Family and Youth Institute
Colorado State University Cooperative Extension
and College of Applied Human Sciences

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Colorado State University

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METHAMPHETAMINE

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Drug of Choice

by Cheryl Asmus, Ph.D., Director, Family and Youth Institute, Colorado State University

This issue looks at methamphetamine, possibly the most devastating drug ever to hit the United States. It is a drug that is growing in popularity and cutting across all types of communities (urban to rural), ethnicities, economic status and age groups. As the drug's popularity grows, so too does associated crime, child abuse, and very dangerous toxic environmental pollution that results from its manufacture.

Our first-person account of drug use is told by a Colorado teenage girl. This story shows the absolute relevance and impact of her "environment" on her drug use and recovery. Until this young woman was able to move out of her drug-abusing home environment, she was unable to change her behavior and continued to abuse alcohol and other drugs. Even with treatment, she was only able to maintain a drug-free

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My Path to Success

by Cecilia Florez, Loveland

In the year 2003, I was at the lowest point in my life so far. I had dropped out of school in the 9th grade and had not returned. I had an ok 8th grade education and no interest in furthering it. To me, at the time, doing drugs was more important than getting an education. I had smoked cigarettes since I was 11 to be cool; smoked pot since I was about 12; and started using methamphetamines (meth) when I was 13 because my sister and her friends let me. At that time I did what I wanted, when I wanted, but still wasn't happy. My older sister had a baby and during the first six months of this little girl's life, my niece started to inspire me to do something with my life, instead of sitting around and doing drugs.

After that I realized my niece needed a role model. I tried to pull myself out of the bottomless pit I had created. I was 16-years-old and I moved out of my mom's house for the second time hoping to make a better environment for my niece to grow in. It seemed like my sister wasn't high every day if I wasn't there to get high with. I moved to my cousin's house and started selling drugs for him. But I wasn't the only one throwing away my life; there was my older sister and all of her friends. I couldn't just tell her friends to get lost because that wasn't my place. I did end up slowing the traffic down at my mother's house just by not being there.

About a month after I moved to my cousin's, I ended up getting arrested and going to jail for a month. I was riding in a car with friends and was pulled over for reckless driving. The officer found out the passenger was wanted for prior offenses and then searched the car, including my purse. I was sent to jail for possession of a

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Invitation to dialogue
What issues and concerns would you like to see addressed?

Contact FYI at:

Family and Youth Institute
201 Gibbons Building
Colorado State University
Fort Collins, CO
80523-1501

Phone: 970-491-6070

Fax: 970-491-7859

E-mail: ouren@cahs.colostate.edu

www.cahs.colostate.edu/fyi/

Treatment Challenges for the Methamphetamine Addicted and the Providers That Serve Them

by Rhonda Taylor-Fraser, Program Manager of Intensive Treatment Services at Island Grove Regional Treatment Center

Methamphetamine (meth) has become the primary drug of choice that clients are being treated for in the inpatient treatment program at Island Grove in Greeley, CO. Most of our clients come from 12 northeast counties in Colorado – not including the Denver or Boulder areas. In 2002, meth surpassed alcohol as the drug of choice. This gap has continued to widen. Our treatment center continues to develop treatment plans and strategies to meet the increasing demand.

Methamphetamine addiction treatment presents some unique challenges because meth is such an intense stimulant, highly addictive and causes long term physical and mental disorders. Methamphetamine affects the neurotransmitters dopamine and serotonin. It floods the system with these neurotransmitters causing the feelings of euphoria that elicit reward for drug use. Meth damages brain cells containing dopamine and serotonin. Over time, methamphetamine appears to cause reduced levels of dopamine. This reduction may cause a severe movement disorder much like Parkinson's Disease. The acute detoxification phase can be characterized by various degrees of agitation, somnolence (drowsiness), and inability to focus. Additionally, meth abusers can have episodes of violent behavior, paranoia, anxiety and confusion.

In most cases, when the client terminates the use of the drug they experience depression associated with diminished levels of dopamine and serotonin. While pharmacological therapy can reduce symptoms of depression, access to psychotropic medications is limited. Addicts early in recovery have difficulty coping with depression and tend to return to use as a way to alleviate the symptoms.

In addition to depression and other physical issues, the newly recovering methamphetamine addict must face severing ties with his or her old using network. Because the paranoia experienced by current meth addicts is extreme, it leads them to try and engage the newly clean addict in old behaviors in order to avoid perceived danger. For example, if they can just get the newly clean addict to use again, the current addict won't have to worry about being turned in to the authorities. For this reason, newly clean addicts repeatedly experience pressure to use. At times this comes in the form of violence and sometimes death. Violence among peers, domestic violence and abuse against children is frequent. This phenomenon accounts for the lack of voluntary treatment admissions. Presenting for treatment, even when court ordered, can be risky business. Very few of the methamphetamine addicts who enter our treatment program have come solely of their own volition. Most have been referred by the county Department of Human Services or probation. The few who come voluntarily, present to treatment hoping to avoid or reduce impending legal consequences.

Beyond treating the physical drug addiction, many other issues must be addressed to increase the likelihood of a successful outcome. More than 20 percent of the meth labs seized last year had children present and multitudes more are directly exposed to users. Children who do not experience physical abuse may experience severe neglect. When parents are using, they are often not home. Children are left to fend for themselves or left in the care of others. When addicts "crash," they sleep for extended periods of time and are unresponsive to their children's needs. Most clients referred by the Department of Human Services end up in treatment after being charged with neglect. In addition to educating clients regarding their drug use, much time is spent dealing with the meth addict's feelings or beliefs associated with the abuse or neglect of their children.

Many clients have experienced physical and sexual abuse while using meth. Therapy needs to include treatment plans targeting this abuse when appropriate. Tackling this issue may be necessary for the client to remain abstinent or it may trigger the desire to use. Determining which route to take is a delicate issue.

Other important factors in successful

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Meth Treatment *continued from page 2*
outcomes include mental health counseling, psychotropic medications, parenting classes and legal employment.

The challenge of financially providing long-term effective treatment is multi faceted. Financing for drug and alcohol treatment is limited. As a non-profit treatment center offering services ranging from inpatient residential to group outpatient resources, Island Grove Regional Treatment Center is witness to the reality of these issues. The costs for patients from Island Grove's area are on a sliding scale, but clients from other locations are charged a set fee. Many meth addicts have dual diagnoses and resources for the indigent dually diagnosed client are limited. Inpatient substance abuse treatment is never covered by Medicare or Medicaid. In June of 2006, outpatient services will be covered for the first time. Some mental health treatment centers that do substance treatment can get Medicare/Medicaid funding by listing the mental health diagnosis as primary.

To increase successful treatment outcomes for methamphetamine addicts, we must adopt a philosophy that values long term treatment across a continuum of levels of intensity. Residential treatment is a good starting place as it protects the addict from negative social influences. To practice recovery skills learned in residential treatment, clients move to intensive outpatient for the next step in the continuum. Outpatient services are recommended as the last step. Following formal treatment, clients experience better outcomes if they are involved with community support such as Narcotics Anonymous.

In order to address meth abuse for the long term, it must be dealt with on several community levels. It requires collaboration among various service providers. Island Grove is involved in meetings with the Health District of North Larimer County, Northern Colorado Health Alliance, North Range Behavioral Health and Larimer Center for Mental Health. Working toward a plan is in the beginning stages, but is being actively pursued by Island Grove. The state is supporting both mental health and substance treatment in joining together to provide services for clients presenting with both diagnoses. Awareness levels are rising and are leading to continued progress of a collaborative community action plan. ◊

Meth Lab Cleanup in Colorado

by Colleen Brisnehan, Environmental Protection Specialist, Colorado Department of Public Health and Environment, Hazardous Materials and Waste Management Division

While methamphetamine (meth) use is a growing problem throughout the United States, contaminated properties where meth was produced have become an important concern for many state and local regulatory agencies. Typically after a meth lab is discovered by law enforcement, meth lab-related chemicals and containers are removed. However, if methamphetamine manufacturing has taken place, contamination is left on surfaces and in absorbent materials, posing health concerns to persons exposed to them.

During the meth cooking process, vapors and particulates are produced that deposit on nearby surfaces and can be absorbed by porous materials. Chemical spills and careless handling of meth lab supplies and equipment can also cause contamination. All surfaces and materials in the vicinity of "cooking" areas are affected, including floors, walls, ceilings, furniture, carpeting, draperies and ventilation systems. Other areas of contamination may include locations where contamination has migrated, such as hallways or common areas, adjacent rooms or apartments, and common ventilation systems.

In Colorado, the two most common methods for making methamphetamine are the Red Phosphorus and Anhydrous Ammonia methods. Both involve a solvent extraction of ephedrine from common over-the-counter cold medications or weight loss products. The Red Phosphorus Method involves "cooking" the ephedrine with red phosphorus (or hypophosphorus acid), iodine and water (to produce hydriodic acid). Gasses produced during the initial cooking process include phosphine gas, hydrochloric acid gas and hydriodic acid gas. The resulting acidic mixture must be made basic before the meth base is extracted, this is usually done by adding sodium hydroxide (lye). If using the Anhydrous Ammonia Method, the ephedrine is "cooked" with lithium (usually from batteries) and anhydrous ammonia. After the "cook" is completed, a solvent (usually Coleman fuel) is then added to the mixture to absorb the meth base. The solvent layer is then separated out. The final step, referred to as "salting out", is to remove the meth base from the solvent in the form that the body can "use" (meth hydrochloride). This is done by bubbling hydrogen chloride gas through the solvent. The hydrogen chloride gas is usually produced by mixing aluminum with muriatic acid or adding salt to sulfuric acid. Contamination of structures where methamphetamine is manufactured primarily occurs during the "cooking" and "salting out" processes.

Statutory Requirement to Perform Cleanup

On April 21, 2004, Governor Owens signed House Bill 04-1182 (Section 25-18.5-102 C.R.S., et.

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Drug of Choice, *continued from page 1*

lifestyle in a new home.

Rhonda Taylor-Fraser from the Island Grove Treatment Center describes the challenges and necessities of treatment and recovery for methamphetamine users. Her article also gives us a thorough look at the effects of methamphetamine users and their families in addition to the impacts on drug treatment facilities and typical treatment outcomes.

Because every pound of methamphetamine produced results in over five pounds of toxic waste, Colleen Brisnehan, Environmental Protection Specialist for the Colorado Department of Public Health and Environment, provides us with a technical look at the impact of meth labs and their clean-up in our communities. She also explains how local and state governments, along with the State Board of Health, have implemented regulations and statutes on cleanup standards. This article brings to light the seriousness of this particular drug. The process and ingredients in its manufacture are a serious enough hazard to warrant special environmental regulations; yet, we know that the majority of the meth labs are more than likely still in full production in our neighborhoods. The toxic substances are endangering their "cooks," the cooks' children, the neighbors, wildlife, ground water and plants. Though many argue that drug use is a "victimless crime" (only the user gets hurt), methamphetamine's incredibly damaging effect on the environment keeps this particular drug out of the "victimless" category. Unlike many drugs, this one is affecting America's small towns and rural areas because the secluded farms and remote areas are ideal places to manufacture methamphetamine. Farmers, ranchers and road clean-up crews are all being taught about the dangers of picking up plastic bags found along a road or in a field since compliant toxic waste disposal is not a high priority for meth producers.

"...every pound of meth manufactured creates five to six pounds of toxic waste."

We wrap up this issue with some statistics on methamphetamine use in Colorado and how it has changed over the past ten years. The statistics point to increased use each year. Besides its addictive qualities, another reason for the rapid growth in meth production and use is that it is simple and inexpensive to create. The ingredients are all readily available and recipes can even be obtained online. Ten years ago most people had not even heard of meth, now 60 percent of the male inmates in prisons are users and new prisons are being built for female users. Unfortunately, methamphetamine is affecting all of America in many different areas and the impact will be felt for many years to come. ◊

Meth Lab Cleanup, *continued from page 3*

seq.) into law. This statute required the State Board of Health to set cleanup standards for properties used as meth labs. The statute provides that a property owner who cleans up a property in accordance with these standards will have immunity from civil lawsuits by future owners, occupants, or neighbors for alleged health-based losses related to the meth lab. In lieu of cleanup, a property owner may choose to demolish the property.

Some local agencies have independent authority to require cleanup of meth labs. This authority is usually based on occupancy of the structure, and may be tied to local health, building or nuisance codes. It is important to understand that the immunity shield established by the statute is independent of any local requirements based on re-occupancy.

A recent amendment to the statute (Senate Bill 05-217), designates properties that have not been cleaned up to the standards to be public health nuisances. The amendment also provides local governing bodies with the authority to enact ordinances or resolutions to enforce the statute. In addition, the addendum creates a duty that the property owner limits access to the property to properly trained and equipped individuals.

Regulations Governing Cleanup

On January 19, 2005, the State Board of Health adopted Regulations Pertaining to the Cleanup of Methamphetamine Laboratories (6 CCR 1014-3), which became effective on March 30, 2005. In addition to providing cleanup levels for meth labs, the regulation includes detailed procedures and requirements for preliminary assessments; decontamination of structures, vehicles and personal property; sampling and analysis; and documentation of cleanup

If areas of potential outdoor contamination are identified or suspected, investigation of outdoor contamination may be necessary. The Colorado Department of Public Health and Environment has authority over hazardous waste cleanups, and will be involved in the investigation and/or cleanup of outdoor contamination from meth labs.

Meth Lab Cleanup Standard

Verification of adequate cleanup is based on the concentration of methamphetamine remaining after decontamination. Because the statute establishes a liability shield from health-based claims, it is important that the cleanup level for meth be health protective. Although numerous states have adopted cleanup standards for methamphetamine, until recently, none had tried to correlate these cleanup standards to concentrations with known health effects. Based on an evaluation performed by the Colorado Department of Public Health and

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My Path to Success, *continued from page 1*

controlled substance and I also had two warrants out for my arrest for unrelated offenses. While in jail, I started to really think of how I needed to change, but I needed help. I couldn't do it on my own. Larimer County sent a social worker to visit and she suggested I go through treatment. I agreed. My caseworker said that I could further my education, get help for my drug problems and become a better role model for my niece. She told me then that she really didn't think I would make it through the whole treatment program and would probably end up back in jail. Later, I figured out this was just her way of daring me to succeed because she really did believe I could do it. While going through three months of treatment at an in-patient treatment center, I received my G.E.D. and was able to take care of all my loose ends involving the court system.

When I got out of treatment in 2004, I went home to my mom's house. I had done really well in the treatment program and started out with a good attitude, but didn't really know what to do next. I was enrolled in Drug Court and had to accumulate six months of sobriety. I had to do regular urinalysis and breathalyzer tests. I learned when these tests would be and drank when I felt I wouldn't be caught. While I was home, I was supposed to get a job, but instead I sat around. Nobody really pushed me. I didn't want a job. So I had extra time and started to slip into more drinking while on probation. My case worker found out and I admitted to drinking. This caused me to have to start my drug court sobriety time over. I eventually got moved out of my mom's house.

So from October 2004 until May 2005, I was in a foster home and I found it was one of the best things that happened to me to lead up to my success. In October, I started to really look for a job for myself, not just to satisfy the courts. I filled out over 200 applications with no response. Employers really don't consider selling drugs prior employment and my volunteer experience didn't seem to matter. Around then I started to meet with someone from the Chafee program and started to talk about going to college. The Chafee Foster Care Independence Program tries to make the transition from foster care to independently living as an adult easier. A foster child must either commit to being in school or getting a job to qualify for the aid. Since I wasn't having good luck getting a job, I did the paperwork for college. I was signed up for four college classes in the spring semester and ended up getting a job at about the same time. To me, that is coming a long way from doing drugs daily, to not doing them at all and having a job and going to college.

Now I am a shift manager at the restaurant where I work. The spring semester is over and I have money in the bank to show for all of my hard work. On May 4, I moved to my new apartment (that's so cool). I really like the independence of living on my own and actually having money in my pocket. I wasn't able to finish all four of my classes while working so many hours, so I didn't check my grades but I think I ended up ok. I decided I wasn't ready to continue college classes right away and would rather work full-time.

My job, friends and family keep me busy for now. I really enjoy my job and the people I work with. It has been a challenge adjusting to more responsibility and authority as shift manager, but I'm getting used to it. My boyfriend and I have been through a lot. We used drugs together and now stay clean together. We enjoy doing things like cooking, bowling and seeing family. I'm definitely not ready to be married or have children at this point, but I like the relationship as it is. Attending church regularly with my family is a welcome part of Sundays. Living without a vehicle makes life a little more challenging, but my job is close by and I have lots of supportive family. My mom and sister are really proud of me – I am happy to help out with my niece; pay some bills for my mom; and be a role model for my niece and a brand new nephew.

"...plan to continue to succeed to make this more of an amazing adventure."

For me in 2003, I would have never thought that I would end up in college, and be moved into my new apartment, but I am and I still plan to continue to succeed to make this more of an amazing adventure. I want to go to back to school someday – maybe become a drug counselor that users could relate to, a cook, a therapist, or something else because lots of things sound interesting. I truly believe that I can do whatever I set my mind to. ◊

Montana Cooperative Extension Responds with Methamphetamine Education

Through a collaborative partnership with the Montana Department of Justice and the Office of Public Instruction, MSU Extension has developed the Meth Toolkit for Community Educators and Teachers. The toolkit provides comprehensive but easy-to-understand information and educational tools related to the prevention and detection of methamphetamine use and production. The toolkit serves as a self-guided and self-contained teaching tool for meth prevention education programs. Finally, Montana agencies have worked together to create one universal web portal for information and resources about meth. Visit the site at: www.MethFreeMT.org. ◊

Meth Lab Cleanup in Colorado *continued from page 4*

Environment, the State of Colorado set a cleanup standard for methamphetamine of 0.5 µg/100 cm^2.

Implementation of Cleanup Requirements

Although there is a statutory requirement that property owners cleanup or demolish contaminated meth lab properties, there is no consistent statewide enforcement of this requirement. Because the state does not have a program to oversee meth lab cleanup, the burden falls to local governments. Several cities and counties have established oversight programs to ensure that cleanups are conducted properly. However, in many areas of the state, local oversight is non-existent, leaving property owners to navigate the unfamiliar and sometimes overwhelming process of cleaning up a property to return it to use. In many of these same areas, there is currently a lack of experienced consultants and cleanup contractors to assist property owners, often resulting in increased costs to cover travel from outlying areas. In an attempt to resolve these issues, the State health department will continue to educate local agencies, consultants and cleanup contractors, and support local agencies in their efforts to establish local programs to oversee meth lab cleanup. ◊

References:

CDPHE. 2005. Regulations Pertaining to the Cleanup of Methamphetamine Labs. Colorado Department of Public Health and Environment. Adopted January 19, 2005, effective March 30, 2005. http://www.cdphe.state.co.us/hm/methlabcleanuplevelsupport.pdf

CDPHE. 2005. Support for Selection of a Cleanup Level for Methamphetamine at Clandestine Drug Laboratories. Colorado Department of Public Health and Environment. February 2005. http://www.cdphe.state.co.us/op/regs/boardofhealth/101403methlabrules.pdf

FYI Changes

Change is inevitable for an organization as well as a publication like this. Margaret Graham, *FYI Briefs* editor has stepped down to focus her energies in other directions in the College of Applied Human Sciences. This leaves the editorial charge to Stephanie Ouren, a research associate at the Family and Youth Institute.

FYI Briefs are reviewed by an Editorial Advisory Board – to provide different perspectives and opinions. After serving on this Board since its inception with the inaugural issue of *Briefs* in 1999, Gary Lancaster, Sedgwick County Director, Colorado State University Cooperative Extension, has retired. His rural Colorado perspective has been invaluable. Fortunately, Dan Fernandez from Dove Creek has agreed to serve on the Editorial Advisory Board. He is the Director of the Delores County Colorado State University Cooperative Extension office and brings a new regional perspective to the Board.

We want to thank both Margaret and Gary for their contributions and dedication in assuring high quality for the *FYI Briefs*. We also want to welcome Dan and Stephanie. Their insight will assure the continued high quality of information we have provided the citizens of Colorado in family and youth issues for the past several years.

The *Briefs* staff and Advisory Board hope to cover youth activity and obesity; affordable housing; financial management through the lifespan; and special education relative to No Child Left Behind in future issues. If you have ideas for topics that you would like to see covered in a future issue, please e-mail Stephanie (ouren@cahs.colostate.edu). ◊

Dependency in a Decade: Infiltration of Methamphetamine in Colorado

by Cindy Cindrich, graduate student, College of Applied Human Sciences

Ten years ago, law enforcement and drug treatment centers across Colorado rarely dealt with methamphetamine cases. Today, the use of meth as well as the culture and crime surrounding methamphetamine use are considered major issues facing an already overwhelmed Colorado law enforcement and treatment system. Although the overall effects of methamphetamine on state systems is still being ascertained, several Colorado agencies are beginning to report their experience with the drug and those reports are worth noting.

The trend in fatalities related to meth mirrors all of the statistics published during the past decade. The Colorado Department of Public Health and Environment reported only 16 deaths attributed to methamphetamine use during the years of 1995-1998. That number more than doubled during 1999-2002 to 38 methamphetamine-related deaths. Besides the final result of death, many other statistics are kept to show criminal activity, treatment admissions and demographics of users.

The Colorado State Judicial system reported only 13

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federally sentenced crimes directly related to methamphetamine in 1995. That number nearly quadrupled to 48 by the year 2000.

Methamphetamine laboratory seizures in Colorado also increased significantly from 1995 through 2004. The Rocky Mountain High Intensity Drug Trafficking Area (HIDTA) reports that in 1995 only 95 methamphetamine labs were seized. The seizures rose slightly in 1997 to 114. But in 2000, that number rose to 240 and almost doubled during the next year with a total of 452 methamphetamine laboratories and dumpsites seized in Colorado during 2001. Most laboratories seized in 2001 were small, capable of producing up to two ounces per production cycle; however, the Rocky Mountain HIDTA reports that four laboratories seized in Colorado during 2001 were capable of producing more than one pound of methamphetamine per production cycle. Further, in 2000 the West Metro Task Force in Jefferson County reportedly seized one super lab–a laboratory capable of producing ten or more pounds of methamphetamine per production cycle. By 2004, the total number of methamphetamine laboratory seizures declined to 372, but HIDTA reported a higher number of super lab seizures (a total of five).

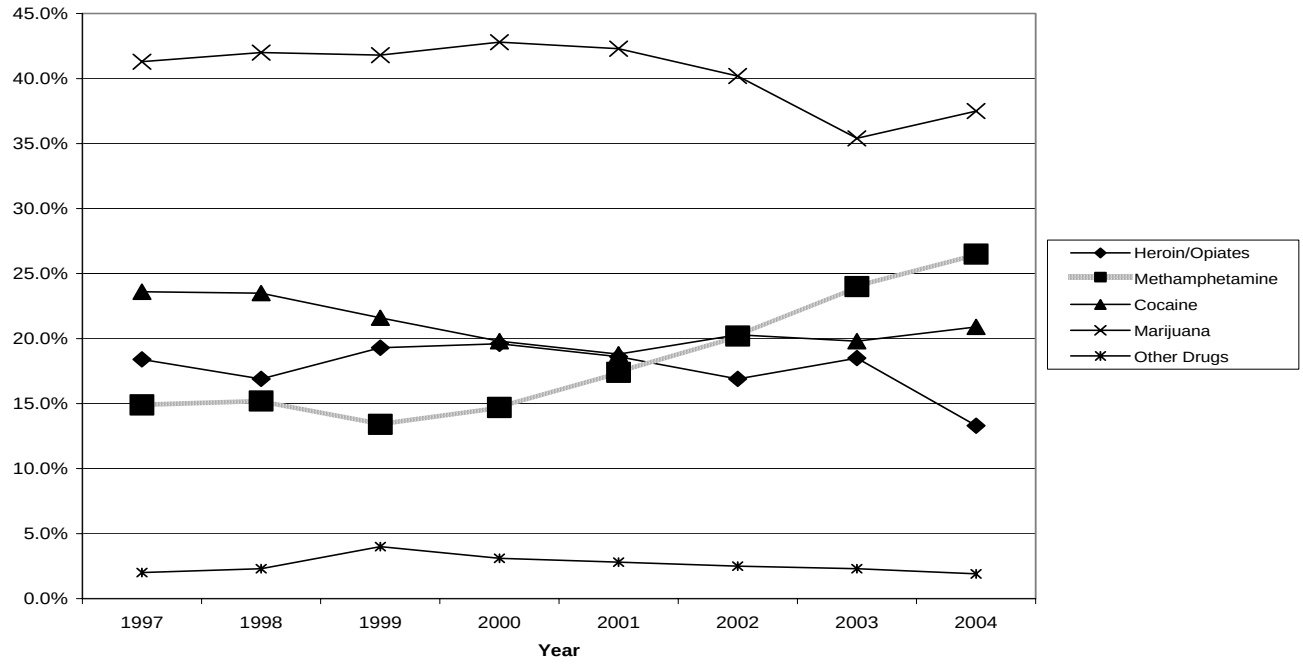
Another Colorado system affected by methamphetamine over the past decade is drug treatment and recovery centers across the state. The number of methamphetamine-related treatment admissions to publicly funded facilities in the state increased from 1,081 in 1997 to 3,209 in 2004, according to data from the Alcohol and Drug Abuse Division of the Colorado Department of Human Services (ADAD) (see Graph 1). Since 1999, treatment admissions for methamphetamine abuse have increased each year, while admissions for cocaine, heroin, and marijuana have declined or remained fairly steady.

The demographics of the treatment admissions have also been calculated. During 2004, 56 percent of the treatment admissions for meth were for males. This is the only drug where use rates reflect the actual proportions of males to females in Colorado. Meth use was found in both urban (60 percent) and rural (40 percent) areas of Colorado. African Americans (1 percent) used meth least frequently, followed by Hispanics (13 percent) and dominated by whites (83 percent).

The methods of drug administration appear to be shifting over time. The proportion of those injecting declined from 32.6 percent in 1997 to 21 percent in 2004; while smoking meth increased from 29.1 percent in 1997 to 63 percent in 2004.

While the long-term effects of methamphetamine use in Colorado are yet to be seen, it is apparent that over the past decade methamphetamine has gone from a relatively unknown entity to a measurable threat for not only the user, but for law enforcement and treatment agencies that are currently working to develop strategies to control methamphetamine's invasion of the state. ◊

Graph 1: Treatment Admissions by Drug Type



Resources for Methamphetamine Information

- **Boulder County Public Health** – Colorado meth lab information and photos (www.co.boulder.co.us/health/meth/index.htm)
- **Colorado Department of Public Health and Environment** – Meth lab cleanup information and regulations (www.cdphe.state.co.us/hm/methlab.asp)
- **Drug Enforcement Agency** – factsheet on Meth and other educational resources (www.usdoj.gov/dea/pubs/pressrel/methfact03p.html)
- **National Drug Intelligence Center** – 2003 strategic Colorado Drug Threat Assessment Report (www.usdoj.gov/ndic/pubs4/4300/4300p.pdf)
- **National Institute on Drug Abuse** –information and publications aimed at specific populations (www.nida.nih.gov/DrugPages/Methamphetamine.html)
- **North Metro Drug Task Force** – Northern Denver Metro multi-agency group; includes news clips and information (www.nmtf.us/)
- **Parents. The Anti-Drug** – Advice, community involvement, and news (www.theantidrug.com/)
- **Substance Abuse and Mental Health Services Administration** – Extensive data, treatment facility locator, workplace resources and educational resources (www.samhsa.gov/)
- **Tri-County Health Department** – Info and list of meth lab cleanup contractors (www.tchd.org/methlab.htm)
- **White House Office of National Drug Control Policy** – Policy, conferences, funding opportunities, training/technical assistance (www.methresources.gov/)