

On November 16, 2005 the Public Policy Institute hosted a Summit entitled *Winning the War on Methamphetamine: A Multidimensional Approach*. The conference was attended by around 600 participants and featured several panel member speakers such as Senator John Snow, Eastern Band of Cherokee Indians Principal Chief Michell Hicks, Asheville Chief of Police William Hogan, Mission Children's Clinic Medical Director Cynthia Brown and keynote speaker NC Attorney General Roy Cooper.

The purpose of this summit was to deal with one of North Carolina's most serious problems by bringing together speakers who have relevant experience and knowledge to share ideas that are working in dealing with the problem. The summit also provided opportunities for discussion and presentation of new ideas from members of local communities.

Participants were asked to complete a questionnaire, providing ideas for dealing with and resolving the methamphetamine problem. Among the most frequently submitted ideas were suggestions that dealt with the importance of inter-agency cooperation, education, limiting the availability of ingredients and systemic changes to the way the methamphetamine problem is being addressed.

Participants stressed that a major difficulty in fighting methamphetamines was the lack of coordination between local, state, and federal governments in putting up a unified front to face this issue. Many participants stressed the importance of civic community task forces on the local level, with the job of coordinating a multi-agency approach to the methamphetamine problem. Such task forces would deal with coordinating local agencies such as county departments of social services, treatment groups, and law enforcement with their counterparts on the state and national levels.

Another issue brought up very frequently by the participants was the need for expanding the education effort on more fronts. Consistently, a lack of awareness and knowledge about the effects of the drug was brought up as a key obstacle to overcoming the methamphetamine problem. Participants suggested expanding the coverage of methamphetamine information to the general public by introducing more programs to the schools that talk about the drug, and making further information available on the internet and in public libraries, suggesting that the best efforts at prevention may simply be an accurate portrayal of what methamphetamine addiction can do to an individual. Additionally, education is not to be limited to the public, but also targeted towards the law-enforcement, treatment, and social services agencies that will come into contact with the drug and its users. Accurate information about methamphetamine has the potential to aid these officials and organizations in being more effective with regards to this issue.

With legislation still pending at the time of the conference, program participants cited that a major barrier to the resolution of the methamphetamine problem was the availability of ingredients, with many honing in on the specific problem of pseudoephedrine. Pseudoephedrine, the active ingredient in many other nasal decongestant medicines is a key component of methamphetamine and is available over the counter. Participants suggested further regulation of the pseudoephedrine for the

purposes of making the manufacture of methamphetamines on a large scale more difficult. Many, citing the availability of other over the counter nasal-decongestants, suggest that pseudoephedrine should be available by prescription only, or that it's sale otherwise be controlled.

The North Carolina General Assembly eventually adopted the legislation, [House Bill 248](#). Starting January 15, 2006, the new law requires that all single and multi-source tablets, caplets or pills containing pseudoephedrine and ephedrine be sold behind a pharmacy counter. Purchasers must be at least 18 years old, show a photo ID and sign a log to buy these products. The law also limits purchases of these products to no more than two packages at once and no more than three packages within 30 days without a prescription.

Participants also stressed systemic problems in the way the methamphetamine problem was being addressed. To some, the problem was that methamphetamines were being treated as solely a law-enforcement challenge, as opposed to both a law-enforcement and a health-care challenge. These participants stressed the need for a focus on the treatment of addicts and individual users, allowing for law enforcement to concentrate arrest and prosecution efforts on the distributors and the traffickers of methamphetamine. Others spoke of the impact on children and the necessity of counseling for not just addicts, but also family members.

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