

NEW MEXICO METHAMPHETAMINE WORKING GROUP

2005 STATEWIDE STRATEGY RECOMMENDATIONS:

A COMPREHENSIVE PLAN FOR NEW MEXICO COMMUNITIES

SEPTEMBER 2005

NEW MEXICO METHAMPHETAMINE WORKING GROUP

Chairs:

Herman Silva *Drug Czar, Office of Governor Bill Richardson*
Reena Szczepanski *Director, Drug Policy Alliance of New Mexico*

Participants:

Levi Anaya *Albuquerque Police Department*
Rob Anderson *University of New Mexico*
Erin Armstrong *Policy Assistant, Drug Policy Alliance of New Mexico*
Erick Aune *San Juan Methamphetamine Community Coalition*
Elaine Benavidez *New Mexico Department of Health*
Bradford Brooks *Drug Policy Alliance of New Mexico*
Porfirio Bueno *New Mexico Department of Health*
Susan Bosarge *New Mexico Department of Health*
Sgt. Eric Burnham *New Mexico Department of Public Safety*
Captain Michael Callaway *Albuquerque Police Department*
Dr. Karen Campbell *New Mexico Children, Youth and Families Department*
Lily Foster *New Mexico Department of Health*
Andrew Gans *Consultant*
William Harvey *New Mexico Board of Pharmacy*
Lt. Steve Harvill *New Mexico Department of Public Safety*
Jim Helgert *Border Area Mental Health Services*
Vivian Heye *New Mexico Department of Health*
Dr. Rey Martinez *New Mexico Highlands University*
Finn Selander *Drug Enforcement Administration*
Nina Shah *New Mexico Department of Health*
Christine Thomas *Office of the Czars*
Dr. Karla Thornton *University of New Mexico Health Sciences Center*
John Tresner *New Mexico Corrections Department*
Brad Ullrich *11th Judicial District Adult Drug Court*
Susan Wilger *Border Area Mental Health Services*
Dominick Zurlo *Albuquerque HealthCare for the Homeless*

NEW MEXICO METHAMPHETAMINE WORKING GROUP

2005 STATEWIDE STRATEGY RECOMMENDATIONS

Background

Methamphetamine abuse is a growing problem for New Mexico. By the summer of 2005, its widespread abuse across the state commanded the attention of town hall meetings, local community groups, media, and state and local governments.

Methamphetamine affects the central nervous system and can be smoked, inhaled, eaten or injected. The potential, short-term side effects of this stimulant include decreased depression, increased anxiety, insomnia, violent behavior, mood swings, and feelings of paranoia. Sustained use can result in permanent kidney complications, lung disorders, brain and liver damage, blood clots and death. For a person who uses methamphetamine and for his or her community, the social and health ramifications of the drug are daunting. The current trends are unacceptable and must be addressed promptly, effectively, and comprehensively.

Methamphetamine is widely available throughout the state. Numbers of small clandestine laboratories rapidly increased from 2001 to 2004. Effective law enforcement initiatives decreased these local labs significantly. However, the supply of methamphetamine within our state borders remains constant, as shipments originating in Mexico easily meet demand. The purity of the imported methamphetamine can be extremely high; 90% purity is not uncommon in southern New Mexico seizures.

While methamphetamine abuse has increased throughout the state, it has made its greatest impact on our smaller communities. Between 2001 and 2003, a survey of New Mexican high school students (grades 9-12) reported a 17% increase among youth living in large urban areas who report trying methamphetamine within the past year. In the same survey, students from our “micropolitan” (small urban) communities revealed a 155% increase, while youth from rural areas reported a startling 169% increase from 2001 - 2003. Overall, 8.2% of New Mexico students reported methamphetamine use within the past year in 2003. Among these youth, more males reported past year use of methamphetamine compared to females, as did Native Americans compared to other race/ethnicities.

Other statistics regarding methamphetamine abuse in New Mexico:

- Statewide, the overdose death rate from methamphetamine rose from 0.7 per 100,000 (12 deaths) in 2002 to 1.3 per 100,000 (23 deaths) in 2003, and remained stable in 2004 at 1.2 per 100,000 (21 deaths).
- Methamphetamine-related death rates increased statewide from 2001-2002 to 2003-2004, with the largest increases in the SW, NE and SE regions of the state.
- From 1998-2002, hospitalizations due to methamphetamine increased from 6.4% of all drug poisonings in 1998 to 9.7% in 2002.¹

In order to address the public health, safety, and legal issues surrounding methamphetamine abuse in New Mexico, the State Drug Czar, Herman Silva and the Director of the Drug Policy Alliance New Mexico, Reena Szczepanski convened a working group of state experts.

The Methamphetamine Working Group involves those with direct professional experience in methamphetamine addiction and its consequences. The Working Group includes representatives from NM Department of Health, NM Department of Public Safety, NM Corrections Department, NM judicial system, community-based organizations, substance abuse treatment providers, NM Children, Youth and Families Department, Albuquerque Police Department, and community members. These dedicated individuals were tasked with developing effective strategies to reduce the negative impact of methamphetamine within New Mexico's communities. The strength of the group, and its recommendations, lies in its multidisciplinary skills and experience.

OVERALL GOAL

Reduce the negative impact of methamphetamine on New Mexico's communities

Primary Objectives

- Create a set of recommendations to be used by stakeholders to create organizational policy and legislation
- Organize a statewide methamphetamine conference

Guiding Principles

The Methamphetamine Working Group will:

- Work on promoting interdisciplinary communication between agencies to achieve objectives
- Build capacity to be responsive to both current and future drug issues
- Promote scientifically-based approaches

Any effective drug policy should:

- Make our communities safer
- Reduce death and disease
- Use our scarce resources wisely
- Protect our children and families

To meet these goals, the Working Group divided the plan into four strategic areas:

- Prevention
- Risk/Harm Reduction
- Treatment
- Law Enforcement/Public Safety

Prevention Strategies for Methamphetamine

Background and Rationale

Prevention in this context refers to the active process of creating conditions and/or personal attributes that promote personal well being. The Behavioral Health Services Division of the NM Department of Health directs and funds New Mexico's Strategic Prevention System.

New Mexico's Strategic Prevention System has five components: assessment, capacity building, planning, implementation, and evaluation. These five components work to sustain substance abuse prevention efforts targeted to young people through community providers. The System guides evidence-based interventions around the state that address the community, family, school, peer, and individual domains.

Effective prevention programs throughout New Mexico work within these five domains to strengthen protective factors and reduce risk factors. For example, prevention strategies at the community level improve social and behavioral norms around substance abuse and encourage supportive and nurturing community environments. Prevention strategies within schools enhance protective factors such as school pride and bonding. Individual traits that can prevent substance abuse include school achievement, optimism, resiliency, social competence, decision-making skills, resistance skills, and positive social bonds.

All of these services may also reduce other risk behaviors, including delinquency, suicide, and youth violence.

Prevention Strategy:

Improve coordination, planning, communication and sharing of resources among agencies concerned with prevention, including local and tribal governments

- Provide standardized prevention training for all agencies providing prevention services within New Mexico
- Offer continuing education on prevention strategies to community partners
- Ensure that standardized reporting and evaluation tools are used by all prevention agencies statewide to enhance evaluation efforts
- Encourage greater involvement of law enforcement, judiciary, and community-based organizations in prevention programs
- Decrease trafficking of methamphetamine from Mexico to the United States
- Create a web-based clearinghouse of methamphetamine-related prevention materials targeted to both the general public and to prevention providers
- Assist local communities in the creation of prevention-oriented initiatives

Risk Reduction Strategies for Methamphetamine

Background and Rationale

Risk/harm reduction in this context refers to reducing the negative consequences of drug abuse on individuals, their families, and their communities. Specifically, the strategies outlined below will ensure that the people of New Mexico are free of risks of infection due to methamphetamine use and free of exposure to chemicals involved in methamphetamine production.

Methamphetamine injectors are at risk for HIV and hepatitis infections if they do not have access to clean injection equipment. Syringe exchange is an important harm reduction strategy that prevents infectious diseases and other negative health consequences, including HIV infection and viral hepatitis. Participants exchange used syringes for clean syringes, and additionally syringe exchange providers often serve as important linkages between people who inject drugs and other community services, including health care and substance abuse treatment. Syringe exchange also saves money. In New Mexico, syringe exchange costs on average \$100 per participant annually, saving costs of at least \$157,000 per HIV infection prevented, and \$50,000 per hepatitis C infection prevented. Nearly 9,000 syringe exchange participants have been enrolled in New Mexico since 1998 at over 30 sites. Roughly 2,000 of these enrollees report having used methamphetamine. Many sites provide other services for participants, including infectious disease counseling and testing, however, not all sites are fiscally or physically able to do so.

Methamphetamine lab remediation refers to the cleaning of sites where methamphetamine has been manufactured. Remediation is particularly important in residential situations where tenants or homebuyers may occupy a space where methamphetamine has previously been manufactured. Chemicals used in methamphetamine manufacture can include common household substances known to be toxic to humans at varying exposure levels, however little is known about the long-term effects of exposure to methamphetamine or its precursors during manufacture. Standards for remediation of lab sites vary from state to state, and the responsibility often falls on property owners. In Albuquerque, property owners are legally responsible for remediation. Similar laws do not exist in other areas of the state. Removal of precursors and products from sites can cost \$5,000 - \$10,000 per site.

Harm Reduction Strategies

1) Increase access to syringe exchange and infectious disease testing services statewide

- Increase funding for infectious disease testing to ensure that every site has counseling and testing capacity
- Ensure that syringe exchange services are provided by every public health office in New Mexico

2) Enhance methamphetamine lab remediation efforts statewide

- Increase funding for lab remediation
- Define standards and responsible parties for property remediation through state legislation
- Provide ongoing, targeted training for first responders and other stakeholders about potential risks of exposure when entering a lab site

Treatment Strategies for Methamphetamine

Background and Rationale

The strategies outlined below are designed to provide on-demand, effective treatment for methamphetamine users. Contrary to some popular fears, effective treatment methods for methamphetamine addiction are well documented in behavioral health research. New Mexico ranks highest in the nation in the number of people who need illicit drug abuse treatment but do not receive it.²

There are several successful models of treatment for methamphetamine that are supported by research. One such model is the MATRIX Model, currently being offered by some New Mexican treatment facilities, including Border Area Mental Health Services (BAMHS) in Deming. The MATRIX Model is a structured approach that focuses on engaging and retaining participants while involving families in services. This model reinforces positive behavior in clients and recommends at least three sessions per week for three to four months. Relapse prevention and self-help involvement are keys to success for participants. Drug and alcohol testing are used throughout the process strictly as treatment tools. Participants are followed for up to one year after treatment to assist with recovery maintenance.

Workforce recruitment and retention to provide substance abuse treatment has been challenging in New Mexico. The MATRIX Model allows for maximization of personnel resources through the use of group sessions and a variety of treatment components that are scheduled throughout the week according to the clients' needs. In addition, detailed and comprehensive MATRIX manuals allow for the simple and standardized training of treatment professionals. The cost for one set of manuals and accompanying materials is less than \$1000.

Other options to increase the number of substance abuse treatment professionals to meet the demand for treatment services should be examined. For example, in New Mexico a layperson can be trained and certified to provide acupuncture-detoxification services, services that previously could only be provided by a licensed Doctor of Oriental Medicine. Similarly, laypeople could be trained and certified to provide initial substance abuse intervention services in New Mexico.

Treatment Strategies

1) Increase the number of behavioral health providers in New Mexico

- Credentialing or training of lay personnel to increase the workforce, improve continuity of care, and further build trust relationships between clients and providers
- Partner with educational institutions, New Mexico Department of Health, consumers, community-based organizations, licensing boards and funding agencies to improve recruitment and retention of substance abuse treatment professionals

2) Identify and implement evidence-based treatment modalities, including alternative treatment modalities

- Match clients with appropriate treatment services
- Leverage research grants to help fund treatment with traditional and alternative modalities
- Include evidence-based “alternative” modalities, such as curanderismo, Eastern medicine, and Native American healing traditions

Enforcement Strategies for Methamphetamine

Background and Rationale

Effective drug policy should make our communities, families, and children safer. In addressing methamphetamine through the reduction of both drug-related crime and risks resulting from methamphetamine manufacture, communities are further protected from negative consequences.

According to the NM Department of Public Safety, total numbers of clandestine methamphetamine lab seizures have been decreasing, while large seizures of methamphetamine originating in Mexico are increasing. Controls placed on ingredients, in combination with an increasing supply in the state have made cooking methamphetamine in small quantities less attractive. However, remediation efforts to clean up known lab sites are under funded and in many cases are nonexistent. Children present in clandestine labs may be exposed to toxic chemicals. It is currently unknown what levels of exposure can lead to negative health consequences. House Joint Memorial 77, passed in 2004, led to the creation of a multidisciplinary protocol designed to assist drug-endangered children.

Continued funding for law enforcement efforts to investigate labs, and protective equipment for officers entering labs is critical in protecting communities from health hazards. However, negative consequences from methamphetamine use will still be present in communities unless treatment is widely available for users. Substance abuse treatment has been proven to reduce crime among participants. By expanding treatment capacity in the state for community and incarcerated populations, and by considering treatment programs instead of incarceration for nonviolent methamphetamine offenders, public safety will be enhanced.

Public Safety Strategies

- 1) Reduce crimes committed by methamphetamine users through drug treatment**
 - Expand community-based treatment availability
 - Investigate model jail diversion programs
 - Expand substance abuse treatment in correctional facilities
- 2) Eradicate clandestine methamphetamine labs throughout the state**
 - Continue funding for controlling precursors and labs, including funding for protective equipment and lab clean up
 - Partner with community coalitions to reduce methamphetamine labs
- 3) Ensure drug endangered children are routed through appropriate authorities**
 - Multidisciplinary approach should include the New Mexico Children, Youth and Families Department, Emergency Medical Services, physicians, schools, fire departments
- 4) Increase comprehensive remediation of methamphetamine labs**
 - Create a statewide task force that includes NM Department of Health, NM Environment Department, property owners, and law enforcement to set safety standards for remediation prior to making policy

¹ NM Department of Health, Office of Epidemiology and Response. Nina Shah. Presentation to New Mexico Methamphetamine Working Group, September 7, 2005.

² Wright, D. (2004). *State estimates of substance use from the 2002 National Survey on Drug Use and Health: Findings* (DHHS Publication No. SMA 04-3907, NSDUH Series H-23). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.