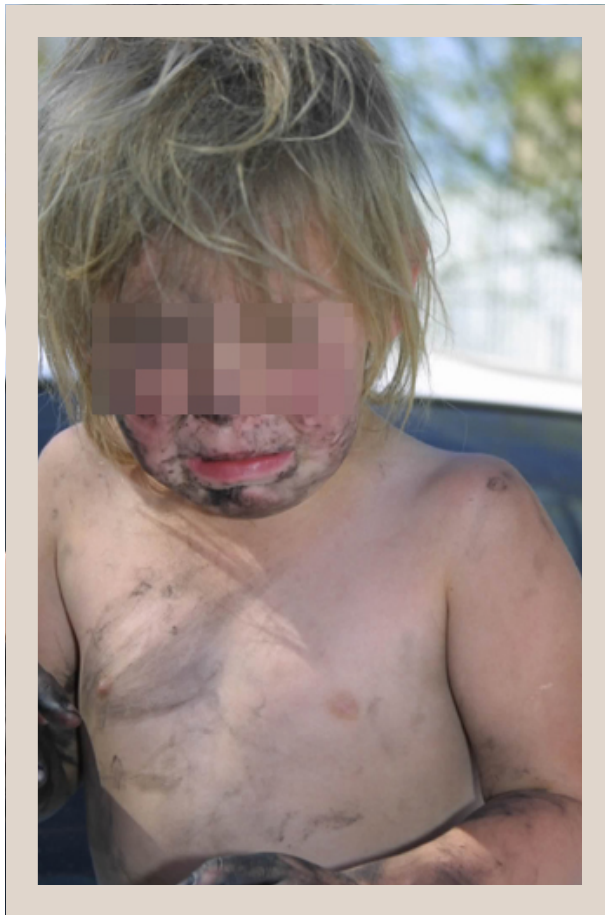


Addressing the Meth Crisis in Arizona



ARIZONA METHAMPHETAMINE
CONFERENCE REPORT 2006



Governor Janet Napolitano

Message from the Governor

The Arizona Methamphetamine Conference brought nearly 700 people together from every part of the state and from every discipline with a stake in the meth epidemic. These two days will change the course of Arizona's fight to keep our children safe from meth. We know that law enforcement, treatment and prevention are the three critical components of a comprehensive strategy and that by working together we will make the difference for Arizona.



Attorney General Terry Goddard

Message from the Attorney General

In recent years, Arizona has experienced a serious and growing threat from the manufacture and use of methamphetamine. The Arizona Methamphetamine Conference was the largest statewide meeting ever to address the challenges posed by an illegal drug. The conference program tackled all aspects of the meth problem with one overriding objective - stop the meth epidemic plaguing Arizona. The multi-disciplinary conference brought together experts from many fields, policy makers and citizens who shared their experiences in this fight.

Arizona's success in the fight against meth depends on the collective efforts of everyone - elected officials, social services, law enforcement, health professionals, tribal officials, grass roots organizations, neighborhood activists, clergy, parents and teachers. This meeting represented a major step in building that broad-based coalition.

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We wish to acknowledge the specific support and actions of the:

Conference Sponsors – who, along with the Governor’s Office and the Attorney General’s Office, provided the financial support to make this conference possible:

- The Parents Commission on Drug Education and Prevention
- Target Corporation
- U.S. Drug Enforcement Administration, Phoenix Division
- Pima County / Tucson Metropolitan Counter Narcotics Alliance
- Arizona Department of Economic Security
- Arizona Department of Health Services
- Arizona Department of Public Safety
- Arizona Peace Officers Training Board

Conference Steering Committee for their many hours in planning, organizing, and participating as speakers, moderators and support during the Conference and especially for their incredible expertise and commitment to addressing the meth crisis in Arizona.

Public Policy Forum Participants for taking the time to present their stories and specific solutions to help address the methamphetamine problem in Arizona.

Community Methamphetamine Coalitions for their commitment to address the meth crisis within their communities.

Governor’s Office for Children, Youth and Families for their tireless work to support the Conference and the community coalitions.

Attorney General’s Office for their tireless work to support the Conference Steering Committee and the Conference.

Linda Cannon and Associates and *Prevent Child Abuse* for their work in the planning and implementation of the Arizona Methamphetamine Conference.

Again, many thanks for their extraordinary contributions.



Rob Evans, LMSW, LISAC
Governor’s Office for Children, Youth and Families
Division of Substance Abuse Policy
Co-Chair Conference Steering Committee



Jane Irvine, MSW, ACSW, CISW
Arizona Attorney General’s Office
Co-Chair Conference Steering Committee

EXECUTIVE SUMMARY

On February 13 & 14, 2006, Governor Janet Napolitano and Attorney General Terry Goddard sponsored a solution-focused conference: *Addressing the Methamphetamine Problem in Arizona- Enforcement, Prevention and Treatment - A Call to Action*. The Conference provided a quality, fact-based array of public policy and community action solutions for an audience that included law enforcement, human services professionals, medical professionals, community-based organizations, educators, Tribal organizations, the faith community and neighborhood activists.

Nationally recognized speakers provided insight into and recommendations about the impact of methamphetamine and what is working nationwide in the areas of prevention, treatment and law enforcement. Arizona experts shared their experiences regarding the impact of methamphetamine on Arizona children, youth, families and communities, current practices to address the meth crisis in Arizona and possible future directions. Finally, participants heard the public policy perspectives of some of Arizona's policy makers and presented their individual views of the issues and possible solutions.

In the context of the need for a comprehensive approach to addressing the meth crisis in Arizona, the following recommendations were developed based on information from the presentations and the Public Policy Forum.



Dr. Mark Matthews

“We see the absolute abject horror of the impact of meth. People are dying, and being injured from falls and burns. It is affecting the elderly and children. There is one situation where a 16-year old crashed a car while on meth. A mother and daughter were burned in an explosion of a meth lab. There is a high death rate related to meth. The war is in the street. The Trauma Centers and Medical Centers want to be part of the solution.”

Dr. Mark Matthews, Maricopa Medical Center, Director of Trauma

Prevention

Implement Environmental Prevention Strategies

Environmental prevention strategies are prevention efforts that aim to change or influence community standards, institutions, structures and attitudes that shape individuals' behaviors. Environmental approaches have been used to:

- Change public perceptions and attitudes,
- Improve and enforce laws and regulations,
- Decrease the availability or access to harmful drugs,
- Address other factors affecting public health and safety,
- Engage every sector of local communities to employ an environmental approach,
- Work closely with a broad set of community systems, such as media, legal systems and community-based organizations.

Engage every sector of local communities through community coalition building to employ an environmental approach to address the meth problem

Build successful community efforts through broad, diverse participation by all sectors of the community including, but not limited to, law enforcement, first responders, prevention and treatment professionals, the faith community, medical services, social services, businesses, elected officials and neighborhood activists.

Increase awareness and educate the public about the growing meth problem

Public awareness must be a key component in Arizona's response to the methamphetamine problem. A statewide public awareness campaign should be developed and implemented for methamphetamine appropriate to Arizona's diverse population. Communities should also receive information and training to recognize the signs of a meth lab.



Expand substance abuse prevention efforts in K-12 education

Include prevention information in the school curriculum and focus prevention on the highest risk youth; i.e. those with parents using meth, those in alternative schools, juvenile detention, treatment centers, etc.

Restrict and monitor the sale of precursor chemicals

Law enforcement officials agree that a critical ingredient required to make any type of meth is ephedrine or pseudoephedrine, which is usually acquired by meth lab operators from over-the-counter cold medications. Limiting the easy availability of these products can be achieved by controlling the amount of medication an individual can purchase. Strict enforcement of laws and policies governing the sale of pseudoephedrine is critical to the reduction of clandestine meth lab activity. Increased vigilance by retailers can also prevent the theft of these products. Retailers should also be trained in reporting any suspicious transactions to law enforcement.

Treatment

Expand access to and implementation of evidence-based treatment models

- Psychosocial Approaches
- Community Reinforcement
- Contingency Management (with Drug Court involvement)
- Relapse Prevention
- The Matrix Model

Involve the whole family in the treatment approach

Implement comprehensive approaches that address the needs of the whole family both with regard to treatment and recovery support. Provide information and support to family members and especially to the children of adults who are addicted.

Enhance child treatment approaches

Treatment solutions when working with children who have drug addicted parents, siblings or other caregivers should:

- Teach children
 - about addiction in an age appropriate way with accurate information.
 - about self care – how to problem solve and make decisions.
 - life skills.
 - social resistance skills.
 - how to express their feelings.
- Identify who children can turn to for support and guidance.
- Tell them it's not their fault when their parents use drugs and end up in trouble.
- Delay the age of first use.
- Use a multidisciplinary approach.

Expand access to services for families involved in child welfare and substance abuse

Work with substance abusing parents referred by child protective services to resolve the parent's substance issues and create safe environments for the child(ren) and parents to be reunified.

Expand access to substance abuse treatment for people engaged in the justice system

Recognize that people that are mandated or coerced into treatment do as well as those that arrive in treatment voluntarily. Low cost, long term treatment services are cost effective and achieve positive outcome rates that are consistent with treatment in the outside community.

Build into the treatment approaches accountability guidelines for behavioral benchmarks, these include:

- Verified abstinence (random urine monitoring, sweat patch, saliva, hair testing),
- Verified stable sleep patterns ("sleep-time" monitoring),
- Verified distancing from identified individuals (surprise visits, electronic monitoring),
- Verified stable eating patterns (diet/menu plans, food receipts, home/kitchen inspections),
- Verified stable daily living patterns (employment, community service),
- Verified participation in treatment (attendance, completion of assignments).

Enhance education opportunities for the medical community

Provide education for the general medical community about addiction, prevention and identification. Medical personnel should have enough information to look for the signs of addiction, ask the right questions if drug use is suspected, and refer individuals to appropriate behavioral health providers.

Enforcement

Expand implementation of the Drug Endangered Children (DEC) Protocols

Implementation of multidisciplinary protocols has proven to be effective in protecting children exposed to meth labs through the coordination and collaboration of law enforcement, child welfare and medical personnel in three Counties. The Attorney General's Office is providing technical assistance and training in an effort to expand this approach to all of Arizona's 15 Counties.

Expand implementation of Drug Courts in Arizona

Drug Courts have demonstrated improved offender accountability, supervision and monitoring within communities. Studies have shown that Drug Courts keep people in treatment longer, which improves treatment outcomes and increases public safety.

Ensure that all first responders receive training on the dangers of clandestine meth labs and have proper safety equipment

First responders must have the information and tools to both protect themselves from exposure to meth and to protect other individuals (children and family members) that may be in contact with the meth lab, hazardous chemicals and contaminated evidence secured and transported from the lab.

Conduct an ongoing analysis of Legislation and Public Policy

Conduct an ongoing analysis of enforcement-related public policy and make recommendations to state and/or local policy makers.

Establish Interdiction Task Forces

Create meth-specific interdiction squads that focus on domestic meth production, cross-border smuggling and criminal organizations that distribute meth.

Support efforts to increase border security to stop the flow of illegal drugs into Arizona

- Increase border security and support collaborative efforts by law enforcement to stem the flow of all illegal drugs, especially methamphetamine manufactured in super labs in Mexico.
- Support efforts with Mexican law enforcement authorities to:
 - Find and shut down 'super labs',
 - Identify importers of large quantities of precursor chemicals,
 - Restrict precursor chemicals on both sides of the border,
 - Develop and share lab sensing technology.

Introduction

In partnership, Governor Janet Napolitano and Attorney General Terry Goddard sponsored a solution-focused conference: *Addressing the Methamphetamine Problem in Arizona- Enforcement, Prevention and Treatment - A Call to Action* on February 13-14, 2006 in Phoenix. The Conference was Arizona's first statewide interdisciplinary meeting on methamphetamine which focused on public policy and community action solutions for an audience that included: law enforcement, human services and medical professionals, neighborhood activists and representatives from tribal, community, faith-based organizations.

The Conference objectives were:

- 1) To provide information about
 1. the impact/scope of methamphetamine and
 2. approaches to addressing the methamphetamine problem;
- 2) To provide an opportunity for individuals to participate in a public policy discussion regarding methamphetamine; and
- 3) To provide community capacity building technical assistance and support for the twenty-two community methamphetamine coalitions that participated.

Nationally recognized experts in the field of methamphetamine presented a clear picture of not only the problems and devastation to children, families and communities caused by methamphetamine, but the latest in prevention, treatment and law enforcement approaches to resolving the meth problem. Three panels of Arizona experts addressed the meth problem from the law enforcement, treatment, prevention and child endangerment perspectives.

A Public Policy Forum provided a focus on policy issues, options and recommendations in the areas of prevention, treatment and enforcement. A panel of policy makers representing eleven federal, state, tribal and local governments provided an overview of meth and substance abuse initiatives. Conference participants presented issues and solutions continuing the dialogue with panel members regarding the issues presented.

In conjunction with the Meth Conference, the Arizona Parents Commission on Drug Education and Prevention and the Governor's Office for Children, Youth and Families instituted a new, statewide anti-meth initiative to support community-based coalitions. This initiative provides \$1.6 million in funding and technical assistance in support of Coalition development and implementation of environmental prevention strategies in local communities over a three-year period. Twenty-two local Anti-Meth Coalitions participated in the Conference.

Attorney General Terry Goddard sponsored a poster contest as an opportunity for students to learn more about the dangers of methamphetamine in an effort to prevent first time use. The Stop Meth Poster featured artwork and messages by Arizona eighth-grade students discouraging the use of meth. Winners and their families were recognized at the Conference Reception sponsored by Target for legislators and conference speakers and participants. Wells Fargo presented the contest winners with savings accounts. Posters were distributed at the Conference to participants and also to schools and youth organizations as part of a statewide public awareness campaign.

STOP Meth

If you have reason to suspect methamphetamine activity, call **1-877-STP-METH**

1st Place
Encarnacion "Shawn" Ramos - Andabucia Middle School, Phoenix

2nd Place
Zainé Kennedy - Desert Shadows Middle School, Apache Junction

3rd Place
Sarah Bruemmer - Explorer Middle School, Phoenix

A CALL TO ACTION
Arizona Statewide Methamphetamine Conference
February 13-14, 2006
Phoenix, AZ

Governor Janet Napolitano
Attorney General Terry Goddard

PARENTS the power to prevent
National Parents Council on Drug Use, Prevention and Policy

For more information about the fight against meth, visit www.azag.gov

Poster Contest Honorable Mention

1. Theresa Rubin - San Tan Junior High, Chandler
2. Jennifer Bland - Eagle Elementary School, Elgin
3. Emily Davis - Desert Canyon Middle School, Cottondale
4. Bianca Cortez - Alhambra High School, Tucson
5. Justin Hernandez - John F. Kennedy Middle School, Camp Verde
6. Kayla Hagler - Alhambra Junior High, Cotton
7. Kayla Gaudin - Coronado Middle School, Phoenix
8. Alan Gonzalez - Santa Rita-Islandia Continuation
9. Shyana Perry - Skyway Middle School, Tucson
10. Marianne Holder - Challenge Middle School, Tucson
11. Wynne Koster - Catalina Middle School, Oroville
12. Bruce Whittington - Eugene Middle School, Phoenix
13. Carlos Zayas - Eugene Middle School, Phoenix
14. Chayna Butler - Explorer Middle School, Phoenix
15. Kara Carlson - Explorer Middle School, Phoenix
16. Anna Heger - Explorer Middle School, Phoenix
17. Elyse Williams - Explorer Middle School, Phoenix
18. Jan Hildebrand - Andabucia Middle School, Phoenix
19. Hannah Lane - Andabucia Middle School, Phoenix
20. Cami Clark - Grand Canyon Middle School, Apache Junction
21. Angelina Torres - West Canyon School, Phoenix
22. Rose Marie - Geneva Middle School, Tucson
23. Jacob Walker - Coronado, Tucson
24. Bruce Perry - Eagle Middle School, Tucson
25. Lee Walker - John William Pugh School, Tucson
26. Kiana Ryan Butler - Phoenix Charter School, Phoenix

The Methamphetamine Crisis – The impact on individuals, families, and communities nationally and in Arizona

What is Methamphetamine?¹

Methamphetamine (meth) is a powerful, long-acting central nervous system stimulant that is highly addictive, easy to acquire and cheap. It can come in crystal form or as a white, usually odorless, bitter tasting powder that easily dissolves in alcohol or water and can be smoked, injected or snorted.

The destructive impact of meth in Arizona has been staggering. Meth devastates not only those using the drug, but also their family, friends and neighbors. The close connection between meth and many other crimes is well established. Meth addicts turn to crime to support their habits, especially identity theft, forgery, robbery and prostitution.

Meth is the only illegal drug made from legally obtained ingredients such as over-the-counter cold medications containing pseudoephedrine and some of the following: red phosphorous, hydrochloric acid, anhydrous ammonia, drain cleaner, battery acid, lye, lantern fuel and anti-freeze.

Much of the meth used in Arizona is produced in super labs in Mexico and Southern California run by organized crime and street gangs. The remaining supply comes from makeshift meth labs found in kitchens, garages, bedrooms, barns, vacant buildings, campgrounds, hotels and motels and trunks of cars.² Local production of meth in small labs exposes children, firefighters, law

¹ Arizona Attorney General Fact Sheet 2006

² The Partnership for a Drug Free America, Arizona Chapter

enforcement, and neighbors to toxic gases and hazardous chemicals. Due to the flammable nature of the chemicals used in cooking meth, fires and explosions are common. The question of how to deal with hazardous waste and contamination continues to challenge law enforcement, first responders, property owners and the courts.

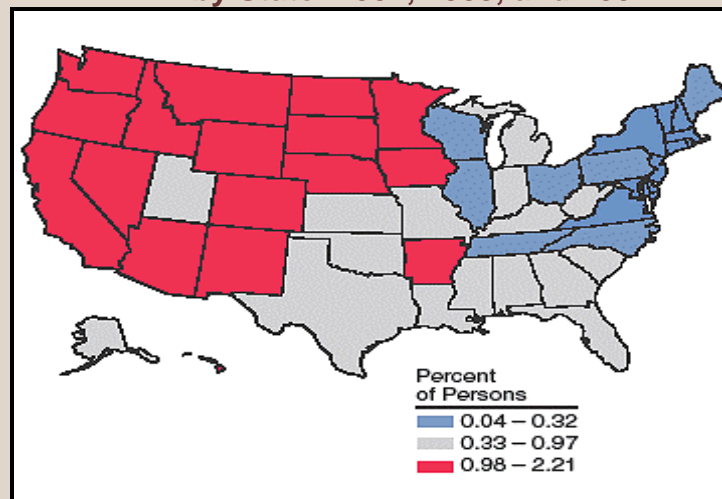
The Meth Crisis - A National Perspective

“Meth is the leading drug-related law enforcement problem in the country. The amount of meth being seized at the Mexican border has tripled in the last two years.”

McGregor W. Scott, United States Attorney, Eastern District of California

The production, sale and use of methamphetamine have increased dramatically in many U.S. communities over the past two decades. This trend is especially true of the communities in the West and Midwest United States that have seen skyrocketing seizures of methamphetamine labs and similar arrest numbers for other meth-related offenses. The significant health consequences of meth abuse have also become evident ranging from physiological harm done to users (e.g., weight loss, paranoia, tooth decay, hallucinations), to abuse and neglect of young children exposed to meth activity (e.g., lab explosions, chemical contamination, fetal exposure to the drug).³

Past Year Meth Use Among Persons Aged 12 or Older, by State: 2002, 2003, and 2004



Source: The National Survey on Drug Use and Health - Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004, September 16, 2005

The average age of first use among new methamphetamine users was 18.9 years in 2002, 20.4 years in 2003, and 22.1 years of age in 2004.⁴

- Among the 21 metropolitan areas monitored by the Drug Abuse Warning Network (DAWN), the 5 areas with the highest amphetamine/methamphetamine rates (visits per 100,000

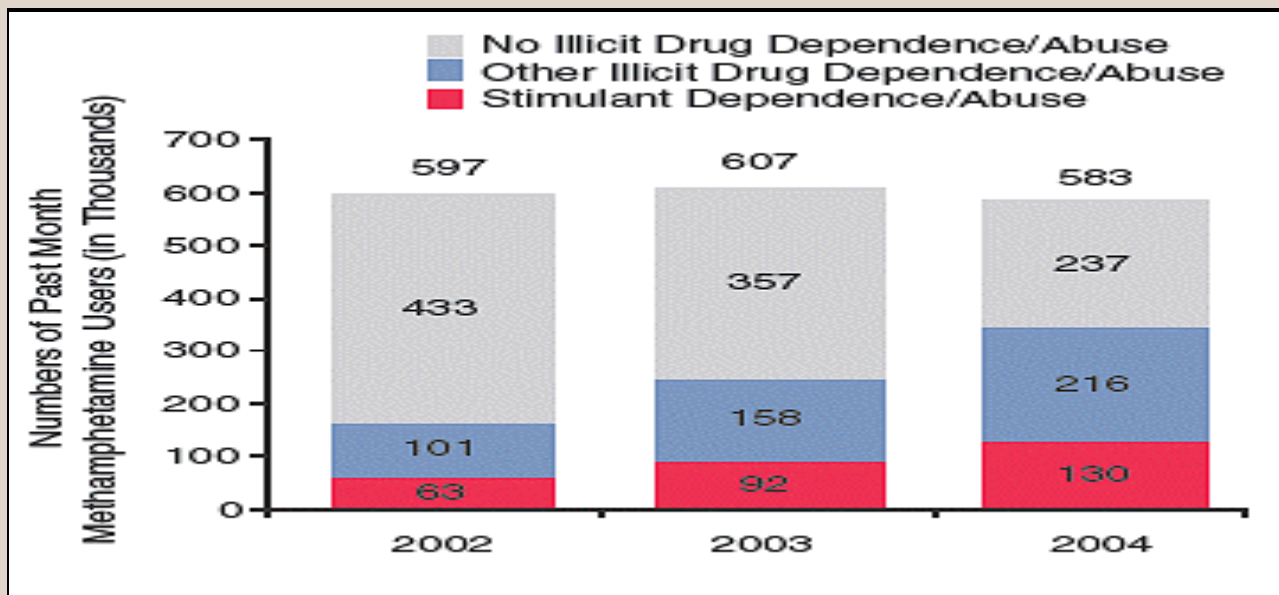
³ An Evaluation of the COPS Office Methamphetamine Initiative, U.S. Department of Justice, Office of Community Oriented Policing Services)

⁴ The National Survey on Drug Use and Health - Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004, September 16, 2005

population), were San Francisco (91), San Diego (68), Phoenix (65), Seattle (46), and Los Angeles (39).⁵

- The western and northwestern regions of the United States reflected high rates of meth use among those arrested for crimes. Furthermore, a nine-year period in the Arrestee Drug Abuse Monitoring Program (ADAM) data revealed a regional difference in meth use with the West and Northwest U.S. having the highest percentages of arrestees testing positive for the drug while the Northeastern U.S. had the lowest.
- Although the number of past year and past month methamphetamine users did not change significantly between 2002 and 2004, the number of past month meth users who met the criteria for abuse or dependence for one or more illicit drugs in the past year increased from 164,000 (27.5% of past month methamphetamine users) in 2002 to 346,000 (59.3%) in 2004.

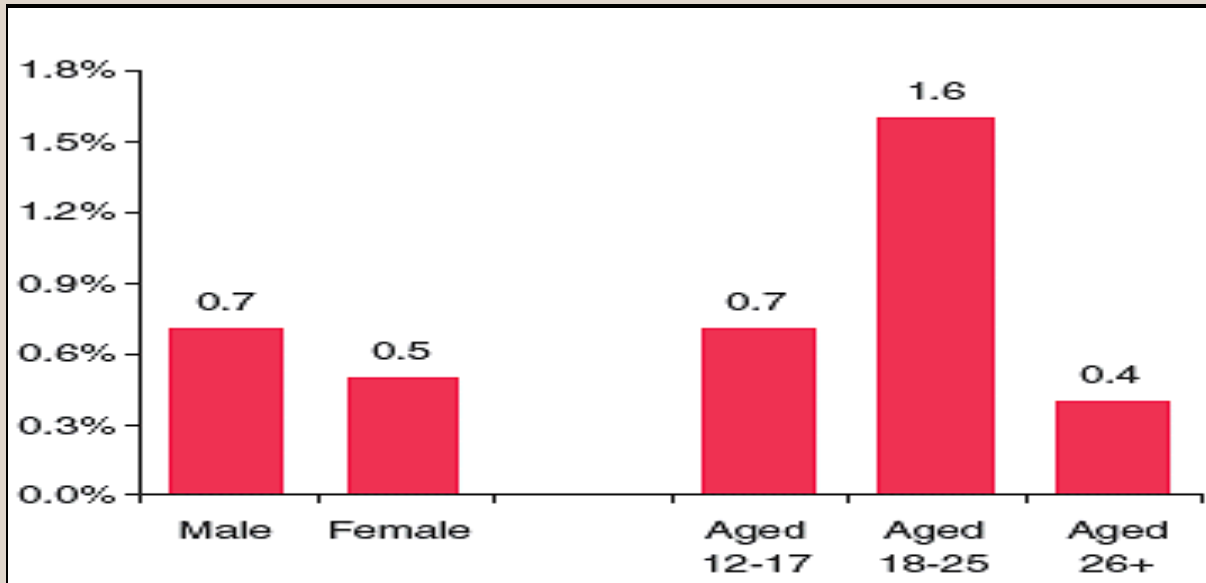
Past Month Meth Use Among Persons Age 12 or Older, 2002, 2003 and 2004



Source: The National Survey on Drug Use and Health - Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004, September 16, 2005

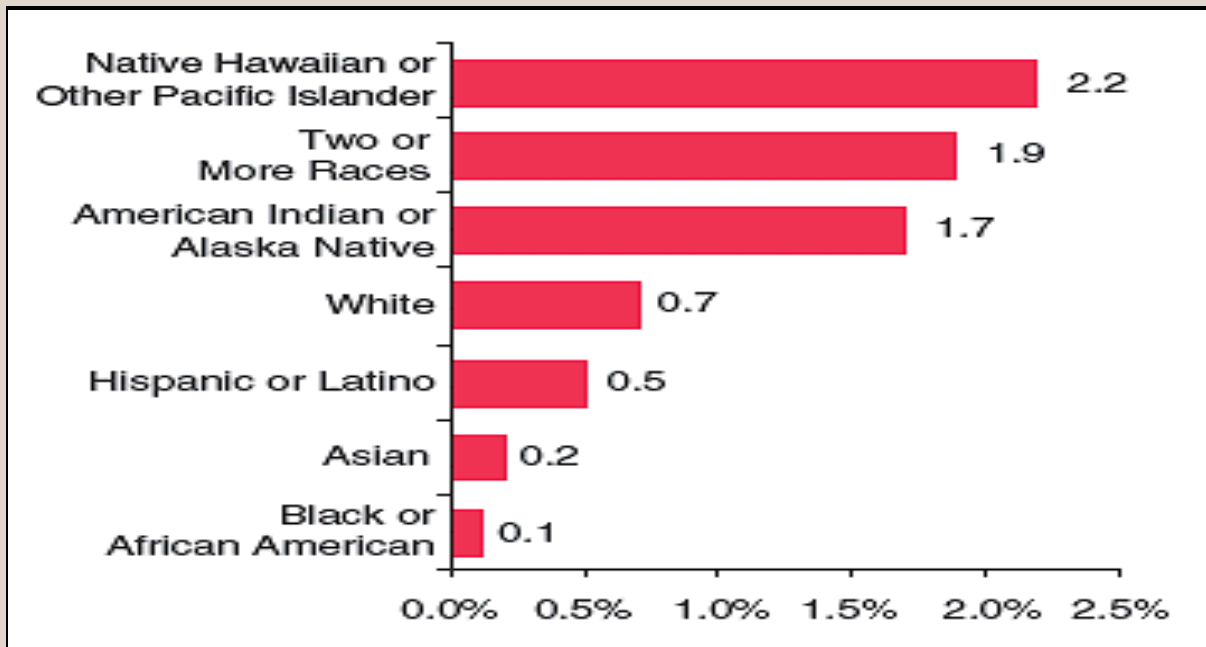
⁵ The DAWN Report, Amphetamine and Methamphetamine Emergency Department Visits, 1995-2002, July 2004.

Past Year Meth Use Among Persons Aged 12 or Older, by Gender and Age: 2002, 2003, and 2004



Source: The National Survey on Drug Use and Health - Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004, September 16, 2005

Past Year Meth Use Among Persons Age 12 or Older, by Race/Ethnicity: 2002, 2003 and 2004



Source: The National Survey on Drug Use and Health - Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004, September 16, 2005

Environmental Impacts

The environmental consequences of meth labs includes not only the negative impacts of disposal of meth cooking by-products, but also the potential for chemical exposure which places the meth cooker and the neighborhood at risk. Research is being conducted by the National Jewish Medical and Research Center which will help better protect first responders, children, human services workers and other innocent bystanders from toxic chemicals released during meth cooks. Findings from the research will be valuable in the development of improved protective gear, decontamination methodologies and medical treatment to reduce acute and long-term health effects.

A 2005 study on chemical exposure related to methamphetamine labs revealed the following results:⁶

- Exposures to iodine, phosphine, anhydrous ammonia, and hydrochloric acid may exceed occupational standards.
- Hydrochloric acid, iodine, and anhydrous ammonia may exceed Immediately Dangerous to Life and Health (IDLH) levels.
- Significant amounts of airborne methamphetamine are released during the manufacturing (cooking) process and deposited on both horizontal and vertical surfaces.
- Entering the manufacturing (cooking) area will contaminate clothing with methamphetamine and other chemicals.
- The entire area of the home is contaminated by the generated compounds.
- A significant number of responders report symptoms after laboratory entry.
- A number of responders have had symptoms that required a physician visit.



Environmental Meth Pollution

The implications of these environmental consequences include the fact that anyone entering or taken from the lab area is apt to be contaminated with low levels of methamphetamine or other hazardous substances. In some cases the potential for high contamination levels does exist. Other problems that arise when entering a lab include accidents and fires.

⁶ Chemical Exposures Associated with Clandestine Methamphetamine Laboratories Using the Hypophosphorous and Phosphorous Flake Method of Production, John W. Martyny, Michael Van Dyke, Charles S. McCammon, Nicola Erb, Shawn Arbuckle , September 2005



Dr. John Martyny

Dr. John Martyny provided the following guidance regarding addressing exposure and contamination issues:

Decontamination information for first responders is critical. Exposure may include children and family members, pets, first responders and any evidence collected. Decontamination may occur on the scene, at hospitals, at the fire station and at the police station. In advance of the on-site investigation, and throughout the investigation process, the following processes should be established and followed:

- A hospital decontamination process should be planned and in place.
- A method for proper disposal of clothing should be developed.
- A protocol for transportation of evidence should be prepared.
- Protocols for addressing possible exposure of children at the scene should be established.

In following established protocols, the contaminated area should be confined to one area to reduce the likelihood of exposure. A shower should be given to individuals at risk of possible exposure in accordance with local protocol using warm water in a safe and trauma-free environment. Clothing worn at the scene should be collected and discarded or stored by a responsible agency.

The Meth Crisis – An Arizona Perspective

“We need to be persistent in our fight against meth. We cannot afford to lose an entire generation of Arizonans to this destructive and deadly drug, and it is incumbent upon all of us to ensure that we are doing as much as we can to protect our state’s children from the dangers of methamphetamine.”

Arizona Governor Janet Napolitano



Impact on Children

Exposure to meth manufacturing can be harmful to anyone, but is particularly dangerous to children. This is why, once a lab is discovered, children who live in meth labs require special and immediate attention from a variety of professionals including medical, legal, and child welfare. Children who live in and near meth labs face the danger of contamination, fire and explosion, child abuse and neglect, hazardous living conditions, and other social problems. The Arizona Attorney General's Office coordinates statewide efforts to protect children through multidisciplinary protocols for the Drug Endangered Children Program.

Impact of meth labs on children in Arizona⁷:

- From 2000-2005, 402 children were rescued from meth labs, 281 in Maricopa County⁸.
- 30-35% of meth labs seized are residences with children.
- 33% of children found at meth labs tested positive for meth between 2000 and 2002.
- Meth cookers often have guns, weapons and booby traps to protect their drugs and labs, posing a serious safety risk for children.
- Children found in meth labs often suffer from developmental delays and are likely to have been neglected and/or abused.
- Children of meth users and cooks become society's responsibility and cost Arizona taxpayers millions of dollars for special services, including foster care and specialized health care.

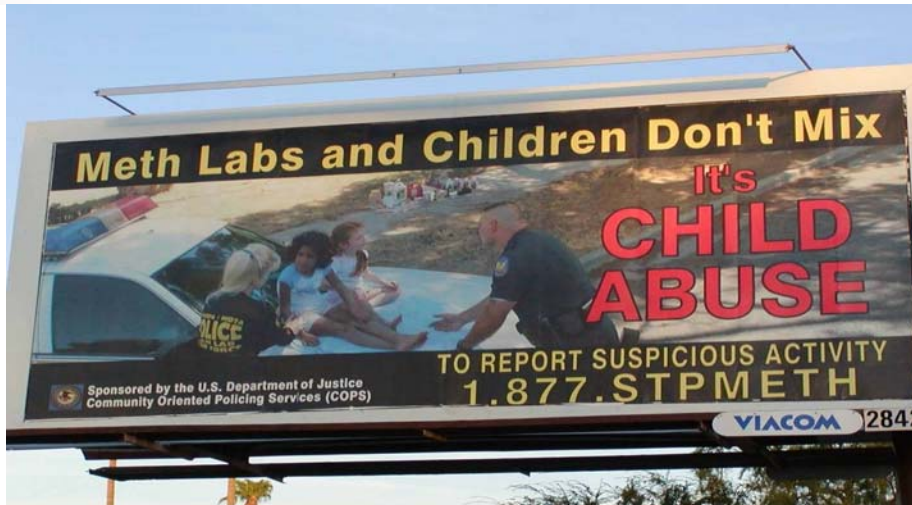


During a meth lab bust, this toddler was found covered in battery acid from playing with an old car battery. Meth paraphernalia was found buried in the child's outdoor play area. This child tested positive for methamphetamine.

Source: Arizona Attorney General Web site, www.azag.gov

⁷ Arizona's Meth Crisis 2006, Arizona Attorney General, Fact Sheet; www.azag.gov

⁸ Arizona Attorney General's Office, Drug Endangered Children Annual Report 2005



The relationship between substance abuse and child abuse and neglect is well established. A recent evaluation of the Arizona Families F.I.R.S.T Program found that 29.8% of families reported using methamphetamine 30 days prior to enrollment in Families F.I.R.S.T⁹. The most recent Child Fatality Report (2005) shows the increasing impact of methamphetamine on child well being. Of 102 child deaths involving drugs or alcohol, 21 involved use of methamphetamine. Methamphetamine use was identified as a preventable factor in one out of every five maltreatment deaths.¹⁰

“Children from addicted families are almost 3 times more likely to be physically and/or sexually abused and 4 times more likely to be neglected.”

Jerry Moe, Betty Ford Center

Arizona has one of the highest rates of methamphetamine use by adolescents. According to the 2004 State of Arizona Youth Survey, 8.2% of twelfth grade students, 6.7% of tenth grade students, and 3.4% of eighth grade students reported using methamphetamine/amphetamines at least once.¹¹

⁹ Arizona Families F.I.R.S.T Program, Annual Evaluation Report for the Period July 1, 2004 – June 30, 2005; Applied Behavioral Health Policy, The University of Arizona, p30.

¹⁰ Child Fatality Review Report, Arizona Dept of Health Services, November 2005.

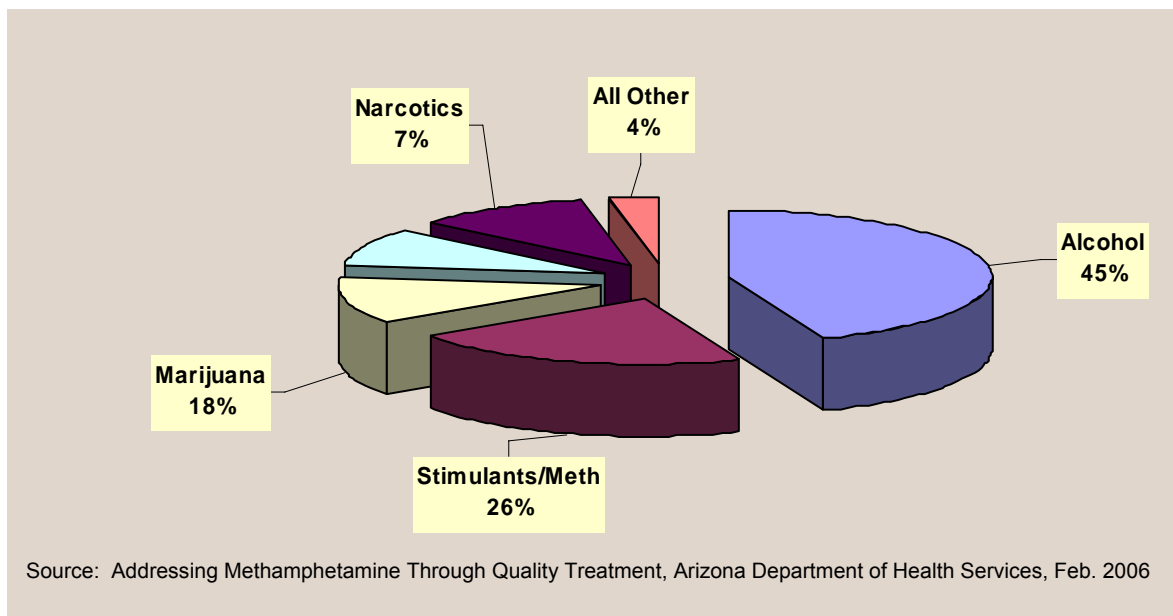
¹¹ 2004 Arizona Youth Survey, Arizona State Profile, Arizona Criminal Justice Commission,

Treatment

“Ninety-two percent (92%) of 33,435¹² individuals incarcerated in the Arizona Department of Corrections (DOC) have addiction problems including meth; however, DOC has only 1,300 treatment slots.”

Steve Ickes, Arizona Department of Corrections

- Highest admission rates to the Regional Behavioral Health System for substance abuse treatment are among¹³:
 - 18-24 age group
 - Parents involved with Department of Economic Security Child Protective Services
 - Drug and mental health court participants
 - Tribal groups



- Meth is the second leading factor (alcohol is the first) in Arizona’s behavioral health treatment admissions involving substance abuse – 1 in 10 in 2001 versus 1 in 4 in 2005
- According to the Drug Treatment and Education Fund Report Detailing Fiscal Year 2005, it is estimated that every dollar spent on drug treatment for persons diverted from the prison system to probation resulted in \$3.00 in cost avoidance.¹⁴

¹² Fiscal Year 2005 Appropriations Report, State Department of Corrections, Appropriations Report, P. 65.

¹³ Addressing Methamphetamine Through Quality Treatment, Arizona Department of Health Services, Feb. 2006

¹⁴ Drug Treatment and Education Fund Report Detailing Fiscal Year 2005; Arizona Supreme Court, Administrative Office of the Court, Adult Probation Services, January 2006, p. 15.

Law Enforcement

“We have seen an increase in the amount of methamphetamine seized. We have nearly quadrupled our seizure numbers. We have become much more pro-active in working lead sheets and phone tip lines which result in search warrants; and we have become more adept at working informants.”

Captain George Hawthorne, Maricopa County Sheriff's Office, Special Investigations
Division Commander (Drug Division)

The Law Enforcement Panel provided information on the meth issue, including the sources of meth, Arizona's role in distribution and the impact of meth on crime, our communities and children.

Only about 30% of Arizona meth is manufactured in local clandestine labs. The majority of meth in Arizona comes from Mexico where it is manufactured in super labs. Regardless of where it is manufactured, meth is cheap and easily accessible. There is no way to tell where it is made because it all looks the same to the naked eye. The person arrested does not know where it came from and this information is not reported anywhere. Arizona is the major importer and distribution center for the rest of the U.S. The meth that comes into many other states comes from Arizona. The purity levels of locally produced meth are not as high as that made in Mexico, where professional chemists produce purity levels of 90-99 percent.

Data analysis of a ¼ mile radius around a meth lab seizure site has shown that there has been an explosion of crime in that area. There is an increase in auto thefts, homicide or other violent crimes associated with meth. Users keep the addiction going by creating meth labs in neighborhood homes. This is degrading our quality of life across our cities. Internet sale of pseudoephedrine is a big problem. We could lose our community to the effects of this drug. It is estimated that 50% of property crime in Tucson is associated with meth. Other indicators are that 1 out of every 5 persons booked into jails in 2004 was associated in some way with meth.

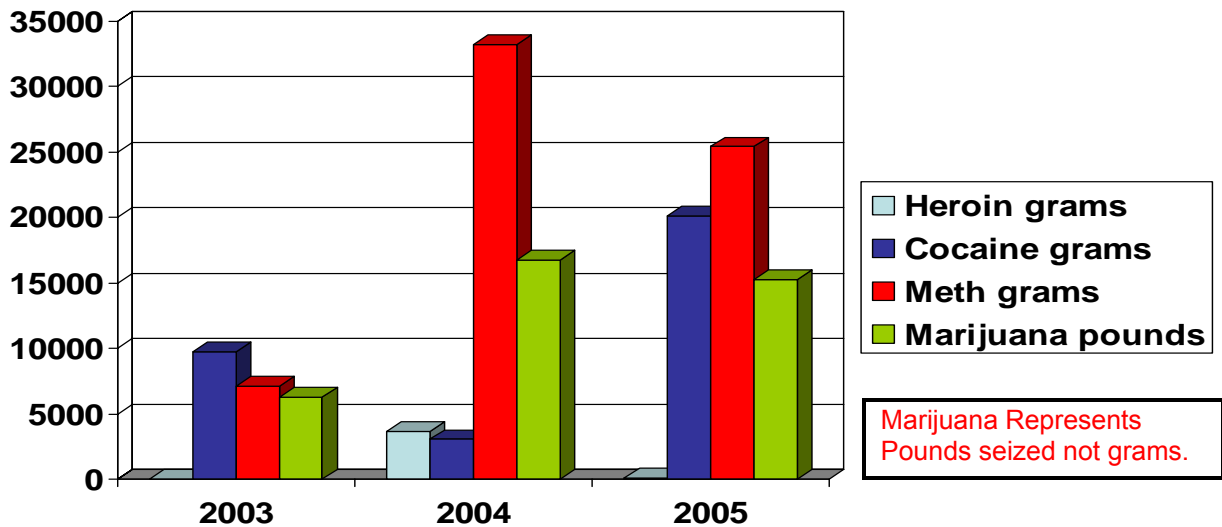
Law enforcement has had to change its view of the children living in a meth lab. Previously, law enforcement did not look at children as victims – they were just in the house. We need to train officers on talking to children so they are understood and heard.

From 2000-2005¹⁵:

- 1,412 meth production related seizures.
- Disposal costs for gross contamination associated with meth labs exceeded \$4.1 million.
- In 2003, 38% of males and 42% of females booked into Maricopa County jail tested positive for meth.
- Arizonans spent millions of tax dollars addressing the violence and property crime committed by meth cooks and meth users.



¹⁵ Arizona Attorney General's Fact Sheet 2006



Source: Maricopa County Special Investigations Division - Drugs Seizures 2003 - 2005

Each time a meth lab is raided, agents must use disposable supplies costing hundreds of dollars. Afterward, HAZMAT (hazardous materials) teams arrive to clean the toxic site. According to the Attorney General’s Office, disposal costs for gross contamination associated with meth labs exceeded \$4.1 million from 2000 through 2005.¹⁶

Arizona law requires that all methamphetamine labs be cleaned up at the expense of the property owners. A notice must be posted stating the actions the property owner must take to remediate the property. The property owner may not sell or rent the property until the clean up is complete. The Arizona Board of Technical Registration has developed standards that companies must comply with in order to be on a list of approved firms.

Law Enforcement Partnerships

Target Corporation decided to move pseudoephedrine-based medications behind pharmacy counters in April 2005. A move soon followed by other retailers. Arizona Attorney General Terry Goddard presented a Distinguished Service Award to six Target Corporation employees in June 2005 for their efforts to work with local police and identify suspects who may be purchasing pseudoephedrine in order to produce meth.

“Target has made a concerted effort that extends a hand of partnership to law enforcement and criminal justice organizations. By sharing our expertise and resources, together we build safer, more vibrant communities.”
 Anthony Herredia, Director of Investigations, Target Corporation

¹⁶ Arizona’s Meth Crisis 2006, Arizona attorney General, Fact Sheet; www.azag.gov
 Addressing the Meth Crisis in Arizona – A Call to Action
 Conference Report – July, 2006

A Comprehensive Approach: Prevention, Treatment & Enforcement

Prevention Approaches

SMART Moves Program

The Arizona Alliance of Boys and Girls Clubs SMART (Skills, Mastery And Resistance Training) Moves program is an interactive educational program, which teaches children about the impact of using drugs. The program starts at age six and provides age appropriate information. Peer leaders are a key component of the program - kids are helping kids. Prevention teams made up of parents, youth, staff, community partners, law enforcement, medical personnel and school officials ensure that SMART Moves is received at the Clubs as well as at home and in the community. Studies done by the University of Pennsylvania and Columbia University show that Clubs with multiple layers of programs, as well as parent involvement, result in youth having increased knowledge of risky behavior, the ability to handle peer pressure and a reduction in substance abuse across the board. The family's participation has made a huge difference in outcomes for children.¹⁷

“Arizona’s success in the fight against meth depends on the collective efforts of everyone – elected officials, social services, law enforcement, health professionals, Tribal officials, grass roots organizations, neighborhood activists, clergy, parents and teachers.”

Arizona Attorney General Terry Goddard

Environmental Prevention Strategies

“Change the way communities approach problems. Behave in a way that it makes the community a healthier, better place to grow up. Show we are serious about our health & safety; express our genuine concern for each other; make clear what we expect of our leaders, businesses and one another.” - Dr. Michael Klitzner

Implementation of environmental prevention strategies changes the focus from individuals to populations. An example of an environmental prevention strategy is the implementation of laws and ordinances that restrict the availability of pseudoephedrine; i.e. by limiting access to meth products there is a reduction in the number of home meth labs.

Research demonstrates that Environmental Strategies are effective in that they:

- Bring fast results,
- Are efficient (reach entire populations),
- Are sustainable (some self-implementing).

Ensuring compliance with environmental strategies costs much less than strategies focused on individuals. Planning and implementation of strategies is done once vs. over & over; ordinances and regulations must be actively repealed. Laws are self-sustaining but still need to be enforced



¹⁷ Toni Sarcinella, The Arizona Alliance of Boys and Girls Clubs, Treatment Panel presentation, Feb. 2006

Public Education Efforts

Increasing public awareness is critical to mobilizing for action. A number of effective public education tools are currently in use. Following are some examples:

In December 2005, Arizona Attorney General Terry Goddard invited all Arizona eighth-graders to learn more about the dangers of methamphetamine and showcase their creativity and artistic talent by participating in the Stop Meth Poster Contest. Poster submissions were to include an original message and illustration to discourage use of the drug. Winning artwork is being used by the Arizona Attorney General's Office in a public awareness program about the dangers of meth and was included in a commemorative poster for the Conference.

Stop Meth Poster Contest



“Methamphetamine is one of the most destructive drugs in our society today. It ruins not just individual lives, but families, neighborhoods and entire communities. Arizona leads the nation in meth use among youth 12-17 which is why I am working to increase awareness about the dangers of meth. Effects of this highly addictive and dangerous drug include permanent brain damage, violent behavior, loss of teeth and paranoia,” said Arizona Attorney General Terry Goddard.

At the Conference Reception for legislators and Conference participants, Attorney General Terry Goddard announced the winners of the *Stop Meth* Poster Contest and unveiled the official poster. The three winners of the Contest were chosen from over 300 entries from 42 schools across Arizona. The poster was distributed to Conference.

The winning students received individual savings accounts donated by Wells Fargo and a copy of the poster featuring their artwork signed by Governor Janet Napolitano and Attorney General Terry Goddard. Joining Attorney General Goddard in presenting the awards was Dave Howell from the Wells Fargo Foundation.

- First place was awarded to Encarnación “Shawn” Ramos of Andalucía Middle School in Phoenix. He received a \$300 savings account from Wells Fargo.

- ❑ Second place was awarded to Zainé Kenealy of Desert Shadows Middle School in Apache Junction. She received a \$200 savings account.
- ❑ Third place was awarded to Sarah Bruemmer of Explorer Middle School in Phoenix. She was awarded a \$100 savings account.

An additional 26 students were awarded the distinction of Honorable Mention. All winning submissions are posted on the Attorney General's Web site, along with important information on meth.

The Partnership for a Drug Free America

The Partnership for Drug-Free America has focused public service announcements and a web site on methamphetamine. The Partnership for a Drug-Free America is a national nonprofit coalition of communication, health, medical and educational professionals working to reduce illicit drug use and help people live healthy, drug-free lives. The Partnership's research-based, educational campaigns are disseminated through all forms of media, including TV, radio and print advertisements and over the Internet. Arizona is the first state to have a chapter of the Partnership. Their web site is www.drugfree.org.

Arizona Science Center – Teens in Recovery Video

The Teens in Recovery video produced by the Arizona Science Center consists of interviews with teens about how they started using drugs and alcohol and the negative impact it had on their lives. The video is part of an exhibit designed to teach students about the effects of drugs, especially on the brain. The teens speaking about their experiences send a powerful message of how peer pressure and the desire to "fit in" lead them down a dangerous path.

Navajo Nation Education and Awareness Campaign

"G, Methamphetamine on the Navajo Nation" is a documentary about meth on the Navajo reservation. (www.sheepheadfilms.com) The documentary is an award winning public awareness campaign, which received the Best Public Service Award at the 29th American Indian Film Festival.



Montana Meth Project

Presented by Montana Attorney General Mike McGrath, the Montana Meth Project's edgy ads of teens speaking to teens about the dangers of meth had a profound impact on Conference participants. The Montana Meth Project is a statewide anti-methamphetamine campaign of research-based public service messaging that includes advertising, public relations, billboards, and Web sites targeted directly at Montana teens 12-17. www.montanameth.org and www.notevenonce.com

The goal of the public awareness campaign is to reduce the prevalence of first-time methamphetamine use. The focus is solely on prevention. To achieve this goal, three strategies are used: public service messaging, public policy and community action. The campaign was funded by a grant from the Thomas and Stacey Seibel Foundation.

Arizona Community Methamphetamine Coalitions

Through funding from Governor Napolitano's Office for Children, Youth and Families and the Arizona Parents Commission on Drug Education and Prevention, 22 Tribal and county-level Community Coalitions were developed to address the impact and consequences of

methamphetamine use and production at the local level. To assist Community Coalitions in addressing the impact and consequences of methamphetamine, a daylong work session was devoted to providing strategies and technical assistance to Community Coalitions during the Arizona Methamphetamine Conference. The Community Coalition breakout session included Coalitions from each of Arizona's 15 counties (2 in Maricopa County) and six Tribal Coalitions. Tribal organizations participating in the Arizona Anti-Meth Initiative include: The Hopi Tribe, Colorado River Indian Tribes, the Navajo Nation, the White Mountain Apache Tribe, the San Carlos Apache Tribe and the Tohono O'Odham Nation.

Prior to Coalitions being selected to participate in the statewide Anti-Meth Initiative and attend the Conference, a statewide survey was conducted of current anti-meth activities. This survey identified existing and new Coalitions devoted to reducing the use, consequences and availability of meth and other drugs in their community.

Based upon results of the survey, an invitation requesting a letter of interest was sent to each county and Tribal government in the state. A letter of interest was received from each county and six Tribal governments, which became funded under the Arizona Anti-Meth Initiative. The survey indicated that each Coalition was at varying levels of progress toward their goal to reduce the availability and consequences of methamphetamine in their communities. Efforts ranged from some communities having developed ordinances restricting the availability of methamphetamine use and production, others having conducted community awareness forums and others were just beginning discussions on how to address meth issues in their community. Several Coalitions needed guidance and technical assistance on where to begin. To this end, each Coalition was awarded a planning grant of \$20,000 for the first phase of a two-phase effort titled "The Arizona Anti-Meth Initiative." This effort is aimed at empowering communities to assess the impact of methamphetamine in their local communities and develop a strategic plan on how to address their identified needs.

The first phase of the Arizona Anti-Meth Initiative will provide technical assistance to community Coalitions for assessing their current progress, coalition building and technical assistance activities focused on providing Coalitions with the tools and resources needed to be successful in combating the effect of meth in their local communities. Attendance and participation in the Community Coalition breakout session at the Conference was the first step in this process.



At the conference, a host of speakers presented information on a wide variety of issues faced by communities. This included addressing myths about meth users, treatment options, law enforcement approaches, the impact of legislation and education on environmental prevention strategies focused on changing social norms about drug use and availability.

The second phase of the Anti-Meth Initiative will fund Coalitions through a competitive Request for Proposals process. This phase will implement researched-based environmental prevention strategies to address the impact of methamphetamine at the county level through collaboration with key stakeholders in cities and towns throughout the county. In preparation for the implementation phase of the Initiative, Coalitions will be provided opportunities to attend community forums and receive training on implementing best practice environmental prevention models for addressing methamphetamine.

Meth Free Alliance – Pima County

The Meth Free Alliance of Pima County, made up of more than 200 individuals, is committed to reducing the negative impact of methamphetamine at all community levels through legal, legislative, grassroots, personal action, and active partnerships.



Treatment Approaches

Treatment Accountability Guidelines

“The fact remains...people can and do recover from methamphetamine addiction”.

Nicolas Taylor, Ph.D., Taylor Behavioral Health

Outcome Data

- In the state of Colorado, during the year 2003, 80% of meth users were abstinent at discharge from treatment.
- In the state of Iowa, a 2003 study found that 71.2% of meth users were abstinent 6 months after treatment.
- A 2002-2003 study done by the Tennessee Bureau of Alcohol and Drug Abuse found that 64% of meth clients were abstinent 6 months after discharge from treatment.
- The Texas Department of State Health Services examined outcome data for publicly funded services from 2001 – 2004 and found that approximately 88% of meth clients were abstinent 60 days after discharge.
- Utah's Division of Substance Abuse and Mental Health reported that in State Fiscal Year 2004, 60.8% of meth clients were abstinent at discharge.

Source: NASADAD (May, 2005) Fact Sheet: Methamphetamine, National Association of State Alcohol and Drug Abuse Directors: Washington DC – as presented by Nicolas Taylor, Ph.D., Taylor Behavioral Health

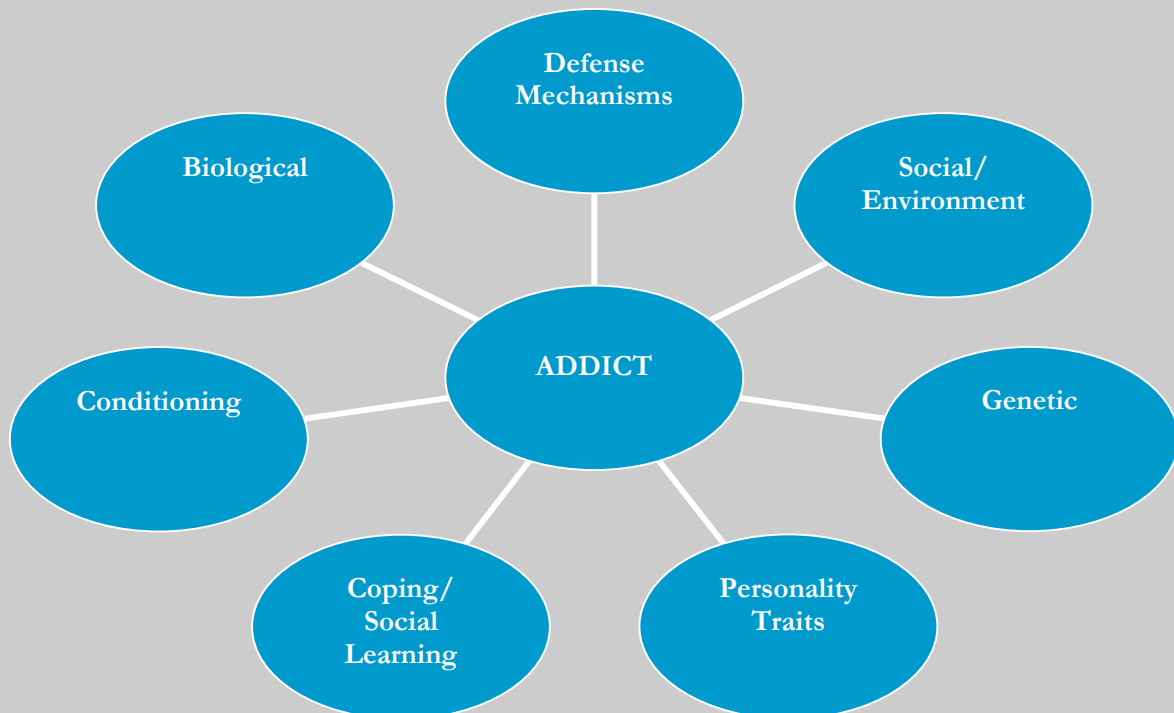
Treatment approaches should include the following behavioral benchmarks to enhance accountability:

- Verified abstinence through random urine monitoring, sweat patch, saliva, hair testing
- Verified stable sleep patterns through “sleep-time” monitoring
- Verified distancing from identified individuals through surprise visits, electronic monitoring
- Verified stable eating patterns through diet/menu plans, food receipts, home/kitchen inspections
- Verified stable daily living patterns through employment, community service
- Verified participation in treatment through attendance, completion of assignments

Creative Community Criminal Justice Strategies for Communities Facing Methamphetamine

Multi-systemic treatment approaches work best because multiple domains, conditions, deficits and disorders are treated simultaneously. C. West Huddleston III, Director, National Drug Court Institute

Confluence of factors addiction – multiple factors influence the likelihood of addiction.



To address treatment for addiction, three strategies can be employed:¹⁸

Meth Strategy 1: Seek a comprehensive understanding of the meth addict's biological, social and psychological conditions.

Meth Strategy 2: To effectively address the chronic, acute, and long-term effects of meth abuse, implement treatment protocol that is:

- Comprehensive
- Evidence-Based and Stimulant-Specific
- Longer in Duration

Meth Strategy 3: To effectively address the methamphetamine user's potential for volatile behavior and deep cognitive impairments, apply:

- Increased accountability,
- Increased supervision,
- Increased monitoring,
- Increased structure.

A multi-systemic approach addresses behavioral, medical, vocational, mental health, social, family, cognitive and spiritual issues.

Outcomes:

"40% to 60% of clients are abstinent at one year"

C. West Huddleston III, Director, National Drug Court Institute

Treatment Research Findings:

Beyond a ninety-day threshold, treatment outcomes improved in a direct relationship to the length of time spent in treatment, with one year generally found to be the minimum effective duration of treatment. Coerced patients tended to stay longer. This was in light of the finding that most of the legally coerced addicts had more crime and gang involvement, more drug use, and lower employment rates than their non-coerced counterparts.

Drug Courts

The meth addict responds to a structured environment. The only one that has the authority and power over them to keep them in treatment is the judge. The judge requires them to report on their progress every week. The judge has the power to get them into treatment and keep them there. Eight different studies have shown that going before a judge keeps people in treatment longer because it increases accountability, supervision, monitoring and structure.

C. West Huddleston III, Director, National Drug Court Institute



¹⁸ C. West Huddleston III, Director, National Drug Court Institute, Plenary presenter, Feb. 2006

Keys and challenges to the success of drug courts are:

- Expediting the time interval to get offenders into accountability and treatment before losing them to their addictions.
- Keeping the addict engaged in treatment long enough to receive treatment benefits.
- Being responsive to emergent public issues such as drug abuse. A trial court that moves deliberately in response to emergent issues is a stabilizing force in society and acts consistently with its role of maintaining the rule of law¹⁹.

“I cannot stress enough the importance of building in rewards, such as visits with children, for Drug Court clients who are making satisfactory progress in treatment, as these rewards are a strong motivation.”

Judge Robert Brutinel, Yavapai County

The judge reviews the client’s urinalysis results and progress in treatment every week or every other week. They discuss their relationships and the judge gets to know the client well. Judges get to know the participants as human beings, talk about what is going on in their lives and give them immediate recognition for positive behavior or immediate consequences for mistakes. If they have a positive urinalysis they spend 48 hours in jail.

Salt Lake County, Utah Felony Drug Court reports that:

- 12,395 cases were filed in 2004, with approximately 25% being methamphetamine-involved.
- 15.4% of drug court graduates rearrested – compared to 64% of eligible defendants not in drug court.

Recommended treatment approaches cited by Dr. Clark included:

- Psycho-social Treatment;
 - Other models of Psycho-social Treatment include:
 - Network Therapy
 - Acupuncture
 - Inpatient treatment
 - Long-term residential treatment
- Community – reinforcement plus vouchers
- Contingency Management - specifically Drug Court involvement;
- Relapse Prevention;
- The Matrix Model, The Matrix Institute for Addictions, Integrated Substance Abuse Programs, UCLA, Los Angeles, CA. The Matrix Model includes:
 - A combination of individuals, family and group sessions,
 - A program that lasts 6 months (the ability to keep people in treatment produces the best results),
 - Strong emphasis on cognitive-behavioral approach,
 - Designed in phases that decrease in intensity.



“In regard to methamphetamine, whatever strategies we employ, they need to be in full spectrum. Not only is public safety important, but we must also have adequate prevention and treatment strategies.”

H. Westley Clark, MD, JD, MPH,
Director, Center for Substance
Abuse Treatment, SAMHSA

¹⁹ Bureau of Justice Assistance’s Trial Court Performance Standards, 1997

Gender, race and age matter. We cannot assume that male oriented treatment strategies are going to work with females and we need to keep in mind racial factors and age of users as well.

“The whole community has to own this problem. Use your resources in meetings and share information to leverage limited resources. Duplicating efforts over and over only shows there is no communication.”

H. Westley Clark, Center for Substance Abuse Treatment, SAMHSA

Treatment for Children

Children with parents who are addicted cannot be forgotten in this process. We need to be a voice for children and stand up for the most vulnerable and endangered children in this country. We should take this call to action seriously and include strategies for children in the plan.²⁰

To best treat children, professionals should:

- Educate children;
 - about addiction in an age appropriate way with accurate information,
 - about self-care – how to problem solve and make decisions,
 - on life skills,
 - about social resistance skills,
 - on how to express their feelings.
- Help them identify who they can turn to for support and guidance;
- Tell them it's not their fault when their parents use drugs and end up in trouble;
- Delay the age of first use;
- Help them build their strengths and find joy in their life;
- Show them what their gifts are;
- Use a multidisciplinary approach.

Characteristics of Effective Methamphetamine Treatment

Treatment should include 3-5 clinic visits per week for at least 90 days, with continuing care for another 9 months.

The use of Therapeutic Urinalysis is an important tool in creating accountability.

Techniques and clinic practices that improve treatment retention include:

- Family involvement,
- Contingency management,
- Call backs for missed appointments,
- Court sanctions.

Centers of Excellence: Arizona Department of Health Services

The Arizona Department of Health Services has established Best Practice Centers of Excellence at the following Regional Behavioral Health Authorities:

- Value Options – Community Bridges,
- Community Partnership of Southern Arizona – La Frontera and Compass,
- Gila River Indian Community, and
- Cenpatico.

²⁰

Jerry Moe, Betty Ford Center, Meth Conference Plenary Presenter, Feb. 2006

The goals of the centers are:

- To implement practices with known efficacy in treatment of stimulant use disorders;
- To support Clinical Supervisors in effectively supervising staff and ensuring fidelity of practice;
- To collect 8-10 key data elements that provide useful data for supervisors (staff adherence, client progress, program outcomes, and urinalysis results);
- To implement four treatment models with demonstrated efficacy: Matrix CBT Outpatient, Abstinence Contingency Management, Therapeutic Urinalysis, and Motivational Interviewing.

Arizona Families FIRST

The Arizona Department of Economic Security and the Arizona Department of Health Services jointly administer the Arizona Families FIRST (Families in Recovery Succeeding Together). Arizona Families FIRST offers a comprehensive continuum of community-based substance abuse treatment services to:

“Hearing the stories of recovery was a high point for me today and hopefully DES had something to do with it.” David Berns, Director, Department of Economic Security



- A parent, guardian or custodian of a child who is named in a report to Child Protective Services as a victim of abuse or neglect and whose substance abuse is a significant barrier to maintaining, preserving or reunifying the family; or
- A person whose substance abuse is a significant barrier to maintaining or obtaining employment and is a recipient of Temporary Assistance for Needy Families (TANF).

“Recovery from meth is possible. As a parent in recovery and addicted for 10 – 11 years and now in recovery, I want to thank Families FIRST. I went to jail for a probation violation and had time to think. I decided I wanted to do everything I could to regain custody of my children. The services of Arizona Families FIRST, along with my case worker who was willing to help me gain in-home custody (which is rare) was key. I completed 1,000 hours of community service and attended parenting classes. I am now a full-time student and my child is on the honor roll and president of his student council.”- Anonymous Parent

Enforcement

“37 States have adopted pseudo control legislation.” McGregor W. Scott, United States Attorney, Eastern District of California

Impact of Methamphetamine Legislation

Attorneys General from Oklahoma, North Dakota and Montana joined Arizona Attorney General Terry Goddard to discuss successful legislative strategies for reducing clandestine meth lab activity.

Oklahoma Attorney General, Drew Edmondson presented highlights of the dramatic reduction in lab activity, which resulted from the Oklahoma legislation that led the country as a model. In addition to lab reductions, meth lab-related emergency room admissions also were significantly reduced.

North Dakota Attorney General Wayne Stenejhem was instrumental in passing the Oklahoma model pseudoephedrine legislation in his state resulting in a 70% reduction in meth lab seizures. In 2004 and 2005, 66% of all North Dakota meth lab seizures were in rural areas, which presented some additional challenges for access to precursor chemicals. North Dakota implemented an anhydrous ammonia tank lock pilot program, which operates in 6 of 53 counties. Since implementation of the program, no attempt to steal anhydrous from a locked tank has been successful.

Montana Attorney General Mike McGrath outlined similar legislative efforts passed in Montana in 2005 to restrict pseudoephedrine sales. In addition, Montana has established meth prisons where inmates receive nine months of treatment for methamphetamine use. The Montana Meth Project has raised public awareness of the methamphetamine problem in Montana and mobilized residents to community action.

States that have not enacted restrictions on pseudoephedrine precursors have experienced a disturbing new trend – meth cooks traveling from restricted states to buy or steal the pseudoephedrine they need to keep cooking meth.



Drug Endangered Children Protocols (DEC)

The Meth & Kids Task Force was established in 2000 by Janet Napolitano, then Attorney General of Arizona, to address the problems associated with methamphetamine production in homes with children through a coordinated response by prosecutors, law enforcement, Child Protective Services and medical personnel.

Increased production of meth in home-based drug labs confront Arizona with a unique set of problems that other illegal drugs have never before presented. The chemicals used to manufacture meth, the production process and the waste generated as a result of that process pose very real and serious dangers to the public and the environment. These dangers include toxic poisoning, chemical and thermal burns, fires and explosions. The children who live in and around meth labs are at the greatest risk of harm due to their developmental nature, the

abuse and neglect perpetrated on them by their caretakers and many others who frequent their drug-laden homes, and their inability to protect themselves.

A coordinated, multidisciplinary team approach is critical to ensure that the needs of child victims are met and that adequate information is available to prosecute drug and child abuse cases successfully. The DEC Program has coordinated and improved the efforts of local law enforcement, Child Protective Services (CPS), medical professionals and the Attorney General's Office to respond to meth labs where children are present and to prosecute those responsible. Additionally, the DEC Program has developed a model interagency protocol for the investigation of meth lab cases with children involved. The Governor's Division of Substance Abuse Policy has provided funding, which has enabled the Attorney General's Office to dedicate a prosecutor, project coordinator and legal assistant to the DEC Program.

Under the leadership of the current Attorney General, Terry Goddard, the Meth & Kids Task Force was renamed the Arizona Drug Endangered Children Program in 2003 to include a broader range of narcotics cases that involve charges of child endangerment when children have been present. Building on its success in Maricopa County, efforts continue through training and technical assistance to expand the DEC Program throughout Arizona.

The Arizona Attorney General's Office prosecutes cases and coordinates the program for the state by providing training and technical assistance to county task forces who are interested in implementing a multidisciplinary approach to meth lab cases involving children. The goal of the DEC Program is to coordinate the social and legal aspects of cases involving children at methamphetamine labs through a collaborative, multi-disciplinary response.

The Multidisciplinary Collaboration of First Responders includes:

- Narcotic/Drug Detectives
- Child Crimes Detectives
- Child Protective Services (CPS)
- Medical Personnel
- Prosecution



Maricopa County Sheriff's Office – Drug Endangered Children Van

Family and Child Advocacy Centers provide a structure for the interdisciplinary collaboration and coordination of interviews, exams and services.

Parents and children may be referred for substance abuse treatment and counseling through Child Protective Services or the courts.

Maricopa County Special Investigations Division

HIDTA Clandestine Lab Task Force – A multi-agency task force responsible for the investigation of clandestine meth labs. The core investigative unit includes a Maricopa County Sheriff's Office (MCSO) Lieutenant, a MCSO Sergeant, a Phoenix Police Department Sergeant, a Drug Enforcement Administration group supervisor, eleven investigators and four National Guard support personnel. A statewide provisional task force consisting of 200 lab-certified investigators from 37 agencies supports the core group.

The Parcels Interdiction Squad – this group is responsible for the investigation of the interstate shipment of drugs and drug proceeds via parcel carriers. Detectives work closely with the U.S.

Postal Inspector's Office and with both large and small independent shippers throughout Maricopa County.

Maricopa County Neighborhood Narcotics Team – A multi-agency task force specifically targeting gang and drug activity in the smaller cities and unincorporated areas of western Maricopa County. This task force is comprised of four deputies and two officers from smaller west valley agencies.

Retail Store Education – Several retail stores use informational posters and other photographic materials as educational tools to identify the various forms of methamphetamine as well as chemicals and substances used to manufacture methamphetamine in its various forms.

To date, Maricopa, Pinal and Pima Counties have implemented DEC Protocols.

Drug Endangered Children (DEC) – Pima County

Highlights of the Pima County DEC Protocol:

- Include all clandestine labs – crack kitchens and ecstasy labs;
- Include Native American Lands – Tohono O'Odham Nation and Pasqua Yaqui Nation;
- Implement the protocols through a Memorandum of Agreement;
- Pima County prosecutes the cases.

Pinal County DEC Protocol

The Pinal County DEC Protocol, developed in 2005, provides direction to the professionals involved in the investigation of child abuse cases involving children and families. The Protocol represents the multi-agency approach to investigating reports of abuse and includes the roles of law enforcement, educators, social workers and health professionals.



The Pinal County Child Advocacy Center located in Eloy provides structure and a focal point for the coordinated investigation and services to the children in these cases. The Center serves the tri-valley area and cases are prosecuted by the Pinal County Attorney's Office.

Pinal County became Arizona's first rural county to set up a DEC Protocol. Some of the special features implemented in the county include training of all CPS staff who might be assigned a DEC, case since geographic distances of more than 100 miles prohibited specialization of staff. Medical exams and testing for methamphetamine exposure often require travel to the larger cities to access these services in a timely manner.

Pima County Sheriff's Office, Hotel/Motel Interdiction

Hotels and motels are increasingly being used as transient residences for criminal activity. The Hotel/Motel Interdiction is a partnership between business and law enforcement to detect various types of criminal activity at these businesses. The project includes information sharing between the businesses and law enforcement.

The Hotel/Motel Interdiction initiative received the Merit Award from the Arizona Criminal Justice Commission: Azcj.gov/pubs/home/2003InnovationAwards.pdf

Future Directions – Public Policy Forum

At the Public Policy Forum, a panel of Arizona policy makers presented information about the current meth problem in Arizona, initiatives underway and possible future directions.



“We have seen the comprehensiveness of the problem and that it touches all facets of the community and that we need comprehensive solutions. It is the energy and commitment of the participants that will make the difference.”
Jim Belanger, Partner, Lewis and Roca, Moderator

Anthony Coulson, Assistant Special Agent in Charge, U.S. Drug Enforcement Administration, Phoenix, Division

The Drug Enforcement Administration is part of the team that must work with communities and law enforcement. We hope to impact this generation and the next by giving them information on how not to use drugs. Enforcement is the most important strategy. We need a common-linked strategy targeting the worst criminals we have in society and resources shouldn't only be used to put addicts in jail. Meth impacts communities the most. DEA can't do it alone. He is glad that Attorney General Goddard has taken this on as an issue.

Policy Makers' Perspectives

“There are only 4 people that follow up and clean up property – There is no hope of keeping properties from someone else. Government can't spend enough money. We need community coalitions to solve this problem.” Anthony Coulson,
Drug Enforcement Administration

Kathryn Waters, Arizona Supreme Court, Administrative Office of the Courts, Director of Adult Probation

In Drug Courts you see adults and juveniles who use meth. We have to change the way we provide supervision. It now takes very different strategies. Probation officers go to the homes of probationers and safety issues have increased. The solutions include the need for more money, manageable caseloads, treatment strategies and everyone working together. It takes a balance of partnerships, accountability, enforcement and supervision coupled with effective treatment.

Char James – Navajo Nation, Department of Behavioral Health Services (DBHS).

We can take back what we learned today to our communities. We started seeing meth on the Reservation in 2000. In 2004, DBHS from the Tribe became the lead agency to combat meth on the Reservation. Folks are in denial that meth is on the Reservation. In February 2005, the Navajo Nation passed legislation about this issue. Public Safety now needs to enforce the law. Currently, those arrested are released the very next day. We need to revisit the legislation and review the policies. In Native tribes, we need to use our Native languages to educate the people about the critical nature of drugs especially meth.



“We can’t just incarcerate our way out of this. We can’t just treat our way out of this. We can’t just prevent our way out of this. But if we do all of these things, do them well and do them together, we have a chance!” Rob Evans, Division of Substance Abuse Policy, Governor’s Office of Children Youth and Families

David Berns, Director, Arizona Department of Economic Security

Meth greatly impacts the child welfare system. As many as 40% of original petitions are meth related. The challenge of meth is different and the issues are not all black and white when it comes to making decisions about the children and their families. We have to look at whether there are circumstances where a child can remain with the parents. At what point do you separate a child from their family? Is there high quality outpatient treatment available? When should the child return home? When is it safe to reunify a family? Should visitation with the child ever be used as motivation to make sure the parent sticks to the routine? Are there better ways to coordinate criminal coercion with the child welfare situation? How do you get resources wrapped around families? How do you bring families in that have been successful? We need to expand the Families F.I.R.S.T program.

Susan Gerard, Director, Arizona Department of Health Services

Meth impacts all behavioral health services. The meth problem has a huge impact on public health and it has taken a toll on families. Our current initiatives come from our total appropriation. We have implemented three specialized programs from redirected services and expect to serve about 250 individuals. Our biggest gap is prevention. We need to stop turf wars. We need money for treatment centers and prevention programs. We need detox centers and to expand resources not reallocate them. We also cannot forget that alcohol is the #1 substance abuse problem.

Steve Ickes, Arizona Department of Corrections, Program Services Division Director

We are all doing our own thing - no silos. We need to build policies, integrate policies and implement strategies that will produce measurable results. We need to expand services to the rural communities and Indian country. The smart policy focuses on communities with block-by-block approaches. Treatment works but it takes time and money. Public policies that look upstream are also important. Policies must look at addiction systemically. It will demand funding, safety and treatment. We need to begin to work across jurisdictions. Ninety-two percent (92%) of individuals incarcerated in the Department of Corrections have addiction problems. “Let’s talk and let’s act.”

Roger Vanderpool, Director, Arizona Department of Public Safety (DPS)

We need strong interdiction, border enforcement, increased gang efforts and to increase our financial investigations. Even though super labs are in Mexico, there is still production occurring here. We need to take back our communities. We need to get pseudo behind the counter. The Department of Public Safety is working on a partnership with community groups such as the Boys & Girls Clubs because that’s our future.

Rob Evans, Governor’s Office for Children, Youth and Families, Director of the Division for Substance Abuse Policy

We need infrastructure changes to integrate systems, use technology and develop interdependent outcomes. We need treatment in prisons and more family-based treatment capacity to help reduce the impact of meth and other drugs on child welfare. We need to

establish infrastructure that is nimble enough to deal with emerging drug issues as well as methamphetamine.

Michael Branham, Director, Arizona Department of Juvenile Corrections

Meth touches every part of the agency. We need to involve young people in the decision-making process. We will have safer communities by having successful youth telling their stories. It is about the whole family – keep the kids involved.

The Honorable Don Stapley, Chairman, Maricopa County Board of Supervisors

Meth is the number one issue with county elected officials' associations across the country. The goal is to increase awareness, education and prevention. Scientific surveys are available at www.naco.org. The results of these surveys can help with decision-making. The Board of Supervisors locally and NACO nationally are committed to trying to find solutions. Even with the focus on meth, we can't lose focus on the broader issue of substance abuse. We need to address wide ranging issues like dual diagnosis.

The Honorable Tom O'Halleran, Arizona House of Representatives

Most citizens don't mind the inconvenience of buying drugs behind the pharmacist's counter. The meth problem is not going to stop with enforcement. There is a critical need for border enforcement, interdiction, education, prevention and treatment. We need to all work together and need to hear from you, as meth is a problem for all of us. It is a community problem. We need to talk about the impact on the economy and give people hope. We can't afford to lose a generation of children.

Excerpts from the Public Policy Forum Session

“We want to be a partner and sit at the table to solve this problem. Get Resources and Funds into Indian Country. Hold an intertribal/intergovernmental conference to address this issue and develop an intertribal task force.”

Frank Bilagody, Tuba City Chapter President, Navajo Nation

Prevention

“Promote statewide anti-meth advertising campaign and complement efforts of local coalitions.” Sheila Polk, Yavapai County Attorney

“Involve our community citizens to be aware of ingredients used to make meth. Stores need to stop supplying meth ingredients. The Legislature needs to get tough on the purchase of cold medications.”

Bonnie Marcus, Program Manager, Arizona CASA Program



Community Participant

“Educate parents and provide continued support.” Kimberly Lauger, Paxis Institute, Meth Free Alliance.

“Support federal grants which finance County’s multi agency drug interdiction task forces.” Sheila Polk, Yavapai County Attorney

Treatment

The faith community is a resource that is often untapped when considering public policy for treatment – this is in spite of the strong record of success in faith-based treatment programs.” Larry Munguia, Pastor, The SOBER Project and Meth Free Alliance Pima County “

“We need to launch a campaign to identify and recommend viable services and other treatment options so people know where to go. There needs to be a website for resources.” Debra Kerry, Teen Challenge



Community Participant

“We see the absolute abject horror of the impact of meth. People are dying and being injured from falls and burns. It is affecting the elderly and children. There is one situation where a 16-year old crashed a car while on meth. A mother and daughter were burned in an explosion of a meth lab. There is a high death rate related to meth. The war is in the street. The Trauma Centers and Medical Centers want to be part of the solution.” Dr. Mark Matthews, Maricopa Medical Center, Director of Trauma

“Twenty-four hour inpatient care is critical for people addicted to meth. We need to relearn how to parent. Funds need to come to in-patient treatment.” Carolee - Parent in Recovery

“Increase the role of the schools in the community to include substance abuse intervention and treatment programs. Amy Perhamus, Pendergast School District Director of Safe Schools and Alternative Education.

“Include the workplace as a key partner. Employers need your leadership and are eager to be your partner. Business is grateful to be included at the table. The Business Journal can also be a partner.” Susan Jones, Drugs Don’t Work in Arizona

“Bring therapists into the jails and provide housing and treatment once they get out.” Janet Carpenter, Meth Center for Excellence in Sacaton

“Treatment needs to be all encompassing within the community. Law enforcement cannot be the only strategy. It is important to facilitate a dialogue among the Drug Courts, prevention and treatment to solve the problem.” Javier Herrera, Meth Free Alliance, Pima County, COPE Behavioral Health Services

“We need to provide primary and secondary education about meth, embed prevention information into the curriculum and focus prevention with the highest risk youth, those in alternative schools, juvenile detention, treatment centers and maybe even foster care.” Kimberly Lauger, Paxis Institute, Meth Free Alliance.

“Provide immediate resources to treat the whole family. The first 90 days are critical. We need to be able to take all the family members to one place for treatment and give them just one caseworker with all the community supports. This will provide the best outcomes for children and families.” Sue Brandt, Child Protective Services, Tucson

“We need treatment. Provide case management and training about meth for future positions.” Kevin Pollins, Arizona Parents Commission, Gila River LISAC

“Make treatment mandatory for DOC (Department of Corrections) inmates.” Mark Pruenke, Probation Officer, Maricopa County

Enforcement

“Train everyone about the law enforcement jurisdictional issues. There needs to be better communication between the communities, the state and the Tribes.” Francis Bradley, Hualapai Chief of Police

“There is no poundage threshold that dictates when the U.S. Attorney will get involved. We need real assistance to local prosecutors and law enforcement.” Criss Candelaria, Apache County Attorney



Community Participant



Community Participant



Community Participant

“Enforce joint investigations to get better on the ground collaboration between law enforcement and CPS”. Chuck Teegarden, Director Administrative Division of Pinal County Attorney’s Office

“Legislation restricting access to pseudoephedrine and other precursor chemicals has been an essential component of efforts by states to reduce clandestine meth lab activity. Federal Legislation will help address the problem with a national policy but Arizona still needs a state law so we can prosecute locally. Without a state law, it will be up to feds alone, and we see how limited their resources are here in Arizona on the border.” Arizona Attorney General Terry Goddard.

Environment

“Inform law enforcement that they need to inform Arizona Board of Technical Registration when they seize a lab” Marie Light, Chairman of the Meth Free Alliance Environmental Task Force

Recommendations

The following recommendations were developed based on information from the plenary and panel speakers and the presentations by policy makers and conference participants at the Public Policy Forum.

Prevention

Implement Environmental Prevention Strategies

Environmental prevention strategies are prevention efforts that aim to change or influence community standards, institutions, structures and attitudes that shape individuals’ behaviors. Environmental approaches have been used to:

- Change public perceptions and attitudes;
- Improve and enforce laws and regulations;
- Decrease the availability or access to harmful drugs;
- Address other factors affecting public health and safety;
- Engage every sector of local communities to employ an environmental approach;
- Work closely with a broad set of community systems, such as media, legal systems, and community-based organizations.

Engage every sector of local communities through Community Coalition building to employ an environmental approach to address the meth problem

Build successful community efforts through broad, diverse participation by all sectors of the community, including but not limited to law enforcement, first responders, prevention and treatment professionals, the faith community, medical services, social services, businesses, elected officials and neighborhood activists.

Increase awareness and educate the public about the growing meth problem

Public awareness must be a key component in Arizona’s response to the methamphetamine problem. A statewide public awareness campaign should be developed and implemented for methamphetamine appropriate to Arizona’s diverse population. Communities should also receive information and training to recognize the signs of a meth lab.

Expand substance abuse prevention efforts in K-12 education

Include prevention information in the school curriculum and focus prevention on the highest risk youth; i.e., those with parents using meth, those in alternative schools, juvenile detention, treatment centers, etc.

Restrict and monitor the sale of precursor chemicals

Law enforcement officials agree that a critical ingredient required to make any type of meth is ephedrine or pseudoephedrine, which is usually acquired by meth lab operators from over-the-counter cold medications. Limiting the easy availability of these products can be achieved by controlling the amount of medication an individual can purchase. Strict enforcement of laws and policies governing the sale of pseudoephedrine is critical to the reduction of clandestine meth lab activity. Increased vigilance by retailers can also prevent the theft of these products. Retailers should also be trained in reporting any suspicious transactions to law enforcement.

Treatment

Expand access to and implementation of evidence-based treatment models

- Psychosocial Approaches
- Community Reinforcement
- Contingency Management (with drug court involvement)
- Relapse Prevention
- The Matrix Model

Involve the whole family in the treatment approach

Implement comprehensive approaches that address the needs of the whole family both with regard to treatment and recovery support. Provide information and support to family members and especially to children of adults who are addicted.

Enhance child treatment approaches

Treatment solutions when working with children who have drug addicted parents, siblings or other caregivers should:

- Teach children
 - about addiction in an age appropriate way with accurate information
 - about self care – how to problem solve and make decisions
 - life skills
 - social resistance skills
 - how to express their feelings
- Identify who children can turn to for support and guidance
- Tell them it's not their fault when their parents use drugs and end up in trouble
- Delay the age of first use
- Use a multidisciplinary approach

Expand access to services for families involved in child welfare and substance abuse

Work with substance abusing parents referred by Child Protective Services to resolve the parent's substance issues and create safe environments for the child(ren) and parents to be reunified.

Expand access to substance abuse treatment in adult and juvenile justice systems

Effective treatment for those that are incarcerated is predictive of improved post release outcomes and reduced recidivism back to prison.

Build into the treatment approaches accountability guidelines for behavioral benchmarks, these include:

- Verified abstinence through random urine monitoring, sweat patch, saliva, hair testing,
- Verified stable sleep patterns through “sleep-time” monitoring,
- Verified distancing from identified individuals through surprise visits, electronic monitoring,
- Verified stable eating patterns through diet/menu plans, food receipts, home/kitchen inspections,
- Verified stable daily living patterns through employment, community service,
- Verified participation in treatment through attendance, completion of assignments.

Enhance education opportunities for the medical community

Provide education for the general medical community about addiction, prevention and identification. Medical personnel should have enough information to look for the signs of addiction, ask the right questions if drug use is suspected and refer individuals to appropriate behavioral health providers.

Enforcement

Expand implementation of the Drug Endangered Children’s (DEC) Protocols

Implementation of multidisciplinary protocols has proven to be effective in protecting children exposed to meth labs through the coordination and collaboration of law enforcement, child welfare and medical personnel in three counties. The Attorney General’s Office is providing technical assistance and training in an effort to expand this approach to all of Arizona’s 15 counties.



Sheriff Ralph Ogden, Yuma County

Expand implementation of Drug Courts in Arizona

Drug Courts have demonstrated improved offender accountability, supervision and monitoring within communities. Studies have shown that Drug Courts keep people in treatment longer, which improves treatment outcomes and increases public safety.

Ensure that all first responders receive training on the dangers of clandestine meth labs and have proper safety equipment

First responders must have the information and tools to both protect themselves from exposure to meth and to protect other individuals (children and family members) that may be in contact with the meth lab. Hazardous chemicals and contaminated evidence should be secured and transported from the lab.

Conduct ongoing analysis of legislation and public policy

Conduct ongoing analysis of enforcement-related public policy and make recommendations to state and/or local policy makers.

Establish Interdiction Task Forces

Create Meth-specific Interdiction Squads that focus on domestic meth production, cross-border smuggling and criminal organizations that distribute meth.

- **Creation of Meth Interdiction Squads in the Department of Public Safety**
The Governor has proposed allocating \$5 million to DPS to create three Meth Interdiction Squads that will fight domestic methamphetamine production, cross-border smuggling activities and criminal organizations that profit from meth trafficking.
- **Increasing Border Security**
The Governor is also advocating greater border security measures to help stem the flow of Mexican-produced methamphetamine into Arizona.

Support efforts to increase border security to stop the flow of illegal drugs into Arizona

- Increase border security and support collaborative efforts of law enforcement to stem the flow of all illegal drugs, especially methamphetamine manufactured in super labs in Mexico.
- Support efforts with Mexican law enforcement authorities to:
 - Find and shut-down 'super labs';
 - Identify importers of large quantities of precursor chemicals;
 - Restrict precursor chemicals on both sides of the border;
 - Develop and share lab sensing technology.

Conference Steering Committee Members

Co-Chair, Rob Evans • Governor's Office for Children, Youth and Families; Division for Substance Abuse Policy

Co-Chair, Jane Irvine • Arizona Attorney General's Office

Tim Ahumada • Phoenix Police Department

Dana Browning • Governor's Office for Children, Youth and Families; Division of Substance Abuse Policy

Maria Cabrera • Tucson Police Department, Counter Narcotics Alliance

Kathryn Coffman • St. Joseph's Child Abuse Assessment Center

Bill Copeland • Childhelp Children's Center of Arizona

Ron Dalrymple • Arizona Board of Technical Registration

Jennifer Dangremond • Arizona Attorney General's Office

Christy Dye • Arizona Department of Health Services

Mark Evans • Arizona Attorney General's Office

Nancy Hansen • Arizona Department of Economic Security

George Hawthorne • Maricopa County Sheriff's Office/HIDTA

Brad Holland • Pima County Attorney's Office

Tom Ivarie • U.S. Drug Enforcement Administration—Phoenix Division

Melissa Lee • U.S. Drug Enforcement Administration—Phoenix Division

Sanzanna Lolis • Governor's Office, Children, Youth & Families

Kathy McLaughlin • Arizona Child & Family Advocacy Network

Janice Mickens • Arizona Department of Economic Security

David Neri • Tucson Police Department

Janet Regner • Husk Partners, Arizona Alliance for Boys & Girls Clubs

Frank Scarpati • Community Bridges

Steve Schieman • Target Corporation

Michael Shafer • University of Arizona, Applied Behavioral Health Policy

Chris Taylor • Arizona Department of Economic Security

Chuck Teegarden • Pinal County Attorney's Office

APPENDIX B – Conference Speakers

Plenary Speakers

Janet Napolitano • Arizona Governor

Terry Goddard • Arizona Attorney General

H. Westley Clark, MD, JD, MPH • Director, Center for Substance Abuse Treatment, *SAMHSA Emerging Treatment Strategies*

Drew Edmondson • Oklahoma Attorney General

Rob Evans • Governor's Office for Children, Youth, and Families; Division for Substance Abuse Policy

Phil Gordon • Mayor of Phoenix

Anthony Heredia • Target Corporation, *Retail Business Perspective on Law Enforcement Partnerships*

C. West Huddleston III • National Drug Court Institute, *Creative Community Criminal Justice Strategies for Addressing Meth Addiction*

Jane Irvine • Director, Office of Children, Youth and Families, Office of the Attorney General

Michael Klitzner, Ph.D • Klitzner & Associates, *Environmental Strategies to Prevent Substance Abuse*

Hon. Randy Lowe • Vice Mayor, Cottonwood, AZ

John Martyny, Ph.D., CIH • National Jewish Medical & Research Center, *Environmental Impact of Meth Manufacturing on First Responders & Children*

Mike McGrath • Montana Attorney General

Jerry Moe • Betty Ford Center, *Healing for Children with Addicted Families*

McGregor Scott • U.S. Attorney, Eastern District of California, National Perspective, *The Impact of Meth*

Wayne Stenehjem • North Dakota Attorney General

Nicholas Taylor, PhD • Taylor Behavioral Health, *Debunking the Myths about Treatment of Meth Addiction*

Dick White • Co-Chair, Arizona Interfaith Network

Panel Speakers

Arizona Law Enforcement Perspectives and Strategies

Moderator: Sheriff Ralph E. Ogden • Yuma County

Detective Tim Ahumada • Phoenix Police Department

Chief Francis Bradley Sr. • Hualapai Tribe Police Department

Anthony Coulson • Assistant Special Agent in Charge, U.S. Drug Enforcement Administration,
Phoenix Division

Sgt. Deltenre for Captain George Hawthorne • Maricopa County Sheriff's Office, HIDTA Task Force

Captain David Neri • Tucson Police Department

Promising Approaches in Substance Abuse Prevention & Treatment in Arizona

Moderator: Luz Sarmina-Gutierrez • President and CEO, Valle del Sol

Honorable Robert M. Brutinel • Yavapai County Superior Court

Christy Dye • Bureau Chief, Arizona Department of Health Services

Toni Sarcinella • Vice President, Human Resources, Arizona Alliance of Boys & Girls Clubs

Dr. Frank Scarpati • CEO, Community Bridges

Michael Shafer, Ph.D • Applied Behavioral Health Policy, University of Arizona

Michel A. Sucher, MD, FACEP • Medical Director, EMS, Arizona Dept of Health Services

Arizona Drug Endangered Children Protocols

Moderator: Robert Carter Olson • Pinal County Attorney

Kathryn Coffman, MD • St. Joseph's Child Abuse Assessment Center

Mark Evans • Assistant Attorney General, Arizona Attorney General's Office

Captain David Neri • Tucson Police Department

Chris Taylor • Program Manager, Arizona Department of Economic Security, Child Protective
Services

Detective Jim Smith • Arizona Department of Public Safety, HIDTA

Public Policy Forum

Moderator: Jim Belanger • Partner, Lewis & Roca

David Berns • Director, Arizona Department of Economic Security

Michael Branham • Director, Arizona Department of Juvenile Corrections

Anthony Coulson • Assistant Special Agent in Charge, US Drug Enforcement Administration,
Phoenix Division

Rob Evans • Arizona Governor's Division for Substance Abuse Policy

Sue Gerard • Director, Arizona Department of Health Services

Steve Ickes • Division Director, Program Services. Arizona Department of Corrections

Char James • Navajo Nation, Department of Behavioral Health Services

The Honorable Tom O'Halleran • Arizona House of Representatives

The Honorable Don Stapley • Chairman, Maricopa County Board of Supervisors

Roger Vanderpool • Director, Arizona Department of Public Safety

Kathryn Waters • Arizona Supreme Court, Administrative Office of the Courts

APPENDIX C – Community Methamphetamine Coalitions

<u>County or Tribe</u>	<u>Agency</u>	<u>Contact Information</u>
Apache	Apache County Sheriff's Office	James A. Womack, Commander Apache County Sheriff's Office P. O. Box 518 St. Johns, Arizona 84936 928-337-4321 accent@cybertrails.com
Cochise	Cochise County Legal Defender's Office	Michael Politti Cochise County Legal Defender 11 Clawson Avenue, 2 nd Floor P. O. Box 1858 Bisbee, AZ 85603 Ph: 520 432-8900; Fax: 520 432-8928 mpolitti@co.cochise.az.us
Coconino	Coconino County Sheriff's Office	Sheriff Bill Pribil Coconino County Sheriff's Office 219 East Cherry Flagstaff, Arizona 86001 bpribil@coconino.az.gov
Gila	Gila County Sheriff's Office	Steven O. Craig, Commander Gila County Sheriff's Office Narcotics Task Force 102 East Sherwood Dr. Suite B Payson, Arizona 85541 Ph: 928 474-0728 or 928 595-3805; 928 474-9361 craig.gentf@cybertrails.com
Graham	Town of Pima Graham County	Vince Kieffer, Town Manager Town of Pima P. O. Box 426 Safford, AZ 85546 Ph: 928 865-9083 vkieffer@graham.az.gov
Greenlee	Greenlee County Sheriff's Office	Sheriff Steven N. Tucker P. O. Box 998, Clifton, AZ 85533 Ph: 928 865-4149 Fax: 928 865-4883 stucker@co.greelee.az.us
La Paz	La Paz County Health Department	Lee Ann Anderson, Program Manager La Paz County Tobacco Education & Prevention Program La Paz County Health Department 601 Riverside Drive, Suite 9 Parker, AZ 85344 Ph: 928 669-1062; Fax: 928 669-9154 landerson@co.la-paz.az.us

APPENDIX C – Community Methamphetamine Coalitions

<u>County or Tribe</u>	<u>Agency</u>	<u>Contact Information</u>
Maricopa (1)	City of Scottsdale	Bridget Schwartz-Manock Government Relations Director 3939 N. Drinkwater Blvd. Scottsdale, AZ 85251 Ph: 480 312-2423 Fax: 480 312-7407 BSchwartzManock@scottsdaleaz.gov
Maricopa (2)	Maricopa County Attorney's Office	Nicole Pena Demand Reduction Program Director Maricopa County Attorney's Office 301 West Jefferson, Suite 800 Phoenix, AZ 85003 Ph: 602-506-3422 Fax: 602-506-8102 pena@mcao.maricopa.gov
Mohave	City of Kingman	Robert J. DeVries, Chief of Police Kingman Police Department 2730 E. Andy Devine Avenue Kingman, AZ 86401 Ph: 928 753-2191 Fax: 928 752-2542 rdevries@ci.kingman.az.us
Navajo	Navajo County Sheriff's Office	K. C. Clark, Deputy Commander NCSO Major Crimes Apprehension Task Force, M.C.A.T Box 668 Holbrook, AZ 86025 Ph: 928 524-4785 Fax: 928 524-4786 kc.clark@co.navajo.az.us
Pima	Pima County Health Department	John F. Thomas, Contracts/Grants Manager Pima County Health Department 150 W. Congress Tucson, Arizona 85701 Ph: 520 740-3681 Fax: 520 740-8496 jthomas@pimahealth.org
Pinal	Pinal County Sheriff's Office	Jerald Monahan Chief Deputy Pinal County Sheriff's Department Post Office Box 867 Florence, Arizona Ph: 520-866-5122 Fax: 520-866-5195 Jerald.Monahan@co.pinal.az.us

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<u>County or Tribe</u>	<u>Agency</u>	<u>Contact Information</u>
Santa Cruz	Santa Cruz County Sheriff's Office	Lt. Geraldo Castillo Task Force Commander Santa Cruz County Sheriff's Office / Santa Cruz Metro Task Force P. O. Box 1685, Nogales, AZ 85628 Ph: 520 375-7590 Fax: 520 761-7862 sccmtf@co.santa-cruz.az.us
Yavapai	Yavapai County Attorney's Office	Sheila Polk, Yavapai County Attorney Yavapai County Attorney's Office 255 E. Gurley, Prescott, AZ 86301 Ph: 928 777-7352 Fax: 928 771-3110 Sheila.polk@co.yavapai.az.us
Yuma	Yuma County Sheriff's Office	Sheriff Ralph E. Ogden Yuma County Sheriff's Office 141 S. 3 rd Avenue, Yuma, AZ 85364 Ph: 928 783-4427 Fax: 928 539-7837 Ralph.ogden@co.yuma.az.us or Gretchen.Thomas@co.yuma.az.us
Colorado River Indian Tribe	Colorado River Indian Tribes Department of Health and Social Services	Virginia Daniels, Ph.D. Executive Director CRIT Department of Health and Social Service Rt. 1 Box 23-B Parker, Arizona 85344 Ph: 928 669-6577; Fax 928 669-8881 vidancrit@yahoo.com
The Hopi Tribe	The Hopi Guidance Center	Yvonne Day Finance Coordinator for Contract/Grants Hopi Tribal/Alcohol & Substance Abuse Initiative Team / Hopi Guidance Center P. O. Box 123 Kykotsmovi, AZ 86039 Ph: 928 734-3302 Fax: 928 734-3317 yday@hopi.nsn.us
Navajo Nation	Navajo Nation Division of Public Safety	Sampson Cowboy Executive Director Navajo Division of Public Safety P. O. Box 3360 Window Rock, AZ 86515 928-871-6363

APPENDIX C – Community Methamphetamine Coalitions

<u>County or Tribe</u>	<u>Agency</u>	<u>Contact Information</u>
San Carlos Apache Tribe	San Carlos Apache Tribe Department of Health and Human Services	Carlos Quezada-Gomez, PsyD, MBA Director San Carlos Apache Tribe, Department of Health & Human Services P. O. Box #0, San Carlos, AZ 85550 Ph: 928 475-2798 Fax: 928 475-2417 cgomez@scatcom.net
Tohono O’Odham Nation	Tohono O’Odham Nation Department of Health and Human Services, Division of Behavioral Health	Juanita Homer Tohono O’Odham Nation Department of Health and Human Services Division of Behavioral Health Post Office Box 810 Sells, Arizona 85634 Ph: 520-383-6000 Fax: 520-383-5433 Juanita.homer@tonation-nsn.gov
White Mountain Apache Tribe	White Mountain Apache Tribe Division of Health Programs	Donna Vigil Executive Director Division of Health Programs Post Office Box 900 Whiteriver, Arizona 85941 Ph: 928 338-4955 Fax: 928 338-1615 dvigil@wmat.us



Arizona Methamphetamine Conference February 13-14, 2006 • Wyndham Downtown Phoenix

GENERAL METHAMPHETAMINE – DRUGS

For Educators – classroom activities, http://iconsortium.subst-abuse.uiowa.edu/new_Projects.html#IPMA

Governor's Office for Children, Youth & Families – Division for Substance Abuse Policy, www.governor.state.az.us/cyf/substance_abuse/index_substance_abuse.html

Meth Resources, www.methresources.gov

National Center for Substance Abuse and Child Welfare
<http://ncsacw.samhsa.gov/MethamphetamineList.htm>

National Association of Counties (they have survey data related to meth), www.naco.org

National Conference of State Legislatures, <http://www.ncsl.org>

National Institute on Drug Abuse (NIDA), www.NIDA.nih.gov

National Clearinghouse for Alcohol and Drug Abuse Information, www.health.org

Office of National Drug Control Policy, www.whitehousedrugpolicy.gov

Stop Drugs of CA Department of Justice, www.stopdrugs.org

Substance Abuse & Mental Health Services Administration, www.samhsa.gov

The Anti-Meth Site formerly known as Koch Crime Institute (KCI), www.kci.org

CHILD WELFARE – DRUG ENDANGERED CHILDREN

Arizona Alliance for Drug Endangered Children, www.azag.gov/DEC

Arizona Dep. of Economic Security Division of Children, Youth & Families,
www.azdes.gov/dcyf/cmdps/cps/default.asp

Arizona Families F.I.R.S.T, www.azdes.gov/dcyf/first/

ChildHelp, www.childhelpusa.org/arizona/index.htm

Governor's Office for Children, Youth & Families – Division for Children,
www.governor.state.az.us/cyf/children/index_children.html

APPENDIX D -- Resource List

Illinois State University – School of Social Work,
www.drugfreeinfo.org/PDFs/strengthensupervision.PDF

Kansas Department of Health and Environment, www.kansasmethwatch.com
www.ksmethpreventionproject.org

National Alliance for Drug Endangered Children, www.nationaldec.org

National Clearinghouse on Child Abuse and Neglect Information,
<http://nccanch.acf.hhs.gov/topics/issues/meth.cfm>

Prevent Child Abuse Iowa, www.pcaiowa.org/child_abuse_data.html

PUBLIC AWARENESS CAMPAIGNS

AZ DEC Program DVD and Methamphetamines & Children Don't Mix: It's Child Abuse,
www.azag.gov/DEC/awareness.html

“G” www.sheepheadfilms.com

Methamphetamine Treatment Project, <http://www.methamphetamine.org/publications.htm>

Montana Meth Project, http://www.montanameth.org/ads_television.aspx#

Partnership for a Drug Free America, <http://www.drugfree.org/Portal/DrugIssue/Meth/ads.eyebrow.html>

U.S. Drug Enforcement Agency: Just Think Twice, <http://www.justthinktwice.com/gotmeth/home.html>

22nd Judicial District of Arkansas, <http://www.stopmeth.info/tv.html>

TREATMENT – BEHAVIORAL HEALTH

Arizona Department of Health Services
Division of Behavioral Health, www.azdhs.gov/bhs/index.htm

Applied Behavioral Health Policy, www.abhp.arizona.edu

Betty Ford Center, www.bettyfordcenter.org

Community Bridges, www.communitybridgesaz.org

Crystal Meth Anonymous, www.crystalmeth.org

Gatehouse Academy, <http://gatehouseacademy.com/>

Sierra Tucson, www.sierratucson.com

APPENDIX D -- Resource List

LAW ENFORCEMENT/PROSECUTION

Arizona Attorney General, www.azag.gov

Arizona Narcotic Officers Association, www.aznarcoticofficer.org

Arizona Revised Statutes, <http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp>

Clandestine Laboratory Investigators Association, www.clialabs.com

Montana Attorney General, <http://www.doj.state.mt.us/enforcement/methinmontana.asp>

National Association of Drug Court Professionals, www.nadcp.org

National Drug Court Institute, www.ndci.org

North Dakota Attorney General, www.ag.state.nd.us

Oklahoma Attorney General, www.oag.state.ok.us

ENVIRONMENTAL – REMEDIATION

Arizona Board of Technical Registration, www.btr.state.az.us

Children's Environmental Health Network, www.cehn.org

National Jewish Medical and Research Center, www.nationaljewish.org/news/health-news/y2005/meth_research_results.aspx

ENVIRONMENTAL - PREVENTION

An Evaluation of the COPS Office Methamphetamine Initiative, <http://www.cops.usdoj.gov/default.asp?Item=118>

Environmental Prevention - Prevention Model, www.alcoholpolicy.md.com/alcohol_policy/effects_ep.htm

Environmental Strategies, Technical Assistance Packet, <http://www.jointogether.org/>

Evaluating Community Collaborations: A Research Synthesis – Prepared for: Assistant Secretary for Planning and Evaluation, DHHS, Contract No. 100-99-0008 Task Order 2 – The Lewin Group – April 2000, http://www.lewin.com/Lewin_Publications/Human_Services/Publication-12.htm

Integrating Environmental Change Theory into Prevention Practice – Michael Klitzner, Ph.D., www.northeastcapt.org/csap/presentations/klitzner/sld001.htm

Methamphetamine Use: Lessons Learned, <http://www.ncjrs.gov/pdffiles1/nij/grants/29730.pdf> or <http://www.ncjrs.gov/App/Publications/alphaList.aspx?alpha=M>

Prevention Strategies Attempt to Alter Two Kinds of Environments, www.northeastcapt.org/csap/presentations/klitzner/sld002.htm