the Meth Workgroup, Governor Gary Locke created the Methamphetamine Coordinating Committee to develop a statewide response to the meth problem. Committee members are a cross-section of federal, state, local, and private organizations working together to solve meth-related issues. Their goal was to bring together a variety of groups from across the state to address the problem, including law enforcement, community mobilization groups, treatment agencies, child protective services, and others in order to effect action at the community level with support from the county, state, national, and federal sources.

THE PLAN

The Governor's Methamphetamine Coordinating Committee identified the four main components of Washington's Meth Initiative and set goals under each:

- **Law enforcement:** Additional law response will be trained and equipped to expand the state's regional response capabilities.
- **Treatment:** Expand treatment admissions by 20 percent, specifically targeting parents with young children (primarily females with children under 10).
- **Clean up and mitigation:** Add additional staffing to respond to clandestine lab sites and help reduce the costs of clean up by increasing waste acceptance and disposal at county facilities.
- **Prevention:** Develop, train, and support Meth Action Teams in all 39 Washington counties. Develop four pilot projects targeting children and families at risk of future meth use due to use by family members.

Evaluation plans were devised for each of the program areas to provide all involved with information regarding the effectiveness of their approach.

Somehow, the Meth Initiative had to bring together all elements involved in the fight against meth and galvanize their resolve to collaborate to find and effect solutions.

PRINCIPLES OF EFFECTIVE TREATMENT

- | | |
|--|---|
| 1. No single treatment is appropriate for all individuals. | services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs. |
| 2. Treatment needs to be readily available. | |
| 3. Effective treatment attend to multiple needs of the individual, not just his or her drug use. | |
| 4. An individual's treatment and | 5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness. |

From *Principles of Drug Addiction Treatment: A Research-based Guide*, National Institute on Drug Abuse, National Institutes of Health, 1999

THE GATHERING

It is my hope that this summit will serve as a model that other states can replicate as we ramp up the fight against the meth epidemic.

—Congressman Brian Baird, (D-WA)

The summit increased awareness of the meth problem across the state and the resources available to address it. Having everyone in the same room improved and facilitated communication across sectors and across geographic areas, e.g., for the first time, one sheriff met a treatment specialist from his own community and they were able to form county-based teams. Specialists met their peers from other parts of the state and were able to learn from each other, as well.

—Dick Van Wagenen, Policy Advisor to Governor

The Washington State Meth Summit, hosted by the King County Sheriff's Office and Congresswoman Jennifer Dunn and sponsored by NCPC, DEA, and COPS, convened representatives from more than 150 agencies to engage in a two-day hands-on working session to build on the work of the Governor's Coordinating Committee and propel the creation of a comprehensive state-wide response to meth.

The Washington State Methamphetamine Summit provided a forum for comprehensive strategic planning related to meth — prevention, treatment, enforcement, education, and continuing care issues. The summit examined problems, barriers, and solutions to addressing Washington's meth problem at both the state and community levels. Participants gathered planning tools for implementing comprehensive solutions at the local level and discovered how they could play an active role in developing a coordinated state-wide strategy. The summit's aim was to enable participants to mobilize resources to prevent and reduce the proliferation of meth and meth labs within the state.

PREVENTION OF USE AND ABUSE

The National Institute on Drug Abuse recommends several steps be followed in building an effective prevention approach:

- Assess the nature of the meth problem with the local community and adapt prevention programs accordingly. The assessment should include collecting data about key indicators such as emergency room admissions, drug treatment, number of meth labs, etc.
- Follow general prevention program guidelines: start early, be comprehensive, and stress key points repeatedly.
- Emphasize family-focused prevention strategies.
- Focus on proven, research-based prevention strategies.

The summit focused on the following issues:

- identifying meth labs
- meth lab clean up
- precursor drug distribution issues
- effective public awareness and public education campaigns
- creation of special law enforcement strike teams that use criminal and civil abatement strategies to clean up meth labs
- strategies for dealing with meth-related child abandonment and protection issues.

PRECURSOR SUBSTANCES REGULATION

One way to control the illegal manufacture of meth is to control access to precursor substances used in production. This can be difficult, since most ingredients are readily available for public retail outlets. The substances may include pseudoephedrine (commonly used in cold tablets), anhydrous ammonia used in fertilizers and refrigeration, lithium used in camera batteries, and red phosphorus in road flare match striker plates. Other precursors include ephedrine, ethyl ether, iodine, thionyl chloride, chloroform, palladium, perchloric acid, tetrahydrofuran, ammonium chloride, and magnesium sulfate.

Several states, including Arkansas, Illinois, Iowa, Kansas, Mississippi, Missouri, Nevada, Tennessee, and Texas, have taken specific legislative action to control the sale of some precursors for the manufacture of meth. Some state laws are specific to anhydrous ammonia, making it a felony to purchase it for the intent of producing a controlled substance. Other states, like Iowa, have included purchase of any of the major precursors in their legislation. Proof of intent varies. Some states place the burden of proof that the precursor substance was purchased for agricultural use on the defendant. Other states place the responsibility on the prosecutor to disprove agricultural use or to specify intent to use the chemicals for meth production.

It took bringing us across the state to get us at the same table and talking. It worked – we're on a roll.

—Linda Thompson, Community Mobilization Coordinator, Spokane County

This summit has given us a valuable, much-needed push start.

—Edward A. Owens, Prosecutor

This has been a most effective and comprehensive discussion about our most invasive community problem.

—Lou Dooley, Chair, Washington State Local Public Health Officials

Key local, state, and federal agencies representing law enforcement, criminal justice, health, treatment, education, child and family services, environmental protection, elected government, community mobilization and youth were invited to the summit free of charge. Participants were asked to form working multi-disciplinary teams for their respective counties. With facilitators, these teams discussed meth-related issues, identified needs, and developed solutions.

The summit sought to convene key players in all of the sectors involved in the battle against meth:

- county sheriffs
- county executives or commissioners
- community mobilization representatives
- fire department officials
- educators
- narcotics
- ecology and environmental clean up
- treatment
- health
- child protection services
- prosecution
- youth.

The summit was carefully structured to ensure that participants had an opportunity to hear from the experts, to engage in exchanges with their peers from other parts of the state and with those from various sectors within their own jurisdictions, and to talk back to policy makers about the issues affecting meth prevention, enforcement, and treatment at the ground level. The ultimate goal of the summit was to generate realistic, doable solutions to the meth problem. Participants were thoroughly briefed on the impact of the problem, meth policy at the state and national level, and community mobilization efforts.

Featured speakers included local law enforcement officials, U.S. attorneys, congressional representatives, state officials, federal agency administrators, national nonprofit leaders, and those involved directly with Washington's Meth Initiative.

KEY RECOMMENDATIONS

It's easy to complain about what's wrong; it's far more challenging to devise solutions to complex problems such as those presented by meth. Summit participants demonstrated their commitment to the cause of meth abatement by generating a wide range of concrete, specific recommendations — 60 in all. They were categorized under the following headings: policy, treatment, media/public awareness, law enforcement, clandestine lab clean up, prosecution, child protective services, and youth.

POLICY

1. In collaboration with the state office's of alcohol and drug abuse, public safety, environment, and the attorney general, the governor should empower a single point of contact to orchestrate statewide planning and delivery of services related to methamphetamine.
2. Establish a state legislative meth caucus by the next legislative session.
3. Relevant state agencies should attach a methamphetamine impact statement with budget submissions to the governor and the state legislature.
4. Identify appropriate budgetary protocols to permit agencies to support interagency collaboration in prevention, treatment, and enforcement for the purpose of targeting meth hot spots.
5. The state should conduct a coordinated data collection process among all state and county agencies to assess the nature and depth of the meth problem in Washington.
6. State legislature should fully fund a comprehensive strategy to eradicate meth from the state.
7. The state should support the Washington State Meth Initiative and develop with it a coordinated federal effort to support prevention, treatment, and enforcement.

TREATMENT

1. Conduct research on effective treatment strategies for meth use/abuse and addiction.
2. Assess access to treatment in rural areas and develop an action plan to increase access and respond to treatment needs in rural areas.
3. Establish quarterly briefings of state elected officials on the nature of meth use and treatment services in Washington.
4. Explore dedicated tax sources on over-the-counter medicine to support specialized treatment services.
5. Coordinate treatment resources with drug courts to maximize treatment outcomes.
6. Provide/increase treatment services to incarcerated populations in state and county facilities.

The more synergy you can get, the more effective you'll be. It starts local, goes to the county and state, then to the federal level, then back to the community to do the hard work.

—Colleen Minson, National Crime Prevention Council

The summit provided a focus for a complicated issue and got us all working in same direction. It built camaraderie across state and within jurisdictions, too. You might say it built unity. It really inspired participants to take action, to get proactive.

—Alisa O'Hanlon, Safe Streets Campaign

MEDIA/PUBLIC AWARENESS

1. Develop a media caucus (representatives of major media outlets in Washington) to help identify best media strategies on meth.
2. Convene a statewide media summit involving media decision makers, policy makers, publishers, general managers, and assignment editors to educate media on the various issues surrounding meth.
3. Work with the White House Office of National Drug Control Policy to place specific meth messages in Washington as part of the national media campaign.
4. Identify a cadre of spokespersons from various agencies who can brief and educate media on meth issues. Conduct appropriate media training.
5. Hold media training on meth for public information officers (PIOs) throughout the state. This would include PIOs in law enforcement, prosecution, child protection, environment, ecology, and nonprofits.
6. Working with volunteer ad agencies, develop a multifaceted outreach using social marketing and nontraditional approaches (posters, fliers) to portray the world of the meth user.
7. With assistance from a volunteer ad agency, develop a statewide public service campaign that would involve the support of all relevant state agencies.
8. With assistance from a volunteer ad agency, develop a comprehensive communications and media campaign.
9. Develop and promote a comprehensive statewide strategy and dedicate appropriate staff to lead and direct activities related to the strategy.
10. Produce citizen action guide to help ordinary citizens become engaged in the meth issue. These actions could/should be universal and/or targeted.
11. Distribute meth awareness brochures to individuals and groups utilizing state parks and recreational areas to warn about mobile meth labs in state parks.

LAW ENFORCEMENT

1. Create multi-jurisdictional task forces at the state and county level to facilitate cooperation and to better target resource allocation for the purpose of identifying all remaining meth labs.
2. Develop certified law enforcement training opportunities for offices dedicated to meth enforcement.
3. Develop model law enforcement protocols to deal with the handling of children at meth sites, the involvement of child protective services, and the documentation and investigation of child abuse and neglect charges as a part of meth drug cases.
4. Streamline federal and state grant application procedures for community and law enforcement organizations addressing meth.
5. Identify model precursor laws/legislation to implement in Washington.
6. Examine and encourage FDA regular controls on importation of precursor drugs. Distribute regulations to local law enforcement.
7. Craft and develop model inter-agency memorandums of understanding on law enforcement, treatment, prevention, and environment.
8. Increase resources to assist investigative powers and law enforcement to go after assets of meth manufacturers.

CLANDESTINE LAB CLEAN UP

1. Develop and promote training that is specifically focused on clean up of clandestine meth labs for fire department personnel, law enforcement, and landlords.
2. Develop statewide clean-up standards for meth lab sites, clarify enforcement and monitoring responsibilities, and establish certification standards for clean-up providers.
3. Develop model ordinances or legislation to support speedy and effective property clean up, such as mandatory timelines for clean up.
4. Develop alternative funding sources to support the clean up of meth labs through low interest loans, tax incentives, or on the negative side, fines or penalties.
5. Identify and promote new technologies to assist clandestine lab clean up.
6. Institutionalize, in appropriate venues, training of judges, law enforcement, prosecutors, schools, childcare providers about children exposed to meth labs and meth environments.

PROSECUTION

1. The Washington State Prosecutors Association (WSPA) will adopt a legislative agenda that will include the various sentencing and treatment sanctions for meth manufacturers and addicts.
2. Create and fund state minimum sentencing guidelines for meth manufacturing.
3. Identify and expand effective drug court models such as misdemeanor drug courts, juvenile drug courts, adult drug courts, and family or dependency drug courts.
4. Develop coordination between juvenile or adult drug courts and child protective services to link services and adjudication across family members.
5. Identify HIDTA/Byrne funding sources to support targeted strategies to prosecute, prevent, and treat meth abuse.
6. WSPA shall provide targeted and specialized training for meth prosecution.
7. Establish meaningful and effective guidelines related to the allocation of asset forfeiture in all meth cases.
8. Establish a partnership that would direct federal resources to assist in the prosecution of alien offenders.
9. State attorney generals assist the local county prosecutor in meth cases, particularly those adjudicated on state properties.
10. Increase meth possession from a category 1 to a category 2 level for prosecution.
11. Require mandatory evaluation and treatment for early offenders.

CHILD PROTECTIVE SERVICES

1. Recommend that WSPC take the lead in developing a model training curriculum for involvement of child protective services.
2. Create and provide statutory language requiring training standards for the involvement of child protective services in all cases related to meth labs and seizures.
3. Identify and promote specific child drug-endangerment statutes (e.g., child maltreatment, exposure, etc.) with appropriate penalties that will enhance the criminal justice system's capacity to protect children.
4. Utilizing SB 5127 as a model, develop inter-local agreements on resource sharing and allocation (e.g., ecology, hospitals, health, etc.).
5. Identify and disseminate national best practices on child protection as utilized in meth cases.
6. At state conferences of law enforcement, judges, educators, prosecutors, and social workers, raise concern about child protective services and discuss ways to involve those services in adjudication and delivery of services. Conduct judicial training for judges and clerks on the role of child protective services in the adjudication of all meth-related cases.

YOUTH

1. Identify appropriate state vehicle (Washington State Meth Initiative) to include and involve youth in designing statewide and local media and school-based strategies.
2. Include a strong focus on building adult awareness about youth substance abuse and strategies to encourage adult/youth involvement in prevention and treatment.
3. Develop specific party/rave/drug activity intervention strategies with youth involvement to support intelligence gathering and appropriate enforcement responses.
4. Identify and promote existing hotlines or communication tools to facilitate youth access to referrals for treatment, counseling, and/or reporting of intelligence.
5. Distribute to all counties information on statewide youth resources that counties can access to prevent and treat all substance abuse.

ACTION! STATUS REPORT

It is one thing to issue recommendations; it is another to get them implemented. How is the Washington Meth Initiative progressing? Have the good feelings generated by the summit served to bring about concrete change? It seems that the summit did create a remarkable degree of commitment and momentum to specific actions that was needed to get communities focused on addressing the three elements of the initiative — prevention, law enforcement, and treatment. All participating county teams (representing 25 of the state's 39 counties) are in varying stages of planning. Some are still in the partnership-forming phase; others have solidified local commitment, leveraged additional resources to support their efforts, and begun to implement strategies.

In its first year, the initiative has already begun to respond to the needs expressed by those working on the front lines against meth:

- Washington leveraged an additional \$4 million in federal funding as a result of the summit.
- King County has launched three different work groups around law enforcement, prevention, and treatment; it continues to pull in more people and devise strategies.
- Pierce County is taking the next steps after launching its initial proactive enforcement strategy to now reach out to and involve 30 key stakeholder groups.
- Meth awareness is growing in the southeast part of the state, thanks to public awareness events that have been held by meth initiative participants.
- Snohomish County held a local meth summit that attracted 435 participants to learn about the crisis and develop strategies for responding to it.
- The state ecology department has beefed up its capacity to deal with clean-up efforts by adding personnel and equipment.
- In each of the five counties most severely affected by meth, funding has been allocated to hire a detective dedicated to proactive meth investigations.
- Three canine teams have been funded to support meth investigations statewide.
- An additional forensics workstation has been put in place at the Washington State Patrol's Crime Lab to address a bottleneck in dealing with the burgeoning need to process evidence related to meth cases.
- The statewide Web site on meth, which was initially developed with HIDTA funds, was enhanced.
- A statewide program is underway to assist groups in developing treatment and family service protocols specifically designed to respond to deal with meth problems; this includes establishing a model treatment program and specialized training aimed at building training capacity.

- A statewide technical assistance team has supported 12 counties to launch their Meth Action Teams. These teams have conducted awareness conferences for 1,800 people, established protocols for endangered children at labs, set-up training for children and family workers, and established a certified real estate course.
- A full-time manager has designed and implemented a statewide community awareness and train-the-trainer program, created educational materials, designed public education training, and organized packages to mobilize communities through 12 county Meth Action Teams to combat meth at the grassroots level.
- The Washington State Criminal Justice Training Commission is conducting regional conferences for police and others. Numerous law enforcement and criminal justice professionals have attended clandestine lab certification training and/or regional conferences. Conference attendees include personnel from federal drug enforcement agencies, drug task forces, INS, Washington National Guard, and others. According to a recent report, more than 646 professionals from various sectors and jurisdictions have participated in training to help them recognize and understand meth and its treatment. In addition, 70 law enforcement officers from across the state, particularly those from rural, economically challenged areas, are better equipped to deal with meth problems as a result of their participation in methamphetamine response training. An excerpt of this report follows.

COMMUNITY IMPACT

The following is a report of the community impact as a result of training received by the law enforcement officers.

- Grant County (INET) has become very active in methamphetamine awareness and response. They are active in presenting information to their community including schools, Kiwanis, Rotary, etc. The methamphetamine lab discoveries and busts have increased as result of training. As a comparison, in 2000 there were 13 busts, 31 busts in 2001, and to-date for 2002 there have been 25 busts.
- Pacific County had six methamphetamine lab busts in 2001; there have been three busts in the month of January and one scheduled that resulted in an arrest.
- As a result of the training, Okanogan County is providing community education and awareness to the local businesses, health care, public utility employees and other service providers.
- The provision of training to regional areas has resulted in tremendous savings to counties. They no longer have to pay for 24-hour protection of a site while waiting four to seven days for the Patrol. It also provides assistance to the Patrol in that the site is ready to be dismantled when they arrive.
- This training has also given a foundation for responding to bio-terrorism. The individuals who have received this training would only need approximately three additional days of training to be certified for bio-terrorism response.

NEXT STEPS

“One of the challenges facing those involved with the meth initiative will be to spread limited resources fairly and responsibly in order to effectively address the problem,” according to Dick Van Wagenen, policy advisor to the governor and liaison to the meth coordinating committee. “Another is to develop the means to determine whether its strategies are successful — how do we measure the impact we’re having on the problem? We can look at arrest rates, the amount of drugs seized, but this may not give an accurate portrait. When enforcement is beefed up, seizure rates climb, but that doesn’t necessarily indicate an increase in the use of meth or a worsening of the problem. Much drug use goes undetected.”

An ongoing issue for those involved in the fight against meth will be the need to secure resources to support their efforts. Some participants in the meth initiative have already begun to use existing resources to leverage funding from their counties, local corporations, and community foundations. Efforts to increase funding from federal and state sources are underway.

The conveners of the Meth Summit will continue to follow up with the Meth Initiative to ensure that adequate support is provided to sustain the effort, an effort that shows great promise for providing other communities, states, and the nation with a model for responding to a vexing and expensive problem.

The National Crime Prevention Council further recommends that the following steps be taken by communities and states experiencing a meth problem:

- Acknowledge the problem and be public about the risks.
- Identify appropriate agencies for the creation of a community meth task force, including law enforcement, treatment providers, schools, environmental protection agencies, child protective services, drug stores (businesses that sell over-the-counter medications containing ephedrine or pseudoephedrine), and key political leadership.
- Develop a public awareness campaign to help citizens realize the dangers associated with meth use and meth labs.
- Train social workers, public utility workers, and others to enable them to identify meth labs.
- Communicate to adolescents the dangers of club drugs, particularly meth, and its impact on behavior and its highly addictive nature.

(From “Exploring the Explosive and Addictive World of Meth,” *Catalyst*, April 2000)

A FINAL WORD

One of NCPC's goals is to facilitate the development of such comprehensive approaches to meth problems in other states. As meth spreads through communities across the country, increasingly, policy makers and front-line workers are recognizing the need to get organized. A recent Western Governor's Summit highlighted the dangers of meth and spoke to the need for a strategic response. By sharing the lessons learned and highlighting the promise of Washington's example, NCPC hopes to inspire groups such as these, policy makers, coalition leaders, and others to adopt similar approaches. Assistance is available to help launch a planning process for developing and implementing a comprehensive statewide response to the meth crisis. Please refer to the resources section in the back of this publication and/or contact NCPC or DEA for more information.

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Drug Enforcement Administration

600 Army Navy Drive
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RESOURCES

Drug Abuse Warning Network

NCADI
PO Box 2345
Rockville, MD 20847-2345
800-729-6686
800-487-4889 (TDD)

Drug Enforcement Administration
Office of Intelligence Liaison and Policy
Intelligence Division
Washington, DC 20006
202-301-8265
www.dea.gov

Join Together
441 Stuart Street, Seventh Floor
Boston, MA 02116
617-437-1500
www.jointogether.org

Office of National Drug Control Policy Clearinghouse
PO Box 6000
Rockville, MD 20849-6000
800-666-3332
www.whitehousedrugpolicy.gov

National Criminal Justice Association
www.sso.org/ncja

National Institute on Drug Abuse
5600 Fishers Lane
Rockville, MD 20857
800-729-6686
www.nida.nih.gov

Office of the Lieutenant Governor
Washington
www.mfiles.org

U.S. Department of Justice
800-851-3420
www.ojp.usdoj.gov

Washington State Alcohol and Drug Clearinghouse
3700 Rainier Avenue South, Suite A
Seattle, WA 98144
800-662-9111

Center for Substance Abuse Prevention
301-443-8956
www.health.org

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