

**Mobilizing New England Communities
To Reduce Access to Methamphetamine**

**A Meeting for Key Policy Makers and Program Directors To Consider
Effective Community Response Strategies, and
Effective Intervention and Treatment Strategies**

**September 27, 2005
The Village by the Sea, Wells, Maine**

Meeting Goal: To create a dialog among methamphetamine prevention, intervention and treatment experts and state level policy makers and program developers about:

- the size and nature of the methamphetamine problem across New England
- model strategies for addressing the issue at the state and local level
- designing local responses to fit the current size and nature of the local problem
- next steps, state by state, to respond to the issue.

Target Audience: State officials and other state system leaders who are responsible for developing and implementing methamphetamine prevention, intervention and treatment strategies in their state. Attendance is by invitation from state team coordinators.

Sponsoring and Supporting Organizations:

The New England Institute of Addiction Studies, Inc. (NEIAS)

In collaboration with:

The state alcohol and drug agencies across New England, including:

The Connecticut Department of Mental Health and Addiction Services

The Massachusetts Department of Public Health, Bureau of Substance Abuse Services

The Maine Department of Health and Human Services, Office of Substance Abuse

The New Hampshire Department of Health and Human Services, Office of Alcohol and Drug Policy

The Rhode Island Department of Mental Health, Hospitals and Rehabilitation, Division of Behavioral Health Services

The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs

Key regional organizations established to serve New England's substance abuse prevention and treatment service system:

The Addiction Technology Transfer Center of New England at Brown University,
Funded by the Center for Substance Abuse Treatment-CSAT)

The Northeast Center for Applied Prevention Technology, funded by the Center for Substance Abuse Prevention-CSAP

The northeast regional membership of the National Association of State Alcohol and Drug Agency Directors (NASADAD).

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Effective Approaches to Reducing the Threat of Methamphetamine In Communities Across New England

This meeting featured three specific strategies that have been developed to address the issue of methamphetamine manufacture and use. Following is an overview of these strategies, along with information about how the reader can obtain additional information about each approach.

Special thanks go to the following individuals for their assistance in gathering and summarizing the information included in the descriptions below:

- Tania Garcia, Director, The Northeast Center for Substance Abuse Prevention
- Carol Oliver, Program Manager, The Northeast Center for Substance Abuse Prevention
- Heidi Rioux, Program Support Specialist, England Institute of Addiction Studies
- Susan Storti, PhD, Director, The Addiction Technology Transfer Center of New England

Please contact either the presenters directly or Neill Miner at the New England Institute of Addiction Studies miner@neias.org if you would like addition information about the strategies described below.

1) Meth Watch Program: A Partnership of Retailers and Law Enforcement

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Overview of the Meth Watch Program:

The Meth Watch Program was developed out of an urgent need to curtail drug lab activity by making the theft or purchase of the main precursor, ephedrine and pseudoephedrine containing products, more difficult. It was created by the Kansas Department of Health and Environment, Kansas Bureau of Investigation and a team of Kansas retailers in an effort to limit the accessibility of precursors (i.e., lithium batteries, starter fluid, drain cleaner, sulfuric acid, paint thinner, etc.), as well as to raise the general awareness of the meth lab problem in Kansas.

The Program was officially launched on May 15, 2001 at the state level. To date, the program has been implemented in over 30 communities; and has grown in scope from retailers to include farm suppliers, veterinarians, community organizers, drug use prevention organizations, and law enforcement.

Program components:

The Meth Watch Program has many options to choose from and the options chosen depend on the type of store, layout, manpower, the level of community involvement, etc. The key program components include: training, signage, product management, and suspicious activity reporting.

Employee and management training

- *Training Poster* - A training poster is provided and employers are asked to post it in the employee break room in an effort to provide repeated exposure to the types of products that are commonly purchased or stolen for a meth cook.
- *Training Video Tape* – A videotape is available that provides information about the common items purchased for meth manufacture and provides guidance on how employees should handle this situation. The video discusses common management practices that may help deter the theft of ephedrine and pseudoephedrine containing products and other precursors.

Signage and logos

The Meth Watch program focuses on creating an increased awareness of why certain products, or a variety of products, are stolen or purchased in abnormally high quantities or in combination. This is accomplished by placement of shelf tags, stickers, decals, etc. within the business. Additionally, cash register stickers are placed at the checkout counter as a final reminder for the checkout clerk to be on the lookout for suspicious purchases. Street signs are also available and can be placed throughout the community with the primary purpose that members of the community are watching for suspicious activity that accompanies meth manufacturing and use.

**It is important to note that there has been concern expressed regarding placement of signage near products utilized for production of methamphetamine and whether this potentially increases the knowledge required for meth production. In light of the fact that the recipe for meth manufacturing is readily available via the web, this is not seen as a significant issue. However, it has created additional opportunities for community and consumer education.

Product management

Product management addresses the strategic placement of precursor products in areas that will help deter theft or suspicious purchases of large quantities. Brochures and information sheets are available for customers who may question why the products are not as readily available. Some recommendations include:

- *Limit quantity of product available on the shelf:* By limiting the quantity of product on the shelf, the store may be able to reduce the amount of theft or excessive purchases.
- *Limit quantity of product that may be purchased:* Limiting the purchase quantity means that a customer will only be able to purchase a certain amount of the product at the checkout counter. The quantity can vary depending on store policy, but 3 - 5 packages are common.
- *Placement of product near high traffic areas:* Placing product in a high-profile areas (i.e., checkout counters, customer service, or a pharmacy) helps deter the theft of the product...
- *Providing surveillance on the product aisle:* Providing video surveillance on the product and informing the customer that the aisle is under surveillance. Surveillance equipment can get expensive therefore; theft is typically the main reason for a system installation.

- *Placement of product behind a service counter:* When product is behind the counter in a pharmacy, customer service area or cash register, the customer must ask for the product. Typically, a shelf tag is left on the main shelf area and includes the product name, price and directs the customer to the service counter. A few stores are even requiring the customer to sign their name or show an ID to receive the product however Meth Watch does not require customer identification for purchase.

Reporting suspicious transactions

The Meth Watch Program recommends that employees do not confront a suspect, but instead follow through with the transaction rather than putting themselves in danger. When the suspect leaves the store, the clerk or manager should complete a suspicious transaction report and provide the information to the local law enforcement as soon as possible. The form should contain as much information as possible with the date and time documented.

Some History on Implementation:

A meeting was scheduled and retailers, law enforcement and other key stakeholders were invited to attend. A pro-active approach utilizing news clippings, anecdotal stories, etc. has shown to be effective in reaching consensus among key stakeholders.

At the time the meeting was held, many of the stores were currently or had been impacted financially by the problem secondary to product loss, shoplifting incidences where groups of individuals would shop the aisle one by one. It is important to note, initially, participating retailers did not want to share data however, as the initiative move forward, there was enhanced information exchange.

Benefits to retailers for participating in the Meth Watch Program:

There are many benefits of participating in the Meth Watch program including but not limited to, cost-savings to corporations, businesses, pharmacies, etc.; public perception that the corporation is being good citizens; and the opportunity to provide in-house training for employees and the community at large. Involving the retail industry in prevention efforts brings the community on board and increases the overall effectiveness of the program. It is important to note that although many corporations are not officially becoming a member of Meth Watch, the products have been moved to high-traffic areas or behind counters.

Some Questions and Answers About Legislation:

Will the Meth Watch Program still be needed with national and local legislation being passed?

Pseudoephedrine continues to be widely available via the internet. And although legislation is being passed, without a centralized database, it will be very difficult to track purchases, activities, etc. The Meth Watch program can continue to provide much needed community based education to assist law enforcement to identify potential cooks in those states that have not yet passed legislation.

Is legislation for “other” precursor products being considered?

Unfortunately, many of the other products used for meth manufacturing have legitimate uses and have been used for hundreds of years. At this time legislation explicitly addressing “other” products has not been introduced.

Did Kansas or Maine have difficulty convincing the legislature to support this program?

Yes, it was difficult. It is recommended to work with two to three legislators that have an understanding of the complexity of this issue and how it impacts individuals, families, and the community at-large. In Kansas, the Meth Watch program was part of the 1999 Chemical Control Act. The Meth Watch component was a compromise as opposed to adopting more restrictive Schedule V legislation.

Did any community retailers lobby against the proposed legislation?

Yes, the grocer’s association and the owners of small convenience stores.

Some Questions and Answers About Implementation:

In those states with laws, are all products containing ephedrine or pseudoephedrine removed from the shelves?

No, in the case of Maine, medications containing ephedrine or pseudoephedrine in the form of gel caps, liquids and single dose packs are allowed to stay on the shelves. When creating the legislation, consumer access and geographic location needs to be considered.

Is the Pharmacy Association involved and if so, how?

In Kansas, the investigative team has provided education to pharmacists.

Are surveillance cameras required of those retailers participating in the Meth Watch Program?

No, however it is one of the recommendations of the Meth Watch Program.

Understanding that environmental strategies only go so far, what other activities are being undertaken to supplement this effort?

Many activities are currently underway to support community. They include but are not limited to,

Training of youth service workers and other human service workers making home visits;

Chance encounter occupations (i.e., trash collectors, laboratory personnel);

General community awareness activities;

Prevention curriculum for 5th and 6th graders;

Forming partnerships with universities; and

Tamper tag programs – the placement of tags on products that require removal by wire clippers.

Handouts on file at NEIAS from this presentation address these topics:

- Overview of program – retailers and law enforcement working together to bring awareness throughout the community.

- Education – Training employees and public to watch for “key ingredients” being purchased.
- Product management within retail stores (i.e. place products in high traffic areas, at the checkout counter or in the pharmacy).
- Meth Watch Program - Signing, shelf tags, door/register decals, brochures.

2) Mobilizing the Community to Respond to Methamphetamine Manufacture and Use

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Overview of the Vermont Community Mobilization Effort:

In an effort to protect Vermont communities from increased manufacture and use of methamphetamine, state officials decided to go through a four phase effort to create public awareness of a) the dangers of methamphetamine, b) how to recognize the signs of methamphetamine activity, and c) what to do about it when it is uncovered. The effort engaged key stakeholders in four separate waves of activity including:

- Phase One: A Policy Summit and Educational Seminar – to make state leaders aware of the effects methamphetamine can have on their system. Note that “state leaders” include not only people from government, but also private industry, non-profits, judicial, medical, associations, etc. Follow-up trainings in phase one include orientations to the issue for other key partners, such as prevention coalitions, the VT dept of health district offices and Agency of Human Services field directors. Also part of this process were trainings done by the State Police with their troopers, sheriffs, police departments, game wardens, EMTs, fire departments, etc.
- Phase Two: Meth informational sessions for community professionals who do home visiting, prevention coalitions, and targeted state personnel and also EMTs, fire and local police departments. Project staff conducted 24, 2 hour info sessions, targeting home visitors in the afternoons and EMTs, fire & police in the evenings.
- Phase Three: Information sessions for youth workers- workforce that provides services to at-risk youth.
- Phase Four: A broad community prevention/education campaign – To provide prevention/education to general public, schools, and parents on the effects of methamphetamine.

Methods of engagement and education were tailored to the audience. Each activity was supported by and built on the activity before it. State leaders needed to be convinced that this was an important issue, worthy of the allocation of scarce staff and fiscal resources. Groups of professionals in the community most likely to encounter methamphetamine activity were engaged and involved first, in order to begin to identify manufacture and use as quickly as possible and to protect those most at risk of exposure to the environmental/health hazards of the drug.

Implementation Observations, Lessons Learned and Suggestions

Getting Started on Mobilizing the Community:

- Having good leadership is important. At the same time, be prepared to start with whatever you've got for resources and build on that base.

- Consider beginning with invitations to small group by word of mouth – expand group to be formally invited. Remember that attendance does not mean commitment; it does, however, create a place to start and focus.
- Use the New England Network and their own connection and resources
- Brainstorm players beyond the usual suspects, such as propane dealers, feed stores, retail, veterinarians, etc.
- Strong and early involvement of political leaders (senators, representatives and the Governor Attorney General, Supreme court judges, commissioners of state agencies, presidents and CEOs of large businesses, etc.) gives the effort power and credibility

Making meetings a success:

- Have good food and good setting
- Clear letter with focus and agenda
- Setup a time when most individuals could participate
- Don't call it a training but "information session"

Introducing the Issue/Engaging People:

- Letter with specifics articulates states how relative are the issue and the impact it can have in the community.
- Be clear that all groups need to be participants in the efforts if you want full buy-in.

Notes About the Media and Environmental Approach

There are some things that should be emphasized in the messages to the public. Core Messages/Elements of the Problems

- Meth: We want to prevent it--stop the problem from occurring here
- Meth is different than other drugs in that it impacts many systems. It is harmful not only physically but environmentally.

Some Lessons learned from Vermont's Work:

- Staff resources are required to put summit together: dedicate staff to the initiative
- Phases One and Two require more staff than the last two phases.
- Be prepared to respond to the interest and inquiries generated by the activities and core message disseminated during Phase I and Phase II
- Methamphetamine can come from local labs or from super labs in other states and Mexico. You can still have a significant meth problem in your communities even if you don't have local labs.
- Although the focus of activity in the first phase is building awareness, as time goes on, the focus needs to shift to establishing and implementing new protocols for people who are likely to encounter methamphetamine labs and users.
- A leadership group/meeting needs to be formed to keep focus on the issue of meth and implementation
- Successful implementation of process requires a multi-systems approach with top level representatives of each system. Key partners include law enforcement (state police, DEA, local law enforcement, the Office of the Attorney General), Human

- Services (e.g., family services, child welfare), medical professionals (e.g., physicians in private practice, hospital staff such as Emergency Room physicians, visiting nurses), the substance abuse service system, and retailers who sell materials that can be used to manufacture methamphetamine.
- Effort needs to be made to engage the full range of cultural groups in the community, including those groups at special risk. Engaging members of special communities (e.g., the gay community) will help you develop effective awareness and prevention strategies.

Handouts on file at NEIAS from this presentation address these topics:

Vermont's Methamphetamine Prevention & Education Initiative:

- Phase One - Policy Summit and Educational Seminar – to make state leaders aware of the effects methamphetamine can have on their system.
- Phase Two – Meth informational sessions for community professionals, prevention coalitions, and targeted state personnel.
- Phase Three - Youth Workers- workforce which provides services to at-risk youth.
- Phase Four - Community Prevention/Education Campaign – To provide prevention/education to general public, schools, and parents on the effects of methamphetamine.

3) Crystal Methamphetamine Risk Assessment and Treatment for People At Risk for Use

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Overview of the Approach: Methamphetamine users present themselves for treatment with special characteristics that make it more difficult for them to take full advantage of a traditional treatment program. Fenway Community Health, which provides a wide range of services to the Gay Community of the Greater Boston area, has been encountering clients who are using methamphetamine for a number of years. Staff have developed special service strategies for this group of people which are offered as stand alone services, or in combination with standard outpatient treatment. Strategies incorporate elements of the Matrix Model, which was developed in California to treat people with a methamphetamine addiction.

The Nature of Methamphetamine Addiction:

The cycle of methamphetamine use consists of six stages including rush, high, bender, tweaking, crashing and withdrawal.

Rush: The first stage is called the rush and is the first 5 to 30 minutes when a person takes the drug. The user experiences a sudden and intense pleasurable euphoric rush due to the sudden flood of dopamine in the brain.

The High: The person will feel a heightened sense of energy. While the person is high they can't see the long term consequences. With the use of the drug comes a decrease in self observation and an increase in sexual appetite. The desire for physical activity may translate into compulsive, impulsive and often repetitive behavior. Repetitive behavior can be affected by cultural scripts. For example if it is a housewife she may clean her house more compulsively. For gay males we find the repetitive behavior is an increase in sexual activity.

Bender: The user maintains the high for as long as possible by ingesting more crystal as the high begins to wear off. The user also does not sleep or eat. The user feels more and more mentally and physically hyperactive and agitated.

Tweaking: Consists of using for several days straight and consuming 2 to 3 grams an hour. At this point it is not about the sex but about the drug. Tweaking can result in hostility and violent behavior.

Crash: Meth users will sleep 24 hours and become dehydrated and confused. They will have a low threshold for frustration.

Withdrawal: The user becomes severely depressed and lethargic. It is important to educate the user that the first 3 to 14 days of the initial withdrawal is intense and involves suicidal thoughts. Users will experience intense feelings that they will feel can only be eliminated by using the drug.

Tips for managing a tweaking episode

- Not too bright lights
- Slow voice and speech
- Don't crowd the patient

- Make your hands visible

Physical symptoms of Establish Methamphetamine Use:

- Eye color
- Over heating
- Anorexia and weight loss
- Tooth decay
- Speed bumps

What can clinicians do? Engage in risk assessment and harm reduction approaches
For Ambivalent users

Enlist more discussion and amplify the affect of the drug and move the person from resistance. Use motivational interviewing technique

Assessing Risk

- Level of use
- Method of use
- Context of use – (using online versus using in isolation)
- Other drugs – poly drug abusers

One Effective Treatment Format

The Matrix Model

- Use 1 on 1 sessions
- Clients are committed
- Cognitive behavior therapy plus 12 step foundation
- Early recovery groups
- Relapse recovery groups

Early Recovery Skills:

- Do one on one counseling
- Structure – it is important to help them schedule in structure in their lives- For example each time when meeting with a client talk about their daily and weekly schedule
- Typically, groups run 60 minutes and are skilled-based and include information.
- War stories are curtailed due to the triggers they may cause
- Crises related issues are not discussed in group

Example of session content—5 common topics:

Topic 1 Triggers:

What are the triggers and what is the process that happens when you use. You don't spontaneously start using- so what are those thoughts, feelings and actions that led up to your use. Teach clients to keep focused in the here and now. An additional technique that is taught is thought stopping. Start to break up the thoughts when they form.

Clients need to consciously work on developing skills.

Topic 2 Internal versus External Triggers

Start with external – have a chart with questions and identify times you would be less likely to use. Internal triggers include feelings, mapping out the battlefield to find the land mines.

Topic 3: Introduction to the 12 steps

Overview of the 12 Step

Topic 4: Body Chemistry and Recovery

- Withdrawal stage 3 -10
- Early abstinence
- Initial relief of symptoms- (at this point need to assist with keeping the motivational going)
- The wall – 6 to 4 weeks – people will start to experience symptoms again – (Life begins to intrude again and it is a reframe opportunity)
- Readjustment 128 days – the brain has redeveloped

Topic 5: Relapse Prevention

Early Recovery Problems:

Alcohol

Boredom

Special occasions

It is essential for Meth users to understand the difference between thought, emotion and behaviors. At this point they will also increase their awareness regarding triggering. The first 15 minutes a topic is introduced and 45 minutes is spent talking about that topic.

Types of topics including **boredom** – there is a general sense that if Methamphetamines is in the picture than everything will be exciting. For gay men some fear that sex will never be the same. We teach how to avoid the relapse drift, and provide alternatives such as calling other group members and talking to each other about how they feel.

Additional topics for relapse prevention include the difference between ***Guilt and Shame, Motivation for Recovery, Truthfulness*** and ***Sex and Methamphetamines*** and ***Spirituality***

Handouts on file at NEIAS from this presentation address these topics:

- The signs of methamphetamine use, abuse, and dependence. Cycle consists of six stages including: rush, high, bender, tweaking, crashing, and withdrawal.
- Physical Symptoms
- What can clinicians do?
- Treatment Format
- Recovery – Early/body chemistry and recovery
- Triggers – Internal vs. external triggers
- Relapse Prevention