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News

May 2007

How Meth Took Hold of an Indian Reservation

Just off the deserted highways, the silver pickup truck eases down quiet streets, its driver offering a numbing tour of a remote reservation framed by the beauty of snowcapped mountains.

There, Leon Tillman says, over there -- the house on the right, a white, two-story building set off by itself. It used to be a big drug house. Now it's shuttered, its owners in prison.

A man dressed in an army green shirt and pants appears on the side of the road, his thumb up, looking for a ride. "That's a meth head," Tillman says. "He's bumming right now." A few more drug houses and Tillman's tour of the despair of methamphetamine ends.

Not long ago, most people here had never even heard of meth. But today, most know someone on meth or in prison because of it. Tillman, 39, knows too many to count. "It's everywhere," he said. Indeed, American Indians have been especially hard hit by meth. Drug cartels have targeted Indian Country because the people are vulnerable, and law enforcement struggles to keep up.

But the story of how meth came to this remote reservation is really quite remarkable. Like a cancer, a Mexican drug gang permeated the reservation and its families. It left behind a landscape strewn with broken lives.

Some 12,000 Indians -- members of the Northern Arapaho and the Eastern Shoshone tribes -- live on 2.2 million acres, an area so vast many homes are separated by miles of barren land.

Poverty and unemployment are high, alcoholism is rampant and the police department is so understaffed -- patrolling such a large area -- that the average response time is 15 to 20 minutes. Jesus Martin Sagaste-Cruz knew that. And he knew the reservation's isolation would

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be perfect for his business. Authorities learned of the Sagaste-Cruz drug ring back in 1997. Sagaste-Cruz and his Mexican gang had already been selling around Indian reservations in South Dakota and Nebraska.

But it was an article in The Denver Post that changed the way they did business. The story talked about how a Nebraska liquor store near the Pine Ridge Reservation in South Dakota did millions of dollars in business. Sales were especially high immediately after Indians received their per capita checks -- their share of their tribe's income. Sagaste-Cruz figured if there were already so many Indians addicted to alcohol, it would be easy enough to addict them to methamphetamine.

So around 2000, the Mexicans moved in and near Wind River Reservation. "They came to a place where people don't have anything," said Frances Monroe, who works in the Northern Arapaho Child Protection Services office.

They started with free meth samples. The men pursued Indian women, providing them with meth even as they romanced them and fathered their children. Eventually, the women needed to support their habit, so they became dealers, too -- and they used free samples to recruit new customers. It was all part of the plan.

For the next four years, the gang sold pounds and pounds of meth, much of it 98 percent pure. The drugs came from Mexico, then on to Los Angeles; Ogden, Utah (where Sagaste-Cruz lived); and finally Wyoming, where gang members had a handful of local distributors, each with their own customer base. Customers became dealers and recruiters, and their customers did the same.

Before, meth was barely mentioned on the reservation. Police reported only sporadic arrests. But now the reservation was saturated with it. Crime soared. From 2003 to 2006, cases of child neglect increased 131 percent. Drug possession was up 163 percent; spousal abuse rose 218 percent.

The Wind River reservation is not alone. The [Bureau of Indian Affairs](#) found that methamphetamine was listed as the greatest threat to Indian communities by police departments.

Mexican drug cartels take advantage of the often complicated law enforcement jurisdictions in Indian Country. Isolated communities are hit the hardest, and sometimes even tribal leaders are not immune, said Heather Dawn Thompson, director of government affairs for the National Congress of American Indians (as reported by the [New York Times](#) on April 29, 2007).

Smugglers Filling Gap in Meth Lab Crackdown

Several of the nation's top law enforcement officials said Thursday that an influx of methamphetamine from Mexico is overshadowing their recent success in curtailing homegrown meth labs and is fueling a crime wave caused by addicts who can stay awake for days.

At a daylong conference devoted to the topic, attorneys general from Virginia, Maryland and six other states met to learn about the problem and share strategies for combating methamphetamine use and trafficking.

"I think my colleagues would agree, it is probably the ugliest drug that has come down the pike in 40 years," said Virginia Attorney General Robert F. McDonnell (R), who hosted the conference. "It is highly addictive. It is poor man's crack."

Known by a variety of names, including crystal, ice and crank, the drug has traditionally been made in homegrown labs because it is easily produced by mixing and cooking over-the-counter medicines and other household chemicals. The labs had been associated with increasing crime and addiction rates in many rural communities.

But state and federal authorities say they have made significant progress in cracking down on those labs, in large part by approving laws restricting the sale of the products used to make the drug.

Now, however, Mexican drug gangs have stepped in and are mass producing the drug and smuggling it over the border. It often ends up in Atlanta, where it is then distributed to cities up and down the East Coast, the attorneys general said.

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McDonnell estimates 80 to 90 percent of meth found in Virginia now comes from Mexico. The drug labs that once dotted rural Virginia are now largely gone, he said.

But the crime associated with Mexican meth appears to be worsening, officials said. Because the drug can keep users up for extended periods of time, law enforcement officials say some get bored and start committing computer crimes such as identify theft. The drug is also being linked to a surge in sex offenses, officials said.

And unlike the crack epidemic in the 1980s, which was largely confined to cities, law enforcement officials say meth users spans all geographic, cultural and economic backgrounds. A 2004 study estimated that 12 million Americans, about 5 percent of the population, admitted to using the drug.

"It is spread between rural areas, suburban areas and cities throughout all of our states," said Maryland Attorney General Douglas F. Gansler (D).

"If you are not seeing it in your state, hold on. It's coming," said Georgia Attorney General Thurbert E. Baker (D).

The attorneys general said they plan to work with the Bush administration to develop strategies for limiting the amount of the drug that is flooding across the Mexican border. McDonnell said they would also look at "tough, rock solid law enforcement strategies."

But in an acknowledgement that past get-tough approaches may not have always worked, the attorneys general say they also want to push for more funding for drug treatment.

"Even as we are doing everything we can from the law enforcement aspect, we have a generation of addicts out there," said Kentucky Attorney General Gregory D. Stumbo (D). "We don't have adequate treatment facilities. We know how to put people in jail but I think we all need to recognize there is more to this problem than incarceration" (as reported in the [Washington Post](#) on April 12, 2007).

Breaking the Cycle of Methamphetamine Addiction in Alaska

Methamphetamine addiction is becoming such a problem in Alaska, the state is now working to combat it with a statewide media campaign, in hopes of stopping meth use before it starts.

Once addicted, the drug can take years to recover from. But there are success stories. CBS 11 News met one young woman whose meth addiction took over her life and almost killed her. Now, she is finally on the road to recovery.

At only 19-years-old, Madison has been through more than most people deal with in a lifetime; she's recovering from a crystal meth addiction. "It made me feel like superman, invincible, like nothing could stop me. I could go and go and go, and not have to sleep. I could sleep when I die or whenever," said recovering meth addict, Madison.

Madison says she has been doing drugs for as long as she can remember. When she was just 13-years-old, she tried meth for the first time. "I'd done coke; I done oxy's; I smoked pills; smoked weed. Done everything else, and that was like the last stop to it. I just wanted to try it. And when I tried it, I liked it. And I just ran with it," said Madison.

Madison smoked and snorted meth in bathrooms, in cars and in the woods--anywhere she could get it, Madison used the drug. She used it even though it was ruining her life.

"It made me feel good at first. And then I would go home and look in the mirror and cry, because I didn't like what I saw. I didn't like what was going on around me. People were dying around me, and I could see myself dying. And at times, that's all I wanted to do. I just wanted to lay down and die," said Madison.

Her family didn't let her die. They begged her to stop. But she didn't listen, so they took drastic measures. "They took me to the graveyard and were like, 'This is where you are going to end up, if you don't stop.' And I didn't believe them. I didn't want to hear what they were saying. That drug literally kills you from the inside out. And then it

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spreads out to your family and the people you love," said Madison.

At 18-years-old, Madison went to jail: picked up for a meth-induced rampage. Soon after, she got into the residential drug treatment program at Akeela. That's when she says her life finally started to turn around.

Now she has her GED, a part-time job and a handle on her meth addiction. "I'm a drug addict; cravings are going to come and they are going to go. But it's how I deal with them that is the important thing. I can't just sit in a corner and feed off that. Because if I do, that will be what makes me go and use," said Madison.

To get through those cravings, Madison talks to people, listens to music, asks for help and takes her recovery one day at a time. "I still got a little ways to go, but that's OK. I'm pretty content with that right now. I'm happy. This isn't the end of the road. It is actually just the beginning," said Madison.

There are thousands of Alaskans--young and old--just like Madison, whose lives are being devastated by meth.

Drug treatment program officials say there isn't enough money to give all of them the treatment they need and deserve. That's why they're calling on the legislature to give a lot more state funds for drug and alcohol treatment.

As for Madison, she is looking ahead. Now that her addiction is under control, she plans to go to college to learn creative writing and radio broadcast (as reported by [KTVA 11 News](#) in Alaska).

Study: Meth Use in Rural Areas Riskier

Methamphetamine abusers in rural areas have more medical and psychiatric problems that may inhibit recovery than their urban counterparts, according to a new study that compares the two groups.

Experts say the findings are unsettling because rural addicts have limited access to treatment facilities and health professionals.

"Rural methamphetamine is worse in a lot of respects," said lead researcher Dr. Kathleen Grant, who works at the Omaha VA Medical Center and the University of Nebraska Medical Center. Meth is an addictive stimulant that can be prepared or "cooked" in makeshift labs with over-the-counter cold tablets, common household chemicals and fertilizers.

According to the 2004 National Survey on Drug Use and Health, about 11.7 million Americans ages 12 and older said they've tried methamphetamine and 1.4 million said they'd used it in the past month.

The study, funded by the state, compared addicts from a 20,000-square-mile region who sought help at the nearest treatment facility in Grand Island with those living near and seeking help in state's two largest cities, Omaha and Lincoln. In all, 172 meth abusers were interviewed between July 2004 and July 2005.

The study showed that rural addicts began using meth at a younger age, were more likely to use the drug intravenously and were more likely to also be dependent on alcohol or cigarettes. They also exhibited more signs of psychosis than urban addicts _ 45 percent vs. 29 percent, according to the study.

Grant said the findings, released in the March/April edition of *The American Journal on Addictions*, suggest rural addicts are at higher risk for psychiatric and medical problems such as infectious diseases and lung and liver cancer.

That's troubling, she said, because addicts living in rural areas have less access to care _ because of distance and transportation issues _ than those living in cities.

"These people continue to slide into addiction and are not able to get the treatment they need," said Dr. Jennifer Sharpe Potter, an opiate specialist at Harvard-affiliated McLean Hospital in Belmont, Mass.

She said meth addiction is difficult to treat because there are few treatment options available, and often the options that work best are not available in rural areas. That points to what she calls a long-standing problem that reaches beyond drug treatment: the availability of health care services in rural areas.

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Recovering meth addict Barry Schmidt, 49, said he had to move from Fort Dodge, Iowa, to Omaha in order to get the help he needed to overcome a lifetime of drug and alcohol abuse. He left his wife and gave up seeing his father, who lives in a nursing home there.

"I changed my playground, playmates and playthings," he said. It was hard, but something he said was necessary to get over his addictions.

Schmidt said he's been in treatment 19 times over the past 30 years, the first time when he was 19. His environment and a lack of recovery support were obstacles to staying clean, he said.

But things have been different in Omaha. Schmidt said he's graduated from the VA hospital's treatment program and attends six to seven recovery meetings a week.

He credits those meetings and the people he meets there with his success so far.

"I know that if I called any one of them at any given time and said I'm thinking of using and I'm in a bad place, they'd be there for me" (as reported by the [Associated Press](#) on April 24, 2007).

Ad Campaign Reveals Horrors of 'Devil's Drug': 10 Arizona Counties Banding Together to Prevent Meth Use

A blond girl getting ready for a night out recoils in terror as she sees an image of herself as a bruised, bleeding addict huddled on the shower floor.

An agitated boy runs through a laundry facility, attacking people and demanding money, when he encounters his former self and screams, "This wasn't supposed to happen!"

These are just some of the graphic images that are part of an ad campaign hitting the airwaves, billboards and newspapers today to show the real-life horrors of methamphetamine use.

The campaign, called the Arizona Meth Project, is a collaborative effort among 10 counties to saturate the

media with startling anti-meth messages that authorities hope will convince teens not to try the drug - "not even once."

"I think it could have an impact. This is more honest and more effective. Instead of just saying 'don't,' it shows what will happen," said 14-year-old Daniel Williams, who was one of 28 Scottsdale middle-school students allowed to preview the ads Tuesday.

The graphic ads got their start as part of the Montana Meth Project, an in-your-face campaign launched two years ago. Organizers in Montana say the media and educational blitz has dramatically reduced meth-related crime and changed attitudes.

Some experts believe meth is the most addictive drug available. According to the National Institute on Drug Abuse, it takes the human body about 12 hours to remove about 50 percent of the methamphetamine, compared with only one hour for cocaine.

Meth use and distribution touch nearly every segment of society. More than half of domestic-violence cases involve meth, and the drug is present in two-thirds of cases in which Arizona children are abused or neglected. Seventy percent of Arizona counties report that robberies and burglaries have increased because of meth use.

More than half of the youths jailed by the Arizona Department of Juvenile Corrections have a history of meth use. Among users, 84 percent said they regularly did meth and half were under the influence of it when they committed their crimes.

In Arizona, marijuana and alcohol remain, by far, the drugs of choice for youths. But 4.3 percent of teens ages 13 to 17 said they've tried meth, according to the 2006 Arizona Youth Survey. That's double the national average.

"Methamphetamine is the most serious threat to your safety," Attorney General Terry Goddard told Cocopah Middle School students on Tuesday. "It's out there; it's causing a lot of problems for us, and we need your help to stop it. We know we already have a problem that's bordering on getting out of control."

Arizona Meth Project ads will air between 7 p.m. and

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midnight on stations that cater to younger audiences, including CW, MTV and Comedy Central. On radio airwaves, Arizona young people will share their addiction and recovery stories during peak drive times and on weekends.

Strong reactions to the ads have played out in Montana, according to its attorney general's 2007 Trends and Impact Report. For the first time, meth use and associated crime in Montana had declined. Law enforcement and workplace drug-testing data showed a 41 percent decrease in criminals testing positive for meth and a 70 percent drop in workers testing positive for it. The report also showed that 93 percent of teens said meth carried a greater risk than any other drug if used just once.

Melissa, 24, knows the pull of meth. She first tried it on her 18th birthday and dropped out of school within six months because "it became more important for me to stay home and get high."

Her experience will likely be broadcast in the second series of radio ads for the Arizona Meth Project. Hers is a story of stops and starts, like an on-again/off-again relationship. But the cycle stopped when, instead of snorting or eating it, she started to smoke meth. "That's when I got hooked," she said. "I lost my house. I lost my car. I lost my family. I lost everything."

Melissa spent the next three years living on the streets or with friends when she wasn't in jail for shoplifting, identity theft or car theft. In that time, she got close to a dealer and stayed in an abusive relationship to ride the high. "It grabs you and takes you down," Melissa said. "They don't call it the devil's drug for nothing."

Her parents intervened in May 2005 by helping get her into a four-month rehab in Oklahoma and another four-month stint in Pennsylvania. She now is clean, living in Casa Grande, and studying psychology at Central Arizona College with plans to transfer to Northern Arizona University.

Melissa says her path may have been different if she had known about the effects of meth six years ago. "I went through D.A.R.E. (Drug Abuse Resistance Education program). I knew drugs were bad for you, but I didn't think it would be me," she said.

"The ads are so blunt, and they're just out there and really hard to ignore" (as reported by the [Arizona Republic](#) on April 18, 2007).

Mexican Labs are Making, Importing a New and Stronger Methamphetamine

In rural Cumberland County, Tenn., sheriff's deputies are trying to stop the spread of "ice," the latest illegal drug to sweep the country.

"It's definitely a problem, says Deputy Al Seitner." "It's getting worse and worse every day."

"You can get it on any corner today, and kids are starting to use it younger and younger," says former meth addict Jeff Bodine.

Ice is a powerful form of the stimulant methamphetamine and is very addictive. Dr. Mary Holley, the director of Mothers Against Methamphetamine, says it quickly damages the brain. "The very first time you use ice methamphetamine, it damages and destroys the cells that give you control over your life," Holley says.

In the last few years, through arrests and laws restricting chemicals used to make methamphetamine, authorities were able to dramatically reduce meth labs in the United States. But now, those efforts around the country are being undercut by Mexican drug traffickers, who are mass-producing ice in big labs south of the border, then smuggling it throughout the U.S.

Drug agents raided a "superlab" near Guadalajara and in Mexico City seized \$205 million allegedly used to buy ice raw materials from Chinese smugglers.

But the Mexican traffickers are undeterred and are moving east, making Atlanta a major U.S. distribution hub. "We are a source city for as far north as New York, New Jersey, Boston," says Sherri Strange, a special agent with the Drug Enforcement Administration in Atlanta.

For Cumberland County, Tenn., Sheriff Butch Burgess, the Mexican traffickers bring new problems. "Different

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language, different nationalities, and it's something we've got to catch up with," Burgess says.

The DEA says 80 percent of all meth consumed in the U.S. comes from Mexico now. And the newest form, ice, is spreading fast (as reported by [NBC News](#) on March 29, 2007)

Studies/Reports

Preliminary Report: Nevada Governor's Working Group on Methamphetamine Use

This [Preliminary Report](#) developed by the Nevada Governor's Working Group on Methamphetamine is designed to provide the Nevada Governor and 2007 Legislature with information and recommendations to address the negative impacts methamphetamine use and distribution are having on the state.

Virginia Child Protection Newsletter (VCPN) Volume 79

This edition of [VCPN](#) published by the James Madison University Department of Psychology, contains articles on "Methamphetamine and Child Maltreatment," "Treatment for Methamphetamine," and "Methamphetamine Use During Pregnancy."

The War on Meth in Indian Country

This article in Weed & Seed InSites Magazine published by the [Community Capacity Development Office \(CCDO\)](#) features information about the impact methamphetamine has had on Indian Country and what is being done to address meth-related problems in tribal communities.

Resources

Responding to Methamphetamine in the Community Conference Presentations

Douglas and Cobb County, Georgia worked together to hold the "Responding to Methamphetamine in the Community: Tools, Techniques and Resources" conference in Atlanta on April 26. The counties have

created a [conference website](#) where their presentations from the conference are now available.

Meth: the Oregon Front

This [site](#) highlights an Oregon Public Broadcasting series of TV, radio and online programs to help Oregonians find solutions to the methamphetamine problem. Additionally, an updated (created in 2007) program regarding meth in Oregon is included.

Surveys

NACo's Criminal Effect of Meth on Communities Survey Available

If you are interested in obtaining a hard copy of our July 2006 survey exploring the impact of meth use on local criminal justice systems and the communities they serve, we have a number of copies. To obtain the survey please just contact Justin Carmody at jcarmody@naco.org or (202) 942-4279 giving your address and number of copies you would like to receive.

Montana Meth: Use & Attitudes Survey

This [report](#) presents findings from a statewide survey measuring attitudes and behaviors towards methamphetamine in Montana.

Funding

Request for Applications: Access to Recovery

Substance Abuse and Mental Health Services Administration (SAMHSA)

This [RFA](#) announces the availability of funds for the ATR grant program. The ATR grants provide funding to States, Tribes, and Tribal organizations to carry-out voucher programs for substance abuse clinical treatment and recovery support services. Applications due: June 7, 2007.

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SAMHSA to Fund 15 Addiction Technology Transfer Center (ATTC) Grants

Substance Abuse and Mental Health Services Administration (SAMHSA)

This press release announces the [availability of funds](#) for ATTCs, which assess the training/development needs of the substance use disorders workforce and develop and conduct training and technology transfer activities to promote the adoption of evidence-based practices in treatment. Applications due: June 1, 2007.

The purpose of this monthly electronic newsletter is to provide county officials, administrators, criminal justice and mental health professionals, and other interested parties relevant information on the nation's methamphetamine problem. Information is gathered from many sources each month through a grant from the Bureau of Justice Assistance.

If you have questions or comments regarding the content of this newsletter, please send a message to jcarmody@naco.org.

Events/Training Opportunities

Clandestine Drug Lab Decontamination Training

*Meth Lab Cleanup LLC. Date: August 16-17, 2007.
Location: Sacramento, California.*

This [training](#) will provide attendees with a comprehensive understanding of drug lab clean up and safety.

The National Association of Counties (NACo) is the only national organization that represents county governments in the United States. Founded in 1935, NACo provides essential services to the nation's 3,066 counties. NACo advances issues with a unified voice before the federal government, improves the public's understanding of county government, assists counties in finding and sharing innovative solutions through education and research, and provides value-added services to save counties and taxpayers money. For more information about NACo, visit www.naco.org.