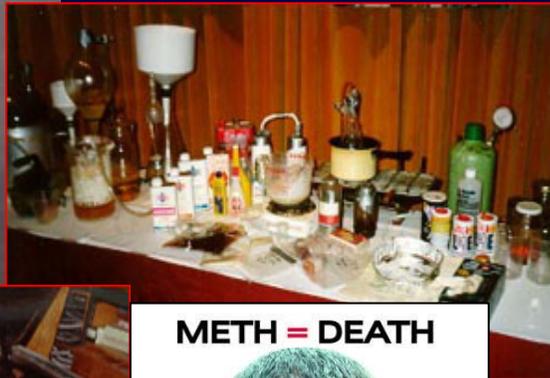
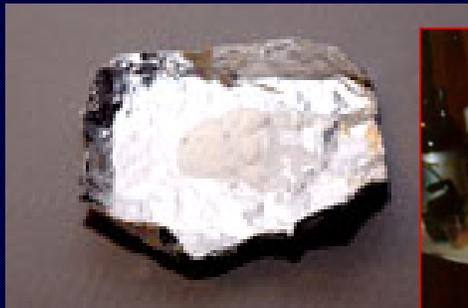


MAYOR CROTTY'S

ORANGE COUNTY METHAMPHETAMINE TASK FORCE



FINAL REPORT

April 17, 2006

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EXECUTIVE SUMMARY

Orange County Mayor Richard T. Crotty formed the Methamphetamine Task Force on October 17, 2005 to research the growing problem of Methamphetamine drug abuse and related illegal clandestine drug labs in Orange County. The problem originated in the Western United States and is migrating east into Florida. This phenomenon created issues for both law enforcement and public health officials. Specifically, the number of lab seizures has increased and the Orange County Health Department reports an increase in treatment and sexually transmitted diseases.

Mayor Crotty appointed Jerry L. Demings, Director of Public Safety, Orange County Government and Dr. Kevin Sherin, Director of the Orange County Health Department to chair the Task Force. The task force is comprised of 23 key leaders in the community with expertise in law enforcement, education, public health, and substance abuse education and treatment. The subcommittees are: Law Enforcement chaired by Steve Collins, DEA, Public Education chaired by Rich Morrison, Florida Hospital and Public Health chaired by Debbie Tucci, Orange County Health Department.

Methamphetamine is commonly known as "speed", "meth," or "chalk." In its smoked form, it is often referred to as "ice," "crystal," "crank," and "glass." It is a white odorless, bitter tasting crystalline powder that easily dissolves in water or alcohol. The drug was developed early in this century from its parent drug, amphetamine, and was used originally in nasal decongestants and bronchial inhalers. Methamphetamine is a powerfully addictive stimulant that dramatically affects the central nervous system. The drug is made easily in clandestine laboratories with relatively inexpensive, over-the-counter ingredients. These factors combined make methamphetamine a drug with high potential for widespread abuse.

The signs of a methamphetamine user include open sores, dramatic weight loss, acne, dilated pupils and bad teeth. Methamphetamine users experience paranoia, anxiety, confusion, compulsive behaviors, hallucinations and delusion. The effects of the drug can last 6 to 8 hours. Often the Methamphetamine user remains awake for days. As the high begins to wear off, the methamphetamine user enters a stage called "tweaking" in which he or she is prone to violence, delusions and paranoia.

A 2003 survey found that approximately 12.3 million Americans ages 12 and older or 5.2% of the population reported trying methamphetamine at least once in their lifetime. A 2004 National Institute of Drug Abuse Survey of 8th, 10th and 12th graders found that 6.2% of high school seniors reported using methamphetamine within their lifetime. The 2004 Orange County Public Schools Youth Substance Abuse Survey indicates that 1.4% of youth used methamphetamine in their lifetime and less than 1% used methamphetamine in the past 30 days.

Source: NIDA Research Report, Methamphetamine Abuse and Addiction - 2002

Various states and the Federal government have passed legislation that in some way restricts the sale of products containing ephedrine or pseudo ephedrine by placing the drugs behind the counter and placing limits on the amounts purchased. In July 2005, Florida passed HB 1347 designed to curb the production of methamphetamine by restricting the sale of over-the-counter drugs (ephedrine and pseudo ephedrine), which is commonly used to make methamphetamine. The federal government has passed the Combat Meth Act of 2005, which provides restrictions on chemicals used to make methamphetamine and provides funding for law enforcement and drug endangered children rapid response teams.

Task Force Recommendations

The task force has met over the last six months to formulate recommendations that address the issue before the problem escalates. These recommendations include:

- Convene a roundtable discussion for law enforcement and other government agencies that might have exposure to Methamphetamine.
- Utilize the Central Florida HIDTA Intelligence Center to “map” Central Florida Clan Lab locations and monitor “hot spots .”
- Inclusion of the Life or Meth Public Service Announcements and Amy’s Story as part of the ATOD curriculum for Orange County Public Schools, colleges and universities and community prevention programs.
- Launch the “March of Meth” public awareness campaign in Orange County. Utilize experts in the field to assist the media and the community to visualize how the Meth epidemic starts, the costs of Meth and how it can be halted before it becomes a problem.
- Propose a network of community based psycho-education and support groups for users of Methamphetamine who are seeking information.
- After clean-up assessment of a clandestine lab for purposes of re-occupying the facility.

In conclusion, the task force recommendations approach the methamphetamine problem with a preventive action plan and continued enforcement of clandestine labs and methamphetamine users in the community. The task force recommendations also address non-traditional treatment through self-help groups for methamphetamine users in Orange County.

BACKGROUND ON TASK FORCE

On October 17, 2005, Mayor Crotty formed a task force to research the growing problem in Orange County associated with Methamphetamine drug abuse and related illegal clandestine drug labs. The problem originated in the Western United States, but has migrated to Florida. This phenomenon created issues for both law enforcement and health care officials. Specifically, the number of lab seizures has increased and the Orange County Health Department reports an increase in treatment for sexually transmitted diseases.

Purpose: The Orange County Methamphetamine Task Force is a collaborative multi-jurisdictional effort to address methamphetamine issues through public education, law enforcement and public health before the problem escalates. The goal of the Task Force was to make recommendations to Mayor Crotty and the Board of County Commissioners on what could be done to reduce methamphetamine drug abuse.

Function of the Task Force: Through the leadership of the Public Safety Director and the Health Department Director, the Task Force met for a six month period to research the problem and complete a final report.

Task Force Chairs:

- Jerry L. Demings, Orange County Director of Public Safety
- Dr. Kevin Sherin, Director, Orange County Health Department

Sub-Committee: The Sub-Committees were created in the following functional areas: Law Enforcement, Public Health and Public Education.

Subcommittee Chairs:

- Steve Collins, Assistant Special Agent In Charge, Drug Enforcement Administration, Law Enforcement Sub-Committee
- Rich Morrison, Regional Vice President, Florida Hospital, Public Education Sub-Committee
- Debbie Tucci, Area 7 Program Coordinator HIV/AIDS, Orange County Public Health Department, Public Health Sub-Committee

Task Force Coordinator:

- Carol Burkett, Director, Office for A Drug Free Community

ORANGE COUNTY METHAMPHETAMINE TASK FORCE MEMBERS

Jerry Demings, Co-Chair	Orange County Director of Public Safety
Dr. Kevin Sherin, Co-Chair	Orange County Health Department Director
Sheriff Kevin Beary	Orange County Sheriff
Steve Collins	DEA, Assistant Special Agent In Charge
Joyce Dawley	Florida Dept. of Law Enforcement, Regional Director
Bill Lutz	Metropolitan Bureau of Investigation, Director
Dr. Debbie Orr	The Center for Drug Free Living
Mike McCoy	Orlando Police Department, Chief of Police
Dr. Paul Maiden	University of Central Florida School of Social Work, Associate Professor
Rich Morrison	Florida Hospital, Regional Vice President
Dana Loncar	Orlando Regional Health Care, Director of Government Relations
Dr. George Ralls	Orange County Medical Director
Dr. Jan Garavaglia	Orange County Medical Examiner's Office, Chief Medical Examiner
Alan Abramowitz	Department of Children & Families, District 7 Administrator
Marge LaBarge	Orange County Public Schools, SAFE Administrator
Carolann Duncan	Department of Children & Families, Substance Abuse & Mental Health Program Administrator
Dr. Jay Flicker	Hope & Help Center, Clinical Director

Debbie Tucci	Orange County Health Department, Area 7 Program Coordinator HIV/AIDS
Lena Chatmon	CDC
Stephen Foster	Orange County State Attorney's Office
Kathy Walker	Orange County Health Department
Jim Hinson	Orange County Health Department

INTRODUCTION

History of Methamphetamine

Methamphetamine was first synthesized in 1887 in Germany. In 1930's, amphetamine was marketed as Benzedrine in an over-the-counter inhaler to treat nasal congestion. A probable direct reaction to the depression and prohibition, the drug was used and abused by non-asthmatics looking for a "buzz." By 1937, amphetamine was available by prescription in tablet form.

Methamphetamine more potent and easy to make, was discovered in Japan in 1919. The crystalline powder was soluble in water, making it a perfect candidate for injection. During World War II, amphetamine was widely used to keep the military going. In Japan, intravenous methamphetamine abuse reached epidemic proportions immediately after World War II, when supplies stored for military use became available to the public.

In the United States in the 1950's, legally manufactured tablets of both dextroamphetamine and methamphetamine became readily available and were used non-medically by college students, truck drivers and athletes. As use of amphetamines spread, so did their abuse. Amphetamines became a cure-all for such things as weight control to treating mild depression.

This pattern changed drastically in the 1960's with the increased availability of injectable methamphetamine. The 1970 Controlled Substance Act severely restricted the legal production of injectable methamphetamine, causing its use to decrease greatly.

Methamphetamine trafficking and abuse in the United States have been on the rise over the last several years, as indicated by investigative and drug abuse data. As a result, the drug is having a devastating impact in many communities across the nation.

Source: Friends of Narconon International – Drug Education

What is Methamphetamine

Methamphetamine is a powerfully addictive stimulant that dramatically affects the central nervous system. The drug is made easily in clandestine laboratories with relatively inexpensive over-the-counter ingredients. These factors combine to make methamphetamine a drug with high potential for widespread abuse.

Methamphetamine is commonly known as "speed", "meth," "chalk." In its smoked form, it is often referred to as "ice," "crystal," "crank," and "glass." It is a white odorless, bitter tasting crystalline powder that easily dissolves in water or alcohol. The drug was developed early in this century from its parent drug, amphetamine, and was used originally in nasal decongestants and bronchial inhalers.

Methamphetamine's chemical structure is similar to that of



amphetamine, but it has more pronounced effects on the central nervous system. Like amphetamine, it causes increased activity, decreased appetite, and a general sense of well-being. The effects of methamphetamine can last 6 to 8 hours. After the initial “rush” there is typically a state of high agitation that in some individuals can lead to violent behavior. Methamphetamine is a Schedule II stimulant, which means it has a high potential for abuse and is available only through a prescription that cannot be refilled.

Often the Methamphetamine user remains awake for days. As the high begins to wear off, the methamphetamine user enters a stage called “tweaking” in which he or she is prone to violence, delusions and paranoia. Many methamphetamine users try to alleviate the effect of methamphetamine “crash” by buffering the effects with other drugs such as cocaine or heroin.

Source: National Institute of Drug Abuse Research Report – Methamphetamine Abuse & Addiction 2002

Signs of Meth

- Dilated pupils and bad teeth
- Sores or open wounds
- Sweating/flushed skin, acne
- Tremors
- Increased energy/hyperactivity
- Clouded mental functioning
- Euphoria, increased sense of mental acuity
- Excited speech and incessant talking
- Agitation, irritability, anxiety, moodiness
- Progressive social and occupational failure
- Increased physical or sexual activity
- False sense of confidence or power
- Visual or auditory hallucinations
- Compulsive behaviors
- Poor impulse control and judgment
- Aggression, tendency for violence
- Paranoia
- Unable to feel joy and eventually depression



*The above signs vary depending on length of addiction, amount of meth used, and the method in which it is taken.

Source: Minnesota Department of Health

Effects of Meth

Short-term effects include: dilated pupils, diarrhea, vomiting, elevated respiratory rate, anorexia, insomnia, skin sores, convulsions, chest pain, brain hemorrhage, organ failure, stroke and death.

Long-term effects include: malnutrition, damage to liver, kidneys, and lungs, long-term/permanent neurological damage, depression (with headaches for 2-5 years post), and psychiatric problems.

Source: MEADA, Coalition of Wright County

Stages of Meth Use

Rush – (5-30 Minutes) The abuser's heart rate races and metabolism, blood pressure, and pulse soar. Feelings of pleasure.

High (4-16 Hours) The Meth abuser often feels aggressively smarter and becomes argumentative.

Binge (3-15 Days) The Meth abuser maintains the high for as long as possible and becomes hyperactive, both mentally and physically.

Tweaking The most dangerous stage of the cycle. Tweakers probably have not slept in 3-15 days and are irritable and paranoid. A tweaker often behaves or reacts violently, and if using alcohol or another depressant, his/her negative feelings and the associated dangers intensify. The tweaker craves more, but no dosage will help re-create the euphoric high which causes frustration and leads to unpredictability and the potential for violence.

Crash (1-3 Days) The abuser does not pose a threat to anyone. He/she becomes very lethargic and sleeps.

Normal (2-14 Days) The abuser returns to a state that is slightly deteriorated from the normal state before the abuse.

Withdrawal (30-90 Days) No immediate symptoms are evident, but the abuser first becomes depressed and then lethargic. The craving for methamphetamine hits and he/she may become suicidal. Taking Meth at any time during withdrawal can stop the unpleasant feelings – consequently a high percentage of addicts in treatment return to abuse.

Binge and high-intensity abusers smoke or inject Meth to achieve a faster and stronger high. The patterns of abuse differ in the frequency in which the drug is abused and the stages within their cycles.

Source: www.drug-rehabs.org

What is a Methamphetamine Lab or Clandestine Lab

Methamphetamine is often made in clandestine labs (also called clan labs or meth labs) in a variety of locations, such as houses, apartments, motels, vehicles, wooded areas or other buildings. Methamphetamine is made (or cooked) from common, easily-available materials, using one of several basic chemical processes that can be found through a variety of resources.

Methamphetamine recipes are easy to obtain from other cooks and from the internet. There are hundreds of chemical products and substances that are used interchangeably to produce meth. The substitution of one chemical for another in meth recipes may cause the cooking process to be more hazardous (resulting in fire or explosion) or may result in a finished product with unwanted or dangerous effects.

Meth can come in various colors ranging from white to light brown to pink. Crystals Meth, commonly called "ice," "glass," "tina," or "crystal," looks like clear chunks of crystal or ice.

Many dangerous chemical ingredients are used to make methamphetamine. The cooking process causes chemicals and methamphetamine to be deposited on surfaces and household belongings. Also chemical by-products such as toxic phosphine gas may be formed during the manufacturing of methamphetamine.

Every meth "recipe" starts with over-the-counter medications that include pseudo ephedrine or ephedrine in their contents. The pills are crushed and mixed with other chemicals in the process of cooking meth. Various meth recipes include combinations of volatile organic compounds, acids, metals, solvents and salts. Making Meth with these chemicals can result in explosions, chemical fires, and the release of toxic gases. Meth cooking also produces solid and liquid wastes that can contaminate a building and its contents, or the groundwater or soil where they are dumped.

Source: Minnesota Department of Health

How to Recognize a Methamphetamine Lab or Clandestine Lab

- Access to property denied to landlords, neighbors or other visitors.
- "Cooks" with no visible signs of support, but making cash purchases and payments.
- Fans blowing out windows, blinds pulled or windows blackened.
- Security measures, such as cameras or baby monitors outside of buildings.



- Suspicious activity in the neighborhood, such as people coming and going at all hours of the day and night.
- Burn pits, stained soil or dead vegetation, indicating dumping of chemicals or waste.
- Apartments or buildings that smell like chemicals, including sweet, bitter, ammonia or solvent smells.
- Neighbors isolating themselves or behaving oddly – acting paranoid, talking too much or not all.
- Garbage or waste piles containing unusual amounts of meth-related materials.



Source: Minnesota Department of Health

Environmental Concerns

The production of Methamphetamine may create serious environmental hazards, indoors and out. Various meth recipes include combinations of volatile organic compounds, corrosives, metals, solvents and salts. Some of these chemicals include acetone, starter fluid, Freon, Coleman Fuel, methanol, toluene, white gas, xylene, anhydrous ammonia, hydroiodic acid (iodine), hydrochloric acid (muriatic acid) phosphine, sodium hydroxide (lye), sulfuric acid (drain cleaner), iodine, lithium metal, red phosphorous, yellow phosphorus and sodium metal.

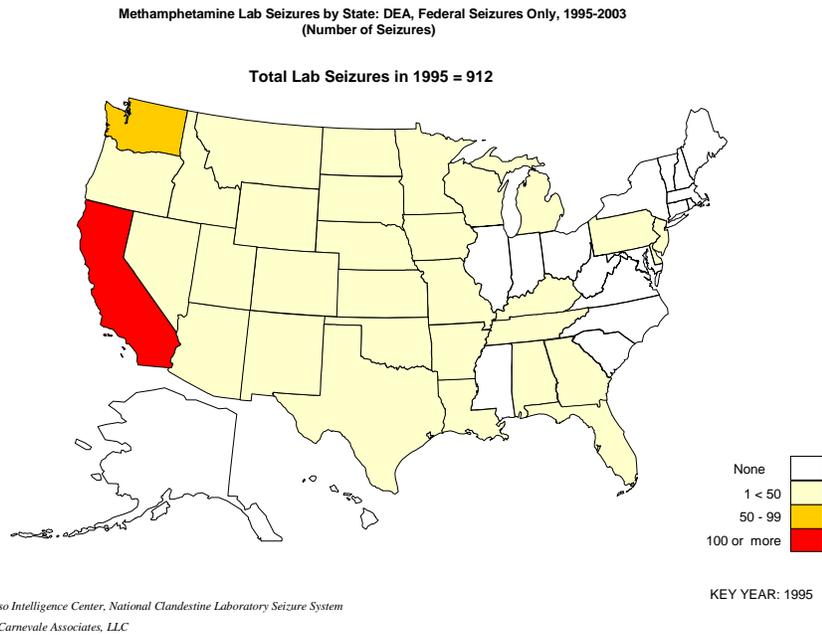
Making meth with these chemicals can result in explosions, chemical fires, and the release of toxic gases. Meth cooking also produces solid and liquid wastes that can contaminate a building and its contents. The dumping of those wastes on the ground, down drains or down sewers can cause contamination of soil, ground water, lakes and rivers. One ounce of meth equals 5 to 6 ounces of toxic waste.

Source: Minnesota Department of Health

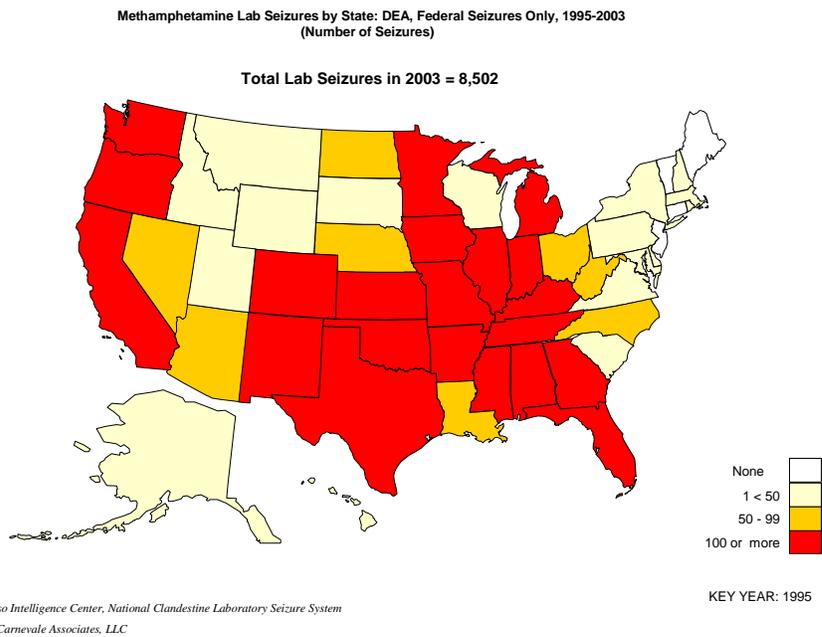


METHAMPHETAMINE LAB SEIZURES IN UNITED STATES

Lab Seizures in 1999



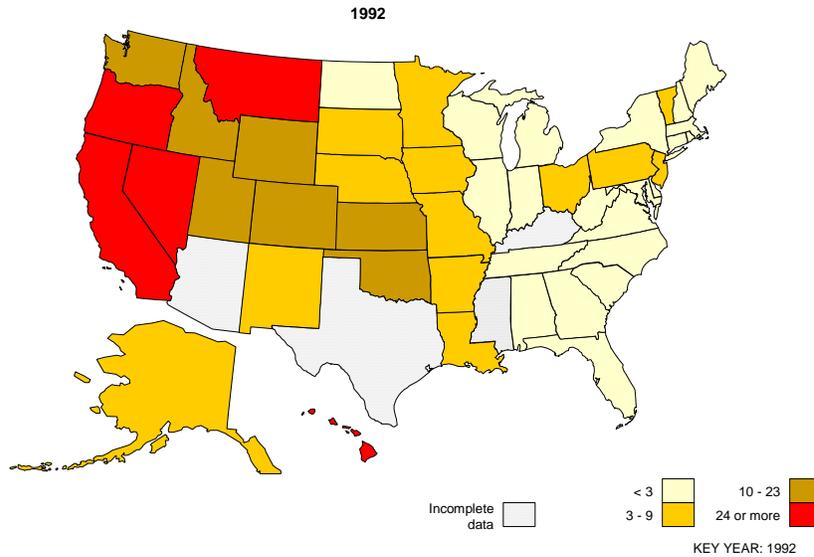
Lab Seizures in 2003



METHAMPHETAMINE PRIMARY METHAMPHETAMINE/ AMPHETAMINE ADMISSION RATES IN UNITED STATES

Admission Rates for 1992

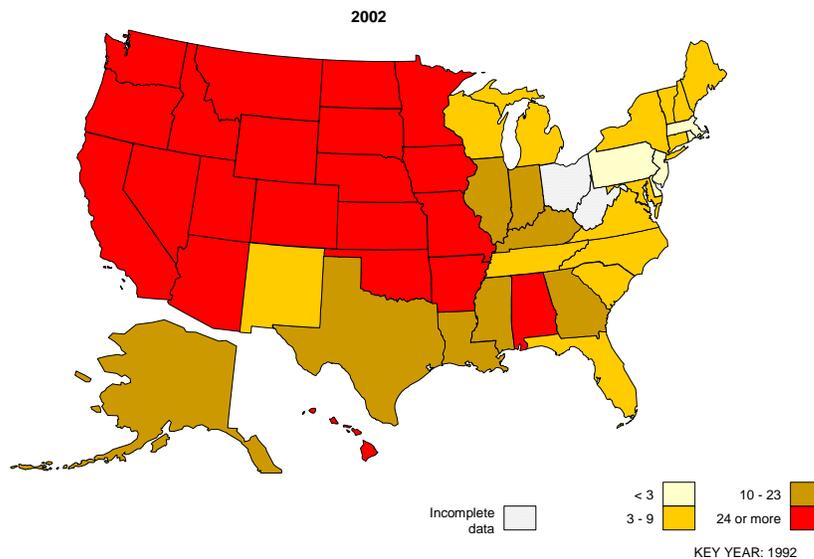
Primary methamphetamine/amphetamine admission rates by State: TEDS 1992-2002
(per 100,000 population aged 12 and over)



Source: Substance Abuse and Mental Health Services Administration

Admission Rates for 2002

Primary methamphetamine/amphetamine admission rates by State: TEDS 1992-2002
(per 100,000 population aged 12 and over)

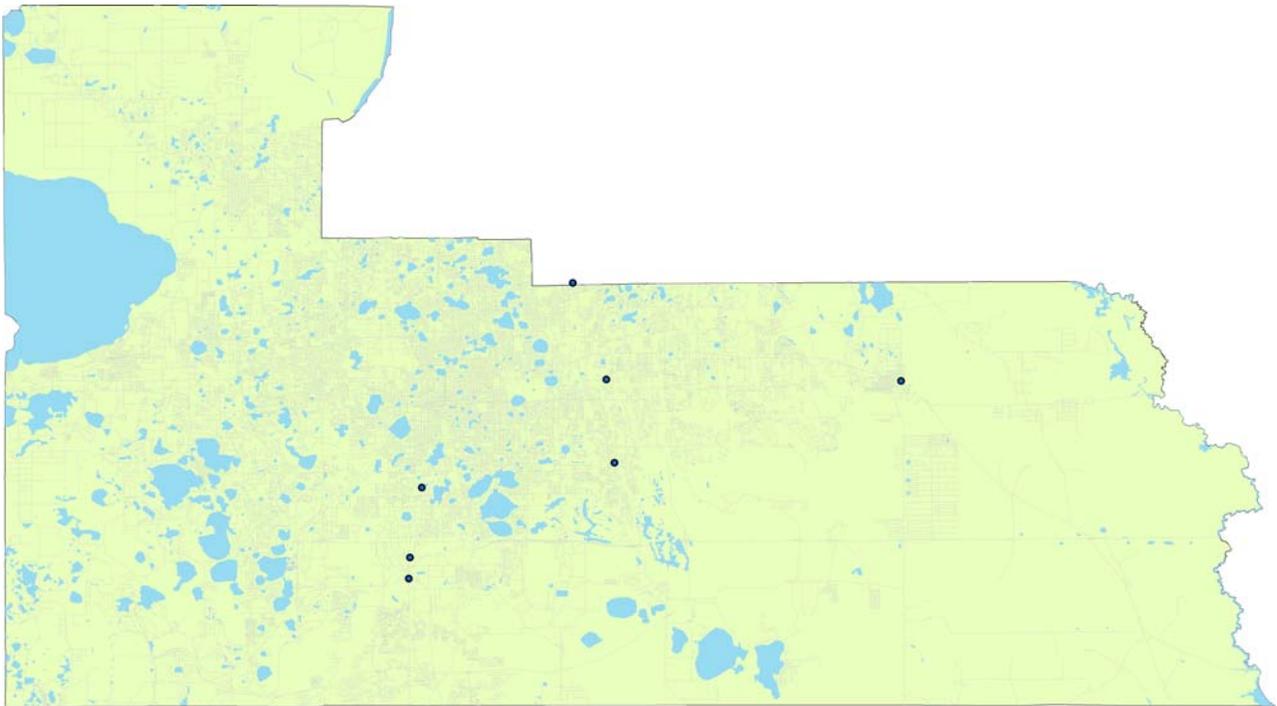


Source: Substance Abuse and Mental Health Services Administration

ORANGE COUNTY METHAMPHETAMINE LABS



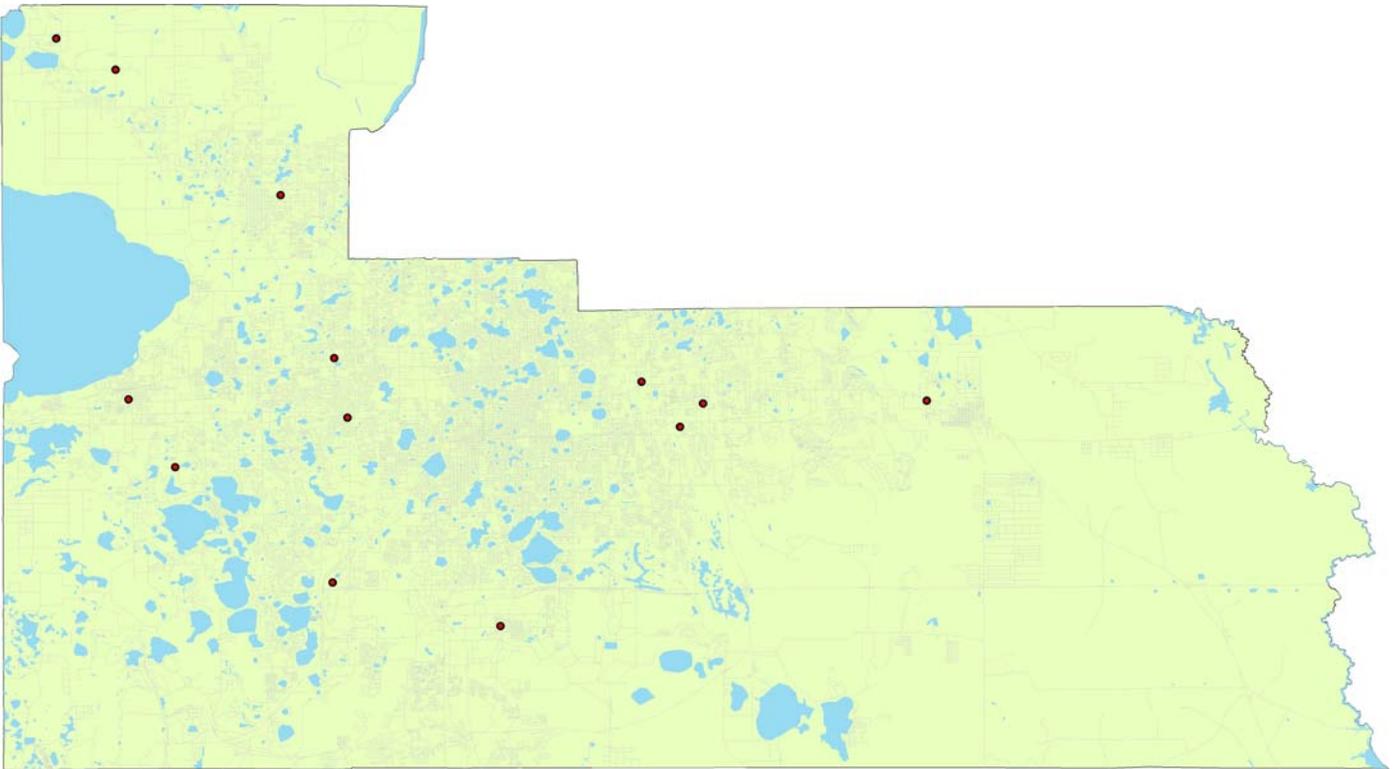
Orange County, Florida
Clandestine Labs FY04



ORANGE COUNTY METHAMPHETAMINE LABS



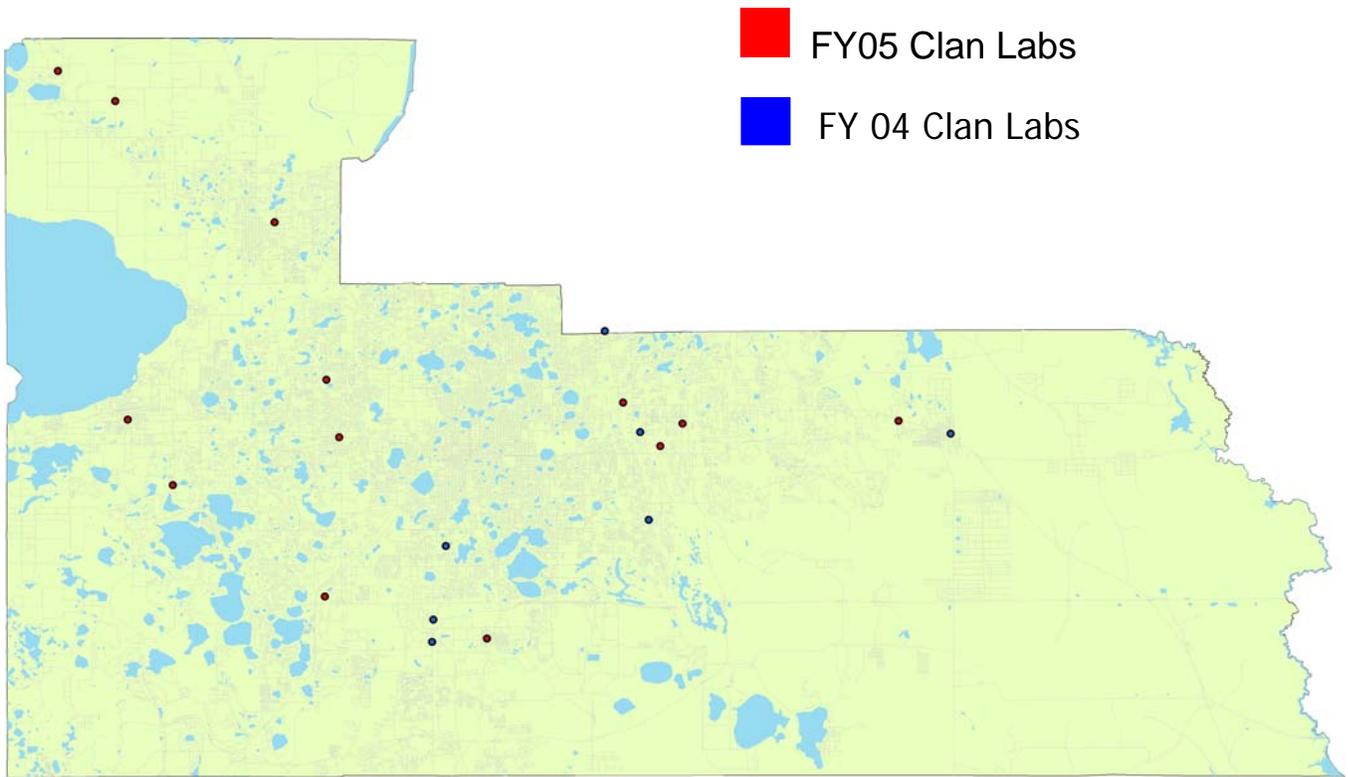
Orange County, Florida
Clandestine Labs FY05



ORANGE COUNTY METHAMPHETAMINE LABS



**Orange County, Florida
Clandestine Labs FY04 & 05**



METHAMPHETAMINE STATISTICS

National Statistics

- A 2003 survey found that approximately 12.3 million Americans aged 12 and older, or 5.2% of the population reported trying methamphetamine at least once during their lifetimes.
- A 2004 NIDA survey of 8th, 10th and 12th graders found that 6.2% of high school seniors reported using methamphetamine within their lifetime.
- In 2004, 1.4 million persons aged 12 or older has used methamphetamine in the past year, and 600,000 had used in the past month.
- Treatment admissions of persons with primary methamphetamine use problems increased from 21,000 in 1993 to 117,000 in 2003 according to Treatment Episode Data Set.
- Cleaning up Methamphetamine sites requires specialized training and costs an average of \$2,000 - \$4,000 per site.
- More than 20% of Methamphetamine labs seized last year have children present.
- During FY2003, there were a total of 4,456 Federal offenders sentenced for methamphetamine-related charges in U.S. Courts.

Source: MethResource.Gov and NSDUH

State & Local Statistics

- 2003 Florida Youth Substance Abuse Survey of 6th – 12th graders reported that 3% used methamphetamine in their lifetime and past 30-day use reported 0.9% use for methamphetamine.
- Lifetime use prevalence in the Orange County schools reports 1.7% of high school students and 1% of middle school students used methamphetamine in their lifetime.
- Past 30-day prevalence of use in Orange County reported 0.1% of high school students and 0.6% of middle school students used methamphetamine in the past 30 days.
- 2004 – Statewide methamphetamine-related deaths reports 93 persons died with the drug present in their body and 19 persons died due to cause of the drug in their body.
- 2005 - Orange County jail processed 78 methamphetamine-related arrests.

Source: Florida Youth Substance Abuse Survey; Orange County Medical Examiner's Office

FEDERAL & STATE METHAMPHETAMINE LEGISLATION

Federal Legislation

Combat Methamphetamine Act contained in the reauthorization legislation generally adopts the principles urged upon Congress by Attorney General Gonzales, Secretary Leavitt, and Director Walters in August 2005, in that it eliminates the blister pack exemption for record-keeping of products containing pseudo ephedrine, better controls the "domestic spot market" for pseudo ephedrine and similar chemicals by imposing a 15-day restriction period on importers when the ultimate recipient of the sale changes after the shipment enters the United States, and imposes a domestic 3.6 gram per-day, per-customer limitation on the retail sale of these chemicals.

Key anti-meth provisions in the legislation include:

- Restricts the sale of necessary ingredients to make methamphetamine.
- Restricts the sale of medicines containing pseudo ephedrine, ephedrine, and phenylpropanolamine (PPA) by placing them behind the counter, requiring purchasers to show identification, and limiting how much one person can buy to 9 grams a month and 3.6 grams in a single day.
- Products must be sold in blister packs, each of which may contain a maximum of two dosage units.
- Creates new DEA Classification for Methamphetamine Precursors.
- Creates a new meth precursor Scheduled Listed Chemicals Section in the Controlled Substances Act, which imposes tougher penalties for meth cooks.
- Gives the Attorney General the authority to establish production quotas for precursor chemicals.
- Provides critical resources to local law enforcement and state and local governments.
- Authorizes an additional \$99,000,000 per year for the next five years under the Meth Hot Spots program to train state and local law enforcement to investigate and lock-up methamphetamine offenders.
- Enhances International Enforcement of Methamphetamine Trafficking.

- Requires the State Department to identify the five largest exporting, and five largest importing countries of these chemicals, and conduct an analysis of worldwide production versus legitimate demand, followed by a plan, submitted to Congress, to reduce diversion of these chemicals.
- Also requires the State Department to take certain actions to prevent the smuggling of methamphetamine into the United States from Mexico, including bilateral efforts at the U.S.-Mexico border and providing equipment and technical assistance.
- Authorizes \$4 million to prevent the smuggling of methamphetamine from Mexico.
- Provides services for children affected by the spread of methamphetamine.
- Authorizes \$20,000,000 in grant funding in 2006 and 2007 for Drug Endangered Children rapid response teams to promote collaboration among Federal, state, and local agencies to assist children affected by the production of methamphetamine.
- Enhances Environmental Regulation Of Methamphetamine By-products.
- Requires reports to Congress by the Department of Transportation and the Environmental Protection Agency regarding by-products of methamphetamine production.
- Enhances Criminal Penalties For Methamphetamine Production And Trafficking.
- Increases penalties for smuggling methamphetamine or precursor chemicals in specified areas.
- Reduces the threshold under which methamphetamine traffickers qualify, for prosecution purposes, as "Kingpins," and provides that Kingpins of "Continuing Criminal Enterprises" will be subject to life imprisonment for a reduced threshold amount of methamphetamine and profits from the drug.
- Provides that offenders who manufacture methamphetamine at a location where a child resides or is present could be eligible for a consecutive sentence of up to 20 additional years of imprisonment.
- Addresses methamphetamine use by pregnant and parenting women offenders.
- Awards competitive 3-year grants to address the use of methamphetamine among pregnant and parenting women offenders to promote public safety, public health, family permanence, and well being.

Proposed Project to State Legislature – Hope & Help Center of Central FL.

Project CLEAR (Community Level Education for Amphetamine Risk-Reduction) submitted by Hope & Help Center of Central Florida, Inc.

Amount: \$150,000 (original amount was \$320,000)

Sponsors: Representative Dean Cannon and Senator Lee Constantine

Project Description:

The use and addiction to synthetically manufactured crystal methamphetamine (commonly known as meth or crystal meth) has created an alarming epidemic with disastrous effects on the psychological and biological system of the user, and consequently dire effects on their families and society in general. Because these effects have been insidious, we are just beginning to wake up to the magnitude of this drug crisis in Orange County, as well as in other areas of Florida. The fall-out has given rise to alarming and documented increases in HIV, Hepatitis C and STI (sexually transmitted infection) prevalence, domestic violence, child abuse and neglect as well as increased violence in our children's schools.

This project provides the equivalent of two FTE's (including closely supervised volunteers) who will train professional staff and at-risk individuals about the dangers and warning signs of meth use. Staff will be responsible for the development of curricula and program materials, establishing relationships and coordinating with the medical, academic and social service staff and communities, as well as providing a portion of the actual training and support to the target populations, as described above. Program materials to be distributed to participants will include detailed training binders, DVDs with educational powerpoint presentations and resource listings, a hard copy directory of treatment programs and support services, and other hand-outs. A website with updated educational information and a resource directory will also be maintained.

Through the training, participants will be able to:

1. Recognize the warning signs of crystal meth use
2. Communicate effectively with clients who may have a substance abuse problem
3. Make effective treatment linkages
4. Provide education to patients and clients regarding the dangers of crystal meth use and successful prevention strategies

LAW ENFORCEMENT SUB-COMMITTEE RECOMMENDATIONS

Chair:

- Steve Collins, Assistant Special Agent In Charge, Drug Enforcement Administration

Members:

- Sheriff Kevin Beary, Orange County Sheriff's Office
- Joyce Dawley, Regional Director, FDLE
- Bill Lutz, Exec. Director MBI
- Mike McCoy, Chief, Orlando Police Department
- Stephen Foster, State Attorney's Office
- Art Whitten, Central Florida Lodging & Hotel Association

Staff:

- Walt Gallagher, Criminal Justice Coordinator, Orange County Public Safety

Objectives:

- 1) This sub-committee will address the number of clandestine labs in Orange County, surrounding counties and the state of Florida. The committee will review the number of ongoing investigations and arrests associated with methamphetamine labs and address the distribution and sale of methamphetamine.

Recommendation:

Utilize the Central Florida HIDTA Intelligence Center to "map" Central Florida Clan Lab locations and monitor "hot spots."

Under the "Combat Meth Act" DEA Diversion Group will interface and liaison with local retailers and identify suspicious purchasers of ephedrine products.

DEA/FDLE and local Central Florida Narcotics Units will continue to share intelligence information on Meth distribution organizations. These investigations will be aimed at complete dismantlement of the organization utilizing a "top" to "bottom" strategy.

Funding Request: None

- 2) The sub-committee will also work closely with the Drug Enforcement Administration on training issues for law enforcement and other emergency responders.

Recommendation: DEA will continue to provide training for state and local officers in Clan Labs Certification on an "as needed basis" and also conduct yearly recertifications. DEA/ FDLE/OCSO will continue to provide periodic "First Responder Training".

Funding Request: None

- 3) The sub-committee will work with Public Education and Public Health to focus on educating and training the emergency responders, environmental health, public health, solid waste, code enforcement, child case workers, hotel & motel associations, and hospital personnel on the environmental health concerns and proper disposal of methamphetamine lab materials.

Recommendation: Orange County Methamphetamine Task Force Law Enforcement Subcommittee will work with Carol Burkett, Task Force Coordinator to convene a roundtable discussion for law enforcement and other government agencies that might have exposure to Methamphetamine. The training will provide information on the signs and symptoms of Meth for those agencies that might have contact with Meth users, cookers, children exposed to Meth and dwelling that have been contaminated by Meth. We will also discuss each agency's role and the appropriate contacts in the process.

Funding Requested: None

- 4) The sub-committee will also work with the Public Education & Public Health Subcommittee's regarding brochures and pamphlets on human exposure of lab chemicals in and around homes and other structures.

Recommendation: Included in Public Education Subcommittee Recommendation #1, 3 & 6)

Funding Requested: (Included in Recommendation #1, 3 & 6)

PUBLIC EDUCATION SUB-COMMITTEE RECOMMENDATIONS

Chair:

- Rich Morrison, Regional Vice President, Florida Hospital

Members:

- Alan Abramowitz, District Administrator, Department of Children & Families District 7
- Dr. Paul Maiden, Associate Professor, School of Social Work, University of Central Florida
- Marge LaBarge, SAFE Administrator, Orange County Public Schools
- Carolann Duncan, Program Administrator, Department of Children & Families, Substance Abuse & Mental Health
- Dana Loncar, Orlando Regional Health Care
- Kathy Walker, Orange County Health Department

Staff:

- Donna Wyche, Administrator, Health & Family Service Department

Objectives:

- 1) This sub-committee will look at current health education programs for our youth, colleges, parents, and the community at-large.

Recommendation:

The committee recommends the inclusion of the Life or Meth Public Service Announcements and Amy's Story as part of the ATOD curriculum for Orange County Public Schools.

The University of Central Florida provides education and awareness about the dangers of Methamphetamine through their AOD program. Review PSA's and Amy's Story with UCF and other college campuses for their use.

PSA's & Amy's Story will be provided to community prevention programs for inclusion in their ATOD programs.

The Orange County Drug Free Office will produce a community-wide Drug Education Newspaper in English and Spanish that will provide Methamphetamine education and awareness information for parents and the community at-large.

The committee recommends the development of a two sided bill stuffer on the Dangers/Signs and Symptoms of Meth and Meth Before and After Photos to be distributed throughout Utilities Bills, Cable Bills, Telephone Bills and Bank Statements.

The Orange County Drug Free Coalition will also include Methamphetamine education as part of the Newspaper In Education that's distributed to over 180,000 elementary, middle and high school students in Orange County. Distribution date – August 2006. Meth education will primarily reside in the High School publication.

**Funding Requested: CD copy costs for Life or Meth CD - \$300
Methamphetamine Bill Stuffer Information - \$3,000**

Existing Funding: \$85,000 for Drug Education Newspaper and Newspaper In Education

- 2) The sub-committee will also address school-based, college and community-based prevention programs addressing methamphetamine issues. The committee will examine methods of dissemination for countywide educational and awareness information to include a media campaign.

Recommendation: (Included under Objective# 1, 3, & 6)

Funding Requested: (Cited under Objective #1, 3, & 6)

- 3) The sub-committee will focus on community/parent forums and educational presentations addressing the dangers of methamphetamine, the addiction, clandestine labs and other health and environmental concerns.

Recommendation: The subcommittee recommends the Orange County Drug Free Office work with experts in the field to provide Dangers of Methamphetamine presentations to the community through parent forums, community meetings, drug conferences and health fairs.

Current Methamphetamine Education Presentations:

January 17, 2006 – Annual Law Enforcement Conference, Rosen Center
200 Attendees

Methamphetamine & Clandestine Labs

Presenter: Cpl. Mike Hopkins, OCSO

March 3, 2006 – Annual Faith, Recovery & Care Conference, Calvary Assembly of God

180 Attendees

Methamphetamine – Dangers of Meth and Treatment of Meth

Presenters: Cpl. Mike Hopkins, OCSO and Dr. Debbie Orr, CFDFL
Upcoming Presentation to ER Interns
Methamphetamine Signs & Symptoms
Presenter: Dr. Ralls, Orange County Medical Director

Upcoming Presentation to Annual FADAA Conference (Aug. 16-18)
A Closer Look at Methamphetamine
Presenters: Cpl. Mike Hopkins & Dr. Debbie Orr

Upcoming Coalition Treatment Conference, Addictions & Disabilities Seminar, Drug Free Workplace Seminars, Community Events and Back to School Events.

Funding Requested: Copy Costs - \$200

- 4) The sub-committee will work with pharmacists, hotel and lodging associations and local farmers to ensure chemicals associated with producing methamphetamine are protected.

Recommendation: Work with law enforcement and the Drug Free Office to develop Tips for Pharmacists, Hotel & Lodging Associations, Neighborhood Associations and Farmers on the dangers of Methamphetamine and the production of Methamphetamine. Materials will be translated in multiple languages to include English, Spanish and Creole.

Funding Requested: \$600 – Color Copying and Laminating Costs

Recommendations: Carol Burkett will work with Kansas Methamphetamine Task Force regarding copyrighted document "Tips for Home Visits for Child Care Workers" as well as provide Tip cards for Neighborhoods, Public Safety and other key public(s) identified.

Funding Requested: Copying and Laminating Costs - \$1,000

- 5) The sub-committee will work with Law Enforcement and Public Health to focus on educating and training the emergency responders, environmental health, public health, solid waste, code enforcement, child case workers, hotel & motel associations, and hospital personnel on the environmental health concerns and proper disposal of methamphetamine lab materials.

Recommendation: Orange County Methamphetamine Task Force Law Enforcement Subcommittee will work with Carol Burkett, Task Force Coordinator to convene a roundtable discussion for law enforcement and other government agencies that might have exposure to Methamphetamine. The training will provide information on the signs and symptoms of Meth for those agencies that might have contact with Meth users, cookers, children exposed to Meth and dwellings that have been

contaminated by Meth. We will also discuss each agency's role and the appropriate contacts in the process.

Drug Endangered Children Training by the Attorney General's Office should be provided to District 7 Case Workers.

Funding Requested: None

- 6) The sub-committee will also work with the Public Health & Law Enforcement Sub-Committees' regarding a media awareness campaign on the dangers of Methamphetamine to the general public and schools focusing on the explosive nature of Methamphetamine, human exposure and environmental concerns.

Recommendation: Launch the "March of Meth" public awareness campaign in Orange County. Utilize experts in the field to assist the media and the community to visualize how the Meth epidemic starts, the costs of Meth and how it can be halted before it becomes a problem.

- Kick-off Public Awareness Campaign,
- Launch Billboard campaign targeting the most concentrated area for Meth use and/or production and Education Campaign (PSA's in school/posters, etc) in English and Spanish. Incorporate radio commercials that coincide with billboard campaign.
- Launch Public Service Announcements via Orange TV, Transit TV, Spanish Electronic Media, and Major Networks.
- Launch Public Services Announcements via Theatre Ads. Lobby posters can also compliment the campaign. Cross promotional campaign with Transit TV.
- PSA's addressing environmental effects (involve Sierra Club/Public Health & EPD).
- Panel Discussion shot at Orange TV Studio on "Meth Epidemic – Is Florida Next?"
- Designate a week for Orange County Methamphetamine Prevention to increase awareness of Methamphetamine and educate the public on ways to help prevent the use of the substance (Resolution presented at Orange County BCC with Task Force Members – encourage other municipalities to adopt the resolution).
 - Resolution language addition – Whereas Central Florida has the opportunity to prevent this scourge "March of Meth"

**Funding Requested: Billboard Campaign (English & Spanish) - \$50,000
Theatre Ads & Lobby Posters - \$25,000
Development of Theatre Ads - \$500 per ad**

Existing Funding: Contract with Transit TV to produce Methamphetamine Public Service Announcements - \$12,000

PUBLIC HEALTH SUB-COMMITTEE RECOMMENDATIONS

Chair:

- Debbie Tucci, Area 7 HIV/AIDS Program Coordinator
Orange County Health Department
- Lena Chatmon, CDC

Members:

- Dr. Debbie Orr, The Center for Drug Free Living
- Dr. George Ralls, Orange County Medical Director
- Dr. Jay Flicker, Hope & Help Center
- Dr. Jan Garavaglia, Chief Medical Examiner, Orange County Medical Examiner's Office
- Jim Hinson, Orange County Health Department
- Kathy Walker, Orange County Health Department

Staff:

- Michael Dey, HIV/AIDS Clinical Director, Orange County Health Department
- Kathy Fuchs, Director, Environmental Health, Orange County Health Department
- David Overfield, Deputy Director, Environmental Health, Orange County Health Dept.

Objectives:

- 1) The sub-committee will increase awareness in the community about the health and mental health consequences of methamphetamine use.
 - Schools (Students, Staff & Parents)
 - Community Doctors & Emergency Rooms
 - Mental Health & Substance Abuse (Prevention & Treatment Providers)
 - Law Enforcement & Corrections Department
 - Gay/Lesbian/Bi-Sexual Social Venues where drug use & sex may occur

Recommendation: Public Education Subcommittee (Recommendation #1) - The Orange County Drug Free Office will produce a community-wide Drug Education Newspaper in English and Spanish that will provide Methamphetamine education and awareness information for parents and the community at-large.

The committee recommends the development of a two sided bill stuffer on the Dangers/Signs and Symptoms of Meth and Meth before and after Photos to be distributed throughout Utilities Bills, Cable Bills, Telephone Bills and Bank Statements.

The Orange County Drug Free Coalition will also include Methamphetamine education as part of the Newspaper In Education that's distributed to over 180,000 elementary, middle and high school students in Orange County. Distribution date – August 2006.

Public Education Subcommittee (Recommendation #3) - The subcommittee recommends the Orange County Drug Free Office work with experts in the field to provide Dangers of Methamphetamine presentations to the community through parent forums, community meetings, drug conferences and health fairs.

Law Enforcement Subcommittee (Recommendation #3) - will work with Carol Burkett, Task Force Coordinator to convene a roundtable discussion for law enforcement and other government agencies that might have exposure to Methamphetamine. The training will provide information on the signs and symptoms of Meth for those agencies that might have contact with Meth users, cooks, children exposed to Meth and dwelling that have been contaminated by Meth. We will also discuss each agency's role and the appropriate contacts in the process.

Funding Requested: Provided under Public Education Committee Recommendation #1.

Funding Requested: Provided under Public Education Committee Recommendation #3.

- 2) The sub-committee will work with specific stakeholders for a commitment to resources for ongoing education and prevention efforts.
 - o Outreach Programs that currently target at-risk groups (HIV prevention)
 - o Corrections/Management Team
 - o Department of Children & Families Child Care Workers
 - o Department of Health

Recommendation: The Public Health Subcommittee will provide various training presentations on Methamphetamine, signs & symptoms of Meth use, children exposed to Meth, and treatment of Meth for the stakeholders listed in objective 2. Funding is being requested to provide for time and travel for various speakers, preparing stakeholder specific presentations and trainings, materials and printing costs for training.

Funding Requested: \$20,000

- 3) The sub-committee will create a network of community self-help groups (outside of traditional treatment settings) that engage current users.

Recommendation: Propose a network of community based psycho-education and support groups for users of Methamphetamine who are seeking information. The groups will focus on harm reduction techniques, support for current and contemplating crystal meth users, education about crystal meth and skill building exercises to assist individuals in decreasing or ceasing to use this substance. The groups will be facilitated by volunteers/professionals recruited from the community who are dedicated and knowledgeable in the crystal meth and the substance abuse arena.

Proposed plan requests one full-time staff person (Master's Level) to oversee the program. This person will be an addictions/mental health professional responsible for overseeing and carrying out the program. Funds will also be used for marketing, training materials, event support, and outreach capacity and computer equipment for the staff person.

Funding Requested: \$75,000

In-Kind Donations: Hope and Help Center and The Center for Drug Free Living have offered space for conducting support group meetings.

Hope & Help Center has also offered to provide space for the proposed Support Group Coordinator.

- 4) The sub-committee will address environmental issues as a result of clandestine labs.

Recommendation: The US Drug Enforcement Administration provides Methamphetamine cleanup & containment services via contract utilizing Federal asset forfeiture funds in Orange County and throughout the region.

- After clean-up assessment of a clandestine lab for purposes of re-occupying the facility.

In order to be able to offer this service, an official policy designating the OCHD Environmental Health Program as the official responsible entity would have to be established and disseminated among Orange County via brochures and educational presentations. Along with that determination, provisions/funding for personnel, equipment, personnel training, and supplies necessary to carry out this process would need to be allocated. Estimated personnel cost for 1 FTE: \$40,000; Equipment and Maintenance Cost: \$30,000; Lab Cost: \$1,500 per site samples; Supplies: \$500; Staff training/travel: \$7,000.

Funding Requested: \$79,000

- 5) The sub-committee will work with Public Education Sub-Committee to focus on educating and training the emergency responders, environmental health, public health, solid waste, code enforcement, child case workers, hotel & motel associations, hospital personnel on the environmental health concerns and proper disposal of methamphetamine lab materials.

Recommendation: Orange County Methamphetamine Task Force Law Enforcement Subcommittee will work with Carol Burkett, Task Force Coordinator to convene a roundtable discussion for law enforcement and other government agencies that might have exposure to Methamphetamine. The training will provide information on the signs and symptoms of Meth for those agencies that might have contact with Meth users, cookers, children exposed to Meth and dwelling that have been contaminated by Meth. We will also discuss each agency's role and the appropriate contacts in the process.

Funding Requested: None

- 6) The sub-committee will also work with the Public Education Sub-Committee regarding brochures and pamphlets on human exposure of lab chemicals in and around homes and other structures.

Recommendation: (Included in Public Education Sub-Committee Recommendation #1 & 6)

- 7) The sub-committee will address the increase in Sexually Transmitted Diseases (Syphilis, Gonorrhea, Chlamydia and HIV) in Orange County through increased education and outreach efforts by the Orange County Health Department, STD Program staff.

Data indicates that Chlamydia cases grew by 22.3% from 3,407 in 2004 to 4,166 in 2005 (Cases/100,000 population up 19%). Gonorrhea also increased by 23% from 1,622 cases in 2004 to 1,994 in 2005 (Cases/100,000 population up 20%). Syphilis increased 44% for Orange County to 196 cases in 2005 from the 136 cases reported in 2004 (Cases/100,000 population up 46%). While seeing a slight increase in newly reported HIV cases from 278 in 2004 to 296 cases in 2005, Orange County experienced a significant reduction in the rate of new HIV cases compared to recent years. This increase in STD rates in Orange County is the highest per capita for the entire State of Florida.

Although current data is not available showing the impact of recreational drug use, specifically crystal methamphetamine, on the increase in STDs in Orange County, anecdotally, through interviews and conversations with infected persons, feedback indicates that the use of this drug is on-going and on the rise. With knowledge of the effects that this and other drugs have on a person's ability to act responsibly,

the Leadership of the OCHD approached Mayor Crotty to initiate this task force to address the issues of crystal methamphetamine use and rising STD cases.

Recommendation: Orange County Methamphetamine Task Force to endorse the Rapid Response Team and need for Disease Intervention Specialists (DIS) in Orange County. The DIS is primarily responsible for interviewing infected persons to identify persons that may have been exposed to disease or could benefit from a checkup because of whom they associate with. They then assure those persons are notified and offered testing and treatment as appropriate. Other areas of responsibility include notifying persons that have a disease and assuring appropriate treatment, outreach blood testing/screening for syphilis and HIV, educational presentations and surveillance of diseases. We would also explore federal and state funding opportunities and local matching funds that would assist in combating the STD increases in Orange County.

Funding Requested: None

FUNDING REQUEST SUMMARY

Life or Meth PSA's (CD Copies)	\$ 300.00
Methamphetamine Two-Sided Bill Stuffer	\$ 3,000.00
Training Materials for Meth Presentations	\$ 200.00
Pharmacists/Farmers and Hotel & Lodging Associations Signs & Symptoms Card (multiple languages & laminated)	\$ 600.00
Methamphetamine Tips for Home Visits for Child Care Workers and Meth Tips Card for Neighborhood Associations, Public Safety and other Key public(s) defined (laminated)	\$ 1,000.00
Methamphetamine Billboard Campaign (English & Spanish) targeted areas defined by Law Enforcement	\$ 50,000.00
Methamphetamine Theatre Ad PSA Campaign, Lobby Promotion and Poster Ad Campaign (includes cost of developing 30 second and 1 minute PSA's)	\$ 27,000.00
Contract with provider(s) to develop and administer Meth training materials to designated stakeholders	\$ 20,000.00
Contract with provider for a staff position to coordinate Network of community based psycho-educational support Groups for users of Methamphetamine who are seeking Information (funds provide for training and travel costs, materials and computer equipment).	\$ 75,000.00
Environmental Health Program cleanup assessment of Clandestine lab (includes VOC meters and other air sampling equipment).	<u>\$ 79,000.00</u>
FUNDING REQUEST TOTAL:	\$256,100.00

EXISTING/IN-KIND FUNDING SUMMARY

Community Drug Education Awareness Newspaper distributed in English & Spanish to over 600,000 households (provided by the Orange County Coalition for A Drug Free Community Office).	\$50,000.00
Newspaper In Education distributed to 180,000 elementary, Middle and High School students (collaborative partnership with Orange County Drug Free Coalition and the Orange County Public Schools SAFE Program Office).	\$35,000.00
Contract with Transit TV to produce and air Methamphetamine Public Service Announcements	\$12,000.00
Hope & Help Foundation provided staff space and Equipment for Network Coordinator of Community Based Psycho-Education and Support Groups	\$ 1,200.00
The Center for Drug Free Living will provide meeting space for Community Based Psycho-Educational and Support Groups	\$ 1,200.00
Methamphetamine Clandestine Lab Clean-Up (beginning Oct. 2005 - Federal funds)	<u>\$ 9,260.00</u>
EXISTING/IN-KIND FUNDING TOTAL	\$108,660.00

TIMELINE

<u>Activity</u>	<u>Timeline</u>
Map out clan labs and "hot spots" in Orange County	Quarterly
Provide training for law enforcement and emergency responders for state and local officers and periodic "First Responder Training."	As Needed
Convene a roundtable discussion for law enforcement and government agencies that might have exposure to Meth	June 2006
Provide Life or Meth Public Service Announcements and Amy's Story as part of ATOD curriculum	August 2006
Provide Life or Meth Public Service Announcements and Amy's Story for community prevention programs, colleges and university	May 2006
Provide community-wide Drug Education Newspaper in English and Spanish includes Meth education and awareness information	August 2006
Development of two-sided stuffer on Dangers of Meth and Signs and Symptoms of Meth with before and after photos of Meth users	June 2006
Newspaper In Education (High School version) with Meth education and Faces of Meth photos	August 2006
Educational presentations on Meth at Parent Forums, Community meetings, drug conferences and health fairs	Ongoing
Develop "Tips Card" for pharmacists, hotel and lodging associations to ensure chemicals associated with methamphetamine are protected (multiple languages)	June 2006
Kick-off "March of Meth" Public Awareness Campaign <ul style="list-style-type: none"> • Billboard Campaign • Theatre Ads & Lobby Promotions • PSA's on Orange TV, Transit TV and other outlets • Panel Discussion on Meth Epidemic • Designate Meth Prevention Week 	June-Aug. 2006

Activity

Timeline

Training presentations to various groups on Meth signs & Symptoms, Meth use, Children exposed to Meth & Treatment of Meth

June 2006

Coordinator will establish Network of Community Self-Help Groups (outside traditional treatment settings) that engage current methamphetamine users

Jan. 2007

After clean-up assessment of a clandestine lab for the purposes of re-occupying the facility

Oct. 2006

- 1 FTE
- Equipment & Maintenance
- Lab Cost
- Supplies
- Training/Travel