

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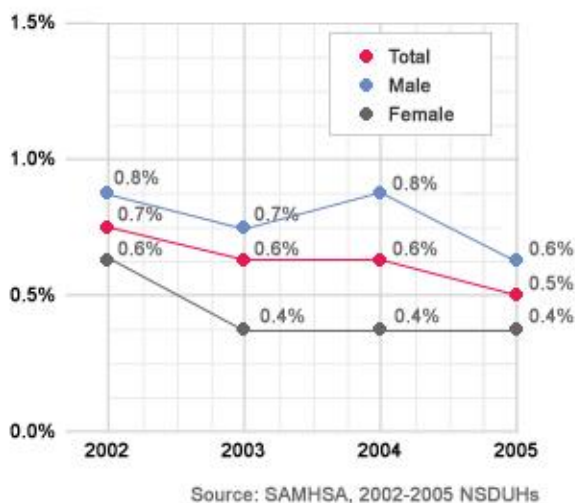
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President Bush signed the United States of America Patriot Improvement and Reauthorization Act of 2005 in 2006, an act “that strengthens federal, state and local efforts to combat the spread of methamphetamine” across the country. (Office of National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

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



### 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.

