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EMERGING THREATS: METHAMPHETAMINES

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED SEVENTH CONGRESS

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EMERGING THREATS: METHAMPHETAMINES

THURSDAY, JULY 12, 2001

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES,
COMMITTEE ON GOVERNMENT REFORM,
Washington, DC.

The subcommittee met, pursuant to notice, at 10:07 a.m., in room 2154, Rayburn House Office Building, Hon. Mark E. Souder (chairman of the subcommittee) presiding.

Present: Representatives Souder, Ose, Gilman, and Cummings.

Also present: Congressman Baird.

Staff present: Chris Donesa, staff director; Nick Coleman, staff member; Conn Carroll, clerk; Conor Donahue, intern; Sarah Despres and Tony Haywood, minority counsels; Denise Wilson, minority professional staff member; Jean Gosa, minority assistant clerk; and Lorran Garrison, minority staff assistant.

Mr. SOUDER. The subcommittee will come to order.

Good morning, and thank you all for coming. We hope to concentrate many of our subcommittee's upcoming drug policy hearings around a few core issues posing fundamental questions and challenges to our efforts to keep America drug-free. This hearing is the first of a series on "emerging threats." Narcotics and other drugs that are relatively new drugs of abuse or those which have dramatically increased as a threat to our communities. In examining these emerging threats, we hope to bring public attention to them for both policymakers and parents, as well as to consider whether existing drug control institutions and policies are adequate to address and combat them. In the near future, we hope to discuss such emerging threats as ecstasy and other synthetic drugs and abuse of the prescription drug Oxycontin. Today, however, we begin with what has quickly become a monumental problem for America throughout our Nation: methamphetamines.

Methamphetamines, or "meth," has quickly spread across the Nation to become one of the most pressing narcotics issues for State and local communities and law enforcement in those areas. I don't think that there is a member of this committee or of the House, particularly those who represent rural areas, who has not seen numerous and disturbing reports of small "Beavis and Butthead" meth labs being seized in their communities. These labs are of immediate concern because they make almost every county in America its own source for a powerful drug of addiction with unpredictable effects—along with all of the accompanying negative consequences, including violent crime and environmental damage.

Each pound of methamphetamine produced results in 5 to 6 pounds of toxic chemical waste, which is simply left to enter groundwater. It is difficult to control the growth of these labs because of the perverse economic incentives to push the drug—just $2,500 worth of chemicals can make 4 pounds of methamphetamine with a street price of $163,000.

But even these laboratories are the tip of an iceberg compared to the large-scale operations run by organized crime, predominantly in California and the Southwest United States. It is by no means an exaggeration to say that the State of California is, for all intents and purposes, a narcotics source country for methamphetamines. A large proportion of the meth on the streets of the United States is produced or transported in and through California. We face a tremendous national challenge in ensuring that not only California, but all 50 States, have adequate resources to combat this emerging threat. In addition, we must consider whether additional controls are necessary for precursor chemicals and other ingredients that are the key to the illicit trade. And we must examine whether our system adequately takes into account the special challenges of treating meth victims and addicts through prevention and treatment.

I would also like to recognize and thank the House Meth Caucus, of which I am a member and with which we have worked to put together the hearing, particularly Congressman Calvert and Congressman Baird. I appreciate their bipartisan leadership in raising awareness of these issues and look forward to continuing to work with them.

Today we have excellent witnesses to discuss emerging meth trends. From the administration, on our first panel is Joseph Keefe, Chief of Operations for the Drug Enforcement Administration. On our second panel, we will be joined by a number of knowledgeable State and local law enforcement officers. Ron Brooks is the chairman of the National Narcotics Officers Coalition, and has also been a good friend and resource for this subcommittee and a tireless advocate against illegal drugs. From Indiana is Sheriff Doug Dukes and Deputy Doug Harp from the Noble County Sheriff's office. They are our second set of witnesses from Noble County in our last two hearings; it may not surprise you to know that Noble County is in my district and has had a growing narcotics problem, but has been tackling it aggressively. From Congressman Ose's district, we have Chief Henry Serrano from Citrus Heights, CA. And at Congressman Baird's suggestion, we will hear from Sheriff John McCroskey from Lewis County, WA. Our third panel will discuss meth's effects on our families with Susan Rook from the Step One Center in North Carolina.

Thank you all for coming. This should be an excellent hearing on an important issue, and I look forward to your testimony.

I would now like to recognize Mr. Cummings for an opening statement.

[The prepared statement of Hon. Mark E. Souder follows:]

Opening Statement
Chairman Mark Souder

"Emerging Threats: Methamphetamines"

Subcommittee on Criminal Justice, Drug Policy,
and Human Resources
Committee on Government Reform

July 12, 2001

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of the perverse economic incentives to push the drug – just $2,500 worth of chemicals can make 4 pounds of methamphetamine with a street price of $163,000.

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Washington. On our third panel, we will discuss meth's effects on our families with Susan Rook from the Step One center in North Carolina,.

Thank you all for coming. This should be an excellent hearing on an important issue and I look forward to your testimony.

Mr. CUMMINGS. Thank you very much, Mr. Chairman. As you know, methamphetamine abuse is spreading across the country like a forest fire, and it is fast on the rise in the areas to which it has spread. Once concentrated almost exclusively in California, the manufacturing, trafficking, and the use of methamphetamine has expanded over the past decade and a half to many other areas of the country. Outlaw motorcycle gangs in the West and Southwest have been supplanted by professional Mexico-based dealers and wildly dispersed independent producers as the primary traffickers of this drug.

At the same time, meth use has become increasingly prevalent among segments of our Nation's youth. Although so-called crystal meth made its appearance in major cities in the mid-Atlantic and the Northeast only 3 or 4 years ago, the rapid growth of the problem in the South, Midwest, and Northwest suggests that meth abuse in these areas will not long remain a mere blip on the radar screen. Needless to say, that is not good news for my home town of Baltimore, where heroin and other drugs, such as cocaine, already wreak havoc in far too many lives, and methamphetamine poses a serious additional threat.

Indeed, one of the dangerous aspects of meth abuse is the tendency among users to couple it with other drugs, including heroin and alcohol. But meth use alone is dangerous enough in itself. Like crack cocaine, but the more long-lasting effects, methamphetamine targets the central nervous system, increasing the heart rate, blood pressure, body temperature, and rate of breathing. It can also produce fits of hyperactivity, euphoria, a sense of increased energy and tremors. Chronic and high-dose abuse can result in paranoia, hallucinations, schizophrenia-like symptoms, and is often accompanied by violence and other criminal and anti-social behaviors. Indeed, in the areas of the country where meth use is prevalent news reports abound of meth-induced domestic violence, murders, suicides, thefts, burglaries, and other crimes.

Compounding the health and social dangers of methamphetamine use are a host of other dangers that accompany its manufacture. Unlike other hard-core illicit drugs, meth can be, and often is, manufactured by an amateur chemist from a precursor of chemicals contained in legal commercial products. Home-made meth lends itself to a small-scale trafficking on the fringes of the meth market and accounts for much of the rapid spread of the meth abuse problem.

The volatility and toxicity of the chemicals involved in such production, moreover, result in make-shift labs being the frequent sources of explosions, fires, and toxic damage to the environment. Children who reside in homes where these labs are operated are exposed to all of these dangers, and studies suggest an array of health problems in the newborn children of meth-addicted mothers traceable to maternal meth abuse.

Finally, Mr. Chairman, I know how very concerned you are about the growth of the meth epidemic in Indiana and in the Midwestern region of our country. For the same reasons which I have just described, I want to make sure that my State of Maryland and the mid-Atlantic region are not similarly overtaken by methamphetamine abuse.

I look forward to hearing from our witnesses about their experiences and how we can effectively combat the rapid spread of this problem. Thank you very much.

Mr. SOUDER. Thank you. Congressman Ose, do you have an opening statement?

Mr. OSE. Thank you, Mr. Chairman. Thank you for holding this hearing on an issue that generally is not getting the national attention it needs, and that is, as my colleague has said, the growth and use of methamphetamines. In the interest of time, I'm going to make a brief opening statement and ask unanimous consent that my full statement be entered into the record.

Mr. Chairman, the growth and use of methamphetamines threatens every part of our society. Our communities and environment are endangered by those who use and make the drug around them, even as the drug destroys users and those around them. Combating meth has been one of my top priorities since coming to Congress. In fact, it predates even arriving here. Having been elected in early November 1998, by November 18 I had begged, cajoled, browbeat, and eventually persuaded the chairman of the full committee to put me on this subcommittee after 11 phone calls. I think Kevin Binger was very tired of me by the end of November 1998, but it is a pleasure to be on this committee.

I plan to continue to work on this subcommittee. I am a member of the Congressional Meth Caucus. I am going to do everything I can to see that Congress acts quickly to address this issue.

I want to thank the witnesses who are joining us today to talk about meth. I especially want to thank two that I have had personal experience with. The first is Ron Brooks, who is the Chair of the National Narcotic Officers Associations Coalition. Ron is on the second panel. His knowledge and personal experience have been an invaluable resource to me and my staff, and I am appreciative of it.

And I am particularly pleased to welcome the chief of police from Citrus Heights; that is Henry Serrano. Henry is the chief of police in a city that I helped establish in California. Mr. Serrano's team protects my district, and they also have some insightful testimony today regarding some innovative strategies they are using in northern California to stop the spread of meth.

As Mr. Cummings said, meth is a particularly large part of the drug crisis in California, and it would take hours to truly explore in detail what meth is doing in California. So, to expedite that, if you would, Mr. Chairman, I would ask unanimous consent to submit for the record an article published in numerous California newspapers last October titled, "A Madness Called Meth." I have given each of the members a copy of it. It is a lengthy read. I do commend it to your consideration. It is quite informative, and it is from my home town newspaper. As they say in the media, they are a major Sacramento newspaper.

[The information referred to follows:]

A Madness Called Meth

Special Report by the McClatchy Company's California Newspapers
October 8, 2000

CALIFORNIA'S SOCIAL, MEDICAL AND ENVIRONMENTAL NIGHTMARE

PROLOGUE

The little girl is 4 and wise beyond her years.

She tugs on the woman's bullet-proof vest. "I know what you came for," she whispers. Down the hallway in her mother's bedroom, she opens the top drawer of a bureau to display baggies of methamphetamine, scales, homemade pipes used to smoke the drug, and account books that document sales.

She describes in detail how her mother had smoked a pipe of crank that morning and explains that she'd been sleeping with her mommy for several days because the dog had pooped in her bed and nobody had bothered to clean it up.

"People come to visit Mommy, and they bring money. It's green, and it has a two and a zero," she says. "She gives them little baggies with white stuff."

Then the little girl with the long, brown ponytail and cherubic smile goes off with a social worker to McDonald's for a Happy Meal, before heading to the hospital for a complete physical. Eventually, she will live the rest of her childhood with strangers. Her mother will end up in jail. Or dead.

INTRODUCTION

From Redding to Bakersfield, methamphetamine ensnares thousands. Some are willing participants, stepping into meth's web to feed the hunger that creates drug addicts. Some are trapped: the children, spouses, parents and siblings of meth users.

The meth trade, perhaps one of the largest businesses in the Central Valley, is booming. Federal, state and local law enforcement agents discovered more than 2,000 meth and meth-related labs in California last year, an average of more than five a day and a dramatic increase over the 559 labs discovered just five years ago. So much meth is made here -- as much as 80 percent of all meth manufactured in the nation -- that it has become a leading California export to other states. It's made by a variety of human spiders, from pathetic small-timers who labor in settings that would be laughable if they weren't so dangerous to sophisticated drug lords who pay others to work in well-equipped super labs.

Meth kills people or makes them wish they were dead. Users age prematurely and their teeth may rot, relatively benign side effects to a drug that also can induce heart damage and psychoses.

The children of meth users suffer physically and psychologically. They are neglected, abused and sometimes even killed by their parents. If their parents make meth, the children live amid toxic chemicals. If their parents are arrested, the children often end up living with strangers. In the Central Valley, more than 20,000 children are in foster care; in some areas, social workers estimate up to 90 percent of their cases are meth-related. If a drug is involved in the death of a child, experts say it is by far most likely to be meth.

The meth industry has manufactured thousands of gallons of toxic wastes that are dumped into rivers and irrigation canals and onto some of the nation's richest farmland. But not all manufacturing is done at locations populated by crops or cows. Labs show up in warehouses, suburban neighborhoods, hotel rooms and even the trunks of cars. California taxpayers spend $10 million a year on efforts to clean them up.

Meth is California's unpaid bill. It comes due in hospitals and schools, jails and courtrooms, neighborhoods and farm fields. And you pay it. Maybe it's through higher taxes or higher insurance rates. Maybe it's less direct, like waiting longer for a cop to show up to your emergency because he is tied up at a meth bust, or having your child's school lessons slowed down because of problems with the kids whose parents are addicts, or having your plumbing repaired twice because the guy who did it the first time had a head full of meth and messed it up. Whatever it is, you pay for it.

This is the story of meth: what it is, how it got here and why. More importantly, it's a story about the people caught in its web. All the people are real, and you may know them or know someone who does. If you don't, you eventually will.

CHAPTER ONE
THE FAMILY WHO CRANKS TOGETHER METH DISINTEGRATES A FAMILY

Kelly McGhee is bustling around his office, setting up the day's operations. It's 8:20 on a Thursday morning. A half-dozen probation officers, wearing identical sand-colored military pants and black combat boots, wander in and out, briefing McGhee on case details as they formulate a hit list of 10 probationers and decide which ones to go after first.

A compact, blond-haired, blue-eyed 18-year veteran of the Sacramento County Probation Department, McGhee heads the 6-month-old "response team." It's the department's version of a police SWAT team, a precision-trained crew of seven aggressive officers who track down probationers gone AWOL and barge into homes knowing they quite possibly are bursting into a den of drug dealers. Three of the seven are sure shots, instructors at the Probation Department's shooting range.

Kelly Gould wanders in, papers in hand, memorizing a drivers license photograph. Gould, a 35-year-old native Iowan who took three months off last winter to train police forces in Kosovo, is the team's only female member. She laughs at the photo of a 17-year-old meth addict, who has her hair swept to one side and a decided pout on her lips.

"Cindy Crawford," she nicknames the teen, wanted for violating probation. "It's funny. We have DMV photos, and they look like this. But when you finally find them, they're virtually unrecognizable," prematurely aged by meth use.

By 9:30, Gould is headed for North Sacramento to do a drive-by of her suspect's last known address. Her teammates are doing the same, checking to see if their targets are home before they begin busting down doors.

In an apartment complex across town, Terri smokes her first meth, or "crank," of the day. As she expertly waves a butane lighter beneath the glass bowl of her pipe, her 10-month-old son plays in a walker on the living room floor.

Timothy has just learned to crawl and, given the chance, he motors around the house, exploring. There are photographs of Timothy in every room, a baby's first-year calendar in the kitchen to mark his milestones and an assortment of toys stashed in his room and the living room. He is the first child of Terri and her companion, Paul.

At 9:36, Gould's two-way radio crackles. It's another probation officer calling the crew to a meeting behind a shuttered credit union. Terri and Paul are home. It's time to meet. As the fleet of shiny, new cars pulls into the parking lot, the team is joined by two social workers from Child Protective Services. If the parents are dealing, the baby probably will be taken into protective custody and placed in foster care.

By 10:20, the team has been briefed and is in place. The probationer, Paul, who has prior convictions for meth use and sales, has been overheard threatening to throw Terri off their second-floor balcony for smoking his drugs. Paul's probation officer says the addict has tested "dirty" for crank twice in recent months. He passes around Paul's DMV photo.

"He's tall, blond. Beach-boy-looking guy," says the probation officer.

"He's got all his teeth," observes one team member.

"For now," another cracks.

Terri has her own history with crank. Three times she has been placed on informal probation. Twice she was caught with meth in her possession, and once she was found under the influence of the drug. At 22, her teeth are beginning to blacken, her body beginning to sag. As the probation team approaches, Terri and Paul are on their balcony chatting with a friend, who also is on probation. Behind them, Timothy plays in his walker, sucking on a disposable bottle of formula and gnawing on an animal cracker.

At 10:27 a.m., guns drawn, the probation team closes in.

"Freeze," orders one officer.

Terri bolts into the apartment, but Paul throws his hands in the air. He knows the game is over.

Inside the two-bedroom apartment, nine probation officers and two social workers fall into a familiar routine. Two beefy officers begin searching the adults' bedroom for signs of narcotics as Gould strip searches Terri and questions her. She admits smoking crank earlier and she's got more dope on her, but she denies dealing. Paul has some crank on him, a baggie of chunks the size of puffed rice but with the waxy, yellow appearance of bar soap.

At first, the only other evidence officers find is Terri's pipe, now cold. It has been shoved beneath a tan ottoman in the living room, a few feet from Timothy's walker.

It's 10:45 a.m. The baby stares up at the strangers. He doesn't appear afraid, just curious. His father sits handcuffed on a recliner a few feet to Timothy's left. His mother and a family friend face him on the couch. They, too, are handcuffed and sitting awkwardly.

McGhee, himself the father of two children, 11 and 15, drops to one knee to soothe the baby. "Hi there," he says, a smile crinkling the corners of his eyes. "Hi, little guy."
Timothy stares at him expressionless. But Timothy's mother suddenly realizes what is about to happen. "No!" she wails, her face dissolving into tears. "Please don't take my baby away."

The officers' faces are like masks. They've heard it so many times. In the Central Valley, more than 20,000 children are living in foster care: more than 6,000 in Sacramento County, 733 in Stanislaus County and more than 3,000 in Fresno County. The vast majority of them are from drug homes, and most have parents who are addicted to meth. CPS workers remove children like Timothy every day.

Paul leans forward, eyes bleary from drugs. "Hi, baby," he says, smiling. "Daddy loves you." Timothy's face breaks into a dimpled smile. He kicks his feet and waves his arms wildly. "Da Da Da," he cries, gleefully.

McGhee turns away.

At 26, Paul has been addicted to crank for years and sent to jail at least twice. By now, he's used so long he's not quite sure of time anymore. "I can only stay up maybe two or three days," he says, shaking his head. "You start hallucinating. You go without eating for long periods of time. Oh my God, it tears you up. Ages your body. You start picking at things that aren't there. It's the worst."

Paul and Terri met three years ago when she was living with Paul's dealer. It had been a bad relationship. She was glad to escape. Paul took her to a bar a couple of times. They smoked crank together.

"It was convenient," Paul says. Beyond the drugs, though, there's "not much" of a relationship. They argue constantly. They were clean together only once, for a short period right before Timothy was born. Paul had been released from jail; she'd been living with his parents. He got a decent job; they got an apartment. Then he met a guy at the county's probation work project who got him high on crank. In less than a month from the time of his jail release, Paul was spiraling downward.

Terri followed. She had used for years and lost one pregnancy with Paul to a miscarriage that he suspected was because of crank. Paul was in jail when she discovered she was pregnant again. He thinks she smoked crank while she carried Timothy, too, but she denies it.
"He's the cutest baby in the whole world," says Paul, shaking his head sadly. "I wish I could have been a better father for him. . . . I tried to do good for my son. I just got caught up in this dope s*** again."

He spouts reservations about Terri's mothering skills: "Yeah, she's a good mom -- when she's not using." Then he reconsiders. "I've never known her to be clean long enough to know how she would act under normal circumstances." And when she comes down from a high, he says, she worries him. "I hear the baby, and I'm up right away. But she isn't. She lets him cry. It bothers me."

It has been about 30 minutes since the team burst in. In the back bedroom, senior probation officer Michael Brooks is digging through the garbage. He finds a dozen or more tiny pieces of thin plastic, twisted and torn, but empty. Nearby is a box of unused sandwich baggies. Brooks thinks the shreds of baggies, or "bindles," indicate a dealer. But he can't find the dope or any money. Terri's got a fresh $20 bill in her wallet; Paul has three crisp twenties in his. But that's all the money in the apartment. Brooks keeps digging. On the other side of the room, senior probation officer Steve McKee digs through a pile of Terri's clothing.

Gould returns from her car where she has grabbed a Valtox chemical kit to test the drugs. Officers want to make sure what they suspect is meth is, in fact, the drug. She sets the kit up in the bathroom, balancing it on a strip of counter amid Terri's lotions and makeup.

To her right, the toilet lid is closed. Officers checked the toilet after they got inside, suspecting that Terri had tried to flush her drugs when she bolted from the patio. They found nothing. Since then, though, Terri has used the toilet. A probation officer asks Gould if he can use the restroom, then laughs and backs out. A baggie of drugs floats on top of the water in the toilet.

A "twompsack," Paul calls it -- $20 worth of crank, enough to keep the average meth user buzzing for up to eight hours.

At 11:30 a.m., convinced that Timothy's well-being is endangered, CPS workers place him in protective custody. As Terri again begins to sob, tossing her mane of blond hair and gasping for breath, one social worker steps forward, deftly plucks Timothy from his walker, pivots and walks out.

"My inhaler," Terri gasps. "My asthma. I can't breathe."

McGhee retrieves Terri's inhaler from the back bedroom, where McKee has turned his attention to the closet and Brooks is digging through a bedside table. In minutes, McKee hits pay dirt.

In a sandwich-sized, Dodger-blue, zippered makeup bag are two more glass pipes, a portable scale and more than a half-dozen baggies of meth, all packaged for sale. McGhee gives the order to call for a major-narcotics investigator to help catalog the evidence.

The drug detective estimates Paul and Terri's stash to be worth between $400 and $600 -- roughly 1 to 1.5 ounces of crank.

On the nightstand, Brooks finds a jar of MSM, a veterinary substance used by horseshoers to increase joint flexibility and by meth dealers to dilute their product. On a small table nearby sits a crude pipe made from an old baby food jar and a credit union pen.

"In all likelihood, we interrupted them as they split up" to sell, Brooks says.

By noon, the telephone is ringing incessantly. The first few times, Brooks answers, trying to ferret out information on potential customers. But the calls are so frequent he quits answering. Just after noon, the first of two major-narcotics investigators arrives. Gould has parked herself at the kitchen table and is handling a seemingly endless stream of paperwork: three individual arrest reports for the jail, separate reports for the Probation Department because each of the three is on probation, supplemental reports to forward to the Sheriff's Department on the new meth-dealing case.

McGhee passes out Diet Pepsi and Seven-Up to quiet grumbling stomachs and cancels a 1:30 p.m. appointment. In the back bedroom, McGhee tries to tune out Terri's renewed sobbing. This time it is triggered by the sound of a neighbor baby wailing for attention.

"I have a 2-year-old at home," McKee says. "And the saddest thing for me is to hear the moms cry. As adults, they make their own choices. But the child doesn't have a choice. That's what's sad."

The trio on the couch is exhausted and uncomfortable. A probation officer checks Paul's handcuffs to see if they are too tight. McGhee calls Paul into the baby's room to see if he wants to chat.

"Oh God," Paul moans. "It's hell. That s*** controls your life. Nothing matters. You'll sell anything for it. I wish I could have gotten help instead of going to jail."

He shakes his head and leans against his son's Tigger-decorated crib.

An hour later, he is again called into Timothy's room, this time by the major-narcotics investigator who wants Paul to give up his dealer in exchange for a lesser charge.

"Terri, I'm taking the heat for all of this," he announces as he returns from the baby's room and slumps into the recliner. "All the dope, all the pipes are mine. Everything in the house is mine. I don't want you to go to jail."

Terri sniffles in appreciation. Her eyes are red and puffy; her blond hair hangs in strings. But she can hear Gould and others talking in the kitchen, consulting on the arrest reports. The family friend will face a charge of associating with known felons. Terri and Paul will face charges of possession for sale, a felony that could send Terri to prison and mean the eventual loss of her son.

As she begins to sob anew, Paul pleads with Gould.

"Is there any way you can pin it on me?" he asks. "Because my son needs a parent."

CHAPTER TWO
UNCLE FESTER: A PROLIFIC AMATEUR

In Green Bay, Wis., there lives a 42-year-old man named Steve Preisler. He is the father of two young children and the holder of degrees in chemistry and biology from Marquette University. He works as an electroplating chemist. He also teaches people how to make methamphetamine.

Methamphetamine stimulates the central nervous system. It comes in powder or small "rocks" or "crystals," and can range in color from white to brown, depending on how it's cooked. It tastes bitter but easily dissolves in liquids. Depending on its method of production, it can be odorless or stink like the bottom of a football team's laundry hamper.

It has many names: "speed," "crank," "chalk," "shabu," "shi-shi," "spoosh," "zip," "boo," "chicken-feed," "geep," "scootie," "crystal," "ice," "glass" or "load of laundry."
It's snorted, swallowed, smoked or injected. Eaten, it can take 20 minutes to hit the brain. Inhaled through the nose, it can take three minutes. Smoked or injected, it can take eight seconds. Its effects last far longer than an equivalent amount of cocaine, maybe eight or 10 hours, compared to 30 minutes.

It makes you feel smarter, faster, stronger, sexier, happier and generally quite capable of kicking the world in the butt. The bad news is that it actually makes you dumber, slower, weaker and unable to have an orgasm.

It can cause memory loss, psychoses, heart damage, brain damage, high blood pressure, insomnia, tooth loss and intense paranoia. And then there are the side effects from the chemicals used to make meth, such as lead poisoning from batches made with lead acetate.
Like adrenaline, which it mimics, meth triggers the brain's fight-or-flight mechanism, making users belligerent and aggressive. They often complain about itchy skin or scalp, and they pick at themselves incessantly.

Meth also can be quickly and highly addictive.

All of this notwithstanding, Steve Preisler is not ashamed of teaching people to make it, even though he chooses to write under the nom de plume "Uncle Fester" (a nickname he says he got in college because of his penchant for making explosives and blowing things up, a la the character in the "Addams Family").

"Drugs are merely chemicals," he shrugs, "and knowledge of how they are produced can never be removed from the body of civilized knowledge." Preisler makes no secret of his own history of "recreational" drug use, although he's vague on his current habits. Nor is he shy about passing along little tips to meth users and cooks to avoid detection.

Preisler is the author of "Secrets of Methamphetamine Manufacture, Including Recipes for MDA, Ecstacy and Other Psychedelic Amphetamines." Now in its fifth edition, the 183-page, soft-cover book explains in some detail how to make what he calls "that food of the gods, meth." He says his book sells 5,000 copies a year, mostly through West Coast bookstores, where it retails for $30 a copy.

It is not illegal to write or publish such information, although Congress has considered passing a law that would make it so. (The "war on drugs," he says, "is futile . . . Endlessly adding more common chemicals to lists to be watched by America's secret police has done nothing to stem this nation's voracious appetite for illegal drugs.") In fact, Preisler's book is just one source of meth recipes that is readily available. The World Wide Web is brimming with them. But Preisler generally is acknowledged as the Pied Piper of meth making.

"I think it is fair to say," he says proudly, "that I'm the person responsible for making clandestine [meth] cooking what it is today -- a burgeoning pastime."

It is that. According to the U.S. Drug Enforcement Administration, almost 7,000 meth labs were discovered in the United States last year by local, state and federal law enforcement agencies, and about one-third were in California.

More remarkably, in the largest category of labs -- the so-called super labs making multi-pound batches for widespread distribution and sale -- 97 percent were in California, mainly in the Central Valley and the Southern California deserts.

"Most of the meth in the United States comes from California," says Bob Dey, the DEA agent in charge of the Sacramento office," and most of the meth in California comes from the Central Valley."

How the Valley became a "source nation" for America's meth could be said (with some poetic license) to have its roots in ancient China. For more than 5,000 years, the Chinese have used an herb called ma huang. It is derived from the stems of the ephedra plant, a 2-foot-high shrub that smells like pine and grows primarily in Asia. The plant, which contains alkaloids called ephedrine and pseudoephedrine, is most commonly used for opening clogged bronchial and sinus passages.

When Western medicine discovered its benefits, the plants were used at such a rate that there was a fear the world would run out of them. Then in 1927, a Los Angeles-based researcher named Gordon Alles experimented on himself and others and discovered that amphetamines were an effective substitute for ephedrine and pseudoephedrine.

Amphetamine, a drug that stimulates the central nervous system, had been synthesized from chemicals in Germany in the mid-1880s. Methamphetamine, a more potent form of amphetamine, was created in 1919 by a Japanese pharmacologist. But before Alles' experiments, there hadn't been much use for it. About the same time, scientists discovered that ephedrine and pseudoephedrine could be made synthetically, without ephedra.

Now there was plenty of both substances, and pharmaceutical companies began putting them to work. By 1946, amphetamines, including methamphetamine, had found more than three dozen pharmaceutical uses, from nose drops to treatment of obesity, narcolepsy and, in the words of one doctor, "amelioration of mood." Because the drug induces feelings of high energy and loss of appetite, nations involved in World War II routinely supplied it to soldiers to fight hunger and fatigue. (Nor was it confined to the battlefield: Adolf Hitler was said to have received up to eight meth injections a day.)

In the 1950s, many U.S. doctors prescribed the drugs with abandon, particularly for weight loss. In Japan, the postwar government actually encouraged workers to use amphetamines, including meth, to increase production. The result was an epidemic of addiction, followed by a giant program to discourage its use.

By the 1960s, "bennies," "pep pills," "dexies" and "white crosses" had become popular in the United States, and some pharmacies began selling injectable amphetamines. Even President John F. Kennedy shot meth to give him energy and help him cope with chronic back pain.
But as the '60s ended, many drug companies, under government pressure, got out of the "speed" business. Their place in the market was quickly taken over by a cottage industry that in turn, by the 1980s, would give way to a mega-business, prompted in part by the burgeoning cocaine business.

Cocaine use in California cities grew during the 1980s, but the drug often was expensive and hard to get in many rural areas. So drug users turned to a substance made by outlaw

motorcycle gangs in makeshift, clandestine labs. It was called "crystal meth" because it was in the form of a little rock, or "crank," and often was carried in the crankcases of motorcycles. The bikers made their meth using a chemical called phenyl-2-propanone, or P2P. Until 1980, P2P was freely available from chemical suppliers, but that same year it was classified by the federal government as a controlled substance. Underground chemists reacted by producing their own P2P, using more than a dozen different methods.

Sometime in the 1980s, just as authorities began cracking down on some of the chemicals used to produce P2P, meth makers discovered a different formula using ephedrine, hydriodic acid and red phosphorus.

In addition to skirting the ban on P2P, the method had other advantages. It produced a higher yield -- and a purer and more potent form of methamphetamine.

CHAPTER THREE
FATHER TIME: THE HISTORY OF METH IN THE VALLEY

"Father Time" fondly remembers the good old days of meth.

He lives on the third floor of the Stanislaus County Jail in downtown Modesto, and the nickname comes from jailers who've been letting him in and out since anyone can remember. At 63, he's the elder statesman of Central Valley meth chefs, a walking encyclopedia on the history of cooking crank in the Valley.

He's a big man with thinning, shoulder-length hair and a white beard touched with patches of brown. He has a piercing stare, and he coughs frequently. His teeth are missing, a feature made more noticeable by a tongue that moves wildly about his mouth. He gives the appearance of being ruggedly unhealthy.

Father Time grew up in Modesto and has used drugs since he was 13. But he didn't start cooking meth until he was well into his 30s. One day, a friend who had run out of gas showed up at his front door with a copy of the "Doctor's Referral Book" that he'd stolen from a medical office. Father Time didn't want the book but gave his friend $10 for it.

Two weeks later, as he sat in his living room, bored with television, he began thumbing through the section on pills. At the time, he worked as a bodyguard for a pill dealer who sold drugs between Fresno and Modesto. When the pill section ended, Father Time started to close the book, but the next section caught his eye. Methamphetamine. He turned the first page, and there was a recipe.

"I thought, 'Why the hell should I pay $2,000 an ounce for this stuff if I can make it?' " He and his girlfriend drove to Modesto Junior College and purchased some chemistry textbooks. They bought used glassware. Then they stopped by drug and farm-supply stores for the ingredients. That night, they set up their lab and began cooking 4 ounces of meth.

Two days later, he approached his girlfriend with the finished product and said, "Here, try this." They laughed because they both were afraid to try it. So they drove to a small Modesto biker bar and found some friends who liked crank. And they loved Father Time's crank. They paid him $2,400 for 3 ounces. The entire batch, including glassware and books, had cost just $200 to make.

"When I started, it was for fun more than anything," he said. "At first, it was just something to do on the weekends, if we had a run or something. Then we got playing around with the s***. Making Halloween crank. St. Patrick's Day crank. We done everything."

People walking into Father Time's Christmas parties weren't served eggnog; they were directed to a table with two dishes full of red and green crank rocks. They wished each other Merry Christmas, and then some tried to stay awake until the new year.

Before long, Father Time had become one of the pioneers of the meth trade. When ephedrine became a restricted substance in the states, he made trips to Ensenada, Mexico, where it still was legal and easily obtainable, and smuggled loads of it back across the border. When that grew too risky, he paid Mexican "border brothers" who were desperate to make it north. They would carry 100 pounds of ephedrine on their backs in late-night border crossings, and he would pick them up in spots near San Diego and drop them off in the agricultural center of their choice.

When smuggling ephedrine from Mexico got too tough, Father Time turned to pseudoephedrine, a substance found in over-the-counter asthma and allergy pills. When California's laws governing the sales of pseudoephedrine stiffened, he made runs to the East Coast. But he was always careful: "Buy a car. Make sure the tags are legal. You stay the speed limit. And don't try to stay up four straight days. Eat regular. Get a motel. Just a tourist, that's what you are."

When he was back East, he would rent a motor home for two days, using it as a mobile office that had enough room to extract the pseudoephedrine from the cold pills. He would drive the motor home to a park or camping area. When he was done, he'd pack the drug in homemade baggies and coffee cans and head home in his car. "If you get stopped, always have a dog. The [police dog] is going to smell the dog, not the crank. Or if you really want to screw with them, buy cayenne pepper and put it along the inside of the door. The dog smells that, he's through." Amazingly, Father Time's first arrest for manufacturing crank wasn't until 1997, and he is awaiting trial on that and two additional charges of meth production. Nowadays, he proudly talks about his history, and he boasts that his crank always was the best.

"I liked saying, 'I cooked that, what do you think?' " he says. "There used to be pride in making crank, but not anymore. The stuff that passes for crank today is complete bulls***."

CHAPTER FOUR
BEAVIS, BUTT-HEAD AND THE MAKING OF METH SMALL-TIME COOKS

It's a dangerous marriage: uneducated drug addicts making meth with chemicals that burn to the bone, blow off limbs or produce toxic clouds of poisonous gas. But meth making is fraught with such perils: hydriodic and hydrofluoric acid, lye, Freon, potassium chlorate, anhydrous ammonia.

The explosions and white-hot fires that sometimes follow should come as no surprise. Over the years, narcotics detectives have hung several nicknames on the laboratories of these amateur chemists: "Beavis and Butt-head labs," a reference to the moronic cartoon characters, or "coffeepot labs" because that's what crank often is cooked in.

More recently, drug cops have taken to calling them "user/dealer labs" -- those where the meth cooks make fairly small batches of crank, use most of it themselves, then sell portions to buy the ingredients to make more.

Whatever they're called, there are lots of them. In the entire Central Valley, more than 260 small-time labs were busted in 1999, an average of five a week. In Stanislaus County alone, 53 such labs were taken down in 1998. The number jumped to 70 last year, and in the first four months of this year alone, 50 meth-manufacturing arrests were made.

A standard Beavis and Butt-head lab involves three or four people who pool money to buy supplies. They manufacture about an ounce at a time, which costs roughly $140 to produce. Ten boxes of pseudoephedrine pills cost $80, and 2 ounces of iodine and red phosphorus run about $40 combined. There are several other ingredients used, such as Coleman fuel, sodium hydroxide and hydrochloric acid. Error! Hyperlink reference not valid.

The mixture is cooked from four to eight hours, often in coffeepots, though a few cooks graduate to glassware. Once it cools, other chemicals are added to help separate the meth from toxic liquids. Red phosphorus and iodine are filtered out, leaving an ounce of crank worth about $400.

Valley cops say there are common elements to many lab sites, from the preferred brand of beer consumed by the cooks (Bud Light, followed by Corona), to the linens of choice used to strain the meth (the Martha Stewart line because of its high thread count and availability). But there can be decided variations in the process, depending on how resourceful -- or how pathetically desperate -- the meth makers are.

One variation is called the "Nazi method" because it supposedly mirrors a meth-making procedure followed by the Germans during World War II. Instead of hydriodic acid, the Nazi method uses anhydrous ammonia, a nasty substance that can produce a poisonous gas if its liquid form is released into the air. Central Valley drug fighters say they have taken down maybe eight of these labs in the past two years. Five of them were traced to a man from Missouri who had moved into a trailer park near Fresno and was teaching this method, which is popular among small labs in the Midwest.

Another method is more earthy. In some areas, so much meth by-product has been dumped into the soil that cooks are excavating hundreds of cubic yards of earth from the sites to process the dirt and extract the chemicals to make meth. "It looks like a moonscape," says Bill Ruzzamenti, a DEA special agent and director of a Valleywide meth task force. "It's mining for meth."

But Ruzzamenti can top that for stomach-turning absurdity: In some sites -- appropriately, if inelegantly, dubbed "pee labs" -- agents are finding that the ingredients include human urine.

"If you take the urine of a speed freak, and process it , you get back about 40 percent of the meth he used because the body only absorbs so much," he says. "So they are processing their own pee. It's unbelievable."

Suspending disbelief, however, is part of the job in hunting down small-time meth makers.

"We were surveilling this guy one night who kept coming out of the house to smoke, so we figured he was cooking," says Stanislaus Drug Enforcement Agency detective Steve Hoek. "The next morning when we hit this guy, we find him upstairs. He's surrounded by about 70 or 80 open quart jars of ether and acetone he was using to separate this meth. And he's sitting there on the floor smoking. The whole place should have blown up. I've seen a lot of stupid s*** in this job, but that was amazing."

Hoek tells of another man who hid containers of red phosphorus in the attic over his garage. The chemical is heat sensitive, so it began to turn to white phosphorus, which is air reactive. It started a blaze so hot the fire department had to give up and let the house burn.

Some meth makers don't reserve all their stupidity for chemical mistakes but save some for poor geographical choices: In the past few years, four labs have been taken down within three

miles of the Stanislaus County Sheriff's Department. One lab hidden in a bamboo field on the same street turned out to be one of that county's largest lab busts.

"Once in a while, I'll be standing in the [Sheriff's Department] parking lot, and I can smell it," says Stanislaus County sheriff's Sgt. Doug Leo. "They'll cook anywhere. Nothing is sacred anymore."

What small-time meth makers lack in smarts, however, they make up for in numbers. On a day in late spring, narcotics detectives Mark Ottoboni and Pat Sullivan put on white suits, old shoes and two pairs of gloves apiece and begin sifting through the ashes of a house on Paradise Road in west Modesto.

Just outside the burned-out frame, they stack the evidence: charred metal containers of Coleman fuel, blackened glass flasks, a heating mantle and several partially melted, 5-gallon buckets of white and yellow powders. The yellow powder is crank; the white substance is something used as a cut.

This has become a typical day for Ottoboni and Sullivan. There are so many lab mishaps, the detectives spend most of their time searching charred labs and lab dump sites for evidence instead of combating manufacturers.

"I've been working labs since I got here four years ago," Ottoboni says. "There are so many now, it's hard to proactively work them. When I go to a lab, it takes about two days to do the reports, process evidence and run background checks on to see if they've bought chemicals."

No one was at the Paradise Road residence when firefighters arrived at 2 a.m. the night before, the house fully engulfed in flames. Those responsible have, more than likely, moved somewhere else to cook. Crank labs can be moved quickly from place to place. The coffeepot and chemicals fit into a square, plastic storage tub that easily fits into a car trunk. Meth cooks can drive to a new location, set up shop and leave six hours later with a fresh batch.

The landlord is largely uncooperative; he tells Ottoboni he rented the house to someone named Guadalupe. No last name. No rental agreement.

"Take one down, three more pop up," Ottoboni says, as he picks through the remnants of a back bedroom. The floor is covered in blackened soot, burned folded clothes, pots and pans, magazines and propane bottles. He picks up a broken piece of a glass beaker, and the toxic red sludge eats through his first layer of rubber gloves. This hadn't happened to him before. The sludge is a mixture of red phosphorus, iodine and pseudoephedrine.

Sullivan walks around the house, looking for clues. He examines the mangled tin sheeting that walled the largest room. The force of the fire, or an explosion, sharply indented the sheeting, shooting rusty nails across the yard. The only thing left standing is a charred gas water heater, which probably helped start the fire.

"We've seen it a few times the last couple years," Sullivan says. "Gas water heaters have a flame. Acetone and denatured alcohol are extremely flammable. The fumes are heavy and hug the ground."

Basic chemistry.

CHAPTER FIVE
METH AND THE DRUG LORDS BIG-TIME OPERATIONS

Meth has a cost/profit ratio that would engender envy in almost any business. Before it's sold, a pound of meth is usually "stepped on," or diluted with another agent. Diluting meth

increases production: A pound of pure meth can become 4 pounds, and a $2,500 investment can become $20,000 in two days' time.

When you make a lot of meth, it can bring in big money, a fact not lost on some of the most powerful members of the worldwide drug trade.

In the early 1990s, drug agents reported that drug groups based in the Mexican state of Michoacan were overwhelming the meth trade by flooding the market with a superior and cheaper product. Biker groups, which once controlled the trade in California, were vastly outnumbered and unable to put up a challenge. Speaking in Fresno in April, Robert Brady, a member of the State Department who studies drug trafficking, mocked the bikers "for letting outsiders come in and take over. It would be like some outsiders going to Medellin, Cali or Bogota and taking over the cocaine trade."

Indeed, most of the meth in the Central Valley -- and most of the meth in America -- isn't made by Beavis and Butt-head, cooked in a coffeepot or strained through someone's kidneys. It's made and distributed by loosely organized "families" in California who have roots in Mexican organized crime groups. Some groups operate merely as investment bankers, bankrolling operations for a percentage of the profits, or they exact a price for meth ingredients smuggled into the state through their territories in Mexico.

"The dominant 'families' in meth in California [one based in the San Jose area, the other in Orange County] aren't truly organized crime groups in the sense that there is in the Mafia," says Ron Gravitt, chief of the state Bureau of Narcotics Enforcement's clandestine lab unit. "There is no real hierarchy with them. ... The standard is they are tied together by familial and geographic ties in Mexico.

"It's our belief, based on our experience in the field and talking to other states, that 90 percent of the meth manufactured in this country is manufactured by Mexican national drug organizations," says Gravitt, who has been fighting the drug trade for 13 years. "The majority of that is being manufactured in California, and some is being manufactured in Mexico and smuggled into California and then shipped throughout the U.S."

Meth became attractive to Mexican cartels in the early 1990s. Groups such as the Amezcua Contreras cartel in Guadalajara and the Arellano Felix brothers in Tijuana already dominated marijuana and had joined with Colombian drug lords to distribute cocaine. But because coca leaves, the key ingredient in cocaine, aren't grown in Mexico, they had to split profits with the Colombians who controlled production. With meth, they soon figured out, they could control every aspect, from manufacture to sale.

"From a business standpoint, they came up with a brilliant idea," says Guy Hargreaves, a DEA special agent and meth expert. "Methamphetamine allowed them to cut out the South American percentage. They put meth in with their cocaine shipments, and people developed a taste for it because it lasts longer . They can make it themselves in the United States, and they don't have to pay millions of dollars in overhead for planes and pilots and boats and smuggling bribes. All they need is $10,000 in chemicals, and they can make $100,000 worth of meth."

They make far more than $100,000 worth. Precisely how much is anyone's guess, and law enforcement officials refuse to make one, at least not for the record.

"I could tell you that we bust maybe 25 percent of the big labs," says one federal agent, "but I could be way off. If we do, that means there are 800 super labs making at least 10 pounds . . . at $5,000 a pound . . . well, do the math."

So let's do the math: 800 super labs at 10 pounds each at $5,000 a pound equals $40 million. Assume they cook 10 pounds a month -- a conservative estimate -- and you have $480

million a year. Then factor in that $5,000 a pound is the wholesale price, and that grams sell for $90 each. There are 28 grams in an ounce, and 16 ounces in a pound . . . and it's just a guess, but it sounds like a multi-billion-dollar business the size of California's retail book and record, florist or jewelry industries.

To keep the industry booming, meth manufacturers need supplies, workers and cooking locations, and from a drug lord's perspective, the Central Valley is a prime place in which to operate. Mexican operators can blend into the large Latino population. The Valley offers a rural setting for manufacturing without drawing attention, and yet it's close to major population centers and transportation routes. Chronically high jobless rates ensure a ready work force for what amounts to highly lucrative, if exceedingly dangerous, work.

Big-time Valley meth makers run efficient operations. They control their own supplies, such as red phosphorus, hydriodic acid, iodine, Freon and hydrogen chloride gas. Though many are either illegal or closely monitored in the United States, they are widely and legally available worldwide, and big syndicates have established pipelines to gather and transport them.

In the 1990s, the Amezcua Contreras cartel established a network that included suppliers from the Czech Republic, Germany, Switzerland, Italy, India, Thailand and Japan. Lax chemical controls in Mexico and Canada make obtaining chemicals relatively easy. In Los Angeles and Oakland, some chemical companies provide supplies to meth manufacturers through elaborate schemes that make sales appear legitimate.

And they control a network of workers: runners, chemical manufacturers and meth cooks. Often a family operation will specialize in one chemical and deal with a chemical broker who deals with specialists. Specialists often deal only with the organizer. The organizer orders chemicals, usually by phone, and runners transport the goods to a cook site.

Depending on the operation, a cook can do it with one helper or 10. Larger labs try to limit the margin for error by the cooks, or "mopes," by prepackaging ingredients in premeasured, idiot-proof containers.

The average Mexican national lab, says the BNE's Gravitt, makes a minimum of 20 pounds and as much as 100 in one cook cycle. Sometimes they do one cook and then move. Or they may cook at a site for a couple of years.

That variation aside, one common ingredient in many Mexican national meth labs is the origin of the chef: the state of Michoacan.

The young man is nervous during interrogation.

The detective senses it. The story just doesn't add up. Why would anyone pay someone $1,000 just to drive three men from Long Beach to Porterville in Tulare County?

"I'll tell you this right now, once you tell me the truth you're gonna feel like a man," he tells the suspect.

"All I want to do is go home to my wife and kids," he replies.

The suspect, who claims he was on his way to visit his uncle in Fresno when he was caught up in a meth bust, begins to cry.

"Why are you treating me like a criminal?"

A long minute passes. Backed into a corner, the suspect gives something up: He was paid to bring the two men up "to cook."

"To cook what?"

"I don't know. They just say to cook."

This dance is about to come to an end.

"You told me you are from Michoacan. What part of Michoacan?"

"Apatzingan."

Now the detective knows for sure. Javier Ochoa is part of the meth trade.

It's 45 minutes before midnight, and traffic is heavy on the sidewalks of Apatzingan. Bumpy, paved streets in the city's center are lined with hundreds of narrow storefront shops selling everything from new clothes to washing machines to caskets. Sidewalks are crowded with strollers.

A dressmaker watches the foot traffic. "I love living in Apatzingan," Rosalba Conchola says. "It's full of life. It's not dangerous, unlike the United States."

Music, Mexican and American, blares from passing cars, many of them new- or late-model American pickups or BMWs. There are obvious signs of money here, but there are no obvious signs as to why. It's simply understood. The chief products in this gritty farming town are mangoes, papayas, watermelons and meth. And a steady supply of meth makers.

Like some rap music in urban America, much of the popular music in Michoacan romanticizes the drug dealer. Sidewalk booth vendors in Apatzingan do a good business selling "Druga Corredos," the Mexican equivalent of gangsta rap. One song begins: "I am here across the border in America, and I have drugs for you . . ."

Apatzingan anchors the "Michoacan Trail," a pipeline that moves north through Guadalajara to Tijuana, pumping not only the product, but the people who cook it, across the California border and into the Central Valley.

"Yes, it is true," says police officer Ramon Lopez-Valencia as he slowly shakes his head. "The young people want to be crystal dealers."

Says Mike Huerta of the DEA in Arizona: "It's like they have some kind of mini academy down there in Apatzingan where they train people to cook and send them to California."

Apatzingan's police department is in the partially abandoned Palacio Municipal, a tattered two-story colonial with peeling paint, fresh graffiti and plenty of men with automatic weapons. (Across the street is the main plaza, the cathedral and the shining star of the city -- the building where on Oct. 22, 1814, Mexico's first constitution was signed.)

Fernando Fernandez-Castaneda, Apatzingan's police chief, is 23, stands about 5 foot 5 with his boots on and weighs about 130 pounds. His silver ballpoint pen sticks out of his white, blue-striped dress shirt. He wears gray slacks. Atop his burgundy vinyl-topped desk is a Samsung computer loaded with Microsoft Word. He wears no gun, but 3 feet to his left is an AK-47.

Fernandez-Castaneda smiles frequently and talks softly. He says he is determined to do something about meth in his town. "Crystal is a gigantic problem here. It has been for years," he says, as police officers armed with machine guns and pearl-handled revolvers amble outside his office. "We just used to take it all out of the country, but now the locals are consuming it, and it is very worrisome.

"We can spot the obvious drug men, and they don't care that we know what they do." Their hair is neatly cropped, he says, and they wear gold chains and bracelets and ostrich-skin boots. They drive new pickups with fancy wheels.

During a routine raid of what Fernandez-Castaneda calls meth-rich neighborhoods, the chief runs into 23-year-old Jose Manuel. The two grew up in the same barrio. For the last six months, Manuel has a new passion -- snorting crank.

"It makes me feel excited," Manuel says, "makes me want to move."

"Is it hard for you to get it?" he is asked.

"I'll will show you how hard it is. I'll be back in 10 minutes." But Manuel, on a bike, needs a ride to score, and the chief, eager to show how common meth is, orders an officer to give Manuel a ride. After a few minutes, the chief is eager to continue the raid, so he and 22 officers in four pickups cruise along bumpy dirt roads, randomly stopping to search young men, who submit quietly.

Three crucifixes mounted with suction cups hang from the chief's windshield. A fourth lies near the gearshift -- to ensure his safety, he says. Jesus takes the place of seat belts. "It's like a university for crystal down here," says Fernandez-Castaneda, who estimates there are 10 major labs in Apatzingan and countless smaller ones. "They learn to cook and go to California." After searching suspects in three neighborhoods, the police come up empty.

When the police arrive back at the station, Manuel shows off what is left of the quarter gram of meth he has copped for about $5. As he extends the dope, half covered in plastic wrap, the wind blows. The dope and the plastic wrap swirl out of his hand in a graceful arc, floating like a parachute to the pavement. Manuel grabs at it but misses, and the drugs fall to the concrete. He is last seen trying to sort the crystal from the dirt.

A short while later, a 17-year-old boy wearing a worn Cleveland Indians baseball cap sits on the chipped front steps of an apartment building. His old green bike rests next to him. He delivers for a nearby pharmacy but admits he wants his own type of pharmaceuticals. "Yeah, I want my own organization one of these days," says Pablo Hernandez Rodales, taking off his cap to wipe sweat off his forehead. "I'm going to have me a new truck and five girls.

"You know, they are never going to stop the crystal now."

Rigoberto is hanging out at Aldo's, a nightclub near Roeding Park in Fresno. Several men surround him, bragging about Michoacan. "Arriba, Michoacan!" several shout.

Rigoberto says he has helped out on several meth cooks when work was hard to find in the citrus fields. "When your family is starving and they are offering big money, what are you going to do?" he asks rhetorically. "You think about taking care of your family."

The man who approached him, he says, was from his hometown, Aguililla, in Michoacan. Traffickers, midlevel dealers and cooks look for people from their hometowns, places like La Ruana and Tepalcatepec and Apatzingan, because they know their families -- and they know how to get revenge if workers talk to cops.

At Aldo's, the fellas are getting a little boisterous as they think about Michoacan. Beer is guzzled, a few chests are punched, shots are downed. Sometimes they drink to the memories of all their friends and relatives who are locked up for cooking and transporting meth.

And sometimes they drink to the guys who get away with it, to the guys who make big money, hold onto it and get out of Central Valley fields. To the guys who make it back to Michoacan.

For months, in the spring and summer of 1997, a joint drug task force in Des Moines, Iowa, tails a suspect. With near biblical patience, they wait and watch, watch and wait.

July 7 is the lucky day. Bobby Stockdale, a 54-year-old Fresno native, parks at a Motel 6 on Des Moines' south side. For the past two years, he has racked up 94,000 miles on his van, making runs from California to Oklahoma to Iowa. Stockdale hands over the van's keys to Frank Amezcua Jr., (a member of the Amezcua Contreras cartel, one of the four biggest in Mexico). Among the van's other features: It's loaded with 15 pounds of meth. Agents move in. Three years later, they still brag about the arrest. "Yeah, we took down one of the Amezcuas," boasts a police lieutenant named Jobe.

So much meth is produced in the Central Valley by large syndicates that supply outweighs demand.

"It used to be that almost all of their product stayed in California," says the BNE's Gravitt, who estimates that less than half of the meth made in California by big organizations stays here. "The organizations . . . started filtering their meth into the established pipelines, and the pipelines tend to be the old farmworker routes. It went from California into Oregon and the Yakima Valley in Washington . . . and then it moved east. They are in at least 30 of the 50 states now."

"They sold to everyone they could in the western half of the country, and now they're looking for new markets," says Brent Eaton of the DEA in Miami, who estimates 90 percent of Florida meth has a California connection. "The demand is growing."

And it's growing, say Eaton, Gravitt and others, because meth makers followed a traditional marketing process -- flood new areas with their product so users develop an appetite for it. In the mid-1990s, California traffickers first snaked along freeways into the heartland, where cornfields and cow pastures spill from the horizon.

They began dropping meth into Iowa, a state perceived to be solidly rooted in traditional values, insulated from the drug-soaked excesses of either coast. Here, the children of farmers have led the country in standardized test scores for nearly two decades. The state has one of the country's highest literacy rates and one of its lowest unemployment rates.

Thanks to California's Central Valley, it also has a major meth problem.

More than 85 percent of the processed meth in Iowa is channeled through an intricate, organized pipeline from California. Investigators believe six families in the Des Moines area are connected to meth syndicates in California, coordinating shipping schedules, quantities and prices.

It's profitable. "A pound . . . purchased in California for $5,000 sells for at least $18,000 in Iowa," according to the DEA.

"These people are businesspeople," says Bruce Upchurch, a former DEA agent who now serves as Gov. Thomas J. Vilsack's drug policy coordinator in Des Moines. "It's not a haphazard operation. In terms of organized crime -- meth -- I don't think there is any place [in Iowa] that hasn't had some cases."

The rise of organized Mexican meth trafficking coincided with a demographic shift in the state. More Hispanic immigrants were arriving in the early 1990s to work in the meatpacking plants of Marshalltown, Waterloo, Columbus Junction and Storm Lake.

Workers and their families formed distinct communities separated from the rest of Iowa by language, race and culture. These areas became convenient covers for Hispanic distributors, providing fertile ground for recruiting traffickers. Some immigrants who travel the Midwest to work in the meatpacking plants are paid thousands of dollars to transport meth.

"The traffickers who were highly organized effectively used that cover to come in with large amounts of dope," Upchurch says. "To some degree, they're still doing that."

But that hasn't been the only approach. A Des Moines restaurant owner, Roberto Gallardo Chavez, operated an interstate distribution ring that imported at least 480 pounds of meth into Iowa from California during a two-year period. He also gave a few customers who frequented his restaurant samples of imported meth, hoping they would come back for more.

Chavez, a federal grand jury said, coordinated the pick up and delivery of California meth using "load cars" and "mules" -- family friends, customers, people off the street. He also worked with

his nephew Esequie Gallardo, who joined the operation a few months after he moved to Iowa from California in 1998.

In a 1994 case, Des Moines narcotics agents who searched the home of a newly arrived Bolivian man found $75,000 in cash -- and the man started talking. He told police he was the accountant for Alfredo Arroyo Cervantes, a Fresno drug-ring leader who later was convicted. The ringleader, he said, hired "mules" to smuggle pounds of meth from the West Coast into the Midwest. A 60-pound delivery had been selling for $2 million.

The agents followed the man's directions to a "stash house" -- a trailer in North Des Moines. Buried in the back of the trailer, underneath a pile of baby clothes, hampers and diaper bags, they found 55 pounds of meth tightly packed in boxes. It was the largest meth seizure in Iowa history.

Investigators traced it from the Des Moines trailer to Fresno. Less than two months later, Fresno police and DEA agents raided two labs and seized assault rifles, bulletproof vests and more than 300 pounds of chemicals -- mainly ephedrine and red phosphorus. Half a dozen people in California and Iowa were arrested.

"This one case really opened our eyes," Upchurch says. "In the early '90s, we were behind the eight ball. Since then, we have scrambled to catch up. We're still catching up." While initially America's heartland was hit hardest by the expanding meth trade, California's meth tentacles are reaching nationwide, according to DEA reports obtained by The Bee under the Freedom of Information Act:

In 1999, a meth lab capable of producing 80 pounds per cook was busted in Opelika, Ala. It was the first super lab bust east of the Mississippi River. Four men from Michoacan were convicted and sentenced to federal prison.

This year, the DEA reported a "significant increase" in meth availability in western Michigan, increased meth smuggling by Mexican traffickers in western Kentucky and meth becoming the "drug of choice" in rural Oklahoma, western Colorado and North Dakota. In Colorado, the majority of the meth seized came either from Mexico or "from large-scale laboratories in California," according to the DEA.

In the first three months of this year, no Mexican meth traffickers had been encountered in Greensboro, N.C., "but by the second quarter of 2000, the prevalence of Mexican trafficking organizations in Greensboro was unmistakable."

In 1991, none of the women arrested in the Omaha area tested positive for meth, but in 1998, 13.6 percent tested positive. In Missouri, two meth labs were seized in 1992; in 1997, 421 labs had been seized.

Meth cases in the Washington, D.C., area "increasingly show evidence of ties to Mexican or California-based Mexican methamphetamine traffickers and producers."

And, the DEA reported, "methamphetamine continues to be abused by nearly all social classes in the Fresno area."

If the meth trail were linear, disrupting it would be far easier for law enforcement. But as soon as one branch is discovered, it seems, another sprouts.

The newest, narcotics agents say, is the Middle East connection: groups or individuals with ties to Syria, Jordan, Israel, Yemen and other Middle Eastern countries, who supply pseudoephedrine tablets used to make meth, usually through the ownership of convenience stores, wholesale grocery supply companies and distribution outlets for medical supplies. Middle East tablet dealers buy a case for $600 to $800, then sell it to meth makers for $3,000 to $4,000.

This year in Fresno, the DEA says, there have been 10 major pseudoephedrine cases involving connections from the Middle East. "We currently have two major cases where we are continuing the investigation because the money trail leads back to Syria and Israel," says DEA agent Ed Cazeras in Fresno.

"It's probably the hottest topic for us right now," says Craig Hammer of the BNE in Orange County. "Middle Easterners are public enemy No. 1 in the meth trade."

In a 1998 case, a Sacramento-area businessman, Abdel Razzaq M. Daas, was sentenced to eight years for selling more than 2 million tablets used to make meth. From his Rose Garden Distributing No. 2, he sold silk roses, condoms and 262 cases of pseudoephedrine to convenience stores. The tablets were enough to make 130 pounds of meth.

`On July 29, an eight-month DEA investigation culminated with arrests nationwide of eight men from Syria, Israel, Jordan and Saudi Arabia, who drug agents say ran a nationwide ring that supplied pseudoephedrine tablets to Mexican meth organizations in California.

"This is the most substantial, most important thing we have done to combat meth since we started battling meth," says Jack Riley, a DEA official in Washington.

Five days after the bust, tablet prices had risen in the Central Valley.

"They were like OPEC, setting prices, detailing the transportation of the pseudo," says Riley.

Authorities became aware of the group when they discovered records showing several distributors were shipping more pseudoephedrine than would be necessary if everybody in the United States came down with a cold.

During the investigation, called "Operation Mountain Express," the DEA arrested 160 people (including some in Fresno), seized $8 million cash, 83 pounds of meth and 10 metric tons of pseudoephedrine capable of producing 18,000 pounds of meth with a wholesale value of $100 million.

CHAPTER SIX
THE SPIDERS WORKERS IN THE METH INDUSTRY

Not everyone who helps spin the meth web is from Michoacan, or from Mexico for that matter, and many of them are caught themselves by the drug's grip. And not all of the Central Valley's meth spiders make or sell the finished product. Some are specialists who operate subsidiary enterprises that keep the web operating.

Kevin used to be one of those specialists. Less than a year ago, he was among an elite handful of people in the meth web who knew how to manufacture hydrogen chloride gas, a critical ingredient in large-scale meth cooks.

"I had the Mexicans coming to me. I had independent cookers who could do five labs at different places," he says. "They needed me."

More precisely, they needed his product. Before Kevin, meth suppliers were forced to travel out of state or to Mexico to fetch the gas and bring it back to California. But Kevin's operation, in the back yard of a small home in Merced County, made better business sense for Valley traffickers -- no travel, no middlemen.

One 5-gallon cylinder of hydrogen chloride gas, Kevin says, would sell for $5,000. One customer paid him $15,000 cash up front; another wanted him to sell to his family exclusively. Contacts would bring him anything he wanted to make sure a deal went through. He had more

than a dozen cars and dressed in Wranglers, dress shirts and boots. He never was too flashy. He always was low-key, in control.

Kevin was building refinery tanks in Bakersfield when his marriage fell apart in 1981. He spiraled into a world of all-night binges. A friend gave him pure crystal meth to snort. It was his first hit of "killer dope." Using the stuff cost him jobs in Bakersfield and Fresno. He drifted north to Merced County, eventually parking his trailer next to a house in the tiny town of Ballico.

Still hungry for meth, Kevin dipped into his savings to buy larger quantities. He needed money, so he started a welding service and converted a shed into an office. In a matter of days, the business was serving as a front for drug dealing. One of Kevin's drug-using friends became his "runner" and would buy, on average, 2 pounds of meth a week from Mexican distributors. Kevin never met them face to face; it was his policy.

The front didn't last. One night, Kevin's runner was tipped that agents were planning a raid. Kevin stuffed his dope into a small metal box and hid it behind a piece of broken machinery in a grease puddle. He and his runner left town. Narcotics agents busted in just before midnight. They didn't find the dope or evidence of drug dealing, but they seized hypodermic needles and guns.

"I had an assault rifle, a 12-gauge shotgun, a .41 Magnum, a .45. They also seized a small-caliber handgun. I had the guns to protect myself. When I had a lot of money, people thought they could creep up on me and rob me," Kevin says.

The raid upset Kevin's sense of security. He stopped dealing the next day, transferred his customers to another dealer and retreated back into drug use. But not for long. In the mid-1990s, he noticed that the quality of street meth had degenerated, so he decided to get back into the business as a manufacturer.

He befriended a string of people who knew how to cook and invited them to use his kitchen. Soon he was introduced to other cooks who knew larger-scale cooks who knew chemical suppliers who knew distributors. He met a "friend of a friend" who would bring home buckets of red phosphorus from his workplace, an East Bay chemical plant.

"People used to come to me for anything and everything. I had the connection for red phosphorus, I had iodine crystals here and there, and I had the dope."

He had many contacts, but one would turn small-time Kevin into a big-time player. The contact knew how to produce hydrogen chloride gas. Drug agents were closing in on his contact's operation, and he was looking for another place in another town. They set up shop on the Ballico property.

The process to make the gas, Kevin says, is mind-numbingly simple, and the chemicals are available over the counter: "It's amazing. It's about a $100 investment. My return is $5,000." It typically would take two hours to make the gas, even less time after he perfected his technique. But at first, Kevin made mistakes. The valve on a cylinder got stuck, and pressure started to build. Kevin started to sweat. A few seconds later, the valve shot into the air. A 30-foot-long column of acid and rock salt followed.

> "The liquid acid shot clear past the roof of my house and came close to this walnut tree," he says. "Then it started to rain acid. It rained on my house and shop, in the orchard, a little on my head."

Another time, moisture seeped into a cylinder he was preparing to deliver to a customer. He had placed it in the truck bed, then gone back into the house. When he returned, he noticed a dense fog forming. The truck's windows had cracked.

"Mexican field-workers were trimming the trees, and this cloud just kept on getting bigger and bigger, and there was nothing I could do to stop it." The cloud mushroomed into the size of a small house, drifted through the orchard and rolled over the workers.
Mishaps in the lab were rare. But just as business started to boom, a partner became Kevin's undoing.

The partner and his girlfriend moved into Kevin's home, and they fought constantly. Kevin repeatedly warned them to calm down lest they jeopardize the business by drawing attention to the house. One night, an argument spilled into the front yard, so Kevin told his partner to leave. The man packed his supplies and left the next morning in one of Kevin's 13 vehicles, a Ford Galaxy. He drove less than a quarter mile east when he stopped the car.

Around 8:30 a.m. Aug. 25, 1999, Merced County deputies received a report of a suspicious person near a Ballico intersection. The man was rummaging through items in the back seat of the car when a deputy arrived. He agreed to a search. Glassware, tubes and other equipment used to manufacture meth were found in the trunk.

Narcotics agents were contacted, and Kevin's partner gave him up. Authorities found about 20 gas canisters, air conditioning pumps, rock salt and sulfuric acid on the property. Kevin was arrested; a chemical buyer at the house was questioned, then released.

"They thought they had a real wizard when they busted me," says Kevin, who was sentenced to five years' felony probation and mandatory drug rehabilitation. "The day I got busted, I would have made $30,000."

Rick McIntyre was a recreational drug user for 20 years, dabbling in cocaine and marijuana. He held a good job as the operations manager of a trucking firm. He had a wife and a house in Fowler in Fresno County on property his parents owned.

But early in 1997, at age 43, McIntyre started snorting crank. He kept his wife and job, but his habit was costing him a lot of money. So he started dealing.

He started with ounces, buying from a man he had known for years. Business was good, so he moved up to pounds. His friends had contacts with a group from Michoacan, so they began to deliver a pound at a time to an orange grove near Sanger in Fresno County -- fourth tree from the road.

McIntyre paid $4,600 for a pound, then sold it by the ounce to street dealers for $500 each. Sixteen ounces at $500 per comes to $8,000 a pound. In theory.
Reality, however, varied from theory. McIntyre "fronted" the dope to some dealers, who then failed to pay him back. His own meth use skyrocketed. Profits dwindled. He started to skid. In one 19-day stretch, he didn't sleep.

Despite the lack of rest, however, he remained cautious. He sold only to people he knew personally, friends. "I mean they were dope friends," McIntyre explains. "Once I got in trouble, they didn't want to talk to me."

Through his addiction, McIntyre remained a reliable customer to the men from Michoacan. They were intrigued with the property he lived on -- a large plot on a dead-end street, accessible only through an electronic gate -- a cooker's paradise. So in December 1997, they made a deal. They would cook in a barn a few hundred feet behind McIntyre's house and pay him a weekly rent of $40,000. They gave him a $6,000 down payment.

McIntyre told his wife they were using the barn to "chop up" stolen cars. The Michoacan men set up a super lab capable of making 100 pounds a cook. In a week, they made up to 400 pounds. McIntyre got only a pound.

Soon after the lab began operations, drug enforcement agents acting on a tip from a money-jealous relative busted the lab and arrested McIntyre. The cooking crew wasn't on the property when the bust went down and got away. McIntyre hired a high-priced lawyer and, after a month served, got probation.

Now, he says, he sometimes reflects on the damage the dope he sold may have caused. Maybe his customers ended up in prison. Maybe they became violent and hurt someone. Maybe they exposed their kids to the ugly web of meth. But when he was dealing, he says, he thought he was doing them a favor.

"I was providing a service. I was in the commodities business," he rationalizes. "It was like people need their sugar, their coffee, their meth."

CHAPTER SEVEN
USERS: THE STORIES OF THREE METH ADDICTS

"I'm living up near Fresno
Just off Highway 99
Won't you come and pay a visit?
I'm here all the time.
Could wander up to Phoenix
And get a good construction job.
If the sunstroke don't kill me.
Dumb methamphetamine will."

-- Cracker, "Waiting for You, Girl"

Contrary to what many cops will tell you, many meth addicts have jobs, and not all of them are in illegal enterprises. A federal study found that almost 75 percent of adults who say they have used illicit drugs are employed. Those 8.5 million people represent about 6.4 percent of the entire work force.

After Congress approved the Drug Free Workplace Act, drug testing by major companies of new or prospective employees dramatically jumped, from 22 percent in 1987 to 80 percent by 1994. But more recently, those numbers have dropped, to about 60 percent. One reason, analysts say, is the booming economy has made it tougher to find new workers and therefore made employers less picky.

Still, there are drugs, and there are drugs.

Sue Ramsden, owner of a Sacramento company that conducts drug screenings for Central Valley companies, says employers most worry about the combination of meth and marijuana -- one to get up for work and the other to come down. Even though applicants are warned of upcoming drug tests, about 17 percent still test positive for meth.

Says Ramsden: "You're looking at those who are addicted or dumb."

Alan Jordan's employers didn't think he was addicted or dumb.

Every weekday morning for at least a decade, Jordan's routine was the same. His alarm clock awakened him at 4 or 5 a.m. He jumped into the shower, dressed, kissed his sleeping wife goodbye and left for work. Jordan, a 200-pound former Navy Seabee, drove backhoes and other heavy equipment for a living, a job that usually meant long hours and long drives to work.

So every morning, after grabbing a cup of coffee from whatever convenience store was on the way, he dipped his pocketknife into a baggie of white powder, scooped some crank onto the blade and dumped it into his coffee, adding it to the sugar and creamer -- "a little sweetener." Then he drove to work in his black, 1990 Chevy half-ton pickup, sipping from the coffee cup nestled in a holder in the center console.

Jordan, a 5-foot-10-inch bear of a man with a full beard and a barrel chest, says his daily habit never increased over time, never rendered him incapable of work or made him homicidal. The boost he got from his daily pinch of crank, he says, probably was akin to slamming down a pot of coffee. Sometimes, if the day was long or the work especially exhausting, he supplemented it with a quick line at lunch. Occasionally, he snorted it on weekends, as the social scene dictated.

"It doesn't turn you into a monster," he says, shaking his head at what he perceives is an overkill of anti-drug messages. "In construction, it's seasonal work. People are trying to get the most out of the day. They get up early, and they work late. I'd say is fairly common."

At least nine of Jordan's business associates would attest to the fact that he was a reliable, competent and tireless employee, even writing letters of commendation for him.

"He is a hard worker and does whatever it takes to get the job done," wrote the owner of Tony's Excavating, who hired Jordan for five years in the early- to mid-1990s to help build a subdivision near Calvine and Power Inn roads in Sacramento.

"He never complained about the long hours and/or weekend work," wrote Rick Eimers of RC Enterprise in Penryn, northeast of Sacramento. Others described him as a valued journeyman employee who drove massive backhoes that cost more than $100,000 and professionally worked with business owners and homeowners at job sites.

Those letters were written to a federal judge. In late April, Jordan was convicted of manufacturing meth in a sufficient enough quantity to earn him two life terms plus 20 years in a federal penitentiary.

"I hope they run concurrently," he quips, grinning as he rubs a giant hand across his beard. After four years in Sacramento County's jail awaiting trial, his skin has turned sallow and he has added 30 pounds.

The lab was discovered by county, state and federal drug agents in a tiny, wooden, rural home Jordan said he had rented and then vacated in Amador County. Behind the home, detectives found empty containers of Red Devil lye and Western Family lighter fluid and empty boxes of medications containing ephedrine and pseudoephedrine. An informant told cops that Jordan sent him to an Oakland company to buy chemicals for cooking meth and directed that the chemicals be dropped at the front gate of the Amador property.

When they got a search warrant, agents found 4 ounces of finished crank and about 80 pounds of the unfinished drug suspended in solution, plus a lab and thousands of dollars worth of lab glassware and equipment. Heavy staining on the walls and throughout the rooms indicated the lab had been operating for some time.

When detectives went searching for Jordan, they found him living with his wife in the Sacramento suburb of Orangevale. They also found 4.1 grams of crank in his car, an electronic scale, small clear plastic baggies and a hidden, loaded Ruger .357 handgun.

Jordan denies the lab was his. But even if it were, he questions how cooking drugs could be considered a greater public threat than murder or other crimes.

Under federal sentencing guidelines, the size of the lab was enough to earn him a life sentence for his first felony conviction. Adding to his troubles are enhancements for being the

drug ringleader (an allegation he also denies) and for obstructing justice and several prior misdemeanor convictions for driving with a suspended license.

His point total -- the basis for federal sentencing -- comes to 44, just one less than that of Unabomber Theodore Kaczynski. Total sentence: two life terms plus 240 months.

In the same week, in the same federal courthouse where Jordan drew his double-life sentence, a 22-year-old man was sentenced to 18 years for the shotgun murder of another man in a civil rights case.

Jordan protests the disparity: "The guidelines were supposed to be set up to make things more uniform. It seems to me that in my case, it's backfired."

Need a little more irony? Jordan's parents gave him a nickname when he was born on Friday the 13th. They call him Lucky.

"Methamphetamine is the worst drug that has ever hit America. Ferociously addictive drug that is spreading ... it's hard to imagine overstating the magnitude of the the meth problem. -- U.S. drug czar Barry McCaffrey

No one is certain how many meth addicts there are. Federal officials say meth is the fastest-growing major drug in the country.

The 1999 National Household Survey on Drug Abuse estimated 9.4 million Americans 12 or older had tried meth. The actual numbers may be higher, experts say, because the survey didn't count people in jail, in homeless shelters or on the street, groups in which illicit drug use is more common.

California's rate of meth use was highest among the eight most populous states, the survey said, possibly reflecting the product's availability. One out of 15 Californians 12 and older had tried meth, whereas Florida, Illinois, Michigan, New York, Ohio, Texas and Pennsylvania had meth-use rates about half or less of California's.

Men were more than twice as likely as women to have used meth, and whites were more than twice as likely as African-Americans or Latinos, the survey estimated in 1998. And up to a point, the more educated people were, the more likely they were to use meth. Adults who didn't finish high school were less likely to use meth than high school graduates, who were less likely than adults who had attended college but did not graduate.

Because meth has figured in a number of high-profile violent crime cases -- Oklahoma City bomber Timothy McVeigh and Polly Klaas killer Richard Allen Davis were both meth users -- there is a popular perception that its users routinely resort to violence. Actually, statistics on people arrested under the influence of a drug show that marijuana users are more likely to be arrested for violent crimes than meth users. But there is no question that meth, like all drugs, contributes greatly to Valley crime, violent and nonviolent.

Sandy Miller flashes a toothsome smile when she says her name on the street was "Sunshine." She's wearing a tight-fitting flowered dress on her slender figure, with her dark blond hair pulled back into a bun. On the left side of her neck she wears a tattoo of a single word: "Dollar."

The attractive 30-year-old sits with perfect posture, talking eye to eye about her years as a prostitute and a pimp and a meth addict. "I did just about anything for money," she says. "I have a lot of terrible, terrible secrets." Her worst secrets involve the minors she used in her escort service. She doesn't say any more than that.

The daughter of a preacher, Miller first used meth at a high school party when she was 15 and attending Casa Robles School in Orangevale in Sacramento County.

"It always starts out as a social thing," she says. "You're young and trying to fit in. It progressed until I had to have it every day. Inside, it makes you feel you can do just about anything. It's false control. It's false pride."

After high school, Miller got a job as a property manager for a real estate group and did well ("I was a functional addict") for several years -- until they fired her because of her drug use. At age 24, she opened an escort service. The first three years, she says, it was a legitimate service. Then she started going on calls herself and providing more than a date. Eventually, she had a full-scale prostitution service. But there was no way to do it without the drugs. "You numb everything up around you," she recalls. "The only time I didn't use, I was asleep . . . The things I did I would never do sober."

First thing in the morning, Miller would drop a fingernail full of meth into a cup of coffee, then force herself to eat a candy bar and drink a glass of milk. She'd go on binges when she'd use and stay up for four to five days. She'd sleep for another four or five days and then start again.

Miller says she would use $40 to $50 worth of meth a day, snorting between five to 10 lines a day. "My life centered around getting and using dope, getting and using women, and getting and using men."

Most of the women who worked for her also used meth. Those who didn't, she tried to get started on it because they were more controllable with a meth habit. If she couldn't manipulate them into trying it, she'd put some into their soft drinks.

Now it is late spring, and Miller is sitting in a South Sacramento drug treatment center, trying to put behind her felony convictions for drug possession and escape from jail, trying to lose the meth demon. She shows off photos of her hugging and playing with her 10-month-old son.

They were taken when she last saw him a few weeks ago. She didn't know at the time that a court had approved his adoption by his foster family. The family didn't want to tell her during the visit that it was the last time she'd see her son -- at least until he was 18 and old enough to seek her out.

Her drug use has cost her dearly. Of three children, two have been adopted, the 10-month-old by strangers through child welfare services and her 3-year-old daughter by her brother who won't let her see the child. Her other daughter is with the father, but Miller isn't allowed contact.

"I have two daughters, and I can't have either one of them, and I just lost my son," she says. "I couldn't stop using to get my kids back."

"I'm on a roll, no self-control.
I'm blowing off steam with methamphetamine,
Don't know what I want, that's all I've got
And I'm picking scabs off my face."
-- Green Day,"Geek Stink Breath"

The front door opens slowly, and darkness and sunlight collide. The thin silhouette of Jacqueline Hughes appears in the doorway. A sliver of light shines inside the house and illuminates a half-empty jar of peanut butter resting in a pile of broken potato chips.

She moves onto a concrete step, squinting fiercely like a miner emerging from a hole in the ground. As Hughes struggles to acclimate herself, the details of her life give her away. Tragic hazel eyes. Missing teeth. Endless fidgeting.

Occasionally, she removes her hat to reveal patches of missing hair. Blood hasn't completely dried in the newest sores on her face. Hidden beneath a man's long-sleeve shirt are fresh needle marks in the fold of her left arm. A fresh dose of meth flashes through her body, leaving Hughes feeling awkward and naked outside the safety of her room. Daylight isn't as kind to her as it once was.

"I used to be a pretty gal, but now I'm a dog," she says. "I used to be a Sears model." Without explanation, Hughes runs up the steps and disappears inside her home. She returns a few minutes later clutching a picture of two strangers. In the photo, a woman and her daughter are smiling. The woman has on makeup and is dressed in a nice jean jacket. The girl seems innocent and happy. Hughes looks at the picture and forces a toothless smile.

Five years ago, the woman in the photo was her.

"The reason I did drugs is to hide all the pain and suffering," she says. "It keeps you busy so you can't think about your childhood. It gets me away from depression."

She pauses, takes a drag on her cigarette, then works to remove stray strands of tobacco from her gums.

"Is that weird?" she asks, waiting sincerely for someone to give her an answer.

She doesn't have many of her own.

Spruce is a dead-end street in a low-rent district in west Modesto. There are no sidewalks; a heavy rain leaves the street flooded for days. Most who live on Spruce are hard-working and law-abiding, but poor. Many are lost souls who keep drug dealers in business.

Jackie Hughes moved here about two years ago, the exact date escapes her. She lives in the back unit of a duplex near the end of the street. There is no electricity or running water. The rooms are musty and smell of old clothes, body odor and cigarettes. Sheets cordon off every doorway for privacy because sometimes as many as 12 to 15 people, adults and children, have called the four-room place home. Flies and mosquitoes navigate the stale air while fat spiders wait at the windows.

Garbage has been swept into the corners and has long since been replaced by new detritus of crank life: hypodermic needles, empty Coke bottles, candy wrappers, cigarette butts, scattered books. Hundreds of boxes, some stacked to the ceiling, clog the walkways.

In the back bathroom, pieces of the wall tumble into the bathtub. Stacked in the sink are dried dirty dishes, rags and discarded plastic bags.

It's the cleanest room in the house.

Behind the sheet covering another doorway is what used to be a laundry room. It's roughly 6 feet wide and 6 feet long, dominated by a mattress lying diagonally across the floor. Sprinkled around it are cigarette butts, crinkled rolling papers, hacksaw blades and dozens of coffee cans full of everything imaginable.

The room is muggy, and the stench of lifeless air is unbearable. Another sheeted doorway leads to the largest room in the house. Hughes' room. The only one with no windows. Things are piled anywhere they'll fit. A propane lantern hisses like an AM radio caught between stations. There's a mirror on her nightstand covered with flecks of powdered meth. Hughes' red pouch rests a few feet away, full of crank, needles, a burnt spoon and empty baggies. On a bookshelf, next to several burned-out candles, is a bill from the Health Services Agency seeking $278: "You have not responded to our previous billing . . ." the note announces.

Resting on top of the bill is an old syringe.

Hughes smiles, nervously running her hands up and down her legs. It would be easy to discount her as another unemployed druggie. The label fits. But trapped beyond the mess she's willingly made of her life is a lost, good-natured person. She hugs everyone she sees, grateful for the contact. She's an odd mix of playful little girl and an old woman whose ravaged body aches.

Crank has tossed her memory, though Hughes still can recall scattered details of her 34 years. Most of these events probably shouldn't be remembered. Perhaps the saddest aspect is that she has no idea how the hell she ended up like this. Or how she'll make it out.

It's a terrible day in a small Louisiana town. Jackie, a seventh-grader, is raped by her friend's older brother and three of his friends. Afterward, they pour boiling water over her body, giving her second- and third-degree burns on her arms and stomach. When they're finished, they dump her in a ditch. A woman finds her and drives her to the hospital, where Jackie is treated for burns, broken ribs and a concussion.

"When I got out of the hospital, my dad got mad at me and broke my stereo," Hughes recalls. "He slapped me in the face and busted my lip. It's hard to explain my father."

Hughes was born June 6, 1966, in New York City. Her family moved to Louisiana, and she grew up there and in Texas. Childhood was rarely sweet. "My dad was always drunk, and my mom was always knocked out on Valium," Hughes says. "My dad used to hit me and my sister and my mom."

Hughes was in her mid-20s when she married a man who displayed emotions like her father.

One night, her husband pushed her down a flight of stairs, rupturing her uterus. She required emergency surgery. Shortly after that, Hughes and her youngest daughter, Jessica, moved to California. Her other daughter, Christina, 13, remained with her parents.

Hughes and Jessica arrived in Modesto in 1995. They found a small apartment not far from Modesto Junior College. The landlord gave her one piece of advice: Don't associate with your neighbors. She didn't follow it.

One day, a neighbor asked Hughes if she knew anything about crank. As the sun set the next night, Hughes found herself leaning over a mirror with a short straw in her right hand. Surrounded by a few strangers rooting her on, Hughes looked beyond the line of crank to the reflection of her face. She stared into her eyes, unaware the new her was looking at the old her for the last time. She bent down, and the line disappeared into the sweetest rush she'd ever felt. She immediately loved it.

Hughes made many new friends, and they ingested loads of crank. A few months later, everything was different. Her body started to change. One night, she woke up screaming.

As she held the side of her mouth, her companion, Bob Hicks, a drug veteran himself, dug around Hughes' purse until he found the only thing that can ease the pain of her rotting teeth.

"You put fingernail polish on a tooth, and it seals off the root," Hicks says. "Finally, a dentist pulled out the ones that remained."

It's a sunny Mother's Day in Modesto. Hughes sits on her bed with a pencil in her hand, looking down at a blank piece of paper. The words don't come easily even though she's written this letter before.

"To whom it may concern," she writes. A tear soaks into the paper. "When you find this letter, I'll probably be gone. Please don't be mad. I love you all, and you don't have to worry anymore about me letting you down."

Hughes signs it, then reads it several times before crumbling it and tossing it into the corner. She leans back and disappears into her pillow. Her thoughts drift to the conversation she had with her mother a few hours earlier.

Hughes had called to wish her mom a Happy Mother's Day and to ask if she'd be receiving anything special from her kids, who now live with her parents. Hughes' mother scoffed.

"You're not much of a mother."

There's a small house on the corner of Vine Street and Martin Luther King Drive. Located about a block from Hughes' home, it sat vacant for some time; then a flier circulated. "The Vine House presents: The Caring Coffee Café. M-F, 9 to 11 a.m. Free coffee, snacks and fellowship."

When it opens, two people wait at the door: Hughes and Hicks. The numbers quickly grow as the hungry, the homeless and the habitual straggle in. There's a popular table full of coffee, hot chocolate, potato chips, cookies and buttered toast. But what the Vine House really peddles is hope.

At 10:15 a.m., Hicks walks into the room with an odd, frustrated expression on his face. He whispers to Hughes, and the two walk outside.

Hughes reappears 10 minutes later. An old friend had come to the Vine House and asked Hughes to drive his wife across town. He said they'd make it worth her while. That meant crank.

"I told him no," Hughes says, her heart racing. "It's tempting. I'm not going to lie about that."

The Vine House is a sanctuary they visit for two hours a day to escape drugs. Yet, like the devil trying to sneak into church, meth follows them even here.

Hughes sits on the concrete steps of her back yard, talking about hope. Hers is to live with her kids again. And to be able to wear the dresses from the women at the Vine House. "Can I show you?" she asks, as she hops up and runs inside the house. Hughes reappears, cradling two new dresses wrapped in plastic. "I've never had something so pretty before," she says, her lip shaking uncontrollably. "I'm too ugly to wear them. I don't even know how to act in a dress." Hughes walks back into her room and hangs the dresses in a closet. She grabs a cigarette, lights it and returns to visit with her friends.

"The landlord left us a note," she says. "He said he's going to evict us. Where are we going to live? Probably in the car, I don't know."

She folds her arms, then turns to go inside.

"Thank you for not looking down on us."

CHAPTER EIGHT
SUFFER THE CHILDREN: THE IMPACT OF METH ON THE MOST DEFENSELESS

Sue Webber-Brown is an investigator for the Butte County District Attorney's Office. She also is the founder of the Drug Endangered Children program (DEC), which has become a national model for similar programs.

When police and socialworkers in other California counties, and even in other states, wonder why she spends so much energy advocating for children from meth homes, she shows them. Since she began DEC in 1991, she has collected photos that tell a terrible tale:

In one Yuba City home, above a tidy bookcase of children's stories, a brewing pot of meth has overrun its container and dripped brown stains on the children's nightstand and onto the carpet beside their bunk beds. An infant is sleeping in a nearby crib.

In an Oroville home where an 8-year-old lives with her mother and stepfather, there's a jar of meth and acetone in the ice tray in the freezer. On the spice rack, investigators find a small jar of iodine crystals. On the floor in front of the sink, drops of iodine have burned into the linoleum. The girl's parents told her they were concocting gasoline for their truck. Her parents were wearing gloves and breathing masks to shield them from fumes, but the girl had no such protection as she stood in the doorway watching them make meth in the kitchen sink. She tells a social worker she's had headaches, a sore throat and a queasy stomach for several weeks before her parents are arrested and she is taken into protective custody.

In another Butte County home, raw meth sits in a 2-liter Pepsi bottle in the fridge. A piece of chicken wrapped in tin foil on a lower shelf tests positive for meth. Three children live in the home.

Before Webber-Brown came along, narcotics officers would arrest parents, then look for the nearest adult to baby-sit the children. Toddlers might be left with a neighbor; babies might go to a grandparent. Older children might stay with another adult living in the same drug-infested home. No one checked the children for medical problems unless they were readily apparent. Rarely did anyone call county child welfare services.

The mother of three children, Webber-Brown grew weary of the neglect and started the Drug Endangered Children program. Operated as a pilot program in seven California counties -- Butte and Shasta are the only ones in Northern California -- the program teams drug cops with social workers, doctors and other experts to evaluate and track children who have been exposed to meth, and provide care for them.

"They just tear at my heart when I see how cute they are," says Webber-Brown, whose team has removed more than 620 children from drug-abusing parents in Butte County since 1993. "I had one guy tell me, 'You shouldn't get so emotionally involved' . . .[but] if we all say we have our own lives, our own families, our own Little League, then who will take care of these children?"

Across California, thousands of children live with meth addicts behind shuttered windows in homes that often lack electricity, adequate food or proper plumbing. Many children are too young to understand the white powdery stuff in baggies. All they know is that Mommy and Daddy don't want to play.

"The older kids, over 10, will have a general understanding that there is drug usage in the home," says Marv Stern, Sacramento County's child-abuse special prosecutor. "But the more likely description of what life is like is: 'They started getting madder at me. They wouldn't let me go out and play. They never served food anymore. People would come over at odd hours. They always kept the house dark. . . . Why am I being treated this way? Why can't I have anybody over? Why am I not going to school anymore?' "

These are the children clogging the child welfare system. More than 120,000 kids in California live in foster homes. In some parts of the state, social workers estimate that up to 90 percent of their cases somehow relate to meth. Even officials reluctant to quantify how much child abuse and neglect may be attributed to meth are willing to say their highest proportion of serious cases can be directly linked to it.

"We look at methamphetamine as ancillary to child death and child abuse," says Sheila Anderson, director of Sacramento County's Child Abuse Prevention Council, which puts out an annual report on child abuse and neglect and oversees the county's child-death review team.

The council only recently has started cataloging the drugs involved in children's deaths, but Anderson says the anecdotal data about meth are overwhelming. Many of the Valley's highest-profile child deaths have come at the hands of parents who were high on crank.

On Jan. 12, 1999, the body of 4-year-old Dustin Haaland was found battered and buried in a shallow grave in a vineyard west of Fresno. Authorities believe he was beaten for months by his father, who was on parole for abusing Dustin's older brother, Dougie, four years earlier. Dustin's mother, Kathy Haaland, did nothing to stop her son's death.

Instead, she helped her husband bury the boy before the couple moved in with her sister. Kathy, then 23, was six months pregnant with the couple's third son.

Douglas Haaland Jr., then 25, had nursed a raging meth habit for years before landing in prison in 1994 for hurlingDustin's older brother to the ground in a rage. Dougie went to a foster home. Haaland went to prison, and Kathy went to jail. Haaland had been using meth for several months before the assaults on Douglas, according to a probation report:

"Haaland said he had not slept for eight days because he was snorting a lot of crank, and he ran out about three days before his arrest. He said he was very agitated and irritated."
Before he was convicted in 1995 for felony child endangerment, Haaland wrote a letter to Superior Court Judge Gene Gomes:

I want to start off by telling you that I'm sorry for doing what I did. I do need help for my drug problem so this or anything else won't ever happen. I've never been in trouble with the law before. . . . I'm never going to forgive myself for what I did to my son. We all make mistakes, and I made the biggest of all . . .

Sincerely,

Douglas Arthur Haaland

Nearly three years later, and two months after he was released from Corcoran State Prison, Haaland ran into a friend who had some meth. Haaland was hooked again.
Five months later, Dustin's body was found. Authorities believe the boy had been killed weeks earlier, and his parents convinced family members the child was visiting relatives during the 1998 Christmas season. Dustin's mother pleaded guilty to child endangerment and testified against his father, who contended he was not guilty. On July 13, a jury convicted him of second-degree murder in the death of Dustin, and he was sentenced to 44 years to life in prison.

When Amber Walker died in her crib of starvation and dehydration, her tiny body was literally used up. "Particularly noteworthy," states the 1996 autopsy report, was "increased wrinkling of the lower buttocks consistent with the depletion of fat."

The skeletal 3-month-old weighed 5 pounds when she died, less than a pound above her birth weight. Amber was discovered lying wide-eyed and motionless by her mother, Theresa Walker, in the motel room they called home on Bakersfield's run-down Union Avenue.

Despite the volumes of tears she shed for her baby after Amber's death, family members said, the meth-addicted mother often left the infant in soiled diapers and rarely touched her. The woman's mother told reporters Walker had struggled with meth addiction since she was 14, about the same time she got pregnant with the first of her eight children. One earlier baby died of Sudden Infant Death Syndrome (SIDS), also at 3 months of age.

Walker's three oldest children were living with their grandmother when Amber died. But a 4-year-old girl and a 2-year-old boy lived with their mother, Amber and Amber's twin, Adam.

Neighbors said the 4-year-old often dressed and fed her younger brother and that both suffered from head lice that went untreated.

Theresa Walker was convicted of involuntary manslaughter in 1996 and sentenced to three years in prison.

Alexia Real was just 5 years old when her mother and stepfather, delusional from their meth addiction, decided they must rid Alexia and her 13-year-old sister of the "demons and vampires" that inhabited their souls. For eight straight days in the summer of 1997, Barbara Carrasco, for three meals a day, blended a special milk shake for her daughters: Clorox bleach, vanilla ice cream, garlic and other spices.

"It was horrible. It tasted chalky," the elder sister testified later at her stepfather's murder trial.

On the eighth day, the teen emerged from her bedroom in Elk Grove, a Sacramento suburb, and saw Alexia lying motionless in the hallway. Her mother was trying to resuscitate her. The next time the teen saw her sister, Alexia's body had been dismembered with a pruning saw and her mother was giving instructions on what to say if anyone asked questions.

Then, the girl told authorities later, Barbara and Larry Carrasco burned Alexia's body in the family's fireplace and dumped her ashes and the tools used to dismember her into the Sacramento River. Terrified and confused, the 13-year-old said nothing for months until one fall morning when she appeared at school with chemical burns on her arms, back and hips. She had been doused with bleach by her stepfather in another attempt to rid her of demons. When detectives grew curious about her missing sister, the story emerged.

Larry Carrasco, a former bus driver in Sacramento, was convicted and sentenced to 40 years to life in prison. Barbara Carrasco was sentenced to 15 years to life after a judge ruled she was legally sane at the time of the murder and that the evidence showed that she had a longtime "festering, loathing of the child."

Sacramento County prosecutor Marv Stern, who helped send the Carrascos to prison, says the combination of methamphetamine and parenting is as sinister as anything he's ever seen.

"If you have a child death case and there's a drug involved, it's more likely to be meth than any other drug," he says. "I don't know why, but I can tell you there is a clear link between parents who abuse meth and physical abuse."

There is no shortage of horror stories. In addition to being victims of murder, physical abuse and passive neglect, the children of meth users often are targets for sexual molestation.

At the Child and Family Institute in Sacramento near the University of California at Davis Medical Center, therapists encourage children to play in sandboxes or create families out of dolls so they can teach them how "normal" children interact with adults. Many never have lived in a family where parents are caretakers and child's play does not include explicit sexual acts.

Director Sandy Baker says it is common for child molesters to seek out meth-addicted mothers to date because they can have unsupervised access to young children: "Many of these kids have been repeatedly raped. It's happened so many times they just consider it a way of life."

Baker is a member of Sacramento County's child-death review team and was instrumental in helping revise a Sacramento Child Protective Services policy in 1997. Under the old policy, social workers were instructed to view drug addiction as a "culture" and to help parents work within that culture to fix family problems without removing the children. Under the new policy, social workers are instructed to place meth abuse high on their list of potential dangers in evaluating whether to remove children.

"When they're not addicted to drugs, they can be caring, decent parents. That's why it's so confusing to the kids," Baker says. "But when they're using, their primary relationship is with the drugs, not with their child."

For these kids, it's day-to-day, sometimes hour-to-hour, survival.

"They haven't got a clue what they're going to be facing when they get home from school each day," Baker says, "somebody who wants to exorcise their demons or somebody who says come on in and do your homework."

And that's when the parents pay any attention to the kids at all. Neglect is the most common manifestation of meth addiction, welfare workers say. They describe children who get up before dawn to go through garbage cans for food or don't go to school because they have only one set of clothing. In every group of siblings Webber-Brown has taken from meth-using parents, she says, the eldest child has assumed the role of parent, ensuring little ones are fed, diapered and kept quiet around unpredictable adults.

In many homes, children are malnourished. Almost always, they lack immunizations and medical care. Lice is common. So are fecal-oral infections, which are transmitted from filthy diapers or animal feces on the floor to children's fingers.

There is little dispute that children who grow up watching their parents sell and use drugs are more likely to become drug users themselves. But, with the exception of a few anecdotal studies, the medical community lacks basic information about the effects of meth on both unborn children and those exposed passively in their homes.

Among doctors, educators and others who deal with meth-exposed children, there is growing concern about some specific types of problems that may result from exposure, such as learning disabilities they assume are linked to prenatal meth abuse.

"What we see is a syndrome that begins with attention deficit symptoms, looks like ADHD but begins sooner and is associated with more aggressiveness," says Dr. Hugo Biertuempfel, a psychiatrist with Sutter County's Mental Health Department who operates a clinic in schools.

While long-term effects are unclear, doctors do know something about children who appear at emergency rooms after taking high doses of crank.

"They are inconsolable," says pediatrician Wendy Wright, who has treated meth-exposed children at San Diego's Children's Hospital. "They have high blood pressure, high heart rates and high enough temperatures to make brain injury a concern. Many have a type of seizure that is particularly difficult to control and is resistant to seizure medication."

Wright has a vivid recollection of one boy, between 18 months and 2 years old, who was brought to the emergency room by a family member. Repeatedly, he traced the same steps: He put his Power Ranger doll under a pillow, covered it with a blanket and walked to the other side of the room. Then he came back, picked it up, moved it across the room and covered it up.

"He did this for hours, and he was sobbing the whole time because he didn't want to be doing it but he couldn't stop," Wright says. "These little guys are miserable. They're high. The meth has them amped up, and they can't rest, they can't sit down, they can't calm down."

In Sacramento, Dr. Michael Sherman, chief of neonatology at UC Davis Medical Center, has established a center for preemies who are born at less than 26 weeks gestation and weigh less than 2 pounds. And he has discovered a curious, new menace, unique among the tiniest Valley residents: "Meth is the drug of abuse for the fetus in Northern California." He believes that prenatal exposure to meth, unlike its sister drugs cocaine or PCP, causes serious and widespread birth defects.

"I have not noticed the occurrence of so many birth defects with cocaine," he says. "I've seen some really heavy users of cocaine, and certainly it has vascular effects, but it's not anywhere near the problem of meth."

Sherman looked at data on 358 mothers of intensive care unit babies who admitted using illicit drugs or alcohol between 1995 and 1999. Of that number, 202 babies, or 56 percent, were exposed to meth. Among them, 108, or 54 percent, were born preterm. Thirty-three of the 202 had major birth defects -- a rate of roughly 163 per 1,000 live births. The normal rate of birth defects is 30 per 1,000 in California's general population, which would naturally be lower than that of already-sick babies. Still, the rate appears significant.

"A lot of information needs to come out about this," Sherman says. "There are a lot of rat studies, but not what I would have expected ."

CHAPTER NINE
THE PIT IN THE BARN: METH LABS CREATE MONSTROUS MESSES

Amelia Turse never wanted to own a farm.

But in 1977, her husband, Daniel, was eager to close his shoe repair shop in the San Fernando Valley in Southern California and buy an olive ranch near Reedley in Fresno County. Amelia dutifully went along.

"It made him happy," she recalls, "so what the heck?"

Less than three years later, just as farmland prices began to crash, Daniel died of a heart attack. Unwilling to sell at a loss, Turse spent the next decade renting her 311/2 acres to a succession of deadbeats who stripped the place of everything that wasn't nailed down and some things that were: curtains, screens, fixtures, pumps and motors.

So in 1992, when a man named Antonio Figueroa showed up with an offer to rent the farm, manage its three living units and see to the upkeep, Turse accepted. When he paid the rent on time for the next five years, she rejoiced.

"I thought, 'Gee, I don't even have to do anything any more. I don't have to come up here and scrub and clean up after these idiots.' "

Then in March 1997, she got an inkling as to why. In a barn in the middle of the property, narcotics agents discovered a meth lab that could produce 32 to 40 pounds in a single batch. Based on empty containers and other evidence, they estimated the lab had been in operation for years and had produced more than 700 pounds of meth. After being cut, or diluted, that amount would have a wholesale street value of more than $10 million.

But that wasn't the worst of it as far as Turse was concerned. In the barn's dirt floor was a pit 6 feet deep covered with plywood and a layer of dirt and pierced by a 10-inch-wide PVC pipe. In the pit lay the residue of years of illicit chemistry -- a sludge of caustic lye, red phosphorus, flammable solvents and other chemicals 18 inches deep, seeping into adjacent soil and groundwater.

Only when the narcotics agents were gone did Turse find out whose responsibility it was to clean up the mess.

Meth is made from dangerous stuff: Iodine odors are so strong that cleanup crews must wear respirators; the cat-urine smell of acid has been known to trigger seizures; airborne chemicals are powerful enough to eat away the enamel paint on a refrigerator; chemical-soaked walls often look like sponges; and carpets can be so saturated with flammables that friction from walking on them could start a fire.

At lab sites, waste is dumped down sinks, toilets or water wells, contaminating topsoil and water supplies. But the waste trail doesn't end there. Trash bags are left by roadsides for an unwitting person to pick up. Along with the more than 2,000 labs found last year, nearly 400 waste dump sites were discovered.

One pound of meth, it is estimated, produces 5 pounds of toxic waste. And a swamp of regulatory confusion and bureaucratic inertia surrounds its cleanup: Who's responsible, and who's going to pay for it?

When a meth lab is found, which averages once every five hours in California, the state hires toxic-waste cleanup companies to handle the immediate removal of the lab, including visible drugs, chemicals and equipment. This cost California taxpayers $10 million in the 1999-2000 fiscal year.

But the state stops there. For less urgent threats -- ranging from polluted soil and groundwater to contaminated walls and floors -- the legal burden for cleanup lies with the property owner. In many cases, property owners face mandatory cleanup requirements set by health departments. And that can mean big money.

Turse cashed in a retirement fund to pay a contractor's $10,000 bill. She might have to spend much more -- as much as $5 million by one estimate -- to clean up what contamination may linger.

Besides the farm, Turse owns her tract home in Camarillo, about 15 miles east of Ventura, and she has a pension from her 19 years as an admitting nurse at the nearby state hospital. But she doesn't have $5 million, or $500,000, or even $50,000 in ready cash.

Now she worries that regulators, from whom she had heard nothing in more than two years until last July, will reopen her file: "I don't want the health department to know I'm alive." A bill that would have helped unsuspecting property owners with meth labs on their land, like Turse, was introduced in the Legislature this year -- and went nowhere.

The bill, by Sen. Chuck Poochigian, R-Fresno, would have created a state fund to remove every trace of contamination from a meth lab site, instead of removing just the most obvious contamination, as existing law provides.

"This is an enormous problem facing rural parts of California," Poochigian says. "It affects public health and safety and causes landowners a lot of grief."

But the bill was criticized for lacking a specific funding source, not spelling out whether the state would be required to clean up every meth lab or just some of them, lacking criteria for determining when a site had been successfully cleaned up, and possibly letting property owners off the hook for toxic contamination that may have occurred because of their negligence.

After gutting it, the Senate Committee on Environmental Quality sent Poochigian's proposal to the Appropriations Committee, where it was essentially buried.

Turse's husband had wanted to replace the olive trees on the land with grapes. But he died before the work was finished, burdening his widow with a distant farm she never wanted.

She became an absentee landlord.

First, she hired a real estate agent to manage the place. Soon after, she visited the farm and found chickens walking through the main house. She put the farm up for sale, but the farm economy was sagging and interest was nil. "Basically, all I wanted out of it was what I paid for it, just to get out," she says. "No one offered me anything."

She fired the real estate agent and put ads in the Reedley newspaper to recruit tenants.

Soon, chickens in the house seemed trivial. "People would come and dump stuff on the side where the olive trees were torn out," she says. "We had bedsprings, mattresses -- you name it, it was there."

After a decade of such problems, Antonio Figueroa appeared in 1991 with a proposition: For no charge, he would cut and clear the untended olive trees on the half of the property that Daniel hadn't already cut. Turse accepted.

The next year, after he had finished cutting most of the trees and sold the wood, Figueroa was back with another offer. Would Turse be willing to rent him the entire property to him and let him find tenants for its house and two apartments? They agreed on a price, $975 a month for five years. And for the first time since her husband's death, Turse stopped worrying about the farm.

"The rents came in," she says. "They were due the first, and I got them the first or second or third. I got them within reason. I didn't have to go up there and scrub or clean. They took care of everything."

On the Tuesday before Thanksgiving Day 1996, narcotics agents from the Fresno County Sheriff's Department watched two men outside a Raisin City convenience store fill a pickup truck bed with 20-pound bags of ice. When they finished, one went back into the store and came out with a 12-pack of beer and a bottle of soda.

"The quantity of ice purchased was not consistent with the amount of ice necessary for a 12-pack of beer and a 2-liter soda," one agent deadpanned in a subsequent affidavit.

In fact, the detectives strongly suspected the ice was destined for a meth lab, where large amounts of it are used to cool down a chemical reaction that occurs in one step of the cooking process.

After following the truck to a nearby mobile home and watching the place for a few months, agents raided it in March 1997 and collected enough evidence to get a search warrant for another suspected meth lab -- the one on Turse's farm.

Figueroa wasn't there when a meth task force swooped down on the farm. He had checked into the Fresno County Jail one week earlier to serve a two-year sentence for drunken driving and probation violations.

In a back bedroom of the main house, where Figueroa lived, agents discovered a large cardboard box containing a 22-liter glass reaction vessel, a heating mantle and a rheostat -- the basic equipment for a large meth lab.

Agents got Figueroa's keys from his common-law wife, and the keys included those to the barn out back. When they opened the barn door, the smell almost knocked them off their feet. All around them lay the spoor of illegal drug manufacturing. Cylinders of hydrogen chloride gas, used in the final stage of the process to covert liquid meth to a crystalline powder; more than 200 empty 5-gallon cans of Freon refrigerant, an ozone-destroying chemical that labs use in abundance to separate liquid meth from the chemical soup of the production process; empty bags of caustic soda beads, another chemical used in the separation process; an empty 100-pound cardboard drum of iodine and a full 5-kilogram container of red phosphorus, two chemicals used in the initial reaction that produces meth; and more laboratory glassware.

And in an alcove on the barn's east side, the mysterious pit, its presence betrayed by the 10-inch PVC pipe rising from the floor.

As a result of the raid, Figueroa pleaded no contest to meth-manufacturing charges in January 1998. He was sent to state prison until March 1999, when he was paroled and deported to Mexico, where he remains.

One week after the raid, Turse visited the farm with a Fresno County Health Department inspector. He gave her the bad news -- she was responsible for cleaning up the contamination. "He was a very nice man," she says. "He was just doing his job. He pointed out certain things to me that needed to be done, and he gave me the name of two people to call about removing the hazardous waste."

She chose Robert Lassotovitch of PARC Environmental in Fresno. A few days later, Lassotovitch took a crew to the site to take soil samples and make plans to map and remove the contamination. A state contractor had hauled away leftover chemicals and dozens of contaminated containers. But the barn still was littered with used rubber gloves, empty caustic soda bags, empty cylinders of hydrogen chloride gas and some 200 empty refrigerant cans. And in the alcove under a low, slanted metal ceiling lay the pit, its cover still not opened, what it contained still a mystery.

"All we knew," Lassotovitch says, "was that we had a 10-inch piece of PVC pipe in the ground. Where it went to, nobody knew. . . . The hole was still covered. The pipe was in place. It stunk to high heaven."

Lassotovitch's crew disassembled the alcove's roof and longest wall, lifted the plywood cover from the pit and found a dense, wet layer of lye, red phosphorus and other chemicals. It had an alkalinity level of 14 -- strong enough to cause serious skin burns on contact.
They tore into the earth with a backhoe and began loading the contaminated soil into a truck for transport to a hazardous waste landfill in Buttonwillow in Kern County. But as they dug, something curious happened. At the base of the hole, an eerie cloud of white vapor formed. Something in the soil -- they never figured out exactly what -- was forming the vapor cloud when it came into contact with air.

Then, as the digging reached 6 feet, an inky black liquid began collecting in a pool at the base of the hole, flowing in from the surrounding soil. It looked as if "the liquid migrated downward until it hit a layer of hardpan, at which point it started to spread laterally," a health department inspector's report noted.

They never figured out what was in the liquid or how far into the surrounding groundwater it had spread. But it wasn't the first time Lassotovitch had seen that kind of contamination, and that worries him.

"This is my concern, and I don't think anybody's really addressed this," he says. "If we're finding only 5 percent to 10 percent of the clandestine labs, and the other 90 percent to 95 percent are just dumping stuff out there, what's going to happen to our water supply in 10 to 15 years?"

Eventually, Lassotovitch's crew dug up and hauled away 44 cubic yards of contaminated sludge and soil. At his usual rate, the work should have cost $18,000. For Turse, he dropped the price to $10,000.

"You feel for some people, and she was one that I felt for."

Turse's troubles didn't end when Lassotovitch's trucks rumbled away. Because of the possible groundwater contamination, officials from the Central Valley Regional Water Quality Control Board proposed additional tests of the soil and nearby wells. They required Turse to spend an additional $600 on an engineering report and, in January 1998, sent her a letter approving a work plan proposed by the report.

She ignored it. Regulators waited two years before sending out another letter, which reached Turse in mid-July.

"We tried hard to keep the costs down," says Russell Walls, a senior engineer in the board's Fresno office. "It wasn't her fault, but it's the property owner's responsibility, so she's kind of stuck."

Turse hired an attorney who won a $1 million civil judgment against Figueroa for her estimated cleanup costs, but Lassotovitch says the cost might range as high as $5 million if there is widespread groundwater contamination.

She's never collected from Figueroa and knows she never will. Her lawyer proposed rounding up Figueroa's only identifiable assets -- some horses and cattle -- for an auction. But Turse decided against it.

"He said you might be able to get some money back," she says. "There's no point. I don't know what a cow is worth."

CHAPTER TEN
HOW CLEAN IS CLEAN? WITHOUT STANDARDS, IT'S 'BUYER BEWARE'

The town of Ballico is a mere smudge on the map, tucked into a corner of northwest Merced County among almond and grape orchards. Its only grocer stocks Wonder bread near the powdered pan dulce and the Coca-Cola next to the horchata. At night, the store moonlights as a Mexican restaurant, where ranchero music floats across rows of table-clothed picnic tables. The town motto, displayed in cursive on a sun-faded sign, is "Growing for You," a sentiment belied by the dusty and vacant buildings surrounding it. Ballico's crumbling asphalt streets intersect with anonymous roads; its rickety shacks and abandoned farmhouses mingle with tidy homes and well-manicured yards.

Juan and his family live in one of those homes. It rests in the evening shade of mature maple and almond trees that line much of Bradbury Road. As Juan opens the front door, cradling his newborn daughter, his young son slides past him, jumps onto the porch, then races around the side yard, laughing.

The home, on a 20-acre parcel, is clean, and the rent is affordable. It has new carpeting, remodeled cabinets and air conditioning to combat the triple-digit summer heat. But this family's American Dream has a dark side.

During one eight-month period last year, 94 meth-related dump sites were found in Merced County alone. During the past two years, state toxic-substances control agents have cleaned up 17 meth-related lab dumps on or near Bradbury Road.

One cleanup site was at Juan's home.

Ten months earlier, gallons of toxic hydro- gen chloride gas were being mass-produced in the back yard where his children now play. His son races past the swing set along- side the house, where one night sulfuric acid spewed 30 feet into the air and rained down on the house and a nearby shed.

The house's previous tenant was a drug addict and meth dealer. He also was a cook among the select few: He had learned how to make hydrogen chloride gas, used in large-scale meth cooking to convert liquid meth into a solid. He had manufactured the gas in the shed, but after it corroded the windows and ate through most of his tools, he started making it in the back yard.

"My landlord said the shed was used for farm equipment," Juan says, patting the back of his son's head. "Nobody told me anything about this."

No one had to. In California, as in many other states, property owners are not obligated to divulge information about "past" problems.

"It's not black and white," says Dan Garrett, a spokesman for the state Department of Real Estate. "If I had positive knowledge that there were 20 gallons of acid in my back yard, it would be prudent to disclose that . . . but if I'm convinced the problems are gone, why disclose what happened in the past? What might be clean for one person may not be clean for another." Therein lies the rub. There are no federal or California state standards for cleaning up meth-contaminated sites. A few counties have created their own standards, but in most cases, state and county officials simply trust the property owner to clean up former lab sites.

A bill by state Sen. Debra Bowen, D-Marina Del Rey, would require the state Department of Toxic Substances Control to devise regulations for meth lab cleanups that "will result in a level of cleanup that will protect the health and safety of future occupants of the site." The department would have until January 2002. Bowen's bill, approved by the Legislature and sent to Gov. Davis, was opposed by the department, which said it would cost $3 million a year to enforce, and would be too inflexible, and that a year wasn't enough time.

Authorized by the Legislature in 1995, the state Department of Toxic Substances Control handles the immediate removal of chemicals when a meth lab is discovered. Department spokesman Ron Baker says the state is "just in the beginning stage" of establishing guidelines for more thorough cleanups and that it has to conduct research on potential dangers.

Yet one of the most comprehensive studies to date of such labs already has been done by the California Environmental Protection Agency. The report, released in 1993, found that residual contamination was higher than expected after state cleanups, and it urged that statewide standards be set. So far, that recommendation has been ignored, leaving it to individual counties to set the rules.

A Bee survey of Valley counties found a wide range of lab cleanup procedures:

"We're not really even notified," says Larry Bagley, assistant director for community services in Sutter County. "We just have never had a program for it."

Fresno County requires property owners to submit a cleanup work plan but tries to be flexible on its details: "I'm not going to dog the owner," says Vincent Mendes, supervising environmental health analyst. "I want them to know what has happened to them and help them get through it."

In Tulare County, public health officials go to the lab sites with drug agents and then write a letter to property owners requiring them to clean it up. "I don't think there is a set standard. That's the problem," says John Macedo, an environmental health specialist. "We just kind of make a judgment call."

In Kern County, officials rely on "normal cleaning" at small lab or dump sites. "On smaller quantities, normal cleaning will minimize any exposure," says Mike Chapman, the county's chief environmental health specialist. "They're similar to chemicals used around your house all the time. The normal cleaning procedures you would use for those are the method of choice."

In Tehama County, property owners are encouraged to work with an environmental consultant. But it's not required. The county Environmental Department also declines to pass judgment on whether the property is safe because of fear the county could be held liable and sued over unsafe lab sites.

Sacramento County requires property owners to hire an industrial hygienist to test for meth and other chemicals, clean up the property and take samples again before issuing a letter

that the property is safe. That's all done at the property owner's expense. If the owner balks, the case is referred to code enforcement.

Some counties assert that the residual danger from meth labs is overstated. "Most of the chemicals are readily identifiable," says Tehama County Environmental Department director Lee Mercer. "A lot of them are so volatile, once the materials are removed, they don't really have any toxicity or residual effect."

At Juan's home in Ballico, agents removed the chemicals from the lab used to produce hydrogen chloride gas, and Merced County Environmental Health officials sent a letter to the property owner, Hartle Spycher, informing him of his legal responsibility to clean up the property.

The county didn't specify how many tests or what kind of tests were to be performed, but advised Spycher to hire an environmental toxicologist or certified industrial hygienist. Once the cleanup was finished, the firm was to submit a document stating: "There is no significant risk to . . . the public health and welfare."

Spycher hired an environmental toxicologist from Environmental Assessment Services in Merced. Owner Terry Priest says he didn't test the soil or the water, and he refused further comment. Spycher says the soil and water were tested for acid and other foreign chemicals. Soil around the house and shed was removed and replaced. He put in new wallboard.

On Sept. 20, Merced County Environmental Health Department received a letter from the cleanup company stating that the property is free of hazardous chemicals.

And $28,000 in repairs later, Spycher assures Juan's family the home is safe.

"There is no contamination," he says. "All of the tests and everything came out clear, so what information is there for me to tell ? I redid it all. I gutted the house, put in a new roof, new floors, new windows, stove, hot water heaters. I wouldn't mind living in it. It's a nice, air-conditioned little house."

CHAPTER ELEVEN
CONGRESS AND THE PILL MAKERS: TO REGULATE OR NOT TO REGULATE...

"All of us should be aware of one danger," the drugmaker warned Congress. "In the emotional atmosphere which surrounds drugs today, there will undoubtedly be pressure from some for hastily conceived action which could produce more harm than good. The Congress and the administration must be careful not to let the pendulum swing too far."

The year was 1962. The drugmaker: Eugene N. Beesley, president of pharmaceutical giant Eli Lilly Co. The issue: how far the federal government should go to protect Americans from drugs.

Addicts, it seems, aren't the only ones with drug habits. During the past 70 years, Congress and corporations have fallen into habitual patterns when it comes to the amphetamine family, swinging alternately between the need for public safety and the demands of free enterprise.

Like many other drugs now feared and stigmatized, methamphetamine began as a scientist's triumph. Now associated with toothless speed freaks and Mexican mafioso, meth had its money-making start in esteemed U.S. corporations. Its abuse, moreover, continues to molt beyond the ability of lawmakers to erect defenses.

Amphetamines first were marketed in the United States by the Smith Kline & French Co. (now Smith Kline Beecham) in 1932 in the form of an inhaler called Benzedrine. It proved a boom product, and during the next 15 years, nearly 40 uses for amphetamine were found.

"A feeling of exhilaration and sense of well-being was a consistent effect, and patients volunteered that there had been a definite increase in mental activity and efficiency," raved the American Medical Association's Council on Pharmacy and Chemistry in 1937.

But if doctors were discovering the potency of amphetamines, so were assorted hipsters, low-lifes, students and the curious. They learned they could remove the Benzedrine-soaked strips of paper inside the inhalers and get high. Each inhaler, by one study, contained the equivalent of 56 amphetamine tablets. By 1949, the problem was great enough the company withdrew the inhaler before the Food and Drug Administration required it.

Two years later, the first congressional amphetamine regulatory measure, sponsored by Minnesota Sen. Hubert Humphrey, limited the use of barbiturates (downers) and amphetamines (uppers) to prescription.

In 1955, a House subcommittee held 14 days of hearings on amphetamine and barbiturate abuse. Then, as now, horror stories inflamed lawmakers. California Superior Court Judge Twain Michelsen warned Congress in November 1955 that amphetamines were part of the larger Red Menace:

"We know . . . that Communist China has an avowed purpose to destroy certain Western countries through the use of narcotics," Michelsen warned a House subcommittee. "Now we have the Communist narcotic invasion that is addressing itself to American and other Western civilizations. . . . I think we are right at the front door of Communist China's effort to despoil this country and other Western countries."

Michelsen's warnings notwithstanding, top federal health officials during the 1950s considered amphetamines relatively benign.

"Amphetamine is a stimulant drug," Dr. Halsey Hunt, the nation's assistant surgeon general, told the House Ways and Means Committee in 1955, "and as far as I know, it is not addicting in the true sense of the word."

To this, the chief narcotics consultant to the National Institute on Mental Health, Dr. Kenneth Chapman, added: "Amphetamine does not cause physiological dependence." He noted, moreover, that amphetamines had socially beneficial uses. For instance, Chapman recalled, "amphetamine drugs were used in wartime to permit pilots to get enough mental stimulation to get home after they had been through a series of bombing ."

In fact, doctors were so unalarmed by amphetamine use that at one point in the 1960s, federal officials estimated that some 8 billion legally manufactured amphetamine and barbiturate tablets were in circulation in the United States.

"The theme that pops out most is that physicians were the major agents for overuse of amphetamines," says Dr. Lester Grinspoon, a professor of psychiatry at Harvard Medical School. "Just a couple of decades ago, this was being prescribed by the ton load . . . physicians really believed it was like a panacea and that there was no downside."

As the problems caused by meth and other amphetamines became more obvious, the House Ways and Means Committee began recommending tighter controls. It took several years, however, for Congress to act. And when it did, loopholes abounded.

Though Smith Kline & French had voluntarily stopped selling its Benzedrine inhaler in 1949, other companies continued selling over-the-counter inhalers that included amphetamines.

The Food and Drug Administration in 1959 issued rules banning amphetamines from inhalers -- but the FDA permitted methamphetamine to remain in inhaler use.

In 1962, President John F. Kennedy's administration urged legislation that would require new drug testing procedures, warning labels, manufacturing safety and tighter control of stimulants.

But the politically powerful American Medical Association, like the pharmaceutical companies, warned lawmakers not to let "emotions" guide their legislating.

"We do not believe that the necessity for, or appropriateness of, additional federal legislation has been adequately demonstrated at this time," the AMA advised Congress. More study, the AMA said, should be undertaken. The doctors won the fight.

"There was some initial resistance because I don't really think the pharmaceutical industry or chemical manufacturers really saw the magnitude of the problem, and they saw this as just restrictions on their commerce," says Bill Ruzzamenti, a Drug Enforcement Administration special agent based in Fresno.

An example of that resistance came in the mid-1960s, when the Food and Drug Administration tried to survey legal amphetamine-producing companies.

"Unfortunately," then-FDA Commissioner George Larrick lamented to a House committee in 1965, "our survey of production figures was incomplete because records kept by several basic manufacturers were grossly inadequate and also because two of the nation's largest pharmaceutical companies declined . . . to provide the information requested."

By the late 1960s, however, the growth of a "speed freak" culture was catching lawmakers' eyes. Congress began imposing more restrictions on legal, prescribed amphetamines. And according to some estimates, up to half of the legal production was being diverted to the illegal market.

Congress acted in 1970 with the Controlled Substances Act. Pharmaceutical companies had resisted parts of the law, warning that overly strict regulations simply would increase the amount of illegal production. Lawmakers, nonetheless, required new registration and accounting procedures for some substances, including amphetamines.

The perennial tension between aggressive regulation and corporate interest ignited again in August 1996 when the Drug Enforcement Administration imposed tough new rules regulating over-the-counter sales of allergy and cold drugs. The DEA -- chasing, as always, after the latest innovation of illegal meth producers -- wanted to make it much harder for meth cooks to buy "precursor" chemicals, the key ingredients in meth making.

The rules required retail drugstores to monitor and report on sales of the over-the-counter medicines containing pseudoephedrine. Any sale of more than 48 grams had to be reported -- and retail clerks who failed to do so could face a $25,000 fine and possible jail time.
Drug companies howled.

"This kind of regulatory approach is simply unworkable in today's retail marketplace," John Scheels, government affairs director for the drugstore chain Eckerd Corp., told a House panel in 1996. "That would ultimately cause us greatly increased costs, as it would to our customers."

Drug companies urged Congress to scrap the rules and establish a "safe harbor" so cough and cold medicines could be sold in so-called blister packs without prompting paperwork requirements. Blister packs (individual pills have to be popped out one at a time) are believed to be less prone to mass abuse than bottled pills because it takes thousands of pills to make meth and cooks can simply slice the bottoms off bottles and dump them into the batch en masse.

Pharmaceutical companies speak loudly on Capitol Hill. The top 10 companies and pharmaceutical trade associations spent $40 million lobbying Congress in 1998, according to reports by the Center for Responsive Politics; the industry's political action committees contributed an additional $5.1 million to federal candidates during the same year.

Congress heard the corporate concerns. In an unusual step, as part of the 1996 Comprehensive Methamphetamine Control Act, lawmakers overturned the DEA rules. Congress established a "safe harbor" to allow easier sale of drugs such as Sudafed and Actifed in blister packs.

"Make no mistake about it," said Sen. Orrin Hatch, the Utah Republican who chairs the Senate Judiciary Committee, "without the blister-pack provision, many legitimate distributors of over-the-counter products would likely choose not to offer ."

Hatch received more than $250,000 from health and pharmaceutical company interests between 1995 and 1998, according to records compiled by the Center for Responsive Politics. Next to lawyers, the health and pharmaceutical companies were the biggest contributors to his campaigns.

At the last minute, Congress also dropped plans to pile on mandatory minimum sentences as part of the 1996 meth law.

"There is no evidence that such penalties will have any impact on reducing drug use," said Rep. Robert Scott, a Harvard-educated Virginia Democrat who sits on the House Judiciary Committee. "All of the studies I've seen show that mandatory minimum sentences are the least effective means of reducing crime. But they're an effective means of getting a politician re-elected."

Instead, the law ordered the U.S. Sentencing Commission to review the wisdom of increasing meth-related prison sentences. The law, chasing after the new problem of mail-order chemical sales, also imposed reporting requirements for companies selling meth chemicals through the mail.

But the 1996 law was barely in place before lawmakers tried to stiffen it. Indeed, a constant ratcheting up of sentences has been one persistent theme of the federal meth response. In 1986, there were no mandatory minimum sentences for meth offenses. Two years later, though, Congress set five- and 10-year minimum sentences. Ten grams of meth would trigger a five-year sentence. By 1998, Congress went tougher still: It would take only 5 grams to trigger a five-year sentence and 50 grams to impose 10 years.

The public appeal of such efforts was exemplified in the name senators initially gave their current bill: the "Determined and Full Engagement Against the Threat of Methamphetamine" bill. Spelled out, this was supposed to read the "DEFEAT Meth" bill. The new measures have been championed by Western lawmakers such as Democratic Sen. Dianne Feinstein of California because of the drug's deep roots in the West. But as the problem has spread to the Midwest, lawmakers there have mobilized.

This latest anti-meth effort resorts to both old and new tactics. Stiffer mandatory minimum sentences are included, continuing the trend. But a new twist worries civil libertarians. The original bill sought controls on what people talked about. For the first time, legislation would have made it illegal to communicate, "by any means," information pertaining to the manufacture of a controlled drug -- if the person either has the intent of breaking anti-drug laws or knows that the person receiving the information "intends to use the teaching, demonstration or information" for illegal purposes.

The measure was in response to the proliferation of Internet sites that provide meth-making information. "Posting" or "linking to" these sites would have been made illegal.
One version of the new meth bill has been folded into otherwise unrelated bankruptcy reform legislation. It orders the U.S. Sentencing Commission to stiffen meth-dealing penalties. It also allows funds seized from suspected criminals to be used to help clean up meth labs and orders the DEA to provide meth-related training to state officials. Some lawmakers also want to make it easier for meth-hunting police to search property without immediately notifying the property owner.

House and Senate negotiators haven't resolved their differences over this bill, and its fate is uncertain. In late July, a House committee removed the provisions restricting the posting of drug-making information on the Web from one version of the legislation, but proponents vowed to get it back in.

What is all but certain is that the meth wars will not end with the passage of new laws. If history is any judge, lawmakers will continue closing loopholes while lawbreakers will look for ways to stay ahead.

"It's like a balloon," says U.S. Attorney Paul Seave, whose Sacramento-based Eastern District covers 34 counties and the heart of California's meth industry. "You squeeze the balloon in one place, and it bulges somewhere else. You squeeze it at the bulge, and it bulges in a new place."

CHAPTER TWELVE
SQUEEZING THE BALLOON: LAW ENFORCEMENT VS. THE METH TRAFFICKERS

It cost U.S. taxpayers more than $2 million to put Pablo Cervantes and five of his colleagues behind bars for making meth.

Les Weidman will tell you it's worth every penny.

"If you add up the number of years they are going to spend in prison," he says, after pondering the amount for a moment, "and then you add up the number and kinds of things they would be doing on the street during that time, their drug trafficking and the poisoning of our children and our waterways and our health system and all the things that go along with methamphetamine's impact . . . $2 million to put meth people away for a long period of time? Absolutely."

Weidman is the sheriff of Stanislaus County and has been for 10 years. He grew up in the county -- "I can take a rock and throw it out my office window and just about hit my grandfather's ranch, where I grew up" -- and his only real job as an adult has been with the Sheriff's Department, starting three decades ago.

That makes him a veteran in the Central Valley meth war. And if you ask him or most any other Central Valley cop or prosecutor about that war, they'll tell you it's going to cost a lot of money to win.

Take U.S. vs. Cervantes, what Assistant U.S. Attorney Bill Shipley calls "a very typical case." It involved two meth labs, one between Fresno and Sanger and one in Southern California's Orange County. Law enforcement agents confiscated about 40 pounds of meth and about 80 pounds of pseudoephedrine (which can make about 75 more pounds of meth), three firearms and 10 suspects, eight of them Mexican citizens. Ultimately, six suspects were convicted or pleaded guilty.

Based on figures and estimates provided by various local, state and federal agencies, law enforcement spent $2.08 million to bring Cervantes and his band of meth makers to justice, most of that for their prison time.

"It's a war," Weidman says, "and wars cost money."

About 2,300 inmates are in state prisons for making drugs, most of them for making meth. It costs a little more than $21,000 a year to keep each there, or about $49.7 million per year. The Bureau of Nar- cotics Enforcement, the Department of Justice division that is the state's main drug-fighting force, had a $77.9 million budget last year.

Most of that pays for 380 agents. More than one-third of those agents devote almost all their time to fighting meth.

The cops say it's not enough.

"We could always use more money and more people," says Ron Gravitt, chief of the BNE clandestine labs unit. "But narcotic enforcement, contrary to what most people believe, is not that high a priority in this country."

Or in this state.

The BNE's budget has grown at about the same rate as the overall state budget during the past decade, but the percentage provided by the federal government has increased from less than 2 percent of its total budget to more than 28 percent.

Two years ago, the BNE got an $18 mil- lion federal grant to fight meth production in California and used most of it to hire 79 agents who work full time on meth crimes. "It's year to year," Gravitt says, "so we could get cut off at any time."

The state did chip in an extra $300,000 in the 1998-99 fiscal year budget specifically for Central Valley meth-fighting efforts, but despite the handsome state budget surplus, the grant was not included in either the 1999-2000 or 2000-2001 budget years.

"Quite frankly," Weidman says, "it's not the federal government's responsibility to protect the inland areas of the state of California. But it is the state's. They need to recognize their responsibility, but to this point there has been very little attention given to the problem by the state Legislature."

A bill that would have provided $6 million to local police and sheriff departments in nine Central Valley counties to fight meth was introduced last year. The proposed spending gradually was whittled down to $300,000 before the bill was killed by a Senate committee because the funding was "redundant" to other crime-fighting programs.

The reasons for the legislative inertia range from philosophical opposition by some legislators to the war on drugs, to inefficient lobbying efforts by law enforcement. But the most pragmatic explanation may be that of a longtime legislative staffer: "Why should we pay for something that the feds will take care of?"

One of the more innovative federal drug-fighting programs, Central Valley law enforcement officials say, is the High Intensity Drug Trafficking Area (HIDTA) program. Created by Congress in 1988, it is run by the White House Office of National Drug Control Policy, better known as the office of the White House drug czar.

The program helps local and state crime fighters coordinate drug-control efforts and eliminates embarrassing snafus, such as undercover cops from one agency busting undercover cops from another. Regions and states can apply for HIDTA status, and it is granted based on the area's drug problems and its potential impact on other parts of the country.

"It helps make people more efficient; it gets people reading off the same page in terms of targets, so you're not chasing the same people at the same time and duplicating efforts," Weidman says.

Since its inception, the HIDTA budget has grown from $25 million to $190 million and from five areas to 31. But the Central Valley HIDTA, encompassing nine counties from Sacramento to Kern, was created only last year, despite the Valley's indisputable meth problems and its equally indisputable impact on the rest of the nation's meth problems.

One of the reasons for the delay, according to Weidman, vice chairman of the Central Valley HIDTA, was sort of a "meth myopia": Congressional members in other parts of the country didn't care about meth because it wasn't yet a problem in their area. As a result, Valley cops were turned down.

"So we restarted our efforts and this time made a lot of political hay about it," he says.

"We got together from Sacramento to Kern County and beat on every . . . door we had to, stormed Capitol Hill and really put out a message that we are in dire straits."

The message got through. The designation was announced in June 1999, and the group -- representatives from 42 federal, state and local agencies -- began operations in January. It appears to have paid immediate dividends. Through the first five months of the year, HIDTA closed down more than 60 labs, made 126 arrests, and seized 130 pounds of finished meth, a hefty 22,000 liters of meth solution and more than $500,000 in cash.

"My team was able to expand to 16 people," says Bob Pennal, a BNE agent who supervises the Fresno Meth Task Force. "You have a team of six, and then you have two in court and one sick, and you're down to two or three people. With 16, you can go on offense."

And all for what amounts to chump change, in government circles.

The Central Valley HIDTA's budget for the current year is $1.5 million, the smallest budget of any in the country. By comparison, the Lake County, Ind., HIDTA gets $3 million; the Milwaukee HIDTA gets $4.5 million. The other three California HIDTAs, based in San Francisco, Los Angeles and San Diego, get $2.5 million, $13.9 million and $10 million, respectively.

The Valley HIDTA money pays for a director, a small staff, some ill-furnished offices, a little equipment and some overtime pay for agents. Otherwise, local agencies foot the bill for their officers to take part. Weidman, for example, spends $130,000 of his budget to provide two officers to the program.

There isn't likely to be a flood of new HIDTA funds any time soon. Valley officials and elected representatives have lobbied hard to increase HIDTA funding to $2.5 million, but sources indicate the chances are no better than 50-50 that the current budget level will almost certainly be frozen.

That's a bitter pill for locals to swallow, especially when they read that more than $1 billion in U.S. drug-fighting aid in the new federal budget is likely to be sent to Colombia. Says a frustrated Valley cop: "We are fighting the wrong war in the wrong place."

But when it comes to fighting for federal funds, some of the Valley's opponents are a lot closer than South America. Congressmen from Washington and Oregon, seeing the results of the program, have announced they will push to more than double their HIDTAs' budgets from $5.1 million to $12 million. States in the Midwest are clamoring for some of California's $18 million federal grant, citing the growing number of meth labs in Iowa and Missouri.

California cops argue the number of labs, by itself, is a specious measurement.

"There are literally thousands of little bitty labs springing up all over the Midwest," says Bill Ruzzamenti, a DEA special agent and director of the Central Valley HIDTA. ". . . but of the labs we seize, many of them are capable of producing 100 pounds of methamphetamine at a whack . . . it really isn't the same scenario as out here, where they are producing meth for the entire country."

There's an old saying: To kill a snake, you cut off its head, not its tail. Valley meth hunters are working that strategy.

"Four years ago, we sat down with DEA and we talked through a strategy about what we were going to be able to do about this because we saw it was an ever-expanding problem and it was starting to move East," Gravitt says. "The strategy was that the primary thing to concentrate on was suppliers and the secondary thing was to go after the Mexican national organizations." The suppliers Gravitt refers to are the people and companies who supply ephedrine and pseudoephedrine -- the key ingredients in meth -- to those who actually make it.

"It's like there is this war, and there is this supply line, and if you cut the supply line, you win," says U.S. Attorney Paul Seave, the top federal cop in a district that covers 34 California counties between Bakersfield and the Oregon border.

The problem, he says, is determining who is using the legal products illegally.

"I think the DEA in Washington has the feeling that most ephedrine and pseudoephedrine is not being smuggled in," he says. "Most of it is coming in through a legal source."

Seave points to a chart showing that the legal importation of meth ingredients has jumped from about 614 metric tons in 1994 to about 1,100 metric tons in 1998, a 79 percent increase. "Unless the amount of allergies and colds suffered in this country has doubled in the past 10 years," he deadpans, "something else is going on."

That was precisely what happened in the case of Danny Rosen. In 1996, Rosen was the 35-year-old owner of Danco Distributing Inc., a struggling company in Redding that sold products such as beef jerky and shampoo to mom-and-pop stores up and down the Valley. Then, according to federal court documents, he and his wife, Bette Ann, discovered the profits to be made in selling ephedrine and pseudoephedrine.

Between late 1996 and early 1998, Danco distributed more than 12,000 cases, or more than 100 million tablets. That's enough to supply more than 45,000 asthma or allergy sufferers daily medication for a year or to make roughly 8,000 pounds of meth. Danco's annual sales went from $825,000 to more than $5 million.

Of course, little of it was going to customers with stuffy noses. Most of it was going to people who served as go-betweens to meth makers. One of them later told police he was buying cases of chemicals from Danco for $1,500 each, then selling it to meth makers for $2,500 each. They used an elaborate system: Pills were shipped to phony business addresses, or real businesses acting as fronts, in neighboring states (one was a Las Vegas shoe store).

Danco's customers tried to cover their tracks by exchanging cash from the meth makers for cashier's checks from a bank in Malibu. They used the cashier's checks to pay Danco. The checks always were for amounts less than $10,000, the threshold that must be reported to the Internal Revenue Service. They hedged their bets further by paying a bank official to help cover the paper trail.

In the end, the ring was tripped up by a tip from IRS agents who got suspicious about the bank transactions. "It was like peeling back the layers of an onion," says Assistant U.S. Attorney Samantha Spangler, who prosecuted the case. "The more they investigated, the more they found."

The Rosens and four confederates were convicted in federal court in late April on 23 counts associated with the conspiracy. They are awaiting sentencing.

Seave and Spangler say the strategy of targeting meth ingredients appears to be working, at least o a degree. The price of pseudoephedrine has gone up 400 percent to 500 percent, and meth makers are diluting their product to less than 20 per- cent pure to make it stretch and maintain their profits.

"So in that sense," Seave says, "our focus is having some success. But our strategy has to keep evolving. The crooks are always ahead of us."

Adopting new strategies means adopting new tools or adapting old ones. In Sutter County, for example, Sheriff Jim Denney successfully asked Sutter County Supervisors last June to pony up $5,000 to buy a drug-sniffing dog for interdiction on Highway 99.

"The CHP has done a great job knocking them down on I-5," he said. "The dealers take the product up to Washington and Oregon and then to the Midwest, and they bring the money back the same way . . . but as they put the squeeze on them over there, I know this product has got to be coming up 99, and the dog will really help us deal with that."

In the Legislature, Assemblyman Dennis Cardoza, D-Merced, successfully proposed spending $500,000 to buy Valley meth fighters a machine called the Standoff Chemical Agent Detector. Developed by the military for battlefield use, it takes in air and analyzes it for chemical content. The device, about the size of a small X-ray machine, uses infrared technology to look at a building and measure the air content and energy emanations from it. It would allow cops to determine not only if a building contained a meth lab, but what kind of chemicals were present.

"Is it going to be something that will totally solve our methamphetamine problem?" Cardoza says. "Probably not. But I believe it will be a useful tool and maybe give some drug dealers pause when they start to manufacture meth that there is this machine that can drive down the street and detect the chemicals and give police a lead as to where to start looking."

Fixing the Valley's meth problem, from a cop's point of view, won't be easy -- and may be impossible. "We're never going to totally win the war on drugs, not the way it's going now," says Denney, a 25-year veteran who was elected Sutter County sheriff in 1998, "but we have to make them work for it."

CHAPTER THIRTEEN
THE BUST: AGENTS AND A DEALER SQUARE OFF

Bakersfield police Sgt. Tony Ennis sits in an unmarked car at a strip mall in Delano, a city on the boundary of Kern and Tulare counties, waxing philosophic about meth culture as he watches for a white Chevy Lumina in the busy intersection before him. It's 12:53 on an afternoon in mid-July, and a gentle breeze is keeping the temperature at an unseasonably low 95 degrees.

This is Day One of a weeklong operation by a consortium of cops against a Valley meth maker. It's a sting: Using a confidential informant as a go-between, the cops will offer to sell or trade pseudoephedrine pills, from which meth is made, to the meth maker for cash and/or finished meth and then bust him. With any luck, they'll also take down his lab.

As Ennis chats, his eyes are sweeping the intersection, searching out every white car, hoping for a glimpse of the target: David Malgosa Jr.

Nestled in Ennis' lap, a police scanner crackles with intermittent chatter as more than a half-dozen other undercover narcs pull into nearby streets and parking lots. There is more than 100 years of narcotics-fighting experience on the 15-officer team, the Central Valley's newly

formed tri-county High Intensity Drug Trafficking Area (HIDTA) team. It's based in Kern County and encompasses 10 local, state and federal agencies. Many of the cops have worked together before, but even the newcomers fall easily into the familiar routine of the dope trade.

Today's go-between -- referred to as "the friendly" on the cops' radio -- is waiting for a signal to telephone Malgosa from a nearby pay phone. The friendly is parked in his own car, identifiable by the anti-drug sticker attached to his bumper. (Most "friendlies" used by cops in drug busts are either being paid or have been busted themselves and want their sentences reduced, says the BNE's Ron Gravitt.)

Malgosa -- "the primary" on the radio -- doesn't waste time. Less than 15 minutes after the the friendly calls Malgosa's cell phone, the dealer zips around a corner and into the parking lot. On the way, he has picked up his girlfriend. The radio begins to crackle again. "The primary is approaching the friendly," intones another sergeant who can't see the parking lot. Ennis falls silent, listening.

Malgosa is 23 and cocky. With a hasty glance around, the skinny dope dealer gives a quick hoist to his jeans and climbs into the friendly's car. The two have spoken on the telephone just once, a day earlier. Malgosa is trying to buy seven cases of cold medicine. Each case contains 144 bottles of pills, 60 pills per bottle, 60 milligrams of pseudoephedrine per pill. It's worth about $28,000 on the street and is enough to cook about 7 pounds of dope.

Malgosa, though, is a little short on cash, so he offers a deal: $13,000 plus 2 pounds of meth for the shipment. The friendly wants to see the dope. Malgosa hops back into his car, dumps his girlfriend, picks up some meth and returns to the parking lot. All the while, he is watched. Cops already know where he lives; they're waiting to see if the drugs are there. They are.

His sample is good. In return, the friendly shows Malgosa two $5.99 bottles of cold pills. Malgosa has specified he wants a brand called "Action," but the cops don't have any. Instead, the friendly persuades Malgosa to take a substitute. He must be getting desperate, the cops figure. Days earlier, Malgosa turned down a deal with a supplier from Fresno because the pills the supplier offered weren't the right brand.

Like Malgosa, most dope cooks are particular about their ingredients.

"We've given them pure ephedrine, and they've come back and said it's no good," says one veteran detective, laughing.

Malgosa and the friendly part company. An hour later, Malgosa is shopping at Kmart with his girlfriend, tailed by task force members. By the time he gets home, the cops have decided the game is over for today. They head back to their office, a tiny square building crammed with filing cabinets and office equipment behind the Kern County Sheriff's Department in Oildale, a community adjoining Bakersfield about 40 miles south of Delano.

By the time they meet again, Malgosa will tweak the deal further. No cash, he'll say. But he'll trade 4 pounds of meth for 10 cases of pills. The friendly agrees, and they set up a place to meet.

It's 11:15 a.m. on dope-dealing day. The case agent is briefing the troops, a collection of 29 men and one woman that includes two paramedics, Kern County SWAT team deputies in camouflage pants and more than a dozen narcs in jeans and T-shirts. It's a casual assembly, but the officers are meticulous about covering every potential problem.

They are well aware of the risks in dealing with armed and paranoid cranksters who often set up their own counter-surveillance operation. Too often, undercover officers parked on the perimeter of a bust have discovered a doper's cronies nearby.

"The goal is that nobody gets hurt -- neither law enforcement nor the suspect," says sheriff's Sgt. Karl Johnson, who waited nine years for a coveted spot in the Kern major-narcotics unit before getting one four years ago. It's a job he loves for its mental challenges. Most major dealers are not stupid, he says. He's seen some extraordinarily smart crooks.

On this deal, an undercover officer will pose as the friendly's cousin and bring in the pills once Malgosa produces the drugs.

By 2 p.m., the friendly is in place and the officers are staked out throughout Delano, keeping watch on Malgosa's home and the parking lot of an eatery where the deal is supposed to happen. About 75 feet from the friendly, five SWAT officers crouch in a tiny hiding place, cradling rifles just in case the deal goes awry. Already, a judge has issued search warrants for Malgosa's home and the home of an associate, and he stands ready to add additional sites to the warrant if officers call.

The plan is to let Malgosa go and hope he brings the pills to his cook. But the deal never goes down.

The friendly calls Malgosa. In a nearby van, Ennis and the lead agent on the case are electronically eavesdropping on the conversation. Malgosa doesn't know it, but he's up against some formidable opponents.

Ennis, 52, is a former Vietnam helicopter pilot who was shot down and later wounded in the line of duty. He has been with the Bakersfield Police Department for 25 years, 13 of them working narcotics. A bright man with a dry wit and a keen ability to read people, he is divorced and childless, married to his job. He is one of two sergeants on the HIDTA team.

The lead agent, who asked that his name not be used to protect his family, is 44, the married father of four. He has been with the Kern County Sheriff's Department for 23 years, 13 of them as a narcotics detective. A first-generation Californian -- both his parents were born in Mexico -- the detective is the middle of seven siblings, five of whom work in law enforcement or corrections.

After several telephone calls, which are abruptly ended by Malgosa, Ennis gets on the police radio. "The crook is sounding paranoid," he tells the troops on the perimeter. "The is doing a good job, but the crook is losing it."

After a few more minutes, Malgosa leaves his home, drives to a friend's house several doors down and parks his car. He gets into a van and drives across town, then zigzags back to his house, taking side streets to avoid traffic. The officers take care to stay out of his sight. But when the friendly calls again, Malgosa still says he's too afraid to come out. The deal is over. Unmarked cars start heading down Highway 99 to debrief at headquarters.

"This is not unsual," says Sgt. Johnson as he points his pickup toward home. "That's why some of these cases take months to happen. There's so much at stake -- years and years in prison. Finally, when the trust is built up, he takes that step. And he gets arrested."

Fifteen minutes later, the friendly, now on a freeway outside Wasco, gets another call from Malgosa, who is agitated. OK, he says. Let's deal. Right now.

The lead case agent refuses. It is too dangerous to try to put undercover agents back on stakeout in Delano at this point. But the friendly is eager. An hour later, as the team assembles in its Oildale office, the agent's pager goes off. A flash of intuition warns him not to identify himself when he returns the call.

"Huh?" he grunts into his cell phone when the connection goes through. It is Malgosa. The friendly has returned to Delano, met up with Malgosa and together the two are trying to persuade the narc to deliver the pills. The startled officer's eyebrows shoot up, but his reaction is purely in character.

Posing as the friendly's supplier, the detective explodes into the telephone, cursing Malgosa for backing out of the deal, telling him that he's selling to someone he trusts. The friendly gets on Malgosa's cell phone, pleading with the officer to make the deal happen.

"He's got 2 pounds," the friendly says. "Right here."

The officer hangs up, shaking his head at the friendly's recklessness in meeting with Malgosa without police covering him.

"That crazy S.O.B.," he says.

Ennis, ever the wisecracker, pipes up: "If they haven't found him in an orchard somewhere by Monday, we'll know he's OK."

Until now, the plan had been to make another run at Malgosa in a week, but he's easy pickings now. They'll go back at him tomorrow morning with the same plan.

This time it works. Malgosa hands the friendly 4 pounds of meth wrapped in a plastic grocery baggie and drives off with 10 cases of pills. Half go to the home of a friend down the street and half stay with him. The cops wait, hoping to go to the cook site. But a steady flow of cars to the two homes forces their hand. They can't afford to lose any of the pills to the streets.

Forty minutes after Malgosa picks up the pills, the cops burst into his home. He is sitting with his girlfriend and another friend, hastily pulling the caps off pill bottles and dumping the pills into blue garbage bags. It's not uncommon to find hundreds, if not thousands, of sliced-open or emptied pill bottles in plastic baggies at abandoned meth cook sites.

The task force begins picking through Malgosa's untidy home, a converted garage behind his landlord's home. On a closet shelf, neatly stacked in two shoeboxes, they find nearly 4 more pounds of meth wrapped in Ziploc baggies and Saran Wrap for sale.

"That's a week's work," Ennis says.

Postscript: After weighing the 8 "pounds" of meth they seized from Malgosa, the cops are amused to find it actually weighs only 7 pounds. He had been "short-weighting" his product. You just can't trust some people.

CHAPTER FOURTEEN
GETTING STRAIGHT: THE LONG, SLOW ROAD TO RECOVERY

"Maybe, since it took us 25 years to get into this problem, maybe we can in 25 years back our way out of it."
--- Bob Dey, DEA special agent in charge of the Sacramento office.

When you meet Trisha Stanionis, she pulls out a set of clear plastic tiles with colorful writing on them.

"These are the dominoes," she says, making sure you are paying attention:

Business losses. Seventy percent of all illegal-drug users are employed and in the work force, and many aren't exactly working to their peak abilities.

Lost wages. Substance-abusing employees will cost the employer 25 percent of their paycheck per year. For a minimum-wage worker, that is $10 a day.

Education lost. One in seven children goes to school every day from a home affected by alcohol and drug use.

Health care costs. More than 40 percent of all emergency room admissions are affected by alcohol and drug abuse.

Child abuse. At least 60 percent of all child abuse cases are directly related to alcohol and drug use.

Criminal justice system. Of the 160,000 incarcerated in California, 70 percent are there for reasons directly related to alcohol and drug use.

Then she pulls out one last domino. It reads: "Quality Treatment on Demand."

"If you had this," she says as she sets it in front of the others then pushes it over, sending the line toppling, "we'd knock them all down. We are going to pay as taxpayers for this some way or the other. The question is: Where do you want to send the check?"

Stanionis runs a residential drug-treatment program in Sacramento called The Effort. On her business card, underneath the logo in capital letters is "TREATMENT WORKS." She knows it to be true. She can't figure out why everyone else doesn't.

"The common perception is that treatment doesn't work," she says while sitting in her midtown Sacramento office. "Do people relapse? Yes. But that is part of recovery. Treatment gives them tools to use when they do."

Studies have shown drug abuse costs the average taxpayer $1,000 a year in everything from medical costs to incarceration costs. Other studies have shown that for every $1 put into treatment, the public gets $7 back, mostly from decreased criminal activity. Yet in 1998, federal budget figures show, the U.S. government spent twice as much on drug-related matters in the criminal justice system as it did in drug education and treatment programs.

"I don't want any more studies," she says. "I want a study that shows me how I sell the results we have to Sally and Joe Taxpayer."

Selling the results of drug treatment to taxpayers is only part of the problem. Another is breaking down bureaucratic barriers for those seeking help. In Sacramento County, staff members of various agencies, from Probation to Child Protective Services, are trained to better understand addiction issues and streamline the process for getting someone into a program.

"We had a worker population that really didn't understand the system," says Guy Klopp, special programs manager for Sacramento County's alcohol and drug bureau. "No one had understanding of substance abuse. Even getting people to raise the question was a huge barrier."

Since the assessment training program started five years ago, waiting lists for getting into a treatment program in the county have shrunk from more than 800 names to fewer than 120. Promising as that is, however, it is only a start on a very long road.

Treating drug addiction costs money, and Carol Moltrum is out of it. She has burned through roughly $100,000, which is all the money Butte County gives her each year to put drug addicts into residential care. She has been broke since the end of May. The only thing to do now is wait the 11 days left in June. Come July 1, the new fiscal year starts and she's flush again. Sort of.

Moltrum is Butte County's gatekeeper. If you want to get into residential treatment, you need to get past her. Every Monday from 1:30 to 3:30 p.m., she takes calls from those hoping to get a bed. In those two hours, she averages about 10 calls. Callers get referred to Moltrum from all over -- children's services, probation, drug court. Methamphetamine, cocaine and alcohol are the callers' favorites.

She can send as many as five people a month at county expense. A lot of people aren't going to make the cut. Her phone rings at precisely 1:30 p.m.

"This is Carol, can I help you? . . . Who? Can you spell that?"

With a pencil, she scratches notes on a legal pad the same color as her yellow blouse. "Have you called before? . . . What is the problem? What kind of drug? . . . How long have you been using? . . . What does 'on and off' mean? . . . What has been your longest clean time? . . . So what is your motivation this time?"

While the caller sorts through his past, Moltrum urges him on with "Mmm-hms" and "Uh-huhs." Through her open door, you can hear other doors opening and slamming down the hallway.

"I'll tell you what. I'd like you to come in for an appointment to interview with me. I'll make the appointment for the week of July 10. . . . No, it's not going to happen before that. There is no money until July. . . . Now just because I made an appointment doesn't mean you are going in. We'll talk."

The call ends nine minutes after it started. A minute later, the phone rings again. "This is Carol . . ."

A few counties to the south, Deborah Williams knows exactly what the people on the other end of Moltrum's phone are feeling. She has been calling, every day, to make it into Laura's House in Modesto. Though not a residential treatment pro- gram, the house offers clean and sober living to women who are pregnant or have young children.

"Every day I call, 'Deborah, checking in.' "

She already did 28 days in Reality, Stanislaus County's only residential treatment program. It took her two months of calling every day to get in the program, and she graduated in mid-April. Since then, she's been waiting to get into Laura's House. In late May, she works up the nerve to ask.

"How much longer?"

The response makes her gut sink. A month.

"I've almost said forget it," she says, sitting on the patio outside of Reality's Alumni Center. "But I went to my Blue Book. I went to a couple of meetings. I kept looking at my kids' pictures."

Williams is 34 and has been a drug user since she was 10. She started using meth daily eight years ago. Her three kids, ages 13, 7 and 6, have been in foster care almost two years now. Six months ago, Williams went to jail for a failure to appear on her 1998 under-the-influence conviction: It was her second term. She has a court date in November and will try to convince a judge she has earned the right to have her children back.

"I got what I deserved, but my children didn't deserve what happened," she says. "The one thing I never wanted to do was hurt my kids. Now that I've lost them, I have to look at them. My son is angry, and my daughter wants to come home."

So she calls, every day, to get in. Days turn into weeks. Weeks into months.

"That's a long wait," Williams says, "for a dope addict."

Getting off meth is a numbers game. How much is treatment? How many days do I have to wait to get in? How long will I be in? How long can I stay clean? Twenty-eight days, 30 days, 90 days, 6 months, a year. There are 12 steps. There is one day at a time.

For those filling limited county treatment slots, working the numbers is crucial. It costs Butte County $64 a day to keep an addict in residential treatment. If they qualify, addicts go to

the Right Road Residential Program in neighboring Tehama County. Butte County, like most California counties, contracts its residential care out to private, nonprofit treatment centers. The normal stay in Right Road is 30 days. More days for one person means fewer for another. Moltrum knows this all too well. In her three years on the job, she has sent only two people for 90 days. "I work real hard to spend every penny, to the penny," Moltrum says in her office in Chico. "I've never gone over the budget."

Her job is not for softies. "No" is a frequent part of her vocabulary. People call, their lives shattered, reaching for hope. She must sort through to find the weakest, neediest and most ready of the bunch.

"It is a bittersweet job," she says. "You love being able to send the people you can. You hate not being able to send the people you can't."

The phone rings again.

In Reality, the treatment program she was in in Stanislaus County, Williams learned what it meant to be a meth addict, which she has been for the best part of a decade. They taught her to use tools -- critical thinking and coping skills -- not just excuses when she wants to use. That made her face what got her started in the first place.

"It's not because I needed to lose weight. It's not because I needed money. It's not because I was tired," Williams says. "Basically, I liked dope."

In treatment, Williams came to understand her addiction was like having a chronic and sometimes fatal disease. Taking that perspective helps release a lot of the guilt and shame that can bog down recovery.

She explains her cravings in terms a chocoholic can understand. Drugs are like that piece of chocolate cake when you are on a diet. Most people can lick the frosting and go on. For her, licking the frosting was having a beer. But she couldn't have just one beer. It wasn't enough. A cold beer turned into six more, which turned into a 12-pack, which turned into meth.

She says matter-of-factly: "I can't lick the frosting anymore."

Williams has graduated from the Reality program, and until she gets into Laura's House, she's in limbo. That makes her feel useless. She attends five Narcotics/Alcoholics Anonymous meetings a week to fill the time.

"I get bored really, really easy," she says. "That is the problem. Then I start feeling fat, or useless, or anything. It's dangerous."

It is early July, and Williams still is waiting.

Getting into treatment is a slow road in Butte County. It is impossible for addicts to get into residential treatment the day they call. First, they must pass a skin test for tuberculosis and a head lice check. Then they have to find a way to cover the $200 medical expense fee. Most take care of it by signing up for general aid. All that takes two days, at least.

Butte County has no official wait. Moltrum keeps a log of who called and acts as moderator. She knows when there is space and when there isn't, and she plans accordingly.

At 3:14 p.m., Moltrum picks up her last call for the day.

"Hi, this is Carol . . . Hi, Joseph. What is the problem? . . . So the crank is bothering you more than the pot or alcohol? . . . Are you going to any 12-step meetings . . . What have you been doing recently besides going to church?"

Joseph is not signed up for any of the county's outpatient programs. No one gets into residential without at least trying the groups first, Carol explains. She tells him where to sign up in Chico.

"After you have been doing that a couple weeks, if you are still having a really serious problem staying clean and sober, you talk to your counselor and call me back."
She hangs up at 3:25 p.m. In all, she has taken eight calls. Six people told her methamphetamine was their drug of choice. She scheduled three appointments, told two to call her, told another two she would call them and referred one to outpatient care.

"The calls stop now," Moltrum says, "but the work doesn't stop now."`

CHAPTER FIFTEEN
NICKI'S ROAD: ONE METH USER'S STRUGGLE TO MAKE IT BACK

In the northern corner of Fresno amid $200,000 homes in newly constructed subdivisions with names such as "New Century" is a small dirt-and-gravel road that leads down a short hill. The road takes visitors along the edge of an orange grove and stops at a single-wide trailer. Once the car engine stops, the only sound is the croaking of frogs from a nearby pond. It's a clear day in May.

A brown-haired woman steps out of the trailer, a tow-headed baby on her hip.

"Hi. I'm Nicki," she says, smiling, and for a brief, fragile moment, she looks happy.
Nicki Lujano is a recovering meth addict. She is 37 years old and the mother of four children by four different fathers. She hasn't worked in more than six years. She hasn't paid her bills in close to nine.

Once inside, sitting with her boyfriend, Dane DowDell, Lujano starts to explain how she came to this place. She reels off her situation with efficiency, as if she were reading a grocery list.

"You've screwed your credit up. You've lost your kids. You've lost your car. You don't have a place to live. You let someone give you a screwed-up haircut. You're losing your teeth."
Screwing up was the easy part. Now with more than a year of clean time, the hard work is under way.

"This is a slow process," Lujano says, "this undoing of what you did."
Nicki Lujano has been in drug treatment since April 1998. Her patchwork of substance abuse started when she was 15, with alcohol and marijuana. She has kicked around from place to place -- Southern California, Oregon, Virginia and back to Fresno. In each place, a new drug found her. Lujano will tell you she used "responsibly" until 1991, holding down a job and keeping up appearances. In 1993, she did her first line of meth.

"I can't remember the very first time," she says. "I had a friend who kept trying to get me to use, but I said 'No. No. No. No. No.' I guess I stopped."

Crank slid easily into her life. First on the weekends. Then two days a week. Then whenever she wanted to party, which was always. The next five years were spent in a fog of meth and parties. But even before that, all she really liked to do was get loaded.

Since her teen-age experimentations, Lujano's only real clean time was in the late 1980s in Virginia. Two driving-under-the-influence convictions take most of the credit for those three years of sobriety.

Her current round of sobriety also is courtesy of the courts. But she says it's different. This time she knows the score. She knows what she'll lose.

"I know now if I use I'll pay the consequences. Unfortunately, my kids will, too."

Her children -- Kristina, 1; Chelsey, 3; Aymee, 4; and Catelyn, 11 -- are her goal. The only children who live with them regularly are Kristina, DowDell and Lujano's daughter together, and Dalton, DowDell's 9-year-old son with another woman.

Baby Kristina crawls across the brown carpet of the small, dark living room. The view keeps it from being a cave: Golden hills roll gently toward the still pond; a treehouse stands ready for after-school occupants; past the pond, though out of sight, is the San Joaquin River.

They get little company.

"That's why I like this place. If you don't know where it is, you'll never find it," DowDell says. "People would never know from the looks of this neighborhood to find this."

A friend, one of their few clean and sober acquaintances, helped them find the trailer in November. It used to be the home of the orchard groundskeeper. When he left, it was creaking and leaking. The place came to them as a cheap fixer-upper. Today, it's neat and friendly. Lujano picks up Kristina and kisses her gently on the head.

"I can't remember any of my girls crawling," she says. "They were just bringing themselves up."

Nicki Brenda Lujano was born May 9, 1963, at what was then called Valley Medical Center, the same hospital her father worked in for 35 years. Her parents -- dad a supplies manager, mom a bartender -- never were married.

After earning her high school diploma, Lujano had a string of jobs, including stints as a cashier, paper laminator and data entry worker at a dashboard instruments company. But when the meth started working on her, she stopped working.

In 1998, she entered the welfare-to-work program GAIN, Greater Avenues to Independence. It offered to help her clean up her drug problem before she started job training. She agreed. But she still used, on and off. She would stop long enough to pass her drug test, then start again.

It caught up to her in May 1999 when she was arrested and charged with felony possession. She was placed into Drug Court, Fresno's program to defer prison for first-time drug offenders.

Then in September, two of her girls' fathers took her to family court. She took a hair follicle test and failed. It came back chronic. The results shocked her because she had stopped using a few months before -- but years of drug use don't fade in a few months.

She lost Aymee and Chelsey.

It was what she needed to change.

"Everything has been so drastic," she says. "But believe it or not, it was a blessing." Lujano attends the King of Kings Women's Program twice a week -- Tuesdays and Thursdays. The groups meet for an hour and a half each session. There she gets drug and alcohol education and parenting classes and talks about how she feels.

She'll graduate this month. If all goes as planned, Lujano will go before a judge with all her certificates, paperwork and recommendations to get her two younger daughters back. Until then, she goes through the daily heartache of living without them.

Amazing things can happen in the most nondescript rooms. A rectangular table and several plastic chairs dominate the space. They are framed by a TV in one corner and an infant-rocking swing in the other. It is a quiet Friday in June at the King of Kings Women's Program.

"How are you feeling today?" Juanita Myers asks.

"Fine," Lujano replies.

They talk briefly about Lujano's mouth. She recently has had three teeth filled and three teeth pulled. (Doctors speculate that chronic meth users lose their teeth because of poor hygiene or that something in meth weakens their gums). Because Lujano is an addict, the only pain pills they give her are Motrin. In all, the doctor wants to pull nine teeth. The chitchat ends.

"Lately, we've been talking about how you don't have that glow you had before you started the program. Can you tell me what happened in between the time you completed the program the first time and now?" Myers asks.

"All of it?" Lujano asks back, hoping for a no.

Lujano graduated March 1 from the King of Kings Women's Program. The next day, she came back in. DowDell had relapsed. He lost his job and had too much free time.

"That brought back old feelings," Lujano says. "He's been through so many programs, and this is my first program."

"But we are talking about your recovery," Myers counters. "He still has things to lose, but you have none."

Lujano dutifully lists the things she has to lose: "My kids. My home. My friends."

"But the most important thing you can lose?"

"My sobriety."

"And what happens when we give up on ourselves?"

"We get caught up again."

"So everything we worked for is nothing."

"That's what sucks," Lujano says, dropping her head to the tabletop.

And so it goes. Throughout, Myers holds a black pen at ready above a yellow legal pad.

She writes nothing down.

Myers has been talking to women like Nicki for three years. She is the only counselor at the program, which provides outpatient care for women who are pregnant or have young children. Three people work in the compact office in Fresno -- Myers, an assessment counselor and a day care assistant. She sees 10 women per group, up to two groups a day.

Like so many of her counterparts, Myers is herself a recovering addict. While her drug was crack, her road back was just like everyone else's. Myers has five years in recovery. She didn't use any formalized treatment programs, instead relying on Alcoholics Anonymous meetings and her family.

Each addict who comes into treatment has her own reason. Sometimes it's thanks to a judge. Sometimes it's the loss of children. Sometimes it's because she just can't do it anymore. But once inside, the treatment is remarkably similar. Meth addicts don't have the option of drug therapy like heroin users. If they come in on a high, the first few days to weeks are spent in detoxification. Anti-depressants or sleeping pills can be prescribed to combat the initial emptiness of stopping. But most of the time is just spent sleeping.

Once the program starts, a lot of time is spent in chairs. Most county-run treatment programs are based on the 12-step philosophy and the idea of addicts helping addicts. A counselor guides a group through the process. Education on drugs, nutrition, parenting and sexually transmitted diseases is part of the agenda. But it's really about sharing. It helps just to know someone else hurts like you do.

In the conference room, Lujano and Myers continue their exchange. Most of her talks with Myers are done in group, but strangers are not welcome.

Everything is complicated. Even getting a car to come to the session is a struggle. Though DowDell has a car, she hates to ask for it. Instead, she borrows a friend's beige Toyota hatchback. Duct tape is supporting the driver-side door.

Lujano hopes to start classes at Fresno City College in the fall. Her goal is to finish a two-year program and become an X-ray technician. She was going to start this summer.

The forms got sent in, but she never got around to picking classes.

It has all become frustrating. "I feel like I've got the short end of the stick," she says.

"This program teaches us to be selfish," Myers reminds her.. "Sometimes you have to put yourself first. You are forgetting about Nicki. What Nicki wants to do. What Nicki has to do."

But living with DowDell makes every problem a shared experience. They have been together almost two years. They met each other high. They are getting to know each other sober. Some things haven't changed.

"One thing about being an addict is that you know how to manipulate," Myers explains.

"It's all about him. You have to quit focusing on him and trying to make everything perfect for him."

"The manipulation carries on out of addiction?" Lujano asks.

"The character defects don't go away because we aren't using."

Crank consumed Dane DowDell's life for 15 years. He has been in prison five times -- the first for a 1993 petty theft conviction; the subsequent four were for parole violations. Born in the Los Angeles area, he moved to Fresno when he was 7; he's been using drugs since age 11. He has been in and out of treatment programs; Fresno's Tower Recovery program is his latest shot at sobriety.

He met Lujano as her supplier. She would come over and buy drugs. He remembers her as talkative. Things progressed from there. DowDell has been out of prison for more than a year. Now 39, he says it's time to give up his old life. He wants to -- for his kids, for Nicki. He says he is trying.

But quitting the drug doesn't clean up what it did. Lujano's criminal history means the driving job she wanted is out of the question. Bounced checks and unpaid bills have left her credit a mess. Her teeth are falling out. Being sober hasn't proved to be that rewarding yet.

"I did start thinking, 'What is the difference?' I could be getting high and feel like this," Lujano confesses. "I mean, you go through everything in recovery, and now you're toothless."

To combat the cravings, addicts are taught tools -- critical thinking and everyday coping skills that were lost in addiction. Without them, even small problems turn into major dramas.

Myers and Lujano brainstorm answers for Lujano's current funk. She has been feeling trapped at home with the children. But she doesn't feel right asking DowDell to watch them so she can have some free time. A baby-sitter never crossed her mind.

Changing the surroundings is key for users. It also is one of the hardest steps to take. Lujano and DowDell have tried to stay away from old friends. When they were in their whirl of meth, people -- friends -- were constantly popping in and out. Now life is quieter. It's been a welcome change, mostly.

"I'm kind of bored a little bit now and again," Lujano admits.

The boredom isn't just from the quiet. For meth addicts, finding new ways to have fun is a challenge. Meth floods the brain with dopamine; dopamine triggers pleasure. These tidal waves of fun can, over time, damage brain cells. They also can deplete the brain's overall levels of dopamine. The result is exactly the opposite of a user's intent: less pleasure.

The normal things most people enjoy just aren't fun to recovering meth addicts. In essence, they must go through pleasure rehabilitation. The first step is to understand how crank affects their bodies. Once addicts understand the mechanics of their addiction, it's easier to understand why they feel the way they do. This also makes it easier to deal with its fallout. For instance, knowing that the average meth craving lasts only 60 to 90 seconds helps them get through the attack.

But understanding is one thing. Changing is another.

"This process, it's like being born again," Myers tells Lujano.

"What do you mean?"

"I'm not saying turn your life upside down, but try something different," Myers suggests.

"Say there is a play. Maybe you go and find out, 'Hey, I like plays.' "

Lujano listens closely, her chin resting in her right hand.

"Do things that are out of character for you. Do something different," Myers says, and then pauses. "You know where we end up if we don't," she says looking at Lujano with a grin. "Hungry, homeless, dirty and tired."

They both laugh. Lujano leans back and then places both hands on the table with a soft thud.

"Well, I've got all my issues taken care of," she says, smiling.

For the moment.

It's a week into July, and the timing seems right to sell off odds and ends. But it is harder to get rid of the past than it seems. A Saturday and Sunday slip by. Perhaps next week.

In the meantime, Lujano is trying "something different." She sees plants popping up all over their property, chrysanthemums and wild flowers. She starts thinking. Gardening is definitely something she has not done before. It turns out fussing over the yard and having dirt under your fingernails can help pass the time.

A neat row of stones lines a newly planted garden surrounding the trailer's front steps. Lujano also plants three trees -- a plum, a hibiscus and one with large green leaves (she doesn't know its name). The tallest stands more than 5 feet; the smallest comes barely to the waist. Much care is taken planting, transplanting, fertilizing and watering.

Despite her best efforts, the leaves on all three arewilting softly. Nicki Lujano watches over them quietly.

"I hope they make it."

Mr. OSE. This committee has itself examined what meth is doing in California. In February 1999 we were in Woodland having a field hearing. We had a lot of testimony from law enforcement there, a lot from people who had been using meth, and I am pleased to say that the interest in that issue has continued since.

Congress does need to act on this issue, and it needs to act soon. I note with particular interest the efforts at CJS on funding some of these issues, and I look forward to working with you, Mr. Chairman, and hearing the testimony from the witnesses today as we move forward. Thank you.

[The prepared statement of Hon. Doug Ose follows:]

Rep. Doug Ose
Full Opening Statement
Hearing On The Methamphetamines Problem in America: Growth and Trends
Subcommittee on Criminal Justice, Drug Policy and Human Resources
July 12, 2001

Thank you Chairman Souder for holding today's hearing on the burgeoning Methamphetamines crisis that, frankly, is not getting the national attention that it needs.

The growth of Methamphetamines – commonly known as "meth" – is a scourge that threatens every part of our society. Those using the drug often cause violent crimes and abuse their families and children. They act irrationally – such as in the recent case of the truck driver under the influence who drove his truck into our state capitol building in Sacramento. Those making and selling the drug not only contribute to this problem, they create others through the toxic waste created when meth is manufactured is dumped into the soil and water of our communities, farms, and even our national parks.

Combating meth has been one of my top priorities since coming to Congress: working on this subcommittee, as a member of the Congressional Meth Caucus, and as a member working to protect my constituents in any way possible. Congress needs to act quickly to address this issue.

I want to thank all of the witnesses for being here today to address this "emerging threat."

I would especially like to thank two of today's witnesses who are here from California. Ron Brooks, Chair of the National Narcotics Officers Associations Coalition, is here with us today. His knowledge and personal experience has been an invaluable resource to me and my staff.

I am also particularly pleased to welcome Chief Henry Serrano of Citrus Heights. Chief Serrano and the Citrus Heights Police Department not only help protect my district and my family, they are also helping to lead the way with innovative strategies and programs in the fight against meth in Northern California.

Meth is a particularly large part of the drug crisis in California. Last March, this subcommittee held a field hearing on this issue with a focus on the impact on America's youth and the work to address the meth crisis in the state. This was an educational event for many of my colleagues, and I am pleased that we are following up on these issues with today's hearing.

Meth is a powerfully addictive drug. According to the White House Office of National Drug Control Policy (ONDCP), the effects of using meth can include addiction, psychotic behavior and brain damage. Users trying to abstain from use may suffer withdrawal symptoms that include depression, anxiety, fatigue, paranoia, aggression and intensive cravings for the drug. Even those who are not suffering from withdrawal are known to suffer from violent behavior, anxiety, confusion and insomnia. Other side effects include hallucinations, mood swings, paranoia and suicidal thoughts.

Yet despite these effects, those who have counseled meth addicts still tell of patients who say, "If you place a dose meth and my own child in front of me, I will cry all the way to the meth." As a father of two little girls, I am appalled every time I hear a statement like this.

In addition – like many illegal drugs – our children are also a top target of the dealers of meth. The Citrus Heights Police Department held a forum at one of our local high schools just last November. They asked the students – in an anonymous survey – what drugs are available on campus? Here are some of the responses:

> "Crank, ectasty, mushrooms, acid and coke."
> "The only drugs I here from kids are merijuana and meth."
> "Ecstasy, crack, meth, weed, steroids, marijuana."
> "E, weed, crank."
> "Pot, crank, alcohol, ciggerets, chewing tobacco."
> "Tobacco and crank"
> "Marijuana, methamthedimies."
> "Marijuana, E, LSD, Meth."
> "Marijuana, crank, exstacy, acid, etc."
> "Weed, E, meth."
> "Meth, e, weed, alcohol, crank, vicadon."
> "I could get weed, extacy, coke, crank, pretty easily....There is a crank dealer in my neighborhood."

This is just from one school survey. Theses are just a few of the responses. As one of the students wrote, "It's pretty sad, but if I wanted to get it I can, it's on the streets everywhere, and school is supposed to be safe? That's the # one place you can find it."

We can not wait to act.

The problem with fighting meth in the same manner that we fight many of the other illegal narcotics that plague our nation is that almost anyone can go to the drug store, buy the basics needed to make the drug, go home, and whip it up in their kitchen. Known as "Mom and Pop" labs, they have an impact beyond the drug's use as the toxic waste created in the process often causes serious health problems to other residents in the home – all too often young children –, to neighbors, and to the environment as the waste is often poured in the yard or down a sink into the sewage.

Yet as dangerous as these "Mom and Pop" labs are, the greater threat is posed by the so-called "Superlabs" that make more than 20 pounds per batch. I am sorry to report that 97% of the superlabs found in this country are located in California and that more than 80% of all meth in the United States was produced in California. But this is one area where we can take the fight to the producers.

California is not just part of the problem, I am proud to say that it is fighting to be part of the solution.

Mr. Brooks can tell you of the success of the California Methamphetamines Strategy (CALMS) that has helped to coordinate statewide, anti-meth efforts. With $18.2 million in support from Congress (under the COPS program for Methamphetamines "Hot Spots"), and additional funds from the state, CALMS has had a major impact on the meth industry in California. Between 1995 and 1998, CALMS helped the state increase its lab seizures 116%! Between 1997 and 1998, 71.5% more meth was seized by state officers – and had a longer-term impact as seizures then decreased in 1999 as fewer small dealers were circulating and the state turned its attention to the big organizations.

In the first five years of the CALMS program, the state Bureau of Narcotics Enforcement has conducted 1,276 investigations, made 1,727 arrests, and seized more than 10,500 pounds of meth (along with more than 2,000

pounds and 1.5 million doses of precursor chemicals as well as more than 4,600 pounds of other narcotics such as marijuana, heroin and cocaine).

I was pleased when everyone one of my California colleagues joined me in signing a letter to the House appropriators calling for the continued funding of this worth project. When all 52 members of our diverse delegation agree on a letter, you know it has merit.

Local California sheriffs and police chiefs, with their departments, are also actively developing new strategies for dealing with the growing production and use of meth.

Chief Serrano, I'm sure, will discuss the innovative programs developed and implemented by his staff in Citrus Heights. Their work on identifying and apprehending those using and selling meth are on the cutting edge of the anti-drug effort. They should be commended for their work, and supported in their efforts to share their hard-earned knowledge with their law enforcement colleagues. Congress needs to help support local efforts such as this one – and make sure that the details of effective programs are circulated to other departments facing similar challenges around the country.

I understand that the appropriators – in this year's Commerce Justice State Appropriations Bill – also plan to encourage the Drug Enforcement Agency and the Department of Justice to work to improve coordination on this issue. I applaud our colleagues for their efforts to promote better coordination. I look forward to seeing the Administration's plan and to working to ensure its success.

Mr. Chairman, this hearing is an important start to evaluating the problem and how local, state and federal programs are addressing the problem. It is an important first step. I only hope that Congress and the Administration will move proactively to attack the growing problem of meth before it is too late.

Mr. SOUDER. I thank you for your continued interest and leadership. We learned a lot in the California hearing that you instituted and traveled together to South America to many of the source countries, and you have been very involved in the hearings. I appreciate your leadership and continued interest, particularly in calling attention to the meth question, as you saw it explode in your district.

We have been joined today by Congressman Bruce Baird of Washington State. I have asked him if he would sit up with us today and he is going to participate in the hearing. He is the co-chairman of the Meth Caucus in the House and also one who has pushed this committee and Congress toward leadership in the meth area. Congressman Baird?

Mr. BAIRD. I would like to thank the chairman and the ranking member for holding this hearing today. As founder of the Methamphetamine Caucus, it is particularly important that we raise the profile and awareness of this terrible scourge within the Congress and the law enforcement community.

My own background on this very briefly: I was a clinical psychologist before coming to Congress and had firsthand experience treating meth addicts. I will never forget a meth addict who I asked what it was like to be hooked on meth and he said, "Doctor, if my kids were over here and they desperately needed me and there was methamphetamine over here and I needed methamphetamine"—and at that point he began to cry—he said, "I'd go for the methamphetamine."

We don't want a drug that powerful in our society destroying lives and destroying our families, and hearings like this and actions at the Federal level can help our local law enforcement officials. I look forward particularly to the testimony of Sheriff John McCroskey, who I will introduce in a few minutes, who is on the front lines of this battle every single day in our rural county of Lewis County.

But, again, to keep my remarks short, I want to thank the Chair and the ranking member, and I look forward to the comments from the witnesses.

Mr. SOUDER. I apologize, I referred to Brian as Bruce. I gave him a promotion. I think Bruce Baird used to be a forward on the Ft. Wayne Comets hockey team.

Mr. BAIRD. That's my brother actually. My brother will be pleased to hear that. [Laughter.]

Not the hockey player, though.

Mr. SOUDER. Before proceeding, I would like to take care of a couple of procedural matters. First, I ask unanimous consent that all Members have 5 legislative days to submit written statements and questions for the hearing record, and that any answers to written questions provided by the witnesses also be included in the record. Without objection, it is so ordered.

Second, I ask unanimous consent that all exhibits, documents, and other materials referred to by Members, including those mentioned by Congressman Ose in his opening statement and the witnesses, may be included in the hearing record, and that all Members be permitted to revise and extend their remarks. Without objection, it is so ordered.

Third, I ask unanimous consent that the gentleman from California, Mr. Calvert, and the gentleman from Washington, Mr. Baird, who are not members of this subcommittee and committee, and any other Members of the House who may wish to participate in the hearing be permitted to do so after all members of the subcommittee have completed their questioning in each round. Without objection, it is so ordered.

Now on the first panel, Mr. Keefe has come forward. Would you stand while I administer the oath?

[Witness sworn.]

Mr. SOUDER. Let the record show that the witness has answered in the affirmative.

You are recognized for your opening statement. As you know, we typically ask our witnesses to summarize their testimony in about 5 minutes. We will include a fuller statement in the record and any other insertions that you would like to do.

STATEMENT OF JOSEPH D. KEEFE, CHIEF OF OPERATIONS, DRUG ENFORCEMENT ADMINISTRATION

Mr. KEEFE. Mr. Chairman, members of the subcommittee, I am pleased to have the opportunity to appear before you today to discuss the serious methamphetamine problem facing our Nation today. I would especially like to take the opportunity to thank you for your continued support of Federal, State, and local drug law enforcement.

I would like to also apologize that I have a cold and it is very difficult for me to speak clearly, but I will continue.

Over the past several years, established drug trafficking organizations based in Mexico and California have seized control of the illicit methamphetamine trade. The principal reasons for their rise to dominance is the ability of these organizations to exploit the existing, well-established transportation and distribution networks on both sides of the border, as well as their ability to illegally secure large amounts of precursor chemicals.

These drug trafficking organizations have revolutionized the production of methamphetamine by operating large-scale laboratories in Mexico and California that are capable of producing unprecedented quantities of methamphetamine. Almost all of the superlabs operated in the United States are located in California. These organizations operate only a small percentage of the total methamphetamine laboratories seized nationally. However, these labs produce an estimated 80 percent of the methamphetamine manufactured in the United States.

These criminal organizations have saturated the western United States with methamphetamine, established their distribution cells in other regions of the United States, and have now moved their methamphetamine to markets in the Midwestern and Eastern United States. Current DEA statistics indicate that in fiscal year 2000 DEA alone seized 1,848 clandestine laboratories and that the total number of laboratories seized by Federal, State, and local law enforcement officers nationwide was over 6,500.

Methamphetamine is a very simple drug to produce. A user can go to retail stores and easily purchase the vast majority of the ingredients necessary to manufacture the drug. Precursor chemicals

such as pseudoephedrine can be extracted from common, over-the-counter cold medications. Unlike Fentanyl, LSD, and other types of dangerous drugs, it does not take a college-educated chemist to produce methamphetamine.

The highly toxic and flammable chemicals involved make these rudimentary laboratories ticking time bombs that require specialized training to dismantle and clean up. Even with this training, law enforcement officers and/or firefighters are often injured responding to methamphetamine lab explosions and fires.

The threats posed by clandestine labs are not limited to fire, explosion, poison gas, and boobytraps. The chemical contamination of the hazardous wastes contained in these labs also poses a serious danger to our Nation's environment. Each pound of methamphetamine generated in a clandestine lab can result in as much as 5 pounds of toxic waste, which clandestine lab operators routinely dump into our Nation's streams, rivers, and sewage systems to cover up the evidence of their illegal operations. The average cleanup cost per clandestine lab in fiscal year 2001 is estimated to be $3,400. The cleanup of superlabs can cost over $100,000.

The violence associated with methamphetamine traffic and use has also produced a collateral impact on our communities. Mental health agencies warn that methamphetamine abuse can be linked directly to a myriad of social and economic problems to include child abuse. Domestic violence, poverty, homelessness, spousal and child abuse, as well as homicides abound among methamphetamine users. Children and infants are susceptible to permanent health damage resulting from inhalation of chemical fumes. In calendar year 2000, 1,872 were present or residing at clandestine laboratories at the time of enforcement intervention.

In response to the methamphetamine threat, DEA established the National Methamphetamine Strategy. The primary focus of Strategy calls for a strong and highly aggressive enforcement effort that is aimed at chemical companies, chemical brokers, and large domestic/Mexican trafficking organizations involved in the production, transportation, and distribution of methamphetamine and its precursors.

Operation Mountain Express was especially successful in targeting traffickers of methamphetamine precursor pseudoephedrine. A number of multijurisdicational investigations targeting these pseudoephedrine traffickers, many of whom were Middle Eastern region origin, resulted in numerous arrests, seizure of large quantities of pseudoephedrine, and $11 million in U.S. currency.

An additional response to the methamphetamine problem has been to initiate an aggressive training schedule to increase the number of clandestine laboratory safety schools. Since 1997, DEA has conducted numerous clandestine laboratory schools and certified over 4,400 special agents and State and local law enforcement personnel across the country.

Criminal drug trafficking organizations involved in the methamphetamine trade are one of the greatest threats to communities and citizens across this Nation. Their power, influence, and growth are presenting new challenges to law enforcement agencies that are addressing this threat. The DEA is deeply committed in our efforts to identify, target, arrest, and incapacitate the leadership of these

criminal drug trafficking organizations. In addition, DEA will continue to work to improve its efforts to ensure a safe future for both our law enforcement personnel as well as our citizens.

Mr. Chairman, thank you for the opportunity to appear before the subcommittee today. At this time I would be happy to respond to any questions you may have on this important issue.

[The prepared statement of Mr. Keefe follows:]

Joseph D. Keefe
Chief of Operations
Drug Enforcement Administration

Before the

House Committee on Government Reform
Subcommittee on Criminal Justice, Drug Policy
and Human Resources

July 12, 2001

Good Morning, Chairman Souder, Ranking Member Cummings, distinguished members of the Subcommittee. I am pleased to have this opportunity to appear before you today for the purpose of discussing our continuing efforts to address the dangers and concerns associated with Methamphetamine. Before I address this very important and timely issue, I would first like to preface my remarks by thanking the Subcommittee for its unwavering support of the Drug Enforcement Administration (DEA) and overall support of drug law enforcement.

Background:

Clandestine drug labs have been a concern of law enforcement officials since the 1960's, when outlaw motorcycle gangs produced their own methamphetamine in clandestine labs, and dominated distribution in the United States. Clandestine labs typically produce other types of illicit drugs such as PCP, MDMA, and LSD, but methamphetamine has always been the primary drug manufactured in the vast majority of drug labs seized by law enforcement officers throughout the nation. Since 1997, 97% or more of the clandestine lab seizures reported to DEA were methamphetamine and/or amphetamine labs.

Methamphetamine is, in fact, a very simple drug to produce. A user can go to retail stores and easily purchase the vast majority of the ingredients necessary to manufacture the drug. Items such as rock salt, battery acid, red phosphorous road flares, pool acid, and iodine crystals can be utilized to substitute for some of the necessary chemicals. Precursor chemicals such as pseudoephedrine can be extracted from common, over-the-counter cold medications. A clandestine lab operator can utilize relatively common items such as mason jars, coffee filters, hot plates, pressure cookers, pillowcases, plastic tubing, gas cans, etc., to substitute for sophisticated laboratory equipment. Unlike Fentanyl, LSD, or other types of dangerous drugs, it does not take a college-educated chemist to produce methamphetamine. In fact, less than 10 percent of those suspects arrested for the manufacture of methamphetamine are trained chemists,

which may be one reason we see so many fires, explosions, and injuries involving clandestine labs.

The majority of these laboratories produce relatively small amounts of methamphetamine. In some respects, the methamphetamine problem is synonymous with the clandestine laboratory problem and this issue has been the focus of much media attention this past year. Although the methamphetamine problem and the clandestine lab problem are both part of the same drug abuse mosaic, in reality, they are somewhat different issues, which may require a different law enforcement response in order to successfully combat the spiraling increases in both arenas.

The threats posed by clandestine labs are not limited to fire, explosion, poison gas, drug abuse, and booby traps; the chemical contamination of the hazardous waste contained in these labs also poses a serious danger to our nation's environment. Each pound of methamphetamine generated in a clandestine lab can result in as much as five pounds of toxic waste, which clandestine lab operators routinely dump into our nations streams, rivers, and sewage systems to cover up the evidence of their illegal operations. In addition, clan lab operators routinely show a blatant disregard for the health and safety of others as evidenced by the number of children who have been present at clan lab sites.

Because of the possibility of explosions and direct contact with toxic fumes and hazardous chemicals, law enforcement officers who raid clandestine drug labs are now required to take special hazardous materials (HAZMAT) handling training. The highly toxic and flammable chemicals involved make these rudimentary laboratories ticking timebombs that require specialized training to dismantle and clean. DEA is pleased to have certified thousands of state and local law enforcement officers in raiding and dismantling them and in providing funds for cleaning them up.

The size of lab does not matter when it comes to the danger level involved in a clandestine laboratory raid. The smaller labs are usually more dangerous than the larger operations because the cooks are generally less experienced chemists who often have little regard for the safety issues that arise when dealing with explosive and poisonous chemicals. However, the size of a clandestine laboratory can be a significant factor in the costs associated with the hazardous waste cleanup. Larger production laboratories usually have larger quantities of toxic chemicals, and therefore more significant hazardous waste disposal charges.

The face of methamphetamine trafficking has changed. Around 1994, for the first time in law enforcement history, Mexican-based drug trafficking organizations operating out of Mexico and California began to take control of the production and distribution of the methamphetamine in the United States. What was once controlled by independent, regionalized outlaw motorcycle gangs had now been taken over by Mexican-based criminal organizations and independent operators in Mexico and California. Outlaw motorcycle gangs are still active in methamphetamine production, but do not produce anywhere near the quantities now being distributed by the Mexican-based groups. This shift is due, in no small part, to the fact that Mexican-based methamphetamine trafficking

organizations had ready access to the necessary precursor chemicals on the international market. These chemicals have fewer controls in Mexico and overseas than in the United States, and as a result, the Mexican-based organizations capitalized on this advantage by producing huge quantities of high purity methamphetamine in clandestine laboratories in both Mexico and southern California.

The dynamics of this shift are grounded in the resilience of Mexican-based drug trafficking organizations. The Mexican based organizations had well-established, polydrug distribution networks, and were already transporting drug shipments to the United States on behalf of the Colombian cartels. Using existing proven trafficking routes, the Mexican traffickers began shipping methamphetamine along with the heroin and marijuana that was being produced in Mexico. Since they could make their own stimulants (methamphetamine), they would not have to share the profits and/or rely upon the Colombian-based traffickers, as they had done in the past when distributing the other noteworthy stimulant, cocaine. To further entrench themselves in the methamphetamine trade, these Mexican organizations developed international connections with chemical suppliers in Europe, Asia, and the Far East. With these connections, which were steadily nurtured and developed throughout the history of their drug trafficking and production, Mexican-based organizations were able to obtain ton quantities of the necessary precursor chemicals, specifically ephedrine and pseudo-ephedrine, to manufacture massive amounts of methamphetamine and amphetamine.

With the success of international efforts such as the letter of non-objection (LONO) program to control the flow of bulk ephedrine and pseudo-ephedrine, Mexican traffickers have turned to tableted forms of the precursors in recent years. In 1997 and 1998, the vast majority of methamphetamine labs operated by Mexican based organizations, which were seized in California, obtained their precursor chemicals from domestic U.S. sources, such as chemical wholesalers, rogue chemical companies, and blackmarket sales of large quantities of ephedrine/pseudoephedrine tablets.

Another factor in the methamphetamine lab epidemic was the evolution of technology and the increased use of the Internet. While in the past, methamphetamine chemists closely guarded their recipes, today's age of modern computer technology has made chemists more willing to share their recipes of death, and allows them to disseminate this information to anyone with computer access. Aside from marijuana, methamphetamine is the only widely abused illegal drug that is capable of being readily manufactured by the abuser. A cocaine or heroin addict cannot make his own cocaine or heroin, but a methamphetamine addict only has to turn on his computer to find a recipe identifying the chemicals and process required for production of the drug. Given the relative ease with which manufacturers are able to acquire precursor chemicals, and the unsophisticated nature of the production process, it is not difficult to see why this highly addictive drug and potentially explosive clandestine laboratories continue to appear across America.

Price and Purity of Methamphetamine

Methamphetamine prices vary considerably by region. Nationwide, prices range from $4,000 to $21,000 per pound at the distribution level. Retail prices range from $350 to $3,000 per ounce and $20 to $200 per gram.

According to law enforcement sources in California, the illicit market at the kilogram level distinguishes between methamphetamine that has been "cut" – usually with Methylsulfonylmethane (MSN) – and uncut methamphetamine. A kilo of cut methamphetamine sells for $4,000; an uncut pure kilo sells for $9,000.

Due to federal, state, and local efforts to control access to precursors, prices of the key chemicals needed to manufacture methamphetamine have risen in recent years. Chemical prices on the "black market" vary greatly by region, but it is not unusual for traffickers to pay $3,000 or more for a case of 144 bottles of pseudoephedrine whose legitimate price is less than $600.

The average purity of DEA methamphetamine exhibits has declined from 71.9% in 1994 to 35.3% in 2000. A corresponding rise in amphetamine purity between 1995 and 1997 may be the result of traffickers responding to regulatory pressure exerted on distributors of precursors such as ephedrine and pseudoephedrine by substituting the amphetamine precursor phenylpropanolamine (PPA), which is less strictly regulated in international commerce. Subsequent control measures by the U.S. and other countries with respect to the distribution of PPA have reduced its availability, and may have contributed to the decreased purity of amphetamine since 1997. Consequently, the national average purity for amphetamine has dropped from 56.9% in 1997 to 20.1% in 2000.

Current Emerging Trends: The Methamphetamine Situation Overview

Statistics indicate two distinct components to the overall methamphetamine problem. One involves the emergence of the Mexican national traffickers while the other involves the identification and clean up of the growing number of smaller producing laboratories. As a result of the emergence of the Mexican National methamphetamine trafficking organizations as the primary sources of methamphetamine distributed within the United States, the DEA Special Operations Division (SOD) working in conjunction with the DEA Office of Diversion Control (OD), formulated a strategy in the summer of 1999, targeting these organizations' production, transportation and distribution components nationally.

The Mexican trafficking organizations have expanded their bases of operations to numerous cities from California to the heart of the Midwest and beyond and have placed organizational members within existing, established, law abiding Hispanic communities in these areas in an attempt to thwart local law enforcement efforts to identify and immobilize their organizations. Traditionally, local law enforcement efforts in these

areas, while effective in the short run, have not attacked these investigations on a national scale as has been done with traditional cocaine investigations. As a result, an overall enforcement strategy to include production, transportation and distribution of methamphetamine/precursor chemicals, as well as rogue suppliers of diverted precursor chemicals, was developed and is currently being implemented.

This strategy also includes targeting command and control communication apparatus, identifying methods of narcotic proceeds transfers and asset seizures. As an example, local law enforcement in the Minneapolis, Minnesota area had been plagued by a Mexican-based methamphetamine distribution organization selling pound quantities of methamphetamine. Traditional law enforcement efforts and techniques produced periodic successes, but never identified nor eliminated the organizational structure. DEA initiated numerous Title III court authorized wire intercepts targeting this organization which resulted in the dismantling of the organization in its entirety and the identification of transportation and production components.

The following statistics provide an update on some of the latest methamphetamine trafficking trends.

- Methamphetamine use and trafficking, traditionally concentrated in the western United States, has spread to the Midwest and now, to a lesser extent, the southeastern United States. The Montgomery, Alabama DEA office initiated a case in June 1999 which resulted in the arrest of two illegal alien Mexican males who had manufactured more than 80 pounds of amphetamines in a lab in Lee County, Alabama. The informant in this case advised that these "cookers" were dispatched from Mexico with specific instructions to immediately return to Mexico upon completion of the cook. This informant advised that the suspects stated, "it is easier to cook in the U.S. than to cook in Mexico and smuggle into the U.S.".

- Mexican-based poly-drug trafficking organizations dominate wholesale methamphetamine trafficking using large-scale laboratories in Mexico and the southwestern United States to produce the drug. DEA estimates 70% to 90% of the U.S. methamphetamine production and distribution is controlled by Mexican crime groups operating out of Mexico and California.

- Clandestine laboratories in California continue to produce more methamphetamine than any other region, but the smaller laboratories, operated by thousands of independent U.S. traffickers, are found in large numbers in the Midwest and growing numbers in the southeast United States.

- The threat to public safety from fires, explosions, poison gas, and toxic by-products from clandestine methamphetamine laboratories appears to have increased in conjunction with the overall increase in lab seizures. The National Clandestine Laboratory Database at EPIC received reports of 37 explosions, 47 fires, and 43 incidents of explosives and/or booby traps at clandestine labs seized in CY-2000. Additionally, 841 children were encountered at clandestine lab sites in CY-2000.

- 97% of the total clandestine lab seizures reported to the National Clandestine Laboratory Database in CY-2000 were methamphetamine and/or amphetamine labs.

- Although the quantities of production were insignificant in comparison to California methamphetamine laboratory production, it is noted that in terms of numbers only--more clandestine laboratories were seized in Nevada, Arkansas, Utah, Missouri, Iowa, Arizona, Kansas, Oklahoma, and Oregon in CY-2000 (*per capita*) than were seized in California. However, these labs were generally very small (*ounce production capability*) operations, and it is estimated that the combined production capabilities of all nine of these states would be less than the production of the California "super lab" seizures.

- The large methamphetamine labs which are capable of producing over 10 pounds of product in a 24 hour period remain predominantly located in California. In CY-2000, a total of 126 of these so called "super lab" seizures were reported to DEA, 83 of them in California.

- As chemical interdiction efforts and the "letter of non-objection" program continue to cut the supply of precursor chemicals to Mexican organizations. It appears that some non-Mexican groups are now attempting to fill the void in high purity Mexican methamphetamine with their own "super lab" operations.

Significant Accomplishments: Enforcement

- The DEA is cautiously optimistic that precursor chemical controls, combined with aggressive local law enforcement efforts in chemical interdiction, have produced positive results. The average purity of methamphetamine exhibits seized by DEA has dropped from 71.9% in CY-1994 to 35.3% in CY-2000. The average purity of amphetamine exhibits seized by DEA has dropped from 29.2% in 1995 and 56.9% in 1997 to only 20.1% in 2000.

- Arrests in DEA methamphetamine investigations increased in Fiscal Year 2000, to 7,519, a 21% increase over the 6,145 arrests in FY-1997, and a significant 46% increase over the 4,069 arrests in FY-1996.

- The number of clandestine labs (all types of illegal drugs) seized nationwide by DEA has increased from 306 lab seizures in Calendar Year 1994 to 1,848 in CY-2000, a 504% increase.

Methamphetamine production continues to pose significant risks to public health and safety. Of the 6,835 methamphetamine laboratories seized in the United States in 1999, 204 were classified as Mexican-based Super Labs. The vast majority of methamphetamine produced within the United States is manufactured by numerous, independent, Mexican-based groups located primarily within California who distribute

and transport the methamphetamine throughout the United States. These groups produce methamphetamine in California because of the availability of precursor chemicals, solvents, and reagents necessary for production within the United States as opposed to Mexico where these items are not as easily obtained.

The brokers of late stage solvents and reagents, primarily freon, caustic soda, and hydrogen chloride (HCL) gas also play an integral role in methamphetamine production. Pseudoephedrine, an over-the-counter nasal decongestant, is the choice precursor used by all large scale methamphetamine production organizations to manufacture methamphetamine. Although pseudoephedrine is regulated, methamphetamine production organizations are successfully obtaining pseudoephedrine through grey-market distribution networks.

Finally, methamphetamine and amphetamine destined for the U.S. and seized along the Southwest border have also risen since 1995. DEA's SOD supported methamphetamine investigations indicate that a large number of independent organizations produce methamphetamine within Mexico, primarily the state of Michoacan.

To address the methamphetamine problem, DEA's SOD has instituted a three-tiered domestic strategy to specifically target methamphetamine traffickers. This strategy targets California based, clandestinely produced Mexican-based methamphetamine organizations, traditional Mexican distribution organizations operating within the Midwestern section of the U.S., and also the illicit distribution of methamphetamine precursors utilized by brokers who facilitate the movement of those chemicals to traffickers from Mexican-based organizations.

Operation Mountain Express was a joint operation between SOD and the Office of Diversion Control and targeted traffickers of the methamphetamine precursor, pseudoephedrine. Existing regulations make it possible for DEA registrants to obtain multi-ton quantities of tableted pseudoephedrine from grey-market importers. As a result, California-based production organizations have been purchasing ton quantities of pseudoephedrine for use in methamphetamine production. Since January 2000, SOD coordinated a number of multi-jurisdictional investigations targeting pseudoephedrine traffickers, many of whom were of Middle Eastern origin. In a major effort, the illicit trafficking of pseudoephedrine was traced from bulk importers to rogue registrants and eventually to pseudoephedrine extraction laboratories. During the course of this operation, 11 wiretaps were conducted. Operation Mountain Express resulted in the arrest of 189 individuals and the seizure of more than 12.5 tons of pseudoephedrine, 83 pounds of finished methamphetamine, $11.1 million in U.S. currency, and real property in excess of $1 million.

Operation Gas Mask is a recently completed investigation targeting Gilmore Liquid Air, a California based supplier of HCL gas to Mexican-based methamphetamine production organizations. This investigation resulted in the seizure of 10 operational methamphetamine Super Labs, 5 pseudoephedrine extraction labs, 497 gallons of

methamphetamine in solution, 140 pound of finished methamphetamine, and assets totaling $1.5 million. During the course of this operation, 9 wiretap investigations were conducted. Operation Gas Mask resulted in the arrest of 48 individuals including Mexican-based laboratory operators, chemical brokers, the owner of Gilmore Liquid Air, and two suppliers of solvents and reagents.

The Impact of Enforcement on Public Health

The number of emergency room admissions for methamphetamine related cases had skyrocketed from around 4,900 in 1991 to approximately 17,700 in 1994, a 261% increase (DAWN). The number of methamphetamine related emergency room admissions dropped to around 16,000 in 1995, and approximately 11,000 in 1996. Admissions increased again to approximately 17,200 for 1997, but reversed and dropped to approximately 10,447 in 1999. Official DAWN statistics for 2000 are not yet available for public release.

While it is speculative to suggest that the seizure of precursor chemicals is directly related to the reduced availability of methamphetamine during a given time period, it does appear that precursor chemical interdiction and control, as well as law enforcement actions, may have some correlation with methamphetamine production and availability. This decline may also impact on the number of methamphetamine related emergency room admissions.

DEA Clandestine Laboratory Safety/Certification Training

In 1987, DEA created a special training unit for clandestine laboratory safety/certification training which is located at the U.S. Marine Corp Base at Camp Upshur, Quantico, Virginia. This unit originated in response to concerns from DEA management that the agency's Special Agents and task force officers were being exposed to hazardous, toxic, and carcinogenic chemicals while executing raids on clandestine drug laboratories. Some DEA field offices, primarily in the state of California, were reporting that Special Agents and officers appeared to be suffering serious health problems as a result of both short and long-term exposure to the chemical and toxic fumes encountered when processing these drug laboratories. The U.S. Code of Federal Regulations, 29 C.F.R. 1910.120, now mandates that all Federal, State, and local law enforcement officers must receive at least 24 hours of hazardous chemical handling training (specific Occupational Safety, Health and Administration (OSHA) standards for courses and equipment), prior to entering a clandestine drug laboratory.

The dangers associated with the clandestine manufacture of methamphetamine are clear. Reports from DEA and state police records indicate that at least five or six methamphetamine producers are now being killed every year from explosions and/or fires in clandestine labs. Many more receive serious burns or develop serious health problems from clandestine laboratory explosions and fires. There have been reports of

apartment complexes and a $3,500,000 hotel, which burned down as the result of drug lab "cooks" that turned into chemical bombs. Recent years have seen an increase in the number of injuries to untrained police officers that investigate and/or dismantle clandestine laboratories without utilizing the proper safety equipment.

However, the chemical and environmental hazards are not the only threat to law enforcement. Clandestine laboratory operators continue to pose a significant threat to law enforcement officers conducting operations. For example, police entry teams have come under fire while conducting an enforcement operations at a clandestine lab. In addition, laboratory operators have attempted to dispose of their chemicals by throwing them on the floors and walls, thereby creating a cloud of hazardous fumes for the entry team. In some instances, laboratory operators actually threw their chemicals at the entry team.

In response to this serious problem and to satisfy the training requirement established by OSHA, DEA has initiated an aggressive training schedule to increase the number of clandestine laboratory safety schools provided to State and local police throughout the nation. The DEA Clandestine Laboratory Safety Program conducts its safety/certification schools at the DEA Clandestine Laboratory Training Facility in Quantico Virginia. This specialized unit frequently conducts in-service training and seminars for law enforcement groups such as the Clandestine Laboratory Investigators Association (CLIA) and the International Association of Chiefs of Police (IACP). In addition, the DEA Clandestine Laboratory Training Unit provides police awareness training seminars to law enforcement organizations across the U.S., as well as the annual re-certification training which is mandated by OSHA regulations.

Students who graduate from the DEA Clandestine Lab School in Quantico, Virginia, are issued over $2,000 in specialized clandestine lab safety gear. Some of the items issued include: Level III nomex fire-resistant ballistic vests; nomex fire-resistant jackets, pants, and gloves; chemical resistant boots; air purified respirators; combat retention holsters; special flashlights; chemical resistant clothing for conducting hazard assessments and processing drug labs; and goggles to prevent eye injuries in the event a suspect throws acid or other dangerous chemicals at law enforcement personnel. Since 1997, DEA has conducted numerous clandestine laboratory schools and has certified over 3,500 Special Agents and State and local law enforcement personnel across the country.

Hazardous Waste Cleanup

Whenever a Federal, State or local agency seizes a clandestine methamphetamine laboratory, Environmental Protection Agency (EPA) regulations require that agency to ensure that all hazardous waste materials are safely removed from the site in accordance with 40 CFR 262.

With regard to environmentally sound cleanup of clandestine drug laboratories, DEA has established hazardous waste cleanup and disposal contracts. There are

currently 27 contract areas, served by ten contractors. These companies provide removal and disposal services to DEA, as well as State/local law enforcement agencies. As DEA has heightened its enforcement efforts concerning methamphetamine in recent years, there has been a corresponding focus on methamphetamine from State and local law enforcement agencies, resulting in a dramatic increase in the number of clandestine laboratories seized. In fiscal year (FY) 1998, DEA was provided $14.6 million ($9.6 million in Asset Forfeiture Funds (AFF) and $5.0 million from the Community Oriented Policing Service (COPS)) to pay for clandestine laboratory cleanups. In FY 1999, DEA was provided $16 million ($6.9 million AFF, $5.0 million COPS and $4.1 million DEA Appropriated Funds) to pay for clandestine laboratory cleanups.

In FY 2000, DEA was initially provided $9.9 million ($5.8 million AFF and $4.1 million in DEA Appropriated Funds) to pay for clandestine laboratory cleanups. DEA did not receive any direct COPS funding in FY 2000. The FY 2000 COPS funding was earmarked to 16 "HOT SPOTS" areas. (Eventually, 12 "HOT SPOTS" grantees set aside funding totaling $3.8 million to fund cleanups within their respective areas. However, DEA did not receive the set aside funds until FY 2001.) In March 2000, funding for state and local cleanup was exhausted. As a result, DEA ceased State and local cleanups. State and local cleanups resumed in June 2000 upon receipt of $5.0 million in Supplemental Funding from DOJ. DEA subsequently reimbursed ten state/local organizations for cleanups performed between March and June of 2000.

In FY 2001, DEA was provided $34 million ($6.1 million AFF, $20 million COPS, $4.1 million in DEA Appropriated Funds and $3.8 million in HOT SPOTS set aside funding from the Bureau of Justice Assistance (BJA)) to pay for clandestine laboratory cleanups. The funding for clandestine drug laboratory cleanups from FY 1995 to present are shown below.

	FY 95	**FY 96**	**FY 97**	**FY 98**	**FY 99**	**FY 00**	**FY 01**
Cleanup Funding[1]							
AFF	$2.0	$4.0	$6.8	$9.6	$6.9	$5.8	$6.1
COPS				$5.0	$5.0		$20.0
DEA Appropriated					$4.1	$4.1	$4.1
DOJ Supplemental						$5.0	
BJA (Hot Spots)							$3.8
Number of Cleanups[2]							
AFF	325	738	1,383	1,302	1,015	1,157	499
COPS				608	2,832	3,304	3,800

[1] Funding shown is in millions of dollars.
[2] Cleanups for FY 01 are as of 5/31/01.

Conclusion

Methamphetamine and the volatile clandestine laboratories in which it is produced continues to provide a threat to drug law enforcement personnel as well as the citizens of our nation. The vast power and influence of international drug trafficking syndicates, particularly those based in Mexico, continues to grow. Their impact on communities around our nation is devastating.

Domestically based drug traffickers who engage in methamphetamine production and trafficking are also a major threat to our nation's stability. Since methamphetamine is relatively easy to produce, and with the proliferation of information on methamphetamine production available on the Internet, unscrupulous individuals will continue to take part in this illegal and dangerous enterprise. Traffickers only need $1,000 worth of chemicals to make $10,000 in methamphetamine in a trailer, a hotel room or house in any location within the United States.

To confront the methamphetamine threat, DEA will continue to work aggressively with our state, local, and foreign law enforcement counterparts to ensure a safe future for both our law enforcement personnel dedicated to addressing this dangerous problem as well as our citizens.

I thank you for providing me with this opportunity to address the Subcommittee, and I look forward to taking any questions you may have on this important issue.

Mr. SOUDER. Thank you. As you may have heard, we have a vote on the Journal and then we're going to have a motion to adjourn. We're doing campaign finance reform, and it is a controversial subject so it could get a little hairy today at a couple of times, depending on who got their amendments allowed and who didn't.

At this time, Mr. Gilman, do you have a statement you would like to read?

Mr. GILMAN. Just, Mr. Chairman, I am pleased that you are conducting this hearing. It is an extremely critical issue, as we address all of the substance abuse problems throughout the world, and methamphetamine has become a nightmare in many of the nations across the globe. I think it is extremely important that Congress review what we can do to have a more effective approach to this worldwide problem. Thank you, Mr. Chairman.

Mr. SOUDER. Thank you. I am going to go ahead with some of my questions. I have the advantage of being able to watch the clock on the floor here, too. Then Congressman Ose was going to try to come back over to continue it, but I don't know, when he gets over there and finds out that there is a second vote, although there may be a delay, he may come back, reconvene, so that he can get some of his questions in. We will at that point suspend again, and I am sure the other Members will have some questions, too, and I may have some additional.

First, what I would like, DEA has said that 85 percent of the methamphetamine trade is controlled by well-organized drug-trafficking organizations out of Mexico and Columbia, but particularly Mexico, and organizations based in California. So are the Mexican and Californian organizations in this 85 percent, are they controlling the production or just the distribution?

Mr. KEEFE. Both, sir.

Mr. SOUDER. Both?

Mr. KEEFE. I would say 80 percent of the methamphetamine produced in the United States is produced by Mexican trafficking organizations who also, then, are involved in the distribution through various levels to the street levels, sir.

Mr. SOUDER. Now you referred in your testimony—and we are going to hear from other witnesses today—about the explosion of these small labs and that you refer to that individuals can't make their cocaine and their heroin, but they can make their meth. You're saying that total is less than 20 percent of the country, those who produce their own meth?

Mr. KEEFE. That is our estimate, sir, yes. Both smaller labs, personal use, I would say less quality, sir, and those are the 20 percent.

Mr. SOUDER. And in those smaller labs, are they just distributing in a narrow area around them to their friends and for personal use?

Mr. KEEFE. Yes. Yes, sir.

Mr. SOUDER. Whereas, how does the meth move—in other words, if you are coming from Mexico and California organizations and moving toward the Midwest, you have a mention of Minneapolis. How is that being—does it get into schools? How does a trafficking organization set up in meth different than it might in cocaine and heroin?

Mr. KEEFE. It may not move that much differently, sir, but what we see with the methamphetamine specifically out of California is a very strong command control by the Mexican trafficking organizations in California with networking now, as we mentioned, to cells in the Midwest and through the East Coast. We see a tremendous amount of movement across the United States through the command control, through the highways, of moving the methamphetamine to their cells in the Midwest or Atlanta, GA or up into Portland, ME, where they then distribute it down to the street level, sir, to the local clientele.

Mr. SOUDER. One of the things that we have seen in Indiana and other parts of the country is, as immigrants come in, particularly illegal immigrants who are basically necessary to sustain our work force because our employment rates are so low in the Midwest, small amounts of different drugs, including not only marijuana, cocaine, and heroin, but increasingly precursors or methamphetamine may be being brought that help finance the early stages or just give additional cash. Is that a pattern you've seen?

Mr. KEEFE. Absolutely, sir. I would say, as we have seen through the nineties the economy grow, we've seen a number of hard-working Mexicans coming into the United States, moving throughout the country, working as construction workers, at restaurants, wherever the case may be, and setting up an infrastructure which makes it easier for the traffickers to move into the community because there are already hard-working people there. They assimilate themselves in small areas like Indiana, where law enforcement may not be aware of them, may not be understanding of how they move it. It's very difficult communication-wise, culturally, to understand how these traffickers can just set up and they appear overnight. They're very well-organized, sir.

Mr. SOUDER. When immigrants may bring small quantities in and may then not be involved long term, or involved long term, or may be what could be called "mules," are they part often of a trafficking organization that has dispersed their load or does it tend to be more random than that?

Mr. KEEFE. Well, that would be up to the individual. Obviously, a mule may just try to make some money to get across the United States to get started. He or she may say, "This is the way I want to choose. I'd rather that than work hard." And they'll continue to try to work for the organization. If they work hard and are successful, that may give them the opportunity to move up into the organization to more trusted positions and stuff like that. Or it could be people just did it one time and decided this is not what I wanted to do. Maybe a friend got arrested, and they said, "I don't want to go to jail in the United States."

Mr. SOUDER. Do you see the particular problem that we were talking about as—do you have any way to quantify what percentage of the total trade that might be, and would you put that in the 80 percent you were talking about or in the 20?

Mr. KEEFE. It's tough to percentage, sir. What I would like to say with the 80 percent was—I'm confusing myself or you—is we estimate that 80 percent of the methamphetamine manufactured in the United States is controlled by the Mexican trafficking organizations. I could not honestly tell you how much methamphetamine is

also coming into this country controlled by the Mexican organizations. What I was referring to in the 80 percent is what is actually manufactured here.

Mr. SOUDER. Certainly, at San Ysidro, where you can see all the pharmacies right by the border on both sides, it is probably not just aspirin?

Mr. KEEFE. Mexican trafficking organizations for years and years have smuggled everything they can into this country, drugs obviously very predominant in that.

Mr. SOUDER. Mr. Gilman, we have 5 minutes left.

Mr. GILMAN. Yes, a couple of quickies.

Mr. SOUDER. OK.

Mr. GILMAN. Do you have enough personnel? I note that some new personnel are going to be added for the meth attack. Do you have enough personnel and funding in that office?

Mr. KEEFE. Mr. Gilman, we always say we could use more personnel and we're always working through our budget process to request that.

Mr. GILMAN. And you are making requests for additional personnel?

Mr. KEEFE. Yes, sir.

Mr. GILMAN. The 2000 act provided funding for the University of Iowa to continue research in rendering anhydrous ammonia, one of the chemicals that is used in producing meth, useless for meth production. Can you give us an update on that?

Mr. KEEFE. I'm not positive, sir, where that is. Obviously, the goal of that is because so much is stolen from farms for very small labs primarily that it's needed, so that we can help the farmers and the law enforcement people in those communities that are inundated with those stuffs because it's so easy to use to make methamphetamine. But I can get the answer, sir.

Mr. GILMAN. If you do have any information, could you provide it to this committee?

Mr. KEEFE. Yes, sir.

Mr. GILMAN. One more question: There's a news report out of Oklahoma that meth test backlogs have been forcing judges to dismiss a case saying that there is a tremendous backlog at the State drug testing lab. Is that a problem nationwide?

Mr. KEEFE. I'd have to get you that answer, sir. I do not know the answer. I can get you that.

Mr. GILMAN. Can someone provide us with that information?

Mr. KEEFE. Yes, sir.

Mr. GILMAN. And if there is such a backlog, what can we do to try to help with that? Thank you.

Mr. KEEFE. Yes, sir.

Mr. GILMAN. Thank you, Mr. Chairman.

Mr. SOUDER. Thank you. The subcommittee now stands in recess.

[Recess.]

Mr. OSE [assuming Chair]. We will now resume the hearing.

Yes, Mr. Keefe?

Mr. KEEFE. Tampa, FL has been a stronghold for a long time for methamphetamine labs and distribution, both the labs, formal labs, and the distribution coming across. We see it in Atlanta, GA. We

see it in North Carolina. I think we could honestly say, sir, we see it in every State.

Mr. OSE. So the labs basically have, if you will, moved from what might have been West Coast-centric focus and they have started to branch out into other areas of the country?

Mr. KEEFE. Sporadically, sir. Still the majority, the 80 percent, we still see in California.

Mr. OSE. Is there something unique about California other than its geographic proximity to Mexico?

Mr. KEEFE. Again, I think you have the command control is very strong out there for these organizations. Geographically is correct, but that doesn't mean that they won't move out to other areas. As law enforcement steps up pressure more and more, we often see the traffickers move to the paths of least resistance.

I think the key for us for the laboratories, in looking at these organizations, is we need to stay after the command control groups to help us get to the laboratories and to the distribution, sir.

Mr. OSE. All right. Generically, when you manufacture meth, it's got a good stink to it, you need wide-open areas—a "good stink," that's a technical term.

Mr. KEEFE. It is.

Mr. OSE. You need wide-open areas. You have to dispose of the used chemicals. So you're largely in a rural area. I mean you occasionally see it manufactured in somebody's garage in an urban area——

Mr. KEEFE. Yes, sir.

Mr. OSE [continuing]. Which just boggles my mind how somebody doesn't notice.

Mr. KEEFE. Right. They must have a cold like me, sir.

Mr. OSE. Allergies. I'm allergic to gridlock. [Laughter.]

From the professional side, what do you see the trend being in these labs? Do you suspect that it is going to stay focused in California from the manufacturing standpoint or do you see it moving into other parts of the country?

Mr. KEEFE. I would be concerned as anything that it would move, sir. It's always potential to move it to those areas you mention, the parts of the country, rural areas where they can set up the larger labs, because of the smell, because of less law enforcement presence. Those issues could force it, yes, sir, and we're always looking for that, sir.

Mr. OSE. We are talking about the manufactured side. I want to go for a minute to the end-user side. Do you have any information about what the demographics are of people who are susceptible to use of methamphetamine or the demographics of who is using methamphetamines? Is it in affluent areas? Is it urban areas? Is it rural areas? Is it the slaughterhouse work force? What are the demographics of this?

Mr. KEEFE. It's often—and I don't know totally all the demographics—it's often been referred to as the poor man's stimulant, but I don't think we can just say that anymore. I think there's so much available out there that people that want to have the opportunity to smoke it, or whatever, to try it, it's there available for all across the board, all the demographics.

Mr. OSE. Now the stuff that I have read has indicated to me that this is largely embedded at present in, frankly, the White population. It has not traveled or evolved into Hispanic or Black populations to the degree that it exists in White, even though that is changing. Is that accelerating?

Mr. KEEFE. I don't have figures on that, sir, but I would only say the potential is definitely there for that to happen, yes, sir.

Mr. OSE. OK. So it really knows no bounds? It knows no bounds?

Mr. KEEFE. Absolutely not, no.

Mr. OSE. I mean we find it in urban New York; we find it in rural Nebraska; we find it in rich areas, poor areas?

Mr. KEEFE. That's correct, sir.

Mr. OSE. What about age groups?

Mr. KEEFE. Younger individuals, but I would think the people that have been using it for longer, you'll see them into the thirties, if they last, physically last.

Mr. OSE. It does beg a question. If someone is walking down the street, what are the characteristics of someone who is using methamphetamine?

Mr. KEEFE. That's totally high at the time?

Mr. OSE. A repetitive user, either high at the time or——

Mr. KEEFE. Kind of high-strung, probably very thin, looks very worn, very antsy.

Mr. OSE. How about their teeth? Are their teeth black? Gums are black?

Mr. KEEFE. Probably. Well, their health would come from lack of food, lack of sleep, taking care of themselves. Yes, a habitual user would show all those traits, sir.

Mr. OSE. Congressman Baird talked about patients of his who the strength of the drug basically overwhelmed their parental instincts. Is that consistent with what professionals in your area of the field are experiencing?

Mr. KEEFE. I would say, from my experience, it's true.

Mr. OSE. What kind of ramifications exist for, say, child protective service agencies and the like?

Mr. KEEFE. It's going to be very difficult for them, very difficult.

Mr. OSE. The recent increase, 1996, 1998, and 2000, in criminal penalties for methamphetamine production, possession, and sale, have those been helpful with respect to responsibilities you possess regarding production and sale of methamphetamines?

Mr. KEEFE. Certainly increase is always helpful, sir, no question. To what degree, obviously, because of what we still see, it hasn't deterred a number of these organizations from taking that risk because of the financial gain that they have.

Mr. OSE. Are there any changes in any of those statutes that you would recommend?

Mr. KEEFE. I'd probably have to look into that and respond to you, sir.

Mr. OSE. If you could get back to us on that——

Mr. KEEFE. Yes, sir.

Mr. OSE [continuing]. That would be helpful.

One of the issues that exists—and my district's largely rural; Congressman Baird's is largely rural; Congressman Cummings' is a very urban setting; Mr. Souder has a mix. Many of the counties

or the local government entities in my area spend upwards of 60 or 70 percent of their law enforcement or justice budgets on drug trafficking, drug treatment, drug cases, drug prosecutions, and the like. Do you have any information as to the degree to which methamphetamine as a percent is reflected in those wholes?

Mr. KEEFE. No, I don't, sir.

Mr. OSE. You don't? All right.

Congressman Latham and I have sponsored legislation in the 106th Congress regarding the precursor chemicals to methamphetamine. How do we figure out how to control those so that they don't basically get moved into illicit production of drugs? These regulations or these constraints, do you have any feedback about how effective they have been?

Mr. KEEFE. Not that I could answer to you right now, sir. I could get you that answer.

Mr. OSE. Do you have any suggestions as to how we might improve control of these precursor chemicals?

Mr. KEEFE. I think through outreach programs with the chemical companies here in the United States, keep discussing with them, explaining to them to look for people, companies and what-not, that aren't normally purchasers, or large quantities; ask some questions. Wonder where your product—ask where it's going downstream and not be afraid to let law enforcement know when they see suspicious things. Don't just turn your eye or head away just because of the money that's involved. Help us out.

Mr. OSE. Is the DEA doing anything to establish a clearinghouse or an ability to track the precursor chemicals from manufacturer to end-user?

Mr. KEEFE. No, sir.

Mr. OSE. You do not have that ability?

Mr. KEEFE. No, sir.

Mr. OSE. OK. Has the industry been cooperative, in your opinion?

Mr. KEEFE. I think it's improving, sir. I think we still need to keep working toward it.

Mr. OSE. Is there anything Congress can do to facilitate that relationship?

Mr. KEEFE. Again, I would look into that, if I can get back to you on that sir.

Mr. OSE. All right.

You talked about the staffing levels earlier with Mr. Gilman. I think he asked a question to that. The 2000 Methamphetamine Anti-Proliferation Act authorized $15 million in additional funding for the HIDTA program specifically to deal with methamphetamine and amphetamines. Can you give us some sense as to how that money is being used to address the problem?

Mr. KEEFE. No, I can't, sir.

Mr. OSE. Perhaps we could followup with a written question on that.

In the 2000 act there were also some research and educational programs that were authorized as they relate to combating methamphetamine use. Can you give us any update on the status of those programs?

Mr. KEEFE. No, I cannot, sir.

Mr. OSE. All right, we will put that question in writing also.

Mr. KEEFE. Yes, sir.

Mr. OSE. I don't have any other questions.

Mr. Keefe, we are going to go to the next panel. I want to thank you for appearing before our committee. We will be directing some written questions to you. I would appreciate response from DEA accordingly to help us do our job here. We are grateful for the work you do.

I just want to tell you, I didn't beg to be on Appropriations; I didn't beg to be on Ways and Means; I begged to be on this committee for a specific reason, and I don't intend to let go. So I appreciate your help.

Mr. KEEFE. Thank you, sir.

Mr. OSE. If there is anything I can help you with, you let me know.

Mr. KEEFE. Thank you very much, sir.

[The information referred to follows:]

RESPONSES TO FOLLOW-UP QUESTIONS
"THE METHAMPHETAMINE PROBLEM IN AMERICA"
HOUSE COMMITTEE ON GOVERNMENT REFORM
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY
AND HUMAN RESOURCES
JULY 12, 2001

1. **According to your testimony yesterday, approximately 80% of the methamphetamine produced in the U.S. is produced in California and controlled by Mexican and Californian drug trafficking organizations. If known, what percentage is produced in foreign countries? Do you have any information on which countries are the largest foreign producers of methamphetamine, and approximately what percentage of America's methamphetamine is made in each of these countries?**

It is not possible to accurately estimate the percentage of foreign or domestically produced methamphetamine that is sold in the United States. The majority of methamphetamine sold in the United States is either obtained from Mexican methamphetamine trafficking organizations, producing methamphetamine in Mexico or within the U.S., or domestic independent clandestine laboratories known as "mom and pop" labs. Due to similarities in the manufacturing process, it would be impossible to differentiate between domestically produced methamphetamine and methamphetamine of foreign origin. Countries in the Far East produce a considerable amount of methamphetamine that is distributed in that region of the world. Mexico is the primary foreign source country involved in the manufacture of methamphetamine distributed in the United States.

2. **Do you believe it is likely the methamphetamine problem will spread further into the Southeastern and Northeastern regions of the country? If so, why?**

Several states located in the southeastern part of the United States have reported significant methamphetamine clandestine laboratory activity over the last several years. In 1999, the states of Tennessee, Florida, Mississippi, Alabama, Georgia, South Carolina and North Carolina accounted for a total of 283 clandestine laboratory seizures. Based on reporting to DEA, these states accounted for 470 clandestine laboratory seizures in CY-2000 and 337 clandestine laboratory seizures in CY- 2001 (to date). These states also accounted for a total of 314 Drug Enforcement Administration (DEA) case initiations in FY-1999, 385 DEA case initiations in FY-2000 and 267 DEA case initiations in FY-2001 (to date) related to methamphetamine. These statistics reveal an overall increase in clandestine laboratory activity and methamphetamine case initiations in the southeastern United States, and there is no evidence that the numbers of labs or cases will decrease in the Southwest.

Methamphetamine activity remains at a minimal level in the northeast. In 1999, the states of New York, New Jersey, Delaware, Pennsylvania, Maine, Massachusetts,

Vermont, Connecticut, New Hampshire, Maryland, Rhode Island and the District of Columbia accounted for a total of 5 clandestine methamphetamine laboratory seizures. These states accounted for 13 clandestine methamphetamine laboratory seizures in CY-2000 and 6 clandestine methamphetamine laboratory seizures in CY-2001 (to date). These states also accounted for a total of 64 DEA methamphetamine related case initiations in FY-1999, 65 in FY-2000 and 43 in FY-2001 (to date). Overall, these statistics show a limited amount of methamphetamine related clandestine laboratory activity and case initiations in the northeastern United States.

3. Do you have any information indicating that the methamphetamine problem is spreading into new demographic groups, in particular minority populations? Please provide as much specific information as possible.

Methamphetamine has traditionally been used, to a great extent, among the white population. While there is no definitive method to accurately monitor drug use within a certain population, we can make a correlation between drug use and a certain population using Drug Abuse Warning Network (DAWN) statistics. In 1989, DAWN reported that white patients accounted for 80% of the methamphetamine related emergency room episodes, compared to 8.7% and 9.5% for black and Hispanic patients respectively. In 1995, emergency room methamphetamine episodes related to white patients decreased to 67%. The black and Hispanic patient episodes, however, increased to 11.7% and 18.7% respectively. In 1999, methamphetamine emergency room episodes related to white patients increased to 76%, while the percentage of black and Hispanic patients decreased to 6.7% and 15.7% respectively. Based upon these statistics, we can assume that a majority of methamphetamine use remains in the white community. Even though there was a 3% decrease in episodes related to Hispanic patients in 1999, there was still an overall increase of 6.2% since 1989. Therefore, based upon this increase, we can assume there has been a corresponding increase in methamphetamine use in the Hispanic population from 1989 to 1999. In the black population, there has been a 2% decrease in emergency room episodes related to methamphetamine from 1989 through 1999. Based upon this decrease, we can assume that methamphetamine use has remained constant or has decreased in the black population from 1989 through 1999. In either case, the use of methamphetamine in the white population remains considerably greater than in the black and Hispanic populations.

4. Several pieces of legislation, most notably the Comprehensive Methamphetamine Control Act of 1996, the Methamphetamine Trafficking Penalty Enhancement Act of 1998, and the Methamphetamine Anti-Proliferation Act of 2000, significantly increased the criminal penalties for methamphetamine production, possession, and sale. In your opinion, have these increases been effective in deterring the production and sale of methamphetamine? Are there any changes in those penalties you would recommend?

The Drug Enforcement Administration strongly supported the enactment of legislation that increased penalties and enhanced sentencing guidelines for individuals involved in the manufacture and distribution of methamphetamine. Increased criminal penalties and

longer terms of incarceration not only act as a deterrent, but also prevent individuals prone to recidivism from continuing their direct involvement in this criminal behavior. While we cannot quantify the effectiveness of recent methamphetamine legislation, we greatly appreciate the statutory tools that Congress has provided to assist in the investigation and prosecution of methamphetamine traffickers. At present, DEA believes that the penalty and sentencing guidelines in effect are sufficient to meet the needs of prosecutors and law enforcement.

5. Can you provide insights into current procedures and effectiveness of measures pertaining to monitoring and controlling the availability of precursor substances of methamphetamine from manufacturing to final distribution? Are we currently tracking the precursor substances of methamphetamine from manufacturing to final distribution? If so, how? If not, what needs to be done to make this happen?

In order to respond as fully as possible to this question, it is important to consider "precursor substances" as two distinct groups. The first group would be the List I chemical drug products used to make methamphetamine: pseudoephedrine drug products and ephedrine drug products. The second group would be listed chemicals that are essential in the production of methamphetamine but also have legitimate industrial or scientific uses. This includes chemicals such as hydrogen chloride, iodine and phosphorus.

In regard to the first group, within the limitations of the legislation and promulgated regulations, DEA has been continually refining and enhancing its ability to track these methamphetamine precursor chemicals from their entry into United States commerce, through all stages of production, on to the final consumer.

Raw pseudoephedrine hydrochloride and ephedrine hydrochloride are imported into the United States from five countries – Germany, Switzerland, India, the People's Republic of China and the Czech Republic. The governments of the last three countries, prior to allowing the export of these products, require the Competent Authority for the United States (DEA) to issue a Letter of No Objection (LONO), before allowing these exports to take place. DEA has recently increased the number of senior, supervisory Diversion investigative personnel processing these requests. With the increased number of Staff Coordinators, more time and effort in tracking the potential customers of the imported material has been possible. This has resulted in the first Orders to Suspend Shipments (pursuant to Title 21, United States Code, §971) for potential importations being issued by the DEA Administrator. Litigation is currently under way in these matters before the Administrative Law Judges assigned to DEA. Upon completion of the administrative adjudication process (inclusive of any appeals) we will have a better picture of DEA's ability to stop the entry of ephedrine and pseudoephedrine into the U.S. when DEA has reasonable cause to believe the proposed imports may be diverted for illicit manufacture of methamphetamine.

DEA hopes to prevail in these cases. In the event that DEA's Suspension of Shipment Orders are not upheld, it may become necessary to further define the grounds for

stopping importation of listed chemicals, which are likely to be diverted for methamphetamine manufacturing.

DEA has levied a requirement on the field Diversion Investigators to conduct scheduled investigations of registered chemical handlers. This requirement of two investigations per year per investigator is an additional monitoring and controlling device for tracking pseudoephedrine hydrochloride or ephedrine hydrochloride.

Administrative Immediate Suspensions of registration and Orders to Show Cause as to why DEA registration should not be revoked have been issued to numerous chemical handlers, mostly as a follow-up to Operation Mountain Express. Mountain Express was a nationwide investigation concluding in August 2000, coordinated by the Drug Enforcement Administration's Office of Diversion Control and the Special Operations Division. The operation targeted the illegal trafficking of pseudoephedrine, a precursor chemical used to manufacture the illegal drug, methamphetamine.

When a product is found in an illicit setting such as a clandestine laboratory or a bottle dumpsite, information about that product is entered into a database, and a Warning Letter is sent to the identified dosage form-manufacturer and ultimately to the importer of the chemical. This is done using records which are required by DEA to be kept and made available. The Warning Letter program is administered by DEA's Chemical Control Section, and the field has been instructed to initiate investigations on companies which have received more the three Warning Letters. This program allows and requires the chemical suppliers to monitor the activities of their customer's distribution of precursor chemicals. Based on this program, recipients of Warning Letters sometimes decide to discontinue sales to downstream customers.

DEA is in the early stages of utilizing a source determination program to analyze recovered pseudoephedrine and ephedrine tablets and match them to existing samples. This gives DEA an opportunity to identify, notify, and hold accountable, companies in the distribution chain.

Chemical legislation, unlike controlled substances legislation, does not provide either quotas or import permits. Absent these tools, DEAs must make every to obtain and use information from all available sources.

For chemicals for which DEA registration is not required, such as hydrogen chloride (gas), hydrochloric acid, phosphorus, and iodine, the establishment of threshold quantities, and, where possible, inclusion in the Warning Notice system, have resulted in a decrease in diversion of these chemicals.

6. Continuing with the subject of precursor chemicals, recent legislation has attempted to enable DEA and other federal agencies to deal with that problem. How effective have these new regulations been? What has been the response of the pharmaceutical industry to these regulations? Has the industry been cooperative, or is further cooperation needed? Are there

additional measures that could be taken to further reduce the availability of precursor substances or other chemicals for methamphetamine production?

Under the Methamphetamine Anti-Proliferation Act of 2000, the retail sale threshold of nine grams of non-safe harbor packaged pseudoephedrine becomes effective October 17, 2001, and thus the impact is yet to be measured. Recently the Food and Drug Administration took action to remove PPA from all drug products and further requested that all drug companies discontinue marketing products containing PPA (due to the risk of hemmorhagic stroke). This action has rendered the 9 gram limit moot, in that there is no known retail sale of this product and the single remaining legitimate use is in the veterinary field. A "Special Notice" was sent by DEA to all PPA handlers advising them of this action and recommending measures during the potential recall period, to minimize the risk of diversion. As a further measure to prevent diversion, DEA allowed U.S. importers (which were now tasked with disposing of their existing stock of PPA) to export, on a one time basis, and without an exporter registration, all remaining PPA to their foreign suppliers.

A recent policy of the Food and Drug Administration (FDA) requires that dietary or nutritional supplement products, to which pseudoephedrine hydrochloride or ephedrine hydrochloride are added, are to be considered drugs, not supplements, under FDA rules. Based on this, DEA plans to challenge proposed imports of ephedrine HCl and pseudoephedrine HCl destined for "supplements." This level of coordination and cooperation between FDA and DEA can result in very positive outcomes. It is anticipated that this joint action should address the availability of "spiked" supplements as precursors for illicit methamphetamine.

Industry has been generally supportive of DEA actions. Many of the traditional manufacturers and distributors of these products have been continuing to adjust to new and different attempts by clan lab operators to obtain raw material for methamphetamine production. Some retailers, such a Wal-Mart, have found it necessary to place video surveillance on the shelves to prevent "shelf-sweeping" and shoplifting of these products.

Some of the non-traditional market manufacturers and distributors have been less cooperative, and many have been issued Orders to Show Cause, have had shipments ordered to be suspended, and/or have been the subject of search warrants and arrests. These actions have led to the recruitment of confidential sources, and intelligence information from inside the distribution chain is now being used in traditional law enforcement activities aimed at immobilizing and prosecuting sources of supply of precursor chemicals.

New legislation that might help curtail the diversion of chemicals to the illicit manufacture of methamphetamine would be legislation lowering the threshold for records and reporting for non-retail distributors from the current one kilogram to nine grams. This way distributors could not claim they are not required to keep records or report suspicious orders because their sales are always below the threshold. Legislation giving DEA the ability to stop domestic distributions when there is reasonable cause to believe that such distributions may be diverted for the illicit manufacture of controlled substances would also aid in preventing diversion of precursor chemicals.

7. The 2000 Act authorized the DEA to administer training programs for state and local law enforcement officials in dealing with clandestine methamphetamine or amphetamine laboratories. Please update us on the progress of these programs, and where they are being targeted.

The Drug Enforcement Administration (DEA) developed the Clandestine Laboratory Certification program in 1987 to train our own personnel investigating clandestine drug laboratories. Beginning in 1989, DEA expanded clandestine laboratory training to include state and local law enforcement officers throughout the United States. From 1989 through 1997, the training was funded through several sources including DEA's training budget.

In fiscal year (FY) 1997, $2 million was appropriated for DEA to conduct clandestine methamphetamine laboratory training for state and local officers. The Office of National Drug Control Policy (ONDCP), the Bureau of Justice Assistance (BJA), and DEA's direct appropriations provided the funding for clandestine methamphetamine laboratory training for state and local law enforcement officers. Utilizing these funds, the DEA Office of Training conducted 23 State and Local Certification courses certifying 915 state and local law enforcement officers throughout the nation. These state and local officers were issued basic clandestine laboratory safety equipment.

In FY 1998, DEA received a total of $4.5 million in funding from the Community Oriented Policing Services (COPS) program to provide clandestine laboratory training and equipment to state and local law enforcement officers involved in clandestine laboratory enforcement. This funding, in no-year money, was received in May of 1998 and was earmarked for the East Coast and Midwest regions (see attached map, DEA/COPS 98 Regions). DEA conducted five State and Local Certification courses, training, certifying, and equipping 190 state and local officers (see attached map, COPS Funded State and Local Students Trained, FY 1998).

In FY 1999 (May 1999), DEA received $6 million in funding from COPS to provide clandestine laboratory training and equipment to state and local law enforcement officers involved in clandestine laboratory enforcement. This money was earmarked for the Midwest, Arizona, and Rocky Mountain regions. In September 1999, COPS provided DEA with an additional $475,000 for the East/West Coast regions (excluding California). The $6.475 million was also designated as no-year money (see attached map, DEA/COPS 99 Regions). DEA conducted 27 State and Local Certification courses, certifying and equipping 1,129 state and local officers (see attached map, COPS Funded State and Local Students Trained, FY 1999).

In FY 2000, Congress appropriated $35 million to 14 states that were designated as "Meth Hot Spots" for a variety of methamphetamine-related purposes including training and equipment. These 14 states were identified as: California, Nevada, Utah, Arizona, Colorado, New Mexico, Nebraska, South Dakota, Iowa, Missouri, Wisconsin, Illinois, Kentucky, and Tennessee (see attached map, FY-2000 Congressional Meth Hot Spots).

DEA was not funded through the COPS program in FY 2000 but received $1.5 million direct appropriation for state and local clandestine laboratory training and equipment. DEA utilized the $1.5 million in direct appropriation to train officers from the remaining 36 states.

During FY 2000, the DEA Office of Training implemented three additional training courses designed for state and local officers: the Basic Investigative course, the Site Safety Officer course, and the Clandestine Laboratory Tactical Training course.

The Basic Investigative course is a regional training program designed for officers new to narcotics investigations or with limited clandestine laboratory experience. This program focuses on various investigative techniques utilized in the detection and seizure of clandestine methamphetamine drug laboratories and the prosecution of clandestine laboratory operators.

The Site Safety Officer course is designed to provide advanced clandestine laboratory training to officers actively involved in clandestine laboratory enforcement. This course provides certification and instruction regarding the responsibilities of the OSHA-mandated Site Safety Officer, and provides certification and training materials to attendees to conduct the required yearly recertification for clandestine laboratory certified officers.

The Clandestine Laboratory Tactical Training course is designed for officers from smaller departments with limited tactical training and experience. This training provides instruction regarding the proper utilization of clandestine laboratory protective equipment during clandestine laboratory raids, and the hazards unique to this type of enforcement operation.

In FY 2000, 21 State and Local Certification courses were conducted, certifying and equipping 867 state and local officers. Seventeen Site Safety Officer courses trained 496 state and local officers. Seven Clandestine Laboratory Tactical Training courses were conducted, training 163 state and local officers, and one Basic Investigative course was conducted for a total of 37 officers. Total number of state and local officers trained in FY 2000 was 1,563 (see attached map, COPS Funded State and Local Students Trained, FY 2000).

In FY 2001, DEA received $2.5 million from Congress in direct appropriations to support clandestine laboratory training. In FY 2001, 13 State and Local Certification courses have been conducted, certifying and equipping 572 officers. Also, five Site Safety courses for 150 officers and five Clandestine Laboratory Tactical courses for 102 officers have been conducted. The following schools are tentatively scheduled for the remainder of FY 2001: four State and Local Certification courses, one Site Safety Officer course, and one Clandestine Laboratory Tactical course. So far a total number of state and local officers trained in FY 2001 is 824 (see attached map, COPS Funded State and Local Students Trained, FY 2001).

Upon completion of the State and Local Certification course, the Office of Training provides each state and local law enforcement officer with approximately $2,200 worth

of protective equipment. Items provided include fire-resistant pants, jackets, hoods, gloves, air-purifying respirators, boots, and fire-resistant ballistic vests. This safety equipment helps protect officers in the event a flash fire occurs while inside a clandestine laboratory.

The DEA Office of Training is committed to providing the finest and most comprehensive clandestine laboratory training available to state and local law enforcement officers nationwide. These highly rated programs implemented by DEA have proven to be extremely successful combating the clandestine manufacturing of methamphetamine. DEA constantly monitors statistics derived from nationwide intelligence entities and Clandestine Lab Coordinators (CLC). We utilize this information along with requests received from state and local counterparts to target our annual training. Additionally, we use this information to provide appropriate and contemporary training.

From FY 1998 to FY 2001 we have trained 847 DEA Special Agents, Chemists, Diversion Investigators and Intelligence Analysts. The breakdown of this training is as follows: 540 in Clandestine Laboratory Basic Certification, 173 in Clandestine Laboratory Site Safety Officer Certification, and 134 in Clandestine Laboratory Tactical Certification.

8. What role, if any, does the DEA or any other federal agency take in increasing the number of state and local officials receiving Drug Recognition Expert (DRE) training? Should the federal government take a more active role in promoting DRE training?

While the state and local clandestine laboratory certification courses are extremely important, in 1999, DEA realized that many clandestine laboratories are discovered by uniformed police officers and other first responders during the course of their duties. To address the urgent need for awareness training we partnered with the International Association of Directors of Law Enforcement Standards and Training (IADLEST) and directors of various Police Officers Standards and Training (POST) programs to implement a Train the Trainer Awareness Program for state and local officers. Through this program, DEA teaches state and local officers to present First Responder/Awareness and Safety presentations in their respective states. By conducting this Train the Trainer Program, a pool of 1,979 instructors have been developed across the United States to reach state and local First Responders. The DEA Train-the-Trainer Program also provides the state and local officers with a variety of training aids and handouts to assist in their presentations to other law enforcement officers.

DEA instructors have presented 126 additional Clandestine Laboratory awareness courses reaching 20,332 state and local officers throughout the United States. These courses were four to eight hours in length, and provide general awareness training to law enforcement officers regarding recognition, hazards, and safety procedures to be utilized during the discovery of a clandestine laboratory.

Additionally, in FY 2000, DEA, working in partnership with the Multi-Jurisdictional

Counter Drug Task Force (MJCDTF) in St. Petersburg, Florida, presented via satellite a Clandestine Laboratory Liability/Awareness program for 11,000 state and local officers in the United States and Canada. This presentation provided state and local commanders with basic laboratory safety information, liability concerns, OSHA requirements governing clandestine laboratory sites, and an overview of all DEA clandestine laboratory-training programs available to state and local law enforcement.

In 2001 the DEA Office of Training is in the process of offering another satellite broadcast with the Multi-Jurisdictional Counter Drug Task Force in St. Petersburg, Florida. We anticipate an audience of approximately 12,000 State and Local officers. DEA believes that we should maintain our training tempo in drug recognition and First Responder/Awareness training. Direct feedback from our state and local counterparts has revealed that this training has made state and local officers able to safety detect and seize clandestine methamphetamine laboratories.

9. The 2000 Act also authorized the DEA to create up to 65 new personnel positions to help combat the methamphetamine and amphetamine trade (with 15 of those positions being designated for technical, accounting, educational and other similar purposes), and also authorized up to $9.5 million to carry out its methamphetamine programs. Please update us on how many new agents and other personnel have already been hired for this purpose, how many the DEA plans to hire in the future, and how that money is being allocated.

DEA's FY 2001 appropriation included the following meth-specific, or meth-related enhancements: $4.6 million and 25 positions to establish another Regional Enforcement Team (RET) in the Western United States focusing primarily on Methamphetamine; $400,000 for meth enforcement in Iowa, and $400,000 for heroin and meth enforcement along the Southwest border, with particular emphasis on Northern New Mexico.

The new RET has been established, in San Antonio, Texas and is ready for deployments beginning in September 2001. All 15 of the Special Agent positions, the 2 Intelligence Analyst positions, and the secretarial position have been filled. In addition, a chemist will be placed in the South Central Laboratory, Dallas, and two intelligence analysts placed in Headquarters, all in support of the RET. Vacancies remain to be filled in San Antonio for the remaining technical, budget, clerical, and telecommunications positions, all with the RET.

For FY 2002, DEA is requesting $15 million in enhancements in total funding for the Special Operations Division, which coordinates numerous methamphetamine investigations as well as the Southwest Border Initiative.

10. The 2000 Act also authorized $15 million in additional funding for the High Intensity Drug Trafficking Areas program to deal with the methamphetamine and amphetamine problem. Please updated us on how that money has been spent. How much is projected to be spent from 2001 to 2004?

DEA did not receive any increase in HIDTA funding in FY 2000 or 2001. Although DEA's allocation of HIDTA funding appears to hover around $16-17 million annually, HIDTA funding is provided by ONDCP on a year-to-year basis. Therefore, no meaningful 2001 through 2004 projection can be provided.

11. Please update us on the status of the research and educational programs designed to combat methamphetamine abuse that were authorized by the 2000 Act. What new programs have been implemented, and how much has been budgeted for them?

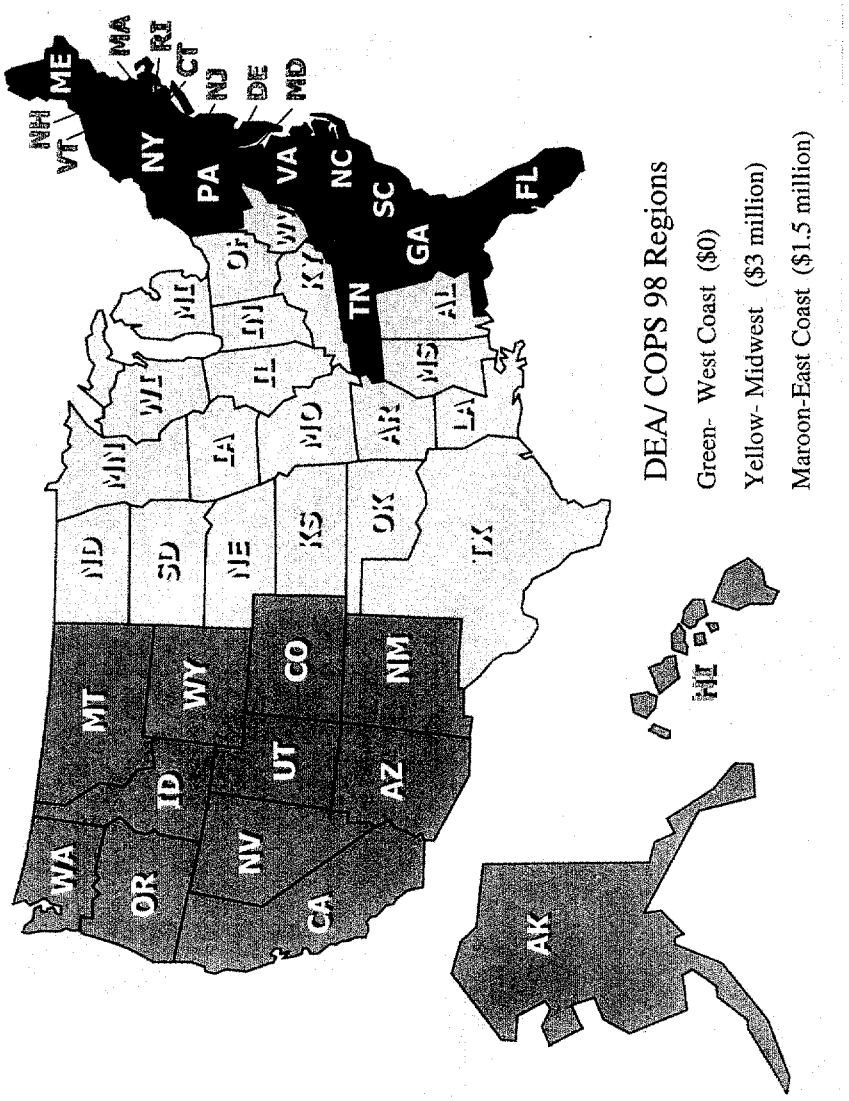
The Demand Reduction program received a one-time $1 million enhancement in FY 2000, a portion of which was used to support outreach activities coordinated by the Drug Free America Foundation and National Drug Families in Action. DEA's Demand Reduction Program is comprehensive in focus, and includes anti-methamphetamine education components. DEA has numerous anti-drug messages and information posted throughout its Internet website. These include, for example, drug pharmacological data that can be found under *Drugs of Abuse* magazine in the Publications folder, as well as an anti-drug message specifically for adolescents, entitled *Get It Straight*, found in the Demand Reduction folder. In addition, the DEA Internet site has a direct hyperlink to the Office of National Drug Control Policy (ONDCP) as mandated in section 3671 of the Act.

12. There was a news report last year out of Oklahoma (see Kelly Kurt, "meth test backlog forcing judges to dismiss cases," The Daily Oklahoman, April 18, 2000) stating that judges there have had to throw out cases against methamphetamine offenders because of a tremendous backlog at a state drug testing laboratory. Do you know if this has been a problem in other states, and is there anything the federal government can do to help alleviate this problem?

DEA is not aware of similar problems in other states. DEA's mission is to enforce the nation's drug laws found in Title 21, U.S. Code. As such, the DEA laboratory system completes drug analyses, conducts fingerprint examinations, and completes computer forensic examinations on (primarily) DEA and other federal agency seized evidence. The DEA laboratory system has conducted analyses on some state and local seized evidence, but this is usually confined to providing technical assistance for cases where the state/local laboratory lacks the expertise to conduct the necessary analyses. Currently, the DEA laboratory system has an appreciable backlog of unanalyzed evidence due to resource limitations and would not be able to routinely assist state and local law enforcement at the current personnel, facility and equipment resource levels.

13. The 2000 Act provided funding for the University of Iowa to continue its research into rendering anhydrous ammonia, one of the chemicals used in producing methamphetamine, useless for meth production. Please update us on the progress of that research.

DEA provided $500,000 to Iowa State University for research on methods to eliminate the effectiveness of anhydrous ammonia in methamphetamine production. No additional funding was provided for this research, the funds came out of DEA's existing operating budget. The first Quarterly Report on the status of this research is scheduled to be issued by the researchers no later that September 1, 2001.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GA
FL
SC
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VA
PA
NY
MD
DE
NJ
CT
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MA
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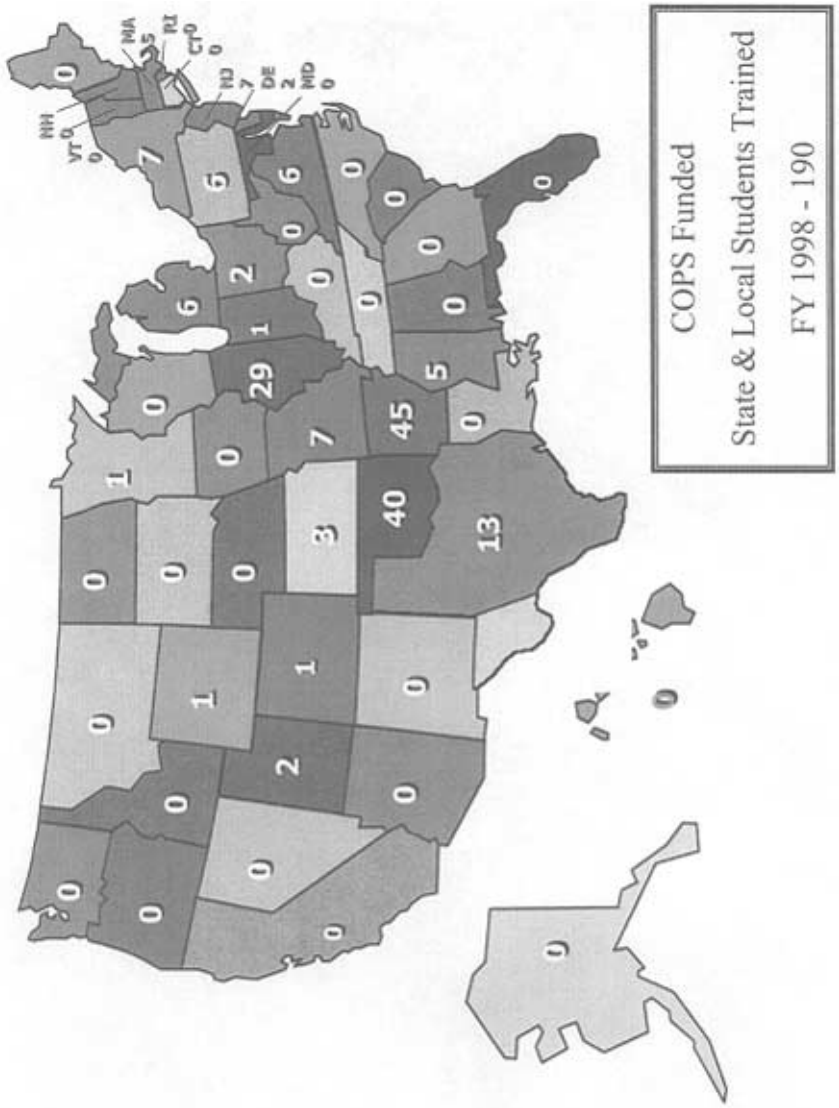
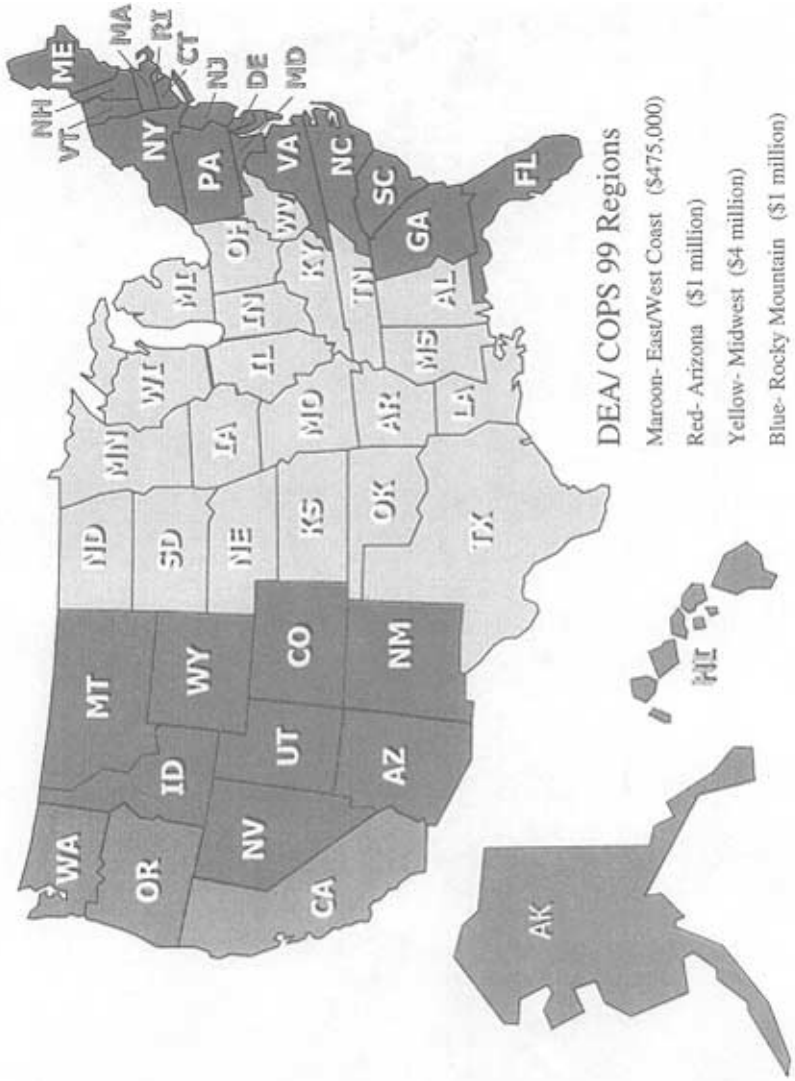
DEA/ COPS 98 Regions
Green- West Coast ($0)
Yellow- Midwest ($3 million)
Maroon-East Coast ($1.5 million)


COPS Funded
State & Local Students Trained
FY 1998 - 190
NH 0
VT 0
MA 5
RI 0
CT 0
NJ 7
DE 2
MD 0


DEA/ COPS 99 Regions
Maroon- East/West Coast ($475,000)
Red- Arizona ($1 million)
Yellow- Midwest ($4 million)
Blue- Rocky Mountain ($1 million)
WA
OR
CA
NV
ID
MT
WY
UT
AZ
CO
NM
ND
SD
NE
KS
OK
TX
MN
IA
MO
AR
LA
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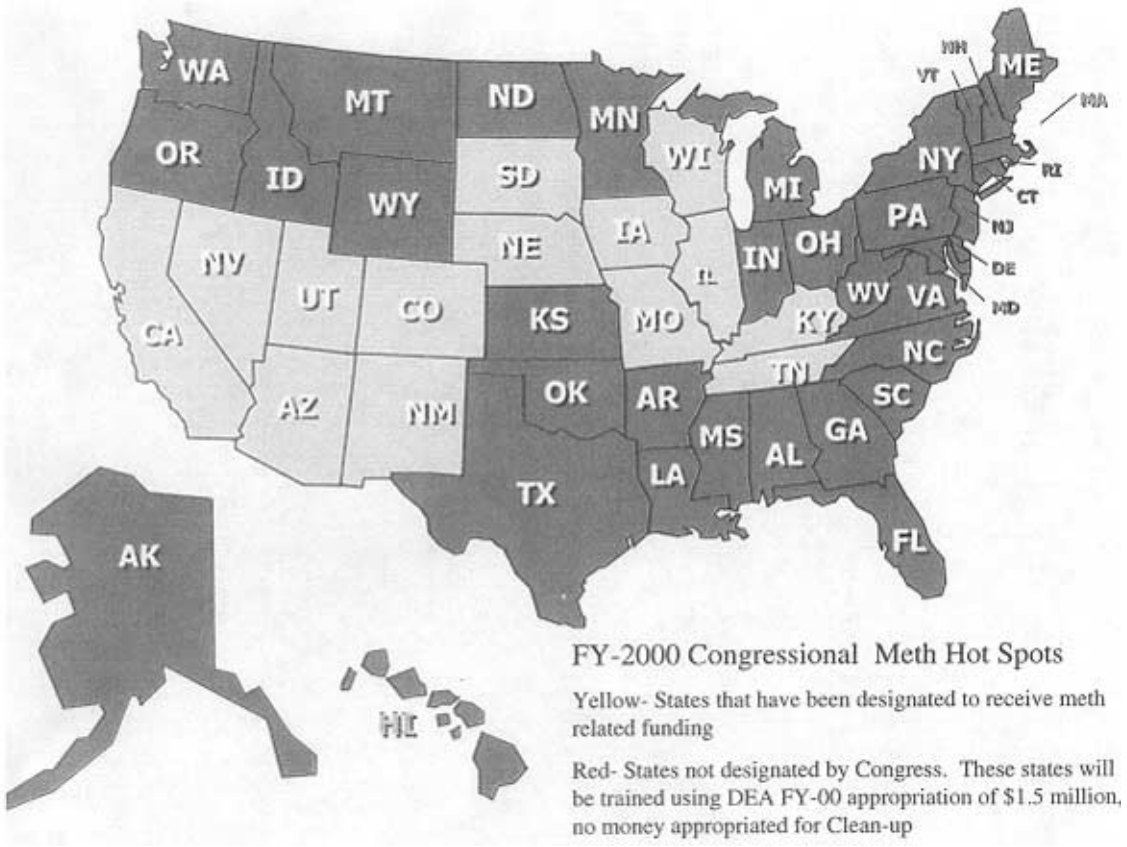
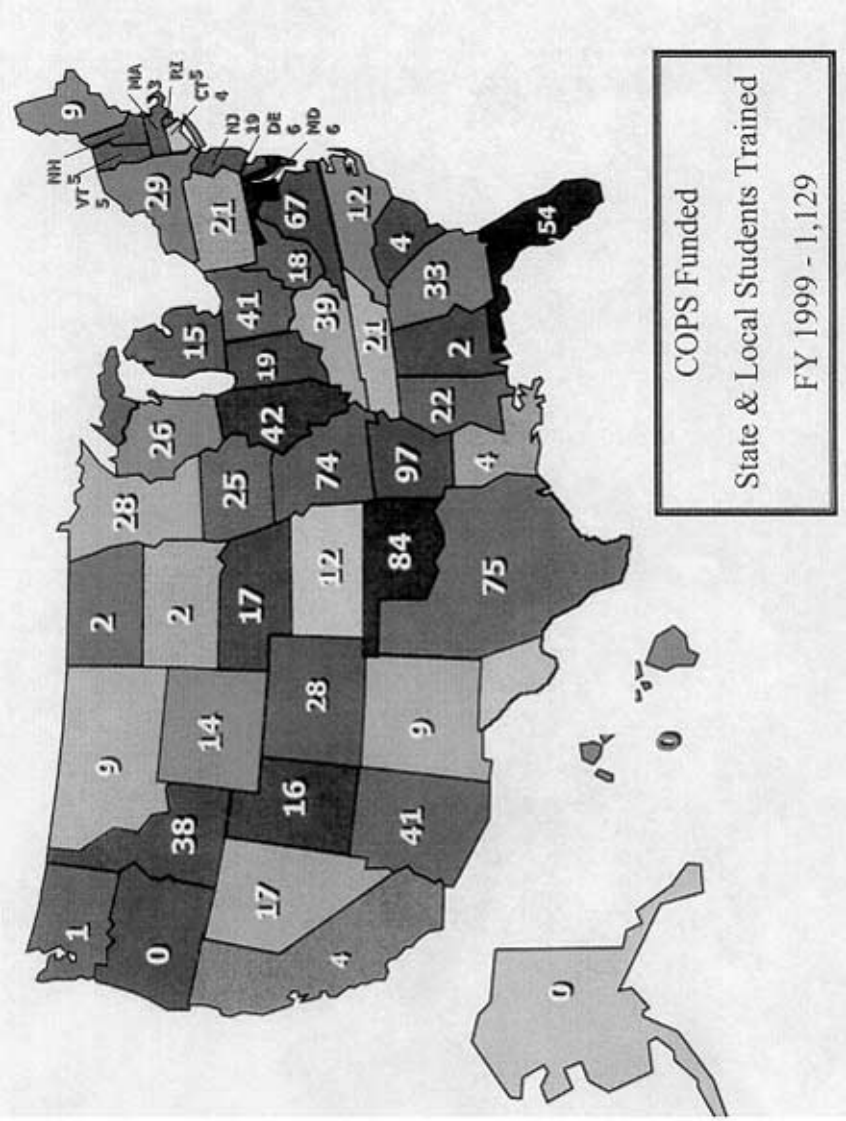


FY-2000 Congressional Meth Hot Spots

Yellow- States that have been designated to receive meth related funding

Red- States not designated by Congress. These states will be trained using DEA FY-00 appropriation of $1.5 million, no money appropriated for Clean-up


COPS Funded
State & Local Students Trained
FY 1999 - 1,129
NH 5
VT 5
MA 3
RI 5
CT 4
NJ 19
DE 6
MD 6
9
29
21
67
12
4
33
2
54
15
41
18
39
21
19
42
22
26
74
97
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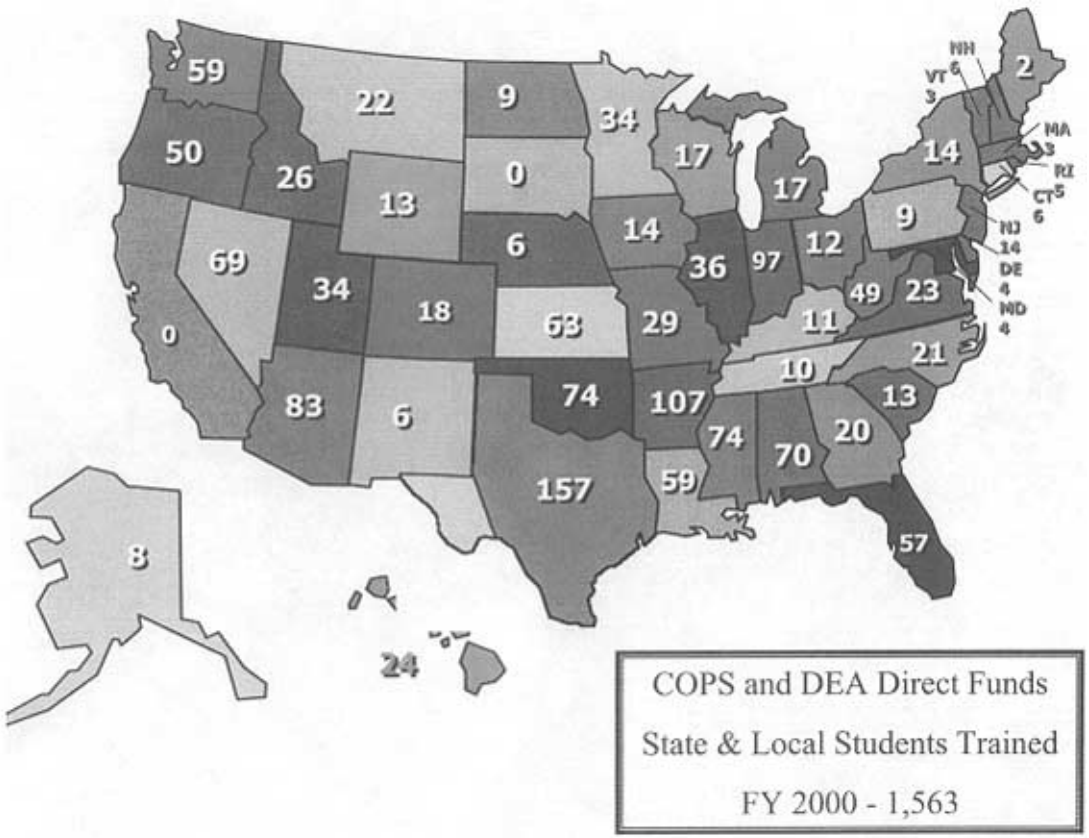
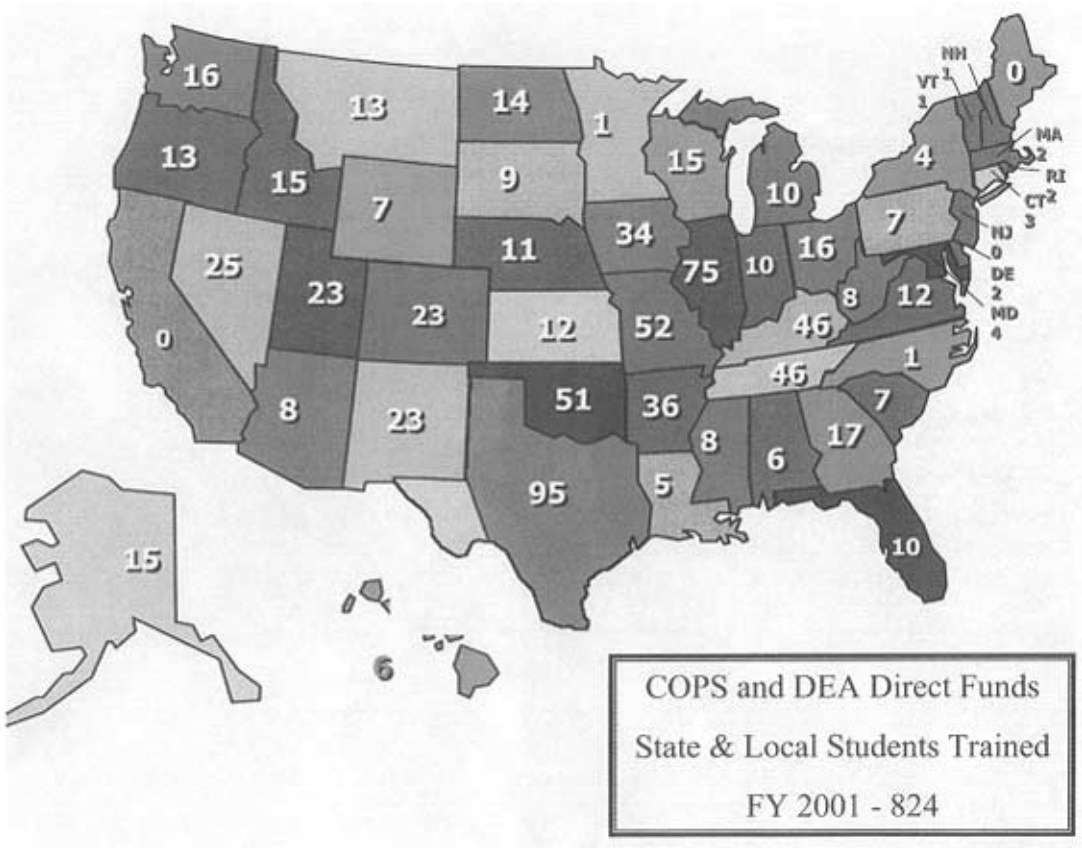


COPS and DEA Direct Funds

State & Local Students Trained

FY 2000 - 1,563



COPS and DEA Direct Funds

State & Local Students Trained

FY 2001 - 824

Mr. OSE. All right. We'll have the next panel, please. We need to have Mr. Ron Brooks, Mr. Doug Dukes, Chief Henry Serrano, and Sheriff John McCroskey.

I am sorry, we have Deputy Sheriff Doug Harp here, too.

All right, noting the absence of those two individuals, we are going to go ahead and swear in the three of you, and then when the others get here, we'll repeat the swearing in for them, so we can proceed with the testimony. So if the three of you would rise?

[Witnesses sworn.]

Mr. OSE. Let the record show that the witnesses answered in the affirmative.

We are going to go alphabetically today. We are going to go for 5 minutes. If somebody else comes in, we will let them have the chair and proceed. Otherwise, we will recess again, so I can go vote.

Our first witness today is Mr. Ron Brooks. So, Mr. Brooks, for your opening statement you have 5 minutes.

STATEMENTS OF RON BROOKS, CHAIRMAN, NATIONAL NARCOTIC OFFICERS ASSOCIATIONS COALITION; DOUGLAS K. DUKES, SHERIFF, NOBLE COUNTY, IN; DOUG A. HARP, DEPUTY SHERIFF, NOBLE COUNTY, IN; HENRY M. SERRANO, CHIEF OF POLICE, CITY OF CITRUS HEIGHTS, CA; AND JOHN MCCROSKEY, SHERIFF, LEWIS COUNTY, WA

Mr. BROOKS. Mr. Ose, Mr. Chairman, distinguished members of the subcommittee, I appreciate the opportunity to appear before you to discuss the explosion of meth production in what I believe is the most dangerous drug epidemic to threaten our Nation. I'm appearing as the chairman of the National Narcotic Officers Associations Coalition, which represents 50,000 narcotic officers from 36 State associations. I'm an active narcotic officer with more than 26 years of service in California. I currently serve as the Special Agent-in-Charge for the California Department of Justice Bureau of Narcotic Enforcement's San Jose Regional Office. During my career, I have seen firsthand the damage and destruction caused by illicit drug use, and while heroin and cocaine have traditionally been considered our most dangerous illegal drugs, they pale in comparison to the destructive potential of methamphetamine. Also, unlike those drugs, meth is domestically produced in clandestine labs and is truly America's home-grown drug epidemic.

Meth labs have a profound impact on the quality of life in the communities in which they operate. In addition to the devastating effects on users, the most disturbing meth-related statistic is that California police officers found 795 children inside toxic meth labs in 1999. Another danger is meth's impact on the environment. Five to seven pounds of highly toxic chemical wastes are dumped, are produced for every pound of finished methamphetamine, and that waste is dumped throughout the State in our farmlands, rivers, streams, and cities.

It's important to realize that when a law enforcement officer sees a clandestine meth lab, they are interdicting the drug at its original source. Because of this, we have a real opportunity to dramatically reduce its availability, but we will not succeed if sufficient resources are not allocated to attack the large-scale meth-producing

organizations operating in California and flooding our Nation with meth.

Mexican national crime cartels that now control the meth trade have command-and-control structures in Mexico, but maintain manufacturing and distribution hubs in California. By operating in the United States, these cartels are able to produce and distribute meth without having to risk smuggling drugs across our heavily guarded borders.

While fewer than 300 meth labs were seized in the United States in 1992, that number rose to 921 by 1995, with more than half of those seized found in California. By the year 2000, 8,923 lab incidents were reported by law enforcement to DEA's El Paso Intelligence Center, with 2,239 of those incidents occurring in California.

But lab seizures alone don't tell the whole story. Of greater significance are the relatively small number of superlabs operated in California by Mexican cartels which generate the bulk of the meth consumed in the United States. Last year California reported the seizure of 138 superlabs, which are defined by DEA as yielding 10 pounds or more per reaction. Through June of this year, 79 superlabs were reported seized in California, and the number of very large production labs, 100 to 300 pounds per reaction, has increased dramatically.

These factory labs are why California continues to produce 85 percent of the Nation's meth. One superlab can produce as much meth as 400 or more of the user labs described earlier. The California Department of Justice developed a California Methamphetamine Strategy [CALMS], in 1996 to counter the growing meth problem. CALMS was funded from fiscal year 1998 through fiscal year 2000 at $18.2 million for the methamphetamine hotspot section of the community-oriented police and services cops' budget. The 84 additional agents hired as a result of CALMS have resulted in a 90 percent increase in California meth seizures from 1997 to 1999, along with similar increases in lab seizures. We're very grateful to Congressman Ose for leading the entire California delegation's efforts to continue funding the CALMS program in fiscal year 2002.

But, to be very honest, Mr. Chairman, the meth hotspots program is not adequate. One of the biggest problems State and local law enforcement face in confronting the meth problem is the cost of investigating and cleaning up lab sites. States' budgets can absorb only so much of the extra expense. In this case, Federal assistance is not only needed, but in the case of the CALMS program has demonstrated dramatically effectiveness in increasing lab seizures. I would urge the Congress to consider expanded methods of providing financial assistance to State and local law enforcement for meth enforcement, whether through increased funding for hotspots or a separate authorization that would meet the needs of all States.

As a national representative of narcotic officers, I would hope that every meth-plagued State receives adequate Federal meth enforcement assistance, but I think that it's clear that California's meth problem disproportionately affects the entire Nation. Meth is the one drug that we can truly choke off if sufficient resources are dedicated to the eradication of superlabs.

Chairman Souder, I want to thank you, as well as Mr. Ose and the members of this subcommittee, for your leadership and all that you do to address and pre-empt the effects of drug abuse in our country. As a veteran narcotic officer, I consider that methamphetamine is worse than any other drug that I've seen, and as a father of two teenagers, I hope that the Congress will do all it can to assist law enforcement in confronting this problem.

I have provided the committee with an additional handout which, if it would be appropriate, I would like to have entered in the record. I would be happy to take any questions.

[The prepared statement of Mr. Brooks follows:]

Remarks by

Ronald E. Brooks

Chairman, National Narcotic Officers Associations Coalition

Before
The Committee on Government Reform
Subcommittee on Criminal Justice, Drug Policy

July 12, 2001

Note: actual testimony may differ from this prepared statement.

Mr. Chairman, members of the subcommittee, I appreciate the opportunity to appear before you to discuss the explosion of methamphetamine production in what I believe is the most dangerous drug epidemic to ever threaten our nation. I am appearing as the Chairman of the National Narcotic Officers Association's Coalition, which represents thirty-six state narcotic officer's associations with a combined membership of more than 50,000 law-enforcement professionals. I am a veteran narcotic officer with more than twenty-six years of service in California. I currently serve as the Special Agent in Charge for the California Department of Justice Bureau of Narcotic Enforcement's San Jose Regional Office. During my career, I have seen firsthand the damage and destruction caused by illicit drug use, which I believe poses the biggest threat to the security and well-being of our nation since the end of the Cold War. While heroin and cocaine have traditionally been considered our most dangerous illegal drugs, *they don't compare* to the destructive potential of methamphetamine. And unlike cocaine or heroin, methamphetamine is domestically produced in our nation's cities, towns, and rural areas with ingredients that are readily available in this country. Methamphetamine is truly America's *home-grown* drug epidemic.

Methamphetamine was developed in the early in the 20th century from its parent drug, amphetamine, and was originally used in nasal decongestants, bronchial inhalers and in the treatment of obesity and narcolepsy. Meth was used extensively during World War II especially by the German Army as a way of keeping soldiers awake and alert. It was legally produced by pharmaceutical companies and was readily available during the 1950's and 1960's by prescription as well as through the black market. In 1962, the Food and Drug Administration estimated that more than 8 billion methamphetamine tablets were being produced each year with more than half of those being diverted for unauthorized use without a prescription. Because of the limited medical value and the high potential for abuse, methamphetamine was moved to Schedule II of the Controlled Substances Act (CSA). With a very limited amount of the drug being legally manufactured and the difficulty in obtaining it because of the requirement of a triplicate prescription, abusers of the drug had to turn to clandestinely produced methamphetamine. This was the start of the clandestine lab epidemic that we face today.

Methamphetamine is a powerful long-acting central nervous stimulant that produces a high lasting for 9 to 12 hours. It is that lengthy period of intoxication, often lasting 10 hours longer than cocaine, which leads to continuous binge abuse. Persons using methamphetamine frequently stay awake for three or four days. This sleep deprivation, combined with the effects of the drug, causes meth-induced psychosis. This condition leads to truly disturbing violence, sexual abuse, and the inability for parents to provide care for their children. Many news reports of bizarre and violent behavior can be attributed to methamphetamine intoxication. The video shown frequently on reality television shows of a San Diego man crushing cars and endangering citizens with a stolen military tank was under the influence of methamphetamine. So was the father in Arizona who cut off the head of his young son while his other son looked on in horror. As someone who sees the results of meth use every single day, I can assure you that while

these stories may seem sensationalized they are only two highly publicized examples of behavior that is frequently associated with meth use.

The real victims of methamphetamine are the children and families of those persons held in the death grip of meth addiction. These children have parents who are so strung out that they can no longer provide love and care for their children. No story better illustrates this than that of the mother in Riverside County, California whose children burned to death in a meth lab explosion and fire while she fled her burning mobile home to save her own life. One study in Los Angeles County found that 86 percent of all child abuse in that area was related to persons using methamphetamine.

While I could spend more time speaking specifically about the dangers and consequences of methamphetamine use, I want to concentrate on the problem of domestic methamphetamine *production*. Unlike cocaine or heroin, which are produced in foreign countries where we have little or no control over growth or production, the vast majority of methamphetamine is cooked in our own backyards. *When law enforcement officers seize a clandestine methamphetamine lab, they are interdicting the drug at its source. Because we can attack this drug right at its source, we have a real opportunity to dramatically reduce its availability.* State and local law enforcement agencies from Missouri to Indiana to Iowa to Oregon need help with the hundreds of small labs they find every year. But we will have no chance of national success if we don't allocate sufficient resources to wage an all out effort to attack the commercial meth producing organizations operating primarily out of California and distributing hundreds of millions of individual methamphetamine doses throughout the country.

Since 1963 when the first methamphetamine lab was seized in Santa Cruz California, meth production and use has threatened all Americans. The Hell's Angels, and other outlaw motorcycle gangs controlled methamphetamine production from the 1960's through the mid 1980's when a dramatic change in the meth trade began to occur. That was the takeover of commercial methamphetamine production and distribution by Mexican National crime cartels.

These groups have their command and control structures operating from the relative safety of Mexico but the hub of their manufacturing and trafficking organizations is in California. The tentacles of their distribution organizations spread eastward from California across the nation, utilizing many of the same routes they use for cocaine and heroin trafficking. By operating in the United States, these crime groups are able to produce and distribute a controlled substance without having to risk smuggling an illegal drug across our heavily guarded border and without the costs of making payments to Mexican laws enforcement officers to assure the safe passage of the drug through Mexico.

By the 1980's methamphetamine cookers had begun using a new recipe with ephedrine or pseudoephedrine, a readily available decongestant, as its primary precursor chemical. This new manufacturing method produced ***d*** methamphetamine, a more powerful and longer acting version of this already deadly and addicting poison.

While meth became more powerful and as lab yields increased, the number of labs seized in the United States began to increase dramatically. Fewer than 900 methamphetamine labs were seized in the United States in 1992. That number rose steadily through the 1990's. In 1995, 921 meth labs were seized throughout the nation with 559 of them found in California. In 2000, 6,807 lab seizures were reported by law enforcement to DEA's El Paso Intelligence Center (EPIC). But lab seizures alone don't tell the whole story. When examining the true scope of the methamphetamine problem, you must also look at the amount of methamphetamine being produced by those labs. By looking at the totality of the problem, it is clear that California is **ground zero** for the meth trade.

During the 1990s, we learned that some of the California labs were being operated by well-known Mexican National Crime Groups and were producing very large quantities of meth for export to other states. These large labs are called "***Super Labs***", which have been defined by DEA as those labs capable of producing more than ten pounds of methamphetamine in a single reaction. Many super labs seized in California *far* exceeded that ten pound yield capability. In fact, in 1999, half of the production yield of California's "super labs" was exported to other states. That meant that at least 162 million and up to 400 million dosage units of California-produced meth were shipped to other states. DEA and RISS project analysts have determined that 85% of the nation's meth supply was being manufactured in California at these Mexican cartel-controlled "Super Labs" in the 1990s. Although lab seizures have increased nationally, the estimate that California produces more than 80% of the nation's meth continues on into calendar year 2001, even as the problem continues to grow in other states.

Both small and large meth labs have a profound impact on the quality of life in all communities in which they operate. While the actual human cost of meth production is difficult to determine, it is important to remember that we must consider the totality of the costs to society and the human suffering attributed to meth use. This includes meth related workplace accidents, lost productivity, traffic collisions on our nations highways, crimes of violence perpetrated by meth-crazed users, children denied care and love by a meth obsessed parent, and young lives lost to the disease of meth addiction. We must also consider the danger posed by drug labs to innocent bystanders and public safety officials. In 1999, sixty-nine of California's labs were first discovered by fire or explosion. In addition to countless injured lab operators that flee the scene before the arrival of emergency personnel, twenty-two California law enforcement officers were injured during 2000 at drug labs. In that same year, officers encountered armed suspects at 17% of California's labs. Five other California lab sites were protected by booby traps.

Perhaps the most disturbing meth related statistic is that California law enforcement officers found 795 children inside meth labs in 1999 and 647 in 2000. I was recently at a lab seizure in Hollister California where five armed suspects, operating in a very toxic environment were manufacturing more than 200 pounds of methamphetamine. When agents raided that lab, they found a mother with her three small children inside the actual lab site. That mother told agents that she was eight months pregnant with her fourth child.

The lab had such a strong acid cloud surrounding it that I ordered hospital examinations for the woman and her children along with some of the exposed agents.

Another danger that is often overlooked is the environmental impact of meth production. While most lab operators dump their chemical wastes at their lab sites, others take the majority of their lab waste to other sites for disposal. It is estimated that 5-7 pounds of highly toxic chemical waste is produced for every pound of finished methamphetamine. Last year, California law enforcement officers investigated 415 separate dumpsites, some of which were found in urban settings where they posed an immediate threat to the safety of children playing nearby. Others were found in deep pits dug in forests near streams and on farms and ranchlands. During one investigation we determined that the lab operators were dumping their liquid waste into a creek in the middle of a redwood tree grove. Last year, more than $5 million of state and federal funds were expended to provide toxic waste removal at California's meth labs and dumpsites. Those expenditures were for the removal of waste from the lab sites and did not include the funds spent by the government and private landowners to restore contaminated properties to a condition where they no longer posed a health hazard to occupants, neighbors, or the environment.

California continues to outpace the nation in the number of labs seized and amount of meth produced. During calendar year 2000, EPIC reported 1,669 actual meth labs seized and 2,248 total meth lab incidents (includes lab seizures as well as dumpsites and chemical seizures) in California. That was more than twice the number seized in any other state and accounted for over 25% of the total labs seized in the United States.

Of greater significance was the number of "Super Labs" seized. Last year, California law enforcement officers reported the seizure of 157 "Super Labs". The Western States Information Network (RISS intelligence project) reported that 83 of those labs were producing more than 20 pounds of methamphetamine each reaction cycle. The seizure of "Super Labs" during the first half of 2001 matched the pace set in 2000, but the number of very large production labs has increased dramatically. I know from seizures made by agents in my own area that many of those labs were very large and were producing up to 300 pounds of finished methamphetamine per reaction cycle. While California accounts for 75% of the "Super Labs" found in the nation, the phenomenon of these very large factory labs is why California continues to produce 80-85% of the nation's methamphetamine. One lab site in the Santa Cruz Mountains operated sporadically at the same location for more than two years before we discovered it. When agents raided the lab they seized 200 pounds of methamphetamine and arrested five Mexican National suspect. Investigating agents estimate that more than 2,000 pounds of meth was produced at that one location before its seizure by law enforcement.

To counter California's growing meth problem the California Department of Justice developed the California Methamphetamine Strategy (CALMS) to address all facets of methamphetamine production and distribution. Thanks to efforts in 1997 by Congressmen Jerry Lewis and Sam Farr and the rest of the California Delegation, that program was funded from FY '98 through FY 2000 at $18.2 million from the

Methamphetamine "Hot Spots" section of the Community Oriented Policing Services (COPS) budget. This supplemental assistance allowed the California Bureau of Narcotic Enforcement to hire 84 agents and 59 non-sworn specialists to augment what was an already robust meth enforcement program. The CALMS program resulted in a 90% increase in California methamphetamine seizures from 1997 to 1999 along with a similar increase in lab seizures. This same meth "Hot Spots" budget was used to fund successful programs in other methamphetamine producing states. We are very grateful to Congressman Ose for leading the entire California delegation's effort to secure an $18.2 million earmark to continue the proven effective California Methamphetamine Strategy (CALMS) in FY 2002. This money would add to the $150 million expended annually by the State of California and its local law enforcement agencies to combat the meth problem.

But to be very honest, the meth "Hot Spots" program in COPS is too small. One of the biggest problems state and local law enforcement face in confronting the meth problem is the cost of seizing, investigating, and cleaning up labs. The average small-scale "user" lab costs from $5,000 to $10,000 to seize and clean up, not including the purchase of necessary lab, safety, and transportation equipment. The larger labs and "super labs" can cost up to $100,000 to process and clean up. State budgets can absorb only so much of the extra expense. In this case, federal assistance is not only needed, but it has demonstrated dramatic effectiveness in increasing lab seizures in the past. I urge Congress to consider expanded methods of providing financial assistance to state and local law enforcement specifically for meth enforcement, whether through increased funding for meth "Hot Spots" or a separate authorization of funding that would meet the needs of all states.

As the chairman of a national organization of narcotic officers I would hope that every meth-producing state receives an appropriate share of federal meth enforcement assistance. And while I know that there is only a finite amount of funds for the meth "Hot Spots" program, I think that it is clear that California's meth problem dramatically affects the entire nation. California is the primary "source country" for methamphetamine, and I know that when a full pound of meth is seized in Iowa, Florida, Texas, or New Hampshire, it probably came from a "Super Lab" in California. Educating youth and parents about the dangers of meth, and aggressively treating those who are locked in meth addiction is absolutely essentiali. But since it is domestically produced, methamphetamine is the one drug that we can truly choke off if sufficient resources are dedicated to the eradication of the "Super Labs" that are producing the majority of this devastating drug and the "user" labs that feed the habits of meth addicts across the country.

As a veteran narcotic officer, I can say that this drug is worse than all the others I've seen. As a father of two teenagers who is concerned not only with the safety of my own children but of all children, I hope Congress will do all it can confront this problem.

I thank you, Chairman Souder, and I thank the subcommittee for all that you do to assist law enforcement in making our country a safer place to live, work and raise our families. I look forward to your questions.

A Report to the House Government Reform Subcommittee on Criminal Drug Policy

Clandestine Meth Labs in California: A Growing Industry

Presented by

Ron Brooks

Chair of the National Narcotic Officers' Association Coalition

July 12, 2001

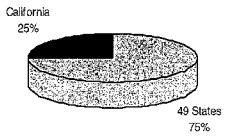
Prepared by the Los Angeles Clearinghouse

Report Summary

California Lab Totals

California continued to out-pace the nation in the number of meth lab seizures during calendar year 2000 with an EPIC reported 2,172. California's total was more than twice that of any other state and accounted for over 25% percent of the national total.

CY 2000 Meth Lab Totals



"Super Labs"

More significant were the number of large capacity "Super Labs" included in the EPIC lab totals for 2000. California law enforcement officers seized a total of 138 "Super Labs," each capable of producing 10 or more pounds of meth at one time. The seizures represented 75% of the total for the entire nation and give some idea as to the number of high capacity labs operating in the state.

CY 2000 "Superlab" Totals

While the seizure of "Super Labs" during the first half of 2001 matched the pace set in 2000, the manufacturing capacity of this year's labs jumped dramatically. Whereas only 15% (18) of California's "Super Labs" identified by EPIC in 2000 were capable of producing 20 plus pounds of meth per cook, more than 50% (41) of the "Super Labs" seized thus far in 2001 were capable of producing more than 20 pounds. Three other states seized labs of this size for a combined total of 5 labs.

Both small and large scale labs had a profound impact on California's citizenry and environment. While the actual human cost of meth production is difficult to ascertain given the clandestine nature of the enterprise, severe injuries to perpetrators, innocent by-standers, and first responders are frequent and provide some indication.

Explosions and Fires

In 2000, firefighters and agents responded to 42 labs that exploded due to a combination of dangerous chemicals and open flames inherent in meth production. California firefighters were the first responders at 21 labs seized thus far in 2001. Fifteen of those calls involved exploded labs.

Injured Persons

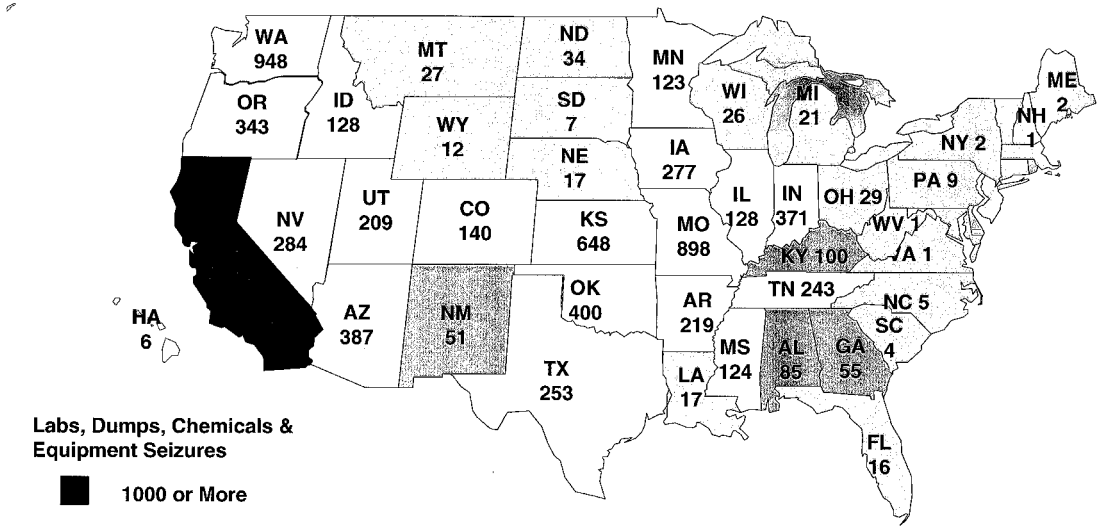
In addition to the countless injured lab operators, many of which flee the scene before they can be treated, 22 law enforcement officers were injured attending to lab sites in 2000. Agents encountered armed suspects at roughly 17% of the labs in 2000 and disarmed five labs protected by various booby-traps. Perhaps the most effective illustration of the savage cost of meth use and meth production was the discovery of 647 children at meth labs throughout California in 2000.

Dumps and Clean-up Costs

While often overlooked and therefore severely undercounted, meth lab dumpsites provide both hazards for the community and leads for investigators. It is estimated that each pound of finished meth creates a minimum of seven pounds of toxic waste. Generally discovered by concerned citizens or alert patrol officers, 415 dumpsites were identified and documented in 2000. State and Federal agencies spent a combined $5,258,226 in California to clean-up labs and dumps during the last calendar year.

Clandestine Laboratories, Dumpsites, and Chemical/Equipment Seizures

Calendar Year 2000



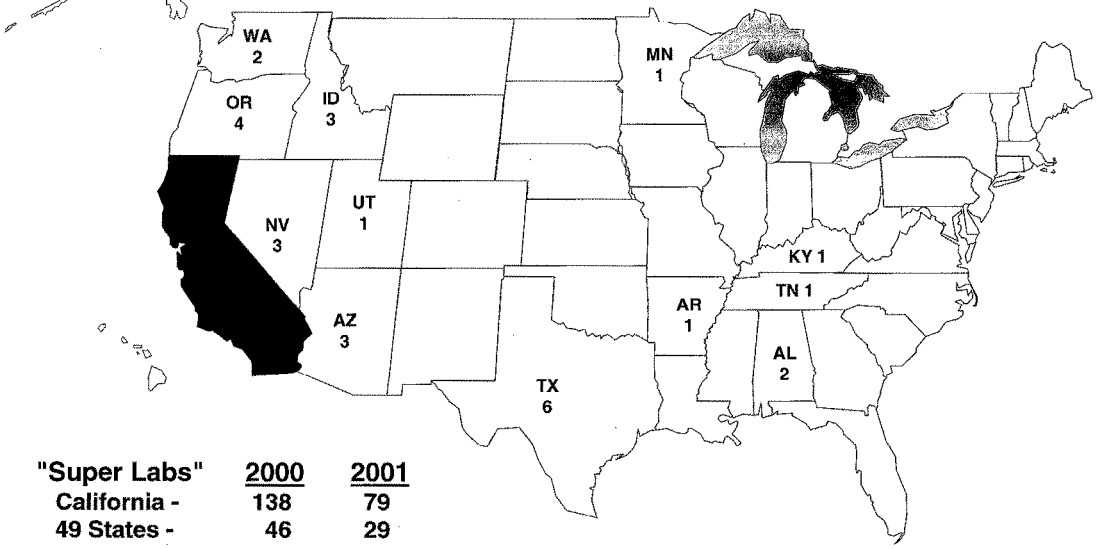
Labs, Dumps, Chemicals & Equipment Seizures

- 1000 or More
- 351-1000
- 101-350
- 51-100
- 0-50

SOURCE: National Clandestine Laboratory Database/EPIC
TOTAL: 8,923 Labs / 44 States (As of 6/31/01

Seized Methamphetamine "Super Labs"

January 1 to June 31, 2001



"Super Labs"	2000	2001
California -	138	79
49 States -	46	29

"Super Lab" = A clandestine lab with the capacity to produce 10 or more pounds of finished meth during one cooking cycle.

SOURCE: National Clandestine Laboratory Database/EPIC
TOTAL: 108 "Superlabs"/14 States (As of 6/31/01)

California Lab Totals

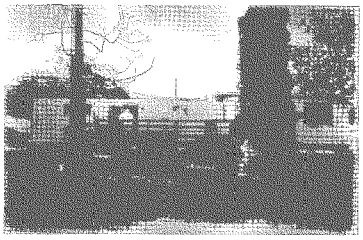
WSIN Clandestine Lab Cards Submitted to the California Department Of Justice for CY 2000 and CY 2001*				
	California CY 2000	Washington CY 2000	California CY 2001	Washington CY 2001
Total Lab Seizures	1669	728	487	190
"Super Labs"	157	4	74	1
Dump Sites	415	144	145	76
Chemicals Only Seizures	162	66	37	27
Equipment Only Seizures	12	9	4	6
Total Incidents Reported Year to Date	2248	947	673**	299**

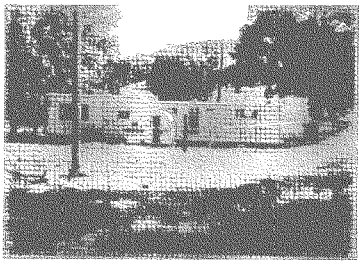
* Differences between EPIC and WSIN totals reflect different reporting methods.

** A significant portion of the WSIN Clandestine Lab Cards for any given quarter are submitted during the month following the end of the quarter. More complete stats will be available at the end of July.

"Factory" Lab in Fresno

On May 14, 2001, Fresno Methamphetamine Task Force agents concluded an investigation at a remote ranch located south of Pine Flat Lake within Fresno County, California. As a result of the search warrant, a fully operational meth laboratory was found on the site and one suspect was arrested for meth manufacturing. The lab consisted of a double-wide trailer that was set up like a factory.



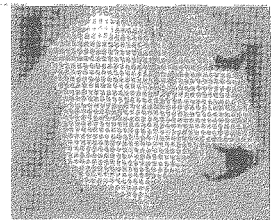


The rooms were specifically allocated for pill extraction, cooking, separation, gassing meth from solution, pressing, cutting, packaging and storing chemicals. The arrestee admitted that he knew meth was being manufactured in a mobile home on the property. Two hundred gallons of methamphetamine solution was found at the site. The lab was capable of producing 45 pounds of methamphetamine per production cycle.

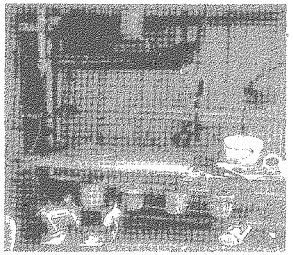
Mexican National "Super Lab"

3/15/2001

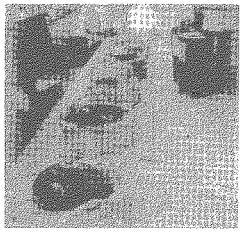
4851 Hedrick Ave. Riverside Calif.



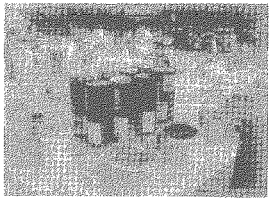
Over 70 pounds of finished methamphetamine was seized with a street value of $2.5 million.



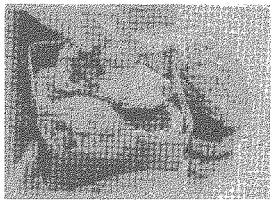
This "super lab" operated for years in a suburban neighborhood next-door to a school. Located only a few miles from a major shopping mall, this lab cooked several hundred pounds of meth a week.



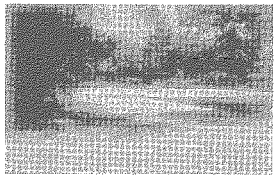
This labs contained seven 22-litter round bottom flask & heating mantels each capable of cooking 12-15 lbs. per cook.



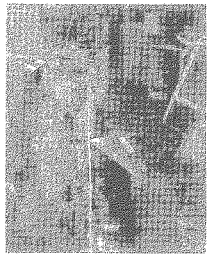
Precursor's seized included: 320 lbs. of pseudoephedrine pills, 735 lbs. of iodine crystals, 490 lbs. of red phosphorus, and hundreds of gallons of solvents.



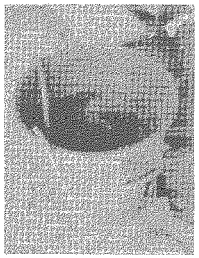
Some of the 490 pounds of Red Phosphorus seized at this lab.



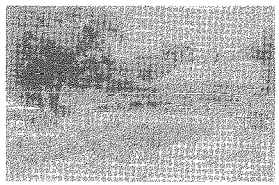
Due to massive contamination, the house, out buildings and top soil were removed. Cost: over $90,000.



It's estimated that over 3.6 tons of toxic lab waste a year was generated and piped into the local sewer system and surrounding property.



More than 125 gallons of methamphetamine in solution was found.



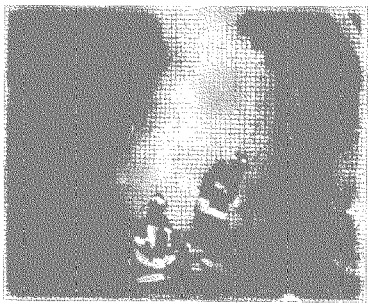
Located directly behind the lab site is the Queen of Angels Catholic school playground.

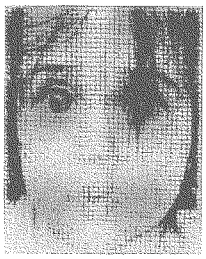
Clandestine Lab Hazards

WSIN Clandestine Lab Cards Submitted to the California Department Of Justice for CY 2000 and CY 2001[5]				
	California CY 2000	Washington CY 2000	California CY 2001	Washington CY 2001
Total Labs Seized	1669	728	487	190
Children Present at Labs and Related Sites	647	168	150	56
Exploded Labs	42	19	15	2
Injuries to Officers or Fireman	22	12	12	0
Labs and Related Sites with Weapons	288	132	83	23
Labs With Booby Traps	5	3	1	26

Drug Endangered Children

Until recent budget cuts eliminated state support, California funded the Drug Endangered Children (DEC) program in seven counties severely impacted by meth production. DEC operated as a collaborative effort between law enforcement officers, district attorneys, and child protective services. Designated teams responded to the plight of children exposed to toxic chemicals at clandestine lab sites. The goal of the program was to provide assessment, medical treatment, and placement services for affected children.





Lab Fires and Explosions

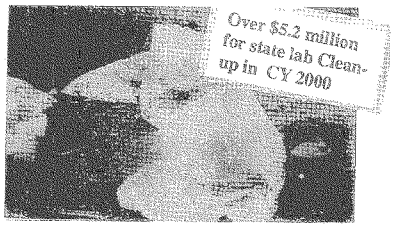
Fires and explosions are inherent hazards in the production of meth. This is especially true at the point in the process where solvents are used to extract the primary precursor pseudoephedrine from common cold pills. Since roughly 75% of California meth labs in the prolific Los Angeles HIDTA are seized in urban and suburban areas, the risk to innocent victims from fire and chemical exposure is great.

Clandestine Lab Cleanup

Dumpsites in Stanislaus County

Representing only the 5th most prolific county for meth lab seizures in California during 2000 and 2001, Stanislaus County nevertheless led the state in recorded dumpsites. Investigators in the largely rural county attribute the 149 seized dumpsites to large scale meth labs operated by Mexican National criminal organizations. These organizations provide locations, hire lab workers and skilled cooks, and supply equipment and chemicals necessary for cooking meth. Critical chemicals like red phosphorous are often delivered from Southern California in ready to use pre-measured plastic bags while readily available items like denatured alcohol and camping fuel are purchased by teams of individuals at local warehouse stores. Toxic chemicals, trash bags full of lab waste, and empty containers are discarded along remote roads or buried at the lab sites. Lab workers and precursor suppliers are increasingly removing lot numbers from precursor containers and serial numbers from equipment to hinder investigators' efforts to trace materials back to these organizations.

Stanislaus County CY 2000 & 2001	Seized	Measures
Total Seized	149	Dumpsites
Pseudoephedrine / Ephedrine	> 6 Million	Pills
Bulk Pseudoephedrine / Ephedrine Binder	419	Pounds
Denatured Alcohol	1767	Gallons
Camping Fuel	466	Gallons
Freon	147	Gallons
Red Phosphorous	83	Pounds
Chemically Contaminated Kitty Litter	510	Pounds



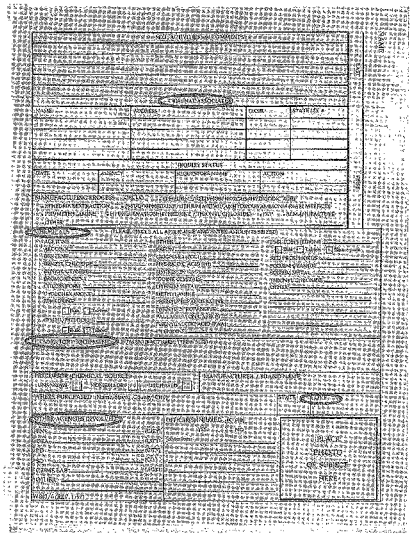
"Dirt Barons"

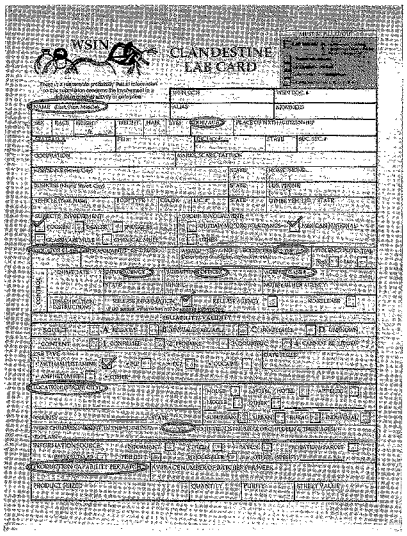
The prolific nature of California's "Super Labs" are not only evident in the vast quantities of meth produced, but also in the amount of waste each lab leaves behind. So large is the scale at which they operate, that a new drug economy has spawned from the discarded chemicals. Much as poor 19th century miners operated downstream from California's large gold mines, wretched meth addicts lay claim to large scale dumpsites and pan for meth from the contaminated soil. Labeled "Dirt Barons" by local agents who were at first baffled by the mysterious craters at dumpsites, the addicts are able to extract enough residual meth from the dirt to support their habit.

WSIN Lab Cards

The WSIN Lab Card

For over a decade, the Western States Information Network (WSIN) has maintained records for each lab or dumpsite encountered by law enforcement officers in California. The information is submitted by agents and officers in the field using the WSIN Lab Card. California Department of Justice analysts review each card and contact field agents if vital case information is missing or the card is otherwise incomplete. The information is then entered into a database. Those cards that do not list both chemicals and equipment sufficient to be classified as a laboratory are designated as either chemical or equipment seizures in the database. The data is then electronically downloaded to the El Paso Intelligence Center (EPIC).





Investigative Leads

The backside of the WSIN Lab Card (lower left) capture possible investigative leads. Types and brand names of chemicals and equipment are listed along with the amounts seized. Lot numbers from meth precursors and laboratory equipment are also captured. Analysts are able to trace these lot numbers to other labs in the database and back to the retailers or manufactures. Lot numbers have proved vital in prosecutions against businesses that illegally divert chemicals or equipment for use in clandestine labs. Lab operators are aware of this liability and have begun removing lot numbers and serial numbers from items found at labs or dumpsites.

Mr. SOUDER [resuming Chair]. Thank you. I am going to turn to my colleague, Congressman Baird, to introduce the next witness.

Mr. BAIRD. I thank the Chair. It really is a privilege for me to introduce Sheriff John McCroskey. Sheriff McCroskey represents Lewis County, which is a rural Washington State county, lots of timber country and a county that's been hard-hit actually economically by some of the timber cutbacks. But, in spite of that lack of financial resources, they have faced really a plague and an epidemic level increase in meth labs.

In the nine counties in my own congressional district, there has been a 474 percent increase in meth lab seizures between 1997 and 2000. There were 46 labs seized in 1997, but 218 in the year 2000, and just the first 4 months of this year alone there were 120 labs seized. At this rate, there will be a further 66 percent increase in this year.

Sheriff McCroskey, as I mentioned, has really been one of the leaders in Washington State on this issue. He and his staff have done just remarkable work cracking down on the labs, trying to stem the tide of this. They are in a county that has one of the highest per capita admissions for treatment in our State, and it's a real privilege to have Sheriff John McCroskey with us to talk about the challenges facing rural officers.

Sheriff McCroskey, please proceed.

Sheriff MCCROSKEY. Thank you, Congressman Baird, Chairman Souder, Ranking Member Cummings, and my own Congressman. I appreciate the opportunity to be here today. I thank you all for the opportunity. It's a privilege, and having said that, I want to also warn you that I sometimes am candid. I know your time is valuable and I will be direct.

Lewis County, for your information, is located one corner at the base of Mt. St. Helens, one corner at the base of Mt. Ranier. It's divided by Interstate 5, which runs all the way to California, and for whatever reason, they have decided to market their meth up in our way. That's why Washington is now No. 2 in the country and Lewis County No. 1. As a matter of fact, Lewis County seizes more labs in our little county, a rural county of 70,000 people, than some States.

So what needs to be done? You're going to hear a lot—and I've looked at my colleague Sheriff Dukes from Indiana's notes; I'll try not to replicate things that have already been said. Let me tell you, first, that our most successful strategy has been the uniformed patrol officer. They're most likely to find it. The most labs we seized in 1 day was three or four, and it was done on a routine traffic stop. It happens all the time. My street crimes unit, which right now has been absorbing the patrol when they are in uniform in marked cars, working neighborhood problems—we've already talked about the odor of meth—and working those kinds of cases, something called "knock and talk." They're very effective. They've made a number of—they make more lab seizures and find more labs than our drug task force, which is partially federally funded. The reason that occurs, sir, is because of the rules that are placed upon our drug task forces. They don't have the flexibility, at least in their minds, to do some of the minor offenses, the small users,

the little things that lead to these labs. Consequently, that is a problem for us.

We find kids in labs as well. If a parent put a firearm up to the head of a juvenile with one bullet and played Russian roulette, everybody would look at that with horror and they would have a complete fit, and there would be punishments that would fit this. We find children, babies crawling in labs all the time. It's not treated the same way. We find meth oil, which is similar to apple juice, sitting next to an apple juice bottle available to a child, and that is looked at differently. Yet, can you just imagine what would happen?

Our schools, talk to teachers; it's inundated. I talked to a treatment provider for juveniles before I came—she's part of my committee from the Meth Summit—in August. Most of her business is methamphetamine-related.

What can you do? Control ephedrine and pseudoephedrine, period. They're not rocket scientists. They can't make it unless they have that stuff. Precursor laws in the old days with the old labs changed the entire process. It had an effect. This would, too.

There needs to be severe penalties. In Washington State we have "three strikes, you're out." We have not yet been able to convince the Governor that manufacture of meth should be a strike because, as I said, it affects every aspect and every facet of our communities, our schools, our public and social services, our law enforcement, our fire. It's affecting our communities, and it's burying us.

My 44 sworn, or thereabouts, when I am fully staffed, I could devote them all to fighting meth, doing meth, and they would do nothing else. That's how bad it is getting in rural Washington, 70,000 people, mostly Federal property.

Expand and fund the drug task forces. We are currently and constantly under attack. It seems like we're pitted against treatment, prevention, and enforcement. We seem to be fighting for the same dollars. It's not fair. I will tell you that we need to find a way to better blend those things together and not fight about the money, but make sure we have what we need.

This may come as a shock to you, but drug treatment for meth is a dismal failure. It is a dismal failure. So dumping tons of money in there may not be the way to go. Should we do it? You bet, but prevention/enforcement seem to be a better tool.

I know when I arrest a meth manufacturer, someone dumping chemicals, poisoning our children, and they're in jail, I know they're not manufacturing meth. If I knew they were there for a long time—it took us about 20 years to get this last fellow. He's gone for 30 years, but it took a long time and a lot of arrests for manufacturing meth to get him there.

Crime is a direct result. There is violent crime, abuse, domestic violence, all of that stuff, and those people are out driving cars, folks, on the highways with your families and mine. They're out there, and they're much more difficult to deal with.

Somebody asked about, what do they look like? If you spot one, ever see one once, you'll know after that. They look pretty wild.

Where we can really help us is with lab response teams, support our State patrol, our State lab. We can't afford to have a lab team. It's too expensive. But we have them in place. Our drug task forces,

some of them have them in place. We're trying to get some more of our people trained by the DEA. Their training is very helpful. So we have a minimal response, but it's not enough.

Speaking of the DEA, please, when you send help to rural counties, if you send 10 DEA agents to Lewis County, it's like a scab on the front of your nose; everyone in the county knows they are there. They're not able to use our informants. They're not able to blend. We need to find a way to better blend that, and that's policy. It's not the officers; it's the policymakers. We've got to blend them better, and that can be done.

Standing at the counter of my jail 1 day—what does meth do to teeth—a man standing right there talking to me, his tooth fell out on the counter. It rots them. The chemicals rot them from inside out.

When they go into the jail, they are taken off any—they've been deemed by somebody to be disabled and qualifying for benefits until they come into a county jail, and then the locals have to pay those medical, dental, and mental health. Speaking of mental health, we've had a 1,300 percent increase in our jail for mental health referrals since 1988, I think, and it's a direct result of substance abuse, in the last 4 or 5 years, methamphetamine.

I know a lot of talk has been about asset forfeitures which has occurred up here on the Hill. Please remember why it was put in place in the first place, and meth is not an asset forfeiture target-rich environment. The DEA may have a lot of big Mexican and well-organized; ours are primarily mom-and-pop stores, mom-and-pop little outfits. They're disorganized. If anything, they do communicate by teaching each other how to manufacture meth, and that's about it. In fact, the fellow who went away for 30 years was our leading instructor in the manufacture of meth for others, and we couldn't get rid of this scourge.

Asset forfeiture, there are problems with it. There are abuses of it, but, please, when you hear about these horror stories, use a surgeon's knife as opposed to a meat cleaver approach. If you think about the fact that most of the time the problems that you hear are horror stories—and they're real; they are real and they are serious, but maybe we can deal with ones that are wrong as opposed to every one of us and putting us all in the same bucket.

When I left, my under-sheriff was trying to respond to a Federal organization—and this is a continuing problem—required by them over the Internet on line and, as normally happens, it's not working. We've got to find a way—I'm a policymaker; you all are policymakers; the leadership of DEA is policymakers, the FBI. We have to find ways to better mate up so that we get the best bang for the buck.

I want to thank you all for the time to be here. I appreciate the opportunity to address you. As my colleague said, I would be happy to answer questions as well.

[The prepared statement of Sheriff McCroskey follows:]

Subcommittee on Criminal Justice, Drug Policy and Human Resources

Testimony by Sheriff John McCroskey

Lewis County, Washington

July 12, 2001

I want to thank Chairman Souder, Ranking Member Cummings and my Congressman Brian Baird for inviting me to be here today. It is truly an honor and a privilege. So, having said that, and with all due respect, I'm sure you would prefer I speak plainly and concisely as possible and not waste your time.

Lewis County is located in Western Washington halfway between Portland Oregon and Seattle Washington. On the east end, we border Mt Rainier National Park on one corner, and Mt St Helens on the other. Our county is not unlike much of Southwest Washington, and most of Eastern Washington. It is rural, with much of the economy agriculture and timber dependent. Washington is trying to deal with the meth explosion and our state is number two behind California. Lewis County is number one per capita in our state for the number of labs.

So what needs to be done?

Control Ephedrine. Most meth cooks couldn't make meth without it. The processes used today are different than only a few years ago because the precursors to manufacture meth were controlled. This would help.

Severe Penalties People who are convicted should face serious consequences. They are poisoning our kids, our environment and taxing most public services right now. It will get worse as their numbers grow. I spoke to a treatment provider who specializes with kids before I left and asked her how much of her business is meth related. She said most of it. It is estimated that for each pound of meth, there is six pounds of toxic sludge. This gets dumped on the ground, in septic tanks, waste water treatment lines and all over. It poses a serious health risk.

Expanded Funding of Drug Task Forces Seems like every year we hear threats to cut the task forces to fund treatment or other programs. Treatment and prevention have a role in this, but when communities dial 911, they want cops. It is important the treatment, prevention and enforcement pieces aren't pitted against each other all the time. In addition, the funding of Lab Response Teams, including equipment is an essential piece. We lose labs frequently because the Washington State Patrol Lab Team can't get to us for several days. They are run ragged and even though a couple of larger counties are trying to form teams, the costs to train, equip, and staff these positions is staggering. And just because a small rural county doesn't have a Drug Task Force like bigger more urban areas, doesn't mean they don't need help. They should have access to dollars as well.

Drug Treatment for Meth is a Failure Does that mean don't do it? Of course not, but stop kidding ourselves about how successful it is. If the standard for DARE was "it just isn't working" then it should be the same for all of them. Prevention programs make better sense, and enforcement is working better then treatment. I know if a meth cook is

in jail, they aren't making meth. That's not true for treatment...unless it is inpatient. The dollars are limited, and I would say nothing is being too successful.

Crime and Meth Meth users account for a much higher percentage of crime than the general population at large. Assaults, burglaries, child abuse, domestic violence, theft, mail and identity theft are all crimes associated with this drug. Many of our meth dealers and manufacturers are suspended and serve more time for that than the meth related crimes. Mere possession of meth isn't as serious as the things these people do. Here is another comforting thought, they drive cars while tweaking. They are on the roads with you and your families.

I mentioned identity theft. In our area, this is the preferred method of getting money by the meth community. So please...STOP demanding the Social Security Number on public documents like licenses. With a name and Social Security number they can, and do reinvent them selves and destroy people in the process. My mail was stolen by a ring of thieves working from Canada to Mexico. When the suspect was arrested, he claimed to have stolen my mail and sold my Social Security to a market in California.. Find another way to track dead beats.

Lab Response Teams This is an area where we could use help. Fund lab teams and include monies for the fire department equipment that must be disposed of after contamination. Most of our fire departments are volunteers and have to leave jobs to stand by during the clean up. This can take a whole day and can't be done without fire suppression on the scene.

Send Unrestricted Dollars instead of Federal Agents No offense and I know some fine federal officers, but sending 10 into a rural county for a few weeks is a waste of time. They have different standards of informants, they have to leave all the time for training, and they stand out like a big scab on your nose. Everyone knows something is up including the meth community. They are great men and women and it may work well in a big city, I know it does. But if our task force had gotten the money that operation cost instead of the people, we could have worked our people on overtime and made some real headway. At the end of the day, we would have had a lot to show for it instead of a pretty book with a bunch of information we already knew. I don't mean to sound ungrateful, but I want the best bang for the buck.

Please Pay your Bills Recently a major international meth case was worked and federal agencies asked for our help. It was going to be very expensive and they promised to pay for our costs. We worked with them, dedicated most of our task force to them and helped serve warrants when the case wrapped up. And, as we expected the costs to us locally were high, and not something we can afford. When the Task Force Commander started processing bills, it became a struggle we eventually over came, but rural counties in Washington can't absorb those kinds of costs. Several years ago, in a similar case, also international, we brought in federal agencies and asked for help. They agreed and we had a handshake deal on who would pay for what, we really got shorted on that one.

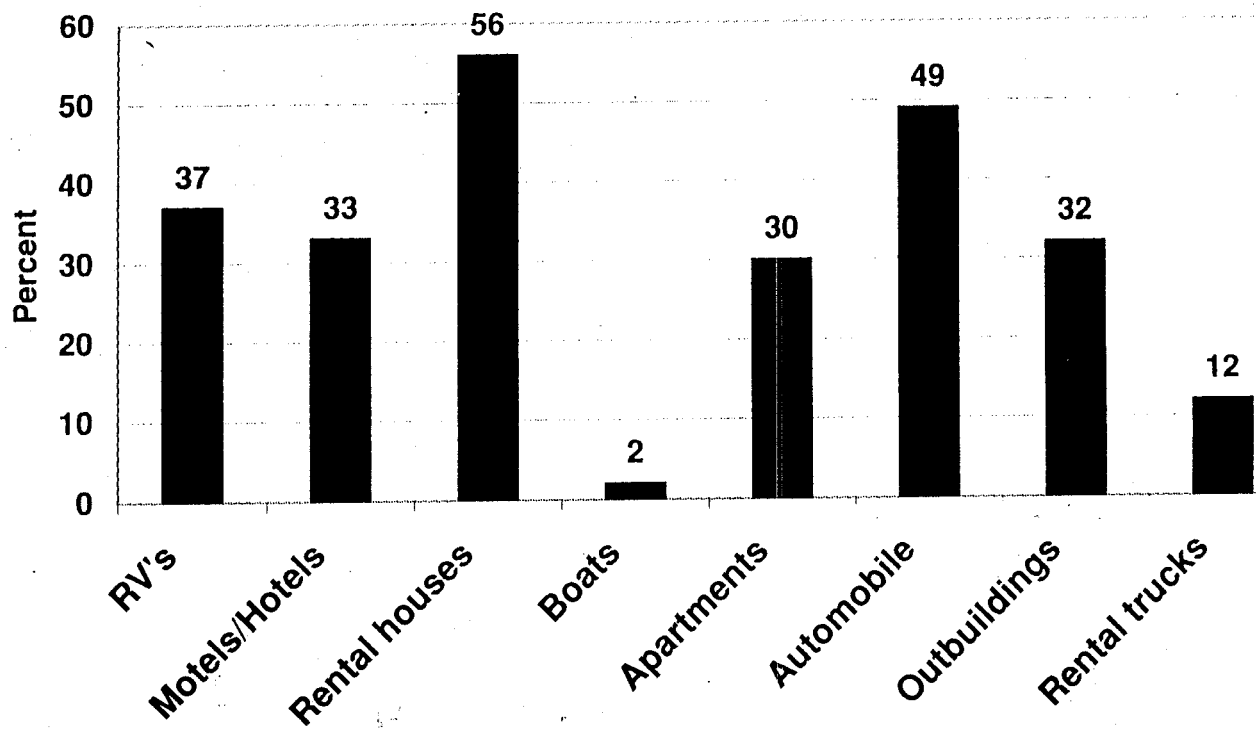
Jail Medical Costs Many of the people we arrest are on some sort of assistance since they have been determined as disabled because of their addiction. But upon entry to the jail, they are cut off and we end up paying the medical costs. If they could be left on the coupons or insurance they have when they come in, that would help spread the costs out. We see serious medical, dental and mental problems associated with meth. We have had a 1300% increase in mental health referrals in the jail and a good portion is caused by meth.

Asset Forfeiture There has been a lot of talk back here about this issue. Our experience with meth is there generally isn't much to seize, and sometimes it is contaminated. Have abuses occurred with asset forfeiture? Yes. But they are not the rule, rather the exception. Try to remember why the law was passed in the first place when someone is pointing out a horror story to you. Don't punish the agencies doing it right, to reach the bad apples.

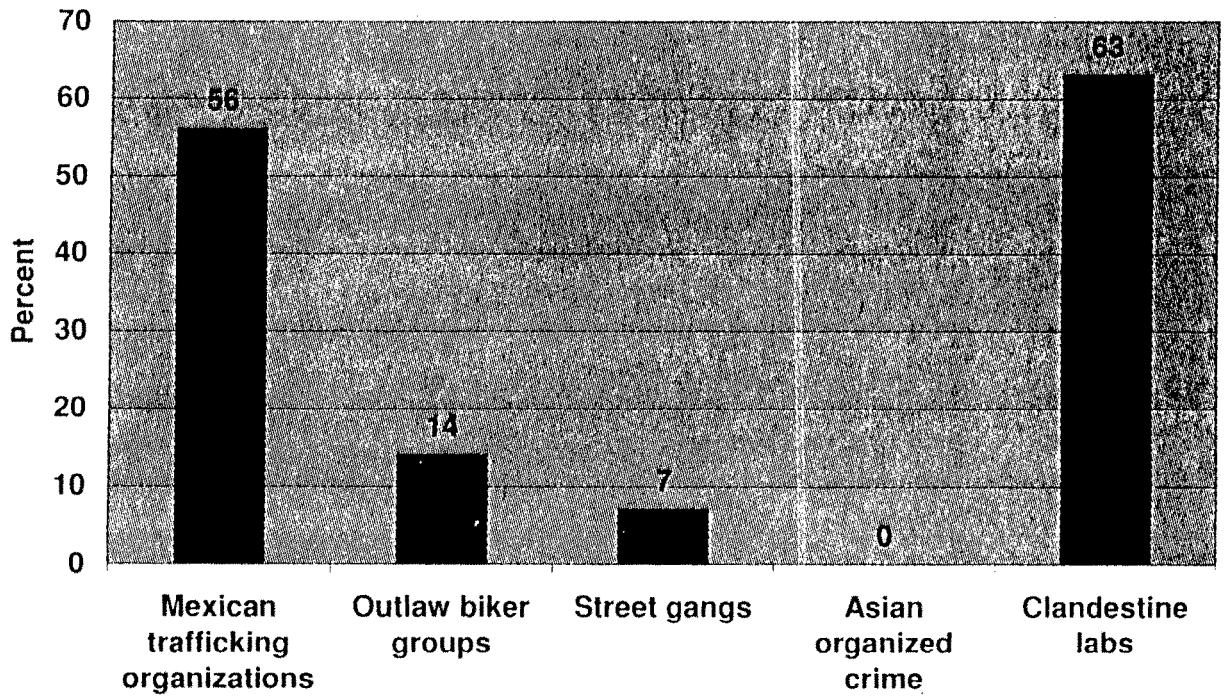
Federal Bureaucracy When I left, my Underssheriff was trying to get software working to file a report a federal agency wanted "on line." It wouldn't work and that's typical. We spend a significant amount of crime dealing with federal mandates, trying to comply with rules and laws that sometimes compete with each other, require our attention and don't have anything to do with crime fighting. Most of the time, a problem that should be dealt with using a surgical knife, gets a meat cleaver instead.

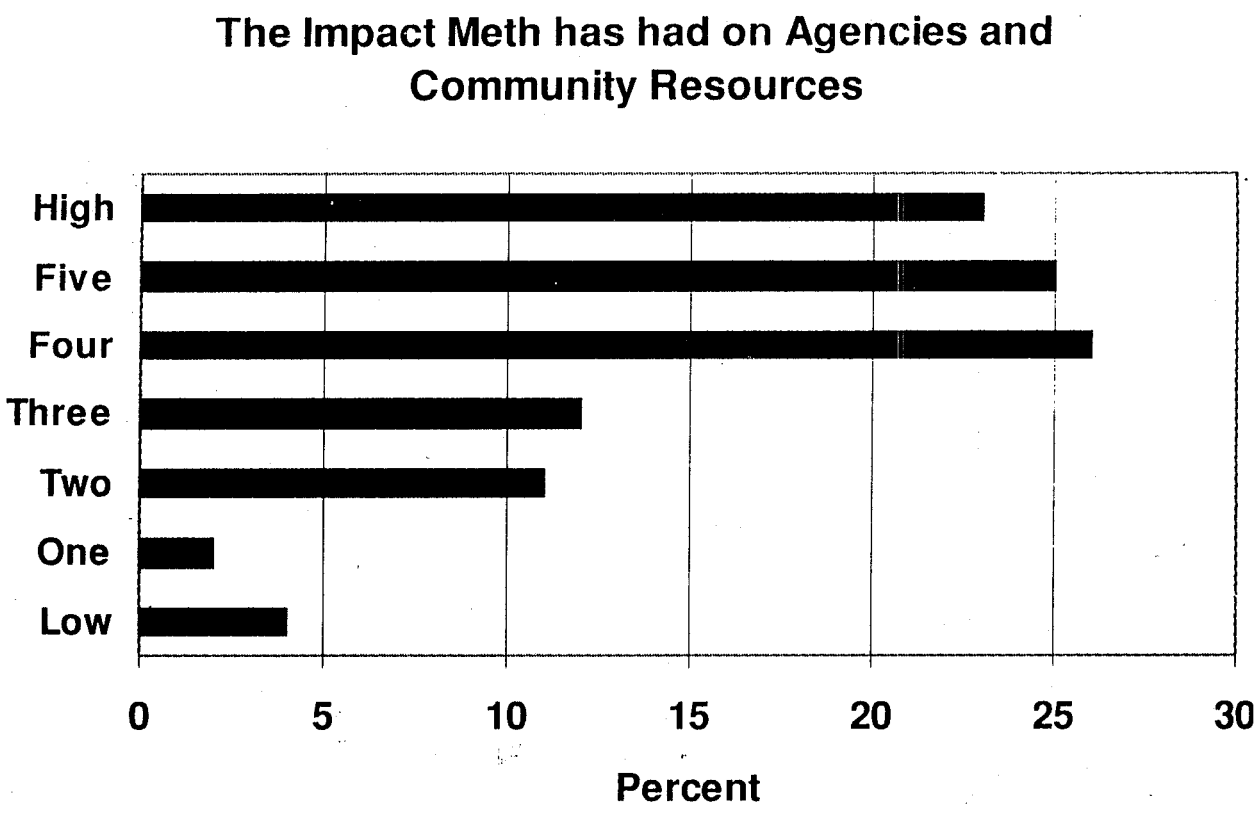
In closing, I believe part of the problem is a loss of hope. That is why we see middle aged men start using meth and why we see kids start. It is not uncommon for a kid I have watched grow up, had on my soccer or baseball team, or in my home, tell me he'll be dead by 25 anyway so why not?

Location of Clandestine Labs

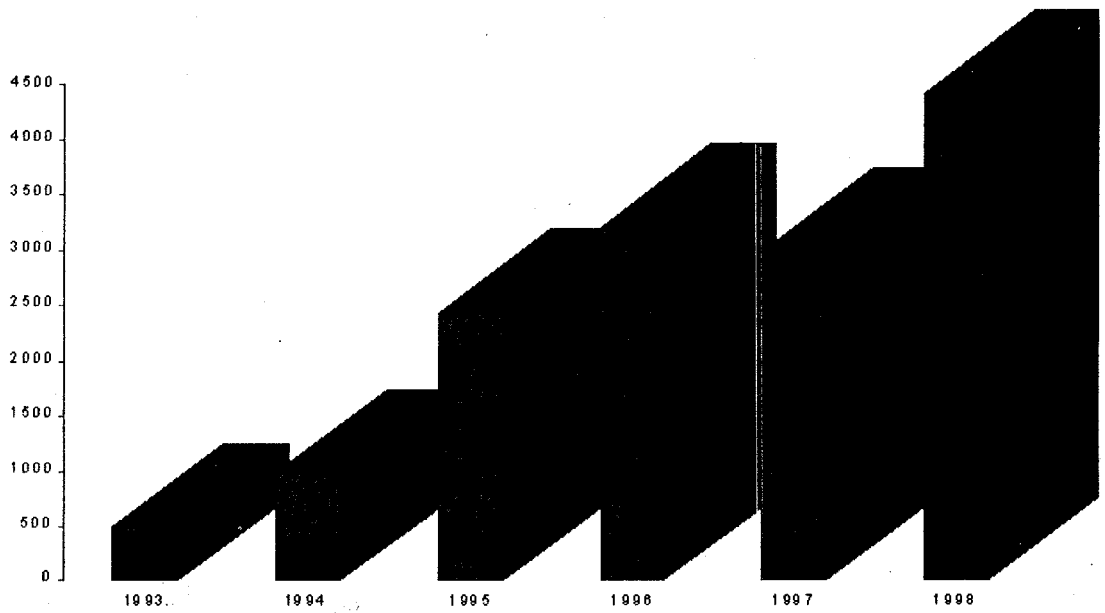


Sources of methamphetamine.




The Impact Meth has had on Agencies and Community Resources
High
Five
Four
Three
Two
One
Low
0
5
10
15
20
25
30
Percent

Treatment Admissions for Methamphetamine



WASHINGTON STATE TREATMENT ADMISSIONS*

PRIMARY DRUG = METHAMPHETAMINE

COUNTY	SFY 95		SFY 00	
	Number	Rate	Number	Rate
Clallam	41	64.47	107	160.42
Cowlitz	61	68.23	189	199.16
Grays Harbor	112	165.44	67	99.85
Lewis	61	93.13	188	272.46
Thurston	112	59.20	291	142.44

* Excludes Detox, Transitional Housing & Group Care Enhancement, private pay admissions.

Lewis County Horror Stories

Submitted by the Unified Narcotics Enforcement Team, Lewis County

See photos on opposite page

Methamphetamine Labs in Lewis County - Since Lewis County is becoming the Methamphetamine Capital and all the devastation and expense that goes along with it, we are writing a few recent horror stories.

Within the past month, one investigation stemmed from a tip given by a local feed store about a suspect purchasing iodine. The tipster provided the suspect vehicle license plate which traced back to an individual known to the UNET Task Force as being involved in methamphetamine. The task force conducted a knock and talk at the residence, and located a suspect in an outbuilding who acted very paranoid and suspicious. The suspect denied permission to search, so detectives left and proceedec to a grocery store next door when a neighbor approached and hysterically described that immediately upon the detective's departure, the suspect and another male left in a vehicle along with a female who peared to be a hostage.

In returning to the residence, detectives found that the outbuilding which previously had a closed, boarded-up window, now had an open window and they could smell chemicals coming from the outbuilding. Upon looking for any other people or witnesses to the alleged kidnapping, detectives observed through the open window, jars, tubes, bi-layered liquids, and what appeared to be a very large, ongoing methamphetamine lab. Detectives then applied for and received a search warrant, locating a large scale methamphetamine lab. An odd twist to this discovery was that the residence was for sale and was going to close that day. Once the owner found out about the lab, he was anxious to dump the property on the innocent potential buyer because of the huge expense of the cleanup required to make the residence habitable again.

Another Lewis County methamphetamine story happened in a secluded area where a husband and wife resided with their family, consisting of a 16-year-old teenage son and two small children. This again, was a foul, beyond description shit-hole (no other word can really adequately describe these "homes.") The children were all filthy, there was no electricity or running water, and pornography was plentiful throughout the residence. Detectives reported that the only food in the house was a box of dry cereal, which was in a cupboard next to a box of ant poison. The three children had never been to school, and the 16-year-old reported to detectives that his parents used him as a guinea pig on their methamphetamine. They would try out samples of methamphetamine on him to ingest to see if the batch was any good. What chance do these children have?

The three children had never been to school, and the 16-year-old reported to detectives that his parents used him as a guinea pig on their methamphetamine.

One more favorite is the active methamphetamine lab found in another stinky, trashy trailer with no running water, and power provided by an extension cord from the main house. The large quantities of sludge and waste products from this ongoing methamphetamine lab were funneled outside the trailer to an open ditch where farm animals were free to roam. The worst of this lab was that there was a 9-month-old baby living in the absolutely filthy 20' trailer with mom and dad and the lab. On the kitchen counter was a baby bottle with apple juice. Right next to it was another similar shaped bottle with amber-colored liquid which was found to be methamphetamine oil.

Don't wait to talk to your kids about alcohol.

Today's kids are making decisions about alcohol use at an increasingly young age. Almost 50% of fourth through sixth graders report peer pressure to try alcohol, and the average age of first use now occurs at age ten. So talk to your kids early about the use, and abuse, of this drug.

Send for our free guide or call: 1-800-662-9111.

Washington State Substance Abuse Coalition, Talking to Your Kids About Alcohol Brochure
12729 N.E. 20th, Suite 18, Bellevue, WA 98005

Mr. SOUDER. Thank you. You certainly scared me from driving I–5. [Laughter.]

We're going to wait to introduce Chief Serrano until—oh, Congressman Ose is back. OK, I will let you do that. I didn't see you sneak in there.

Mr. OSE. I tell you, Chief, I don't know about these guys.

Mr. SOUDER. That's why you're in such good athletic shape, from all these runs back and forth here. [Laughter.]

Mr. OSE. Mr. Chairman, it is a pleasure today to introduce Chief Henry Serrano. Chief Serrano comes to us today representing the law enforcement department of the city of Citrus Heights, which I was involved in founding, and we successfully accomplished that after 14 years in 1996, November 5, 1996, if I recall correctly.

Chief Serrano runs a department of about 60 officers as a part of a larger sheriff's organization for the county. He is under contract to the city. Henry is the second chief of police to serve in the city of Citrus Heights. He's basically on loan to us from the sheriff. He has done an outstanding job and has had significant experience in the innovative ways in which local government in an urban setting can use its resources to combat not only methamphetamine, but drug use, drug abuse in particular. I am pleased that he is able to join us today and has taken time out accordingly. Mr. Chairman, thank you for allowing him to testify.

Chief SERRANO. Mr. Chairman and members of the subcommittee, I appreciate the opportunity to be here with you this morning to provide you with testimony regarding how methamphetamine is impacting our community. I'm also deeply appreciative to our Congressman, Doug Ose, for all that he does and for making my appearance here this morning possible.

Across America drug abuse is the common denominator in much of the overall crime problem. Drug abuse drains precious public resources and causes irreparable damage to members of our communities. As with many communities, my city of Citrus Heights, located in Sacramento County, CA, has its share of drug abuse problems. Methamphetamine is the primary drug of abuse in the city of Citrus Heights and that region.

I am here today to share with you, with this committee, my concerns about the rapidly spreading use of methamphetamine. Because of the location of Citrus Heights and our proactive approach to deal with this problem, I may be uniquely qualified to comment on the methamphetamine epidemic.

Studies have shown that Sacramento County had the highest incidence of methamphetamine use amongst male arrestees in the United States and was third in female arrestees. Nearly 70 percent of the people arrested in Sacramento County test positive for at least one illegal drug at the time of arrest. Furthermore, a study of students at our city's high schools indicates that over half of the high school students report having used illicit drugs.

Studies show that methamphetamine is spreading from the West Coast across the United States. Based on current trends, methamphetamine will become a major problem for U.S. cities coast to coast. Public and private health care services are adversely impacted by drug abuse. Sacramento County has a higher rate of

methamphetamine-related hospital emergency room admissions than any other county in the State of California.

Children are often victims of drug abusive parents or care providers. Child Protective Services in California report that, when it intervenes to protect a child from a drug abusive family, methamphetamine is invariably a root cause. One in every 10 babies born in Sacramento County test positive for drugs or alcohol.

Violent and unpredictable behaviors of persons high on drugs pose a safety risk for both the public and law enforcement across America. In 1999, a subject who was under the influence of methamphetamine attacked two Citrus Heights police officers. During the incident he was shot. In 2000, a violent, highly publicized hostage situation occurred in Citrus Heights. A subject who was under the influence of methamphetamine held an 84-year-old man hostage and threatened to stab him in the throat. The subject was shot and killed by an officer.

With the formation of the Congressional Caucus to fight and control methamphetamine, a bipartisan group of 68 Members of Congress, including some of yourselves, has nationally acknowledged the gravity of this epidemic.

What can be done to change this scenario? The Citrus Heights Police Department has developed an innovative and proactive drug abuse reduction model combining prevention, education, enforcement, and training. Through a reality-based education of students and members of the community, collaboration with stakeholders, and early intervention through highly specialized law enforcement training and enforcement, the Citrus Heights Police Department has taken a first critical step toward a healthy and more productive community.

The police department would like to implement and expand a drug reduction/prevention program that will serve as a model for other law enforcement agencies across the United States. Our goals are to employ drug recognition experts [DREs], to intervene and act as resources to other officers enforcing drug-related laws and DUI laws.

In the United States only about 1 percent of officers have this DRE training. In my agency approximately 20 to 25 percent of the officers are DRE-trained, and my goal is to have 50 percent trained and certified as experts.

We work collaboratively with the University of California, Davis, Department of Psychiatry, working to create a reality-based, innovative and progressive drug education program for students and other key stakeholders in the community. We provide drug abuse education materials and support service references to drug-addicted arrestees and their family members and friends. We also identify unsafe environments for children where drugs are prevalent and work with Child Protective Services to place children in safe living situations. We seek to provide support services to elderly persons or developmentally disabled people who are neglected by drug abusive relatives or caregivers. Our agency works to obtain and analyze data regarding youth exposure to drugs and effectiveness of drug education, prevention, and media campaigns to develop more effective age-appropriate education materials. We are in the process of developing and implementing a survey for students and citi-

zens regarding the availability of drugs and patterns of abuse to assist in the development of effective strategies for drug prevention. We will analyze and incorporate data from surveys to develop a profile of the methamphetamine users: habits, patterns of use and purchase, and other psychological traits to aid in the enforcement efforts and education of other law enforcement officers, and, finally, to design and implement a program evaluation survey to evaluate outcomes of the school education component, including the effectiveness of the course over a 3-year period in preventions of patterns of drug abuse.

I truly believe that drug abuse is, first, a community problem, and therefore, first, must be addressed at the community level. A broad-based program, such as the one I have just described, is necessary for every community plagued by drugs. It is only when every community can do its part to reduce demand for illegal drugs that significant headway can be made into what is really becoming a national problem.

My department is doing what it can, but we need to do more. We will always strive to be in a leadership role to reduce drug abuse and improve the quality of life in Citrus Heights and, hopefully, the Nation.

Mr. Chairman, in conclusion, thank you very much for the opportunity to be with you this morning. I would like to have the additional documents I have provided entered into the record. I hope my testimony has been effective in highlighting the problems, and I look forward to working with you toward a solution. I would be pleased to take whatever questions the subcommittee may have.

[The prepared statement of Chief Serrano follows:]

CITRUS HEIGHTS **POLICE DEPARTMENT**

Statement of:

Henry M. Serrano
Chief of Police

City of Citrus Heights, California

before the

Subcommittee on Criminal Justice, Drug Policy and Human Resources
Committee on Government Reform

July 12, 2001

Mr. Chairman and members of the Subcommittee, I am Henry Serrano, Chief of Police for the City of Citrus Heights, California. I appreciate the opportunity to be here with you this morning to provide you with testimony regarding how methamphetamine is impacting our community. I am also deeply appreciate to our Congressman, Doug Ose, for all that he does and for making my appearance this morning possible.

Across America, drug abuse is *the* common denominator in much of the overall crime problem. Drug abuse drains precious public resources and causes irreparable damage to members of our communities.

- As with many communities, my City of Citrus Heights, located in Sacramento County, California has its share of drug abuse problems. Methamphetamine is the primary drug of abuse in the City of Citrus Heights and the region.

I am here today to share with this committee my concerns about the rapidly spreading use of methamphetamine. Because of the location of Citrus Heights and our proactive approach to deal with this problem, I may be uniquely qualified to comment on the methamphetamine epidemic.

Studies have shown that Sacramento County had highest incidence of methamphetamine use amongst male arrestees in the United States, and was number three for female arrestees. Nearly 70 percent of people arrested in

Sacramento County test positive for at least one illegal drug at the time of the arrest.

Furthermore, a survey of students at our City's high schools, indicates that over half of high school students report having used illicit drugs.

- Studies show that, Methamphetamine is spreading from the west across the United States. Based on current trends, methamphetamine will become a major problem in U.S. cities coast to coast.
- Public and private health care services are adversely impacted by drug abuse. Sacramento County has a higher rate of methamphetamine related hospital emergency room admissions than any county in the State of California.
- Children are often victims of drug abusive parents or care providers Child Protective Services in California report that when it intervenes to protect a child from a drug abusive family, methamphetamine is invariably the cause.
- One in every ten babies born in Sacramento County test positive for drugs and alcohol.
- Violent and unpredictable behavior of persons "high" on drugs pose safety risks for both the public and law enforcement officials across America. In

1999, a subject who was under the influence of methamphetamine attacked two Citrus Heights Police Officers. During the incident, the subject was shot.

- In 2000, a violent, highly publicized hostage situation occurred in Citrus Heights. A subject who was under the influence of methamphetamine held an 84-year-old person hostage, and threatened to stab the victim in the throat. The subject was shot and killed by an officer.

With the formation of the Congressional Caucus to Fight and Control Methamphetamine, a bi-partisan group of 68 of your peers have nationally acknowledged the gravity of the epidemic.

What can be done to change this scenario? The Citrus Heights Police Department has developed an innovative and proactive drug abuse reduction model; combining prevention, education, enforcement and training. Through reality-based education of students and members of the community, collaboration with stakeholders, and early intervention through highly specialized law enforcement training and enforcement, the Citrus Heights Police Department has taken a critical first step towards a healthier and more productive community.

This Police Department would like to implement an expanded drug reduction/prevention program that will serve as a model for other law enforcement agencies across the United States. Its goals are to:

- Employ Drug Recognition Experts (DRE) to intervene and act as resources for other officers, enforcing drug related laws and DUI laws. In the United States, only 1% of all officers are DRE trained. In my agency, 25% of the officers are DRE trained, my goal is to have 50% trained and certified as experts.
- Collaborate with the UC Davis, Department of Psychiatry, to create a reality based innovative and progressive drug education program for students and other key stake holders in the community.
- Provide drug abuse education materials and support services references to drug addicted arrestees and their friends.
- Identify unsafe environments for children where drugs are prevalent and work with Child Protective Services to place children in safe living situations.
- Provide support services to elderly persons or developmentally disabled people who are neglected by drug abusive relatives or caregivers.
- Obtain and analyze data regarding youth exposure to drugs and effectiveness of drug education, prevention, and media campaigns to develop more effective, age-appropriate education materials.
- Develop and implement a survey for students and citizens regarding the

availability of drugs and patterns of abuse to assist in the development of effective strategies for drug prevention.

- Analyze and incorporate data from surveys to develop a profile of the methamphetamine user, habits, patterns of use and purchase, and other psychosocial traits to aid in enforcement efforts and education of other law enforcement officers.
- Design and implement a program evaluation survey to evaluate outcomes of the school education component including the effectiveness of the course over a three-year period in prevention and patterns of drug use.

I truly believe that drug abuse is first a community problem and therefore, first must be addressed at the community level. A broad-based program, such as the one I have just described, is absolutely necessary for every community plagued by drugs. It is only when every community can do its part to reduce the demand for illegal drugs, that significant headway can be made into what has really become a national problem. My department is doing what is can; but we need to do more. We will always strive to be in the leadership role to reduce drug abuse and improve the quality of life in Citrus Heights and in the nation.

Mr Chairman, in conclusion, thank you very much for the opportunity to be with you this morning. I hope my testimony has been effective in highlighting the problems and I look forward to working with you towards a solution.

I would be pleased to take whatever questions the Subcommittee might have.

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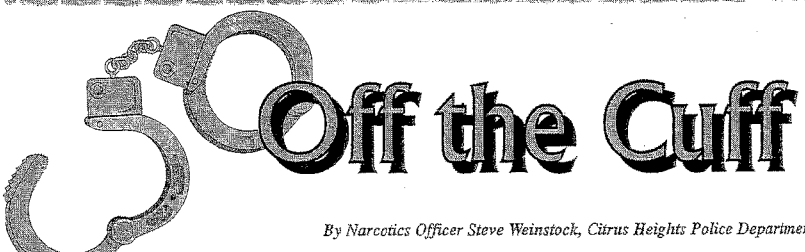

By Narcotics Officer Steve Weinstock, Citrus Heights Police Department

Driving under the influence (DUI) and drug abuse problems are highly prevalent in our community and these crimes have destroyed many lives with irreparable damage. The California Highway Patrol in Sacramento County has generally enforced the laws pertaining to DUI. With the incorporation of Citrus Heights and the contract development of Citrus Heights Police Department on July 6, 1997, the Sacramento County Sheriff's Department has taken over the responsibility for exclusive enforcement efforts of DUI and traffic-related incidents.

The development of Citrus Heights Police Department has brought about new concepts and challenges in patrol work for Sheriff's Deputies assigned to the CHPD. For the past four years CHPD officers have been conducting DUI enforcement and traffic enforcement with great success. Since we have moved into this new arena of law enforcement, we have come to realize the important need for pro-active DUI and drug abuse enforcement efforts in order to curb every potential risk to our community. CHPD Officers have become experts in the area of Drug Recognition (DRE) and have put forth personal time and effort to insure the success of an effective, community-based drug education and enforcement program. Here are some interesting statistics:

The 1999 National Institute of Justice Arrestee Drug Abuse Monitoring Project, showed over seventy percent of inmates in the Sacramento County Jail tested positive for at least one controlled substance at the time of arrest. The United States of America has the highest incidence of methamphetamine abuse in the world. Sacramento County has the highest incidence of methamphetamine abuse amongst male arrestees in the United States.

According to an October 8, 2000 article in the Sacramento Bee on the methamphetamine epidemic, more than 120,000 kids in California live in foster homes. In some parts of the state, social workers estimate that up to 90 percent of their cases somehow relate to meth abuse in the home.

In a study at the Sacramento County Mental Health Facility, approximately 50 percent of persons placed in their facility who submit to drug testing test positive for methamphetamine or cocaine. These perceived mental health problems are actually caused by drug-induced psychosis or simple drug influence which has been mistaken as a mental condition.

In response to the drug abuse problem in our region and our increased involvement in DUI enforcement and DUI-related traffic collision injury and fatality investigations at the Citrus Heights Police Department, we implemented the Drug Recognition Expert Program in April of 1999.

Our aggressive Drug Recognition Experts have arrested hundreds of people under the influence of controlled substances, which has resulted in them being placed on searchable probation. These people are involved in the majority of criminal activity in our city and we see these arrests as a proactive step towards preventing future criminal activities. Recognizing and arresting drug abusers helps reduce the demand for drugs in our city and creates a great pool of criminal informants used to investigate drug sales activities.

With the full support of Police Chief Henry Serrano, Lt. Don Jones, Lt. Joe Spoto and Lt. Jim Bell, we included the community stakeholders with the development and focus of the program. The stakeholders included members of the community, state parole, law enforcement agencies, and the University of California, Davis Department of Psychiatry.

We developed and initiated a proactive enforcement model and a community education program that serves as the perfect model of community-oriented policing. The DRE program, community education efforts, and pro-active drug enforcement

really encompasses the true philosophy and meaning of community-based policing. This is demonstrated by strong public involvement, understanding, and support.

As a result of the enforcement strategies, DUI drivers, hundreds of drug addicts, and other criminals have been arrested, prosecuted, and in some cases rehabilitated by our education efforts and their personal commitments. This has resulted in the reduction in crime and reduced calls for service.

We learned that methamphetamine use was common in domestic disturbance, child abuse, and domestic violence calls for service. Taking affirmative steps to identify persons under the influence and affecting arrests became a very effective method of improving public safety while reducing repeat calls for service.

An example of this included two bars and three apartment complexes that were notorious for high levels of drug activity. Officers made dozens of drug-related arrests, including DUI, and the arrest of bar employees who were under the influence of methamphetamine on duty. Both bars were sold and the drug problems and related DUI problems have been greatly reduced. The apartments have been remodeled and the drug users and dealers evicted and/or placed into custody.

Another example of our proactive enforcement occurred when it was discovered that a local bar was allowing RAVE parties for teenagers and other young adults. Officers arrested subjects under the influence of ecstasy (MDMA) and LSD leaving the bar. Police Chief Serrano made this a top priority and within days, the bar was closed down by the fire department for serious safety violations.

We met the challenge of being responsible for DUI enforcement and DUI collision investigations. A study in California indicated that 51% of drivers between the ages of 15 and 32 years of age tested in fatality collisions were found positive for a controlled substance. A University of Tennessee study indicated that over 40% of drivers injured in traffic collisions tested positive for a controlled substance.

In addition to meeting the challenge of DUI enforcement, according to the CHP, Officers Robert Johnson and Steve Dutra were among the first members in the history of the Sacramento County Sheriff's Department to become certified DRE instructors and they now teach at the California Highway Patrol Academy.

With the support of Chief Henry Serrano and his administration, Officer Robert Johnson has implemented a pro-active community drug education program which has taken off like wildfire. His presentation attacks the cold hard truth about drug abuse, the effects on the community, and the effects on our local and national infrastructure. Robert has a dynamic and interesting presentation which has drawn the attention of public school administrators, community leaders, and organizations such as the District Attorney's Office, Sacramento County Fire Department, U.C. Davis Medical Center, and the U.S. Department of Interior.

Officers Steve Dutra, Robert Johnson, and I were selected by the CHP to teach the Royal Canadian Mounted Police how to identify and investigate persons who were suspected of being under the influence of controlled substances. We had an enjoyable, productive, and memorable experience teaching the Mounties, eh!

In addition to teaching other law enforcement officers about drug recognition and abuse, Officer Robert Johnson, DRE Coordinator, School Resource Officer Kelly Lara, and I have been providing training courses for the elementary and high school administrators and teachers in our city.

Officers Johnson and Lara have also provided training classes to the students at Mesa Verde High School and are in the process of expanding the program to San Juan High School. All freshmen at the local high schools will attend the two-day drug course and the police chief has already received letters from students indicating that they have been using drugs, but are going to quit after attending the reality based drug education training.

Our goal is to reduce drug abuse in the community through education of the children. Elementary school teachers and administrators are being taught about the dangers of drug abuse and they are working with law enforcement to send a consistent message to children and parents about drug abuse.

Police Chief Henry Serrano sent a letter to the entire freshman class of Mesa Verde High School in support of the drug education program. The students were thanked for their participation and for completing drug abuse surveys.

A clear and consistent message is being sent to the youth in Citrus Heights that drug abuse destroys lives.

The success of the enforcement and education programs has been evidenced by the reduction in crime and letters of

support from citizens, community organizations, and other law enforcement agencies.

Chief Henry Serrano and Officer Johnson also formed a strong alliance with Mothers Against Drunk Driving (M.A.D.D.).

M.A.D.D. presented awards to Police Chief Serrano, Lt. Jones, Lt. Bell, Lt. Spoto, and Officer Robert Johnson at a Town Hall Meeting with Congressman Doug Ose in August, 2000. The Town Hall Meeting was hosted by U.S. Congressman Doug Ose to show his support for our efforts to combat the drug abuse problems affecting our community.

Other M.A.D.D. awards were presented in October to Lt. Cliff Peppers, Lt. Bill O'Connor, and me. Dorothy Nagle of the Sacramento Chapter of M.A.D.D., commented that the Citrus Heights DRE community education program and aggressive drug-related DUI enforcement was a model for other communities.

As a result of the DRE program in Citrus Heights, hundreds of arrests for DUI and drug-related laws have been made. Drug houses, apartment complexes, and businesses that were involved with illegal activity were identified and closed, and the quality of life for the citizens of Citrus Heights has been improved.

Citrus Heights Police Department is becoming one of the most progressive police agencies in Sacramento County according to Highway Patrol Officials involved in the statewide DRE program. The California Highway Patrol supports Citrus Heights for implementation of a primary North Sacramento DRE certification site. This is truly an honor and CHPD looks forward to taking on this challenge.

I would like to recognize and thank our friends at the California Highway Patrol for all their support in the development in our DRE and community education programs. CHP Officers Rick Knowles, Vaugn Gates, Danny Lamb, and Sergeant Deborah Schroder have been strong advocates for CHPD and our community-based policing philosophy. These dedicated individuals helped hone our expertise in the field of drug recognition.■

CHPD Officer Robert Johnson has devoted much of his personal time and energy to the development and management of these programs. He is truly a selfless man of integrity who demonstrates a strong sense of duty and devotion to the community and police department. These traits and his efforts in drug enforcement served as the basis for his recent recognition as "Officer of the Year" for CHPD. The award was presented to Robert in the presence of the City Council, U.S. Congressman Ose, State Senator Ortiz, MADD, and the citizens of Citrus Heights. Congratulations Robert.

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Citrus Heights police tackle meth problem

By Marsha Hart
Neighbors Staff Writer

Methamphetamines, a growing problem in the state of California, have permeated Citrus Heights.

Walk down any street in the city and you likely will pass more than one "crank," or meth user or dealer, law enforcement officials say.

California has the highest incidence of meth use in the United States, and Citrus Heights, one of the largest city in Sacramento County, has its share.

Meth use is one of the most widely recognized problems regionally, said Steve Weinstock, a narcotics investigator for the Citrus Heights Police Department.

"It's more than just a drug problem.

Statistics show that 51 percent of California drivers between the ages of 15 and 32 who were involved in fatal collisions were using a controlled substance.

Another daunting number that was reported in The Bee's Oct. 8, 2000, special section on the meth threat: More than 120,000 children in California live in foster homes. In some parts of the state, social workers estimate that as many as 90 percent of their cases relate to meth abuse in the home.

These meth-related problems are taken very seriously by the Citrus Heights Police Department, which has as-

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Meth: Community awareness key in drug fight

From page 1

signed Weinstock and Bob Johnson as narcotics investigators.

Weinstock was assigned his position six months ago, and Johnson received his assignment a few weeks ago.

Weinstock and Johnson follow leads on the sale or use of all illegal substances in the city but say that meth is the most prevalent dr[illegible]

[illegible] every criminal is a meth user, but meth is involved with almost every crime, Weinstock said.

Weinstock and Johnson have been certified as drug recognition experts at the California Highway Patrol training facility in Stockton.

To be certified, officers must complete a three-week program that includes time in the field. They must observe 12 arrests and have 90 percent accuracy in identifying drugs being used or sold, Johnson said.

Each certified officer must attend eight hours of recertification classes every two years.

Only 1 percent of the cops in the nation are certified drug recognition experts, Johnson said.

Johnson and Weinstock were invited back to the Stockton facility to help train members of the Royal Canadian Mounted Police, as well as California law enforcement officers.

"We encourage these guys to go to the training and go out and teach and work with other agencies," said Lt. Jim Bell. "We want other agencies to take this back to their communities."

Bell said the Police Department hopes to establish a training site in Citrus Heights and use officers who are certified as drug recognition experts to do the teaching.

"We're hoping that we can develop a program that will be adopted by every agency in the United States," Weinstock said, "and they will look at us as a leader."

For now, Weinstock and Johnson are teaching Citrus Heights-area students and instructors how to prevent drug use and alerting teachers to the signs of it.

"Our goal is to contact all teachers and kids in the community," Johnson said. "Some of the teachers don't know what meth is, but you walk into a fifth-grade classroom and ask, and at least one kid will raise their hand."

The child may know what the drug looks like and how much it costs because the parent may sell it. Johnson and Weinstock want to complete the child's education with facts about how the drug affects its users.

"They are open and honest with them," Bell said of how Johnson and Weinstock handle children's questions. "They are sincere and honest, and that attracts the kids."

The two narcotics officers use videos and personal written accounts from arrestees, parolees and people who are in court-appointed rehabilitation. They show students pictures of toothless meth users who have had their children taken away from them.

"We take our job to heart," Weinstock said. "We know they aren't getting the information they need."

In a survey of freshmen at Mesa Verde High School in November, some students said a friend or boyfriend used drugs and that they didn't know what to do.

One student said his three cousins have physical and emotional problems from his uncle's drug use.

"We as teens are pressured to do drugs more than we have been pressured not to do them," one freshman wrote in the survey.

Johnson and Weinstock see that statement as a wake-up call.

"Drug addicts aren't hatched in a cage," Johnson said. "They aren't born in a dirty, filthy place. We want to educate the teachers because they can influence what that child is going to do. A teacher is a role model, and we are, too, when we go into those schools."

Both officers say that when they make a drug-related arrest, they usually spend an hour counseling the person they arrested.

"We give them a packet of information with numbers of agencies, and we want to help them get off drugs," Weinstock said. "It's amazing the feedback we get from offenders. They truly understand the vicious cycle they are in."

While the officers don't take offenders to the schools for their anti-drug presentations, they tell the children the offenders' stories.

The two also give workshops for business owners and members of the medical community.

"We taught at UC Davis medical school in the psychiatry department," Johnson said. "We also worked with the district attorney's office and taught 30 district attorneys how to identify people under the influence.

"These drugs aren't like alcohol. You can't smell them. You have to know the physiological signs."

Bell said that in his 25 years of police work he has stopped more than 100 cars. Some of the drivers he let go probably were under the influence of some drug, he said.

"If I had known more, maybe I could've prevented some people from driving under the influence," Bell said. "Our long-term goal is to have every officer certified in drug recognition. When they do a traffic stop, they can see the person is under the influence of a substance."

Training 55 officers plus detectives will be a substantial expense, but Bell said the department has administrative support.

"We've sent people to Washington to see if we can get some funding," said Police Chief Henry Serrano. "We know it's the right way to go and has potential on a national level."

Because the drug problem is so deeply rooted in this country, assistant chief of police Don Jones said the department has to be realistic about the situation.

"We know we aren't going to win the war on drugs," Jones said. "It is in places we can't touch but we are going to fight the battles of it."

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Challenges - Opportunities Drive

City Policing Philosophy - *Part I of II part series.*

Just say no isn't enough anymore, if it ever was. That was one of the outcomes gathered from an extended interview with Citrus Heights Police Chief Henry Serrano, Lt. Jim Bell, Commander of the Services Division, and Robert Johnson and Steven Weinstock, of the Problem Oriented Policing as we discussed drug education in the city. *Just say no because...* is what it takes now.

"Today's kids are skeptical," Lt. Johnson said. Information and education needs to be presented to help kids in a pragmatic way, so they understand the real problems they face if they use drugs.

Today's kids know more, according to the officers. Just look at what the average kid is exposed to on television between eight and nine in the evening. A story was told about a seven year old informant, who was frightened of his parents and of the "dirty people" who came to his house. He was able to describe "crank" or methamphetamines being used and sold by his parents. His information lead to arrests and to his being placed in a safe environment.

The general public tends to think of the drug addicted person as a solitary individual or maybe as a member of a gang or group, without the recognition that drugs impact families and children. Kids in meth families are at risk. Methamphetamine takes over lives. It takes away peoples' ability to care about anything, including their children, their families, or homes. The craving for the drug alters what people do. A recent drug "bust" found 18 people living in a house with four children, who were sent to the Children's Receiving Home, and an 80 year old woman was referred to Adult Protective Services. The home was a shambles. Kids were living in filth surrounded by drug addicts and paraphernalia.

Methamphetamine is an easy drug to make. It's cheap to buy. It's highly addictive. Meth addiction leads to toxic substances in the home, syringes in the home. It is a drug used by men and women whose most important energy becomes "crave and use."

Methamphetamine is a problem in the Central Valley and in Sacramento, which is now #1 in terms of "meth" use in the country. In Citrus Heights there is meth use and there are meth labs where the drug is produced. The Citrus Heights Police Department has two themes when it comes to drug enforcement, arrest and prevention. The city is not soft on drugs. A highly trained police department staff knows how to detect drugs. Rigid enforcement is the first step in making change, according to Lieutenant Bell. People who use drugs need to know Citrus Heights will not tolerate drugs within its city limits. It has the highest arrest statistics in the area. If you use drugs in Citrus Heights you will be arrested. Along with arrest, the department wants to help people stop using drugs. The first step is getting drug addicts off the street, interdiction. Next step is moving people into treatment.

Arrest, helping people recognize their own participation in addiction, and medical screening are important. For women, often the fear of losing their children is the wake up call. Lt. Johnson talked about a man facing a possible 3 strikes conviction who was able to turn himself around. Making in-roads, helping people change, is one of the philosophies that permeated the conversation with the city police staff.

In today's society it is hard to find families that have not had some impact from drug or alcohol use. The police department is working with the community to eradicate drugs in Citrus Heights and to promote prevention through community education and involvement. Education of youth, teachers, administrators, health professionals, parents, and the community is a primary focus of the department. 25% of its staff is trained in drug recognition. The goal of Chief Serrano is 100% of the department trained. While it is expensive, it is also a priority. With a trained police force, with a trained community, you can produce change. According to Robert Johnson, fractional change, small steps, will swing the direction and momentum to produce positive outcomes. The department has the support of teachers, doctors, community leaders, parents, current and ex users and groups like MADD.

Positive change can happen. Small beginnings in positive directions can erode negativity. The Citrus Heights Police Department drug team thinks the positive energy that results from drug education, from hitting hard the users or trafficers in drugs in the city will tip the direction of the city away from the present paths in Sacramento and the Central

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Valley, away from high meth use and meth labs. The community will deem that kind of behavior unacceptable and it will stop.

The Chief and his staff are excited that the department's drug recognition expertise is being used by others. Chief Serrano displays a handsome plaque presented by the Royal Canadian Mounted Police as testimony to the valuable training to their officers in Citrus Heights. Both Robert Johnson and Steven Weinsock completed the Drug Recognition Expert Program at the California Highway Patrol Academy and are certified experts. They can recognize users, and teach others to do the same. They are qualified to give testimony in court cases as experts. Both officers spread their knowledge across the community. They have trained d professors, doctors, interns, and psychiatric staff at UCD Med Center Department of Psychiatry. They also train social workers, forensic psychiatric staff, and sheriffs working at the county jail to know how meth addicts can be recognized, what are the behaviors of people using the drug. Dr. Cheryl Paizis, a forensic psychiatrist at UCD speaks highly of the efforts of the Citrus Heights experts, Weinstock and Johnson. They are making inroads. Meth is a bad drug. It is cheap. It is easy to make. It produces outcomes worse than heroin. Users become paranoid, agitated, agressive, lose impulse control, and are likely to carry weapons. Heroin mellows you. Meth is a highly addictive substance. Once hooked the abuser focuses on the drug. Being in a contained environment like jail is important to give people a chance to quit using.

Clearly, drugs are not the only issue the City of Citrus Heights and its police department have as a priority.

Chief Serrano says priorities are different for different teams. The Department philosophy is Community Policing. In a small department, with the blank page of a new city, the department and officers can be pro active, influencing the way the agency works, making decisions that produce the best outcomes for the city residents and neighborhoods.

Some officers are interested in keeping neighborhoods clean, free of abandoned cars, building community pride. Others have interests in domestic abuse issues. Traffic control is important. People who drive through Citrus Heights need to know they cannot speed. They have to obey traffic laws in the city. All of these are important issues for the community police.

Officers have 4 beat meetings and there are monthly neighborhood association meetings where police and the community can interact to work together. There is an officer assigned to each neighborhood association

The Citrus Heights Police Department is evolving. Clearly there are issues that a young city must face in its development. Presently, the officers, including Chief Serrano, are Sacramento County Sheriffs, working under contract to the City. There may be an issue of "serving two masters," that is challenging, especially for the chief's position. It is one that is complicated by Sacramento County Sheriff's Union rules that require that union members be supervised by a County Sheriff employee, which assures the Chief will be a sheriff as long as there is a contracted department.

Presently, according to City Councilman Brett Daniels, 92 of the City's 144 employees are police contract employees. This concerns Councilman Daniels, both because of the costs to the city and because separateness the residents, in the early bids for cityhood, held dear. The plus of the contract brings the extra services and technology a large department can provide to augment city services. These are issues that will be addressed when the new policing contract comes up in a year. However, Daniels went on to say the Department is incredibly positive. Daniels added he wants to assure a Citrus Heights patrol presence is maintained. The need for a patrol presence is important to Chief Serrano and his team of officers.

City Manager, Henry Tingle said that the city has work to do as it evaluates the Citrus Heights Police Department of the future. The sheriff's department has done a good job providing a dedicated force to service the city. Presently the city pays $11-12 million dollars a year for police services, Tingle said. Over the next 18 months, he added, the city would be undertaking an evaluation of the long term costs of a separate department versus contracting services. The City Council will be involved, reviewing the findings and setting policy.

City Manager Tingle

praised the community policing of Chief Serrano and his staff as commendable. Recently, 6 officers were added to provide a dedicated traffic enforcement effort, bringing the total number of sworn officers to 86. Traffic is an important area. The new enforcement group is responsible for speed control and accident investigation.

Despite the issues inherent in the city's and department's newness, the leadership of the police department present in Friday morning's meeting stated a clear commitment to this new city.

"We are the Citrus Heights Police Department," Henry Serrano strongly maintains.

CITRUS HEIGHTS • ORANGEVALE • FAIR OAKS

Neighbors
Northeast
The Sacramento Bee

THURSDAY May 3, 2001

Shots fired at man result in arrest in Citrus Heights

By Marsha Hart
Neighbors Staff Writer

Citrus Heights patrol officers were called to a disturbance while the Citrus Heights Police Department was out on a citywide high-impact enforcement sweep April 26.

According to police reports, a woman and her boyfriend who live on St. Philomena Way in Citrus Heights were having an argument. After the boyfriend left, she went to her car, retrieved a 9 mm pistol and brought it into the house, police said.

When the boyfriend returned to the residence, the argument resumed and she pointed the gun at him, police said. As he walked out of the house, she allegedly fired the gun at him and toward the street.

Several children between the ages of 6 and 10 were playing outside.

Officer James Williams and a training officer arrested the woman and brought her to the Citrus Heights Police Department, where narcotics investigator Steve Weinstock said he observed that the woman was under the influence of methamphetamine.

Nicole Rene Pell, 28, was arrested on suspicion of assault with a deadly weapon, felony child endangerment and possession of methamphetamine for the purpose of sale, Weinstock said.

The April 26 sweep coordinated drug recognition expert instructors from the Citrus Heights Police Department and problem-oriented policing narcotics unit, and officers from the California Highway Patrol, Davis Police Department and Rocklin Police Department as well as state parole and county probation officers.

The sweep was conducted to curb drug activity, reduce crime and certify local officers as drug-recognition experts, said Lt. Jim Bell, commander of the services division for the Citrus Heights Police Department.

During the operation, 25 people were arrested on a variety of drug-related charges and arrest warrants. Sixteen of the 25 were under the influence of a controlled substance, according to police reports.

"We had a parolee we brought in who started threatening everybody and we had to do a blood draw on him down at the jail because he refused testing for controlled substance use," Weinstock said. "He was on a street called Sandalwood Drive in Citrus Heights at a known drug house where officers have made numerous drug arrests. He was arrested for parole violations, and he was extremely violent and threatened great bodily harm on officers. He had only been out of state prison approximately three weeks."

Other charges of those arrested included possession of stolen property, possession of methamphetamine, possession of drug paraphernalia, possession of a hypodermic syringe, child endangerment, and probation and parole violations.

"We had people who had just used a lot of meth and had been bingeing and awake for days, and they were like they were outside of themselves and couldn't hold it together," Weinstock said.

Bell said the sweep was a success.

"They did a great job and now we've certified other people in drug recognition," Bell said. "It not only benefits Citrus Heights, but other communities. The program is designed to benefit all local agencies. We're working very hard to get as many people trained in that field as we can. That sweep certified a Rocklin officer."

The drug recognition program is conducted through the California Highway Patrol. Bell said a couple of CHP instructors come in on their own time because they're so committed to the program.

"One officer, Rick Knowles, is very committed to the program," he said. "We're still focusing on continuing the program and getting more officers certified."

Neighbors
Northeast
The Sacramento Bee

THURSDAY May 24, 2001

'Club drugs' use rising at teen dance parties

By Marsha Hart
Neighbors Staff Writer

It is no secret that methamphetamine use and production are a major problem in Sacramento County. But the use of "club drugs" also is on the rise, say California Highway Patrol and Citrus Heights Police Department officers.

Ecstasy, ketamine, and GHB, or gamma hydroxy butyrate, are examples of club drugs frequently used by teens at dance parties called raves, said Rick Knowles, a CHP drug recognition instructor.

Such events are held nearly every weekend in any given city, including Sacramento. Some of the raves are held at bars or clubs in the area, but they also can be located in remote fields, warehouses or other venues that promoters rent for the night.

Information on locations of some raves is secretive. Many Web sites give dates, ticket price and the featured music or disc jockey, but the site usually is given via e-mail often on the morning of the event, Knowles said.

The events typically are billed as "no-alcohol" dance parties for teens, so parents are more likely to allow their children to attend, Knowles said.

Neighbors/Andy Alfaro

Drug paraphernalia confiscated from raves were on display during a California State University, Sacramento, class on chemical dependency assessment and treatment.

While no alcohol may be served, Knowles said raves are permeated with club drugs, which require those using them to drink a great deal of water or risk dehydration and collapsing.

Knowles said 8-ounce bottles of water are sold for $5 at some raves.

"There was a guy who died from MDMA (Ecstacy) use. And two hours after death, the coroner took his core body temperature, and it was still at 104 degrees," Knowles said.

Bob Johnson, a narcotics investigator for the Citrus Heights Police Department, said officers frequently need to stop at convenience stores to buy bottled water when they have arrested someone who is under the influence of Ecstasy because without enough water, a user can go into convulsions.

Ecstasy, most commonly seen in pill form, has no approved medical use. Formally known as methylenedioxymethamphetamine, or MDMA, Ecstasy is a synthetic drug combining the stimulant properties of methamphetamine with the hallucinogenic properties of mescaline.

"When our children are going to these raves and taking MDMA or Ecstasy, it alters the serotonin in the brain," Knowles said. "Serotonin is what makes us happy, and when you have a teenager coming down off of MDMA, they are not a happy person."

The increase in serotonin gives the person

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Drugs: Police chief seeks treatment cooperation

▶ CONTINUED FROM PAGE 1

a sense of complete happiness. But when the drug wears off, the user can experience problems.

"Ecstasy increases the serotonin release in the brain, and they can end up with serotonin syndrome," said John Lamb, toxicology management specialist at the California Poison Control System at University Medical Center in Sacramento.

According to an article written by Steve Nolan and J. Allen Scoggin, an associate professor at the University of Tennessee College of Pharmacy, serotonin syndrome is a potentially serious drug-related condition. Amphetamines and cocaine increase serotonin release.

Serotonin syndrome can cause confusion, disorientation and agitation. Some users even can go into a coma, according to Family Practice notebook.com. Other symptoms include restlessness or muscle rigidity.

MDMA was involved in 2,850 hospitalizations nationally in 1999, compared with 250 in 1994, according to the National Institute on Drug Abuse. GHB was involved in 2,973 hospitalizations in 1999 and only 55 in 1994.

National Institute on Drug Abuse research links MDMA use to long-term damage to the parts of the brain that are critical to thought, memory and pleasure.

According to the Substance Abuse & Mental Health Services Administration, stimulants accounted for 7.8 percent of the 9,632 15- to 17-year-olds who were admitted to hospitals for substance abuse treatment last year and 6.3 percent of the 7,528 18- to 20-year-olds. The number was slightly more for the 21- to 25-year-old range, with 18.8 of the 16,200 who were brought in being under the influence of a stimulant other than methamphetamine or amphetamine.

Hallucinogen numbers were even higher, accounting for 32.7 percent of the 15- to 17-year-olds who were admitted to hospitals for substance abuse treatment last year, 19.5 percent of the 18- to 20-year-olds and 21.2 percent of the 21- to 25-year-olds.

Methamphetamine and ecsy are stimulants, Knowles said, but Ecstacy also is a mild hallucinogen.

"If you took meth and mixed it with psilocybin (a hallucinogenic drug obtained from fungus), you would get Ecstasy," he said.

With a stimulant, the pupils dilate and reaction of the pupils to light slows. Pulse rate, blood pressure and body temperature rise.

Ravers also take ketamine, known as "Special K," a powder inhaled to produce bursts of energy, disorientation and mild to severe hallucinations.

"Ketamine is an animal tranquilizer," Knowles said. "It is a good drug if used properly."

The effects last 30 minutes to an hour. Judgment, coordination and senses may be affected for 18 to 24 hours.

"If you use ketamine at a rave, there's nobody standing by with a ventilator like you would have in surgery," Lamb said. "It can cause seizures and cardiac arrest. It's a pretty bad drug." Ketamine also is used as a surgical anesthetic.

Information about ketamine and Ecstasy, as well as background information on methamphetamine and other drugs was presented May 8 to California State University, Sacramento, graduate students during a class on chemical dependency assessment and treatment.

Knowles and Johnson gave a presentation on drug recognition during the class.

"I wanted to make sure we had the criminal justice aspect represented," said Mimi Lewis, instructor of the graduate-level class in social work.

Henry Serrano, chief of the Citrus Heights Police Department, who was present for part of the class, told students that if law enforcement and social workers could work together, they would have a better approach to the problem.

Serrano said he lost a brother to drug addiction and that he sees arrest as a way to make drug users aware of what kind of lifestyle they have chosen.

"You don't have (trained chemists) making the dope," Serrano said. "The conditions aren't sanitary."

Officers follow a 12-step process to determine whether someone is under the influence of a drug, Knowles said. The process includes observation of pupil size, how the pupils react to light and other physical indicators.

Ecstasy users use the term "rolling" to refer to the onset of the drug's effects, Knowles said. He said the drug enhances the sensation of touch, making the user feel affectionate toward others.

Side effects of the drug include teeth grinding. Ecstasy users often suck on infant or candy pacifiers to prevent that, Knowles said.

GHB, also known as the "date rape drug," is a depressant that usually comes in liquid form. Depending on the dose, Johnson said, the drug can make people act as if they were drunk.

Amnesia is a common side effect, with many of those who are arrested under the influence of the drug suddenly coming out of their stupor and asking where they are and why they are there, Knowles said.

Ravers like GHB for its effects, which are similar to alcohol, but the dose required to get that effect is dangerous, Lamb said.

"The dose required for those effects is very close to the dose that would put you in a coma," Lamb said. "If they take a bit too much and pass out and nobody notices that they stop breathing, they're in trouble. If they come into the hospital and we put a ventilator on them, within a couple of hours they wake up, and in eight hours, they walk out the door. If they don't get to the emergency room, it's scary."

If they don't pass out or overdose, ravers leave the parties under the influence, or, at the least, exhausted from dancing eight hours or more, Knowles said.

"The music is 200 beats per minute, their pulse is 140 to 180, and they're dancing for eight hours," Knowles said.

Fatigue alone is a danger on the roadways, but when combined with drug use, these drivers are a hazard, he said.

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Marsha Hart can be reached at (916) 348-2746 or mhart@sacbee.com.

Mr. SOUDER. Thank you very much. Sheriff Dukes and Deputy Sheriff Harp, will you stand? We need to swear you in.

[Witnesses sworn.]

Mr. SOUDER. Let the record show that the witnesses have answered in the affirmative.

It's my privilege today to introduce Sheriff Dukes as well as Deputy Sheriff Harp to the committee. We have worked together for many years on the drug problem. He was one of the sheriffs in my district that early on recognized we had a drug problem, and along with Judge Cramer, other leaders in the county, have put a national award prevention program in place. They have one of the first grants and efforts in the community coalition, in addition to the youth prevention, the one where they're consulting and working with businesses as to how to identify drug problems and get people into the prevention programs.

It's been a full-force pressure, and working particularly with Sheriff Snyder over in Elkhart County, where you have a lot of common problems moving back and forth. Because of the nature of the communities on the western side of Noble County and the eastern side of Elkhart County, we have seen much more aggressive law enforcement and kind of an early warning system in northeast Indiana as far as the drug problem. It's a great privilege to have you today and we look forward to your testimony.

Sheriff DUKES. Thank you. It is an honor to speak to you. It is an honor for me to be here today, and we thank all of you for inviting us.

We're from a rural community, 43,000 people, 10 percent Hispanics, legal Hispanics. We have a large number of illegal Hispanics living in our community.

My department is 18 persons. I have one drug officer and one field detective. It wasn't until 1996 that we made our first methamphetamine arrest. Since then, we've been overwhelmed. Our department has collected just in the past year approximately 150 ounces of meth. That's a half million dollars worth of street value—in little, lone Noble County.

We have some stories to tell you. We keep a jail of 230 beds. It used to be 36 beds. We have an average population of approximately 200 in jail. I could stay here today and tell you story after story after story of the bizarre incidences with just methamphetamine. I'll summarize, if I can. I know I'm limited on time.

A woman, 27 years old, mother of three, found face down in a coma, clinically dead, now has gained 100 pounds, babbles when she talks and has a tube running out of her brain. Bad methamphetamine—because you can't tell the difference. This was made from Decon, baking soda, and battery acid; looked like methamphetamine. These are the kind of things our youth have trouble with.

An ex-athlete, 19-year-old girl, running naked down railroad tracks. It was so difficult to—she weighed 95 pounds. She was so difficult for us to handle that we shipped her to the Department of Corrections for safekeeping. They called us and told us to pick her back up. We couldn't control her; they couldn't control her. Methamphetamine.

A subject that was arrested for disorderly conduct broke the lock on our holding cell, a little guy, very meek the next day, apologetic. It took seven confinement officers to hold him down and subdue him, high on meth.

An inmate, tackled because he was trying to do a swan dive from the top bunk, high on meth.

Twenty juveniles arrested in a burglary ring, the sole purpose for the thefts, the burglaries: methamphetamine, to purchase methamphetamine.

A subject, really bizarre, high on methamphetamine, that we were following, playing with a chainsaw in his front yard, trying to have fun with his buddy as he was gunning the chainsaw. Finally arrested that day, came in, took his clothes off, which is frequent, masturbated on the floor and actually had sexual intercourse with the floor drain—solely high on methamphetamine.

A senior high school dropout in rural—one of our three little schools, making $4,000 a week. He dropped out of school. He said, "I could have made more, but I couldn't hardly spend the $4,000 they were giving me." Flying to Phoenix, AZ and getting right back on the plane and coming back, never got caught until he got caught in Tulsa coming back by an interdiction team. He had a body suit. All he was doing is going around and filling the body suit full of methamphetamine and coming back. He stated they had 400 clients, as he called them, mostly high school kids from our community.

These are just a few examples of bizarre behavior. I could talk all day long. Meth is the drug of choice in Noble County.

There are some statistics and some things I'd like to tell you real quickly. The National Drug Intelligence Center stated that the State police laboratories, meth laboratories, have doubled every year except for 1999, when they tripled.

In our local paper, in Tuesday's edition, it said that an Indiana State police officer shut down 128 labs in 1999, 315 in 2000. We're right around 500 right now. It is overwhelming.

A quick note from the Internet: You want to know where to make methamphetamine. That's what the kids do; they hit the Internet, 200-and-some recipes on the Internet, but one of them I found real interesting, a Partnership for Free Drug America, where it states that, "It has been brought to my attention that many people in this country cannot easily get the drugs they crave," and it goes on to talk about methamphetamine. "Methamphetamine is one of the most fun drugs around. It makes you smarter and increases physical performance. Meth lets you work around the clock, so you can be a more productive worker." This is the stuff our kids get a hold of.

I want to thank you. I could tell you stories all day long. It is a major problem. And, Mr. Gilman, we have two DEA agents in our 11 counties. We could have two working full time in our county or twenty working full time in our county. There are not enough DEA agents. There are not enough undercover drug agents in our area.

Thank you very much.

[The prepared statement of Sheriff Dukes follows:]

Douglas K. Dukes, Sheriff
Noble County, Indiana

It is an honor to be asked to speak here. I am from a small community with a large rural population. I have an 18-person department including 1 undercover drug officer and 1 field detective. It wasn't until 1996 that we made our first arrest with methamphetamine. Since then, the amount of meth-related arrests have greatly increased. Our department has collected approximately 150 ounces of meth in the past year. When meth is sold in grams, it breaks down, as follows:

150 oz	1oz – worth approximately	$2,800.00 - $3,500.00
150 oz – 4,200 g	1g – worth approximately	$100.00 - $125.00
150 oz – 9.375 lb	1lb – worth approximately	$44,800.00 - $56,000.00

Whatever way you choose to look at it, we've confiscated approximately $500,000.00 worth of methamphetamine in Noble County in one year's time. Some of this is meth that has been manufactured in the county and some of it has been transported from places such as California, Arizona, Texas and Mexico.

The following are a few of the more bizarre incidences my department has encountered with meth users:

1. A 27-year-old mother of three was found lying face down outside an apartment complex. Upon arrival of emergency responders, she was in a coma and clinically dead from an overdose on bad meth. Even with all odds against her, the young mother survived. She spent four months recovering in a nursing home, but the effects of that day are still with her. She has gained over 100 pounds, has a speech impediment, poor short-term memory and a drainage tube that goes from her head to her stomach. In addition, other people are now raising two of her three children. (It was later determined that the meth she took was made of battery acid, Decon and baking soda.)

2. A 19-year-old ex-athlete was arrested for resisting and running down railroad tracks naked, while high on meth. She was awake almost three days straight. She ended up being transported to a mental institution.

3. An individual who was high on meth was arrested for disorderly conduct. When brought in, he broke the lock in the holding cell and it took seven confinement officers to control him. The next morning he was very meek and apologetic.

4. An inmate was trying to attempt a swan dive from a top bunk, but was subdued by confinement officers before he could do it. He was high on meth.

5. 20 juveniles involved in a burglary ring were arrested. The sole purpose of the burglaries were to be able to purchase meth.

6. A gentleman who was booked in, while high on meth, voluntarily took off all of his clothes. For safety purposes, he was placed in a padded cell. While in the cell, he urinated on the floor, masturbated in front of the camera and later proceeded to have intercourse with the floor drain.

7. A high school senior drop-out was making $4,000.00 a week for flying to Phoenix, Arizona, to pick-up large quantities of meth. The young man, would fly, to and from Arizona, on the same plane. The county dealer he was running for had approximately 400 customers. There are problems. One is because of there mobility. By the time you receive a tip on a location, they are gone. Another is that it is so easy to obtain the ingredients. With the Internet, anyone, any age can make meth.

The examples I have shared with you today are just a few of the many we have. Violence, paranoia and erratic behavior have evaded rural Indiana.

Thank you for giving me the opportunity to present this information today. It was an honor and a pleasure to be here.

Mr. SOUDER. Sheriff Harp.

Sheriff HARP. Thank you for giving me the opportunity to share with you our thoughts and concerns about the methamphetamine epidemic in our community.

In 1995, I was privileged to be asked by Sheriff Dukes to begin work as the first undercover narcotics officer in the history of our small department. Having worked for several years as a street cop, I felt I had a pretty good understanding of the drug traffic and use in our county. I felt, like most people, that the big drug dealers were in Detroit, Chicago, and Ft. Wayne, and that most of our local dealers picked up their dope from them and sold it then in our county. In addition, I knew that we had LSD, marijuana, and cocaine in our community. Methamphetamine, I thought, was primarily for the truckers and the bikers. What I found out over the course of the next 2½ years was I didn't have a clue about the scope of the drug problem in Noble County, IN.

My first exposure to meth was in 1996 when a deputy stopped a Yugo on a traffic violation. The Yugo had an overwhelming odor coming from the vehicle. The car had a plastic gas tank in the back that had a hose attached to it that was vented out the rear of the vehicle. The tank was frosted over and bulging at the seams. The deputy knew that something was amiss, but he really didn't know how to proceed. So he did what he had been trained to do, and he had the vehicle impounded and brought to the lot of the sheriff's department.

Imagine, if you will, how stupid we felt when the lab team from Indianapolis got there in full gear and breathing apparatus, as we're standing there in our civilian clothes and uniforms and watching them approach this car. Fortunately for us, it was a learning experience that we lived through, and it could have ended very tragically for all the officers involved. As we processed the car, I was amazed at what we found. There was Coleman fuel, lithium batteries, brake fluid, Red Devil lye—all the things they were using to manufacture methamphetamine.

During my tenure working narcotics, approximately 80 percent of the drug cases that I investigated involved the sale and manufacture of methamphetamine. Clan labs started appearing throughout northern Indiana, not the major labs that are common in the Southwest, but primarily mom-and-pop labs.

Over the course of the next several months we arrested one Noble County resident in Noble County with 5 pounds of meth, learning later that we had missed another 14 pounds. Another resident was interdicted in Kansas with over 20 pounds of meth which he had purchased in California and was bringing back to Indiana. On both these things, what I found interesting was, when you consider the average price of meth, it's $1,600 a pound, and it wasn't going to Ft. Wayne, Detroit, Chicago. It was coming directly to Noble County, IN.

In another instance a female resident was arrested after receiving FedEx packages containing methamphetamine from California. Subsequently, she was convicted, served her time, was released, and we arrested her again not too long ago for manufacturing meth in her apartment.

One of the things, as I was putting this together and reviewing the information I had, is the surrounding theme with methamphetamine is the violence, and our county is no exception to this rule.

In 1997, we arrested a female for dealing meth and cocaine from her home. A search warrant was conducted of her house, and we discovered several semi-automatic assault rifles, a sawed-off shotgun, and a bullet-proof vest.

In 1997, search warrants were conducted on two separate locations in Noble County on a Hispanic dealer who reportedly had ties to the Mexican mafia. The suspect was not located; however, several guns were, including a 50-caliber Desert Eagle. The suspect was later shot and killed in Mexico, reportedly over a drug debt that he owed.

In 1999, while executing a search warrant on a suspected meth dealer, the suspect attempted to shoot officers with a 9-millimeter handgun. Officers returned fire and killed the suspect. An autopsy conducted on the suspect revealed that he had toxic levels of methamphetamine in his system.

In the year 2000, a search warrant was conducted in neighboring LaGrange County and the suspect set his house on fire and then shot at police officers who returned fire, killing the suspect.

Recently, a search warrant was conducted on a clan lab in our county and a deceased infant was found in a duffel bag. The mother of the child, a 16-year-old juvenile, admitted that she was a regular user of meth and was using meth during her pregnancy. She stated that the child was stillborn and she had carried the child in the duffel bag for several weeks.

Across the country violence has increased as a direct result of meth usage, and I believe that it will continue to escalate as meth becomes more and more popular.

Last night in Noble County, deputies arrested a person with 28 grams of meth. This would have been a major news story for us, 5 or 6 years ago, and today I doubt that it makes the front page.

In my lifetime I don't believe that rural America has ever had to deal with anything as destructive and costly as meth. It is destroying communities morally, spiritually, and financially, and it is my belief that it has not yet peaked. Usage will continue to grow and availability of the drug will reach epic proportions.

We need your help in coming to terms with something that is turning rural America into a toxic waste ground, destroying lives, filling our jails, and using up all of our limited resources.

Thank you.

[The prepared statement of Sheriff Harp follows:]

CHIEF DEPUTY DOUG A. HARP
NOBLE COUNTY SHERIFF'S DEPARTMENT
ALBION, IN

THANK YOU FOR GIVING US THIS OPPORTUNITY TO SHARE WITH YOU OUR THOUGHTS AND CONCERNS ABOUT THE METHAMPHETAMINE EPIDEMIC IN OUR COMMUNITY.

IN 1995 I WAS PRIVILEGED TO BE ASKED BY SHERIFF DUKES TO BEGIN WORK AS THE FIRST UNDERCOVER NARCOTICS OFFICER IN THE HISTORY OF OUR SMALL DEPARTMENT. HAVING WORKED FOR SEVERAL YEARS AS A STREET COP I FELT THAT I HAD A VERY GOOD GRASP OF THE DRUG TRAFFIC AND USE IN OUR COUNTY. I FELT, LIKE MOST PEOPLE, THAT THE BIG DEALERS WERE IN FORT WAYNE, DETROIT, AND CHICAGO, AND THAT THE LOCAL DEALERS PICKED UP THEIR DOPE FROM THEM TO SALE IN YOUR COUNTY. I ADDITION, I KNEW THAT WE HAD LSD, MARIJUANA, AND COCAINE IN OUR COMMUNITY. METHAMPHETAMINE, I THOUGHT, WAS MAINLY FOR THE TRUCKERS AND BIKERS.

WHAT I FOUND OUT OVER THE COURSE OF THE NEXT 2 ½ YEARS WAS THAT I DID NOT HAVE A CLUE ABOUT THE SCOPE OF THE DRUG PROBLEM IN NOBLE COUNTY INDIANA.

MY FIRST EXPOSURE TO METH WAS IN 1996 WHEN A DEPUTY STOPPED A YUGO ON A TRAFFIC VIOLATION. THE YUGO HAD AN OVERWHELMING ODOR COMING FOR THE VEHICLE. THE CAR HAD A PLASTIC GAS TANK IN THE BACK THAT HAD A HOSE ATTACHED TO IT THAT WAS VENTED OUT OF THE REAR OF THE VEHICLE. THE TANK WAS FROSTED OVER AND BULGING AT THE SEAMS. THE DEPUTY KNEW THAT SOMETHING WAS AMISS BUT REALLY DID NOT KNOW HOW TO PROCEED SO HE DID WHAT HE HAD BEEN TRAINED TO DO, HE HAD THE VEHICLE IMPOUNDED AND TAKEN TO THE PARKING LOT OF THE SHERIFFS DEPARTMENT. THE THREE OCCUPANTS WERE TAKEN INTO CUSTODY AS WELL. IMAGINE, IF YOU WILL, HOW STUPID WE ALL FELT AS WE WATCHED THE CHEMICAL TEAM FROM INDIANAPOLIS APPROACH THIS VEHICLE IN HEAD TO TOE PROTECTIVE GEAR, INCLUDING BREATHING APPARATUS, TO DETERMINE WHAT THE CHEMICALS WERE. FORTUNATELY THE PROCESS AT THIS POINT WAS DEEMED TO BE NONTOXIC. THIS LEARNING EXPERIENCE COULD HAVE ENDED TRAGICALLY IF THE CHEMICAL PROCESS HAD BEEN IN A MORE ADVANCED STAGE.

I WAS SHOCKED AS WE PROCESSED THE CAR AND DOCUMENTED WHAT CHEMICALS WERE BEING USED TO MANUFACTURE THE METH. COLEMAN FUEL, LITHIUM BATTERIES, BRAKE FLUID, AND RED DEVIL LYE.

DURING MY TENURE WORKING NARCOTICS APPROXIMATELY 80% OF THE DRUG CASES THAT I INVESTIGATED INVOLVED THE SALE AND MANUFACTURE OF METHAMPHETAMINE. CLAN LABS STARTED APPEARING THROUGHOUT NORTHERN INDIANA, NOT MAJOR LABS THAT ARE COMMON IN THE SOUTHWEST, BUT PRIMARILY "MOM AND POP" LABS.

OVER THE COURSE OF THE NEXT SEVERAL MONTHS WE ARRESTED ONE NOBLE COUNTY RESIDENT IN NOBLE COUNTY WITH 5LBS OF METH, LEARNING LATER THAT WE MISSED ANOTHER 14LBS. ANOTHER LOCAL RESIDENT WAS INTERDICTED IN KANSAS WITH OVER 20LBS OF METH, WHICH HE HAD PURCHASED IN CALIFORNIA. THE INTERESTING THING ABOUT BOTH OF THESE ARRESTS WAS THAT THE METH SHIPMENTS WERE NOT GOING TO THE BIGGER CITIES BUT WERE COMING DIRECTLY TO NOBLE COUNTY. WHEN YOU CONSIDERED THAT THE AVERAGE PRICE FOR A POUND OF METH IS $16,000 WE KNEW THAT WE WERE DEALING WITH MAJOR PLAYERS IN TERMS OF DRUG TRAFFICKERS.

IN ANOTHER INSTANCE A FEMALE RESIDENT WAS ARRESTED AFTER RECEIVING FED EX PACKAGES CONTAINING METH FORM CALIFORNIA. SHE SUBSEQUENTLY WAS CONVICTED, SERVED HER TIME, WAS RELEASED AND ARRESTED AGAIN FOR MANUFACTURING METH IN HER APARTMENT.

AS I REVIEWED SEVERAL PUBLICATIONS TO PREPARE FOR THIS PRESENTATION THE REOCCURRING THEME THAT SURROUNDS THE METH PROBLEM IS THE PROPENSITY THAT USERS HAVE TOWARDS VIOLENCE. OUR COUNTY IS NO EXCEPTION TO THIS RULE.

IN 1997 WE ARRESTED A FEMALE FOR DEALING METH AND COCAINE FROM HER HOME. A SEARCH WARRANT WAS CONDUCTED OF HER HOUSE AND WE DISCOVERED SEVERAL SEMI-AUTOMATIC ASSAULT RIFLES, A SAWED-OFF SHOTGUN, AND A BULLETPROOF VEST.

LATER IN 1997 SEARCH WARRANTS WERE CONDUCTED ON TWO SEPARATE LOCATIONS IN NOBLE COUNTY ON A HISPANIC DEALER WHO REPORTEDLY HAD TIES TO THE MEXICAN MAFIA. THE SUSPECT WAS NOT LOCATED HOWEVER SEVERAL GUNS WERE, INCLUDING A 50 CALIBER DESERT EAGLE. THE SUSPECT WAS LATER SHOT AND KILLED IN MEXICO REPORTEDLY OVER A DRUG DEBT THAT HE OWED.

IN 1999 WHILE EXECUTING A SEARCH WARRANT ON A SUSPECTED METH DEALER, THE SUSPECT ATTEMPTED TO SHOOT OFFICERS WITH A 9MM HANDGUN. OFFICERS RETURNED FIRE AND KILLED THE SUSPECT. AN AUTOPSY CONDUCTED ON THE SUSPECT REVEALED THAT THE SUSPECT HAD TOXIC LEVELS OF METHAMPHETAMINE IN HIS SYSTEM.

IN THE YEAR 2000 ANOTHER SEARCH WARRANT WAS CONDUCTED IN NEIGHBORING LAGRANGE COUNTY AND THE SUSPECT SET HIS HOUSE ON FIRE AND THEN SHOT AT POLICE OFFICERS WHO RETURNED FIRE KILLING THE SUSPECT.

RECENTLY A SEARCH WARRANT WAS CONDUCTED ON A CLAN LAB IN OUR COUNTY AND A DECEASED INFANT WAS FOUND IN A DUFFEL BAG. THE MOTHER OF THE CHILD, A 16-YEAR-OLD JUVENILE ADMITTED THAT SHE WAS A REGULAR USER OF METH AND WAS USING METH DURING HER PREGNANCY. SHE STATED THAT HER CHILD WAS STILLBORN AND SHE HAD CARRIED THE CHILD IN THE DUFFEL BAG FOR SEVERAL WEEKS.

ACROSS THE COUNTRY VIOLENCE HAS INCREASED AS A DIRECT RESULT OF METH USAGE AND I BELIEVE IT WILL CONTINUE TO ESCALATE AS METH BECOMES MORE AND MORE POPULAR.

LAST NIGHT IN NOBLE COUNTY DEPUTIES ARRESTED A PERSON WITH 28 GRAMS OF METH. FIVE OR SIX YEARS AGO THIS WOULD BE A MAJOR NEWS STORY FOR US TODAY I DOUBT THAT IT MAKES THE FRONT PAGE.

IN MY LIFETIME I DON'T BELIEVE THAT RURAL AMERICA HAS EVER HAD TO DEAL WITH ANYTHING AS DESTRUCTIVE AND COSTLY AS METH. IT IS DESTROYING COMMINUTES MORALLY, SPIRITUALLY, AND FINANCIALLY AND IT IS MY BELIEF THAT IT HAS NOT YET PEAKED. USAGE WILL CONTINUE TO GROW AND AVAILABILITY OF THE DRUG WILL REACH EPIC PROPORTIONS.

WE NEED YOUR HELP IN COMING TO TERMS WITH SOMETHING THAT IS TURNING RURAL AMERICA IN A TOXIC WASTE GROUND, DESTROYING LIVES, FILLING OUR JAILS, AND USING UP ALL OF OUR LIMITED RESOURCES.

THANK YOU FOR YOUR TIME AND CONSIDERATION.

Mr. SOUDER. Thank you all for your testimony. It is a very good mix and moving mix and challenging mix of testimony for us.

Sheriff Dukes, there was one thing that you had said that was extremely troubling to me. You said that the one person that you had arrested said he had 400 clients. Do you have any idea what percentage were students? Did he give you any clue? Half? Because, to put it in context—what?—east Noble has maybe 1,200 in the high school; central Noble, 250, and west Noble, 600?

Sheriff DUKES. Right.

Mr. SOUDER. Something like that? So that would be an extremely high percentage from just one dealer, unless he was into the junior highs, too, but you're still in a pretty high number of penetration.

Given the fact that we have been very aggressive in Noble County, also, in prevention programs and treatment programs, aggressive with this, could you elaborate a little bit more? Do you think we're not catching in the other counties as much? You alluded to the changes occurring in Noble County, and they are dramatic. For those who aren't familiar, you use a 10 percent Hispanic population, which is a jump probably close to five times since the last census, and in Ligonier on the western side of the county, I know when I go to the parade there, less than 50 percent can speak English, of maybe 20,000 to 30,000 people at the parade. It is a dramatic changing community, most of whom are in no way involved with any of these problems, but it has led to extra challenges. Could you elaborate a little bit? Because it would seem to be a county where we have model prevention and treatment programs.

Sheriff DUKES. In that case right there, the person he was in business with was from Goshen, and it included a lot of Elkhart, Goshen, all the way to Kendallville, all the way to East Noble kids. He, this kid, had a big, fancy car, the gold; he had it all, and he attracted people. When I say he had 400 clients, that's exactly what he told us, around 400 clients, and most of them high school kids. It always amazed me how, at $100 a gram or $125 a gram—you know, I didn't have that kind of money and still don't. My wife doesn't let me have that much. Where do they get it, you know? But that is exactly what was going on there, and he never got caught, flying on those airplanes, using his own name. He just used different airports. But it's all local.

Mr. SOUDER. Several of you made references to trying to improve prevention programs as well as treatment programs. Could you address—Sheriff McCroskey, I think you had some fairly pointed comments about that. What would you suggest we do to make them more effective?

Sheriff MCCROSKEY. I wish I could tell you. I wish I had any answer. I can really only speak to my little world. One of the problems that I see, I've coached little league baseball and soccer for many years and watched these kids grow up now, and it hurts me terribly to tell you that some of those kids have told me they'll be dead by the time they're 25 and they don't see any reason not to use this. At best, I guess, can call it a loss of hope.

Another phenomenon in our county, in our community, largely because of changing timber policies, we no longer have the mills and the jobs that were paying high dollars. Well-meaning people

have come and said, "Well, let's put some training dollars in here and make them computer programmers or other things," but these are folks whose family name is on a road someplace, who have hauled logs, cut trees, and have somehow been maligned by others who don't live there and think we've cut all the trees down or done something horrible. They have lost hope. They are losing their houses, and they go to the bars. Usually it starts with alcohol, and they drink and they end up trying meth.

The message that gets lost somewhere is that meth—and I've been around this a long time, and I didn't see heroin and stuff in our county until just recently probably, but I started in southern California and I saw a lot of it there. The difference between then and now, in my opinion, is that started in the mainstream stuff and scared people and they backed away from it. Today it's going into the mainstream and, for whatever reason, either because of its highly addictive nature, the loss of hope, the failing families, the strain of just trying to eke out a living in places that are depressed anyway, and it's affordable, they're using it. Once they're addicted, it's too late.

So how do you connect with kids and say, "Look, it's not marijuana. If you try it, it may be the last thing you do. There's a good chance you're going to be addicted. It's not something that you may walk away from in a little while"?

People that live in my jail for up to 3 years—I wish they didn't, but they do, and they'll tell you when they leave, the day they leave, that they'll go out and find meth just as soon as they can. They're not in there for meth. They're in there for driving violations or something, but they're going to go find meth. They know it hurts them. They know it's bad. They don't care, and I don't know how you connect with 10-year-olds and keep them from starting.

Mr. SOUDER. Thank you.

Chief SERRANO. Excuse me.

Mr. SOUDER. Sure.

Chief SERRANO. If I could address on the question of education, we've been fortunate. We've had some very, very creative officers. Bob Johnson, one of my lead narcotics officers, is very creative in his thought processes. One of the things we did was we went into our freshman class at our high schools and we spent a 4-hour period with these freshman. We went over the pathology of it. We went over what it does to your career opportunities. One of the most effective things, I think, was we took several pictures, before and after pictures, where you start off with a really vibrant, sharp-looking young man or young woman, and by the time they're 30 they look like they're 50.

The things that these other gentlemen have described are absolutely true. Teeth are gone. Complexions are shot, deep boils, scarred, just a mess.

With that, we then did a post-survey of the students and asked them about four questions. One of them was, "Has this training changed your thought processes?" Almost every one of them said to some degree or another that it had changed their thought processes. In fact, we had a couple that were really, really sad where the kids were saying, "You know, my parents use meth and I know

I need to now become involved with you guys because I see what it's going to do to my family."

So that is something that we have found effective. The psychologists that we work with tell us that the freshman year is as late as you can get in on that type of intervention. If you wait until they're seniors, you've waited too long. But it does seem to be at least one effective tool that we can use to help educate our youth.

Mr. SOUDER. I want to add a brief comment before I go to Congressman Gilman, and it actually happened at East Noble High School. I was meeting with seniors, most of the senior class, and raised the question because I believe in drug testing, and immediately was jumped by a number of the class leaders as this being a violation of civil liberties to propose such a thing. One of the students then held up his hand and said, if he hadn't been caught in a drug test, he said he was spiraling downhill and that was the only thing that saved him, was a drug test as part of an athletic team at East Noble. Then another class leader jumped in and said, "Yes, but it's a violation of civil rights," blah, blah, blah. And a couple of other students jumped in who said that they favored drug testing and had used drugs.

The principal and the superintendent, who were in the room, then instituted a drug-testing program because they said every kid who had spoken up in favor of drug testing had either had a problem or had been suspecting of a problem, and every student who had spoken against drug testing had never been suspected of a problem, which was it turned on its reverse. It was almost as though they were begging for help.

Now the Indiana court has kicked out the drug testing. Ball State in Indiana has done a survey showing that the schools, of which a number are in my district, that have put in drug testing, now since the drug testing has been pulled, we've seen a dramatic rise again in the drug usage in Indiana schools in a multiple way. Part of my frustration is that, in addition to the education, having a check, it's both find opportunities so they don't lose hope, but they also have some accountability, and we need to look at creative ways to do that. The court needs to be helpful rather than obstructionist.

Sheriff MCCROSKEY. Mr. Souder, may I comment on that for just a second?

Mr. SOUDER. Yes.

Sheriff MCCROSKEY. One of the comments earlier was about the odor. Many of the chemicals are common chemicals, acetones and things like that. So that the odors are not necessarily going to get you very far, depending on the environment that you find them in. Of course, if you found them in the tank of a car, that may very well be.

The other anomaly, speaking of your students, that I find really disturbing is that it used to be that you could classify kids. Go to a group and the group would be—in our area they were called the stoners, the drinkers, and the athletes essentially. That would be what they would call themselves. And they didn't blend very well and you wouldn't find the athletes involved in these other things. What we're finding today is that our athletes, our best, our brightest are getting involved in methamphetamine. Again, for the life of

me, when you talk to them and wonder why—you know, I want a little more information from this man about the Citrus Heights thing. Some of that we already do, but some of the experts tell me that scare tactics don't work. On the other hand, part of my heart says that it might. I don't know, but it is frightening.

Mr. SOUDER. Congressman Gilman?

Mr. GILMAN. Thank you, Mr. Chairman, and I want to thank our panelists for being here today. You've described some pretty poignant pictures of what we have out there in the battlefield. Sheriff from Indiana, Doug Dukes, you mentioned you have only two drug agents out there now, DEA agents?

Sheriff DUKES. Correct, they're in Ft. Wayne. They're in the city of Ft. Wayne and they're overwhelmed.

Mr. GILMAN. Sounds like we need a lot more help out there.

Sheriff DUKES. You sure do.

Mr. GILMAN. And we'll make a recommendation to that effect.

Sheriff DUKES. Thank you.

Mr. GILMAN. Have you seen—and I address this to all of the panelists—have you seen a change in the demographics of the problem in your area over the years? Has it spread? Is it more concentrated around the cities? Can you tell us a little bit about what you are finding? And I address that to all of the panelists.

Sheriff HARP. Again, the thing that I noticed when I started working narcotics was I had the perception that the larger dealers were in the cities and that they weren't direct pipelines into the small counties. One of the things that just amazed me, was the fact that we've got major, major dealers set up in rural county America. Our county is only 43,000. So that part of it was really frightening to me.

It got to be in a sense kind of comical. When we leave the office—I was based out of Ft. Wayne, attached to a task force, but if we turned right, we went to the innercity and we bought crack cocaine. If we turned left, we went to Noble County and we bought crank, we bought meth.

Mr. GILMAN. Where is most of the meth coming from in your area?

Sheriff HARP. A lot of it is mom-and-pop operations now. Five years ago, it probably wasn't to that extent, but today there's a lot of mom-and-pop operations that are cooking up an ounce to a pound, somewhere in there, because they're heavy users as well as dealers. Then we've still got a pipeline, I think, that comes from the Southwest and comes direct to the county.

Mr. GILMAN. So what portion of it is mom-and-pop operations?

Sheriff HARP. That would be kind of hard for me to say. In I think the majority of the cases that we've seen the last 2 years, it has probably been small operations that had been cooking their own. That doesn't mean that the big operations aren't there, because they still are.

Mr. GILMAN. Other panelists want to comment on that? Yes, Chief?

Chief SERRANO. There is a change in the demographics that I find kind of frightening, because I hadn't heard some of the numbers here from folks in the central and eastern portion of the country. Methamphetamine costs about a quarter of what it does for the

rest of these folks in California. It is extremely cheap. That is one of the things that makes it the drug of choice out there. You can get enough to stay high for a day for about $20. It's not $120 a gram; it's about $20 a gram in California.

Mr. GILMAN. Any other comment by the panelists? Yes?

Sheriff MCCROSKEY. Sir, I would just add that most of ours also is mom-and-pop. However, we just did, and we've done two, international cases in our county, and the last one was a huge case. DEA came in and spent several months involved with our task force on it, but that's relatively rare. I'm afraid that may be a pattern that is coming.

Mr. GILMAN. Mr. Brooks.

Mr. BROOKS. Yes, I would say in California, which is the State that is completely flooded by methamphetamine, it crosses all boundaries. There is no demographical lines that would delineate who might use meth or who might not. We're finding it among professionals. We're finding it among the blue collar community. We're finding it among all race and genders. But the really scary thing that's been mentioned is in California it's cheap. It's so cheap that it's become a very popular drug, along with ecstacy, at rave parties and in nightclubs. More frightening now, as a parent, we're seeing it into the junior high school and even upper grade elementary school levels, available for purchase at $5 and $10 for usable quantities.

Mr. GILMAN. Mr. Brooks, is any of it coming in from overseas, other countries?

Mr. BROOKS. We have seen a recent phenomenon of methamphetamine tablets coming from Southeast Asia into the Oakland and LA airmail facilities, but that has not been that common. As was testified to, California is probably producing 83 percent of the total amount of the methamphetamine sweeping the Nation. Not to take away from the mom-and-pop user labs that have been a problem in all States, the big superlabs or factory labs in California is what drives the meth trade.

Mr. GILMAN. One last question, Mr. Chairman. I know my time is up. Have any of you received any significant help from the Federal agencies?

Sheriff MCCROSKEY. Sir, we have a drug task force that's partially funded, but constantly the funding for it is under attack. I guess there's other things that are needed. So we struggle with that.

The other area, though, that we're desperately in need of is in cleanup help and lab response help, and I would suggest that you use established organizations that may be in existence, if they're not. We have some rural counties that do not have any of those things, but our Washington State Patrol Lab Response Team runs itself completely ragged trying to keep up, and we lose cases. There's labs that we don't even include in the numbers because we lose them.

Mr. GILMAN. Any other comments?

Mr. BROOKS. If I could——

Mr. GILMAN. Go ahead, Mr. Brooks.

Mr. BROOKS. What we receive in the way of Federal help, we have an excellent working relationship with DEA, but California,

the Department of Justice has run since 1996 our California Meth Strategy Program. It's been funded out of the Congress since 1998. That gave us 84 additional agents and 59 additional technical specialists to add to what was already a very robust program that we ran. It makes up a small portion of the $160 million that California law enforcement spends each year on meth enforcement, but it gave us those extra personnel so that we could concentrate on the big, large-production, organized-crime families that are operating these meth labs, so that we weren't just reactive like firefighters, but that we could be proactive in long-term strategies to work on rogue chemical companies and cross-state and interstate distribution organizations producing in California but shipping hundreds and thousands of pounds of methamphetamine across the Nation.

Mr. GILMAN. Thank you. Any other comments? Yes, sir?

Chief SERRANO. Yes. We've been very fortunate where we're at in that Congressman Ose has been a tremendous support in helping us with Federal assistance. We currently have a program that I talked about today. We want to expand it to its full fruition so that we can prove it out, so that we can get it beyond the ad hoc enforcement, education, and community nexus that we're currently doing. The program that I have referenced cleared appropriations yesterday. So we're very hopeful that we'll be able to see that become a reality and will be able to further prove out the things that we have going here, but we're very, very hopeful for that.

Mr. GILMAN. Well, we commend Congressman Ose, who does a great job at fighting this battle, wherever it may be.

And the other two gentlemen, sheriffs?

Sheriff HARP. One of the problems that we have, with the task force I was assigned to, since I've left that, the numbers have been cut in half, not by our department because we only had one representative there, but the Allen County Sheriff's Department, who was the primary sponsor of the task force, through some reassignments and some shortages elsewhere, had to pull half the task force and put them back into uniformed positions. So that is really going to hurt us in our area because we've lost the use of so many personnel that we're earmarked just for narcotics.

Mr. GILMAN. Sheriff Dukes.

Sheriff DUKES. Yes, sir. Our two DEA agents work well with us. It's just that we don't see them too often because they are so overwhelmed. However, when they came—we never had them until about 3 years ago or 2 years ago—since they came, our big cases now go to Federal court. It has made a difference.

Mr. GILMAN. Well, it's good to hear that.

Mr. Chairman, with your consent, I'd like to submit my full opening statement for the record.

Mr. SOUDER. Thank you.

Mr. GILMAN. Thank you, Mr. Chairman.

Mr. SOUDER. Mr. Ose.

Mr. OSE. Mr. Chairman, what is the time——

Mr. SOUDER. We have 10 minutes and 21 seconds left in the vote on a motion to go to conference on the supplemental.

Mr. OSE. Are we going to have a second round?

Mr. SOUDER. Yes, because we're not going to be able to get Congressman Baird in before, and I have some more questions, too.

Mr. OSE. OK, thank you, Mr. Chairman. A couple of questions, if I might.

Chief Serrano, I want to explore these drug recognition experts, and I want to come back to the DEA agent numbers because I share an issue with Sheriff Dukes and Deputy Sheriff Harp here. On the drug recognition experts, if you could elaborate a little bit more on what that program is? Why is it important to the entire program, and then could you share with us some of the experiences that law enforcement personnel who come out of that program have had when they go back to their home departments?

Chief SERRANO. Yes, thank you, Congressman. The drug recognition expert program is a 2-week training period, and they go through everything from symptomology to what the drug is, how it works. They receive this training at certain training sites. They are very, very limited. Once they've had the 2-weeks of course study, then they have to go out into the field and prove that they've absorbed what they've learned.

Citrus Heights is a DRE test site, which means that we bring officers in from all the northern California region to be able to go out and make arrests and show that they truly understand what they've learned.

What DRE does for the officer is officers who are well-versed in this can be driving down the street, look in the car next to them and tell by symptomology some good indications: sweatiness, clammy, the tweaker movement, as you might refer to it. They can identify these things.

To be certified, they have to get 12—they have to be able to do the work on 12 individuals who are arrested for methamphetamine. These sweeps that we do in our city that usually involve between about 12 and 15 officers, the most people we have arrested in about a 10-hour shift is 25, and that's simply going out and looking for them.

What it does for an agency is it gives them the ability to identify it. A classic example is there's a little community just east of us called Rocklin, about 8 miles out of our community in Placer County. One officer got DRE trained. The following month he arrested 20 people in his community, and his comment, because he's come back and helped on some of the sweeps, was, "These are the same people I've been stopping in the 5-years I've been with the agency. I just didn't know what to look for." And that's the real key to DRE: It gives you something to look for. The officers are now trained. They know what to look for. They know how to identify it and they can take affirmative action based on that.

Mr. OSE. Mr. Chairman, the reason I asked that question is I did a ride-along with a member of the department in Citrus Heights, and it was uncanny to be just driving down the street, and the deputy would just be kind of going like this, right there, and would pull that car over, and, bam, he'd find something related to the drug issue. It was uncanny.

So for the others who are here who might wish to access this program or those who might read this testimony, I would commend this program to them.

Chief SERRANO. Congressman Ose, we've trained Mounties and we'd be glad to invite anyone else who would like to come.

Mr. OSE. All right.

Sheriff MCCROSKEY. Sir, just let me comment on that. It's also in Washington. However, the biggest setback to a rural, small agency such as myself is the 2-weeks' training and the costs associated with that. We do send a person occasionally, but——

Mr. OSE. What is the cost? Two weeks of salary and covering the shifts and whatever the cost to house them.

Mr. Brooks, you talked in your testimony about 670-odd children being CPS-eligible or necessarily turned over to CPS. Can you just expand for us the connection that you're seeing between methamphetamine use and its impact on families, the disintegration that takes place in those families and the impact on the kids from those families?

Mr. BROOKS. Yes. Methamphetamine is an extremely devastating drug in that, as described before, people that are addicted to methamphetamine become so consumed that they're unable to provide the care and love that they need for their children. Additionally, it's a drug that is sexual drug and a drug that causes aggression and violence. So in many studies throughout California 80 to 85 percent of the child abuse cases have been related to persons, caregivers or parents or others, that were under the influence of meth.

One example is the fire in Riverside County, CA, when a meth lab exploded in a mobile home and a mother raced to save the meth chemicals and save her own life while letting her own three children burn to death.

Another example was in Arizona when a New Mexico man under the influence of methamphetamine driving down the street heard voices that he related later he thought were from God that caused him to cut the head of his small son off while his other older son tried to stop him. The violence associated with meth and the violence that I can relate to you may sound sensationalized, but this is something that I see and deal with every single day of my life.

More importantly, when we talk about these children and these meth labs, more than 700 in 1999 eligible for treatment by the child protective services and really that number is much higher because there are some meth lab teams that have not been trained to take care of those kids yet. These are kids who test positive for meth, heavy metals and the other toxins that are involved in meth labs.

Let me just relate a real quick story. I just did a meth lab where I went out with the men and women that work for me down in rural San Benito County, 2 hours south of San Jose. We hit a meth lab, a large Mexican national factory lab, almost 300 pounds of finished product, five armed suspects running that lab, and when we hit the lab in what was the largest hydrochloric acid cloud that I have ever seen in all the labs that I've hit, an extremely toxic environment, we found a woman with her three children and she was pregnant, 8 months pregnant with her fourth child. We had been on surveillance on that lab for 3 days. We had never seen her come or go, which meant that her and her children were in that lab, in that environment, an environment of carcinogens, respiratory toxins, and contact poisons, for the whole weekend that we watched the lab. That's but one story of hundreds, maybe thousands, that occur across the Nation.

Mr. OSE. Thank you, Mr. Chairman.

Mr. SOUDER. Thank you. The subcommittee now stands in recess, and we'll come back to this panel when we get back.

[Recess.]

Mr. SOUDER. The subcommittee will come to order.

Mr. Baird.

Mr. BAIRD. Again, thank you, Mr. Chair, for holding this hearing and for your leadership on this issue, and thanks to the witnesses for their outstanding testimony, and not only for your testimony, but for your service. You folks and your officers go in every day to places that are terribly, terribly dangerous.

I shared with the chairman on the way to the vote when I use to do crisis mental health and our pagers would go off. In these days most folks who were doing crank in those days were largely biker-type folks. When your pager would go off and they'd say, "There's somebody here in the ER on meth," you just would shake your head and say, "Gosh, why did I get call duty today?"

But I want to ask a couple of questions regarding the exposure of your officers to the toxic chemicals. Oftentimes you don't know there's a meth lab when you're going to bust a place. What experiences have you had? One of our city councilwoman's son is a police officer whose had some severe health effects following a meth lab bust. I'd be interested in your comments and your experiences. I'll open this to whomever wants to offer it. John, do you want to start? Sheriff McCroskey.

Sheriff MCCROSKEY. Sure. Thank you, Congressman Baird. It's funny you should ask that. We have officers exposed less frequently now because they're a lot more cognizant of it, but it wasn't uncommon to send one to the ER routinely after an exposure. One of my deputies, a woman, which they do tell me biologically are more vulnerable than men in some ways, stopped a car, went to a house because a guy forgot his license, and said, "Hey, I'll take you up there and get the license for you." And she followed him up there. They walked in the door, and as they walked in the door he goes, "Oh, gosh, I forgot about my meth lab cooking here." So she was instantly contaminated. It's routine—it's very common or most common in domestics or in serving of warrants: routine, common police practices, things we do all the time. So it's very common, and a byproduct of that is increased insurance rates to local agencies through the risk pool and others.

Mr. BROOKS. In California we run a statewide clandestine lab enforcement program out of our nine field divisions. We're required to have cradle-to-grave reporting for all of those agents in which we do baseline medical testing annually. So we can track the accumulation of heavy metals and other chemicals in their system and we report our exposures. Last year in California 22 law enforcement officers went to the hospital from injuries from exposure that occurred at labs, but many hundreds of officers were exposed.

There's an interesting graphic in this book that I think could be put up on the screen that kind of shows how toxic these lab sites are. It's just amazing to me that we don't get more and more officers hurt because—you may not be able to see that too well, but it's in your packet. You can see the thousands of gallons of toxic

chemicals, and we're talking about carcinogens, contact poisons, respiratory toxins.

At one point in the heating process in making methamphetamine using the red phosphorous pseudoephedrine method, if you overheat, it creates phosphine gas, a very deadly gas that, when breathed just several times, can cause pulmonary edema and almost instant death. All of our agents have to carry toxiray phosphine gas detectors, and that's when we know we're going into the meth lab. So the real hazard, of course, is when officers working in uniformed patrol for local police departments or sheriffs' offices may stumble into these environments without the protective equipment that we normally wear, without that training and that medical monitoring.

Chief SERRANO. In my agency what we do is, if we get into a lab environment, as soon as it's stabilized, we get out and we bring in the task force. We are very fortunate; we're there in California where there's a lot of emphasis way far down the track. Being at the capital, we have all these resources immediately available, and we just hold it down. We're more concerned about protecting our officers at that point and stabilizing the situation and immediately handling it.

There have been times where we have gone in and seen it and it was so dramatic that we have had to evacuate portions of neighborhoods in order to keep them safe.

Sheriff DUKES. The DEA training is excellent in what to do. We do the same, stay back as soon as they find it. Very sobering, the class is very sobering, as you see three policemen and I believe a county coroner going into a house, all eventually died of cancer. A body that was outside that was so contaminated that when they turned it over, the officer got contaminated. The DEA has an excellent training program. We, as a department, have the State police identifying team come in and show us what to be careful of every year.

Mr. BAIRD. We intend at some level within the Methamphetamine Caucus here to try to initiate some studies, possibly through CDC or NIH, to assess this. If you gentlemen or your offices have data pertaining to exposures and illnesses, we would much appreciate that, if you have the opportunity. That may be helpful. Address it to my office, attention Lizzie Ivry, who is on my staff. Lizzie's over here.

Sheriff MCCROSKEY. Congressman Baird, along those lines, I'd ask that you consider the fire departments at the same time, especially volunteer fire districts who they're just folks that help out, but the impacts can be significant to their districts as well.

Mr. BAIRD. At some point, John, we intend to do precisely that. Thank you. Again, thank you. My time's up. Thank you, Mr. Chair.

Mr. SOUDER. We're going to go a second round. I had a question. In Indiana and nationally we have had a case that is going to impact the identification of marijuana growing and being able to identify it from helicopters based on the heat sensitivity and other visual imaging. Is that also going to affect meth labs?

Sheriff HARP. Probably not to the extent that it will with the marijuana grows. Unfortunately, we just got the thermal imaging. We just sent the guy to training in Arizona and he just got back

with the unit, and then I think a week later is when the court kind of nixed us on that.

The other thing that we've also stumbled into specifically in Indiana with our interdiction program, where we do the rouse and put signs up, and then we're on a side road and that's actually the interdiction point. I know in Indiana they've nixed the sobriety check points and they've also created problems for us doing those kind of interdictions. So we've come to a standstill until we get some kind of further opinion from the prosecutor in our county anyway as far as what we can do with the interdictions. So those are two things that's really hurt us recently within the last just couple 3 months as far as what we can do for proactive drug enforcement.

Chief SERRANO. Our experience is that a lot of what we find with the labs and the major suppliers is through the arrest or the interconnects with the lower-level person purchasing. To give you an idea, we had a situation a few weeks ago where an officer was very proactive, stopped a gentleman. He didn't have his license on him. In order to work off not getting a ticket for not having his license, he went and did a drug buy. A lot of times you can have someone for a low-order-type situation that you work with in order to get more information. You develop informants, and it's usually through—at least our experience in a community of about 89,000 people, that's the most effective, is working informants.

Sheriff MCCROSKEY. In my rural county our idea of thermal imaging is standing next to the wood stove and going, "Man, that's hot." [Laughter.]

So that's not going to hurt us too bad yet, but what does hurt us, we recently had a case that could not be charged because of a court decision where an officer went to a door to serve a civil paper, saw methamphetamined people, they screamed, "Cops, police," ran like crazy, and through the house. He pursued. They were ultimately all arrested. We not only found meth; we found a meth lab. The meth lab spontaneously combusted shortly thereafter, while it was being watched, waiting for the lab team. That whole case could not be tried because in this particular case the prosecutor felt that the courts had so restricted our ability to enter that house under exigent circumstances that we were not able to pursue that. That was my neighbor; the meth lab was.

Mr. SOUDER. Mr. Brooks, could you comment on the large-scale labs in California, how that might differ in these kinds of questions as far as (a) how you identify them, and then a second question that Chief Serrano may want to address as well, and that is: How does the child abuse law in California regarding meth labs work at this point? It came up in the hearing we had in California. You referred to the increasing number of arrests in the area of child abuse related to these type of violations, but I've wondered if you could put that in specific context as we look at that possibly spreading around the country.

Mr. BROOKS. Certainly. To the first portion of your question, many of our large meth labs we find through cooperating police informers or, even more often now, by trying to target who we know are rogue chemical distributors and then following the trail of those chemicals, very large amounts of chemicals, both ephedrine or

freon or red phosphorous or acids. Those are very labor-intensive cases. They require around-the-clock surveillance teams with aircraft support because these people are very cagey and very aware of surveillance, but sometimes then, after days, weeks, maybe even months of following those persons, we're able to then put them down at what we know to be a large superlab or factory lab. After waiting sufficient time for a search warrant, we're able to enter and process that lab, which, by the way, may take 30, 40, or 50 hours of crime scene processing, these very large labs.

The issue of the thermal imaging, we use that as collaborative evidence only. It probably doesn't affect us too much, but what will out of that same court decision is the limit of our ability to use trackers that we place in suspects' vehicles, especially in barrels of chemicals that are traded through cooperating witnesses, and we use those trackers to follow the chemicals to the labs. Now there are more restrictions on that, but I'm sure we'll work around that.

As to the child abuse/child neglect issues, California has been very successful in the institution of the drug-endangered children's program, where we work very closely with child protective services, the courts, and the district attorney's office, and other public health care professionals to look at the danger the children are in in homes where meth is present, where firearms are present and, more importantly, in these homes and in environments where children are present when drugs are being cooked, when they're exposed to the drugs. We have a protocol on how to collect evidence specifics for those child abuse/child neglect prosecutions, and we work closely with the DA's office, with the county prosecutors to prosecute. And that's something that they don't do very well at the Federal level yet. Federal prosecutions might be something the Congress would look at.

Chief SERRANO. On a more local level, in all candor, the major concern we have in those situations is the welfare of the child, the endangerment of the child. If we can take that child out of that environment and get them into the processes of the State, at least if there wasn't a case open on the family before, there is now and a child protective worker will be checking on the family and monitoring. A lot of times that's probably about the best help that we have for that child. They're in extremely dire straits in the environment where the parents are either cooking or heavy users of methamphetamine. Getting that child out of that cycle is probably the most beneficial thing that you can do.

Mr. SOUDER. And you've invoked that in your county a number of times?

Chief SERRANO. Yes. Yes, we will take the child out of the home. Obviously, it always depends—if the parent is a moderate to minor user and we're arresting the custodial parent, a lot of times we'll spend time with the parent to try to find an aunt, an uncle, a grandparent that can take the child. In these serious cases, as being indicated, that's where you want to take the child and you want to put them into a protective environment and at least get the processes started with the State and the local government, so that will be monitored.

Mr. BROOKS. Mr. Chairman, if I might, the biggest problem is the children in these meth labs, they're truly guinea pigs. There

are no long-term studies both for our police officers, firefighters, EMS personnel, or these children, these innocent victims, on what the long-term effects are of prolonged exposure to heavy metals and carcinogens. We know anecdotally a number of horror stories of cancers and tumors and other illnesses, kidney and liver failures caused by these meth lab chemicals, but we're still in those early stages, only 10 or 20 years of studies. So these children growing up, exposed in these heavy environments, chemical environments like I described in Hollister, CA, we really don't know what's going to happen to those children when they're adults.

Sheriff MCCROSKEY. Sir, I'd just like to add that—and keep in mind that my perspective is completely rural—we don't have enough CPS, child protective services. We do not have enough foster homes. If we started doing—we have to really evaluate in where they're placed; they're very limited. I mean, we do all the things, take them out, start the case, do those kinds of things, but the limitations, based upon what's available in our community in terms of housing those children, is severely limited. So very often they end up right back where they came from.

In your packet of information that I provided was a case out of our county where a 16-year-old—I think he's a 16-year-old, but a young boy—was used as a guinea pig, got to test out the meth his folks produced. I'd like to say that that stuff doesn't happen, but I'll bet it happens more than we know.

Mr. SOUDER. Thank you. Congressman Ose.

Mr. OSE. Thank you, Mr. Chairman.

Chief Serrano, I want to go back to the drug recognition expert program that you've got doing. How much of that program are you able to implement with local funding and resources?

Chief SERRANO. We are very fortunate in—just about exclusively the DRE program is something we've absorbed locally—we're fortunate in that the training happens at the California Highway Patrol Academy, which is right near our community. So it's a day-commuter on the officers. What we have to absorb, then, is the time for them to be in the class and the moderate tuition. I think it's only $200 to $300 for the 2-week training, very inexpensive. But we can't absorb the loss of the officers. That's the biggest thing that we absorb, is we have to watch that.

We are the training site, the certificationsite, where they actually go to do their training. So when our officers go to the school and they come back to do their training, they're doing it right there in our own back yard. They're doing it within our community.

At this point we have managed to absorb that. It is sometimes difficult. It means, instead of—because we don't have a big pot of money that we can pay to backfill and stuff, we send maybe—we have 85 sworn and we maybe send two or three people to a class instead of five or six, like we might like to, but we're able to do it.

Mr. OSE. Let me diverge for a minute. Of your 85 sworn, how many of them are in the police force as a result of the COPS program successes we've had?

Chief SERRANO. That's a very good question, Congressman. When we started up 4 years ago, 32 of our officer positions were COPS positions—allowed us to start the police force, allowed us to have

it staffed as it should have been. This past year, with Congressman Ose's help, we were authorized an additional six officers through the COPS program that are now providing our traffic safety and our motor unit.

Mr. OSE. I bring that up, Mr. Chairman, because when we established the city, there were two or three driving issues, one of which was the adequacy of law enforcement. It's interesting to me, on almost a daily basis, to see the interconnection between what we do here at the Federal level and the success that local government enjoys in addressing local concerns, at least as they relate to, say, Citrus Heights. And I'm sure they exist in your communities also.

Chief SERRANO. Mr. Ose.

Mr. OSE. Yes?

Chief SERRANO. I might say that, from my perspective, the COPS program has probably been one of the most beneficial Federal programs for law enforcement to my experience.

Mr. OSE. I appreciate the ability to diverge there a little bit.

Chief Serrano, you also talked—excuse me—I talked in my more complete statement about the problems we have with meth and other drugs on our school campuses. We haven't touched on that very extensively here this morning. You did a survey on one of the campuses with the kids. It's anonymous, so there wasn't any consequence. But the kids talked about being able to acquire weed, ecstacy, crank, and coke, and all that. One even, more than one went so far as to say, "Oh, yeah, we've got a crank dealer in our neighborhood," kind of like your mom-and-pop AM/PM or something.

What has been your experience as to the impact of meth in the schools that are in the city of Citrus Heights? And for that extent, the others might want to chime in.

Chief SERRANO. The main drugs that we see in our high schools, thank goodness, are primarily marijuana, but we do have a small percentage of the drug users—in the survey we did I would say that I know that at least 50 percent of the kids said, "Hey, I have used some kind of drug." I would say it's a very small portion of the students that use methamphetamine.

We're lucky in the sense that we do take the resources we have put into drug enforcement and not only worked the arrest aspects, but we've really worked diligently to try to really implement the educational and community involvement aspects. We're also fortunate in that we have a school officer assigned to each high school, and that becomes a really viable contact within that school. What it allows us to do is, as kids get more confident in the officer, all of a sudden they're coming up and, "Hey, Officer Henry, I'm kind of bugged 'cause Johnny's not acting right, and I know that Johnny's parents do" blah, blah, blah. It really is a good resource to have that officer in the school.

But, yes, as far as methamphetamine in our high schools, at the high school level it has not become a major problem that we are aware of.

Sheriff HARP. We're probably in that same line. Marijuana is the drug of choice in the high school. We have seen a resurgence of LSD somewhat into the younger crowds, high school and early

twenties, late teens. Primarily our meth problem has been with probably the 21 to 40-year-old crowd.

Mr. OSE. Thank you, Mr. Chairman.

Mr. BROOKS. I was going to say, we're seeing in the San Francisco Bay Area an increasing amount of local law enforcement reporting teen meth use. The thing that's really dangerous about this, NIDA and NIH studies, and those coming out of Columbia University are showing that meth robs the brain of serotonin and dopamine permanently. There is permanent brain altering, maybe brain damage, if you will.

The other thing is it puts these kids on the highway with an altered state of awareness, depth perception, and speed. We just had, in 1998, a fine young fellow, Scott Greeley, who was a California Highway Patrol officer, killed when he was on a traffic stop on the side of the road, run into by a meth drug driver who wasn't even aware of his own surroundings.

So I think the risk of children being permanently damaged and the risk of children being on that road with not very much driving experience and then being under the influence of meth puts all of us and our families in danger.

Sheriff MCCROSKEY. I won't repeat what they said, but the ancillary problems are also, if you talk to teachers, the kids that are coming to school, they're not learning. They're having all kinds of behavioral problems. They normally say, "Oh, that's Johnny; their folks do meth; their folks do meth; their folks do meth." And the rest of the kids are suffering, too.

Mr. OSE. Thank you, Mr. Chairman.

Mr. SOUDER. Thank you. Congressman Baird.

Mr. BAIRD. One of the things that I have seen as far as lab precursor material has been this huge abundance of pseudoephedrine. We had a bust in Lewis County recently where they found 40,000 bottles of Sudafed. The guys were clever. Instead of dealing with the child-proof lids, they had rigged jigs up to chop the bottoms of the Sudafed bottles off, so they didn't even have to waste the time with child-proof lids and cotton, etc. They were very resourceful. But they found bags and bags and bags.

One of the pseudoephedrine bottles I brought to my office here, and it said it was distributed by a company called Wildcat Wholesalers. Now it sure did not seem to me to be a reputable drug distribution organization.

Do you feel like—it seems to me that there are some Federal laws and some State laws regarding distribution and tracking precursors, but it seems that if a company, be it a mom-and-pop grocery store or whatever, is selling these kinds of quantities, we must have some better tracking method than we do now. What is your experience with that, and what do you think we need to do?

Sheriff DUKES. If I could, it's exactly the way you're talking. In our community the kids steal a lot of it from the little convenience stores and occasionally get caught stealing it. Of course, they have a cold or allergy; they're never making meth, of course. However, there is no tracking. To my knowledge, there is no tracking. I don't know if you can purchase it over the Internet or not, but I wouldn't be a bit surprised.

However, if I may get back to something you said earlier—and it's so important. It affects the kids. When you talk about education now, we all know that, but the correctional officer who the policeman comes in and throws in the guy that's high and stinks, he's affected. The ambulance or the EMS people who go to the scene, they had their first class in meth just about 6 months ago in our county. They didn't even know what it was. The emergency room doctors, the emergency room nurses that take care of these people—this is a chain reaction. I think John said the firemen, the volunteer firemen—we're all little and they've never seen this stuff, and they go into these homes and they go right in them.

Mr. BAIRD. Sheriff, if I could interject——

Sheriff DUKES. Sure.

Mr. BAIRD. I think you raise a critical point. One of my concerns, if you were to look at funding levels for drug interdiction from this body, from the Congress, we spend so much more money on cocaine and heroin and the other so-called hard drugs. Yet, as you all know, ask any sheriff, "Would you rather bust a coke, a crack house, or a meth house?" You don't have to have HAZMAT teams to bust a crack house. You don't have to have fire suppression to bust a crack house. You're not exposed to toxic waste in a crack house. The social costs, I believe, of methamphetamine far outweigh—not that the other drugs are good, by any means, but we're spending billions of dollars in Plan Columbia and all these other plans. Yet, right here at home we have these tremendously diverse impacts, hugely costly, especially for you rural communities that are relying on volunteer firefighters, don't have HAZMAT teams, don't have bunny suits, all that stuff. It seems to me maybe our priorities are crooked here—not crooked, but they're in the wrong direction.

Sheriff MCCROSKEY. I think you're right, Congressman. I think they changed. That's all that's happened is there's been a change. Sometimes we don't react to change very well.

One of the byproducts of our attention to meth at home was we missed—I was sitting in the emergency room. I'm an amateur carver, and I mostly carve my finger. So I was in the emergency room getting sewn up, and while the doctor was sewing me up, he was telling me that day two people, two prominent local adult people had come in requesting help for heroin addiction. I said, "My gosh, is that a problem?" And he said, "Oh, yeah."

Then the next thing I knew we have kids off the football team going to treatment, kids off the basketball team going to treatment. So while we've been buried down here in looking at meth, and because it is so bad and so long term—we've just got to be cognizant of the things that are going around in addition to that.

Mr. BAIRD. John, just before my time's out, have you also seen this problem—or others—with this ready availability of mass quantities of Sudafed or any other precursors? Do you feel we need to do more to track that availability?

Sheriff MCCROSKEY. Yes. In fact, if there's one thing that would really help, I think that particular thing, the controlling of that particular substance, would make a huge difference. Two stores, two local stores, small, convenience stores had been selling, and the DEA came down and just did one again a few weeks ago, but they

were the primary source. At one time our county was—we were being told through informants that the folks in Pierce County, which I think is the No. 1 county in Washington volumewise for methamphetamine labs, were coming to Lewis County to buy their stuff because we live kind of in a simple world. We didn't know what a rave was until one came and now we have ecstacy. We didn't have that before. Kids were suddenly educated. So we've done some work educating our businesses, too.

Mr. SOUDER. I want to thank this panel for a number of things. Sheriff Dukes, if you could add, just for the record, I think that you were the sheriff who told me that actually some of the meth cookers in Noble County had actually purchased one of the pharmacies?

Sheriff DUKES. Well, what the informant has told us, they now own the pharmacies; they now own the fertilizer places for the anhydrous. This is very recent information. This is a motorcycle gang out of Indianapolis who's implicated our area and said, "You'll never catch us because now we're businessmen." That's what was told to us.

Mr. SOUDER. Which is a frightening trend as far as us tracking, if it's a logical growth of a distribution network, is to get control of the next thing.

I also wanted to just comment that our interrelationship with the Mexicans and Colombians is inevitable if 80 percent is being distributed by Mexican and California-related sources, who predominantly distribute Columbian cocaine and heroin, which finances the distribution networks. The things are inextricably intertwined.

And a last comment to Mr. Brooks: I want to thank you, not only all of you on the front lines, but in your association, the narcotics association, for helping connect all the people across the country who are working together in battling narcotics in an informational way, in an information and advocacy way to help battle these things. So I thank each of you for coming today.

Did you want to add something, Sheriff?

Sheriff MCCROSKEY. Well, something that was not talked about today—and I'd add here it's not apparently a widespread concern, but it is locally a trend we've seen, and that is—and I know it's a topic of Congress: identity theft. Our methamphetamine, our small, mom-and-pop operations are financing themselves through the theft of mail, the replication of ID stuff, the credit cards. It is interwoven, at least in our area. I know that some of the folks that we have captured doing that have traveled all the way the Mexican and Canadian border. So it will affect others as well.

Mr. SOUDER. Thank you very much.

If Susan could come forward for our third panel, she's going to talk about the treatment issues. If you'll remain standing, I'll administer the oath to you as well.

[Witness sworn.]

Mr. SOUDER. Let the record show the witness has answered in the affirmative.

I thank you for coming and being patient as we've moved through this. We're trying to make sure in each hearing as part of the record we include treatment as part of our anti-narcotics effort because we cannot tackle this problem without the treatment component. So we look forward to hearing your testimony.

STATEMENT OF SUSAN ROOK, PUBLIC AFFAIRS DIRECTOR, STEP ONE

Ms. ROOK. Thank you. Thank you for your commitment to treatment as part of the solution, and thank you for the opportunity to speak with you today.

As a recovery advocate, my commitment is to break the silence of addiction and show the success of recovery. I'm grateful to testify as part of the solution. For years I was part of the problem. It's particularly nice to be in a room with police officers and not have to worry about getting busted.

I am an addict, an alcoholic, and I've been in recovery for over 5 years. When someone is in active addiction, we're very visible as part of the problem. You've heard that today.

Mr. Chairman, you talked about the emerging threat. I'm here to tell you, it's the same problem; it's just a new drug. And you're going to keep having hearings like this again and again and again.

Nearly two decades of scientific research makes it increasingly clear that addiction erodes a person's ability to control behavior. Therefore, if you ever hope to correct the behavior that causes all of the social problems, you must address the fundamental issue, and that is addiction.

Sheriff McCroskey pointed out that addiction treatment failures are very high. Treatment failures for addiction of methamphetamines are very high. That's true. I would like to suggest that we have a gap in our social system. We have prevention, we have treatment, and we have criminal justice. There is a spot in there from early use and experimentation that is not addressed, that does not fall into prevention because you're not preventing use. It doesn't qualify for treatment because you're not addicted.

I'll use my case as an example. Consider, first, the issue of voluntary choice and when that choice is made, the age of that choice. Certainly, people choose to use drugs. Very seldom are they forced to. I chose to use drugs. I was 13 years old. Within 2 years I was drinking and getting high every day: marijuana, PCP, alcohol, hash, speed, LSD, methamphetamines. My parents caught me and tried to control my actions by taking me out of school, home schooling me, no television, no radio, no phone calls to friends, keeping very close watch on me. External controls produced forced abstinence. Forced abstinence is not treatment. Use will begin the cycle again.

I started college at 16. By 18 I was living the double life of many successful addicts: active on the George Mason University debate team, student government, school paper. I got good grades, a B+ average, and I was addicted to speed. I had to take two hits of 12-hour time-released speed, prescription speed, just to get out of bed. When I didn't have the money for that, I switched to bootleg speed, meth.

A guy I was living with got so disgusted with my behavior and what was happening, he locked me into a room and wouldn't let me out until I detoxed. That experience scared me so badly—I was just about to start shooting up—that experience scared me so badly, I stayed away from speed. Forced abstinence or the unavailability of the drug is not treatment. Without treatment, and more particu-

larly the tools to stay in recovery, it is only a matter of time before use and the cycle begins again.

My first reporting jobs were covering the police beat. I couldn't use illegal drugs and cover the cops. So I stayed away from the hard drugs. I kept drinking, kept smoking marijuana. Eventually, I did, of course, go back to using illegal drugs and my particular drugs of choice: the speed-up drugs, speed and cocaine. My life looked great on the outside, moving to CNN at age 25, moving up in the ranks until getting my own show, "CNN's Talk Back Live." My disease also progressed.

At 35 I overdosed. CNN paid for in-patient addiction treatment when my insurance ran out. The support of CNN management was critical. I was told in treatment that I was not a bad person, but that I had a really bad disease and there was hope; recovery was available.

You don't see people in recovery much because we now have the option of being invisible. I talked to the sheriff before the hearing, and he said, "Treatment doesn't work for you people." I'm here to tell you it does, but you don't see people who are in recovery because we pass normal. We no longer go to emergency rooms. We no longer go to prisons. We no longer have meth labs. We no longer destroy families. We do pretty much normal things, like getting us stuck in traffic and mowing our lawns. You don't see us because we no longer stand out and have the option of hiding.

People who do not have experience with addiction don't know that doing these simple, adult, responsible things actually represents growth, an enormous amount of work on our part. My story is visible, and I chose to come forward and speak out about this, but there are millions of people just like me out there. Some are fortunate enough to be given the opportunity to receive treatment and enter into recovery.

As we talk about the continuum from first use until addiction, I started at 13. I was not given treatment. Currently, 16 percent of adolescents across the Nation—16 percent—who need treatment get treatment. In North Carolina, where I work at a local nonprofit, that number is less than 5 percent. If you want to do anything about the long-term drug problem in the United States, pass parity for teenagers, so they can get the separation from the drugs and alcohol long enough to even begin to hear the conversation that recovery is possible and hope is available.

I talk to so many teenagers. Perhaps the sheriff is right and the adults are just frustrating and the brains are fried. Maybe just write them off. I'm grateful somebody didn't write me off.

[The prepared statement of Ms. Rook follows:]

Testimony of Susan Rook

Thank you for the opportunity to speak with you today. As a Recovery Advocate my commitment is to break the silence of addiction and show the success of recovery. Ten percent of your constituents have a serious abuse or addiction problem and 25 percent have loved ones or co-workers with this problem. That means at least one out of every three people in your district knows firsthand the anguish and shame of this disease. As our elected leaders we look to you to find and implement solutions.

I'm grateful to testify as part of the search for solutions. For many years I was part of the problem. I am an alcoholic and addict and have been in recovery for over five years. When someone is in active addiction we are very visible as part of the problem. We crowd emergency rooms. We don't show up at work or when we do, we're moody, cranky, irresponsible and often dangerous. We fill up our nations prisons. The voters you represent want solutions to the costs of these social problems. Nearly 2 decades of scientific research makes it increasingly clear that addiction erodes a person's ability to control behavior, therefore if you ever hope to correct the behavior that produces those social costs you'll have to address addiction as the fundamental, underlying factor.

The criminal justice experts will tell you what it's like to try and cope with the problem. The researchers and scientists can tell you what happens in the brain. I'm going to try and tell you what it's like to be an addict and how I got there.

Consider the issue of voluntary choice. I chose to use drugs. Drug use is voluntary. I did not intend to become addicted, it never even occurred to me that use might lead to addiction and I certainly had no idea how quickly that shift would take place. So, when I made that first voluntary decision to use I was 13 years old. Like most kids, I made the decision casually. I wanted to fit in. There was no particular reason, it was just experimentation. But I loved the effect and soon began having to use more to get the same effect, that's tolerance. By the summer I turned 15 I was drinking and using drugs every day. Drugs like marijuana, hash, lsd, mushrooms, pcp, speed, and meth. My parents caught me and tried to control my actions by taking me out of school and keeping close watch on me. External controls produced forced abstinence.

Forced abstinence is not treatment and use will begin the cycle again. I started college at 16. By 18 I was living the double life of many successful addicts. I was active on the George Mason University Debate Team, Student Government, and school paper. I got good grades, B plus average. And, I was addicted to speed and methamphetamines. I had to take 2 hits of 12 hour timed-release speed just to get out of bed. A guy I was living with got pretty disgusted. One day he locked me in a room and wouldn't let me out until I detoxed. That experience scared me so badly I stayed away from speed.

Forced abstinence or an unavailability of the drug is not treatment. Without treatment and the tools to stay in recovery, it's only a matter of time before use and the cycle of addiction begins again.

My first reporting jobs were covering the police beat. I was afraid to use illegal drugs and cover the cops, so I stayed away from drugs. I kept drinking; eventually I did go back to using illegal drugs. My life looked great on the outside. Moving to CNN at age 25, moving up in the ranks until getting my own show, CNN's TalkBack Live. My disease also progressed.

Here's one example. The day before the debut of TalkBack Live I got stopped for a DUI. I remember going home, scared and deeply ashamed. I vowed I would cut back on my drinking and never do drugs again. I did not know that somewhere along the way I had passed from voluntary use to addiction. I could not control my drinking and drugging and I could not stop. Of course, I vowed to have just one beer that evening. I don't know what happened, it became one of many blackouts. That feeling of being caught in the addiction is awful. It is a place beyond lonely … a place without hope, without faith, without a future.

It never even occurred to me to ask for help. I thought it was a moral weakness and I was a bad person. I didn't know I have a disease and treatment is available. That misconception and the silence that surrounds addiction almost killed me. I overdosed at 35. CNN paid for inpatient addiction treatment when my insurance ran out. The support of CNN management was critical. I was told I was not a bad person, trying to get good; I was a sick person trying to get well. Those words opened the possibility of hope, the possibility of recovery.

You don't see people in recovery much because we now have the option of being invisible … we tend to be healthy, without need of emergency rooms, we don't crash our cars or run into you, we don't commit crimes to support our habits, we don't start meth labs to cook up drugs to take and sell to other people. In recovery we go to work, we take care of our families, we do the best we can just like other people. People, who do not have experience with addiction, don't know that doing those simple, adult, responsible things actually represents huge growth and lots of work on our part.

My story is a visible one but there are millions of people just like me out there. Some have been fortunate enough to be given the opportunity to receive treatment and enter into recovery. Unfortunately there are many more who have died or are still in the agony of addiction. There is an opportunity for creative partnerships for all the various constituencies to work together for the solution to the problems caused by addiction. Every day millions of people are living sober lives, being part of the solution, not the problem. I believe we must start with the premise that recovery is possible and a reality for many people. This gives us all something to work towards, instead of fighting against.

Thank you for your time.

Methamphetamine Interagency Task Force

Federal Advisory Committee

Final Report

January 2000

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
http://www.whitehousedrugpolicy.gov

Arrestee Drug Abuse Monitoring Program
http://www.adam-nij.net/adam

Center for Substance Abuse Treatment
http://www.samhsa.gov/csat

Center for Substance Abuse Prevention
http://www.samhsa.gov/csap

Safe and Drug-Free Schools Program
http://www.ed.gov/offices/OESE/SDFS

Drug-Free Communities Program
http://www.whitehousedrugpolicy.gov/prevent/drugfree.html

National Institute on Drug Abuse
http://www.nida.nih.gov

National Clearinghouse on Alcohol and Drug Information
http://www.health.org

Drug Enforcement Administration
http://www.usdoj.gov/dea

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.

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 rearrests 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.

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.

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.

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.

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.

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

1978 Federal Register / Vol. 63, No. 8 / Tuesday, January 13, 199 / Notices

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

Mr. SOUDER. Well, thank you very much for coming forward and raising a number of these points. I've got a series of questions that kind of popped into my head right at the beginning.

First, on the question of parity for teenagers, Congressman Ramstad had a bill here in the House on health care parity. Are you suggesting, since we haven't been able to move that bill, that we might be able to move it better if we just targeted the teenagers separately from adults?

Ms. ROOK. Well, for example, I think there's a lot of stigma involved in addiction because it is a voluntary choice, but I think how the public conversation is looking at it, you look at someone who's an adult, a 20, 30, 40-year-old, and you say, "You have a choice about this." Well, once the disease has progressed to that, no, you actually don't have a choice.

Looking at it in terms of children somehow shifts the conversation, so people are more willing to help a teenager than they're willing to help a 30-year-old. Case in point: The attorney general in the State of Minnesota, Mike Hatch, just filed suit against Blue Cross/Blue Shield charging that the insurance company—filed a lawsuit against Blue Cross charging that the insurance company was denying coverage to children. They settled the case out of court. Blue Cross/Blue Shield agreed to pay the State of Minnesota $8.2 million because the State picks up the tab when the insurance company doesn't in terms of social cost and some treatment cost. They agreed to put a three-panel review board on. I mean, basically, the insurance company settled the lawsuit. So I think that is an indication that perhaps not going for full parity—that's been before Congress time and time again, on the House side, on the Senate side.

In North Carolina we have parity legislation every year. People look at it, they laugh, and everybody goes home. Everybody knows it's not going to pass. I think the same thing is happening on the national level, but for the first time a legal challenge was made in Minnesota, and the insurance company settled.

Mr. SOUDER. A second question that came to mind: Early on in your testimony, you stated that we have this kind of void. You're past being prevented, but before you've been arrested, although you could, in effect, become arrested in that stage, but assuming you haven't been arrested, and you're not in treatment—how would you target that group or even identify that group?

Ms. ROOK. Well, several things: First of all, we could actually enforce the drinking laws in this country. Nobody wakes up at 13 or 14 and says, "Gosh, I've never had a cigarette or a drink of alcohol or any marijuana, but I think I'm going to go out and smoke some meth." That doesn't happen. Initial use is always cigarettes, alcohol, marijuana. It is more easily available.

So, in addition to enforcing what is an obvious problem now, we can enforce the laws that are already on the books. There's a huge Governors' wives initiative campaign—Governors' spouses, sorry—initiative against under-age drinking. That will help.

Just simply publicizing and talking about recovery as a possibility instead of—you know, I think that people get overloaded with all of the bad news about addiction. Yes, we know it's awful, but

give people something to go toward instead of something to fight against. That's what actually happens in recovery.

The sheriff talked about locking people up for 3 years and then they get released from jail and they go out and they use again. Do you want to know why? You just took away the drug. If you don't replace that, there is a sense of ease and comfort that happens when you take drugs that happens immediately. If you don't give skills training, a spiritual path, whatever works for that particular addict, if that hole that the addiction fills is not filled with something else, then the addiction will continue. Every child who is using drugs has that hole. Fill it with something else. Mentoring programs—I'm not sure what Congress can do in that sense, but you can certainly allocate more money for prevention and education and addiction treatment for teenagers.

Now all of the prevention programs in the world are fine but, here's where they get shortcircuited. Kids go to school. My agency, we work with 6,000 kids in the public school system in Forsyth County, NC, 6,000 kids. So, great, they're hearing that drugs are bad, there's more effective ways to make decisions, how to negotiate about drug use. Then we send them home to their parents or their family, where their mom's an alcoholic or their dad is a drug addict. They can't get treatment. The insurance company says, "Yes, we'll give you 2 or 3 days detox," and then they send you back.

There's a disconnect. All of this stuff needs to work together, and I think one of the key things is rhetorically talk about solutions. None of these DEA guys, none of these cops talked about any successes that they've seen, anybody who has gotten off of methamphetamines. We in the recovery community are powerful—powerful—allies for them, double team as they go in and talk to kids.

You know, I double team with teenagers when I go talk to kids. I'm 40 years old. Granted, I didn't think I'd live this long, but I'm 40 years old. They're not going to listen to me. I don't care what my drug use was. I double team with the teenager in recovery, and I can say, "This person is telling you what happened at 15 or 16. Now they're no longer using. Let me tell you what happened to me, as mine happened for 20 more years."

Now the drugs that are available nowadays, it's ratcheting up the problem and it's ratcheting up the damage. So I think one of the key focuses has to be on that early period from experimentation to the beginning of addiction, and that is quick. I agree with the law enforcement experts: By high school it's too late.

Mr. SOUDER. It appears that you describe some of what Step One is. Could you describe it a little further, what you do and what your organization does?

Ms. ROOK. Yes. Step One is a nonprofit. We do prevention, intervention, and treatment. We're the Statue of Liberty for Forsyth County, NC. We're the place that people go to when they don't have any money. We're a United Way agency. We cut and paste together funding streams and grants. We go out and beg people for money. We're pretty typical of the arena of treatment. We do adolescent treatment, adult treatment. We have a Spanish component. We

have onsite daycare. We just are starting one of the few elderly substance abuse programs in the United States.

It is unconscionable that this country is willing to trust its No. 1 public health and public safety issue to the sole provision of nonprofit agencies that have to worry about how we're going to pay our light bills. If you get colon cancer, would you put up with your doctor looking at you and saying, "Go to a self-help group, pray, and there's a nonprofit down the street; go talk to them"? No, you wouldn't think of doing that, and yet, we do this with our No. 1 public health problem and, as you've heard here today, our No. 1 public safety problem.

Step One is great: treatment, intervention, prevention. Can we do it all? No, and we're the one that's doing it for Forsyth County. We have to turn people away. It's crazy.

Mr. SOUDER. When you said a little bit ago that you felt, once you got past high school, it wasn't possible. Obviously, your case turned around past high school, but you feel you get diminishing returns? Is that in effect—in other words, the earlier you reach somebody, the more likely your success in treatment is? The later, it's harder?

Ms. ROOK. Absolutely. NIDA and the brain scientists have 20 years of very good research, and Dr. Lechner of NIDA could probably explain this way better than I could. I can tell you from my experience, and I've looked at the brain science and know a little bit about it. There is a period from use to addiction. In that continuum there's a period called heavy use and continuous use. At some point—and the scientists actually have not been able to pinpoint where that point is, where the switch in your brain flips to full-blown addiction—catch people before that and before the repetitive pattern of heavy and continuous use, and then you are not fighting a brain that has been scrambled by methamphetamines or drugs that actually makes treatment and negotiating the details of treatment more difficult. You have more help from the body because the body is not so physically damaged, however long that damage is.

Mr. SOUDER. Part of what I am sure the sheriffs were reacting to was a pattern that we see in many places that I, for example, have met very few drug dealers who haven't been through—or heavy users who haven't been through multiple treatment programs. Why do you think—I don't want to say, why is it so hard? We know why it's hard. What is it—and I know there are several key variables, but I would like you to put it on the record. What are the reasons some of the treatment programs aren't working? Because there's no question that to say that they don't work at all is unfair, because we all meet people who have completely changed their lives. Drug courts, which are a promising approach, probably have about a 50 percent immediate rate that drops off a little farther long term. We're still getting long term—but that's pretty good for people who have already been arrested and who are there.

Furthermore, one of the things that is missed in treatment is that, even if the person, they say, well, they failed, they got arrested again, the intensity of use and the frequency of arrest is often less. But it's hard to argue with the fact that most people who commit drug crimes, the high percentage of those have gone to treatment.

So could you describe some of the problems, some of the types of treatment? You said abstinence isn't enough because there hasn't been a change of heart, a change of attitude about it—obviously, short term. What would be some of the variables that you see in effective treatment versus less effective treatment?

Ms. ROOK. Two points about that: First, the definition of treatment is not uniform. Two or 3 days detox in a local hospital psych ward is not treatment. Treatment is a psycho-educational, behavioral, and medical continuum of care. Studies have shown that the longer you stay in treatment, the better the outcomes. But, due to insurance restrictions, people are discharged at now less than a week, if they are lucky enough to go. Very few people have in-patient treatment available to them. That in-patient treatment makes all the difference in the world. CNN paid for the last 3 weeks of my in-patient treatment. I am convinced that, had I been discharged at 5 days, I would have relapsed.

So what we have is we've set up a rhetorical conversation saying, treatment doesn't work. Well, we're not treating people, first of all. If you go into the hospital for hypertension and the doctor puts you on a particular blood pressure medication, and you have to go back into the hospital several years—let's use Cheney for an example. My goodness, if his doctor had looked at him and said, "Gosh, you've still got heart problems. The treatment isn't working. Well, we're just going to write you off"—a perfect example. Why do we use a different standard when we're talking about treatment of addiction?

Treatment rates of addiction are actually higher because of the behavioral component. There is a behavioral component to addiction. Treatment effectiveness and outcomes are actually at or above other diseases that have the behavioral component. For example, hypertension: food, diet, exercise contribute to the course of the illness. Diabetes, asthma, all of those require patient participation for effective treatment, and yet, we look at addiction and say, "Well, if you don't get it the first time, you must be resistant." No. Each time the person goes to treatment there is a higher percentage that time it will succeed.

Mr. SOUDER. Well, as you have been hearing, we have another vote on. I appreciate your comments, your patience with us today, and it is important that any record we have of any drug subject we're trying, as much as possible, to work the treatment component in, so those who go through the hearing records and use this as a resource on meth—let me ask you one additional question. Have you dealt with, or are you familiar with, efforts to treat meth, in particular, and how meth treatment differs from other treatment? Has it been more difficult? Have you seen success stories related to that as well?

Ms. ROOK. We are not seeing in North Carolina meth showing up at treatment centers yet. In 1999, the State Bureau of Investigations busted a half dozen labs. In 2000, it was a dozen. In the first 6 months of this year, it was 13. So we will begin to see the results of these meth labs.

I can tell you of my personal experience. There's a young man that I know that used to manufacture, distribute, and use meth

who's now in school and sober. It does work. For everybody? No. But what are your options? What you're doing now isn't working.

Mr. SOUDER. Well, I thank you. I think that one strong point you made—and it is, quite frankly, true in every area of this, and I am kind of a holistic approach person. To say this for the record: that what we're doing now in all areas is both working and not working. In treatment, there are reasons and cases working and not working. In Plan Columbia, there are things that are working and that are not working. In the border control, there are things that are working and not working. I happen to believe that we are never going to change completely, which I believe from my personal faith is a matter of sin, but you can control and manage and limit the number of people who get involved in different things by giving alternatives and working with them.

We tried to improve the prevention programs in the recent drug-free schools thing. We are working with reauthorization of the community efforts in anti-drugs. We are trying to support the treatment efforts. We are trying to work on methamphetamine. Through a holistic effort, I think we can continue to have a higher percentage of success stories, but, ultimately, we are never going to eliminate poverty in America. We are never going to eliminate parents who ignore their kids. We are never going to eliminate self-esteem problems that kids have in America or a range of problems. But we can try to manage it and make it better and give more people an opportunity to escape.

So thank you for your efforts with Step One, your willingness to go public, your willingness to make sure that our record today has the treatment component to it, as well as your patience this morning.

Ms. ROOK. Thank you, sir, and I just want to add that that holistic approach, that will work. It will work. And you, I really appreciate. This is one of the first times—I mean, this signals a national "sea change" in the conversation, that treatment and recovery and the success of recovery is part of this conversation. Thank you.

Mr. SOUDER. Thank you very much. And with that, our hearing stands adjourned.

[Whereupon, at 1:04 p.m., the subcommittee was adjourned.]

[The prepared statement of Hon. Bob Barr follows:]

Opening Statement of Congressman Bob Barr
Subcommittee on Criminal Justice, Drug Policy and Human Resources
Hearing on: "Emerging Threats: Methamphetamines"
July 12, 2001

Methamphetamine, also known as "meth," "crank," or "speed," is fast becoming one of the most frequently abused illegal drugs in our society. Students are using it in school, employees are using it on and off the job, and criminals are using and selling it on the streets. It is readily available, easy to make, reasonably cheap, and highly addictive.

This dangerous stimulant is also known as the "poor man's cocaine," because it can cost half as much and feels "good" for 6 to 14 hours or more, compared with cocaine's rush of 30 to 45 minutes. Like cocaine and crack, the physical effects of methamphetamines are devastating. Prolonged use of can cause permanent blurred vision, loss of coordination, and collapse. An overdose can result in high blood pressure, fever, stroke, heart failure and death.

This drug clearly is an emerging threat that must be addressed. The 1999 National Household Survey on Drug Abuse reports that 9.4 million people have tried it at least once—nearly triple the figure in 1994. Law enforcement statistics for methamphetamine are increasing across the country, mainly due to the fact that methamphetamine can be easily manufactured in clandestine "meth labs." Using easily-obtained ingredients purchased at the local drug store, methamphetamine is made from over-the-counter cold medicines

containing ephedrine or pseudoephedrine, and other materials. Further adding to its damaging effects, manufacturing methamphetamine, or "cooking" a batch, releases toxic materials into the air and produces toxic waste after the drug is made. This situation can be very costly and dangerous for local authorities to deal with.

Meth labs are also very portable; and they are easily dismantled, stored, or moved. Labs have been found in many different types of locations, including apartments, hotel rooms, rented storage spaces, and trucks. This portability helps methamphetamine manufacturers avoid law enforcement authorities.

Methamphetamines are having a devastating effect on our children and our communities. I look forward to hearing from our witnesses, and working with the Chairman to develop solutions to this growing plague.

○