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Building Blocks for Promising Practice Models

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Methamphetamine Epidemic--Partnering To Confront the Issue

JUDY THIERRY: Well, good morning and thank you very much for attending this session. I would like to say that Stephanie and I jumped into this about a year and a half ago. As maternal child health coordinator for Indian Health Service, I cover preconception to youth, juvenile justice issues commonly in Indian country, prenatal care, pre-conception care. And over and over, queries were coming from the field in Indian Health Service of, "What are we doing about meth?"

At the headquarter level as a program of one, coordinating field activities, it's really a give and take, a looking back and looking forward and engaging with the communities on what they want and what their issues are.

It has surfaced in testimony at the Senate Indian Affairs Committee, with Indian Health Services, Department of Justice, Bureau of Indian Affairs participating in those

discussions. And so as it came forward, we said, "Well, what do we want to do from a clinical point of view?" And given its maternal -- my program is Maternal and Child Health, Stephanie and I put our heads together and along with the emerging leader and HRSA scholar developed the webcast. So this is sort of just -- you're just seeing us, you know, a little further down the road here in what we are wanting to engage with and present.

My focus today is going to be on those partnerships, but I really want to look at -- kind of give you a -- sort of zoom out and look at an international picture as well as the county, state border issues, and then some screen shot of web sources that we think are number one on your list.

And I do have a CD-ROM and there's probably enough for everybody in this room over there that -- you can have the Power Point slides, and then when you open them on view, obviously you can click on the links and go live right to those websites. So while you're sitting here you may take notes and you may see some screen shots and go, "I can hardly see that." But the links on this Meth 300, if you will, will get you access right in there. And I'm going to focus somewhat on screen shots.

The first slide is about changing traffic patterns, and what we are seeing around methamphetamine is what Governor Janet Napolitano had said in Arizona. "Now that Mexico has limited the amount of ephedrine that can be imported into Mexico, more ephedrine is being imported into the United States and then taken south across the border, manufactured into methamphetamine, and then brought back in the United States."

The issues are complex, they are diverse, and they have a lot of cross-border issues. In December of last year, the Mexican officials inspected a cargo container shipped from China having uncovered a 19.5 ton cash of pseudoephedrine, enough to make a dose of methamphetamine for every adult American.

Hundreds of barrels containing the essential meth ingredient were seized December 5th at Lazaro Cardenas seaport in Michoacan after a citizen tip. According to Mexico's Attorney General, it was the largest seizure of pseudoephedrine or ephedrine in Mexican history and one of the biggest on record worldwide. The 19.5 metric tons amount to eight percent of the 233 metric tons of ephedrine and pseudoephedrine that China manufactured in 2005. Just to give you some sense of a magnitude of the precursors to methamphetamine.

Representative Rick Larson, Democrat, of Washington said that, "The massive leakage of pseudoephedrine from Chinese commerce underscores that we need to go to the source and ensure the chemical is as tightly controlled in China as it is in North America. It cries out for law enforcement attention being paid to the entire supply chain," said Larson, co-chairman of the Congressional Methamphetamine Caucus. "Such an enormous seizure suggests that Mexican traffickers struggling under tight restriction on legal imports of pseudoephedrine in Mexico have found illicit sources in a handful of countries that manufacture the chemical.

"In 2005, The Oregonian," a newspaper, "reported that Mexico's pharmaceutical industry was legally importing about twice as much as the country needed for cold medicine. The demand was inflated by traffickers who brought up millions of pseudoephedrine tablets."

So if you have one distinction, it's the changing traffic patterns. And so I -- I bring up the slide, how are we going to be smarter about meth given that we have lots of borders, lots of jurisdictions, four states in the south monitor a border that Governor Napolitano is addressing. And I think when you start to look at the individual counties, you get a sense of drug laws by state, county task forces, regional issues, importing of drugs and then

going back and forth across the border, that there's numerous federal laws and regulations, state laws and regulations, county jurisdiction, and to add to Indian lands yet again, various jurisdictions that make for Indian country in particular very complex issues around trafficking.

I'm going to read again from the September 27, 2007, so just this past month, there was testimony by Department of Justice to the Senate Indian Affairs Committee again on Violence Against Indian Women. And the characterization of the -- of how the -- I'm going to go ahead and read.

"Indian country criminal justice issues are complex because of the unique relationship of the federal government to the hundreds of tribes, over 560 whose sovereign authority were obligated to respect. In most areas of Indian country, the federal government, Indian tribes, and states share responsibility for prosecuting crimes, depending on the nature of the offense and whether the victim or perpetrator of the crime is Indian or non-Indian. Jurisdictional issues therefore play a substantial role in crime incidents in Indian country and are most often tribal, or the Department of Interior's Bureau of Indian Affairs.

"In public law, 2280 jurisdiction, state, or local police are often involved as the first responders." So we are thinking here responders to methamphetamine.

"Subsequent investigation of violent crimes can be initiated by tribal investigators, state or local detectives, Bureau of Indian Affairs, or FBI," just to give you a sense of the complexity when methamphetamine is in communities.

A little bit on precursors: Anhydrous ammonia is one of the substances that's a precursor for methamphetamine. And you can see the complexity of the 99 counties in Iowa. Of the dumping of this toxin that's actually a fertilizer on the roadsides, and that there is 24,000 tanks in Iowa. Just an astounding number. I mean -- So how do you -- How do you address, you know, access breaking into tanks, et cetera, et cetera.

Through Senator Tom Harkin and the Senate Appropriations Committee, they were able to get funds to actually build a program with the university on tank locks. It looks kind of like a giant bicycle lock to me. And these are situated on the top of the tankers or wherever the ports are, and this hampers people from just basically coming in and stealing in the dark of night or probably light of day as well. Anhydrous ammonia which is one of the ingredients for methamphetamine.

There's several websites that I want to take you through very quickly. One is methresources.gov, and again, you'll find it on the CD-ROM here that I'll pass out.

Initially when you go, you see a map and you can click on key search words, and the search engine is pretty strong. I chose Michigan here, but you could go to any state and see exactly what they are doing around pseudoephedrine.

In the spring of this pass year, the methamphetamine caucus was able to get through a national law to restrict pseudoephedrine and put it behind the counter.

Again, here's more on location, information types and related links, on laboratory locations, and drug endangered. So if you add in to the -- to the website -- I'm going to go forward one more here. So if you put in "Drug Endangered Children," you come to Michigan Drug Endangered Children Medical Protocol and Response Protocol. By state, you will see more protocols in other states, maybe not so many, but how they will speak to that. But I wanted just to link to these kind of websites that are showing you this.

Some of the issues around behind the counter, while they've become nationalized in scope, there is some question about do federal laws weaken state laws? And particularly in Oregon that was a big issue. I don't know if any of you are confronted of that or aware of that, but states can sometimes pass more stringent laws that are much more appropriate to their local and citizenry.

Another slide here, on anti-meth campaign, if we were in a web, I would just click on this and you could really go to a video right now and see. But there's TV, radio, photo, and print opportunities to look at treatment, PSA's, meth discussions. It's a very, very nice site, well developed site. Anti-meth campaign.

And lastly is the Methamphetamine Caucus, the national caucus with 135 members that, you know, is when you see the border issues and the international issues, we know that we have to be dealing with this globally, and a congressional caucus such as this with this broad-base membership is really key in this federal, state, and international partnerships.

Lastly is an outgrowth of our webcast last year. We had well over 500, 700 participants, and about 200 people responded in our evaluation of our webcast. So that resulted in the

use of HRSA's virtual office, healthdisparities.net. And again, you can log in as a new user there where I've got it underlined in red. And you, too, can become part of our list serve and access updates. We hope to have a list serve discussion starting very shortly around perinatal methamphetamine exposure. And that's the end of my presentation.

Thank you.

(Applause.)