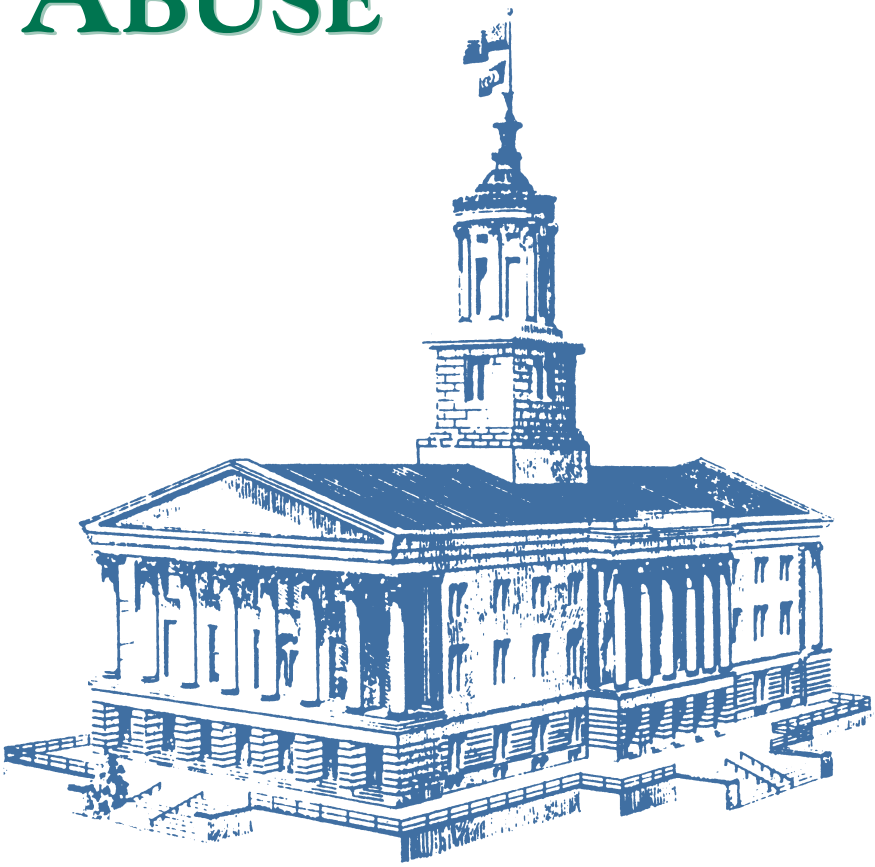
FINAL REPORT

THE GOVERNOR'S TASK FORCE ON METHAMPHETAMINE ABUSE



September 1, 2004

The Problem

Methamphetamine is a powerfully addictive stimulant that affects the central nervous system.

Illegal methamphetamine is manufactured using common household products such as drain cleaner, lithium batteries and cold tablets containing a decongestant known as pseudoephedrine. The final product typically is consumed and distributed in the form of white powder that can be ingested by snorting or smoking, or dissolved in water to be injected. Recidivism rates are high in methamphetamine cases; as many as 90% of methamphetamine addicts will return to the drug versus much lower rates for other substances.

Potential effects of methamphetamine use include psychotic behavior and brain damage. Chronic use can lead to violent behavior, delusions and paranoia. Brain damage caused by prolonged methamphetamine abuse is similar to the effects of Alzheimer's disease, stroke and epilepsy.[1]

Methamphetamine abuse leads to issues common to many forms of drug abuse and addiction, including crime and poverty. Despite the serious dangers that methamphetamine poses to human health and society, the U.S. Drug Enforcement Administration reports that production and availability of illegal methamphetamine continues to increase throughout Tennessee.

The drug presents a two-fold challenge to federal, state and local officials.

First, methamphetamine presents a unique danger to community health and the environment because it often is manufactured in makeshift clandestine laboratories that produce toxic emissions and hazardous waste, and are prone to explode and catch fire. Second, methamphetamine increasingly is being trafficked and sold throughout the Southeast by organized criminal groups.

Problems associated with clandestine methamphetamine labs are particularly severe in Tennessee, which has relatively lenient criminal penalties and places no restrictions on the availability of vital precursor materials such as cold tablets that are used in the illegal manufacturing process. For these and other reasons, Tennessee accounts for 75% of the methamphetamine lab seizures in the Southeast.[2]

Clandestine labs can be found in virtually every county in the state and are encountered on a daily basis by law enforcement in homes, apartments, motel rooms and other locations. The number of clandestine labs is rising rapidly.

> ***"I tried to commit suicide while I was high on methamphetamine. I took an SKS assault rifle, stuck it under my chin and pulled the trigger ... The physical wounds can heal and I can get over it. The thing that I cannot get over is the emotional pain that this drug has caused to my family. That will be with me for the rest of my life."***
>
> ***— David Parnell***
> ***Recovering Methamphetamine Addict***
> ***Martin, Tennessee***

From October 2003 to August 2004, law enforcement authorities seized nearly 1,200 labs in Tennessee — a 397% increase from 2000.

[1] U.S. Drug Enforcement Administration "Meth Fact Sheet," www.usdoj.gov/dea/concern/meth_factsheet.html.
[2] DEA "Tennessee Fact Sheet," www.usdoj.gov/dea/pubs/states/tennessee.html.

The Problem

Clandestine labs also pose a serious threat to children. The Tennessee Department of Children's Services estimates that more than 700 children are placed in state custody each year as a result of meth lab seizures and incidents. Particularly at risk are infants and toddlers living in homes in which toxic lab emissions and residue settle on floors and furniture.

In addition to the sharp increase in labs, Tennessee is experiencing a noticeable increase in the activities of structured methamphetamine trafficking groups illegally transporting large quantities of the drug into the country. According to the DEA, Mexican criminal organizations controlling much of the methamphetamine distribution in the Southeast are found in and around Dalton, Georgia, about 30 miles south of Chattanooga.

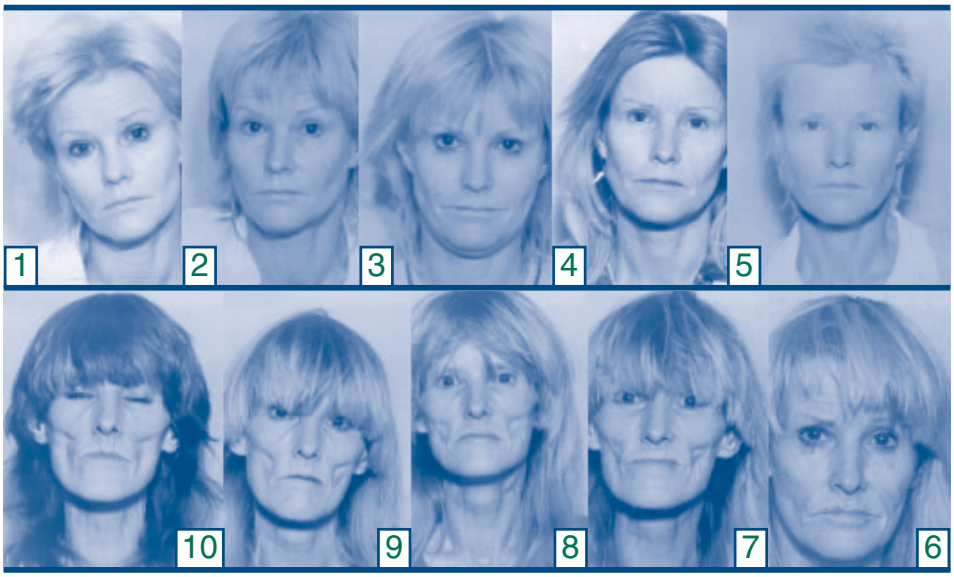
The methamphetamine picture in Tennessee is changing rapidly. Despite gaining a reputation over the past decade as primarily a rural drug, methamphetamine now is becoming increasingly common in urban and suburban neighborhoods. Clandestine laboratories, for example, are being discovered in densely populated areas across the state including Chattanooga and Memphis. In Murfreesboro, a working lab recently was discovered near an elementary school.

Nationwide, methamphetamine is moving into the mainstream of society. Quest Diagnostics, a contractor that conducts drug tests for major employers, is reporting that meth use by workers and job applicants spiked 68% in 2003. The Quest analysis found that about three people in 1,000 now are testing positive for meth.[3]

Federal, state and local law enforcement anticipate continued increased methamphetamine abuse in Tennessee as the drug gains in popularity. ■

CHILLING EFFECT

This multi-year photo series of a methamphetamine addict shows how dramatically the drug affects the body over time.



Source: U.S. Drug Enforcement Administration

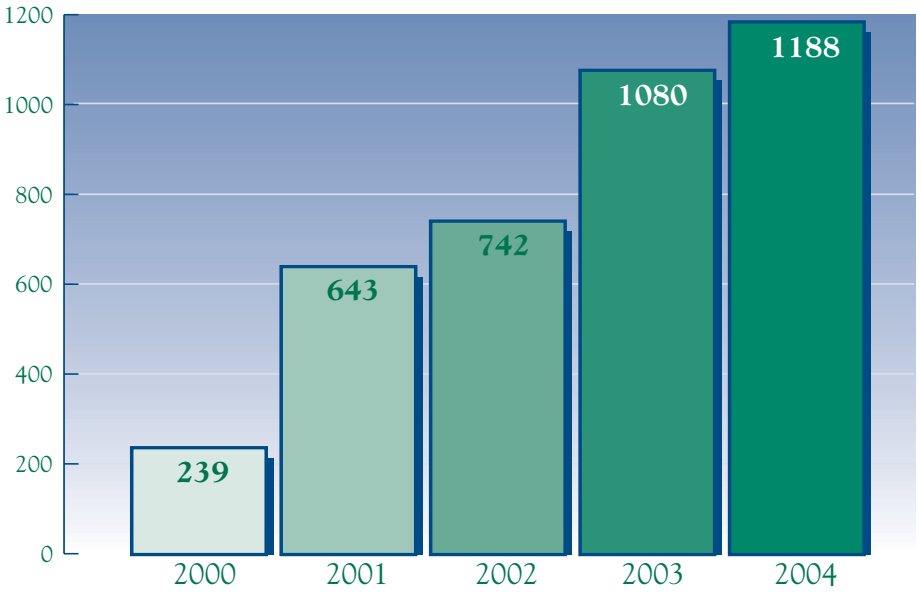
[3] "Meth Presence Surges 68% in Workplace Drug Tests," July 22, 2004, USA Today.

The Problem

The proliferation of clandestine methamphetamine laboratories poses a unique threat to community health and the environment. The U.S. Drug Enforcement Administration says Tennessee now accounts for 75% of lab seizures in the Southeast.

METHAMPHETAMINE LAB SEIZURES - TENNESSEE

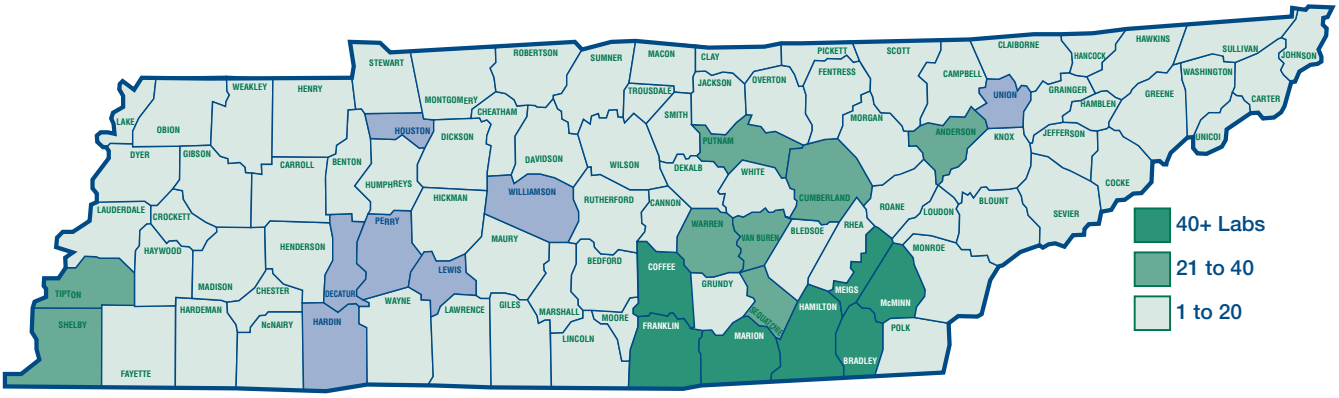
The Volunteer State has seen a 397% increase in lab seizures since 2000.



Source: U.S. Drug Enforcement Administration

LAB SEIZURES - GEOGRAPHIC DISTRIBUTION, 2004[1]

Ground zero of the methamphetamine epidemic is the Sequatchie Valley and Upper Cumberland, but virtually every community in Tennessee is being affected by clandestine labs.



Source: U.S. Drug Enforcement Administration

[1] Partial-year data from October 1, 2003, to August 19, 2004.
NOTE: Some counties have extremely high numbers of lab seizures, including: Bradley (111), Franklin (59), Hamilton (101), Marion (62) and McMinn (80).

The Charge

Recognizing the severity of the methamphetamine problem in Tennessee, Governor Phil Bredesen on April 7, 2004, signed the 18th executive order of his administration establishing the Governor's Task Force on Methamphetamine Abuse.

The Task Force includes 20 representatives from a range of fields — including law enforcement, state and local government, health care and retail — as well as 12 ex-officio members appointed to provide general advice and counsel to the core group.

The Governor's charge to the Task Force: Deliver a series of recommendations by September 1, 2004, to serve as the basis for a comprehensive strategy to address the methamphetamine epidemic in Tennessee. He advised the members to be "realistic but highly aggressive."

"It's taken a generation to create Tennessee's methamphetamine problem," the Governor said. "We're not going to solve it overnight, but we can begin to loosen the grip that meth has on our state." ■

The Members

Ken Givens, Chair
Commissioner
Tennessee Department of Agriculture
Rogersville

Charlotte Burks
State Senator
15th Senate District
Monterey

Charles Curtiss
State Representative
43rd House District
Sparta

Melvin Bond
Sheriff
Haywood County
Brownsville

David Brown
Licensed Alcohol and Drug Abuse Counselor
Council for Alcohol and Drug Abuse Services
Chattanooga

Steve Cope
Mayor
City of Tullahoma
Tullahoma

Mark Gwyn
Director
Tennessee Bureau of Investigation
Nashville

Ed Hansberry
Pharmacist
Walgreen Co.
Nashville

John Henderson
District Public Defender
21st Judicial District
Franklin

Leighta Laitinen
Community Outreach and Government Relations Manager
Mountain States Health Alliance
Johnson City

Augusta Mayo
Assistant Principal
Hamilton Middle School
Memphis

Roger Overholt
Chief of Police
City of Morristown
Morristown

Lillie Ann Sells
Criminal Court Judge
13th Judicial District
Cookeville

Sullivan Smith
Emergency Medical Director
Cookeville Regional Medical Center
Cookeville

Russ Spray
CEO
Southern Tennessee Medical Center
Winchester

Bob Swafford
Sheriff
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Pikeville

Tommy Thompson
District Attorney General
15th Judicial District
Hartsville

James Washam
Chief of Police
City of Kingston
Kingston

Johnnie Wheeler
Commissioner
Putnam County
Cookeville

Doug Wilson
Pharmacist
Rite Aid
Rockwood

EX-OFFICIO

Randy McNally
State Senator
5th Senate District
Oak Ridge

Les Winningham
State Representative
38th House District
Hartsville

Ginna Betts
Commissioner
Tennessee Department of Mental Health and Developmental Disabilities
Memphis

Betsy Child
Commissioner
Tennessee Department of Environment and Conservation
Knoxville

Paula Flowers
Commissioner
Tennessee Department of Commerce and Insurance
Nashville

Gus Hargett
Adjutant General
Tennessee Department of Military
Nashville

Gina Lodge
Commissioner
Tennessee Department of Human Services
Nashville

Viola Miller
Commissioner
Tennessee Department of Children's Services
Nashville

Fred Phillips
Commissioner
Tennessee Department of Safety
Johnson City

Kenneth Robinson
Commissioner
Tennessee Department of Health
Memphis

Lana Seivers
Commissioner
Tennessee Department of Education
Clinton

Harry Sommers
Assistant Special Agent in Charge
U.S. Drug Enforcement Administration
Nashville

COORDINATOR

Will Pinkston
Special Projects Director
Office of the Governor
Nashville

The Approach

The Governor's Task Force examined the methamphetamine epidemic over the course of four months of public hearings across Tennessee. The Task Force focused its research in three working groups:

- **Prevention** (education, awareness, treatment)
- **Enforcement** (penalties, funding, supply)
- **Community** (environment, children, family)

The Task Force held its first meeting on April 27, 2004, in Nashville then held subsequent half-day meetings in communities across the state including **Cleveland**, **Cookeville**, **Harriman**, **Jackson** and **Tullahoma**. By August 20, the Task Force met a total of eight times and received testimony from more than 30 experts (listed on the next page). ■

The Experts

David Andrews
Sheriff
Putnam County
Cookeville

John Averitt
Psychologist and Drug Treatment Counselor
Cookeville

Richard Barber
Director, Community Development
Family Counseling Services
Jackson

Butch Burgess
Sheriff
Cumberland County
Crossville

Carolyn Comeau
Coordinator
Washington Department of Health
Clandestine Drug Lab Program
Olympia, WA

Charles Curtiss
State Representative
43rd House District
Sparta

"Donna"
Recovering addict
Middle Tennessee

Eric Douglas
Manager, State Legislative Relations
Walgreen Co.
Deerfield, IL

Betsy Dunn
Case Manager
Tennessee Department of Children's Services
Cookeville

Marty Dunn
Detective
Hamilton County Sheriff's Office
Chattanooga

Tom Farmer
Lieutenant
Hamilton County Sheriff's Office
Chattanooga

Walter Fitzgerald
Professor
University of Tennessee College of Pharmacy
Memphis

Bill Gibson
District Attorney General
13th Judicial District
Cookeville

Blake Harrison
Senior Policy Specialist, Criminal Justice
National Conference of State Legislatures
Denver, CO

Bill Hartbarger
Colonel
Tennessee National Guard
Nashville

Paul Laymon
Assistant U.S. Attorney
Office of the U.S. Attorney
Eastern District
Chattanooga

Kevin Liska
Director
Tennessee Tech Business Media Center
Cookeville

Barry Michael
Lieutenant, Unit Commander
Jackson/Madison County Metro Narcotics Unit
Jackson

David Parnell
Recovering addict
Martin

Niki Payne
Director
Serenity House
Cookeville

Lee Riedinger
Deputy Director for Science and Technology
Oak Ridge National Laboratory
Oak Ridge

Scott Rowland
General Counsel
Oklahoma Bureau of Narcotics and Dangerous Drugs
Oklahoma City, OK

Dave Shelton
Group Supervisor
U.S. Drug Enforcement Administration
Chattanooga

Ricky Shelton
Councilman
City of Cookeville
Cookeville

Sullivan Smith
Emergency Medical Director
Cookeville Regional Medical Center
Cookeville

Harry Sommers
Assistant Special Agent in Charge
U.S. Drug Enforcement Administration
Nashville

Anthony Wayne Tayse
Recovering addict
Cookeville

Bob Terry
Chief of Police
City of Cookeville
Cookeville

Tammy Walker
Program Manager
10th Judicial District Children's Advocacy Center
Athens

Jay West
Director of Governmental Relations
Bone McAllester Norton PPLC
Nashville

The Recommendations

At the conclusion of its research, the Governor's Task Force approved more than thirty recommendations under seven fundamental "cornerstones" for an effective strategy to fight methamphetamine.

I. Increase funding for methamphetamine treatment with an eye toward long-term initiatives

Currently, the State of Tennessee provides funding for 56 of the state's 81 licensed alcohol and drug treatment providers. Many of the 25 providers that do not receive funding are located in predominantly rural areas where methamphetamine abuse is on the rise. To help close that gap in service, the State should provide funds to some or all of those 25 providers and develop guidelines on how to make the best use of those resources.

Moreover, to help break the cycle of addiction, the State should encourage the use of faith-based and community-based treatment options. Recently announced federal funding through the U.S. Department of Health and Human Services' Access to Recovery program should provide the State with a "running start" in this area.

Ultimately, long-term approaches likely hold the key to successful treatment of methamphetamine addiction. Recidivism rates are high in methamphetamine cases; as many as 90% of methamphetamine addicts will return to the drug versus much lower rates for other substances. Meanwhile, research demonstrates that brain function following severe methamphetamine abuse does not return to normal for up to one year after the abuse ends.

With that in mind, the State should consider investing in treatment programs with durations of at least 12 months. Residential treatment programs, which provide close monitoring throughout the recovery process, would be preferred over non-residential options.

One idea the State should consider: Launching a pilot program to place non-violent methamphetamine offenders in a residential drug court in order to study the recovery process in a tightly controlled environment. Such a program, if successful, could provide a "blueprint" for effective approaches in dealing with methamphetamine addiction in the future. In some cases, these kinds of innovative initiatives could prove to be more effective and less expensive than simple incarceration.

> ***"A chronic meth user's brain is never the same again. Normal pleasures, like a trip to the beach or a pleasant meal, no longer feel good. You've got to keep using the drug to feel that pleasure, or take the drug to stop the terrible feelings that result."***
>
> ***— Dr. John Averitt, Ph.D.***
> *Psychologist and*
> *Drug Treatment Counselor*
> *Cookeville, Tennessee*

Finally, methamphetamine abuse and addiction — particularly among low-income citizens — represents a serious threat to the health and well being of the state. If proposed TennCare reforms are successful, the State eventually should consider recognizing and reimbursing long-term drug treatment as a public health initiative. ■

The Recommendations

II. Educate communities about the dangers of methamphetamine abuse

Education is the key to prevention and should be considered critical to any effective strategy for dealing with the methamphetamine epidemic. Currently, there is not enough comprehensive publicly available information on the dangers of methamphetamine.

With that in mind, the State of Tennessee should consider launching a broad public awareness campaign that might include videos, informational brochures, posters, radio and TV public-service announcements and billboards.

FACT

The street value of one gram of methamphetamine is about $100 — the same as cocaine. But while the effects of cocaine typically last an hour or two, the methamphetamine high can last six hours or longer.

In developing a campaign, the State should draw on best practices from other states and consider adapting locally produced materials such as the "Meth Prevention Handbook" produced by the 13th Judicial District Drug Task Force in Cookeville. Drawing on best practices and adapting existing materials should prevent unnecessary duplication of effort and expense. Religious, civic, professional, scouting and other organizations should be enlisted to help deliver materials and messages to audiences, young and old.

One strategy the State should pursue in order to reach the largest "at risk" audience: Using the State Department of Education's Safe and Drug-Free Schools and Communities Program to circulate educational materials and messages throughout the school year in every elementary, middle and high school in Tennessee. Children are not expected to master reading or other skills over the course of a single year. Methamphetamine prevention will require a long-term education commitment. ■

The Recommendations

III. Create new penalties and strengthen existing penalties for methamphetamine-related crimes

This year, Governor Bredesen and the General Assembly took a strong "first step" toward a tougher approach to methamphetamine by bringing criminal penalties for possession, with intent to sell or distribute, more closely in line with penalties for cocaine. Moving forward, more needs to be done to send the signal that Tennessee will not tolerate methamphetamine-related crimes.

In particular, clandestine methamphetamine laboratories pose a significant threat to neighborhoods and communities. In order to effectively combat those labs, local law enforcement and district attorneys should be given new legal tools.

First and foremost, the State of Tennessee should establish a clear definition of "methamphetamine manufacturing" that would close a long-standing loophole providing for lighter penalties in cases in which methamphetamine cooks claim they are manufacturing the drug only for personal use. A clear definition of methamphetamine manufacturing also should provide for aggravated offenses in cases in which methamphetamine is produced in public places or in the presence of children, the elderly and the disabled.

In addition to generating toxic emissions and hazardous waste, clandestine methamphetamine laboratories are prone to explode and set fire to properties in which they are being operated as well as adjacent properties. The State should broaden its arson law to provide for the prosecution of methamphetamine cooks who cause dangerous fires and explosions.

Similarly, the State should require physicians, nurses and other health professionals to report methamphetamine-related burns and injuries to local law enforcement. The State should amend its autopsy laws to establish a means for collecting data to determine the extent to which methamphetamine manufacturing is a cause in fire-related deaths.

FACT

Over the course of a year, the typical methamphetamine "cook" will teach 10 others how to make meth.

Law enforcement authorities note that methamphetamine cooks and users sometimes are arrested, released from jail on bond and immediately arrested again for similar offenses. To address this issue, the State should toughen bonding requirements for habitual offenders. The State also should encourage prosecutors and law enforcement authorities to better utilize existing conspiracy laws to combat methamphetamine manufacturing and to increase penalties in such cases. Finally, the State should make it unlawful to use fraudulent means either to pass a drug test or to help someone pass a drug test. ■

The Recommendations

IV. Commit resources to help children harmed by methamphetamine manufacturing and abuse

Methamphetamine abuse and clandestine laboratories pose a significant threat to children in Tennessee. The State Department of Children's Services estimates that more than 700 children are placed in state custody each year as a result of meth lab seizures and incidents. Particularly at risk are infants and toddlers living in homes in which toxic lab emissions and residue settle on floors and furniture.

With that in mind, the State should immediately redouble efforts to communicate and enforce protocols governing the removal and management of children found in methamphetamine lab situations. Moving forward, the State should provide increased resources for DCS and child advocacy centers with an eye toward the communities that are being hardest hit by the methamphetamine epidemic.

> ***"I have seen eight-year-olds who can tell you from beginning to end how to cook methamphetamine, what it looks like and how much it costs. They do not know what they're saying. They just know that methamphetamine is scary and they see their parents in trouble."***
>
> ***— Tammy Walker***
> ***Program Manager***
> ***10th Judicial District***
> ***Children's Advocacy Center***
> ***Athens, Tennessee***

To help guide investments, the State should develop a 95-county index in order to rank the severity of the methamphetamine problem based on measures such as per capita lab seizures and rates of children removed from lab situations. Long-term, the State should intensify its efforts to recruit qualified foster families to care for children in custody. ■

The Recommendations

V. Limit the availability of precursor materials used to illegally manufacture methamphetamine

Pseudoephedrine, a decongestant commonly found in over-the-counter cold and sinus remedies, has emerged as the key ingredient used in the illegal manufacture of methamphetamine.

Nationwide, at least 11 states place restrictions on the sale of products containing pseudoephedrine. The state with the toughest law is Oklahoma, which has ordered all products containing pseudoephedrine to go behind the counter in licensed pharmacies. While certain retailers and pharmaceutical manufacturers are critical of the Oklahoma measure, it is nonetheless producing results. Since its pseudoephedrine law took effect in April 2004, the Sooner State has seen a 50% to 70% decline in methamphetamine lab busts. Federal, state and local law enforcement authorities across the country — and even the White House — now view Oklahoma's law as a model in the fight against methamphetamine.

> ***"We must address the ready availability of products containing ephedrine and pseudoephedrine. If we do not do that, then we have done nothing."***
>
> ***— Paul Laymon***
> ***Assistant U.S. Attorney***
> ***Eastern District***
> ***Chattanooga, Tennessee***

Given the severity of Tennessee's problem, the State should require that all products that contain pseudoephedrine or ephedrine (a related substance) and that are viable in the methamphetamine manufacturing process be sold only behind the counter in licensed pharmacies.

Early evidence suggests that pediatric remedies and products in the form of liquid or gel caps should be exempted because they cannot be easily used to produce methamphetamine.

Purchasers of viable products should be required to present identification at the point of sale and pharmacists should be required to maintain a record of the sale. Moreover, the State should impose limits making it unlawful to sell or possess more than three packets of any viable product containing pseudoephedrine or ephedrine, or quantities of more than nine grams.

Moving forward, the State should implement an administrative system to determine when and if additional products should be subject to restrictions, or when and if restrictions should be removed. The State also should make it unlawful for individuals to possess certain materials and ingredients with the intent to illegally manufacture methamphetamine, and make it unlawful for individuals or businesses to sell certain materials and ingredients knowing they will be used to illegally manufacture methamphetamine.

Ultimately, methamphetamine cooks may continue acquiring large quantities of pseudoephedrine or ephedrine by traveling to neighboring states. Health and law enforcement experts agree the issue of illegal methamphetamine manufacturing cannot be fully addressed without a national policy governing the sale of products containing pseudoephedrine and ephedrine. The Governor and the General Assembly should express the State of Tennessee's desire that the President and Congress consider implementing such a policy. ■

The Recommendations

VI. Address contamination caused by clandestine methamphetamine laboratories

Methamphetamine presents a unique danger to community health and the environment because it often is illegally manufactured in makeshift clandestine laboratories that produce toxic emissions and hazardous waste.

Challenges associated with clandestine methamphetamine laboratories are particularly severe in Tennessee, where labs are encountered on a daily basis by law enforcement in homes, apartments, motel rooms and other locations. From October 2003 to August 2004, law enforcement authorities seized nearly 1,200 labs in Tennessee — a 397% increase from 2000. As a result of the exponential growth, Tennessee accounts for 75% of the methamphetamine lab seizures in the Southeast.

FACT

Every pound of illegally manufactured methamphetamine leaves behind five to six pounds of toxic waste.

Keeping in mind the severity of this problem, the State of Tennessee should develop policies to help address the contamination caused by clandestine laboratories.

First and foremost, the State should establish a "decontamination standard" to determine when a quarantined property is once again safe for human use following the discovery of a clandestine methamphetamine lab. Beyond that, the State should develop clear policies governing clean-up and remediation and should help facilitate training for local law enforcement authorities encountering methamphetamine laboratories.

As an environmental and health initiative, the State should maintain a statewide registry of contaminated properties in which methamphetamine laboratories are discovered.

Finally, as a community service, the State should establish a statewide registry of individuals convicted of illegally manufacturing methamphetamine. These individuals pose a unique threat to neighborhoods and communities. ■

The Recommendations

VII. Improve coordination between federal, state and local stakeholders

Methamphetamine abuse is a national, regional and statewide epidemic. An effective strategy for mitigating this complex problem should include improved communication and coordination between educators, health professionals, law enforcement authorities and other stakeholders at the federal, state and local levels.

With that in mind, the Governor should appoint or identify a "coordinator" within state government to develop and manage the State of Tennessee's methamphetamine abuse policies. This coordinator should maintain a constant dialogue with federal, state and local stakeholders and maintain a central clearinghouse, including a Web site or database, to communicate information on available resources, best practices and recent developments in the areas of prevention, treatment and enforcement. ■

Acknowledgments

The Governor's Task Force on Methamphetamine Abuse gratefully acknowledges the experts (listed on page 7) as well as the following individuals and organizations for their assistance and support:

Phil Bredesen, Governor
John S. Wilder, Lieutenant Governor and Speaker of the Senate
James O. (Jimmy) Naifeh, Speaker of the House of Representatives

Robert Bell, President, Tennessee Tech University
Robert M. Hayes, Superintendent, University of Tennessee West Tennessee Agricultural Experiment Station
Carl Hite, President, Cleveland State Community College
Wade B. McCamey, President, Roane State Community College
Art Walker, President, Motlow State Community College

David Griswold, Assistant Director, Tennessee Bureau of Investigation
Jim Haynes, Director, Division of Superfund, Tennessee Department of Environment and Conservation
Bill Hedge, Fiscal Director, Tennessee Department of Safety
Mike Herrmann, Director, School Safety and Learning Support, Tennessee Department of Education
Jennifer Johnson, Public Information Officer, Tennessee Bureau of Investigation
Rich Littlehale, Special Agent, Tennessee Bureau of Investigation
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Brad Parman, Risk Assesment Coordinator, Division of Superfund, Tennessee Department of Environment and Conservation
Joy Spivey Patterson, Director, Forensic and Juvenile Court Services, Tennessee Department of Mental Health and Developmental Disabilities
Stephanie Perry, Assistant Commissioner, Tennessee Department of Health
Jerry Rudden, Director, Arson Section, Tennessee Department of Commerce and Insurance
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Rachel Woods, Policy Analyst, Office of the Governor
Danny Wright, Director, Tennessee Highway Patrol, Criminal Investigation Division, Tennessee Department of Safety

Hospital Alliance of Tennessee
Southeast Tennessee Methamphetamine Task Force
Tennessee Association of Chiefs of Police
Tennessee Bureau of Investigation
Tennessee County Services Association
Tennessee District Attorneys General Conference
Tennessee District Public Defenders Conference
Tennessee Hospital Association
Tennessee Judicial Conference
Tennessee Medical Association
Tennessee Municipal League
Tennessee Pharmacists Association
Tennessee Retail Association
Tennessee Sheriffs' Association
U.S. Drug Enforcement Administration

Resources

RECOMMENDED READING

Decongestant Sales Being Curbed to Halt Meth Trade, July 6, 2004, report in USA Today.

Drug Abuse in America: Rural Meth, March 2004, report by the Council of State Governments, Lexington, KY.

Fast Facts About Meth, 2004, KCI-The Anti-Meth Site, www.kci.org.

Meth Prevention Handbook, 2004, educational booklet produced by 13th Judicial District Drug Task Force, Cookeville.

Methamphetamine Abuse and Addiction, January 2002, report by the National Institute on Drug Abuse, Rockville, MD.

Methamphetamine Abuse in Tennessee: Trends and Treatment Outcomes, 2004, research report by the Institute for Substance Abuse Treatment Evaluation, University of Memphis.

Methamphetamine: The Challenge to Treatment, May 24, 2004, presentation by Dr. John B. Averitt, Ph.D., Cookeville.

National Drug Threat Assessment, 2004, report by the National Drug Intelligence Center, U.S. Department of Justice, Johnstown, PA.

State Responses to Methamphetamine, August 2, 2004, presentation by Blake Harrison, senior policy specialist, National Conference of State Legislatures, Denver, CO.

Structural Abnormalities in the Brains of Human Subjects Who Use Methamphetamine, June 30, 2004, report in the Journal of Neuroscience.

Tennessee Struggles to Curb Methamphetamine Use: Foster Care System Strained as Few Addicts Beat Odds, August 7, 2004, report in The Boston Globe.

The Methamphetamine Menace, January 2004, report by the National Conference of State Legislatures, Denver, CO.

RECOMMENDED VIEWING

Ice Age: Meth Across America, 2004, education and training video produced by the Multijurisdictional Counterdrug Task Force Training Program, St. Petersburg College, St. Petersburg, FL.

The Governor's Task Force on Methamphetamine Abuse. Authorization No. 315167, 1,000 copies, September 2004. This public document was promulgated at a cost of $2.99 per copy.