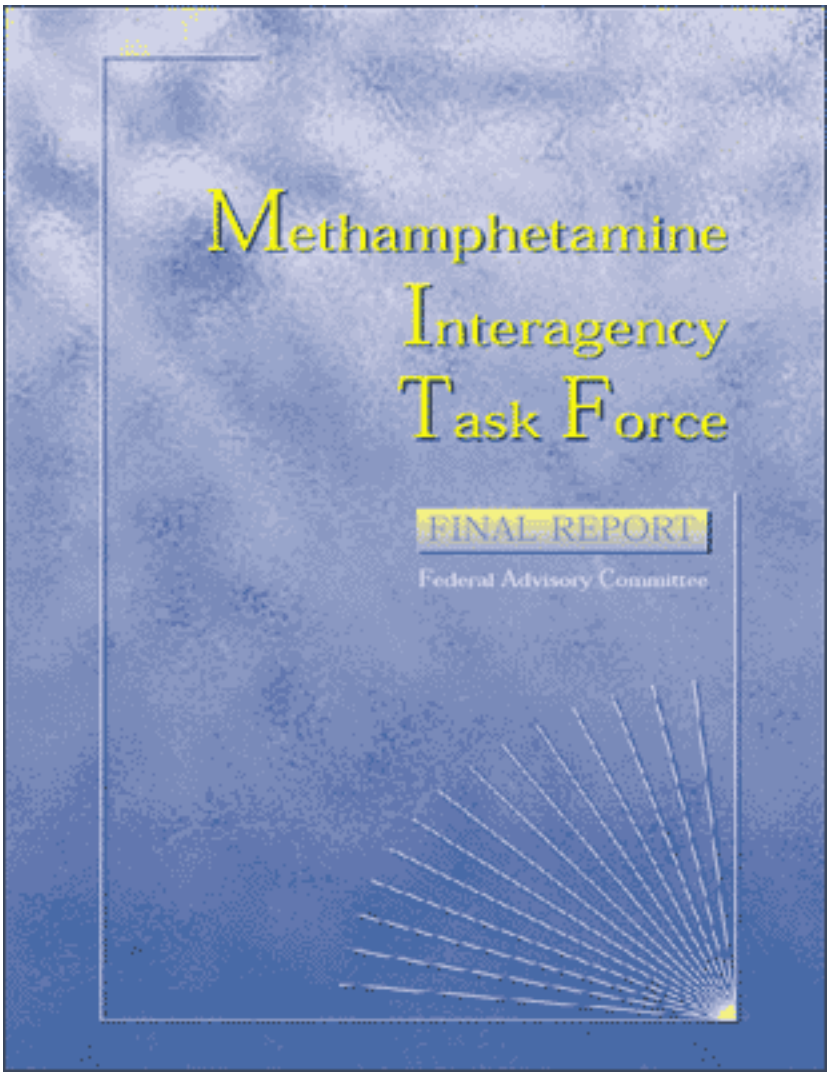

Table of Contents

Table of Contents

Foreword

The Methamphetamine Interagency Task Force was established in 1996 in response to a provision of the Comprehensive Methamphetamine Control Act. The legislation directed the Attorney General to convene a group of Federal and non-Federal experts from the fields of law enforcement, prevention, education, and treatment to conduct a review of existing efforts to confront the problems caused by methamphetamine and to make recommendations about what more should be done.

In assembling the Methamphetamine Interagency Task Force, the Attorney General drew together national leaders with vast experience in their fields. Joined by representatives of four members of the President's Cabinet, these experts have conducted a thorough analysis and review of what is being done to respond to the threat of methamphetamine, what we already know that can help guide future efforts, and what remains to be learned. This distinguished panel has focused considerable expertise and wisdom on the issue of synthetic stimulants such as methamphetamine. Their work carries the weight of experience that spans disciplines and professions. We are confident that the results of their work will serve as a solid foundation as we move forward on this issue.

This report represents the 2-year effort of the Task Force, presenting the principles that have guided the Task Force in its deliberations; the recommendations of the Task Force in the areas of prevention, education, treatment, and law enforcement; and the research needs discovered by the Task Force through its deliberations.

In developing this report, the Task Force has sought input from a host of experts at the Federal, State, and local levels. The Task Force has benefited from briefings and presentations by officials from the Drug Enforcement Administration, the National Institute on Drug Abuse, the National Institute of Justice, the U.S. Department of Education, and the Substance Abuse and Mental Health Services Administration. In addition, the Task Force has attended two community forum meetings, one in Omaha, Nebraska, and one in San Diego, California. These meetings, organized by the local communities, have helped provide a realistic context for the discussions and deliberations of the Task Force.

In November 1999, the Task Force hosted a summit at which national stakeholders representing prevention, education, treatment, and law enforcement provided their feedback and recommendations on how to implement the Task Force's recommendations. The themes that participants generated during that meeting are incorporated into the final section of the report.

The Task Force is grateful to the many experts, agencies, and organizations representing health, education, law enforcement, and other disciplines who have generously contributed their ideas to this multidisciplinary effort. We hope that readers of this report who are involved in efforts to address methamphetamine as well as other drugs will benefit from this information.

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Part I: *Executive Summary*

Methamphetamine is a synthetic psychostimulant that produces intoxication, dependence, and psychosis. Methamphetamine has mood—altering effects, behavioral effects such as increased activity and decreased appetite, and a high lasting 8 to 24 hours. Although there is an initial general sense of well-being, methamphetamine use has been associated with both long- and short-term problems such as brain damage, cognitive impairment and memory loss, stroke, paranoia, anorexia, hyperthermia, hepatitis, HIV transmission, and violence.

Methamphetamine is a Schedule II drug, available only through a highly restricted prescription procedure. Medical uses include treatment for narcolepsy, attention deficit disorder, and obesity.

A number of indicators—including methamphetamine laboratory seizure data and arrest data from the U.S. Department of Justice and data from the National Institute on Drug Abuse's Community Epidemiology Work Group and Multi-Site Assessment of Methamphetamine Use—clearly show that methamphetamine use is spreading throughout the United States. Historically, its use has been concentrated primarily in the West and Southwest. However, since the early 1990s, methamphetamine gradually has been moving into the Midwest and South. The drug is manufactured and distributed by Mexican sources using established drug trafficking routes; domestic clandestine laboratories are another significant source. Now, methamphetamine is used throughout most major metropolitan areas, less in the Northeast.

Of particular concern, methamphetamine use is emerging in cities and rural settings previously thought to be largely unaffected by illicit drug use and is increasing among populations not previously known to use this drug. Methamphetamine use is a particularly serious problem in some rural areas, many of which lack the infrastructures necessary to deal with a major drug problem. For example, many rural jurisdictions do not have local treatment providers or the expertise to respond to methamphetamine abusers. Similarly, law enforcement officials in rural areas lack the training and financial resources to deal with laboratory cleanup costs associated with the methamphetamine manufacturing in their communities.

The Methamphetamine Interagency Task Force was authorized by the Comprehensive Methamphetamine Control Act of 1996 in response to the emergence of widespread methamphetamine use. (The Act addressed three major areas: strengthening law enforcement initiatives; tightening regulatory powers, particularly those addressing the precursor chemicals used to produce methamphetamine; and mandating research and education initiatives.) Cochaired by the Attorney General and the Director of the Office of National Drug Control Policy, the Task Force's purpose is to examine the impact of methamphetamine and other synthetic stimulants in the United States and to evaluate, design, and implement Federal strategies for methamphetamine treatment, prevention, and education and for law enforcement. The Task Force recognizes that methamphetamine differs from other drugs of abuse and intends that its work serve as a model for an improved and faster response to future drug epidemics.

Methamphetamine poses a particular problem because it can be produced in clandestine laboratories using over-the-counter drugs, household products, and other readily available chemicals. These laboratories are subject to a high risk of explosion, causing fires and releasing toxic gases. For this reason, methamphetamine presents major fire and public safety threats, in addition to health threats to users.

During the course of its work, the Task Force explored the history, the current state, and the future of the

methamphetamine problem in the United States, ultimately providing guidance for a national plan to combat it. The group met four times. The first meeting was held in May 1998 in Washington, D.C., and the agenda was composed of reviews of current methamphetamine-related issues to provide a baseline of knowledge about the methamphetamine problem. The event featured presentations by researchers, practitioners, and others. The second meeting, at which members looked at the perspectives of people confronting methamphetamine locally, was held in October 1998 in Omaha, Nebraska. The third meeting, held in May 1999 in San Diego, California, focused on reviewing the Task Force's official report to ensure that it reflected the substance as well as the nuances of the principles Task Force members believed should guide discussions on dealing with methamphetamine use. In addition, the Task Force developed a set of working papers on Federal activities dealing with methamphetamine. (All materials produced by the Task Force are part of the public record and are available for review.) The final meeting, held in Washington, D.C., in November 1999, convened national, State, and local stakeholders from a variety of disciplines to provide input to the Task Force on how to implement its recommendations.

While much more must be learned about methamphetamine, the Task Force has examined available data and information; unfortunately, much of what exists is anecdotal and preliminary in scope. The findings derived from this examination have, in turn, provided the foundation for this report. Some of the key concepts the Task Force used to guide its proceedings include the following:

- Methamphetamine is a dangerous, addictive drug, and the population of users is not well defined and is expanding.
- There is a lack of data about the prevalence of methamphetamine use and abuse.
- There is no single source country or single specific trafficking route for methamphetamine.
- The clandestine laboratories where methamphetamine is produced domestically pose significant hazards to law enforcement officials, nearby residents, and, through environmental hazards, the general public.
- Methamphetamine can be destructive to the human body, affecting neurological, behavioral, and psychological functioning long after use has stopped.
- The precursor chemicals used to produce methamphetamine are relatively inexpensive, widely available, easy to transport, and difficult to regulate.
- Episodes of violent behavior have been associated with methamphetamine use.
- There is a general lack of public understanding about methamphetamine, including its risks and consequences, requiring public education efforts.
- Information for treatment providers on effective strategies has not been disseminated as widely as necessary and has not been disseminated effectively to all of the various providers involved with methamphetamine abusers.
- Methamphetamine abuse in rural and suburban areas presents a challenge for treatment providers in terms of resources and training.

Using its study of the methamphetamine phenomenon and such key concepts as these as a starting point, the Task Force has developed a set of principles, needs and recommendations, and research priorities to inform future efforts to implement a national strategy for methamphetamine prevention, education, treatment, and law enforcement. Intentionally excluded from this report is an indepth consideration of strategies to control precursor chemicals. The Task Force was informed that the U.S. Department of Justice is reviewing precursor chemicals, and the Task Force opted to exclude this from its deliberations to avoid redundancy.

An opportunity now exists to make a significant impact on methamphetamine activity in the United States. Immediate action is necessary to prevent the damaging effects of methamphetamine by stopping the spread of its use.

For additional information on methamphetamine and the resources to address its use, visit the Web sites listed below:

White House Office of National Drug Control Policy

Arrestee Drug Abuse Monitoring Program

Center for Substance Abuse Treatment

Center for Substance Abuse Prevention

Safe and Drug-Free Schools Program

Drug-Free Communities Program

National Institute on Drug Abuse

National Clearinghouse on Alcohol and Drug Information

Drug Enforcement Administration

Previous Contents Next

Part II: *Prevention and Education*

Effective drug prevention programs are long term, comprehensive, and designed to prevent use of any category of illicit drugs. They include a wide array of components rather than a single strategy or curriculum. For example, a comprehensive, community-based prevention program includes components for individuals, families, schools, the media, health care providers, law enforcement officials, and other community agencies and organizations.

Prevention programs should be geared to specific audiences and should recognize the specific needs, resource levels, and infrastructure of each community. In the case of methamphetamine, demographic data collection is incomplete, but current information shows that methamphetamine users include more whites and females and on average are older than other drug users. The Task Force recognizes that methamphetamine is changing the population of drug users; as the demographics of users change, prevention and education efforts should be tailored accordingly.

The most effective school and community prevention programs are comprehensive and involve a broad range of components, including teaching social competence and drug resistance skills, promoting positive peer influences and antidrug social norms, emphasizing skills-training teaching methods, and providing multiple years of intervention.

In addition, research-based approaches for implementing drug prevention programs include targeting salient risk and protective factors in the specific community, using principles of prevention research, and using a proven prevention program. Research has shown that methamphetamine users are generally exposed to elevated levels of risk factors. Programs targeting risk and protective factors seek to reduce risk factors and enhance protective factors. Risk factors include, but are not limited to, the availability of drugs, low neighborhood attachment and community disorganization, family conflict and management problems, favorable parental attitudes toward and involvement in substance abuse, early and antisocial behavior, academic failure beginning in late elementary school, friends who engage in substance abuse, and early initiation in substance abuse. Protective factors include, but are not limited to, family and school bonds, healthy beliefs and expectations, and social and academic competence.

In order to target the average age of onset of drug use, a comprehensive, school-based prevention program should engage children from kindergarten through high school, or at least through the middle school or junior high school years. School-based programs should not only involve parents, but should also collaborate with community organizations and programs. Similarly, a comprehensive community prevention program is long term, involves different segments of the community in development and implementation, and is accessible to various audiences. Ideally, community prevention programs should include cross-disciplinary training so that prevention and education, treatment, and law enforcement officials can share their knowledge and build stronger programs.

If the initiation of any drug use, including methamphetamine use, can be prevented by using a proven prevention program, how do practitioners, policymakers, and community members develop such a program? More methamphetamine research is needed, including research on the initiation to and progression of use. Although research exists on what works with respect to primary drug prevention programs, more information is needed about programs that include methamphetamine in the targeted drug categories. Identification of such programs and evaluation of the extent to which they have had a specific impact on methamphetamine use are also needed. Researchers also need more data on

methamphetamine users, including demographics and ethnography, their motivations, and the risk factors that lead to use of methamphetamine and other drugs. In particular, specific data on methamphetamine use among adolescents are needed, such as their motivations, risk factors, and attitudes toward methamphetamine use.

Meeting methamphetamine research needs presents the opportunity to develop better systems for data collection. Researchers can use what has been and will be learned from this experience to continue to modify existing systems and incorporate new tools for gathering information.

Following are the guiding principles related to prevention and education.

Guiding Principles

Effective drug prevention requires the involvement of many segments of the community—e.g., educators, youths, parents, law enforcement officials, business leaders, members of the faith community, social services providers, and representatives of other community agencies and organizations.
Effective prevention programs are comprehensive—e.g., involving the individual, families, schools, the media, law enforcement officials, health care providers, other professionals who directly serve youths, and community agencies and organizations. The program components should be well integrated in theme and content so they reinforce one another.

Methamphetamine prevention and education efforts should follow established prevention principles and should be part of broader prevention and education efforts that target all forms of drug use.
Basic drug use prevention principles derived from research can be applied by schools and communities to successfully prevent drug use. Prevention activities should target all forms of drug use, including the use of tobacco, alcohol, marijuana, and inhalants.

It is important to clearly identify target populations, motivations, risk factors, and demographics to design prevention and education strategies that are tailored to address the specific needs of local communities, recognizing the multigenerational characteristics associated with methamphetamine manufacturing.
Prevention programs should be age-specific, developmentally appropriate, and culturally sensitive. Also, they need to be tailored to meet the needs of specific subpopulations at risk for drug use and designed to address the specific nature of the drug use problem in any given community, including workplace programs that incorporate awareness, testing, and treatment components. The higher the target population's level of risk, the more intensive the prevention effort must be and the earlier it must begin.

Prevention and education programs should be guided by research and evaluation findings.
More than 20 years of prevention research has helped identify factors that put young people at risk for or protect them from drug use. Researchers have studied the effectiveness of various prevention approaches by using rigorous research designs and testing and implementing effective drug use prevention interventions in "real-world" settings. By applying prior research, local school officials and community leaders can increase the probability that their prevention efforts will be successful.

Prevention and education programs should be evaluated to determine effectiveness.
Prevention programs should follow structured organizational plans that progress from needs assessment

to the establishment of measurable objectives; periodic evaluation of progress toward meeting the objectives; and, finally, the use of evaluation results to refine, improve, and strengthen the programs.

Parents and other adults should participate in any prevention or education programs designed for youths.
Prevention programs that focus on youths should include a parents' or caregivers' component that reinforces what the youths are learning—such as what they perceive to be the personal consequences of drug use (one characteristic of methamphetamine seems to be the lack of perceived negative effects)—and that opens opportunities for family discussions about the use of legal and illegal substances and family policies about their use. Prevention programs can enhance protective factors among young children by teaching parents about better family communication, discipline, rulemaking, and other parenting skills. Research has shown that parents should take an active role in their children's lives: talking with them about drugs, monitoring their activities, knowing their friends, and understanding their problems and personal concerns.

Community methamphetamine efforts should target both youths and new adult users.
Community prevention programs should include both youths and adults in a comprehensive strategy that involves the whole community. Youths should be involved in designing programs.

Needs and Recommendations

Following are needs and recommendations related to prevention and education programs, based on the previous guiding principles:

- Address methamphetamine through broad-based drug prevention and education efforts that target all forms of drug use and that are based on research and established prevention principles.
- Develop science-based prevention program planning and intervention guidelines in communities where methamphetamine is already a problem.
- Involve the entire community in prevention efforts, including educators, youths, parents, vendors of the materials used in the manufacture of methamphetamine, law enforcement officials, business leaders, members of the faith community, social services providers, and representatives of other government agencies and organizations.
- Identify the changing population characteristics of users, their motivations, risk factors, and demographics.
- Involve parents and other adults in prevention and education programs for youths, particularly in the areas of monitoring for latchkey status children, enhancing parent-child communication skills, and providing consistent family/home rules for youths' behavior and leisure time activities.
- Ensure that media campaigns proceed with caution, focusing on raising awareness of methamphetamine using messages designed to minimize unintended effects, such as arousing curiosity about methamphetamine.
- Develop or augment programs aimed at educating those communities in which methamphetamine

is an emerging or chronic problem.

Research Priorities

Following are the priorities for research initiatives to raise knowledge about prevention and education strategies:

- Examine existing methamphetamine prevention and education strategies that are included in broad prevention programs targeting all forms of drug use and determine the extent to which they have been effective.

- Support research on the initiation to methamphetamine use as well as the progression of use leading to addiction.

- Collect additional data on the extent of methamphetamine use, focusing on a number of areas (e.g., adolescent use, prevalence in rural and tribal areas) and continue to develop and build on existing databases, making them more sensitive to local communities.

Previous Contents Next

Part III: *Treatment*

Effective and readily available treatment is recognized as a necessary tool in reducing substance abuse. However, a number of obstacles exist in treating methamphetamine abusers—in particular, limited access, funding, professional training, and research. For example, many of the rural areas affected by methamphetamine do not have any local substance abuse treatment providers, and those that exist generally do not have adequate funding or expertise.

In addition, simply engaging methamphetamine abusers into treatment is a problem, as preliminary information reports that they may abuse the drug for a much longer period before entering treatment than persons abusing most other drugs. Methamphetamine abusers may be slower to enter treatment because the health care systems in communities affected by methamphetamine are often ill suited to properly diagnose and meet the treatment needs of methamphetamine abusers. For example, in many rural communities, medical and mental health staff may be inadequately trained to recognize and deliver effective methamphetamine-relevant treatment interventions.

When methamphetamine abusers do enter treatment, they encounter a variety of physical and mental health issues, many related to the biological effects of methamphetamine on the brain. Withdrawal symptoms, lasting between 2 days and 2 weeks, include depression, fatigue, anxiety, anergia, drug craving, and severe cognitive impairment. Also, research shows that protracted brain dysfunction persists for months after methamphetamine use stops. Other clinical issues include continuing paranoia, hypersexuality, irritability, drug craving in response to conditioned cues, and violence.

While methamphetamine-specific approaches to treatment are rare, some successes have been seen. For instance, science-based behavioral and psychological approaches have shown great promise—many of these were developed to treat cocaine abusers but have been adapted to methamphetamine abusers. In addition, a program of medication discovery and development is being conducted to produce pharmacotherapies treating methamphetamine abusers. Following are the guiding principles related to treatment recommended by the Task Force.

Guiding Principles

Treatment must be guided by research.
Treatment of methamphetamine abusers should be guided by research findings. For circumstances in which there is no existing research evidence, treatment recommendations should be developed through a consensus process combining the opinions of professionals from research and clinical domains.

Research must be disseminated to treatment providers in a manner that ensures that effective or evaluated best practices are adopted.
While the United States has made great progress in drug treatment research, this research has not been consistently disseminated to and implemented by providers.

Methamphetamine treatment should be conducted by individuals with knowledge of methamphetamine, its use, and its abuse.
Treatment of methamphetamine abusers should be conducted by individuals who have accurate knowledge of the effects of methamphetamine abuse and how these effects impact treatment and

recovery.

Treatment of methamphetamine abusers should address their specific needs.
Treatment strategies should incorporate and reflect the unique problems facing methamphetamine abusers during their recovery, including the mental health issues often produced by methamphetamine abuse.

Treatment should be provided as part of a comprehensive continuum of care.
To ensure maximum effectiveness and efficiency of treatment, methamphetamine abusers must have access to a full continuum of care. In addition, treatment should include case management and links to primary care and mental health services, as appropriate. Treatment should also be culturally appropriate and encourage the participation of family members and others close to the abuser.

With proper resources and appropriately trained providers, treatment provided within the criminal justice system is effective.
Scientific studies demonstrate that appropriately treating incarcerated addicts reduces their later drug abuse by between 50 and 70 percent and their later criminality and resulting re-arrests by between 50 and 60 percent.

Treatment for parents is a form of prevention for children.
Research has shown that parental influence is a major factor in children's drug abuse patterns. Treatment programs for parents enhance protective factors among young children by removing them from a drug-taking environment and by teaching parents skills for avoiding drug abuse.

Treatment for methamphetamine abusers should address the needs of groups that are particularly at risk.
Methamphetamine has impacted a number of specific population groups to a disproportionate degree according to anecdotal reports; therefore, treatment for methamphetamine abusers should consider the needs of severely impacted groups.

Treatment in rural areas of the country poses particular problems.
In rural areas, access to and availability of health care in general and substance abuse treatment in particular are problematic. For example, geographical distances between providers and those in need of services, the lack of continuing training for providers, and the need for residential treatment all contribute to the problem.

Needs and Recommendations

Following are needs and recommendations for action based on the previous guiding principles:

- Increase the methamphetamine treatment capacity in the community and in correctional facilities.
- Increase treatment access by providing health insurance parity for substance abuse treatment.
- Increase treatment resources to address sufficiently the protracted recovery period of methamphetamine abusers in treatment. (Research suggests that methamphetamine treatment must be of a sufficient duration to address adequately the extended timetable of

methamphetamine recovery.)

- Provide effective outreach services to individuals in need of treatment.
- Train and encourage mental health and medical professionals to identify and refer methamphetamine abusers to appropriate treatment settings.
- Ensure that the service delivery system includes a comprehensive continuum of care that meets the specific needs of methamphetamine abusers.
- Increase the ability of publicly funded treatment systems to respond rapidly to emerging drug problems, particularly in underserved rural areas.
- Develop methamphetamine treatment guidelines.
- Facilitate the adoption of effective research-based approaches to the treatment of methamphetamine abuse through such methods as disseminating existing research findings and training clinicians and supervisors.
- Fund and evaluate models of methamphetamine treatment that employ empirically supported treatment strategies adapted for specific high-priority target populations.
- Ensure followup services for abusers who are released from prisons and jails.
- Increase resources for drug court participation by methamphetamine abusers.

Research Priorities

Following are the priorities for research initiatives to increase the volume and quality of knowledge about methamphetamine treatment:

- Support research that helps tailor established science-based behavioral and psychological treatment strategies to methamphetamine abusers and the development and testing of new, innovative models of treatment for methamphetamine addiction and dependence.
- Support further research in medications development to address such issues as methamphetamine overdose, methamphetamine-induced psychosis, withdrawal dysphoria, protracted symptoms that contribute to relapse, and neurological and neurocognitive damage.
- Conduct research that advances the understanding of methamphetamine, particularly its effects on pregnant women, treatment of exposed infants, reasons why abusers tend to use for long periods (in some cases, 5 to 7 years) before entering treatment, strategies for engaging abusers in treatment earlier, and the cognitive disability manifested in abusers.
- Conduct research on and evaluations of treatment programs for children and adolescents.

- Conduct research that contributes to an understanding of how methamphetamine acts on individual nerve cells, neurotransmitters, and brain structures.

- Conduct research on which models of drug courts work best and which models of prison and followup treatment programs are most cost effective for methamphetamine abusers.

- Evaluate the effectiveness of methamphetamine treatment programs on an ongoing basis.

Previous Contents Next

Part IV: *Law Enforcement*

Because the law enforcement response is an integral part of any drug use prevention and education strategy, it must be interwoven with the overall response to methamphetamine. Also, just as usage of methamphetamine and other synthetic drugs varies significantly from community to community (e.g., one community is in an introductory stage while another is in a mature stage where use is prevalent), the law enforcement response must vary accordingly to be effective. Strong law enforcement responses can help curb markets and supply: They can restrict usage and compel users to seek treatment.

Clandestine methamphetamine laboratories are a serious threat to community safety. The laboratories that produce methamphetamine pose particular dangers to law enforcement staff, requiring special training, equipment, and aid from agencies accustomed to dealing with chemical hazards, such as the U.S. Environmental Protection Agency or hazardous materials teams. Data from the Drug Enforcement Administration show that most seized laboratories produce only small amounts of the drug. Only 4 percent of laboratories produce more than 80 percent of methamphetamine. Most of these "superlabs"—those that are able to produce 10 pounds of methamphetamine in 24 hours—are located in California. However, the smaller laboratories, which are often in rural areas, also pose many safety and health hazards.

Another area of concern is the environmental dangers to children who have either been exposed to clandestine laboratories or methamphetamine dealers. When children are found at a clandestine laboratory scene, law enforcement officers must consider issues such as the need for physical examinations, involvement of child protection agencies, and documentation of child endangerment. Law enforcement officials should recognize that their work may create new demands on social services agencies.

Stronger laws to provide for control of precursor chemicals are a prime ingredient to curbing production. Research that includes further community-level ethnographic studies is needed to answer questions on the effectiveness of specific strategies and to build databases for intervention analysis. Evaluations of tactics and support for replicating best practices are also needed.

Perhaps the most critical role of law enforcement in the fight against methamphetamine production and use is that of gatekeepers of the criminal justice processes of arrest, prosecution, incarceration, and court-mandated conditions of probation and parole, used to distinguish users and addicts from dealers and producers. As an integral part of these systems, law enforcement must function in a comprehensive response to methamphetamine use. Law enforcement and criminal justice must be linked to community-wide drug prevention efforts targeting youths and families in rural as well as urban communities. They must be attentive to issues of access to treatment (both community-based and corrections-based), and they must provide the measured criminal justice sanctions that will help drug abusers seek treatment, achieve successful treatment outcomes, and maintain abstinence following treatment and reentry. Following are the guiding principles for law enforcement responses to methamphetamine.

Guiding Principles

Law enforcement measures must be part of the overall response to methamphetamine.
Law enforcement agencies must be a central component in a community's comprehensive, coordinated, and integrated response to methamphetamine. In addition to its other important social functions, law enforcement is a critical part of both the prevention and education and the treatment components of an

integrated strategy to address methamphetamine. Rural communities, in which methamphetamine manufacture and use are growing problems, pose special challenges. Limited law enforcement resources tend to be stretched thin already. As a result, rural law enforcement agencies often have difficulties dealing with arrestees requiring detoxification and other services, as well as with the environmental and safety problems associated with clandestine laboratories.

Communities have different kinds of methamphetamine problems, requiring different solutions.
Communities vary in how methamphetamine problems manifest themselves. These variations make necessary locally based responses in which law enforcement, criminal justice, and other efforts are sensitive to the unique and shifting traits of the local community and the methamphetamine problem. Some communities have serious methamphetamine problems, while in others the problem is less prominent. Law enforcement agencies' focus for communities "on the verge" of a serious problem must be different from those already "in the grip" of methamphetamine use. In addition, communities differ in how methamphetamine is introduced and popularized and in how it is produced and distributed.

Law enforcement agencies can help prevent a methamphetamine problem that is just arriving or has not yet arrived.
In communities on the verge of incurring a significant methamphetamine problem, the most effective community response will incorporate preemptive activities by law enforcement agencies. These activities, undertaken early in the emergence of a community's methamphetamine problems, will greatly increase the community's resistence to the drug and can help it delay, reduce, or altogether avoid threats to safety and health, which would otherwise be imperiled by more pervasive methamphetamine use. In this way, swift law enforcement activities are part of prevention and education efforts for communities on the verge.

Strong law enforcement supervision coerces methamphetamine users into treatment.
In communities in the grip of a serious and widespread methamphetamine problem, the most effective community response will incorporate criminal justice sanctions and contingencies, enforced by police and the courts, that compel methamphetamine users to stop their drug use and seek treatment. Using coercive contingencies linked to treatment is an effective law enforcement strategy and holds great promise for sustainable reductions in methamphetamine use in communities where use of the drug is pervasive or well established.

Traditional law enforcement policies should be pursued; the constant threat of arrest disrupts methamphetamine markets.
Traditional law enforcement strategies, from interventions at the street level to disruption of major trafficking organizations, are also important in limiting supply. Directing efforts at major organizations focuses limited Federal law enforcement resources at supply chokepoints and entails investigations and coordination with other countries and within the United States between all levels and components of law enforcement agencies. Vigilance against low-level traffickers can deter some persons from entering or continuing in the drug market, can reduce street-level violence, and responds to communities' legitimate expectation that the more visible elements of drug trafficking be curtailed.

Police must have the resources to comply with mandates on training and equipment for seizing and dismantling clandestine laboratories.
Clandestine methamphetamine laboratories create special problems for law enforcement because capturing and destroying them is more complex and hazardous than for other drug-production facilities. The chemicals used to make methamphetamine are volatile, flammable, and toxic, and are often stored and used in a makeshift, haphazard fashion. Methamphetamine laboratories literally can explode without warning, endangering anyone in the vicinity. Because of these dangers, the Occupational Safety and

Health Administration has mandated that police officers and other responders receive training and wear special equipment before entering a situation involving a clandestine laboratory. Law enforcement agencies must receive resources to support the mandated special training and equipment to handle, contain, and dispose of dangerous substances while still performing traditional law enforcement functions.

Laws and regulations to control the supply of the chemicals used to manufacture methamphetamine should be implemented and enforced.
Control of precursor chemicals—domestically and internationally—continues to be a proactive, cost-effective law enforcement strategy. Wherever possible, preventing the manufacture of methamphetamine through effective control of precursor chemicals helps free law enforcement and other resources that can be used to address a more comprehensive strategy of community safety.

Needs and Recommendations

Following are needs and recommendations for methamphetamine-related law enforcement efforts based on the previous guiding principles:

- Improve information sharing across jurisdictions (e.g., develop existing intelligence systems that encompass Federal, State, and local partners; fix responsibility for data collection; standardize definitions; enhance dissemination efforts).

- Increase information sharing among agencies (e.g., involve treatment providers, educators, law enforcement officers).

- Expand collaborations with social services agencies and public health officials, particularly in situations involving clandestine laboratories.

- Facilitate law enforcement and other research-based interventions by promoting early detection and warning systems that identify emerging methamphetamine and other synthetic drug problems.

- Establish ongoing drug monitoring systems at the local, regional, and national levels.

- Link law enforcement activities to other criminal justice efforts, especially the judicial system. Use sanctions to combat existing and pervasive methamphetamine use through such mechanisms as comprehensive drug testing, the diversion into treatment of arrestees who test positive, the implementation of drug courts, and the use of graduated sanctions and enforced abstinence to complement treatment efforts.

- Invest resources in law enforcement training, such as expanding existing efforts in police training on how to seize methamphetamine laboratories and further developing laboratory cleanup hazard education programs for both law enforcement agencies and entire communities.

- Increase outreach efforts (e.g., training vendors of products used to produce methamphetamine, neighborhood residents, and landlords; developing problem-solving and community policing activities; and collaborating with community- and school-based prevention and education activities).

Research Priorities

Following are the priorities for research initiatives on law enforcement and methamphetamine:

- Conduct comparative evaluation studies to assess the relative efficacy of enforcement, treatment, and hybrid strategies.
- Support long-term studies of methamphetamine use that have a national scope.
- Build sensitive local data systems that provide a means of measuring, tracking, and assessing the impact of specific law enforcement efforts and other interventions.
- Conduct community-level ethnographic studies to reveal the nature and characteristics of local drug markets and drug use patterns, particularly in rural and suburban areas.
- Conduct evaluation studies of preemptive law enforcement efforts early in the development of methamphetamine markets to determine the methods that merit replication.
- Study further the safety hazards of methamphetamine production, particularly hazards to children who are exposed to methamphetamine laboratories.

Previous Contents Next

Part V: *Implementation Themes*

The statute creating the Task Force charged the group with implementing a national strategy to address methamphetamine; however, there were no appropriations to implement such a strategy. The Task Force therefore offers the implementation themes contained in this advisory report to the Attorney General and the Director of the Office of National Drug Control Policy, who may then charge executive branch agencies with executing the themes as they see fit.

The Task Force's final meeting in November 1999 was dedicated to discussing implementation issues. The Task Force convened a group of national stakeholders representing each of the disciplines covered in this report. Consistent with the Task Force's guiding principle that an effective strategy must include all levels of government working together, the 1-day discussion was structured to focus on how to implement a national response rather than merely a Federal response. Participants voiced a wide array of ideas regarding the role of the Federal Government in a national strategy to address methamphetamine. In most cases, neither the stakeholders nor the Task Force members made any attempt to delineate specific executive branch organizations to execute the recommendations contained in this section.

To ensure a consistent Federal response to methamphetamine across the country and over time, it is essential to clearly define the administrative responsibility for coordinating resources. Each year, ONDCP publishes a National Drug Control Strategy (National Strategy), a long-term plan to change American attitudes and behavior with regard to illegal drugs. ONDCP should integrate the Task Force recommendations into the National Strategy and evaluate them within the framework of the current performance measure of effectiveness logic model. Including the recommendations in the National Strategy will support an interagency planning process and ensure that sufficient resources are allocated to efforts to address methamphetamine.

During the final Task Force meeting, a number of themes emerged regarding promising ways in which Federal agencies could provide services to communities to assist them in addressing methamphetamine. Implementation themes included the following:

- Encourage U.S. Attorneys or other locally based Federal officials to take a leadership role in forming local task forces or initiating local discussions or calls to action, particularly in the area of enforcement.
- Promote multidisciplinary approaches and partnerships among prevention, education, treatment, and law enforcement agencies at the Federal, State, and local levels.
- Fund research directly relevant to community needs.
- Use Federal funding to leverage partnerships at the local level or to provide direct support to existing community-based coalitions.
- Disseminate information about effective strategies being implemented across the country as well as the most current research.
- Facilitate "lateral learning" among communities grappling with similar methamphetamine problems

by sponsoring mentor sites.

A second set of implementation themes that emerged dealt specifically with how Federal agencies should respond to emerging drug crises in a timely manner. Recommendations included the following:

- Provide direct assistance to communities during a crisis in the form of money, expertise, or technical assistance. Discussion participants suggested creating a Federal Emergency Management Agency-like, "one-stop shopping" model that would enable a community to access prevention, education, treatment, and law enforcement resources on short notice during a crisis.

- Establish early warning systems to identify emerging drug trends during the initial stages of their development and to guide strategic resource allocation.

- Develop and disseminate to communities a resource guide containing comprehensive information on prevention, education, treatment, and law enforcement resources available.

A final set of implementation themes specifically addressed the challenges associated with addressing methamphetamine and other illicit drugs in rural America. Recommendations included the following:

- Create data-collection methods that are sensitive to drug trends in rural jurisdictions.

- Close the treatment gap in rural jurisdictions by funding additional treatment slots.

- Encourage Federal agencies to explore creative ways to use current technology such as telemedicine to disseminate information on education, prevention, and treatment programs to rural areas.

Previous Contents Next

Part VI: *Conclusion*

The findings presented here represent the first steps toward a comprehensive national action plan for limiting future methamphetamine use and dealing with the effects of current use. This report provides a blueprint for expanding current knowledge to develop an informed scientifically based strategy for dealing with methamphetamine use in the United States. Implementation of the Task Force's recommendations will test the principles contained in this document and will provide additional opportunities for learning. As communities proceed with implementation, they should refine their strategies based on their own experiences and on the experiences of other communities facing methamphetamine problems. Lessons learned from addressing methamphetamine may apply to other illicit drugs or more broadly to other safety issues confronting communities.

Previous Contents Next

Appendix A: *Task Force Members*

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1. Dr. Hoover Adger, Jr., former Deputy Director, Office of National Drug Control Policy, was cochair at the time of the May 1998 Task Force meeting.

2. Dr. Camille Barry, Acting Director, Center for Substance Abuse Treatment, served as an alternate for Dr. Chavez at the May 1998 Task Force meeting and the October 1998 meeting; H.R. Sampson, Director, Division of State and Community Assistance, U.S. Department of Health and Human Services, was an alternate at the May 1999 meeting; and Stephen Wing, Policy Analyst, Substance Abuse and Mental Health Services Administration, was an alternate at the November 1999 meeting.

3. Dr. Richard Millstein, Deputy Director, National Institute on Drug Abuse (NIDA), served as an

alternate for Dr. Leshner at the May 1998 Task Force meeting; Dr. Timothy Condon, Associate Director, NIDA, was an alternate at the October 1998, May 1999, and November 1999 meetings.

4. Dr. Stephen England, White House Fellow, Safe and Drug-Free Schools Program, U.S. Department of Education, served as an alternate for Mr. Modzeleski at the May 1999 Task Force meeting.

5. Christine Cichetti, Drug Policy Advisor, U.S. Department of Health and Human Services, served as an alternate for Mr. O'Hara at the May 1999 meeting and later replaced Mr. O'Hara as a Task Force member.

6. Robert Dey, Chief, Demand Reduction Section, Drug Enforcement Administration, served as an alternate for Ms. Shaw at the October 1998 and May 1999 meetings.

Previous Contents Next

Appendix B: *Chronology*

May 4-5, 1998

Task Force meeting is held in Washington, D.C.

Speakers:
Janet Reno, Attorney General, U.S. Department of Justice
Barry McCaffrey, Director, Office of National Drug Control Policy

Jeremy Travis, Director, National Institute of Justice
Hoover Adger, Jr., Deputy Director, Office of National Drug Control Policy

Camille Barry, Acting Director, Center for Substance Abuse Treatment
Andrea Baruchin, Chief of Science Policy, National Institute on Drug Abuse
Nelson Cooney, President, Community Anti-Drug Coalitions of America
Guy Hargreaves, Special Agent, Drug Enforcement Administration
Karol Kumpfer, Director, Center for Substance Abuse Prevention
Alan Levitt, Senior Advisor, Office of National Drug Control Policy
Harry Matz, Trial Attorney, U.S. Department of Justice
Richard Millstein, Deputy Director, National Institute on Drug Abuse
William Modzeleski, Director, Safe and Drug-Free Schools Program
Mary Ann Pentz, Professor, University of Southern California
Joseph Samuels, Jr., Chief, Oakland (California) Police Department
Frank Vocci, Medications Development Director, National Institute on Drug Abuse

Topics:
Federal Advisory Committee Act
Comprehensive Methamphetamine Control Act of 1996
Purposes of the Methamphetamine Interagency Task Force
Pharmacology of Methamphetamine
Demographics and Epidemiology
Law Enforcement: Trafficking, Clandestine Laboratories, and Precursor Control
Prevention and Education
Treatment
Task Force Process and Objectives

October 5, 1998

Staff Report on the May 1998 meeting of the Task Force is released.

October 5, 1998

Omaha Community Forum on Methamphetamine is held independently from the Task Force meeting to allow local constituent groups to comment on the methamphetamine problem in the Midwest.

October 5-6, 1998

Task Force meeting is held in Omaha, Nebraska.

Speakers:
Bob Kerrey, U.S. Senator

Jeremy Travis, Director, National Institute of Justice
Donald Vereen, Jr., Deputy Director, Office of National Drug Control Policy

Ken Carter, Chairperson of the Executive Board, Midwest High Intensity Drug Trafficking Area
Allen Curtis, Executive Director, Nebraska Commission on Law Enforcement and Criminal Justice
James O'Hara III, Deputy Assistant Secretary for Health, U.S. Department of Health and Human Services
John Pankonin, Supervisory Special Agent, Federal Bureau of Investigation
Richard Rawson, President, Matrix Center
Jack Riley, Director, Arrestee Drug Abuse Monitoring Program, National Institute of Justice
Joseph Samuels, Jr., Chief, Oakland (California) Police Department
Judith Tymeson-Barnes, Program Services Director, Douglas County (Nebraska) Drug Court
William Vega, Director, Metropolitan Research and Policy Institute, University of Texas at San Antonio

Topics:
Review of Proceedings From the May Meeting
Presentations on the Local Situation
The National Arrestee Drug Abuse Monitoring (ADAM) Program Report and the Nebraska ADAM Project: Methamphetamine Use Among Arrestees
Review of Past Recommendations and Current Activities for the Prevention and Education Category
Review of Past Recommendations and Current Activities for the Treatment Category
Review of Past Recommendations and Current Activities for the Research Category
Review of Past Recommendations and Current Activities for the Law Enforcement Category
Summary and Review of Meeting Accomplishments, Development of Plans for Next Steps, and Concluding Remarks

January 1999

Staff Report on the October 1998 meeting of the Task Force is released.

May 4, 1999

Town Hall Meeting: A Focus on Methamphetamine, sponsored by the County of San Diego Methamphetamine Strike Force in cooperation with the National Institute of Justice, is held independently from the Task Force meeting to allow local constituent groups to comment on the methamphetamine problem in the Midwest.

May 4-5, 1999

Task Force meeting is held in San Diego, California.

Speakers:
Jeremy Travis, Director, National Institute of Justice
Donald Vereen, Jr., Deputy Director, Office of National Drug Control Policy

Gail Beaumont, Senior Education Program Specialist, Safe and Drug-Free Schools Program
Veh Bezdikian, Social Science Analyst, Office of Community Oriented Policing Services
Jack Drown, Undersheriff, San Diego County Sheriff's Department
Thomas Feucht, Director, Crime Control and Prevention Division, National Institute of Justice
Robert K. Ross, Director, San Diego County Health and Human Services Agency
Greg Vega, U.S. Attorney, Southern District of California
Stephen Wing, Policy Analyst, Substance Abuse and Mental Health Services Administration

Topics:
Overview of the Draft Task Force Report to the Attorney General
Review of the Introduction Section, Draft Report
Review of the Treatment Section, Draft Report
Review of the Prevention and Education Section, Draft Report
Review of the Law Enforcement Section, Draft Report
Review of Proposed Appendixes, Draft Report
Review of the Conclusions/Implementation Section, Draft Report
Next Steps

November 30, 1999

Meeting Report on the May 1999 meeting of the Task Force is released.

November 30, 1999

Task Force meeting and National Town Hall Meeting on Methamphetamine is held in Washington, D.C.

Speakers:
Brent Coles, Mayor, Boise, Idaho
Barry McCaffrey, Director, Office of National Drug Control Policy
Janet Reno, Attorney General, U.S. Department of Justice

Topics:
Role of the Federal Government in Helping Communities Forge Partnerships
Role of the Federal Government in Responding to Drug Crises
Addressing Methamphetamine in Rural America

Appendix C: *Federal Register Announcement*

at the Presidio. Copies of the policy can be obtained from: General Manager, Presidio Project Office, Golden Gate National Recreation Area, Building 102, Montgomery Street, Presidio of San Francisco, San Francisco, CA 94129-0022, Telephone: (415) 561-4482.

Dated: December 19, 1997.

B.J. Griffin (Ms.),

General Manager, Presidio of San Francisco, Golden Gate National Recreation Area.

[FR Doc. 98-718 Filed 1-12-98; 8:45 am]

BILLING CODE 4310-70-P

DEPARTMENT OF JUSTICE

[OJP(NIJ)-1146]

Methamphetamine Interagency Task Force

AGENCY: Justice.

ACTION: Notice of establishment of the Methamphetamine Interagency Task Force.

SUMMARY: In accordance with the provisions of the Federal Advisory Committee Act, and section 501 of the Comprehensive Methamphetamine Control Act of 1996, the Attorney General is establishing the Methamphetamine Interagency Task Force ("Task Force").

FOR FURTHER INFORMATION CONTACT: Cherise Fanno, National Institute of Justice, 810 7th St., N.W., Washington, D.C. 20004. Telephone (202) 616-9021. Facsimile: (202) 307-6394. E-mail: fanno@ojp.usdoj.gov.

SUPPLEMENTARY INFORMATION: The Methamphetamine Interagency Task Force is responsible for "designing, implementing, and evaluating the education, prevention, and treatment practices and strategies of the Federal government with respect to methamphetamine and other synthetic stimulants."

The Task Force will have fourteen members. The Attorney General and the Director of the Office of National Drug Control Policy will serve as honorary co-chairpersons. In her absence, the Attorney General will designate a chairperson of the Task Force. Other members include the Secretary of Health and Human Services (HHS) (or a designee); the Secretary of Education (or a designee); two members selected by the Secretary of HHS; two members from state and local enforcement agencies; two members from the Department of Justice; and five nongovernmental experts, all selected by the Attorney General.

The following charter has been approved by the Attorney General:

Chapter for the Methamphetamine Interagency Task Force

A. Official Designation

The comprehensive Methamphetamine Control Act of 1996 ("the Act") requires the Attorney General or her designee to chair a Methamphetamine Interagency Task Force ("the Task Force").

B. Objectives and Scope of Activity

The Task Force is responsible for designing, implementing and evaluating the education, prevention and treatment practices and strategies of the Federal Government with respect to methamphetamine and other synthetic stimulants. More specifically, the Task Force shall have the following general duties:

1. Evaluate current practices and strategies of the Federal Government in education, prevention and treatment for methamphetamine and other synthetic stimulants.

2. If it is deemed appropriate and beneficial to modify current methods, recommend improved models for education, prevention and treatment.

3. Identify appropriate government components and resources to implement Task Force recommendations.

The Task Force shall consider, where appropriate, strategies and practices of state and local governments and non-governmental entities as well as of the Federal Government.

C. Reporting

The Task Force shall report to the Attorney General of the United States or the Attorney General's designee. Copies of such reports shall be supplied to the Secretary of Health and Human Services, or the Secretary's designee, and to the Secretary of Education, or the Secretary's designees.

D. Support Services

The National Institute of Justice of the Office of Justice Programs in the Department of Justice will provide all necessary support services for the Task Force.

E. Duties

The Task Force, as appointed by the Attorney General, the Secretary of Education and the Secretary of Health and Human Services, shall have duties that are advisory only.

The Task Force will carry out the objectives listed in Item B. and report in the manner set forth in Item D, the results of all deliberations and recommendations.

F. Annual Operating Costs

The annual operating cost for the Task Force shall be paid out of existing Department of Justice funds. The expenses shall include airfare, lodging, meals, space and equipment rental, printing, mailing, transcription services, and other miscellaneous and incidental expenses. The estimated work years is two FTE at an annual cost of $100,000.

G. Meetings

The Task Force shall meet at least twice a year. Meetings and other procedures shall be subject to applicable provisions of the Federal Advisory Committee Act, including section 10 of 5 U.S.C. App. §2.

H. Termination Date

The Task Force and Charter will expire in four years from the date of enactment of the Act.

I. Date of Charter

The date of this Charter is October 8, 1997.

Jeremy Travis,

Director, National Institute of Justice.

[FR Doc. 98-723 Filed 1-12-98; 8:45 am]

BILLING CODE 4410-18-P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Robert A. Pfluger, D.D.S.; Revocation of Registration

On October 23, 1997, the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration (DEA), issued an Order to Show Cause to Robert A. Pfluger, D.D.S., of Rockford, Illinois, notifying him of an opportunity to show cause as to why DEA should not revoke his DEA Certificate of Registration BP4333477, under 21 U.S.C. 824(a)(3), and deny any pending applications for renewal of such registration as a practitioner pursuant to 21 U.S.C. 823(f), for reason that he is not currently authorized to handle controlled substances in the State of Illinois. The order also notified Dr. Pfluger that should no request for a hearing be filed within 30 days, his hearing right would be deemed waived.

The DEA received a signed receipt indicating that the order was received on November 4, 1997. No request for a hearing or any other reply was received by the DEA from Dr. Pfluger or anyone purporting to represent him in this matter. Therefore, the Acting Deputy Administrator, finding that (1) 30 days have passed since the receipt of the Order to Show Cause, and (2) no request

nongovernmental experts, all selected by the Attorney General.

The following charter has been approved by the Attorney General:

objectives listed in item B, and report in the manner set forth in Item D, the results of all deliberations and recommendations.

matter. Therefore, the Acting Deputy Administrator, finding that (1) 30 days have passed since the receipt of the Order to Show Cause, and (2) no request