THE METHAMPHETAMINE SUMMIT

A PROCESS IN COLLABORATION AND DECISION MAKING

A Guide for Law Enforcement, Community Policing Advocates, and Community Stakeholders

Edited by Heidi Deutch

SAI LLC
FROM VISION TO RESULTS

COPS
COMMUNITY ORIENTED POLICING SERVICES
U.S. DEPARTMENT OF JUSTICE

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About COPS

The Office of Community Oriented Policing Services (the COPS Office) is the component of the U.S. Department of Justice responsible for advancing the practice of community policing by the nation's state, local, and tribal law enforcement agencies through information and grant resources. The community policing philosophy promotes organizational strategies that support the systematic use of partnerships and problem-solving techniques to proactively address the immediate conditions that give rise to public safety issues such as crime, social disorder, and fear of crime. In its simplest form, community policing is about building relationships and solving problems.

The COPS Office awards grants to state, local, and tribal law enforcement agencies to hire and train community policing professionals, acquire and deploy cutting-edge crime-fighting technologies, and develop and test innovative policing strategies. The COPS Office funding also provides training and technical assistance to community members and local government leaders and all levels of law enforcement.

The COPS Office Methamphetamine grants help state and local law enforcement agencies reduce the production, distribution, and use of methamphetamine. COPS Methamphetamine grants awarded since 1998 total more than $448 million. These innovative community policing grants encourage recipients to develop partnerships with such entities as community leaders, local fire departments, drug courts, prosecutors, child protective services, treatment providers, and other law enforcement agencies to create a coordinated response to methamphetamine proliferation. COPS grants have funded equipment, training, and personnel to improve intelligence-gathering capabilities, enforcement efforts, lab clean-up, training related to drug endangered children, and the prosecution of those who engage in methamphetamine-related crimes. Additionally, the COPS Office has provided more than $120 million to the Drug Enforcement Administration (DEA) for clandestine meth lab clean-up, specialized enforcement training, and statewide methamphetamine summits.

Since 1994, the COPS Office has invested more than $16 billion to add community policing officers to the nation's streets, enhance crime fighting technology, support crime prevention initiatives, and provide training and technical assistance to help advance community policing. More than 500,000 law enforcement personnel, community members, and government leaders have been trained through COPS Office-funded training organizations.

The COPS Office has produced more than 1,000 information products—and distributed more than 2 million publications—including Problem Oriented Policing Guides, Grant Owners Manuals, fact sheets, best practices, and curricula. And in 2010, the COPS Office participated in 45 law enforcement and public-safety conferences in 25 states in order to maximize the exposure and distribution of these knowledge products. More than 500 of those products, along with other products covering a wide area of community policing topics—from school and campus safety to gang violence—are currently available, at no cost, through its online Resource Information Center at www.cops.usdoj.gov. More than 2 million copies have been downloaded in FY2010 alone. The easy to navigate and up to date website is also the grant application portal, providing access to online application forms.

About Strategic Applications International

The mission of **Strategic Applications International (SAI)** is to pursue great ideas, promote action, and effect change with demonstrated results. SAI is committed to the highest quality of program development, implementation, and evaluation whether designing a violence prevention strategy for a small community coalition, developing a global workplace substance abuse prevention strategy for a multinational company, or revamping educational systems. James and Colleen Copple founded Strategic Applications International (SAI) in 2003 after over 50 years of combined work in coalition building, crime prevention, strategic planning, and policy advocacy. Before founding SAI, the Copples led the fight against methamphetamine and developed the Methamphetamine Summit approach through various organizations, including Community Anti-Drug Coalitions of America, the National Crime Prevention Council (NCPC), and the Pacific Institute for Research and Evaluation.

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Letter from the Director

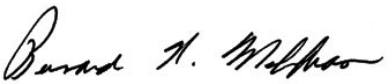
Dear Colleagues,

At the COPS Office we talk of building relationships to solve problems as the cornerstone of community policing. In order to understand and address the underlying causes of crime and disorder problems, we must have the right stakeholders at the table and a strong commitment to collaborate. We must put the needs of our community's well-being above those of our individual agencies, and work together to find the sustainable solution.

This model of collaborative problem solving is particularly important when we face community problems that are not simply crime problems, but also public health and child-welfare problems. The story of Methamphetamine in this country is one of illicit activity, child abuse and neglect, environmental damage, and addiction. No one agency can begin to tackle a problem that wide ranging in its effects; collaboration across disciplines is imperative.

Systematic collaboration that can produce meaningful results is possible. This publication documents the history and lessons learned by James and Colleen Copple over ten years work building state and local collaborations around the problem of Methamphetamine. Their summit approach, and the refinements realized through the COPS-sponsored Eight State Methamphetamine Initiative, is presented here as a model of how partnerships—both public and private—are central not only to how we confront the criminality of Methamphetamine, but are key to how our communities effectively address both the cause and effects of any drug of abuse.

Sincerely,



Bernard K. Melekian, Director
Office of Community Oriented Policing Services

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Foreword

When the recent surge of methamphetamine use first appeared in the late 1990s, the nation was caught by surprise. Law enforcement officials, drug trend experts, and prevention and drug treatment specialists were unprepared to confront the highly addictive and easily "homegrown" substance. Although the Drug Enforcement Administration (DEA) warned stakeholders that methamphetamine was no longer confined to the west coast but was rapidly moving into the Midwest and the South, few policymakers listened. Soon states other than California realized that methamphetamine could be easily produced using over-the-counter materials in makeshift clandestine labs.

While methamphetamine was similar to other illegal drugs in generating violence, crime, and addiction, methamphetamine is distinct from other drugs in two aspects: meth labs pose nightmarish levels of long-lasting environmental damage, and there isn't a "typical" methamphetamine user. Meth labs emit highly toxic fumes and involve volatile chemicals that cause severe injury or death if inhaled or touched, and are prone to fire and explosions. Once methamphetamine has been produced, the remaining waste and by-product residue pose an entire new level of hazard. The extensive environmental damage requires a response from biologists, ecologists, and toxic waste impact and disposal specialists. Chemical residues left behind cause chemical burns, upper respiratory problems, cold and flu-like symptoms and in some cases, death. Children who are living within the general area of a lab are especially vulnerable.

Methamphetamine remains one of the most addictive drugs in the United States. Although it is notable for its disproportionate use and proliferation among "Soccer Moms" and the gay male population, methamphetamine is unique among illicit drugs because it is able to penetrate into communities with little to no prior history of use. Traditionally, drugs have a niche market with a community. Methamphetamine, on the other hand, has no target population. It is easily available to anyone, regardless of the user or their socio-economic or cultural background. The ability to spread to new populations has made methamphetamine use unique among drug epidemics in terms of the far-reaching impact of the drug.

Dealing with the methamphetamine epidemic requires a level of coordination and cooperation never before necessitated by any previous drug epidemic. In 2000, James and Colleen Copple, then employed at National Crime Prevention Council (NCPC), stood at the center of a large consortium of resources assembled to address the rising tide of methamphetamine use that was swallowing individuals, families, and communities in mostly rural areas. They responded by spearheading a series of "Meth Summits" in over 25 states across the nation, which pulled together individuals and key stakeholders from diverse sectors in their respective communities. The Meth Summits evolved out of collaboration between the NCPC and the Drug Enforcement Administration (DEA), with funding support from the Office of Community Oriented Policing Services (the COPS Office). As innovative solutions began to appear and synergistic partnerships were formed, the Copples began to document them as a road map for others to use. The Meth Summits would ultimately produce some of the finest best-practice approaches to deal effectively with any drug of abuse.

This document represents a culmination of lessons and innovative strategies that emerged not only from the Meth Summits, but also from the efforts of many individuals and organizations working on the front lines of methamphetamine policy, legislation, and service delivery for the past five decades.

I. Methamphetamine: An Overview

The geographic growth of the methamphetamine epidemic resembles the spread of a powerful and resistant virus. Methamphetamine use in the United States can first be traced back to the 1940s in Allentown, Pennsylvania and the surrounding area. In the 1960s methamphetamine spread west to California, along with biker gangs, and continued to thrive amidst this somewhat nomadic population for decades. Its use and production then grew from hot spots in California and Washington State to widespread use in rural communities in the center of the United States. From there, methamphetamine use then spread in waves toward each coast.

From Biker Gangs to Soccer Moms, Gay Men, and Virtually Anyone

In the late 1990s methamphetamine infiltrated the more mainstream population, and two new and very different groups of methamphetamine users emerged: "Soccer Moms" and gay men. The disproportionate use of methamphetamine among these two populations captured the attention of both policymakers and the media. Among young gay men, meth is known as a designer drug that induces euphoric sex. Trail mixing—mixing Viagra and methamphetamine—became popular, but the protracted, and often unprotected sex increased their risk of contracting HIV/AIDS. Although the epidemic never fully infiltrated the east coast, pockets of use proliferated in urban areas with large gay male populations.

Current usage patterns show that methamphetamine is returning to its "rural roots," including tribal communities, as well as becoming localized in specific urban populations—in particular, the Lesbian, Gay, Bisexual, and Transgender (LGBT) population. In working-class rural communities, it provides a cheap, easily accessible high. Nevertheless, and despite the popular stereotype that meth is the "poor white man's crack," methamphetamine users are not confined to specific groups. Methamphetamine has no target population, as its long lasting high and ease of access has enabled the drug to spread to new populations.

There is some good news. Researchers and treatment experts have changed their opinion on methamphetamine addiction. Now researchers believe that addiction to methamphetamine can be successfully addressed with highly potent and effective treatment approaches. Using a combination of individual, family, and community approaches, recovery from methamphetamine abuse and addiction can and does occur. Dr. Rick Rawson, a neuroscientist and researcher with the University of California at Los Angeles, has studied methamphetamine and the effectiveness of treatment on individuals addicted to meth.

Dr. Rawson's research shows that methamphetamine addiction can be treated successfully when special consideration is given to the individual characteristics of the addict. For example, different approaches are more effective for female methamphetamine users, individuals with co-occurring mental illness, individuals under the age of 21, and individuals with other health issues such as HIV/AIDS and/or hepatitis. The method and frequency of use is also important as injection and high dose users respond differently to treatment.[1] Multiple treatment approaches are important to ensure that methamphetamine users have the best opportunity for treatment success.

A Uniquely Dangerous Drug

According to National Drug Threat Survey (NDTS) 2006 data, 38.8 percent of state and local law enforcement officials nationwide report methamphetamine as the greatest drug threat to their areas, a higher percentage than for any other drug.[2] The number of people using methamphetamine is lower, however, than other drugs. So how could it rate so high as a threat? The dangers of using methamphetamine are only the tip of the iceberg.

First, the ease in which meth labs are set up drives community concern. Labs can be created overnight by dealers and traffickers in everyday locations such as apartments, hotel rooms, rented storage spaces, and trucks. Neighbors may not even be aware that a lab exists next door. And yet the health risks are substantial. Substances used in the actual methamphetamine production process include various acids, sodium hydroxide, flammable solvents, anhydrous ammonia, lithium and sodium metals, red phosphorus, and propane cylinders. Some of these highly toxic chemicals are flammable, and the improper storage, use, or disposal of such chemicals often leads to fires and explosions. Once the methamphetamine has been produced, the remaining waste and by-product residue are often flushed down kitchen sinks, poured into rivers and streams, dumped, buried, or simply abandoned. Contaminated glass vials, hypodermic needles, and other hazardous debris are also commonly found. The result has lead to contamination of community water sources and other environmental damage.

1 Rawson, Richard A. 2009. "Critical Clinical Challenges: Cognition, Sexual Behavior, Violence, and Clinical Approaches." Presentation, Medford, Oregon. November 10. Available at www.uclaisap.org/slides/presentations-rawson.html

2 National Drug Intelligence Center. 2006. "National Methamphetamine Threat Assessment" (Johnstown, PA: U.S. Dept. of Justice, Nov.), p. 1. www.justice.gov/ndic/pubs21/21821/21821p.pdf

Second, disposing of meth lab waste is extremely difficult, dangerous, and costly for local authorities. For every pound of methamphetamine produced, an estimated six pounds of waste is generated. The resulting clean-up cost is high. The DEA's annual cost for clean-up of clandestine laboratories (almost entirely meth labs) in the United States has increased from $2 million in FY1995 to $23.8 million in FY2002. In 2002, California alone spent $4,974,517 to remediate meth labs and dumpsites.[3] Proper disposal of all methamphetamine products and bi-products is critical for public health and environmental protection. The cost to clean up a single meth lab is estimated at $25,000. This figure accounts only for cleaning up the residual contamination—which is limited to the removal of the chemicals and glassware—and the remediation of property. This figure doesn't take into account the cost of providing the necessary law enforcement, environmental experts, public health, and social service providers that are often required to close and remediate a meth lab.

Third, children in the vicinity of a meth lab are exposed not only to abuse and neglect, but to fires, explosions, and toxic chemicals. In 2009, 980 children were reported to the El Paso Intelligence Center (EPIC) as present at or affected by meth labs, including eight who were injured and two who were killed at the laboratories. This statistic does not include children killed by random gunfire associated with drug activity or who were physically or sexually abused by a "caretaker" involved in drug trafficking or under the influence of drugs.[4]

Nevertheless, some have criticized the strong response to methamphetamine. There are concerns that policymakers are applying a double standard to methamphetamine abuse. Lawmakers in both parties consistently characterize meth addicts in more sympathetic terms than they describe crack addicts, and they are showing far less enthusiasm for imprisoning users than at the height of the crack problem two decades ago. "The difference is, meth is a white drug," says Daniel F. Wilhelm of the Vera Institute of Justice, a New York nonprofit organization that seeks to reduce racially disparate prosecutions.[5] The approach of Strategic Applications International (a consulting group started by the Copples), however, has been to use the attention the methamphetamine crisis is getting to advocate for better drug policy

3 National Drug Threat Assessment. 2004. (Johnstown, PA: National Drug Intelligence Center, April 2004), p. 18. www.justice.gov/ndic/pubs8/8731/8731p.pdf

4 U.S. Department of Justice, National Drug Intelligence Center. National Drug Threat Assessment. 2010 p. 5 www.justice.gov/dea/concern/18862/ndic_2010.pdf

5 Stern, Seth. 2006. "Meth Vs. Crack: Different Legislative Approaches." CQ Weekly (US). June 5.

in general. "If the media and policymakers are focused on meth, let's use the opportunity to have an effect on the policies and treatment approaches for all drugs," Jim Copple asserts. For him, the methamphetamine crisis is a case study for innovative solutions to complex drug problems generally. If these new solutions are successful, the approach should be "scaled up." Scaling up includes not only applying the successful solutions to more communities, but also to a wider range of drugs.

"Smurfing" Evades Controls

The Combat Methamphetamine Epidemic Act of 2005, which regulates retail over-the-counter sales of ephedrine, pseudoephedrine, and phenylpropanolamine products, limited the production of methamphetamine in many clandestine labs across the country. The Act required pseudoephedrine products to be moved behind the counter, set daily and monthly limits on the amount that can be sold to any one customer, and required retailers to keep a log of sales.

But methamphetamine users quickly learned to evade these controls by making purchases in several different stores—a practice known as "smurfing." In an effort to avoid having more stringent controls placed on the drug, the pharmaceutical industry is lobbying Congress to require electronic tracking of pseudoephedrine sales, as some states already do. This makes it harder for an individual smurfer to collect large quantities of the drug. Nevertheless, methamphetamine suppliers get around the tracking system by banding together in cooperatives, with each member buying pseudoephedrine products in amounts small enough to evade detection. These group smurfers then contribute their portion to the pot in exchange for cash or a share of the cooked-up meth. Or, in the west, they feed the "super labs" run by drug trafficking organizations in central California. The increase in domestic methamphetamine production in 2008 and 2009 was fueled primarily by individual and criminal groups that organized pseudoephedrine smurfing operations to acquire large amounts of the chemical.[6]

6 U.S. Department of Justice, National Drug Intelligence Center. National Drug Threat Assessment. 2010 p. 35 www.justice.gov/dea/concern/18862/ndic_2010.pdf

Unfortunately, as the supply of chemicals became harder to come by, other techniques emerged to provide a steady supply of less expensive and very potent meth. The new, insidious and more clandestine production technique known as the "One-Pot" or "Shake and Bake" method shrinks an entire clandestine lab into a single bottle. The one bottle "recipe" creates a portable lab designed to evade law enforcement. Some argue that the only effective solution is to return pseudoephedrine to its prescription-drug status, as Oregon did more than four years ago, enabling the state to eliminate smurfing and nearly eradicate meth labs. This is part of the reason that Oregon recently experienced the steepest decline in crime rates in the 50 states. In 2010, Mississippi also passed a law requiring a prescription to get pseudoephedrine. Since July 2010, the number of meth labs in that state has fallen by 65 percent.[7]

Methamphetamine Resurgence

At the end of 2010, the methamphetamine epidemic, which peaked by 2005 and dropped to pre-2002 levels in 2008, re-emerged. From mid-2008 through 2009 methamphetamine availability increased in the United States. Drug availability indicator data show that methamphetamine prices, which peaked in 2007, declined significantly during 2008 and 2009, while methamphetamine purity increased.[8] This may seem puzzling, given that law enforcement pressure and strong precursor chemical sales restrictions have achieved marked success in decreasing domestic methamphetamine production. Mexican drug trafficking organizations, however, have exploited the vacuum created by rapidly expanding their control over methamphetamine distribution—even to eastern states. NDIC reports that "methamphetamine availability in the United States is directly related to methamphetamine production trends in Mexico."[9] In fact, 2007 drug and lab seizure data from the DEA suggests that approximately 80 percent of the methamphetamine used in the United States originates

7 Bovett, Rob. 2010. "How to Kill the Meth Monster." Op-Ed *New York Times*. Published: November 15. www.nytimes.com/2010/11/16/opinion/16bovett.html

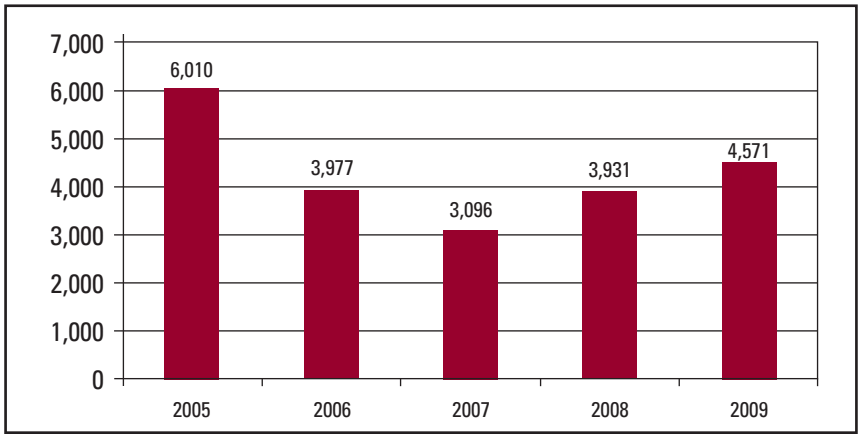
8 U.S. Department of Justice, National Drug Intelligence Center. National Drug Threat Assessment. 2010 p. 32 www.justice.gov/dea/concern/18862/ndic_2010.pdf

9 U.S. Department of Justice, National Drug Intelligence Center. National Drug Threat Assessment. 2010 p. 32 www.justice.gov/dea/concern/18862/ndic_2010.pdf

from larger laboratories operated by Mexican-based syndicates on both sides of the border, and that approximately 20 percent of the methamphetamine consumed comes from small toxic labs (STLs) in the United States.[10]

Mexican Cartels have increased production by overcoming the Mexican Government ban on the importation and use of pseudoephedrine (PSE) by using Central American cutouts for Asian PSE suppliers. According to the United Nations World Drug Report, "Methamphetamine precursors are increasingly being trafficked to Central and South America to manufacture drugs for the North American market."[11] While rates of use have decreased according to national and state surveys conducted by the University of Michigan and SAMSA in 2008, the disproportional impact of methamphetamine trafficking and use on public safety, the environment, and community well-being, continues. Seizures of Mexican produced methamphetamine along the U.S. southwest borders increased to unprecedented levels, and prices are dipping to 2004 levels. All are indicators of a potentially growing and persistent threat. Figure 1 shows National Drug Intelligence Center (NDIC) data on the rise in meth lab seizures since 2007. Similar data from the NDIC shows an increase in methamphetamine seizures at the southwest border during the same timeframe.

Figure 1. Meth lab seizures: 2005–2009



Source: National Drug Intelligence Center 2010 Threat Assessment and National Seizure System

10 DEA. 2007. "Drug Enforcement Administration Drug Threats and Enforcement Challenges." Attachment to the DEA Congressional Testimony of The Honorable Karen P. Tandy, Administrator. April 19. www.justice.gov/dea/pubs/cngrtest/ct041907attach.html

11 United Nations Office on Drugs and Crime. "World Drug Report 2009." New York, 2009. Available at www.unodc.org/documents/wdr/WDR_2009/WDR2009_eng_web.pdf

II. The Methamphetamine Summit Story: A Path to Innovation and Synergy

As the first coordinated responses to the meth epidemic were beginning to evolve in the late 1990s, the Meth Summit approach quickly emerged to augment local law enforcement and community coalition efforts that were already underway. First and foremost, the Meth Summit process functioned as a powerful tool for local law enforcement and other stakeholders to develop synergistic partnerships and responses to complex and interrelated problems of methamphetamine use and production. No other drug epidemic had ever demanded this level of collaboration among law enforcement, government agencies, community coalitions, and faith-based groups. The Summit's goals continue to be to re-define stakeholder relationships and channel focused "grass-roots" energy and capital into visible results.

The Summit approach continued to evolve as it was gradually implemented in more than 25 states over the course of a decade. The following description of the Summit process recounts an ideal: each Summit incorporates lessons learned from each of the previous Summits. Naturally, future Summits should continue to build on previous lessons learned, but should not be limited by this approach. Ongoing innovations and creative responses to the spectrum of problems posed by methamphetamine are the core of the Summit approach and should continue to play a key role. Likewise, best practices and evidence-based strategies are essential components in the response to any epidemic and should continue as a primary area of focus during each Summit.

History

The Meth Summit approach began as a small but coordinated response to a rapidly growing methamphetamine problem. The first Meth Summit was held in Sacramento County in 2000. This initial Summit was organized by NCPC with support and funding from DEA and the COPS Office. Individual state level Summits began to proliferate in 2002 and 2003 after a successful statewide Summit in Washington State. At about the same time, the Copples opened their consulting group, Strategic Applications International (SAI), and continued to grow the Summit Approach. Growth was not limited, however, to the number of states. The Summit approach also grew in scope. Additional partners, such as the Substance Abuse and Mental Health Services Administration (SAMHSA), provided funding and technical assistance. To ensure success of the approach, SAI strengthened the support it provided to states by including additional reconnaissance, technical assistance, and monitoring for up to six months before and 18 months after each Summit.

The overall approach was cumulative in impact and the process continued to evolve. Individual Summits had a positive impact on the Summits that followed as well as on an overall "Summit process" that was emerging. As more states participated, more synergy was produced to form increasingly stronger and more effective partnerships and responses.

The "Timeline of Meth Summit and Policy Achievements" in Appendix A highlights the rapid growth of the Summit approach as a response to methamphetamine trafficking and use as well as showcasing several key policy milestones that were supported by the Summits.

The Methamphetamine Summit Approach

The Summit Approach is not a "one off" event to solve a community, county, or state's methamphetamine problem. It is a five step process that leads a community to developing their own, unique, action plan that has commitment for implementation. As the description below reveals, these steps are not necessarily linear.

The first step is a community assessment. SAI uses an ethnographic approach,[12] which places staff on the ground to understand the social, economic, and political impact of methamphetamine use in the state and in local communities. Once staff have developed a solid understanding of community dynamics, they are better able to provide more relevant technical assistance. This assessment also ensures that the Summit process acts as a catalyst for changing how organizations at the federal, state, and community level work together. Summit participants are given milestones both before and after the Summit to hold stakeholders accountable. Additionally, the ongoing involvement of the Summit support staff drives change by keeping the process visible and focused.

In step two, and with the assistance of the SAI team, communities identify diverse stakeholders. These potential partners should represent the various public and private groups and organizations needed to comprehensively address meth labs, trafficking, and use. The makeup of stakeholders will vary based on the community, but generally includes agencies and organizations representing environment protection, public health, child protection services, criminal courts, and law enforcement at the local, state, national, and international (cross-border) levels.

12 The ethnographic approach is participant observation as a part of field research. The ethnographer becomes immersed in the culture as an active participant and records extensive field notes. It is an iterative process. There is no preset limiting of what will be observed and no real ending point in an ethnographic study.

A truly coordinated and synergistic response to methamphetamine requires stakeholders to work together and solve problems across traditional geographic or organizational silos. Once stakeholders are identified, the third step is holding the two-day Meth Summit. Each Summit is an interactive event designed to link policy and program with action. On day one, stakeholders are asked to form groups based on topic areas—for example treatment, prevention, enforcement, environmental strategies, and children. On day two, participants are grouped geographically: by county or community. This forces stakeholders to first create linkages that leverage common ground and then to create larger and more expanded partnerships. The SAI team guides groups through identifying key problems, barriers to solving these problems, and simple and innovative solutions to remove these barriers. The initial list of potential solutions are then grouped and prioritized. Leaving the Summit, each community group of stakeholders, or site team, has an outline of an action plan that they will then refine.

The process used during the Summit is based on the Social Reconnaissance model, a community assessment approach designed to create participant ownership of the change process. Each component of the assessment creates greater grassroots involvement in the coalition through information sharing, collaborative planning, outreach, and feedback to the community. With increased community ownership and expansion of the coalition, the process yields significant concrete results: an action plan that is not only feasible, but includes a commitment to implement.[13]

As a follow up to the Summit, SAI disseminates the list of recommendations and asks participants to rank them in terms of feasibility and importance. The recommendations include both topic areas as well as cross-cutting issues. Solutions ranked high in both importance and feasibility should be included in action plans. Conversely, those with a low importance and low feasibility should not. Although this data is shared back with the sites, it should only reinforce what was already revealed through discussion and action planning during the Summit.

The fourth step for the sites is to refine the action plan. SAI staff provides feedback and guidance, resulting in a plan that is specific to the community's priorities, relevant to the community concerns and assets, and actionable. The final product is a strategic document that has the all the components necessary to be implemented.

13 National Crime Prevention Council website. 2002. www.ncpc.org/; and *From the Ground Up, A Workbook on Coalition Building and Community Development*, Chapter 8, Second Edition, 1997, AHEC/Community Partners, www.tomwolff.com/healthy-communities-tools-and-resources.html

The fifth step is implementation. Communities often state lack of resources as a barrier to implementing their plans. However, if the plan has been developed in concert with stakeholders such that they have ownership of the plan, the implementation phase is fairly smooth. This step becomes increasingly difficult as external actors, or individual agencies write the plan for the community without true engagement. In addition, the planning phase must focus on solutions within the purview of the community. SAI staff reminds participants throughout the process that they cannot address the underlying causes of drug use—i.e., poverty and racism. Keeping focused on what is feasible during planning will help ensure success in implementation.

For SAI, the steps above address the first two of the four components of a comprehensive plan. These components include that the plan must be: (1) strategic; (2) implemented; (3) monitored and evaluated; and (4) communicated. Consequently, SAI does not end their technical assistance at implementation. Sites are encouraged to monitor their progress and communicate their results to other partners, to the community through the media, and nationally to federal government offices.

The Eight State Meth Initiative

SAI, with support from the COPS Office, DEA, and SAMHSA, launched the Eight State Meth Initiative (ESMI) to target states where the Governor's Office was committed to lead a statewide planning and implementation process to combat methamphetamine. The participating states in the ESMI were Arizona, Indiana, Minnesota, Kentucky, Utah, Hawaii, Idaho, and Florida.

The ESMI leveraged the approach of earlier Summits but had two important innovations. First, participation in the ESMI required firm commitments from the Governor's Office to drive change as part of a comprehensive statewide planning effort. Second, each participating state received technical assistance from expert consultants who had years of experience with systems change related to responding to the methamphetamine epidemic. These two innovations lead to a more influential and efficient approach to planning and coordination.

Outcomes of the Meth Summits

Perhaps the greatest policy achievement that was born out of the Meth Summit process was the precursor chemical laws that were first proposed and discussed as part of the Oklahoma City Meth Summit. Monitoring and controlling access to these chemicals was an innovative solution to the growing problem of methamphetamine production. The laws had a positive cascading effect in communities as production of methamphetamine slowed. For example, the agricultural industry benefitted from them because they limited access to precursor chemicals, which in turn reduced the theft of Anhydrous Ammonia, a fertilizer often stolen for methamphetamine production.

For many participating states, the most significant outcome of the Summit process was the creation of methamphetamine specific task forces. Governors appointed statewide task forces to drive the development of state policy and harness resources for the implementation of comprehensive plans. Further, the statewide task forces facilitated the creation or enhancement of community coalitions to respond to methamphetamine in their state and communities.

State coalition efforts created a venue for collaboration between law enforcement and the various sectors engaged in methamphetamine prevention and lab suppression. These coalitions improved communication, modified local precursor chemical access, and launched communication and media campaigns that enhanced awareness and empowered local agencies and citizens to respond to the methamphetamine threat. For the first time, local communities began looking at their capacity to provide treatment, involve parents and employers in prevention and intervention activities, and work with local law enforcement on treatment alternatives to incarceration.

Other states used Meth Summits to develop innovative responses for the criminal justice system. Indiana added methamphetamine treatment programs in prisons to significantly reduce recidivism and slow the spread of methamphetamine production knowledge. Similarly, Georgia and South Dakota implemented early intervention programs to deal with the increased costs associated with providing medical and dental services to methamphetamine addicted inmates. Another example was the development and use of Meth Courts, which are based on the traditional drug court model with an important variation—a carrot-and-stick approach. The carrot: methamphetamine addicts were given

the option to go to treatment rather than jail, and the addicts' record could be expunged if they stayed in treatment. The stick: the constant threat of jail if the addict did not complete treatment. For the addict, graduation from Meth court became an important rite of passage: they had both the potential for a Meth free future and were released from the threat of incarceration.

Indiana's Advanced Criminal Enforcement (ACE) program utilized their fusion center to coordinate multiple levels of law enforcement across the state. Additionally, the ACE program trained and involved local law enforcement and prosecutors with highway interdiction efforts. The Arizona Substance Abuse Partnership is another example of the effectiveness of engaging stakeholders at multiple levels. Since 2007, the Arizona Substance Abuse Partnership has institutionalized the Summit process by holding regular meetings with stakeholders from all levels of government as well as community-based organizations. The policy and systems coordination of Arizona's ongoing approach has allowed that state to make measurable impacts on methamphetamine and other drugs without turf wars or bureaucratic delays. It has also established baseline data, methodologies for continued collection and analysis, and foundational implementation models for policymakers to rely on for additional corrective activities.

Another notable outcome of the Meth Summit process and the Eight State Meth Initiative is the development of protocols and procedures for law enforcement partnerships with both environmental and child welfare organizations. The environmental services response to methamphetamine was new territory for law enforcement, but the lessons learned and communicated at the Meth Summits led to the development of many protocols and procedures, with agencies and contractors working together in environmental clean-up. These protocols and procedures ensured the safety of law enforcement, first responders, the environmental services organizations themselves, and the larger community. They also allowed for a strategic response to clandestine lab clean-up that reduced cost and minimized the environmental and public health impact of the labs. Similarly, the development of protocols and procedures for working with child welfare organizations improved efficiency and lessened the impact of methamphetamine operations on children.

Not to go unnoticed, however, was support from the federal government. At the state level, and in partnership with the National Alliance for Model State Drug Laws, the COPS Office supported the development of state laws that limited access to precursor chemicals and protected drug endangered children. At the national level, the COPS Office provided two significant outcomes. First, they effectively advocated for and provided support to the establishment of Drug Endangered Children Statutes. Second, they assisted with the development of drug laws that combated both production of and consequences from methamphetamine use at the state and national level. Specifically, the COPS Office supported the creation of the Combat Methamphetamine Epidemic Act of 2005, to provide a national effort to limit methamphetamine production.

A key component of community policing in urban and rural areas is community involvement and engagement. The methamphetamine crisis that has captured national attention over the past ten years has given communities an opportunity to implement the lessons they've learned from community policing. The result has been better coordination, treatment instead of incarceration, reduction in recidivism, and realization that methamphetamine production and use does not have to cripple communities.

III. Lessons Learned from the Methamphetamine Summit Process

Throughout the fight against methamphetamine, successful strategies emerged as communities across the country responded to the epidemic. Every community responds to methamphetamine differently, but the similarities between successful responses are clear. The most successful outcomes have been in communities that (1) intervened before methamphetamine had reached a critical tipping point of use and production within the community, (2) maintained constant vigilance after the intervention, (3) mapped the intervention model against other community threats, and (4) kept their community coalitions engaged by refining their methodology for effective action. Layered within these keys to success are 12 lessons learned that emerged as a product of the Meth Summit process:

1. Pay attention to early warning signs and gather data quickly
2. Develop and institutionalize partnerships
3. Multiple approaches are more effective
4. Secure commitment from senior policymakers early
5. Geography is a misleading boundary
6. Understand the rural–urban dichotomy
7. Ensure cultural competence
8. Innovate
9. Leverage community concern to address broader issues
10. Identify the key issue for the community
11. Recognize international influences on local production and distribution
12. Facilitate the sharing of knowledge through a web-based resource

The descriptions that follow highlight the significant impacts that each of these lessons learned had on the methamphetamine epidemic.

Pay Attention to Early Warning Signs and Gather Data Quickly

Early warning signs are an essential tool in a rapid response to methamphetamine and other drugs. There are barriers to acting on early warning signs. Paralysis and/or denial are often the first response of policymakers and community leaders when they hear that methamphetamine is present in their communities. Traditional markers of drug use such as national survey results or uniform crime reporting data may not provide warning signs in time to respond before the threat reaches epidemic levels. For example, during the late 1980s crack cocaine epidemic, rates of use and other markers of addiction had already begun to decline by the time that policymakers in most communities had data from traditional sources. Treatment providers and community-based prevention organizations are better situated to collect local, timely, specific, and relevant data for law enforcement. For example, arrest data and emergency room data are useful tools. The ability of a community to respond with prevention and early intervention, rather than more costly law enforcement and treatment focused approaches is largely dependent upon looking for and paying attention to early warning signs.

Develop and Institutionalize Partnerships

Law enforcement is at the center of any drug epidemic and methamphetamine is no exception. Law enforcement organizations bring unique and invaluable skills to a comprehensive response, but law enforcement alone cannot address the multiple impact points of methamphetamine. For this reason, law enforcement must move outside of its organizational silo to work with environmental agencies, child protective services, schools, and other organizations within the community. The Meth Summit provided the space for partnerships to begin, and provided a framework for the partnerships to move to action.

The Meth Summits brought together non-traditional partners to work collaboratively to address the significant environmental and public health impacts caused by methamphetamine production and use. Agri-business and the pharmaceutical industry became partners with law enforcement and prevention specialists to control access to precursor chemicals required to manufacture meth. Similarly, law enforcement's willingness to work with child protective services and other child advocacy organizations led to the passage of laws focused on children endangered by drug activity, as well as the creation of the National Alliance for Drug Endangered Children.

Collaboration is not limited to the governmental and private sectors. Non-governmental organizations reinforce law enforcement and public health efforts. Additionally, community organizations and coalitions are a vital source of information about the evolving impacts of a drug epidemic. Leveraging these organizations to both inform stakeholders and implement the overall strategy is essential. When coalitions of community members, organizations, and agencies develop the strategies together, there is a greater likelihood of success.

Engaging multiple partners has an added benefit of increasing resources. Since there is no single agency or organization capable of addressing complex epidemics on their own, multiple resources must be leveraged. At the state level, Indiana engaged multiple law enforcement agencies to develop its Advanced Criminal Enforcement (ACE) program. As SAMHSA joined the Meth Summit process, the work that was spearheaded and started by the DEA and the COPS Office grew both in scope and effectiveness. Engaging multiple resources provided a comprehensive, and therefore more effective, response to the methamphetamine epidemic.

Multiple Approaches are more Effective

Just as no single organization or agency is able to fully address the impact of drug trafficking and use, a single strategy is not likely to have the comprehensive impact, and associated positive benefits, that multiple coordinated strategies can have. Just as cancer is often treated with a combination of radiation, chemotherapy, and lifestyle changes, the scourge of methamphetamine and other drugs must be attacked with multiple strategies. Through the Meth Summit process, Washington State quickly realized that there was no single strategy that could accomplish their ambitious goals. Instead, they developed a three-legged-stool approach that included prevention, treatment, and law enforcement that has had lasting impacts on methamphetamine production, use, and recovery.

Secure Commitment from Senior Policymakers Early

Political support is necessary for change to gain traction and be sustained. Real change at the community level requires coordination with all levels of government in order to provide the desired impacts. Local level efforts can be delayed by senior policymakers from other levels of government. Often, these delays are a byproduct of poor planning, slow decision making, and bureaucratic silos. In this case, the methamphetamine epidemic illuminates the need for swift responses and the dangers of delays and inaction. In order to mitigate delays, senior officials must be engaged early to ensure their commitment and, ultimately, their support in moving the efforts forward.

Geography is a Misleading Boundary

The rapid growth of methamphetamine use and production proved that a drug epidemic can spread like a virus across a state and beyond. Unfortunately, the initial response to methamphetamine in many communities was hindered by a county or state level geographic bias. State and community level leaders are easily influenced by geographic stereotypes of drug use and are quick to claim that certain drugs are another state or region's problem. Methamphetamine distribution and production, like many drugs, is highly correlated with gang and other organized criminal activity. As methamphetamine has proved, criminal enterprises have little regard for geographic boundaries or traditional geographic patterns of drug use. Their goal is simple—to make money. To effectively respond to future epidemics, stakeholders must ignore geographic stereotypes the same way that criminal enterprises do. The Meth Summit process was instrumental in breaking geographically biased thinking by getting officials at all levels of government together to craft a response.

Understand the Rural–Urban Dichotomy

Just as local methamphetamine production and trafficking may be impacted by production thousands of miles away, there are rural–urban connections that impact methamphetamine production as well. When methamphetamine demand increases in the urban centers, it results in production increases in rural areas. Rural producers are enticed by lucrative urban drug markets, which can lead to a large number of clandestine labs in areas that have a relatively small amount of methamphetamine users. This asymmetrical relationship can put strains on the limited resources at the disposal of rural law enforcement. Where urban agencies have units that specialize in community policing, rural agencies are limited in the numbers of officers/deputies available to the community. Often, collaborative approaches at a regional scale are necessary to solve the root issues of a rural–urban trafficking and production network. Through the Meth Summits, participants recognize those barriers and allow adjoining agencies to partner across jurisdictional lines to solve common problems.

Additionally, rural producers often obtain needed ingredients from urban centers, but can go unnoticed due to the volume of drug activity within urban environments. An example of this comes from the Arizona Substance Abuse Partnership and its meth task force. Law enforcement officers in Arizona realized that the rural counties of Arizona were disproportionately impacted by one or more major distributors. For rural areas, these traffickers were priority targets. Nevertheless, as compared to wholesale traffickers in urban areas who routinely purchase multiple pounds of drugs, rural methamphetamine traffickers traveling to large urban areas to re-supply seem insignificant—acquiring only small amounts (ounces) of drugs. Consequently, urban law enforcement did not consider the methamphetamine traffickers as high priority targets, which undermined rural efforts to curb their methamphetamine crisis. Then a Law Enforcement Summit brought rural and urban officers together. Based on the extent of the impact to the community, the urban law enforcement agencies began to see the disproportionately large impact these smaller traffickers had on rural communities. As a result, urban law enforcement agencies began prioritizing the rural counties' significant traffickers, which led to improved communication and coordination between rural and urban areas, and tracking efforts within rural areas. Targeted joint federal, state, municipal, county, and tribal enforcement operations began to arrest these rural county targets, dismantling the flow into the counties, and eliminating methamphetamine availability.

Ensure Cultural Competence

Ensuring cultural competence is the process of developing interventions that effectively attack the root of an epidemic. Strategies and interventions that ignore the role of cultural influences in drug abuse are doomed to fail. Effective cultural competence goes beyond basic language or simple demographic considerations and addresses the psychographic roots of a drug epidemic. Cultural competence was central in addressing methamphetamine use within the LGBT community. Equally significant, and perhaps most noteworthy, is methamphetamine use in the Native American community. On many large reservations in Montana, Arizona, New Mexico, and Utah, methamphetamine is devastating tribal communities. Understanding the historical context and the psychological and cultural influences that fueled the explosion of methamphetamine use is essential to crafting effective interventions and programs.

Innovate

If existing solutions were working, there would not be a methamphetamine crisis. Continuing to apply the existing strategies that are not having an impact is a waste of time and resources. Focusing on the real nature of the challenge in the community and the barriers the community has to overcome to address the challenge in order to find an appropriate solution, often led to innovative strategies. The precursor drug laws, Meth Courts, and new policy and procedures for site remediation and child services introduced above are examples of innovative solutions that have had profound impact. Encouraging participants to think in new directions, and focus on what is within their capacity to address, will lead to new and more effective strategies.

Leverage Community Concern to Address Broader Issues

Some have criticized the attention that methamphetamine has received, citing statistics that methamphetamine usage is lower than other drugs. Using the media attention that surrounded methamphetamine, however, has provided law enforcement with a test case that could be used to drive innovation and leverage resources for drug and alcohol issues on a more general scale. The methamphetamine scare provided the impetus to train judges to take a more specific and focused approach on methamphetamine. Once new approaches are learned, however, the application could, and should, be broadened. Courts are using the methamphetamine stick-and-carrot approach for other drugs and alcohol as well. Resources should also have a broader impact. For example, the impetus for adding treatment beds in treatment centers might have been to address methamphetamine addiction, but once there, the beds increased the centers' capacity to treat all addicts regardless of their drug of choice.

Identify the Key Issue for the Community

Every community has different priorities and tipping points in response to epidemics. Some communities are focused on essential services, while others are focused on ensuring public safety or protecting natural resources. Regardless of the community, identifying the key issues that will motivate the community to take action is essential. Washington State did not receive a critical mass of support and resources for addressing their methamphetamine challenges until the impact on the environment was effectively communicated to stakeholders and the public. Washington State was forced to close two state parks as a result of contamination from methamphetamine production, which became an effective motivation point for the entire state. Motivation does not have to be geographic. For example, concerns over the rise in sexually transmitted disease and dental side-effects engaged the gay male community regardless of location.

Recognize International Influences on Local Production and Distribution

As in all drug issues, international activity influences both production and distribution patterns of methamphetamine at the local level. The local impact of methamphetamine trafficking and production can have its roots halfway across the world. NDIC data suggests that methamphetamine production in the United States is highly correlated with production of methamphetamine in Mexico. Drug trafficking organizations form an interconnected web of methamphetamine suppliers that are determined to increase the availability of meth. When these organizations are disrupted by local, national, or international efforts, such as increased border security, domestic production generally increases to meet demand. Paying attention to the international context of methamphetamine helps communities and law enforcement organizations better plan for and respond to ongoing shifts in methamphetamine production.

Facilitate the Sharing of Knowledge through a Web-Based Resource

Recommendations from the Summit process pointed to the need to develop a website that could serve as a centralized keeper of information on all things methamphetamine. Based on these recommendations, SAI moved to develop methpedia.org as a site that would have Wikipedia functions but would also have evidence-based and research-based information to guide states and communities in the development of comprehensive strategies to address methamphetamine. Methpedia.org seeks to be encyclopedic for all audiences interested in methamphetamine. It invites parents, policymakers, and law enforcement to post information and to use the site as a resource for presentations and policy development. Methpedia.org has a search function that makes it easy for the user to find and sort through the volumes of information that are currently being circulated on other websites and in publications.

IV. Looking Forward

The Future of the Methamphetamine Epidemic

An effective response to methamphetamine requires that communities leverage lessons learned from nearly three decades of federal, state, and local responses. The application of approaches described in this document will ensure that future responses to methamphetamine are swift and effective. Community coalitions, members of Congress, state policymakers, and other stakeholders should freely draw from the lessons and approaches outlined above as they craft individual strategies and approaches.

Evolving production methods, an increase in Mexican methamphetamine production, and a new generation of users in 2010 portends an ongoing methamphetamine crisis, particularly where it has re-infiltrated rural communities. In 2010, SAI, with funding from the Bureau of Justice Assistance and working in collaboration with the COPS Office and SAMHSA, launched the Rural Law Enforcement Methamphetamine Initiative to bolster local law enforcement efforts. Also in 2010, SAI received funding from the COPS Office to support the Tribal Meth Initiative Training and Technical Assistance Project to address methamphetamine challenges in Native American communities. Both of these initiatives will build upon the success and lessons learned from previous Summits and will continue the work and leadership of the Eight State Meth Initiative funded by the COPS Office, and the Meth National Summit on Critical Populations funded by SAMHSA.

Using Meth Strategies to Address Other Drug and Public Health Issues

The Meth Summit approach is a framework for bringing a broad, strategic coalition together for comprehensive planning, and then moving from planning to action to outcomes. The methamphetamine epidemic proved that comprehensive partnerships at the community, state, and federal level can produce measureable results. But the application does not end with meth. The lessons learned here can, and should, be applied to other drug epidemics and social issues, including and not limited to: gun violence, human trafficking, dropout prevention, prescription drug abuse, and homeland security. The message is that the implementations of effective solutions to community problems are best developed in collaboration and through open dialogue with multiple stakeholders.

Jim and Colleen Copple, through their company SAI, have successfully assisted communities in designing action plans that have resulted in tangible outcomes through the Meth Summit approach. Communities struggling to address drugs and other complex social challenges, who are also interested in a comprehensive approach, should consider conducting their own summit. For more information on the SAI approach and how Jim and Colleen Copple can provide technical assistance, visit http://sai-dc.com.

Appendix A: Timeline of Meth Summit and Policy Achievements

2000	Sacramento County Meth Summit
2001	Washington State Meth Summit I
2002	Midwestern Governors' Conference Summit on Methamphetamine (13 States)
	Hawaii Meth/Ice Summit
	Washington State Meth Summit II
	Oklahoma City Meth Summit
	Kentucky Meth/Oxy-Contin Summit
	Arkansas Meth Summit
2003	Oregon Methamphetamine Summit
	South Dakota Governor's Summit on Methamphetamine
	Ohio Methamphetamine Summit
	Washington State Meth Summit III
	North Carolina Meth Summit
	National Alliance for Drug Endangered Children established with funding from the Bureau of Justice Assistance and the Office for Victims of Crime.
2004	Nebraska State Meth Summit
	Georgia State Meth Summit
	Montana State Meth Summit
	Strategic Applications International, LLC assumes responsibility for all Summit design and implementation and begins work with DEA, the COPS Office, and SAMHSA.

2005	South Carolina Community Methamphetamine Summit North Dakota Meth Summit Alabama Meth Summit West Virginia Meth Summit New Mexico Meth Summit Wisconsin State Meth Summit
2006	The Combat Methamphetamine Epidemic Act of 2005 was signed into law to regulate retail over-the-counter sales of Meth precursor products, including daily sales limits and 30-day purchase limits, as well as product access requirements, employee training, and ID verification measures.
2007	The COPS Office launches Eight State Meth Initiative with a Grant to Strategic Applications International Arizona Meth Summit President Bush signs into law the Methamphetamine Remediation Research Act of 2007. The law requires the EPA to develop voluntary health-based clean-up guidelines to ensure former Meth lab sites are safe and free from contamination.
2008	National Methamphetamine Training & Technical Assistance Center established through a COPS Office grant. Drug Endangered Children Act of 2007 signed into law. The National Methamphetamine Summit to Promote Public Health, Partnerships, and Safety for Critically Affected Populations. The National Summit utilized a facilitated action-planning process for participating states and communities to develop action plans incorporating evidence-based and culturally appropriate practices and policies to respond to Methamphetamine use among justice-involved individuals, lesbian, gay, bisexual and transgender (LGBT) individuals, and women. SAMHSA's Federal partners for this event included the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the HHS Office of Minority Health (HHS/OMH), the HHS Office on Women's Health (HHS/OWH), the Indian Health Service (IHS), the National Institute on Drug Abuse (NIDA), as well as several organizations within the Department of Justice (DOJ).

2009	New England Meth Summit
2010	New Rural Law Enforcement Methamphetamine Initiative funded by the Bureau of Justice Assistance awarded to SAI. SAI receives funding for the Tribal Meth Initiative Training and Technical Assistance Project from the COPS Office.

Appendix B: Meth Resources

Organization	Website
U.S. DOJ Office of Community Oriented Policing (the COPS Office)	www.cops.usdoj.gov
Strategic Applications International	www.sai-dc.com
National Methamphetamine Training & Technical Assistance Center	www.nationalmethcenter.org
The Drug Endangered Child Training Network	www.drugendangeredchild.org
National Alliance for Drug Endangered Children	www.nationaldec.org
Methpedia	www.methpedia.org
Drug Enforcement Administration – Meth Information	www.justice.gov/dea/concern/meth.html
MethResources.gov	www.methresources.com/Index.html
National Alliance for Model State Drug Laws	www.namsdl.org
Office of National Drug Control Policy – Meth Information	www.whitehousedrugpolicy.gov/DrugFact/methamphetamine/index.html
National Drug Intelligence Center (NDIC)	www.justice.gov/ndic/
DEA El Paso Intelligence Center (EPIC)	www.justice.gov/dea/programs/epic.htm

Publication	Web Link (for Download or Ordering)
Proceedings of the New England Methamphetamine Summit and Listening Post	www.cops.usdoj.gov/files/RIC/Publications/e0110211252_NE-Meth.pdf
2008 National Chemical Control Symposium: A Focus on Tracking Precursor Chemicals (DVD)	www.cops.usdoj.gov/RIC/ResourceDetail.aspx?RID=540
Methamphetamine Initiative Grant Owner's Manual (2008)	www.cops.usdoj.gov/files/RIC/Publications/e070810152MethGOM.pdf
COPS Methamphetamine Initiative Fact Sheet	www.cops.usdoj.gov/files/RIC/Publications/e1006527-meth08.pdf

The Methamphetamine Summit: A Process in Collaboration and Decision Making brings together the history of an innovative process and an overview of the lessons learned by Jim and Colleen Copple over a decade of work building state and local collaborations to address the problems of meth. With an emphasis on cross-disciplinary collaboration and participatory research, the Summit Approach is a case study for improved solutions to complex drug problems and holds promise for addressing a wider range of drugs in communities across the country.

U.S. Department of Justice
Office of Community Oriented Policing Services
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To obtain details about COPS Office programs, call the COPS Office Response Center at 800.421.6770.

Visit COPS Online at www.cops.usdoj.gov.

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