

MPHA Policy Resolution
Methamphetamine
May 2006

WHEREAS, the Minnesota Public Health Association (MPHA) has long been committed to preventing drug abuse and reducing the impact of drug addiction; and

WHEREAS methamphetamine is a “powerfully addictive stimulant associated with serious health conditions, including memory loss, aggression, psychotic behavior, and potential heart and brain damage; it also contributes to increased transmission of hepatitis and HIV/AIDS,”¹ dental decay², hallucinations, violent behavior and psychiatric symptoms³; and

WHEREAS methamphetamine production creates hazardous waste and contaminates buildings, which can result in exposure to toxic and hazardous chemicals that may cause “severe and long-lasting health concerns” for responders, children and others in proximity^{4,5,6}; and

WHEREAS the average methamphetamine laboratory produces 5 to 7 pounds of toxic waste for every pound of methamphetamine produced. Operators often dispose of this waste improperly, simply by dumping it near the laboratory via streams, septic systems and surface water run-off. This can cause contamination of the soil and nearby water supplies⁷; and

WHEREAS each methamphetamine lab or methamphetamine chemical dump is a potential hazardous waste site, requiring evaluation, and possibly cleanup, by hazardous waste (HazMat) professionals; and

WHEREAS treatment for those exposed to methamphetamine production is hampered by a lack of scientific information on which to base appropriate treatment plans⁸; and

WHEREAS approximately one-third of methamphetamine labs investigated by authorities involve children⁹; and

WHEREAS methamphetamine poses serious challenges to children’s health and safety, playing a role in up to 81% of child protection cases reported in Minnesota¹⁰ and causing a fourfold increase in the likelihood of physical or sexual abuse and a threefold increase in the likelihood of neglect¹¹; and

WHEREAS the need for prevention efforts and effective treatment is increasing rapidly in Minnesota (the drug accounted for 2.9% of admissions to treatment in the Minnesota metro area in 1998; that figure has grown to 12.1% of admissions in 2005, which approaches the level of treatment sought for cocaine addiction)^{12,13}; and

WHEREAS methamphetamine availability and production are being reported across the US, particularly in rural areas¹⁴; and

WHEREAS methamphetamine addicts represent a growing proportion of those incarcerated in Minnesota prisons, jumping from 139 people in January 2001 to 1,012 in July 2004¹⁵ and 1,127 in July 2005¹⁶; and

WHEREAS, methamphetamine use as self-reported by high school seniors in metropolitan Minnesota was at 5% in 2004¹⁷, reflecting the importance of drug education and early intervention; and

WHEREAS research indicates that methamphetamine users need about a year to start to recover from the cognitive damage to their brains, necessitating longer-term treatment programs and other adjustments specific to the impact of this drug¹⁸; and

WHEREAS methamphetamine is a particularly dangerous drug that includes a constellation of public-health, environmental, economic and safety consequences statewide, particularly in areas of the state where the necessary resources may not be in place; and

WHEREAS precursor ingredients used to make methamphetamine can be legally purchased at a wide variety of businesses; and

WHEREAS methamphetamine requires efforts by local and state governments to develop appropriate mitigation rules, mandate cleanup of meth labs and oversight of that process, restrict sales of precursor drugs and other chemicals, and ensure the safety of first responders and others exposed to former lab sites.

Therefore, be it resolved that the Minnesota Public Health Association:

1. Advocates for the efforts of local, state and national public health agencies and other organizations to prevent and reduce methamphetamine use.
2. Encourages efforts to develop, promote and fund effective existing and new prevention and treatment programs, including efforts to teach prevention in schools, to obtain insurance coverage and other support for individuals who may require longer treatment for physical, chemical and mental health issues related to the damage suffered from taking methamphetamine.
3. Supports research to prevent use and to develop and implement treatment for methamphetamine addiction.
4. Supports efforts of policy makers, courts and other agencies to safeguard children from the effects of drugs.
5. Supports adequate clean-up protection for responders and the environment.

References

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