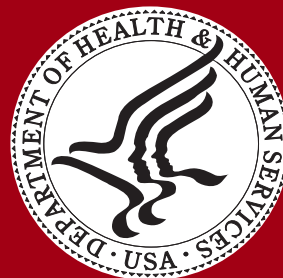


SYNTHETIC DRUG CONTROL STRATEGY

*A Focus on Methamphetamine and
Prescription Drug Abuse*



2006

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*A Focus on Methamphetamine and
Prescription Drug Abuse*

2006



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

June 1, 2006

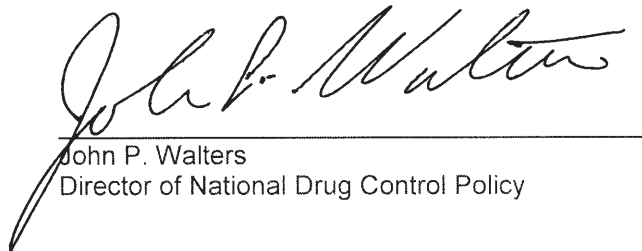
We are pleased to provide to the American people the 2006 Synthetic Drug Control Strategy, a companion document to the President's National Drug Control Strategy. The Synthetics Strategy presents the Administration's strategy for responding to the illicit use and production of methamphetamine, and the illicit use, or non-medical use, of controlled substance prescription drugs.

Like the President's National Drug Control Strategy, the Synthetics Strategy sets ambitious goals. It aims for a 15% reduction in methamphetamine use over three years; a 15% reduction in the abuse, or non-medical use, of prescription drugs over three years; and a 25% reduction in domestic methamphetamine laboratories over three years.

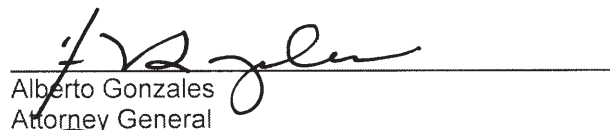
The implementation of the Administration's *National Drug Control Strategy* has been accompanied by encouraging news regarding drug use in the United States. Since 2001 there has been a decrease in past-month use of any illicit drug among youth, including a decrease in use of synthetic drugs such as methamphetamine, steroids, hallucinogens, LSD, and Ecstasy (MDMA). Nonetheless, concerns remain regarding the illicit use and production of synthetic drugs such as methamphetamine, and the non-medical use of controlled substance prescription drugs.

The decreases in teen drug use seen since 2001, and an expected decline in domestic methamphetamine laboratory numbers in 2005, are positive developments upon which to build. With the strongest Federal anti-methamphetamine legislation enacted in our nation's history – the Combat Methamphetamine Epidemic Act of 2005 – recently passed by the United States Congress and signed by the President, the Administration seeks to continue the momentum observed since 2001.

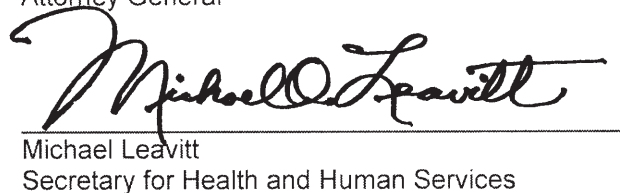
In light of both the overall progress observed in recent years, as well as the ongoing challenges our nation faces regarding the illicit use, distribution, and production of synthetic drugs, a report to the American people on the government's strategy to use both traditional and new tools to fight methamphetamine and the non-medical use of controlled substance prescriptions is timely and important.



John P. Walters
Director of National Drug Control Policy



Alberto Gonzales
Attorney General



Michael Leavitt
Secretary for Health and Human Services

Table of Contents

Introduction	1
Continuing Progress: A Status Report	3
Setting Targets	4
Methamphetamine Supply: A Concurrent International and Domestic Focus	9
The Federal Government’s International Methamphetamine Strategy	11
The Domestic Focus on Methamphetamine and Other Synthetics	19
State and City Drug Control Strategies	20
Reducing Methamphetamine Laboratory Numbers	22
Methamphetamine in Tribal Areas	25
Improving Data on Methamphetamine Laboratories	25
Treating Methamphetamine Users	26
Treatment and Research	26
Drug Courts	26
Access to Recovery	27
Treatment in Rural Areas	27
Prevention: Setting a National Standard	28
Research	28
Youth Anti-Drug Media Campaign	28
Strategic Prevention Framework	29
Controlled Substance Prescription Drug Abuse	31
Doctor Shopping and Prescription Fraud	32
Illegal Online Pharmacies	34
Improper Prescribing	35
Sharing Among Family and Friends	36
“AFTERMETH”: Following the Aftermath of Methamphetamine Production	37
The First 24 Hours: Securing Laboratories Sites	38
How Clean is Clean? Understanding Remediation	39
History: Previous Inquiries on Remediation	40
Research Strategy Development	40
Helping Child Victims of Methamphetamine	41
Appendix (Status of <i>National Synthetic Drug Action Plan</i> Recommendations)	43

Introduction

“Meth is easy to make. It is highly addictive. It is ruining too many lives across our country... Our nation is committed to protecting our citizens and our young people from the scourge of methamphetamine.”

—George W. Bush, President of the United States
March 9, 2006

The President’s *National Drug Control Strategy* describes the Administration’s strategic approach for reducing illicit drug use in the United States. The Administration’s *Synthetic Drug Control Strategy* is a companion to the *National Strategy*. It follows the main principles set out in the *National Strategy*: that supply and demand are the ultimate drivers in all illicit drug markets and that a balanced approach incorporating prevention, treatment, and market disruption initiatives (such as interdiction, arrests, prosecutions, and regulatory interventions) is the best way to reduce the supply of, and demand for, illicit drugs.¹

The *Synthetics Strategy* also adheres to the format of the *National Strategy* by setting ambitious goals for reducing synthetic drug use at a rate approximating 5 percent each year. Specifically, the *Synthetics Strategy* outlines a strategy for reducing past-month methamphetamine use by 15 percent over three years and past-month prescription drug abuse² by 15 percent over three years. Additionally, because the production of methamphetamine poses significant human and environmental risks, the Administration has also set a goal of reducing domestic methamphetamine laboratories by 25 percent over three years.

This and past administrations have traditionally avoided promulgating drug control strategies focused on a single drug or a single category of drugs. However, the unique nature of illicit markets for synthetic drugs warrants a targeted response, partly because those markets contain unique challenges and vulnerabilities. Unlike marijuana or cocaine, for example, either the final synthetic drug (as with prescription drugs) or its ingredients (as with methamphetamine) are designed for legal possession and use. Other reasons include the extreme health and environmental problems associated with the production of drugs such as methamphetamine and the indisputably destructive nature of methamphetamine use itself.

The President’s *National Drug Control Strategy*: An Overview

Goals for drug use (set in February 2002)

- 10-percent reduction in two years
- 25-percent reduction in five years
- Applies in two categories: adults (18+) and youth (12–17)

Three-prong strategy

- **Prevention:** Stop use before it starts
- **Treatment:** Heal drug users
- **Market Disruption:** Interdiction and law enforcement

The *Synthetic Drug Control Strategy*: An Overview

Goals for synthetic drug use

- 15-percent reduction in meth use over three years
- 15-percent reduction in prescription drug abuse over three years
- 25-percent reduction in meth labs over three years

Overview

- Consistent with *National Strategy*’s three-prong approach
- Focus on meth and prescription drug abuse
- Supply reduction focus is both international and domestic
- Strong demand reduction focus
- Includes plan to improve understanding of meth lab safety and response

¹ 2002 President’s *National Drug Control Strategy*, Office of National Drug Control Policy, 2002 U.S. Government Printing Office, Washington, DC.

² Throughout this document, the terms “prescription drug” and “prescription drug abuse” are intended to refer to the non-medical use of prescription drugs which are controlled substances.

The *Synthetics Strategy* is not primarily intended to recap the history of synthetic drugs in America, to describe the extent of the problem, or to act as a report card on what the Federal government has been doing in this area, although elements of those discussions are included where relevant. A number of documents incorporating those discussions in a more comprehensive manner have already been published. Among them are the *National Synthetic Drugs Action Plan* (October 2004)³ and the government's *Interim Report* (May 2005)⁴ on the implementation of that plan. The former outlined recommendations for action by the executive and legislative branches of the Federal government; the latter reported on progress in enacting those recommendations. The *Synthetics Strategy* is the culmination of those efforts and also serves as a report on the *Action Plan*. It is additionally important because of two ways in which it differs from, and supersedes,⁵ the *Action Plan*. First, the *Synthetics Strategy* sets measurable goals for success. Second, it does not simply make recommendations for government action, but in fact commits the Administration to a concrete course of action designed to achieve the aforementioned goals by the end of the President's second term in office.

The *Synthetics Strategy* adheres to the following outline. Following this introduction, it describes the state of the illicit markets for methamphetamine and controlled substance prescription drugs, including progress made over the last several years. It then sets targets for reduced numbers in three principal categories: illicit methamphetamine use, domestic methamphetamine laboratories, and the illicit use of controlled substance prescription drugs. This portion explains the fundamental principles and insights guiding the *Synthetics Strategy* and describes how performance goals will be measured. Next, the document describes the strategy itself, explaining how, given the current state of the illicit synthetic drug market, the Administration will meet targets for use and production by the end of 2008. Here, both supply reduction and demand reduction activities are addressed for both methamphetamine use and controlled substance prescription drug abuse. Finally, the end of the document addresses the problem of responding to the aftermath of methamphetamine production. Improving our knowledge about the health and environmental consequences of methamphetamine labs is critically important toward improving the safety and security of Americans, including the children who are found in or near toxic laboratories.

³ *National Synthetic Drugs Action Plan*, October 2004, Office of National Drug Control Policy, U.S. Government Printing Office, Washington, DC.

⁴ *Interim Report from the Interagency Working Group on Synthetic Drugs to the Director of National Drug Control Policy, Attorney General, and Secretary for Health and Human Services*, May 23, 2005, printed by the Office of National Drug Control Policy, Washington, DC.

⁵ The *National Synthetic Drugs Action Plan* contained 46 action recommendations. The status of these is reported in the Appendix. The Synthetic Drugs Interagency Working Group will continue to work on implementing recommendations and discussing progress.

Prevalence Estimates: Drug Use in America, 2004

Overall Drug Use

- Lifetime users: 110,057,000 (45.8%)
- Past-month users: 19,071,000 (7.9%)

Methamphetamine

- Lifetime users: 11,726,000 (4.9%)
- Past-month users: 583,000 (0.2%)

Controlled Substance Prescription Abuse

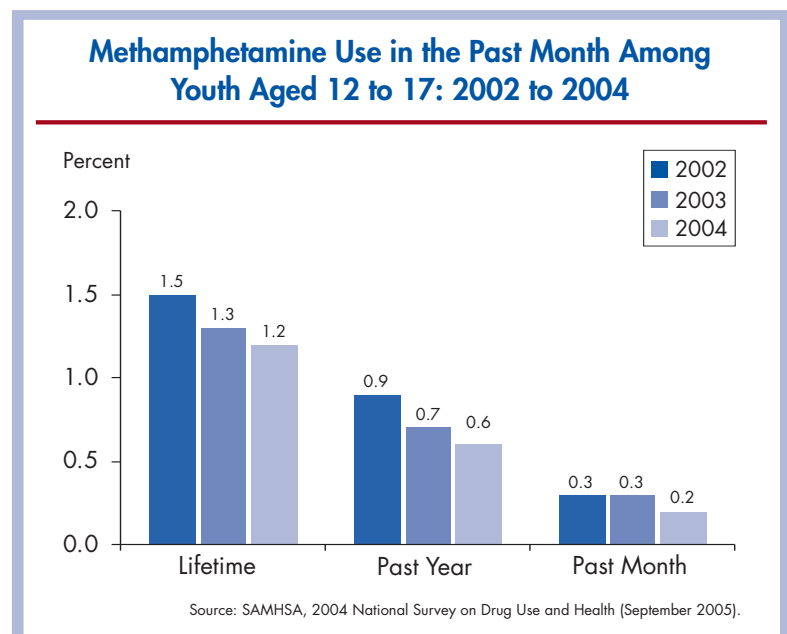
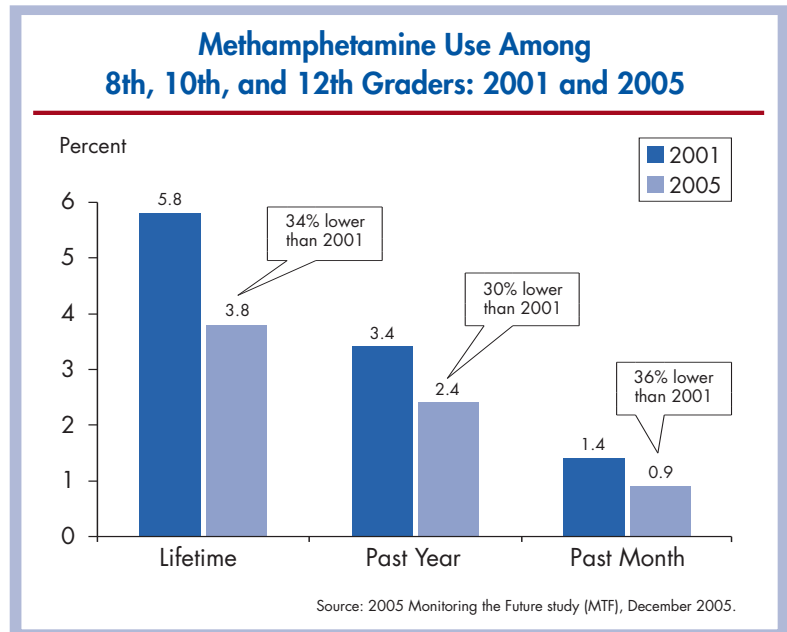
- Lifetime abusers: 48,013,000 (20%)
- Past-month abusers: 6,007,000 (2.5%)

Source: Substance and Mental Health Services Administration (2005). Results from the 2004 National Survey on Drug Use and Health: National Findings (Office of Applied Studies), NSDUH Series H-28, DHHS Pub. No. SMA 05-4062, Rockville, MD.

Continuing Progress: A Status Report

The implementation of the President's *National Drug Control Strategy* has produced results. Data regarding drug use trends since 2001 support the notion that national strategies utilizing prevention, treatment, law enforcement, and other market disruption tools can contribute to sustained reductions in drug use. The goal of the *Synthetics Strategy* is to build upon the successes of the *National Strategy* by focusing on the use and production of methamphetamine and on the non-medical use of controlled substance prescriptions.

Recent positive developments include decreases in the past-month use of any illicit drug among youth⁶ by 19 percent⁷ and past month use of methamphetamine use by 36 percent⁸ since 2001. Similarly, the use of steroids dropped dramatically among youth from 2001 to 2004 with the use of steroids down 38 percent, 37 percent, and 30 percent for lifetime, past year, and past-month use, respectively. The past-month use among teens of hallucinogens and LSD use is down by nearly two-thirds, as is past-month Ecstasy (3, 4 methylenedioxy-methamphetamine, or MDMA) use. Marijuana use has also dropped in all three categories: 13 percent for lifetime use, 15 percent for past year use, and 19 percent for past-month use, decreasing 28 percent among 8th graders (from 9.2 percent to 6.6 percent), and 23 percent among 10th graders (from 19.8 percent to 15.2 percent).



⁶ "Youth" refers to 8th, 10th, and 12th graders, the populations measured by the *Monitoring the Future* study.

⁷ 2005 *Monitoring the Future*. Special analysis conducted for the Office of National Drug Control Policy by MTF researchers.

⁸ Ibid.

With respect to domestic methamphetamine production, after an increase in domestic methamphetamine laboratories observed in the 1990s and early 2000s, domestic laboratory numbers appear to have taken a sharp downturn in 2005, thanks largely to innovative strategies employed by the States. After peaking with more than 17,500 laboratory incidents reported in 2004, data for the first 10 months of 2005⁹ show a substantial and significant reduction in methamphetamine laboratory incidents (15,203 in the first 10 months of 2004, compared to 11,189 in the first 10 months of 2005—a 26.4 percent reduction). Since 2002, the number of domestic “super labs” reported—those methamphetamine laboratories with a production capacity estimated at 10 or more pounds within a 24-hour period—has posted a dramatic decline, falling from 144 in 2002 to just 38 in 2005, due largely to Federal law enforcement interventions at our shared border with Canada and to cooperation with Canadian authorities to stem the smuggling of pseudoephedrine into the United States. With a new anti-methamphetamine law¹⁰ recently passed by the United States Congress and signed by the President—the strongest Federal anti-methamphetamine legislation enacted in our Nation’s history—the Administration seeks to continue such reductions.

Nationally, concern regarding the illicit use or production of methamphetamine continues, due to the uniquely destructive nature of methamphetamine itself; the increase in domestic methamphetamine laboratories during the late 1990s and early 2000s¹¹ and their environmental impact; the eastward migration of methamphetamine use and production across our Nation; the growing presence of methamphetamine super labs in Mexico; and the growing control of the U.S. methamphetamine market by Mexican drug trafficking organizations. Concerns also continue regarding the nonmedical use of controlled substance prescription drugs, the fastest-rising category of drug abuse in recent years.¹² The production and use of methamphetamine and the nonmedical use of controlled substance prescription drugs are among the Administration’s foremost concerns related to illicit drugs. However, decreases in teen drug use seen since 2001 and the drop in methamphetamine laboratory numbers are positive developments upon which to build. The Administration is committed to continuing this momentum.

In light of both the overall progress observed in recent years and the ongoing challenges our Nation faces regarding the illicit use, distribution, and production of synthetic drugs, a report to the American people on the government’s strategy to use both traditional and new tools to fight methamphetamine and the nonmedical use of controlled substance prescriptions is timely and important.

Setting Targets

First released in February 2002 for this Administration, the President’s *National Drug Control Strategy* set specific and ambitious targets for reducing drug use in America. The *National Strategy* called for a 10-percent reduction over two years, and a 25-percent reduction over five years, in the current (past-month) use of any illicit drug in America. It set these goals

⁹ Methamphetamine laboratory numbers tend to be complete after six months. As of the date of publication, methamphetamine laboratory number data were current through October 2005.

¹⁰ *USA PATRIOT Improvement and Reauthorization Act of 2005*, Public Law 109-177.

¹¹ El Paso Intelligence Center (EPIC), Clandestine Laboratory Seizure System (CLSS).

¹² Substance and Mental Health Services Administration (2004). Results from the 2004 National Survey on Drug use and Health: National Findings (Office of Applied Studies), NSDUH Series H-28, DHHS Pub. No. SMA 05-4062, Rockville, MD.

Age Of Initiation: When drug users start using drugs	
Marijuana:	18.0
Prescription Drugs:	24.7
Methamphetamine:	22.1
Cocaine:	20.0
Heroin	24.4

Source: 2004 National Survey on Drug Use and Health/Monitoring the Future.

for two age categories: youth (those aged 12 to 17) and adults (those aged 18 and older).

Comparably, the *Synthetics Strategy* contains three primary goals. The first two are a 15-percent reduction in both methamphetamine use and prescription drug abuse in the overall population (ages 12 and up) by the end of 2008, using 2005 as the baseline. These two goals are set for the following reasons. First, these tar-

gets adhere to the goals of the *National Strategy* in that they are focused on decreasing use by approximately five percent a year. Second, recent statistics on drug use are encouraging and indicate that these goals are achievable, as noted in the section above detailing recent trends in drug use and production. Unlike the *National Strategy*, the *Synthetics Strategy* does not consider youth synthetic drug use a separate performance measure, because the average age of methamphetamine initiation is 22.1 years.¹³ Similarly, for most prescription drug abuse, the average age of initiation is in the 23–25 age range. Like the *National Strategy*, future reports on the *Synthetics Strategy* will measure trends in the illicit use of methamphetamine and prescription drugs using data from the *National Survey on Drug Use and Health*.

The *Synthetics Strategy* will measure declines in the use of two synthetic drug groups—methamphetamine and illicit prescription drugs—as primary indicators for performance measurement. It will not include as a primary performance measure other synthetic drugs, such as Ecstasy and LSD. This is for two reasons. First, methamphetamine and prescription drugs currently constitute the primary synthetic drugs of national concern. The destructive nature of methamphetamine use and production is well documented.¹⁴ Prescription drugs, as noted earlier, constitute the most prevalent drug use category in the area of synthetic drug abuse. Second, the *National Survey on Drug Use and Health*, an annual government report, already measures use for all drugs, including club drugs, on an annual basis.¹⁵ For those reasons, future reports outlining the progress of the

The Synthetic Drug Control Strategy: Setting Targets and Measuring Progress

Primary Measuring Tools

- National Survey on Drug Use and Health
- El Paso Intelligence Center, Clandestine Laboratory Seizure System

Secondary Indicators

- Decline in past-year initiates of meth (12–17, 18–25)
- Decline in past-year initiates, prescription drug abuse (12–17, 18–24)
- Decrease in meth ER admissions
- Decrease in prescription drugs ER admissions
- Increase in age of initiation for meth
- Increase in age of initiation for prescription drugs
- Increase in perception of risk

¹³ The President's *National Drug Control Strategy*, by contrast, considers youth illicit drug use a separate goal, partly because the age of initiation for the most commonly used drug, marijuana, averages 18.0 years, and also occurs at younger ages.

¹⁴ See, e.g., White, S.R. Amphetamine toxicity. *Semin. Respir. Crit. Care Med.* 2002 Feb; 23(1):27-36; Hanson, G.R. et al. The methamphetamine experience: a NIDA partnership. *Neuropharmacology.* 2004;47 Suppl. 1:92-100; Thompson, P.M. et al. Structural abnormalities in the brains of human subjects who use methamphetamine. *J. Neurosci.* 2004 Jun 30;24(26):6028-36; Meredith, C.W., et al. Implications of chronic methamphetamine use: a literature review. *Harv. Rev. Psychiatry.* 2005 May-Jun;13(3):141-54; Richards, J.R. and Brofeldt, B.T. Patterns of tooth wear associated with methamphetamine use. *J. Periodontol.* 2000 Aug;71(8):1371-4; Caldicott, D.G. et al. Clandestine drug laboratories in Australia and the potential for harm. *Aust. N.Z. J. Public Health.* 2005 Apr;29(20):155-62; Lineberry, T.W. and Bostwick, J.M. Methamphetamine abuse: a perfect storm of complications. *Mayo Clin. Proc.* 2006 Jan;81(1):77-84; Santos, A.P. et al. Methamphetamine laboratory explosions: a new and emerging burn injury. *J. Burn Care Rehabil.* 2005 May-Jun;26(3):228-32; Centers for Disease Control and Prevention (CDC). Acute public health consequences of methamphetamine laboratories--16 states, January 2000-June 2004. *MMWR Morb Mortal Wkly Rep.* 2005 Apr 15;54(14):356-9.

¹⁵ Gammahydroxy-butate (GHB) and ketamine were added in 2006. Only lifetime measures, as opposed to current (past-month) drug use measures, will be available.

Synthetics Strategy will include information on use trends for these other synthetic drugs, but will not utilize that data as a primary performance measurement tool.

It is important, however, to acknowledge the difficulty of accurately measuring a 15-percent change in the use of methamphetamine and prescription drugs. Methamphetamine users and prescription drug abusers account for only 0.2 percent and 2.5 percent of the population, respectively. A 15-percent change, therefore, is equivalent to a fluctuation of 0.03 percent and 0.375 percent, respectively, of the overall population. The actual numbers—a reduction in 87,000 methamphetamine users and 901,000 prescription drug abusers—would save thousands of lives and be momentous for individuals, their families, their communities, and the Nation as a whole. However, measuring fluctuations of this degree in the overall population of the Nation is rather challenging from a statistical perspective.

Future reports on the *Synthetics Strategy* will also cite additional data to help identify progress toward the goals for reducing the illicit use of methamphetamine and controlled substance prescription drugs. Although the *National Survey* will be the primary tool utilized in performance measurement, future reports from the government on the implementation of the *Synthetics Strategy* will also include secondary indicators that will add additional dimensions to understanding and measuring the Administration's performance. The following seven trends will also be used to evaluate the overall success of the Administration's *Synthetics Strategy*:

1. A decline in the number of past-year initiates in the 12–17 and 18–25 age ranges for methamphetamine (Source: *National Survey on Drug Use and Health*)
2. A decline in the number of past-year initiates in the 12–17 and 18–25 age ranges for prescription drugs (Source: *National Survey on Drug Use and Health*)
3. A decrease in the number of emergency room admissions related to methamphetamine (Source: *Drug Abuse Warning Network*)
4. A decrease in the number of emergency room admissions related to prescription drug abuse (Source: *Drug Abuse Warning Network*)
5. An increase in the average age of initiation for methamphetamine (Source: *National Survey on Drug Use and Health*)
6. An increase in the average age of initiation for prescription drug abuse (Source: *National Survey on Drug Use and Health*)
7. An increase in the percentage of youth who report perceived risk associated with both methamphetamine and prescription drug abuse (Source: *Monitoring the Future*)

Meanwhile, there are several other data sets that merit observation but contain inherent limitations. The concern with some data sets—indicators such as the numbers of arrests, treatment admissions, and drug seizures—is that a rise in those numbers could arguably be interpreted as a positive development or a negative one, depending upon the circumstances; the same is true for a decline in those numbers. For example, an increase in methamphetamine-related arrests in a given city might be due to enhanced law enforcement focus on the problem, but it also might

be because there is more methamphetamine in that city. For this reason, monitoring of three commonly used indicators—arrests related to synthetic drugs, methamphetamine seizures at the Southwest border, and the number or rate of treatment admissions for synthetic drugs—will be interpreted in a context that explains some larger trend. Increases or decreases in these numbers, standing alone, will not be considered indicative of more or less synthetic drug use in America.

The third primary performance objective of the *Synthetics Strategy*—reducing domestic methamphetamine laboratories by 25 percent—will measure laboratories seized within our borders in 2008, using 2005 as a baseline. The Administration is concerned about the uniquely destructive and poisonous nature of methamphetamine laboratories. Much of the national concern over methamphetamine pertains as much to its domestic production as to its use. There were approximately 17,500¹⁶ methamphetamine laboratory incidents¹⁷ in 2004 within our borders—up from about 9,000 in 2000. Final numbers for 2005 will not be available until later in 2006, but early figures indicate a 26.4-percent reduction (January to October 2005, compared to the same 10-month period a year earlier). The Administration is committed to continuing this positive trend by working with States to effectuate significant and dramatic reductions in methamphetamine laboratory numbers by the end of the President's second term in office. If the 26.4-percent reduction is continued for the remainder of 2005, the Administration estimates that there will have been 12,000–13,000 methamphetamine laboratory incidents in the United States during 2005. The Administration aims for laboratory incident numbers of approximately 10,500 or less in 2008, which would represent a nearly 25-percent reduction in lab numbers over three years, or a 40-percent reduction from 2004—the year in which aggressive State-level restrictions on the retail sale of pseudoephedrine were effective in several States.

The chief means of measuring the number of domestic laboratories within the United States will be the Clandestine Laboratory Seizure System (CLSS), a function performed by the Drug Enforcement Administration's (DEA's) El Paso Intelligence Center (EPIC).

Meth Labs in America

What's Included

- Actual "live" laboratories
- Dumpsites
- Glassware and chemical preparations

Annual Laboratory Seizures

- 2000: 9,056
- 2001: 13,551
- 2002: 16,224
- 2003: 17,458
- 2004: 17,500 (est.)

Preliminary Outlook for 2005

- Jan–Oct 2004: 15,203 lab incidents
- Jan–Oct 2005: 11,189 lab incidents
- Reduction: 26.4 percent

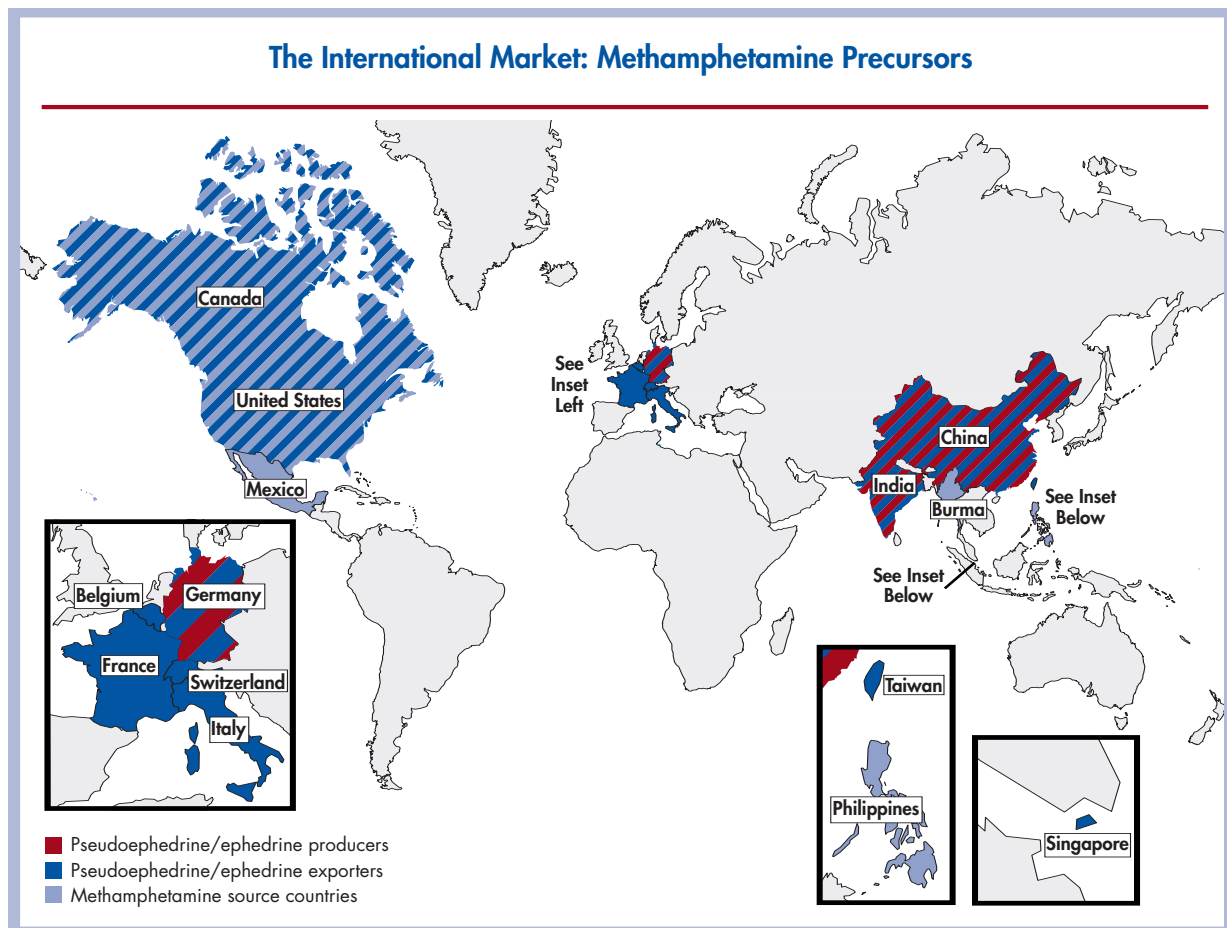
Source: El Paso Intelligence Center, Clandestine Laboratory Seizure System

¹⁶ Reports from States regarding the number of labs seized in 2004 are not yet complete—an issue discussed in this report. For the purposes of this section discussing targets, we note that at the time this document was drafted, lab numbers for 2004 stood at about 17,450 and were not expected to go above 17,600 once final figures were tallied.

¹⁷ The EPIC CLSS definition of "methamphetamine laboratory incident" includes operational methamphetamine laboratories, chemical dumpsites, and combinations of glassware and chemical precursors to methamphetamine that appear to have been organized in contemplation of producing the drug.

Methamphetamine Supply: A Concurrent International and Domestic Focus

The most urgent priority of the Federal government toward reducing the supply of methamphetamine in the United States will be to tighten the international market for chemical precursors, such as pseudoephedrine and ephedrine,¹⁸ used to produce the drug. Most of the methamphetamine used in America—probably between 75 and 85 percent—is made with chemical precursors that are diverted at some point from the international stream of commerce. The remainder of the methamphetamine is produced from chemical precursors that are purchased at the wholesale or retail level and diverted for use in illicit production in the United States. Although domestic enforcement continues to be a priority, the impact of State laws controlling retail access to precursors, together with Federal, State, and local enforcement efforts, has had a significant impact on the domestic production of methamphetamine. As a result, a larger proportion of methamphetamine consumed in the United States is now coming across the border as a final product, compared to that which is produced domestically in small, toxic laboratories (STLs).¹⁹



¹⁸ This document will frequently use the term pseudoephedrine to generically describe three chemicals commonly used as methamphetamine and amphetamine precursors: pseudoephedrine, ephedrine, and phenylpropanolamine.

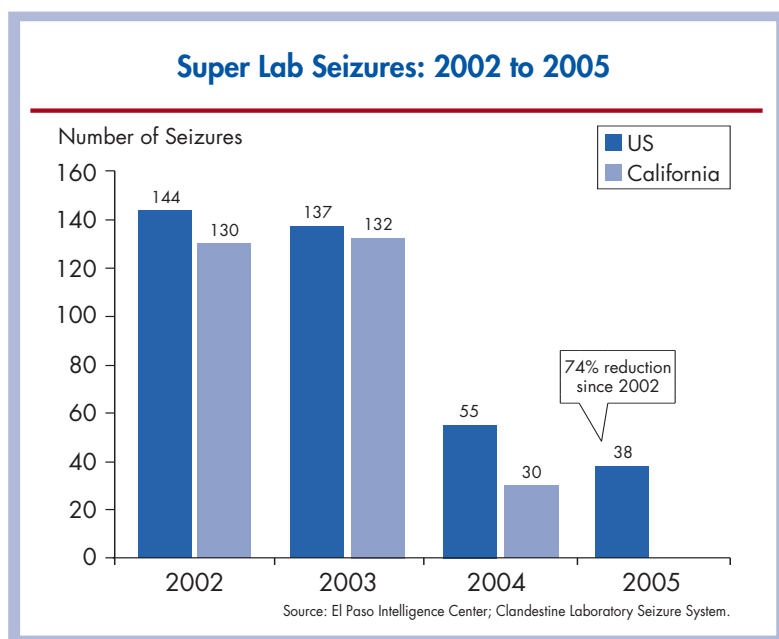
¹⁹ STLs are defined as laboratories with a methamphetamine production capacity of less than 10 pounds in a 24-hour period.

Until May 2005, when the *Interim Report* was released, the domestic methamphetamine market was generally described as being sourced from two types of methamphetamine laboratories: domestic and foreign superlabs,²⁰ which were estimated to account for 80 percent of the methamphetamine used in the country, and STLs, which were estimated to account for approximately 20 percent of the methamphetamine used in the country.²¹ Despite the small proportion produced by the STLs, the small labs themselves constituted more than 99 percent of all methamphetamine laboratory incidents within the United States. A point of concern was the indisputable rise in domestic laboratory seizures, peaking at approximately 17,500 in 2004.

Starting with Oklahoma in April 2004, States began to respond to the methamphetamine lab problem by enacting a variety of restrictions on the retail sale of over-the-counter cold remedies containing pseudoephedrine. Some States, including Oklahoma, restricted the sale of pseudoephedrine to pharmacies. At the time the May 2005 *Interim Report* was released, reliable data regarding the impact of these laws was just beginning to emerge from a handful of these States. Federal policy makers began to reassess the methamphetamine market, and were asked to reevaluate the relative market share of superlabs and STLs using data which were recent but not yet wholly affected by the new State-level regulations. Three general factors were considered: the relative numbers of each type of domestic laboratory seized, the estimated production capacity of each of those laboratories, and the amount of methamphetamine seized at the United States border. Based on these data, the Administration estimated in the *Interim Report* that 65 percent of the methamphetamine used in the United States came from the larger labs, both domestic and foreign, and up to 35 percent came from STLs that were solely domestic. These data suggested that small labs were collectively gaining and operators of larger labs were losing market share. This was consistent with what communities were reporting: more methamphetamine labs.

With the passage of restrictions in 2005 on the retail sale of pseudoephedrine in about 35 States, along with continued law enforcement efforts by Federal, State, and local authorities, the percentage of metham-

phetamine consumed in the United States originating from STLs appears to have decreased, and law enforcement is reporting that much more of the methamphetamine seized appears to be coming from superlabs. Although new State-level restrictions have proven to be successful, they nevertheless affect primarily the STLs, not the domestic and foreign superlabs. Both anecdotal



²⁰ Laboratories with a production capacity exceeding 10 pounds in a 24-hour period.

²¹ For a more detailed discussion on these analyses, see the *Interim Report*.

information from law enforcement and emerging quantitative data suggest that the ratio may be moving back in the direction of an approximate 80–20 breakdown of superlab supply to STL supply. An associated dynamic appears to be the move of those superlabs to outside our country. This is bolstered by the decline in domestic superlab seizures between 2002 and 2005.

Restricting the methamphetamine supply requires coordinated efforts by Federal and State authorities. The Federal government provides significant assistance to State and local law enforcement in responding to STLs, and will continue to do so. But the Federal government carries the primary responsibility for disrupting the share of the market belonging to the operators of the larger laboratories in foreign settings. Federal, State, and local governments share responsibility for attacking the large domestic laboratories.

Although effective precursor control can and does work to limit supply, the methamphetamine market is so fluid that it is critical to inhibit supply concurrently at both the international and local levels to prevent the shifting of market share among superlab and STL operators.

The Federal Government’s International Methamphetamine Strategy

There are three fundamental aspects to the Federal government’s strategy to tighten the international market for pseudoephedrine and similar precursor chemicals: first, acquisition of better information about the international trade in pseudoephedrine and similar chemicals; second, swift and effective implementation of the methamphetamine-related provisions included in the Combat Methamphetamine Epidemic Act (“Combat Meth Act”) of 2005; and third, continued law enforcement and border control activities, in particular, continued partnership with Mexico.

In order to more effectively address the trafficking of methamphetamine, Federal law enforcement needs better information about the trade in precursor chemicals. Law enforcement has found that when a producer country exports the precursor chemical, shipments may be intercepted or diverted to another country. After leaving the exporting country, precursor chemicals will often be diverted to a transit country and leave the legitimate stream of commerce. From that point, the chemicals are made available to clandestine lab manufacturers for the production of methamphetamine. The methamphetamine comes across the border into the United States as a finished product. The more that the DEA and its foreign law enforcement counterparts know about where these chemicals are produced, how much is produced, where the shipments are supposed to go, and—just as critically on the receiving end—how much of the chemical a country realistically needs to meet health and industrial needs, the more effective law enforcement can be in working with counterparts in other nations to ensure that these chemicals do not end up in methamphetamine laboratories.

There are established methods of acquiring this information when the United States is a party to a transaction involving methamphetamine precursor chemicals. The more difficult problem lies in law enforcement acquiring this information when the United States is not a party to the transaction. Generally speaking, when the United States is neither the recipient nor the sender of the original precursor chemicals, United States law enforcement does not have access to information about the transactions. Such information would allow law enforcement to conduct more effective investigations, starting at the source of an otherwise legal product.

The State Department and the DEA currently work with the International Narcotics Control Board (INCB) to acquire more complete, accurate, and timely information about international chemical transactions to which the United States is a party. The INCB regularly publishes annual assessments of the legitimate scientific and medical needs that countries have for substances classified as Schedules I through V drugs under the Convention on Psychotropic Substances of 1971 and the Single Convention on Narcotics of 1961. This information is helpful to exporting and importing countries because if a country is attempting to export more than the amount published in the annual assessment for the receiving country, the INCB may request that the exporting country suspend the shipment until the authorities of the receiving country confirm the legitimacy of the import request and authenticate the import documents.

Previously, the INCB collected information on pseudoephedrine and similar methamphetamine precursors, but it was able to provide the information only to the countries that were parties to the international transaction. An additional problem is that the prevailing interpretation of the applicable international convention makes it optional for countries to regulate pharmaceutical preparations containing precursor chemicals (products that contain those chemicals in combination with other chemicals). This is unfortunate, for diversion of pills containing pseudoephedrine is the predominant means of supplying almost all small labs and many large labs in North America. Pseudoephedrine is easily extracted from these over-the-counter drugs.

Due to these concerns, the Administration has worked with allies in the international community to draft, promote, and adopt a resolution on synthetic drug precursors, particularly methamphetamine precursors, at the annual meeting of the United Nations Commission on Narcotic Drugs (CND), which is the central policy-making body within the United Nations system dealing with drug-related matters. The CND is charged with analyzing the world drug situation and developing proposals to strengthen the international drug control system. In March 2006, the CND adopted the synthetic drug precursor resolution proposed by the United States and cosponsored by a number of CND member nations.

The resolution requests countries to permit the INCB to share shipment information on pharmaceutical preparations containing methamphetamine precursors with law enforcement and regulatory authorities to prevent or interdict diverted shipments. The resolution also requests countries to provide information on all shipments of these chemicals and the associated pharmaceutical preparations. Moreover, the resolution encourages all countries to provide estimates of legitimate requirements for pseudoephedrine, ephedrine, and phenyl-2-propanone as well as pharmaceutical preparations. Finally, the resolution requests importing countries to ensure that imports of these substances and preparations containing the substances are commensurate with legitimate requirements.

Acquiring information about an international transaction to which the United States is not a party is not without precedent. For example, the United States and Mexico have obtained a commitment by Hong Kong to prenotify the receiving country before shipment and not to ship chemicals to the United States, Mexico, or Panama until receiving an import permit or equivalent documentation. This is important because Hong Kong has in the past been a source of pseudoephedrine tablets diverted to methamphetamine labs in Mexico. Using this model, it is a

priority of the *Synthetics Strategy* for the United States to reach similar agreements with other producing countries, the most significant of which are Germany, China, and India. The State and Justice Departments will continue to develop procedures with producer countries in order to obtain general information about global precursor chemical transactions. Chemicals diverted anywhere in the world can and do end up as methamphetamine consumed in America.

The Administration's efforts to develop these procedures have already begun and will continue throughout 2006. Twice in December 2005—at the United States/European Union Troika meeting on December 7 and subsequently at the meeting of the Joint Chemical Working Group established by the United States/European Community Chemical Control Agreement on December 16—the Administration laid the groundwork for a higher level of information sharing. These central concerns have also been raised in subsequent international meetings. The Administration has set a goal of reaching agreement on these points by the end of 2006 or earlier if possible.

While the relevance of such information to law enforcement is paramount, the Administration recognizes that it may also be considered commercial. As such, the United States will pledge to use this information only for law enforcement purposes and not in the furtherance of any commercial objectives. Many countries that are already fighting the methamphetamine problem, including those in the Asian region, recognize the importance of sharing such information.

The second prong of the Federal government's strategy to tighten the international precursor market involves implementation of the Combat Meth Act. This important legislation, passed by Congress and recently signed by the President, contains a comprehensive set of regulations designed to help tighten the market for pseudoephedrine and other chemical precursors to methamphetamine. The provisions in some States' chemical control laws were adapted, setting a Federal regulatory floor while allowing more aggressive State restrictions. In addition to setting a nationwide baseline standard for the retail sale of products containing pseudoephedrine, the new law eliminates loopholes in the law that methamphetamine traffickers exploited.

The Combat Meth Act contains other important provisions that are relevant to international efforts. Among the provisions of the new law that will affect large lab operators are enhanced criminal penalties for methamphetamine cooks and traffickers; requirements for estimates of the import and export market for pseudoephedrine, which help the Administration better understand and restrict the illegal international trade of pseudoephedrine; and new requirements regarding production quotas for precursor chemicals. The Administration is committed to implementing and utilizing the new tools provided by Congress in the Combat Meth Act.

The new law contains a number of provisions that address retail sellers and purchasers of products containing pseudoephedrine and ephedrine, requiring, among other provisions, that these products be kept behind store counters or in a locked cabinet not accessible to customers; that the retail seller maintain a written or electronic list of transactions involving these products; that the purchaser display a government-issued identification card and sign the logbook; that the seller may not sell more than 3.6 grams of the products in a daily period, or 7.5 grams of the product in a 30-day period to the same customer; and that an individual may not knowingly or intentionally purchase more than 9 grams in a 30-day period. As of April 8, 2006, nonliquids

(tablets, capsules, and gel capsules) of ephedrine, pseudoephedrine, and phenylpropanolamine may no longer be sold in bottles at the retail level; instead, they must be sold in blister packs. While some of these provisions have already taken effect, others will take effect on September 30, 2006.

The Combat Meth Act further requires the Department of Justice (DOJ) to issue regulations and criteria, such as criteria for the written or electronic logbook maintained by the seller and regulations establishing an Internet-based program to provide employee training criteria to retailers and allow retailers to certify compliance with the training requirements. The DOJ is working expeditiously to publish these criteria and regulations.

Additionally, the Combat Meth Act provides the DEA with additional control over the spot market for pseudoephedrine products. Currently, importers or exporters must notify the DEA about shipments coming into the United States, as well as the amount and purchaser of the product. Prior to the passage of the Combat Meth Act, once a transaction had been approved by the DEA, the importer or exporter could substitute a purchaser without notifying the DEA if the original purchaser dropped out of the transaction. Under the new law, if the originally declared sale by the importer or exporter falls through, and if the transaction would otherwise require 15 days advance notice (i.e., not to a “regular customer” abroad or a “regular importer” at home), the importer or exporter will be required to file a second notice with the DEA identifying the new proposed purchaser. The DEA will then have 15 days to review the new transaction and decide whether it presents a sufficient risk of diversion to warrant suspension of the transaction.

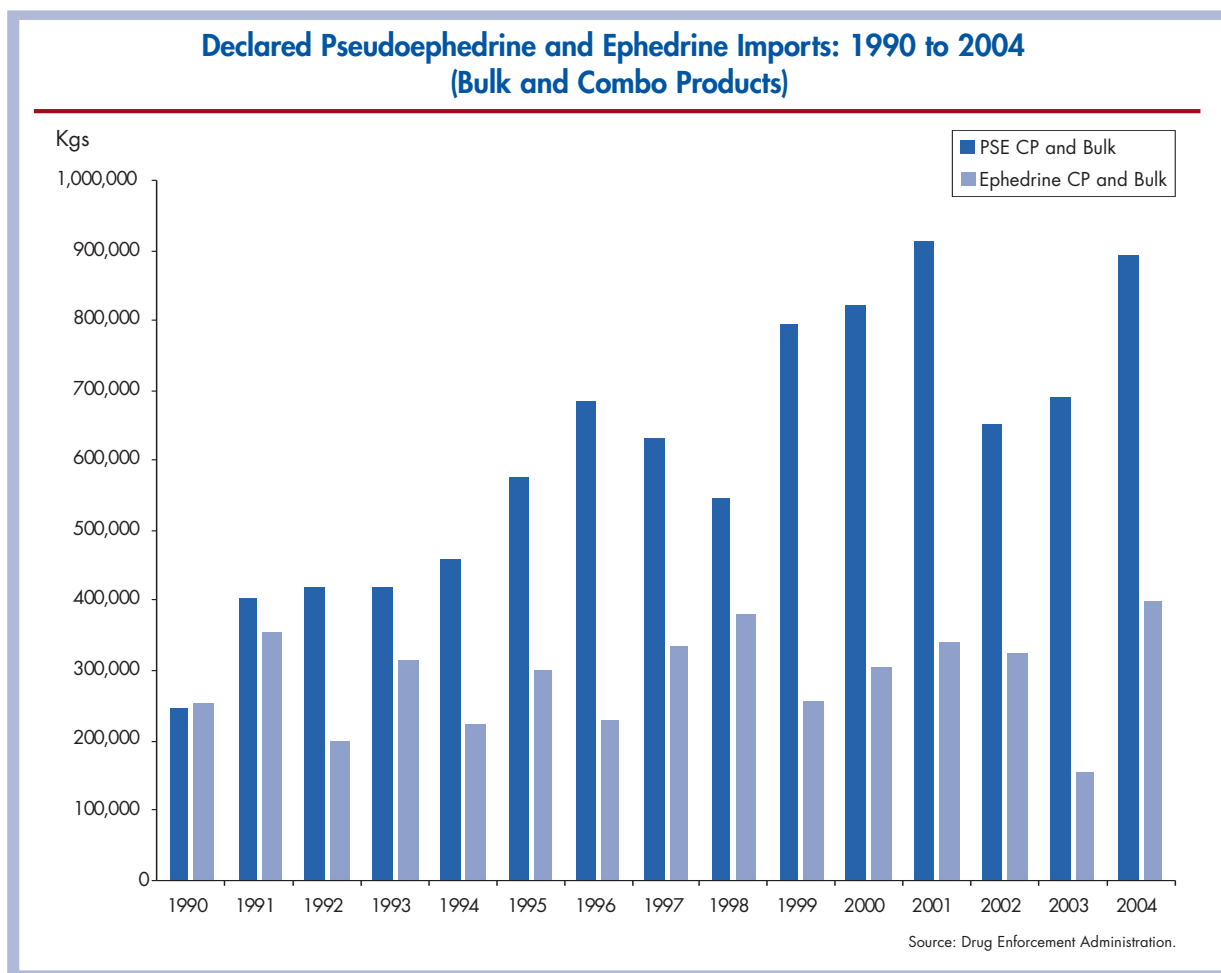
The Combat Meth Act further provides the DOJ with the authority to establish production quotas for ephedrine, pseudoephedrine, and phenylpropanolamine, utilizing the preexisting model for production quotas of controlled substances listed in Schedules I and II.²² In establishing the Aggregate Production Quota (APQ) each year for other controlled substances, the Department, through the DEA, relies on the following sources of information and will do so for pseudoephedrine, ephedrine, and phenylpropanolamine (defined as scheduled listed chemical products under the Act) as well: industry data provided through applications for procurement quota and manufacturing quota, which includes information relating to inventory, production, and sales data; information from DEA-registered manufacturers regarding product development and research efforts; export requirements; information on medical need as provided by the Food and Drug Administration (FDA); prescription and sales data provided by various vendors; and information relating to diversion and abuse. Once the APQ is established, the DEA can provide DEA-registered manufacturers with manufacturing and procurement quotas, thereby fulfilling its requirements under the Act.

In accordance with the requirements of the Combat Meth Act, the DOJ will submit on a semiannual basis a report to Congress that describes the allocation of the resources of the DEA and the Federal Bureau of Investigation (FBI) for the investigation and prosecution of violations of the Controlled Substances Act involving methamphetamine and describes the measures being taken to give priority in the allocation of resources involving these violations. Similarly, the

²² See 21 U.S.C. 826.

Department of Transportation (DOT) will submit biennial reports regarding the designation of chemical precursors as hazardous materials. Additionally, the Environmental Protection Agency (EPA) will submit a report based upon information collected from law enforcement, States, and other relevant stakeholders identifying byproducts of the methamphetamine production process and identifying those byproducts that constitute hazardous waste.

Also, the new law requires the State Department to identify the five largest exporting countries and the five largest importing countries of chemicals such as pseudoephedrine.²³ The Combat Meth Act also requires the State Department to issue a report certifying these countries' cooperation with the United States in the area of methamphetamine chemical precursor control; noncompliant countries will, under the Foreign Assistance Act of 1961, be subject to penalties. In these cases, the State Department will submit a report to Congress, within 180 days after the determination is made, outlining a comprehensive plan to address the diversion of chemicals from these countries. As of the time of this publication, the Administration had already begun work on these estimates. Briefly stated, 19 companies export ephedrine to the United States, and 20 export pseudoephedrine to the United States. These are located in India, Germany, France,



²³ The Administration notes that the United States reexports significant amounts of products containing pseudoephedrine and ephedrine and is expected to rank among the top five exporters.

Switzerland, Canada, China, Singapore, Taiwan, Belgium, and Italy. Consistent with the Combat Meth Act, the first report will be provided to Congress no later than March 2007.

In addition to the resolution at the UN Commission on Narcotic Drugs previously referenced, the United States will continue to raise the importance of better estimating the legitimate need each country has for pseudoephedrine and other precursors. Mexico has determined its legitimate need and sharply reduced its authorized imports for 2006. As indicated above, the Administration will also begin the process of determining the legitimate domestic need for such products, consistent with the Combat Meth Act. The target date for completing this is January 1, 2007.

Accurately estimating the legitimate market in the United States for pseudoephedrine and similar chemicals will be a challenge. However, data already available indicate a correlation between the growth in methamphetamine labs in America and the growth in imports of pseudoephedrine. Between 1990 and 2004, the population of the United States rose 19 percent, while pseudoephedrine imports rose 262 percent, and ephedrine imports were up 59 percent.²⁴ There is a legitimate and lawful need for these products, and some portion of the increased demand may be due to the popularity and effectiveness of products containing pseudoephedrine. However, to suggest that the acceleration in the increase in pseudoephedrine imports compared to population growth is entirely due to legitimate demand, or is because of a staggering increase in the number of cold sufferers, ignores the simple fact that methamphetamine production in the United States went up during this time period. Clearly, some percentage of the increase in pseudoephedrine imports was fueled by the demand for methamphetamine in our own country.

The third prong of the international precursor strategy is to continue working closely with Mexico through aggressive law enforcement activities against precursor trafficking and methamphetamine production and trafficking, and to strengthen border protection at our shared border with Mexico. Improving our bilateral efforts with Mexico to prevent methamphetamine smuggling, working with Mexican law enforcement, and encouraging the Mexican government to reduce precursor chemical diversion are also called for in the Combat Meth Act. Toward that end, the United States has been helping Mexico train and equip methamphetamine-focused law enforcement teams to combat the spread of methamphetamine production in Mexico. The Administration will continue its efforts to assist Mexico with its enforcement efforts by providing laboratory cleanup and investigation training for Mexican law enforcement. Thus far, the DEA has provided three training courses on methamphetamine to 80 Mexican investigators and 18 prosecutors, as well as chemical equipment for the purpose of responding to methamphetamine labs. The DOJ Narcotic and Dangerous Drug Section and the DEA offices in Mexico, with assistance from several U.S. Attorney offices, conducted two workshops for selected Mexican prosecutors in early 2004 and late 2005.

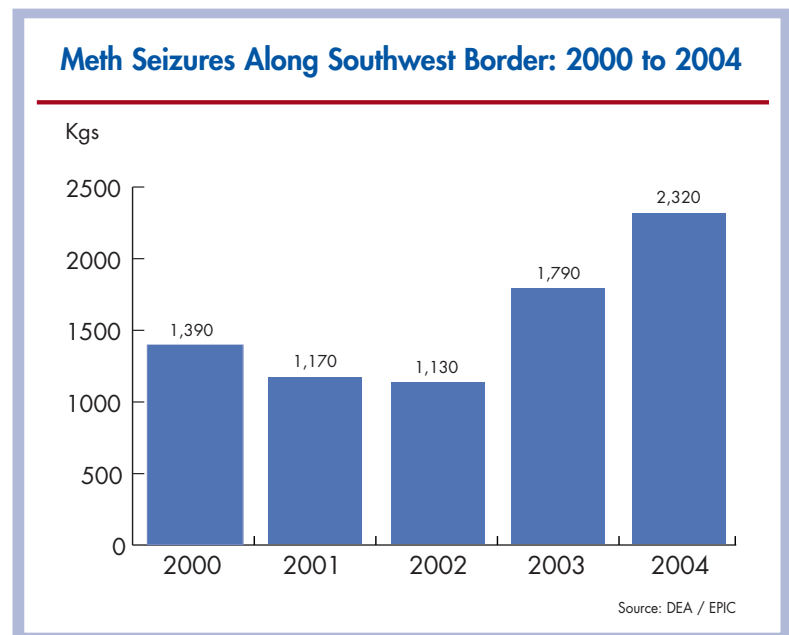
Another important development involves Mexico's own regulatory strategy to restrict access to the ingredients used in methamphetamine. Through its Federal Commission for the Protection Against Sanitary Risks (COFEPRIS), Mexico is implementing several important

²⁴ Source: Drug Enforcement Administration. Companies importing these products are required to submit import figures to the DEA under 21 USC.

controls on pseudoephedrine. Those already in effect include limiting retail sales to pharmacies, placing pseudoephedrine behind pharmacy counters, and limiting sales quantities. In addition, Mexico has recently imposed a policy of limiting imports of pseudoephedrine and ephedrine to manufacturers. Wholesale distributors are barred from importing raw pseudoephedrine and ephedrine. Also, importers can import only shipments of no more than 3,000 kilograms at any one time. Such restrictions will assist in denying ingredients to the large clandestine labs. Mexico has also taken the important step of imposing import quotas tied to estimates of licit demand, or the actual national need for pseudoephedrine. A recent study conducted by Mexico's government revealed that there was a significant excess of pseudoephedrine imports over Mexico's estimated licit needs. Accordingly, authorities are working to restrict pseudoephedrine imports to those that are actually needed for medical and industrial purposes.

As called for by the Combat Meth Act, the Administration will submit an annual report to Congress regarding cooperation with Mexico in this area. The first report will be submitted by the State Department to Congress no later than March 2007.

Meanwhile, United States law enforcement agencies continue to seize increasing amounts of methamphetamine at our Southwest Border. Seizures have almost doubled between 2000 and 2004. Federal, State, and local law enforcement agencies have had several initiatives in recent years specifically designed to target methamphetamine superlabs and precursor suppliers in Mexico. Continued aggressive law enforcement efforts, implemented concurrently with efforts to tighten the market for chemicals used to make methamphetamine, are critical toward permanently impairing the methamphetamine market.



Another aspect of the Administration's strategy is to support the important role that Federal, State, and local law enforcement have in combining intelligence against the operators of the large laboratories and trafficking networks. Specifically, American law enforcement agencies are, through traditional law enforcement activities and intelligence sharing, well placed to identify and target methamphetamine trafficking operations by analyzing the pattern of illicit chemical shipments.

In May 2004, Federal, State, and local investigators met in California to address the increased methamphetamine market share of Mexican drug traffickers. Law enforcement studied current Mexican drug trafficking operations in California, utilizing intelligence from various agencies. Although investigations about a single methamphetamine lab often may reveal

limited information, combining information gleaned from other investigations allows a bigger picture to emerge as to the source of the ingredients.

This intelligence-driven law enforcement approach is the concept behind the Organized Crime Drug Enforcement Task Force (OCDETF) Fusion Center. The OCDETF Fusion Center is creating a comprehensive data center containing the drug and drug-related financial intelligence information from the OCDETF-member agencies, the National Drug Intelligence Center (NDIC), EPIC, and the Financial Crimes Enforcement Network. The OCDETF Fusion Center is designed to conduct cross-agency integration and analysis of drug and related financial data, to create comprehensive intelligence pictures of targeted organizations, and to pass actionable leads through the multiagency Special Operations Division (SOD) to field investigators. Ultimately, by "fusing" the investigative information that has traditionally been stovepiped in each investigative agency, one complete picture of these organizations will emerge, resulting in the development of coordinated multijurisdictional investigations of the most significant drug trafficking and money laundering networks. As a result, the OCDETF Fusion Center will be a critical component in identifying the major methamphetamine trafficking organizations in the United States and those chemical suppliers that facilitate methamphetamine manufacturing. Guided by the analysis of the OCDETF Fusion Center, the OCDETF Program can bring the collective resources of its Federal, State, and local partners to bear against those producing or facilitating the production of methamphetamine destined for the United States.

This shared intelligence approach, also utilized by High Intensity Drug Trafficking Area (HIDTA) program Intelligence Centers, is important because it responds to a simple truth about the illicit methamphetamine market: those organizations that are making the largest amounts of methamphetamine have a clear vision of the entire production and distribution scheme, starting from the point the pseudoephedrine is legally produced, to its smuggling, conversion into methamphetamine, distribution, and ultimate consumption, as well as the financial aspects associated with this process. To succeed in disrupting this market, law enforcement cannot limit its understanding or efforts to individual market segments—but must understand, and respond to, the complete market plan of the traffickers. Intelligence-based initiatives that capture, assess, coordinate, and share information from Federal, State, and local agencies are the most effective means of accomplishing this objective.

Finally, also on the international front, the Departments of State and Health and Human Services (HHS) will work with the World Health Organization to promote private-sector research and development of substances that are capable of replacing precursors used in methamphetamine production. The chief example of this is phenylephrine, which is currently marketed in over-the-counter cold and allergy medications and, unlike products containing pseudoephedrine, cannot be used in the methamphetamine production process. The speedy replacement on a global scale of methamphetamine precursors with substances that are safe and effective in treating the symptoms of allergies and colds (and that meet the other industrial uses of pseudoephedrine) but cannot be used to make methamphetamine would significantly impair the international market for methamphetamine.

The Domestic Focus on Methamphetamine and Other Synthetics

The Administration will continue to partner with State, county, tribal, and city governments over the next three years to attack the illicit use of methamphetamine. State and local partners are crucial in carrying out the Administration's strategy for the synthetic drug problem, utilizing law enforcement, treatment, and prevention. After all, the overwhelming number of drug arrests and prosecutions—certainly above 90 percent—are handled by State and local authorities, rather than by Federal agents or prosecutors. Most government-supported treatment, although often funded by Federal grants, is implemented by State or local officials. In addition, States have taken the lead in enacting regulations of precursor chemicals, such as pseudoephedrine, that are used in the production of methamphetamine. A substantial amount of the credit for the recent reductions in methamphetamine labs seen in some States belongs to those State policymakers.

In order for the *Synthetics Strategy* to be effective, there must be a coordinated strategic response among Federal, State, and local governments, and some degree of cohesiveness between the Federal strategy and State and local strategies. The Administration recognizes, however, that the manifestation of the synthetic drug problem in one State may be different from that in another State. The right balance is for the Federal government to work with States and local governments to encourage and assist in the development of State and local drug control strategies that include a focus on synthetic drugs, provide information where available, and allocate resources where possible.

The Administration will strengthen its partnerships with State and local officials through the following efforts over the next three years, and will:

- Encourage States to include in their comprehensive drug control strategies a plan to address regional methamphetamine and controlled substance prescription drug abuse threats.
- Identify and share the most effective State-level approaches for reducing methamphetamine production and use, as well as controlled substance prescription drug diversion
- Work to expand Drug Endangered Children programs and training to all 50 States by the end of 2008.
- Continue support of treatment and prevention programs (e.g., by expanding drug courts and student drug testing programs).
- Improve data collection related to methamphetamine use and production.
- Work to expand prescription drug monitoring programs to all 50 States by the end of 2008.

Working with State Policy Makers in 2006 and Beyond: Strategic Goals

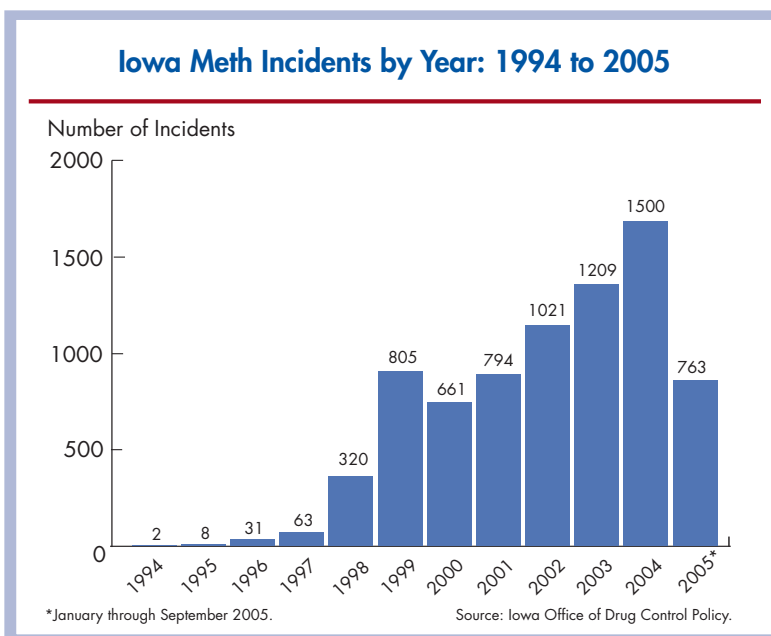
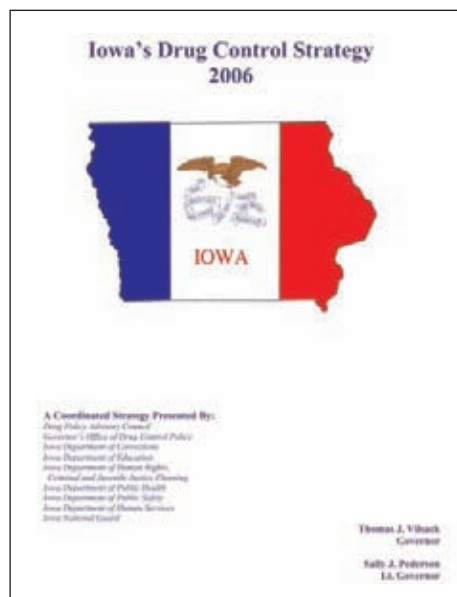
- Support State drug control strategies
- Identify and share best practices
- Expand Drug Endangered Children programs
- Expand Drug Endangered Children training
- Support treatment and prevention programs
- Improve reporting of meth lab data
- Expand Prescription Drug Monitoring Programs
- Cosponsor four regional methamphetamine conferences
- Continue law enforcement training
- Provide resources for methamphetamine lab cleanup, treatment, and prevention
- Expand methamphetamine toxicity knowledge base

- Cosponsor and fund four regional methamphetamine conferences (with HHS and DOJ) in 2006 to coordinate the efforts set forth above.
- Continue ambitious training programs for law enforcement (e.g., DEA-led training at Quantico).
- Provide funds for laboratory seizure and clean up through the Community Oriented Policing (COPS) program.
- Provide procedures and standards for laboratory cleanup, and improve our national knowledge base as to toxicity.

State and City Drug Control Strategies

A coordinated drug control strategy can assist State and local governments in focusing attention and resources on the specific drug problem facing their State or region. The creation of a State drug control strategy defines the precise nature of the problem; generates “buy-in” among various agencies, private entities, and individuals to a collective solution; and assists at budget time in allocating resources most effectively. Some States have drug control strategies; most do not.

An example of one State with a drug control strategy is Iowa. Like the *National Strategy*, *Iowa’s Drug Control Strategy* is released annually by the chief drug policy official (the director of the Governor’s Office of Drug Control Policy) and describes the current state of drug use in Iowa, the State administration’s plan to combat drug use, and the resources committed to addressing the problem. Each year, the *Iowa Strategy* is developed and released in collaboration with the Drug Policy Advisory Council, a group of drug policy experts in Iowa representing prosecutors, treatment specialists, law enforcement, prevention specialists, judges, corrections officials, educators, public health specialists, human services professionals, and juvenile justice officials. In 2006, for

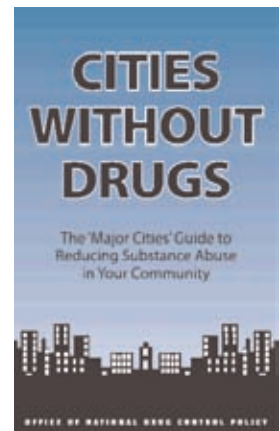


example, the *Iowa Strategy* focuses on the problem of methamphetamine production and use, noting that the new law passed in Iowa restricting the retail sale of chemical precursors to methamphetamine was part of a strategy to reduce the supply of the drug, but not necessarily the demand. The *Iowa Strategy* subsequently describes the state of treatment and prevention efforts in the State related to methamphetamine, as well as new efforts to stem controlled substance prescription drug abuse through the administrative implementation of a Prescription Drug Monitoring Program. The *Iowa Strategy* also discusses alcohol, cocaine, marijuana, heroin, and the problem of drug-endangered children, describing both the nature of the problem and the State administration's plan to address it.

Over the next three years, the Administration will work with State drug control officials to assist in providing information regarding the most effective State strategies for responding to the methamphetamine threat. As a forum for doing this, the Administration will hold four regional summits on methamphetamine, followed by a National Methamphetamine Summit sponsored by the White House. The purpose of these summits will be to review and consolidate all pertinent information about methamphetamine use and production to date, to invite States to share best practices in reducing use and production, to provide a forum for States to share information with the Federal government, and to encourage States to craft drug control strategies that are responsive to the methamphetamine problem.

In the period leading up to these summits, the Administration will make available to the appropriate State officials the various State drug control strategies, especially those which include a focus on methamphetamine or controlled substance prescription drug abuse. Also, the Administration will develop a summary of State and local best practices in developing methamphetamine strategies and harnessing resources to confront the problem. Several States have already developed key legislative and policy approaches to address methamphetamine through prevention, enforcement, treatment, and related efforts.

Additionally, many local prevention, treatment, and law enforcement efforts occur at the city level. Through the Major Cities Initiative, Office of National Drug Control Policy (ONDCP) has facilitated partnerships of Federal, State, and local officials from the prevention, treatment, and law enforcement communities to collaboratively respond to city drug challenges. In these cities, ONDCP has convened government and agency officials, community leaders, and educators to develop strategic action plans based on thorough assessments of the specific drug threats in their communities, which often include methamphetamine and controlled substance prescription drugs. This initiative has assisted city leaders in leveraging existing resources for more effective, focused efforts. Additionally, ONDCP published *Cities Without Drugs: The Major Cities Guide to Reducing Substance Abuse in Your Community* as a resource to guide communities through this process.



There are several specific policy areas in which Federal, State, and local governments need to partner in order to address the problem of synthetic drug abuse.

Reducing Methamphetamine Laboratory Numbers

Any effective State strategy on methamphetamine must include a plan to reduce the number of methamphetamine labs—or, in the limited number of States (primarily in New England) where methamphetamine labs are few, a plan to prevent their emergence. This is also a critical objective of the Administration's *Synthetics Strategy*, which has set a goal of a 25-percent reduction in domestic methamphetamine lab incident numbers by the end of 2008. The role of the Administration on this issue is twofold: first, to provide reliable data to the States regarding the impact and effectiveness of various State-level approaches; second, to implement the new provisions of the Combat Meth Act, which sets national restrictions on the retail sale of products containing pseudoephedrine.

In 2005, several States directly addressed the problem of local methamphetamine production and dramatically reduced the number of methamphetamine labs in their own States. In doing so, State policy makers had to balance the needs of law enforcement with the need for legitimate consumer access to cold remedies.

Thirty-three States enacted legislation²⁵ in 2005 that imposed various restrictions on the retail sale of pseudoephedrine. One State, Oklahoma, enacted such legislation in 2004. In addition, Virginia accomplished a similar result through Executive Directive by the Governor. The Administration's *Action Plan* noted this new law in Oklahoma, the first State to limit pseudoephedrine sales to pharmacies. Subsequently, the *Interim Report* cited early data from two States that had implemented strict approaches, Oklahoma and Oregon. Since that time, more comprehensive data has become available.

The exact nature of the regulations implemented in these 35 States varies. As a general matter, most of these States already restricted, prior to the Combat Meth Act, the amount of pseudoephedrine that could be purchased in a particular time period (e.g., only allowing the purchase of up to 3.6 grams in the course of a single transaction or over a 30 day period). The strictest regulations limited sales of pseudoephedrine products to pharmacies, required that the products be kept behind the counter, and instructed pharmacists to ask for identification and have the customer sign a logbook. Other States adopted some, but not all, of the strictest regulations. For example, some States have allowed nonpharmaceutical outlets to sell the products but require placement of products behind the counter.

In order to provide State policy makers with more rigorous detail about the impact of the various types of restrictions and to compare the effect of each of the 35 States' new regulations in detail, the National Institute of Justice has approved an 18-month study to analyze which provisions in which States appear to have had the most impact.

Even in advance of the publication of the National Institute of Justice study, provisional data suggest that States that adopted more stringent restrictions generally saw steeper declines in methamphetamine lab numbers. The State data demonstrate that reasonable restrictions on the retail sale of pseudoephedrine are effective mechanisms for reducing methamphetamine production in a given State. Emerging downward trends in national lab incidents are largely due to the lab reductions in the States with retail sale restrictions.

²⁵ This information is current as of April 2006.

State Methamphetamine Laboratory Incidents by Restriction Level

State	Date Enacted	From	Until	Number of incidents during time period	Number of incidents same time period, previous year	Percent change
Schedule V-type restrictions						
Oklahoma	04/06/04	May-04	May-05	400	1088	-63
Oregon	11/15/04	Dec-04	Oct-05	194	449	-57
Arkansas	02/22/05	Mar-05	Oct-05	218	547	-80
Kentucky	03/18/05	Apr-05	Oct-05	307	308	0
Iowa	03/22/05	Apr-05	Oct-05	323	659	-51
Tennessee	03/30/05	Apr-05	Oct-05	404	786	-49
Kansas	04/15/05	May-05	Oct-05	110	224	-51
Montana	05/02/05	Jun-05	Oct-05	9	36	-75
West Virginia	05/02/05	Jun-05	Oct-05	68	57	19
Minnesota	06/01/05	Jul-05	Oct-05	17	50	-66
Delaware	06/14/05	Jul-05	Oct-05	0	1	-100
Missouri	06/15/05	Jul-05	Oct-05	509	889	-43
Lesser Restrictions						
South Dakota	02/25/05	Mar-05	Oct-05	12	20	-40
Mississippi	03/03/05	Mar-05	Oct-05	114	198	-42
Wyoming	03/15/05	Apr-05	Oct-05	7	13	-46
Virginia (Exec directive)	03/26/05	Apr-05	Oct-05	23	47	-51
Georgia	04/19/05	May-05	Oct-05	50	119	-58
North Dakota	04/22/05	May-05	Oct-05	52	121	-57
Arizona	04/27/05	May-05	Oct-05	28	64	-56
Indiana	05/10/05	Jun-05	Oct-05	319	388	-18
Washington	05/11/05	Jun-05	Oct-05	140	402	-65
Alabama	05/24/05	Jun-05	Oct-05	72	135	-47
Colorado	05/27/05	Jun-05	Oct-05	59	82	-28
Nebraska	05/31/05	Jun-05	Oct-05	56	78	-28
Florida	06/01/05	Jul-05	Oct-05	75	82	-9
Wisconsin	06/07/05	Jul-05	Oct-05	19	22	-14
Texas	06/15/05	Jul-05	Oct-05	81	129	-37
Maine	06/23/05	Jul-05	Oct-05	1	3	-67
Hawaii	07/05/05	*	*	*	*	*
Louisiana	07/12/05	*	*	*	*	*
Michigan	07/19/05	*	*	*	*	*
Illinois	08/12/05	*	*	*	*	*
New Jersey	08/24/05	*	*	*	*	*
North Carolina	09/27/05	*	*	*	*	*
California	10/04/05	*	*	*	*	*

* Statutory restrictions in these states are too recent for reliable data.

Note: "Schedule V-type restrictions" refers to states which have formally included pseudoephedrine as a Schedule V controlled substance under that state's Controlled Substance scheduling scheme, or states which have adopted the same general restrictions (limiting sales of pseudoephedrine to pharmacies, placing the products behind pharmacy counters, requiring customers to show identification and sign a logbook) without formally rescheduling pseudoephedrine.

Source: EPIC CLSS.

As more conclusive data from the States became available, the Administration urged Congress to pass Federal legislation that would balance the needs of law enforcement while ensuring that legitimate consumers continued to have access to cold remedies. The Federal government recognizes that the methamphetamine problem is not uniform across the country—some States, such as California, Nevada, and Missouri, have wrestled with high numbers of methamphetamine labs, while other States, such as Rhode Island and Connecticut, continue to see relatively low numbers of labs. Under the Combat Meth Act, State lawmakers retain the right to decide whether the national baseline standard is sufficient or whether more restrictive regulations limiting sales to pharmacies are warranted in their State. In addition, because the Act imposes a uniform baseline floor across the Nation, it will deter methamphetamine producers from crossing State lines to purchase precursor chemicals or set up their labs.

The Administration will monitor the effect of the new national baseline restrictions, as well as trends in States such as Oklahoma and Oregon, which have more restrictive regulations. ONDCP will work with State legislators seeking to introduce precursor-related legislation to provide the most updated and informative scientific research available. For example, in 2005, some States exempted from regulation gelatin capsules or liquid products containing pseudoephedrine, believing that these products could not be converted into methamphetamine.²⁶ Although it is more difficult to use these products in the production of the drug, law enforcement chemists have in fact been able to use these products to produce methamphetamine. Such information is important for State policy makers to consider.

Additionally, the Administration will continue to monitor alternative sources of pseudoephedrine, including the acquisition of pseudoephedrine over the Internet. This may be particularly relevant in States with more stringent restrictions on in-person sales of pseudoephedrine than the Federal restrictions impose. Anecdotal information from a few law enforcement agencies suggests that some methamphetamine cooks are looking to the Internet to purchase pseudoephedrine; no data yet indicate, however, that this is emerging as a primary source of chemicals. The limits on amounts of pseudoephedrine sold to any individual in the Combat

Identifying Meth Chemical Buyers

The Central Valley HIDTA has spearheaded several initiatives that create partnerships among retailers and law enforcement agencies to reduce methamphetamine production in the United States. For example, in 2001, it developed the Precursor Vendor Program to identify buyers of precursor chemicals and reduce the manufacture of methamphetamine. Additionally, many HIDTAs have supported retail watch programs by supplying brochures and other educational materials to retailers and by funding multimedia public awareness training programs in an effort to support working relationships between law enforcement and precursor chemical retailers and wholesalers.

In another related initiative, the Oregon HIDTA and Oregon State Police have designed a methamphetamine precursor database that houses precursor chemical sales records that can be queried and used to identify patterns of abuse. The database is available 24 hours a day for law enforcement investigators and analysts, while reports are itemized by county of purchase. The database feeds the precursor chemical tracking program by helping to identify suspicious purchases by persons who may be producing methamphetamine.

²⁶ See *Restrictions on Over-the-Counter Sales/Purchases of Products Containing Pseudoephedrine*, Alliance for Model State Drug Laws, March 8, 2006, available at <www.natlalliance.org>.

Meth Act apply to Internet transactions and include verification and reporting requirements. Such tools will assist law enforcement in responding to illicit Internet sales of pseudoephedrine

Methamphetamine in Tribal Areas

Included in the Administration's efforts to work with State governments will be its partnership with tribal authorities. Tribal law enforcement officers are steadily coming into contact with methamphetamine and methamphetamine labs. The DOJ will expand training for tribal law enforcement officers in methamphetamine use and laboratory awareness, recognition, and investigation and in officer-safety issues related to methamphetamine. The DOJ, supported by the National Narcotics Officers Association, will work with other Federal agencies, such as the DOT and the Bureau of Indian Affairs, to coordinate and support this training.

Improving Data on Methamphetamine Laboratories

The collection of data regarding the number of methamphetamine laboratories found every month in each State is critical to keeping Federal and State policy makers apprised as to which State approaches work best to reduce local methamphetamine production. These data can also influence funding and is central to identifying strategies that can best address the problem of methamphetamine production.

The central mechanism for tracking domestic methamphetamine laboratory numbers is the CLSS, part of the DEA's EPIC and funded by the HIDTA program. EPIC's CLSS relies on State policy and police officials to quickly and accurately report laboratory seizures into this central database. However, there is sometimes a disparity in the timeliness and completeness of reporting from states. Problems include:

- **Time lag in reporting.** Methamphetamine laboratory numbers tend to “stabilize”—in other words, the reporting from States is mostly complete—after six months or even longer. States should set a goal of reducing the stabilization period to three months or less.
- **Decentralized/incomplete reporting.** Not all State, county, and city law enforcement agencies report laboratory numbers, leading to an incomplete picture of methamphetamine lab trends in that State. The Administration will encourage all States to centralize their reporting process, using a common definition of what constitutes a methamphetamine lab incident.

Toward this end, ONDCP has already released voluntary standards to top drug policy officials in all 50 States. ONDCP and the DEA will work closely with these State officials over the coming year to improve data collection in this area.²⁷

²⁷ Improved reporting may result in an artificial rise in reported methamphetamine labs to EPIC's CLSS. As States improve the speed and completeness of their reporting, EPIC will be counting a greater proportion of methamphetamine labs that actually exist, including those that might not have previously been reported to EPIC. ONDCP and the DEA will evaluate, at some point near the end of 2006, whether improvements in the reporting of methamphetamine lab incidents are significant enough to warrant a “data-break” in our counting of methamphetamine labs (meaning that data after 2006 may not be comparable to earlier years).

Treating Methamphetamine Users

A critical element in reducing demand for methamphetamine is to ensure that those who need treatment get the help they need. The Federal government supports State efforts in this area through grants and other programs. The Administration will continue to support State and local treatment activities as part of the national strategy to reduce demand for methamphetamine and other synthetic drugs.

Treatment and Research

There is a common misperception that methamphetamine is so addictive that it is impossible to treat. There is no doubt as to the addictive nature of the drug or that in many cases, longer and more committed intervention is necessary. The Administration is committed to increasing support to State and local programs that work, such as model drug court and treatment programs. At the same time, the Administration is working to enhance scientific understanding of effective treatment options for synthetic drug treatment.

The National Institute for Drug Abuse (NIDA) is continuing to research the most effective way of treating methamphetamine addiction. At present, the most effective treatments for methamphetamine addiction appear to be cognitive behavioral interventions, similar to those used for cocaine abusers. These approaches are designed to help modify the patient's thinking, expectations, and behaviors and to increase life skills. Additionally, methamphetamine recovery support groups also appear to be effective adjuncts to behavioral interventions that can lead to long-term drug-free recovery.

Additionally, in spring 2006, the Substance Abuse and Mental Health Services Administration (SAMHSA) held two regional meetings with States on methamphetamine.²⁸ The summits were specifically designed for those State agency staff involved in developing, regulating, and funding methamphetamine treatment. The summits were geared toward program administrators and clinicians responsible for frontline treatment. A major aim of the summits was to help participants better connect science to practice and thus strengthen the likelihood of positive outcomes for clients with methamphetamine problems.

Drug Courts

As noted in the 2006 *National Strategy*, the Administration continues to support drug courts as an innovative approach for helping nonviolent offenders achieve drug-free lives. The coercive power of the courts, together with the support of family, friends, and counselors, has been shown to be an effective mechanism for achieving drug abstinence and reducing recidivism. One study has shown that 43.5 percent of offenders who did not participate in drug court programs are rearrested for a serious offense, while only 16.4 percent of drug court graduates are rearrested.²⁹ For Fiscal Year 2007, the President has requested a significant increase in support to States for drug courts above the enacted Fiscal Year 2006 level.

²⁸ April 5-7 and May 23-25.

²⁹ J. Roman, W. Townsend, and A. Bhati (2003, July). National estimates of drug court recidivism rates. Washington, DC: National Institute of Justice, U.S. Department of Justice. These figures are for all drug court participants, not just those with a history of methamphetamine use.

Access to Recovery

In 2003, President Bush announced the Access to Recovery (ATR) program. ATR is a voucher-based program intended to expand consumer choice and access to effective substance abuse treatment and recovery support services, including faith-based providers. In August of 2004, SAMHSA awarded grants to 14 States and one tribal organization. It is estimated that this cohort of grantees will serve approximately 125,000 individuals over the three-year life of the grants.

Two examples of States specifically focusing on methamphetamine as part of their ATR program are Tennessee, which has a special focus on persons abusing or addicted to methamphetamine in rural and Appalachia areas, and Wyoming.

In the President's 2007 budget, the ATR program has been expanded to include approximately \$25 million in vouchers for methamphetamine treatment that will fund approximately 10 grants to State applicants whose epidemiological data indicate high methamphetamine prevalence.

Treatment in Rural Areas

In August 2005, SAMHSA's Programs of Regional and National Significance (PRNS) announced 11 new, three-year grants to provide treatment for methamphetamine abuse and other emerging drugs for adults residing in rural communities. These grants total \$5.4 million for the first year and approximately \$16.2 million for all three years.

These new grants, as well as the six PRNS grants awarded in 2004 through this program, support treatment in rural areas that have been particularly hard-hit by methamphetamine abuse. Although studies indicate that the prevalence of methamphetamine use has remained roughly constant, the number of persons obtaining treatment for methamphetamine abuse has increased dramatically—up nearly 8 percent from 2002 to 2003, continuing a trend seen since 1993.³⁰ In Arkansas, California, Hawaii, Idaho, Nevada, Oklahoma, and Utah, more than 20 percent of drug treatment admissions were due to methamphetamine abuse; Iowa's rate is just over 19 percent. In comparison, methamphetamine and amphetamine account for 7.4 percent of substance abuse treatment admissions nationally.³¹

³⁰ Substance Abuse and Mental Health Treatment Services Administration, Office of Applied Studies. Treatment Episodes Data Set (TEDS): 1993-2003. National Admissions to Substance Abuse Treatment Services, DASIS Series: S-29, DHHS Publication No. (SMA) 05-4118, Rockville, MD, 2005.

³¹ *Ibid.*

Prevention: Setting a National Standard

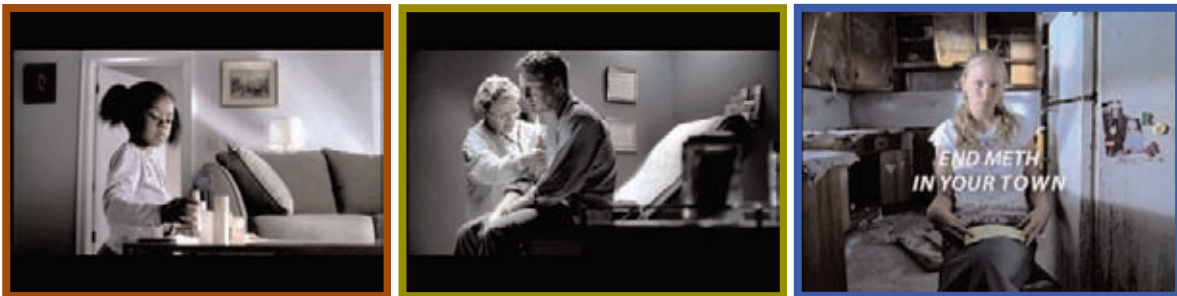
Research

The National Institute on Drug Abuse (NIDA) continues to support research to develop effective drug abuse prevention programs. In 2003, NIDA revised its *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders*, which presents updated research-based prevention principles, an overview of program planning, and critical first steps for those learning about prevention. Because the goal of drug abuse prevention efforts is to prevent the initiation of drug use, most of these prevention efforts are not targeted toward any specific drug. However, recent results also demonstrate that these universal prevention programs can be effective at reducing methamphetamine abuse specifically.³²

National Youth Anti-Drug Media Campaign

The commercials supported by ONDCP and the Partnership for a Drug-Free America (PDFA) have been an important tool in reducing youth drug use by 19 percent since 2001. The concept is simple: Using television, the Internet, and other media to disseminate information, youth and parents are given tools and information to make better decisions about illicit drugs.

The National Youth Anti-Drug Media Campaign has primarily disseminated information about marijuana because it is overwhelmingly the drug of choice for most youth.³³ Starting in



late 2005, however, ONDCP and PDFA launched a new television advertising campaign to highlight the dangers of methamphetamine. The anti-methamphetamine media campaign and the utilization of these commercials by the communities



most affected by methamphetamine are important components of the Administration's plan to prevent the use of the drug among both youth and the general population.

³² Spoth et al., in press, Archives of Pediatrics and Adolescent Medicine.

³³ Source: *Monitoring the Future* study.

The anti-methamphetamine campaign was launched in Springfield, Missouri, and is being expanded to 23 cities nationwide. The campaign challenges individuals to learn more about the threats methamphetamine poses to both their families and communities with two main themes: “So, Who Has the Drug Problem Now?” and “End Meth in Your Town.” The real-life stories of people affected by methamphetamine are combined with scenarios that depict the unique secondhand threat methamphetamine poses to communities at large. An important component of the ultimate success of this campaign will be for local radio and television stations to continue to voluntarily air these commercials.

Strategic Prevention Framework

SAMHSA’s Strategic Prevention Framework (SPF) is an ambitious effort to decrease substance use and abuse, promote mental health, prevent mental disorders, and reduce disability, comorbidity, and relapse related to substance abuse and use. The SPF implements a five-step process to promote positive youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors. Adopting this approach to prevention can assist communities and families that are potentially vulnerable to methamphetamine and its negative consequences.

Controlled Substance Prescription Drug Abuse

The Administration has set a goal of a 15-percent reduction in the abuse, sometimes called the nonmedical use, of prescription drugs by the end of 2008. This is an ambitious goal. Prescription drugs account for the second-most commonly abused category of drugs, behind marijuana and ahead of cocaine, heroin, methamphetamine, and other drugs. Achieving this goal will require reducing the number of those abusing prescription drugs as well as reversing a rising trend.

The Administration’s approach to this problem strives to balance two general policy concerns. The first is to be aggressive in reducing controlled substance prescription drug abuse. The second is to avoid overreaching and making the lawful acquisition of controlled substance prescription drugs unduly cumbersome. The Administration is committed to balancing the need for prevention, education, and enforcement with the need for legitimate access to controlled substance prescription drugs.

Drug Category	Age 12 or Older		Age 12 to 17		Age 18 to 25		Age 26 to Older	
	Number (in millions)	Percent	Number (in millions)	Percent	Number (in millions)	Percent	Number (in millions)	Percent
Prescription Drugs								
Past Month	6.0	2.5	0.914	3.6	2.0	6.1	3.1	1.7
Past Year	14.6	6.1	2.2	8.8	4.8	14.8	7.7	4.2
Pain Relievers								
Past Month	4.4	1.8	0.751	3.0	1.5	4.7	2.1	1.2
Past Year	11.3	4.7	1.9	7.4	3.8	11.9	5.6	3.0
Tranquilizers								
Past Month	1.6	0.7	0.161	0.6	0.566	1.8	0.889	0.5
Past Year	5.1	2.1	0.532	2.1	1.7	5.2	2.9	1.6

*Nonmedical use of prescription-type pain relievers, tranquilizers, stimulants (including methamphetamine), or sedatives; does not include over-the-counter drugs.

Source: *National Survey on Drug Use and Health, 2005.*

In developing a strategy to balance these priorities, the Administration has worked to acquire better data as to how people who abuse controlled substance prescriptions acquire the drugs. This question highlights an important difference between drugs such as heroin or marijuana and controlled substance prescription drugs. The former, being presumptively illegal, are often obtained through secretive and dangerous transactions. However, controlled substance prescription drugs are available for legitimate purposes through one’s physician and pharmacy. Mechanisms that are otherwise legal are often manipulated to acquire controlled substance prescription drugs for illegal purposes. As such, typical drug control strategies focused on clandestine drugs do not necessarily lend themselves to a strategy for controlled substance prescription drugs.

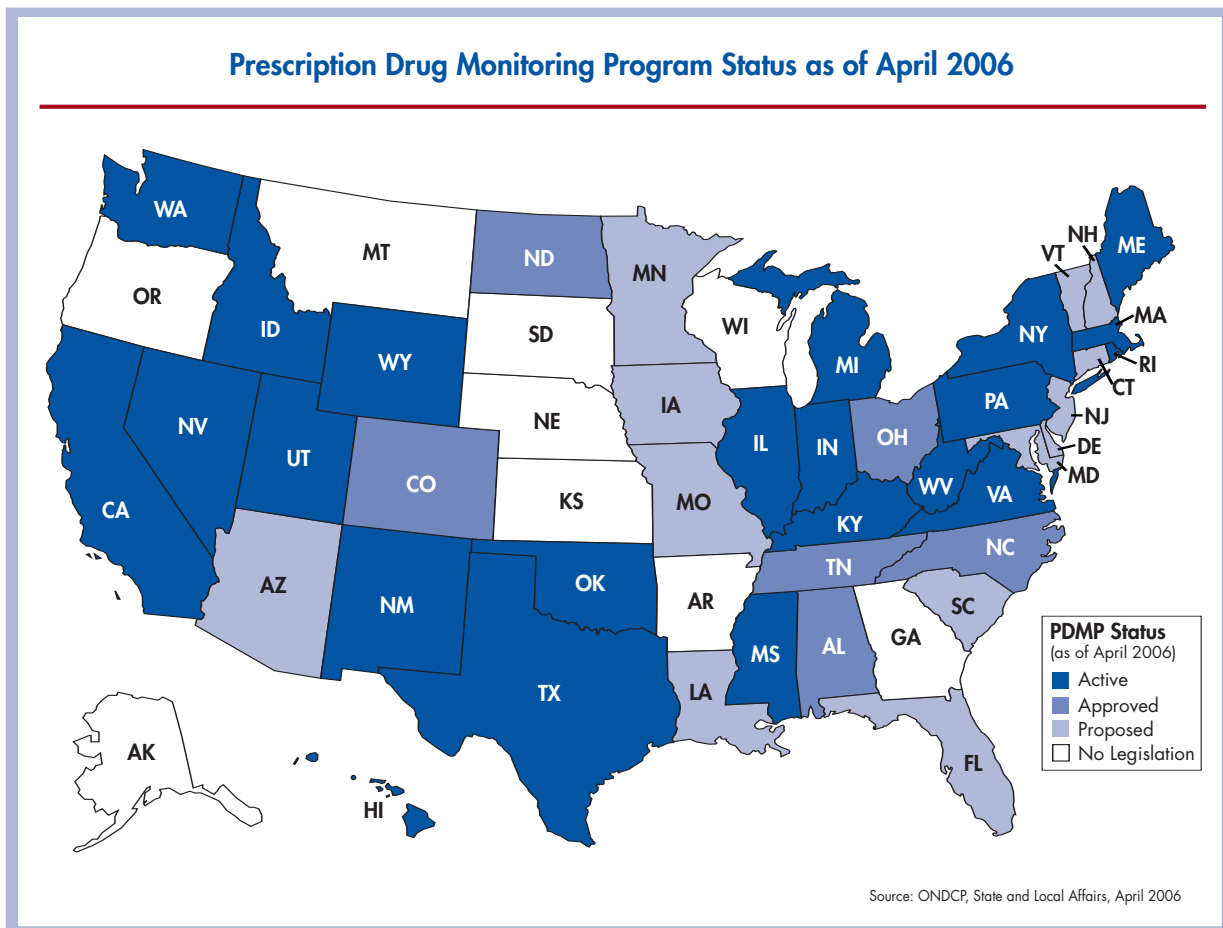
Common methods of controlled substance prescription drug diversion include:

- Doctor shopping or other prescription fraud
- Illegal online pharmacies
- Theft and burglary (from residences, pharmacies, etc.)
- Stereotypical drug dealing (selling pills to others)
- Receiving from friends or family, often for little or no cost
- Overprescribing (negligent or occasionally even intentional overprescribing by physicians or other prescribers)

Although general methods of diversion have been identified, what is not yet adequately understood is the relative proportion of these methods of diversion (which methods are the most common, which are less so, and in what proportion). Helpful data of this sort is just beginning to emerge. To improve the national understanding of this problem, the 2005 *National Survey on Drug Use and Health* for the first time asked questions attempting to delineate these methods of diversion. These data are expected to be released in September 2006. The 2006 Survey will seek even more detailed data from respondents.

Doctor Shopping and Prescription Fraud

The 2004, 2005, and 2006 *National Strategies* recognized the problem of prescription drug diversion via “doctor shopping.” Generally, this term refers to the visit by an individual—who



may or may not have legitimate medical needs—to several doctors, each of whom writes a prescription for a controlled substance. The individual will visit several pharmacies, receiving more of the drug than intended by any single physician, typically for the purpose of feeding an addiction. Associated illegal activities may include the forgery of prescriptions, further multiplying the extent of diversion, or the sale or transfer of the drug to others. Unfortunately, in many States, physicians and pharmacists have not been able to automatically cross-check other prescriptions given to the same patient.

In 2004, the Administration announced its intent to respond to this problem by supporting Prescription Drug Monitoring Programs (PDMPs). That commitment continues as part of the *Synthetics Strategy*. PDMPs help cut down on prescription fraud and doctor shopping by giving physicians and pharmacists more complete information about a patient's controlled substance prescriptions. These programs vary by State, but generally share the characteristic of allowing prescribers (e.g., a physician) and dispensers (e.g., a pharmacist) to input and receive accurate and timely controlled substance prescription history information while ensuring patient access to needed treatment. Most States also have some mechanism for law enforcement to receive this information in cases where criminal activity is suspected. Health care providers can use this information as a tool for the early identification of patients at risk for addiction in order to initiate appropriate medical interventions, and the justice system can use this information to assist in the enforcement of laws controlling the sale and use of controlled substance prescription medication.

Virginia: Investing in Prescription Drug Abuse Prevention

In 2003, the State of Virginia implemented a limited PDMP in the southwestern portion of the State to address the growing abuse of OxyContin® and other prescription drugs. Virginia's limited PDMP monitored Schedule II controlled substances in one State-defined health district. By November 2004, the database contained over 460,000 prescriptions, and over 1,000 requests for data had been processed. Virginia's limited PDMP proved to be so successful in addressing diversion that legislation was passed in 2005 to extend the program to the entire State beginning in FY 2006. The program will capture data for all Schedule II–IV prescriptions.

At the beginning of this Administration, approximately 15 PDMPs were in existence in the Nation. The program has steadily expanded, such that today, there are 28 States with active or planned PDMPs—nearly double the number in existence in 2001. The Administration will encourage all States to adopt these programs by the end of 2008.

A critical avenue of Federal support for States is through the Harold Rogers Prescription Drug Monitoring Grants Program at the DOJ. These grants can be used to implement or enhance PDMPs at the State level. The President has requested that Congress provide \$9.9 million for the program in Fiscal Year 2007 in order to expand the program to new States and enhance the program where it already exists.³⁴ The priorities of the Administration with respect to PDMPs are to:

- Work with States that have PDMPs to obtain better data as to the extent and nature of the controlled substance prescription drug abuse threat.

³⁴ States can receive up to \$350,000 to launch a PDMP—an amount most States have found more than adequate for start-up costs and the first year of operation.

- Encourage the expansion of the PDMP program nationwide (as indicated by the map on page 32, in addition to the 28 States with active or planned PDMPs, several other States, shown in yellow, have introduced legislation to authorize a PDMP).
- Share best practices information with States that already have PDMPs (e.g., on cost-effectiveness, the benefits to monitoring all scheduled controlled substances, and measuring performance).

In addition, HHS will, as required by law, issue a report regarding whether the implementation of these programs has had a substantial negative effect on patient access to treatment, including therapy for pain or controlled substance abuse; pediatric patient access to treatment; or patient enrollment in research or clinical trials in which, following the protocol that has been approved by the relevant institutional review board for the research or clinical trial, the patient has obtained a controlled substance from either the scientific investigator conducting such research or clinical trial or the agent thereof. The Administration will work to ensure that controlled substance prescription drug monitoring efforts in the States balance and support the needs of individual patients, the health care system, and law enforcement.

Illegal Online Pharmacies

As the number of Americans with Internet access has increased, so too have opportunities for individuals to acquire controlled substance prescription drugs over the Internet. There are strong societal benefits from allowing individuals with a valid prescription to get their prescriptions over the Internet, as long as the Internet pharmacy is a legitimate one. This may be helpful in rural areas or for individuals who are homebound due to illness or other factors. However, the anonymity of the Internet and the proliferation of Web sites that facilitate illicit transactions for controlled substance prescription drugs have given drug abusers the ability to circumvent the law as well as sound medical practice.

There are legitimate pharmacies that provide services over the Internet and that operate well within the bounds of both the law and sound medical practice. However, they are far outnumbered by the legion of rogue online pharmacy Web sites and other sites that link Internet users to those sites where controlled substances can actually be ordered without a valid prescription. The National Association of Boards of Pharmacy has established a registry of pharmacies that operate online and meet certain criteria, including compliance with licensing and inspection requirements of their State and each State to which they dispense pharmaceuticals.

By contrast, other Web sites used by Internet facilitators will often advertise themselves as pharmacies, but they do not operate in the same manner as brick-and-mortar pharmacies. Many of these Web sites advertise controlled substances without a prescription. Such online Web sites usually act as a facilitator, or middleman, between an individual seeking controlled substance prescription drugs and a doctor and a pharmacy willing to provide these drugs without determining whether the individual has a legitimate medical need.

Of particular concern is the cursory and abbreviated nature of the medical interaction. The Internet facilitator will provide only a cursory doctor consultation by computer or telephone for

customers, which is not meant to elicit meaningful health information. The doctor writing the prescription will never actually see the patient to verify the information provided by the individual. As such, many Web sites have no way of verifying the age of the recipient. Unlike when the patient sees the doctor, a minor can easily log onto a Web site and fill out an inaccurate age. Doctors, who are often paid by the number of prescriptions they sign in these situations, have no incentive to spend time seeking additional patient information. Law enforcement has discovered Web site-affiliated doctors who sign hundreds or thousands of prescriptions a day. After receiving the prescription from the doctor, the facilitator will then submit the prescription to a cooperating pharmacy. Because there is no identifying information on the Web site, it is difficult for law enforcement to track any of the individuals behind the Web site.

The Administration is already using available tools, conducting investigations of rogue Internet-facilitator Web sites and working to intercept controlled substance prescriptions illegally sent into the United States through the mail system. For example, the DEA's Internet investigation unit at its Special Operations Division continues to coordinate Internet cases, and the DEA has issued immediate suspensions of numerous Internet pharmacies. DOJ has prosecuted doctors and pharmacies who illegally distribute via the Internet. However, in the Administration's *Interim Report*, this problem was identified as one for which Federal legislation is required.³⁵ States can also play a significant role in addressing the problem of online facilitators, particularly through PDMPs. As part of the Administration's work with States regarding PDMPs over the next three years, States will be encouraged to consider addressing, either by statute, regulation, or interstate agreement, situations in which:

- Pharmacies in the State dispense or deliver controlled substance prescription drugs to an address of a patient in another State.
- Pharmacies or other dispensers located in another State dispense or deliver controlled substance prescription drugs to an address of a patient in their own State.
- Pharmacies or other dispensers in another State that dispense or deliver controlled substance prescription drugs to a patient with an official address in their own State.

The Administration will continue to use the tools at its disposal to target, investigate, prosecute, and dismantle illicit online pharmacies.

Improper Prescribing

The overwhelming majority of prescribing in America is conducted responsibly, but the small number of physicians who overprescribe controlled substances—carelessly at best, knowingly at worst—help supply America's second most widespread drug addiction problem. Although the problem exists, the number of physicians responsible for this problem is a very small fraction of those licensed to prescribe controlled substances in the United States.

³⁵ The 2005 *Interim Report* of the Synthetic Drug Interagency Working Group stated “Federal legislation [is] necessary to ensure that online pharmacies adequately identify themselves to consumers. The law must be clarified to ensure that controlled substances are only dispensed for a legitimate medical purpose in the usual course of a doctor's professional practice, and not on the basis of a suspect online questionnaire where the doctor never sets eye on the consumer.”

While conducting investigations related to improper prescribing, among other things, law enforcement looks to whether the prescribing is consistent with sound medical judgment and prevailing medical standards. As part of the Administration's strategy to reduce opportunities to divert controlled substance prescriptions, law enforcement will continue to examine situations where prescribers write prescriptions for an unusually and obviously high number of controlled substances absent legitimate circumstances.

Sharing Among Family and Friends

Preliminary data suggest that the most common way in which controlled substance prescriptions are diverted may be through friends and family.³⁶ For example, a person with a lawful and medical need for *some* amount of a controlled substance uses only a portion of the prescribed amount. Then a family member complains of pain, and the former patient shares excess medication. Alternatively, for a family member addicted to controlled substance prescription drugs, the mere availability of unused controlled substance prescriptions in the house may prove to be an irresistible temptation.

The solution to this problem lies both with the medical community and in a renewed public commitment to dispose of unused and unneeded medications quickly and safely. With respect to the medical community, it is important that prescribers consider the potential for abuse of controlled substances and prescribe only the amount of a controlled substance required medically. Patients must also be educated about the legal and social ramifications of providing a controlled substance to a friend or family member. It is not merely illegal, but could feed, or lead to, an addiction.

The Administration's strategy in this area involves a closer partnership with the medical community, as well as a public education campaign. In 2006, the Administration will call together representatives of the medical and pharmaceutical communities to discuss the problem and to encourage medical professionals and pharmaceutical companies to take a leading role in educating patients as to the importance of quickly and safely disposing of unneeded medications.

³⁶ Special data run for ONDCP, Preliminary data from the 2005 *National Survey on Drug Use and Health*; data are for the first half of the year and are unweighted.

“AFTERMETH”: Following the Aftermath of Methamphetamine Production

As noted at the beginning of the *Synthetics Strategy*, the core objectives of both this document and the *National Strategy* relate to reducing drug use and/or production. Until this section, discussion has been limited to initiatives and policy developments that will contribute directly or indirectly to those core objectives. Improving the national understanding of how to respond to methamphetamine laboratories in American neighborhoods will not directly contribute to those core performance measures, but it is nevertheless critically important.

The Administration aims for a dramatic decline in methamphetamine laboratories over the next three years, but even one methamphetamine laboratory carries potentially severe consequences that last far beyond the production process, both to human health and the environment. Those affected may include first responders to methamphetamine laboratories, such as police, firefighters, and medical personnel; those who transport chemicals away from the laboratory site; current owners and subsequent purchasers of real or personal property; neighbors; and children found at or near laboratory sites. Also, improper disposal of the byproducts of methamphetamine production can adversely impact the environment.

The purpose of this section of the *Synthetics Strategy* is not to describe the dangers associated with methamphetamine laboratory production. Those hazards have been well noted in other publications.³⁷ Rather, this section commits the Administration to a plan to expand and improve the knowledge base regarding the proper environmental response to methamphetamine laboratories, based on the best scientific research available.

This section focuses on three areas of inquiry:

- What we currently know about securing methamphetamine laboratory sites: the short-term response to methamphetamine laboratories by police, cleanup personnel, firefighters, and medical personnel; the subsequent response by cleanup personnel; and the safe transport of chemicals seized and removed from the sites.
- What we know about remediation, and developing a national standard or guideline for “how clean is clean” based on a better understanding of acceptable levels of risk at former methamphetamine laboratories.
- Our national response when children are found in or near methamphetamine laboratories.

This section also discusses the state of the science and technology of site securing, cleanup, transportation, and remediation and proposes practices and/or policies that reflect the latest understanding of the associated health risks, methodologies, and technologies available to site responders. Some of the States and agencies most affected by methamphetamine abuse and laboratory remediation have written detailed guidelines for responding to the toxic hazards associated with post-production discoveries.

³⁷ See Footnote 13.

The First 24 Hours: Securing Laboratory Sites

In the *National Synthetic Drugs Action Plan* and subsequent *Interim Report*, the Administration committed to updating and releasing the “*Red Book*,”³⁸ DEA’s compendium of procedures for how to approach and secure clandestine laboratories, making them as safe as possible for police, firefighters, medical personnel, and other officials with an immediate need to enter the site. Following through on this promise, the *Red Book*, originally published in March 1990, has been updated and will be re-released this year.³⁹

The *Synthetics Strategy* discussion relating to this topic is necessarily brief and is not intended as a substitute for a comprehensive review of the *Red Book* by first responders. States and localities are urged to review the *Red Book* in its entirety for a detailed review of procedures to

Typical Chemicals Found in Clandestine Drug Laboratories

Chemical	Toxicity*	Flammability*	Other Properties/Effects
Acetic anhydride	Moderate	Moderate	Irritant; Corrosive
Anhydrous Ammonia	High	N/A	Rapid asphyxia
Benzene	Moderate-High	High	Blood Disorders; Carcinogen
Chloroform	Moderate	Low	Disorientation, unconsciousness; Probable carcinogen
Cyclohexane	Low	High	Irritant
Ethyl Ether	N/A	High	May form peroxides; Irritant
Ethanol	Low	High	Disorientation
Hydrogen Cyanide	Extreme	Low	Rapid asphyxia
Hydrochloric Acid	High	Low	Irritant; Corrosive
Hydriodic Acid	High	Low	Irritant; Corrosive
Hypophosphorus Acid	N/A	Mod	Corrosive
Iodine	N/A	Mod	Oxidizer; Corrosive
Lead Acetate	High	Low	Blood Disorders
Lithium Aluminum Hydride	Moderate	High	Water reactive; Explosive
Mercury Chloride	High	Low	Irritant; Corrosive
Methylamine	High	Extreme	Corrosive
Petroleum Ether	Low	Extreme	Disorientation, unconsciousness
Phenylacetic Acid	Low	Low	Irritant
Piperidine	Moderate	High	Corrosive
Red Phosphorus	Low	Low	Reactive; Explosive
Safrole	High	Low	May cause cancer
Sodium (metal)	High	Low	Water reactive; Corrosive
Sodium hydroxide	N/A	N/A	Corrosive
Thionyl Chloride	High	Low	Water reactive; Corrosive

* Based primarily on National Fire Protection Association Standards

³⁸ “Guidelines for the Cleanup of Clandestine Drug Laboratories - 2005 Edition,” Drug Enforcement Administration.

³⁹ When released, the *Red Book* will be available on the DEA’s Web site <www.dea.gov>.

follow when securing these sites. What is important to note is that the *Red Book* describes recommended procedures for responding to clandestine laboratories, contains substantial information about who to contact in various situations, and also discusses the support that the DOJ, through the DEA, provides to State and local authorities in securing and cleaning up clandestine drug laboratories.

How Clean is Clean? Understanding Remediation

The previous several paragraphs dealt primarily with the immediate response to clandestine drug laboratories. Compared to first responder issues, a more complicated and less understood area of science is the optimal set and sequencing of response actions at former methamphetamine lab sites that may possess residual chemical contamination. Remediation occurs after the chemicals and gross contamination have been removed, and the site is secured and no longer subject to criminal investigation. Currently, remediation involves utilizing recognized procedures and technology-based standards to restore former methamphetamine labs to a State in which the property can be inhabited again—or instead identify properties that are not yet ready for reoccupation and must undergo further treatment.

It is important to better develop this science. Some recent studies have highlighted the length of time that chemicals used in methamphetamine production can remain in carpet, walls, floorboards, or other structures.⁴⁰ The attendant and continuing toxicity of these chemicals are potentially a significant health hazard for subsequent inhabitants of the property, many of whom may be unaware as to the status of the property and its use as a former methamphetamine laboratory.

Although defining acceptable levels of risk for the presence of individual chemicals is important, more pressing challenges include understanding how long the chemicals may remain after methamphetamine production, what signs should alert a property owner to the existence of these chemicals, and the best means of assessing risk and at what junctures. Even more complicated are questions related to the various legal implications attendant to ownership or control over a former methamphetamine lab site, including the duty to disclose a former lab site, the liability of a current or former owner as well as culpable renters, insurance-related issues, and the duty of agents of property sellers to disclose pertinent information.

Much of the development of law and policy in this area has occurred and will likely continue to occur in States, counties, and cities, including questions of liability and responsibility.⁴¹ However, the onus for scientific inquiry will largely belong to the Federal government and private researchers. As part of the Administration's *Synthetics Strategy*, the Government aims to improve our national understanding of identifying the point at which former methamphetamine laboratories become clean enough to inhabit again. By January 2008, the Administration, led by the EPA in close coordination with the DEA, will publish guidelines identifying the best practices (beyond the compilation of State guidelines that currently exists) and include any relevant findings from the research effort described below for the remediation of former methamphetamine laboratories.

⁴⁰ See, e.g., *A 24-hour Study to Investigate Chemical Exposures Associated with Clandestine Methamphetamine Laboratories*, August 11, 2005, Martyny, Erb, et. al., National Jewish Medical and Research Center.

⁴¹ See, e.g., Washington State Senate Bill 6239.

The Federal government also aims to release by January 2011 draft Federal health-based guidelines for remediation. Once again, the scientific basis for these guidelines will rely on the results of the research effort described below. The EPA, in close coordination with DEA,⁴² will be primarily responsible for developing these guidelines.

History: Previous Inquiries on Remediation

In 1990, a Joint Federal Task Force, made up of representatives from the DEA, the EPA, and the United States Coast Guard and established under the Anti-Drug Abuse Act of 1988, issued guidelines to assist State and local officials conducting clandestine laboratory cleanups. These guidelines presented a framework for the entire process of cleaning up clandestine laboratories and integrated EPA approaches for cleaning up hazardous waste sites with the experiences of DEA field investigators and EPA emergency response staff.

Since the release of those guidelines, some States have issued standards, guidelines, and suggested practices for remediation. The primary emphasis and focus of State strategies is on the suitability of the property for unrestricted rehabilitation or use. Typically, the State lead agency or local health department assumes responsibility for evaluating the site and associated documentation to determine the need for remediation action.

As with the 1990 endeavors, recommended practices will be crafted as part of a collaborative effort with other Federal agencies. The recommendations will reflect commonalities and lessons learned from State-specific guidelines, as augmented by the latest science and research developed by the EPA with support from the DEA and other agencies.

Research Strategy Development

Within six months, the Administration, led by the EPA in cooperation with the DEA, will publish a “Laboratory Aftermath” research strategy, which will identify the types of research needed to support Federal health-based guidelines for remediating methamphetamine laboratories. This strategy will, in addition to other topics, include:

- Evaluation of existing methods and development of new methods to quantify residual concentrations and associated environmental exposures associated with different methods of producing methamphetamine (e.g., red phosphorous, lithium/ammonia) in different types of structures (e.g., single family homes, apartments, hotel rooms) with different types of furnishings (e.g., furniture, flooring, wall treatments).
- Evaluation of existing methods and development of new methods to assess potential contamination in mechanical systems (e.g., ventilation systems, plumbing, septic tanks) and the surrounding environment (e.g., soil, wells) and associated exposure risks.

⁴² As noted in the *Red Book*, one of the two enduring policies that have guided and driven the DEA Clandestine Laboratory Cleanup Program, sent to the President in 1989 in a joint letter from the Administrators of DEA and EPA, presented the two agencies’ agreement that law enforcement’s job is complete with respect to the cleanup of a clandestine laboratory after 1) the removal of the evidence, chemicals and contaminated apparatus; 2) posting of a notice at the site; and 3) written notification to the property owner, health department, and environmental agency. Remediation of the property, although a potentially significant health and environmental concern, is not within the purview of the law enforcement agency seizing an illegal drug laboratory.

- Comparison of environmental contamination levels and exposures to existing toxicity (human and ecological) data on methamphetamine, its precursors, and its byproducts; where needed, providing new toxicity data for those exposures anticipated to pose the greatest potential risks.
- Evaluation of the effectiveness and unintended byproducts of different approaches for reducing residual methamphetamine and associated exposures (e.g., elevated temperature and ventilation rates, bleaching).

Completing this program of research expeditiously will require a combination of field work, chamber studies, and modeling. The Administration will work with and draw upon the research of others in accomplishing this ambitious effort. Upon completion of this effort, a workshop will be held to discuss the respective roles of both Federal agencies and others in implementing this strategy.

Helping Child Victims of Methamphetamine

Over the last several years, a number of stories in the media have highlighted the toll that methamphetamine production takes on young children—uniquely vulnerable to toxicity and poisoning and victims of, not participants in, their parents' or other adults' illegal production of methamphetamine. A core element of the Administration's response to this has been the support of Drug Endangered Children (DEC) alliances within States and training throughout the Nation. DEC programs train first responders and other authorities on the best way to help and protect children who are found in the vicinity of methamphetamine production or who are identified through methamphetamine investigations. At present, this training has been provided in 28 States. To improve and enhance support of this program:

- ONDCP will work with State legislatures and policy makers throughout the Nation to encourage all 50 States to have personnel trained in DEC procedures by 2008.
- DOJ will continue support for DEC training carried out by the National Alliance for Drug Endangered Children and will disseminate information on best practices to professionals in relevant multiple disciplines; DOJ will also establish a National DEC Coordinating Council, which will be cochaired by HHS, to improve collaboration between Federal and State DEC partners; additionally, DOJ will establish DEC protocols and expand training in conjunction with tribal authorities to address DEC issues in Indian Country.
- HHS will continue to emphasize issues related to the well-being of drug endangered children. For example:
 - SAMHSA, through its Center for Substance Abuse Treatment, will continue to require coordination with DEC programs as a component of the Juvenile and Family Drug Court grants.

- SAMHSA and the Administration on Children, Youth, and Families (ACYF), through their jointly funded National Center on Substance Abuse and Child Welfare (NCSACW), will provide, if requested, technical assistance to communities and/or States that are providing DEC trainings.⁴³
- Additionally, SAMHSA and ACYF held a national conference, *Methamphetamine: Child Welfare Impact and Response*, May 8–9, 2006 which addressed DEC issues, and included participation from State Alcohol and Drug Abuse Directors, State Child Welfare Directors, and other related disciplines.
- In order to better understand the developmental consequences of prenatal methamphetamine exposure, NIDA is supporting a large-scale study evaluating methamphetamine effects on cognition, social relationships, motor skills, and medical status and is comparing outcomes to well-matched controls for socioeconomic status and other variables in seven hospitals in Iowa, Oklahoma, California, and Hawaii—States where methamphetamine abuse is prevalent.
- NIDA is supporting a study, in cooperation with the Los Angeles Drug Endangered Children Program and the Los Angeles Department of Children and Family Services, to investigate the medical and developmental outcomes of methamphetamine-exposed children as well as the child welfare case management services treatment and placement outcomes for these children.

The aforementioned four regional methamphetamine conferences in 2006, which are being planned and conducted by the National Alliance for Model State Drug Laws, will include DEC best practices and implementation.

⁴³ Technical assistance will be provided to the extent possible using available funds.

Appendix

Status of *National Synthetic Drugs Action Plan* Recommendations

This appendix lists the status of the 46 recommendations of the National Synthetic Drugs Action Plan. As in the May 2005 *Interim Report to the Attorney General, Secretary of Health and Human Service, and Director of National Drug Control Policy from the Synthetic Drug Interagency Working Group*, the Synthetic Drug Interagency Working Group (SDIWG) reports these recommendations in three categories. Where necessary, the recommendation is followed by a brief explanation as to its status.

- Category A:** Recommendations that have been completed, are in progress, or are ongoing (45)
- Category B:** Recommendations with which there is substantial agreement in principle but which will require Federal legislation to be fully effective (1)
- Category C:** Recommendations regarding which one or more Federal agencies participating in the SGIWG determined merit further discussion (0)

The SDIWG is a multiagency working group that is co-chaired by the Office of National Drug Control Policy (ONDCP), the Department of Justice (DOJ), and the U.S. Department of Health and Human Services (HHS). It is additionally composed of members from the Department of Transportation (DOT), Immigration and Customs Enforcement (ICE), Customs and Border Protection (CBP), U.S. Food and Drug Administration (FDA), Substance Abuse and Mental Health Services Administration (SAMHSA), United States Trade Representative (USTR), United States Department of State (DOS), Environmental Protection Agency (EPA), and Drug Enforcement Administration (DEA).

Category A: Recommendations that are completed or ongoing.

1. **Develop an Early Alert and Response Mechanism.** Establish a comprehensive, interagency early warning and response system to detect the emergence of new drugs and trends.

Status: The Early Alert and Response Mechanism is led by the DEA and utilizes a combination of DEA's Methamphetamine Task Force (MTF) and other information capabilities regarding controlled substance prescription drug abuse. The MTF collects investigative and intelligence information concerning methamphetamine trafficking and trends from domestic and foreign DEA offices, State, local, and foreign law enforcement agencies, domestic and foreign regulatory counterparts and competent authorities, prosecutors, law enforcement professional groups (such as the Clandestine Laboratory Investigators Association), and law enforcement networking groups (such as the HIDTA-sponsored National Methamphetamine Chemical Initiative). MTF components analyze this information on a monthly basis, focusing their efforts in such areas as trends in chemical trafficking and manufacturing methods, clandestine laboratory

cleanup issues, changes in trafficking routes and patterns, regional abuse and distribution patterns, chemical and equipment sources and methods of procurement, foreign and domestic precursor sources, smuggling, methods of financing, and other issues that effect the overall methamphetamine trafficking situation worldwide. After completing the analysis of this information, MTF components identify specific methamphetamine related issues that require action. The MTF formulates ideas and methodologies that will provide potential solutions to address the identified issues.

With respect to investigations related to improper prescribing, among other things, law enforcement looks to whether the prescribing is consistent with sound medical judgment and prevailing medical standards. As part of the Administration's strategy to reduce opportunities to divert controlled substance prescriptions, law enforcement will continue to examine situations where prescribers write prescriptions for an unusually and obviously high number of controlled substances absent legitimate circumstances. This information also helps to identify emerging synthetic drugs of abuse.

After recommendations are formulated and vetted through pertinent DEA Sections, they are forwarded to the SDIWG for review and action. The SDIWG brings together all Federal agencies that have statutory jurisdiction concerning any aspect of methamphetamine manufacture, trafficking, or abuse, and controlled substance prescription drug diversion, and the SDIWG is charged with making policy recommendations concerning emerging trends in the abuse of synthetic drugs. If approved by the SDIWG, the recommendations made by the MTF are forwarded to policy makers for further action and incorporation into the *Synthetic Drug Control Strategy*.

2. **Improve Data on Afflicted Geographic Areas.** Build on existing Geographical Information System (GIS) resources and databases to integrate federally mandated drug test results, crime laboratory evidence analysis, population demographics, and other meaningful data pertaining to synthetic drugs and diverted pharmaceuticals in a manner that supports geographically based prevention and intervention efforts.

Status: Although treated as a separate recommendation in the *Action Plan*, this is being incorporated into the Early Alert and Response Mechanism, as review by SDIWG member departments of drug threats and trends is continuing.

3. **Work with Manufacturers to Reformulate Abused Pharmaceutical Products.** Continue to support the efforts of firms that manufacture frequently diverted pharmaceutical products to reformulate their products so as to reduce diversion and abuse. Encourage manufacturers to explore methods to render products containing key precursors, such as pseudoephedrine, ineffective in the clandestine production of methamphetamine and pain control products, such as OxyContin®, less suitable for snorting or injection.

Status: The DEA has engaged in discussions with pharmaceutical manufacturers on this topic. Some manufacturers have already moved to market alternatives to chemicals that may be used as methamphetamine precursors. The Administration will continue to be

supportive of industry efforts to reduce controlled substance prescription drug abuse through reformulation, consistent with the requirement for FDA approval.

4. **Target Raves Where Drug Use is Facilitated.** Focus attention on the promoters and operators of rave events that facilitate the trafficking and abuse of MDMA and other club drugs, making innovative and effective use of the Federal “crack house” statute, including amendments in the Rave Act.

Status: The DEA will continue to monitor, investigate and prosecute cases presented to Federal authorities involving raves and other social events involving open distribution of club drugs.

5. **Increase Internet Investigations.** Expand investigations and prosecutions of Internet-based synthetic and pharmaceutical drug diversion and sales to include the establishment of task forces and coordination mechanisms dedicated to this purpose. Agencies should work with Internet Service Providers to assist them in limiting children’s access to illegal drug sites.

Status: The DEA, with cooperation from FDA, continues to target Internet-based synthetic and pharmaceutical drug diversion and sales. NDIC has prioritized Document Exploitation support to Internet diversion and narcotic analgesic investigations, which account for nearly 30 percent of the Document Exploitation missions conducted annually by NDIC.

6. **Target Narcotic Analgesic Diversion.** Support efforts to target individuals and organizations involved in the diversion, illegal sale, pharmacy theft, fraud, and abuse of OxyContin® and other drug products containing oxycodone, hydrocodone, or hydro-morphone, such as Vicodin® and Lorcet®.

Status: Targeting the diversion of controlled substance prescription drugs, including narcotic analgesics, is a significant focus of the *Synthetic Drug Control Strategy* and is discussed more fully in the body of this document. NDIC has prioritized Document Exploitation support to Internet diversion and narcotic analgesic investigations, which account for nearly 30 percent of the Document Exploitation missions conducted annually by NDIC.

7. **Enhance Public Outreach Efforts Focusing on Synthetic Drugs.** Develop a multimedia education campaign on the consumption of synthetic drugs, focusing initially on methamphetamine. The program should, as appropriate, incorporate messages about the environmental threat and risks to children from clandestine labs. Ensure adequate dissemination of all pertinent materials and information on synthetic drugs through the Department of Education’s Office of Safe and Drug-Free Schools.

Status: ONDCP has allocated approximately \$1 million of the National Youth Anti-Drug Media Campaign budget to outreach on synthetic drugs, including television commercials in some of the areas most affected by methamphetamine.

8. **Develop Best Practices to Assist Drug-Endangered Children.** Develop protocols for assisting drug-endangered children that generally address staff training; roles and responsibilities of intervening agencies; appropriate reporting; cross reporting; information sharing and confidentiality; safety procedures for children, families, and responding personnel; interviewing procedures; evidence collection and preservation procedures; medical care procedures; and community resource development.

Status: Ongoing. See *Helping Child Victims of Methamphetamine, 2006 National Drug Control Strategy*.

9. **Research and Develop Targeted Prevention Programs.** Support research on the initiation of methamphetamine use and the progression of use leading to addiction. Programs should be developed to target high-risk groups or communities and to increase community involvement in prevention efforts.

Status: Ongoing. See *Prevention: Setting a National Standard, 2006 Synthetic Drug Control Strategy*.

10. **Increase Treatment Capacity.** Assess treatment needs for synthetic and diverted pharmaceutical drug addiction, and, if necessary, expand that capacity in the community and in correctional facilities. Particular emphasis should be given to the development of additional treatment capacity for methamphetamine users, including follow-up services that address the protracted recovery period associated with methamphetamine dependency.

Status: Ongoing. See *Treating Methamphetamine Users, 2006 Synthetic Drug Control Strategy*.

11. **Research Treatment for Synthetic Drug Abuse.** Increase research on the physical and psychological effects of methamphetamine and other synthetic drugs, as well as on the development of effective treatment protocols for synthetic drugs.

Status: Ongoing. See *Treating Methamphetamine Users, 2006 Synthetic Drug Control Strategy*.

12. **Develop Early Response Treatment Protocols.** Develop and disseminate early-response protocols addressing requests for treatment of dependency on emerging synthetic drugs and diverted pharmaceuticals.

Status: Ongoing. The Administration supports a screening, brief-intervention, referral, and treatment model that is designed to identify and address a range of drug problems in a variety of settings. This model can also be used to identify appropriate interventions for those who are experiencing problems with emerging synthetic and controlled substance prescription drugs. See also *Treating Methamphetamine Users, 2006 Synthetic Drug Control Strategy*.

13. **Study Options for Criminal Justice System Treatment.** Invest in additional studies on the efficacy of various comprehensive treatment programs for synthetic drug abuse and on their adaptability to diverse individual and community needs, especially those unique to the criminal justice system.

Status: Ongoing. See *Treating Methamphetamine Users, 2006 Synthetic Drug Control Strategy*.

14. **Expand Dissemination of Treatment Best Practices.** Expand capabilities to disseminate pertinent research results and best practices training techniques as part of the overall effort to increase access to effective treatments for dependencies on synthetic and diverted pharmaceutical drugs.

Status: Ongoing. See *Treating Methamphetamine Users, 2006 Synthetic Drug Control Strategy*.

15. **Support Stronger State Controls on Precursor Chemicals.** States that face significant levels of clandestine lab activity and chemical diversion are urged to consider the imposition of more stringent controls than those currently in place at the Federal level. Several States, notably Oklahoma, have recently enacted strict retail-level controls.

Status: Completed. The President signed the USA PATRIOT Improvement and Reauthorization Act of 2005, which included stronger national controls on precursor chemicals through the provisions in Title VII, the Combat Methamphetamine Epidemic Act of 2005 (Combat Meth Act).

16. **Strengthen Cooperation with Mexico.** Solidify significant recent advancements by Mexico to increase the effectiveness of bilateral chemical control with the United States through continued partnership and meetings with the pertinent Mexican components, including the drug intelligence center (CENAPI—el Centro Nacional de Planeación Análisis y Información para el Combate a la Delincuencia), the Federal Investigative Agency (AFI—Agencia Federal de Investigación), the Federal Commission for the Protection from Sanitary Risk (COFEPRIS—Comisión Federal para la Protección contra Riesgos Sanitarios), and the Health Commission, as well as the Bilateral Interdiction Working Group, the Senior Law Enforcement Plenary, and the Binational Committee.

Status: Ongoing. See *The Federal Government's International Methamphetamine Strategy, 2006 Synthetic Drug Control Strategy*.

17. **Enhance Coordination and Information Exchange with Canada.** Enhance ongoing coordination with Canada Customs and Revenue Agency on border detection, targeting and interdiction efforts, and ensure appropriate focus by Canada-U.S. joint Integrated Border Enforcement teams on the precursor chemical and synthetic drug threats. Further expand the ongoing exchange of information concerning Canadian businesses involved in the importation, production, and distribution of pseudoephedrine—particularly those firms whose products have frequently been diverted or smuggled into the United States.

Status: Ongoing. See *The Federal Government's International Methamphetamine Strategy, 2006 Synthetic Drug Control Strategy*.

18. **Strengthen the Multilateral Chemical Control System.** Garner international support for making existing multilateral chemical controls more universal, formal and well-supported by international institutions, including UN bodies such as the INCBs,

and regional bodies such as the Organization of American States' Inter-American Drug Abuse Control Commission (CICAD). Work to realize the full potential of Project PRISM, and build support for the application of the 1988 UN Convention to pharmaceutical preparations containing precursor chemicals that can be easily recovered for use in illicit drug production.

Status: Ongoing. See *The Federal Government's International Methamphetamine Strategy*, 2006 *Synthetic Drug Control Strategy*.

19. **Exchange Information with Chemical Producing Countries.** Continue ongoing information-sharing efforts with the countries that produce precursor chemicals used to make amphetamine-type stimulants, particularly China, India, Germany, and the Czech Republic.

Status: Ongoing. See *The Federal Government's International Methamphetamine Strategy*, 2006 *Synthetic Drug Control Strategy*.

20. **Educate Store Employees.** Building on efforts begun in a number of States, work to develop a model training program for pharmacists, retail management, and store employees concerning suspicious pseudoephedrine purchases, as well as suspicious sales of chemicals and items used in the manufacture of methamphetamine.

Status: Programs such as Meth Watch help train store employees regarding suspicious chemical purchases.

21. **Encourage Voluntary Controls by Retail Pharmacies and Stores.** Seek the voluntary participation of major retail chains in programs to control pseudoephedrine products through restrictions on the quantity that can be purchased at a single time. Also support the voluntary movement of pseudoephedrine products from stores' open shelves to behind pharmacy counters or other manned counters in retail settings where pharmacies are not on site.

Status: The Combat Meth Act requires that products containing pseudoephedrine be kept behind the counter or in a locked cabinet and restricts the quantity that can be sold to any individual to 3.6 grams per day and 7.5 grams per month.

22. **Support State Prescription Monitoring Programs.** Support States' creation of prescription monitoring programs designed to detect inappropriate prescribing patterns and prescription fraud. Law enforcement and regulatory entities should have access to information in cases of apparent diversion or inappropriate prescribing of controlled substances, and some provision for state-to-state communication of adverse information should be examined. Supporting legislation should be explored.

Status: Ongoing. See *Doctor Shopping and Controlled substance prescription Fraud*, 2006 *Synthetic Drug Control Strategy*.

23. **Target Pseudoephedrine and Iodine Smuggling to and from Mexico.** Focus law enforcement resources on stopping the recently noted flow of suspicious shipments of precursor chemicals, notably pseudoephedrine, from Asia to Mexico, apparently destined for

clandestine methamphetamine labs in Mexico and the United States. Also focus on the smuggling of iodine from Mexico. In all such cases, law enforcement should identify and aggressively pursue the persons and firms responsible.

Status: Ongoing. See *The Federal Government's International Methamphetamine Strategy, 2006 Synthetic Drug Control Strategy*.

24. **Focus on Canadian Synthetics and Chemical Smugglers.** Expand joint U.S.-Canadian investigations into the smuggling of chemicals, methamphetamine, MDMA, and other club drugs and diverted pharmaceuticals. Assign high priority to investigations of large seizures of pseudoephedrine and ephedrine from Canada, and develop prosecutable cases against rogue Canadian companies and their principals.

Status: Ongoing. See *The Federal Government's International Methamphetamine Strategy, 2006 Synthetic Drug Control Strategy*.

25. **Investigate Ties between Canadian and Mexican Criminals.** Analyze law enforcement reporting and intelligence with respect to Canadian pseudoephedrine and ties between Canadian sellers and Mexican lab operators in California. Analysis of the flow of funds generated from sales of pseudoephedrine in Canada and the United State should be coordinated by the appropriate agencies within the concerned departments.

Status: Ongoing. See *The Federal Government's International Methamphetamine Strategy, 2006 Synthetic Drug Control Strategy*.

26. **Investigate Asian and European Sources of Synthetic Drugs.** Work with international law enforcement partners and regional groups to investigate Asian criminal groups in North America and in Asia that increasingly may be engaged in producing and trafficking synthetic drugs and their precursor chemicals. Enhance bilateral efforts with the Netherlands and other MDMA-producing countries in Europe to build investigations, share information, and extradite criminals where appropriate.

Status: Ongoing.

27. **Apply Updated Clandestine Lab Cleanup Guidelines.** Disseminate and apply the latest guidelines for the cleanup of clandestine methamphetamine labs, and where necessary, coordinate environmental remediation by appropriate entities. These protocols for adulteration and destruction of precursor and essential chemicals, glassware, and methamphetamine waste should be part of clandestine laboratory certification training.

Status: Ongoing. The *Red Book* will be released later this year. See also *AFTERMETH: Following the Aftermath of Methamphetamine Production, 2006 Synthetic Drug Control Strategy*.

28. **Share Law Enforcement Best Practices.** Based on the successes achieved by local law enforcement in Southern California using reverse-buy investigations and by communities in the Midwest that have set more strenuous penalties and regulations regarding synthetic drugs, establish a mechanism for sharing best practices among Federal, State and local

law enforcement as well as with international partners who are confronting synthetic drug threats.

Status: Ongoing. See The Domestic Focus on Methamphetamine and Other Synthetics, 2006 Synthetic Drug Control Strategy. In late 2005, the NDIC Document Exploitation Division began to provide training at the Justice Training Center in Quantico to DEA Diversion Investigators on the use of document exploitation as a best practice to support diversion investigations.

29. **Increase Access to Civil Penalty Case Experts.** The Department of Justice should develop and disseminate a list of attorneys who have experience in civil penalty cases under the Controlled Substances Act and who are available to assist U.S. Attorney's Offices in districts where such cases have never or rarely been referred or pursued.

Status: Complete. This list has been disseminated to U.S. Attorneys' offices nationwide.

30. **Enhance Methamphetamine Profiling Efforts.** Increase the number of samples available for analysis in DEA's methamphetamine profiling program by incorporating samples of the drug seized by State and local law enforcement at super labs or from shipments strongly suspected of originating from such large-scale operations. Also leverage information on chemicals, adulterants, cutting agents, and equipment found at the site.

Status: Ongoing, through DEA's National Forensic Laboratory Information System.

31. **Increase Prosecutor and LEA Training.** Recognizing the unique issues presented by chemical and methamphetamine cases, the Federal government should, as resources permit, offer training for criminal and civil prosecutors and Federal, State and local law enforcement agents more frequently and in different regions of the country.

Status: Ongoing. In late 2005, the NDIC Document Exploitation Division began to provide training at the Justice Training Center in Quantico to DEA Diversion Investigators on the use of document exploitation as a best practice to support diversion investigations.

32. **Make Full Use of Charging and Sentencing Options.** Prosecutors should make full use of Federal Sentencing Guidelines provisions, which set a sentencing floor (of 70–87 months) for any case involving methamphetamine manufacture that creates a substantial risk of harm to human life. Federal prosecutors should also make greater use of the environmental enhancement for clandestine drug manufacturing involving “unlawful discharge, emission, or release into the environment of a hazardous or toxic substance or for the unlawful transportation, treatment, storage or disposal of hazardous waste.”

Status: Ongoing.

33. **Seek Updated Sentencing Guidelines for Club Drugs.** Work with the U.S. Sentencing Commission to review data on the impact and effectiveness of current sentences for trafficking in ketamine, GHB and its precursors and analogues, and other club drugs, and, if advisable, propose enhanced guidelines sentences.

Status: In the PROTECT Act, Congress told the U.S. Sentencing Commission last year to look into sentencing for GHB, and as a result, the Commission increased the sentences and also clarified how analogue offenses are sentenced. Now that the Commission has increased the guidelines, the SDIWG will periodically monitor whether this is an item that requires further attention.

34. **Remove the Blister Pack Exemption.** Support legislation that removes the blister pack exemption and eliminates distinctions based on the form of packaging.

Status: The Administration supported this legislation, which was signed into law by the President.

35. **Regulate Chemical Spot Market.** As an extension of existing authority over imports, law enforcement should seek the legislative authority to regulate sales of bulk chemicals on the domestic spot market by notification and approval of any deviations in quantity or customer from the import declaration.

Status: The Administration supported legislation accomplishing this objective. The legislation was signed into law by the President.

36. **Enable Import Controls on Bulk Ephedrine and Pseudoephedrine.** Seek legislation that would treat the post-importation handling of bulk ephedrine and bulk pseudoephedrine in a similar manner, for regulatory purposes, as Federal laws now treat the post-importation processing of Schedule I and II controlled substances. Impose such controls on these critical precursors as are needed to limit imports to those necessary for legitimate commercial needs and for maintenance of effective control over chemical diversion.

Status: The Administration supported legislation accomplishing this objective. The legislation was signed into law by the President.

37. **Prevent Exploitation of Mail Services.** Work with the U.S. Postal Service and private express mail delivery services to target illegal mail-order sales of chemical precursors, synthetic drugs, and pharmaceuticals, both domestically and internationally.

Status: Ongoing.

38. **Consider New Legislation on Club Drugs.** Federal officials should continue efforts to develop additional legislation to address legal issues that often arise with respect to club drugs and rave-type events. For example, the distribution of imitation controlled substances could be explicitly criminalized at the Federal level, and the provisions governing controlled substance analogues and counterfeits could be clarified.

Status: The SDIWG does not believe that legislation involving chemicals involving 1,4 butanediol and GBL are required at this time. However, the SDIWG will continue to periodically monitor cases involving these chemicals.

39. **Develop Guidelines for Juvenile Drug Treatment.** Fund research on and pursue the development of guidelines with respect to the treatment of juveniles, who often are not adequately served in existing drug treatment programs designed for adults.

Status: Ongoing. NIDA will continue to support research on juvenile drug treatment and, as better research becomes available, disseminate best practices information for juvenile drug treatment, and NIDA will report back to the SDIWG on an estimated timeline for expanded information on juvenile drug treatment best practices.

40. **Improve Education and Training on Pharmaceuticals.** Ensure product labeling that clearly articulates conditions for the safe and effective use of controlled substances, including full disclosure of safety issues associated with pharmaceuticals. Develop a mechanism for the wider dissemination and completion of approved Continuing Medical Education courses for physicians who prescribe controlled substances. Develop Internet public service announcements regarding the potential dangers and illegality of online direct purchase of controlled substances.

Status: The Food and Drug Administration has the responsibility for pharmaceutical product labeling, and SAMHSA engages in a variety of education and training activities concerning controlled substance prescription drug abuse. ONDCP will convene a meeting later this year with pharmaceutical manufacturers to discuss better labeling and patient education regarding the disposal of controlled substance prescription drugs.

41. **Examine the Use of Prescription Narcotics.** Assess the scope and magnitude of the licit and illicit use of prescription narcotic analgesics, in particular OxyContin®, including the pursuit of additional data sources in cooperation with the Food and Drug Administration (FDA), the National Institute for Justice (NIJ), private entities, and others.

Status: The National Survey on Drug Use and Health (NSDUH) has been recalibrated to ask more detailed questions about the scope of prescription drug abuse. A high priority of the Administration is to improve data about the sources of diversion. (e.g., regarding the percentage of controlled substance prescription drug abuse in the United States enabled through the Internet, through doctor shopping, through street-level drug dealing, et cetera).

42. **Determine Licit Chemical Needs.** In cooperation with industry, commission a statistical analysis to estimate the legitimate needs for pseudoephedrine and ephedrine products—including combination products such as ephedrine with guaifenesin—both nationwide and regionally.

Status: Pursuant to the requirements of the Combat Meth Act, the Administration seeks to accomplish this by January 1, 2007.

43. **Review Lab Cleanup Resources.** Ensure adequate funding sources for clandestine laboratory and dumpsite cleanups, including funding for sufficient personnel to support laboratory cleanups and hazardous waste disposal, so that cleanup costs are not a disincentive to laboratory investigations or takedowns. Federal officials, in collaboration with state agencies, should conduct a needs assessment to identify potential program improvements and make recommendations on the specific support needed and the funds required.

Status: Both the current fiscal year budget and proposed budget for fiscal year 2007 provide adequate funding to support State laboratory and dumpsite cleanups. The container program for seized materials—requiring about a \$40,000 initial outlay per jurisdiction—is also being expanded.

44. **Improve Intelligence Efforts Related to Synthetic Drugs.** Intensify intelligence components' focus on gathering and sharing information regarding the nature and scope of synthetic drugs trafficking. Make full use of NDIC's real-time analytical database for both pre- and post-operation link analysis and document exploitation. Strengthen mechanisms for sharing actionable intelligence, trend analysis, and information on criminal organizations among the United States and concerned Western European countries.

Status: The OCDETF Fusion Center, EPIC, and Methamphetamine Task Force are among the governmental components that consider information and intelligence regarding synthetic drug control trafficking. This information is shared with the SDIWG as appropriate. Almost one-third of NDIC's Document Exploitation missions are conducted in support of major licit drug diversion cases. These missions have provided support to diversion investigations that have resulted in convictions and sentences of medical practitioners not easily obtained. Moreover, the real-time analytical intelligence databases created to support these missions have been provided to the OCDETF Fusion Center to support its operational mission.

45. **Limit Online Chemical Sales.** Continue ongoing efforts to advise the owners and operators of major online auction Web sites of the use of precursor chemicals in clandestine labs, and urge them to consider banning the sale of precursor chemicals over their Web sites.

Status: Ongoing. The DEA has worked with companies such as eBay to accomplish this recommendation. The Administration will continue to work with other online Web sites identified as providing precursor chemicals.

Category B: Recommendations with which there is substantial agreement in principle but which will require Federal legislation to be fully effective.

46. **Strengthen Controls on Internet Sales.** Support legislation that regulates the burgeoning business of Internet sales of drugs, particularly controlled substances, by prohibiting the dispensing of controlled substances online without a valid prescription.

Status: See discussion in *Illegal Online Pharmacies, 2006 Synthetic Drug Control Strategy*.

Category C: Recommendations regarding which one or more Federal agencies participating in the SGIWG determined merit further discussion.

None.

