

Section 2: Methamphetamine in Maine

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Methamphetamine Threat in Maine, Muskie School of Public Service Research and Policy Brief, University of Southern Maine, September 2007.
[http://muskie.usm.maine.edu/justiceresearch/Publications/Adult/Methamphetamine Threat in Maine.pdf](http://muskie.usm.maine.edu/justiceresearch/Publications/Adult/Methamphetamine%20Threat%20in%20Maine.pdf)

Help Prevent Methamphetamine Use in Maine
Help Prevent Methamphetamine Manufacturing in Maine
Maine Methamphetamine Prevention Project

Methamphetamine in our backyard, Lewiston Sun Journal (Perspective), February 14, 2010 www.sunjournal.com/node/788963

History of Methamphetamine, www.nationalmethcenter.org This information was accessed in 2011 from www.nationalmethcenter.org, a website that is now disabled.

Research & Policy Brief

September 2007

Methamphetamine Threat in Maine

Overview

The use of methamphetamine had previously been limited to the Pacific Northwest and to large Western states, but over the past years, the drug has begun to diffuse across the country. Today, the Pacific Northwest, the Southwest, and the Midwest, regions once saturated with methamphetamine, have all decreased their number of methamphetamine laboratories. However, the Eastern corridor is just beginning to feel the effects of the drug, with the number of labs either increasing or staying constant in these states. Without preventative measures, these states could morph into havens for methamphetamine manufacturers. The drug has reached the Maine border, and while comparatively it is not a large problem, the state should take action to prevent the problem from spiraling out of control.

Most of the methamphetamine in the United States is traced back, or found in, domestic clandestine laboratories, so the focus of the fight against methamphetamine nationally has primarily been on restricting the sale of **precursor chemicals**, chemicals like pseudoephedrine, ephedrine, and phenylpropanolamine, in an effort to cease the production of the drug. Commander Crandall of the Maine Drug Enforcement Agency, however, has noticed a new trend of methamphetamine crossing the Mexican and Canadian border (personal communication, June 13, 2007). This could result in new preventative policies focusing on international negotiations.

The typical user of methamphetamine, a drug that can be smoked, snorted, ingested, or injected, is a rural white male or female. Traffickers used to be limited to motorcycle gangs or members of the club/rave culture, but recently there has been an emergence of Mexican groups taking control of methamphetamine trafficking. These new traffickers are using their previously established drug routes to infiltrate the Eastern seaboard (U.S. Drug Enforcement Agency, 2007)

What Has the Federal Government Done?

The Comprehensive Methamphetamine Control Act was passed by Congress in 1996. This act was passed to identify methamphetamine as being a “dangerous, harmful, and highly addictive drug.” The act also went on to state that “aggressive action is needed by law enforcement...and a coordinated effort should be undertaken to fight abuse.” Additionally, within the provisions of this act, the penalties for trafficking and producing methamphetamine were increased, as well as for the theft of anhydrous ammonia, and restrictions were placed on the sale of precursor chemicals (Ryan, et al, 2005).

In 2004, the National Synthetic Drugs Action Plan was put into effect. This national plan addresses the problems of synthetic and pharmaceutical drug trafficking and abuse (The White House, 2006).

Fast Facts

- ◆ In 2005, 108,905 hospital emergency visits were due to methamphetamine abuse in the United States, a 48% increase since 2004
- ◆ From 1995-2005 there was an increase in methamphetamine treatment admissions from 47,675 to 152,368 persons across the country
- ◆ Between January 2005 and July 2006 there were 31 methamphetamine-related arrests in Maine. 23 of these arrests were in Aroostook County.

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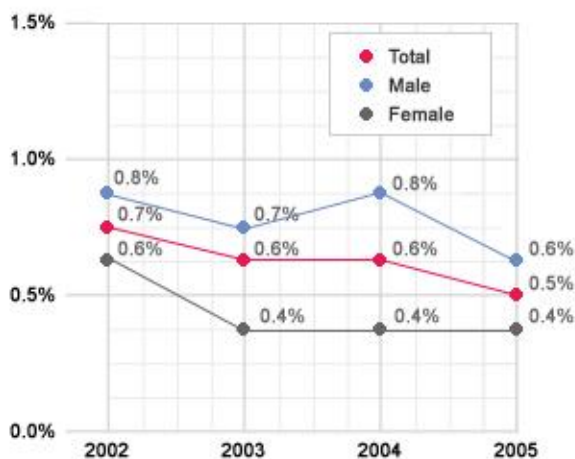
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President Bush signed the United States of America Patriot Improvement and Reauthorization Act of 2005 in 2006, an act “that strengthens federal, state and local efforts to combat the spread of methamphetamine” across the country. (Office of National Drug Control Policy, 2007).

Trends in Past-Year Methamphetamine Use Among Persons Aged 12 or Older, by Gender: Percentages, 2002-2005



Source: SAMHSA, 2002-2005 NSDUHs

What Have Other States Done?

Many states have implemented successful policies and intervention strategies to fight methamphetamine production and addiction.

Montana:

Montana, in addition to following the CMEA guidelines, also imposes a “sales limit of nine grams in a 30-day period.” Going beyond legislation, the state has begun the Montana Meth Project, an award-winning media blitz with the motto “Not Even Once.” Through the use of extensive advertising, the project targets kids ages 12-17 almost everyday of the year. Three surveys have been conducted (2005, 2006, 2007), the results of which have proven the effectiveness of the campaign. Many more people now understand the dangers of meth. Since the project and legislation, there has been a 70% decrease in workers testing positive for meth, 41% in criminals testing positive for meth, and 52% decrease in meth-related crime. Lab incident seizures declined by 68%. Arizona is now closely working with Montana to begin its own media storm.

Illinois:

Illinois, in addition to the CMEA statutes, has mandated that “all products containing pseudephedrine or ephedrine are designated as Schedule V drugs.” Illinois has also collected data on certain “indicators”: arrests, seizures and submissions, clandestine lab seizures, prison admissions, and drug treatment admissions. Through presenting the data, the state was able to secure \$3.5 million from the government to combat drug crime in the heavily affected rural areas. Additionally, there is now a meth manufacturing online registry. The results of these new interventions include a 17% decline in meth lab incidents from 2004-2005 year, and a 15.1% decrease in positive workplace drug tests in the first 5 months of 2006. The gap between seizure reporting and drug treatment was also exposed, and can now be addressed by the state in future hearings.

New Hampshire:

In New Hampshire, there was a conference of state legislators to ensure that all were aware of the issues and that preventative legislation was in the works; this conference was an effort to go beyond the CMEA statutes. New Hampshire also wishes to lobby the federal government, with fellow New England states, to gain funding for evidence-based treatment practices for meth addicts. New Hampshire frequently administers regional trainings to help law enforcement and first responders, and has started a public education campaign with DHHS (who serves as the central dissemination locale). The results of these interventions are positive; workplace positive tests have decreased by 25.3% in the first 5 months of 2006.

What Has Maine Done?

The state of Maine has just begun to quantify the impact of methamphetamine while almost simultaneously implementing new legislation and intervention policies to grapple with this identified impact. Earlier, in the 1990s, Maine was faced with a similar methamphetamine problem in Aroostook County. While the problem was isolated to the county, there were over 50 methamphetamine traffickers arrested over an 18 month – 2 year period. One incident yielded the seizure of 7 pounds of methamphetamine, thought to have originated from the Western United States. Through “successful enforcement operations” the problem was quelled,

but seems to have again reemerged. The methamphetamine now, though, originates predominately from Mexico or Canada and is in the more potent crystallized form, according to Commander Crandall from the Maine Drug Enforcement Agency (personal communication, June 13, 2007).

Maine's Office of Substance abuse has sponsored the Maine Methamphetamine Prevention Project, an attempt to increase awareness in regard to abusing or manufacturing methamphetamine. The project is also coordinating an effort to increase the capacity of particular institutions and community members to ensure that the methamphetamine problem does not continue to spread.

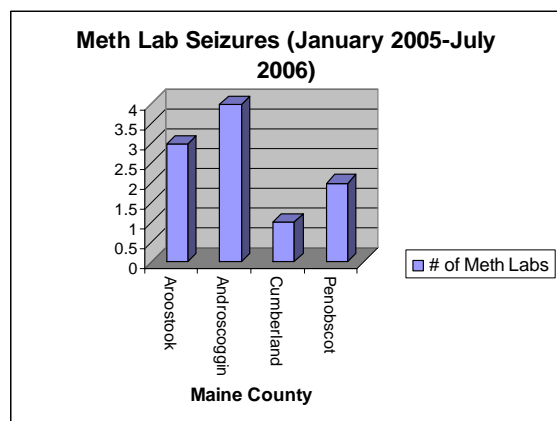
Maine's "MethWatch" program is a result of 2005 legislation, and is designed to prevent the abuse of methamphetamine. A voluntary program that is comprised of both members of the community and of members of the state (i.e., law enforcement, state and local police officials, national guard, community activists, and drug prevention personnel), with a main focus on retailers of precursor chemicals. Workers are trained to identify any possible methamphetamine-related activities (Maine Office of Substance Abuse, 2006).

Policy Implications

Through the nation's preventative legislation, and through the public awareness campaigns of several states, domestic manufacturing has greatly decreased. However, while some states have also decreased their methamphetamine use, many are still fighting rising statistics like Maine.

Maine must overcome many hurdles in order to prevent the ballooning of the methamphetamine problem. One hurdle is Interstate 95, a perfect north-south route for traffickers. Another hurdle for Maine is the miles of coastline which offer ample opportunities for maritime smugglers, in addition to the porous Canadian border. The rural culture of Aroostook County coupled with the present abuse and availability of the drug will continue to be a scourge for law enforcement (U.S. Drug Enforcement Agency, 2007).

Because the dismantling of clandestine methamphetamine labs has been successful thus far, the nation now must look to curing addiction. Without the demand, the supply will diminish. Historically, however, methamphetamine addiction has been very hard to treat, with similar success rates to cocaine. There are a few evidence-based treatment methods that are noteworthy, including the Matrix Model, or a similar contingency management plan, and for addict offenders, the Drug Court system. Through continued use of these models, and through additional funding from federal and state governments to cure addiction, the methamphetamine problem that is ravaging the nation could be finally kept at bay.



Methamphetamine Fact Sheet

Help Prevent Methamphetamine Use in Maine

What is Methamphetamine?

Methamphetamine - often referred to as “meth” - is an addictive stimulant that users inject, snort, smoke or swallow. It affects the brain and central nervous system.

As meth enters the body, users feel an intense rush followed by a prolonged feeling of well being. As the high wears off, it leaves the user feeling lethargic, irritable, depressed, and with intense cravings for the drug.

Street Names for Methamphetamine

Meth	Speed	Ice	Tweak
Crank	Crystal	Glass	Go-Fast

Pre-made tablets are called YABA tablets.

Note: Methamphetamine is **not** the drug methadone which is a narcotic pain reliever that is used to treat pain and drug addiction.

Methamphetamine Ingredients

Methamphetamine is made using common household chemicals combined with pseudoephedrine or ephedrine—the active ingredient found in cold tablets or diet drugs. Ingredients and supplies can include:

Coffee filters	Starter fluid
Paint Thinner	Aluminum foil
Lithium batteries	Acetone
Cold packs	Drano
Clear plastic tubing	
Fertilizer containing ammonium nitrate	
Matchbook Striker Plates	

Methamphetamine Manufacture

Most methamphetamine in Maine is made by mixing ingredients in containers like 20 ounce plastic soda bottles, known as “one pot” or “shake and bake” labs. Because this method is portable, producers often discard plastic bottles that may contain toxic or flammable chemicals on the side of the road.

One pot labs can be located anywhere. If you find a discarded plastic bottle that contains an unknown substance, do not pick it up or open it. Call your local police or sheriff about the possible danger.

Signs and Symptoms of Methamphetamine Use

- Not sleeping for extended periods of time
- Extreme weight loss
- Dramatic mood swings
- Increased heart rate, blood pressure, and breathing
- Hallucinations
- Paranoia or excessive panic
- Nervous activity
- Irritable, aggressive, even violent behavior
- Open sores caused by picking at the skin
- Tooth decay
- Unpleasant body odor that might smell like glue or mayonnaise
- Unexplained burns from chemicals or fire

Pregnancy & Methamphetamine

Methamphetamine use during pregnancy increases the risk of premature delivery, lower birth weight, learning disabilities and developmental delays. It can also affect development of the baby’s brain, spinal cord and heart.

Concerned about a friend, family member or yourself?

Help is available.

Call the Office of Substance Abuse and Mental Health Services, Information & Resource Center
at **1-800-499-0027**

or

call 2-1-1 (in Maine only, 24 hours a day)

**If you are concerned about
the safety of a child,**

call the DHHS 24-hour Hot Line at:
1-800-452-1999.

IMPORTANT WARNING:

**If you suspect methamphetamine production
activity always put your own safety first.
Leave the scene immediately and contact
your local police or sheriff for assistance.**

Help Prevent Methamphetamine Manufacturing in Maine

Most methamphetamine in Maine is now produced by small operations, often by people using the “One Pot” or “Shake and Bake” method. These methamphetamine labs can produce less than 2 ounces at a time in about 30 minutes by mixing or shaking ingredients in containers like 20 ounce plastic soda bottles.

- Because this method is portable, producers often discard plastic bottles that may contain toxic or flammable chemicals on the side of the road.
- One Pot labs can be located anywhere someone can hide the common household items used to make methamphetamine and a container for mixing, including homes, hotels, sheds, and cars. They can even be carried in suitcases and backpacks.
- **If you find a discarded plastic bottle that contains an unknown substance, do not pick it up or open it. Call your local police or sheriff and alert them to the possible danger.**

Signs of a Methamphetamine Lab in a Building or Home

- Unusual, strong, chemical-like odors
- Unusual number of chemical containers/bottles/jars
- Covered or blacked out windows
- Lots of traffic, especially at night
- Exhaust fans
- People demonstrating paranoid or odd behavior
- People who are secretive and protective of the area.

IMPORTANT WARNING:
If you suspect methamphetamine related activity always put your own safety first. Leave the scene immediately and contact your local police or sheriff for assistance.

Ingredients Methamphetamine is made using common household chemicals combined with pseudoephedrine or ephedrine, the active ingredient found in cold tablets or diet drugs. Other ingredients and supplies can include:

Coffee filters
Paint Thinner
Clear plastic tubing

Aluminum foil
Starter fluid
Matchbook Striker Plates

Lithium batteries
Cold packs
Fertilizer containing ammonium nitrate

Acetone
Drano

Who should be aware?

- **Retail business owners & employees who sell products that can be used to manufacture methamphetamine:** pharmacies, auto and building supply stores, propane exchange locations, convenience and grocery stores.
- **Anyone who deals with property:** realtors, landlords, hotel/motel owners and employees, property inspectors and appraisers.
- **Farmers and farm supply store owners and employees:** farmland contaminated by dumping of the chemicals used in methamphetamine production, and agricultural chemicals stolen by methamphetamine producers.

Maine Drug Enforcement Agency Drug Tip Line
1-800-452-6457 All calls are anonymous.

You can also make anonymous reports of drug crime on the MDEA website at www.maine.gov/dps/mdea

or use the smartphone application for Android and iPhone at MyPD.

Public Safety and Environmental Hazards of Methamphetamine Labs

- Mixing the chemicals used in methamphetamine production produces toxic and potentially explosive fumes. Breathing fumes may cause permanent damage to nasal passages, lungs, and the brain.
- Lab cleanup is extremely expensive and beyond the financial capabilities of Maine cities and towns. The average cost of cleanup is about \$5,000 but may cost as much as \$150,000, plus the costs to the property owner.
- Careless disposal of contaminated garbage and toxic chemicals can pollute water supplies and leach into the ground, and chemicals can be dumped in bathtubs and sinks. Labs may have many liquids or substances in marked & unmarked containers. Any substances from a meth lab are deemed hazardous waste.
- Six pounds of toxic waste are produced for each pound of methamphetamine manufactured in labs.

Maine MethWatch 207.621.8118/Website: <http://maineosa.org/prevention/community/meth/methwatch/index.htm>

Special thanks to the VT Dept. of Public Safety, VT Criminal Justice Training Council, the VT Dept. of Health, Div. of Alcohol and Drug Abuse Programs and the Kansas Methamphetamine Prevention Project for providing the template and information for this handout.

September 2012

Methamphetamine in our backyard

By Christine Letcher

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It is likely that neighbors in Lewiston were shocked to see drug agents in chemical suits searching a home in their backyard (Sun Journal story Feb. 4). Maine is not exempt from methamphetamine but clearly has been leading the charge to address this dangerous drug and the horrific effects it can have on communities.

In 2005, Maine became one of the first states in the country to restrict the sale of pseudoephedrine. This has been one of the most effective ways that states have been able to reduce home labs and combat the problem.

Locally, Healthy Androscoggin is working with Project Unite, our countywide substance abuse prevention steering committee to address some of these concerns. The Project Unite Committee provides trainings for parents and schools, implements social marketing campaigns to change the community norms around alcohol and drug abuse, and helps coordinate prescription drug take-back programs.

The Project Unite committee has representation from school substance abuse counselors, law enforcement agencies, social services, treatment providers, parents, school administrators, school resource officers, the District Attorney's office, and media/business leaders. One thing that is unique about our coalition is that we have a very successful balance between law enforcement and substance abuse prevention messages. The two work hand in hand to lower our youth use rates in the county.

In fact, in 2007, Healthy Androscoggin completed an extensive needs and resources assessment of the towns in Androscoggin County and engaged community members in a strategic prevention planning process to address the issue of substance abuse. As a result, we created the Alcohol Investigator position as well as the Alcohol Enforcement Team made up of representatives from the Auburn Police Departments, the Lisbon Police Department, Lewiston Police Department, the Androscoggin County Sheriffs' Office and Healthy Androscoggin.

While our underage drinking rates have gone below the state level, we are finding that the use of inhalants and prescription drugs are rising. The latest bust of a meth lab is very concerning to us.

Healthy Androscoggin is a member of the Maine Methamphetamine Prevention Project which has two major goals:

- Increase awareness about the harm associated with methamphetamine production and use.
- Increase capacity of key institutions and community members to prevent the production and use of methamphetamine in Maine.

Maine Methamphetamine Prevention Project has a variety of members ranging from the Director of Maine Drug Enforcement Agency, Roy McKinney to Community Coalitions like Healthy Androscoggin.

Since the spring of 2005, the Maine Drug Enforcement Agency laboratory response team has investigated nearly 70 complaints of drug manufacturing across Maine. Sixteen of those investigations have resulted in the seizure of suspected manufacturing operations.

MDEA manages a team of 14 agents and three forensic chemists from the state's Health and Environmental Testing Lab who are trained and certified to OSHA standards to enter and process crime scenes that contain hazardous materials. At each scene, MDEA's team is supported by the Maine Department of Environmental Protection, as well as local police, fire and EMS crews.

The Maine Alliance to Prevent Substance Abuse oversees the current methamphetamine grant from the Office of Community Oriented Policing Services, U.S. Department of Justice; and is working in partnership with the Maine Drug Enforcement Agency to address these issues.

In fact, there will be a methamphetamine prevention educational training session in Lewiston on May 10, and community members are encouraged to sign up to learn more. Additionally, there is an upcoming inhalant training open to the public on March 3, sponsored by Safe Schools Healthy Students. To find out more about these trainings, call 795-2506 or visit www.healthyandroscoggin.org.

Healthy Androscoggin is a community coalition dedicated to improving the health of Androscoggin County citizens through collaborative planning, community action, education and prevention. The coalition has four main community goals that include: supporting tobacco free lifestyles, increasing physical activity, promoting healthy eating, and preventing substance abuse. Healthy Androscoggin, a Healthy Maine Partnership, is funded in part by the Fund for a Healthy Maine.

Christine Letcher is health promotion coordinator for Healthy Androscoggin.

Methamphetamine History

1887-1893 Amphetamine and methamphetamine were first formulated in Germany and Japan respectively at the close of the 1800s. A Japanese scientist was the first to create crystal methamphetamine in 1919.

1930s-40s Germany and Japan both dispensed methamphetamine to their troops in battle. The Germans mixed the drug with chocolate and handed it out to increase soldiers' stamina in the field. Armies used Meth to push soldiers in WWII.

1950s Japan had large stockpiles of the drug at the end of World War II and it was made available shortly after the war. In 1951, however, the health ministry banned the substance and for the first time, methamphetamine went underground as an illegal drug distributed by the notorious Yakuza. In the United States, methamphetamine was available by prescription for a wide variety of ailments including alcoholism, narcolepsy, depression and obesity.

1960s A desire to experience methamphetamine's incredible "high" begat an increased demand for recreational use of the drug. Small labs began showing up, particularly on the West Coast, as "cookers" manufactured meth for their own use. Some larger-scale "super labs" increased production and the supply on the street.

1970s-80s Recreational use of methamphetamine climbed quietly but steadily until the mid-1980s when federal authorities in both the U.S. and Canada outlawed possession of some chemicals and equipment used to make methamphetamine. Instead of curbing methamphetamine use, the new rules drove labs further underground and the drug's use actually spread from the West to the Midwest and South.

1990s As methamphetamine use continued to grow, state and federal lawmakers passed several laws to slow its manufacture in the U.S. Progress against meth cooking was slow and spotty and its use went on largely unabated.

2000s The biggest advance against methamphetamine manufacture came in 2005 with the federal Combat Methamphetamine Epidemic Act of 2005. Under the law's terms, severe limits were placed on the purchase of the drug's main ingredients—ephedrine and pseudoephedrine as used in cold capsules such as Sudafed. In addition, all drugs containing these key ingredients were placed behind pharmacy counters to avoid theft. As domestic labs were shut down, demand was met by offshore operations, largely in Mexico. U.S. Customs and Border Patrol methamphetamine seizures at just two major U.S.-Mexico border stations soared from 811 pounds in 2004 to 2,960 two years later.

Source: This information was accessed in 2011 from www.nationalmethcenter.org, a website that is now disabled.